



San Francisco Eligible Metropolitan Area 2013 Summary Report of HIV/AIDS Bureau's Quality Management Performance Measures

**HIV Health Services Planning Council
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Presentation Outline

- Update of Quality Management Program (QMP) Activities
 - QMP Concepts & Definitions
 - QMP Structure & Process
 - Training & Technical Assistance
 - On-going Improvement Activities
- Overview of Performance Indicators
 - Review 2013 EMA Summary Report Format
 - Discuss Data Collection Process
 - Address Data Limitations
 - Review Selected QM Indicators
 - Summary Conclusions
- Questions & Answers

SFEMA Quality Management Program – Concepts & Definitions

- 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.
- A performance measure or indicator is a tool to 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.

SFEMA Quality Management Program - Goals

- Analyze Health Resource Service Administration's (HRSA) HIV/AIDS Bureau's (HAB) Clinical indicators across all three (3) counties.
- Maintain QM committee and quarterly meetings.
- Assess Individual Program QM processes and begin quarterly reviews of program level performance of QM indicators.

SFEMA Quality Management Program - Trainings

- De-Escalation
- Trauma-Informed Care
- Transgender Best Practices
- Leveraging Resources

SFEMA Quality Management Program – Collaborative Activities

Care Collaboration:

- Regional QM Meeting with San Francisco Clinic Consortium
- Integrating HIV testing and linkage to care in primary care sites
- Engage in Enhanced Comprehensive HIV Prevention Planning process to improve local compliance toward National HIV/AIDS Strategy

Quality Management Program – Data Compliance Activities

- QMP focus of 2013: Increase data integrity
- ARIES Data Flow discussion with key providers
- ▶ Planned Activities:
 - HHS encourages and will assist agencies to apply to the State for electronic importation of client and service data.
 - About 60% of Primary Care Providers are electronically importing client and service data. This accounts for over 80% of the Primary Care UDC in SF.
 - Quarterly reports will be more reflective of programs quality of service

Quality Management Program – Performance Measures

- Selected from HRSA’s HAB HIV/AIDS Performance Measures for Adults and Adolescents – Outpatient Primary Care services. SF EMA performance indicators are:
 - Medical Visits
 - HAART
 - Viral Load Testing
 - Viral Load Suppression
 - Hep C
 - PCP Prophylaxis
 - Syphilis Screening

Quality Management Program – Summary Report Format (1 of 3)

- Introduction to SF EMA QMP
- Data collection process and parameters:
 - Data run on 9/9/2014.
 - Measurement period is 1/1/2013 – 12/31/2013.
 - The total unduplicated client count (UDC) for EMA Primary Care is 3,784 (N=3,784).
- Data aggregated into four groups:
 - Marin County
 - San Francisco County
 - San Mateo County
 - EMA-Wide

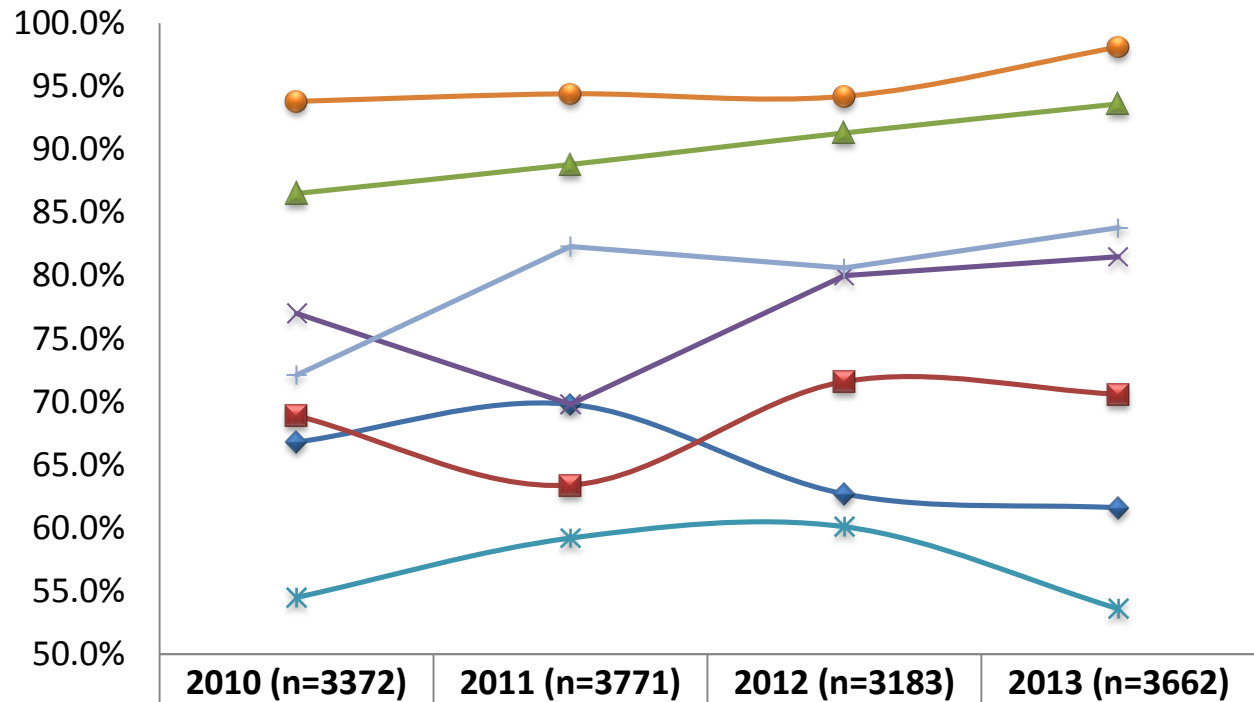
Quality Management Program – Summary Report Format (2 of 3)

- For each QM indicator:
 - Description of indicator including national and local threshold performance goals (when applicable).
 - 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.
- All indicators were based upon a client receiving at least two Primary Care visit in 2013.
 - Client who met criteria 3,662 (n=3662) or 96.8% of EMA-Wide UDC.

Quality Management Program – Summary Report Format (3 of 3)

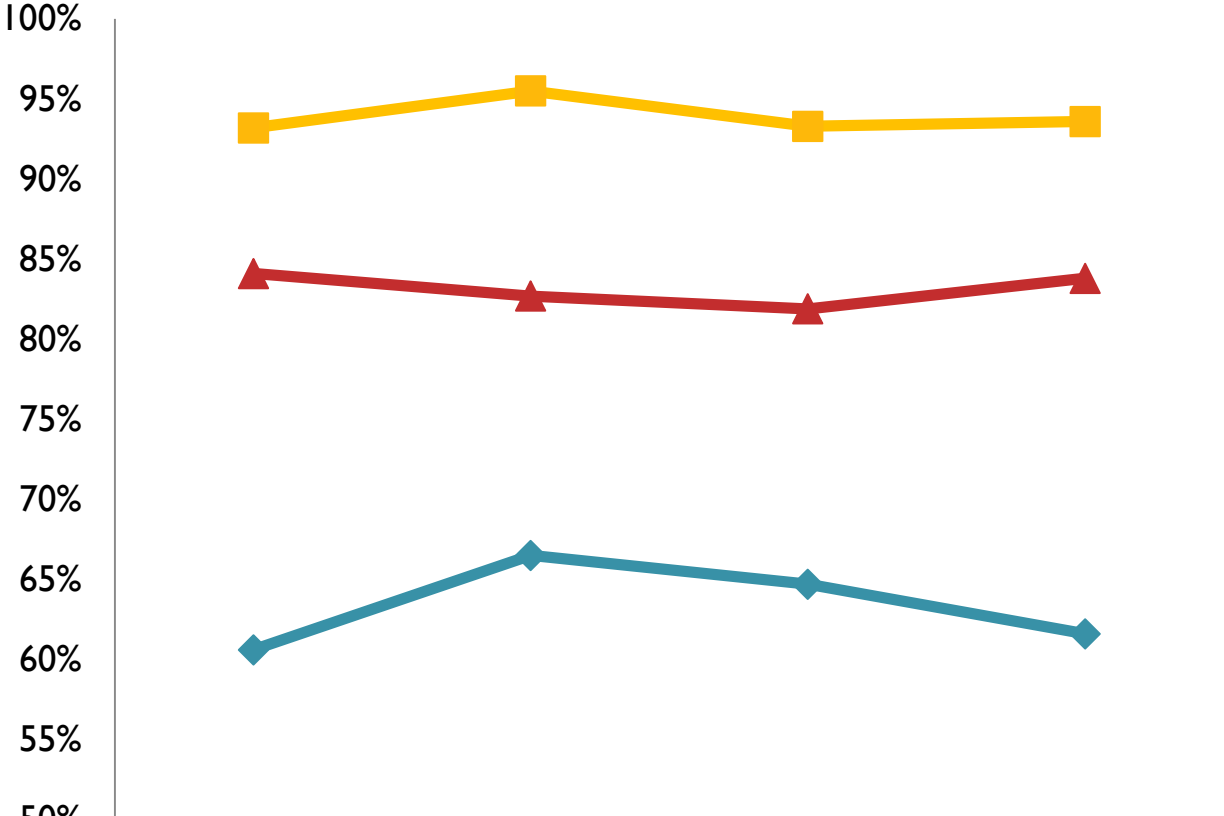
- Data Perspective and Considerations
 - This summary report is designed to address CQI thresholds not to compare models of care.
 - Primary Care service providers all conduct agency specific internal CQI activities with HIV-specific focused indicators which may be different from the indicators highlighted 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.
- Definition, Analysis and Discussion of each Indicator
- 2010-2013 SF EMA QI Summary Chart
- 2013 Selected QM Performance Indicators by Gender & Race Chart(s)
- Conclusions and Next Steps for Improvement

SF EMA Performance Indicators 2010 - 2013



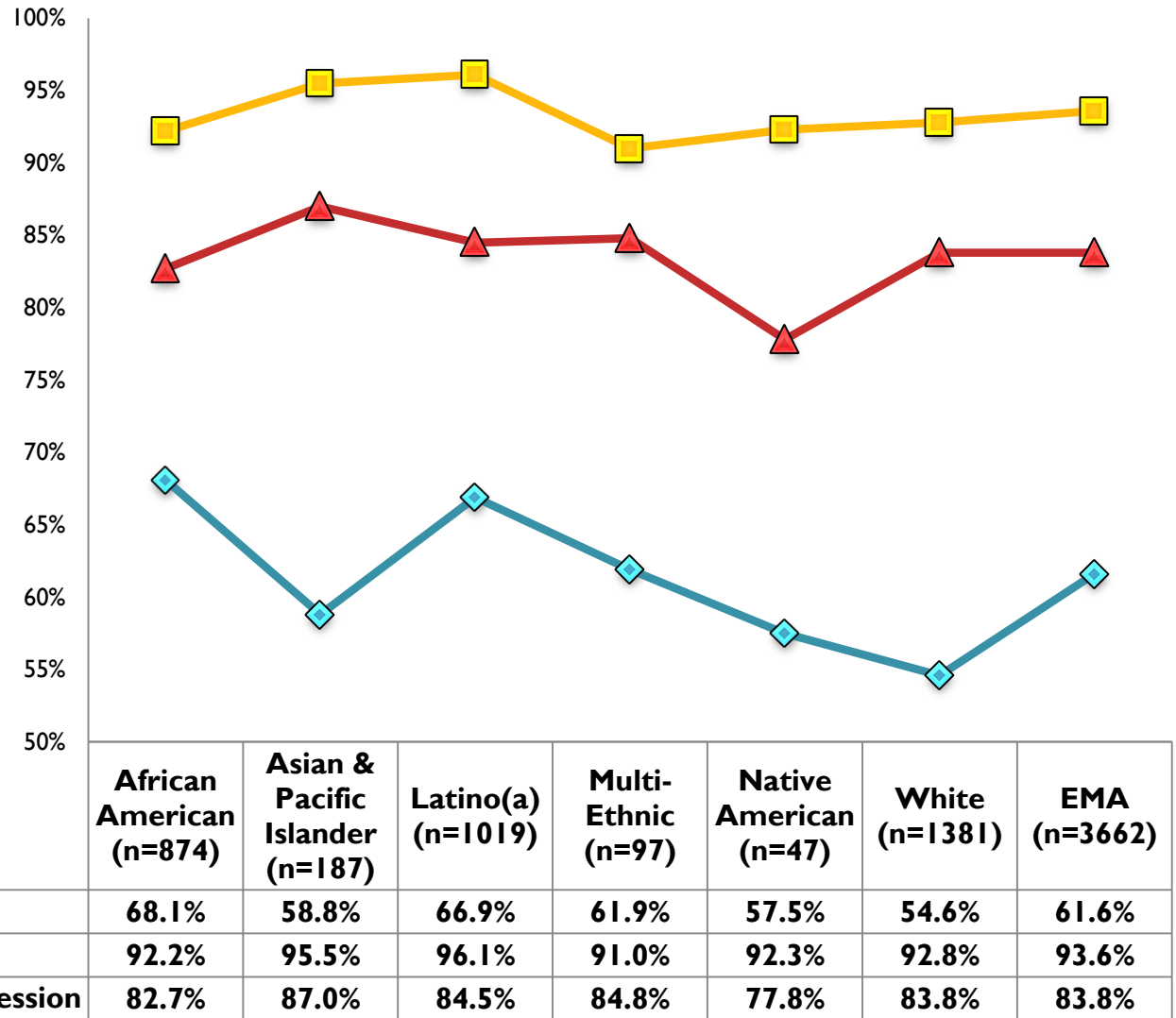
	2010 (n=3372)	2011 (n=3771)	2012 (n=3183)	2013 (n=3662)
◆ Med. Visits	66.8%	69.8%	62.7%	61.6%
■ PCP Proph.	68.9%	63.4%	71.6%	70.6%
▲ HAART	86.5%	88.8%	91.3%	93.6%
✕ Hep C	77.0%	69.8%	80.0%	81.5%
✱ Syphilis Screening	54.5%	59.2%	60.1%	53.6%
● Viral Load Testing	93.8%	94.4%	94.2%	98.1%
⊕ Viral Load Supression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

2013 SF EMA Selected 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 Suppression	84.1%	82.7%	81.9%	83.8%

2013 SF EMA Selected Indicators By Race



Quality Management Program – Summary Report Conclusions

- HAART and Viral Load Testing indicators met or exceeded established thresholds.
- Hepatitis C Screening and Viral Load Suppression nearly met established thresholds.
- Medical Visits, PCP Prophylaxis and Syphilis Screening fell significantly below established thresholds.
- Health disparities does not appear to have a gender or race basis in the SF EMA primary care client pool.