

*Implementing & Evaluating Quality Improvement Plans centered on HAB
HIV/AIDS Core Clinical Performance Measures for Adults & Adolescents*

Presented by:

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

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%
HAB02	Percentage with >=2 CD4 Counts	118	212	55.66%
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%
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%



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%



Recent viral load less than 1000 copies_	168	189	88.89%
Adherence Assessment_	104	174	59.77%
TB Screening_	172	221	77.83%
Cervical Cancer Screening_	18	40	45.00%
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%
Syphilis screening_	196	231	84.85%
Toxoplasma screening since HIV diagnosis_	46	231	19.91%
Lipid Screening_	145	189	76.72%
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 B Vaccination_	48	100	48.00%
Hepatitis C Screening_	227	231	98.27%
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%
HIV risk counseling_	223	231	96.54%
Oral Assessment_	119	231	51.52%
Mental Health Screening within 12 mos_	124	231	53.68%
Substance Abuse Screening within last 12 mos_	120	231	51.95%

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 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 04/22/10 = 53/165 [32.12%]
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% 



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>).

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

