Florida HIV/AIDS Patient Care Quality Management and Improvement plan

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Florida HIV.AIDS Patient Care Quality Management and Improvement Plan (v.12/2/2009)

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Vision
The mission of the Bureau of HIV/AIDS is to provide access to sustainable, high quality care for individuals living with HIV or AIDS in Florida, with an emphasis on those individuals who are economically or socially marginalized. The goal is to link those people into care and retain them there in order to reduce the incidence of new infections and to extend and improve the quality of life for people living with HIV/AIDS in Florida.

The Patient Care section is responsible for managing the quality management and improvement program for the Bureau. The Patient Care section transforms data into actionable information and supports the senior management team in decision making and the management of the various HIV programs.

The Patient Care section maintains a statewide information technology infrastructure for providers to report both client and aggregate level data in order for the Bureau of HIV/AIDS to evaluate financial, clinical, and utilization metrics. This data guides the strategic and tactical planning processes, informs medical reviews, and provides input for the financial allocation methodology. This quality management initiative increases the probability of desired client outcomes and promotes fiscal responsibility. The Bureau of HIV/AIDS monitors specific quality metrics in a balanced scorecard approach for the following business domains: Financial, Clinical, Programmatic and Utilization.

QM program structure
A. Leadership
The Quality management program is involved with research, and assists with project and portfolio management for the Bureau, proactively communicates and shares knowledge, and monitors contracted provider performance against set targets in a standard Plan Do Check Act cycle. The quality management program seeks to assess, educate, and build capacity within Ryan White-funded agencies statewide, to provide the bureau with valid and reliable outcome data that can guide policies, decision-making, priority setting, and the improvement of service to patients throughout the state. Florida based its HIV/AIDS quality management initiative on the following premises:

- Clients and service consumers are the first priority;
- Periodic measurement of performance is critical to quality improvement;
- Improvement projects should be predicated on evidence based best practices;
- Improvements are made by implementing the findings of a quality improvement project; and,
- Improvement projects must include participation by those individuals involved in the process, both the providers and the clients.

The responsibility for direction of the Bureau of HIV/AIDS rests with the Bureau Chief, who directs the long range strategic planning and oversees the management of the
individual HIV programs. The clinical performance of providers in our care network is managed by the Medical Director, who oversees the medical team which, in addition to the managing physician, includes two nurse practitioners. The financial aspect of the Bureau of HIV/AIDS is directed by the Budget Manager who oversees the Contract Management section. The Patient Care section is composed of the Community Programs unit which provides grant and contract management, technical assistance, and provider audits, the Reporting unit which manages the technology infrastructure and the quality management program, and the ADAP program (see Table of Organization, attachment 1).

B. Resources
The Bureau of HIV maintains a technology base which connects local providers with the management team. Local providers utilize the available databases to manage clients’ care while the Bureau uses these same databases to generate metrics and information used to monitor performance and to guide projects and investment. The Bureau of HIV/AIDS ensures access to, and provides support and development for these databases, including reporting. The available sources of data are:

Databases
- AIDS Drug Assistance Program (ADAP)
- Counseling and Testing Reporting System (CTRS)
- CAREWare (for contracted providers statewide)
- Health Management System (HMS, for County Health Departments)
- AIDS Information Management System (AIMS, a financial tracking system)
- FL State Health Online Tracking System (FL SHOTS, immunization registry)

Data transfer sets are used to integrate data between the various databases to provide comprehensive reporting. They include:

- Health Management System Minimum Data Set (links all 67 health department’s data)

- HIV Minimum Data Set (links specific HIV databases together with CHDs)

- Electronic Laboratory Reporting (links lab results for reportable diseases from reporting labs throughout Florida)

Each database provides individual reporting capabilities for that database. Reporting web applications are also used to provide formatted reports for providers and Bureau management staff, and can pull data from all databases and data transfer sets. Florida uses Crystal Enterprise for report development, these applications include:

- Health Management System report portal

- CAREWare report portal
External support groups are also involved with maintaining and interpreting HIV data, they include:

Integration Broker team (manage the data import/export processes for all databases)

AIDS Educational Training Institute (provides guidance and recommendations on data collection, interpretation, and standards of care)

C. Key Stakeholders
Health Resources and Services Administration
Florida Department of Health, Bureau of HIV
Office of Information Technology
County Health Departments
Ryan White health care providers
Researchers and University fellows
HIV committees, consumer advisory groups, consortia
People living with HIV/AIDS

Process – The PDCA Cycle

A. Plan
The three-year quality management planning cycle commences with goal setting by the senior management team (SMT). This is the beginning of the strategic planning process. Once the senior management team has adopted a series of high-level goals, the Bureau shares those goals with the various HIV/AIDS Program Coordinators (HAPCs). These HAPCs work with their area’s contract manager(s) and lead agency representative(s) to refine the goals for their specific program area. The Bureau of HIV/AIDS charges each local Consortium with the development of a three-year comprehensive plan complete with measurable objectives and tactical initiatives. Concurrently, the Bureau of HIV/AIDS analyzes and communicates data and trends in the epidemic, and the strategic statewide goals identified by senior management to the local area providers. The goals, epidemiological data, and the consumer and provider Statewide Coordinated Statement of Need assessment survey data all become part of the comprehensive plan.

The SMT and HAPCs have identified the HRSA themes as goals and the following strategic objectives for the bureau:

Theme 1) Identify individuals who know their HIV status and are not receiving services, for informing the individuals of and enabling the individuals to utilize the services

Theme 2) Eliminate disparities in accessing services among the affected subpopulations (i.e.: youth, sex workers, MSM, sex workers, etc.)

Theme 3) Coordinate the provision of services with programs for HIV prevention (including outreach and early intervention)
Theme 4) Coordinate the provisions of services with programs for the prevention and treatment of substance abuse

Theme 5) Address adherence initiatives.

Theme 6) Minority AIDS Initiative (issues of minority access and disparity in the area)

Theme 7) Program coordination and linkages between Parts A, B, C, D, and AETC.

Theme 8) Build capacity in your area.

The goals and objectives developed during the strategic planning process are carried forward into tactical planning. The bureau works with the Patient Care Planning Group and the field throughout the local comprehensive planning process to develop guidance, offer technical support, and help to ensure that all tactical initiatives align with HRSA’s themes and the bureau’s strategic plan.

During the tactical planning process local area providers consider what specific tactical activities they can engage in that will help accomplish the statewide goals, with consideration given to emerging trends locally, and identified local needs from the SCSN. The comprehensive plan serves as the link between the strategic, statewide goals set by senior management and the activities that the local area providers can accomplish. In addition, local providers must estimate a measurable impact on clients and services for each activity. The local planning areas, as well as the Bureau of HIV/AIDS will utilize this data in future business decisions and for quality management monitoring. By monitoring the tactical achievements, the bureau is able to identify gaps in services and barriers to care and adjust resources accordingly.

B. Do
   i. Data Collection

   As providers begin their fiscal year the clients they serve and the services they receive are documented in a complex network of databases. The Florida Bureau of HIV/AIDS maintains a statewide common technology infrastructure comprised of integrated databases that will be available for all contracted providers requiring access to manage their clients. The Bureau of HIV/AIDS supports this network and assists providers in meeting their reporting requirements and in self monitoring. This technology infrastructure provides the backbone for producing standardized clinical and business metrics that are comparable between areas and meaningful to all providers. The databases maintained by the Bureau of HIV/AIDS are;

   o CAREWare (for contracted providers)
   o Health Management System (for the Health Departments)
   o AIDS Drug Assistance Program System (for ADAP providers)
Local areas report monthly demographic and expenditure information to the Bureau of HIV/AIDS through the AIDS Information Management System. From these monthly reports on the number of clients seen and the number and cost of services provided, the Bureau of HIV/AIDS derives unit cost and rate of expenditure data for each planning area.

The Health Management System at the County health Departments and RW CareWare are interfaced which allows County Health Departments and contracted providers to share client records, and provides the Bureau of HIV/AIDS with comprehensive records for clients within our system of care. Contracted service providers may opt to use other off the shelf software, at their own expense, but are accountable for providing client level data used in quality management, and that satisfies the monitoring of their tactical planning initiatives and HRSA’s requirement for the annual Ryan White Data Report.

ii. Communication
The Bureau of HIV/AIDS monitors all information regularly and communicates transparent, actionable feedback to its providers. The bureau presents financial, clinical, and utilization data at each Patient Care Planning Group meeting in a face-to-face format for discussion and accepts suggestions for improvement.

In addition, the Bureau of HIV/AIDS maintains several web sites, enabling the availability of real-time data. These web sites contain interactive pivot charts and tables that will allow users to review their data monthly, compare with statewide averages, compare with other areas, or compare their area with prior years.

The Bureau of HIV/AIDS, Reporting unit manages two user groups; for CAREWare and the Health Management System. These user groups are used to disseminate important information and to gather feedback on user needs. These user groups are formal, with an administrative board and voting members. They hold monthly conference calls to discuss issues and often use web conferencing to demo new functionality and enhancements to the systems.

C. Check
The Bureau of HIV/AIDS produces management “dashboard” level statistics within the following domains: financial, clinical, and utilization.

The Clinical domain includes metrics that reflect desired outcomes for the various program areas, shown below.
Core Eligibility: Six month totals of clients who are currently eligible, clients who received a service (core or support), and clients who are overdue for redetermination

Patient Care: Six month totals of clients with one and two medical visits, one and two CD4 Counts, and clients prescribed HAART

HOPWA: Six month total of clients enrolled, clients enrolled as rent, home owner, institutionalized, temporarily housed, and six month total of clients exiting the program

Health Insurance Program: Six month total of client enrolled with Premium, Deductible, and Co-Pay services

Minority AIDS Initiative: Six month total of clients enrolled, and six month total of clients discharged within 90 days of completion

Hepatitis Program: Six month total of clients enrolled, number enrolled without a risk factor, and number with HIV co-morbidity

Counseling and Testing: Six month totals of clients who tested positive, the number of those clients who were linked to care based on a Ryan White service, those with a core Ryan White service, those with a core Ryan White service within 90 days of positivity, those with a CD4 or viral load, and those with a CD4 or viral load within 90 days of positivity

Special Projects: This area allows us to track ongoing projects that do not fit under a specific program are. Currently the only special project is the Dept. of Corrections project in Alachua, Jefferson, Volusia, Jackson, Taylor, Madison, and Wakulla. The metrics mimic the Patient Care metrics listed above.

The Financial domain includes the unit cost and rate of expenditure data for each area as well as statewide averages.

The Utilization domain includes the absolute numbers of clients and services for each area, as well as statewide averages.

All provider data is available continuously throughout the cycle for management review and includes area and statewide rollups, client level data, and provider and care network surveys. The Reporting unit also conducts monthly face-to-face meetings with the Community Programs unit and the Medical team to review provider performance. This review includes financial performance, utilization, and clinical outcomes. If an area’s metrics appear to be out of alignment based on a six-sigma model of tracking using baseline values and benchmarking, then the Bureau of HIV/AIDS contacts the area.
representative and offers technical assistance. Based on management review of the data, the Bureau of HIV/AIDS will act to correct apparent disparities or inequities.

In promoting this model, the Bureau of HIV/AIDS considered the need for core medical health services, the HRSA themes, and the Institute for Healthcare Improvement’s chronic care model in producing an encompassing model of quality. The goal of this effort is to establish a culture of quality management in agencies throughout the state of Florida, and to embed quality management in all aspects of decision making involving HIV care.

i. Definition of metrics

**CLINICAL DOMAIN – Metrics reflecting desired outcomes for the Core Eligibility, Patient Care, HOPWA, Health Insurance, Minority AIDS Initiative, and Hepatitis Programs**

**Eligible Clients**
- Numerator: Clients that have a current eligibility documented during the six month measurement period
- Denominator: Number of active clients

**Overdue Clients**
- Numerator: Clients whose eligibility has expired and no redetermination was done at the time of monitoring
- Denominator: Number of active clients

**CD4 T Cell Count**
- Numerator: Number of HIV infected clients who had 1, and 2 or more CD4 T cell counts during the six month measurement period
- Denominator: Number of active clients

**AIDS Clients Prescribed HAART**
- Numerator: Number of clients who were prescribed a HAART regimen within the six month measurement period
- Denominator: Number of active clients

**Medical Visits**
- Numerator: Number of HIV infected clients who had a medical visit with a prescribing provider once, and 2 or more times during the six month measurement period
- Denominator: Number of active clients
HOPWA Enrollments
Numerator: Number of clients enrolled by enrollment type (Renter, Home Owner, Institutionalized, Temporarily Housed) during the six month measurement period

Denominator: Number of active clients

HOPWA Exits
Numerator: Number of clients exiting the program during the six month measurement period

Denominator: Number of active clients

Health Insurance Program services
Numerator: Number of clients receiving services by type (Premium, Deductible, Co-Pay) during the six month measurement period

Denominator: Number of active clients

Minority AIDS Initiative Enrollments
Numerator: Number of clients enrolled during the six month measurement period

Denominator: Number of active clients

Minority AIDS Initiative Completions
Numerator: Number of clients discharged within 90 days of enrollment during the six month measurement period

Denominator: Number of active clients

Hepatitis Enrollments
Numerator: Number of clients enrolled during the six month measurement period

Denominator: Number of active clients

Hepatitis Enrollments without a Risk Factor
Numerator: Number of clients enrolled during the six month measurement period who lack a documented risk factor

Denominator: Number of active clients

Hepatitis Enrollments with an HIV Co-Morbidity
Numerator: Number of clients enrolled during the six month measurement period who are HIV positive

Denominator: Number of active clients
Counseling and Testing Fist Time Positives
Numerator: Number of clients testing for the first time positive during the six month measurement period

Denominator: Number of active clients

Counseling and Testing Linked to Care through Services
Numerator: Number of clients who received a Ryan White service, a Ryan White core service, or a Ryan White core service within 90 days subsequent to positive testing

Denominator: Number of clients testing for the first time positive during the six month measurement period

Counseling and Testing Linked to Care through Labs
Numerator: Number of clients who received aCD4 or viral load, or a CD4 or viral load within 90 days subsequent to positive testing

Denominator: Number of clients testing for the first time positive during the six month measurement period

**FINANCIAL DOMAIN** – Rates of Expenditure (RW Part B funds, Patient Care Network funds, General Revenue funds, All funding sources combined)

Formula:
Sum of Expenditures YTD/(Total Allocation/12) X Number of Months Elapsed

*This is computed for each funding source and tracked on a monthly basis

**UTILIZATION DOMAIN** – Absolute client counts by area, and service counts and expenditures for core services by line item

D. Act
   i. Site Visits
Based on available data, the bureau engages in ongoing Quality Improvement site visits. The Bureau of HIV/AIDS alerts providers in advance of the information needed to prepare for their Quality Improvement site visits and contract monitoring. The Bureau of HIV/AIDS, Community Programs unit performs contract monitoring and provides technical assistance upon request. The Community Programs representatives emphasize policy, procedures, and address specific areas of concern during these visits. The Bureau of HIV/AIDS provides specific monitoring of data following a technical assistance visit in order to demonstrate improvement upon request.

   ii. Special Studies
The Bureau of HIV/AIDS also engages in special studies using data provided by the various program and service areas. Through the use of the previously described databases and data transfer sets, the Reporting unit is able to quickly design and publish customized reports dealing with issues of specific importance. Agility is a key aspect of our technology infrastructure and providers and lead agency areas are encouraged to engage in special studies to improve their service delivery. Current examples include a recent PAP study for a County Health Department in Area 11B that is a Part C funded provider, and an ongoing collaboration with the Bureau of Immunizations to examine Hepatitis vaccination rates among HIV clients in Florida.

iii. Funding allocation methodology
The Bureau of HIV/AIDS allocates funding each year based on a formula that uses prior year’s epidemiological, financial, and quality data. The three critical factors that the funding allocation methodology workgroup, in coordination with the Bureau of HIV/AIDS considered elemental within a funding formula are:

- **Proportionality** represents the proportion of the epidemic borne by that area. This element uses the absolute client counts from the utilization domain along with surveillance estimates of People living With HIV/AIDS (PLWHAs)

- **Equity** which takes into account the unit cost per case in each area, and uses the service and expenditure data from the utilization domain to derive a cost per case figure for each area.

- **Utilization** which looks at historical spending, and uses the rate of expenditure data from the financial domain

These metrics are fed into a linear programming model that allows us to vary the inputs (clients, services and expenditures) and examine the effects changes to those parameters would have on the funding allocation and needs of the 14 service areas in Florida.

iv. Training
The Bureau of HIV/AIDS offers various training opportunities throughout the year. As part of the quality management program the Reporting unit offers on-site Health Management System trainings for Ryan White funded County Health Department staff, CAREWare trainings for new providers joining our provider network, and Crystal Report training for providers with greater levels of technical expertise.

**Conclusion**
Quality management is a part of all our processes. Providers are trained with clear expectations regarding consistent, meaningful standards, and provided the technical solutions they need to fulfill their promise of quality care for Floridians living with HIV. Our providers participate actively in quality management through the strategic and tactical planning process, by participation in the Patient Care Planning Group meetings, through the Statewide Coordinated Statement of Need surveys, and through technology
user groups. They are continuously exposed to their performance metrics through a variety of communications including sharepoint sites, reporting portals, and web conferencing. And their quality metrics have real life impacts on our providers, as is the case with clinical site audits and the incorporation of performance metrics into the funding allocation formula. The following examples of outcomes illustrate the positive impact of quality management.

Florida has benefitted from the implementation of a quality management plan through the stabilization of funding allocation and expenditures. Prior to this initiative areas had difficulty managing expenditures throughout the year due to a lack of information.

Following the implementation of quality management and a communication plan areas greatly improved their utilization of funds.
Clinical performance also improved over the course of the 2010 year due to the implementation of CAREWare and monthly monitoring and feedback.

And linkage to care is monitored with over 80% of clients who were linked to care through the County Health Departments in 2009 showing evidence of being linked to care within 90 days of diagnosis, with significant improvement in reducing the number who took >300 days to be linked.