

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



Issue 2 : Quarter 2 : August—October 2011

WHAT'S NEW IN QUALITY MANAGEMENT?

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The Atlanta EMA Quality Management Standards and Measures for Legal Services under the Ryan White HIV/AIDS program have been updated and approved for implementation by the Planning Council as of November 17, 2011.

Legal services include but are not limited to:

- Preparation of Powers of Attorney and Living Wills
- Interventions necessary to ensure access to eligible benefits
- Permanency planning for an individual or family where the responsible adult is expected to pre-decease a dependent due to HIV/AIDS

Updates to the Standards for Legal Services include additional questions to the screening tool to more accurately assess client legal needs, more effective methods to ensure client awareness of legal services, and a more thorough and clear explanation of all standards. All updates to standards including those for legal services can be obtained from the Atlanta EMA HIV Health Services Planning Council.

In+Care Campaign Update

In addition to improving the lives of your patients, participation in the In+Care Campaign will put organization's in line with the National HIV/AIDS Strategy.

There are four performance measures under the campaign that focus on the frequency of new and on-going patient medical visits, gaps in medical care and viral load suppression.

The deadline for performance measures from organizations has been pushed to **December 15, 2011**.

FULTON COUNTY

Ryan White Part A

QUALITY MANAGEMENT

2011 ATLANTA EMA HIV/AIDS HEALTH SERVICES NEEDS ASSESSMENT

The 2011 Consumer Survey for the Atlanta EMA was conducted from June-November 2011, to both assess the care needs of people living with HIV and AIDS in the Atlanta EMA and to obtain a comprehensive demographic and health status profile of PLWH/A in the Atlanta EMA who are receiving services at Ryan White Part A and non-Part A funded organizations. The reported results will highlight key findings from the survey data collected. Results will be used for HIV/AIDS care services planning, delivery and evaluation in the 20 Atlanta EMA counties.

There were 715 participants surveyed from 18 Part A and non-Part A funded clinics and organizations of the EMA. The majority of surveys collected were computer assisted self interviews, while others were conducted one-on-one with trained peers and Southeast AIDS Training and Education Center (SEATEC) evaluators. For home bound participants, interviews were conducted by phone. Analysis of the data is being conducted by SEATEC evaluators and a student researcher. Results of the Consumer Survey will be presented at the March 2012 Ryan White Planning Council meeting for the Atlanta EMA, with a more extensive presentation of the results to follow.

DO YOU KNOW WHAT'S NEW IN THE GUIDELINES?

Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents was recently updated to modify dosing recommendations and clinical comments for posaconazole and voriconazole when used in combination with efavirenz.

The updated information is now available at:
<http://www.aidsinfo.nih.gov/Guidelines/HTML/1/adult-and-adolescent-treatment-guidelines/>

Announcements and Resources

December 13: [AETC Webinar: Oral Health Exams in the Primary Care Setting](#), 2 pm ET/1 pm CT/12 noon MT/11 am PT CME Hours: 1.5 hours. Pre-registration is required by 12/8.

December 14-16: [2011 Annual Ryan White HIV/AIDS Program Regional Data Training, Washington, DC](#). (REGISTRATION CLOSED)

TARGET Center: Technical Assistance

<http://www.careacttarget.org>

HRSA/HAB:

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

National Quality Center:

<http://nationalqualitycenter.org>

Kathy W. Whyte
Special Project Assistant
Ryan White Program
email: kathy.whyte@fultoncountyga.gov
Or

Nicole Roebuck
Quality Management Committee Chair
Metropolitan Atlanta HIV Services Planning Council
Email: nicole.roebuck@aidatlanta.org

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	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6	Site 7	Site 8	Total %
Percentage of pregnant women prescribed ART	0%	0%	0%	0%	100%	0%	100%	0%	100%
Percentage with >=200 CD4 Counts	58%	73%	43%	65%	78%	43%	76%	56%	58%
AIDS Clients on HAART	45.23%	81%	56%	98%	95%	36%	97%	59%	58%
Two Primary Care visits >= 3mos Apart	86%	81%	75%	85%	90%	71%	91%	74%	80%
CD4<200 with PCP prophylaxis	19%	34%	0%	75%	90%	0%	93%	13%	27%

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

Performance Measure	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6	Site 7	Site 8	Total %
Fulton County Adherence Assessment	46%	55%	8%	4%	87%	25%	41%	57%	39%
Cervical Cancer Screening	0%	47%	0%	27%	44%	29%	42%	42%	26%
Hepatitis B Vaccination	0%	34%	0%	28%	50%	6%	68%	7%	10%
Hepatitis C Screening	63%	94%	51%	74%	90%	54%	95%	80%	67%
HIV risk counseling	98%	88%	96%	86%	92%	97%	99%	76%	90%
Lipid Screening	0%	0%	0%	0%	59%	80%	73%	0%	24%
Oral Exam	40%	30%	19%	0%	20%	16%	27%	38%	27%
Syphilis screening	61%	95%	79%	62%	78%	39%	75%	62%	60%
TB Screening	90%	69%	64%	91%	93%	42%	91%	89%	79%

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	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6	Site 7	Site 8	Total %
Chlamydia Screening	67%	80%	46%	21%	79%	3%	89%	25%	50%
Gonorrhea Screening	68%	82%	46%	21%	78%	11%	89%	25%	52%
Hepatitis B Screening	55%	89%	1%	66%	88%	41%	88%	77%	58%
Influenza vaccination	0%	40%	0%	51%	29%	11%	44%	50%	18%
MAC prophylaxis	23%	33%	0%	69%	91%	0%	94%	0%	32%
Mental Health Screening	97%	70%	95%	93%	92%	98%	100%	92%	90%
Pneumococcal Vaccination	0%	73%	0%	81%	83%	33%	69%	35%	37%
Substance Use Screening	94%	65%	95%	98%	92%	98%	100%	92%	89%
Toxoplasma Screening	0%	42%	0%	46%	90%	2%	91%	1%	20%

**All data pulled from RW CAREWare on November 30, 2011 and reflects data from January 1, 2011-October 31, 2011.

QUALITY MANAGEMENT SPOTLIGHT: DEKALB COUNTY

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.

DeKalb County BOH explains how they address three of these areas:

DeKalb County Board of Health's Quality Management Team (QMT) was inaugurated in January 2006 and meets for 2 hours ten months each year.

Enhancing the quality of services and client outcomes: The results of the QMT's first annual quality goal reinforced the importance of public health nurses in delivering preventive services. The medical director, through the QMT, updated the HIV visit flow sheet to include lab tests and vaccinations to prevent opportunistic infections, chronic hepatitis, STDs, and metabolic complications. The updated flow sheet was an invaluable tool for the 2010 annual quality goal to increase annual mental health and behavior risk assessment screening, which included questions on sub clinical STDs, contraception method for women, alcohol and drug use. Screening rates rose from a low of 26% to 96% by having clients complete the 2 page screening assessment while the clerical staff update demographic information.

The RNs update the flow sheet each time a screen is completed and the physician provider reviews the screening results and formulates a care plan if needed.

Make program changes to respond to the epidemic: The QMT employs the Model for Improvement with Plan, Do, Study, Act-PDSA cycles for all the annual quality goals. All HRSA Tier 1-3 medical indicators have been discussed, a flow chart created, and an action plan implemented. The QMT chair creates a CQI Initiative Model report that contains the problem statement, goals and actions, and data and status sections. The QMT then creates a cause-effect diagram and progress on annual quality goals is discussed at least every other meeting. Past QMT projects highlight changes made to respond to the evolving epidemic. For example, data analysis on risk factors determined that MSM over 35 were at higher risk of syphilis acquisition through oral sex alone. The clinic has changed the prevention message delivery to

emphasize oral sex transmission in older men.

Use data for planning and priority setting: The QMT sets yearly annual quality goals and writes an annual quality management plan based on performance data from trimester chart audits, previous Ryan White Data Reports, and the results of the yearly Client Satisfaction Survey. Indicators are chosen based either on the lowest overall score on a particular indicator or the most deviated score from the Part A, HRSA, or HIVQUAL goal. In addition, the QMT completes a yearly HIVQUAL Organizational Assessment as part of on-going assessment and evaluation.

DeKalb County BOH
440 Winn Way
Decatur, GA 30030
Ph: 404-508-7866