Summary of Discussion with Dr. Castro

Re: Performance Based Funding

A conference call was held on 7/28/11 which included ken Castro, Phil Talboy, Terry Chorba, Greg Andrews, and Phil Griffin regarding the desire of Dr. Castro to have a portion of funding based on performance.

Phil discussed the issues that were raised in the funding workgroup call related to performance based measures making the following points:

- Because of so much care being driven by private providers, programs often have little control over length of treatment which causes concern over a measure that would be driven by completion of treatment within one year.
- There is concern over the ability to use percentage based variables when small number impact of low morbidity areas could mean that failing on one case could result in a huge percentage decrease based on small number of cases.
- Any performance measure should be directly tied to top priority issues related to TB Elimination goals.
- There seems to be general consensus that performance based measures are not a bad idea but the concerns are in the detail of watching for unintended consequences based data availability and the ability of the program to actually have control of the outcome. There is also concern over looking at what causes failure and is the failure impacted by already reduced resources or success based on ample resources (i.e. do you reward for meeting performance which may have been met because of adequate resources while penalizing for failure that may have been caused by lack of resources)
- The question of the purpose of performance based funding should be to improve outcomes that impact movement toward the goal of TB elimination was discussed and if the measures being considered are already being met in large part without performance based indicators, is there value gained through implementation.

The measures to be considered were completion of treatment, acquisition of drug susceptibility test (DST) results, acquisition of genotypes and acquisition of HIV status.

- The question of acquisition of genotype was discussed as to the value added across the board and if enough evaluation had been done to determine if there had been recognized value added by having genotypes in all size programs. It was concluded that while there are anecdotal data of success, the data to demonstrate significant impact at this time is limited.
- The importance of HIV status was acknowledged but because the need-based formula already provides a weight for HIV this variable was also dropped.
The issues around ability of a program to control the length of treatment for patients when so much care is driven by private providers was considered in relation to completion of treatment and if completion of treatment within one year had the impact on elimination goals or if it was more a matter of completion period that had the impact. It was agreed that in reality, completion was the ultimate goal and was more in the control of programs that the timeframe. To this end, a variable based on completion of treatment was agreed upon with regard to length of treatment timeframe. It may be that in time, a portion of this could be changed to completion within one year, but initially it would just look at completion period.

The question of acquisition of DST results was considered and questioned as to what impact a performance measure would be when currently it appears that well over 95% of all culture confirmed patients have susceptibility results reported. It was decided that while this measure appears to be being met, it is in fact an important measure to assure appropriate treatment and prevent drug resistance, so the performance measure could be used as an incentive to maintain the high standard currently being met.

In the end, it was clear that Dr. Castro is very concerned that a portion a funding needs to be based on performance so, it was agreed to encourage the workgroup to look at 20% of funding being based on performance with 75% of that performance portion be based on completion of therapy and 25% be based on acquisition of DST. Furthermore it was agreed that everyone would begin with 100% performance credit and would only have funds reduced after failure to meet the objectives. In the event that a jurisdiction does not meet the objective and consequently looses funding, a corrective action plan will be developed by the jurisdiction in conjunction with DTBE and will include technical support from DTBE for remedial action, and in the true spirit of the cooperative agreement process.

The graphs below demonstrate the funding structure proposed.