



Oregon Ryan White Title II HIV Case Management Program Review

Chart Review Summary Report 2005

Introduction

HIV Client Services (Oregon's Ryan White Title II program) is committed to improving the quality of care and services, and ultimately the quality of life for people living with HIV/AIDS in Oregon. All CARE Act programs are legislatively mandated to establish quality management programs: (1) to assess the extent to which HIV health services are consistent with the most recent Public Health Standards (PHS) guidelines for the treatment of HIV disease and (2) to develop strategies ensuring that such services are consistent with guidelines for improvement in the access to and quality of HIV services.

The Oregon HIV Case Management Standards of Service, an integral component in Oregon's Title II Quality Management Program and Client File Reviews, have been performed by HIV Client Services since 2000 to measure how consistently the local programs meet the criteria identified in the Standards. In 2003 and 2004 the Client File Review also included a review of the quality of the data being input in CAREWare, the required database system. With the improvements in CAREWare data (moving to a secure central server in 2005/2006) and after five years of overall program compliance exceeding 85%, the decision was made to expand the scope of quality improvement activities by including the local case management programs in more in-depth performance review.

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 "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."

The local case management programs have always been encouraged to develop their own internal quality improvement program and monitoring activities. In order to continue to develop and promote statewide capacity to improve the quality of HIV/AIDS services funded by Title II, in 2005 the local programs became responsible for conducting an internal Client File Review and reporting their results. This requirement was included in the contract between the Department of Human Services and the local contractors. This provided an opportunity for the local programs to monitor their own performance and to make improvements based on their findings. While the process is required, at a minimum, annually, it is a process that benefits program quality when used consistently and regularly. Local programs are encouraged to integrate this process into their agency Quality Improvement Plan.

In addition to the Quality Improvement Client File Review conducted locally, the HIV Client Services Program will continue to assure program quality by conducting on-site reviews of the local Ryan White

Title II case management program. Beginning in 2006, the program will conduct 5 site visits throughout each program year. Sites will be informed if their agency has been chosen.

The Client File Review protocol used by HIV Client Services to perform site visits was modified so that the same data and information would be gathered but could be performed by the local agencies. A "Checklist" and the "Summary Report" format were sent to each contracted agency with an instruction sheet. The contractors were instructed to select a reviewer or reviewers who are not the HIV Case Manager(s). A review could be the program supervisor or anyone who does not document in the HIV client files. In the case of subcontractors, the reviewer must be from the contracting agency. One "Checklist" form was used for each file reviewed. All of the files reviewed were summarized on the "Client File Review 2005 Summary Report" form that was mailed or faxed to HIV Client Services by October 25, 2005. Agencies were required to randomly select files to review. A minimum of 10 HIV Case Management program client files or 25% of the total HIV Case Management program client files were required to be reviewed, whichever was more. Agencies with 10 or fewer clients in the HIV Case Management program were required to review 100% of their files.

Twenty-nine percent (29%) of active files in 16 responding programs (out of 20 total programs) were reviewed. Twenty-four (24) criteria were measured. The Oregon Title II HIV Case Management program is at 89% compliance with the standards, including the data standards. This report shows the results of the chart reviews and provides comparative data for the past two years.

The following chart shows the number of charts reviewed in 2005 by county and the number of active client files reported. Additionally, this chart shows the total HIV/AIDS living in the service area as of 11/30/05, as provided by the State of Oregon Surveillance Department. (These numbers do not account for people who may have relocated.) This shows that 57% 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 2005	Number of Clients Reported in CAREWare On Summary Report	Total HIV/AIDS Living in Service Area (As of 11/30/05)**	% of total living with HIV/AIDS in case management
Benton	10	19	28	68%
Clatsop	Did not submit	(8)	19	42%
Coos	10	(35)	36	97%
Crook	5	(5)	4	125%
Curry	4	4	7	57%
Deschutes	11	(42)	60	70%
Douglas	10	29	56	52%
EOCIL*	10	38	67	57%
Hood River	8	8	10	80%
Jackson	15	61	126	48%
Jefferson	5	5	9	56%
Josephine	10	10	53	19%
Klamath/Lake	Did not submit	(20)	19	105%
Lane	40	159	253	63%
Lincoln	10	22	33	67%
Linn	10	37	44	84%
Marion	31	(119)	281	42%
Polk	Did not submit	(21)	21	100%
Tillamook	Did not submit	(6)	8	75%
Wasco-Sherman	3	3	11	27%
TOTAL	192	651	1,145	57%

(Bold) Not reported on Summary Report, 2004 CADR data used.

*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 follows the HIV Case Management Standards with the following sections: Intake, Assessment and Reassessment, Care Planning, Referral and Advocacy, Follow-up and Monitoring and Transfer and Discharge.

These sections are followed by the report on the CAREWare Data Management results and the health outcome 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)

County	Intake Completed & Date on Enrollment Checklist			HIV Documentation Within 30 days of Intake & On Enrollment Checklist			Income Verified On Enrollment Checklist		
	2003	2004	2005	2003	2004	2005	2003	2004	2005
Benton	100%	NS	100%	100%	NS	100%	100%	NS	100%
Clatsop	NS	100%	NR	NS	100%	NR	NS	100%	NR
Coos	100%	100%	90%	100%	100%	90%	100%	100%	80%
Crook	NS	100%	100%	NS	100%	80%	NS	100%	100%
Curry	NS	100%	100%	NS	33%	100%	NS	17%	100%
Deschutes	100%	100%	100%	100%	60%	100%	100%	50%	100%
Douglas	86%	70%	90%	71%	80%	80%	79%	40%	90%
EOCIL	NS	100%	90%	NS	100%	80%	NS	100%	70%
Hood River	NS	100%	100%	NS	60%	100%	NS	60%	100%
Jackson	100%	100%	93%	100%	90%	60%	100%	40%	100%
Jefferson	100%	NS	100%	83%	NS	80%	83%	NS	100%
Josephine	60%	100%	70%	80%	100%	60%	70%	87.5%	80%
Klamath/Lake	100%	NS	NR	80%	NS	NR	70%	NS	NR
Lane	100%	83%	100%	89%	92%	93%	89%	50%	98%
Lincoln	NS	86%	70%	NS	86%	10%	NS	29%	60%
Linn	100%	100%	100%	100%	100%	70%	100%	100%	100%
Marion	100%	100%	100%	93%	100%	94%	80%	100%	84%
Polk	NS	100%	NR	NS	100%	NR	NS	100%	NR
Tillamook	100%	NS	NR	67%	NS	NR	67%	NS	NR
Wasco/Sherman	NS	100%	100%	NS	100%	100%	NS	100%	100%
Mean	95.5%	96%	94%	88.5%	87.5%	81%	86.5%	73%	92%

NS = No site visit

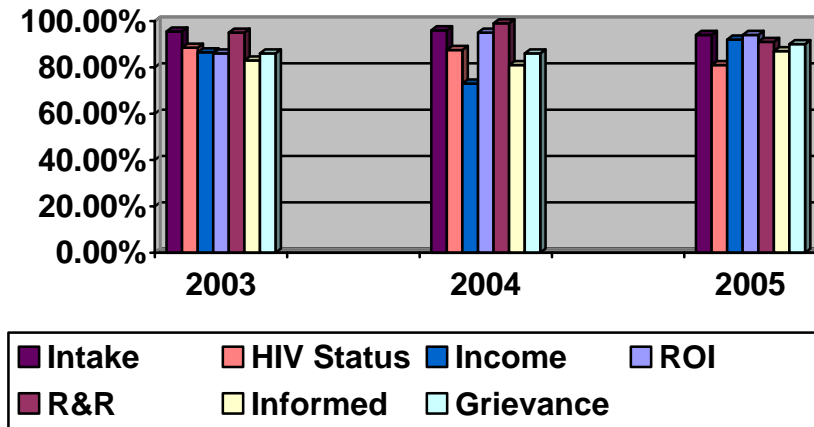
NR = No report

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

County	Current ROI			Client Rights & Responsibilities Signed			Informed Consent Obtained			Client notified about Grievance Process		
	2003	2004	2005	2003	2004	2005	2003	2004	2005	2003	2004	2005
Benton	100%	NS	100%	100%	NS	80%	100%	NS	90%	100%	NS	100%
Clatsop	NS	100%	NR	NS	100%	NR	NS	100%	NR	NS	100%	NR
Coos	100%	86%	90%	100%	100%	80%	100%	86%	90%	100%	100%	100%
Crook	NS	100%	100%	NS	100%	100%	NS	100%	40%	NS	100%	80%
Curry	NS	100%	100%	NS	83%	100%	NS	17%	100%	NS	67%	100%
Deschutes	100%	100%	100%	100%	100%	100%	0%	30%	100%	100%	90%	100%
Douglas	79%	100%	90%	100%	100%	90%	100%	100%	90%	79%	70%	90%
EOCIL	NS	100%	100%	NS	100%	100%	NS	100%	100%	NS	100%	100%
Hood R.	NS	40%	88%	NS	100%	100%	NS	20%	100%	NS	20%	100%
Jackson	100%	100%	93%	100%	100%	87%	100%	100%	87%	100%	90%	93%
Jefferson	100%	NS	100%	83%	NS	100%	83%	NS	80%	67%	NS	100%
Josephine	80%	100%	90%	80%	100%	90%	100%	100%	100%	80%	63%	70%
Klamath/Lake	40%	NS	NR	80%	NS	NR	30%	NS	NR	70%	NS	NR
Lane	94%	92%	98%	100%	100%	100%	94%	100%	100%	89%	92%	98%
Lincoln	NS	100%	80%	NS	100%	40%	NS	100%	20%	NS	86%	10%
Linn	100%	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%	100%
Marion	93%	100%	81%	100%	100%	90%	100%	100%	87%	100%	100%	97%
Polk	NS	100%	NR	NS	100%	NR	NS	100%	NR	NS	100%	NR
Tillamook	50%	NS	NR	100%	NS	NR	100%	NS	NR	50%	NS	NR
Wasco/Sherman	NS	100%	100%	NS	100%	100%	NS	40%	100%	NS	100%	100%
Mean	86%	95%	94%	95%	99%	91%	83%	81%	87%	86%	86%	90%

NS = No site visit
NR = No report

Percent of Files Reviewed That Meet the Intake Criteria



Psychosocial & Nurse 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 “Psychosocial Assessment/Reassessment Form” and “Nurse Assessment/Reassessment 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) the Reassessment must be documented on the standardized “Psychosocial Assessment/Reassessment Form” and “Nurse Assessment/Reassessment Form”; (2) reassessment in the event of significant changes in the client’s life and (3) Acuity Level 3 and 4 clients require a nurse signature on every updated Acuity Scale Worksheet.

Percentage of Files Reviewed That Meet the Assessment and Reassessment Criteria

County	Client has Participated in One face-to face Biopsychosocial Assessment/Reassessment and forms are completed					
	2003		2004		2005*	2005*
	Assess.	Reassess.	Assess.	Reassess.	Psychosocial	Nurse
Benton	100%	100%	NS	NS	80%	80%
Clatsop	NS	NS	100%	100%	NR	NR
Coos	100%	100%	100%	71%	90%	80%
Crook	NS	NS	100%	100%	80%	80%
Curry	NS	NS	100%	100%	100%	100%
Deschutes	100%	100%	100%	70%	91%	91%
Douglas	100%	85%	100%	100%	80%	60%
EOCIL	NS	NS	100%	100%	70%	80%
Hood River	NS	NS	100%	100%	75%	88%
Jackson	100%	60%	100%	90%	100%	100%
Jefferson	100%	100%	NS	NS	100%	100%
Josephine	90%	80%	100%	100%	90%	90%
Klamath/Lake	100%	80%	NS	NS	NR	NR
Lane	100%	100%	83%	75%	88%	90%
Lincoln	NS	NS	100%	100%	70%	80%
Linn	100%	90%	100%	100%	100%	100%
Marion	100%	67%	100%	90%	No data	81%
Polk	NS	NS	100%	100%	NR	NR

Tillamook	100%	50%	NS	NS	NR	NR
Wasco/Sherman	NS	NS	100%	100%	100%	100%
Mean	99%	84%	99%	93.5%	88%	88%

* Assessment and Reassessments were documented on different forms in 2003 and 2004. The psychosocial and nurse components were incorporated into these two forms. The 2005 forms update included combining the Assessment and Reassessment into one form and developing a separate Assessment/Reassessment form for the Psychosocial Assessment/Reassessment and a separate one for the Nurse Assessment/Reassessment.
NS = No site visit
NR = No report

County	Current Acuity Scale Completed			Acuity Level 3 & 4 clients have an RN signature on their most current Acuity Scale Worksheet
	2003	2004	2005	2005
Benton	100%	NS	100%	100%
Clatsop	NS	100%	NR	NR
Coos	44%*	86%	90%	100%
Crook	NS	100%	80%	100%
Curry	NS	40%	75%	67%
Deschutes	100%	70%	100%	100%
Douglas	100%	100%	90%	33%
EOCIL	NS	100%	80%	100%
Hood River	NS	100%	88%	100%
Jackson	100%	86%	100%	100%
Jefferson	100%	NS	100%	100%
Josephine	90%	100%	100%	100%
Klamath/Lake	100%	NS	NR	NR
Lane	89%	83%	95%	94%
Lincoln	NS	100%	90%	No Level #3 or #4 reported
Linn	100%	100%	100%	100%
Marion	100%	100%	97%	100%
Polk	NS	100%	NR	NR
Tillamook	100%	NS	NR	NR
Wasco/Sherman	NS	100%	100%	No Level #3 or #4 reported
Mean	93.5%	91.5%	93%	86%

*Acuity scales were not updated after reassessments.
NS = No site visit
NR = No report

Care Planning

Standard:

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

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.

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.

Percentage of Files Reviewed That Meet the Care Planning Criteria

County	Care Planning Documentation Includes: Goals, Assigned Activities & Outcomes			Progress Notes Record: Date, Action & Case Manager Signature For Every Contact		
	2003	2004	2005	2003	2004	2005
Benton	100%	NS	80%	100%	NS	100%
Clatsop	NS	100%	NR	NS	100%	NR
Coos Bay	100%	43%	90%	100%	100%	100%
Crook	NS	100%	47%	NS	100%	100%
Curry	NS	50%	100%	NS	50%	100%
Deschutes	100%	70%	94%	100%	50%	97%
Douglas	57%	50%	100%	100%	100%	100%
EOCIL	NS	100%	100%	NS	92%	100%
Hood River	NS	60%	100%	NS	80%	100%
Jackson	90%	50%	100%	80%	90%	100%
Jefferson	100%	NS	73%	100%	NS	73%
Josephine	100%	100%	100%	90%	50%	100%
Klamath/Lake	100%	NS	NR	100%	NS	NR
Lane	100%	100%	98%	61%	92%	98%
Lincoln	NS	100%	100%	NS	90%	100%
Linn	100%	100%	100%	100%	100%	100%
Marion	100%	100%	90%	100%	100%	100%
Polk	NS	100%	NR	NS	100%	NR
Tillamook	100%	NS	NR	100%	NS	NR
Wasco/Sherman	NS	100%	0	NS	100%	100%
Mean	95.5%	83%	86%	94%	87%	98%

NS = No site visit

NR = No report

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.

The act of directing a person to a service, in person or through telephone, written, or other type of communication. Referral may be made: (1) from one clinical provider to another, (2) within the case management system, (3) by professional case managers, (4) by program staff or (5) as part of an outreach program.

Referrals and Advocacy activities should be documented in the progress notes of the appropriate client. Dates of referral, contacts referred to and specific advocacy activities should be included in the documentation. CAREWare can also be used to track Referrals.

Percent of Files Reviewed That Meet the Referral Criteria

County	Referral information and dates documented		
	2003	2004	2005
Benton	100%	NS	100%
Clatsop	NS	100%	NR
Coos Bay	100%	100%	70%
Crook	NS	100%	100%
Curry	NS	50%	100%
Deschutes	100%	60%	91%
Douglas	86%	90%	100%
EOCIL	NS	100%	100%
Hood River	NS	80%	100%
Jackson	90%	80%	100%
Jefferson	100%	NS	80%
Josephine	90%	100%	100%
Klamath/Lake	100%	NS	NR
Lane	100%	92%	90%
Lincoln	NS	100%	80%
Linn	100%	100%	70%
Marion	100%	100%	100%
Polk	NS	100%	NR
Tillamook	100%	NS	NR
Wasco/Sherman	NS	100%	100%
Mean	97%	91%	93%

NS = No site visit

NR = No report

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 are inseparable. It is through systematic follow-up that the case manager and client discover whether their planning efforts are working and when they need to make revisions. The goals and activities developed during the planning process should be regularly reviewed to determine whether any changes in the client's situation warrant a change in the plan and also to determine whether the goals and activities are being completed in a timely manner and, if not, why not. Each agency providing case management should incorporate care planning review in their Quality Improvement (QI) protocol.

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

County	Referral follow-up and outcome documented		
	2003	2004	2005
Benton	100%	NS	100%
Clatsop	NS	100%	NR
Coos Bay	100%	86%	60%
Crook	NS	100%	100%
Curry	NS	50%	100%
Deschutes	100%	60%	82%
Douglas	86%	80%	100%
EOCIL	NS	100%	100%
Hood River	NS	80%	88%
Jackson	90%	70%	100%
Jefferson	100%	NS	80%
Josephine	90%	100%	100%
Klamath/Lake	100%	NS	NR
Lane	100%	92%	90%
Lincoln	NS	100%	60%
Linn	100%	100%	70%
Marion	100%	100%	100%
Polk	NS	100%	NR
Tillamook	100%	NS	NR
Wasco/Sherman	NS	100%	100%
Mean	97%	89%	89%

NS = No site visit

NR = No report

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. 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

County	HIV/AIDS Status		Primary Insurance Provider		Primary Medical Provider	
	2004	2005	2004	2005	2004	2005
Benton	NS	100%	NS	100%	NS	100%
Clatsop	50%	NR	50%	NR	75%	NR
Coos	100%	100%	100%	80%	100%	100%
Crook	100%	100%	33%	100%	67%	100%
Curry	57%	100%	43%	100%	43%	100%
Deschutes	10%	100%	10%	100%	10%	100%
Douglas	70%	100%	60%	100%	70%	100%
EOCIL	70%	100%	70%	100%	80%	100%
Hood River	0%	100%	0%	100%	0%	100%
Jackson	60%	73%	70%	86%	80%	86%
Jefferson	NS	80%	NS	100%	NS	100%
Josephine	38%	90%	25%	90%	38%	60%
Klamath	NS	NR	NS	NR	NS	NR
Lane	83%	100%	92%	100%	100%	100%
Lincoln	43%	100%	29%	90%	29%	100%
Linn	100%	90%	100%	70%	100%	100%
Marion	70%	100%	70%	90%	60%	90%
Polk	100%	NR	90%	NR	100%	NR
Tillamook	NS	NR	NS	NR	NS	NR
Wasco-Sherman	80%	67%	80%	100%	100%	100%
Mean	63%	94%	58%	94%	66%	96%

NS = No site visit

NR = No report

Percent of Files Reviewed That Meet the Criteria

County	Acuity Level		Adherence Acuity		CD4/Viral Load	
	2004	2005	2004	2005	2004	2005
Benton	NS	100%	NS	100%	NS	100%
Clatsop	50%	NR	75%	NR	50%	NR
Coos	100%	90%	71%	100%	86%	70%
Crook	67%	100%	67%	100%	67%	20%
Curry	57%	100%	0%	100%	0%	100%
Deschutes	60%	100%	0%	0%	0%	64%
Douglas	90%	80%	70%	80%	**	100%
EOCIL	90%	100%	0%	100%	60%	100%
Hood River	100%	100%	0%	88%	0%	63%
Jackson	100%	93%	*	100%	*	93%
Jefferson	NS	100%	NS	100%	NS	0
Josephine	88%	100%	100%	80%	63%	10%
Klamath	NS	NR	NS	NR	NS	NR
Lane	100%	100%	100%	88%	33%	80%
Lincoln	100%	90%	43%	100%	43%	100%
Linn	90%	90%	90%	100%	100%	80%
Marion	100%	97%	0%	0	0%	97%
Polk	100%	NR	50%	NR	40%	NR
Tillamook	NS	NR	NS	NR	NS	NR
Wasco-Sherman	80%	100%	0%	67%	100%	100%
Mean	86%	96%	44%	81%	46%	74%

*Field was not customized.

**Field was not working appropriately.

NS = No site visit

NR = No report

Criteria:

Service entry in CAREWare matches the client file progress note in terms of accuracy of service date entered.

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

County	% of electronic client records that match client file progress notes
	2005
Benton	100%
Clatsop	NR
Coos	20%
Crook	80%
Curry	100%
Deschutes	0%
Douglas	100%
EOCIL	100%
Hood River	93%
Jackson	73%
Jefferson	100%
Josephine	72%
Klamath	NR
Lane	99%
Lincoln	92%
Linn	96%
Marion	71%
Polk	NR
Tillamook	NR
Wasco-Sherman	100%
Mean	81%

NR = No report

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.

Percent of Files Reviewed That Meet the Criteria

County	% of clients entered into CAREWare by their full legal name	
	2004	2005
Benton	NS	100%
Clatsop	75%	NR
Coos	92%	100%
Crook	67%	100%
Curry	88%	100%
Deschutes	85%	100%
Douglas	97%	100%
EOCIL	97%	100%
Hood River	57%	100%
Jackson	96%	100%
Jefferson	NS	100%
Josephine	97%	100%
Klamath	NS	NR
Lane	99%	100%
Lincoln	96%	100%
Linn	97%	90%
Marion	99%	100%
Polk	100%	NR
Tillamook	NS	NR
Wasco-Sherman	40%	0
Mean	86%	93%

NS = No site visit

NR = No report

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.

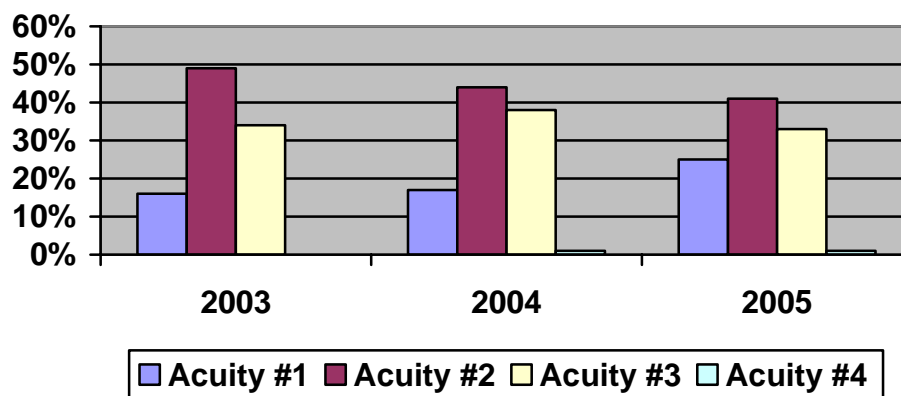
Overall Acuity Level of Clients in Files Reviewed

County	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		
	2003	2004	2005	2003	2004	2005	2003	2004	2005	2003	2004	2005
Benton	1	NS	2	4	NS	3	3	NS	5	0	NS	0
Clatsop	NS	1	NR	NS	2	NR	NS	2	NR	NS	0	NR
Coos	1	1	2	5	5	7	3	1	1	0	0	0
Crook	NS	0	0	NS	1	1	NS	2	4	NS	0	0
Curry	NS	0	0	NS	3	1	NS	0	3	NS	0	0
Deschutes	2	1	4	5	6	3	3	1	4	0	0	0
Douglas	3	2	3	5	4	3	6	3	1	0	1	2
EOCIL	NS	4	7	NS	3	1	NS	3	2	NS	0	0
Hood River	NS	0	2	NS	3	1	NS	2	5	NS	0	0
Jackson	1	2	4	8	5	5	1	3	6	0	0	0
Jefferson	0	NS	NR	2	NS	NR	4	NS	NR	0	NS	NR
Josephine	1	6	4	4	2	5	4	0	1	0	0	0
Klamath/Lake	1	NS	NR	3	NS	NR	6	NS	NR	0	NS	NR
Lane	4	2	9	12	4	15	2	4	14	0	0	2
Lincoln	NS	0	3	NS	4	7	NS	3	0	NS	0	0
Linn	1	0	1	3	6	3	6	4	6	0	0	0
Marion	2	0	4	10	2	18	3	8	9	0	0	0
Polk	NS	1	NR	NS	1	NR	NS	8	NR	NS	0	NR
Tillamook	3	NS	NR	1	NS	NR	2	NS	NR	0	NS	NR
Wasco/Sherman	NS	1	1	NS	2	2	NS	2	0	NS	0	0
TOTAL	20 (16%)	21 (17%)	46 (25%)	62 (49%)	53 (44%)	75 (41%)	43 (34%)	46 (38%)	61 (33%)	0 (0%)	1 (.8%)	2 (1%)

NS = No site visit

NR = No report

Overall Acuity Level of Clients in Files Reviewed



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

County	Number Of Files Reviewed/ Number with Current Lab Reports			Percentage Of Files Reviewed With Current Lab Report		
	2003	2004	2005	2003	2004	2005
Benton	8/8	NS	10/9	100%	NS	90%
Clatsop	NS	4/3	NR	NS	75%	NR
Coos	9/8	7/7	10/8	89%	100%	80%
Crook	NS	3/3	5/2	NS	100%	40%
Curry	NS	6/0	4/4	NS	0%	100%
Deschutes	10/8	10/4	11/7	80%	40%	64%
Douglas	14/3	10/8	10/9	21%	80%	90%
EOCIL	NS	10/10	10/10	NS	100%	100%
Hood River	NS	5/3	8/4	NS	60%	50%
Jackson	10/10	10/8	15/9	100%	80%	60%
Jefferson	6/5	NS	5/1	83%	NS	20%
Josephine	10/9	8/8	10/7	90%	100%	100%
Klamath/Lake	10/8	NS	NR	80%	NS	NR
Lane	18/14	12/9	40/21	78%	75%	53%
Lincoln	NS	7/7	10/5	NS	100%	50%
Linn	10/10	10/9	10/9	100%	90%	90%
Marion	15/13	10/7	31/22	87%	70%	71%
Polk	NS	10/5	NR	NS	50%	NR
Tillamook	6/5	NS	NR	83%	NS	NR
Wasco-Sherman	NS	5/5	3/3	NS	100%	100%
TOTAL	126/101	127/96	192/130			
MEAN				82.5%	76%	72%

NS= No site visit

Reviewer Comments Summarized:

“I found these charts more difficult to review than expected due to slight variations in the way charts were put together, no set position for certain data, lack of tabs at times. Also, some things that were requested in the review were not too obvious, for example, referrals, housing, etc. I suggested a case management progress note set up that I think would be easier to follow. For example:

Problem #1: Lack of adequate housing

Goal: To find adequate housing

Assigned activities:

Referrals:

Outcome: On Dec. 1, 2005 client moved into...etc, etc.

Case manager seemed ready to adopt this idea.”

“Acuity checklist form for the chart doesn’t match what CAREWare calculates. We are looking at the tools and going with the Acuity tool forms in the client chart.”

“Charting continues to improve between quarterly chart reviews.”

1. “To better monitor medication compliance and disease progression, it is important to have current lab values.
2. There are several places to enter lab data – CAREWare system will not allow values to be entered.”
3. Income is always verified but evidence is rarely attached. Most times this is due to poor client follow-through in providing requested documents.
4. Written documentation of RN is excellent. Increased formal use of nursing care plans and housing plans is encouraged.
5. Continue close monitoring paraprofessional case management & documentation.”

“Good documentation. Every chart was almost perfect. Lots of documentation requested. Took self-reports from 2 clients on CD4 and VL – didn’t contact doctor.”

1. “When client’s date of intake is more than 5 years ago, it is sometimes not on the form, though the date of the latest assessment is. Also, it may be unknown if HIV status was verified within 30 days of intake.
2. The old Enrollment/Program Requirements Checklist does not ask for current CD4 and VL lab values on reassessments as the box is blacked out.
3. Only one of the charts had a referral to the Housing Coordinator and the plan was in the chart.
4. It appears that we are not entering the CD4 and VL into the computer, but will do so now.”

“All of the clients who did not have HIV status verified within 30 days had this verification dated prior to 2004. Reviewers who were unfamiliar with the charts, forms and documents were challenged by certain items. For instance, they had difficulty identifying referrals. This review highlights a current challenge we have in getting current lab reports. It’s worth pointing out that though the labs were not ‘current’ there were labs for all but 2 clients.”

“New case manager in last 12 months – still adjusting to paperwork requirements and documentation in CAREWare. Consistent care plans were evidence of good quality of client care.”

“This chart review has been a good opportunity for the XX County Public Health Ryan White Case Managers team to learn and work on some quality assurances. It gave us an opportunity to look at some of our processes and some requirements (i.e. every service entry requires a progress note.) From this, there were some good ideas generated by the case managers....in the discussions that we had in reviewing our data.

Continuous Improvement

1. Referral forms – some referrals do not require follow-up (i.e. recommendation and assistance to change pharmacies) and therefore we will begin writing on the Referral Form when “no follow-up is necessary.”
2. Yellow highlights on the lab documents to quickly see the lab values.
3. Charts that were reviewed this year were marked with a purple stripe.
4. A continuous improvement initiated several months ago has proven to be helpful. When lab reports arrive, the case managers are dating the forms as to when they were received before placing them into the charts.

The one area that continues to be a concern for us is the necessity of documenting the CD4 and Viral Load values on the Enrollment Checklist. Although we appreciate that it makes it easier for the reviewer to find the lab value, this becomes one more place to document the same information. The more times that something is copied, the more room for error.

We find that our charts are quite easy to manipulate because we use chart dividers. Lab values are charted under a divider with the name “Lab values.” (Chart divider tabs also include Progress Notes, Referrals, MD etc.) The most current lab report is placed on top each time. In addition, the case managers yellow highlight the lab value. Therefore, when you open the chart, you open up the Lab Value tab and look at the top document. It can be found in a few seconds, there is no additional charting and no margin for error.”