

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



Issue 8 : Quarter 4 : Feb—April 2013

WHAT'S NEW IN QUALITY MANAGEMENT?

Current Topics >>>

- **NQC Training Reflections**.....1
- **IN+CARE Campaign Data**.....2
- **Announcements/ Resources**.....2
- **QM Spotlight—Saint Joseph's Mercy Care**...3

The National Quality Center's Training of Consumers on Quality Reflections

The National Quality Center (NQC) hosted a Training of Consumers on Quality (TCQ), in Atlanta from Sunday, May 12th—Tuesday, May 14th. The purpose of the training was to build the capacity of consumers so they are equal partners in the planning, implementation, and evaluation of quality improvement (QI) efforts, clinically and regionally. A few of our Planning Council members were able to attend the training along with consumers from different areas of the country.

Some lessons learned were captured from Trevor Pearson and Tony Redmon who were both in attendance and are members of the Council:

- "...[I gained] a clearer understanding of how many stakeholders [are] needed to 'buy into' any QM change, no matter how small."
- "...All consumers [should] learn to read data indicators, understand workplans, ... and work closely with the QM committee to fully understand the standards and In Care measures."
- "[Consumers should] increase their understanding of basic vocabulary of quality improvement... and increase their competency so they can ... increase [their] confidence in participating on quality improvement teams."

When asked what the EMA could do to encourage more consumer participation in quality management Trevor suggested that the "Planning Council and provider agencies develop a comprehensive, long-term QM Training program [that utilizes] local trainers." Support for the implementation of training for consumers was echoed by Tony and further encouraged by Eva Williams of the Georgia Department of Public Health who co-hosted the training. She mentioned that her office "has already seen the positive impact of the training on the consumers who attended and their contribution to quality activities."

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).

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

Fulton County Ryan White Part A

February '13	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6	Site 7	Site 8
INC01	11.19%	15.14%	16.56%	14.21%	8.12%	26.90%	4.72%	21.60%
INC02	65.03%	62.11%	48.48%	68.74%	80.96%	45.44%	81.22%	52.73%
INC03	67.38%	51.35%	57.14%	61.90%	50.00%	32.73%	76.67%	46.55%
INC04	59.21%	70.04%	69.44%	76.54%	80.33%	47.05%	78.49%	54.27%

April '13	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6	Site 7	Site 8
INC01	9.74%	12.95%	20.71%	9.03%	8.06%	29.58%	3.07%	21.52%
INC02	70.99%	62.09%	53.22%	69.42%	81.92%	45.09%	86.30%	55.94%
INC03	66.48%	69.23%	0.00%	50.00%	75.00%	36.07%	85.00%	43.75%
INC04	16.81%	67.51%	73.33%	71.87%	79.53%	54.16%	82.06%	60.03%

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.

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

Announcements and Resources

You can now find previous newsletters and other Fulton County Ryan White Program and SEATEC documents at : <http://www.seatec.emory.edu/resources/fultoncounty.html>

Upcoming QM Meetings from 10:00 am - 12:00 pm:
September 5, 2013
October 3, 2013

National Quality Center:
<http://nationalqualitycenter.org>
HRSA/HAB:
<http://hab.hrsa.gov/special/qualitycare.htm/>

Affordable Care Act Information:

<http://www.healthcare.gov/marketplace/about/index.html>

Direct questions regarding the newsletter to:

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QUALITY MANAGEMENT SPOTLIGHT: Saint Joseph's Mercy Care Services

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.

Saint Joseph's Mercy Care Services (JMCS)/ Early Intervention Clinic (EIC) opened in downtown Atlanta in 2001. The clinic provides a full array of services including HIV primary care, dental care, resource referral, supportive services, case management and mental health assessment.

Enhancing the quality of services and client outcomes. JMCS continues to assess and reassess past and future projects. In May, 2012, JMCS focused on increasing the number of pap tests among its female clients. The clinic was able to use a report from the clinic's EMR to identify which clients had not received an annual pap test within the past 12 months. Clients were then contacted directly by the clinical staff to schedule an appointment for a pap test. This intervention ultimately led to a 20% increase in the number of pap tests performed by the EIC.

The EIC staff is currently working on two QI projects. The first, involves increasing the number of new clients that are screened for gonorrhea and chlamydia (G/C). The second project is increasing the number of clients that receive an annual dental exam.

To increase G/C testing, the EIC has added the option of urine testing, that will prevent the discomfort associated with the urethral swab. It is anticipated that given the new option for testing, the rates will improve among EIC clients. To encourage more clients to receive annual dental exams, the EIC has kicked off a three month campaign promoting dental health by educating clients about the importance of dental care, distributing appointment cards for

future dental appointments, and scheduling dental appointments as clients check out after their medical visits. The EIC also works with the clinic schedulers to ensure that all EIC clients are contacted the day before to be reminded of their scheduled appointment.

Linking social support services to medical services. Our goal is to ensure that all clients are linked and referred to appropriate services to help improve their quality of life. To that end, the EIC has an AID Atlanta case manager and an RN case manager to provide social support services to clients in addition to a referral specialist and behavioral health specialist within the Saint Joseph's Mercy Care Health System. Every new client is screened during new client intake by the intake specialist for referrals to case management, mental health and substance abuse. Clients that are referred for medical case management schedule an appointment with the AID Atlanta case manager to be seen the same day as their initial physical with the physician or nurse practitioner. Clients that have an emergent need are usually seen the same day with a referral specialist. Clients that are in need of mental health and behavioral health services will see a behavioral health specialist within JMCS integrated behavioral health program.

All clients are assessed and educated on treatment adherence and possible barriers to care such as transportation and lack of food by the RN case manager during new client intake. Our multidisciplinary team works with the clients to determine the best plan to address his/her needs to accomplish the

client goals.

Ensuring accountability. Client satisfaction surveys and staff performance are two ways that measure staff care, knowledge and responsibilities. In an effort to provide an ongoing channel for clients to provide feedback on staff performance and clinical practices, JMCS makes client satisfaction surveys available in English and Spanish at every client visit. Survey results are collected and formulated into a report by the JMCS quality assurance manager. Results are then shared with the team leader of the EIC program and their respective staff. Following this review, the EIC program is charged with implementing recommendations that are specific to our EIC clients.

Every staff member of EIC is encouraged to seek educational opportunities that advance professional development and support efficient delivery of high-quality services. The EIC staff have both required and optional trainings. All EIC team members are required to attend a cultural competency training annually as well as HIV/AIDS training catered to the needs of clinical or non-clinical staff. Furthermore, staff performance is monitored continuously and evaluated annually.

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