

**San Francisco Department of Public Health  
HIV Health Services**

**2010**

**Summary Report of the  
Health Resource Service Administration's  
HIV/AIDS Bureau's  
Quality Management Indicators**

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# DRAFT 2010 HHS Summary Report of HAB QM Indicators

## HIV Data Collection

The following summary of the federal Health Resource Service Administration's (HRSA) HIV/AIDS Bureau's (HAB) Quality Management (QM) Indicators for the San Francisco's HIV Health Services (HHS) – Outpatient Primary Care services are based on the national standards disseminated by HRSA. Additionally, this summary report uses the AIDS Regional Information and Evaluation System (ARIES) database, which is programmed to comply with all State and Federal reporting formulas. It should be further noted that these federal standard QM indicator thresholds vary from local contractual QM indicator thresholds.

Data runs were conducted on 5/11/2011 and the timeframe was calendar year 2010. The total unduplicated client count (UDC) for all HHS primary care clients is 3,678 (N=3678). Inclusion criteria was based upon a client receiving at least two Primary Care visits during the measurement year (n=2903) or 78.9% of all HHS primary care clients.

## Presentation Format

The following graph format is used for each QM indicator:

- The graph for each indicator measured illustrates the aggregate results in four primary care groupings. Also included are the local and national threshold values. The four Primary Care groups are:
  - **All CoE** – Seven Center of Excellence (CoE) programs designed to place primary medical care at the center of the service delivery system and provide: primary medical care; medical case management; mental health assessment, referral and/or brief counseling; substance abuse assessment, counseling, and referral; treatment advocacy; psychiatric consultation and medication monitoring; care coordination; and vouchers for transportation, food, clothing and household goods.
  - **CoE w/o Jail** - Removes the CoE which conducts services in a jail setting and therefore has no control over the client length of stay which is a key element for most indicators criteria.
  - **Remaining Primary Care** – Seven primary care programs providing comprehensive medical assessment, evaluation, diagnosis, and treatment services provided by a physician, physician's assistant, registered nurse, pharmacist and/or nurse practitioner in an outpatient setting.
  - **HHS Systemwide** – Consists of all clients who received a primary care service funded by HHS. Aggregating both All CoE and Other Primary Care.

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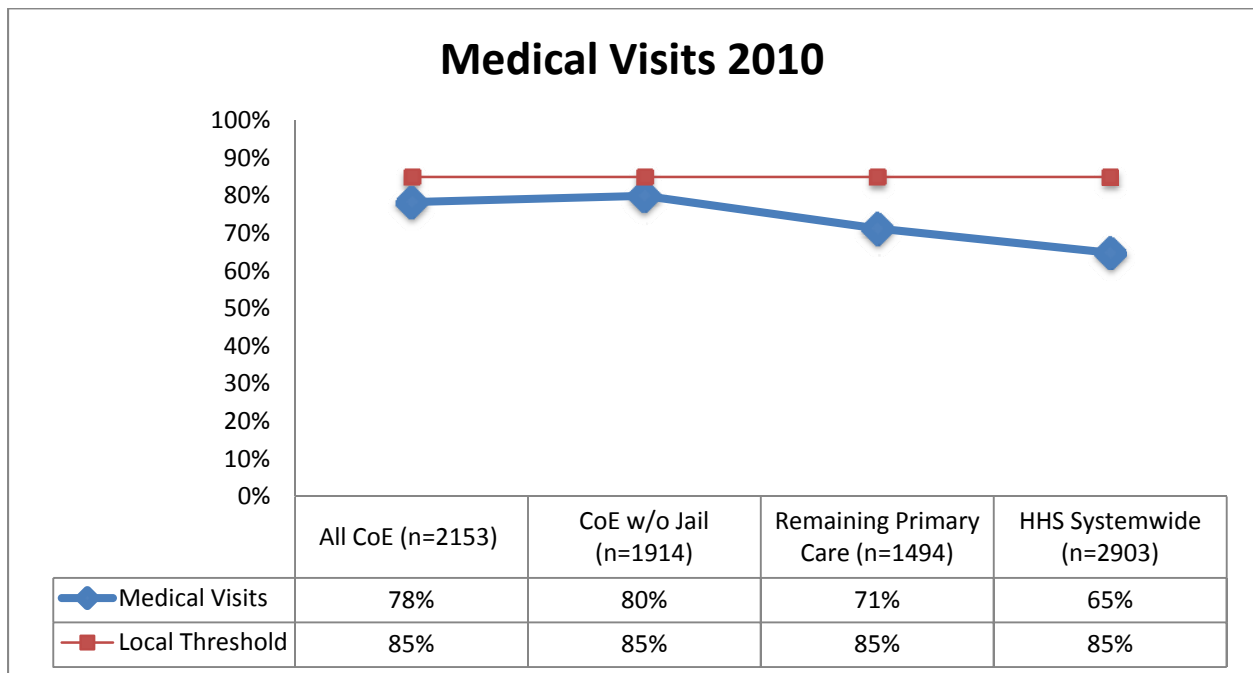
## Data Limitations

Conclusions drawn between the four primary care groups should take into account several factors:

- This summary report is not a study designed to compare the relative strength of primary care service delivery models.
- Variability in the model design within both CoE and Remaining Primary Care programs categories limit the ability to determine which model is stronger.
- 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 on a daily basis than a primary care setting which would not be so resource enriched.
- 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.

## Definition, Analysis and Discussion of QM Indicators

**Medical Visits Indicator:** Percentage of clients with HIV infection who had two or more medical visits at least three months apart within an HIV care setting in the measurement year. **New clients who received a primary care visit within the last three months of the measurement year were excluded.** There is no national threshold performance level for this indicator. The local performance level goal is currently set at 85%.



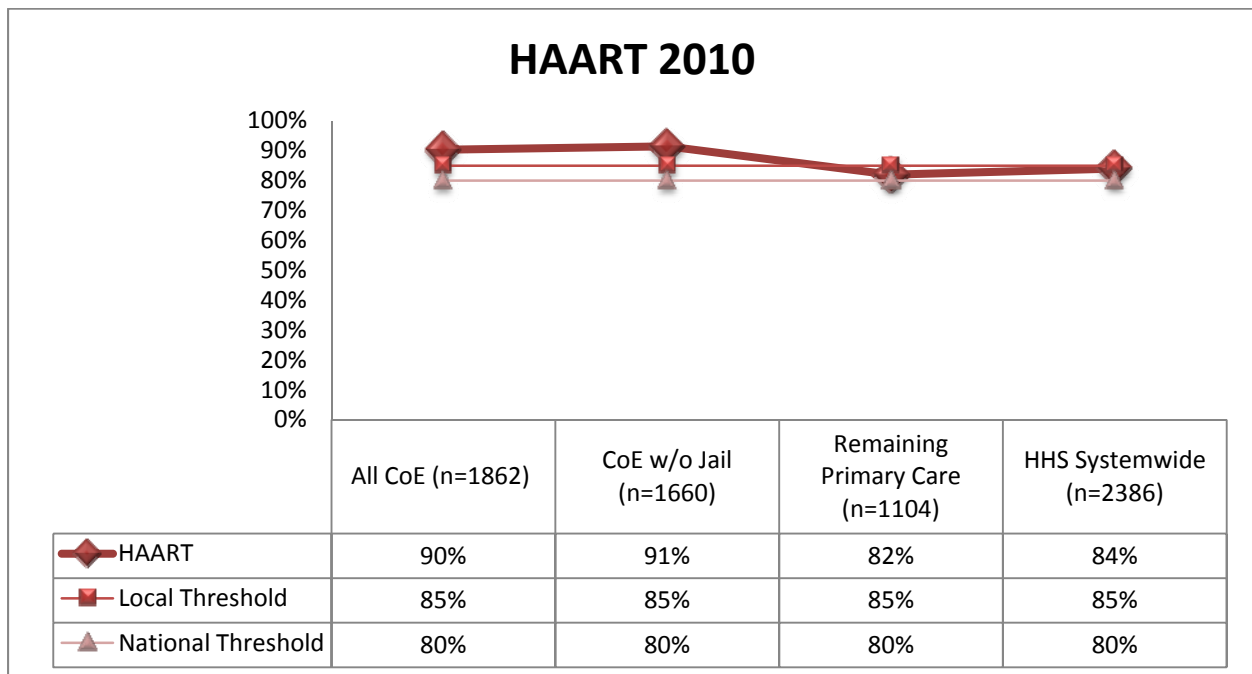
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The medical visits graph indicates the performance level range of 65% to 80% among the groups (76.5 to 94.1 percentile of the local threshold goal). The HHS systemwide performance level of 65% achieves 76.5 percent of the local threshold goal.

**Medical Visits Analysis:** There is no national consensus on performance level threshold for this indicator. The 85% local performance level threshold goal was not met by any group.

Reasons for those not meeting the threshold goal(s) could be: a) clients are medically “stable” and require less frequent visits than the three month criteria used for this indicator; b) missed or rescheduled appointments place client beyond criteria range; c) clients were discharged from program services but are still listed as “active” in database, d) the service data entry is not complete for all client visits.

**HAART Indicator:** Percentage of clients with AIDS who are prescribed HAART. The national performance level goal for this indicator is currently set at 80%. The local performance level goal is currently set at 85%.



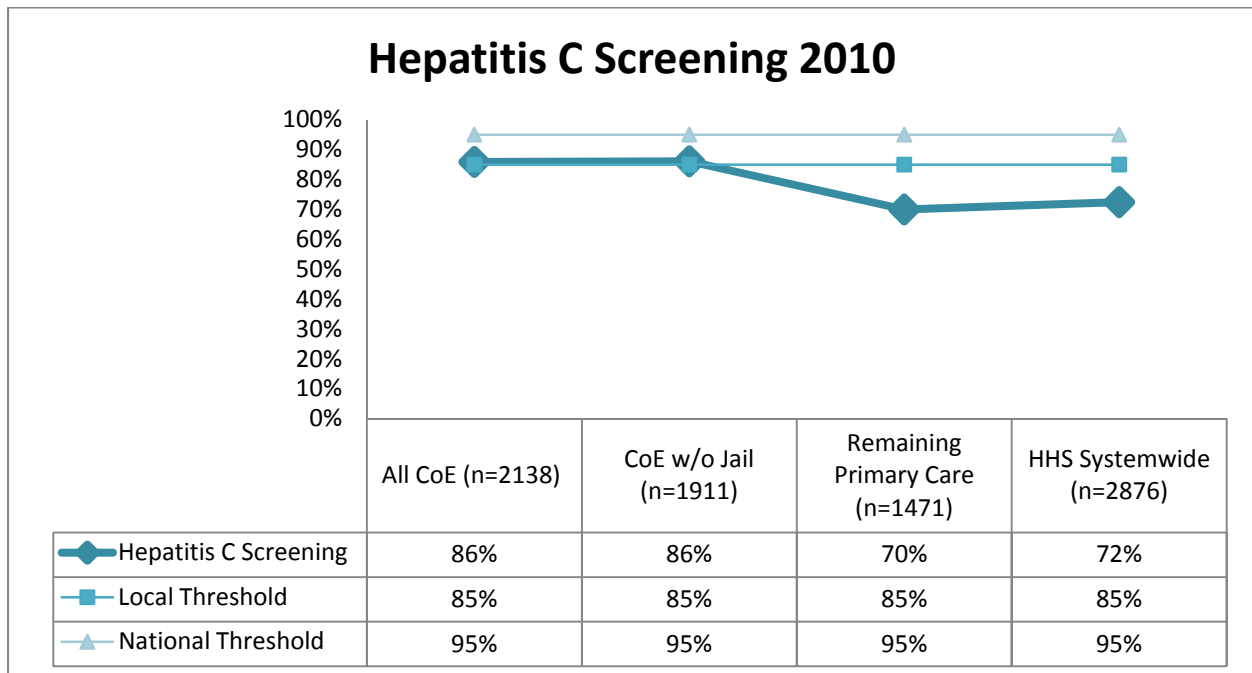
The HAART graph indicates the performance level range of 82% to 91% among the groups (102.5 to 113.8 percentiles of the national threshold goal & 96.5 to 107.6 percentiles of the local threshold goal). The HHS system wide performance level of 84% achieves 105 percent of the national and 98.8 percent of the local threshold goal.

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**HAART Analysis:** The 80% national and 85% local threshold goals were met or exceeded in all groups.

Reasons for those failing to meet the national and local threshold goal(s) could be: a) data element was not updated to indicate client on HAART, and b) data entry is not complete for all clients.

**Hepatitis C Screening Indicator:** Percentage of clients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV infection. The national performance level goal for this indicator is currently set at 95%. The local performance level goal is currently set at 85%.



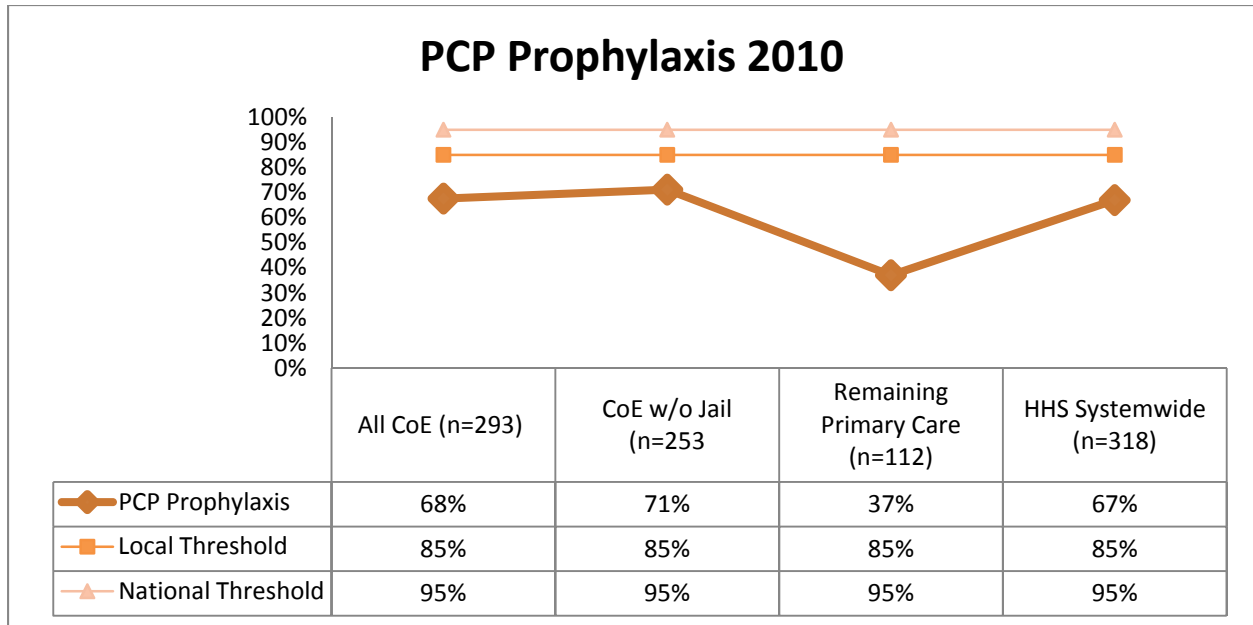
The Hepatitis C Screening graph indicates the performance level range of 70% to 86% among the groups (73.7 to 90.5 percentiles of the national threshold goal & 82.4 to 101.2 percentiles of the local threshold goal). The HHS system wide performance level of 72% achieves 75.8 percent of the national and 84.7 percent of the local threshold goal.

**Hepatitis C Screening Analysis:** The 95% national threshold goal was not met by any group. The 85% local performance threshold goal was met and very slightly exceeded by both CoE groups.

Reasons for those failing to meet the national and local threshold goal(s) could be: a) data element was entered as “unknown” as opposed to “not medically indicated” so client could be excluded from calculation; and b) data entry is not complete for all clients.

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**PCP Prophylaxis Indicator:** Percentage of clients with HIV infection & CD4 T-cell count below 200 cells/mm<sup>3</sup> who were prescribed PCP prophylaxis. The national performance level goal for this indicator is currently set at 95%. The local performance level goal is currently set at 85%.



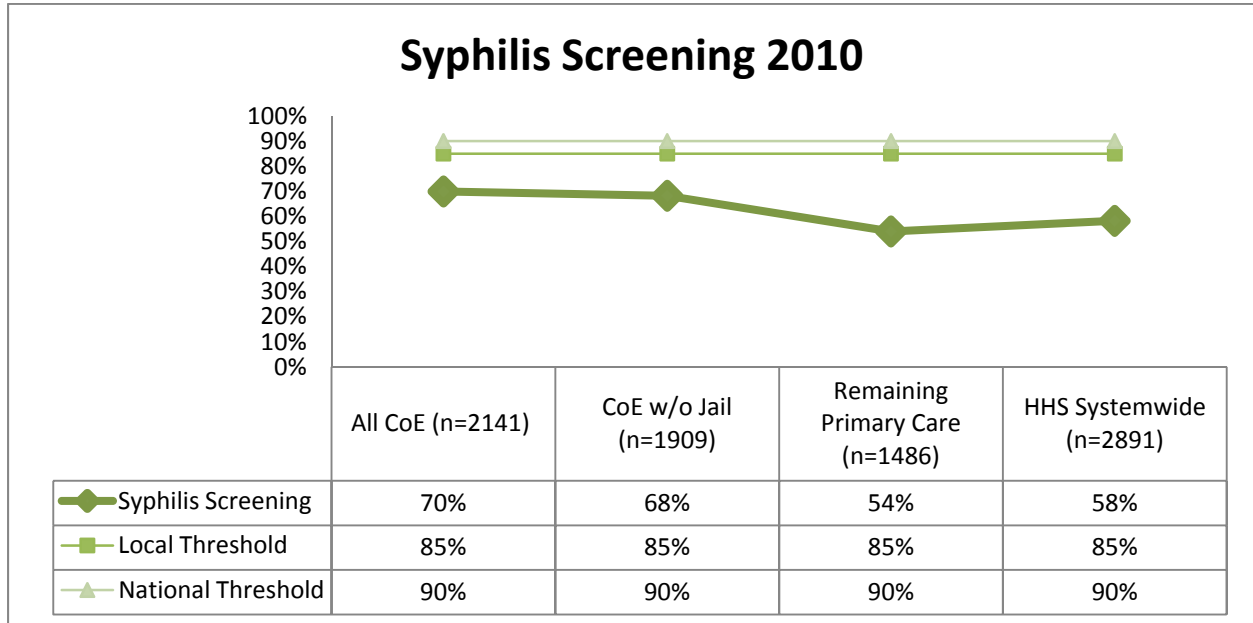
The PCP Prophylaxis graph indicates the performance level range of 37% to 71% among the groups (38.9 to 74.7 percentiles of the national threshold goal & 43.5 to 83.5 percentiles of the local threshold goal). The HHS system wide performance level of 67% achieves 70.5 percent of the national and 78.8 percent of the local threshold goal.

**PCP Prophylaxis Analysis:** Neither the 95% national or the 85% local performance level threshold goal was met by any group.

Reasons for those failing to meet the national and local threshold goal(s) could be: a) data element was entered as “unknown” as opposed to “not medically indicated” so client could be excluded from calculation, and b) data entry is not complete for all clients.

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**Syphilis Screening Indicator:** Percentage of adult clients with HIV infection who had a test for syphilis performed within the measurement year. The national performance level goal for this indicator is currently set at 90%. The local performance level goal is currently set at 85%.



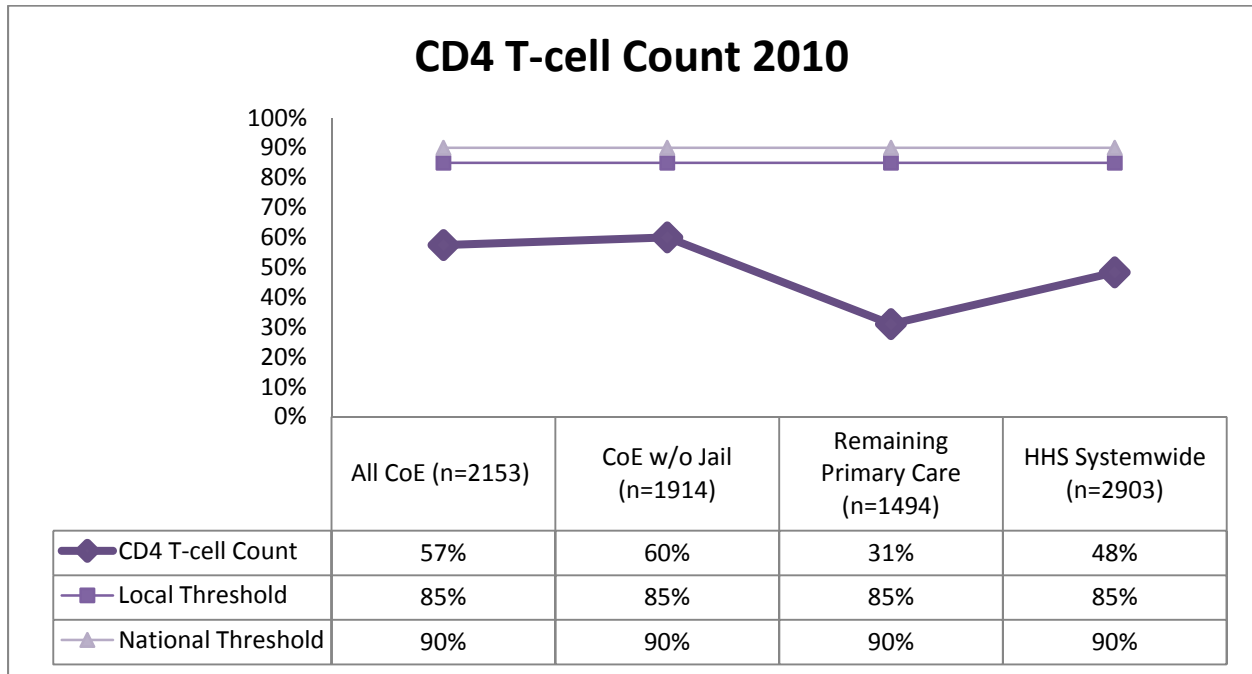
The Syphilis Screening graph indicates the performance level range of 54% to 70% among the groups (60 to 77.8 percentiles of the national threshold goal & 63.5 to 82.4 percentiles of the local threshold goal). The CoE system wide performance level of 58% achieves 64.4 percent of the national and 68.2 percent of the local threshold goal.

**Syphilis Screening Analysis:** The 90% national and the 85% local performance level threshold goal was not met by any group.

Reasons for those failing to meet the national and local threshold goal(s) could be: a) data element was entered as “unknown” as opposed to “not medically indicated” so client could be excluded from calculation, and b) data entry is not complete for all clients.

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**CD4 Tests Indicator:** Percentage of clients with HIV infection who had two or more CD4 T-cell counts performed in 2010. The national performance level goal for this indicator is currently set at 90%. The local performance level goal is currently set at 85%.



The CD4 Tests graph indicates the performance level range of 31% to 60% among the groups (34.4 to 66.7 percentiles of the national threshold goal & 36.5 to 70.6 percentiles of the local threshold goal). The HHS system wide performance level of 48% achieves 53.3 percent of the national and 70.6 percent of the local threshold goal.

**CD4 Tests Analysis:** Neither the 90% national nor the 85% local performance level threshold goal was met by any group.

Reasons for those failing to meet the national and local threshold goal(s) could be: a) Providers are using another surrogate marker to measure and test medication effectiveness (i.e. viral load testing) therefore CD4 testing is less frequent for those on HAART; b) clients were discharged from program services but are still listed as “active” in database, and c) the test results data entry is not complete for all clients.

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## **Conclusions and Next Steps for Improvement:**

The four primary goals/activities of the San Francisco EMA QM program: 1) To provide topical training and technical assistance (TA) to HIV community service providers; 2) To track progress toward established markers and milestones that are indicative of the quality of service provided by local providers; 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; and 4) 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 remains steadfast.

In summary, HARRT met or exceeded established thresholds; Hepatitis C Screening, PCP Prophylaxis, and Medical Visits nearly met established thresholds; & CD4 tests, and Syphilis Screening fell significantly below established thresholds. The most commonly given reason for those failing to meet the national and local threshold goal(s) is ARIES data entry is not complete for all clients.

By the Fall of 2011, HHS anticipates about 80% of primary care providers will be electronically importing both client and service level data into ARIES. This would account for over 90% of UDC who receive a HHS funded primary care service.