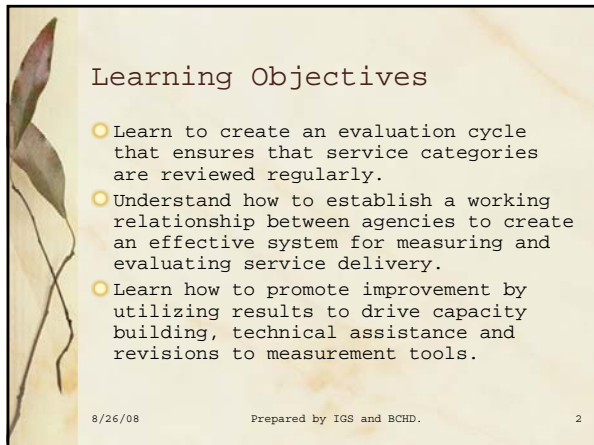


An Evolving Cycle:
Using Standards of Care and Continuous Quality Improvement to Advance Service Delivery

HRSA Grantee Conference
August 26, 2008

Baltimore EMA
InterGroup Services, Inc. (IGS)
Baltimore City Health Department (BCHD)

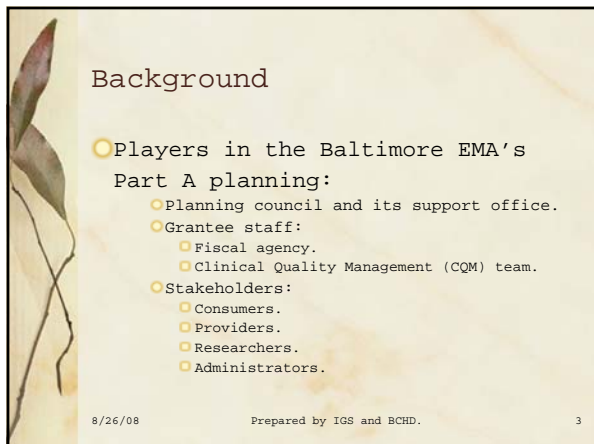
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Learning Objectives

- Learn to create an evaluation cycle that ensures that service categories are reviewed regularly.
- Understand how to establish a working relationship between agencies to create an effective system for measuring and evaluating service delivery.
- Learn how to promote improvement by utilizing results to drive capacity building, technical assistance and revisions to measurement tools.

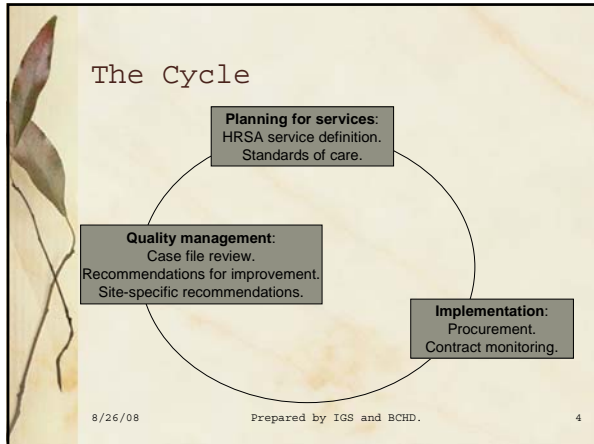
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Background

- Players in the Baltimore EMA's Part A planning:
 - Planning council and its support office.
 - Grantee staff:
 - Fiscal agency.
 - Clinical Quality Management (CQM) team.
 - Stakeholders:
 - Consumers.
 - Providers.
 - Researchers.
 - Administrators.

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- ## Planning
- The planning council has been developing standards of care since 1992.
 - Revisions are influenced by:
 - HRSA service definitions.
 - Public health guidelines.
 - Developments in medical treatment.
 - Quality management recommendations.
 - Stakeholder and consumer feedback.
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Standards of Care

- Early intervention services.
- Health insurance premiums and cost-sharing assistance.
- Hospice services.
- Medical nutrition therapy.
- Mental-health services.
- Oral health.
- Outpatient ambulatory health services (adult).
- Primary medical care (co-morbidity and pediatric).
- Substance-abuse treatment (residential and outpatient).
- Treatment-adherence services.
- Case management.
- Child care.
- Client advocacy.
- Emergency financial assistance.
- Food bank/home-delivered meals/nutritional supplements.
- Housing assistance.
- Legal services.
- Outreach services.
- Psychosocial support.
- Transportation services.

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Planning Process

- Research best practices.
- Solicit input from stakeholders.
 - Consumers.
 - Providers and other experts in the service field.
 - Contract monitors.
- Create drafts in planning council sub-committee.
- Distribute drafts for public comment.
- Send to the planning council for ratification.

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Example Category: Outpatient Ambulatory Health Services (OAHS)

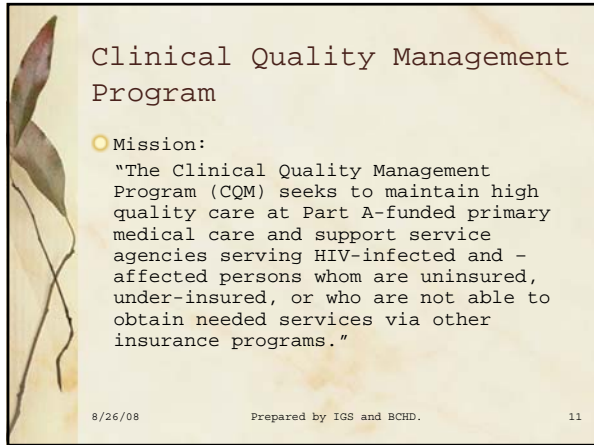
- Solicited input from experts in the Baltimore EMA:
 - Consumers of medical services.
 - Providers in the clinical community.
 - Providers and researchers in university hospitals.

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Looking at Implementation

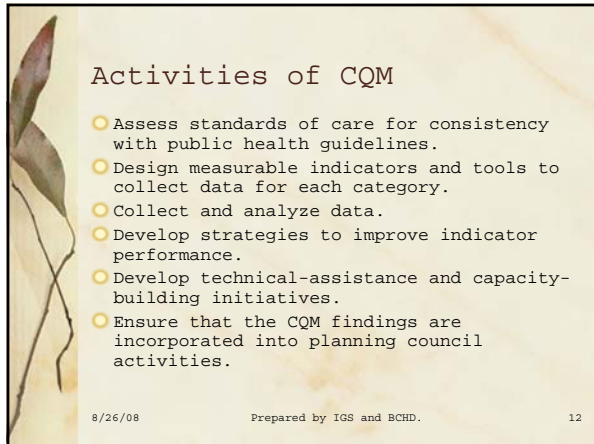
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Clinical Quality Management Program

○ Mission:
"The Clinical Quality Management Program (CQM) seeks to maintain high quality care at Part A-funded primary medical care and support service agencies serving HIV-infected and -affected persons whom are uninsured, under-insured, or who are not able to obtain needed services via other insurance programs."

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Activities of CQM

- Assess standards of care for consistency with public health guidelines.
- Design measurable indicators and tools to collect data for each category.
- Collect and analyze data.
- Develop strategies to improve indicator performance.
- Develop technical-assistance and capacity-building initiatives.
- Ensure that the CQM findings are incorporated into planning council activities.

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CQM Analyses

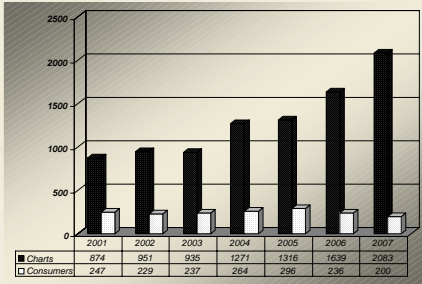
- Data analyses report:
 - Category performance, in relation to the minimum standards of care.
 - Individual agency performance, in relation to the aggregate performance in a given service category.
 - Indicator-specific deficiencies.
 - Consumer demographics, by service category and by agency. (Statistics include race, gender, age, risk factor, disease status, CD4, viral load, treatment status, length of service, insurance status and residency.)

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Number of Chart Abstractions and Consumer Surveys Conducted



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Scope of OAHS Review

- There were 17 contracts reviewed in 14 agencies.
- A total of 1,071 adult and adolescent charts reviewed.
- 51 pediatric charts were reviewed from 2 agencies.
- There were 135 consumers surveyed at 12 agencies.

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Quality Indicators for OAHS

Indicator	2001	2004	2006	Goal
Disease Monitoring				
% kept apts every 6 mo	84%	88%	85%	90%
% CD4 test every 6 mo	72%	84%	89%	90%
OI Prophylaxis				
% PCP prophylaxis w/CD4<200	91%	91%	85%	90%
Hlth Main/Prevent Care				
% annual PAP (female)	56%	59%	70%	80%
ART Therapy				
% ART per tx guidelines	81%	82%	95%	90%

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Evaluating Results

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After CQM Analysis

- Category reports are forwarded to the planning council for review.
- Capacity building is planned around category findings.
- Agency vendor reports require corrective action plans to address areas flagged for improvement.
- Best practices are disseminated in a quarterly CQM newsletter.

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After CQM Analysis

- Provide technical assistance to improve program implementation.
 - Site-specific assistance in contract monitoring for individual providers not meeting standards of care.
 - Systemic problems are addressed in thematic technical assistance to groups.

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Improving Planning

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Cycling Back to Planning Activities

- Utilize CQM findings to improve planning by:
 - Providing recommendations to revise standards of care.
 - Analyzing the quality of services being provided and utilizing the information when planning for services.


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Lessons Learned

- Improving service delivery involves planning, implementing, monitoring, and utilizing evaluations to improve planning.
- Capacity-building trainings and technical assistance should be offered to all stakeholders.
- The effectiveness of quality improvement can be enhanced with collaboration between quality management teams and planning councils.


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The Teams

- Greater Baltimore HIV Health Services Planning Council.
- Baltimore City Health Department.
- InterGroup Services, Inc.
- Baltimore EMA community.

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Thank You

For more information:

- Planning council support office, InterGroup Services, Inc.
○ www.baltimorepc.org
- Clinical Quality Management Program, Baltimore City Health Department
○ <http://www.baltimorehealth.org/ryanwhite.html>

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