

*Implementing & Evaluating
Quality Improvement Plans Centered on HAB
HIV/AIDS Core Clinical Performance Measures
for Adults & Adolescents
August 24, 2010*



Presented by:

Stephon Effinger, Data Manager

The South Suburban HIV/AIDS Regional Coalition

- SSHARC -

Providing Multidisciplinary Healthcare Services
to individuals infected & affected by HIV/AIDS within the
Ambulatory & Community Health Network of
Illinois' Cook County Health & Hospitals System.

Objectives

- Be able to identify CAREWare built performance measures most vital to the population they serve and review HAB national benchmarks
- Go through an exercise of implementing and evaluating a QI Plan based upon a performance measure that is deficient in some way or form
- Learn how to copy HAB Built performance measures and manipulate measurements to begin tracking additional service deliverables

SSHARC's Quality Assurance Committee Members

- Clinical Pharmacist & Quality Manager
- Staff Data Manager
- Patient Care Coordinator
- Licensed Clinical Social Worker
- Medical Assistant
- Lead Case Manager
- Patient/Consumer



Code	Performance Measure as of 02/28/10	Numerator as of 02/28/10	Denominator as of 02/28/10	%	
HAB01	Two Primary Care visits >= 3mos Apart	172	212	81.13%	92% N=82
HAB02	Percentage with >=2 CD4 Counts	118	212	55.66%	84% N=82
HAB03	CD4<200 with PCP prophylaxis	28	46	60.87%	
HAB04	AIDS Clients on HAART	128	138	92.75%	
HAB06	Adherence Assessment	47	159	29.56%	91% N=82
HAB07	Cervical Cancer Screening	16	48	33.33%	
HAB08	Hepatitis B Vaccination	42	114	36.84%	
HAB09	Hepatitis C Screening	184	235	78.30%	
HAB10	HIV risk counseling	235	235	100.00%	
HAB11	Lipid Screening	104	179	58.10%	
HAB12	Oral Exam	95	235	40.43%	
HAB13	Syphilis screening	171	235	72.77%	
HAB14	TB Screening	117	226	51.77%	



HAB06 Adherence Assessment & Counseling Improvement Plan

Opportunity:

Increase the percentage of SSHARC clients with HIV infection and on ARV who were assessed and counseled for treatment adherence two or more times in the measurement year from 29.56% to 91%.

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 medial visit with a provider with prescribing privileges at least once in the measurement year.

Patient Exclusions: Newly enrolled in care during last six months or patient who initiated ARV therapy during last six months of the year.

Challenges:

Reasonable doubt has been established that the Performance Measure of HAB06 Adherence Assessment and Counseling is not tracking the appropriate Service Unit entry and the result of 32.12% is far below the percentage of actual occurrences.

National Goals, Targets, or Benchmark for Comparison National HIVQUAL Data

	2003	2004	2005	2006
Top 10%	95.8%	92.0%	97.5%	98.4%
Top 25%	82.7%	79.2%	88.3%	91.6%
Mean*	57.5%	39.7%	46.8%	55.7%

Cited from US Public Health Service Guidelines

“...adherence counseling and assessment should be done at each clinical encounter”

*Improvement Plan details where Adherence Assessment & Counseling is recorded in a patient’s medical chart and consequentially captured as a unit of service in CAREWare, the Agency’s Database Management system.

Part MAI: A “provider with prescribing privileges” is a health care professional who is certified in their jurisdiction to prescribe ARV i.e.; MD, CNP. Occurrence will be found in Provider notes in the clinical note section of a patient’s medical record chart.

Note: Agency’s Pharmaceutical Doctor [Pharm D] administers Treatment Adherence Counseling and will assess and note in patient’s medical record chart on a qualitative and quantitative (3 doses missed out 30 or 90% adherent) basis. Pharm D Treatment Adherence is currently attached to Part A.

Part C: A Prevention Case Manager or Health Educator will note in patient medical record chart in the clinical note section.

Part A: A Licensed Clinical Social Worker will note Treatment Adherence in the LCSW’s clinical note section in the patient’s medical record chart.

Current HAB06 Improvement Plan has also been replicated to monitor HRSA Group 3 Performance Measures Hepatitis/HIV Counseling [service unit *Alcohol Counseling*] and

Tobacco Cessation Counseling [service unit *Smoking Cessation*]. [1]

[1] The HIV/AIDS Program: HAB Performance Measures

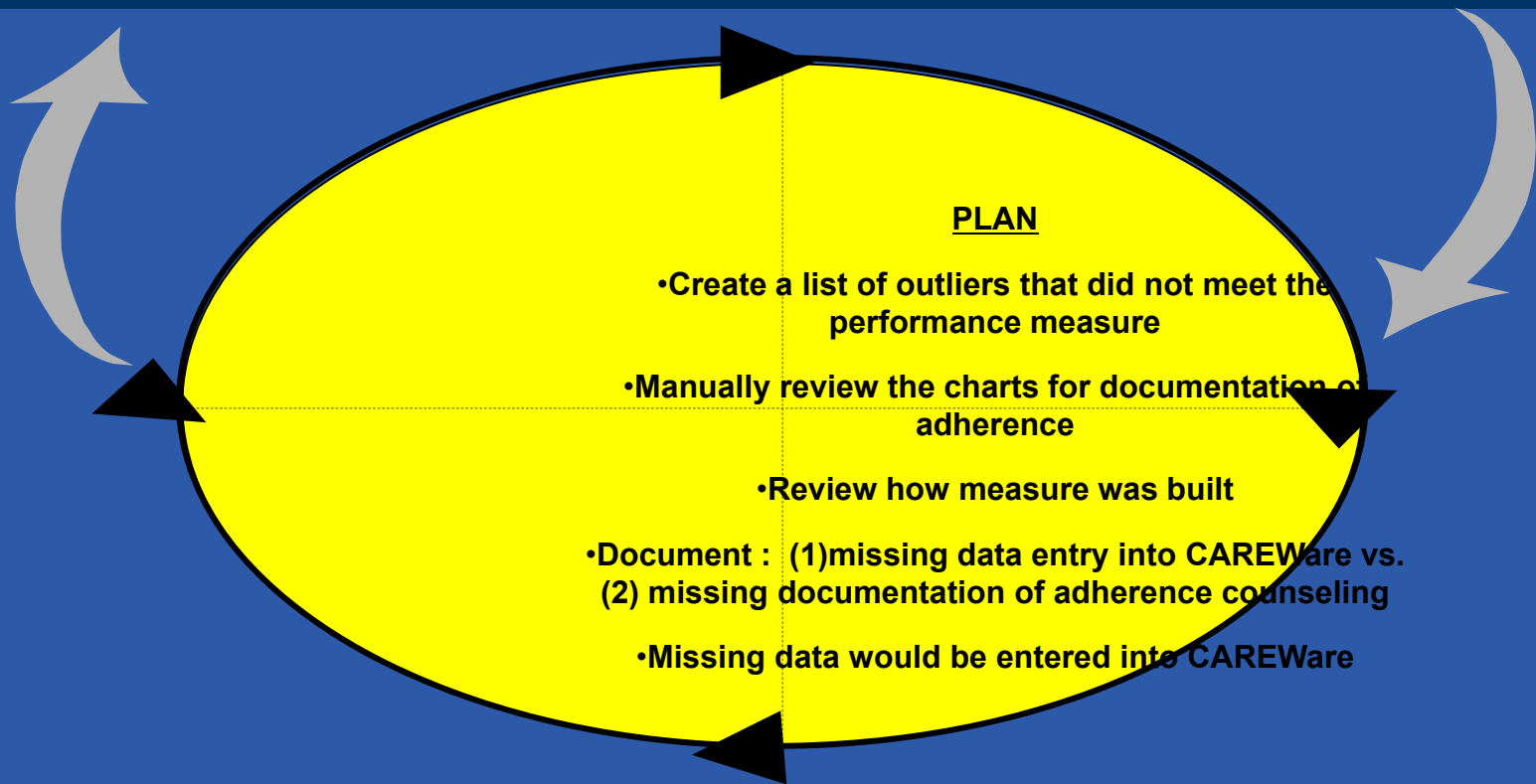
(<http://hab.hrsa.gov/special/habmeasures.htm>).

20 Years of Leadership
A LEGACY OF CARE



2010 RYAN WHITE ALL GRANTEE MEETING AND 10TH ANNUAL CLINICAL CONFERENCE

PDSA - Cycle



Code	Performance Measure as of 03/31/10	Numerator as of 03/31/10	Denominator as of 03/31/10	%
HAB01	Two Primary Care visits>= 3mos Apart	173	211	81.99%
HAB02	Percentage with >=2 CD4 Counts	140	211	66.35%
HAB03	CD4<200 with PCP prophylaxis	46	48	95.83%
HAB04	AIDS Clients on HAART	136	140	97.14%
HAB06	Adherence Assessment	49	162	↑ 30.25%
HAB07	Cervical Cancer Screening	16	38	42.11%
HAB08	Hepatitis B Vaccination	50	105	47.62%
HAB09	Hepatitis C Screening	226	232	97.41%
HAB10	HIV risk counseling	231	232	99.57%
HAB11	Lipid Screening	129	185	69.73%
HAB12	Oral Exam	103	232	44.40%
HAB13	Syphilis screening	193	232	83.19%
HAB14	TB Screening	121	221	54.75%



Numerator

Service Category Interval Count - ≥ 2

Date Span – 365 days to 0

Interval – 90 days

Subservice Category – Treatment Adherence Counseling – Pharm D Consult

RW CAREWare - Hektoen Institute - South Side Clinics - [Performance Measures Worksheet]

Code	Performance Measure	Numerator	Denominator	Percent	Creating Provider
HAB01	Two Primary Care visits \geq 3mos Apart	179	213	84.04%	Hektoen Institute
HAB02	Percentage with ≥ 2 CD4 Counts	152	213	71.36%	Hektoen Institute
HAB03	CD4<200 with PCP prophylaxis	38	42	90.48%	Hektoen Institute
HAB04	AIDS Clients on HAART	133	139	95.68%	Hektoen Institute
HAB05	Percentage of pregnant women prescribed ART	0	0		Hektoen Institute
HAB06	Adherence Assessment	122	183	66.67%	Hektoen Institute
HAB07	Cervical Cancer Screening	21	40	52.50%	Hektoen Institute
HAB08	Hepatitis B Vaccination	47	99	47.47%	Hektoen Institute
HAB09	Hepatitis C Screening	226	233	97.00%	Hektoen Institute
HAB10	HIV risk counseling	220	233	94.42%	Hektoen Institute

Custom Reports - Filter

Custom Filter Name: Adherence Assessment - Numerator Filter Advanced ? Close

Report Type: Operator: AND Clear Filter

Criterion

Field: Cat Interval Count Not = \geq 2 \leq Null Save Cancel

Pos...	Opera...	Par...	Field Name	Is Not	=	\geq	\leq
1			Srv Cat Interval Count			2	

Add Criterion Edit Criterion Remove Criterion

Code	Performance Measure	Numerator	Denominator	Percent	Creating Provider
PR02-DW	DW-Percentage with ≥ 2 CD4 Counts	55	62	62.90%	Hektoen Institute - South...
PR02-HA	HA-Percentage with ≥ 2 CD4 Counts	45	54	83.33%	Hektoen Institute - South...
PR02-JK	JK-Percentage with ≥ 2 CD4 Counts	0	62	0.00%	Hektoen Institute - South...
PR02-SP	SP-Percentage with ≥ 2 CD4 Counts	15	21	71.43%	Hektoen Institute - South...
PR02-SP2	SP2-Percentage with ≥ 2 CD4 Counts	10	15	62.50%	Hektoen Institute - South...
PR03-DM	DM-CD4<200 with PCP prophylaxis	11	13	84.62%	Hektoen Institute - South...
PR03-HA	HA-CD4<200 with PCP prophylaxis	13	14	92.86%	Hektoen Institute - South...
PR03-JK	JK-CD4<200 with PCP prophylaxis	4	4	100.00%	Hektoen Institute - South...
PR03-SP	SP-CD4<200 with PCP prophylaxis	10	10	100.00%	Hektoen Institute - South...
PR03-SP2	SP2-CD4<200 with PCP prophylaxis	0	1	0.00%	Hektoen Institute - South...
PR04-DM	DM-CD4<50 with MAC prophylaxis	2	3	66.67%	Hektoen Institute - South...
PR04-HA	HA-CD4<50 with MAC prophylaxis	4	5	80.00%	Hektoen Institute - South...
PR04-JK	JK-CD4<50 with MAC prophylaxis	1	2	50.00%	Hektoen Institute - South...

Automatically get client counts for active performance measures when this form opens


* Denominator and Numerator are unduplicated client counts with filters applied "As Of Today"



HAB06 Adherence Assessment & Counseling Improvement Plan

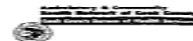
From 04/22/10 To 05/31/10

Team Lead: Stephon Effinger / Data Manager

Action Item	Start Date	Person Responsible	End Date	Result
Perform a data extraction of Performance Indicator HAB06 to establish a baseline report	04/22/10	Stephon	Complete 04/22/10	HAB06 as of 03/31/10 = 49/162 [30.25%]
Instruct Hektoen/CAREWare IT Support to import appropriate sub-service category of Treatment Adherence to ensure accurate reporting.	04/22/10	Dr. Jones / Stephon	Complete 04/26/10	Treatment Adherence is now a sub-service category attached to contracts MAI – Part C – Part A
Meet with CAREWare Consultant to finalize the build of Performance Measures to accurately report sub-service category	04/22/10	Dr. Jones / Stephon	Complete 05/18/10	Treatment Adherence is being captured along with Measures tracking categories in HRSA Group I, II, and III
Chart Review and Data Entry Education *	05/10/10	Stephon Latrese Admin Assistant/Data Entry	Ongoing	CAREWare report has been generated of Primary Care visits from 01/01/10 through 05/14/10. Latrese will review all chart records and record into CAREWare Database Treatment Adherence Service where noted by any member of the Multidisciplinary Primary Care Team
Establish target completion dates for chart reviews under each Ambulatory/Outpatient clinic	05/10/10	Latrese Denton / Stephon Effinger	Complete	Cottage Grove Medical Center 05/14/10. Woody Winston 05/21/10. Robbins Health Center 05/28/10.
Data Extraction on Performance Indicator HAB06 to record outcome	05/31/10	Stephon	Complete	HAB06 as of 05/31/10 = 92/172 [53.49%] = 67% 



ACHN Progress Note



Date	T:	P:	RR:	B/P:
	HT:	WT:	BMI:	LNMP:
Tobacco Use: Current <input type="checkbox"/> Former <input type="checkbox"/> Never <input type="checkbox"/> <small>(Circle one)</small>				
Name: _____				
Med Rec #: _____				
Last pap or colpo was on: _____				
____ / ____ / ____				
results: _____				
<input type="checkbox"/> no electronic record				
nurse's initials: _____				
If no record of pap for last 12 mos, check reason:				
<input type="checkbox"/> hysterectomy <input type="checkbox"/> WHS				
<input type="checkbox"/> performed at other clinic				
Plan:				
<input type="checkbox"/> pap to be done next visit <input type="checkbox"/> <i>Medication List Reconciled</i>				
(appt date: _____)				
<input type="checkbox"/> referral to gyne				
(appt date: _____)				
<input type="checkbox"/> pt refused				
Provider's initials: _____				
Patient Education Topics:				
<input type="checkbox"/> Adherence	<input type="checkbox"/> Safer Sex	<input type="checkbox"/> Diet	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Smoking
<input type="checkbox"/> Labs	<input type="checkbox"/> EtOH Use	<input type="checkbox"/> Disclosure of Status to Partners	<input type="checkbox"/> ART Resistance	<input type="checkbox"/> Contraception Use – on EFV
<input type="checkbox"/> ADR Counseling	<input type="checkbox"/> Refills	Outcome: <input type="checkbox"/> Understands <input type="checkbox"/> Partially understands <input type="checkbox"/> Needs further education		

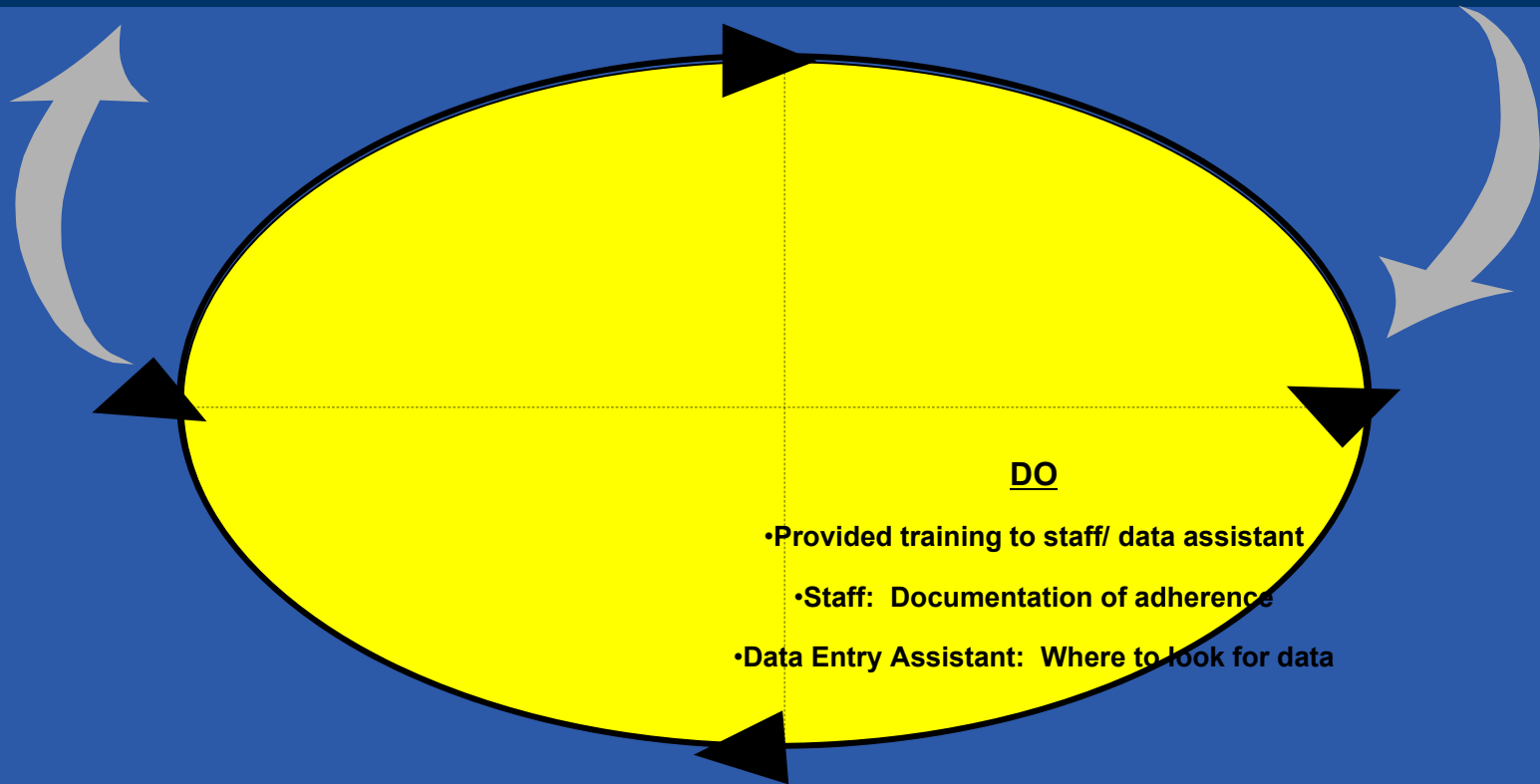
S = Subjective
O = Objective
A = Assessment
P = Plan



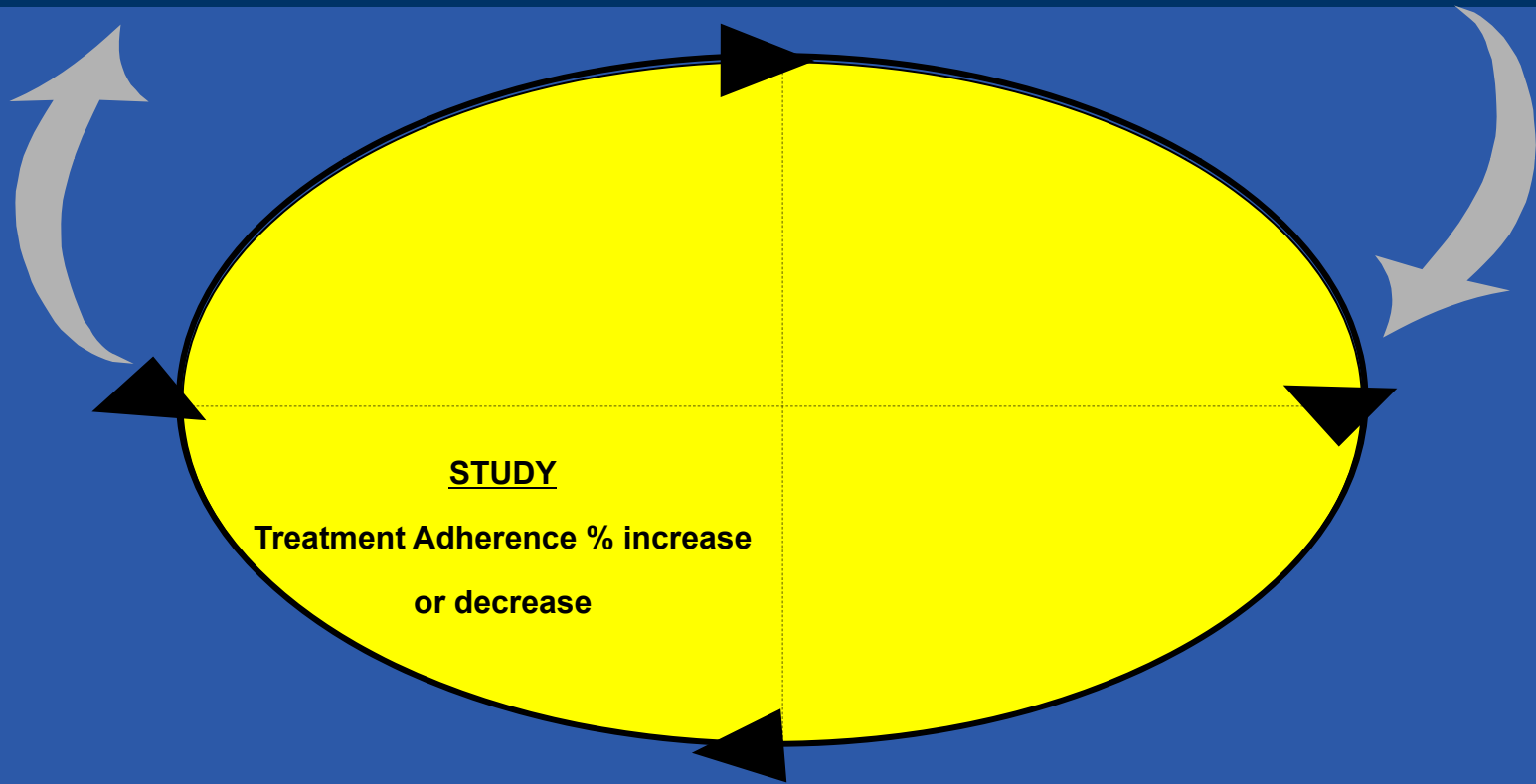
PATIENT LABEL



PDSA - Cycle



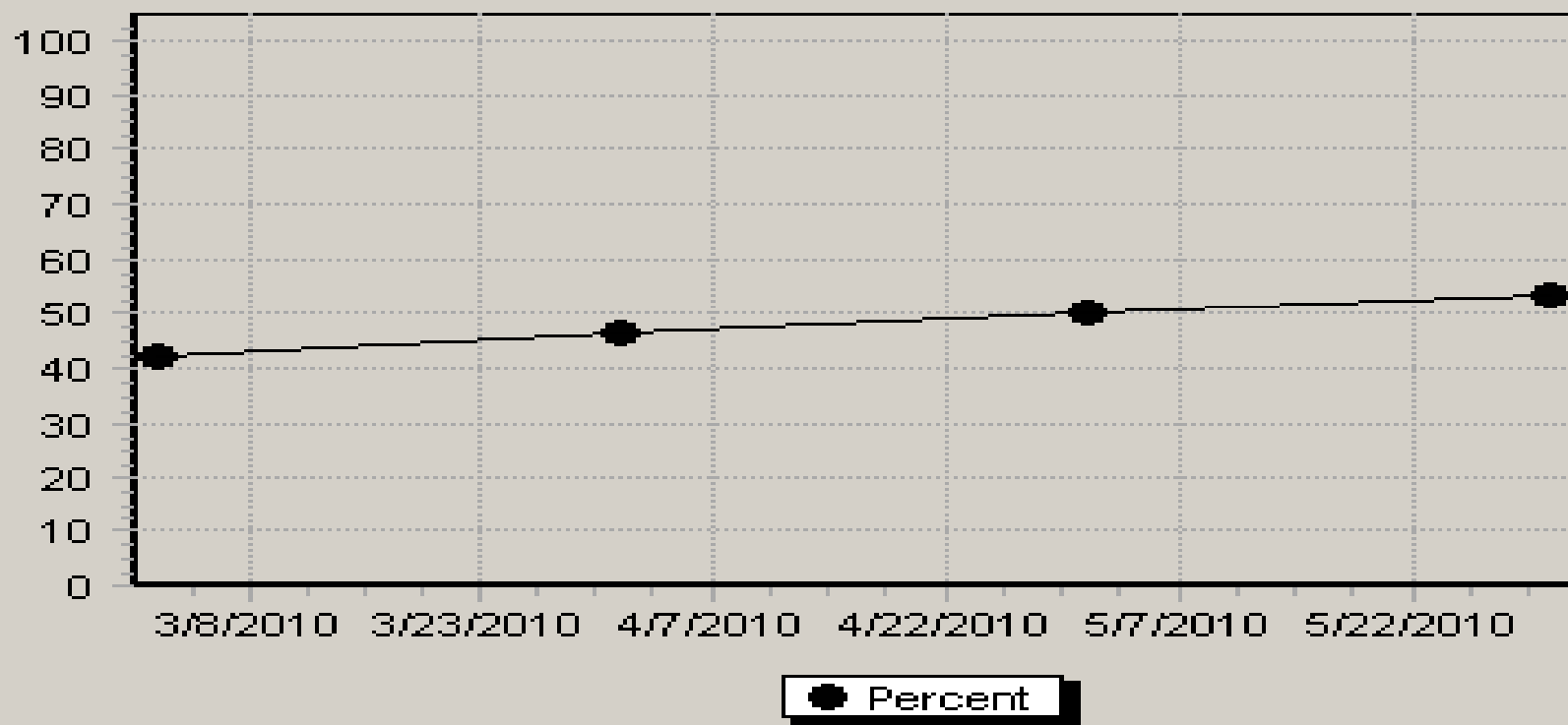
PDSA - Cycle



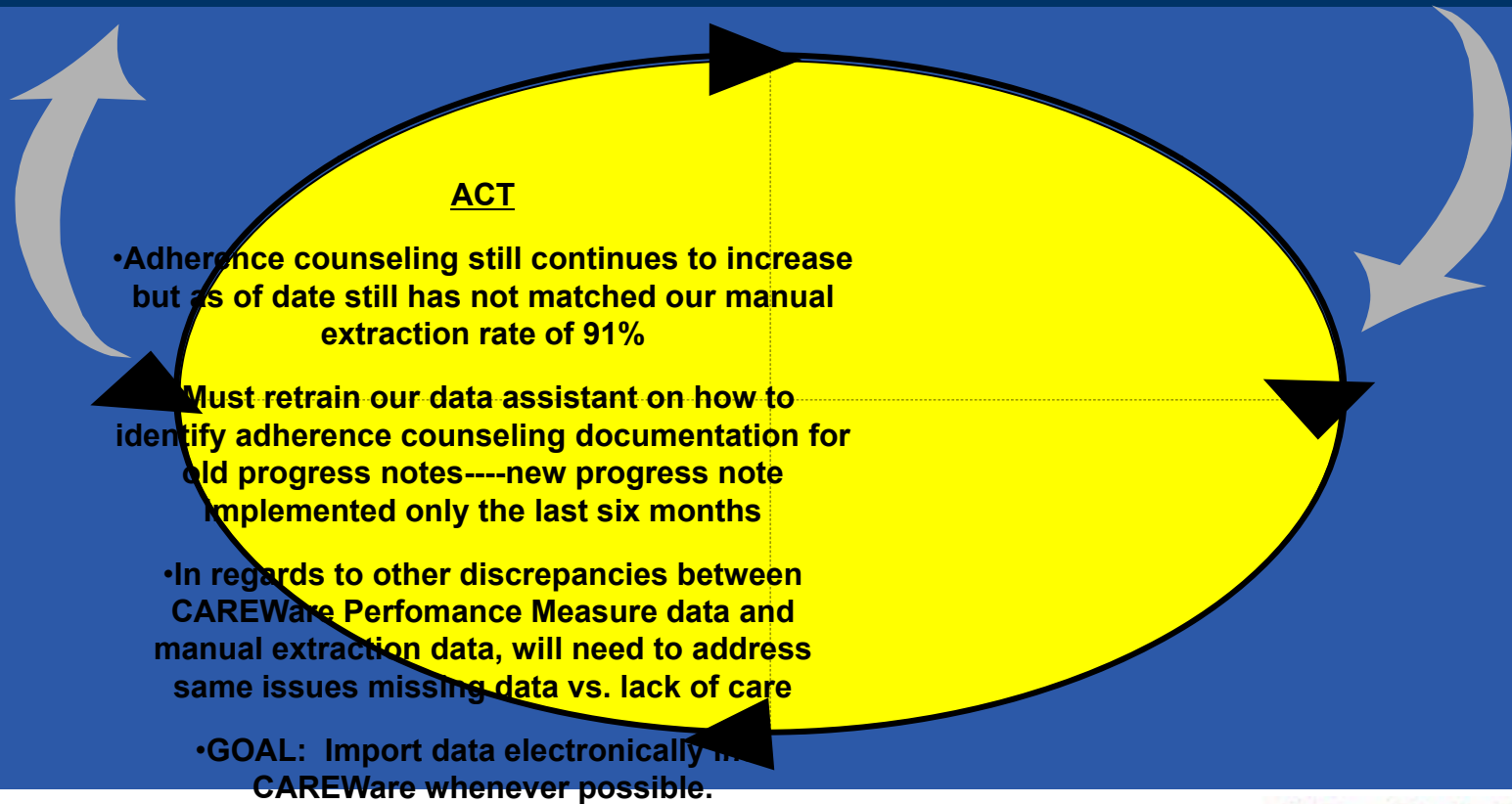
HAB06 Adherence Assessment

As of Date	Numerator	Denominator	Percentage
05/31/2010	92	172	53.49%
05/01/2010	85	169	50.30%
04/01/2010	75	161	46.58%
03/02/2010	66	157	42.04%

HAB06 - Adherence Assessment



PDSA - Cycle



Remaining Performance Indicators
with confidence interval > 10%

Performance Measure	Numerator	Denominator	Percent
CD4<50 with MAC prophylaxis_	10	13	76.92%
Recent viral load less than 48 copies_	148	189	78.31%
Recent viral load less than 1000 copies_	168	189	88.89%
Adherence Assessment_	104	174	59.77%
Pap Smear with Normal Results_	14	18	77.78%
Pap Smear with Abnormal Results_	4	18	22.22%
Referred to Colposcopy Test w/an Abnormal Pap	3	4	75.00%
Pelvic exam for females n the last_	20	48	41.67%
Gonorrhea screening in last 12 months_	70	231	30.30%
Chlamydia Screening with last 12 months_	71	231	30.74%
Toxoplasma screening since HIV diagnosis_	46	231	19.91%
Hepatitis A Serology_	203	231	87.88%
Percentage of HIV clients with Hep A_	12	203	5.91%
Hepatitis B Serology_	215	231	93.07%
HBsAG+ or HepC+, documentation of alcohol counseling_	5	54	9.26%
HIV clients w/Hep B core antibody +_	82	200	41.00%
Hep B total core antibody + & follow up tests (HBeAg, HBeAb, HBV, DNA)_	1	80	1.25%
HIV clients with Hepatitis B surface antibody_	97	206	47.09%
Hepatitis A Vaccination_	49	95	51.58%
Hepatitis C antibody Positive_	28	224	12.50%
Pneumococcal vaccination in previous 5 years_	183	231	79.22%
Influenza Vaccination Flu Season	136	187	72.73%
Smoking cessation counseling provide_	21	30	70.00%
Patient Education_	223	231	96.54%
Mental Health Screening within 12 mos_	124	231	53.68%
Substance Abuse Screening within last 12 mos_	120	231	51.95%



QUESTIONS

For information regarding HAB Performance Measures

visit

<http://hab.hrsa.gov/special/habmeasures.htm>

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