




Comparing Your Performance
Data with National Data Sets:
*Collaborating and Sharing to Improve
HIV Care*

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Agenda

- Data Collection Overview
- Results and Analyses of 2006 HIVQUAL Data
- Putting the Data in Context
- Benchmarking Opportunities

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Roles of Performance Measurement

- **Benchmarking and goal setting**
 - Feedback to HIV programs
 - Fostering healthy competition and consumer choice
- **Prioritizing areas for improvement**
 - At each HIV program
 - At the State and national level
- **Measuring progress**
 - Does our QI work improve HIV care?
 - Do we collectively impact HIV care, State-wide/nationally?

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Roles of Performance Measurement (cont.)

- o **Identifying whom we can learn from**
 - Top performing sites
 - Collection of improvement stories
- o **Identifying who needs help**
 - Coaching opportunities
 - "Red flags" at struggling HIV programs

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Information Into Action



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What is HIVQUAL?

- o A program funded since 1995 by HRSA, HIV/AIDS Bureau, Division of Community-Based Programs to provide ongoing coaching and technical assistance to Part C and D grantees to support quality management
- o Modeled on New York HIV Quality of Care Program
- o Now adapted for use internationally
- o HIVQUAL 2007 Software

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What is HIVQUAL?

- o A **capacity-building program** to help HIV care facilities start and sustain quality improvement programs
- o A way to **monitor HIV care** using a sampling strategy that promotes self-assessment through standardized record review
- o A framework for **quality management** linking three core components:
 - Standardized and routine performance measurement
 - Quality improvement tools and mentoring
 - Sustainable QM infrastructure

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2006 Data Submission Highlights

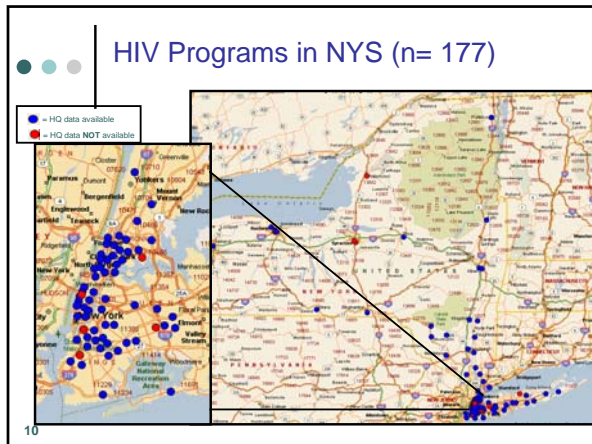
- o **National HIVQUAL dataset:**
 - # of HIV programs: 172
 - Sample Size: 8,279 patient records
- o **NYS data set:**
 - # of HIV programs: 163 (163 out of 177; 92%)
 - Sample Size: 5,995 patient records

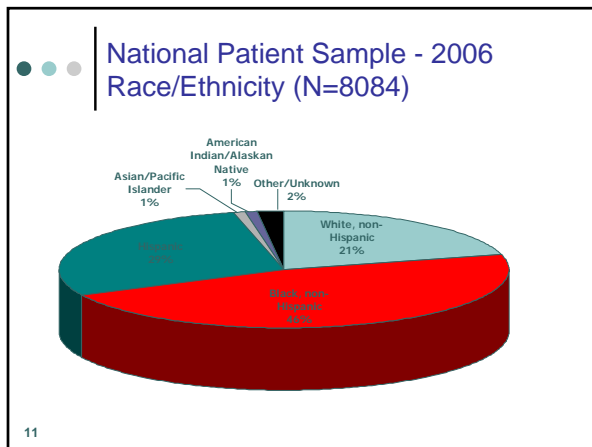
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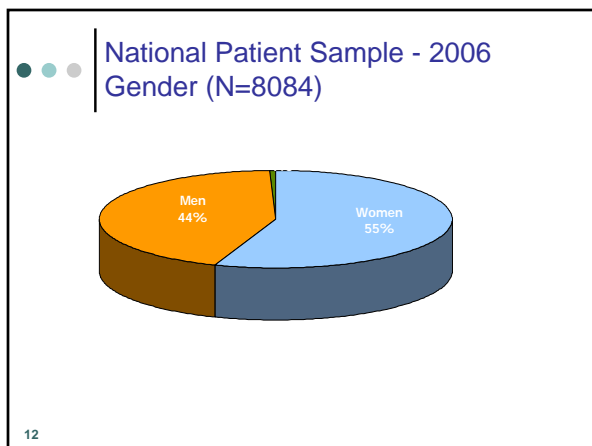
HIVQUAL Participating Sites vs. HRSA Funded Sites



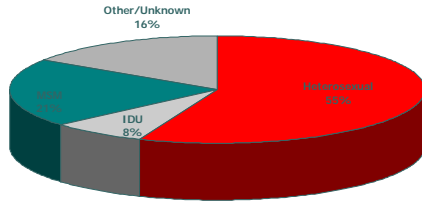
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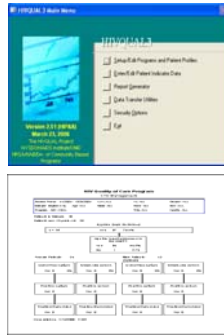
National Patient Sample - 2006 Exposure Category (N=8084)



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HIVQUAL Project: Performance Measurement

- **Case list** generated by clinic annually
- **Eligibility criteria:** 2 visits in last 12 months and 1 visit in last 6 months
- **Sample size** based on eligible caseload
- **Random sample** generated from eligible list
- **Chart abstraction** using defined indicators
- **Data entered** into HIVQUAL3 software – facilities generate automatic reports
- **Disks submitted** to AIDS Institute for comparative aggregate reports



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2006 HIVQUAL Core Indicators

- Clinical Visits
- HIV Specialist Care
- CD4 & Viral Load Monitoring
- ARV Management
- Adherence Assessment
- PCP Prophylaxis
- GYN Exams
- Mental Health Screening
- Substance Use Screening
- Tobacco Screening
- STI Screening
- Oral Health
- Lipid Screening
- TB Screening
- HCV Screening

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2006 HIVQUAL Optional Indicators

- o MAC Prophylaxis
- o Pneumococcal Vaccination
- o Patient Education
- o Ophthalmologic Care
- o Colonoscopy Screening

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Data Limitations

- o Sampling strategies focus on those patients in care (2 visit criteria)
- o Certain indicator definitions have been changed over time (e.g., mental health)
- o Denominators for certain indicators are small (e.g., MAC)
- o Historical comparisons are limited by changes in submitting different patient pool each year
- o Assumes patient groups are evenly distributed across New York State HIV ambulatory care programs
- o Data are not validated yet

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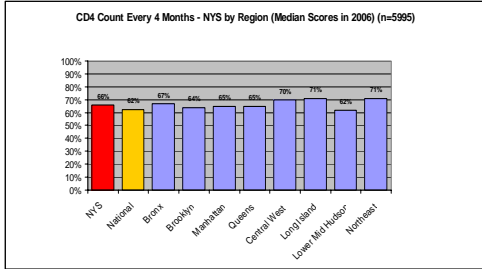


Stages of Coping with Data...

- o Stage I: "The data are wrong...."
- o Stage II: "The data are right, but it's not a problem..."
- o Stage III: "The data are right, it's a problem, but it's not *my* problem..."
- o Stage IV: "The data are right, it's a problem, it's *my* problem..."

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CD4 Count Every 4 Months (cont.)



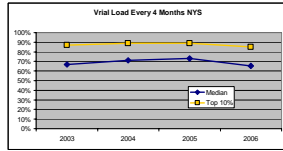
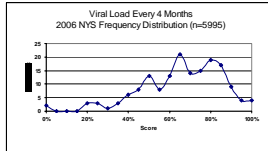
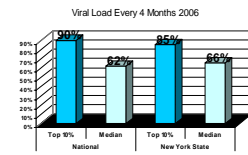
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Indicator: Viral Load Every 4 Months

Indicator Definition: Percentage of eligible patients who had a VL test during each trimester

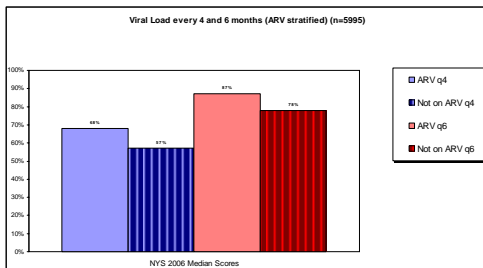
Key Findings:

- Since 2003 performance scores ranged between 66% and 73%
- Close to 80% of NYS facilities score between 45% and 85%



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Viral Load Every 4 and 6 Months (ARV stratified)



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● ● ● | Areas of Progress – Next Steps

- Routinely re-visit the indicator...
- Consider stratifying patient groups...
- Set more challenging performance goals...
- Review the guidelines...
- Visit top performing sites and study their processes...
- Try another PDSA...
- Inform staff and consumers about next steps...

● ● ● | Data, the other way... (2006)

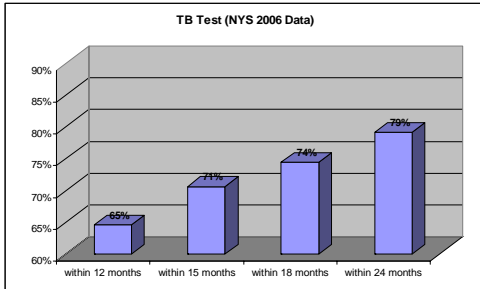
- Out of 5995 pts with 2 or more annual medical visits, 879 pts did **NOT** have a documented CD4 count during the last 4 months of the year
- Based on a sample of 979 pts with a CD4 count less than 200, 160 pts were **NOT** on PCP prophylaxis
- 810 out of 3557 female patients did **NOT** receive a GYN exam last year

● ● ● | What The Data Are Telling Us - Stalled Initiatives

Indicators with median score **not** improving year to year:

- ARV management of clinically unstable patients
- Pelvic exams
- TB testing
- Dental exams

Indicator: TB Testing (cont.)



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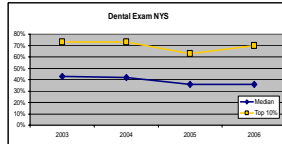
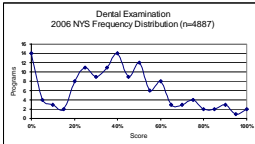
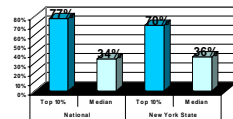
Indicator: Dental Examination

Indicator Definition: Percentage of eligible patients who had a documented dental exam (not necessarily onsite)

Key Findings:

- Top 10% performers scored 78% while the median score was 36%
- 18% of facilities scored 0%

Dental Examination 2006



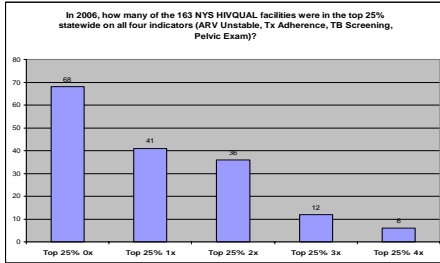
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Stalled Initiatives – Next Steps

- Openly discuss with all staff about how to improve (start with a flowchart)...
- Meet with the consumer advisory bodies and ask for their advice how to improve...
- Launch a quality improvement team...
- Revisit job descriptions and make improving the systems of care part of job expectations...

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Performance across 4 Indicators (ARV Unstable, Adherence, TB, Pelvic)



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Common Performance Measurement Pitfalls

- o Where are the data?
 - Many HIV programs are not aware of their results; no benchmarking with other programs
 - Staff (and consumers) are not aware of data findings
- o No link between data results and quality activities
 - Limited activities based on the review of results
 - Imbalance between data collection and QI activities

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HIVQUAL

www.HIVQUAL.org

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