

Creating Local Service Report Cards: Using the Balanced Scorecard Approach

Carlos Vega-Matos MPA

Office of AIDS Programs/Policy (OAPP)

Craig Vincent-Jones MHA

Los Angeles County Commission on HIV

Fariba Younai DDS

Los Angeles County Commission on HIV/UCLA School of Dentistry

Quality/Evaluation/Data: E-23

August 24, 2010

Creating Local Service Report Cards: Using the Balanced Scorecard Approach

LEARNING OBJECTIVES

Learning Objective #1: Participants will gain an understanding how to evaluate service effectiveness—a primary Ryan White responsibility—in their local jurisdictions/ at local providers, using one of the prevailing evaluation applications, Balanced Scorecard.



Creating Local Service Report Cards: Using the Balanced Scorecard Approach

LEARNING OBJECTIVES

Learning Objective #2: Participants will be able to adapt the Balanced Scorecard methodology to any context: small to large jurisdictions; for providers, organizations, or systems; simple to complex structures; and for single or multiple services of any type. The ESE methodology can vary dimensions, weighting and indicators, and can rely on single or multiple variables.



Creating Local Service Report Cards: Using the Balanced Scorecard Approach

LEARNING OBJECTIVES

Learning Objective #3: Participants will learn the decisions needed in the development of an ESE: service(s) to evaluate, dimensions to be reviewed (e.g., productivity, efficiency), indicators, weighting variables, measureable data, data collection methods, and quantifying the results.



Evaluating Service Effectiveness: Implementation of the Continuum of Care

- Continuum of Care
 - Defines services, health/patient outcomes; delineates indicators that can measure success/effectiveness
- Standards of Care
 - Define service categories, models and minimum expectations
- Priority Rankings and Resource Allocations
- Service Delivery
 - Grantee “procures” services in accordance with standards
 - Monitors to ensure services are delivered accordingly

Evaluating Service Effectiveness: Assessing the EMA's Performance

- Quality Management
 - Quality Assurance
 - Quality Improvement
 - Performance-Based Contract Monitoring (PBCM)
- Evaluation
 - Assessment of the Administrative Mechanism
 - Disbursement of Funds
 - Urgency of Using the Dollars for Services
 - Evaluation of Service Effectiveness (ESE)
 - Outcomes Evaluation
 - Cost Effectiveness

Evaluating Service Effectiveness: Legislative and HRSA guidance

- Grantee responsible for Quality Management
 - Aggregate data should be shared with Planning Council for planning and priority- and allocation-setting purposes
- Shared responsibilities for Evaluation functions
 - PC annually conducts the Assessment of the Administrative Mechanism (AAM)
 - It is the PC's prerogative to evaluate service effectiveness
 - Outcomes Evaluation is a joint responsibility
 - Evaluating Cost Effectiveness is a joint responsibility

Evaluating Service Effectiveness: Commission Background

- Commission on HIV:
 - created standards of care in 33 service categories (2006)
 - significantly revised its Continuum of Care (2008)
 - Introduced and integrated Medical Care Coordination into the Continuum of Care (2009)
- Next step is to evaluate service effectiveness

Evaluating Service Effectiveness: Definitions

- ① **Is the system of care effective?**
- ② **Are services provided effectively?**
- ③ **Are services provided cost-efficiently?**

Evaluating Service Effectiveness: Purpose (s)

SERVICE EFFECTIVENESS DATA:

- ① is useful information in the annual priority- and allocation-setting process, and can help rank priorities and steer allocations;
- ② identifies targets for needed technical assistance;
- ③ focuses additional and enhanced quality assurance and management efforts and activities;
- ④ detects areas of concern/comfort for increased/decreased management emphasis;

Evaluating Service Effectiveness: Purpose (s) *(cont.)*

- ⑤ ascertains where best practice attention can be more effectively addressed;
- ⑥ assesses how successfully the local jurisdiction is investing federal and other revenues in service delivery; and
- ⑦ reports to consumers and the community the strengths and weaknesses of the current service delivery system, and where improvements are needed.

Evaluating Service Effectiveness: Differences between ESE and QM

- ESE may indicate where QM or best practices focus is needed
- ESE is not a continuous measurement; QM is continuous measurement
- ESE measures service categories, service delivery; QM measures provider- and patient-level performance
- ESE is only a snapshot of the effectiveness of services within a specific period of time; QM measures over time

Evaluating Service Effectiveness: Differences between ESE and QM

- ESE requires re-assessment/re-measurement and comparability—all elements built into a standard QM process;
- ESE may have a moral hazard effect: biasing overall improvement and re-measurement when consumers respond to “scorecard” results; QM aims for continuous improvement
- Both are needed to for different pictures of the service delivery system

Evaluating Service Effectiveness: ESE Description

① System Effectiveness: Are services (the system of care) effective?

Does the continuum of care achieve its health outcomes: maintenance or improvement in health status, quality of life and self-sufficiency?

② Service Effectiveness: Are services (the interventions) provided effectively?

Do interventions (services) in the continuum of care achieve patient outcomes: entry into care, retention in care, and adherence to care/treatment?

Evaluating Service Effectiveness: ESE Description *(cont.)*

③ **Cost Effectiveness: Are services delivered in a cost-efficient manner?**

Are interventions delivered in a manner that optimizes health and patient outcomes while maximizing available resources (funding)?

Evaluating Service Effectiveness: Balanced Scorecard

- Balanced Scorecard® is widely used as a framework for evaluating effectiveness in health care and hospital systems
- Using the Balanced Scorecard methodology, the system/institution measures a limited number of indicators in four critical domains—
 - Customer
 - Internal
 - Financial
 - Innovation/Learning and Growth

Evaluating Service Effectiveness: Balanced Scorecard *(cont.)*

- Balanced Scorecard® links domains/elements to the organization's strategic plan (in EMAs, comprehensive care plan)
- Commission on HIV interpreted domains as follows:
 - **Customer:** *Consumer Satisfaction*
 - **Internal:**
 - *Productivity (Health Outcomes)*
 - *Engagement (Patient Outcomes)*
 - *Unmet Need*
 - **Financial:** *Cost Efficiency*
 - **Innovation/Learning and Growth:** *Best Practices*

Evaluating Service Effectiveness: Balanced Scorecard *(cont.)*

- Balanced Scorecard® links domains/elements to the organization's strategic plan (in EMAs, comprehensive care plan)
- Commission on HIV interpreted domains as follows:
 - **Customer:** *Consumer Satisfaction*
 - **Internal:**
 - *Productivity (Health Outcomes)*
 - *Engagement (Patient Outcomes)*
 - *Unmet Need*
 - **Financial:** *Cost Efficiency*
 - **Innovation/Learning and Growth:** *Best Practices*

Evaluating Service Effectiveness: Developing Methodology



Balanced Scorecard®: CUSTOMER PERSPECTIVE

① Consumer Satisfaction

Needs Assessment

- Are consumers satisfied with the services they received?
- Do consumers feel that services meet their needs?
- Do consumers feel that services accessible?
- What do consumers feel are their greatest barriers?
- Why are consumers staying in care?
- Why are consumers falling out of care?

LACHNA service
effectiveness survey

Survey to be developed during Fall
2008; survey runs through February
– June 2009.



Evaluating Service Effectiveness: Developing Methodology (cont.)



Balanced Scorecard®: INTERNAL PERSPECTIVE			
② Productivity	Health Outcomes		
<ul style="list-style-type: none"> Are we achieving health and process outcomes? Have our current models of care maximized outcomes? Are services meeting established performance goals? 	<ul style="list-style-type: none"> Systems of care/deliver systems Comparing providers' models of care OAPP to develop criteria 	<p><i>Driven by systems mapping process: outcomes finished by Summer 2008; data to be collected and compiled by December 2008.</i></p>	
③ Engagement	Patient Outcomes		
<ul style="list-style-type: none"> How many people are we getting into care? Are we meeting service objectives? Are we meeting the need? Are services accessible? How do barriers impact service access? How seamless is our service delivery system? Where are there service gaps? Is there adequate infrastructure to support services? 	<ul style="list-style-type: none"> Service utilization data CCP goals and objectives LACHNA needs assessment survey Population flows and service systems mapping 		<p><i>Driven by goals and objectives in the Comprehensive Care Plan; corresponding to fulfillment of those goals.</i></p> <p><i>Commission and OAPP to form work group to develop goal/objectives for CCP, to define service delivery criteria and to quantify measures.</i></p>
④ Unmet Need	Surveillance System		
<ul style="list-style-type: none"> How much are we reducing "unmet need"? 	<ul style="list-style-type: none"> Only relevant for overall system evaluation 		

Evaluating Service Effectiveness: Developing Methodology *(cont.)*



Balanced Scorecard®: FINANCIAL PERSPECTIVE

⑥ Efficiency

Financial/Service Modeling

- Are models of care cost effective?
- How cost effective is service delivery between models?
- Are we providing services at optimal levels?
- What is "system capacity"?
- Are we operating at capacity?

Various financial models

Beg'n developing the financial modeling in Fall 2008; compiling data by June 2009



Evaluating Service Effectiveness: Developing Methodology *(cont.)*



Balanced Scorecard®: INNOVATION and LEARNING/GROWTH PERSPECTIVE

⑥ Innovation	Literature Review/Surveys	
<ul style="list-style-type: none"> Are we maximizing the best service delivery practices? 	<i>Based on feedback during best practice conferences: CA?? input prior to implementation of conferences.</i>	<i>Start best practice conferences in January 2009.</i>
<ul style="list-style-type: none"> Are we meeting the standards' minimum expectations? 		
<ul style="list-style-type: none"> How effectively are we achieving outcomes? 		

Evaluating Service Effectiveness: Application of Methodology

- Generate an “annual service effectiveness” scorecard
- Scorecards will entail “scores” for each of the services evaluated, and for the service cluster overall
- Begin with Medical Cluster of Services
 - Core service categories and most data available
- Medical Cluster of Services
 - Medical Outpatient/Specialty
 - Oral Health
 - Mental Health Psychiatry
 - Pharmaceutical Assistance Programs

Evaluating Service Effectiveness: Developing Methodology (cont.)

Overall Score							Sum (1:5)
Balanced Scorecard: CUSTOMER PERSPECTIVE							
1. Consumer Satisfaction				Sum (1a:1f)	tbd %	E x F	
a. Services received	tbd %	tbd %	B x C				
b. Meeting consumers' perceived needs	tbd %	tbd %	B x C				
c. Perceived service accessibility	tbd %	tbd %	B x C				
d. Perceived barriers	tbd %	tbd %	B x C				
e. Staying in care	tbd %	tbd %	B x C				
f. Falling out of care	tbd %	tbd %	B x C				
Balanced Scorecard: INTERNAL PERSPECTIVE							
2. Productivity				Sum (2a:2c)	tbd %	E x F	
a. Achieving outcomes	tbd %	tbd %	B x C				
b. Maximizing outcomes	tbd %	tbd %	B x C				
c. Meeting performance goals	tbd %	tbd %	B x C				
3. Engagement				Sum (3a:3h)	tbd %	E x F	
a. Entering care	tbd %	tbd %	B x C				
b. Service objectives	tbd %	tbd %	B x C				
c. Meeting needs	tbd %	tbd %	B x C				
d. Service accessibility	tbd %	tbd %	B x C				
e. Barriers	tbd %	tbd %	B x C				
f. Service seamlessness	tbd %	tbd %	B x C				
g. Service gaps	tbd %	tbd %	B x C				
h. Infrastructure support	tbd %	tbd %	B x C				
4. Unmet Need				Sum (6a)	tbd %	E x F	
a. Unmet need	tbd %	tbd %	B x C				
Balanced Scorecard: FINANCIAL PERSPECTIVE							
5. Efficiency				Sum (4a:4e)	tbd %	E x F	
a. Cost effectiveness	tbd %	tbd %	B x C				



Evaluating Service Effectiveness: Developing Methodology *(cont.)*



Microsoft Word
Document

- Evaluation of Service Effectiveness FY 2010 Application Memo