

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

Darla Peterson, HIV Program Manager, Siouxland Community Health Center, Sioux City

David Yurdin, PA-C, Clinical Manager, Primary Health Care, Inc, Des Moines

Holly Hanson, Part B Program Manager, Iowa Department of Public Health, Des Moines

# 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



20 Years of Leadership  
**A LEGACY OF CARE**



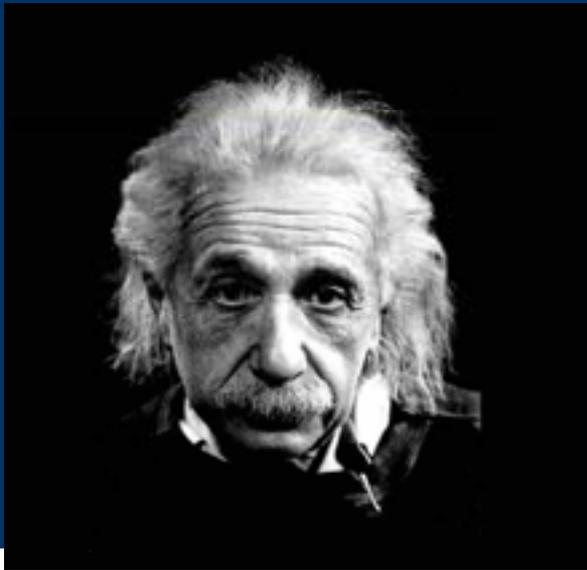
2018 RYAN WHITE ALL GRANTEE MEETING AND 17TH ANNUAL CLINICAL CONFERENCE

# 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 measure
- 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

## Quality Indicators for the Ryan White Part B Program

|   | May –<br>June 07 | July –<br>Aug 07 | Sept –<br>Oct 07 | Nov –<br>Dec 07 | Jan –<br>Feb 08 | Total   |
|---|------------------|------------------|------------------|-----------------|-----------------|---------|
| <b>Indicator #1 – CD4+ cell count every six months</b>                                    |                  |                  |                  |                 |                 |         |
| Num/Denom   | 43/86            | 32/76            | 27/57            | 31/70           | 28/61           | 161/350 |
| Percentage  | 50%              | 42%              | 47%              | 44%             | 46%             | 46%     |
| <b>Indicator #2 – ADAP approval/denial within two weeks</b>                               |                  |                  |                  |                 |                 |         |
| Num/Denom   | 41/41            | 45/45            | 66/66            | 44/44           | 41/41           | 237/237 |
| Percentage  | 100%             | 100%             | 100%             | 100%            | 100%            | 100%    |
| <b>Indicator #3 – Case managed clients with two medical care visits in last 12 months</b> |                  |                  |                  |                 |                 |         |
| Num/Denom   | 76/86            | 71/76            | 55/56            | 68/70           | 49/53           | 319/341 |
| Percentage  | 88%              | 93%              | 98%              | 97%             | 92%             | 94%     |
| <b>Indicator #4 – Case managed clients with an updated care plan every six months</b>     |                  |                  |                  |                 |                 |         |
| Num/Denom   | 87/109           | 66/76            | 75/95            | 72/93           | 63/80           | 363/453 |
| Percentage  | 80%              | 87%              | 79%              | 77%             | 79%             | 80%     |
| <b>Indicator #5 – Percent of clients with late diagnoses</b>                              |                  |                  |                  |                 |                 |         |
| Num/Denom   | 7/14             | 1/18             | 10/30            | 6/13            | 4/19            | 28/94   |
| Percentage  | 50%              | 6%               | 33%              | 46%             | 21%             | 30%     |

## Part C Patients in Iowa that Had Two or More Primary Care Visits in 2008

|            | Clients with 2 or more visits | Numerator | Denominator | Patient Exclusions  | Data Elements  | Data Sources              |
|------------|-------------------------------|-----------|-------------|---|--|---------------------------|
| Part C - 1 | 98.7%                         | 81        | 82          | New Patients entering care after July 1, 2008;<br>Patient Deaths in 2008                        | HIV+ Patients who had a least two visits in the reporting period, at least 3 months apart. | Careware                  |
| Part C - 2 | 96.5%                         | 423       | 438         | New Patients entering care after July 1, 2008;<br>Patients seen on consultation for corrections |  | Electronic Medical record |
| Part C - 3 | 97.5%                         | 278       | 285         | New Patients entering care after July 1, 2008;<br>Patient Deaths in 2008                        |  | I2I program               |
| Part C - 4 | 84%                           | 180       | 225         | New Patients entering care after July 1, 2008;<br>Patient Deaths in 2008                        |  | Careware                  |

# Women Who Received Pap in 2009

|            |     |
|------------|-----|
| Part C - 1 | 43% |
| Part C - 2 | 57% |
| Part C - 3 | 75% |
| Part C - 4 | 38% |

# 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:

- [dpeterson@slandchc.com](mailto:dpeterson@slandchc.com)
- [dyurdin@phcinc.net](mailto:dyurdin@phcinc.net)
- [hhanson@idph.state.ia.us](mailto:hhanson@idph.state.ia.us)

