Ryan White Part A  
Clinical Performance CY2017  
Atlanta Eligible Metropolitan Area

A summary of clinical chart review results designed to monitor the quality of care provided by Ryan White Part A-funded outpatient ambulatory health service subrecipients as part of the Atlanta EMA’s quality management program.

Prepared for Fulton County Government’s Ryan White Part A Program  
by Apiari LLC  
March 2019
Acknowledgments

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They were graciously supported by Rachel Powell, Community Epidemiologist, Ryan White Part A, Office of the Fulton County Manager, who developed the project methodology and database, created the data sample, completed data weighting and analysis.

Apiari would also like to thank the individuals at each clinic who supported the review process, answered questions, and ensured medical records were available for review.

Disclaimer

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The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.
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Project Background

Quality management for the Ryan White program centers around two pillars: ensuring people with HIV have access to appropriate services and improving the quality of care that is provided, from both health and social service perspectives. The scope of this Ryan White Part A review focused mainly on health services and agency systems. Results from this review were compared to the Fiscal Year (FY) 2017 Part A goals set by the Quality Management Committee of the Planning Council, previous chart review results (when available), and Calendar Year (CY) 2017 data in CAREWare. Results are intended to verify data, evaluate trends and performance compared to benchmarks, and guide future quality improvement. This chart review project was based on methods of quality improvement that focused on the processes and systems of the delivery of care instead of the performance of individual practitioners.

<table>
<thead>
<tr>
<th>Participating Organizations</th>
<th>Medical Records Reviewed (n=)</th>
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<td>Positive Impact Health Centers</td>
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1 https://hab.hrsa.gov/clinical-quality-management/quality-care
Methodology

The purpose of this study was to examine the extent to which Ryan White Part A-funded Outpatient Ambulatory Health Services (OAHS) agencies are providing care that meets quality of care clinical guidelines. Indicators came from two sources:

- OAHS standards adopted and approved by the Metropolitan Atlanta HIV Health Services Planning Council (Planning Council)
- HIV/AIDS Bureau (HAB) Performance Measures from the Department of Health and Human Services, Health Resources and Services Administration (HRSA).

All OAHS subrecipients funded by Part A in 2017 participated in this study, which was completed in October, 2018. The twelve-month review period for this chart review was CY2017. All Ryan White (RW) clients in CAREWare who had at least one medical provider visit during the twelve-month review period were eligible for review.

Estimating the entire Part A population with one or more outpatient ambulatory medical visit (N=13,891), random sampling of medical records was utilized to select a sample that would provide an estimated 95% confidence interval with a 8% margin of error, particularly for the HAB Core Performance Measures. To ensure sufficient charts were reviewed for the cervical cancer indicator and prescription of antiretroviral therapy during pregnancy, non-pregnant and pregnant females were oversampled. In total, 935 individual client medical records were reviewed across the eleven agencies for documentation of quality care during the study time period, with some measures reviewing screening and care from initial diagnosis.

The reviewers collected data utilizing a Microsoft Access® database developed for this project. All data elements were de-identified as they were abstracted, using encrypted identification codes (eURNs) created through CAREWare.

Both overall Part A and agency-specific rates (weighted averages) were calculated for each measure, and results are presented in both graphical and tabular form in this report. The inverse probability of selection was utilized as the sampling weight in the analysis to account for the disproportionate sampling of males, non-pregnant and pregnant females. The weighted analysis accounts for the actual distribution of males, non-pregnant and pregnant females in each agency’s census population. This allows the reviewers to provide a point estimate (rate/average) for the entire population (with at least one medical provider visit during CY 2017) for each of the measures instead of only for the sample of charts that were reviewed.
A “stoplight” green/yellow/red methodology was used to categorize metrics. Green is used to highlight metrics where the result is at or above the goal EMA established for CY 2017. Yellow has been used when the result is within ten percent of the goal. Red indicates that the overall result is outside of ten percent.²

<table>
<thead>
<tr>
<th>CAREWare Measure Name</th>
<th>Indicator</th>
<th>EMA Goal</th>
<th>EMA Overall Result</th>
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<tr>
<td>Core 01</td>
<td>Viral Load Suppression</td>
<td>83%</td>
<td>83%</td>
</tr>
<tr>
<td>Core 02</td>
<td>Prescription of Antiretroviral Therapy</td>
<td>95%</td>
<td>98%</td>
</tr>
<tr>
<td>Core 03</td>
<td>Medical Visit Frequency</td>
<td>83%</td>
<td>76%</td>
</tr>
<tr>
<td>Core 04</td>
<td>Gap in Medical Visits</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>Core 05</td>
<td>PCP Prophylaxis</td>
<td>95%</td>
<td>96%</td>
</tr>
<tr>
<td>HAB 07a</td>
<td>Cervical Cancer Screening</td>
<td>50%</td>
<td>72%</td>
</tr>
<tr>
<td>HAB 09</td>
<td>Hepatitis C Screening</td>
<td>95%</td>
<td>92%</td>
</tr>
<tr>
<td>HAB 10</td>
<td>HIV Risk Counseling</td>
<td>85%</td>
<td>83%</td>
</tr>
<tr>
<td>HAB 12</td>
<td>Oral Exam</td>
<td>75%</td>
<td>34%</td>
</tr>
<tr>
<td>HAB 13</td>
<td>Syphilis Screening</td>
<td>90%</td>
<td>79%</td>
</tr>
<tr>
<td>HAB 15</td>
<td>Chlamydia Screening</td>
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<td>77%</td>
</tr>
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<td>Hepatitis B Screening</td>
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<td>Substance Use Screening</td>
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<td>TB Screening</td>
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<td>95%</td>
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<td>90%</td>
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</tr>
<tr>
<td>HAB 01</td>
<td>Medical Visit 12 month Retention</td>
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<tr>
<td>HAB 05</td>
<td>ARV Therapy for Pregnant Women</td>
<td>-</td>
<td>100%</td>
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</tbody>
</table>

² A twenty percent threshold has been used for the Gap measure.
Key Findings

All agencies had strengths and weaknesses in their adherence to the Ryan White Part A care guidelines. Compliance was multi-factorial, but several themes were identified as elements that either strengthened or challenged the ability of providers and clinicians to provide and document care that meets standards. In aggregate, clinics have met or exceeded the 2017 EMA goals in three of five HAB Core Measures.

Medical Provider Visits
The core measures that do not meet EMA goals center around continuity of care over both 12- and 24-month periods. In most clinics, surveyors noticed multiple documented efforts to reach out to clients who had missed appointments to ensure continuity of medications and stable care over time. Clients who missed appointments were less likely to have all screenings completed according to guidelines.

Resource Utilization
The most consistent opportunities for improvement across clinics pertain to oral exams. Almost all clinics were referring clients with oral pain or dental problems to a dentist; however, the surveyors identified a lack of referrals for routine or preventive dental visits. While some agencies are able to provide and track on-site dental care, several agencies indicated that their clients with dental problems have a difficult time with access to care and voiced concern about overloading available resources for preventive dental care. Surveyors also identified that few clinics were documenting patient self-report of dental care.

Provider judgment
Annual syphilis and chlamydia screening are also below the goals. Some of the defect rate was attributable to provider judgment. The surveyors identified multiple cases where providers did not order these labs for clients who they had documented as celibate or in a stable, monogamous relationship over time.

Systems and visibility
Most agencies have systems in place to readily identify defects and compliance to guidelines, but no system had complete visibility of all measures. Historically, these systems have taken the form of a summary care sheet placed in the front of the medical record and updated with dates of most recent appointments, labs, and screenings. As HAB measures change, the sheets become outdated. Surveyors also identified some systems with multiple versions of the summary document that had not been fully deployed.
Electronic health records (EHRs) offer potential to increase data visibility, and many can be adapted to reflect changes in regulation. In several agencies, the EHR conversion process has created additional challenges. Historical records can become difficult to access, requiring manual review of scanned records or access into a second system. Agencies also identified weaknesses in the configuration or integration of their EHR systems that make it difficult to obtain necessary information. The surveyors noted broad opportunities to optimize EHR utilization to improve the visibility of data.

*Standardized documentation approach and provider templates*

When clinicians are able to document a piece of information in multiple places in the medical record, surveyors found that the metric was more likely to be missed over time. Clinics that had a single source of truth for documentation of a metric could more consistently ensure compliance. Several agencies also utilize provider templates to guide routine medical visits. The quality of the template affects the quality of documentation. When templates consistently included fields for documentation against the guidelines, surveyors found improved adherence across all metrics.

*Presentation of the Data*

Specific agency data has been blinded by assigning each location a random letter. Demographic data were collected for each reviewed medical record and are reported as both raw and weighted data. In each graph where a “Total” value is given, the value is the number of clients reviewed.

The description of the measure, and the elements included in both the numerator and the denominator are defined in each section.
Demographics

Gender, race/ethnicity, and age were collected from all charts reviewed in the sample. Demographic charts show the weighted percentages by agency.

**Weighted Percentage/ Gender (N=935)**

![EMA Overall- Gender Distribution- Weighted Percentages](image)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Male</th>
<th>Female</th>
<th>Male to Female</th>
<th>Female to Male</th>
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<td>62</td>
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<td>B</td>
<td>76</td>
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<tr>
<td>I</td>
<td>71</td>
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</table>

*Gender: Male, Female, Male to Female, Female to Male*
Client Age During Review Period (N=935)

EMA Overall- Age Distribution- Weighted Percentages

- <13: 2%
- 13-18: 7%
- 19-24: 25%
- 25-34: 19%
- 35-44: 22%
- 45-54: 22%
- 55-64: 4%
- 65+: 2%

EMA Overall - Age Distribution - Weighted Percentages

<table>
<thead>
<tr>
<th>Agency</th>
<th>&lt;13</th>
<th>13-18</th>
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<th>25-34</th>
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</table>
Weighted Percentage/ Race (N=935)

EMA Overall - Race Distribution - Weighted Percentages

- **Black**: 80%
- **White**: 16%
- **American Indian/Alaska Native**: 1%
- **Asian/Pacific Islander**: 1%
- **Other**: 3%

### Weighted Percentage/ Race

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<td>Other</td>
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</tbody>
</table>

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Weighted Percent/ Ethnicity (N=922)

EMA Overall - Ethnicity - Weighted Percentages

[Diagram showing a pie chart with percentages]

- Non-Hispanic: 95%
- Hispanic: 5%

Weighted Percentages by Agency:

- A: Non-Hispanic 97%, Hispanic 3%
- B: Non-Hispanic 89%, Hispanic 11%
- C: Non-Hispanic 85%, Hispanic 15%
- D: Non-Hispanic 90%, Hispanic 10%
- E: Non-Hispanic 93%, Hispanic 7%
- F: Non-Hispanic 98%, Hispanic 2%
- G: Non-Hispanic 100%, Hispanic 11%
- H: Non-Hispanic 89%, Hispanic 6%
- I: Non-Hispanic 100%, Hispanic 3%
- J: Non-Hispanic 97%, Hispanic 3%
- K: Non-Hispanic 89%, Hispanic 11%

[Bar chart showing weighted percentages for each agency]
Client Type (N=935)

EMA Overall- Client Type Distribution- Weighted Percentages

- 77% Existing client
- 4% New to clinic, re-engaged
- 14% New to clinic, transferred
- 1% New to Tx, previous Dx
- 5% New Dx

Client Type

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<th>Agency</th>
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<th>New to clinic, transferred</th>
<th>New Dx</th>
<th>New to Tx, previous Dx</th>
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</table>

Weighted Percentage

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HAB HIV Performance Measures

Performance Measure: Core 1 - Viral Load Suppression

Description: Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year

Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year (N=921)
Performance Measure: Core 2 - Prescription of Antiretroviral Therapy

Description: Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy (ART) for the treatment of HIV infection during the measurement year. (HIV antiretroviral therapy is described as the prescription of at least one U.S. Food and Drug Administration approve HIV antiretroviral medication.)

Numerator: Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year (N=935)
Performance Measure: Core 3 - HIV Medical Visit Frequency

Description: Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.

Numerator: Number of patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period.

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24-month measurement period (N=574).
Performance Measure: Core 4 - Gap in HIV Medical Visits

**Description:** Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year

**Numerator:** Number of patients in the denominator who did not have a medical visit in the last 6 months of the measurement year

**Denominator:** Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year (N=822)
Performance Measure: Core 5 - Prescription of PCP Prophylaxis

Description: Percentage of clients with HIV infection and a CD4 T-cell count below 200 cells/mm³ who were prescribed PCP prophylaxis

Numerator: Number of HIV-infected clients with CD4 T-cell counts below 200 cells/mm³ who were prescribed PCP prophylaxis

Denominator: Number of HIV-infected clients who:
- had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least once in the measurement year, and
- had a CD4 T-cell count below 200 cells/mm³ (N=64)

Agency A did not have any clients requiring PCP prophylaxis within the reviewed sample.
Performance Measure: Hepatitis C Screening

**Description:** Percentage of patients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV

**Numerator:** Number of patients with a diagnosis of HIV who have documented HCV status in chart

**Denominator:** Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year (N=935)

![Hepatitis C Screen Weighted Percentage](chart.png)
Performance Measure: HIV Risk Counseling

**Description:** Percentage of patients with a diagnosis of HIV who received HIV risk counseling in the measurement year

**Numerator:** Number of patients with a diagnosis of HIV, as part of their primary care, who received HIV risk counseling

**Denominator:** Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year (N=935)
Performance Measure: Oral Exam

**Description:** Percent of patients with a diagnosis of HIV who received an oral exam by a dentist at least once during the measurement year

**Numerator:** Number of patients with a diagnosis of HIV who had an oral exam by a dentist during the measurement year, based on patient self-report or other documentation

**Denominator:** Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year (N=935)
Performance Measure: Syphilis Screening

**Description:** Percentage of adult patients with a diagnosis of HIV who had a test for syphilis performed within the measurement year

**Numerator:** Number of patients with a diagnosis of HIV who had a serologic test for syphilis performed at least once during the measurement year

**Denominator:** Number of patients with a diagnosis of HIV who:
- Were >18 years old in the measurement year or had a history of sexual activity < 18 years, and
- Had a medical visit with a provider with prescribing privileges at least once in the measurement year (N=932)
Performance Measure: Chlamydia Screening

Description: Percentage of patients with a diagnosis of HIV at risk for sexually transmitted infections (STI) who had a test for chlamydia within the measurement year

Numerator: Number of patients with a diagnosis of HIV who had a test for chlamydia

Denominator: Number of patients with a diagnosis of HIV who:
- Were either: a) newly enrolled in care; b) sexually active; or c) had a STI within the last 12 months, and
- Had a medical visit with a provider with prescribing privileges at least once in the measurement year (N=932)

---

4 Gonorrhea screening statistics are inferred to be closely correlated with chlamydia screening based on observed practice and literature:
Performance Measure: Hepatitis B Screening

Description: Percentage of patients, regardless of age, for whom Hepatitis B screening was performed at least once since the diagnosis of HIV/AIDS or for whom there is documented infection or immunity

Numerator: Number of patients for whom Hepatitis B screening was performed at least once since the diagnosis of HIV or for whom there is documented infection or immunity

Denominator: Number of patients, regardless of age, with a diagnosis of HIV and who had at least two medical visits during the measurement year, with at least 60 days in between each visit (N=922)
Performance Measure: Substance Abuse Screening

**Description:** Percentage of new patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the measurement year.

**Numerator:** Number of new patients with a diagnosis of HIV who were screened for substance use within the measurement year

**Denominator:** Number of patients with a diagnosis of HIV who:
- Were new during the measurement year, and
- Had a medical visit with a medical provider with prescribing privileges at least once in the measurement year (N=249)
**Performance Measure: Tuberculosis Screening**

**Description:** Percentage of patients aged 3 months and older with a diagnosis of HIV/AIDS, for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection

**Numerator:** Patients for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted at least once since the diagnosis of HIV infection

**Denominator:** All patients aged 3 months and older with a diagnosis of HIV/AIDS, who had at least two visits during the measurement year, with at least 90 days in between each visit (N=926)
Performance Measure: Mental Health Screen

Description: Percentage of clients with HIV infection who have had a mental health screening.

Numerator: Number of HIV-infected clients who received a mental health screening

Denominator: Number of HIV-infected clients who:
- Were new during the measurement year, and
- Had a medical visit with a provider with prescribing privileges at least once in the measurement year (N=240)
**Performance Measure: Adherence Counseling**

**Description:** Percentage of clients with HIV infection on ARVs who were assessed and counseled for adherence two or more times in the measurement year

**Numerator:** Number of HIV-infected clients, as part of their primary care, who were assessed and counseled for adherence two or more times at least three months apart

**Denominator:** Number of HIV-infected clients on ARV therapy who had a medical visit with a provider with prescribing privileges at least once in the measurement year (N=811)

**Note:** There is no current EMA goal established for this metric.
Performance Measure: Pregnant - Prescribed ART 2nd and 3rd Trimester

**Description:** Percentage of pregnant women with HIV who are prescribed antiretroviral therapy

**Numerator:** Number of HIV-infected pregnant women who were prescribed antiretroviral therapy during the 2nd and 3rd trimester

**Denominator:** Number of HIV-infected pregnant women who had a medical visit with a provider with prescribing privileges at least once in the measurement year (N=25)

**Note:** There is no current EMA goal established for this metric
Performance Measure: Cervical Cancer Screen

Description: Percentage of female patients with a diagnosis of HIV who were screened for cervical cancer in the last three years

Numerator: Number of patients in the denominator who were screened for cervical cancer in the last three years

Denominator: Number of female patients with a diagnosis of HIV who:
• Had at least one medical visit with provider with prescribing privileges and
• Were > 21 years old in the measurement year (N=372)
Performance Measure: Medical Visits

**Description:** Percentage of clients with HIV infection who had two or more medical visits in an HIV care setting in the measurement year

**Numerator:** Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP, in an HIV care setting two or more times at least 3 months apart during the measurement year

**Denominator:** Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year (N=822)

**Note:** There is no current EMA goal established for this metric
Comparisons
Comparison between chart review findings for CY 2017 compared to EMA Goals, CY 2014, and CY2010 chart reviews. Comparison between sample reports in CAREWare and findings from the Clinical Chart Review are also displayed.\(^5\)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2010 Result</th>
<th>2014 Result</th>
<th>2017 EMA Goal</th>
<th>2017 Chart Review Result</th>
<th>2017 CAREWare Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viral Load Suppression</td>
<td></td>
<td></td>
<td>83%</td>
<td>83%</td>
<td>78%</td>
</tr>
<tr>
<td>Prescription of Antiretroviral Therapy</td>
<td></td>
<td></td>
<td>95%</td>
<td>98%</td>
<td>88%</td>
</tr>
<tr>
<td>Medical Visit Frequency</td>
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<td>60%</td>
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<tr>
<td>Gap in Medical Visits</td>
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<td>11%</td>
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<tr>
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<td>95%</td>
<td>96%</td>
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<tr>
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<td>83%</td>
<td>89%</td>
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<tr>
<td>Oral Exam</td>
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<td>19%</td>
<td>75%</td>
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<tr>
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<tr>
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<td>100%</td>
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<td>Adherence Assessment/Counseling</td>
<td>88%</td>
<td>88%</td>
<td>-</td>
<td>83%</td>
<td>-</td>
</tr>
</tbody>
</table>

\(^5\) Green: meets or exceeds goal  
Yellow: within 10% of goal (20% for Gap measure)  
Red: not within 10% of goal (20% for Gap measure)
Areas of Excellence (Met or Exceeded the Goal):
- Viral Load Suppression
- Prescription of Antiretroviral Therapy
- PCP Prophylaxis
- Cervical Cancer Screening
- Hepatitis B Screening
- Substance Use Screening
- Mental Health Screening

Opportunities for Improvement (Not Within 10% of the Goal):
- Oral Exam
- Syphilis Screening
- Chlamydia Screening

CAREWare Data Issues Identified (Not Within 20% of Clinical Chart Review Findings):
- Medical Visit Frequency
- Gap in Medical Visits
- PCP Prophylaxis
- Cervical Cancer Screening
- Oral Exam
- Hepatitis B Screening
Discussion and Conclusion

Atlanta’s Ryan White Part A subrecipient agencies have made progress toward their quality goals since the previous review. All but three of the overall measures are within 10% of the EMA goal, and two of the three measures outside of this threshold demonstrate marked improvement during that time.

Notably, 98% of the clients reviewed were prescribed antiretroviral therapy, with 83% achieving viral suppression during the project period. PCP prophylaxis was prescribed in ninety-six percent of clients whose laboratory results indicated the need for intervention. One hundred percent of pregnant women in their second and third trimester were prescribed antiretroviral therapy for their pregnancies.

Agencies consistently screened new clients for mental health and substance abuse, and lifetime screening for hepatitis B was almost universal.

Agencies have opportunity to improve adherence to recommendations for annual testing for syphilis and chlamydia. Oral/dental exams continue to be a challenge for agencies due to a lack of referrals, patient follow-through, resource limitations, and/or ineffective systems for follow-up and data collection (e.g. a patient could see a dentist, but the visit data may not be collected by the agency.)

CAREWare finds were almost always worse than that found in chart review. One-third of indicators were more than 20% lower in CAREWare, highlighting a number of data issues.

As the program moves forward, the results of this clinical chart review can be used to direct future quality improvement projects at both the agency and EMA level.