San Francisco Department of Public Health

HIV Health Services

2012

Summary Report of the

San Francisco Eligible Metropolitan Area

Health Resource Service Administration's

HIV/AIDS Bureau's

Quality Management Performance Measures

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Introduction

The San Francisco's Eligible Metropolitan Area (SF EMA) Quality Management Program (QMP) takes two very important methodologies into consideration: Quality Assurance and Continuous Quality Improvement. Quality Assurance (QA) consists of measuring compliance to minimum quality standards and pinpoints specific problems to be resolved. Continuous Quality Improvement (CQI) is the continuous modification of a process or system to improve outcomes for everyone involved. By integrating these methodologies together, the SF EMA created a comprehensive QMP based on data measurements and persistence to continuously achieve maximum quality service provision.

SFEMA selects performance measure or indicators which assess specific aspects of care and services that are linked to better health outcomes while being consistent with current professional knowledge and meeting client needs. The development and tracking of measurable health outcomes as a result of services rendered by providers in the SF EMA is an ongoing focus of the regional QMP effort. Using current information in the AIDS Regional Information and Evaluation System (ARIES) database, a baseline measurement has been established for performance indicators and will be used as a foundation for future CQI activities.

HIV Data Collection

The following summary of selected Health Resource Service Administration's (HRSA) HIV/AIDS Bureau's (HAB) HIV/AIDS Performance Measures for Adults and Adolescents for the San Francisco's Eligible Metropolitan Area (EMA) – Outpatient Primary Care services are based on the national standards disseminated by HRSA.

Additionally, this summary report uses the ARIES database, which is programmed to comply with all State and Federal reporting formulas. It should be further noted that these federal standard indicator thresholds may vary from local contractual indicator thresholds. Local thresholds were established prior to national standards being established.

EMA data runs were conducted on 9/17/2013 and the timeframe studied was Ryan White contract year 3/1/2012 – 2/28/2013. The total unduplicated client count (UDC) for the SF EMA primary care clients is 3,359 (N=3,359). Inclusion criteria for QM indicators was based upon a client receiving at least two Primary Care visits during the measurement year which results in 3,183 (n=3,183) or 94.8% of all EMA primary care clients.

In addition, San Francisco Center of Excellence (CoE) programs data runs for the 2008 - 2012 time period were conducted on 9/17/2013.

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EMA Groups and County Statistical Overview for Report

- **Marin County** – The Marin primary care UDC is 166 or 4.9% of total EMA primary care UDC. Seventeen (17) or 10.3% clients served in Marin were "new" and 1 or 0.6% died in 2012.

- **San Francisco County** – The San Francisco primary care UDC is 2,996 or 89.2% of total EMA primary care UDC. Two hundred sixty nine (269) or 9.0% clients served in San Francisco were "new" and 30 or 1.0% died in 2012.

- **San Mateo County** – The San Mateo primary care UDC is 237 or 7.1% of total EMA primary care UDC. Twenty five (25) or 10.6% clients served in San Mateo were "new" and 3 or 0.75% died in 2012.

- **EMA-Wide** – The total UDC for the SF EMA primary care clients is 3,359 (100%). Three hundred and six (306) or 9.1% of clients served in the EMA were "new" and 32 or 0.95% died in 2012.

Narrative format for each performance indicator:

  - Description of indicator including national and local threshold performance goals
  - Graphic depiction: The graph for each indicator measured illustrates the aggregate results in four groupings and includes local and national threshold value.
  - Analysis of data findings
    - Were performance goals met
    - Reasons if not

- **2010-2012 SF EMA Performance Indicators Summary Chart** – The SF EMA summary chart selects the same QM indicators and the EMA results achieved over a three time period (2010-2012).

- **2008-2011 SF CoE Performance Indicators Summary Chart** – The SF CoE programs are designed to place primary medical care at the center of the service delivery system and provide: primary medical care; medical case management; mental health assessment, referral and/or brief counseling; substance abuse assessment, counseling, and referral; treatment advocacy; psychiatric consultation and medication monitoring; care coordination; and vouchers for transportation, food, clothing and household goods.

  The CoE summary chart selects the same indicators used in the EMA section over a five year time period (2008-2012). CoE clients are a sub-set of the SF County clients reported within the EMA section. In 2012, 2,621 UDC or 87.5% of San Francisco primary care clients received services in a CoE program.

Data Perspective and Considerations

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

- Implementation of the Low Income Health Program (LIHP) in 2011-12. LIHP is a combined federal, state and local government effort to get ready for the health care coverage expansions that will take place as a result of federal health reform. Both San Mateo and San Francisco transitioned a number of Ryan White clients into their respective LIHPs which may affect some performance outcomes. LIHP transitioned clients who may have been included in the denominator of the potential criteria pool and no longer appear to have had sufficient services or data to be also included in the numerator by criteria formulas.
- Recent data conversion into ARIES for entire EMA. This is the second EMA-wide report as data conversion into ARIES was completed in the later part of 2010 for the entire EMA and the EMA administrative account was created in early 2012.
- HRSA receives and reviews EMA client and service level data only as submitted in the annual Ryan White Service Report (RSR) which is solely extracted through ARIES and is the same data analyzed in this report.
- This summary report is designed to address CQI thresholds not to compare models of care.
- This summary report is not a study designed to compare the relative strength of primary care service delivery models between each EMA county or in a CoE setting. Variability in the service model design within each county and the individual CoE program limit the ability to determine which model is stronger.
- Primary Care service providers all conduct agency specific internal CQI activities with HIV-specific focused indicators which may be different from the indicators highlighted in this report. Using the agency's primary database and subsequent data analysis of even the same indicators would render results very different than those derived through ARIES.
- Some of the CoE programs have been among the first primary care service providers to be electronically importing both client and service level data into ARIES on a regular basis.
- Variance in agency experience with data input. CoE service provision by its collaborative venture has many partners/staff entering data, analyzing and interacting with the ARIES database on a daily basis than other primary care settings.

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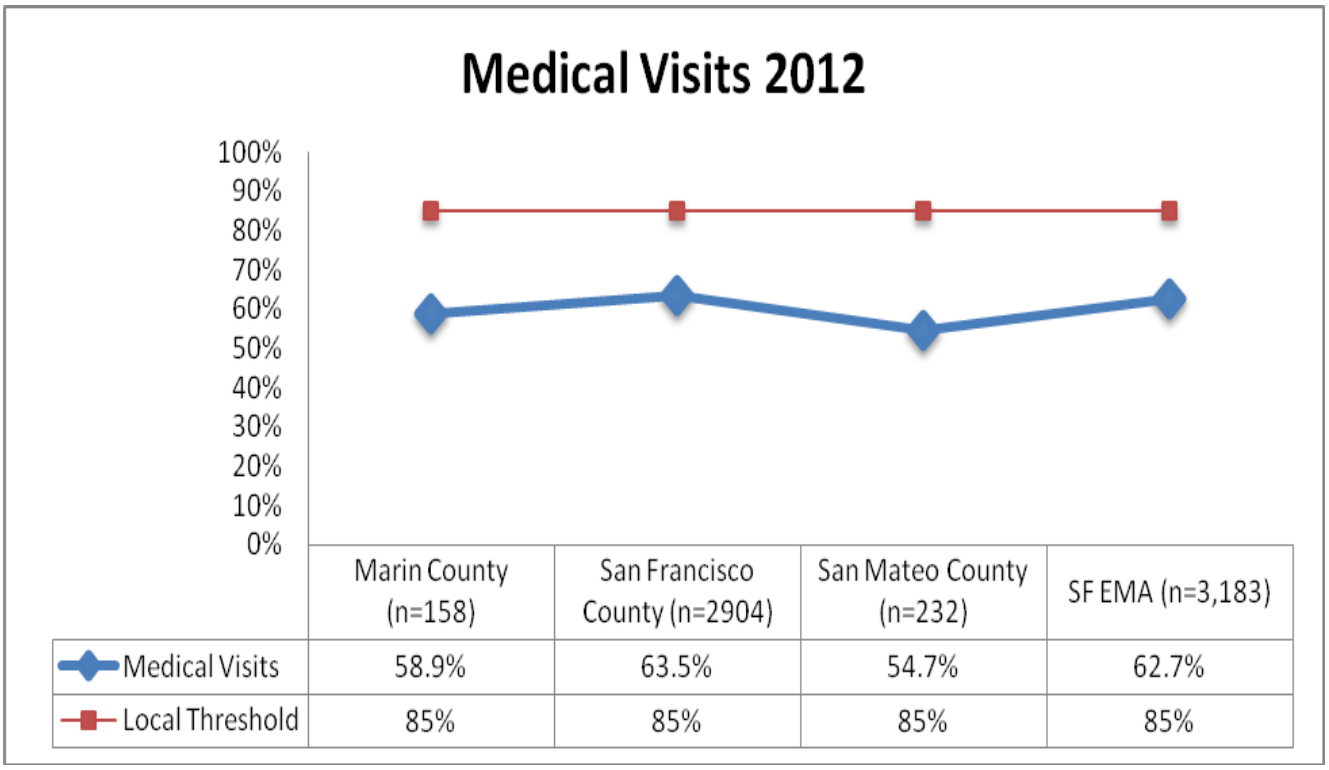
Definition, Analysis and Discussion of QM Indicators

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



	Marin County (n=158)	San Francisco County (n=2904)	San Mateo County (n=232)	SF EMA (n=3,183)
Medical Visits	58.9%	63.5%	54.7%	62.7%
Local Threshold	85%	85%	85%	85%

The medical visits graph indicates the performance level range of 54.7% to 63.5% among the groups (64.4 to 74.7 percentile of the local threshold goal). The San Francisco EMA performance level of 62.7% achieves 73.8% of the local threshold goal.

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

Reasons for those not meeting the threshold goal could be: a) LIHP transitioned clients placed client out of or beyond criteria range during the reporting period; b) clients are medically "stable" and require less frequent visits within the reporting period; c) missed or rescheduled appointments place client beyond criteria range; d) clients were discharged from program services but are still listed as "active" in database, e) the service data entry is not complete for all client visits.

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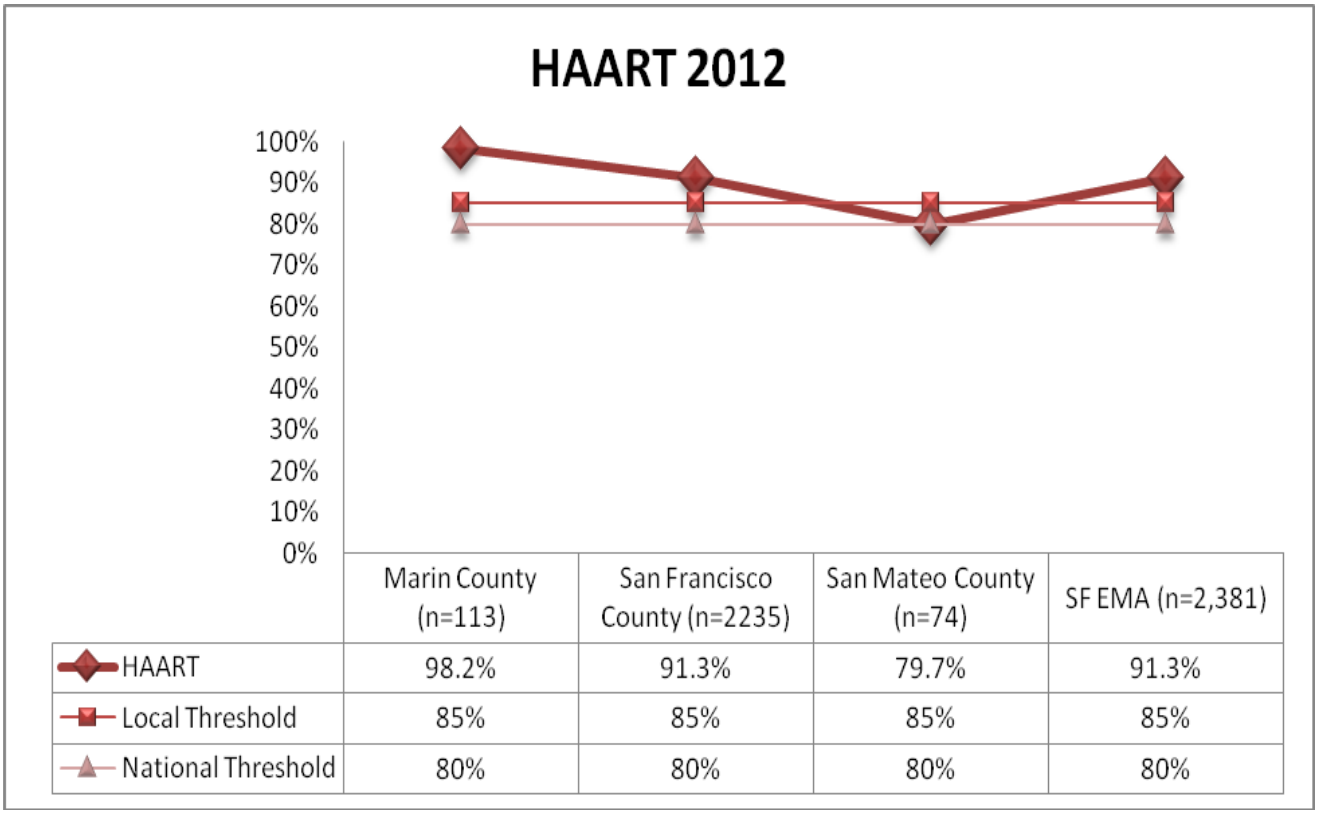
Highly Active Antiretroviral Therapy (HAART) Indicator: Percentage of clients with HIV/AIDS who are prescribed HAART. The national performance level goal for this indicator is currently set at 80%. The local performance level goal is currently set at 85%.



	Marin County (n=113)	San Francisco County (n=2235)	San Mateo County (n=74)	SF EMA (n=2,381)
HAART	98.2%	91.3%	79.7%	91.3%
Local Threshold	85%	85%	85%	85%
National Threshold	80%	80%	80%	80%

The HAART graph indicates the performance level range of 79.7% to 98.2% among the groups (93.8 to 115.5 percentiles of the local threshold goal and 99.6 to 122.8 percentiles of the national threshold goal). The San Francisco EMA wide performance level of 91.3 achieves 107.7% of the local and 114.1% of the national threshold goal.

HAART Analysis: The 80% national threshold goal was met or exceeded in all groups. The 85% local threshold goal was met or exceeded by Marin and San Francisco.

Viral Load Test Indicator: Note this indicator is not formulated to HAB criteria in ARIES and is measured to show the percentage of clients with HIV infection who received Outpatient/Ambulatory Care and had at least one viral load test within the reporting year. The local performance level goal is currently set at 90%. There is no national threshold.

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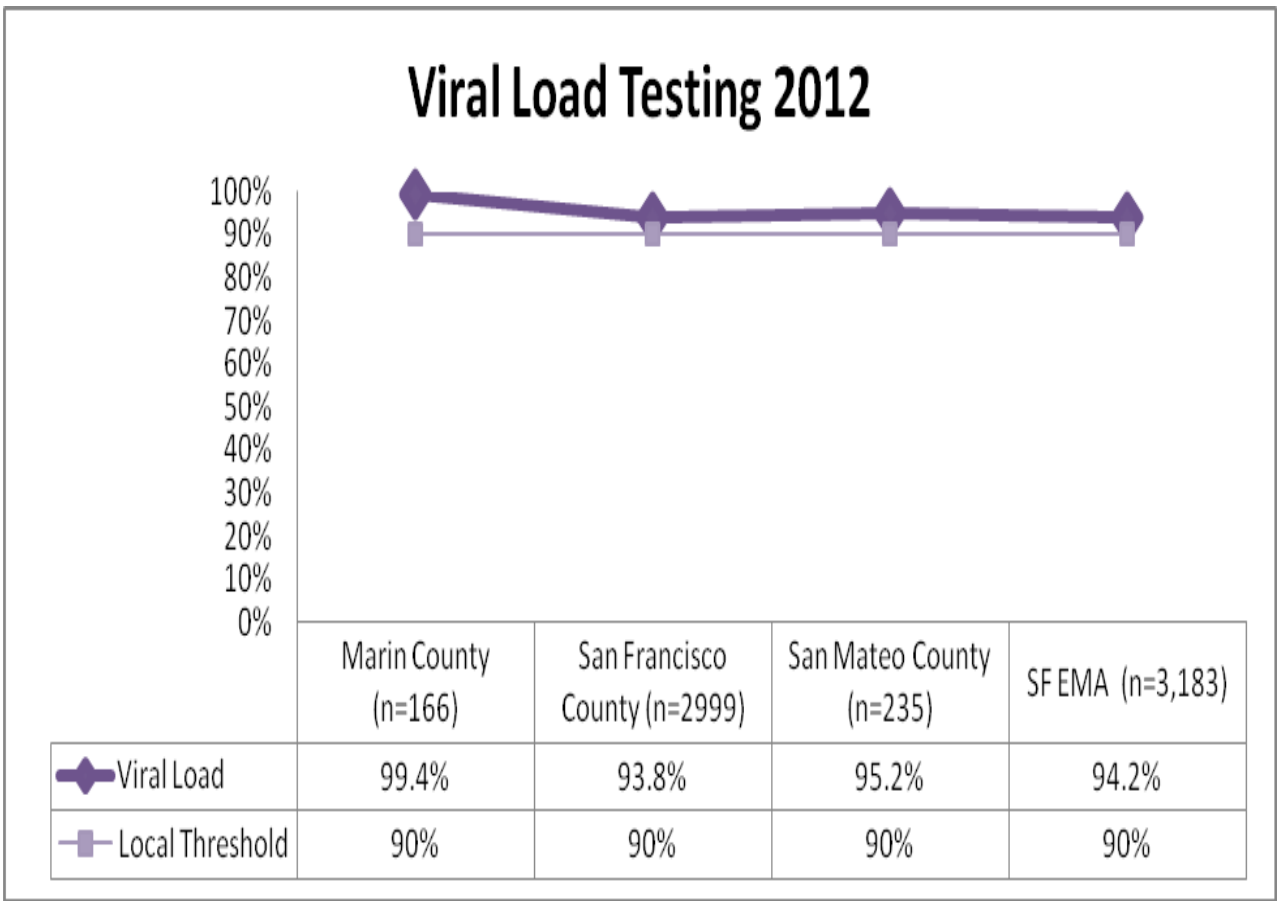

	Marin County (n=166)	San Francisco County (n=2999)	San Mateo County (n=235)	SF EMA (n=3,183)
Viral Load	99.4%	93.8%	95.2%	94.2%
Local Threshold	90%	90%	90%	90%

The Viral Load Testing graph indicates the performance level range of 93.8% to 99.4% among the groups (104.2 to 110.4 percentile of the local threshold goal). The SF EMA wide performance level of 94.2% achieves 104.7% of the local threshold goal.

Viral Load Testing Analysis: The 90% local performance level threshold goal was met and exceeded by all groups.

Viral Load Suppression Indicator: Note this indicator is formulated to HAB criteria in ARIES starting in mid-2012, it requires at least two viral load test results during the reporting period. Percentage of patients, regardless of age, with a diagnosis of AIDS with a viral load test result less than 200 copies/ml in the last testing result entered during measurement period. Both the local and national performance level goal is currently set at 90%.

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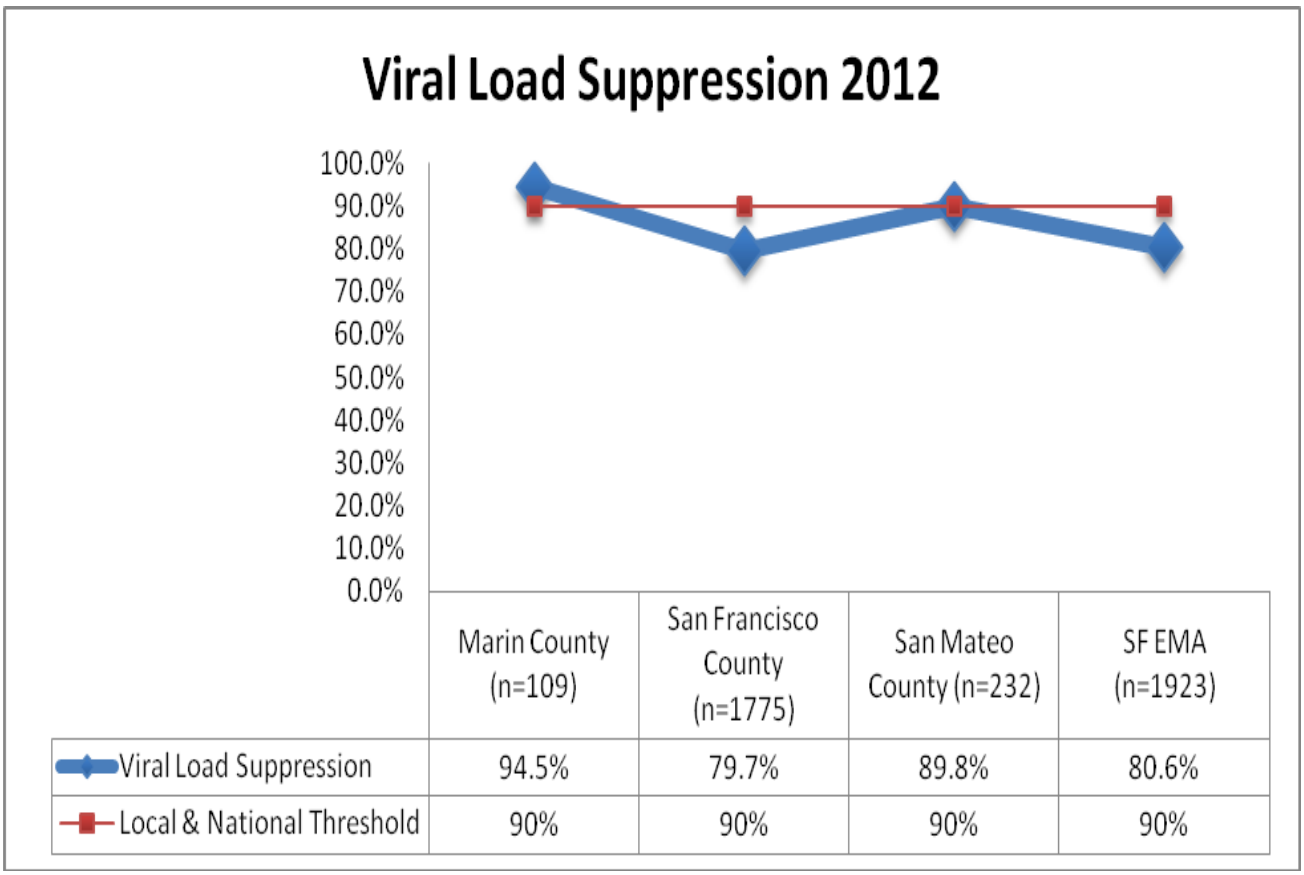
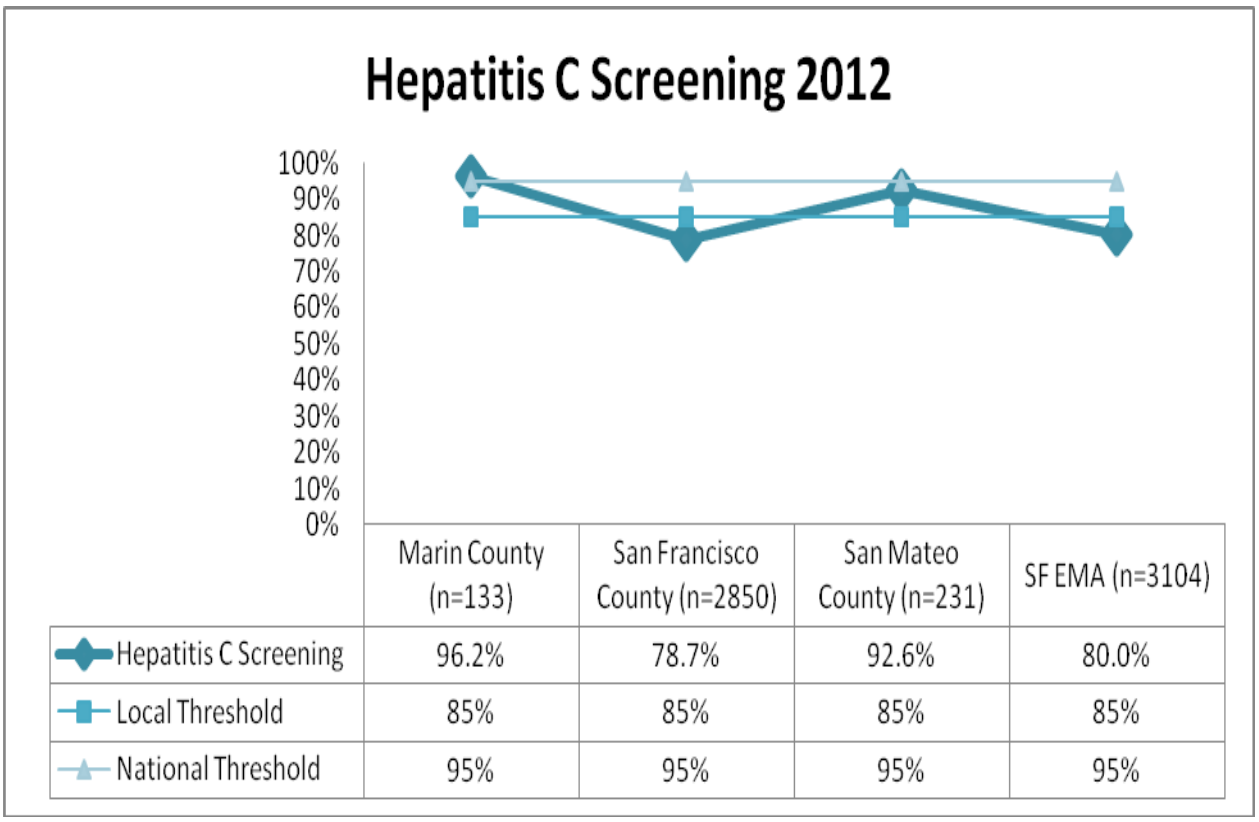


	Marin County (n=109)	San Francisco County (n=1775)	San Mateo County (n=232)	SF EMA (n=1923)
Viral Load Suppression	94.5%	79.7%	89.8%	80.6%
Local & National Threshold	90%	90%	90%	90%

The Viral Load Suppression graph indicates the performance level range of 79.7% to 94.5% among the groups (88.6 to 105 percentile of the local and national threshold goal). The SF EMA wide performance level of 80.6% achieves 89.6% of the local and national threshold goal.

Viral Load Suppression Analysis: The 90% local and national performance level threshold goal was met and exceeded by Marin and San Mateo.

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



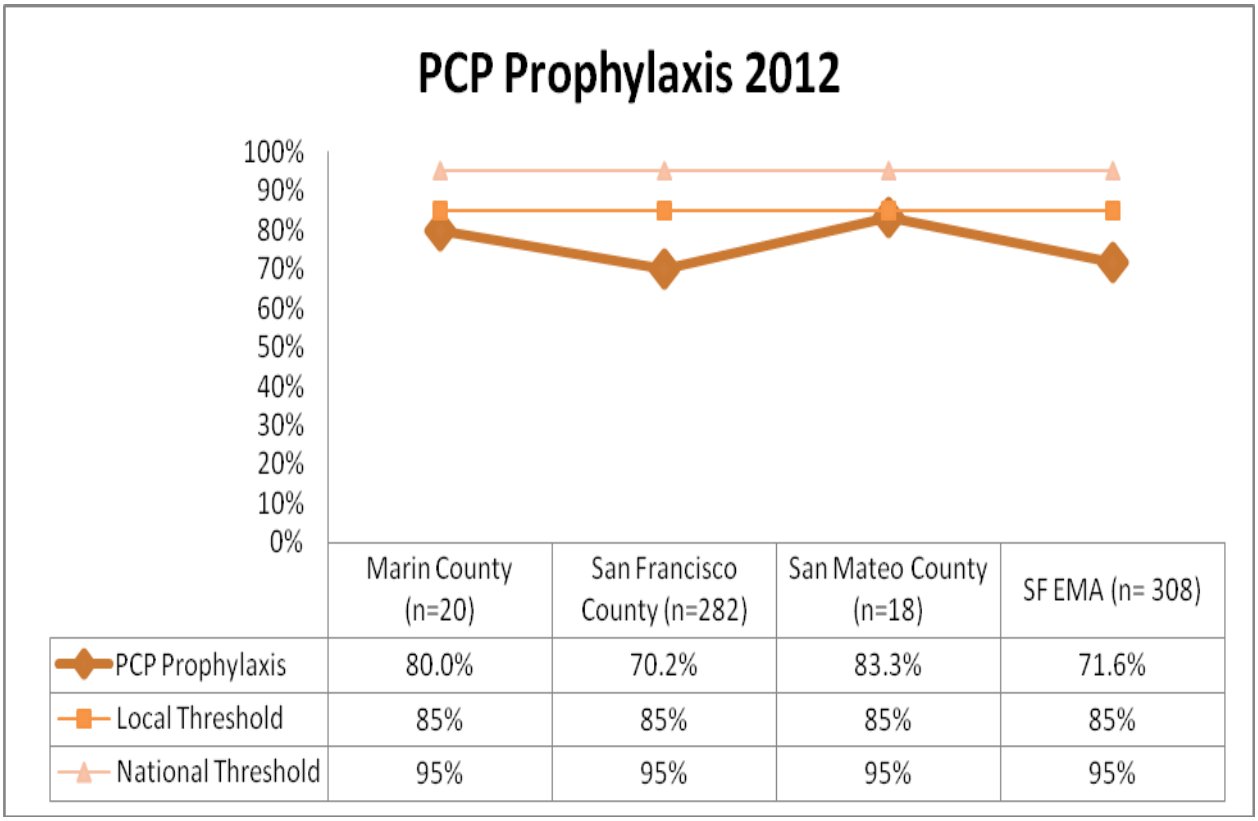
	Marin County (n=133)	San Francisco County (n=2850)	San Mateo County (n=231)	SF EMA (n=3104)
Hepatitis C Screening	96.2%	78.7%	92.6%	80.0%
Local Threshold	85%	85%	85%	85%
National Threshold	95%	95%	95%	95%

The Hepatitis C Screening graph indicates the performance level range of 78.7% to 96.2% among the groups (92.6 to 113.2 percentiles of the local threshold goal and 82.9 to 101.3 percentiles of the national threshold goal). The San Francisco EMA wide performance level of 80% achieves 94.1% of the local and 84.2% of the national threshold goal.

Hepatitis C Screening Analysis: The 95% national threshold goal was met and exceeded by Marin. The 85% local performance threshold goal was met and exceeded by Marin and San Mateo.

Reasons for those failing to meet the national and local threshold goal(s) could be: a) there is no screening data element in the client electronic medical record thus information is buried in progress notes or simply not noted as a rendered service; b) data element was entered in ARIES as “unknown” as opposed to “not medically indicated” so client could be excluded from calculation; and c) ARIES data entry is not complete for all clients.

PCP Prophylaxis Indicator: Percentage of clients with HIV infection & CD4 T-cell count below 200 cells/mm3 who were prescribed PCP prophylaxis. The local performance level goal is currently set at 85%. The national performance level goal for this indicator is currently set at 95%.



	Marin County (n=20)	San Francisco County (n=282)	San Mateo County (n=18)	SF EMA (n= 308)
PCP Prophylaxis	80.0%	70.2%	83.3%	71.6%
Local Threshold	85%	85%	85%	85%
National Threshold	95%	95%	95%	95%

The PCP Prophylaxis graph indicates the performance level range of 70.2% to 83.3% among the groups (82.6 to 98 percentiles of the local threshold goal & 73.9 to 87.7 percentiles of the national threshold goal). The San Francisco EMA wide performance level of 71.6% achieves 84.3% of the local and 75.4% of the national threshold goal.

PCP Prophylaxis Analysis: Neither the Local or National Thresholds were met by any group.

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

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

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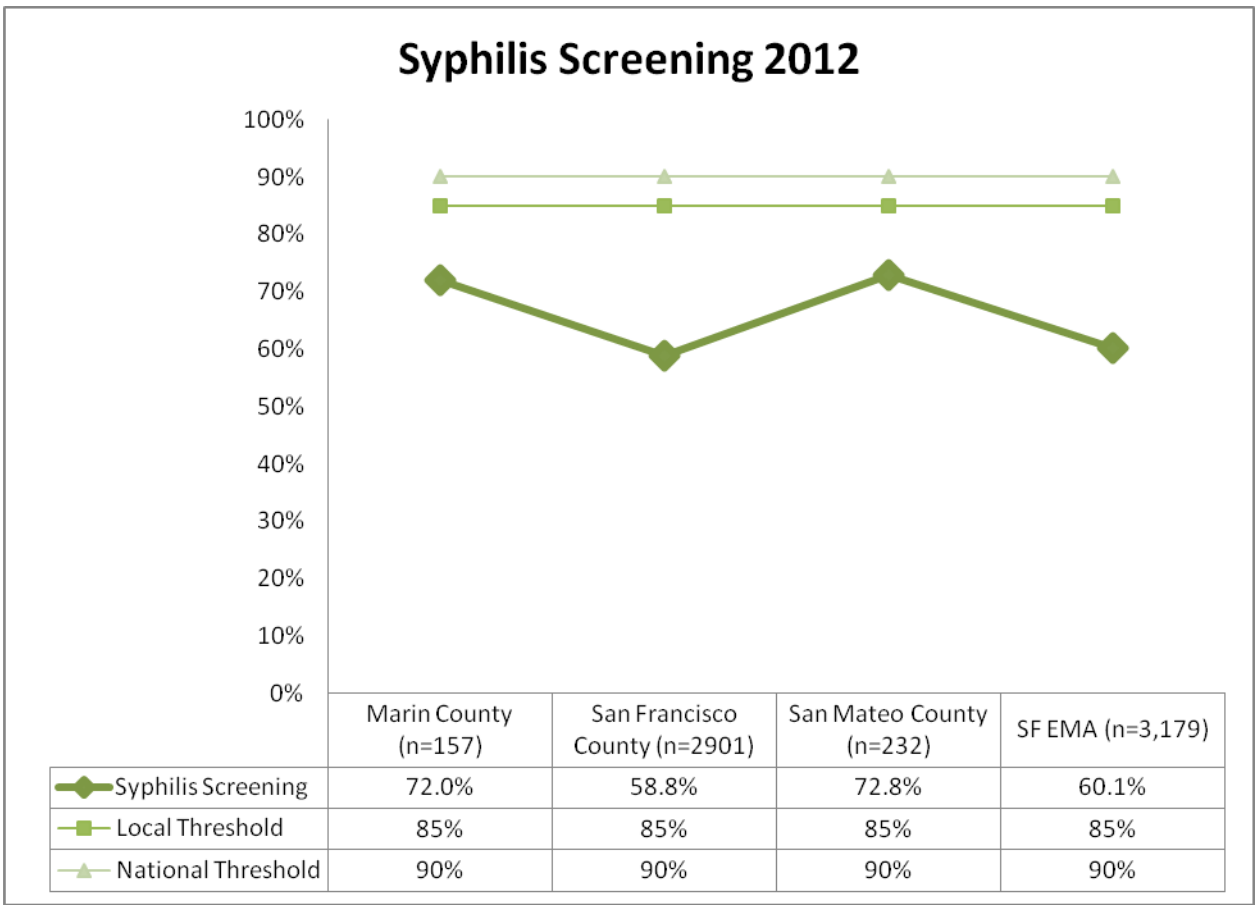

	Marin County (n=157)	San Francisco County (n=2901)	San Mateo County (n=232)	SF EMA (n=3,179)
Syphilis Screening	72.0%	58.8%	72.8%	60.1%
Local Threshold	85%	85%	85%	85%
National Threshold	90%	90%	90%	90%

The Syphilis Screening graph indicates the performance level range of 58.8% to 72.8% among the groups (69.2 to 85.6 percentiles of the local threshold goal & 65.3 to 80.9 percentiles of the national threshold goal). The SF EMA wide performance level of 60.1% achieves 70.7 % of the local and 66.8% of the national threshold goal.

Syphilis Screening Analysis: Neither the Local or National Thresholds were met by any group.

Reasons for those failing to meet the national and local threshold goal(s) could be: a) there is no screening data element in the client electronic medical record thus information is buried in progress notes or simply not noted as a rendered service; b) data element was entered in ARIES as “unknown” as opposed to “not medically indicated” so client could be excluded from calculation; and c) ARIES data entry is not complete for all clients.

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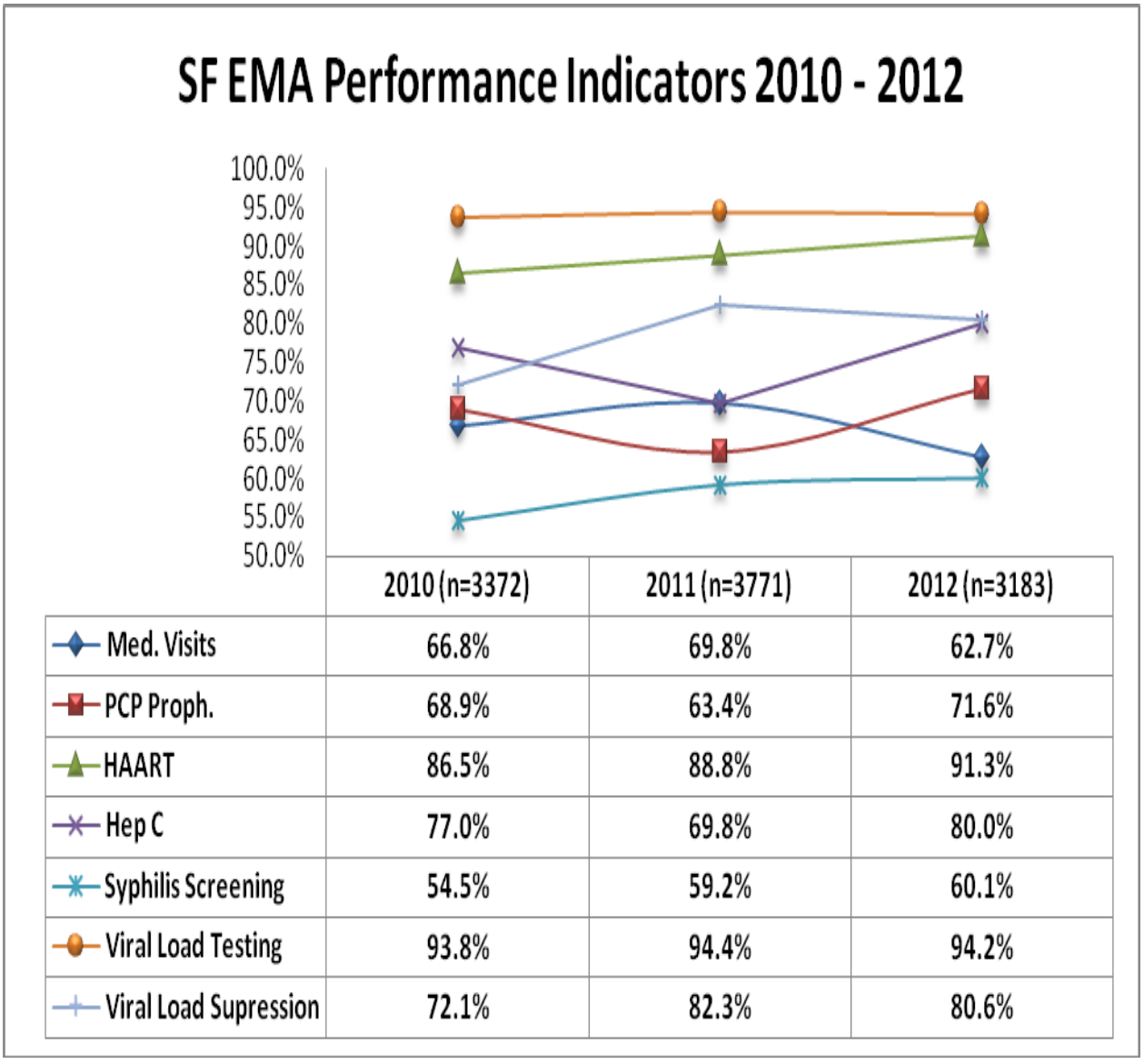
SF EMA Summary Chart:



	2010 (n=3372)	2011 (n=3771)	2012 (n=3183)
Med. Visits	66.8%	69.8%	62.7%
PCP Proph.	68.9%	63.4%	71.6%
HAART	86.5%	88.8%	91.3%
Hep C	77.0%	69.8%	80.0%
Syphilis Screening	54.5%	59.2%	60.1%
Viral Load Testing	93.8%	94.4%	94.2%
Viral Load Supression	72.1%	82.3%	80.6%

SF EMA Analysis: With the completion of the 2009-10 EMA data base conversion onto ARIES a good baseline was established. A steady state performance is shown over the three year period for all indicators. A slight progression for HAART, Viral Load Testing, Viral Load Suppression and Syphilis screening indicators is shown. Hep C screening and PCP Prophylaxis took a slight deep in 2011 and appear to be progressing back to or gaining on previous performance levels. The indicator for Medical Visits seems to be in a decline since its peak in 2011, this is most likely due to the implementation of LIHP in San Mateo and San Francisco which transitioned a number of clients out of this reporting system.

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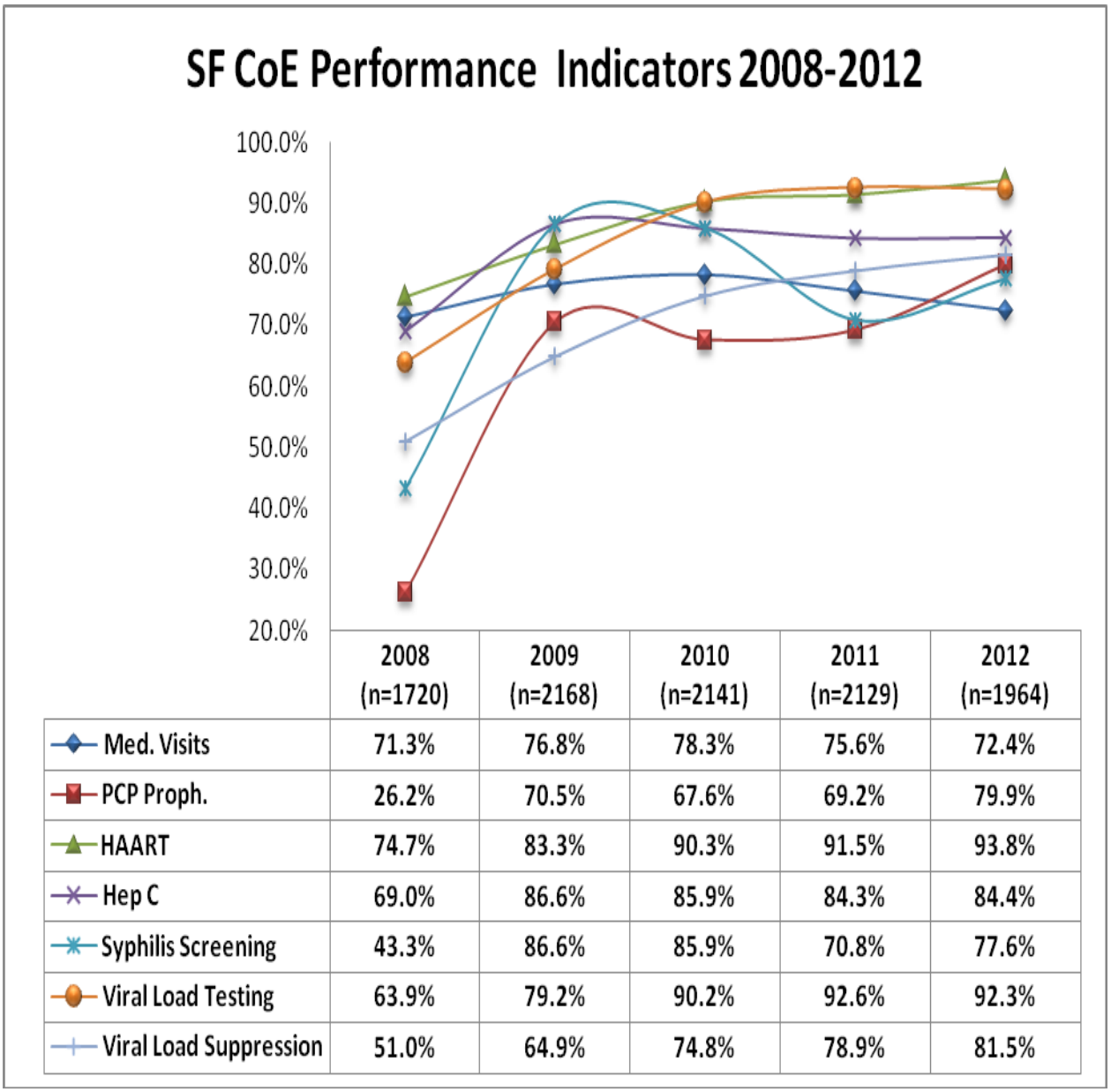
San Francisco's Centers of Excellence Summary Chart:



	2008 (n=1720)	2009 (n=2168)	2010 (n=2141)	2011 (n=2129)	2012 (n=1964)
Med. Visits	71.3%	76.8%	78.3%	75.6%	72.4%
PCP Proph.	26.2%	70.5%	67.6%	69.2%	79.9%
HAART	74.7%	83.3%	90.3%	91.5%	93.8%
Hep C	69.0%	86.6%	85.9%	84.3%	84.4%
Syphilis Screening	43.3%	86.6%	85.9%	70.8%	77.6%
Viral Load Testing	63.9%	79.2%	90.2%	92.6%	92.3%
Viral Load Suppression	51.0%	64.9%	74.8%	78.9%	81.5%

SF CoE Analysis: A steady performance progression for HAART and Viral Load Testing and Viral Load Suppression indicators is shown over the entire reporting period. Hep C screening and PCP Prophylaxis have remained fairly constant over the last four years. The indicator for Syphilis Screening seems to be making progress over the last two years since its decline in 2010. The indicator for Medical Visits seems to be in a decline since its peak in 2010, this is most likely due to the implementation of LIHP in San Francisco which transitioned a number of clients out of this reporting system.

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Conclusions and Next Steps for Improvement:

In summary, similar to the SF CoE analysis above, EMA-Wide HAART and Viral Load Testing indicators met or exceeded established thresholds; Hepatitis C Screening, Viral Load Suppression and PCP Prophylaxis nearly met established thresholds; and Medical Visits and Syphilis Screening fell significantly below established thresholds. The most commonly given reason for those failing to meet the national and local threshold goal(s) is ARIES data entry is not complete for all clients due to data entry staff turnover.

The four primary goals/activities of the San Francisco EMA QM program: 1) To provide topical training and technical assistance (TA) to HIV community service providers; 2) To track progress toward established markers and milestones that are indicative of the quality of service provided by local providers; 3) To continually improve and enhance client service practices and outcomes through collection and application of accurate, timely electronic and other service data collection and analysis for the San Francisco EMA; and 4) To monitor programmatic services and ensure that local care services continue to adhere to the same high standard that has typified our local system of care.