San Francisco Department of Public Health

HIV Health Services

2013

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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2013 SF EMA Summary Report of HAB Performance Measures

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 SF 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 9/9/2014 and the timeframe studied was the 2013 calendar year. The total unduplicated client count (UDC) for the SF EMA primary care clients is 3,784 (N=3,784). Inclusion criteria for QM indicators was based upon a client receiving at least two Primary Care visits during the measurement year which results in 3,662 (n=3,662) or 96.8% of all EMA primary care clients.

EMA Groups and County Statistical Overview for Report

- **Marin County** – The Marin primary care UDC is 136 or 3.6% of total EMA primary care UDC. Fourteen (14) or 10.3% clients served in Marin were "new" and no deaths in 2013.

- **San Francisco County** – The San Francisco primary care UDC is 3,491 or 92.3% of total EMA primary care UDC. Three hundred and three (303) or 8.7% clients served in San Francisco were "new" and 28 or 0.8% died in 2013.

- **San Mateo County** – The San Mateo primary care UDC is 166 or 4.4% of total EMA primary care UDC. Twenty two (22) or 13.3% clients served in San Mateo were "new" and 1 or 0.6% died in 2013.

- **EMA-Wide** – The total UDC for the SF EMA primary care clients is 3,784 (100%). Three hundred thirty nine (339) or 8.7% of clients served in the EMA were "new" and 29 or 0.8% died in 2013.

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

Additional QM Charts

- **2010-2013 SF EMA Performance Indicators Summary Chart** – The SF EMA summary chart selects the same QM indicators and the EMA results achieved over a four calendar year time period (2010-2013).

- **2013 SF EMA Selected Quality Indicators by Gender Chart** – The SF EMA selects three QM indicators and the EMA results achieved by subgroups based upon gender.

- **2013 SF EMA Selected Quality Indicators by Race Chart** – The SF EMA selects three QM indicators and the EMA results achieved by subgroups based upon racial identification.

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 included in the numerator by criteria formulas.
- Recent data conversion into ARIES for entire EMA. This is the third 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. Variability in the service model design within each county and the individual primary care 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.
- Variance in agency experience with data input. Service models such as Centers of Excellence 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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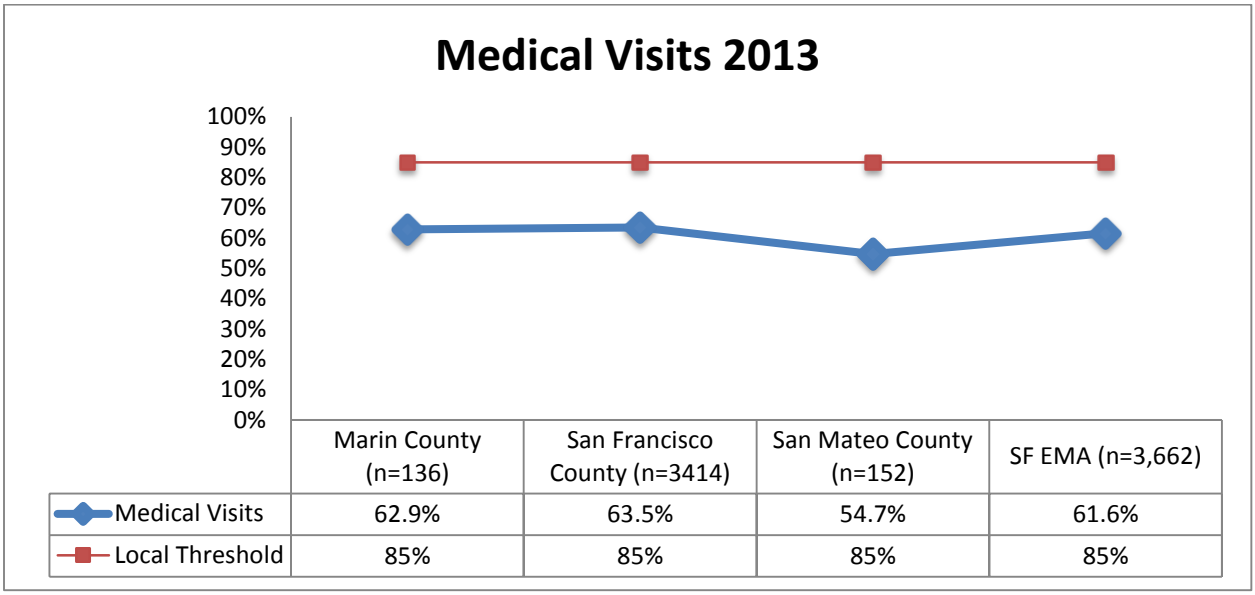
Definition, Analysis and Discussion of QM Indicators

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=136)	San Francisco County (n=3414)	San Mateo County (n=152)	SF EMA (n=3,662)
Medical Visits	62.9%	63.5%	54.7%	61.6%
Local Threshold	85%	85%	85%	85%

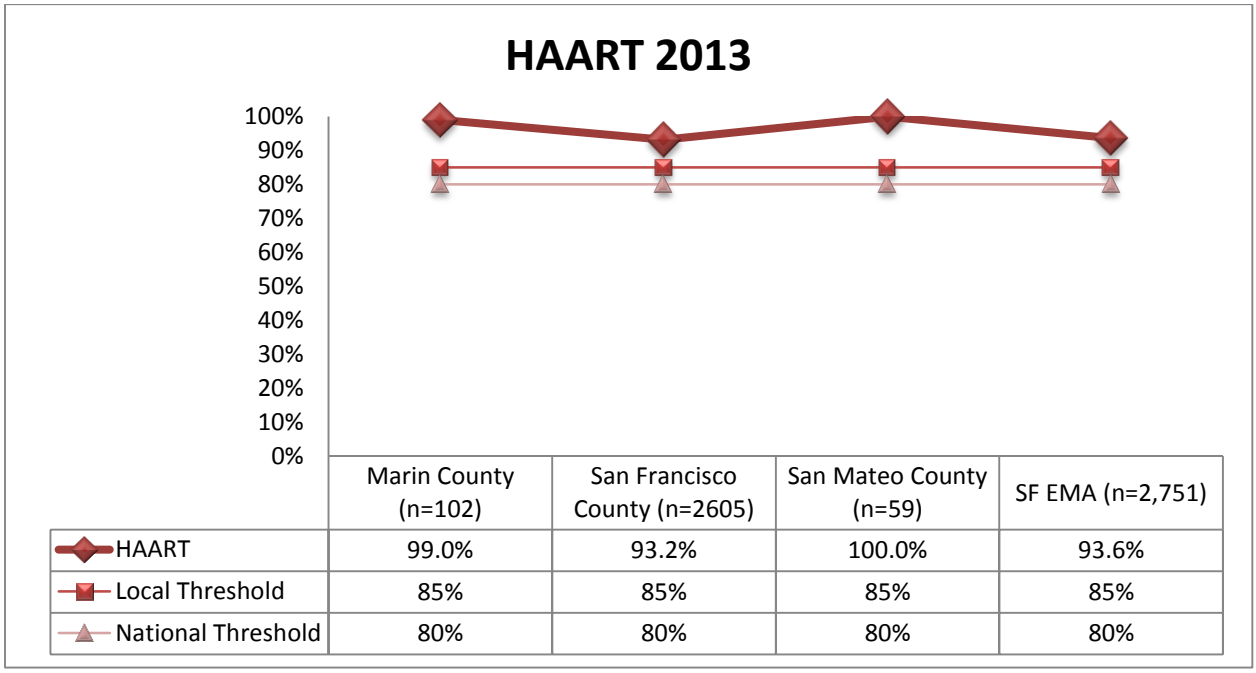
The medical visits graph indicates the performance level range of 54.7% to 63.5% among the groups (64.4 to 74.7 percentile of the local threshold goal). The San Francisco EMA performance level of 61.6% achieves 72.5% of the local threshold goal.

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.

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=102)	San Francisco County (n=2605)	San Mateo County (n=59)	SF EMA (n=2,751)
HAART	99.0%	93.2%	100.0%	93.6%
Local Threshold	85%	85%	85%	85%
National Threshold	80%	80%	80%	80%

The HAART graph indicates the performance level range of 93.2% to 100% among the groups (109.6 to 117.6 percentiles of the local threshold goal and 116.5 to 125 percentiles of the national threshold goal). The San Francisco EMA wide performance level of 93.6 achieves 110.1% of the local and 117% of the national threshold goal.

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

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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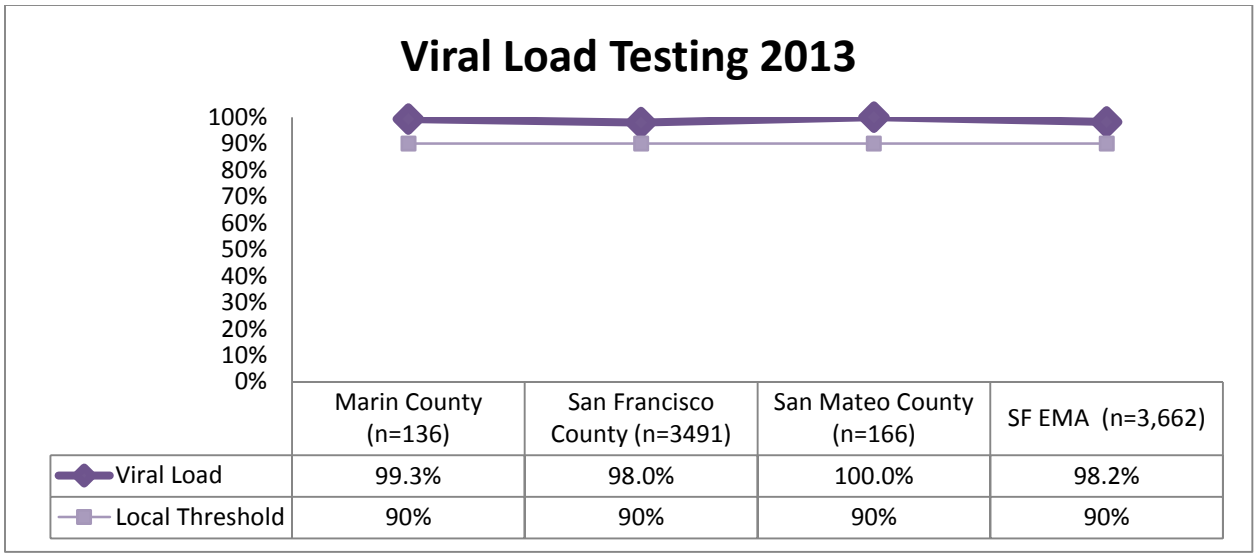
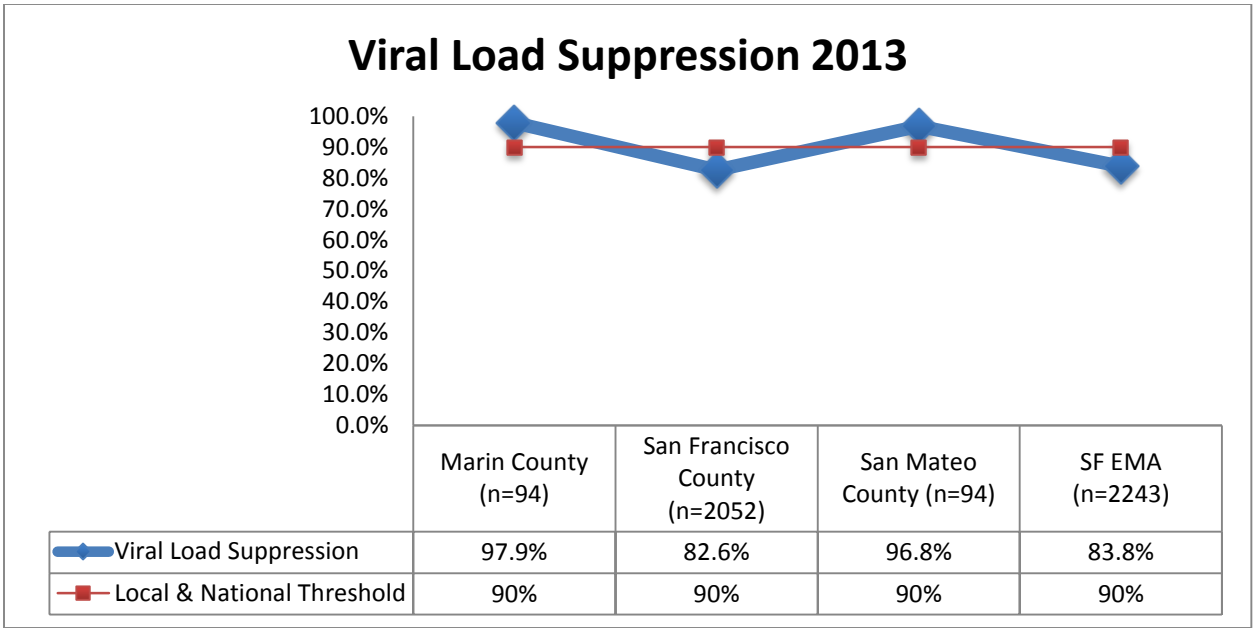


	Marin County (n=136)	San Francisco County (n=3491)	San Mateo County (n=166)	SF EMA (n=3,662)
Viral Load	99.3%	98.0%	100.0%	98.2%
Local Threshold	90%	90%	90%	90%

The Viral Load Testing graph indicates the performance level range of 98% to 100% among the groups (108.9 to 111.1 percentile of the local threshold goal). The SF EMA wide performance level of 98.2% achieves 109.1% 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%.

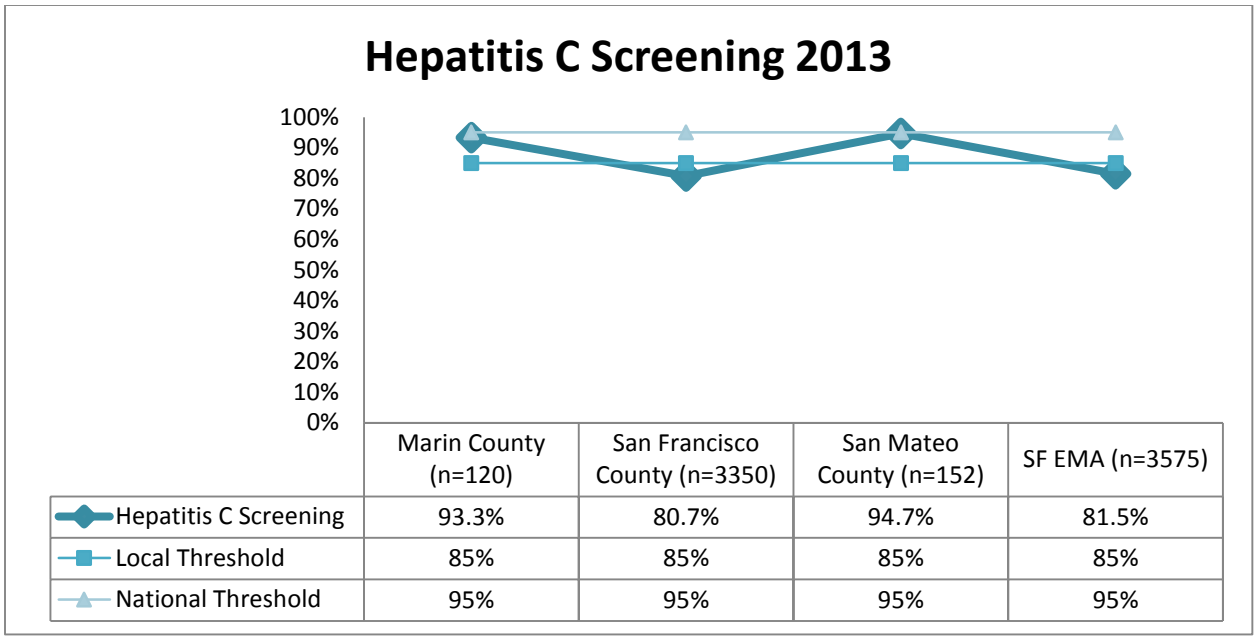


	Marin County (n=94)	San Francisco County (n=2052)	San Mateo County (n=94)	SF EMA (n=2243)
Viral Load Suppression	97.9%	82.6%	96.8%	83.8%
Local & National Threshold	90%	90%	90%	90%

The Viral Load Suppression graph indicates the performance level range of 82.6% to 97.9% among the groups (91.8 to 108.8 percentile of the local and national threshold goal). The SF EMA wide performance level of 83.8% achieves 93.1% 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=120)	San Francisco County (n=3350)	San Mateo County (n=152)	SF EMA (n=3575)
Hepatitis C Screening	93.3%	80.7%	94.7%	81.5%
Local Threshold	85%	85%	85%	85%
National Threshold	95%	95%	95%	95%

The Hepatitis C Screening graph indicates the performance level range of 80.7% to 94.7% among the groups (94.9 to 111.4 percentiles of the local threshold goal and 84.9 to 99.7 percentiles of the national threshold goal). The San Francisco EMA wide performance level of 81.5% achieves 95.9% of the local and 85.8% of the national threshold goal.

Hepatitis C Screening Analysis: The 95% national threshold goal was met by San Mateo. 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%.

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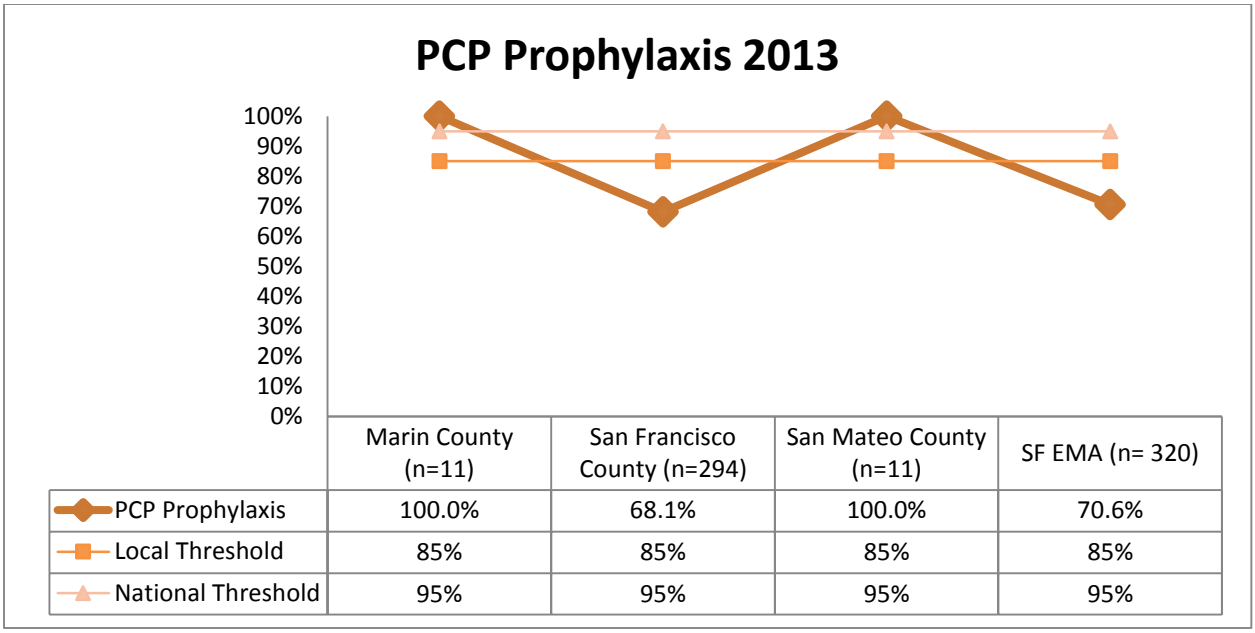


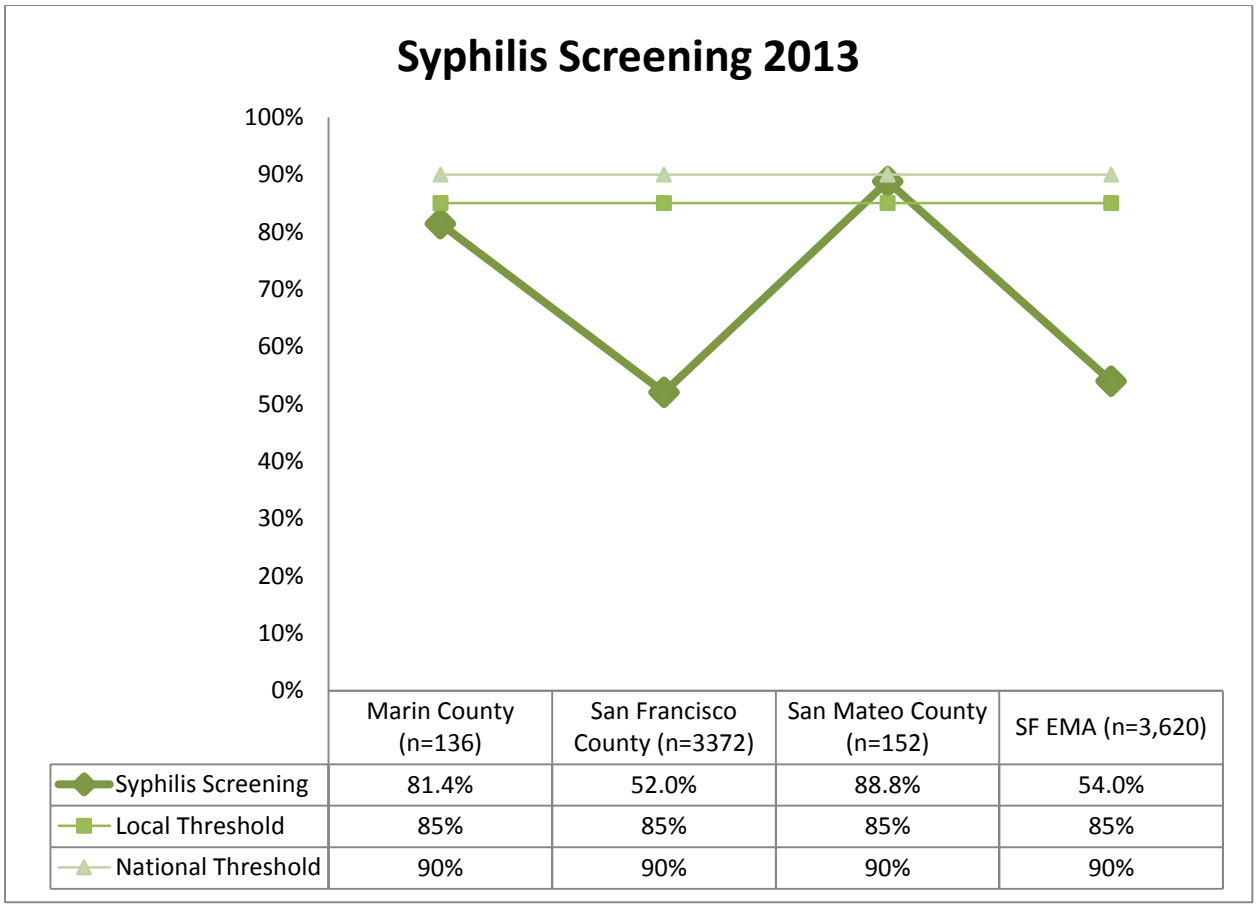
	Marin County (n=11)	San Francisco County (n=294)	San Mateo County (n=11)	SF EMA (n= 320)
PCP Prophylaxis	100.0%	68.1%	100.0%	70.6%
Local Threshold	85%	85%	85%	85%
National Threshold	95%	95%	95%	95%

The PCP Prophylaxis graph indicates the performance level range of 68.1% to 100% among the groups (80.1 to 117.6 percentiles of the local threshold goal & 71.7 to 105.3 percentiles of the national threshold goal). The San Francisco EMA wide performance level of 70.6% achieves 83.1% of the local and 74.3% of the national threshold goal.

PCP Prophylaxis Analysis: The 85% local and the 95% national performance threshold goals 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) 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%.



	Marin County (n=136)	San Francisco County (n=3372)	San Mateo County (n=152)	SF EMA (n=3,620)
Syphilis Screening	81.4%	52.0%	88.8%	54.0%
Local Threshold	85%	85%	85%	85%
National Threshold	90%	90%	90%	90%

The Syphilis Screening graph indicates the performance level range of 52% to 88.8% among the groups (61.2 to 104.5 percentiles of the local threshold goal & 57.8 to 98.7 percentiles of the national threshold goal). The SF EMA wide performance level of 54% achieves 63.5 % of the local and 60% of the national threshold goal.

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

Reasons for those failing to meet the national and local threshold goal(s) could be: a) 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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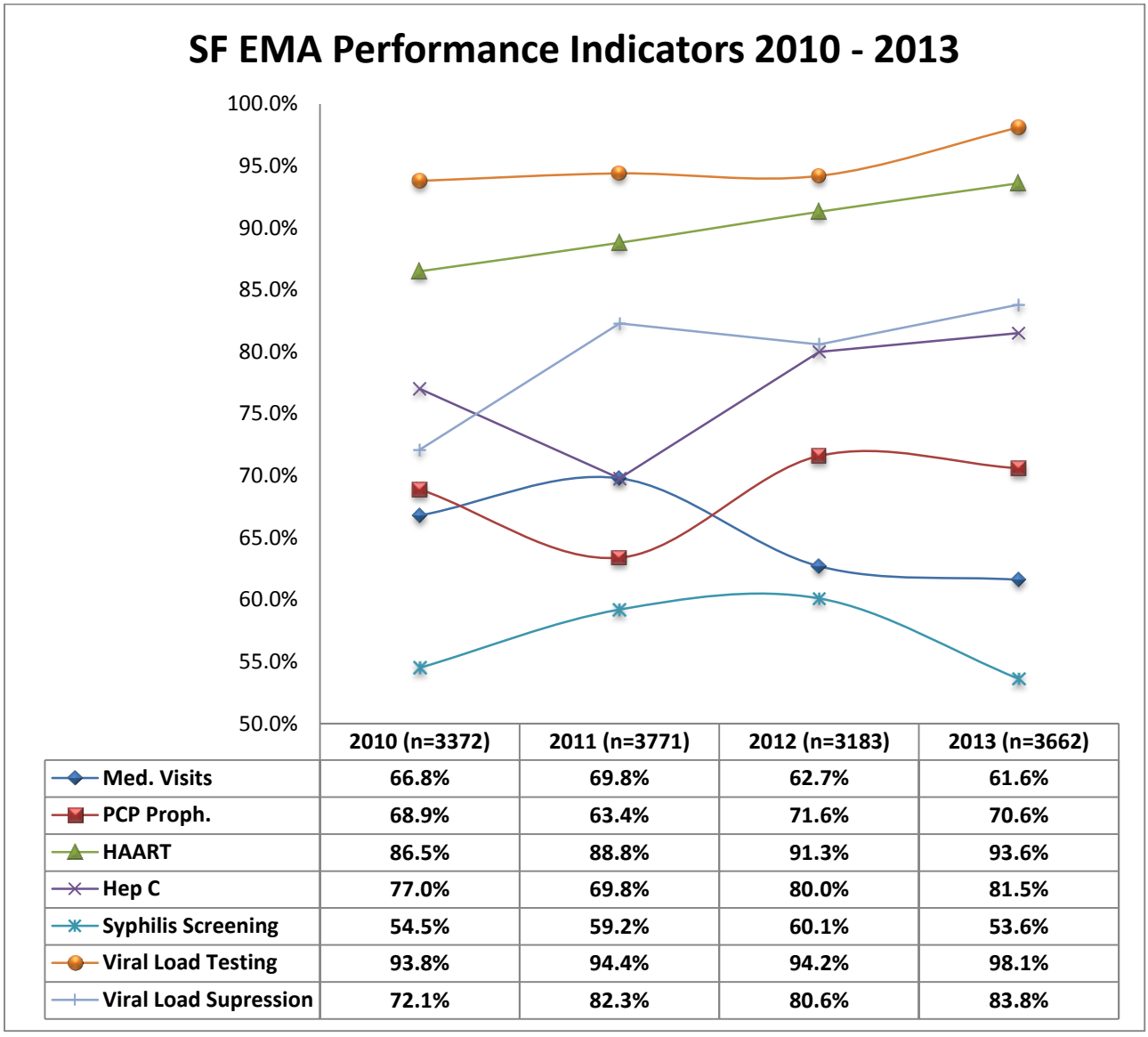
SF EMA Quality Indicators Over Four Years (2010 -2013):



	2010 (n=3372)	2011 (n=3771)	2012 (n=3183)	2013 (n=3662)
Med. Visits	66.8%	69.8%	62.7%	61.6%
PCP Proph.	68.9%	63.4%	71.6%	70.6%
HAART	86.5%	88.8%	91.3%	93.6%
Hep C	77.0%	69.8%	80.0%	81.5%
Syphilis Screening	54.5%	59.2%	60.1%	53.6%
Viral Load Testing	93.8%	94.4%	94.2%	98.1%
Viral Load Supression	72.1%	82.3%	80.6%	83.8%

SF EMA Analysis: A slight progression for HAART, Viral Load Testing, Viral Load Suppression and Hep C screening indicators is shown. PCP Prophylaxis took a slight deep in 2011 and appears 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. The indicator for Syphilis screening seems to be in a decline since its peak in 2012, this primarily due 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 and ARIES data entry is not complete for all clients.

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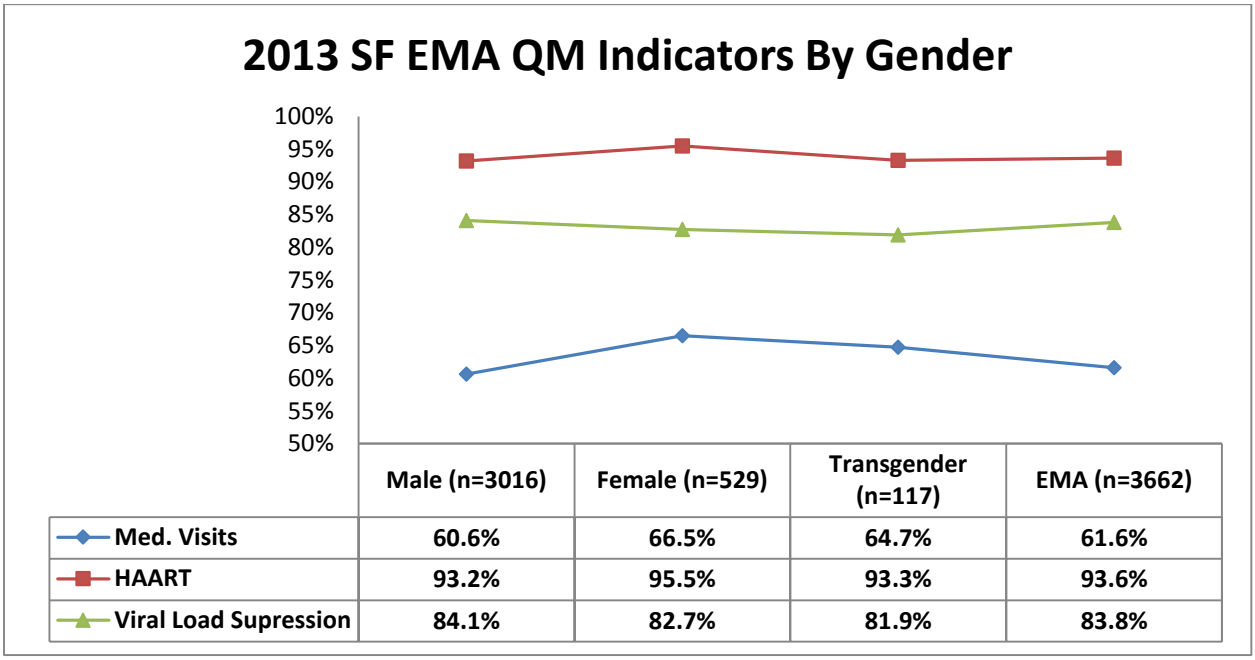
2013 SF EMA Selected Quality Indicators by Gender:



	Male (n=3016)	Female (n=529)	Transgender (n=117)	EMA (n=3662)
Med. Visits	60.6%	66.5%	64.7%	61.6%
HAART	93.2%	95.5%	93.3%	93.6%
Viral Load Supression	84.1%	82.7%	81.9%	83.8%

2013 Gender Analysis: Males are 82.4%, Females 14.4% and Transgender 3.2% of the client pool who receives their primary care within the SF EMA. Female and Transgender clients seem to have a slight increase over Males in the medical visits indicator. Females also have a very slight increase being on HAART over both Males and Transgender who are virtually identical in this indicator. Females and Transgender clients seem to have a very slight decrease in Viral Load Suppression than Males. Health disparities do not appear to have a gender basis in the SF EMA primary care client pool.

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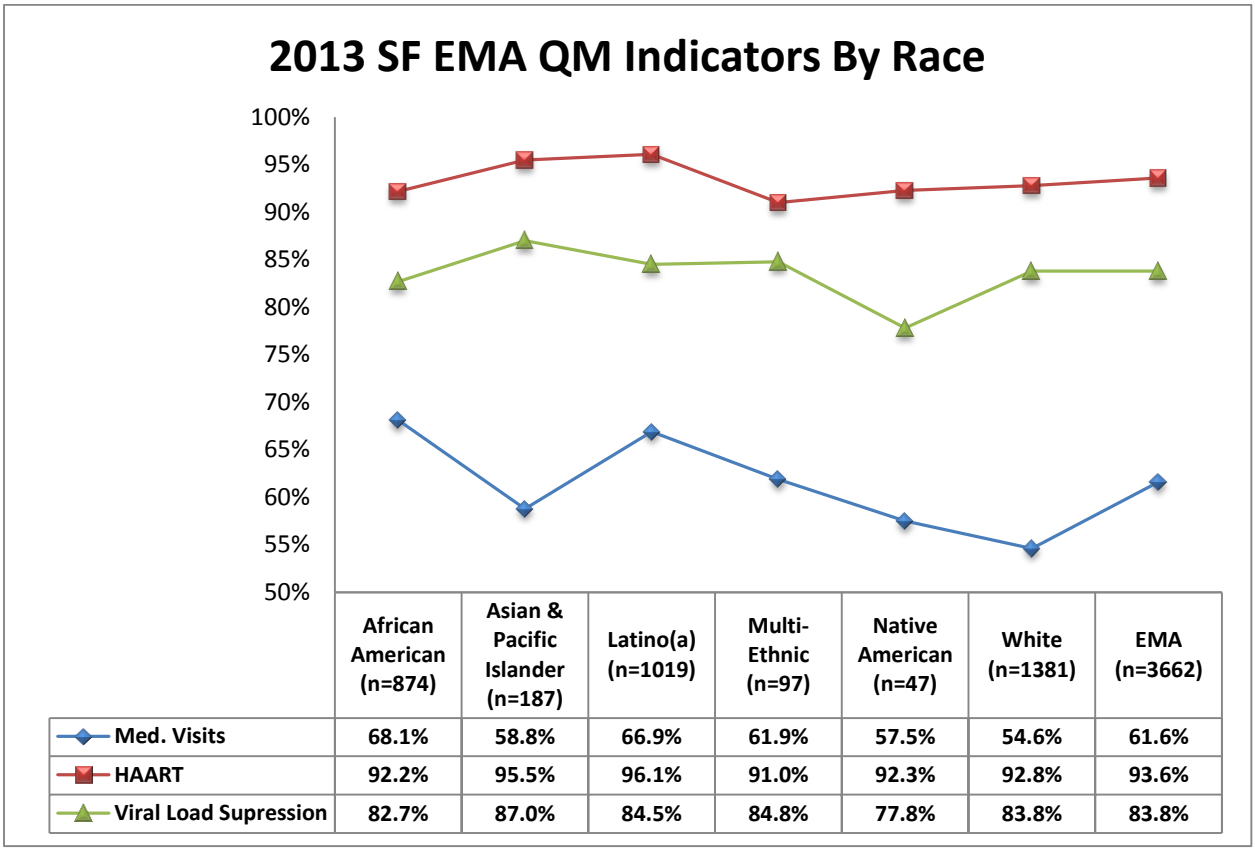
2013 SF EMA Selected Quality Indicators by Race:



	African American (n=874)	Asian & Pacific Islander (n=187)	Latino(a) (n=1019)	Multi-Ethnic (n=97)	Native American (n=47)	White (n=1381)	EMA (n=3662)
Med. Visits	68.1%	58.8%	66.9%	61.9%	57.5%	54.6%	61.6%
HAART	92.2%	95.5%	96.1%	91.0%	92.3%	92.8%	93.6%
Viral Load Supression	82.7%	87.0%	84.5%	84.8%	77.8%	83.8%	83.8%

2013 Race Analysis: Racial subgroups percentages are 23.9% African American, 5.1% Asian & Pacific Islander (API), 27.8% Latino(a), 2.6%, Multi-Ethnic, 1.3% Native Americans and 37.7% White of the client pool who receives their primary care within the SF EMA.

API, Native American, and White clients seem to have a slight decrease for the medical visits indicator. Mulit-Ethnic clients are virtually identical to the EMA level. African American and Latino(a) clients are well above the EMA performance.

Latino(a) and API clients have the highest rate of being on HAART. African American, Native American and White clients are clustered with the EMA result with Multi-Ethnic clients very slightly below. The national and local threshold goals were met and exceeded in all groups for the HAART indicator.

Native Americans have the lowest rate of suppression and are furthest below the EMA result for the Viral Load Suppression indicator. African American clients have a very slight decrease to the EMA result. White client rates are identical to the EMA result. Latino(a), Multi-Ethnic are slightly above the EMA result. API clients have the highest rate of suppression and are significantly above the EMA result.

Health disparities do not appear to have a racial basis in the SF EMA primary care client pool.

Conclusions and Next Steps for Improvement:

In summary, EMA-Wide HAART and Viral Load Testing indicators met or exceeded established thresholds; Hepatitis C Screening and Viral Load Suppression nearly met established thresholds; and PCP Prophylaxis, Medical Visits and Syphilis Screening fell significantly below established thresholds. The most commonly given reason(s) 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; data entry errors due working on multiple databases thus doing double or triple data entry; and some indicators not in alignment with current clinical practices. In addition, the impact of Ryan White clients transitioning onto other funding streams with the procurement health insurance as had an appearance of incomplete client and service level provision when filtered by funding source for data analysis.

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.

Purging the damages of health disparities in the SF EMA client base remains the cornerstone of the regional QMP effort.