Updates for STD PCHD Recipients: Performance measures and the funding formula

November 1, 2019

Presented by:
Phoebe Thorpe, Branch Chief (Acting), PDQIB
Marion Carter, Evaluation Team Lead, PDQIB
Mary McFarlane, Program Team Lead (Acting), PDQIB
Harrell Chesson, Health Economist, HSREB

Agenda

- Introductions and housekeeping
- Performance measures: Update on content and timeline (20 min)
  - Marion Carter
- Funding formula: Review of approach (20 min)
  - Harrell Chesson and Mary McFarlane
- Brief updates and reminders (5 min)
- Q&A

Housekeeping

- All lines are muted until the Q&A
- Please use the chat box to submit questions throughout
- Slides and recording will be shared

Performance Measures for STD PCHD: Update

Marion Carter

Objectives of this section

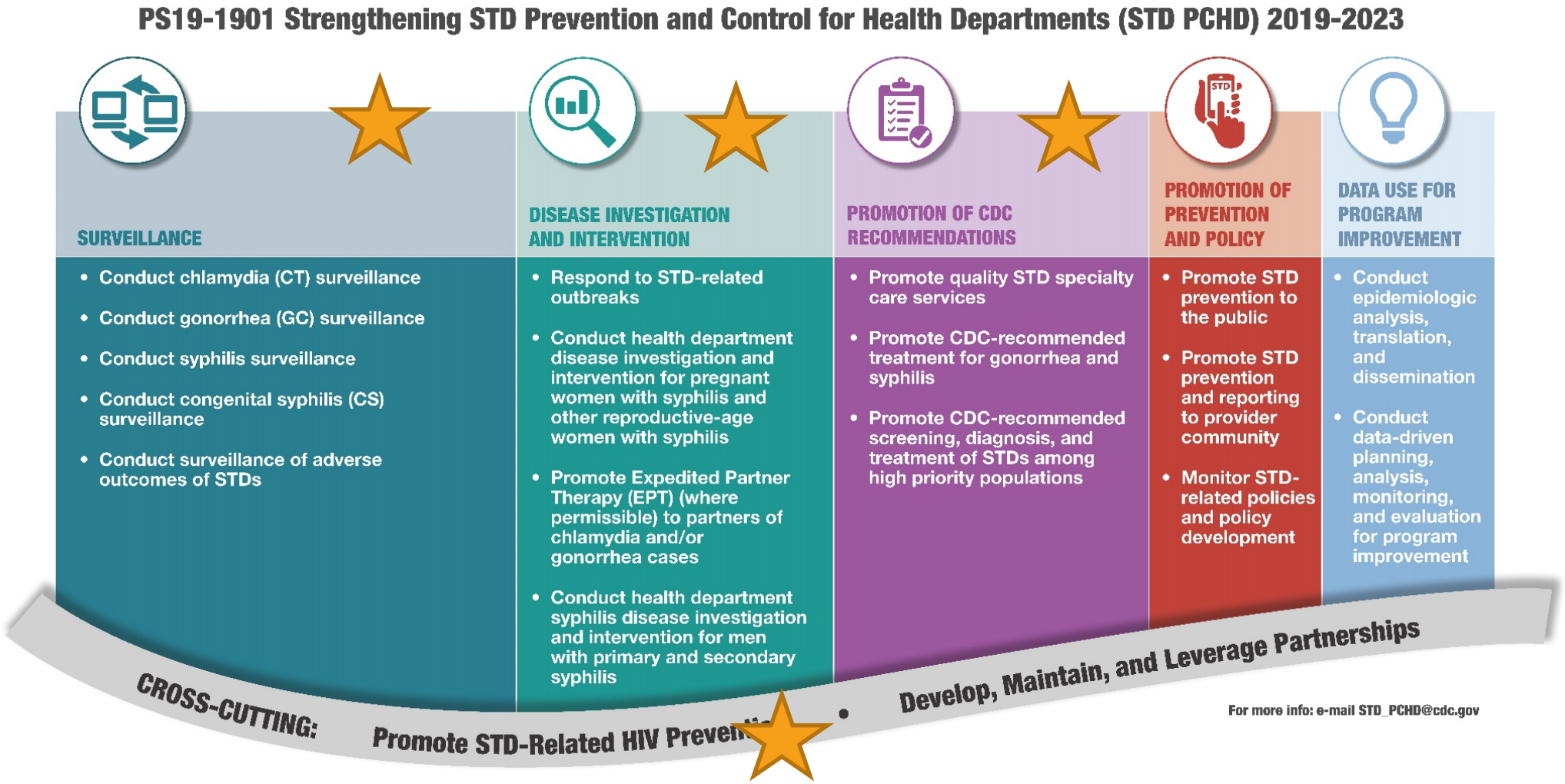
To give you a better flavor of the STD PCHD performance measures:

- What to expect in terms of the “ask”
- Where things are in the review and approval process for

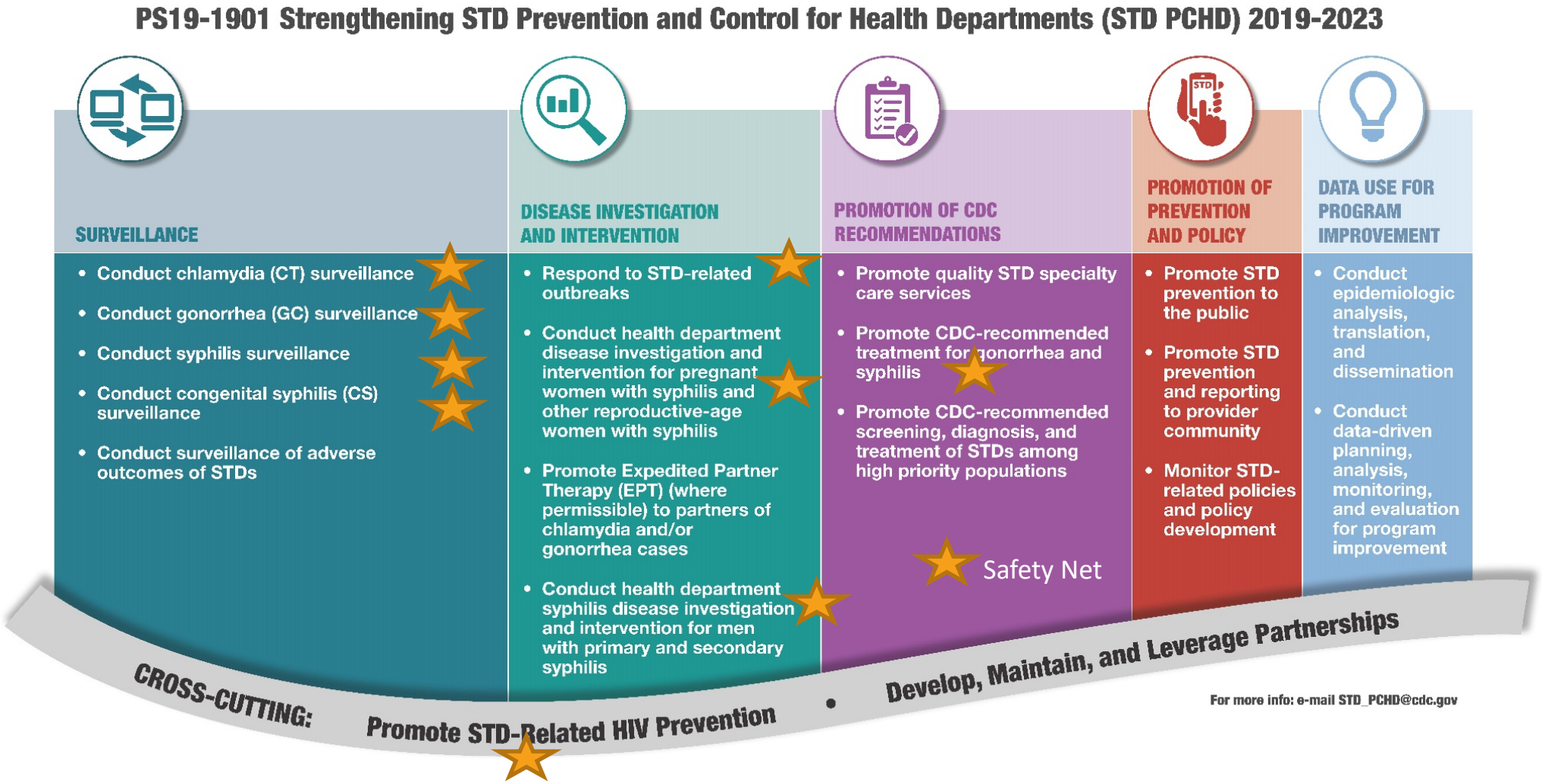
This is not a formal announcement of the final set of measures or the start of data collection

- We are still months away from approval and requesting data
- We will provide more information and guidance after approval

Latest proposal for STD PCHD performance measures: Strategy Areas to which they map



Latest proposal for performance measures: Primary Strategies to which they map



How many are there?

For all areas regardless of morbidity or program strategies:

- 15 key measures
- 3 of those will be calculated using case surveillance data already submitted

Additional measures depend on morbidity and program strategies

- 4 are related to investigated GC cases
- 4 are related to congenital syphilis
  - For areas that had 10 or more congenital syphilis cases in reporting period

- We currently estimate it could require up to 30 hours to complete, start to finish

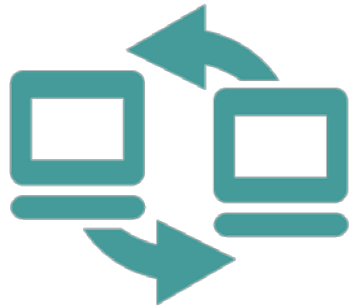
Latest proposal for STD PCHD performance measures

Strategy	At the end of STD AAPPS	At the start of STD PCHD
Surveillance	None	Yes, with CDC helping to calculate some
Congenital syphilis	Potential cases averted and maternal care cascade	Same
Disease investigation and intervention	Partner services cascade • For women (syphilis) • For men with female partners (syphilis)	Same and: • For MSM (syphilis) • For pregnant women (syphilis) • For investigated GC cases
Outbreak response	None	Yes
Treatment	GC treatment	Same and: Syphilis treatment
Safety net assistance	Yes, as ad hoc separate admin request	Yes, now incorporated with performance measures
STD-related HIV prevention	None	Yes, as related to syphilis and GC cases initiated for partner services

Strategy Area I: CT, GC, Syphilis and CS Surveillance

Measures will be calculated by CDC using surveillance case report data, taken from data quality reports, such as:

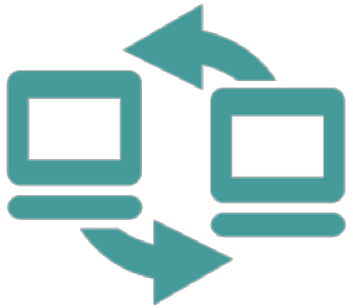
- Documented HIV status among syphilis cases
- Documented sex of sex partner
- Timeliness of congenital syphilis case reports to CDC



Strategy Area I: CT, GC, Syphilis and CS Surveillance

Part of data collection request:

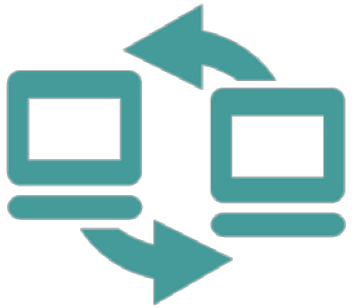
- Among female syphilis cases, number and percent with pregnancy status documented within 14 days of health department notification
- Among GC cases sampled for enhanced surveillance, number and percent that were followed up through provider and patient interview
  - As enhanced GC surveillance data becomes available, we will do additional data quality checks



Strategy Area I: Congenital syphilis outcomes

Among areas with 10 or more cases of congenital syphilis in prior year:

- Number and percent of potential CS cases averted
- Number and percent of mothers of CS cases that:
  - received prenatal care
  - were tested for syphilis near the beginning of 3rd trimester
  - were treated appropriately for syphilis
  - all > 30 days prior to delivery



Strategy Area II: Disease Investigation and Intervention

Outbreak response

- Number of times STD outbreak response plan initiated
- Number of STD program staff deployed for non-STD outbreaks

Disease intervention and investigation for syphilis

- Number and percent of partners brought to treat
- Calculated separately for pregnant women, other women of reproductive age, MSW, and MSM/W
- Also for GC cases investigated for partner services, when applicable

Strategy Area III: Promotion of CDC-Recommended Screening, Diagnosis, and Treatment

GC treatment

- Among GC cases, number and percent treated with CDC-recommended medication(s) within 14 days

Syphilis treatment

- Among all early syphilis cases, number and percent treated with CDC-recommended medication(s) within 14 days

Safety net assistance

- Number and type of providers that benefited, for what services, for what populations
- Number of tests conducted for CT, GC, and syphilis and associated positivity

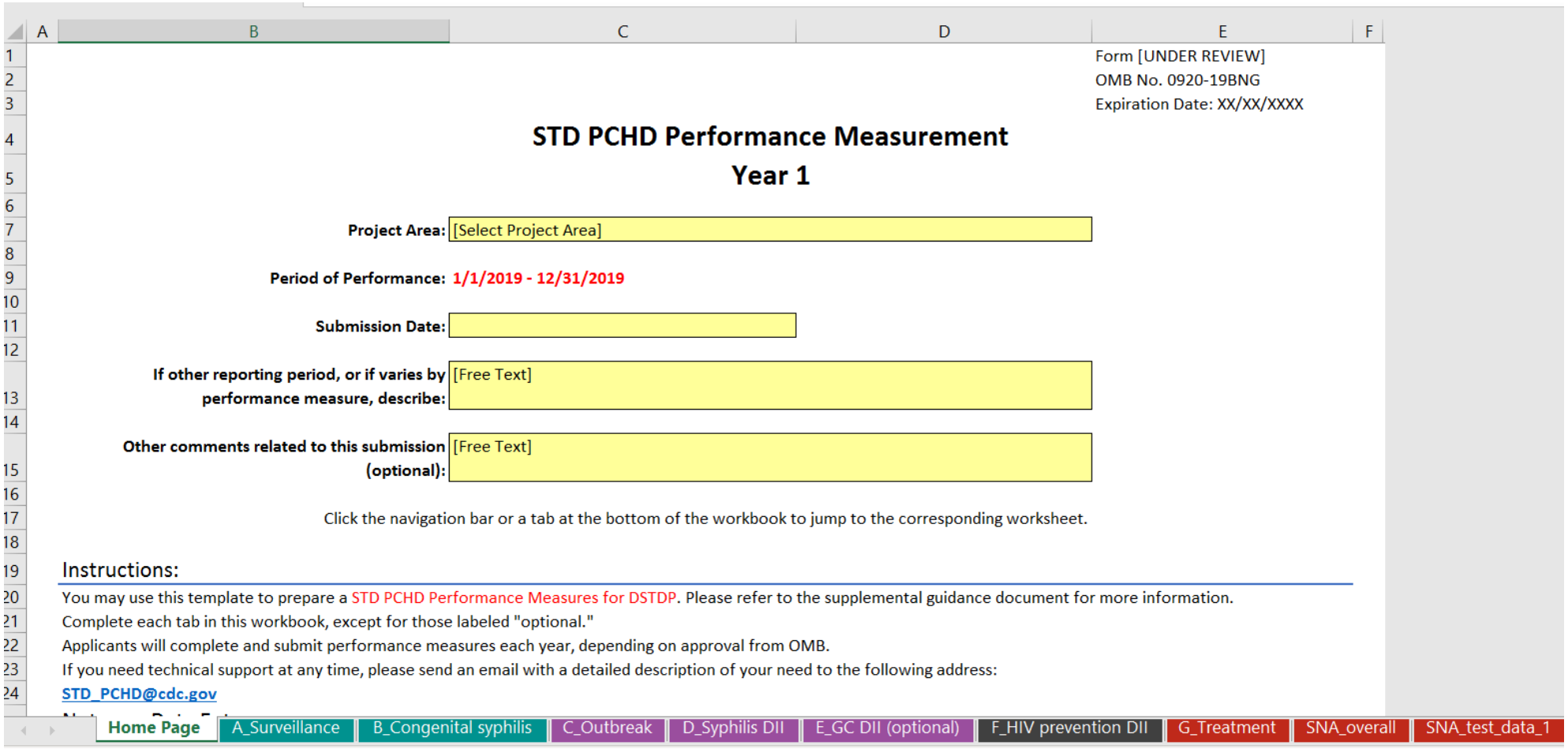
Cross-cutting: STD-related HIV Prevention

Syphilis disease investigation and intervention

- Number and percent of investigated cases who were newly-diagnosed with HIV within 30 days after syphilis dx
- Number and percent of investigated cases (who were newly-diagnosed with HIV) linked to care within 30 days after syphilis dx
- Number and percent of investigated cases who were referred to PrEP within 30 days after syphilis dx

- Calculated separately for MSM vs other subgroups
- Also for GC cases investigated for partner services and HIV prevention intervention (if applicable)

Data Collection Tool:
Look and feel of work plan template



Form [UNDER REVIEW]
OMB No. 0920-19BNG
Expiration Date: XX/XX/XXXX

STD PCHD Performance Measurement
Year 1

Project Area: [Select Project Area]

Period of Performance: 1/1/2019 - 12/31/2019

Submission Date:

If other reporting period, or if varies by performance measure, describe: [Free Text]

Other comments related to this submission (optional): [Free Text]

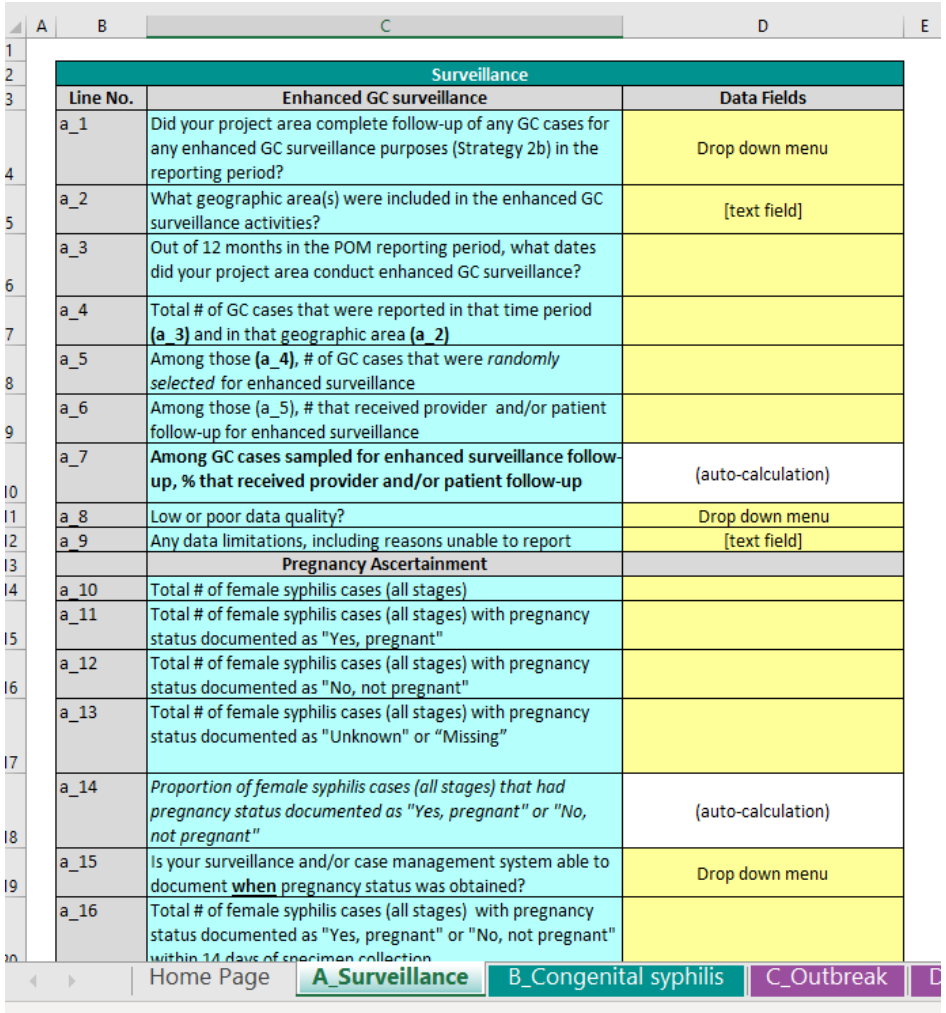
Click the navigation bar or a tab at the bottom of the workbook to jump to the corresponding worksheet.

Instructions:

You may use this template to prepare a STD PCHD Performance Measures for DSTDP. Please refer to the supplemental guidance document for more information.
Complete each tab in this workbook, except for those labeled "optional."
Applicants will complete and submit performance measures each year, depending on approval from OMB.
If you need technical support at any time, please send an email with a detailed description of your need to the following address:
STD_PCHD@cdc.gov

Home Page | A_Surveillance | B_Congenital syphilis | C_Outbreak | D_Syphilis DII | E_GC DII (optional) | F_HIV prevention DII | G_Treatment | SNA_overall | SNA_test_data_1

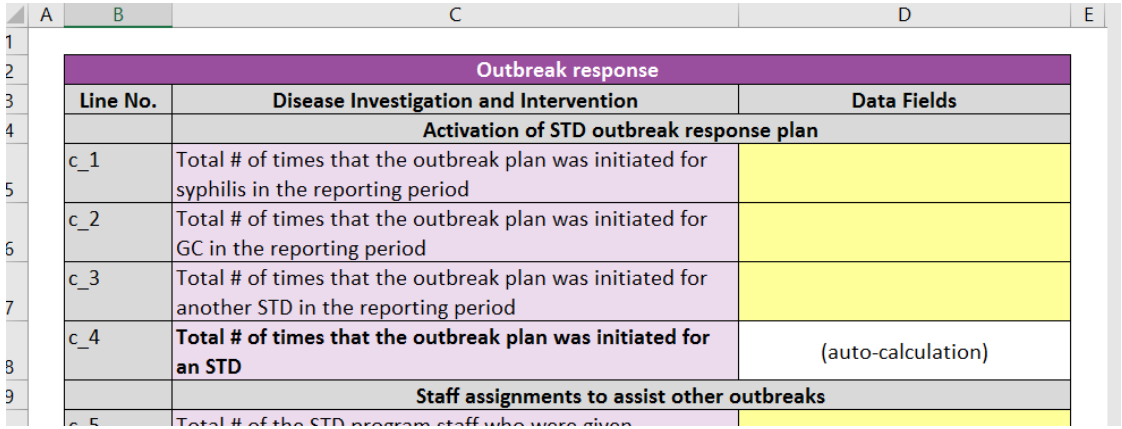
Data Collection Tool: Look and feel of prior STD AAPPS POM templates



Surveillance		
Line No.	**Enhanced GC surveillance**	**Data Fields**
a_1	Did your project area complete follow-up of any GC cases for any enhanced GC surveillance purposes (Strategy 2b) in the reporting period?	Drop down menu
a_2	What geographic area(s) were included in the enhanced GC surveillance activities?	[text field]
a_3	Out of 12 months in the POM reporting period, what dates did your project area conduct enhanced GC surveillance?	
a_4	Total # of GC cases that were reported in that time period **(a_3)** and in that geographic area **(a_2)**	
a_5	Among those **(a_4)**, # of GC cases that were *randomly selected* for enhanced surveillance	
a_6	Among those (a_5), # that received provider and/or patient follow-up for enhanced surveillance	
a_7	**Among GC cases sampled for enhanced surveillance follow-up, % that received provider and/or patient follow-up**	(auto-calculation)
a_8	Low or poor data quality?	Drop down menu
a_9	Any data limitations, including reasons unable to report	[text field]
	Pregnancy Ascertainment	
a_10	Total # of female syphilis cases (all stages)	
a_11	Total # of female syphilis cases (all stages) with pregnancy status documented as "Yes, pregnant"	
a_12	Total # of female syphilis cases (all stages) with pregnancy status documented as "No, not pregnant"	
a_13	Total # of female syphilis cases (all stages) with pregnancy status documented as "Unknown" or "Missing"	
a_14	*Proportion of female syphilis cases (all stages) that had pregnancy status documented as "Yes, pregnant" or "No, not pregnant"*	(auto-calculation)
a_15	Is your surveillance and/or case management system able to document **when** pregnancy status was obtained?	Drop down menu
a_16	Total # of female syphilis cases (all stages) with pregnancy status documented as "Yes, pregnant" or "No, not pregnant" within 14 days of specimen collection	

Home Page | A_Surveillance | B_Congenital syphilis | C_Outbreak | D

- ✓ Drop-down menus when relevant
- ✓ Auto-calculations built in
- ✓ A few text fields to provide context
- ✓ Related process and context measures



Outbreak response		
Line No.	**Disease Investigation and Intervention**	**Data Fields**
	Activation of STD outbreak response plan	
c_1	Total # of times that the outbreak plan was initiated for syphilis in the reporting period	
c_2	Total # of times that the outbreak plan was initiated for GC in the reporting period	
c_3	Total # of times that the outbreak plan was initiated for another STD in the reporting period	
c_4	**Total # of times that the outbreak plan was initiated for an STD**	(auto-calculation)
	Staff assignments to assist other outbreaks	
c_5	Total # of the STD program staff who were given	

Review and approval process: Where we are

Since summer 2019

Feb 2020?

May 2020?

Federal review and approval ("OMB"):

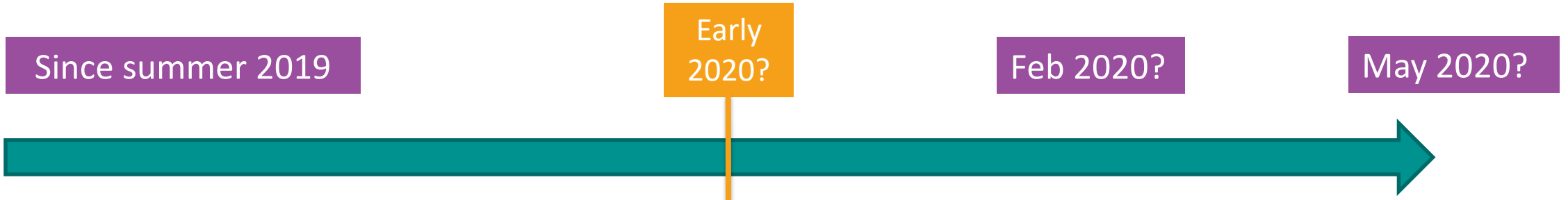
- Is the data request reasonable?
- Do the benefits of this data collection outweigh the burden of this data request on recipients?

Once formal approval received,

- Release of guidance and template
- Orientation webinar

1st data submitted for reporting period Jan-Dec 2019

Review and approval process: Where we are



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- Do the benefits of this data collection outweigh the burden of this data request on recipients?

Once formal approval received,

- Release of guidance and template
- Orientation webinar

1st data submitted for reporting period Jan-Dec 2019

Email out latest draft template and guidance to all recipients, to familiarize yourselves further and ask questions

Big thanks to all

Performance Measures Work Group	
California	Florida
New York City	Georgia
Pennsylvania	Tennessee
Puerto Rico	Michigan
Vermont	New Mexico
Wyoming	Kansas

Piloted the STD-related HIV prevention measures	
California	Michigan
New York City	Vermont
Oregon	Rhode Island

Reviewed the safety net assistance form	
Pennsylvania	Mississippi
North Carolina	Idaho
Utah	

DSTDP evaluation team staff, surveillance and data management teams staff, program team staff, and leadership

The DSTDP Funding Formula in STD PCHD

Mary McFarlane

November 1, 2019

Today's discussion

- **The funding formula**
  - Intended to keep sites funded in a transparent and fair manner
  - Developed for STD AAPPS, and continued in STD PCHD
  - By the end of STD PCHD, assuming level funding, nearly all 59 sites will be funded at formula-prescribed levels with a $300K minimum
- **Walk-through of the calculations**
  - Hypothetical data only
- **For more information, and to help you plan:**
  - Discuss your site's planning budgets with your Project Officer
  - Always keep a "wish list" to be activated if the STD PCHD funding increases

DSTDP Funding Formula

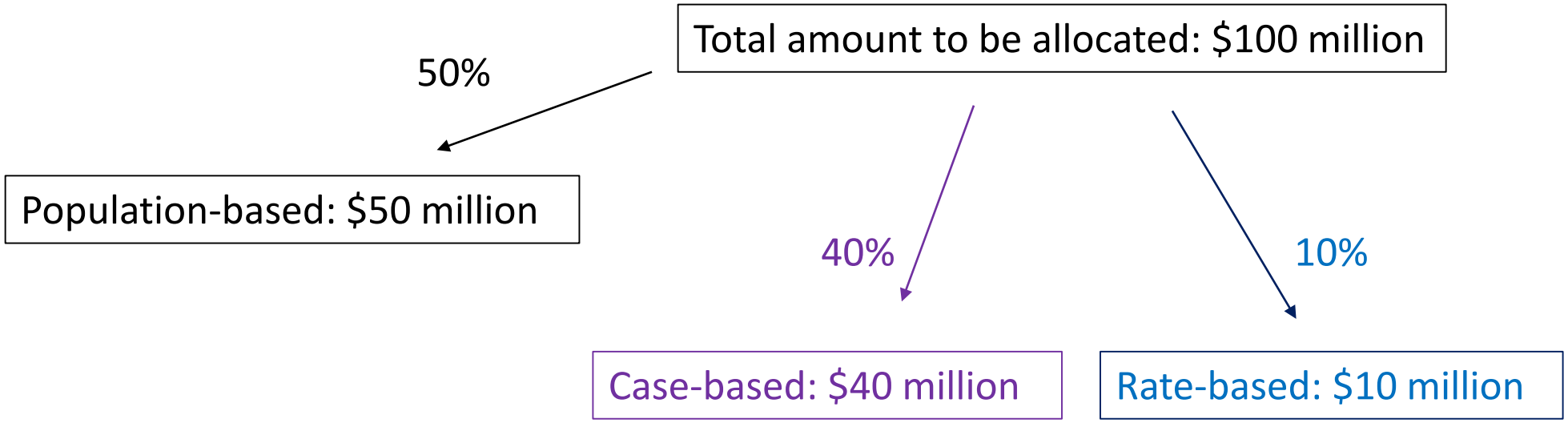
- **50% based on population**
  - Ages 15–44 years, 2012–2016

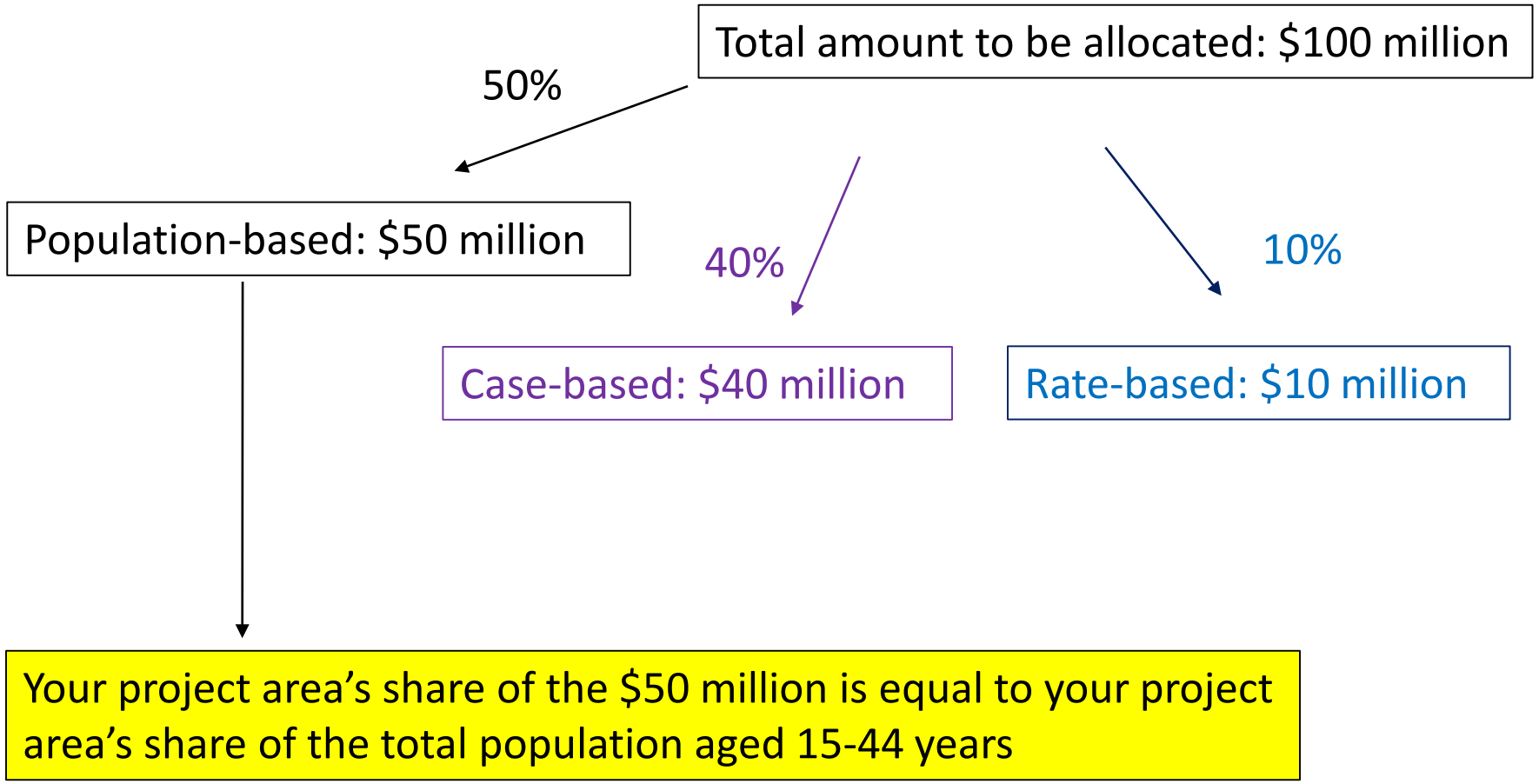
- **50% based on burden of STDs , 2012–2016**
  - 40% based on cases (all ages)
  - 10% based on rates (ages 15–44)
  - Total funding is divided equally among chlamydia, gonorrhea, syphilis (excluding congenital syphilis)
    - Because chlamydia is much more common than syphilis, per-case funding will be lower for chlamydia than for syphilis

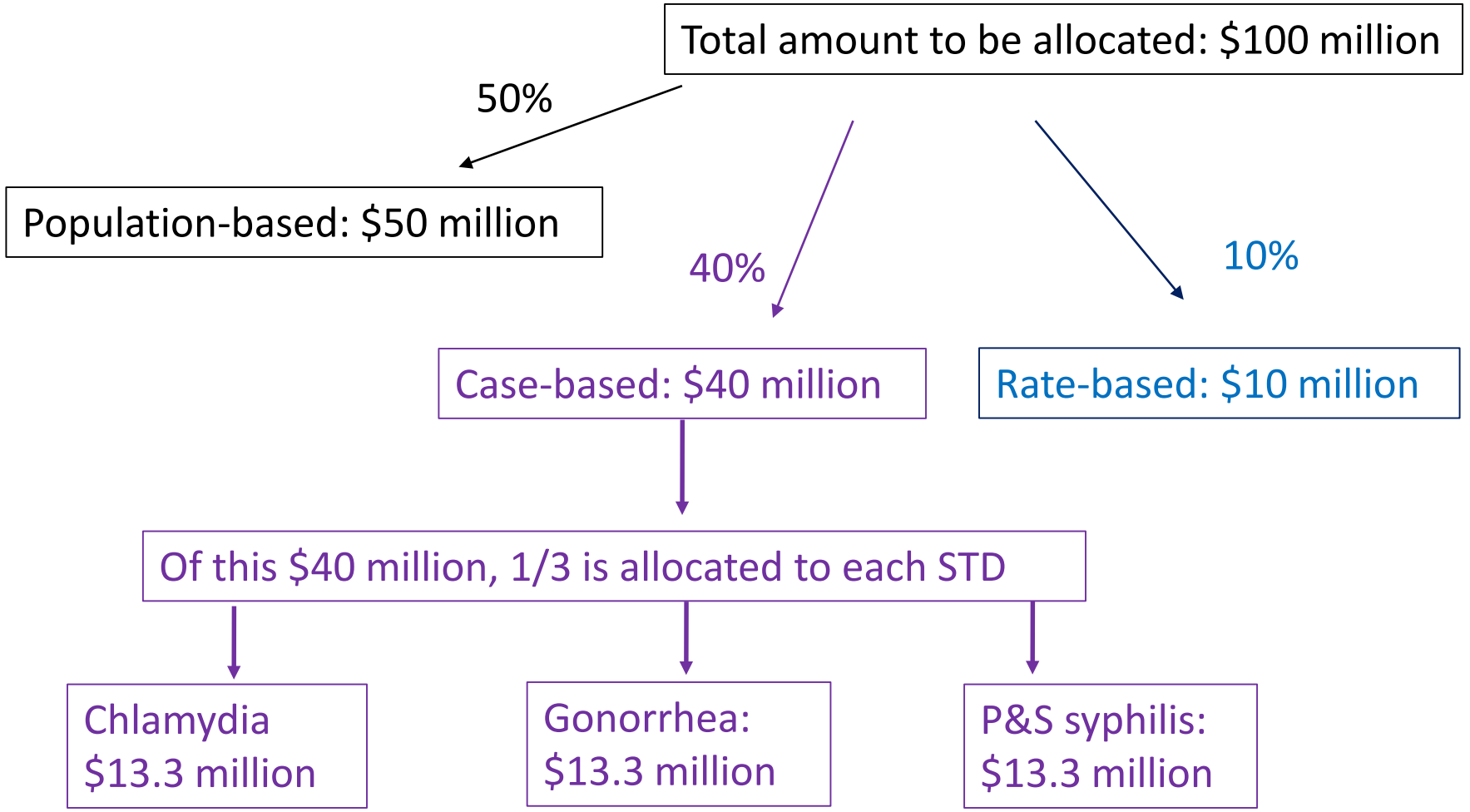
Adjustments to Funding Formula

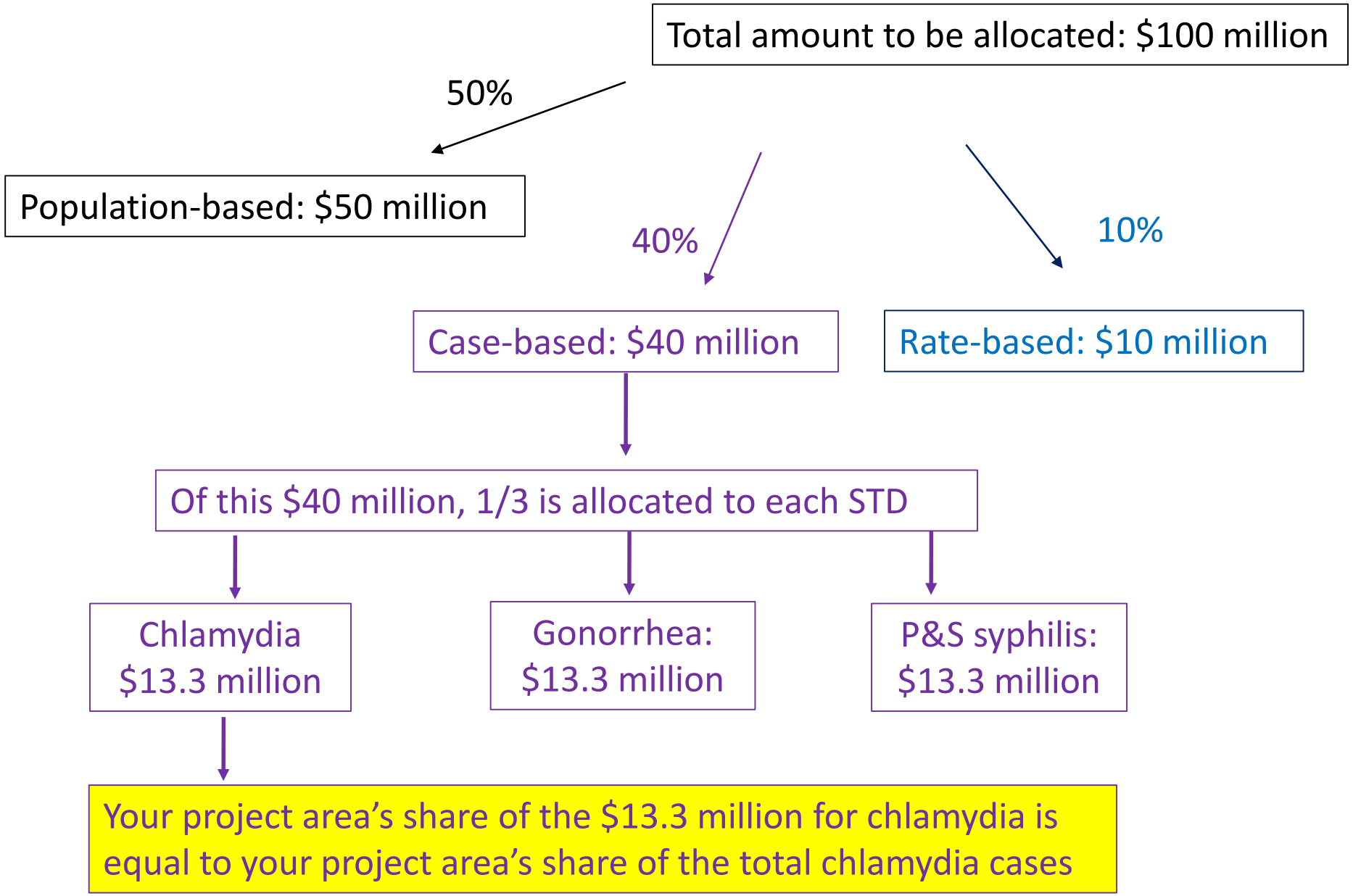
- **Minimum $300,000 to each project area**
- **Maximum reduction: 5% per year**
- **Assuming level funding, all adjustments take place in a zero-sum context**
  - Money added to one site is removed from one or more other sites
  - The subsequent examples will make this more clear

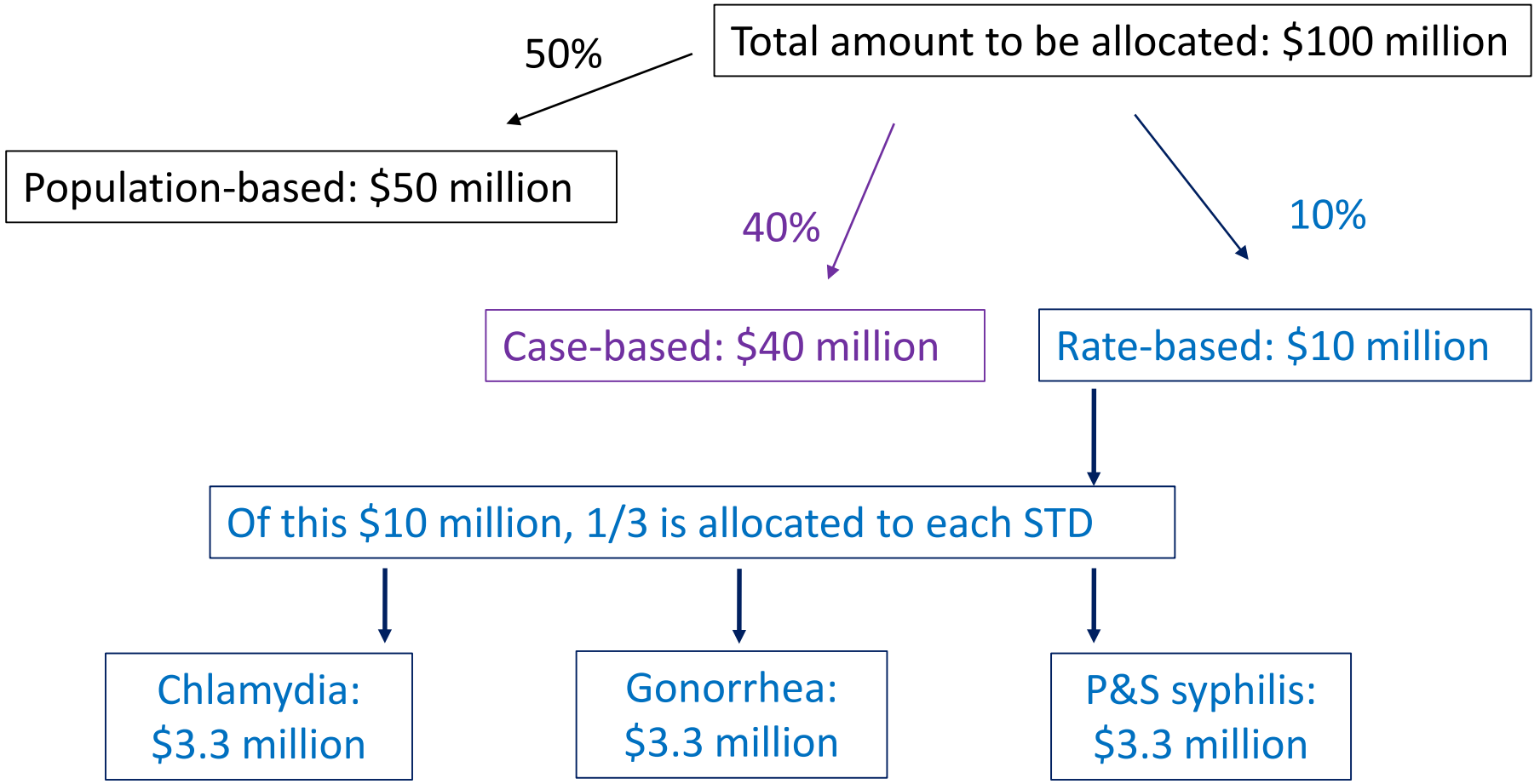
EXAMPLE:
$100 MILLION ALLOCATION

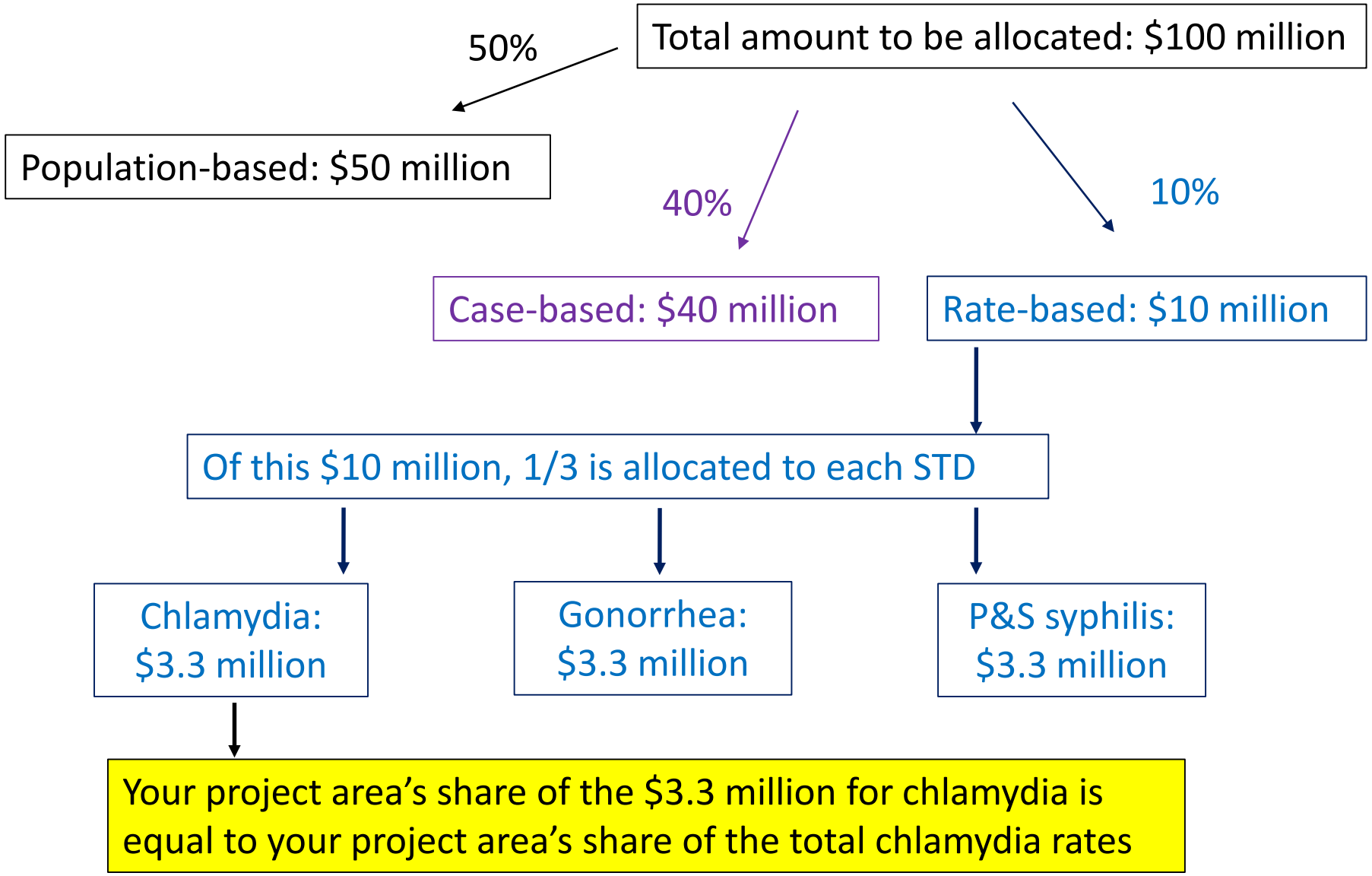

Total amount to be allocated: $100 million
50%
Population-based: $50 million
40%
Case-based: $40 million
10%
Rate-based: $10 million


Total amount to be allocated: $100 million
50%
Population-based: $50 million
40%
Case-based: $40 million
10%
Rate-based: $10 million
Your project area's share of the $50 million is equal to your project area's share of the total population aged 15-44 years


Total amount to be allocated: $100 million
50%
Population-based: $50 million
40%
10%
Case-based: $40 million
Rate-based: $10 million
Of this $40 million, 1/3 is allocated to each STD
Chlamydia
$13.3 million
Gonorrhea:
$13.3 million
P&S syphilis:
$13.3 million


Total amount to be allocated: $100 million
50%
Population-based: $50 million
40%
10%
Case-based: $40 million
Rate-based: $10 million
Of this $40 million, 1/3 is allocated to each STD
Chlamydia
$13.3 million
Gonorrhea:
$13.3 million
P&S syphilis:
$13.3 million
Your project area's share of the $13.3 million for chlamydia is equal to your project area's share of the total chlamydia cases


Total amount to be allocated: $100 million
50%
Population-based: $50 million
40%
Case-based: $40 million
10%
Rate-based: $10 million
Of this $10 million, 1/3 is allocated to each STD
Chlamydia: $3.3 million
Gonorrhea: $3.3 million
P&S syphilis: $3.3 million


Total amount to be allocated: $100 million
50%
Population-based: $50 million
40%
Case-based: $40 million
10%
Rate-based: $10 million
Of this $10 million, 1/3 is allocated to each STD
Chlamydia: $3.3 million
Gonorrhea: $3.3 million
P&S syphilis: $3.3 million
Your project area's share of the $3.3 million for chlamydia is equal to your project area's share of the total chlamydia rates

The DSTDP Funding Formula in STD PCHD

Harrell Chesson

November 1, 2019

Adjustments to Funding Formula

- **Minimum $300,000 to each project area**
- **Maximum reduction: 5% per year**
- **The adjustments increase some project areas**
  - Those who would get less than $300,000 according to the formula
  - Those whose 2019 funding (according to the formula) would be reduced by more than 5% compared to their 2018 funding
- **These adjustments decrease other project areas**
  - Those above the minimum must subsidize those below the minimum

Funding Formula for Hypothetical Example of Four States

	2018 Funding	2019 Formula with no adjustments					
State A	$200,000	$200,000					
State B	$1,800,000	$1,000,000					
State C	$2,000,000	$2,000,000					
State D	$3,000,000	$3,800,000					
Shortage or Overage							
Total	**$7,000,000**	**$7,000,000**					

2018 Funding – examples in four states

2019 Funding – amounts calculated by the funding formula

Minimum Funding Levels for Hypothetical Example of Four States

	2018 Funding	2019 Formula with no adjustments	2019 Minimum
State A	$200,000	$200,000	$300,000
State B	$1,800,000	$1,000,000	$1,710,000
State C	$2,000,000	$2,000,000	$1,900,000
State D	$3,000,000	$3,800,000	$2,850,000
Shortage or Overage			
Total	**$7,000,000**	**$7,000,000**	

But remember!
Minimum funding: $300,000
And maximum reduction: 5% from 2018 to 2019

Funding Amounts (Subsidies) Needed to Reach 2019 Minimum

	2018 Funding	2019 Formula with no adjustments	2019 Minimum	Amount short of minimum	Amount above minimum	Amount taken to subsidize others	
State A	$200,000	$200,000	$300,000	-$100,000			
State B	$1,800,000	$1,000,000	$1,710,000	-$710,000			
State C	$2,000,000	$2,000,000	$1,900,000		+$100,000	-$77,143	
State D	$3,000,000	$3,800,000	$2,850,000		+$950,000	-$732,857	
Shortage or Overage				**$810,000**		$810,000	
Total	**$7,000,000**	**$7,000,000**					

To allow some states to receive their minimum budget for 2019, they needed a "subsidy," which is the difference between the formula amount and the 2019 minimum. In this example, two states require a subsidy totaling $810,000 to achieve minimum funding.

- We have a “zero-sum” context
- In this example, total funding is $7,000,000
- If funding is added to one budget, funding has to be taken from another

- How can this burden be shared equitably (fairly)?

Funding Amounts Above Minimum for Hypothetical Example

	2018 Funding	2019 Formula with no adjustments	2019 Minimum	Amount short of minimum	Amount above minimum		
State A	$200,000	$200,000	$300,000	-$100,000			
State B	$1,800,000	$1,000,000	$1,710,000	-$710,000			
State C	$2,000,000	$2,000,000	$1,900,000		+$100,000		
State D	$3,000,000	$3,800,000	$2,850,000		+$950,000		
Shortage or Overage				**$810,000**			
Total	**$7,000,000**	**$7,000,000**					

Let's look at the example to see which states are projected to receive funding above the 2019 Minimum.

Determining Funding Adjustment

	2018 Funding	2019 Formula with no adjustments	2019 Minimum	Amount short of minimum	Amount above minimum		
State A	$200,000	$200,000	$300,000	-$100,000			
State B	$1,800,000	$1,000,000	$1,710,000	-$710,000			
State C	$2,000,000	$2,000,000	$1,900,000		+$100,000		
State D	$3,000,000	$3,800,000	$2,850,000		+$950,000		
Shortage or Overage				**$810,000**	**$1,050,000**		
Total	**$7,000,000**	**$7,000,000**					

We total the amount needed ($810,000) and divide by the total amount above the minimum ($1,050,000) to determine the percent (77.1%) to be removed from states with funding amounts above the minimum.

$$\frac{\$810,000}{\$1,050,000} = 77.1\%$$

Applying the Funding Adjustment

	2018 Funding	2019 Formula with no adjustments	2019 Minimum	Amount short of minimum	Amount above minimum	Amount taken to subsidize others	
State A	$200,000	$200,000	$300,000	-$100,000			
State B	$1,800,000	$1,000,000	$1,710,000	-$710,000			
State C	$2,000,000	$2,000,000	$1,900,000		+$100,000	-$77,143	
State D	$3,000,000	$3,800,000	$2,850,000		+$950,000	-$732,857	
Shortage or Overage				**$810,000**	**$1,050,000**	**$810,000**	
Total	**$7,000,000**	**$7,000,000**					

States C and D are states with funding amounts above the minimum and will be reduced by:

State C $ 100,000 x 77.1% = $77,143

State D $ 950,000 x 77.1% = $732,857

Final Funding Amounts After Adjustment for Hypothetical States

	2018 Funding	2019 Formula with no adjustments	2019 Minimum	Amount short of minimum	Amount above minimum	Amount needed to subsidize others	Final 2019 Amounts
State A	$200,000	$200,000	$300,000	-$100,000			$300,000
State B	$1,800,000	$1,000,000	$1,710,000	-$710,000			$1,710,000
State C	$2,000,000	$2,000,000	$1,900,000		+$100,000	-$77,143	$1,922,857
State D	$3,000,000	$3,800,000	$2,850,000		+$950,000	-$732,857	$3,067,143
Shortage or Overage				**$810,000**		**$810,000**	
Total	**$7,000,000**	**$7,000,000**					**$7,000,000**

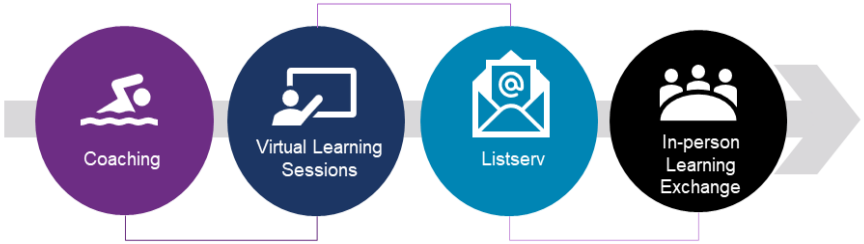
The final amounts show States A and B receiving their formula-allotted minimum amounts. States C and D contributed proportional amounts to States A and B.

Q & A

Other updates and reminders

NNPHI Evaluation and Program Improvement Capacity Project – Cohort #2 coming soon!

- 24 project areas signed up at the start of the year
  - Individual coaching + virtual learning sessions
  - In-person learning exchange (now Jan 2020)
  - Wrapping up now

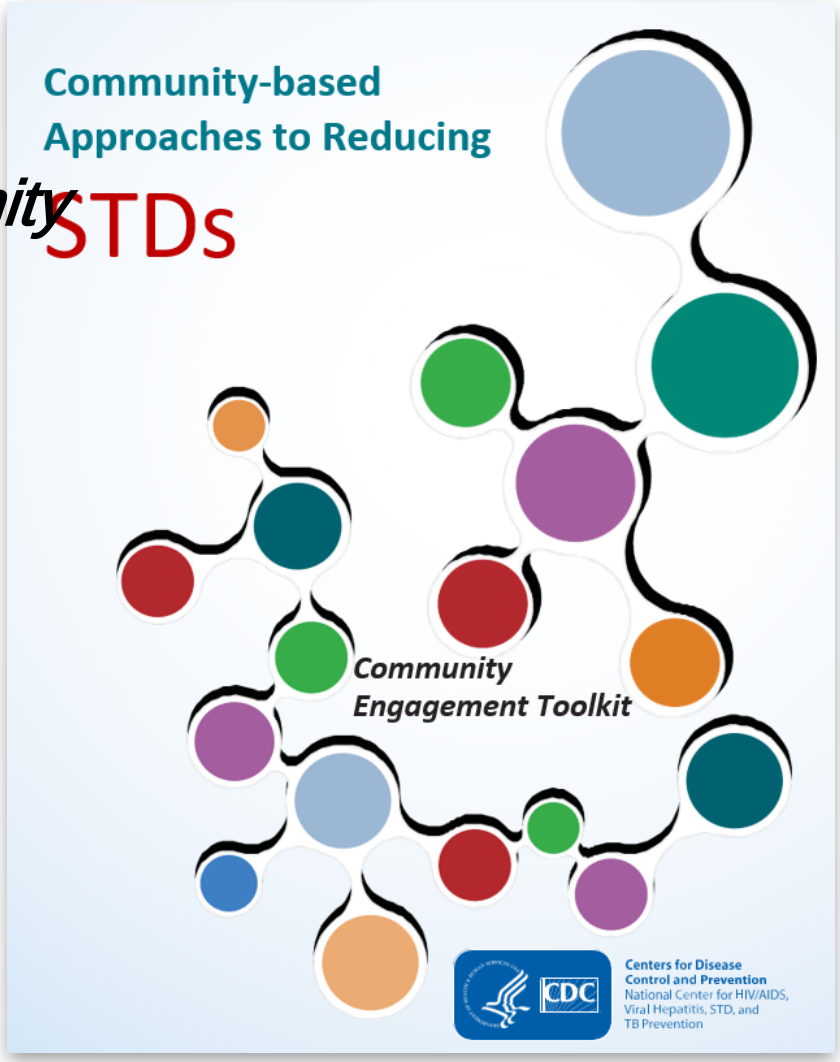


- We are happy to announce we'll host another cohort
  - Announcement coming in November
  - Same general approach
  - January-June timeframe

COMING SOON!

What is the CARS Community Engagement Toolkit?

The CARS Community Engagement Toolkit provides a 10-point process for engaging communities and institutional partners in STD prevention and control, based on the CDC-funded initiative to address STD disparities through community engagement.



The CARS Community Engagement Toolkit features:

- Tips and strategies for community engagement
- Cautionary notes to help users avoid roadblocks
- Community engagement tools and templates used by CARS recipients

Reminder! Surveillance session post-NCSD Engage

Friday, November 22, 9am–noon

- **Proposed Case Definition and Reporting Requirement for LGV** – Ashley Vineyard, Kristen Kreisel, Lynn Sosa
- **Making the Transition from NETSS to MMG for Reporting STDs to CDC** – Robin Hennessy, Lynn Sosa
- **Surveillance for Congenital Syphilis** – Ginny Bowen and Small Group Facilitators

Thanks from the STD PCHD Implementation Group

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.