

Ryan White Part A Clinical Performance 2014

Atlanta Eligible Metropolitan Area

A summary of clinical chart review results designed to monitor the quality of care provided by Ryan White Part A funded primary care sites as part of the Atlanta EMAs quality management plan

Prepared for Fulton County Government's Ryan White Part A Program
By the Center for Applied Research and Evaluation Studies
Southeast AIDS Training and Education Center
Emory University School of Medicine

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Acknowledgments

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Study Team

This quality improvement study was made possible by a grant from Fulton County Government's Ryan White Part A Program. The study team included Michael DeMayo, MPH; Alecia McFarlane, MPH; Barbara Blake, RN, PhD; Gloria Ann Jones Taylor, DSN, RNC; Charity Afi Ntansah, MPH Candidate.

Participating Organizations

- ◆ AID Atlanta
- ◆ AID Gwinnett
- ◆ Clarke County BOH
- ◆ Clayton County BOH
- ◆ Cobb County BOH
- ◆ DeKalb County BOH
- ◆ Emory Midtown
- ◆ Fulton County Health and Wellness
- ◆ Grady IDP
- ◆ St. Joseph's Mercy Care

INTRODUCTION

Background

The 2014 Atlanta Eligible Metropolitan Area (EMA) Ryan White Part A primary care chart review was conducted by the Center for Applied Research and Evaluation Studies (CARES) at the Southeast AIDS Training and Education Center (SEATEC), Department of Family and Preventive Medicine at the Emory University School of Medicine.

"Quality monitoring and improvement are critical responsibilities of all types of health care providers, and quality improvement is now regarded as a core competency that all types of health care professionals should possess."

-Institute of Medicine, 2006

The chart review was based on methods of quality improvement that focus on the processes and systems of care delivery rather than the performance of individual practitioners. Under Ryan White, quality management is a series of activities that focus on enhancing the quality of HIV/AIDS care provided and increase access to services.¹

The chart review also included an OB/GYN clinical chart review, completed in 2012, designed to monitor the quality of care provided by a Ryan White funded OB/GYN primary care site as part of the Atlanta EMA's quality management plan. A summary of findings of the OB/GYN chart review is included at the end of this report.

Methodology

The purpose of the chart review was to examine the extent to which Ryan White Part A funded primary care sites were providing care that meets quality of care indicators adopted by the Part A Grantee and approved by the Metropolitan Atlanta HIV Health Services Planning Council (Planning Council), as well as the Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) Performance Measures. This is the fourth chart review project directed by Fulton County's Part A Office and the

¹ Target Center. Topic: Quality Management. careacttargety.org/category/topics/quality-management?hm=y

Planning Council in the past 12 years. The 2003-2004 chart review, the first in the Atlanta EMA, provided baseline quality of care measures for use in the development of primary care quality management standards and indicators in the EMA, based on Public Health Service Guidelines and acceptable clinical practices. The 2007 chart review focused on EMA standards and indicators, as well as select draft HAB Clinical Performance Measures. Results from the current study are not intended for comparison to previous chart reviews because EMA indicators and HAB measures are adapted to stay consistent with frequently changing HIV/AIDS treatment guidelines. The 2010 chart review was intended to provide an ongoing performance assessment of clinical measures and serve as a new baseline from which future reviews would be measured.

All primary care sites funded by Part A in 2014 participated in this quality study. A total of **1,312** individual patient charts were reviewed across these sites for documentation of quality care during the study time period and back to initial diagnosis. The sample size was based on HIVQUAL sampling methodology and is explained in the *Chart Review Process* section of the report.

Demographic information, such as race, ethnicity, and age were also collected because these factors could potentially impact the care and subsequently the health of the client.

Data Collection Instrument

An extensive review of existing HAB HIV Clinical Core Performance Measures, Atlanta EMA indicators, and chart review tools used by other jurisdictions was conducted. After careful consideration, the study team chose to update the previously designed electronic data collection instrument to improve the quality of the data and to expedite data analysis. The data collection instrument was developed to meet the study scope using Access 2010. Security of the electronic data was ensured in three ways: 1) each Access database deployed was password protected; 2) laptops were password protected; and 3) laptops had PGP Whole Disk Encryption installed. A visual depiction of the tool can be found in the Appendices. Data collection was conducted from March through September 2014.

Chart Review Process

All charts were reviewed by registered nurse consultants that have a quality management background. The nurse consultants were trained by SEATEC staff on the protocol for chart review selection and use of the revised chart review tool, including data security.

The HIVQUAL sampling methodology was used to determine overall sample size and charts were selected using a non-probability systematic sampling technique with a random start. Sample selection was stratified based on the gender composition of active clients at each clinic. While not a probability sample, this methodology was chosen to ensure that, to the extent possible given the structure of the clinics, the resulting data were representative of the clinic population. The study sample was chosen based on a determination of adequate size for a 90% degree of confidence that can be generalized to the study population.

For each chart pulled, reviewers determined whether the client met the study **selection criteria:**

- At least 18 years old
- Alive
- Has had at least one medical visit within the review period
- Has had at least one medical visit in the last 6 months of the review period
- The entire chart (if multiple volumes) was accessible

If a chart did not meet the study criteria, the chart was replaced and the next chart on the randomly selected list was used.

Reviews were conducted **March – September 2014**. Once it was determined that a chart met the selection criteria, data were recorded directly into the tool, which was returned to the SEATEC office periodically throughout the review period. Data analysis was conducted using Statistical Analysis Software (SAS).

Organization and Presentation of the Data

Organization of the Data:

The data on each indicator and performance measure is organized following the revised HAB HIV Performance Measure portfolio:

- HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients
- HAB HIV Clinical Performance Measures for All Ages
- HAB HIV Clinical Performance Measures for Adolescent and Adults
- Archived HAB Clinical Performance Measures

An additional category was added for this report:

- Atlanta EMA Only Performance Measures

Table 1 lists each indicator measured within the performance measure categories. The report indicates whether a particular performance measure is shared with the EMA and each section of the performance measure category is presented in 2 sections:

1. HAB Only Performance Measures
2. HAB and Atlanta EMA Performance Measures

Presentation of the Data:

The report provides comprehensive information on each of the performance measures:

Performance Measure: Identifies the performance measure

Number: The “n” for each performance measure is the number of charts that first met the overall eligibility for inclusion in the review AND met the numerator and denominator definitions.

HIVQUAL Mean: If available, the HIVQUAL Mean for the indicated performance measure from previous studies is provided as a comparison

EMA Goal: If available, provides the performance measurement goal from the Atlanta EMA Quality Management Plan.

Numerator/Denominator: For each performance measure, the full HAB definition is provided, including the criteria for both the numerator and the denominator.

Chart: The bar chart is organized by agency reviewed (x-axis) and the percent of charts that met the performance measure criteria (y-axis).

Limitation of the Data

There may be several reasons for a large discrepancy between the current EMA average and the EMA goal for some indicators. The likely reason is inconsistent or incomplete recording by providers in the chart. This may give a false reading of the actual compliance level with the indicator criteria. The indicator's where this discrepancy is significant is noted throughout the presentation of the data and a recommendation is provided at the end of the report to address the problem.

Table 1: EMA Indicator Performance and Benchmark Comparison

Percent Compliance for Clinical Performance Measures	EMA Results (2014)	Benchmarks ²	Source
HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients			
Viral Load Suppression	80%	82%	2011 HIVQUAL Median
Prescribed Antiretroviral Therapy	94%	91%	2012 HIV Research Network
Medical Visits Frequency*	89%	65%	2012 In+Care Campaign
Gap in Medical Visits*	0.4%	15%	2012 In+Care Campaign
PCP prophylaxis	85%	80%	2011 HIVQUAL Mean
HAB HIV Clinical Performance Measures for All Ages			
Influenza vaccination	64%	67%	2011 HIVQUAL Median
Lipid Screening	81%	83%	2011 HIVQUAL Median
TB screening	98%	73%	2011 HIVQUAL Median
Viral Load Monitoring	67%	90%	2011 HIVQUAL Median
HAB HIV Clinical Performance Measures for Adolescent and Adults			
Cervical Cancer Screening	31%	63%	2011 HIVQUAL Median
Chlamydia screening	83%	61%	2011 HIVQUAL Median
Gonorrhea screening	83%	60%	2011 HIVQUAL Median
Syphilis screening	86%	86%	2011 HIVQUAL Median
Hepatitis B screening	99%	Not Available	Not Available
Hepatitis C screening	98%	98%	2011 HIVQUAL Median
HIV Risk Counseling	87%	Not Available	Not Available
Oral exam	19%	35%	2011 HIVQUAL Median
Pneumococcal vaccination	91%	73%	2011 HIVQUAL Median
Substance use screening	95%	92%	2011 HIVQUAL Median
Tobacco cessation counseling	69%	95%	2011 HIVQUAL Median
Archived HAB HIV Clinical Performance Measures			
ARV Therapy for Pregnant Women	53%	Not Available	Not Available
Hepatitis/HIV Alcohol Counseling	79%	Not Available	Not Available
CD4 T-Cell Count	90%	63%	2006 HIVQUAL Median
HAART	97%	100%	2006 HIVQUAL Median
Medical visits	93%	Not Available	Not Available
Adherence Assessment & Counseling	88%	56%	2006 HIVQUAL Mean
MAC prophylaxis	85%	85%	2007 HIVQUAL Mean
Mental health screening	98%	42%	2007 HIVQUAL Mean
Toxoplasma screening	82%	Not Available	Not Available
Atlanta EMA Indicators Only			
TB Screening	61%	100%	EMA Service Indicators
Problem list	99%	100%	EMA Service Indicators
Allergy documentation	99%	100%	EMA Service Indicators
Chlamydia Baseline Screening	61%	100%	EMA Service Indicators
Gonorrhea Baseline Screening	61%	100%	EMA Service Indicators

² From EMA indicators approved 6/2013 and HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients available at <http://hab.hrsa.gov/special/coreclinical.htm>

*In+Care utilizes a 24-month measurement period rather than the 12-month measurement period of the 2014 Chart Review.

Agency Data			
Site Number ³	Gender	Count	Percent
Site A (n=168)	Male	93	55.36%
	Female	75	44.64%
Site B (n=110)	Male	75	68.18%
	Female	35	31.82%
Site C (n=149)	Male	83	55.70%
	Female	65	43.62%
	Transgender	1	0.67%
Site D (n=14)	Male	9	64.29%
	Female	5	35.71%
Site E (n=210)	Male	101	48.10%
	Female	104	49.52%
	Transgender	5	2.38%
Site F (n=151)	Male	82	54.30%
	Female	68	45.03%
	Transgender	1	0.66%
Site G (n=169)	Male	95	56.21%
	Female	74	43.79%
Site H (n=131)	Male	85	64.89%
	Female	46	35.11%
Site L (n=72)	Male	48	66.67%
	Female	24	33.33%
Site N (n=155)	Male	85	54.84%
	Female	70	45.16%

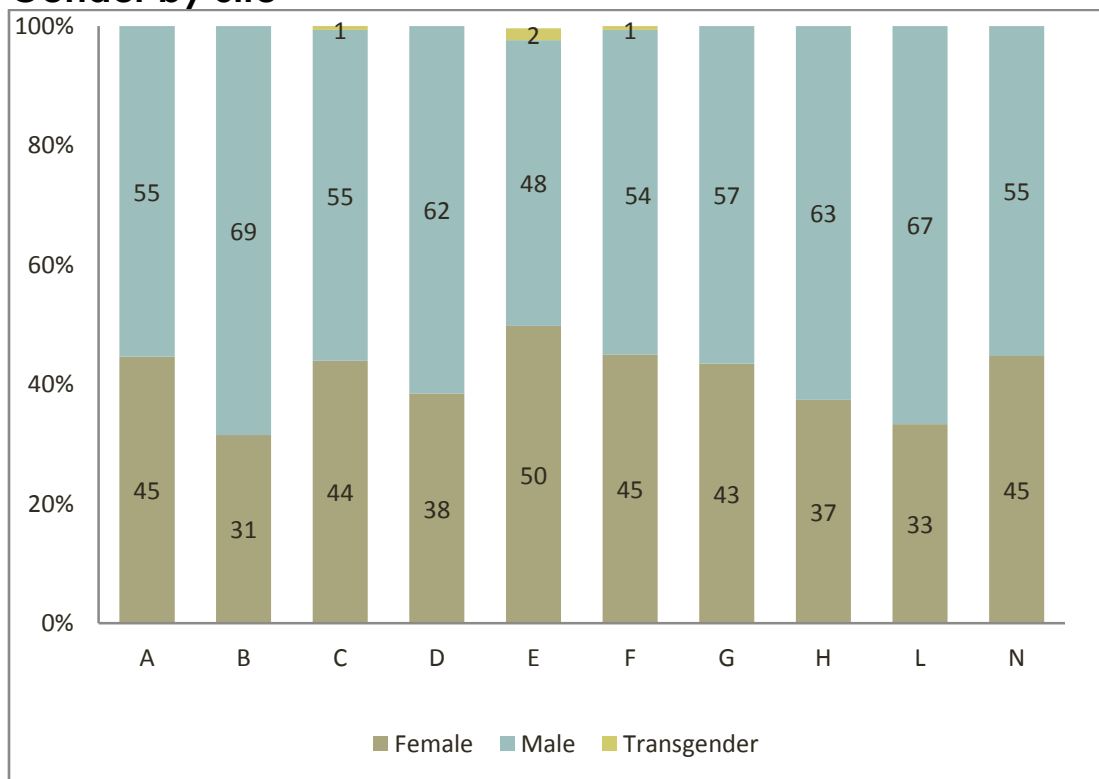
³Sites I-K were funded by Part B, but not Part A and were excluded from this report.

Demographic Information

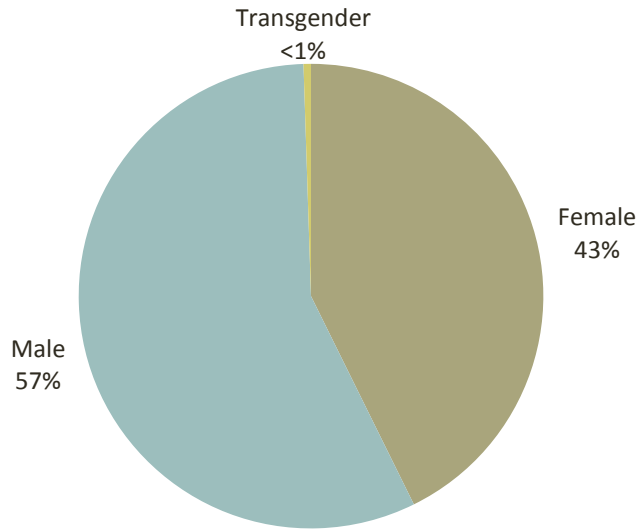
Genders identify and race/ethnicity was collected from a total of 1,312 charts reviewed. The first two charts in this section show the gender distribution by agency as well as the total distribution.

Of the 1,312 charts reviewed for gender, 43% (n=562) were of female clients, 57% (n=743) were of male clients and <1% (n=7) were clients who identified as transgender.

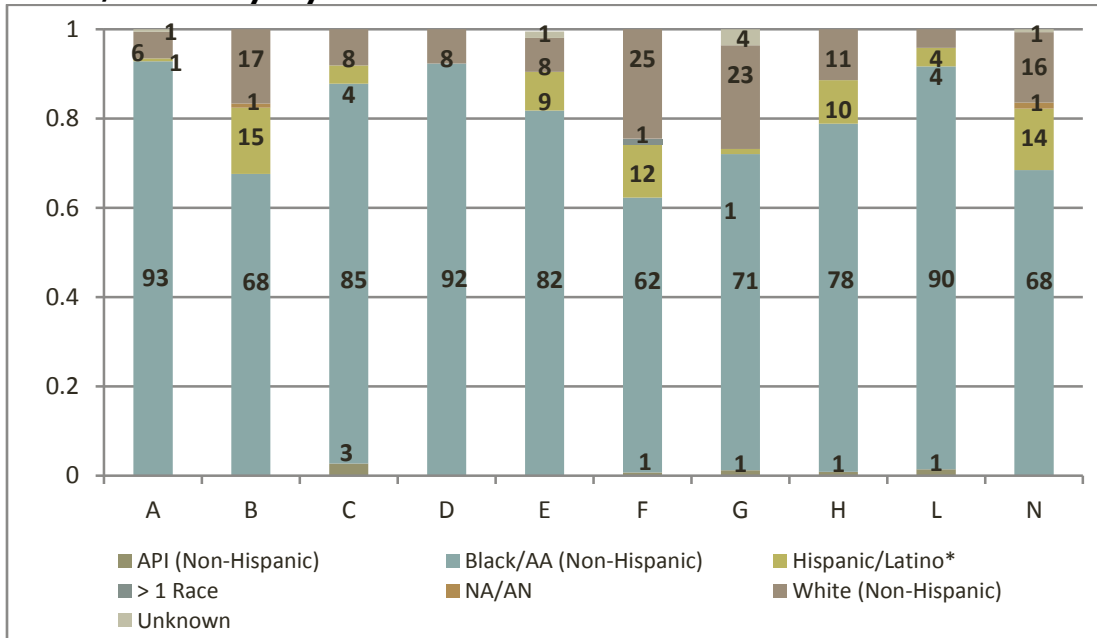
Gender by Site



Percent Gender of Total Charts Reviewed (n=1,312)



Race/Ethnicity by Site

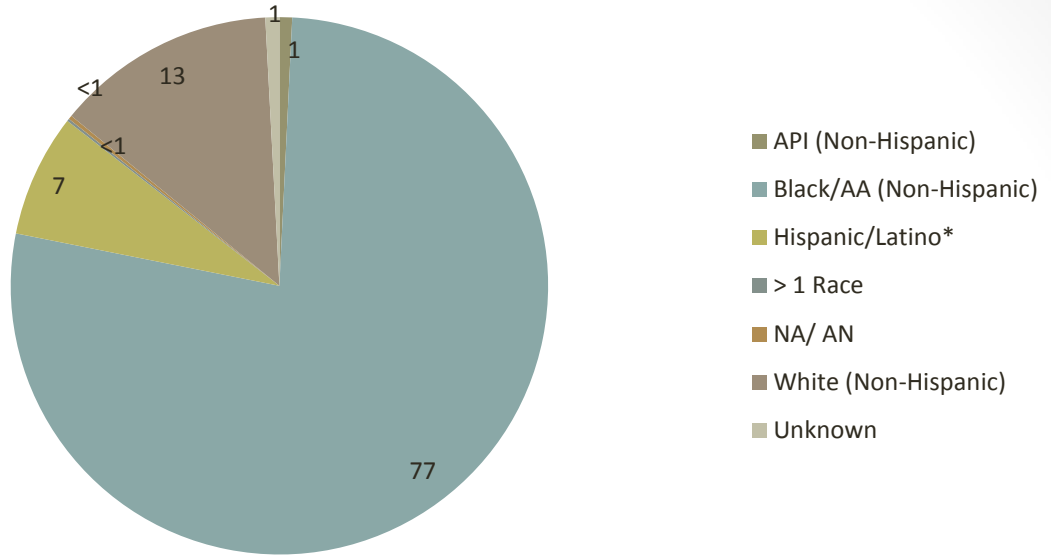


*Combines Black and White Hispanic patients

The majority of patients who had a chart reviewed by the chart extraction team were Black at 77% (n=1,015); 13% (n=174) were White, non-Hispanic; 7% (n=97) were a combination of those who identified as either Hispanic-White or Hispanic-Black (no other racial group identified as Hispanic); and less than 2% (n=15) were Asian/Pacific Islander,

Native American, or more than one race; racial/ethnic identify was not available on approximately 1% (n=11) of reviewed charts.

Percent Race/Ethnicity of Total Charts Reviewed (n=1,312)



HAB HIV CORE CLINICAL PERFORMANCE MEASURES FOR ADULT/ADOLESCENT CLIENTS

HAB PERFORMANCE MEASURES:

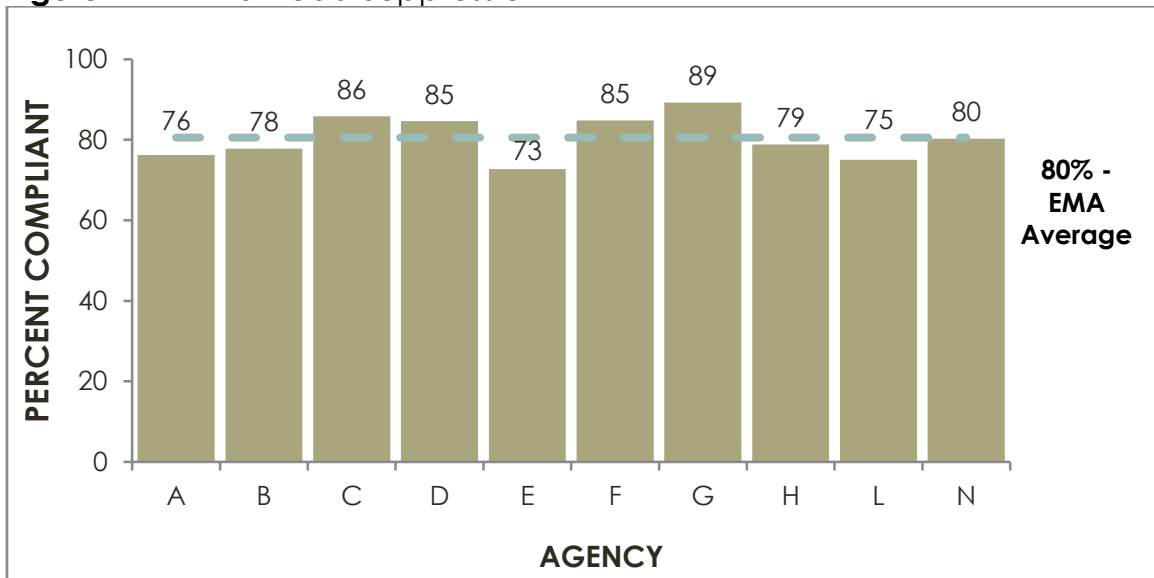
VIRAL LOAD SUPPRESSION (n=1,312)

2011 HIVQUAL Median: 82%

Percent of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test

- Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year
- Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Figure 1 HIV Viral Load Suppression



Viral Load Suppression is not yet an EMA specific indicator. This measure was not assessed in the 2010 chart review and is a result of the implementation of the HIV Care Continuum project. The EMA average of 80% is slightly below the HIVQUAL Median of 82% measured in 2011.

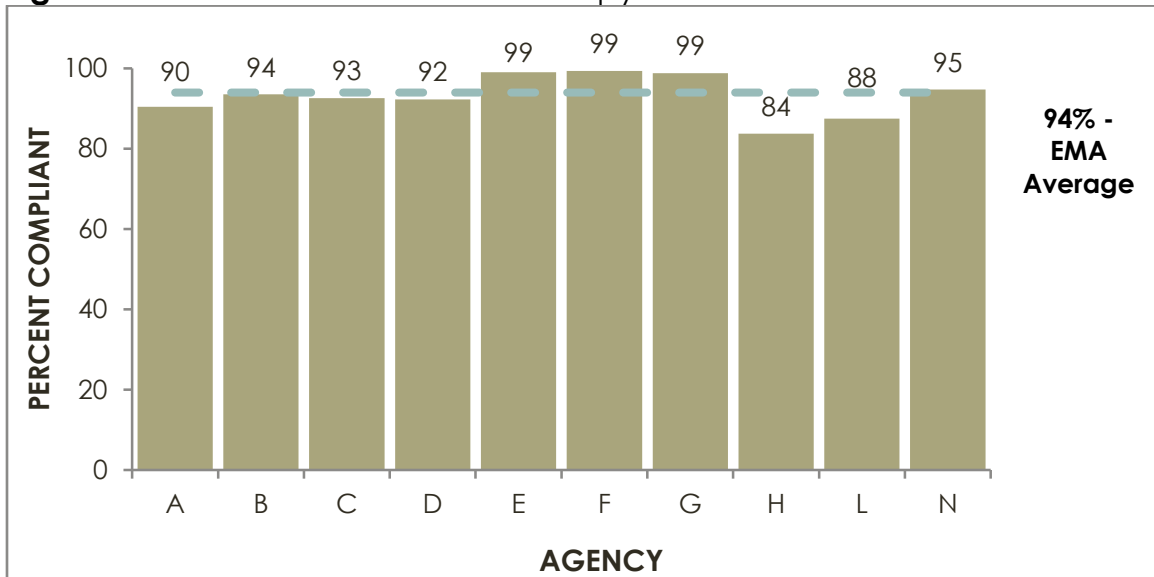
PRESCRIBED ANTIRETROVIRAL THERAPY (n=1,312)

2012 HIV Research Network: 91%

Percent of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year

- Numerator: Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year
- Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Figure 2 Prescribed Antiretroviral Therapy



This is a new core measure recently approved by HAB and has not been adopted by the Atlanta EMA Quality Management Committee. However, it will replace the archived measure of HAART. The EMA average of 94% is above the 2012 HIV Research Network average of 91%.

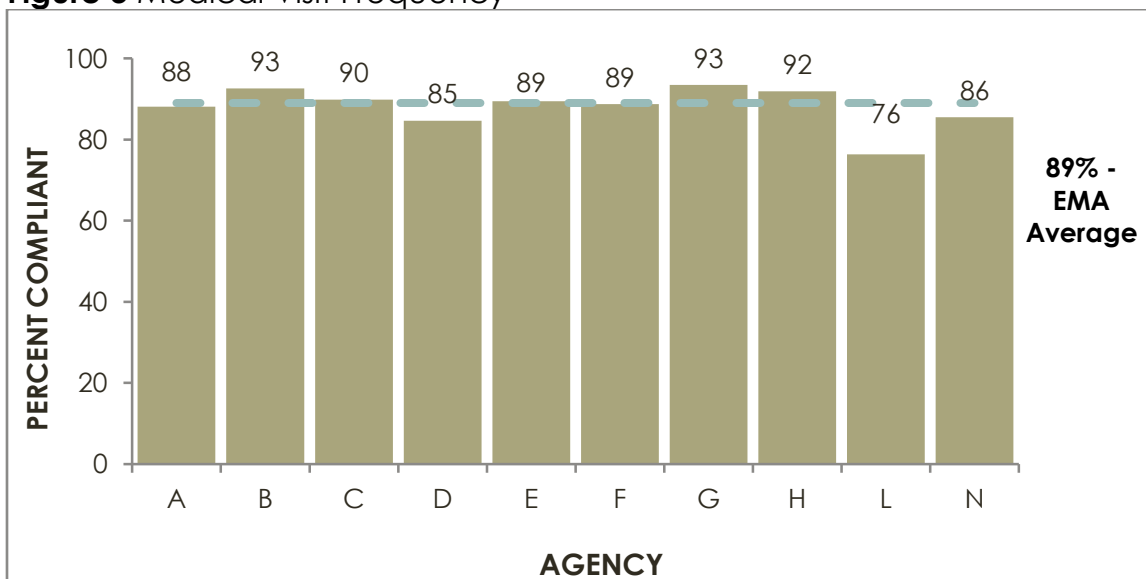
MEDICAL VISIT FREQUENCY (n=1,312)

2012 In+Care Campaign: 65%

Percent of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits

- Numerator: Number of patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period
- Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24-month measurement period

Figure 3 Medical Visit Frequency



Medical Visit Frequency has been added to HAB's list of clinical core measures. The In+Care Campaign results from 2012, which is used as the benchmark for this measure, had an average compliance of 65% compared to the 89% EMA average. It should be noted, however, that In+Care utilizes a 24-month measurement period rather than the 12-month measurement period of the chart review.

HAB and EMA PERFORMANCE MEASURES

PNEUMOCYSTIS CARINII PNEUMONIA (PCP) PROPHYLAXIS (n=149)

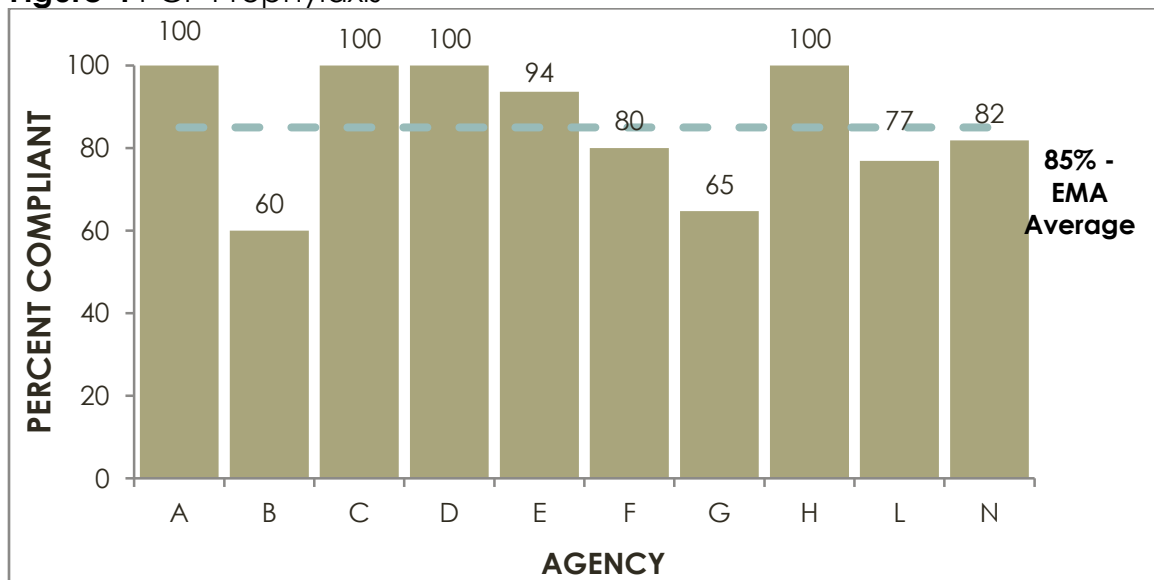
2011 HIVQUAL Mean: 80%

EMA Goal: 95%

Percent of HIV-infected clients who have a CD4 count < 200 cells/mm³ who were prescribed PCP prophylaxis

- Numerator: Number of clients with CD4 T-cell count below 200 cells/mm³ who were prescribed PCP prophylaxis
- Denominator: Number of HIV-infected clients who:
 - 1) had a medical visit with a provider with prescribing privileges in the measurement year **and**
 - 2) CD4-Tcell count below 200 cells/mm³

Figure 4 PCP Prophylaxis



PCP Prophylaxis is both a HAB Performance Measure and EMA Indicator. The EMA Average of 85% outperforms the 2011 HIVQUAL Mean of 80% but is below the EMA Goal of 95%. The EMA average has also declined from the 92% average found during the 2010 chart review.

HAB HIV CLINICAL PERFORMANCE MEASURES FOR ALL AGES

HAB PERFORMANCE MEASURES:

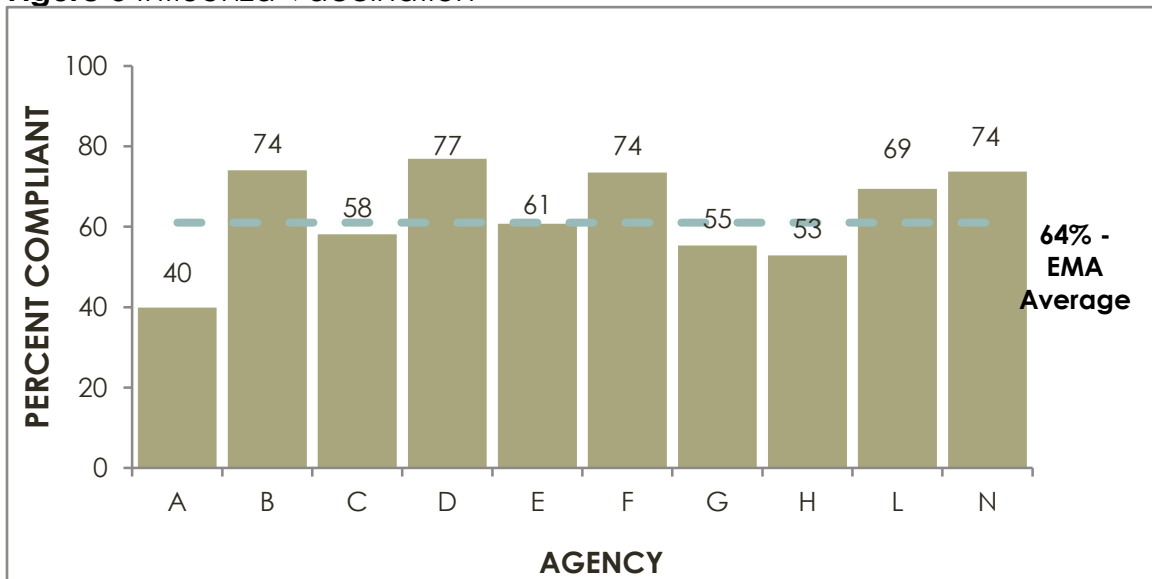
INFLUENZA VACCINATION (n=1,312)

2011 HIVQUAL Median: 67%

Percent of HIV-infected clients who have received influenza vaccination within the measurement year

- Numerator: Number of clients who received influenza vaccination within the measurement year
- Denominator: Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges in the measurement year

Figure 5 Influenza Vaccination



This HAB Performance Measure was part of the 2010 chart review, which found a 63% compliance with the measure. The current EMA average of 64% suggests no change in the rate of compliance with the measure and is below the 2011 HIVQUAL Median of 67%.

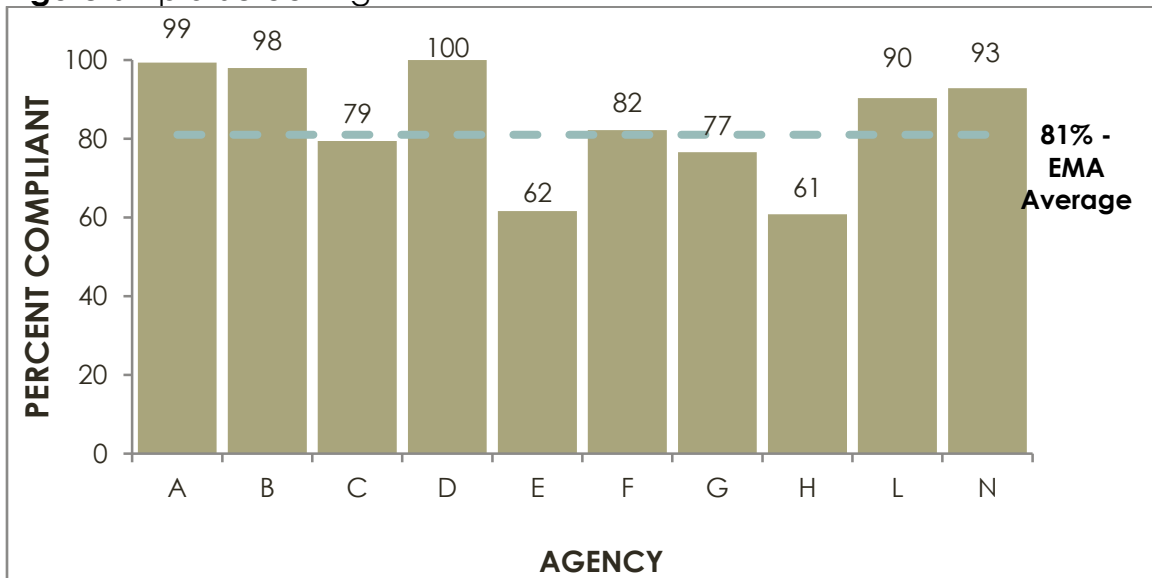
LIPID SCREENING (n=1,209)

2011 HIVQUAL Median: 83%

Percent of clients who were prescribed HAART who had a fasting lipid panel during measurement year

- Numerator: Number of clients who had a fasting lipid panel in the measurement year
- Denominator: Number of patients, regardless of age, who are prescribed HIV antiretroviral therapy and who had a medical visit with a provider with prescribing privileges at least once in the measurement year

Figure 6 Lipid Screening



Lipid Screening is a HAB Performance Measure but has not been adopted by the EMA in its list of EMA-specific measures. The EMA average of 81% is just slightly below both the 2011 HIVQUAL Median of 83% and the 2010 chart review finding of 84%.

HAB and EMA PERFORMANCE MEASURES:

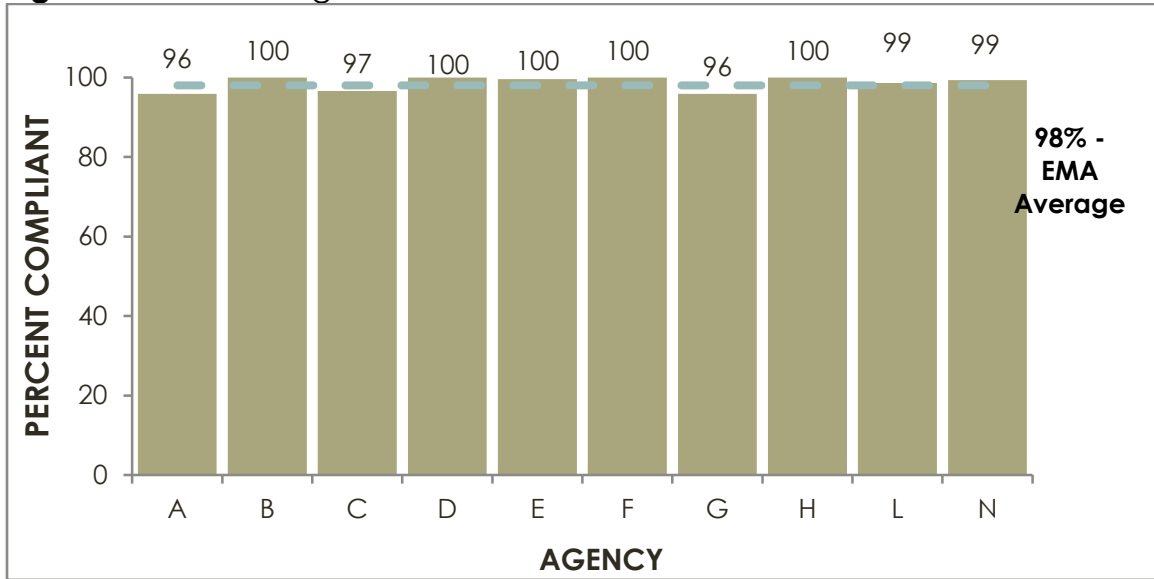
TUBERCULOSIS (TB) SCREENING (n=1,312)

2011 HIVQUAL Median: 73%

Percent of HIV-infected clients who received testing for LTBI with results documented since diagnosis of HIV infection

- Numerator: Number of clients who received testing for LTBI with any approved Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA) since HIV diagnosis
- Denominator: Number of HIV-infected clients who:
 - 1) do not have a history of previous documented culture-positive TB disease or previous documented positive TST or IGRA, **and**
 - 2) who had at least two visits during the measurement year, with at least 90 days in between each visit

Figure 7 TB Screening



The EMA average for TB screening under the HAB Performance Measure criteria is 98%, far above the 2011 HIVQUAL Median of 73%. There was little change in the EMA average compared to the 2010 chart review of 97%.

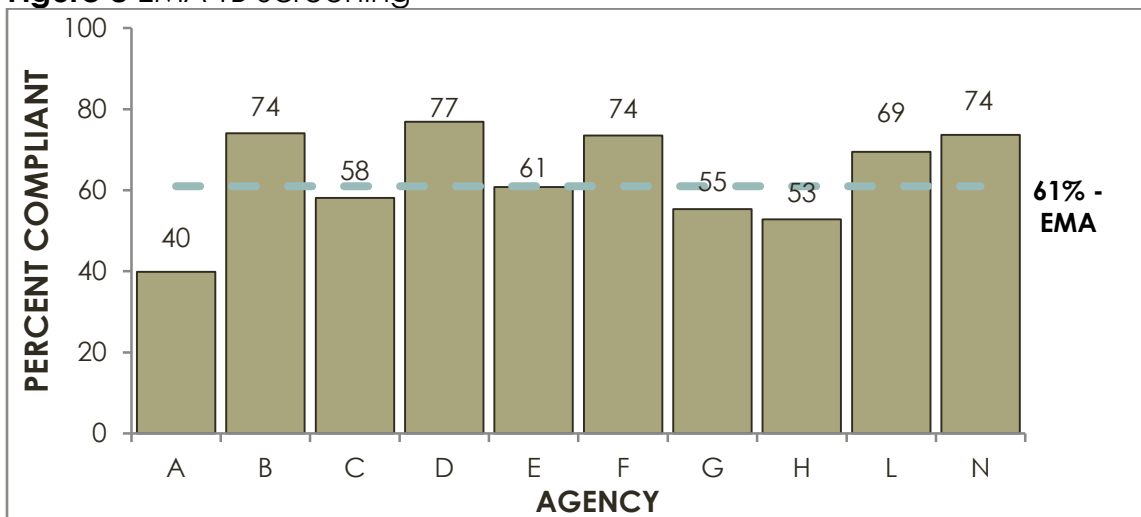
EMA TUBERCULOSIS (TB) SCREENING (n=1,312)

EMA Goal: 100%

100% of clients will have TB screening documentation in the past 12 months (except those with a history of culture positive TB or previous documented positive test)

- Numerator: Number of HIV infected clients with documented placement of PPD test within the last 12 months
- Denominator: Number of HIV infected clients meeting chart review selection criteria

Figure 8 EMA TB Screening



The EMA TB Screening performance measure looks at only the past 12 months as opposed to “since diagnosis”, the criteria for the HAB performance measure. This slight difference is the reason two separate data analyses were done with TB data. The EMA average for TB screening under this definition falls to 61%, far below the stated goal of 100%. Compared to the 2010 findings, the current average is slightly below the 64% found previously.

VIRAL LOAD MONITORING (n=1,312)

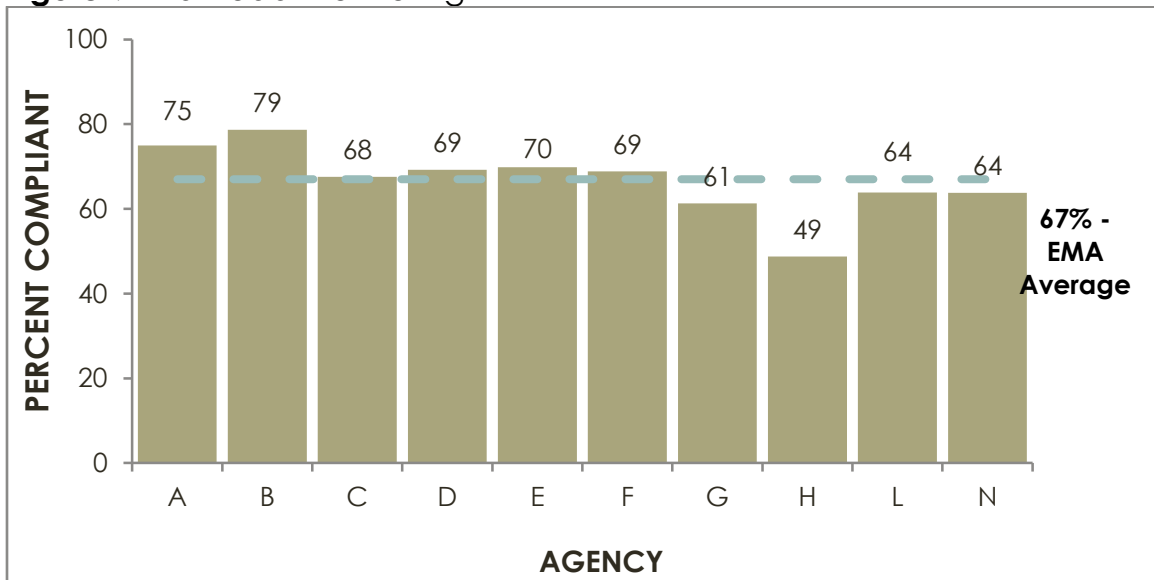
2011 HIVQUAL Median: 73%

EMA Goal: 90%

Percent of HIV-infected clients who have a viral load test at least every 6 months

- Numerator: Number of clients who had a viral load test at least every 6 months during the measurement year
- Denominator: Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges in the measurement year

Figure 9 Viral Load Monitoring



Viral Load Monitoring is both a HAB Performance Measure and EMA Indicator. This indicator was not included during the 2010 chart review. The current EMA average of 67% is far below the EMA's goal of 90% and falls short of the 2011 HIVQUAL Median of 73%.

HAB HIV CLINICAL PERFORMANCE MEASURES FOR ADOLESCENTS AND ADULTS

HAB PERFORMANCE MEASURES:

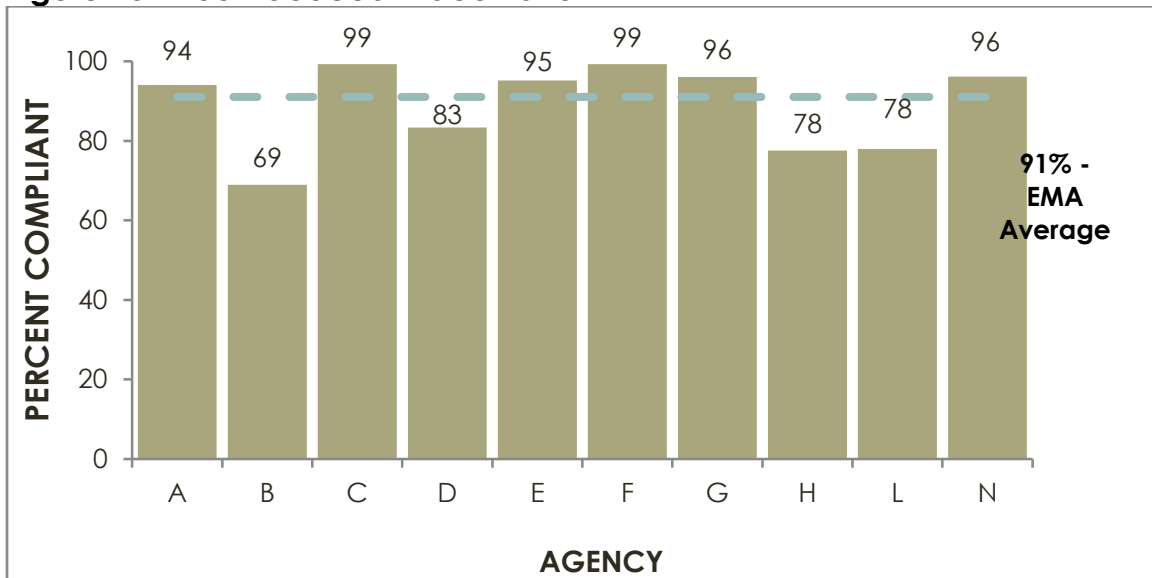
PNEUMOCOCCAL VACCINATION (n=1,163)

2011 HIVQUAL Median: 73%

Percent of HIV-infected clients who ever received pneumococcal vaccine

- Numerator: Number of clients who ever received pneumococcal vaccine
- Denominator: Number of patients with HIV who had:
 - 1) no documented evidence of vaccination, **and**
 - 2) a medical visit with a provider with prescribing privileges once in the measurement year

Figure 10 Pneumococcal Vaccination



This is a HAB Performance Measure not yet adopted by the EMA. Since the last review in 2010, the EMA average has risen slightly from 84% to 91%. This is significantly higher than the 2011 HIVQual Median of 73%.

TOBACCO CESSATION COUNSELING (n=436)

2011 HIVQUAL Median: 95%

Percent of HIV-infected clients who received tobacco cessation counseling

- Numerator: Number of clients who received tobacco cessation counseling
- Denominator: Number of HIV-infected clients who:
 - 1) used tobacco products within the measurement year; **and**
 - 2) had a medical visit with a provider with prescribing privileges in the measurement year

Figure 11 Tobacco Cessation Counseling



Tobacco Cessation Counseling is a HAB Performance Measure that has not been adopted by the EMA in its list of EMA-specific measures. The EMA average of 69% is below both the 2011 HIVQual Median of 83% and the 2010 chart review finding of 84%.

HAB and EMA PERFORMANCE MEASURES

CERVICAL CANCER SCREENING (n=)

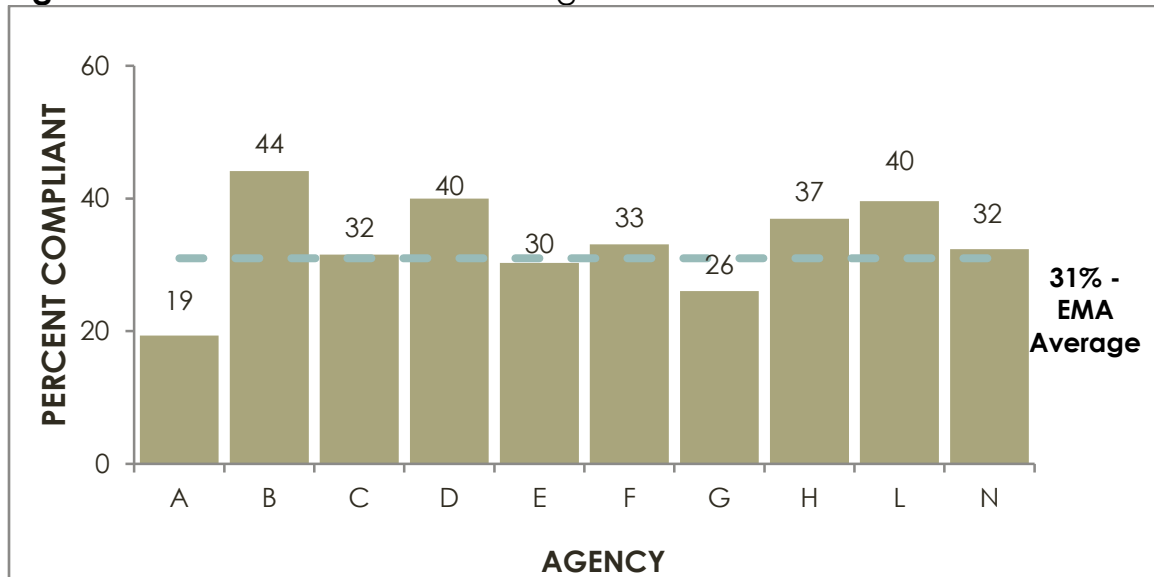
2011 HIVQUAL Median: 63%

EMA Goal: 90%

Percent of HIV-infected women who had a Pap smear in the measurement year

- Numerator: Number of female clients who had Pap screen results documented in the measurement year
- Denominator: Number of HIV-infected female clients who:
 - 1) were \geq 18 yrs old in the measurement year or reported having sexual activity, **and**
 - 2) had a medical visit with a provider with prescribing privileges in the measurement year

Figure 12 Cervical Cancer Screening



Cervical Cancer Screening was not assessed as either a HAB Performance Measure or EMA Indicator during the 2010 review. The EMA average of 31% is significantly below the 90% goal set by the EMA's quality management plan. The current EMA average is well below the 63% 2011 HIVQual Median. It should be noted that this is one measure for which there has been consistent documentation and recording challenges, as described in the *Organization of the Report* section of this report.

Chlamydia Screening is both a HAB Performance Measure and an EMA Indicator. Each is measured slightly differently and results are presented for both below.

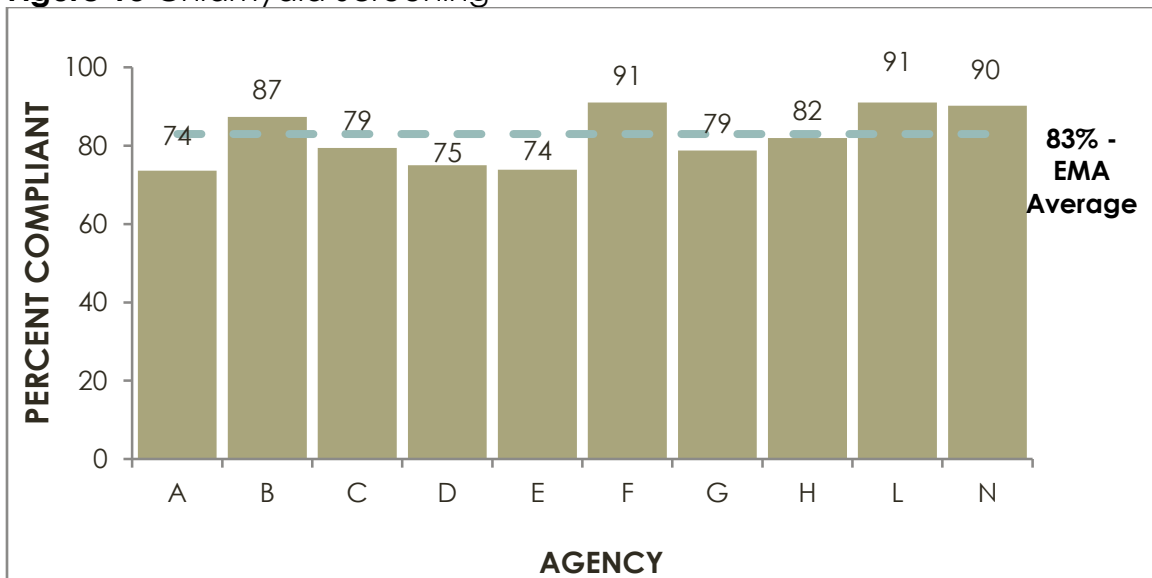
CHLAMYDIA SCREENING (n=876)

2011 HIVQUAL Median: 61%

Percent of HIV-infected clients at risk for STIs who had a test for chlamydia within the measurement year

- Numerator: Number of clients who had a test for chlamydia
- Denominator: Number of HIV-infected clients who:
 - 1) were either a) newly enrolled in care, b) sexually active* or c) had a STI within the measurement year, **and**
 - 2) had a medical visit with a provider with prescribing privileges in the measurement year

Figure 13 Chlamydia Screening



*Sexually active is a designation in the medical chart that is recorded by the provider.

Using the HAB measurement for this performance measure, the EMA average of 83% has increased significantly from the 68% found during the 2010 review.

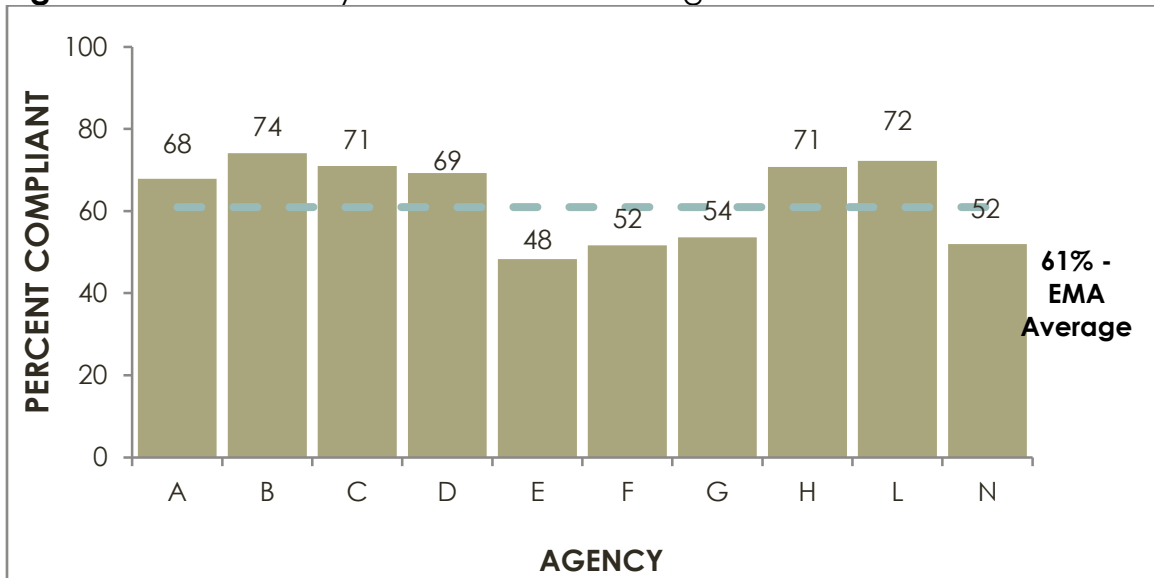
EMA CHLAMYDIA BASELINE SCREENING (n=1,312)

EMA Goal: 100%

100% of clients who are newly enrolled, sexually active* or who have had an STI within the last 12 months of the measurement year will be screened for Chlamydia at least once during the measurement year

- Numerator: Number of clients who had a test for chlamydia
- Denominator: Number of HIV-infected clients meeting chart review selection criteria

Figure 14 EMA Chlamydia Baseline Screening



*Sexually active is a designation in the medical chart that is recorded by the provider.

Chlamydia Baseline Screening has increased from the 32% EMA average found in 2010 to 61% found currently. This is still below the EMA Indicator goal of 100%.

Gonorrhea Screening is both a HAB Performance Measure and an EMA Indicator. Each is measured slightly differently and results are presented for both below.

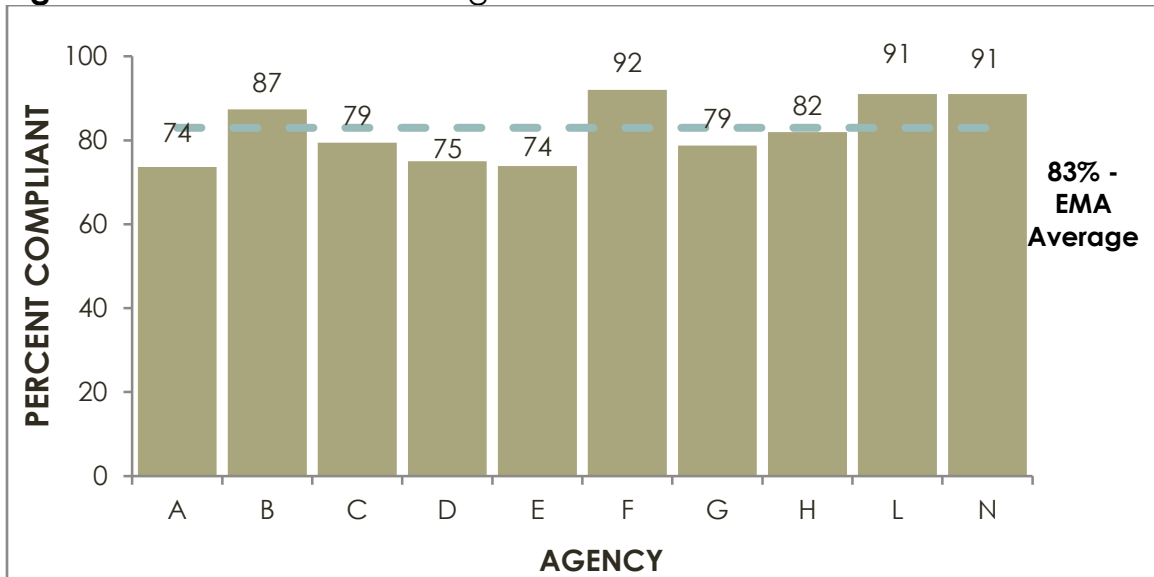
GONORRHEA SCREENING (n=876)

2011 HIVQUAL Median: 60%

Percent of HIV-infected clients at risk for STIs who had a test for gonorrhea within the measurement year

- Numerator: Number of clients who had a test for gonorrhea
- Denominator: Number of HIV-infected clients who:
 - 1) were either a) newly enrolled in care, b) sexually active* or c) had a STI within the measurement year, **and**
 - 2) had a medical visit with a provider with prescribing privileges in the measurement year

Figure 15 Gonorrhea Screening



*Sexually active is a designation in the medical chart that is recorded by the provider.

The EMA average of 83% is an increase over the 69% EMA average found in 2010, and is significantly higher than the 2011 HIVQual Median of 60% associated with this HAB Performance Measure.

EMA GONORRHEA BASELINE SCREENING (n=1,312)

EMA Goal: 100%

100% of clients who are newly enrolled, sexually active or who have had an STI within the last 12 months of the measurement year will be screened for gonorrhea at least once during the measurement year

- Numerator: Number of clients who had a test for gonorrhea
- Denominator: Number of HIV-infected clients who:
 - 1) were either a) newly enrolled in care, b) sexually active* or c) had a STI within the measurement year, **and**
 - 2) had a medical visit with a provider with prescribing privileges in the measurement year

Figure 16 EMA Gonorrhea Baseline Screening



*Sexually active is a designation in the medical chart that is recorded by the provider.

Under the more stringent EMA Indicator definition, the EMA average is 61%, which is significantly higher than the 32% EMA average found in 2010. The EMA Indicator goal for Gonorrhea Baseline Screening is 100%.

SYPHILIS SCREENING (n=1,312)

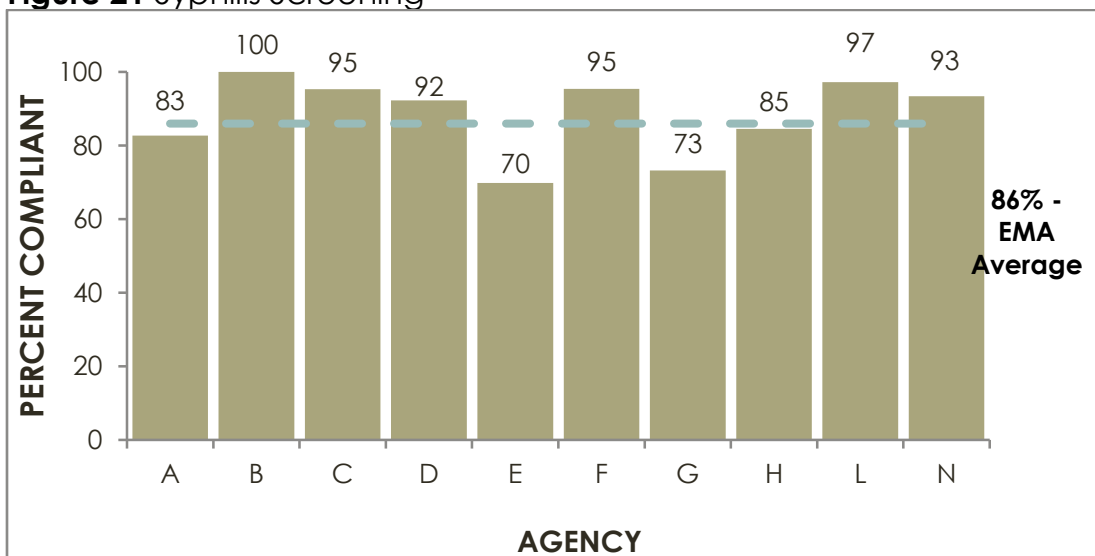
2011 HIVQUAL Median: 86%

EMA Goal: 90%

Percent of adult HIV-infected clients who had a serologic test for syphilis within the measurement year

- Numerator: Number of clients who had a serologic test for syphilis performed at least once during the measurement year
- Denominator: Number of HIV-infected clients who:
 - 1) were ≥ 18 years old in the measurement year **or** had a history of sexual activity* if <18 years, **and**
 - 2) had a medical visit with a provider with prescribing privileges in the measurement year

Figure 21 Syphilis Screening



*Sexually active is a designation in the medical chart that is recorded by the provider.

Syphilis Screening is both a HAB Performance Measure and EMA Indicator. During the 2010 review, the EMA average was found to be 81%. The current EMA average of 86% exceeds the 2010 finding but is below the EMA goal of 90%.

HEPATITIS B (HBV) SCREENING (n=1,312)

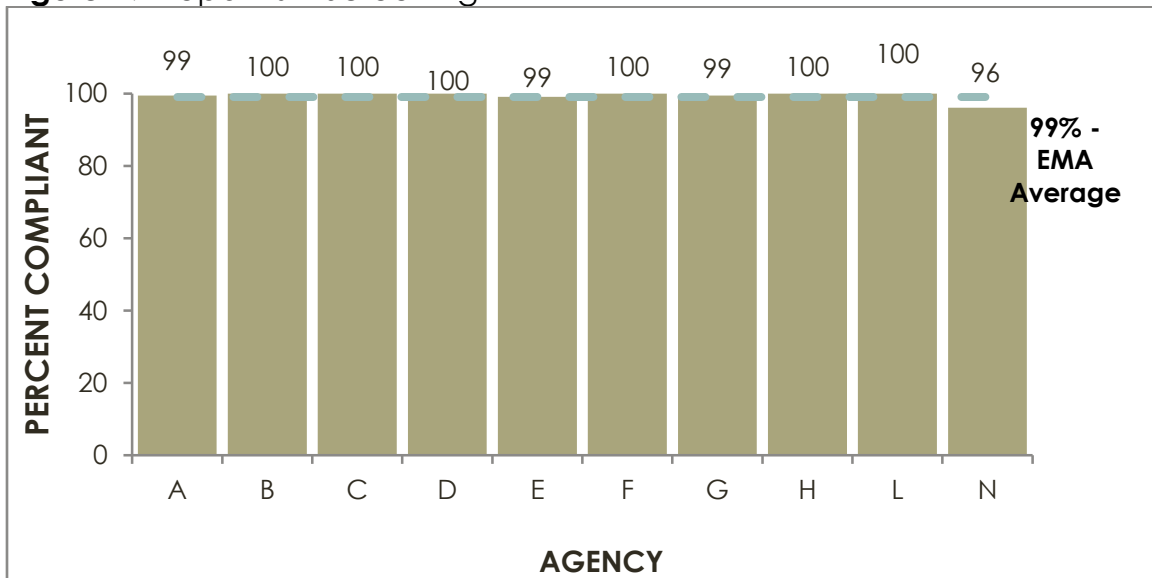
HIVQUAL Median: None Available

EMA Goal: 95%

Percent of HIV-infected clients who have been screened for HBV status

- Numerator: Number of patients for whom Hepatitis B screening was performed at least once since the diagnosis of HIV or for whom there is documented infection or immunity
- Denominator: Number of HIV-infected clients who had at least two medical visits during the measurement year, with at least 60 days in between each visit

Figure 17 Hepatitis B Screening



There was no change in the EMA average for Hepatitis B screening from the 99% found in 2010. The EMA average is above the 95% goal for this indicator.

HEPATITIS C (HCV) SCREENING (n=1,312)

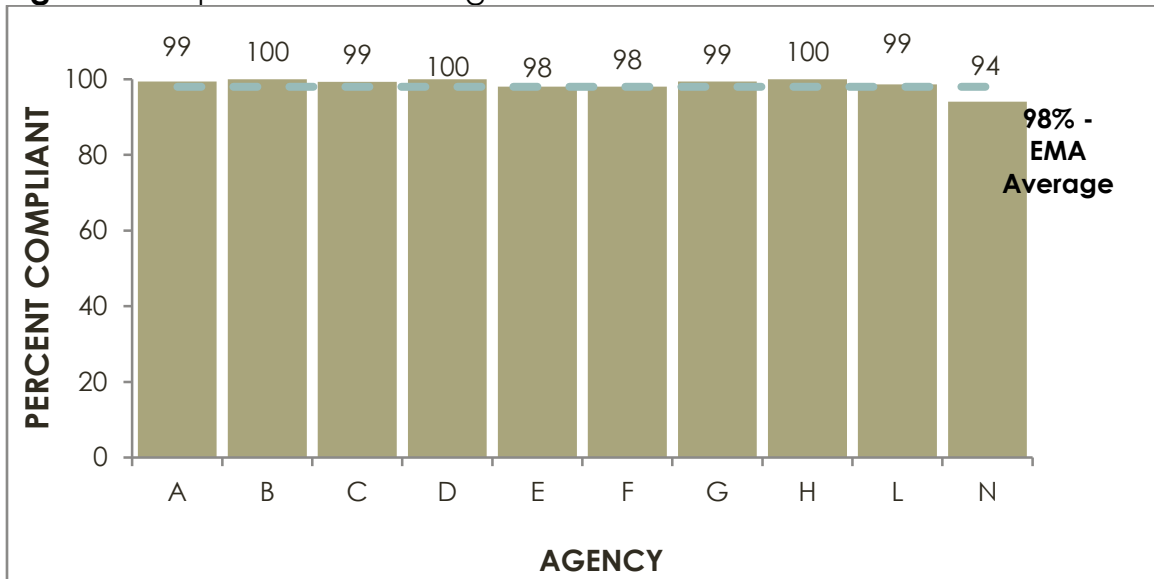
2011 HIVQUAL Median: 98%

EMA Goal: 95%

Percent of clients for whom HIV screening was performed at least once since diagnosis of HIV infection

- Numerator: Number of clients who have documented HCV status in chart
- Denominator: Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges in the measurement year

Figure 18 Hepatitis C Screening



The 98% EMA average is equal to the 2011 HIVQual Median and above the 95% goal EMA indicator goal. The 2010 EMA average was 100%.

HIV RISK COUNSELING (n=1,147)

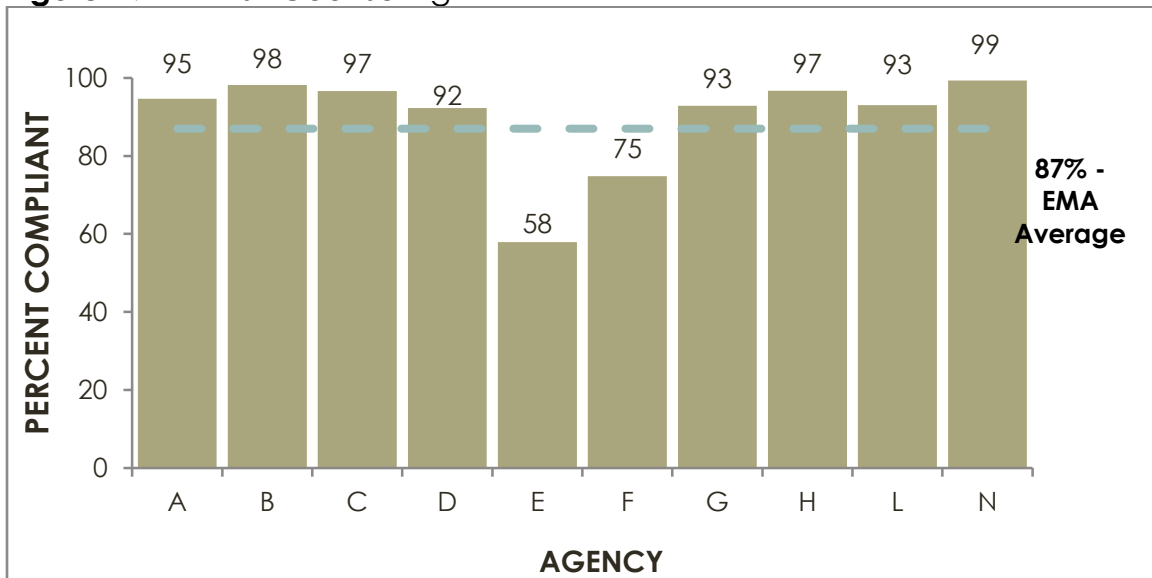
HIVQUAL Median: None Available

EMA Goal: 85%

Percent of HIV-infected clients who received HIV risk counseling within the measurement year

- Numerator: Number of clients who, as part of their primary care, received HIV risk counseling
- Denominator: Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges in the measurement year

Figure 19 HIV Risk Counseling



The EMA average of 87% is above the 85% EMA goal, but is somewhat lower than the 93% average found in 2010. There was no HIVQual Median available for this indicator.

ORAL EXAM (n=1,312)

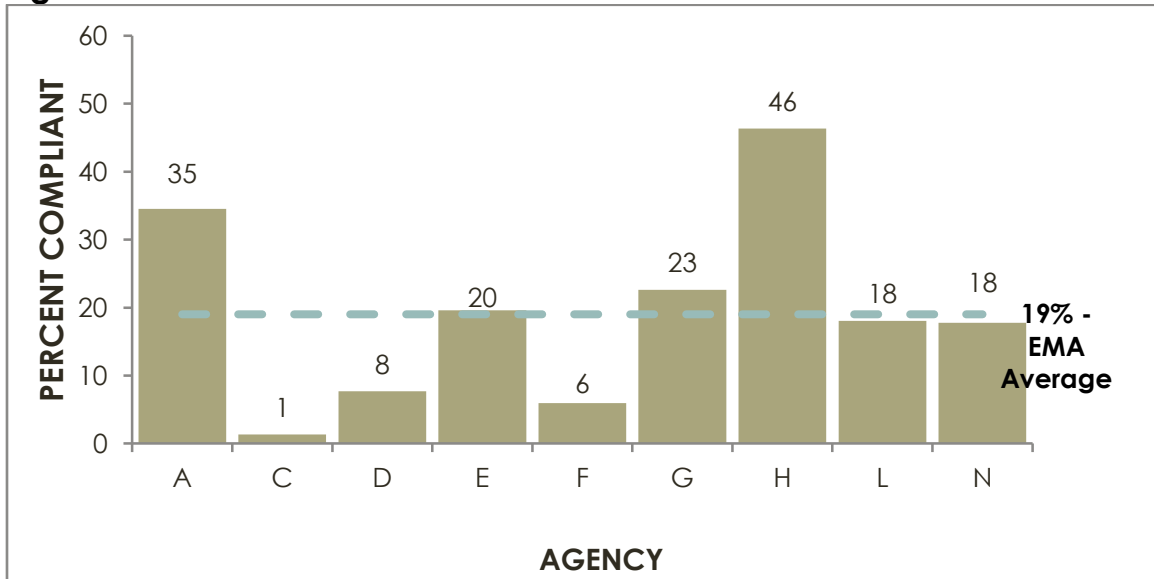
2011 HIVQUAL Median: 35%

EMA Goal: 75%

Percent of HIV-infected clients who received an oral exam by a dentist during measurement year

- Numerator: Number of clients who had an oral exam by a dentist during the measurement year, based on self report or other documentation
- Denominator: Number of HIV-infected clients that had a medical visit with a provider with prescribing privileges in the measurement year

Figure 20 Oral Exam



In order for a clinic to receive credit for appropriate treatment, the practice had to have been documented as completed within the recommended time frame. Across all sites, the average for oral health exam was 19%, far below the 40% recorded in 2010. The charts reviewed indicated that providers are discussing oral health with patients, but there was no confirmation of dental services rendered in the chart. Despite referrals made for oral health services, there was little follow-up or confirmation documented.

SUBSTANCE USE SCREENING (n=179)

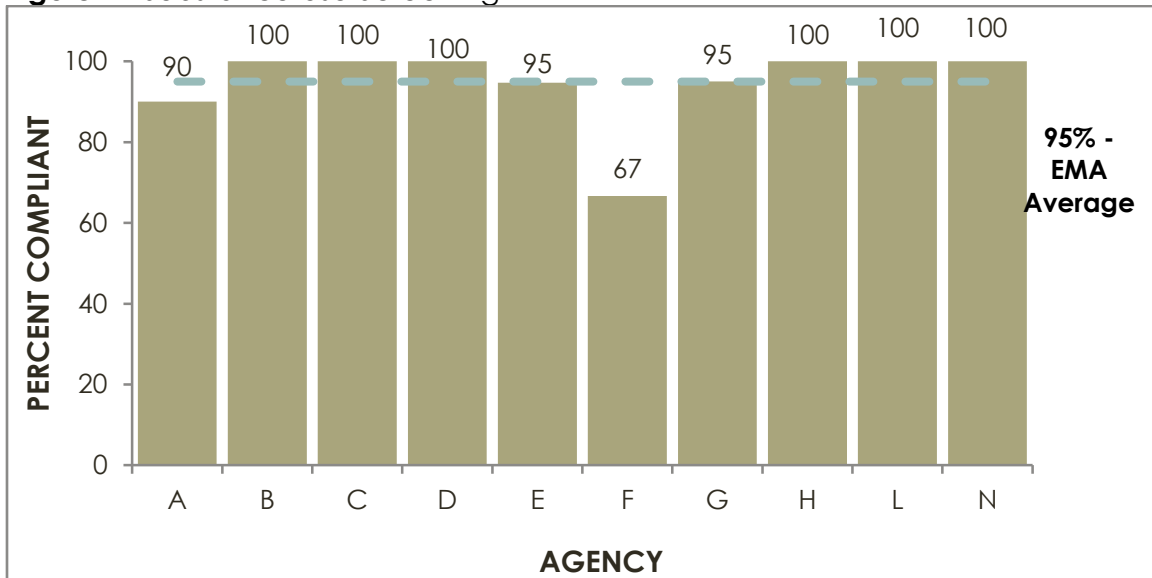
2011 HIVQUAL Median: 92%

EMA Goal: 80%

Percent of new HIV-infected clients who were screened for substance use (alcohol & drugs)

- Numerator: Number of clients who were screened for substance use within the measurement year
- Denominator: Number of new HIV-infected clients who had a medical visit with a provider with prescribing privileges in the measurement year

Figure 22 Substance Use Screening



Although Substance Use Screening is both a HAB Performance Measure and EMA Indicator, the measurement criterion is slightly different for each. For the purposes of the current chart review, the HAB Performance Measure criteria was used, which requires one medical visit with a provider with prescribing privileges in the measurement year as opposed to the EMA Indicator criteria of two visits in the measurement year.

The “n” for this measure indicates that of all new patients that were eligible for the chart review, 179 were actually screened for substance abuse.

Based on the HAB criteria, the 95% EMA average is above the 2011 HIVQUAL Median of 92% and below the 97% EMA average found in 2010, which also used the HAB criteria.

ARCHIVED HAB CLINICAL PERFORMANCE MEASURES

HAB PERFORMANCE MEASURES

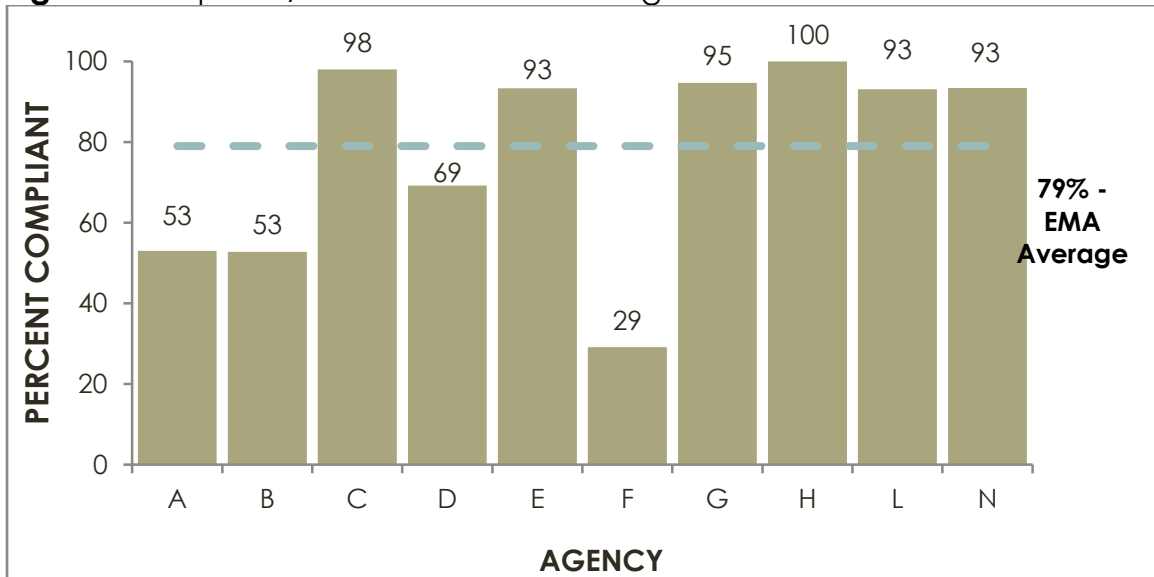
HEPATITIS/HIV ALCOHOL COUNSELING (n=1,312)

HIVQUAL Median: None Available

Percent of clients with HIV and HBV or HCV infection who received alcohol counseling within the measurement year

- Numerator: Number of clients who received alcohol counseling
- Denominator: Number of HIV-infected clients who:
 - 1) were co-infected with HBV³ or HCV, **and**
 - 2) had a medical visit with a provider with prescribing privileges in the measurement year

Figure 23 Hepatitis/HIV Alcohol Counseling



This HAB Performance Measure has not been adopted as an EMA Indicator. The EMA average of 79% is well above the 47% EMA average found in 2010.

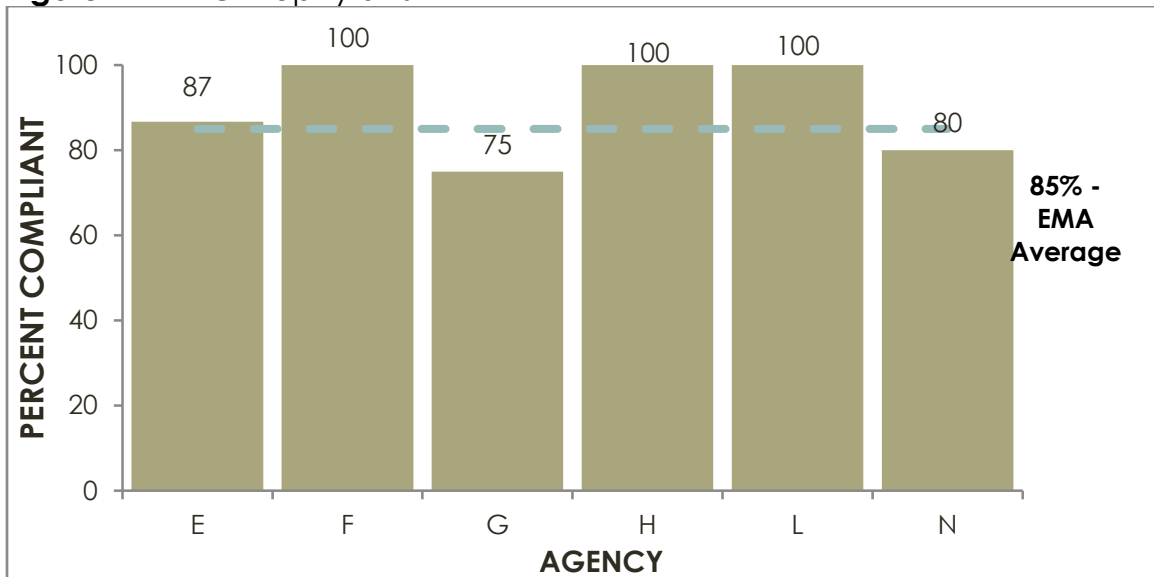
MYCOBACTERIUM AVIUM COMPLEX (MAC) PROPHYLAXIS (n=33)

2007 HIVQUAL MEAN: 85%

Percent of HIV-infected clients with CD4 <50 cells/mm³ who were prescribed MAC prophylaxis within the measurement year

- Numerator: Number of clients with CD4 <50 cells/mm³ who were prescribed MAC prophylaxis
- Denominator: Number of HIV-infected clients with:
 - 1) CD4 <50 cells/mm³; **and**
 - 2) had a medical visit with a provider with prescribing privileges in the measurement year

Figure 24 MAC Prophylaxis



Under the new HAB guidelines, MAC Prophylaxis is now an archived performance measure. In 2010, the EMA average was found to be 77%, far below the 85% EMA average currently found. The EMA average is in line with the 2007 HIVQUAL Mean of 85%.

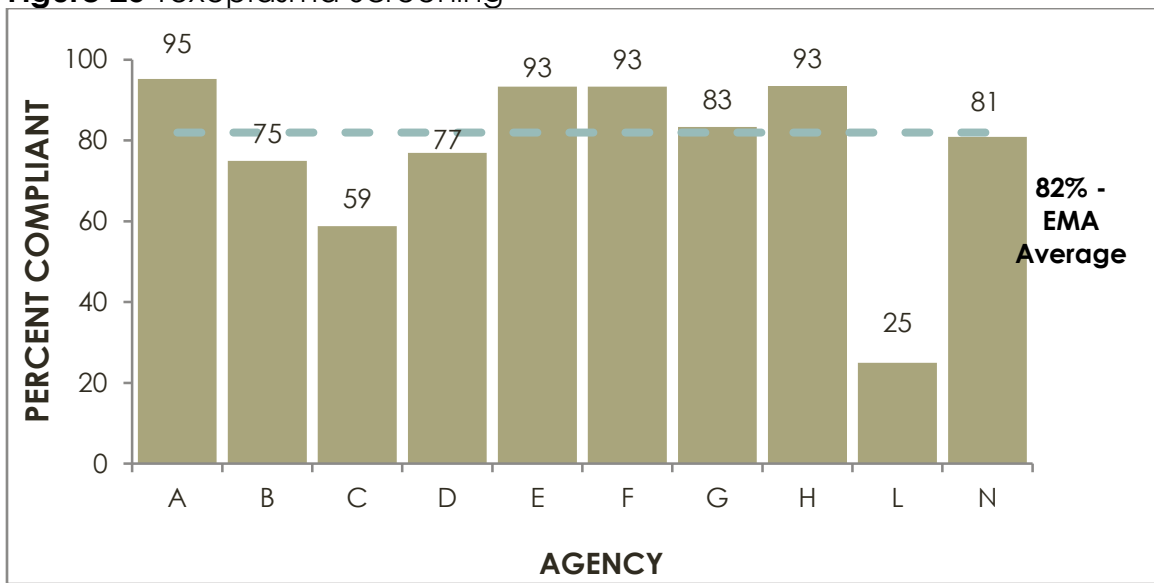
TOXOPLASMA SCREENING (n=1,312)

HIVQUAL Median: None Available

Percent of clients for whom Toxoplasma screening was performed at least once since HIV infection diagnosis

- Numerator: Number of clients who have documented Toxoplasma status in health record
- Denominator: Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges in the measurement year

Figure 25 Toxoplasma Screening



Toxoplasma Screening is another archived HAB Performance Measure and is not an EMA Indicator. There was little difference found between the current 82% EMA average and the 2010 average of 80%.

HAB and EMA PERFORMANCE MEASURES

ARV THERAPY FOR PREGNANT WOMEN (n=13)

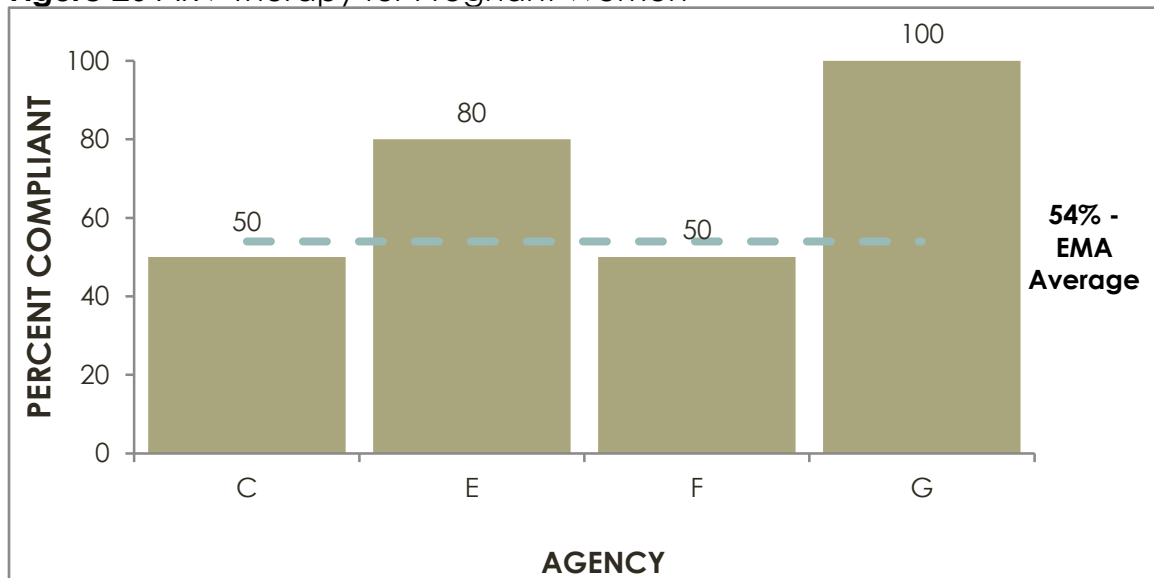
HIVQUAL Median: None Available

EMA Goal: 90%

Percent of HIV-infected pregnant women who were prescribed antiretroviral therapy

- Numerator: Number of pregnant women prescribed ART during 2nd and/or 3rd trimester
- Denominator: Number of HIV-infected pregnant women who had a medical visit with a prescribing provider at least once in the measurement year

Figure 26 ARV Therapy for Pregnant Women



The EMA goal for this indicator is 90% and no HIVQUAL Median data was available for comparison. The EMA average of 54% is below both the goal set by the quality management plan and the 2010 EMA average of 62%.

CD4 T-CELL COUNT (n=1,312)

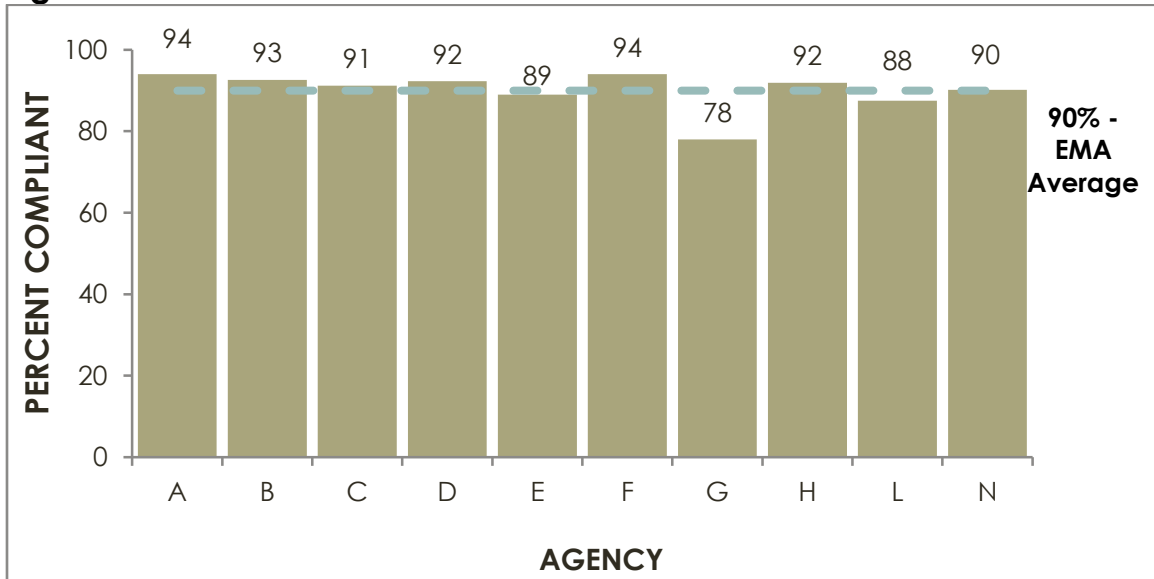
2006 HIVQUAL Median: 63%

EMA Goal: 90%

Percent of HIV-infected clients who had 2 or more CD4 T-cell counts performed at least 3 months apart during measurement year

- Numerator: Number of clients who had 2 or more CD4 T-cell counts performed at least three months apart during the measurement year
- Denominator: Number of HIV-infected clients who had a medical visit with a prescribing provider at least once in the measurement year

Figure 27 CD4 T-Cell Count



CD4 T-Cell Count is both a HAB Performance Measure and EMA Indicator. The 90% EMA average found during the current review is nearly equal to the 89% EMA average found during the 2010 review and is far above the 2006 HIVQUAL Median of 63%.

HAART (n=559)

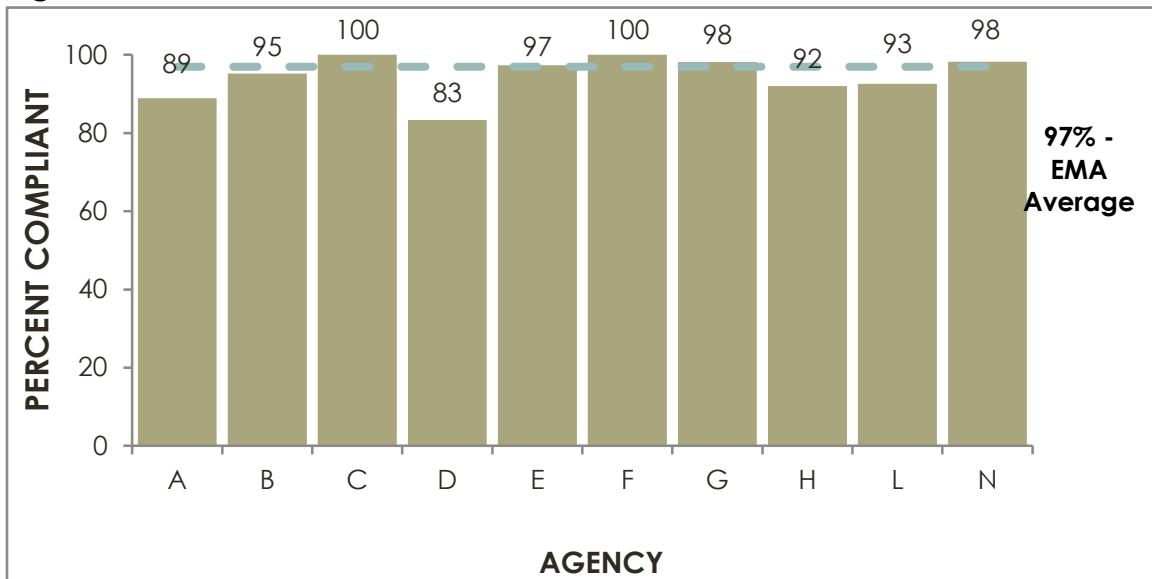
2006 HIVQUAL Median: 100%

EMA Goal: 90%

Percent of clients with AIDS who are prescribed HAART

- Numerator: Number of clients who were prescribed HAART regimen within the measurement year
- Denominator: Number of clients who: 1) had a diagnosis of AIDS (CD4 T-cell count under 200 cells/mm³ or AIDS-defining condition) **and** 2) at least 1 medical visit with a provider with prescribing privileges in the measurement year

Figure 28 HAART



There is a difference in the definition of HAART between the HAB Performance Measure criteria and the criteria set under the EMA Indicator.

The EMA Indicator definition states: *90% of clients with AIDS (enrolled in care >3 months) will be prescribed HAART*

The HAB Performance Measure criteria are detailed above Figure 28. According to this definition, the EMA average was found to be 97%, well above the EMA goal of 90% and the 86% EMA average found in 2010. The current EMA average is slightly below the 2006 HIVQUAL Median of 100%.

MEDICAL VISITS (n=1,312)

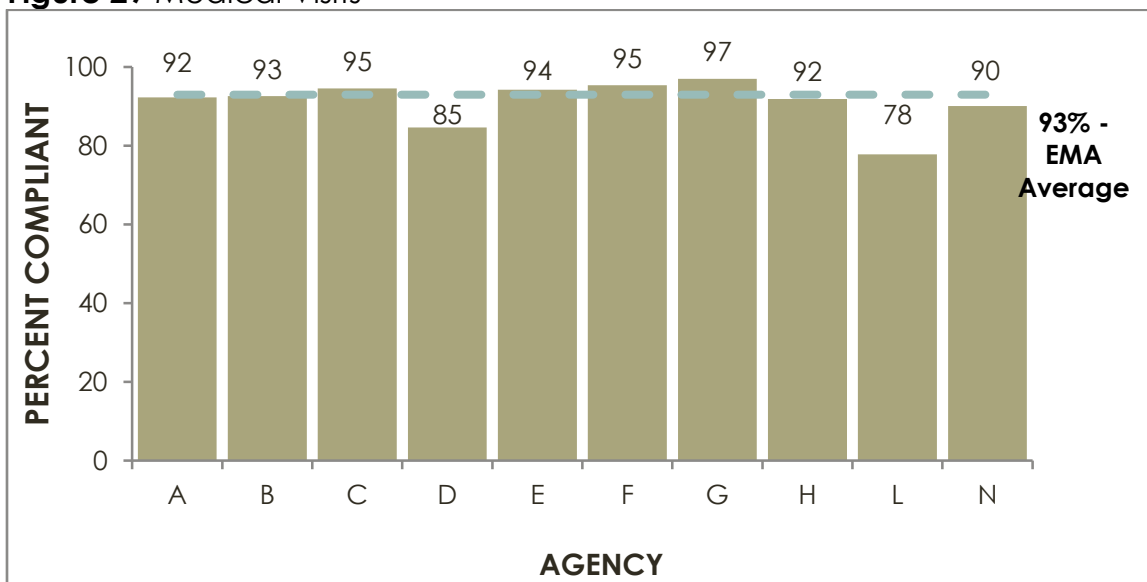
2006 HIVQUAL Median: None Available 90%

EMA Goal: 90%

Percent of HIV-infected clients with 2 or more medical visits in HIV care setting in measurement year

- Numerator: Number of clients who had a medical visit with a provider with prescribing privileges in an HIV care setting two or more times at least 3 months apart during the measurement year
- Denominator: Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges in the measurement year

Figure 29 Medical Visits



Medical Visits is both a HAB Performance Measure and EMA Indicator. The EMA average of 93% is above the EMA goal of 90% and the 2006 HIVQUAL Median of 90%. In 2010, the EMA average was 95%, slightly higher than the current finding.

ADHERENCE ASSESSMENT AND COUNSELING (n=1,235)

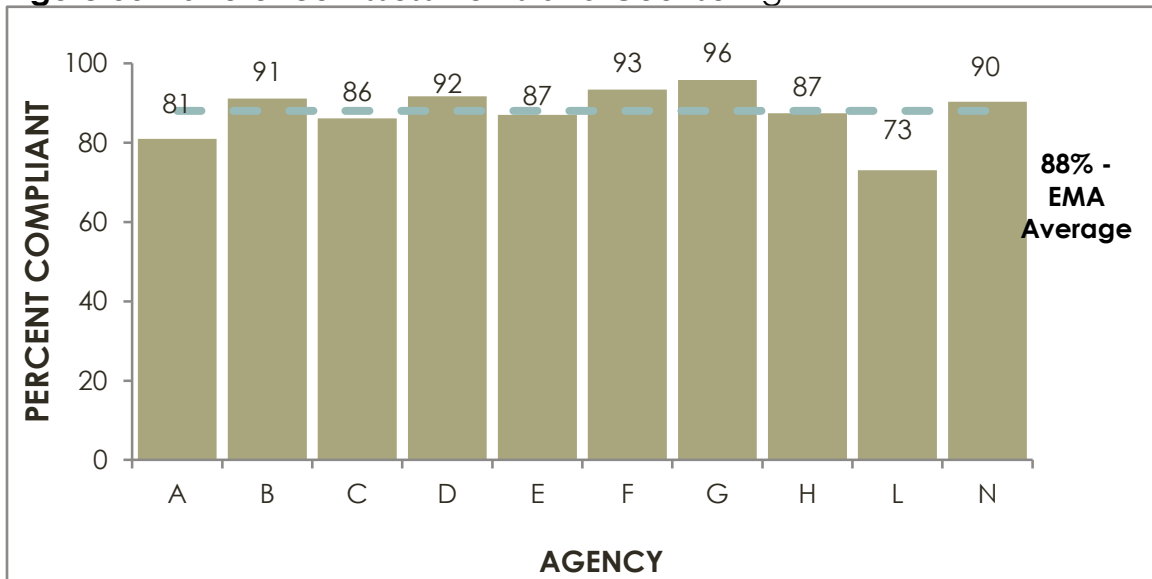
2006 HIVQUAL Mean: 56%

EMA Goal: 90%

Percent of HIV-infected clients on ARVs who were assessed & counseled for adherence 2 or more times in measurement year

- Numerator: Number of clients who, as part of their primary care, were assessed and counseled for adherence two or more times at least three months apart
- Denominator: Number of HIV-infected clients prescribed ARV therapy that had a medical visit with a provider with prescribing privileges in the measurement year

Figure 30 Adherence Assessments and Counseling



No change was found in this HAB Performance Measure and EMA Indicator between the 2010 results (88% EMA average) and the 2014 results (88% EMA average). These results are slightly below the 90% threshold set by the quality management plan, but are well above the 2006 HIVQUAL Mean of 56%.

MENTAL HEALTH SCREENING (n=179)

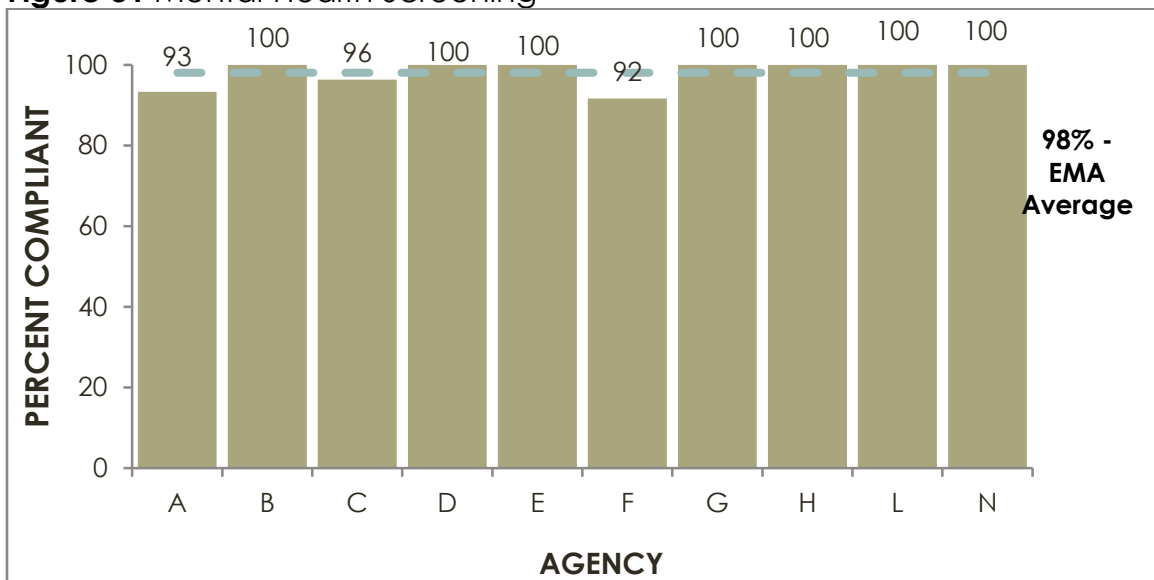
2007 HIVQUAL Mean: 42%

EMA Goal: 100%

Percent of new HIV-infected clients who have had a mental health screening

- Numerator: Number of clients who received a mental health screening
- Denominator: Number of new HIV-infected clients who had a medical visit with a provider with prescribing privileges in the measurement year

Figure 31 Mental Health Screening



Mental Health Screening is both a HAB Performance Measure and EMA Indicator. The 98% EMA average found is slightly below the EMA goal of 100% and somewhat higher than the 95% EMA average found during the 2010 review. The 2007 HIVQUAL Mean of 42% is significantly below current results for this indicator.

ATLANTA EMA ONLY PERFORMANCE MEASURES

The presence of a problem list and consistent allergy documentation, both EMA performance measures only, were reviewed. In order for a clinic to receive credit for appropriate treatment, each practice had to have been documented as completed within the recommended time frame. Across all sites, the EMA indicator average for problem list was 99% (compared to 98% in 2010) and documentation of allergies or no known allergies was 99% (compared to 100% in 2010).

PROBLEM LIST (n=1,312)

EMA Goal: 100%

Percent of HIV-infected clients whose medical records include a problem list

- Numerator: Number of clients who have medical records which include a problem list
- Denominator: Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges in the measurement year

Figure 32 EMA Problem List



Problem List is an EMA only indicator and the goal has been set at 100%. The EMA average is in line with that goal, coming in at 99%. Only 4 of the 10 agencies reviewed during the chart review had results under 100%. In 2010, the 98% EMA average is just one percentage point below the current results.

ALLERGY DOCUMENTATION (n=1,312)

EMA Goal: 100%

Percent of client problem lists that include documentation of known allergies

- Numerator: Number of clients who had known allergies documented in the problem list of the medical record
- Denominator: Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges in the measurement year

Figure 33 EMA Allergies Documentation



Allergy Documentation is also an EMA only indicator. The current 99% EMA average is just behind the 100% EMA goal and the 100% EMA average found in 2010.

Conclusions and Recommendations

The 2013 Ryan White Part A Clinical Performance Chart Review has found several significant improvements since the last review in 2010. However, there have also been a number of indicators that have underperformed compared to the 2010 findings. The table below shows all EMA Indicators and their findings in both the 2010 and 2014 reviews as well as the EMA goal set in the Quality Management Plan. The percentages indicated in bold type are the higher of the two. Those with an * indicate a higher result than the EMA Goal.

Table 2 Results Comparison with 2010 and EMA Goals

Indicator	2010 Result	2014 Result	EMA Goal
HAB PERFORMANCE MEASURES FOR ADULT/ADOLESCENT CLIENTS			
PCP Prophylaxis	92%	85%	95%
HAB PERFORMANCE MEASURES FOR ALL AGES			
TB Screening	64%	61%	100%
Viral Load Monitoring	-	67%	90%
HAB PERFORMANCE MEASURES FOR ADOLESCENTS AND ADULTS			
Cervical Cancer Screening	-	31%	90%
Chlamydia Baseline Screening	32%	61%	100%
Gonorrhea Baseline Screening	32%	61%	100%
Hepatitis B Screening	99%	99%*	95%
Hepatitis C Screening	100%	98%*	95%
HIV Risk Counseling	93%	87%*	85%
Oral Exam	40%	19%	75%
Syphilis Screening	81%	86%	90%
Substance Use Screening	97%	95%*	80%
ARCHIVED HAB PERFORMANCE MEASURES			
ARV Therapy for Pregnant Women	62%	54%	90%
CD4 T-Cell Count	89%	90%	90%
HAART	86%	97%*	90%
Medical Visits	90%	93%*	90%
Adherence Assessment/Counseling	88%	88%	90%
Mental Health Screening	95%	98%	100%
ATLANTA EMA INDICATORS ONLY			
Problem List	98%	99%	100%
Allergy Documentation	100%	99%	100%

As the above table illustrates, nine (9) indicators showed improvement over the 2010 findings, with seven (7) that underperformed compared to 2010.

Another six (6) indicators showed results that outperformed the EMA goals set in the quality management plan.

One issue that became apparent during analysis was the differences in some definitional measures for the EMA Indicators and the HAB Indicators. In order to accurately collect the necessary data to satisfy the measurement parameters, these two definitions and criteria should be brought into congruence. Additionally, some policies that have been adopted in the EMA, such as screening all new clients for substance abuse, are not indicators in the overall Quality Management Plan. These two sources of data should be reviewed and resolved for consistency and to ensure that all requirements of practice have a corresponding quality management indicator.

Finally, a review should be done on documentation procedures by providers and if necessary training should be developed that addresses some of the recording issues identified in the chart review.