Sharing the Wealth - How to Form a Statewide Collaboration that Will Benefit Patients and Programs

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Objectives

- Identify ways that all RW parts can collaborate to learn from each other, ensure there is no duplication of services, and use resources to the fullest extent.

- Describe reasons why the statewide collaboration is worth the effort and what it can do for the patients.

- Describe components of a written statewide quality plan and determine measures that will work across all parts.
A look at Iowa

- 1,748 people in 2009 living with HIV in Iowa
- Very rural areas
- Part C’s Davenport, Iowa City, Sioux City, Des Moines
- No Part A
- 12 Part B’s
- ADAP closed to new enrollees in June 2009
The story starts here…

- Someone started the conversation
- Asked our AIDS Training & Education Center for assistance
- Asked people to attend an all parts meeting
- Defined the purpose
"Today's problems cannot be solved if we still think the way we thought when we created them."

Albert Einstein
How do we work together?

- Share resources
- Build rapport
- Share best practices
- Regular communication
- Your 10 minutes of fame
- Break out groups
- Group training—one price
- Not duplicating services
Breaking into small groups in Iowa in the winter
Why collaboration is worth the effort

- Think share instead of compete! Important to share successes and how they were achieved
- Best practices leads to state-wide performance measures
- Collaborate on challenges --if you’re struggling I may have an answer or vice versa
- Link data to SCSN
- Strengthened relationships
If you’re case managing and I’m case managing, who’s minding the shop?

- Identify ways to not duplicate services
- Border issues across bordering states
- Develop systems for collecting data and managing care and services
- Part B and Part C can work jointly for same patient
Not just for our benefit

- Patients are the reason
- Excellent services regardless of geographic location
- New resources for patients
- Learn about funding for our patients
Great minds…..next steps

- Discussed statewide performance measures for several years
- Obtained buy-in from the group
- Identified and voted on which performance measures to track
- Formed a committee to write a quality management plan
Statewide Quality Management Plan

- Components of the plan
- Quality Statement
- Infrastructure—roles and responsibilities
- Implementation
- Performance measures
- System goal and evaluation goal
- Participation of stakeholders
- How data will be communicated
What do we measure?

- It’s easy! Use the HRSA performance measures
- You’re already collecting the data!
- Choose according to the capability to track the data
- Ask if it is feasible to track with current resources
- Is it measurable?
Is it relevant considering your state and your issues?
Iowa’s data

- 2007  Table with measures CD4, ADAP, Careplan
- 2008  Table with 2 primary care visits per year
- 2009  Table with pap smears
<table>
<thead>
<tr>
<th>Indicator #1 – CD4+ cell count every six months</th>
<th>May – June 07</th>
<th>July – Aug 07</th>
<th>Sept – Oct 07</th>
<th>Nov – Dec 07</th>
<th>Jan – Feb 08</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Num/Denom</td>
<td>43/86</td>
<td>32/76</td>
<td>27/57</td>
<td>31/70</td>
<td>28/61</td>
<td>161/350</td>
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<tr>
<td>Percentage</td>
<td>50%</td>
<td>42%</td>
<td>47%</td>
<td>44%</td>
<td>46%</td>
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</table>

<table>
<thead>
<tr>
<th>Indicator #2 – ADAP approval/denial within two weeks</th>
<th>May – June 07</th>
<th>July – Aug 07</th>
<th>Sept – Oct 07</th>
<th>Nov – Dec 07</th>
<th>Jan – Feb 08</th>
<th>Total</th>
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<td>Num/Denom</td>
<td>41/41</td>
<td>45/45</td>
<td>66/66</td>
<td>44/44</td>
<td>41/41</td>
<td>237/237</td>
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<table>
<thead>
<tr>
<th>Indicator #3 – Case managed clients with two medical care visits in last 12 months</th>
<th>May – June 07</th>
<th>July – Aug 07</th>
<th>Sept – Oct 07</th>
<th>Nov – Dec 07</th>
<th>Jan – Feb 08</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Num/Denom</td>
<td>76/86</td>
<td>71/76</td>
<td>55/56</td>
<td>68/70</td>
<td>49/53</td>
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<tr>
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<td>88%</td>
<td>93%</td>
<td>98%</td>
<td>97%</td>
<td>92%</td>
<td>94%</td>
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<table>
<thead>
<tr>
<th>Indicator #4 – Case managed clients with an updated care plan every six months</th>
<th>May – June 07</th>
<th>July – Aug 07</th>
<th>Sept – Oct 07</th>
<th>Nov – Dec 07</th>
<th>Jan – Feb 08</th>
<th>Total</th>
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<tr>
<td>Num/Denom</td>
<td>87/109</td>
<td>66/76</td>
<td>75/95</td>
<td>72/93</td>
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<tr>
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<td>80%</td>
<td>87%</td>
<td>79%</td>
<td>77%</td>
<td>79%</td>
<td>80%</td>
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<table>
<thead>
<tr>
<th>Indicator #5 – Percent of clients with late diagnoses</th>
<th>May – June 07</th>
<th>July – Aug 07</th>
<th>Sept – Oct 07</th>
<th>Nov – Dec 07</th>
<th>Jan – Feb 08</th>
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<tr>
<td>Num/Denom</td>
<td>7/14</td>
<td>1/18</td>
<td>10/30</td>
<td>6/13</td>
<td>4/19</td>
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<tr>
<td>Percentage</td>
<td>50%</td>
<td>6%</td>
<td>33%</td>
<td>46%</td>
<td>21%</td>
<td>30%</td>
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## Part C Patients in Iowa that Had Two or More Primary Care Visits in 2008

<table>
<thead>
<tr>
<th></th>
<th>Clients with 2 or more visits</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Patient Exclusions</th>
<th>Data Elements</th>
<th>Data Sources</th>
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<tr>
<td><strong>Part C - 1</strong></td>
<td>98.7%</td>
<td>81</td>
<td>82</td>
<td>New Patients entering care after July 1, 2008; Patient Deaths in 2008</td>
<td></td>
<td>Careware</td>
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<tr>
<td><strong>Part C - 2</strong></td>
<td>96.5%</td>
<td>423</td>
<td>438</td>
<td>New Patients entering care after July 1, 2008; Patients seen on consultation for corrections</td>
<td>HIV+ Patients who had at least two visits in the reporting period, at least 3 months apart.</td>
<td>Electronic Medical record</td>
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<tr>
<td><strong>Part C - 3</strong></td>
<td>97.5%</td>
<td>278</td>
<td>285</td>
<td>New Patients entering care after July 1, 2008; Patient Deaths in 2008</td>
<td></td>
<td>I2I program</td>
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<tr>
<td><strong>Part C - 4</strong></td>
<td>84%</td>
<td>180</td>
<td>225</td>
<td>New Patients entering care after July 1, 2008; Patient Deaths in 2008</td>
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<td>Careware</td>
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<tr>
<td>Part C - 1</td>
<td>43%</td>
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<tr>
<td>Part C - 2</td>
<td>57%</td>
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<tr>
<td>Part C - 3</td>
<td>75%</td>
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<tr>
<td>Part C - 4</td>
<td>38%</td>
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</table>
You can do this in your state

It takes two...

- It takes buy in
- It gives us statewide data
- It benefits the patients
“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it’s the only thing that ever has.”

Margaret Mead
For a copy of our draft plan or more information:

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