

Service Standards Development: Lessons Learned from Los Angeles County

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Jones



Planning Council Overview

- Created by an act of the Los Angeles County Board of Supervisors (BOS)
- Independent body within the Executive Office of the BOS in Los Angeles County
- 51-member planning council
- Prevention Planning Council and Commission merged as an integrated planning body in 2013.



Road to Standards Development

- 1996 - Efforts began with the development of Standards of Care Committee. Developed patient bill of rights and foundational elements
- 2002-2004 -12 standards completed. Initial attempt to establish consistency across services.
- 2006 - Developed more refined process and collaboration with grantee. Identified 28 standards.
- 2008-2009 – up to 40 service categories identified
- 2011- refinement of definitions and process
- 2013 – prevention and care planning integration
- 2015 published 28 standards. Developed framework for development of prevention standards



Current Activities

- Renamed committee to Standards and Best Practices (SBP)
- Updating Continuum of Care to help inform updates of all SoCs and development of new prevention standards
- Recruiting individuals to serve on Expert Review Panels (ERP)
- ERP members will develop 7 prevention standards and guidelines for 4 special populations
- Updating Transitional Case Management, Substance Abuse Treatment & Substance Abuse Residential Treatment





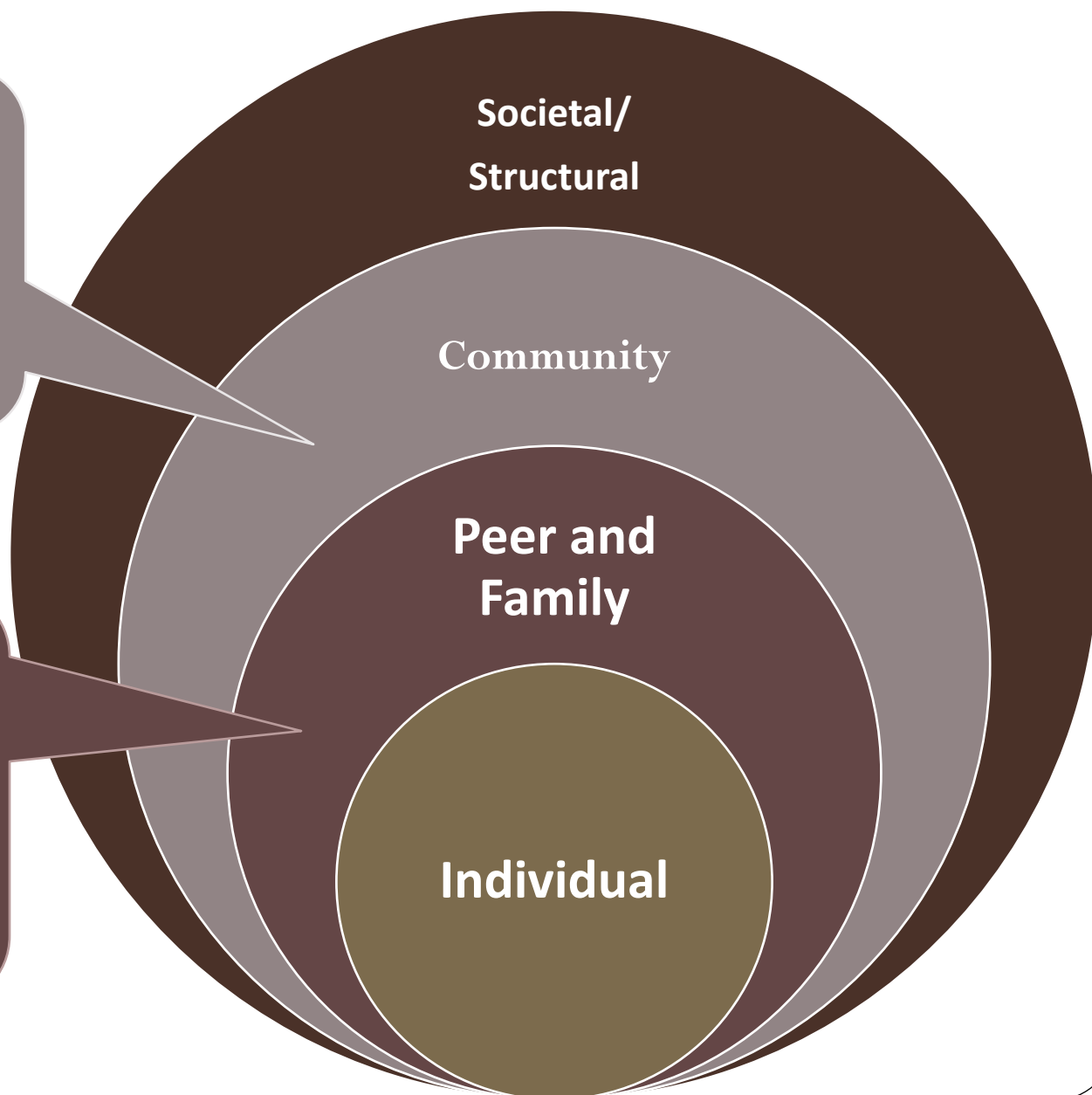
Los Angeles County Commission on HIV Continuum of Care Conceptual Framework- DRAFT

Community Determinants:

- Behavioral norms and belief systems
- Community cohesion and empowerment
- Stigma
- Access to care/services

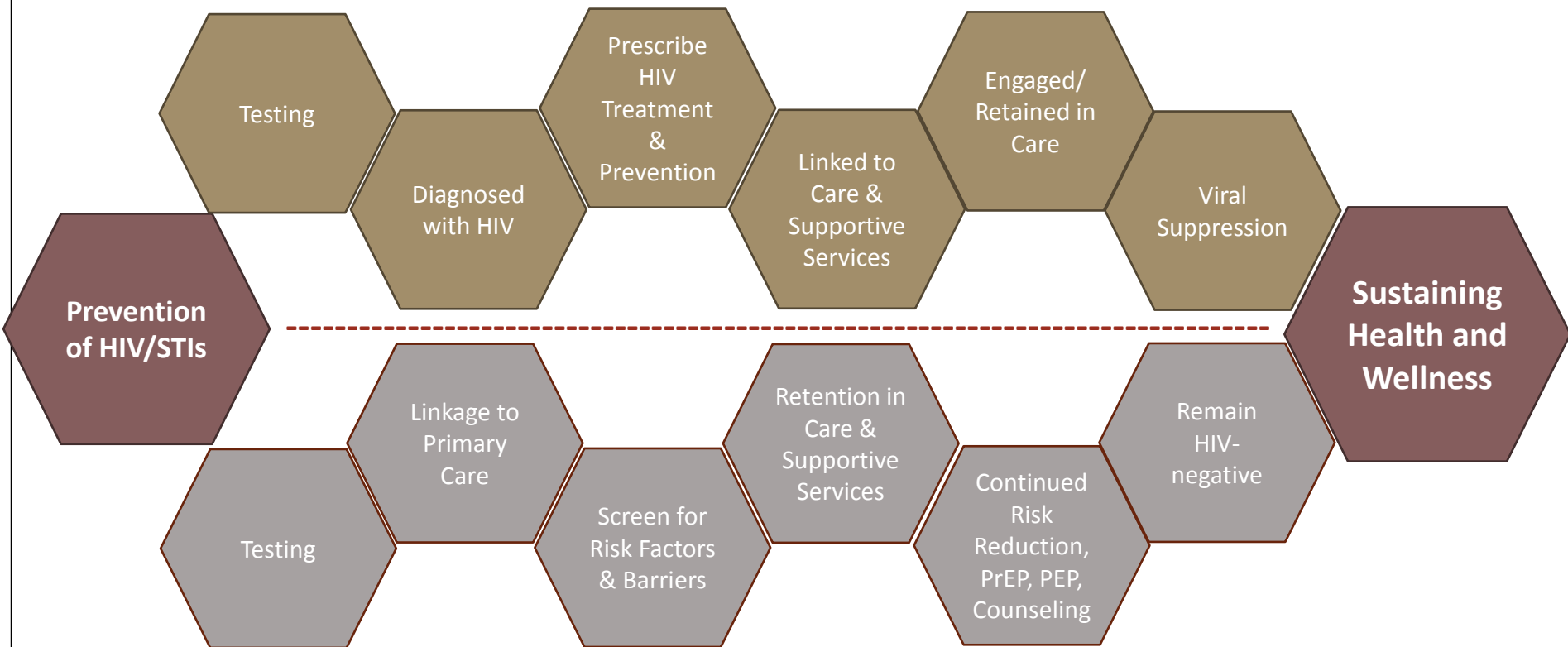
Peer and Family Determinants:

- Partner involvement
- Communication and Disclosure
- Support groups
- Care taking responsibilities
- Social support and networks (incl. media/electronic)



Los Angeles County Commission on HIV Continuum of Care Operational Framework- DRAFT

HIV-Positive



HIV-Negative

Stigma and other social determinants influence the HIV Care Continuum throughout the prevention and care spectrum.

Process: clinical management, support management, self-management

Population: disease burden, access to care

Individual: health status, quality of life, self-sufficiency

Outcomes

Role of Standards and Best Practices Committee

- Designs the standards format
- Creates the quality assurance framework
- Establishes standards development process
- Determines standards/service descriptions
- Identifies standards of care parameters
- Recruits Expert Review Panels (EPRs)
- Reviews/accepts or declines comment/input
- Presents standards/feedback to Commission



Essential Staffing and Support

Supervisor: lead/oversee the process, final staff “go-to”, moderate stakeholders

EPR Facilitator: clinician/provider, system knowledge, objective and fair

Standards Author: understands and learns current system, research, drafts, incorporates comments and feedback

Logistics Manager: planning, coordination, communication, recruitment



Standards Development Process

- Draft standard
- Expert Review Panel
- Revise according to EPR
- Send revision to EPR for comment
- SBP review
- Introduction to Commission: presentation
- Subsequent Public Comment period
- SBP review and decisions
- Revision presented to Commission
- Commission approval



Key Documents Used

- Current practice and service delivery
- Contracts and schedules
- Other EMAs' standards/guidelines
- Professional groups' standards/guidelines
- Research and study
- Existing and identifiable best practices
- Compromise and dialogue among providers and experts



Guiding Questions

1. Are the standards up-to-date and consistent with national standards of high quality care?
2. Are they reasonable and achievable for providers?
3. Will the services described meet consumer needs?
4. What are the important outcomes we expect for people receiving these services, and how can we measure whether or not the services are working for them?



Expert Review Panels (ERPs)

- Aimed for 15 participants per panel
- Grantee representative/subject matter expert
- Current providers
 - Public/private
 - CARE Act & CDC-funded and outside the system
 - Racial/ethnic diversity (population served)
- Professionals/experts
 - Researchers
 - Academics
- At least one consumer



Critical Elements

- Professionals to run the process
- Dedicated support to manage the process
- Active/direct grantee/administrative agency support, involvement, partnership
- Planning council commitment
- Unwavering, but not rigid, timeline
- Flexibility/openness to address/respond to new/unanticipated issues



Roadmap for Development of New Prevention Standards & Special Populations Guidelines

2015

2015: Outgoing SBP co-chairs outlined recommendations to new co-chairs.

2017

2017: Convene ERPs. Standards development. Select more existing SoCs to update.

2016

2016: Identify ERP members. Develop consultant RFP and scope of work. Select consultant. Update 3 existing SoC.

2018

2018: Publish prevention standards. Continue updating SoCs.

Lessons Learned

- Consult and coordinate with the grantee throughout the entire process
- Commit to the process, and then allow the process to guide you
 - Don't pre-determine the final product too rigidly, because changes may be needed
 - Sometimes you have to “put things out there”, and trust that it will work out
- Course corrections are okay
 - Added new service categories for development
 - Added “Special Population” Guidelines
 - Addressed client advocacy confusion



Lessons Learned

- Build momentum; don't let it lag
 - Take on some of the easier standards first, so that there are early successes
- “Parking Lot” issues
 - Not all suggestions can be addressed immediately or within current standards
 - Setting the issues aside, but committing to them for future revisions or in the interim
- Set ground rules for discussion



Lessons Learned

- Keep a log
 - Staff/consultant notes
 - Detailed Committee/subcommittee minutes
 - Notes and responses to comment
- Engage PC leadership and Committee co-chairs
- Learn from setbacks
- Celebrate successes



Opportunities for Improvement

- Make publications more user-friendly and accessible to consumers and the general public
- Perfect timing with grantee RFP timeline is a challenge
- Opportunities and barriers to implementing countywide outcomes
- Data collection
- Linkages between standards and outcome measures
- Understanding HRSA's quality management and outcome measurement requirements



Opportunities for Improvement

- Simplify process and document.
- Engage new perspectives to the development process
- Identify multiple ways for the community to participate
- Monitoring of application of standards present major challenges for both PC and grantee.



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