

# San Francisco Eligible Metropolitan Area 2014 Quality Management Program and Performance Measures Presentation

**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
  - Discuss Data Collection Process
  - Address Data Limitations
  - Review Selected QM Indicators
  - Summary Conclusions
- Questions & Answers

# SF EMA 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.

# SF EMA 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 execute quarterly reviews of program level performance of QM indicators.

# SF EMA Quality Management Program - Trainings

- Past Sessions
  - Transgender Best Practices
  - Trauma-Informed Care
- Upcoming Trainings
  - HIV Treatment Update
  - HIV Quality Management
  - De-Escalation: Tools for Conflict Resolution & Serving Challenging Clients
  - Professional Boundaries & Burnout
  - Techniques in Motivational Interviewing

# SF EMA Quality Management Program – Collaborative Activities

## Care Collaboration:

- Regional QM Meeting with San Francisco Community 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

# SF EMA Quality Management Program – Data Compliance Activities

- QMP focus of 2014: 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.
    - Continue to address data importation issues to accurately capture all relevant data elements and enhance quality assurance practices.
  - Quarterly reports will be more reflective of programs quality of service

# SF EMA Quality Assurance – Data Considerations

- Data Perspective and Considerations
  - This presentation uses the ARIES database, which is programmed to comply with all State and Federal reporting formulas.
  - This presentation 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 presentation.
  - 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.

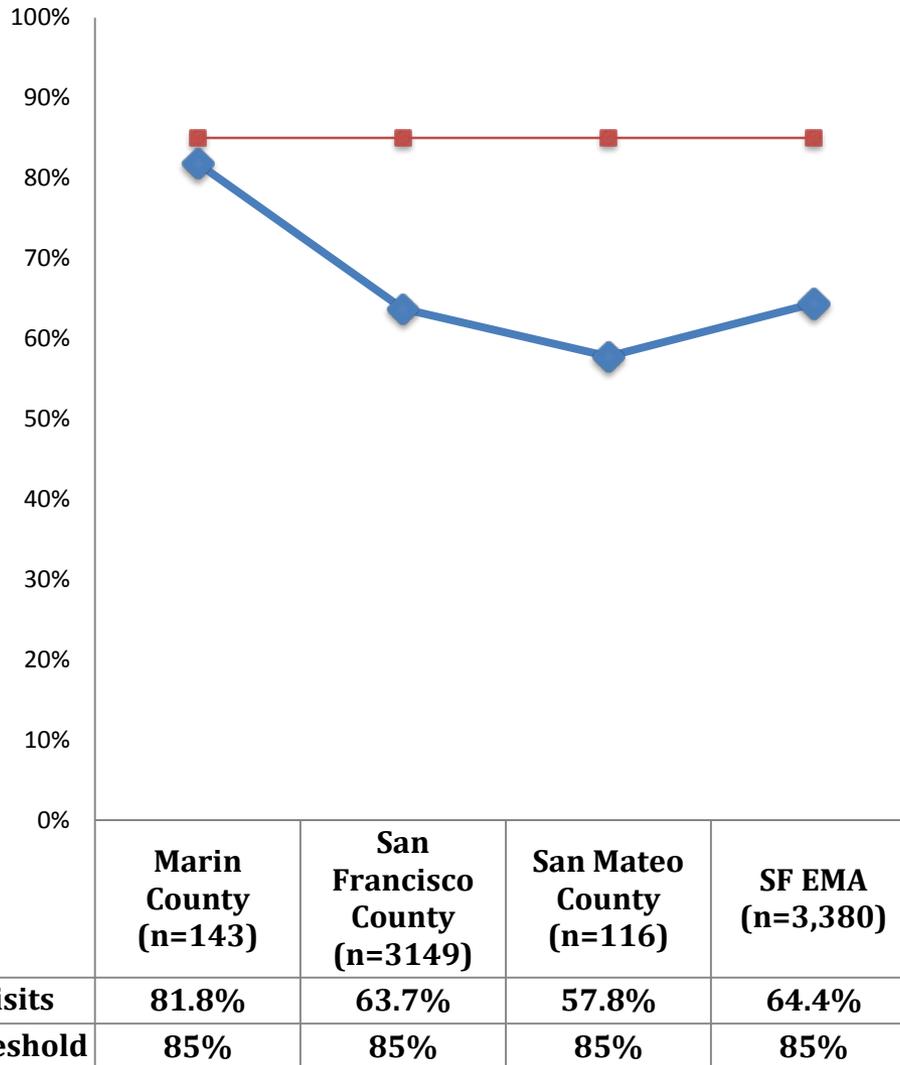
# SF EMA Quality Assurance – Data Parameters

- Data Collection Process and Parameters:
  - Data run on 9/16/2015.
  - Measurement period is 3/1/2014 – 2/28/2015.
  - The total unduplicated client count (UDC) for **EMA Primary Care is 3,621 (N=3,621)**.
- Data aggregated into four groups:
  - **Marin County** – The Marin primary care UDC is 143 or **3.9%** of total EMA primary care UDC. Seventeen (17) or 11.9% primary care clients served in Marin were “new” and there were no deaths in FY 14-15.
  - **San Francisco County** – The San Francisco primary care UDC is 3,348 or **92.5%** of total EMA primary care UDC. Three hundred forty one (341) or 10.2% primary care clients served in San Francisco were “new” and 10 or 0.3% died in FY 14-15.
  - **San Mateo County** – The San Mateo primary care UDC is 130 or **3.6%** of total EMA primary care UDC. Eighteen (18) or 13.9% primary care clients served in San Mateo were “new” and there were no deaths in FY 14-15.
  - **EMA-Wide** – The total UDC for the SF EMA primary care clients is 3,621 (100%). Three hundred seventy five (375) or 10.4% of primary care clients served in the EMA were “new” and 10 or 0.3% died in FY 14-15.

# SF EMA Quality Assurance – 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 -% of clients 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.**
  - HAART- % of clients with HIV/AIDS who are prescribed HAART.
  - Viral Load Suppression - % of patients, regardless of age, with a viral load test result “not detected” in the last testing result entered during measurement period.
  - Hepatitis C - % of clients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV infection.
  - PCP Prophylaxis -% of clients with HIV infection & CD4 T-cell count below 200 cells/mm<sup>3</sup> who were prescribed PCP prophylaxis.
  - Syphilis Screening - % of adult clients with HIV infection who had a test for syphilis performed within the measurement year.
- All indicators were based upon a client receiving at least two Primary Care visit in 2014-15, which results in 3,380 (n=3,380) or 93.3% of all EMA primary care clients.

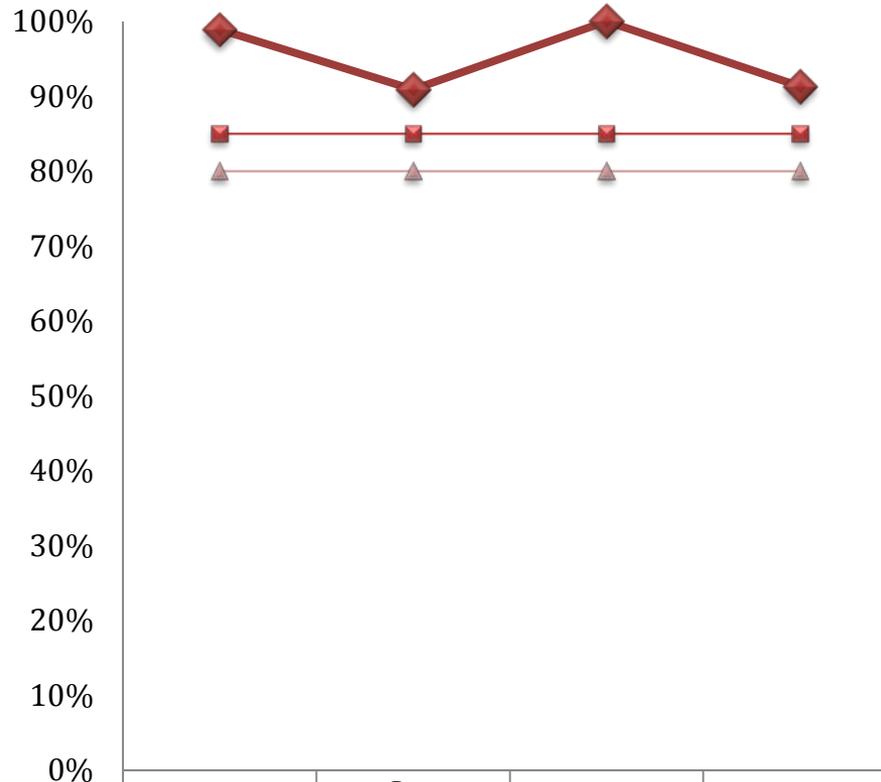
# SF EMA Quality Assurance – Medical Visits 2014



## Analysis

- There is no national consensus on performance threshold for this indicator.
- The 85% local performance threshold goal was not met by any of the groups.
- The performance range of 63.7% to 81.8% among the groups achieves 74.5% to 96.2% of the local threshold goal.
- The San Francisco EMA performance level of 64.4% achieves 75.8% of the local threshold goal.

# SF EMA Quality Assurance – HAART 2014

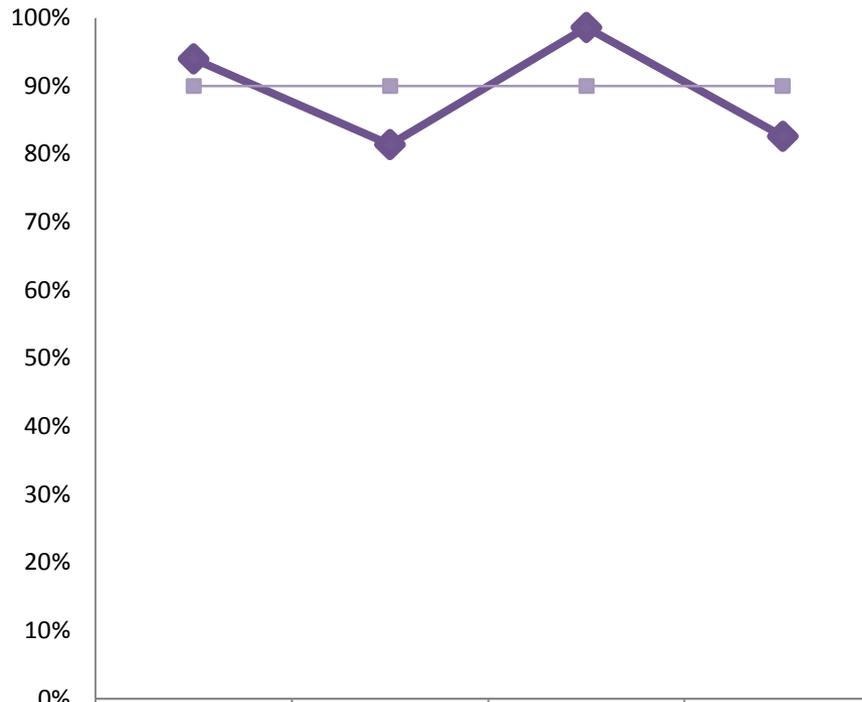


	Marin County (n=90)	San Francisco County (n=2327)	San Mateo County (n=38)	SF EMA (n=2,461)
◆ HAART	98.9%	90.9%	100.0%	91.3%
■ Local Threshold	85%	85%	85%	85%
▲ National Threshold	80%	80%	80%	80%

## Analysis

- The 80% national and 85% local goals were met and exceeded in all groups.
- The performance range of 90.9% to 100% among the groups achieves 106.9% to 117.6% of the local goal and 113.6 to 125% of the national goal.
- The San Francisco EMA performance level of 91.3% achieves 107.4% of the local and 114.1% of the national goal.

# SF EMA Quality Assurance – Viral Load Suppression 2014

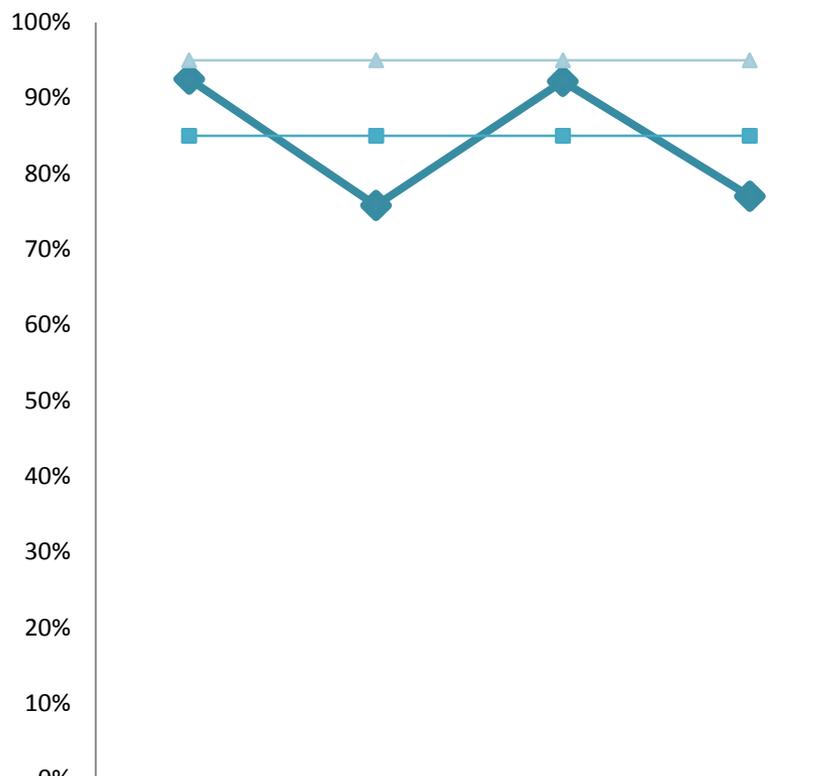


	Marin County (n=117)	San Francisco County (n=1922)	San Mateo County (n=70)	SF EMA (n=2095)
◆ Viral Load Suppression	94.0%	81.4%	98.6%	82.6%
■ Local & National Threshold	90%	90%	90%	90%

## Analysis

- The 90% local and national performance goal was met and exceeded by Marin and San Mateo.
- The performance range of 81.4% to 98.6% among the groups achieves 90.0% to 109.6% of the local and national threshold goal.
- The SF EMA performance level of 82.6% achieves 91.8% of the local and national goal.

# SF EMA Quality Assurance – Hepatitis C Screening 2014

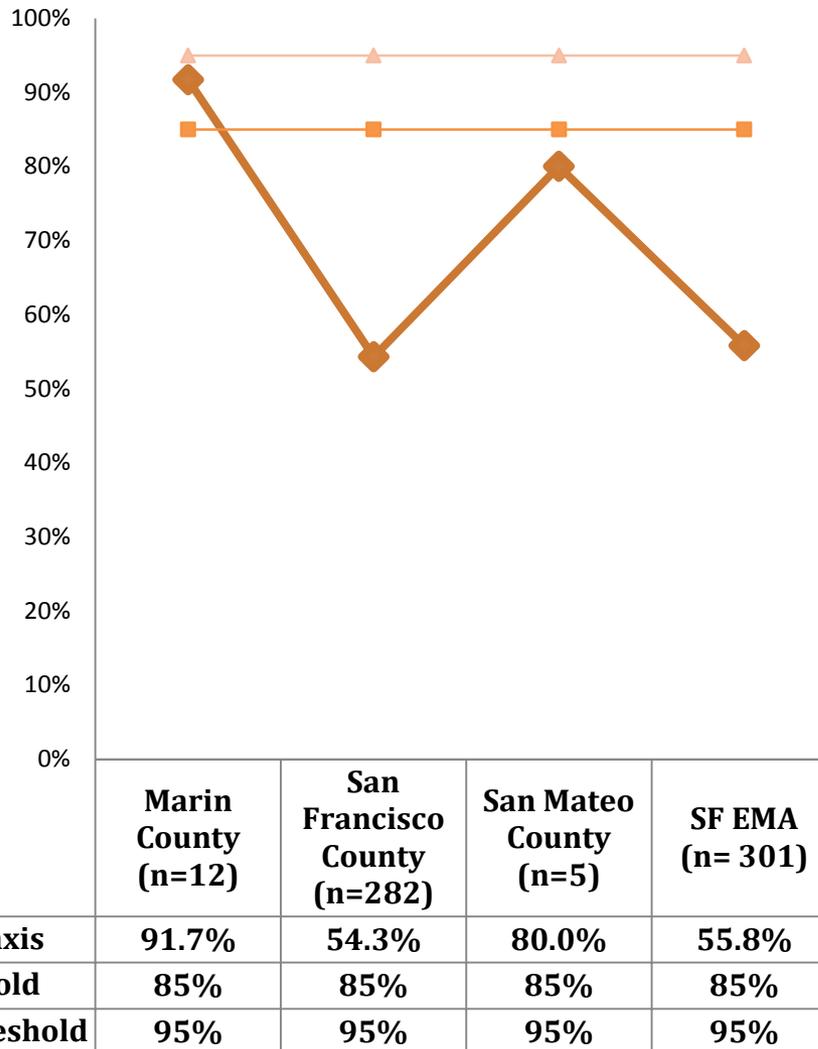


	Marin County (n=120)	San Francisco County (n=3101)	San Mateo County (n=115)	SF EMA (n=3309)
◆ Hepatitis C Screening	92.5%	75.8%	92.2%	77.0%
■ Local Threshold	85%	85%	85%	85%
▲ National Threshold	95%	95%	95%	95%

## Analysis

- The 95% national goal was not met by any group.
- The 85% local goal was met and exceeded by Marin and San Mateo.
- The performance range of 75.8% to 92.5% among the groups achieves 89.2% to 108.8% of the local goal and 84.9% to 99.7% of the national goal.
- The San Francisco EMA performance level of 77% achieves 90.6% of the local and 81.1% of the national goal.

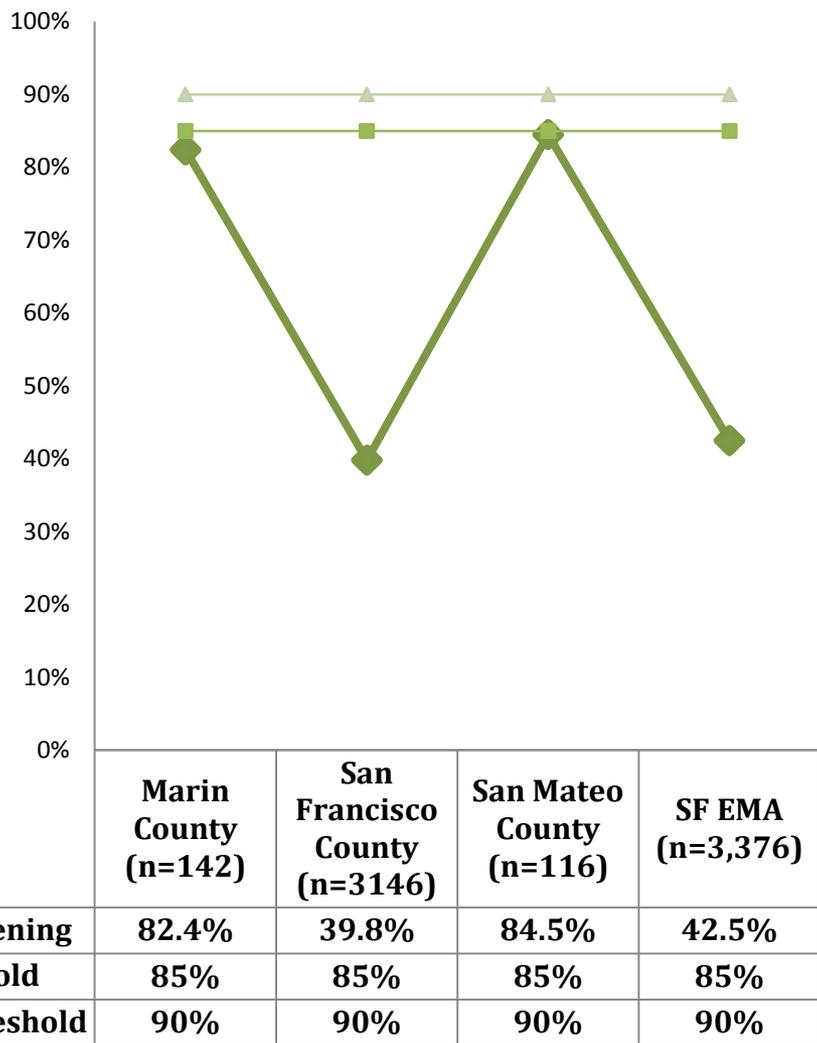
# SF EMA Quality Assurance – PCP Prophylaxis 2014



## Analysis

- The 95% national goal was not met by any group.
- The 85% local goal was met and exceeded by Marin.
- The performance range of 54.3% to 91.7% among the groups achieves 63.9% to 107.9% of the local goal and 57.2% to 96.5% of the national goal.
- The San Francisco EMA performance level of 55.8% achieves 65.6% of the local and 58.7% of the national goal.

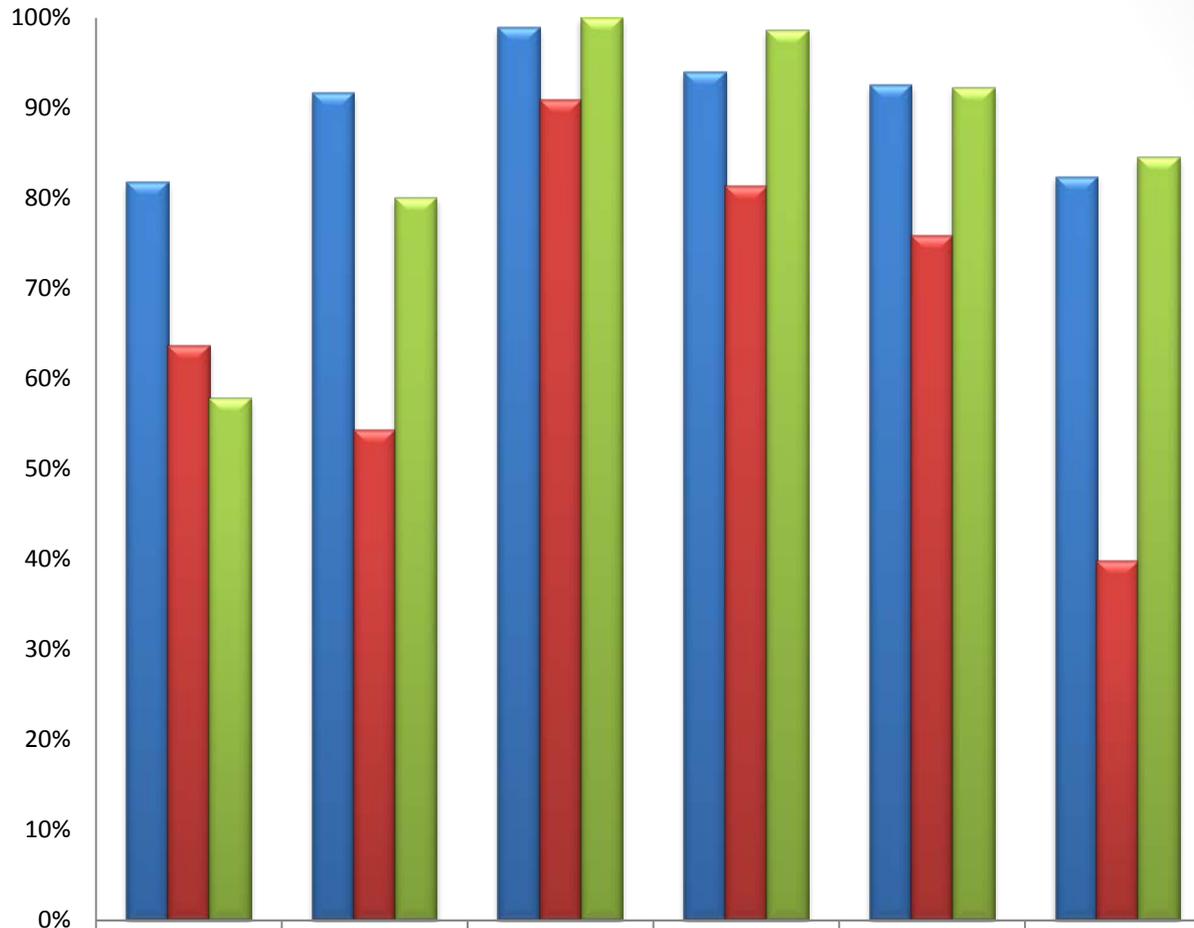
# SF EMA Quality Assurance – Syphilis Screening 2014



## Analysis

- The 90% national goal was not met by any group.
- The 85% local goal was essentially met by San Mateo.
- The performance range of 39.8% to 84.5% among the groups achieves 46.4% to 99.4% of the local goal and 43.8% to 93.9% of the national goal.
- The San Francisco EMA performance level of 42.5% achieves 50% of the local and 47.2% of the national goal.

# SF EMA QA – County Performance Summary 2014



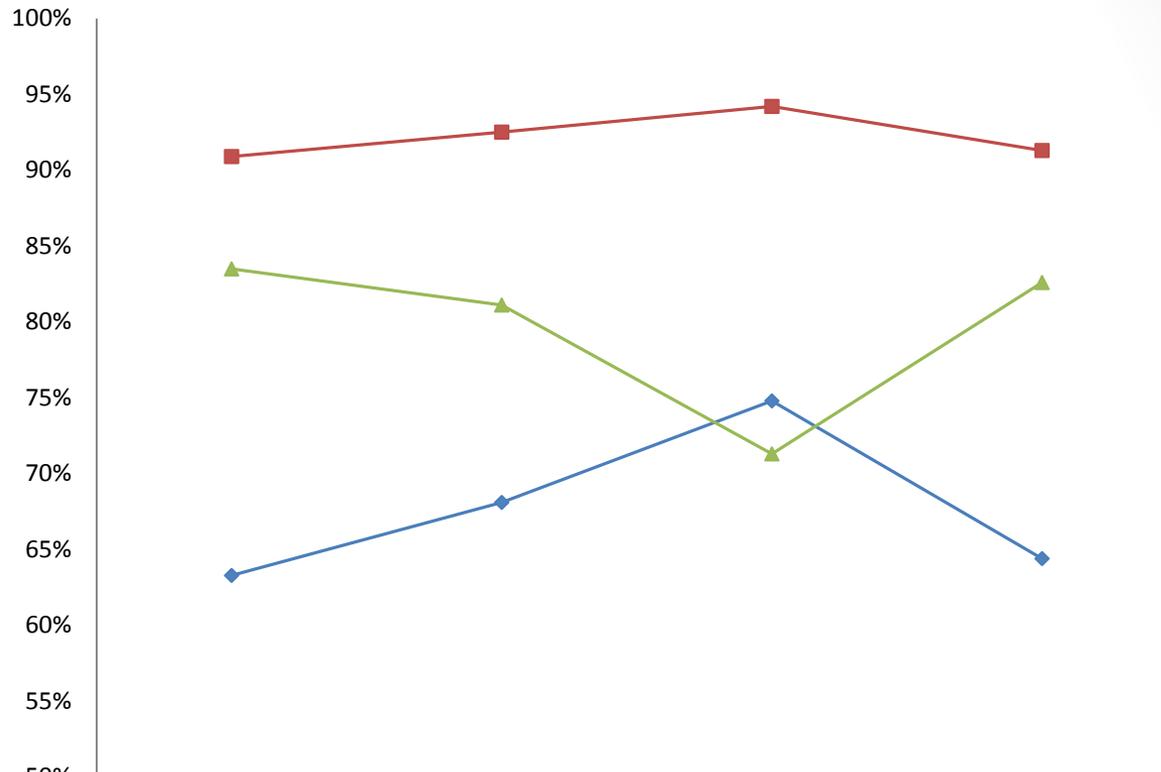
	Medical Visits	PCP Prophylaxis	HAART	Viral Load Suppression	Hepatitis C Screening	Syphilis Screening
■ Marin County (n=143)	81.8%	91.7%	98.9%	94.0%	92.5%	82.4%
■ San Francisco County (n=3149)	63.7%	54.3%	90.9%	81.4%	75.8%	39.8%
■ San Mateo County (n=116)	57.8%	80.0%	100.0%	98.6%	92.2%	84.5%

# SF EMA QA – “Falling Short of the Mark”

The most commonly given reason(s) for those failing to meet the national and local threshold goal(s) are:

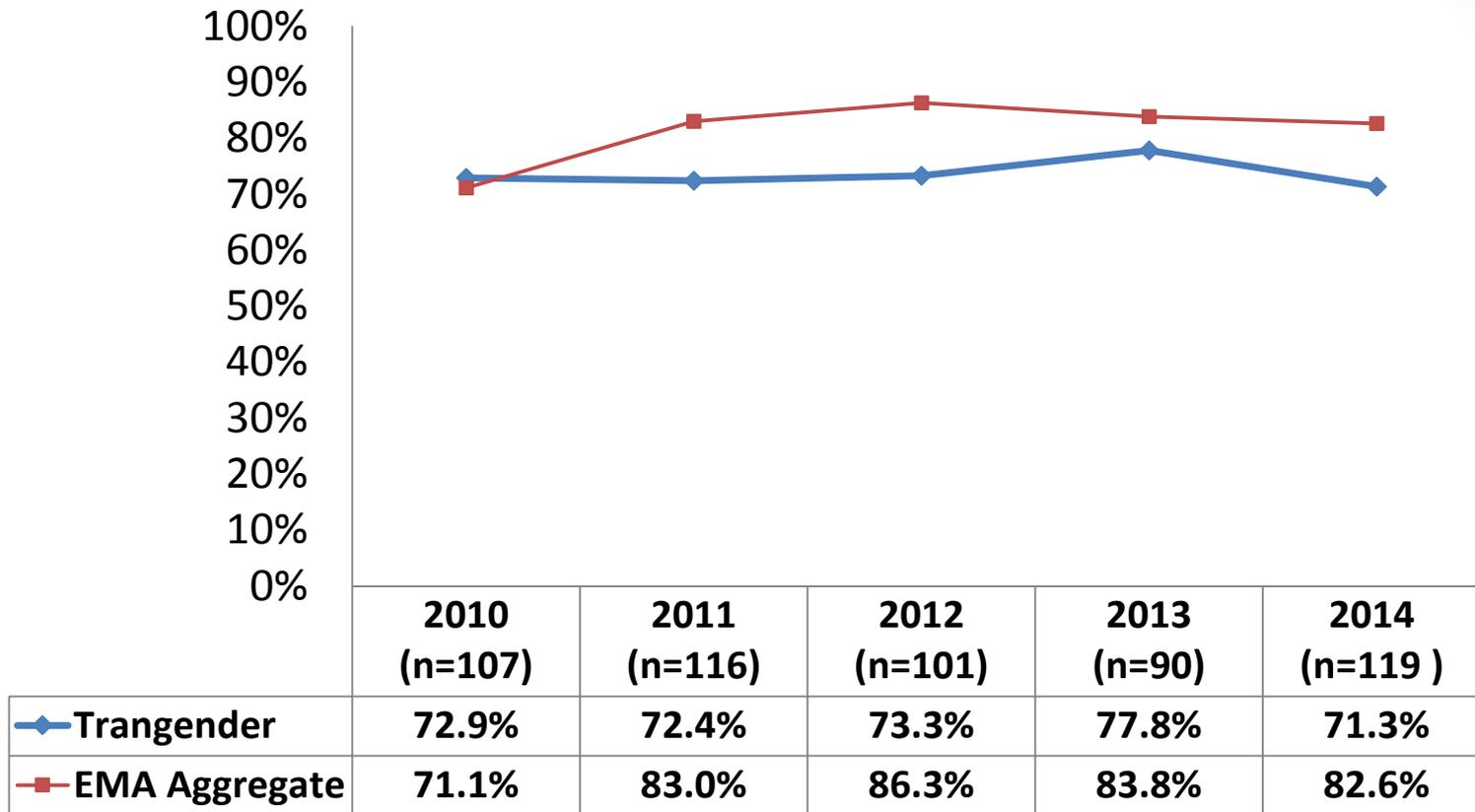
- ARIES data entry is not complete for all clients due to data entry staff turnover;
- Data staff turnover combined with data importation limits of essential QM data elements;
- Data entry errors due working on multiple databases thus doing double or triple data entry;
- Indicators not in alignment with current clinical practices; and
- The impact of Ryan White clients transitioning onto other funding streams with the procurement health insurance has had an appearance of incomplete client and service level provision when client services are no longer entered in the ARIES database.

# SF EMA Selected Indicators By Gender 2014



	Male (n=3016)	Female (n=508)	Transgender (n=119)	EMA (n=3380)
—◆— Med. Visits	63.3%	68.1%	74.8%	64.4%
—■— HAART	90.9%	92.5%	94.2%	91.3%
—▲— Viral Load Supression	83.5%	81.1%	71.3%	82.6%

# SF EMA Transgender Viral Load Suppression 2010 - 14



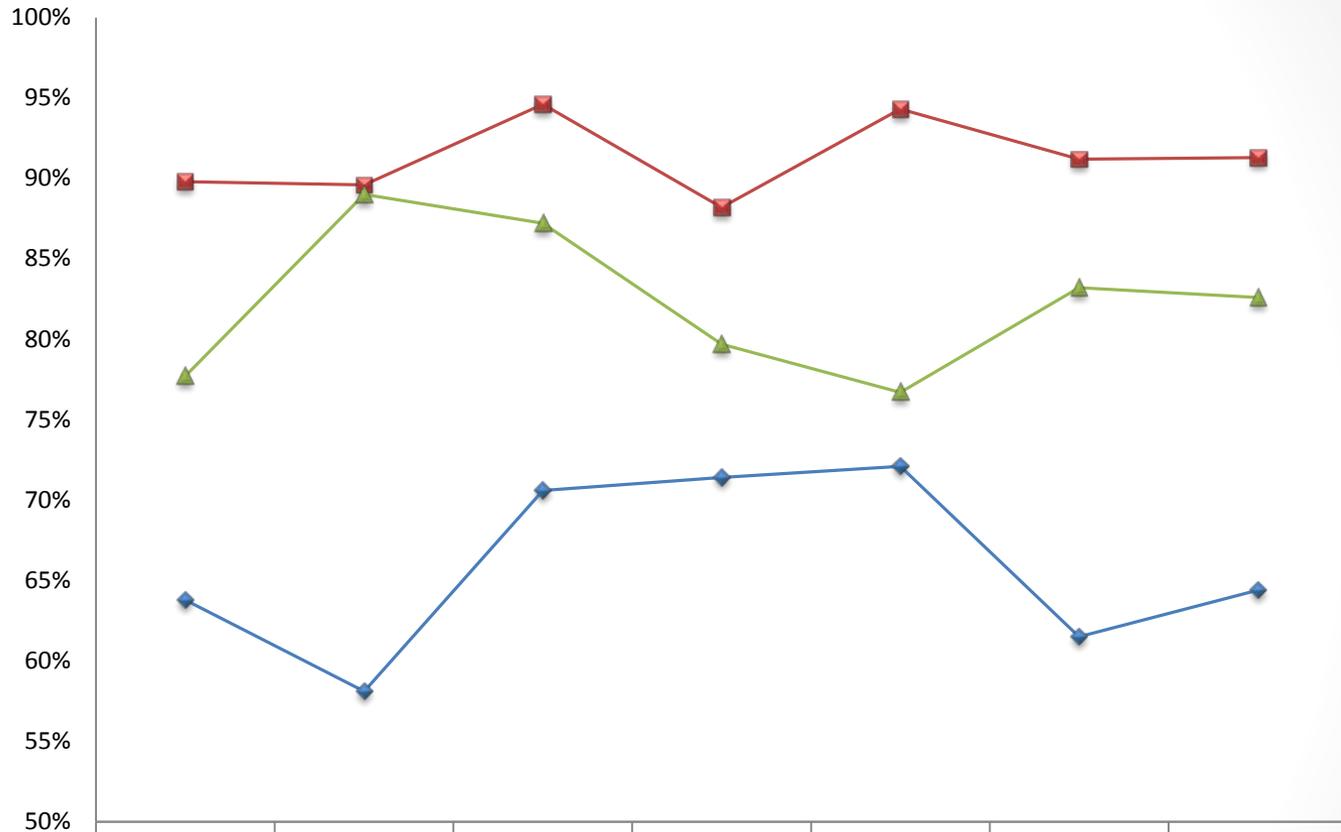
In 2014 there has been a 6.5% decline in suppression levels compared to 2013. Data distortion due to the relatively small number within this subgroup is a partial explanation. Additionally, a 32.2% increase in the number of unduplicated clients in 2014 engaging or reengaging in care may also be a factor.

# SF EMA - Gender Analysis & Findings 2014

**Males are 81.4%, Females 15.0% and Transgender 3.5% of the client pool who receives their primary care within the SF EMA.**

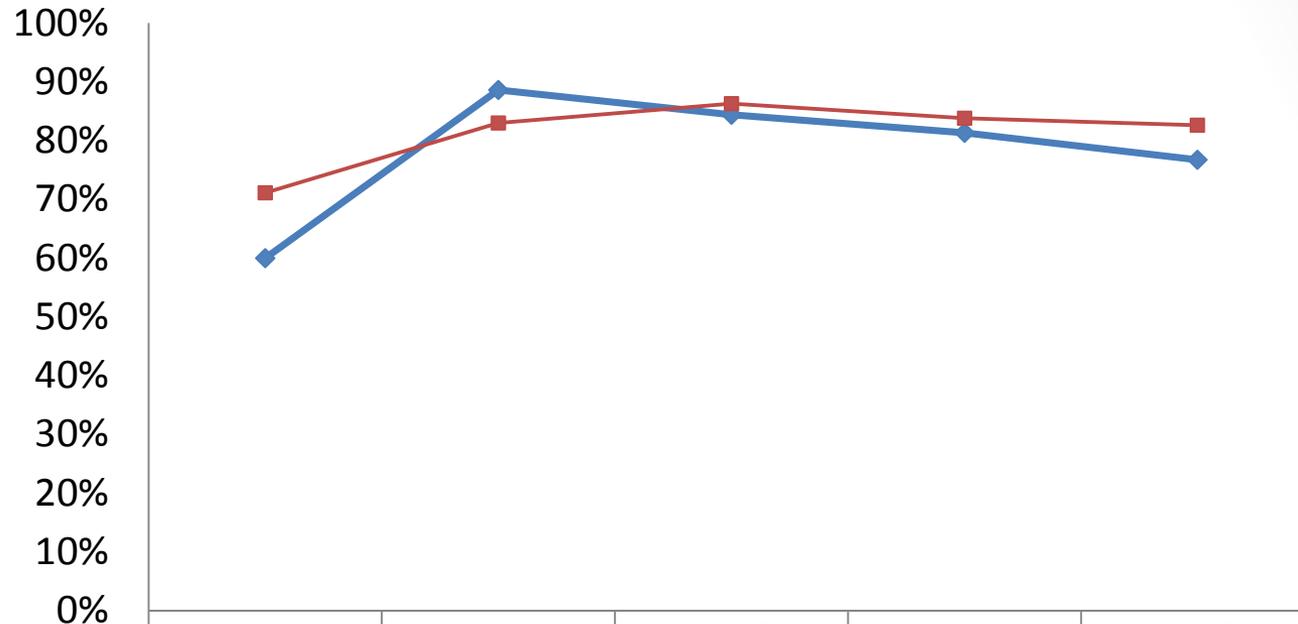
- Transgender clients have a 6.7% greater frequency for a **Medical Visit** of over Female, an 11.5% over Males and 10.4% over the EMA level.
- Transgender also have a slight increase being on **HAART** over Females (+1.7%), Males (+3.3%) and EMA (+2.9%) levels.
- Females (-2.4%) and Transgender (-12.2%) clients have a lower rate of **Viral Load Suppression** than Males who are 0.9% over the EMA level.
- Health disparities based on gender in the SF EMA primary care client pool don't appear to be significant for HAART and may be present in viral load suppression as indicated by Transgender population having the greatest frequency of HAART and medical visits yet lowest rate of viral load suppression simultaneously.

# SF EMA Selected Indicators By Race 2014



◆ Medical Visits	63.8%	58.1%	70.6%	71.4%	72.1%	61.5%	64.4%
■ HAART	89.8%	89.6%	94.6%	88.2%	94.3%	91.2%	91.3%
▲ Viral Load Suppression	77.7%	89.0%	87.2%	79.7%	76.7%	83.2%	82.6%

# SF EMA Native American Viral Load Suppression 2010 - 14



	2010 (n=40)	2011 (n=35)	2012 (n=32)	2013 (n=32)	2014 (n=43)
Native American	60.0%	88.6%	84.4%	81.3%	76.7%
EMA Aggregate	71.1%	83.0%	86.3%	83.8%	82.6%

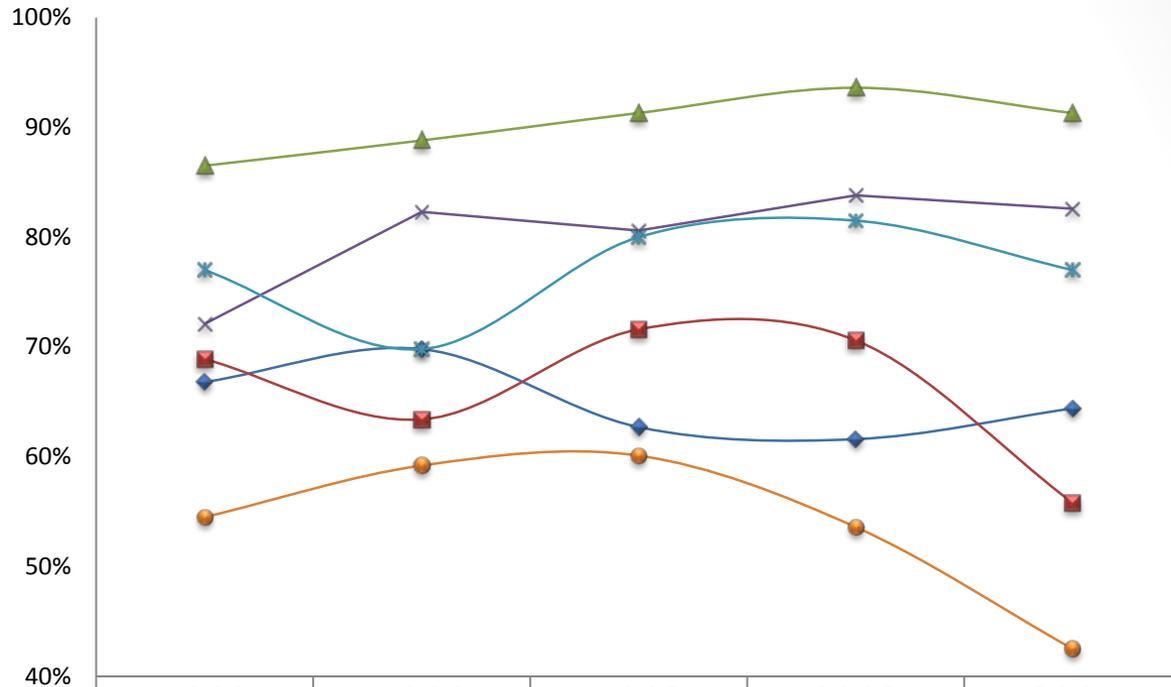
In 2014 there has been a 4.6% decline in suppression levels compared to 2013. Data distortion due to the relatively small number within this subgroup is a partial explanation. Additionally, a 34.4% increase in the number of unduplicated clients in 2014 engaging or reengaging in care may also be a factor.

# SF EMA - Race Analysis & Findings 2014

**Racial subgroups percentages are 25.6% African American, 4.6% Asian & Pacific Islander (API), 21.6% Latino(a), 3.3%, Multi-Ethnic, 1.3% Native Americans and 37.6% White of the client pool who receives their primary care within the SF EMA.**

- APIs (-6.3%) have the lowest frequency for a **Medical Visit** and are furthest below the EMA level. White clients (-2.9%) are also lower than the EMA level. African American (0.6%) clients are virtually identical to the EMA level. Native American (+7.7%), Multi-Ethnic (+7.0%) and Latino(a) (+6.2%) clients are notably above the EMA result.
- Latino(a) and Native American clients have the highest rate of being on **HAART**. API, African 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 (-5.9%) the EMA result for the **Viral Load Suppression** indicator. African American (-4.9%) clients followed by Multi-Ethnic (-2.9%) client are below the EMA result. White (0.6%) client rates are virtually identical to the EMA result. API (+6.4%) and Latino(a)(+4.6%) clients have the highest rate of suppression and are notably above the EMA result.
- Health disparities based on race in the SF EMA primary care client pool don't appear to be significant for HAART and may be present in viral load suppression as indicated by Native American population having the greatest frequency of medical visits and second highest rate on HARTT yet lowest rate of viral load suppression simultaneously.

# SF EMA – Quality Indicators 2010-14



	2010 (n=3372)	2011 (n=3771)	2012 (n=3183)	2013 (n=3662)	2014 (n=3380)
◆ Med. Visits	66.8%	69.8%	62.7%	61.6%	64.4%
■ PCP Proph.	68.9%	63.4%	71.6%	70.6%	55.8%
▲ HAART	86.5%	88.8%	91.3%	93.6%	91.3%
× Viral Load Supression	72.1%	82.3%	80.6%	83.8%	82.6%
* Hep C	77.0%	69.8%	80.0%	81.5%	77.0%
● Syphilis Screening	54.5%	59.2%	60.1%	53.6%	42.5%

# SF EMA – Quality Indicators 2010-14 Analysis

- A very slight dip for HAART (2.3%) and Viral Load Suppression (1.2%) from the 2013 peak year while maintaining an excellent overall performance level.
- The Hepatitis C screening indicator is shown in a slight decline (4.5%) from its peak in 2013.
- The indicator for Medical Visits had a slight increase (2.8%) over 2013.
- The strongest dip taken was in the indicators for PCP Prophylaxis (14.8%) and Syphilis Screening (11.1%) from 2013.

# SF EMA Quality Management Program –Conclusions

- HAART indicator met and exceeded established thresholds.
- Viral Load Suppression and Hepatitis C Screening nearly met established thresholds.
- PCP Prophylaxis, Medical Visits and Syphilis Screening fell significantly below established thresholds.
- Health disparities based on gender & race in the SF EMA primary care client pool don't appear to be significant for HAART and may be present in viral load suppression.

# Q & A