

# HIV Health Services 2010 Summary Report of HAB Quality Management Indicators

HIV Health Services Planning Council  
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# Presentation Outline

- ▶ Overview of Quality Management (QM) Indicators
- ▶ Discuss Data Collection Process
- ▶ Address Data Limitations
- ▶ Review Selected QM Indicators
- ▶ Review HIV Health Services – 2010 Summary Report Format
- ▶ Summary Conclusions
- ▶ On-going Improvement Activities
- ▶ Questions & Answers

# Quality Management Indicators

- ▶ Utilized the federal Health Resource Service Administration's HIV/AIDS Bureau's (HAB) Quality Management (QM) Indicators to Primary Care Services funded by HIV Health Services (HHS).
  - These federal standard QM indicators vary from local contractual QM indicators, which were developed with provider input.

# Data Collection (1 of 2)

- ▶ Data run on 5/11/2011.
- ▶ Measurement period is calendar year 2010.
- ▶ The total unduplicated client count (UDC) for HHS Primary Care systemwide is 3,678 (N=3,678).

# Data Collection (2 of 2)

- ▶ Data aggregated into four groups:
  - All Center of Excellence (CoE)
  - CoE w/o Jail
  - Remaining Primary Care Programs (not CoE)
  - HHS Systemwide
- ▶ All indicators were based upon a client receiving at least two Primary Care visit in 2010.
  - Client who met criteria 2,903 (n=2903) or 78.9% of HHS Systemwide UDC.

# Data Limitation (1 of 2)

- ▶ Not a study designed to compare the relative strength of the primary care models.
- ▶ Variability in the model design within both CoE and Remaining Primary Care programs categories limit the ability to determine which model is stronger.
- ▶ CoE system was reconfigured in 2010.

# Data Limitation (2 of 2)

- ▶ Differences in support of data entry between CoE & Remaining Primary Care:
  - HHS has focused and provided a great deal of technical assistance to the CoE service provider with regular meetings to discuss service delivery, quality management and data flow in their clinic settings.
  - CoE service provision by its collaborative venture has many partners/staff entering data, analyzing and interacting with the ARIES database.
  - CoE have been the among first primary care service providers to be electronically importing client and service level data into ARIES on a regular basis.

# Selected HAB QM Indicators

- ▶ Medical Visits
- ▶ HAART
- ▶ Hep C
- ▶ PCP Prophylaxis
- ▶ Syphilis Screening
- ▶ CD4 Tests

# HAB QM Document Format

- ▶ The following narrative format is used for each QM indicator:
  - Description of indicator including national and local threshold performance goals
  - Analysis of data findings
    - Were performance goals met
    - Reasons if not
    - Findings of each graph
- ▶ The graph for each indicator measured illustrates the aggregate results in four groupings and includes local and national threshold value.

# Summary Conclusions

- ▶ Slightly more than half of the indicators are at or near established benchmarks.
- ▶ Some QM indicators are below established benchmarks systemwide .
- ▶ By Fall 2011, HHS anticipates about 80% of Primary Care Providers will be electronically importing client and service data.
- ▶ This will account for over 90% of the Primary Care UDC systemwide.

# On-Going Improvement Activities (1 of 3)

- ▶ To provide topical training and technical assistance (TA) to HIV community service providers;
- ▶ To track progress toward established markers and milestones that are indicative of the quality of service provided by local providers;

# On-Going Improvement Activities (2 of 3)

- ▶ To continually improve and enhance client service practices and outcomes through collection and application of accurate, timely electronic and other service data collection and analysis for the San Francisco EMA;
- ▶ To monitor programmatic services ensure that local care services continue to adhere to the same high standard that has typified our local system of care.

# On-Going Improvement Activities (3 of 3)

- ▶ HHS encourages and will assist agencies to apply to the State for electronic importation of client and service data.
- ▶ HHS is committed to assist the State in the enhancement of the ARIES reporting capacity on both an agency and systemic level.