

**Ryan White Title II
HIV Client Services
Quality Management Program
Outcomes 2004**

STATE OF OREGON



**Oregon Department of Human Services
Health Division**

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Section I: Oregon Ryan White Title II Quality Management Program

The Goals of the Oregon HIV Client Services Program are to:

- Develop a quality continuum of HIV care statewide that meets the needs of people living with HIV/AIDS.
- Develop partnerships with the community, especially with people infected and affected by HIV/AIDS.
- Coordinate efforts across county, state and federal agencies whose primary services include people living with HIV/AIDS & their families.
- Provide technical assistance and guidance to Ryan White funded service providers and local health departments to meet Ryan White Title II program goals.
- Support local community based organizations' participation in the comprehensive continuum of care.
- Maximize access to high quality health care and minimize disparity in health outcomes for recipients of HIV services. Disparities will be impacted by geographic, socio-economic, racial/ethnic, gender, age, and risk factors.
- Improve health outcomes for people living with HIV/AIDS.
- Link support services to HIV medical care and treatment.
- Manage state and federal funds effectively in furtherance of program goals.
- Participate in coordination of planning and implementation efforts across all Ryan White CARE Act Titles in the State of Oregon.
- Collaborate with the Conference of Local Health Officials (CLHO) on program requirements for distribution of funds to county health departments.

Overview of Program

There are two major components evaluated in Oregon's Ryan White Title II Quality Management Program: client-level health outcomes and quality assurance/process evaluation. There are currently eleven (11) quality management activities that provide sources of data to be evaluated for both outcomes and quality assurance criteria:

- CARE Ware has been installed in all Title II-funded provider locations and is generating data reports in response to outcomes and quality assurance queries;
- Oregon's ADAP program, CARE Assist, has a data base that captures outcomes and quality assurance data;
- HIV/STD/TB's Data & Analysis Group provides information on number of new HIV and AIDS diagnoses;
- HIV/STED/TB's Data & Analysis Group provides information on reported lab work by client to evaluate compliance with recommended treatment protocols;
- The Title II AIDS Drug Assistance Program, CARE Assist, has an annual client file/data review as a component of its internal quality assurance protocol;
- An annual Title II HIV case management site visit and client file review evaluates compliance with the HIV case management standards, collects client-level health outcomes data and evaluates the quality of the data being entered in CAREWare;
- County health departments, the Title II HIV case management subcontractors, submit annual plans which report on compliance with program requirements;
- County health departments submit quarterly service utilization and financial reports;
- HIV case management programs submit quarterly program narrative reports;
- Oregon's Program Design and Evaluation Services (PDES) conducted two surveys: (1) a statewide Case Management Client Satisfaction Survey and (2) a CAREAssist Client Satisfaction Survey in 2004.

Section II: Report on Quality Management Program Outcomes

Program Outcomes

The Oregon Ryan White Title II program has just completed its fourth year of collecting information and data as part of its Quality Management process. While more information is becoming available, the following challenges, problems and issues should be factored into any discussions and planning with the information and data in this report:

1. The quality of data gathered in CAREWare is improving as case managers get more training and experience in using the computer program but there will always be some level of input error. The 2004 site visits included an evaluation of the quality of data being input. The CAREWare review included a comparison of what was reported in the paper chart versus what was entered into the electronic record in CAREWare. Of the records reviewed, on average the Title II service area did not meet the minimum requirement of 80% accuracy rate when entering required data fields in each of the criteria reviewed; however it was an improvement from the baseline data collected in 2003.
2. Viral load and CD4 data is currently collected during the case management site visits. The collected data currently includes client reported data. As of July 2004, case managers are required to obtain a copy of the most current lab work by July of each year. The accuracy of lab values will improve with this requirement and client reported data will no longer be allowed to be entered into CAREWare. CD4 and viral load values are currently being entered into CAREWare by the case managers and will be available after the conversion to the upgraded CAREWare 4.0 in 2005. The upgraded version of CAREWare will allow access to all the data in the 20 provider sites on a regular basis, instead of the current method, which requires each site to run a report once a year.
3. Where a client accesses primary health care is entered into CAREWare by the case managers. This information was not collected during the 2004 site visits but will be available with the new upgrade of CAREWare, sometime in 2005.

CLIENT-LEVEL HEALTH OUTCOMES

Outcomes	Indicators	2002	2003	2004
Persons living with HIV/AIDS successfully access Ryan White CARE Act funded services.	Reported HIV/AIDS	718	870	1,059
	Clients in CAREWare	626 (2001)	683 (2002)	737 (2003)
	Percentage of clients in care	87%	79%	70%
Disease progression among CARE Act clients is slowed or prevented over time.	<i>From Case Management site visits:</i>			
Quality of life of CARE Act clients is improved or maintained over time.	Acuity Level 1	11%	16%	17%
	Acuity Level 2	48%	49%	44%
	Acuity Level 3	37%	34%	38%
	Acuity Level 4	1%	0%	1%
	CD4 less than 350		34%	50%
	CD4 more than 350	N/A	66%	50%
	Viral load less than 10,000		78%	66%
	Viral load greater than 10,000	N/A	22%	34%
Proportion of clients accessing primary health care services increases over time.	<i>From CAREAssist:</i>			
	Clients reporting a medical provider	N/A	85%	94%
Proportion of clients who have health insurance increases over time.	<i>From CAREAssist:</i>			
	Clients with insurance	N/A	67%	80%

	<i>From CAREW are:</i>	(2001)	(2002)	(2003)	<i>CARE Assist:</i>
	Medicaid	42%	45%	39%	15.8%
	Private insurance	19%	22%	25%	44.5%
	Medicare	10%	13%	20%	24%
	No insurance	4%	6%	7%	
	Unknown	9%	5%	2%	
	Other public	n/a	6%	4%	Other:
	Other	n/a	3%	2%	15.7%
Number of clients adhering to HIV medications regime increases over time.	<i>From Case Management site visits:</i>				
	Adherence assessed	81%	93.5%	91.5%	
	Adherence Stage 1	55%	75%	69%	
	Adherence Stage 2	7.5%	9.5%	16.5%	
	Adherence Stage 3	9.5%	9.5%	13%	
	Adherence Stage 4	8.2%	5.5%	1%	
Primary care services meet HIV-related treatment standards.	<i>From Case Management site visits:</i>				
	Charts with copies of lab work	N/A	82.5%	76%	
	Lab work less than 1 year		62%	67%	
	Lab work greater than 1 year		38%	33%	

QUALITY ASSURANCE/PROCESS EVALUATION

Outcomes	Indicators	2002	2003	2004
Ryan White funds are used as payer of last resort.	Income verified.	59%	86.5%	73%
	Referrals and follow-up documented.	94%	97%	91%
Ryan White funded providers will implement quality assurance mechanisms within their own agency.	Programs report some type of QA activity	75%	83%	75%
Every client accessing Ryan White Title II services will have a case manager.	<i>From CAREWare:</i> Clients receiving at least one face-to-face case management contact in year.	78%	79%	80%
	<i>From CAREAssist:</i> Clients with a case manager listed in their record.	72%	77%	86.5% (Of clients with no case manager listed, 3% were from outside the EMA)
Ryan White CARE Act funded providers will ensure that every client is informed about: <ul style="list-style-type: none"> • Client confidentiality • Client grievance • Client rights & responsibilities 	<i>From Case Management site visit:</i> Client confidentiality policy.	100%	100%	100%
	Client grievance policy.	100%	100%	100%
	Client Rights & Responsibilities on file.	78%	95%	99%

<p>Eligibility will be documented for all clients receiving Ryan White Title II services:</p> <ul style="list-style-type: none"> • HIV status • Income 	<p><i>From Case Management site visit:</i></p>			
	<p>HIV status documented in paper file</p>	66.5%	88.5%	87.5%
	<p>HIV status documented in CAREWare</p>	N/A	N/A	63%
	<p>Income verified in paper file</p>	59%	86.5%	73%
	<p><i>From CAREAssist chart review:</i></p>			
	<p>HIV status documented in paper file.</p>	N/A	N/A	89%
	<p>HIV status documented in database.</p>			92%
<p>All clients receiving Ryan White Title II services will have a current Release of Information in their file.</p>	<p><i>From Case Management site visit:</i></p>			
	<p>Current Release of Information file.</p>	42%	86%	95%
<p>Clients will be satisfied with the Ryan White Title II services they receive.</p>	<p><i>CAREAssist:</i></p> <p>Program was “good” or “excellent” for “overall quality of service.”</p>	90%	92%	88%
	<p><i>Title II Case Management:</i></p> <p>Case management was “good” or “excellent.”</p>	N/A	91%	91%

Case management services meet the program's standards of care.	<i>From Case Management site visit:</i> The overall compliance average of the criteria measured.	78%	90%	90%
CAREWare data is accurate	<i>From Case Management site visit:</i> The overall average for criteria that measure accuracy and completeness of data compared to the client paper file.	N/A	N/A	68%
CAREAssist services meet the program's standards.	<i>From CAREAssist Internal Client File Review:</i> For paper client file- The overall compliance average of the criteria measured. For data file- The overall accuracy and completeness of data compared to the paper file.	N/A	N/A	66%
		N/A	N/A	80%



Oregon Ryan White Title II HIV Case Management Program Review

Site Visit Summary Report 2004

Introduction

Oregon Department of Human Services, Health Services, HIV Client Services is required to monitor the quality of services funded by the Ryan White CARE Act, Title II. Specifically, the administrative agency for the Ryan White CARE Act, Health Resources and Services Administration (HRSA) mandates site visits to monitor program and fiscal outcomes. In 2000, HIV Client Services convened an HIV Case Management Task Force, composed of Ryan White Title II HIV case managers, to partner with the program in developing the HIV case management quality management component, referenced in contractual arrangements with the local county health departments. This Task Force developed the HIV Case Management Standards of Care and the standardized forms required to implement a quality management program. The Task Force meets periodically to review the standards and forms and make continuous improvement recommendations for the overall quality of the HIV case management program.

Additionally activities that support continuous quality improvement of the HIV Case Management Program include: (1) new case manager trainings offered quarterly (based upon how many new case managers there are that need to be trained); (2) statewide case management trainings offered annually; (3) an Adherence Nurse Specialist available for consultation to all the case managers and their clients; (4) development of a new Benefits Counselor program to support the case managers and their clients; (5) quarterly reports submitted by local programs are reviewed; (6) semi-annual program manual updates and (7) ongoing technical assistance available to all case management sites.

To implement quality management activities, HIV Client Services Program staff conducts site visits, which consist of an interview and chart reviews. A site visit protocol is developed to reflect elements of the HIV Case Management Standards of Care and the HIV Client Services Program policies and procedures. Site visit protocols are distributed to each site prior to the visit and used to structure the site visit. For the second year, the site visit protocol included a review of the data management system, CAREWare. The 2003 review established a baseline for future reviews. The 2004 review of the data management system is now fully integrated into the program review and the outcomes are reported below. Quality data is critical for program planning, resource allocation and assess the effectiveness and efficiency of the entire system. Quality management and program monitoring will increasingly depend on accurate electronic CAREWare data as a primary information source and less on the review of a paper file. Continued funding of the Title II program will rely heavily on the programs ability to provide quality and accurate client level data to HRSA. Similarly, local county funding may be affected by the quality and accuracy of data submitted to the HIV Client Services Program.

The 2005 Ryan White CARE Act, Title II Program Guidance now requires each state to prioritize and allocate funds to essential core services which are: (1) Primary Medical Care consistent with Public Health Service (PHS) Treatment Guidelines; (2) HIV Related Medications; (3) Mental Health Treatment; (4) Substance Abuse Treatment; (5) Oral Health; and (6) Case Management. Further, the

Program Guidance states that “Grantees must ensure that contractors/subcontractors have quality management (QM) program[s] in place. Through QM efforts, service providers should be able to identify problems in service delivery that may impact health status outcomes at the client and system level. Evidence of QM activities should be included in contract language with service providers and site-visit protocols and other monitoring tools and processes used by the grantee.”

In addition to the quality of data entered by the local programs, the site visit review will focus more directly on: (1) reporting of health outcomes by the case managers, (2) the quality of the nursing case management in relationship to nursing interventions in areas such as adherence and nutrition, and (3) the local program’s quality management activities.

Program Review Process

There were 16 site visits conducted in 2004. Counties with HIV case management caseloads of 30 clients or more are reviewed annually. Counties with HIV case management caseloads of 29 (low incidence counties) or less are reviewed every two years. The low incidence counties were divided into two groups, site reviews were conducted in 2003 and the remaining counties were reviewed in 2004.

Site visits were scheduled in late June, July, August and September, 2004. The site visits were conducted by Annick Benson-Scott, HIV Client Services Program Coordinator and Donna Yutzy, Ryan White Title II Program Consultant. This summary report and individual county reports are mailed to all the county Administrators and Supervisors. Case managers are notified by email that the reports are available.

Participants in the Program Review

<u>County</u>	<u>HIV Case Manager(s)</u>	<u>Supervisors</u>
Clatsop*	Nancy Mazzarella-Tisch, Nurse Case Manager	Lynn Cook, Nursing Supervisor
Coos	Patty Flett, Nurse Case Manager Karen Devereux	Louise Whitehead, Nursing Supervisor
Crook*	Debbie George, Nurse Case Manager	Wendy Perrin, Administrator/ Nursing Supervisor
Curry*	Patti Collins, Nurse Case Manager Dave Manzella	Georganne Greene, Public Health Administrator
Deschutes	Holly Nyquist, Nurse Case Manager Susan McCreedy	Muriel DeLa Vergne-Brown, Nursing Supervisor
Douglas	Billy Russo Lynn Sterchi	Dawnelle Marshall, Nurse Supervisor Karen Vian, Program Manager
EOCIL*	Heidi Eidler Kelly Rumsey	Kirt Toombs, Executive Director Sherrie Alston, Quality Management Coordinator

		Sylvia Wenke, Administrative Coordinator
Hood River*	Linda Grunke, Nurse Case Manager	Patricia Stokes, Nursing Supervisor
Jackson	Al Solochier, Nurse Case Manager Tina Lines	Viki Barbour, Program Manager
Josephine	Jamie Leshner	Leslie O'Brien, Administrator
Lane	Larry Garcia, Nurse Case Manager Jonathan Livingston	Renee Yandel, HIV Case Management Supervisor
Lincoln*	Cheryl Connell, Nurse Case Manager Dani Kay, Nurse Case Manager	Cheryl Connell, Program Manager
Linn	Karen Fox, Nurse Case Manager	Francie Hood-Fysh, Nursing Supervisor
Marion	Sheryl Powell, Nurse Case Manager Jerae Bjelland	Lavinia Goto, Public Health Division Director
Polk*	Elidia Seymour, Nurse Case Manager	
Wasco-Sherman*	Kathy Sauer, Nurse Case Manager	Kate Karlson, Clinical Program Supervisor

* Low incidence counties based on 2003 CADR data.

Each site was asked specifically to identify all of their active files and the files were counted by both reviewers to verify the number of active clients. Files were then randomly selected to be reviewed. Twenty three percent (23%) of active files in the 16 sites were reviewed. The following chart shows the number of charts reviewed in 2004 by county and the number of active client files counted. Additionally, this chart shows the total HIV/AIDS living in the service area as of 10/31/04 as provided by the State of Oregon Surveillance Department. (These numbers do not account for people who may have relocated.) This shows that 54% of people living with HIV/AIDS in the area are in active HIV case management.

Number/Percent of Files Reviewed and Total HIV/AIDS Living in Service Area

County	Number of Files Reviewed 2004	Number of Active Client Files (hard chart) 2004	Total HIV/AIDS Living in Service Area (As of 10/31/04)**
Benton	NS	NS	NS
Clatsop	4	4	15
Coos	7	27	36
Crook	3	3	3
Curry	6	8	7
Deschutes	10	34	48
Douglas	10	33	54
EOCIL*	10	33	58
Hood River	5	7	7
Jackson	10	74	118
Jefferson	NS	NS	NS
Josephine	8	31	49
Klamath/Lake	NS	NS	NS
Lane	12	136	232
Lincoln	7	23	31
Linn	10	32	42
Marion	10	80	266
Polk	10	13	21
Tillamook	NS	NS	NS
Wasco-Sherman	5	5	10
TOTAL	127	543	997

NS = No site visit

*Provides services to Baker, Gilliam, Grant, Harney, Malheur, Morrow, Umatilla, Union, Wallowa

**Provided by State of Oregon Surveillance. Does not account for people who have relocated. This reflects original county for AIDS diagnosis and county of residence for most recent lab report.

This report and the program chart review follow the HIV Case Management Standards with the following sections:

- Intake
- Assessment and Reassessment
- Care Planning
- Referral and Advocacy
- Follow-up and Monitoring
- Transfer and Discharge

These sections are followed by the report on the CAREWare Data Management results.

Intake

Standard:

Each prospective client who is referred and desires or who requests Ryan White Title II-funded services will be properly screened and evaluated through a brief face-to-face intake process designed to gather information for future service delivery and assist in decision-making regarding immediate needs.

Criteria include: (1) Intake will be initiated as soon as is possible (recommend within 2 weeks of referral); (2) the client is provided with a description of services available from the agency as well as services available from other agencies; (3) the Intake is documented on the standard “Intake/Client Health Assessment Form”; (4) documentation of mandated activities verifying HIV status and income; and (5) required forms to include a current Release of Information (ROI), Client Rights & Responsibilities, Informed Consent and proof that the client was informed about the agency’s client grievance procedures.

Percent of Files Reviewed That Meet the Intake Criteria (Table #1)

Criteria	Intake Completed & Date on Enrollment Checklist			HIV Documentation Within 30 days of Intake & On Enrollment Checklist			Income Verified On Enrollment Checklist		
	2002	2003	2004	2002	2003	2004	2002	2003	2004
Date									
Mean	87%	95.5%	96%	69%	88.5%	87.5%	63%	86.5%	73%

Percent of Files Reviewed That Meet the Intake Criteria (Table #2)

Criteria	Current ROI			Client Rights & Responsibilities Signed		
	2002	2003	2004	2002	2003	2004
Date						
Mean	47%	86%	95%	78%	95%	99%

Percent of Files Reviewed That Meet the Intake Criteria (Table #3)

Criteria	Informed Consent Obtained		Client notified about Grievance Process		Has a Client Resource Directory		
	2003	2004	2003	2004	2002	2003	2004
Date							
Mean	83%	81%	86%	86%	55%	92%	100%

Assessment & Reassessment

Standard:

Each client of case management services will participate in at least one (1) face-to-face interview to assess their biopsychosocial needs on an annual basis.

Criteria include: (1) the Assessment must be documented on the standardized “Intake/Client Health Assessment Form”; (2) the assessment process utilizes the “Oregon Client Acuity Scale Worksheet” as a tool to assist in summarizing the results of the assessment and determining level of need; (3) Stage 3 & 4 clients require a multi-disciplinary team with nurse case manager supervision and require the nurse case manager to sign off on both the assessment and the care planning goals and activities.

Standard:

At least annually, all clients receiving case management services will have their needs reevaluated through a comprehensive face-to-face biopsychosocial reassessment.

Criteria for reassessment include: (1) a comprehensive face-to-face biopsychosocial reassessment completed annually, at a minimum; (2) reassessment in the event of significant changes in the client’s life and (3) Stage 3 & 4 clients require a multi-disciplinary team with nurse case manager supervision and require the nurse case manager to sign off on both the assessment and the care planning goals and activities.

Percentage of Files Reviewed That Meet the Assessment and Reassessment Criteria (Chart #1)

Criteria	Client has Participated in One face-to face Biopsychosocial Assessment and forms are Completed			Stage 3 & 4 Clients have RN Signature – Indicating Review of Assessment			
	Date	2002	2003	2004	2002	2003	2004
Mean		88%	99%	99%	77%	88%	91%

Percentage of Files Reviewed That Meet the Assessment and Reassessment Criteria (Chart #2)

Criteria	Comprehensive Face-to-face Biopsychosocial Reassessment Completed (at minimum) Annually			Stage 3 & 4 Clients have RN Signature- Indicating Review of Reassessment			Current Acuity Scale Completed			
	Date	2002	2003	2004	2002	2003	2004	2002	2003	2004
Mean		85%	84%	93.5%	-	87%	97%	91%	93.5%	91.5%

Care Planning

Standard:

In an ongoing interactive process with the clients, problems are identified and prioritized. Identified problems are addressed through a planning process that includes the development of goals, assigned activities and reporting on outcomes.

Appropriate documentation of goals, assigned activities and the outcomes of each will be included in the client's file. Care planning may be documented in the progress notes, on the Care Plan form provided as a tool to case managers in the Forms Package or in CAREWare.

All clients of case management will have documentation of care planning as described above, including Level 1 clients, whose goal(s) may be as simple as a goal to schedule the annual reassessment.

Percentage of Files Reviewed That Meet the Care Planning Criteria

Criteria	Care Planning Documentation Includes: Goals, Assigned Activities & Outcomes			Progress Notes Record: Date, Action & Case Manager Signature For Every Contact		
	2002*	2003	2004	2002	2003	2004
Mean	68%	95.5%	83%	95%	94%	87%

Incorporating Housing Plans in Care Planning

HIV Client Services collaborates with Oregon Housing and Community Services to implement a Housing Opportunities for People Living With AIDS (HOPWA) grant which provides for housing assistance to clients in HIV case management outside of the Portland EMA. Housing and Community Services employs Housing Coordinators to assist HIV clients and their families find the most stable solutions to their housing needs across a wide spectrum of housing services available in Oregon. The Housing Coordinators will develop a Housing Plan with each client referred to them by an HIV case manager. A copy of this Housing Plan must be included in the HIV case management client file. Additionally, the housing goals and objectives identified in the client's Housing Plan must be supported in the case management planning process. It is the responsibility of the Housing Coordinators to get a copy of their Housing Plan to the HIV case managers.

While the performance outcome for this standard has improved considerably, the program continues to face challenges in the areas of communication between housing coordinators and case managers and staffing. Housing coordinator staff turnover and vacancies may be reflected in decreased time for developing Housing Plans and communicating with the HIV Case Managers.

Percentage of Files Reviewed That Meet the Housing Plans Criteria

Criteria	Copy of Housing Plan from OHOP Coordinator For All Housing Referrals	
	2003	2004
Date	2003	2004
Mean	34%	65%

Referral & Advocacy

Standard:

Each client receiving case management services will receive assistance to facilitate access to those services critical to achieving optimal health and well being and will receive advocacy assistance to help problem solve as necessary when barriers impede access.

Referral was evaluated based upon at least one record documenting an activity directing the client to a service through an in-person, telephone or written communication. Professional case managers could make referrals from one clinical provider to another, within the case management system,, by program staff or as part of an outreach program.

Percent of Files Reviewed That Meet the Referral Criteria

Criteria	Record of Referrals Documented In Progress Notes		
	2002	2003	2004
Date	2002	2003	2004
Mean	93%	97%	91%

Follow-up & Monitoring

Standard

Client and case manager will reassess the goals and activities identified with the client during the planning process at least annually to assess for progress and need for appropriate changes.

Follow-up and monitoring were evaluated by reading the progress notes and determining if there was a systematic follow-up with the client to discover whether their planning effort was working and where they needed to make revisions. Monitoring is defined as an ongoing process that involves collection and analysis of data and information that results in evaluation of the effectiveness and relevance of the planning process; evaluation of the level of client satisfaction; measurement of client progress toward stated goals and activities; and the determination of need for revisions.

Percent of Files Reviewed That Meet the Follow-up and Monitoring Criteria

Criteria	Record of Follow-up To Referrals Documented In Progress Notes		
	2002	2003	2004
Date	2002	2003	2004
Mean	93%	97%	89%

Criteria	Documentation That Care Planning Goals & Objectives Have been Reviewed Annually	
	2003	2004
Date	2003	2004
Mean	91%	82%

Transfer & Discharge

Standard:

A systematic process shall be in place to guide transfer of the client to another program or case manager, and/or discharge from case management services. This process includes clear documentation of the reason/s for discharge, notifying the client of case closure and the appeals process.

This standard was evaluated by asking the participants if they had a written policy and procedures to guide transfer and discharge of clients. There is a written recommendation in the Oregon HIV/AIDS Case Management Standards of Care and most sites stated that they followed those policies and procedures. 15 of the 16 sites meet this standard.

An additional issue identified in this section was the need for all sites to develop a written “Inactivation Policy” to guide when a client should be inactivated both with their paper file and in the CAREWare database.

Counties That Meet the Transfer and Discharge Criteria

Criteria	Agency Has Written Policies & Procedures to Guide Transfer & Discharge of Clients		Agency Policies & Procedures include clear documentation of a Discharge Summary in the Progress Notes	
	2003	2004	2003	2004
TOTALS	75%	94%	75%	94%

CAREWare Data Management

Criteria:

The client level information entered into CAREWare correctly matches the information contained in the client's hard chart.

The *Ryan White Title II, HIV Care and Treatment Program Policies, Services Definitions and Guidance* requires that any client served within the reporting year must have a corresponding electronic record with specific data elements accurately and completely entered. The CAREWare review included a comparison of what was reported in the hard chart versus what was entered into the electronic record in CAREWare. Service sites did not receive credit if the information was incorrect or missing. Of those records reviewed (127 records) on average the Title II service area did not meet the minimum requirement of an 80% accuracy rate when entering required data fields in each of the criteria reviewed (see table below; this does not include Acuity Level); however this is an improvement from the baseline data collected in 2003. The federal agency responsible for administration of Ryan White Care Act funds, HRSA, determines the quality of Oregon's Title II services based on accurate reporting of client level data elements (HIV/AIDS status, medical funding source, medical provider, acuity level, adherence/acuity level and selected lab values).

Percent of Files Reviewed That Meet the Criteria (127 records reviewed)

Criteria	HIV/AIDS Status	Primary Insurance Provider	Primary Medical Provider	Acuity Level	Adherence Acuity	CD4/Viral Load
Date	2004	2004	2004	2004	2004	2004
Mean	63%	58%	66%	86%	44%	46%

Criteria:

Inactive/closed files should be appropriately entered into CAREWare.

It is important that each client record have an appropriate "Vital Enrollment Status." The *Ryan White Title II, HIV Care and Treatment Program Policies, Services Definitions and Guidance* states a client record must be designated as "Active", "Service Completed/Case Closed" or "Deceased." The Oregon Title II HIV Client Services Program will use the Vital Enrollment Status data to determine county caseloads and to identify new clients entering case management service. Vital Enrollment Status will affect the funding formula for each service site.

Percent of Files Reviewed That Meet the Criteria (All records reviewed)

Criteria	% of electronic client records reporting an appropriate Vital Enrollment Status.
Date	2004
Mean	95%

Criteria:

Full legal name is used to establish client’s CAREWare record.

The *Ryan White Title II, HIV Care and Treatment Program Policies, Services Definitions and Guidance* document requires that any client entering into Ryan White Title II case management services have a corresponding established electronic record in CAREWare. Electronic records should be established by using the client’s full legal name. Legal identification should be used to determine legal name (such as a driver’s license, state-issued ID card, insurance policy card, or a resident alien card “green card”). Full legal name is necessary in order to create an accurate Unique Record Number in CAREWare. This allows the Department of Human Services to appropriately un-duplicate client records statewide (Title II area only) in order to provide an accurate client count to the federal administrative agency (HRSA) and to determine in the aggregate, what proportion of persons with HIV in Oregon are accessing the services through the Title II program. These results also show improvement over the outcomes of the baseline data (collected in 2003).

Percent of Files Reviewed That Meet the Criteria (All records reviewed)

Criteria	% of clients entered into CAREWare by their full legal name
Date	2004
Mean	86%

Criteria:

All reassessments are entered into CAREWare.

The *Ryan White Title II HIV Case Management Standards of Service* require that all clients receive a comprehensive biopsychosocial reassessment annually in order to continue eligibility in case management. Electronic records were reviewed for reassessments that not occurred within the past 365 days. Records of *new* clients were not counted since an annual reassessment is due only for *existing* clients. A site was not penalized if a reassessment was due but also “scheduled.” These data serve three purposes (1) measuring compliance with the program standard, (2) determining client eligibility for the program on an annual basis and (3) impacting local program funding. The review of hard charts showed 93.5% of the sample had received a reassessment within the year, however, only 70% of the corresponding electronic records in CAREWare also documented these reassessments.

Percent of Files Reviewed That Meet the Criteria (All records reviewed)

Criteria	% of clients that had not had their needs re-evaluated through a comprehensive biopsychosocial reassessment within the past 365 days
Date	2004
Mean	70%

Criteria:

All required data fields are current and complete (for CARE Act Data Report).

The Health Resources and Services Administration (HRSA) require all Title II funded sites to report certain data elements annually. Required data fields are described in the *Ryan White Title II HIV Care and Treatment Program Policies, Services Definitions and Guidance* document. Each client, served in the reporting year must have accurate and complete data entered into CAREWare in order to successfully run and submit the HRSA required CARE Act Data Report due in February. The HIV Client Services Program recommends that required data elements are kept current at all times throughout the year. During the review, the *Missing Data Fields Report* was run and reviewed to determine missing CADR-required data elements. Missing data fields were counted and the percentage of complete CADR data fields are reported below. All sites must review and enter missing data by the due date of the CADR report (see county/agency contract). These results show almost 100% improvement from the baseline data (collected in 2003).

Percent of Files Reviewed That Meet the Criteria (All 2004 records reviewed)

Criteria	% of data fields with complete CADR data fields entered
Date	2004
Mean	64%

CAREWare Confidentiality and Security

Criteria:

Current H_S_Data file is properly configured and historic and back-up files are appropriately named to minimize use of out-dated files.

For each service site, all CAREWare data resides in a single H_S_Data file, however, for a variety of reasons, some service areas may have more than one H_S_Data file on a service site network or local machine. It is important to appropriately move and/or rename the old or unused data files to avoid confusion about which file holds the current data. It is not recommended that you delete old data files. In addition, it is very important to regularly back up the H_S_Data file. ***If the data file is saved on a network, please be sure that it is saved in a secure file, which can only be accessed by authorized CAREWare users. If the data file is saved from a local machine, it is very important to regularly back up your data file onto a CD.***

Criteria	Service Sites have appropriately named and stored the H_S_Data file
Date	2004
Total	87.5%

Criteria:

Electronic notes should indicate case manager signature or initials.

For service sites that choose to use the electronic “Case Notes” feature in CAREWare it is important to identify the user that is writing the note by entering the case manager signature or initials after each note is completed. This is important for security reasons and will help sites identify the author when case notes are printed and ready for original signature. All case notes must be printed, signed and placed in a hard chart.

Criteria	% of electronic notes that included a CM signature or initials
Date	2004
Mean	79%

Criteria:

CW_Temp (the default CAREWare password) must be deleted from the system.

Protection of the electronic database is an important component of complying with federal Health Insurance Protection and Portability Act (HIPPA) regulations as well as Department of Human Services confidentiality policies. A publicly published default username, *cw_temp*, and password allow initial access to the CAREWare program following installation.. For security reasons it is very important that this user name is deleted from the system after the appropriate authorized personnel are set up with unique usernames and passwords. Deleting *cw_temp* protects the security and confidentiality of client level information by assuring that only authorized personnel with an appropriate user name and password are able to enter and view information in CAREWare.

Criteria	Service Sites have appropriately removed the default user from local system
Date	2004
Total	75%

General Program Requirements

Most counties are meeting the general program requirements. There is 100% compliance with keeping files in locked/secure areas and the requirement to have annual staff training on confidentiality.

There is an opportunity for improvement in the internal QA/QI program specifically for HIV programs. If there is an expectation that the HIV programs will have a specific QA/QI program, program policies and definitions of allowable activities will need to be developed. Additionally, training and technical assistance on QA/QI will need to be offered.

Many counties rely on the statewide client satisfaction survey administered by HIV Client Services as opposed to doing a separate client satisfaction survey for their HIV clients.

Counties Meeting the General Program Requirements

Criteria	Internal QA/QI Program For HIV Program			Periodically Evaluates Client Satisfaction		
	2002	2003	2004	2002	2003	2004
TOTALS	70%	83%	75%	70%	83%	62.5%

Health Outcomes Data

This area is becoming very important as Health Resources and Services Administration (HRSA), the federal administrative agency for the Ryan White CARE Act, moves to make medical treatment the top priority service and requires all States and their contractors to report health outcomes. Accurate reporting of client level health outcomes (overall acuity level, adherence acuity level and lab values) continues to be a challenge in the Title II HIV Case Management system in Oregon.

Additionally, the acuity scale is an important component of the HIV Case Management Standards and assists local programs to determine those clients with the greatest need, which helps determine appropriate resources (case management time and support service funding) allocation. This area will continue to receive technical assistance and training to help improve the quality of the data/information reported.

Overall Acuity Level of Clients in Files Reviewed

Criteria	Number Of Stage 1 Client Files Reviewed			Number Of Stage 2 Client Files Reviewed			Number Of Stage 3 Client Files Reviewed			Number Of Stage 4 Client Files Reviewed		
	2002	2003	2004	2002	2003	2004	2002	2003	2004	2002	2003	2004
TOTAL	19 (11%)	20 (16%)	21 (17%)	63 (48%)	62 (49%)	53 (44%)	48 (37%)	43 (34%)	46 (38%)	0 (0%)	0 (0%)	1 (.8%)

Adherence Acuity Level of Clients in Files Reviewed

Criteria	Number Of Adherence Stage 1 Files Reviewed		Number Of Adherence Stage 2 Files Reviewed		Number Of Adherence Stage 3 Files Reviewed		Number Of Adherence Stage 4 Files Reviewed	
	2003	2004	2003	2004	2003	2004	2003	2004
TOTAL	94 (75%)	84 (69%)	12 (9.5%)	20 (16.5%)	12 (9.5%)	16 (13%)	7 (5.5%)	1 (.8%)

Laboratory Reports Documenting T-Cell and Viral Load in Files Reviewed

Criteria	Number Of Files Reviewed/ Number with Lab Reports		Percentage Of Files Reviewed With Lab Report	
	2003	2004	2003	2004
TOTAL	126/101	127/96	Mean = 82.5%	Mean = 76%

Recommendations For Improvement

The following recommendations were made directly to the appropriate sites during the exit interviews and reflect the next stage in improving overall quality in the Oregon HIV case management program.

- ✓ Track support services expenditures. The case managers need to monitor support services expenditures by client and service category in order to make sure the program is in compliance with service caps.
- ✓ Current CD4 and viral load lab reports are required. Copies of current (within one year from July 1st of each year) lab reports showing CD4 and viral load must be obtained from the client's provider. The current CD4 and viral load must also be documented in CAREWare.
- ✓ For those sites with a team, which includes nurse and psychosocial case management: identify roles & responsibilities between nurse case manager and psychosocial case manager in writing. Document the specific roles and responsibilities of the case managers as part of the program's policies and procedures. The HIV Client Services policy, effective July 1, 2004, requires that the nurse case manager complete all health assessments and reassessments. Specific components of the assessment and reassessment may be delegated to the psychosocial case manager. The specific responsibilities should be documented. Further, the acuity scale needs to be completed in partnership since the nurse case manager will be responsible for evaluating some of the life areas and the psychosocial case manager will be responsible for other life areas. The RN assessment time, as well as the psychosocial case manager time, should be entered into CAREWare.
- ✓ Every client contact must be documented in the progress notes (whether done by hand in the paper file or electronically and then printed out) with the full date of the contact, the action resulting and the full signature and title of the case manager.
- ✓ Acuity level re-assignment and income re-verification must happen after every single re-assessment and must be documented on the Enrollment Checklist.
- ✓ All programs need to develop internal quality improvement programs and do internal chart audits, at a minimum. HIV Client Services needs to develop a guidance to a quality improvement program for the HIV case management program with minimum required standards and sample tools.
- ✓ Required data fields must be accurately entered into CAREWare. Required data fields include but is not limited to, HIV/AIDS status, primary medical care provider, primary insurance provider, Acuity Level, Adherence Acuity Level and CD4 and viral load. Data should be accurate and complete at all times throughout the year and must match the information reported in the client hard chart.
- ✓ Reassessment time must be entered for both the RN and psychosocial case manager. Time spent conducting a client reassessment must be entered correctly as RRF- RN Reassessment: Face-to-face or as Non-RN Reassessment: Face-to-face.
- ✓ Review the security of service site CAREWare systems. Each service site must review the security of the data in CAREWare. Sites must assure that correct users have access to the system, that the data file is regularly backed up and saved appropriately and that "old" or "unused" data files are re-named or saved in a clearly marked folder that would limit any confusion regarding the current data file being used.