

A Quarterly Insight Into the HIV Services Provided in the Atlanta EMA



Atlanta EMA: Issue 1 : Quarter 1 : May—July 2011

WHAT IS QUALITY MANAGEMENT?

And how does it effect HIV service and care

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Quality of care is defined by the Institute of Medicine as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with professional knowledge.” For this reason the expectations for Ryan White grantees are as follows:

1. Assist direct service medical providers funded through the CARE Act in assuring that funded services adhere to established HIV clinical practice standards and Public Health Services Guidelines to the extent possible;
2. Ensure that strategies for improvements to quality medical care include vital health-related supportive services in achieving appropriate access and adherence with HIV medical care; and
3. Ensure that available demographic, clinical and health care utilization information is used to monitor the spectrum of HIV-related illnesses and trends in the local epidemic.

The Ryan White HIV/AIDS Program places major emphasis on enhancing the quality of care for people living with HIV/AIDS (PLWHA). The complexity of HIV care—and the Act's commitment to equal access to quality care for all PLWHA — requires systematic efforts to ensure that Ryan White HIV/AIDS Program services are delivered effectively.

FULTON COUNTY

Ryan White Part A

QUALITY MANAGEMENT

REQUIRED ELEMENTS FOR PART A AGENCY QUALITY MANAGEMENT PLANS

- ⇒ Staff (position title/s) responsible for Quality Management (QM) program
- ⇒ Agency process for implementation (i.e. committee that meets once a month)
- ⇒ Indicators to be measured (including those adopted by the EMA)
- ⇒ Strategies to collect data
- ⇒ Process to provide report/feedback and implement changes
- ⇒ Activities to assess the existence and outcomes of QM program and changes
- ⇒ Role of consumers in the QM program

PURPOSE OF QM STANDARDS AND MEASURES

The Ryan White Part A quality management standards and measures ensure that a uniformity of service exists in the Atlanta Eligible Metropolitan Area (EMA) such that the consumers receive the same quality of service regardless of where the service is provided. If an agen-

cy is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

Announcements and Resources

Georgia Ryan White Meeting, November 8-10, 2011
at Marriott Buckhead Hotel and Conference Center

-Registration Deadline: October 24th

HRSA/HAB:

<http://hab.hrsa.gov/special/qualitycare.htm>

National Quality Center:

<http://nationalqualitycenter.org>

(NQC Game Guide - Interactive Exercises for Trainers to Teach Quality Improvement in HIV Care)

<http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/13236>

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Fulton County Ryan White Part A HAB/HRSA MEASURES CAREWare Data

GROUP 1 MEASURES:

Serve as a foundation on which to build, especially if a clinical program has no performance measures.

Performance Measure	Agency 1	Agency 2	Agency 3	Agency 4	Agency 5	Agency 6	Agency 7	Agency 8	Total %
Percentage of pregnant women prescribed ART	0%	0%	0%	0%	100%	0%	100%	0%	100%
Percentage with > CD4 Counts	17%	76%	43%	69%	76%	46%	77%	57%	41%
AIDS Clients on HAART	47%	88%	54%	98%	94%	42%	98%	61%	60%
Two Primary Care visits > 3 Months Apart	87%	83%	72%	85%	87%	71%	89%	74%	83%
CD4 <200 with PCP prophylaxis	16%	32%	0%	71%	88%	1%	92%	14%	27%

GROUP 2 MEASURES: Important measures for a robust clinical management program and should be seriously considered.

Performance Measure	Agency 1	Agency 2	Agency 3	Agency 4	Agency 5	Agency 6	Agency 7	Agency 8	Total %
Adherence Assessment	47%	52%	0%	4%	85%	25%	58%	55%	37%
Cervical Cancer Screening	0%	50%	0%	26%	54%	23%	38%	24%	24%
Hepatitis B Vaccination	0%	33%	0%	27%	50%	5%	68%	8%	10%
Hepatitis C Screening	55%	94%	51%	74%	91%	43%	95%	80%	65%
HIV risk counseling	95%	79%	94%	71%	78%	90%	96%	70%	88%
Lipid Screening	0%	0%	0%	0%	58%	71%	74%	0%	23%
Oral Exam	37%	31%	16%	0%	12%	17%	26%	39%	26%
Syphilis screening	36%	94%	80%	64%	81%	33%	72%	59%	52%
TB Screening	89%	73%	59%	90%	93%	45%	89%	88%	81%

GROUP 3 MEASURES:

Represent areas of care that are considered "best practice," but may lack written clinical guidelines or rely on data that are difficult to collect.

Performance Measure	Agency 1	Agency 2	Agency 3	Agency 4	Agency 5	Agency 6	Agency 7	Agency 8	Total %
Chlamydia Screening	42%	82%	45%	25%	81%	3%	86%	18%	42%
Gonorrhea Screening	43%	82%	45%	24%	80%	6%	86%	19%	43%
Hepatitis B Screening	49%	89%	1%	66%	89%	36%	85%	76%	54%
Influenza Vaccination	0%	47%	0%	58%	35%	13%	36%	50%	19%
MAC prophylaxis	15%	33%	0%	66%	87%	0%	78%	0%	26%
Mental Health Screening	95%	38%	94%	93%	82%	91%	97%	83%	86%
Pneumococcal Vaccination	0%	74%	0%	81%	84%	35%	62%	34%	40%
Substance Use Screening	92%	35%	94%	93%	82%	91%	97%	82%	85%
Toxoplasma Screening	0%	38%	0%	47%	92%	2%	91%	2%	20%

**All data pulled from RW CAREWare on August 25, 2011 and reflects data from January 1, 2011-July 31, 2011.

QUALITY MANAGEMENT SPOTLIGHT: AID ATLANTA

According to Ryan White Program standards, an organization has achieved success in providing quality management in clinical care when they are:

1. Providing improved access to and retention in care for HIV-positive individuals
2. Enhancing the quality of services and client outcomes
3. Linking social support services to medical services
4. Making program changes to respond to the evolving epidemic
5. Using epidemiologic, quality, and outcomes data for planning and priority setting, and
6. Ensuring accountability.

AID Atlanta addresses how they do all of the above:

AID Atlanta was established 29 years ago, shortly after the initial cases of AIDS emerged. The agency has worked to provide quality services that are relevant and appropriate for individuals infected and affected by HIV/AIDS.

Provide improved access to and retention in care for individuals aware of their HIV-positive status: 13 HIV prevention programs, designed to avert HIV infections while also identifying those who are HIV-positive so that they can be linked to care. The newly diagnosed, are actively referred to a prevention specialist who act as an intermediary between HIV diagnosis and linkage to care. Prevention staff address management of the new HIV diagnosis, assists with accessing Partner Counseling and Referral Services, and provides a referral to AID Atlanta medical case management services that can be accessed same day and on-site.

Enhance the quality of services and client outcomes: Leadership has demonstrated commitment to Continuous Quality Improvement (CQI) by appointing a staff position to focus solely on quality management through a defined

CQI program. The program ensures a concerted approach to planning, designing, measuring, assessing, and evaluation for the purpose of enhanced quality of services and optimal health outcomes. The agency's QM committee conducts systemic examination of data and compliance reports, quality indicators, management controls, processes, and practices that effect service flow and member satisfaction.

Link social support services to medical services: As the centralized case management agency for the Atlanta area, AID Atlanta has come to understand the many unique circumstances of people living with HIV/AIDS, and has shaped the organizational structure and services to respond to these needs.

Make program changes to respond to the epidemic: The annual planning mechanism includes a standardized process for program staff to revisit implementation plans and review the data collected (including stakeholder in-

put). This process allows for program staff to determine what modifications are required to most effectively implement the program in a manner that is responsive to existing and emerging needs.

Use data for planning and priority setting: The 5-year strategic plan was established based on extensive research, data collection, and stakeholder involvement. The plan is a living document that may be altered based on the current environment.

Ensure accountability: The agency has established 10 additional quality standards to ensure consistency and built in a monitoring system to routinely evaluate for deficiencies, problems, and opportunities for improvement. Other accountability mechanisms include annual performance evaluations, monthly supervisions, team status meetings, compliance and program reports, chart audits, and observations.

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