

HIVQUAL-US

A Model for Building Capacity to
Improve the Quality of Health Care in
HIV Ambulatory Care Programs

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Brief HIVQUAL History

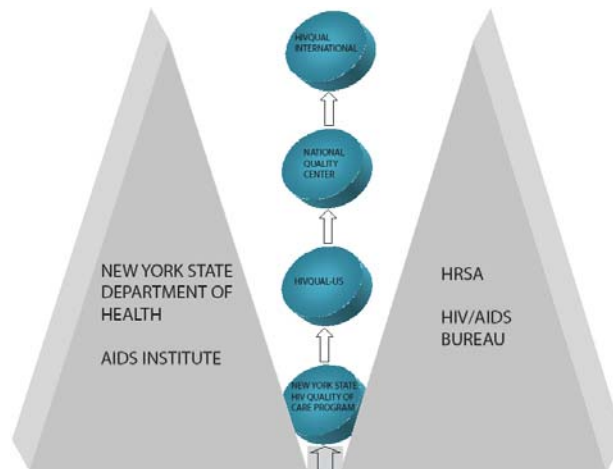
- Established in 1995 by the **New York State Department of Health AIDS Institute**
- Modeled after the **New York HIV Quality of Care Program**
- **Funded by HRSA**, HIV/AIDS Bureau, Division of Community-Based Programs
- Now adapted for use internationally (Thailand, Uganda, Mozambique, Namibia, Nigeria, Haiti, Nigeria, Guyana, Kenya and Swaziland)



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Quality Programs of the AIDS Institute



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Number of Participating Sites Has Steadily Increased...

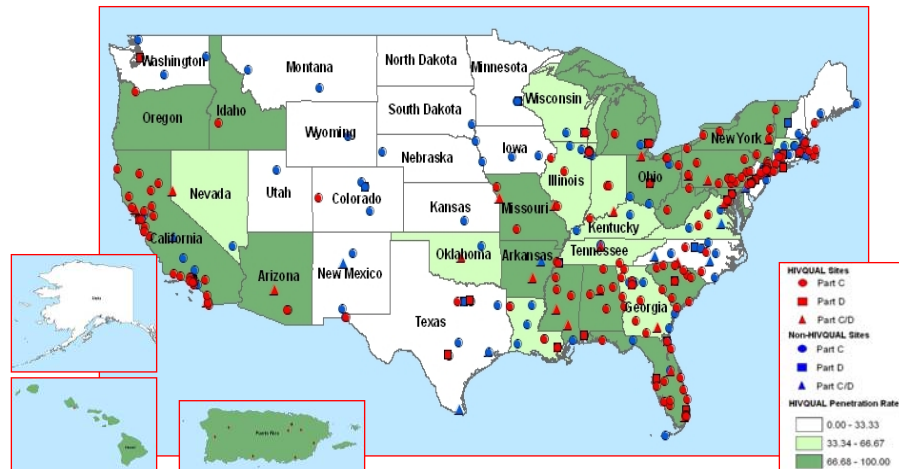
Year	All Programs	Part C	Part D	Both C/D
1998	64	64	--	--
1999	78	78	--	--
2000	101	101	--	--
2001	104	93	5	6
2002	142	119	17	6
2003	145	121	18	6
2004	135	119	13	3
2005	164	139	19	6
2006	165	134	25	6
2007	251	206	30	15
2008	264	202	44	18
2009	265	212	30	23



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HRSA Funded Part C and/or D Sites Participating in HIVQUAL (as of 2007)



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Number of Participating Sites Has Steadily Increased...

The program currently covers sites across the nation and in every Part C/D funded state or territory with the exception of:

- Alaska
- Delaware
- Minnesota
- Montana
- Nebraska
- Oklahoma
- South Dakota
- Utah



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What is HIVQUAL?

- A **capacity-building program** to help HIV care facilities build and sustain quality management programs
- A way to **monitor HIV care** using a sampling strategy that promotes self-assessment through standardized record review
- A framework for **quality management** linking three core components



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The HIVQUAL Framework

- **Performance Measurement**
- **Quality Improvement**
- **Quality Management Program**

Implemented through

- *Coaching and Mentoring*
- *Peer Learning*
- *Involving Patients*



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How does HIVQUAL-US work?

- Experienced team of consultants help build capacity for quality management through Coaching and Mentoring

Functions:

- Develops supportive relationship with facility team including leadership
- Provides objective assessment of facility QM program and facilitates discussion of priorities and areas for improvement
- Reviews progress of QI projects and provide “tips” to move things forward with focus on improving “systems” of care
- Provides training to enhance team skills and effectiveness
- Checks-in regularly to promote progress
- Move program to sustainability and independence



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How does HIVQUAL-US work?

Through their work with sites the consultant:

- Supports Performance Measurement
- Emphasizes planning and Quality Improvement projects (including rapid cycle tests of change)
- Strengthens Quality Management Program (*infrastructure*) to support QI
- Facilitates improvement of documentation systems to support care



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Performance Measurement

Use of data on measurable outcomes (indicators) to determine progress toward relevant, evidence-based benchmarks

- Collection and reporting of indicator data
- Analysis for identification of priority areas for improvement



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Performance Measurement

- HIVQUAL-US National Clinical Advisory Committee meets biannually (HRSA All Grantee Meeting) to discuss current issues in HIV Care
- Every HRSA Region is represented through membership and representation is close to proportional to sites per region
- Issues raised at this meeting shape the direction of HIVQUAL-US and become the platform for refinement and development of *HIVQUAL Performance Indicators*



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Performance Measurement

2009 HIVQUAL Performance Indicators

Required:

1. CLINICAL VISITS
2. HIV MONITORING
3. ARV THERAPY
4. VIRAL LOAD SUPPRESSION
5. ARV MANAGEMENT
6. ADHERENCE ASSESSMENT
7. PCP PROPHYLAXIS
8. BASELINE RESISTANCE TEST
9. HAART IN NAIVE PATIENTS
10. SUBSTANCE USE SCREENING
11. MENTAL HEALTH SCREENING
12. LIPID SCREENING
13. TOBACCO USE SCREENING
14. PNEUMOCOCCAL VACCINE
15. INFLUENZA VACCINE
16. ANORRECTAL EXAM
17. DENTAL CARE
18. URINALYSIS
19. GYNECOLOGY CARE
20. TB SCREENING
21. HEPATITIS C MANAGEMENT
22. STD MANAGEMENT
23. PREVENTION EDUCATION

Optional:

1. MAMMOGRAPHY
2. DIABETES MANAGEMENT
3. HYPERTENSION
4. COLONOSCOPY
5. HEALTH LITERACY
6. MAC PROPHYLAXIS
7. OPHTHALMOLOGIC CARE
8. PERINATAL TRANSMISSION
9. ANAL PAP SMEAR
10. BASIC PATIENT EDUCATION



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Performance Measurement

- HIVQUAL Performance Indicators are programmed into data collection tool
- A web-based application for data collection (**eHIVQUAL**) will be launched shortly...

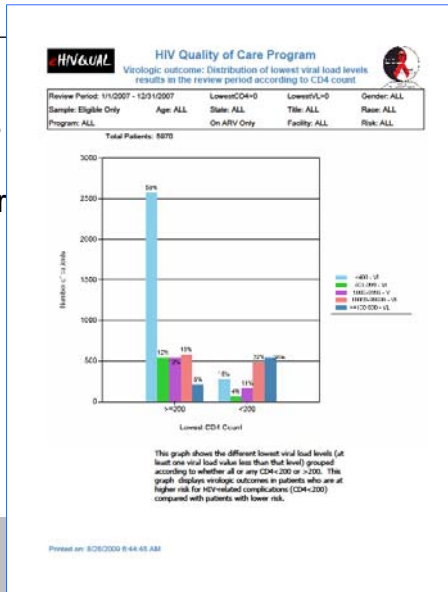


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Performance Measurement

- Sharing of results with staff and senior leaders
- Develop plan to monitor improvement, maintain efficiencies and spread them
- Select indicators and performance measures for new project(s)



Performance Measurement

- A national aggregate report is disseminated for comparison with evidence-based benchmarks

HIVQUAL-US Performance Data Report
 Ryan White Part C and Part D Funded Programs
 Review Period: January 1, 2007 – December 31, 2007

Data submissions from 168 facilities, representing 83 Ryan White Part C or D grantees (number varies by indicator)

Eligible Patients, Mean Score and Performance Range

	Number of patients ¹	Mean Facility Performance Score ²	Performance Range ³
(A) ENGAGEMENT IN CARE			
1. % of patients with a clinical visit every 4 months.	10,005	82.8%	42.0%-100.0%
2. % of patients with a clinical visit with an HIV specialist every 4 months.	10,005	73.9%	0.0%-100.0%
(B) HIV SPECIFIC INDICATORS			
CD4 Count			
3. % of patients with a CD4 count every 4 months.	10,005	63.4%	0.0%-100.0%
4. % of patients with a CD4 count every 8 months.	10,005	88.6%	0.0%-100.0%
Viral Load			
5. % of patients with a VL test every 4 months.	10,005	61.7%	0.0%-100.0%
6. % of patients with a VL test every 8 months.	10,005	87.4%	0.0%-100.0%
On HAART			
7. % of eligible patients on HAART.	9,173	90.9%	23.0%-100.0%
8. % of patients with lowest CD4 <math>< 200</math> who were on HAART.	2,641	92.5%	0.0%-100.0%
9. % of patients with highest VL > 100,000 who were on HAART.	930	81.3%	0.0%-100.0%

¹Total number of patients.
²Average program score.
³Through this report, sites that did not submit data for an indicator (no eligible patients or declined optional indicator) were excluded from that analysis; a score of "0%" means that the indicator was selected by that site but none of the eligible patients received the recommended care.

HIVQUAL-US Performance Data Report
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Quality Improvement

- Prioritize area for improvement based on performance data
- Develop project work plan
- Identify the sequential processes of the chosen system
- Choose changes to test
- Implement changes
- Re-measure
- Modify as needed
- Integrate improvements into daily work
- Share strategies and best practices



Quality Management Program

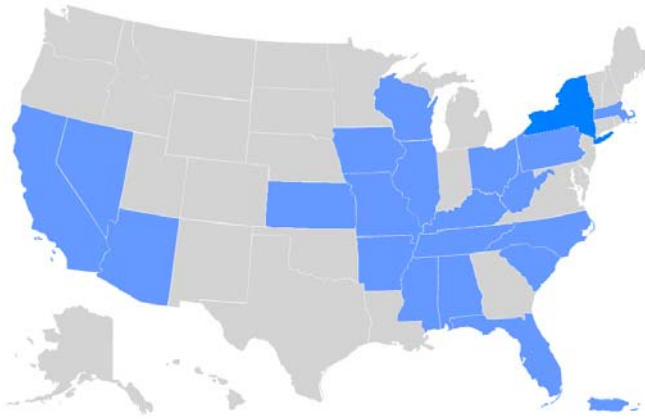
- Organizational assessment to track development and sustainability of quality management program
- Components include:
 - ✓ Quality structure
 - ✓ Quality planning
 - ✓ Performance measurement
 - ✓ QI activities
 - ✓ Staff involvement
 - ✓ Consumer involvement
 - ✓ Evaluation
 - ✓ Information systems

HIVQUAL-US Program
Organizational Quality Assessment Tool (2-2)

Function (All questions relate to the previous 12-month activities)	Score (see scoring tool)				
	4	3	2	1	0
A) Quality Structure					
A.1. Does the HIV program have an organizational structure to assess and improve the quality of care?					
A.2. Were appropriate resources committed to support the HIV quality program?					
A.3. Did the HIV leadership support the HIV quality program?					
A.4. Does the HIV quality program have a comprehensive quality plan?					
B) Quality Planning					
B.1. Were exact goals established for the HIV quality program?					
B.2. Does the HIV program have clearly described roles and responsibilities for the HIV quality program?					
B.3. Is there a document in place (i.e., workplan) to specify timelines for the implementation of the HIV quality program?					
C) Quality Performance Measurement					
C.1. Were appropriate quality indicators selected in the HIV quality program?					
C.2. Did the HIV program routinely measure the quality of care?					
D) Quality Improvement Activities					
D.1. Did the HIV program conduct quality projects to improve the quality of care?					
D.2. Was a team approach utilized to improve specific quality aspects?					
E) Staff Involvement					
E.1. Does the HIV program routinely engage staff in quality program activities?					
F) Consumer Involvement					
F.1. Are consumers involved in quality-related activities?					
G) Evaluation of Quality Program					
G.1. Is a process in place to evaluate the HIV quality program?					
H) Clinical Information System					
H.1. Does the HIV program have an information system in place to track patient care and measure quality?					
Total Score					



HIVQUAL Quality Management (QM) Regional Groups



REGIONAL GROUP
1) San Diego
2) Western Pennsylvania
3) Northern California & Nevada
4) Southern California
5) Central California (Bay Area)
6) California Central Coast
7) Philadelphia
8) Eastern Pennsylvania
9) South Carolina
10) North Carolina Reg. Quality Council
11) Puerto Rico
12) Delta (MS, TN, AR)
13) Alabama
14) Arizona
15) Midwestern
16) Miami
17) Central Florida
18) Tri-State (OH, WV, PA)
19) Chicago/Milwaukee
20) Massachusetts



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HIVQUAL QM Regional Groups

- Foster local collaboration and sharing of best practices
- Training and coaching has also been provided through these groups on multiple quality management topics
- Groups enable the program to reach sites that would otherwise not participate



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HIVQUAL QM Regional Groups

- Group data projects are encouraged and have included retention, GYN care and PPD screening
- The groups have provided an effective forum for discussion of HAB initiatives, such as core measures, OPR reviews and other quality initiatives as well as continual peer support



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Recent Successes...

New Regional Group for Chicago/Milwaukee formed in November 2009

Chicago:

Christian CHC/Chicago Family HC
Erie Family Health Services
Heartland Health Outreach
Lawndale Christian Health Center
Near North Health Care

Milwaukee:

ARC/W (AIDS Resource Center/Wisconsin)
Milwaukee Health Services



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Recent Successes...

New Regional Group for Massachusetts also formed in November 2009

Baystate Medical Center
Boston Health Care for the Homeless
Brockton Neighborhood Health Center
Cambridge Health Alliance
Cape Cod Healthcare Hospital
Fenway Health Center
Harbor Health Services
Jordan Hospital Access Program
Latin American Health Institute

Lynn CHC
MADPH Part D Program
Outer Cape Health Center
UMass Memorial Health Care



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Publications



- HIVQUAL has authored and disseminated various materials on QI in HIV care based on identified needs of grantees
 - *HIVQUAL Workbook*
 - *HIVQUAL Group Learning Guide*
 - *Managing Quality in Nine Community-based Programs: the HIVQUAL Project (2007)*
- In the next year, we expect two additional resources:
 - *HIVQUAL Case Study Guide*
 - *HIVQUAL Guide on the Use of Information Systems for QI*



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HIVQUAL-US Team

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