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

Issue 3 : Quarter 3 : November 2011—January 2012

New Year in Quality Management

Current Topics >>>

Unmet Need Report Coming Soon

The Ryan White Treatment and Modernization Act requires that program grantees estimate the number of individuals in their jurisdiction that know their HIV status, but are not receiving routine primary medical care services. These data serve as input to Congress regarding the need for continued appropriations for HIV/AIDS treatment. Unmet need for the Atlanta EMA and the state of Georgia for year 2010 was calculated utilizing the framework established by the University of California, San Francisco (UCSF). The calculations provides an estimate of the number of people living with HIV disease that are aware of their status and had an unmet need for primary medical care during 2010. The complete report will be made available April 2012.

Key findings from this report are listed below:

- In 2010, there were 44,976 people living with HIV/AIDS in Georgia.
- Sixty-three percent of people living with HIV/AIDS in Georgia resided in the Atlanta EMA.
- The number of cases of people living with HIV disease in the Atlanta EMA (28,424) was significantly higher than the number of people living with HIV disease in Georgia non-EMA (13,675).
- People living with HIV disease in the Atlanta EMA had a higher unmet need (56%) than Georgia non-EMA (50%).
- PLWA in the Atlanta EMA had a higher unmet need (58%) than PLWH non-AIDS/aware in the Atlanta EMA (53%).
- In the Atlanta EMA, Men living with HIV disease had a higher unmet need (57%) than Women (53%); and people age 50 and older living with HIV disease had a higher unmet need (65%) than all other age groups.
- In the Atlanta EMA, Blacks and Whites living with HIV disease had an unmet need of 56%.

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Fulton County
Ryan White Part A
Quality Management

Chart Review Highlights

The 2010 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.

There were 739 charts reviewed. Overall, the Part A funded primary care sites in the Atlanta EMA are providing high quality HIV primary care. Six out of 19 EMA measures are ≥90 percent compliant, 10 are ≥80 percent compliant and 11 are ≥70 percent compliant. Eight out of 25 HRSA measures ≥90 percent compliant, 16 are ≥80 percent compliant and 17 are ≥70 percent compliant.

Key Findings:

⇒ 40 % received an Oral Exam
⇒ 95 % received 2 or more medical visits
⇒ 100% screened for Hepatitis C
⇒ 93% had HIV risk counseling
⇒ 95% of new patients screened for mental health
⇒ 97% of new patients screened for substance abuse

2012 Client Satisfaction Updates

The 2012 Client Satisfaction Survey will be underway this summer, under the direction of the Client Satisfaction Committee. Respondents will be clients receiving care from Part A agencies within the Atlanta EMA and those receiving care from Part B sites statewide. The surveys will be web-based and computer assisted. Participants will be able to self enter their responses after hearing the questions and responses through headphones. Once the surveys are complete, the data will be analyzed and reported to the Planning Council by December 2012.

Announcements and Resources

March 14: Incarceration Webinar with Dr. Brian Montague, National Quality Center. 3:00 ET

SEATEC Clinical Consultation Webinars for Georgia clinicians—
Thursday, May 17: Diabetes and HIV
Thursday, July 12: Adolescents and transition to adult care

TARGET Center: Technical Assistance
http://www.careacttarget.org
HRSA/HAB:
http://hab.hrsa.gov/special/qualitycare.htm
National Quality Center:
http://nationalqualitycenter.org

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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	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6	Site7	Site 8	Total %
Percentage of pregnant women prescribed ART	0%	0%	0%	0%	100%	0%	100%	0%	100%
Percentage with >=200 CD4 Counts	52%	75%	38%	61%	74%	39%	71%	63%	56%
AIDS Clients on HAART	25%	73%	67%	99%	95%	32%	95%	59%	87%
Two Primary Care visits>= 3mos Apart	86%	81%	79%	83%	88%	71%	89%	76%	74%
CD4<200 with PCP prophylaxis	14%	41%	0%	73%	81%	0%	93%	2%	51%

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	Site7	Site 8	Total %
Fulton County Adherence Assessment	48%	47%	72%	7%	90%	23%	36%	57%	33%
Cervical Cancer Screening	0%	42%	49%	30%	43%	27%	52%	35%	36%
Hepatitis B Vaccination	0%	34%	0%	28%	52%	5%	73%	6%	22%
Hepatitis C Screening	62%	94%	51%	74%	90%	60%	95%	80%	73%
HIV risk counseling	30%	70%	4%	28%	0%	44%	65%	5%	34%
Lipid Screening	0%	0%	0%	0%	59%	80%	77%	0%	30%
Oral Exam	40%	31%	19%	100%	24%	18%	23%	37%	41%
Syphilis screening	59%	96%	80%	62%	76%	38%	83%	60%	60%
TB Screening	90%	70%	69%	90%	92%	41%	93%	88%	69%

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	Site7	Site 8	Total %
Chlamydia Screening	62%	76%	51%	20%	77%	2%	93%	23%	35%
Gonorrhea Screening	62%	81%	50%	18%	75%	10%	93%	23%	38%
Hepatitis B Screening	54%	88%	1%	66%	87%	44%	92%	77%	62%
Influenza vaccination	0%	43%	0%	58%	15%	8%	44%	34%	31%
MAC prophylaxis	48%	53%	0%	69%	81%	0%	94%	0%	59%
Mental Health Screening	32%	38%	4%	48%	1%	38%	62%	5%	31%
Pneumococcal Vaccination	0%	76%	0%	81%	83%	31%	71%	30%	58%
Substance Use Screening	32%	38%	4%	48%	1%	38%	62%	5%	31%
Toxoplasma Screening	0%	44%	0%	46%	89%	2%	92%	1%	37%

**All data pulled from RW CAREWare on February 27, 2012 and March 12, 2012 and reflect data from January 1-January 31, 2012.

QUALITY MANAGEMENT SPOTLIGHT: FULTON 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.

Fulton County Department of Health and Wellness addresses 3 of the QM care areas above:

Fulton County Department of Health and Wellness (FCDHW) has more than 20 years of experience providing HIV primary care and support services to low-income individuals. Providing quality care is a priority and requires participation from all staff.

Providing improved access to and retention in care for HIV-positive individuals: Activities for ensuring that enrolled clients remain in primary care in the future include:

1. Daily appointment reminder calls, 2. Contacting clients who have not had a primary care appointment for 6 or more months, 3. Creating an environment where multiple services can be accessed in one visit, 4. Making services available at satellite clinics, 5. Increasing opportunities for medication pick-up times, 6. Adherence counseling at each visit, and 7. Rewarding clients for being compliant with medications and medical appointments (Fulton Honors Program). Clients experiencing difficulty with keeping primary care appointments are discussed in multidisciplinary team meetings where strategies for retention are developed.

Linking social support services to medical services: Easily accessible social support services improve health outcomes and quality of life. FCDHW strives to create an environment where these services are accessed all in one "shop". These services include:

1. On-site Case Management provided by AID Atlanta which includes linkages to community resources to address client needs, 2. On-site representatives from the Living Room are present once a week to assist with housing, 3. Transportation assistance is provided for medical appointments through the use of MARTA Breeze Cards, and 4. Grocery vouchers are provided to assist clients with necessary food and needed personal items.

Making program changes to respond to the evolving epidemic: FCDHW Ryan White program is moving towards "Prevention for Positives" initiatives in an effort to decrease the spread of HIV in the Atlanta community by integrating its efforts with the newly funded Comprehensive HIV Prevention Program. These initiatives are provided through CDC evidence based interventions that have proven to be successful. They include but are not limited to Partnership for Health (provider risk reduction counseling), Healthy Relationships (decision making, self efficacy, and positive expectations), VOICES and Focus on the Future (condom negotiation skills). In addition, increased partner services have addressed the increase rate of STIs among clients and will allow for opportunities for additional HIV testing to identify new positives.

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