

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



Issue 13 : Quarter 1 : May 2014—July 2014

## WHAT'S NEW IN QUALITY MANAGEMENT?

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You can now find previous newsletters in addition to the 2007-2011 Epidemiological Profile at:

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

### **Atlanta Eligible Metropolitan Area (EMA) Ryan White Part A Continuing Quality Improvement**

The Fulton County Ryan White Program for the Atlanta EMA consistently strives to train and provide Part A agencies with tools of Continuing Quality Improvement (CQI) with support of the National Quality Center (NQC). Currently, the Quality Management Committee of the Planning Council, is working to encourage agencies to regularly focus on data and care quality. This requires an understanding of the expectations of the Ryan White Program and the Health Resources and Service Administration (HRSA), implementing quality improvement projects, as well as using data to further quality improvement.

The NQC suggests making action plans to address issues in providing care for people living with HIV/AIDS. Action planning involves translating abstract concepts and ideas into specific tasks and activities for execution<sup>1</sup>. The Key Components of Action Planning as described in the NQC's strategies for Implementing your HIV Quality Improvement Activities are:

1. Develop statements of what must be achieved. These most often align with the goals of a strategic, business, operational or quality management plan.
2. Steps must be done to achieve the desired outcome.
3. Each step and how long it is likely to take.
4. Who will be responsible for making sure each step is completed.
5. Resources needed.

The Model for Improvement suggested for implementation by the EMA's Ryan White Programs and the NQC, is the Plan, Do, Study, Act (PDSA) cycle. This model executes an action plan through cycles. Each cycle is considered a step of the action plan.

Plan—Clarify your objective; make a prediction; Determine what is to be done  
Do—Carry out the plan; Document your observations; Begin your analysis  
Study—Complete; Compare findings; Summarize findings  
Act—Make adjustments; Determine what needs to be retested

<sup>1</sup>Strategies to Implement Your HIV Quality Improvement Activities. New York State Department of Health AIDS Institute. Health Resources and Services Administration HIV/AIDS Bureau. April 2009.

# FULTON COUNTY

## Ryan White Part A

### QUALITY MANAGEMENT

#### Fulton County Ryan White Part A HAB/HRSA MEASURES

To ensure that Quality Management measures are examined effectively, core HAB/HRSA measures and former Group I measures will be examined to reflect the progress and areas for improvement at each primary care site.

**CORE MEASURES:** Minimum measures recommended for implementation into QM programs.

Performance Measure	HIV viral load suppression	Prescription of antiretroviral therapy	HIV medical visit frequency	Gap in HIV medical visits
Site A	53.16%	58.80%	39.48%	29.37%
Site B	85.07%	87.85%	30.38%	21.93%
Site C	80.78%	79.62%	54.83%	14.63%
Site D	78.98%	91.72%	69.63%	12.13%
Site E	64.52%	67.64%	70.47%	10.81%
Site F	87.46%	97.13%	66.07%	10.20%
Site G	63.94%	94.00%	55.93%	16.61%
Site H	62.61%	71.59%	42.74%	25.68%
Site L	70.15%	72.54%	57.08%	21.35%
Site N	79.61%	88.50%	67.89%	11.36%
Total %	66.90%	74.88%	60.60%	15.47%

**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 >=2 CD4 Counts	AIDS Clients on HAART	Two Primary Care visits >= 3 mos Apart	CD4<200 with PCP prophylaxis
Site A	N/A	61.63%	67.92%	69.56%	0.00%
Site B	N/A	87.45%	100.00%	89.30%	93.75%
Site C	N/A	79.32%	94.32%	86.78%	60.00%
Site D	100.00%	81.24%	97.16%	85.58%	72.97%
Site E	N/A	74.72%	29.26%	87.10%	17.42%
Site F	100.00%	86.13%	100.00%	90.94%	100.00%
Site G	100.00%	27.06%	99.14%	78.46%	70.83%
Site H	N/A	66.72%	76.36%	74.01%	96.15%
Site L	N/A	77.65%	89.04%	85.61%	75.00%
Site N	100.00%	77.20%	99.18%	86.87%	91.30%
Total %	100.00%	68.1%	50.9%	83.2%	30.8%

\*All data pulled from RW CAREWare on or around, June 13, 2014 and reflects data for the year prior, through April 30, 2014.

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

### Announcements and Resources

Listen to the most recent archived webinar from SEATEC ([http://seatec.emory.edu/training\\_programs/archived/webinars/index.html](http://seatec.emory.edu/training_programs/archived/webinars/index.html))

**Georgia and the Affordable Care Act: Using the New Insurance Marketplace, Key Considerations for the HIV Community**

Duration: 1:08

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

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

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TARGET Center: Technical Assistance  
<http://www.careacttarget.org>

## **QUALITY MANAGEMENT SPOTLIGHT:** **Atlanta EMA Patient Navigation Pilot Program**

The goal of the Atlanta EMA Patient Navigation Program is to increase client medical adherence and retention in HIV/AIDS care services among clients most at risk for non-medical adherence. The Patient Navigator program focuses on clients who receive a preliminarily positive and/or new confirmatory HIV/AIDS diagnosis, and clients identified as most at risk for non-adherence to medical services. **The program is voluntary and it is designed to empower clients to engage in their own care by promoting client self-advocacy to successfully access services, and increasing their understanding of basic HIV/AIDS information in order to build their capacity to manage and advocate for their own medical care and support services.**

Patient navigation includes the following characteristics: 1) it focuses on overcoming individual patient-level barriers to accessing care; 2) it aims to reduce delays in accessing care; 3) it is provided to individuals for a defined episode of HIV/AIDS-related care; 4) it targets a defined set of health services relevant to that episode (i.e. following up on an abnormal screening test); and 5) it has a defined endpoint when provided services are complete

One of the Atlanta EMA Patient Navigators was featured in the most recent National Quality Center Newsletter. Katrina Barnes gives her consumer perspective to NQC's Target Center below:

### **Consumer Perspective |** *Katrina Barnes*

"It is not just what you say, but how you say it." This old saying resonates with Katrina Barnes. As she starts a new job as a patient navigator with the DeKalb County Board of Health in Georgia, Katrina will be keeping in mind the importance of effectively communicating with the target audience.

Prior to becoming a patient navigator, Katrina served as a peer advocate. In this part-time position, Katrina worked with newly diagnosed individuals, with a focus on African American men who have sex with men, transgender individuals, and refugees. The refugees are primarily from Africa and speak various languages. Many have a very limited understanding of English. "It can be heart breaking to not speak their language," says Katrina. "It takes so much effort to try to communicate and you know that you are not truly answering their questions. I wish I could speak their language."

The new patient navigator position is part of a pilot project - Katrina is one of five navigators that will be following consumers over a 6-month period to ensure that they are linked to and remain in care. The navigators will work

with consumers - on their request - to help them through the system and help them identify and overcome their own personal barriers to care. While interaction will be at a regular basis, depending on the consumer's needs, it may be more. Check-ins with consumers will occur at 3-month intervals.

Based on her own experience and her work, Katrina knows that it is important to have a peer available to people when they are newly diagnosed. "No one wants to talk about HIV until it hits them," says Katrina. "They still have the shock factor and cannot hear anything anyone is telling them. This is where the voice of someone who has lived though it is so important."

Katrina models her interactions with the newly diagnosed on her own experience. As she interacts with consumers, knowing that she has been though a similar experience helps to create a bond and build trust. It also serves to help establish Katrina as the voice of experience and provides confidence to other consumers that remaining in treatment is the best choice.

Katrina participated in the NQC's Training of Consumers on Quality in Atlanta in spring 2013. One of Katrina's take away messages was that you can make a difference in a variety of ways.

Katrina has been active in speaking with State senators about the impact of the Affordable Care Act on people living with HIV.

"I learned that I can tell things in my own voice and in ways that reflect my own personality," says Katrina. "I don't have to be an angry agitator to effectively convey a message. There are other ways."

In all her work, Katrina keeps in mind her own personal journey and her work to help other people living with HIV.

"No one wants to talk about HIV until it hits them or affects someone they know," says Katrina. "If I can work with them though this transition and help them embrace treatment I can make a difference. Treatment is what people need. Treatment is prevention."

As Katrina says, "People with HIV need to talk about and dispel fears since no one else is going to talk about it. Young people who are newly diagnosed see things differently from those who were diagnosed five or 10 years ago. They know they are going to live but just need to know how they are going to live. They need to know the steps of their journey."