HIV Care & Treatment

Quality Management Program Report

STATE OF OREGON

Oregon Department of Human Services
Health Division

2008-2009

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Section I: Oregon Ryan White Title II Quality Management Plan

Quality Statement

The Oregon HIV Care and Treatment Program is committed to developing and continually improving a quality continuum of HIV treatment and supportive services statewide that meets the identified needs of people living with HIV/AIDS (PLWH) and their families. The Quality Management (QM) Program supports this mission by gathering and reporting on the data and information needed to measure both program and service quality and then implementing improvement activities based upon the data analysis. The following domains for improvement guide the QM program implementation: (1) improving access to and retention in care, (2) integrating data and information systems, (3) optimizing the management of resources and (4) aligning jurisdictions and services across the entire continuum of care.

Quality Infrastructure

The HIV Care & Treatment program resides under the Office of Disease Prevention and Epidemiology (ODPE). ODPE works to prevent and control illness and death from injury, acute and communicable diseases, sexually transmitted diseases, and environmental and occupational illnesses. HIV Care & Treatment is housed with the STD, TB and HIV Prevention programs.

The Manager of HIV Care & Treatment oversees the Quality Management Program. The ongoing development and implementation of the QM Program is coordinated and directed by a contracted consultant. In addition to the Program Manager and the QM Consultant, the QM Team within HIV Care & Treatment includes the following staff:

- HIV Medical Case Management & Support Services Manager
- CAREWare Program Consultant
- OHOP (Housing program) Coordinator
- CAREAssist program staff
- CAREAssist data specialist from Data & Analysis
- HARS data specialist from Data & Analysis
- Data Analyst from Data & Analysis
- Program liaison from Program Design and Evaluation Services

This team is responsible for implementing the QM Plan, gathering and reporting the data from the various databases, evaluating program elements and reporting on the findings, developing and implementing the PDSA/improvement change activities and providing input and feedback to the overall QM Program.

Oregon HIV Services Quality Management Task Force

The Oregon HIV Services Quality Management Task Force was formed to centralize and coordinate quality management efforts across Ryan White contractors statewide. The Task Force is made up of representatives from Ryan White Program Part A, Part B and Part C administration, the AIDS Education and Training Center (AETC) and the Dental SPNS program; contractors with the Part A and Part B programs; Planning Council representatives; Oregon HIV Care Coalition representatives; and consumer representation from urban and rural areas. The Task Force meets quarterly and is responsible for reviewing the Quality Management plans for all three Ryan White Program Parts, for promoting collaboration, and for establishing shared measures and standards whenever possible.

Participation of & Communication with Stakeholders

Stakeholder	Type of Involvement	Communication
Clients	• Participate in OHCC and on QM Task Force; • Participate in surveys; • Give feedback to providers; • Review reports on-line.	• Reports on QM Program outcomes at OHCC and QM Task Force; • Reports & survey results posted on web site.
Contractors	• Provide data on services provided; • Participate in QI processes such as Case Management Task Force; • Participate in OHCC; • Meet Standards of Service.	• Statewide meetings and trainings; • Technical assistance via NetLink; • Summary report on the CM Chart Review they perform sent to them; • Reports at OHCC; • Reports & survey results posted on web site.
OHCC Members	• Provide input and advise; • Participate in discussions about data and information; • Make suggestions; • Review written reports.	• Written & verbal reports at OHCC meetings; • Reports & survey results posted on web site.
Oregon HIV Services QM Task Force	• Provide input; • Shared knowledge and education about QM methodology & issues; • Networking and collaboration toward standardization statewide.	• Reports at meetings. • Reports & survey results posted on each program's web sites.

HIV Care & Treatment staff	• Provide data. • Provide analysis of data. • Provide suggestions on improvement. • Implement improvement activities. • Review program reports. • Assist in writing grant applications – the QM components.	• Staff meetings. • Reports. • Participation at OHCC and the QM Task Force.
Program Design & Evaluation Services	• Provide evaluation skills. • Evaluate program components. • Develop reports on findings. • Report to OHCC & QM Task Force.	• Staff meetings. • Reports. • Participation at OHCC and the QM Task Force.

<u>Program Goals for 2008-2009</u>

Domain #1: Improving access to and retention in care

Goal 1.1: Continue to measure the retention rate in CAREAssist (pending status, re-certification, and termination) and test improvement changes to improve retention.

Goal 1.2: Investigate why all clients served in the CAREAssist Bridge program do not successfully transition into CAREAssist and develop an improvement strategy based on findings.

Goal 1.3: Design data collection mechanism to measure length of time between receipt of application to CAREAssist and client notification of status.

Goal 1.4: Investigate data showing length of time between testing HIV positive and first lab. Develop and test a strategy to improve data.

Goal 1.5: Develop outcomes and indicators for the regional Care Coordination Center pilot.

Goal 1.6: Develop measures and data collection methodology for Medical Case Management focus of interventions on newly HIV diagnosed clients.

Goal 1.7: Develop new CAREAssist application and re-certification form. Create on-line versions.

Domain #2: Integrating data and information systems

Goal 2.1: Continue to refine data query with Oregon Medical Insurance Pool to assist in obtaining the HAB required Group 1 clinical measures.

Goal 2.2: Finalize plan to collect data on the five HAB required Group 1 clinical measures.

Goal 2.3: At least annually, have HARS run the number of labs clients received and the values of the labs for both the CAREAssist active client list and the CAREWare active client list.

Domain #3: Optimizing the management of resources

Goal 3.1: Develop measures and data collection requirements for the HAB required Care Plan indicator for Medical Case Management.

Goal 3.2: Develop outcomes and measurement criteria for referral process in the HIV Medical case management program.

Goal 3.3: Develop QI plan with benchmark measures for new regional Care Coordination Center Pilot.

Domain #4: Aligning jurisdictions and services across the entire continuum of care

Goal 4.1: Develop a plan to collect data for the new HAB required-clinical measures.

Goal 4.2: Continue to participate on the Oregon HIV Services Quality Management Task Force, sharing QM plans and assessment system-wide outcome measures evaluating client engagement in medical care.

Goal 4.3: Continue to collect and report statewide aggregate client information from HARS (lab information, HIV or AIDS status at diagnosis, progression from HIV to AIDS and number of people who die within 12 months of HIV diagnosis.)

Implementation Plan: Data Collection Activities

1. CAREWare 4.1 is installed in all Part-B funded provider locations and is generating real-time, unduplicated data reported via a secure central server.

Data Reported	***Time Line***	***Source***
Case Management services utilization	Reported & reviewed in March of each year.	Program manager/CAREWare consultant
Support Services utilization data	Reported & reviewed in March of each year.	Program manager/CAREWare consultant
Health outcomes data	Reported & reviewed in March of each year.	Program manager/CAREWare

		consultant
Quality Assurance data	Reported & reviewed in March of each year.	Program manager/CAREWare consultant

2. CAREAssist data base		
Data Reported	***Time Line***	***Source***
Health outcomes data	Quarterly reports	D&A – CAREAssist staff
Quality assurance data	Quarterly reports	D&A – CAREAssist staff
Quality Improvement data	Quarterly reports	D&A – CAREAssist staff

3. HIV/AIDS Reporting Systems (HARS) data base (surveillance data)		
Data Reported	***Time Line***	***Source***
HIV & AIDS status of CAREAssist clients	Quarterly reports	D&A – Surveillance staff
HIV & AIDS status of CAREWare clients	Quarterly reports	D&A – Surveillance staff
Number of labs / year for all PLWH/A in state	Quarterly reports	D&A – Surveillance staff
Number of labs / year for CAREAssist clients	Quarterly reports	D&A – Surveillance staff
Number of labs / year for CAREWare clients	Quarterly reports	D&A – Surveillance staff
Lab values for all PLWH/A in state	Quarterly reports	D&A – Surveillance staff
Lab values for CAREAssist clients	Annually in March of each year	D&A – Surveillance staff
Lab values for CAREWare clients	Annually in March of each year	D&A – Surveillance staff

4. Provider site visit & client file review		
Data Reported	***Time Line***	***Source***
Compliance with HIV Case Management Standards	5 sites/year (final report in June of each year)	Program Manager & consultant
CAREWare data quality	5 sites/year (final report in June of each year)	Program Manager & consultant
Evaluate accuracy of locally managed client file review	5 sites /year (final report in June of each year)	Program Manager & consultant

5. Contractors (providers) perform an internal chart review and CARE Ware data audit, following a proscribed protocol.		
Data Reported	***Time Line***	***Source***
Compliance with HIV Case Management Standards	Annually – report is due at end of October each year. (Summary Report for state in December.)	Each provider site QM consultant

CAREWare data quality	Annually – report is due at end of October each year. (Summary Report for state in December.)	Each provider site QM consultant

6. Contractors (providers) submit: (1) annual plans which report on compliance with program requirements, (2) quarterly service utilization and financial reports, and (3) quarterly program narrative reports.		
Data Reported	***Time Line***	***Source***
Annual plans	Annually	Each provider site
Service utilization and financial report	Quarterly	Each provider site
Program narrative report	Quarterly	Each provider site

7. Client Satisfaction Surveys		
Data Reported	***Time Line***	***Source***
Case Management Program Client Satisfaction	Bi-Annually	Program Design & Evaluation Services (PDES)
CAREAssist Client Satisfaction	Annually	Program Design & Evaluation Services (PDES)

8. Special evaluation projects		
Data Reported	***Time Line***	***Source***
HIV Case Management acuity scale evaluation	Completed in April 2007	Program Design & Evaluation Services (PDES)
HIV Case Management key informant survey	Completed in April 2007	Program Design & Evaluation Services (PDES)
Client Satisfaction with Case Management Services: Ryan White Part B Service Area	Completed December 2007	Program Design & Evaluation Services (PDES)
"Alive and Healthy", CAREAssist Client Satisfaction Survey	Completed April 2007	Program Design & Evaluation Services (PDES)
Out of Care Study (CAREAssist clients)	Completed May 2007	Program Design & Evaluation Services (PDES)
Eating Right When Money's Tight: Evaluating the Need for Food & Nutritional Assistance Among RW Part B Case Management Clients	Completed December 2007	Program Design & Evaluation Services (PDES)
Oregon Medical Practices that Provide HIV Care: 2008 Snapshot	Completed April 2008	Program Design & Evaluation Services (PDES)

Implementation Plan: Performance Measures

CLIENT-LEVEL HEALTH OUTCOMES

Outcomes	Indicators	Data Elements	Data Sources & Methods
Disease progression among CARE Act clients is slowed or prevented over time.	1. Improved or maintained CD4 counts and viral loads as measured over a six month period of time. 2. Increased percentage of aggregate clients in overall Acuity Levels #1 and 2, over a twelve-month period of time.	1. Test results needed to calculate changes in CD4 counts & viral loads for individual clients annually. 2. Case manager reported acuity level results for individual clients every twelve months.	1. Sources: *CARE Ware & HARS* Reported by case Managers 2. Sources: *CM Chart Review & CARE Ware.* Reported by case managers.
Proportion of clients accessing primary health care services increases over time.	Change in the number of clients with reported "primary source of medical care" and primary care provider.	Number and percent of clients with "no primary source of medical care" and no primary care provider in record and the number and percent of HIV-positive clients with record of "primary source of medical care" and primary care provider.	Source: *CARE Ware & CM Chart Review.* Reported by case managers.
Proportion of clients who have health insurance increases over time.	Change in the number of clients with reported "primary source of insurance" and health insurance.	Number and percent of clients with "no primary source of insurance" and no health insurance in record and the number and percent of HIV-positive clients with record of "primary source of insurance" and health insurance.	Source: *CARE Ware & CM Chart Review.* Reported by case managers.

Quality of life of CARE Act clients is improved or maintained over time.	Increased percentage of aggregate clients in Acuity Levels #1 and 2, over a twelve month period of time	Case manager reported acuity level results for individual clients every twelve months.	Sources: *CM Chart Review & CARE Ware.* Reported by case managers.
Number of clients adhering to HIV medications regime increases over time.	Increased percentage of aggregate clients who are assessed in the Adherence Life Stage at Acuity Level #1 and #2, over a twelve month period of time.	Case manager reported Adherence acuity level results for individual clients every twelve months.	Source: *CM Chart Review & CAREWare.* Reported by case managers.
Number of clients receiving HIV-related treatment that adheres to PHS standards increases over time.	Increased percentage of aggregate clients who have current (within past 12 months) labs in their case management files.	Current labs appear in the client file.	Source: *CM Chart Review.*
	Increased percentage of aggregate clients who have a CD4 or VL test result reported in the database within the past 12 months.	Case manager reported CD4 and VL for individual clients every twelve months.	*CAREWare.* Reported by case managers.
	Increased percentage of clients in CAREAssist who report having a CD4 or VL within the past 6 months on their re-certification application.	Client reported CD4 and VL test dates on CAREAssist re-certification application every 6 months.	*CAREAssist database.*
	Increased percentage of statewide aggregate clients in HARS with a CD4 or VL test in the first 6 months of the reporting period and the second 6 months of the reporting period.	CD4 and VL tests reported to surveillance by laboratories.	*HARS database.*

Number of clients receiving HIV-related treatment that adheres to PHS standards increases over time.	Increased percentage of statewide aggregate clients in HARS with a CD4 test in the first 6 months of the reporting period and the second 6 months of the reporting period or a VL test in the first 6 months of the reporting period and the second 6 months of the reporting period.	CD4 and VL tests reported to surveillance office by laboratories.	Source: *HARS database.*
Persons with HIV are identified early in their disease progression and are able to access services earlier with better health outcomes.	Decreased number of individuals newly reported with HIV infection who also have an AIDS diagnosis.	Number of individuals newly reported with HIV infection who also have an AIDS diagnosis vs. total number of individuals who were reported.	Source: *HARS database.*
Persons with HIV are accessing HIV treatment to slow the progression of HIV to AIDS.	Decreased number of individuals who progress from HIV to AIDS within a 12 month period.	Number of individuals newly reported with HIV (not AIDS) who progress to an AIDS diagnosis within 12 months of HIV diagnosis vs. total number of individuals newly reported with HIV.	Source: *HARS database.*
Persons with HIV are successfully accessing HIV treatment.	Decreased number of individuals with HIV who die within 12 months of their diagnosis.	Number of individuals who die within 12 months of their HIV diagnosis vs. total number of individuals who were newly reported with HIV.	Source: *HARS database.*

Quality Assurance/Process Evaluation

Criteria	Indicators	Data Elements	Data Sources & Methods
Ryan White funds are used as payer of last resort.	1. Standard income verification form completed with allowable documents attached in client file. referrals and follow-up in client file. 2. Case management progress notes and CARE Assist event records document all referrals and follow-up to referrals.	1. Number and percent of client files with appropriate documentation for income verification. 2. Number and percent of client files with documentation in progress notes or event records of all referrals and follow-up activities.	Source: *CM Chart Review & CAREWare.* Case Manager Reported.
Every client accessing Ryan White Part B services will have a case manager.	Every client record contains the name of their case manager.	Number and percent of Ryan White Part B clients with a case manager listed in their record.	Source: *CARE Ware & CARE Assist.* Collected annually through data reports.
All clients in case management will receive at least one Nurse Assessment per year.	Clients receiving at least one RN Assessment or Re-assessment and documented in CAREWare.	Number and percent of clients with documentation of an RN Assessment or Re-assessment.	Source: *CAREWare.* Case Manager Reported.

Ryan White funded providers will ensure that every client receives information about: • Informed Consent • Client grievance • Client rights & responsibilities	All client files in all Ryan White Part B funded programs utilize the standard forms for client information and all forms are signed and dated by the client.	Percent and number of client files with all forms included, signed and dated by the client.	Source: *CM Chart Review.* Collected annually
Eligibility will be documented for all clients receiving Ryan White Program services:	All client files in all Ryan White Program funded programs utilize the standard forms for eligibility determination	Percent and number of client files with standard forms completed and allowable	Source: *CM Chart Review.*

• HIV status • Income	and include the allowable documentation.	documentation attached.	
All clients receiving Ryan White Part B services will have a current Release of Information in their file.	All client files in all Ryan White Part B funded programs utilize the standard form for Release of Information and all forms are current, signed and dated by the client.	Percent and number of client files with current, signed and dated ROI form.	Source: *CM Chart Review.*
Clients will be satisfied with the Ryan White Part B services they receive.	A majority of clients responding to the client satisfaction survey will indicate they are satisfied with the services they have received.	Number and percent of client responses to questions about their satisfaction with specific services.	Source: *CARE Assist Client Satisfaction survey & statewide Part B Program Client Satisfaction survey.* Annual written survey mailed to CARE Assist clients and annual written survey distributed to clients through the local case management programs.
Case management services meet the program's case management standards for clients.	Change in the percent of indicators for standards criteria being met by local case management programs.	Percent of a case management site's activities that meet standards requirements.	Source: *CAREWare & CM Chart Review.*
CARE Assist services meet the program's standards.	Change in the percent of indicators for standards criteria being met by the CARE Assist program.	Percent of CARE Assist program activities that meet standards requirements.	Source: *CARE Assist client files.* Collected through CARE Assist annual client file review.
CARE Assist program staff comply with the program's Policies & Procedures.	Change in percent of indicators for compliance with Policies & Procedures being met by the CARE Assist	Percent of CARE Assist program activities that comply with the Policies & Procedures.	Source: *Annual assessment of Policies/Procedures by internal team.* Collected through

	program staff.		review of CARE Assist client files, data files and financial records.
Clients are successfully accessing and remaining in HIV treatment.	Decrease in the percent and number of clients who leave CAREAssist.	Percent of clients leaving CAREAssist for all reasons vs. total number of active clients.	Source: *CAREAssist database.*
	Decrease in number of clients in "pending" status more than 4 weeks when they risk treatment disruption.	Percent of clients in "pending" status more than 4 weeks vs. total number of clients assigned pending status.	*CAREAssist database.*
	Increase in number of clients who successfully transition from the "Bridge" program into CAREAssist.	Percent of clients in "Bridge" program who successfully transition to active CAREAssist status at the end of each quarter vs. total number of clients in "Bridge" program.	*CAREAssist database.*
	Increase in the number of clients who successfully re-certify for CAREAssist every 6 months.	Percent of clients who are re-certified each month vs. number of clients due for re-certification.	*CAREAssist database.*
CAREWare data is accurate.	Increase in the overall average for criteria that measure accuracy and completeness of data compared to the client paper file.	Percent of CAREWare data that match the paper charts.	Source: *CM Chart Review & Program site visits.*

Quality Improvement Capacity Building

The HIV Care & Treatment Program continues to build QI capacity through the Ryan White Program funded system of service delivery by regularly implementing the following activities:

- All of the funded providers are contractually required to perform a client chart review once a year, utilizing a standard protocol provided to them by the program. These results are reported in October of each year. The program then compiles the results and produces a report of all the results that is sent to each provider, is included in the annual Quality Management Report presented to the Oregon HIV Care Coalition and is posted on the program's web site.
- The results of all evaluation activities (such as the Case Management Client Satisfaction Survey, the Case Manager Satisfaction Key Informant interviews, the CAREAssist Client Satisfaction Survey, the Out of Care Study, etc.) are published in a printed report that is presented to the Oregon HIV Care Coalition, are sent to all the contracted providers and are posted on the program's web site.
- The program's site visits and chart reviews are summarized in a report for each provider site visited and the results are summarized in the annual Quality Management Report.
- The program convened a Transition Team in the summer 2007 to assist in planning for making significant improvements to the service delivery system funded by Ryan White Program, Part B. This process has resulted in a plan to pilot a new regional Care Coordination Center and a contract has been issued to a CBO to develop capacity in preparation for piloting the new center in Southern Oregon. This QI planning process has been documented and a presentation developed as part of an application to the Ryan White HIV/AIDS Treatment Modernization Act All Grantees Meeting in August 2008 to present the process at a workshop.
- The Medical Case Management Task Force is open to all HIV Case Managers funded by the program and meets regularly to review and improve the HIV Medical Case Management Standards of Service and the statewide standardized forms. This QI process offers a direct opportunity to provide QI training and technical assistance to all of the front-line providers.
- CAREAssist (ADAP) staff meet regularly to review the CAREAssist QI data and work as a team to develop strategies for improvement.

Quality Management Program Evaluation

The Quality Management Team regularly assesses the effectiveness of the QM Program by:

- Reviewing the data and analysis for applicability to planning needs and effectiveness in answering key questions required in monitoring the quality of the service system, as well as the program itself;
- Reviewing and revising the indicators/performance measures (including revising the definitions of the numerator and the denominator used to collect the data) to assure that the most accurate measures are being trended to help determine the quality of all services delivered;

- Reviewing and improving the site visit protocol and the local, contractually required chart review protocol;
- Reviewing and improving the contract language and requirements;
- And meets regularly to review all evaluation projects regularly undertaken by Program Design & Evaluation Services. The results of these evaluation projects are used to make system improvements (for example: the Acuity Scale Evaluation resulted in significant improvements in the HIV Medical Case Management Acuity Scale being implemented July 1, 2007).

Finally, the regular reporting of the Quality Management Plan implementation outcomes to both the statewide Quality Management Task Force and to the Oregon HIV Care Coalition results in a feedback mechanism that, not only holds the program accountable for implementing the plan, but provides good input and advise from an entire community of experts

Section II: Report on Quality Management Program Outcomes – 2007

Program Outcomes/Quality Improvement Initiatives

The Oregon HIV Care & Treatment Program has been involved in a number of Quality Improvement initiatives in 2006/2007. The data following is a summary of all the outcomes measured and improvement initiatives throughout the year.

I. Retention Rate in CAREAssist Project

Improvement Interventions:

- Bridge Program (program initiated by the medical provider where all of a client's medications are paid for while they complete necessary applications and activities to enter a medical payer program (CAREAssist, Oregon Health Plan, Medicare, etc.)
- Restricted Program (a three month "probation" period to attempt to help clients who have missed cost share payments or have not submitted a current Re-certification.)
- CAREAssist Staff have been assigned a case load and are expected to work more closely with clients and HIV case managers to help clients successfully remain in CAREAssist.
- A new application was released in May 2008. This application is shorter, easier to complete and can be downloaded and completed on a computer and then printed out to be mailed to CAREAssist.
- A new, shorter Re-certification application is currently being developed.

Data:

Criteria	2006	2007
Percentage of clients who leave CAREAssist for all reasons.	1.4%	1.2%
Of clients leaving, percentage who lose benefits because of not paying cost share or not re-certifying.	28%	15%
Percent of clients in "Restricted" status.	N/A	1.49%
Percent of clients in the Bridge Program who successfully enrolled in CAREAssist.	N/A	68%
Percent of clients who successfully re-certify.	92%	98%

II. Medical Case Management Program Improvement Project

Improvement Interventions:

- All contracted HIV case management providers are required to do an annual client chart review utilizing the standardized protocol provided by the Program and implemented by someone outside of the case management program. These chart review reports are submitted to HIV Care & Treatment

in October of each year and a full summary report is prepared, sent back to the Administrators, Nurse Supervisors and Case Managers at each site, as well as posted on the Program web site.

- The Program now does site visits to 5 sites per year to verify the CM Chart Review information, to evaluate the quality of the data being entered in CAREWare by comparing the data to the written notes and to evaluate the quality of the case management services being delivered, looking at referral follow-up and nursing interventions delivered after a need was identified during the Nurse Assessment.
- The HIV Case Management Task Force met in November 2006 and reviewed the Case Management Standards of Service and the case management forms package. A lengthy QI process was undertaken with this group to improve the standards and forms. The revised and improved standards and forms were July 1, 2007.
- Based on the results of the a special evaluation "Evaluating Oregon's Ryan White Care Act, Part B HIV Case Management Acuity Scale", the case management Acuity Scale was revised to provide life areas that align with the core responsibilities of Medical Case Management with focus on medical status, nutritional status, adherence status, oral health and HIV transmission risk reduction. A new QI Initiative is beginning in June 2008 to monitor the level of Medical Case Management interventions that high acuity clients receive.
- The HIV Medical Case Management/Support Services Program completely revised the Program Manual (includes: Case Management Standards of Service, the forms package, State Managed Services Program/CAREAssist/OHOP Policies and Procedures, Required Reporting Package and instructions, CAREWare Data Entry Manual, a Glossary and a Contact List) effective July 1, 2007.
- The HIV Medical Case Management Program began piloting a new "short version" re-assessment form (developed by one of the Nurse Case Managers) in three sites in January 2008. The Nurse Case Managers using the new form will participate in a forum to improve the form in July 2008 and the new form will be released for use in December 2008.

Data:

Criteria	2006		2007	
Percent of persons living with HIV/AIDS in HIV case management.	68%		65%[1]	
Percent of clients who received at least one face-to-face case management service.	86%		85%	
	Chart	***CAREWare***	***Chart***	***CAREWare***
Clients with a current acuity.	92%	91%	98%	72%
Adherence Assessment documented.	76%	64%	81%	71%
Received at least one Nurse Assessment in the year.	81%	81%	84%	77%
Client files with current labs.	79%	63%	86%	67%

Regional Care Coordination Pilot Project:

The HIV Care and Treatment Program convened a planning body consisting of local, state and national experts to address a number of system challenges currently facing the program. Participants included representatives from three of the four largest case management provider agencies (who also represented the three current models of service delivery), Nurse Case Managers, Psychosocial Case Managers, program supervisors, HIV certified physicians/national consultants, AETC RN Specialist/Trainers, CLHO-HIV, HRSA sponsored National Quality Center (NQC) and included a consumer representative.

The meeting agenda included a review of the current Ryan White Program; Part B funded case management and support services care model and a discussion of the strengths and weaknesses of the current model. The meeting outcome included improvement recommendations and a timeline for the development of a program improvement plan.

Improvement Goals

1. Revise and strengthen the current HIV Medical Case Management model so that it complies with the federal legislative requirements.
2. Align case management activities and goals with the acute and chronic HIV disease management needs of PLWH/A.
3. Strengthen communication between the HIV Medical Case Manager and the client's health care provider to encourage client access to and successful adherence with medical treatment.
4. Reduce the disparities in client access to care coordination and supportive services.
5. Provide a short-term client education intervention coordinated by an HIV Medical Case Manager for all newly diagnosed clients.
6. Provide greater access to expertise in key areas of client need: (a) nursing assessment and interventions for treatment adherence, nutrition, oral health, liver health/Hep C disease management and HIV exposure risk reduction; (b) targeted assessment and

1 Requirement to be in case management if in CAREAssist removed.

interventions for mental health and substance abuse issues; (c) chronic disease management/self management training; (e) AIDS Drug Assistance Program case management and benefits coordination; (f) housing case management; and (g) supportive services information, referral and access coordination.

7. Improve the clinical outcomes of people living with HIV in the Oregon.

Pilot Region

The HIV Care and Treatment Program will pilot program enhancements in the southwest region of the State in fiscal year 2009 (July 1, 2008 through June 30, 2009). This area will include clients and service providers in Lane, Josephine, Coos, Curry. This region was primarily chosen because all four county Public Health Departments have officially opted out of providing Ryan White services.

The program will contact major HIV medical providers in southwest Oregon in 2008 to explore their interest in the co-location of HIV medical case management staff in medical practice settings. Any changes to the location of case management services would not occur until 2009.

[HIV case management and support services contracts will remain unchanged for Ryan White Program Part B funded service providers not included in the pilot region through FY 2009.]

I. Data & General Program Improvements

Improvement Interventions:

- A new "Consent for Care" that covers all program elements (OHOP, CAREAssist & HIV Medical Case Management/Support Services) has been distributed to all clients in all of those programs and is now required.
- OMIP query developed for the HRSA/HAB required Group 1 Clinical Measures.
- OMIP data received and is being analyzed. Modifications to the query will be undertaken in July 2008 to improve the quality of the data.
- CAREAssist database enhancements and structural re-writes are currently being undertaken by the program to improve the quality of CAREAssist data.
- Clients and providers can provide feedback on-line through the program web site, effective March 2008.

Client-Level Health Outcomes

Outcomes	Indicators	Data Source(s)	2005	2006		2007	
Persons living with HIV/AIDS successfully access HIV case management services.	Reported Living HIV/AIDS	HIV/AIDS Reporting System (HARS)	1,145	1,218		1,354	
	Clients in Case Management	CAREWare	779	833		883	
	Percentage of clients in HIV case management		68%	68%		65%* **Requirement to be in case management if in CAREAssist removed*	
Quality of life of CARE Act clients is improved or maintained over time.			*(CM Chart Reviews)**	*(CM Chart Reviews)*	*(CAREWare)*	*(CM Chart Reviews)*	*(CAREWare)**
	Acuity Assessment Level	Local CM Chart Reviews	Acuity 1 25%	30%	32%	29%	23%
			Acuity 2 41%	50%	53%	56%	58%
			Acuity 3 33%	19%	14%	14%	10%
			Acuity 4 1%	1%	1%	1%	10%
		CAREWare	**Acuity Scale re-weighted with some life areas having lower points than others.*				**Acuity Scale revised for Medical CM.*
	Clients with Acuity updated at least annually		93%	92%	91%	98%	72%
Disease progression among CARE Act clients is slowed or prevented over time.	CD4 of 199 or below	HARS	N/A	11%		25%	
	Viral load of 10,001 or above		N/A	10%		21%	

Outcomes	Indicators	Data Source(s)	2005	2006	2007
Proportion of clients accessing primary health care services increases over time.	Clients with primary care provider reported	CAREWare	N/A	90%	96%
	Primary care provider documented in file & in CAREWare	CM Chart Review	96%	85%	90%
Proportion of clients who have primary medical treatment payer increases over time.	Clients reporting a primary medical treatment payer	CAREWare	N/A	87%	96%
	Primary medical treatment payer documented in file & in CAREWare	CM Chart Review	94%	86%	89%
Number of clients adhering to HIV medications regime increases over time.	Adherence Stage 1 Adherence Stage 2 Adherence Stage 3 Adherence Stage 4	CAREWare		Stage 1 69% Stage 2 14% Stage 3 13% Stage 4 4%	Stage 1 69% Stage 2 15% Stage 3 12% Stage 4 3%
	Adherence assessment reported	CAREWare Chart Review	N/A 81%	64% 76%	71% 81%
Primary care services meet HIV-related treatment standards.	Files with current labs	CM Chart Review	74%	79%	86%

	Reported CD4 or VL within the last 12 months. Clients report having a CD4 or VL within past 6 months	CAREWare CAREAssist	N/A N/A	63% 60%	67% 50%
Clients are finding out their HIV status early in their disease progression.	AIDS status of newly reported HIV diagnosis (% who also have AIDS).	HARS	20%	23%	23%
Clients are getting into CAREAssist (and treatment) early in their disease progression.	AIDS status of newly enrolled CAREAssist clients. (% who have AIDS).	CAREAssist	58%	63%	48%
Newly diagnosed clients are receiving their first lab (an indicator of accessing medical care) within 30 days of diagnosis.	Clients who received a lab within 30 days of a new HIV diagnosis.	HARS	N/A	N /A	46%

Client Level Health Outcomes (HARS)

1. HIV/AIDS cases living 12 months after the end of the quarter who had a CD4 or viral load in the first months after the end of the quarter <u>and</u> a CD4 or viral load test in the subsequent six months (N) vs. all active individuals in the database (D)[2]

Ratio	10/20/05	1/20/06	4/20/06	7/20/06	10/20/06	1/20/07	3/31/07	6/30/07	9/30/07	12/31/07
N	1020	1001	964	933	1118	1304	2322	2887	2859	2968
D	4555	4537	4528	4518	4505	5618	5858	6265	6394	6531
%	22%	22%	21%	21%	25%	23%	39%	46%	45%	45%

2006 Average = 23%   2007 Average = 44%

2. HIV/AIDS cases living 12 months after the end of the quarter who had either (1) a CD4 test in the first six months after the end of the quarter <u>and</u> a CD4 test in the subsequent six months or (2) a viral load test in the first six months after the end of the quarter <u>and</u> another viral load test in the subsequent six months (N) vs. all active individuals in the database (D)[3]

Ratio	10/20/05	1/20/06	4/20/06	7/20/06	10/20/06	1/20/07	4/1/07	6/30/07	9/30/07	12/31/07
N	996	977	942	919	1089	1274	2308	2886	2159	3704
D	4555	4537	4528	4518	4505	5618	5858	6265	6394	6531
%	22%	22%	21%	20%	24%	23%	39%	46%	34%	57%

2006 Average = 22%   2007 Average = 44%

2 Prior to April 2006, CD4 above 201 and Undetectable Viral Load were not reported. Because of reporting delays from labs, improved data after 10/06.
3 Prior to April 2006, CD4 above 201 and Undetectable Viral Load were not reported. Because of reporting delays from labs, improved data after 10/06.

3. Number of individuals newly reported with HIV infection who also have an AIDS diagnosis (N) vs. Total number of individuals who were reported (D)

Ratio	10/20/05	1/20/06	4/20/06	7/20/06	10/20/06	1/20/07	3/31/07	6/30/07	9/30/07	12/31/07
N	13	20	11	17	3	11	10	10	11	14
D	65	70	65	65	19	33	60	43	42	58
%	20%	29%	17%	26%	16%	33%	17%	23%	26%	24%

2006 Average = 23% **Average 2007 = 23%**

4. Number of individuals newly reported with HIV infection (not AIDS) who progress to AIDS diagnosis within 12 months of HIV diagnosis (N) vs. Total number of individuals who were newly reported with HIV (D)

Ratio	10/20/05	1/20/06	4/20/06	7/20/06	10/20/06	1/20/07	3/31/07	6/30/07	9/30/07	12/31/07
N	7	7	15	13	7	8	20	18	10	11
D	59	57	57	57	52	53	60	80	47	59
%	12%	12%	26%	23%	14%	15%	33%	22.5%	21%	19%

2006 Average = 20% **2007 Average = 24%**

5. Number of individuals who die within 12 months of HIV diagnosis (N) vs. Total number of individuals who were newly reported with HIV (D)

Ratio	10/20/05	1/20/06	4/20/06	7/20/06	10/20/06	1/20/07	3/31/07	6/30/07	9/30/07	12/31/07
N	5	2	2	0	2	1	1	1	0	1
D	59	57	57	57	52	53	60	80	47	59
%	9%	4%	4%	0%	4%	1.8%	1.6%	1.25%	0%	1.7%

2006 Average = 2.45% **2007 Average = 1.13%**

How Oregon compares to other states:

State	Newly reported HIV who also had an AIDS diagnosis within CY 2007	Newly reported HIV who progress to AIDS within 12 months of diagnosis	Newly reported HIV who die within 12 months of diagnosis
Alabama	29%	31%	2.7%
Arkansas	32%	46%	5%
Florida	12%	22%	2%
Georgia	37%	24%	4.1%
Michigan	28%	33%	Not reported
Missouri	15%	18%	4%
Ohio	21%	16%	4%
Average	**25%**	**26%**	**3.5%**
Oregon	**23%**	**20%**	**2.7%**

6. Total number of persons with a viral load of 10,001 or above (log 4.0) (N) vs. number of people in database who had at least one viral load test in the 12 months prior to the end of the quarter date (D)

Ratio	3/31/07	6/30/07	9/30/07	12/31/07
N	659	731	728	1154
D	3797	3960	3934	3914
%	17%	18%	19%	30%

Average = 21%

7. Total number of who have a CD4 of 199 or below (N) vs. number of people in database who had at least one CD4 test in the 12 months prior to the end of the quarter date (D)

Ratio	**3/31/07**	**6/30/07**	**9/30/07**	**12/31/07**
N	588	1214	1100	972
D	3690	3832	3774	4103
%	16%	32%	29%	24%

Average = 25%

8. Delay between HIV/AIDS diagnosis and first reported viral load test or CD4 count in 2007.

Oregon HIV/AIDS Cases Diagnosed in 2007	**Lab in less than 30 days**		**Lab between 30-60 days**		**Lab after 60 days**		**No CD4 or VL result**	
	#	%	#	%	#	%	#	%
258	119	**46%**	61	**24%**	53	**21%**	25	**10%**

Oregon Medical Insurance Pool (OMIP) HIV Data
HRSA Core Clinical Indicator Results

HIV Care & Treatment has hired an MD consultant to assist the program in developing the query for the OMIP data to help measure the HRSA recommended Group 1 clinical measures. The data below is the preliminary data and is very, very rough. As this process unfolds, more sophisticated query methodology and more refined definitions are being developed. Two of the indicators require first identifying the denominator through the surveillance data (to identify clients with an AIDS diagnosis). One of the indicators will require further clarification from HRSA/HAB related to how to define "pregnancy," i.e. date of delivery, point of entry into prenatal care, last menstrual period date, gestational period?

1. Percentage of clients with HIV infection who had two or more medical visits in an HIV care setting in the measurement year.

N: Number of HIV infected clients who had a medical visit with a provider with prescribing privileges in an HIV care setting two or more times at least three months apart during the measurement year.
D: Number of HIV infected clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year.

Numerator	Denominator	Result
364	609	59.8%

Note: The denominator is the CAREAssist Group in OMIP (the group that CAREAssist pays premiums for or a total of 1,042 unique clients.) 25% of this group had no HIV indicator identified in the OMIP data.

2. Percentage of clients with HIV infection who had 2 or more CD4 T cell counts performed in the measurement year.

N: Number of HIV infected clients who had 2 or more CD4 T cell counts performed at least three months apart during the measurement year.

D: Number of HIV infected clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year.

Numerator	Denominator	Result
436	609	71.6%

3. Percentage of clients with AIDS who are prescribed HAART.

N: Number of clients in the denominator who were prescribed a HAART regimen, within the measurement year.
D: Number of clients who have a diagnosis of AIDS (history of CD4 T cell count below 200 cells/mm3 or other AIDS defining conditions) and had at least one medical visit with a provider with prescribing privileges in the measurement year.

Numerator	Denominator	Result
16	51	31.4%

Note: There was a problem identifying this group. The query used only AIDS defining conditions to identify the denominator. This denominator needs to be generated by first having Surveillance identify the OMIP/CAREAssist clients with AIDS. Additionally, identifying how to query HAART will need to be further defined to include both multiple drug regimens when there are multiple drugs prescribed and when the multiple drugs are part of one medication.

Quality Assurance/Process Evaluation

Outcomes	Indicators	Data Source(s)	2005	2006	2007
Ryan White Program funds are used as payer of last resort.	Income verified	CM Chart Review	92%	91%	90%
	Update income annually	CAREWare	N/A	96%	94%
	Referrals and follow-up documented.	CM Chart Review	93%	89%	95%
Every client accessing Ryan White Program, Part B services will have a case manager.	Clients receiving at least one face-to-face case management contact in year.	CAREWare	89%	86%	85%
	Clients with a case manager listed in their record.	CAREAssist	N/A	94%	92%
All clients in case management will receive at least one Nurse Assessment per year.	Client receiving at least one RN Assessment or Re-assessment.	CAREWare	70%	81%	77%
		CM Chart Review	88%	81%	84%
Ryan White Program funded providers will ensure that every client receives information on: • Informed Consent • Client grievance • Client rights & responsibilities	Informed Consent	CM Chart Review	87%	93%	79%
	Client grievance policy.		90%	90%	93%
	Client Rights & Responsibilities on file.		91%	96%	97%

Outcomes	Indicators	Data Source(s)	2005	2006	2007
Eligibility will be documented for all clients receiving Ryan White Program, Part B services: • HIV status • Income	HIV status documented in paper file	CM Chart Review	81%	91%	91%
	Income verified in paper file	CM Chart Review	92%	91%	90%
All clients receiving Ryan White Program, Part B services will have a current Release of Information in their file.	Current Release of Information file.	CM Chart Review	94%	90%	89%
Clients will be satisfied with the Ryan White Program, Part B services they receive.	Program was "good" or "excellent" for "overall quality of service."	CAREAssist Client Survey	93%	93%	N/A
	Case management was "good" or "excellent."	Case Management Client Survey	84%	N/A	84%
Case management services meet the program's standards of care.	The overall compliance average of the criteria measured.	CM Chart Review	89%	88%	91%

Outcomes	Indicators	Data Source(s)	2005	2006	2007
CAREWare data is accurate	The overall average for 8 criteria that measure accuracy and completeness of data compared to the client paper file.	CM Chart Review	89%	85%	89%

CAREAssist Quality Improvement Data

1. Total number of active clients by month and percentage of total active clients who leave CAREAssist for all reasons

	Jan. 07	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Total Active Clients	1535	1565	1573	1580	1607	1613	1615	1643	1655	1658	1669	1700
% Termed	.72%	2%	1.4%	1.2%	1.8%	1.3%	1.1%	.9%	1.1%	1.4%	.78%	.47%

	Jan. 06	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Total Active Clients	1375	1389	1412	1454	1472	1382	1377	1353	1363	1462	1496	1515
% Termed	.79%	1.15%	1.13%	1.03%	1.56%	1.59%	4%*	.96%	2.5%	.14%	1%	1.3%

* 47 were termed because they received new benefit from OHP – no co-pays/no need for CAREAssist

2006 Average = 1.4% **2007 Average = 1.2%**

2. Clients who lose benefits because of not paying cost share or not re-certifying (N) vs. Total number of clients leaving (D)

Ratio	Jan. 07	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
N	3	4	4	7	9	2	1	3	1	0	0	2
D	13	34	22	19	31	21	18	15	20	24	13	12
%	23%	12%	18%	37%	29%	10%	6%	20%	5%	0%	0%	17%

Ratio	Jan. 06	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
N	6	0	4	3	13	6	2	5	13	0	5	8
D	11	15	16	15	23	22	58	13	34	2	15	20
%	54%	0%	25%	20%	56.5%	27%	3%	38%	38%	0%	33%	40%

2006 Average = 28% **2007 Average = 15%**

3. Clients who have "Restricted" status during the month (N) vs. Total number of active clients (D)

	Jan. 07	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
N	25	32	39	7	32	27	39	25	21	14	12	16
D	1535	1565	1573	1580	1607	1613	1615	1643	1655	1658	1669	1700
%	1.6%	2%	2.5%	.4%	2%	1.7%	2.49%	1.5%	1.3%	.84%	.71%	.94%

2007 Average = 1.49%

4. Clients in "Pending" status more than four weeks (N) vs. Total number of clients in "Pending" status (D)

Ratio	1/1/05-9/30/05	10/1/05-1/31/06	2/1/06-3/31/06	4/1/06-7/31/06		1/1/07-3/31/07	4/1/07-6/30/07	7/1/07-9/30/07	10/1/07-12/31/07
N	56	30	6	11		17	16	6	6
D	212	78	40	77		67	67	53	35
%	26%	38%	15%	14%		25%	24%	11%	17%

2007 Average = 19%

5. Clients who were in the Bridge program in the quarter and are successfully enrolled in CAREAssist by the end of the quarter (N) vs. Total number of clients in the Bridge program in the quarter (D)

Ratio	3/31/07	6/30/07	9/30/07	12/31/07
N	37	27	18	26
D	49	35	27	49
%	76%	77%	67%	53%

2007 Average = 68%

6. Number of CAREAssist clients who re-certified (N) vs. Total number of CAREAssist clients due for re-certification (D)

Ratio	Jan. 07	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
N	183	225	229	234	276	211	231	233	264	241	302	219
D	194	232	231	243	279	217	236	235	269	243	305	222
%	**94%**	**97%**	**99%**	**96%**	**99%**	**97%**	**98%**	**99%**	**98%**	**99%**	**99%**	**99%**

Ratio	Jan. 06	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
N	180	171	199	215	213	170	185	184	210	215	274	184
D	186	179	208	226	223	176	202	197	213	259	321	238
%	97%	96%	96%	95%	95.5%	96.6%	91.5%	93%	99%	83%	85%	77%

2006 Average = 92%   **2007 Average = 98%**

7. CAREAssist applicants approved, denied, pending or incomplete notification for enrollment within 2 weeks of receiving application (N) vs. Total new applications received (newly enrolled) (D)

Ratio	Jan. 07	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
N	41	32	51	25	45	28	28	48	36	31	31	37
D	64	48	63	37	58	41	44	59	42	38	42	51
%	64%	67%	81%	68%	78%	68%	64%	81%	86%	82%	74%	73%

2007 Average = 74%

Case Management Program Quality Improvement Data

Year	# Clients who received a CM service	# Clients who received a FTF CM service	% of clients receiving a FTF CM service	Total CM Hours Delivered	Total CM FTE	# of Case Managers Splitting FTE	Caseload per FTE (FTF clients)
2005	779	697	89%	13,503	16.75	42	42
2006	838	708	85%	16,088	14.87	34	48
2007	883	747	85%	19,763	15.13	39	49

Comparing Hours/Client by Model of Case Management Program

CM Model	Percent of Total CM Clients Represented			Average Hours (Total) Per Client			Average Hours (Client Direct) Per Client		
	2005	2006	2007	2005	2006	2007	2005	2006	2007
Health Dept: RN Only[4]	26%	29%	25%	25	20	22	17	14	14
Health Dept: Multi-Disciplinary[5]	38%	35%	37%	13	17	22	9	12	14
CBO: Multi-Disciplinary[6]	36%	37%	38%	22	31	33	15	21	21
Total System Average				19 hrs.	23 hrs.	26 hrs.	14 hrs.	16 hrs.	16 hrs.

[4] (13) sites in 2005 & 2006, (12) sites in early 2007 and (11) sites in late 2007
[5] (4) sites in 2005 & 2006, (3) sites in 2007
[6] (3) sites in 2005, 2006, 2007

Percent of Active Clients (one FTF) receiving a Nurse Assessment/Reassessment and Psychosocial Assessment/Reassessment in Multi-disciplinary Sites[7]

Year	**CAREWare** (An RN reassessment date and a Non-RN reassessment date was entered into CAREWare)		**CM Chart Review** (Client participated in one face-to-face Biopsychosocial Assessment/Reassessment and forms are completed)	
	RN Reassessment	**Psychosocial Reassessment**	**RN Assessment / Reassessment**	**Psychosocial Assessment / Reassessment**
2005	56%	48%	88%	88%
2006	75%	72%	82%	81%
2007	67%	70%	89%	84%

Note: This data shows clear improvement in the quality of the CAREWare reporting, though if compared to the hard charts, there is still a significant gap between the results. The CM Chart Review does not only look at reassessments but includes the Intake/Initial Assessment so the data will be skewed when comparing the two datasets. However, this provides an opportunity to begin comparing the data across multiple data collection strategies. The first QI activity related to improving this outcome will be identifying how much of the problem is a data entry problem vs. clients genuinely not receiving an annual reassessment.

[7] Health Dept. Nurse-only sites do not separate out the time for psychosocial assessments/reassessment since these activities are also done by the RN.