

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



Issue 10 : Quarter 2 : Aug—Oct 2013

WHAT'S NEW IN QUALITY MANAGEMENT?

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For information regarding ACA navigators in Georgia:

<http://www.seedco.org/healthcare-access/georgia/>

<http://www.fcs.uga.edu/hace/navigator.html>

Ryan White Part A Clinical Performance Review

The 2014 Atlanta Eligible Metropolitan Area (EMA) Ryan White Part A primary care chart review will be conducted by the Southeast AIDS Training and Education Center (SEATEC), Department of Family and Preventive Medicine at the Emory University School of Medicine. This review will be completed on behalf of the Fulton County Government Ryan White Part A Program and the Metropolitan Atlanta HIV Health Services Planning Council. The chart review is based on methods of quality improvement that focus on the processes and systems of care delivery rather than the performance of individual practitioners. Performance measurement data provide the foundation upon which systems are analyzed and decisions to improve care can be made.

The purpose of the chart review is to examine the extent to which Ryan White Part A funded primary care sites are providing care that meets quality of care indicators approved by the Planning Council and Health Resources and Services Administration (HRSA). The final sample of selected charts are intended to be representative, by gender, of the client population served at each individual clinic. Demographic information such as race, ethnicity, and age will also be collected since these factors potentially impact the provision of care and subsequently the health of the client.

The chart review provides a snapshot of clinical practices and performance. The data that will be collected are not intended to capture the historical clinic-patient relationship, but to provide information on the clinic's documentation of current primary care practices for a representative sample of clients. The review is expected to be performed from March—April 2014.

FULTON COUNTY

Ryan White Part A

QUALITY MANAGEMENT

IN +CARE CAMPAIGN IN ATLANTA

There are four performance measures under the campaign that focus on gaps in medical care (INC01), the frequency of on-going patient medical visits (INC02), newly enrolled clients (INC03) and viral load suppression (INC04).

Next submission dates for In+CARE by measurement year:

04/02/2014 02/01/2013 – 01/31/2014
06/01/2014 04/01/2013 – 03/31/2014
08/01/2014 06/01/2013 – 05/31/2014

Below are IN + CARE measure percentage values for provider sites of the Atlanta EMA determined by the indicated formulas:

August '13	Site A	Site B	Site C	Site D	Site E	Site F	Site G	Site H	Site L	Site N	State Avg.	National Avg.
INC01	31.2%	18.0%	14.0%	9.0%	10.0%	8.0%	11.0%	N/A	2.0%	3.0%	13.0%	16.0%
INC02	46.4%	47.0%	64.0%	75.0%	72.0%	83.0%	69.0%	N/A	67.0%	89.0%	70.0%	66.0%
INC03	30.0%	100.0%	60.0%	73.0%	61.0%	67.0%	56.0%	N/A	81.0%	94.0%	61.0%	60.0%
INC04	56.3%	85.0%	68.0%	75.0%	8.0%	80.0%	74.0%	N/A	28.0%	82.0%	48.0%	72.0%

October '13	Site A	Site B	Site C	Site D	Site E	Site F	Site G	Site H	Site L	Site N	State Avg.	National Avg.
INC01	31.2%	16.0%	14.0%	8.0%	12.0%	4.0%	N/A	N/A	N/A	3.0%	13.0%	13.0%
INC02	46.4%	50.0%	66.0%	76.0%	72.0%	85.0%	N/A	N/A	N/A	85.0%	67.0%	69.0%
INC03	30.0%	50.0%	51.0%	67.0%	59.0%	79.0%	N/A	N/A	N/A	81.0%	61.0%	62.0%
INC04	56.3%	85.0%	71.0%	76.0%	20.0%	84.0%	N/A	N/A	N/A	80.0%	50.0%	73.0%

INC01= Total patients that had no medical visits with a provider in the last 6 months of the measurement year / the number of patients who have had at least one medical visit with a provider in the first 6 months.

INC02= The number of patients that have had at least one medical visit within each 6 month period of the 24 month measurement period with at least 60 days between their first medical visit of the first 6 months and the medical visit of the following 6 months / the number of patients who have had at least one medical visit with a provider in the first 6 months of the 24 month measurement period.

INC03 = The number of patients with at least one medical visit in each 4 month period of the measurement year / the number of patients who were newly enrolled with a provider AND had at least one medical visit within the first 4 months of the measurement year.

INC04= The number of patients with a viral load of less than 200 copies per mL at their last viral load test in the measurement year / the number of patients with at least one medical visit with a provider.

*provider =one with prescribing privileges

Fulton County Ryan White Part A HAB/HRSA MEASURES

To ensure that Quality Management measures are examined effectively, two HAB/HRSA measures from each Group will be selected to reflect the progress or areas for improvement at each primary care site. Each measure selected will include a small explanation for the basis of that measure.

Announcements and Resources

You can now find previous newsletters in addition to the Client Satisfaction Survey Report at:

<http://seatec.emory.edu/resources/fulton.html>

National Quality Center:
<http://nationalqualitycenter.org>

ACA Resources:

Kaiser Family Foundation <http://kff.org/health-reform/>

HHS <http://www.hhs.gov/healthcare/facts/bystate/ga.html>

Direct questions regarding the newsletter to:

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HRSA/HAB:
<http://hab.hrsa.gov/special/qualitycare.htm>
 TARGET Center: Technical Assistance
<http://www.careacttarget.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	Percentage of pregnant women prescribed ART	Percentage with >=200 CD4 Counts	AIDS Clients on HAART	Two Primary Care visits >= 3mos Apart	CD4<200 with PCP prophylaxis
Site A	0%	69.21%	50.79%	69.61%	0.00%
Site B	0%	86.01%	87.50%	79.72%	62.50%
Site C	0%	79.88%	89.11%	85.36%	44.44%
Site D	100.00%	82.77%	97.22%	89.56%	74.29%
Site E	0%	62.36%	31.40%	88.27%	16.63%
Site F	100.00%	85.94%	99.68%	91.99%	94.64%
Site G	100.00%	50.79%	98.18%	82.49%	34.17%
Site H	0%	71.23%	80.00%	78.16%	76.47%
Site L	0%	75.53%	94.83%	90.30%	62.50%
Site N	100.00%	83.44%	96.61%	91.07%	94.74%
Total %	100.00%	67.51%	51.76%	84.82%	27.80%

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

Performance Measure	Fulton County Adherence Assessment	Cervical Cancer Screening	Hepatitis B Vaccination	Hepatitis C Screening	HIV risk counseling	Lipid Screening	Oral Exam	Syphilis Screening	TB Screening
Site A	0.00%	18.24%	8.91%	72.10%	95.54%	89.60%	18.24%	56.00%	44.50%
Site B	30.77%	72.73%	0.91%	99.00%	97.66%	98.35%	19.40%	98.66%	96.59%
Site C	63.91%	47.14%	37.50%	94.53%	99.75%	73.85%	24.81%	94.91%	72.79%
Site D	0.00%	58.82%	56.94%	96.70%	84.36%	75.86%	10.35%	81.02%	78.59%
Site E	43.79%	0.00%	0.00%	63.93%	95.93%	0.00%	38.53%	54.64%	93.08%
Site F	84.52%	50.27%	39.02%	95.72%	95.72%	59.61%	15.75%	88.87%	94.79%
Site G	10.82%	14.90%	26.31%	71.78%	97.96%	59.06%	0.00%	63.05%	86.06%
Site H	25.60%	53.78%	13.22%	95.15%	81.19%	4.23%	31.43%	78.03%	83.04%
Site L	N/A	50.00%	29.89%	76.64%	98.68%	93.09%	12.50%	84.21%	72.43%
Site N	32.30%	43.20%	70.06%	95.51%	98.74%	87.18%	23.98%	89.27%	96.72%
Total %	34.11%	28.77%	10.49%	75.93%	95.20%	54.44%	25.70%	66.75%	83.20%

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	Chlamydia Screening	Gonorrhea Screening	Hepatitis B Screening	Influenza vaccination	MAC prophylaxis	Mental Health Screening	Pneumococcal Vaccination	Substance Use Screening	Medical Case Management	Toxoplasma Screening
Site A	14.11%	14.73%	82.78%	2.59%	0.00%	95.97%	29.02%	95.76%	0.00%	43.74%
Site B	82.83%	82.83%	96.27%	37.79%	100.00%	81.82%	47.31%	45.45%	76.54%	86.29%
Site C	11.99%	85.29%	87.10%	50.89%	47.06%	100.00%	83.77%	100.00%	47.69%	53.31%
Site D	75.00%	75.00%	92.83%	34.58%	42.31%	97.80%	68.78%	96.48%	N/A	89.82%
Site E	63.84%	63.62%	58.05%	0.00%	56.17%	92.66%	0.00%	92.19%	67.91%	0.02%
Site F	86.00%	86.00%	92.39%	38.36%	100.00%	85.19%	83.90%	85.19%	60.00%	93.84%
Site G	69.36%	60.57%	63.10%	51.67%	13.33%	91.91%	78.47%	97.87%	59.06%	38.04%
Site H	55.86%	55.63%	88.05%	40.78%	0.00%	89.45%	37.83%	89.82%	7.48%	24.66%
Site L	83.44%	82.80%	84.13%	30.92%	57.14%	100.00%	45.42%	100.00%	N/A	3.29%
Site N	90.73%	90.73%	96.36%	35.48%	66.67%	96.00%	83.36%	96.00%	71.32%	93.54%
Total %	54.71%	60.54%	70.94%	19.46%	51.33%	94.73%	40.24%	94.77%	63.72%	31.11%

**All data pulled from RW CAREWare on or after, January 8, 2014 and reflects data for the year prior, through October 31, 2013.

***N/A = Sites are not currently collecting this variable and do not have data available.

QUALITY MANAGEMENT SPOTLIGHT: Aniz, Inc.

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.

Aniz Event Spotlight: LGBTQ Youth Focus Group

For more information, contact Aniz at youthfocusgroup@Aniz.org; 404-521-2410

Aniz, Inc. explains how they address three of these areas:

The mission of Aniz, Inc. is to promote emotional and physical wellness by providing mental health and substance abuse counseling, support services, and sexual health education. Aniz does this work with the overarching objective of reducing risk behaviors in individuals and families affected by sexual health disparities including HIV/AIDS.

Providing improved access to and retention in care for HIV-positive individuals aware of their status.

To address issues of access and retention in care for PLWH/A who are aware of their status, Aniz, Inc. considered key recommendations from the 2010 Needs Assessment Focus Groups conducted by SEATEC. Focus group findings stated that PLWH/A receiving mental health and/or substance use services within the EMA needed increased services that: dually address mental health and substance abuse; involved the development and implementation of standards for post-treatment and crisis care; and utilize effective peer counselors. Therefore Aniz, Inc. takes a holistic approach to integrating outpatient mental health wellness and substance abuse counseling services to engage HIV-positive individuals. Our services consider how unstable mental health conditions and/or active substance dependency impacts access and retention in primary care services. This holistic approach reduces some of the many difficulties for our dual or triple diagnosis clients living with HIV/AIDS. Aniz, Inc. also provides family therapeutic sessions with HIV sero-discordant couples and affected family members to address issues of disclosure as they relate to secrecy, shame, and guilt. Fi-

nally, at Aniz, Inc. our peer-led supportive services facilitate group and individual sessions on issues such as understanding treatment regimens, how to access care, addressing common issues and navigating provider services, and practical guidance on remaining in care.

Enhancing the quality of services and client outcomes.

Aniz, Inc.'s Quality Management Team established an ongoing system of monitoring measurable performance outcomes to ensure the quality of our services. Aniz customized consumer satisfaction surveys, service provider report cards, and complaints/occurrences cards. These tools are collected monthly, benchmark goals are established and suggestions are incorporated on a real-time basis to ensure that we are meeting those set goals to improve services. Aniz also conducts quarterly client appreciation activities to show our clients that 1) we appreciate them 2) we hear them and they matter to us, and 3) we are here to serve them.

Making program changes to respond to the evolving epidemic.

What differentiates Aniz from other organizations is its holistic approach to community service and engagement. We operate under two principles: 1) Planting seeds of healing and growth and 2) Connecting the dots. Through our 1st principle we understand that growth is a client-centered process. We work to create positive environments for the client to see the benefits of treatment and allow for growth to happen. To achieve this we must embrace all the nuances that

come with persons seeking our services and engage them in a place that allows them to be most effective. Aniz's core programs and services include mental health, substance abuse, peer support and health education. However, the nuances of how we provide these services are driven by gaps in community services, real-time assessments, feedback, and impactful incorporation. Through our 2nd principle, we recognize that no entity is an island, nor can one entity serve the needs of all. Therefore, Aniz works to connect the dots on individual and organizational levels. At the individual level, we work to increase awareness of how we are all impacted by HIV/AIDS across age, gender, race, sexuality, and socio-economic levels. Our programs are designed to collectively intersect at the junctures where HIV/AIDS impacts individuals on social, physical, psychological, and financial levels to creatively fill in the gaps in services. At an organizational level, Aniz connects the dots by having a proactive approach to partnerships. This openness has afforded us the opportunity to work with not only traditional community-based and HIV/AIDS service organizations but also jails, schools, universities, social organizations, churches, businesses and individuals who all have an interest in healthy, vibrant communities. Our open approach to collaboration has uniquely positioned Aniz to be present at community-changing tables and offered partnership opportunities that few non-profits receive.

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