

**HIV Care & Treatment  
Quality Management Program**

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**STATE OF OREGON**



**Oregon Department of Human Services  
Health Division**

**2007-2008**

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## **Section I: Oregon Ryan White Title II Quality Management Plan**

### **Quality Statement**

The Oregon HIV Care and Treatment Program is committed to developing and continually improving a quality continuum of HIV treatment and supportive services statewide that meets the identified needs of people living with HIV/AIDS (PLWH) and their families. The Quality Management (QM) Program supports this mission by gathering and reporting on the data and information needed to measure both program and service quality and then implementing improvement activities based upon the data analysis. The following domains for improvement guide the QM program implementation: (1) improving access to and retention in care, (2) integrating data and information systems, (3) optimizing the management of resources and (4) aligning jurisdictions and services across the entire continuum of care.

### **Quality Infrastructure**

The HIV Care & Treatment program resides under the Office of Disease Prevention and Epidemiology (ODPE). ODPE works to prevent and control illness and death from injury, acute and communicable diseases, sexually transmitted diseases, and environmental and occupational illnesses. HIV Care & Treatment is housed with the STD, TB and HIV Prevention programs.

The Manager of HIV Care & Treatment oversees the Quality Management Program. The ongoing development and implementation of the QM Program is coordinated and directed by a contracted consultant. In addition to the Program Manager and the QM Consultant, the QM Team within HIV Care & Treatment includes the following staff:

- HIV Medical Case Management & Support Services Manager
- CAREWare Program Consultant
- OHOP (Housing program) Coordinator
- CAREAssist program staff
- CAREAssist data specialist from Data & Analysis
- HARS data specialist from Data & Analysis
- Program liaison from Program Design and Evaluation Services

This team is responsible for implementing the QM Plan, gathering and reporting the data from the various databases, evaluating program elements and reporting on the findings, developing and implementing the PDSA/improvement change activities and providing input and feedback to the overall QM Program.

### **Oregon HIV Services Quality Management Task Force**

The Oregon HIV Services Quality Management Task Force was formed to centralize and coordinate quality management efforts across Ryan White contractors statewide. The Task

Force is made up of representatives from Ryan White Program Part A, Part B and Part C administration and the AIDS Education and Training Center (AETC); contractors with the Part A and Part B programs; Planning Council representatives; Oregon HIV Care Coalition representatives; and consumer representation from urban and rural areas. The Task Force meets quarterly and is responsible for reviewing the Quality Management plans for all three Ryan White Program Parts, for promoting collaboration, and for establishing shared measures and standards whenever possible. This Task Force will also act as the Part A Quality Management Committee.

First year objectives for the Task Force are as follows:

- Share quality management plans and assess commonalities – Dec 2006.
- Assess the use of surveillance data for establishing shared outcomes – Feb 2007.
- Develop and pilot one standard outcome to be used across programs – Spring 2007.

Each program will use the same template to develop its own quality management plan, with the long-term goal of incorporating the plans into an all-inclusive, statewide QM Plan.

The first outcome selected for development is a standard measure of client engagement in care, which is currently measured in a variety of ways statewide. Both Part A and Part B analyze frequency of provider visits, though the programs currently use different methodologies to do so, and the unmet need framework used by Titles I and II analyzes the frequency of lab tests. The Part C clinic uses a measure of “lost to care,” which is the percentage of clients seen within the first six months of the year, but not seen in the second six months, for whom there is no explanation such as relocation or death. In response to the Task Force’s goal of developing a standard, statewide measure, the HIV surveillance unit is assessing the feasibility of providing aggregate lab test data for clients seen by each of the programs. This could result in all programs using the frequency of laboratory tests, as evidenced through surveillance data, as the shared measure of engagement in care.

**Participation of & Communication with Stakeholders**

Stakeholder	Type of Involvement	Communication
Clients	<ul style="list-style-type: none"> <li>• Participate in OHCC and on QM Task Force;</li> <li>• Participate in surveys;</li> <li>• Give feedback to providers;</li> <li>• Review reports on-line.</li> </ul>	<ul style="list-style-type: none"> <li>• Reports on QM Program outcomes at OHCC and QM Task Force;</li> <li>• Reports &amp; survey results posted on web site.</li> </ul>
Contractors	<ul style="list-style-type: none"> <li>• Provide data on services provided;</li> <li>• Participate in QI processes such as Case Management Task Force;</li> <li>• Participate in OHCC;</li> <li>• Meet Standards of</li> </ul>	<ul style="list-style-type: none"> <li>• Statewide meetings and trainings;</li> <li>• Technical assistance via NetLink;</li> <li>• Summary report on the CM Chart Review they perform sent to them;</li> </ul>

	Service.	<ul style="list-style-type: none"> <li>• Reports at OHCC;</li> <li>• Reports &amp; survey results posted on web site.</li> </ul>
OHCC Members	<ul style="list-style-type: none"> <li>• Provide input and advise;</li> <li>• Participate in discussions about data and information;</li> <li>• Make suggestions;</li> <li>• Review written reports.</li> </ul>	<ul style="list-style-type: none"> <li>• Written &amp; verbal reports at OHCC meetings;</li> <li>• Reports &amp; survey results posted on web site.</li> </ul>
Oregon HIV Services QM Task Force	<ul style="list-style-type: none"> <li>• Provide input;</li> <li>• Shared knowledge and education about QM methodology &amp; issues;</li> <li>• Networking and collaboration toward standardization statewide.</li> </ul>	<ul style="list-style-type: none"> <li>• Reports at meetings.</li> <li>• Reports &amp; survey results posted on each program's web sites.</li> </ul>
HIV Care & Treatment staff	<ul style="list-style-type: none"> <li>• Provide data.</li> <li>• Provide analysis of data.</li> <li>• Provide suggestions on improvement.</li> <li>• Implement improvement activities.</li> <li>• Review program reports.</li> <li>• Assist in writing grant applications – the QM components.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff meetings.</li> <li>• Reports.</li> <li>• Participation at OHCC and the QM Task Force.</li> </ul>
Program Design & Evaluation Services	<ul style="list-style-type: none"> <li>• Provide evaluation skills.</li> <li>• Evaluate program components.</li> <li>• Develop reports on findings.</li> <li>• Report to OHCC &amp; QM Task Force.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff meetings.</li> <li>• Reports.</li> <li>• Participation at OHCC and the QM Task Force.</li> </ul>

**Program Goals for 2007-2008**

**Domain #1: Improving access to and retention in care**

Goal 1.1: Continue to measure the retention rate in CAREAssist (pending status, re-certification, and termination) and test improvement changes to improve retention.

Goal 1.2: Develop consistent measurement strategy for collecting data that measures the number of medical visits clients receive.

Goal 1.3: Develop outcomes and indicators for the new HIV Medical Case Management program.

**Domain #2: Integrating data and information systems**

Goal 2.1: Continue to collect and triangulate data from multiple databases that measures the number of medical visits clients receive.

Goal 2.2: Develop a measurement strategy that verifies the information from the locally implemented CM Chart Reviews against the CAREWare data.

Goal 2.3: At least annually, have HARS run the number of labs clients received and the values of the labs for both the CAREAssist active client list and the CAREWare active client list.

**Domain #3: Optimizing the management of resources**

Goal 3.1: Revise site visit protocol for 2007-2008 site visits to focus on measuring medical case management compliance and data quality.

Goal 3.2: Develop outcomes and measurement criteria for referral process in the HIV Medical case management program.

Goal 3.3: Continue to develop CAREAssist database ability to measure length of time from initial application to first activity with a goal of processing applications within 2 weeks of receipt.

**Domain #4: Aligning jurisdictions and services across the entire continuum of care**

Goal 4.1: Develop a plan to collect data for the new HAB required-clinical measures.

Goal 4.2: Continue to participate on the Oregon HIV Services Quality Management Task Force, sharing QM plans and assessment system-wide outcome measures evaluating client engagement in medical care.

Goal 4.3: Continue to collect and report statewide aggregate client information from HARS (lab information, HIV or AIDS status at diagnosis, progression from HIV to AIDS and number of people who die within 12 months of HIV diagnosis.)

**IMPLEMENTATION PLAN: Data Collection Activities**

**1. CAREWare 4.1 is installed in all Part-B funded provider locations and is generating real-time, unduplicated data reported via a secure central server.**

<i>Data Reported</i>	<i>Time Line</i>	<i>Source</i>
Case Management services utilization	Reported & reviewed in March of each year.	Program manager/CAREWare

		consultant
Support Services utilization data	Reported & reviewed in March of each year.	Program manager/CAREWare consultant
Health outcomes data	Reported & reviewed in March of each year.	Program manager/CAREWare consultant
Quality Assurance data	Reported & reviewed in March of each year.	Program manager/CAREWare consultant

<b>2. CAREAssist data base</b>		
<i>Data Reported</i>	<i>Time Line</i>	<i>Source</i>
Health outcomes data	Quarterly reports	D&A – CAREAssist staff
Quality assurance data	Quarterly reports	D&A – CAREAssist staff
Quality Improvement data	Quarterly reports	D&A – CAREAssist staff

<b>3. HIV/AIDS Reporting Systems (HARS) data base (surveillance data)</b>		
<i>Data Reported</i>	<i>Time Line</i>	<i>Source</i>
HIV & AIDS status of CAREAssist clients	Quarterly reports	D&A – Surveillance staff
HIV & AIDS status of CAREWare clients	Quarterly reports	D&A – Surveillance staff
Number of labs / year for all PLWH/A in state	Quarterly reports	D&A – Surveillance staff
Number of labs / year for CAREAssist clients	Quarterly reports	D&A – Surveillance staff
Number of labs / year for CAREWare clients	Quarterly reports	D&A – Surveillance staff
Lab values for all PLWH/A in state	Quarterly reports	D&A – Surveillance staff
Lab values for CAREAssist clients	Annually in March of each year	D&A – Surveillance staff
Lab values for CAREWare clients	Annually in March of each year	D&A – Surveillance staff

<b>4. Provider site visit &amp; client file review</b>		
<i>Data Reported</i>	<i>Time Line</i>	<i>Source</i>
Compliance with HIV Case Management Standards	5 sites/year (final report in June of each year)	Program Manager & consultant
CAREWare data quality	5 sites/year (final report in June of each year)	Program Manager & consultant
Evaluate accuracy of locally managed client file review	5 sites /year (final report in June of each year)	Program Manager & consultant

<b>5. Contractors (providers) perform an internal chart review and CARE Ware data audit, following a proscribed protocol.</b>		
<i>Data Reported</i>	<i>Time Line</i>	<i>Source</i>
Compliance with HIV Case Management Standards	Annually – report is due at end of October each year. (Summary Report for state in December.)	Each provider site QM consultant
CAREWare data quality	Annually – report is due at end of October each year. (Summary Report for state in December.)	Each provider site QM consultant

<b>6. Contractors (providers) submit: (1) annual plans which report on compliance with program requirements, (2) quarterly service utilization and financial reports, and (3) quarterly program narrative reports.</b>		
<i>Data Reported</i>	<i>Time Line</i>	<i>Source</i>
Annual plans	Annually	Each provider site
Service utilization and financial report	Quarterly	Each provider site
Program narrative report	Quarterly	Each provider site

<b>7. Client Satisfaction Surveys</b>		
<i>Data Reported</i>	<i>Time Line</i>	<i>Source</i>
Case Management Program Client Satisfaction	Bi-Annually	Program Design & Evaluation Services (PDES)
CAREAssist Client Satisfaction	Annually	Program Design & Evaluation Services (PDES)

<b>8. Special evaluation projects</b>		
<i>Data Reported</i>	<i>Time Line</i>	<i>Source</i>
HIV Case Management acuity scale evaluation	Completed in April 2007	Program Design & Evaluation Services (PDES)
HIV Case Management key informant survey	Completed in April 2007	Program Design & Evaluation Services (PDES)

**IMPLEMENTATION PLAN: Performance Measures**

**CLIENT-LEVEL HEALTH OUTCOMES**

<b>Outcomes</b>	<b>Indicators</b>	<b>Data Elements</b>	<b>Data Sources &amp; Methods</b>
Disease progression among CARE Act clients is slowed or prevented over time.	<p>1. Improved or maintained CD4 counts and viral loads as measured over a six month period of time.</p> <p>2. Increased percentage of aggregate clients in overall Acuity Levels #1 and 2, over a twelve-month period of time.</p>	<p>1. Test results needed to calculate changes in CD4 counts &amp; viral loads for individual clients annually.</p> <p>2. Case manager reported acuity level results for individual clients every twelve months.</p>	<p>1. Sources: <i>CARE Ware &amp; HARS</i> Reported by case Managers</p> <p>2. Sources: <i>CM Chart Review &amp; CARE Ware</i>. Reported by case managers.</p>
Proportion of clients accessing primary health care services increases over time.	Change in the number of clients with reported “primary source of medical care” and primary care provider.	Number and percent of clients with “no primary source of medical care” and no primary care provider in record and the number and percent of HIV-positive clients with record of “primary source of medical care” and primary care provider.	Source: <i>CARE Ware &amp; CM Chart Review</i> . Reported by case managers.
Proportion of clients who have health insurance increases over time.	Change in the number of clients with reported “primary source of insurance” and health insurance.	Number and percent of clients with “no primary source of insurance” and no health insurance in record and the number and percent of HIV-positive clients with record of “primary source of insurance” and health insurance.	Source: <i>CARE Ware &amp; CM Chart Review</i> . Reported by case managers.

<p>Quality of life of CARE Act clients is improved or maintained over time.</p>	<p>Increased percentage of aggregate clients in Acuity Levels #1 and 2, over a twelve month period of time</p>	<p>Case manager reported acuity level results for individual clients every twelve months.</p>	<p>Sources: <i>CM Chart Review &amp; CARE Ware.</i> Reported by case managers.</p>
<p>Number of clients adhering to HIV medications regime increases over time.</p>	<p>Increased percentage of aggregate clients who are assessed in the Adherence Life Stage at Acuity Level #1 and #2, over a twelve month period of time.</p>	<p>Case manager reported Adherence acuity level results for individual clients every twelve months.</p>	<p>Source: <i>CM Chart Review &amp; CAREWare.</i> Reported by case managers.</p>
<p>Number of clients receiving HIV-related treatment that adheres to PHS standards increases over time.</p>	<p>Increased percentage of aggregate clients who have current (within past 12 months) labs in their case management files.</p> <p>Increased percentage of aggregate clients who have a CD4 or VL test result reported in the database within the past 12 months.</p> <p>Increased percentage of clients in CAREAssist who report having a CD4 or VL within the past 6 months on their re-certification application.</p> <p>Increased percentage of statewide aggregate clients in HARS with a CD4 or VL test in the first 6 months of the reporting period and the second 6 months of the reporting period.</p>	<p>Current labs appear in the client file.</p> <p>Case manager reported CD4 and VL for individual clients every twelve months.</p> <p>Client reported CD4 and VL test dates on CAREAssist re-certification application every 6 months.</p> <p>CD4 and VL tests reported to surveillance by laboratories.</p>	<p>Source: <i>CM Chart Review.</i></p> <p><i>CAREWare.</i> Reported by case managers.</p> <p><i>CAREAssist database.</i></p> <p><i>HARS database.</i></p>

<p>Number of clients receiving HIV-related treatment that adheres to PHS standards increases over time.</p>	<p>Increased percentage of statewide aggregate clients in HARS with a CD4 test in the first 6 months of the reporting period and the second 6 months of the reporting period or a VL test in the first 6 months of the reporting period and the second 6 months of the reporting period.</p>	<p>CD4 and VL tests reported to surveillance office by laboratories.</p>	<p>Source: <i>HARS database.</i></p>
<p>Persons with HIV are identified early in their disease progression and are able to access services earlier with better health outcomes.</p>	<p>Decreased number of individuals newly reported with HIV infection who also have an AIDS diagnosis.</p>	<p>Number of individuals newly reported with HIV infection who also have an AIDS diagnosis vs. total number of individuals who were reported.</p>	<p>Source: <i>HARS database.</i></p>
<p>Persons with HIV are accessing HIV treatment to slow the progression of HIV to AIDS.</p>	<p>Decreased number of individuals who progress from HIV to AIDS within a 12 month period.</p>	<p>Number of individuals newly reported with HIV (not AIDS) who progress to an AIDS diagnosis within 12 months of HIV diagnosis vs. total number of individuals newly reported with HIV.</p>	<p>Source: <i>HARS database.</i></p>
<p>Persons with HIV are successfully accessing HIV treatment.</p>	<p>Decreased number of individuals with HIV who die within 12 months of their diagnosis.</p>	<p>Number of individuals who die within 12 months of their HIV diagnosis vs. total number of individuals who were newly reported with HIV.</p>	<p>Source: <i>HARS database.</i></p>

## QUALITY ASSURANCE/PROCESS EVALUATION

Criteria	Indicators	Data Elements	Data Sources & Methods
Ryan White funds are used as payer of last resort.	1. Standard income verification form completed with allowable documents attached in client file. referrals and follow-up in client file. 2. Case management progress notes and CARE Assist event records document all referrals and follow-up to referrals.	1. Number and percent of client files with appropriate documentation for income verification.  2. Number and percent of client files with documentation in progress notes or event records of all referrals and follow-up activities.	Source: <i>CM Chart Review &amp; CAREWare</i> . Case Manager Reported.
Every client accessing Ryan White Part B services will have a case manager.	Every client record contains the name of their case manager.	Number and percent of Ryan White Part B clients with a case manager listed in their record.	Source: <i>CAREWare &amp; CARE Assist</i> . Collected annually through data reports.
All clients in case management will receive at least one Nurse Assessment per year.	Clients receiving at least one RN Assessment or Re-assessment and documented in CAREWare.	Number and percent of clients with documentation of an RN Assessment or Re-assessment.	Source: <i>CAREWare</i> . Case Manager Reported.

Ryan White funded providers will ensure that every client receives information about: <ul style="list-style-type: none"> <li>• Informed Consent</li> <li>• Client grievance</li> <li>• Client rights &amp; responsibilities</li> </ul>	All client files in all Ryan White Part B funded programs utilize the standard forms for client information and all forms are signed and dated by the client.	Percent and number of client files with all forms included, signed and dated by the client.	Source: <i>CM Chart Review</i> . Collected annually
Eligibility will be documented for all clients receiving Ryan White Program services: <ul style="list-style-type: none"> <li>• HIV status</li> </ul>	All client files in all Ryan White Program funded programs utilize the standard forms for eligibility determination	Percent and number of client files with standard forms completed and allowable	Source: <i>CM Chart Review</i> .

<ul style="list-style-type: none"> <li>Income</li> </ul>	and include the allowable documentation.	documentation attached.	
All clients receiving Ryan White Part B services will have a current Release of Information in their file.	All client files in all Ryan White Part B funded programs utilize the standard form for Release of Information and all forms are current, signed and dated by the client.	Percent and number of client files with current, signed and dated ROI form.	Source: <i>CM Chart Review.</i>
Clients will be satisfied with the Ryan White Part B services they receive.	A majority of clients responding to the client satisfaction survey will indicate they are satisfied with the services they have received.	Number and percent of client responses to questions about their satisfaction with specific services.	Source: <i>CARE Assist Client Satisfaction survey &amp; statewide Part B Program Client Satisfaction survey.</i> Annual written survey mailed to CARE Assist clients and annual written survey distributed to clients through the local case management programs.
Case management services meet the program's case management standards for clients.	Change in the percent of indicators for standards criteria being met by local case management programs.	Percent of a case management site's activities that meet standards requirements.	Source: <i>CAREWare &amp; CM Chart Review.</i>
CARE Assist services meet the program's standards.	Change in the percent of indicators for standards criteria being met by the CARE Assist program.	Percent of CARE Assist program activities that meet standards requirements.	Source: <i>CARE Assist client files.</i> Collected through CARE Assist annual client file review.
CARE Assist program staff comply with the program's Policies & Procedures.	Change in percent of indicators for compliance with Policies & Procedures being met by the CARE Assist	Percent of CARE Assist program activities that comply with the Policies & Procedures.	Source: <i>Annual assessment of Policies/Procedures by internal team.</i> Collected through

	program staff.		review of CARE Assist client files, data files and financial records.
Clients are successfully accessing and remaining in HIV treatment.	Decrease in the percent and number of clients who leave CAREAssist.	Percent of clients leaving CAREAssist for all reasons vs. total number of active clients.	Source: <i>CAREAssist database.</i>
	Decrease in number of clients in “pending” status more than 4 weeks when they risk treatment disruption.	Percent of clients in “pending” status more than 4 weeks vs. total number of clients assigned pending status.	<i>CAREAssist database.</i>
	Increase in number of clients who successfully transition from the “Bridge” program into CAREAssist.	Percent of clients in “Bridge” program who successfully transition to active CAREAssist status at the end of each quarter vs. total number of clients in “Bridge” program.	<i>CAREAssist database.</i>
	Increase in the number of clients who successfully re-certify for CAREAssist every 6 months.	Percent of clients who are re-certified each month vs. number of clients due for re-certification.	<i>CAREAssist database.</i>
CAREWare data is accurate.	Increase in the overall average for criteria that measure accuracy and completeness of data compared to the client paper file.	Percent of CAREWare data that match the paper charts.	Source: <i>CM Chart Review &amp; Program site visits.</i>

## **Quality Improvement Capacity Building**

The HIV Care & Treatment Program continues to build QI capacity through the Ryan White Program funded system of service delivery by regularly implementing the following activities:

- All of the funded providers are contractually required to perform a client chart review once a year, utilizing a standard protocol provided to them by the program. These results are reported in October of each year. The program then compiles the results and produces a report of all the results that is sent to each provider, is included in the annual Quality Management Report presented to the Oregon HIV Care Coalition and is posted on the program's web site.
- The results of all evaluation activities (such as the Case Management Client Satisfaction Survey, the Case Manager Satisfaction Key Informant interviews, the CAREAssist Client Satisfaction Survey, the Out of Care Study, etc.) are published in a printed report that is presented to the Oregon HIV Care Coalition, are sent to all the contracted providers and are posted on the program's web site.
- The program's site visits and chart reviews are summarized in a report for each provider site visited and the results are summarized in the annual Quality Management Report.
- The program is convening a Transition Team in the summer 2007 to assist in planning for making significant improvements to the service delivery system funded by Ryan White Program, Part B. Many of the HIV Nurse Case Managers and supervisors will be attending. Through this process, we will be modeling Quality Improvement methodology and will be building required QI activities at the provider level into the new service delivery model.
- The Medical Case Management Task Force is open to all HIV Case Managers funded by the program and meets regularly to review and improve the HIV Medical Case Management Standards of Service and the statewide standardized forms. This QI process offers a direct opportunity to provide QI training and technical assistance to all of the front-line providers.

## **Quality Management Program Evaluation**

The Quality Management Team regularly assesses the effectiveness of the QM Program by:

- Reviewing the data and analysis for applicability to planning needs and effectiveness in answering key questions required in monitoring the quality of the service system, as well as the program itself;
- Reviewing and revising the indicators/performance measures (including revising the definitions of the numerator and the denominator used to collect the data) to assure that the most accurate measures are being trended to help determine the quality of all services delivered;
- Reviewing and improving the site visit protocol and the local, contractually required chart review protocol;
- Reviewing and improving the contract language and requirements;

- And meets regularly to review all evaluation projects regularly undertaken by Program Design & Evaluation Services. The results of these evaluation projects are used to make system improvements (for example: the Acuity Scale Evaluation resulted in significant improvements in the HIV Medical Case Management Acuity Scale being implemented July 1, 2007).

Finally, the regular reporting of the Quality Management Plan implementation outcomes to both the statewide Quality Management Task Force and to the Oregon HIV Care Coalition results in a feedback mechanism that, not only holds the program accountable for implementing the plan, but provides good input and advice from an entire community of experts

## Section II: Report on Quality Management Program Outcomes – 2006

### Program Outcomes

The Oregon HIV Care & Treatment Program has been involved in a number of Quality Improvement initiatives in 2005/2006. The data following is a summary of all the outcomes measured throughout the year.

1. The Oregon Part B program was selected, as one of 8 states/jurisdictions, to participate in a national Quality Management Collaborative sponsored by the HIV/AIDS Bureau of Health Resources and Services Administration from fall 2005 to spring 2007. The focus of the collaborative activities was CAREAssist and a number of improvement activities were undertaken as part of that quality work including:
  - Development of the “Bridge” program to pay for up to 4 weeks of treatment while a client is in “pending” status or waiting for something else to happen to allow them to participate in CAREAssist.
  - Development of the “Restricted” program as a way to help clients with their cost-share.
  - The Benefits Specialist Program staff contacts all CAREAssist clients at risk for termination and works with them and their case managers to find a way to save them in the program.
  - Embedded information in Re-certification Applications to make it easier to re-certify in CAREAssist (the database fills in the data currently in the system and, if it is correct, the client needs only to initial the section.)
  - Continued improvement in the CAREAssist database and the ability to query much more sophisticated information with improvements initiated by the IT staff.
2. CAREWare 4.1 was installed in 2005/2006 at all provider sites and now provides real-time data through a secure central server. The quality and availability of information about the services clients are receiving has improved remarkably.
3. Beginning in 2005, all contracted HIV case management providers are required to do an annual client chart review utilizing the standardized protocol provided by the Program and implemented by someone outside of the case management program. These chart review reports are submitted to HIV Care & Treatment in October of each year and a full summary report is prepared, sent back to the Administrators, Nurse Supervisors and Case Managers at each site, as well as posted on the Program web site.
4. The Program now does site visits to 5 sites per year to verify the CM Chart Review information, to evaluate the quality of the data being entered in CAREWare by comparing the data to the written notes and to evaluate the quality of the case management services being delivered.

5. The HIV Case Management Task Force met in November 2006 and reviewed the Case Management Standards of Service and the case management forms package. A lengthy QI process was undertaken with this group to improve the standards and forms. The revised and improved standards and forms will be effective July 1, 2007.
6. The CAREAssist Policies & Procedures underwent an extensive review and evaluation. The revised Policies & Procedures are posted on the Program's web site.
7. The HIV Case Management & Support Services Program is completely revising the Program Manual (includes: Case Management Standards of Service, the forms package, State Managed Services Program/CAREAssist/OHOP Policies and Procedures, Required Reporting Package and instructions, CAREWare Data Entry Manual, a Glossary and a Contact List) effective July 1, 2007.
8. The HIV Case Management & Support Services Program has been undergoing a series of evaluations and data analysis to prepare for the upcoming improvement activities designed to meet the new Ryan White Program reauthorization language, the changing landscape statewide with local county health departments and the changing HIV treatment protocols.

**CLIENT-LEVEL HEALTH OUTCOMES**

<b>Outcomes</b>	<b>Indicators</b>	<b>Data Source(s)</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	
Persons living with HIV/AIDS successfully access HIV case management services.	Reported Living HIV/AIDS	HIV/AIDS Reporting System (HARS)	1,059	1,145	1,218	
	Clients in Case Management	CAREWare	737	779	833	
	Percentage of clients in HIV case management		70%	68%	68%	
Quality of life of CARE Act clients is improved or maintained over time.	Acuity Assessment Level	Program Site Visits in 2004	<i>(CM Site Visits)</i>	<i>(CM Chart Reviews)*</i>	<i>(CM Chart Reviews)</i>	<i>(CAREWare)</i>
		Local CM Chart Reviews in 2005/2006	Acuity 1 17% Acuity 2 44% Acuity 3 38% Acuity 4 .8%	25% 41% 33% 1%	30% 50% 19% 1%	32% 53% 14% 1%
	Clients with a current acuity scale completed	CAREWare	86%	96%	87%	91%
Disease progression among CARE Act clients is slowed or prevented over time.	CD4 of 199 or below	HARS	N/A	N/A	11%	
	Viral load of 10,001 or above		N/A	N/A	10%	

Outcomes	Indicators	Data Source(s)	2004	2005	2006	
Proportion of clients accessing primary health care services increases over time.	Clients with primary care provider reported	CAREWare	N/A	N/A	90%	
	Primary care provider documented in file & in CAREWare	CM Chart Review	66%	96%	85%	
Proportion of clients who have primary medical treatment payer increases over time.	Clients reporting a primary medical treatment payer	CAREWare	N/A	N/A	87%	
	Primary medical treatment payer documented in file & in CAREWare	CM Chart Review	58%	94%	86%	
Number of clients adhering to HIV medications regime increases over time.	Adherence Stage 1	CM Chart Review	<i>(CM Chart Review)</i> 69%	<i>(CM Chart Review)</i>	<i>(CM Chart Review)</i>	<i>(CAREWare)</i> 69%
	Adherence Stage 2		16.5%	N/A		14%
	Adherence Stage 3		13%			13%
	Adherence Stage 4	CAREWare	1%			4%
	Adherence assessment reported		44%	81%	76%	64%
Primary care services meet HIV-related treatment standards.	Files with current labs	CM Chart Review	76%	72%	77%	
	Reported CD4 or VL within the last 12 months.	CAREWare/Central Server	N/A	N/A	63%	

	CD4/VL match between file & data base	CM Chart Review (data review)	46%	74%	79%
	Clients report having a CD4 or VL within past 6 months	CAREAssist	N/A	N/A	60%

### CLIENT-LEVEL HEALTH OUTCOMES (HARS)

1. HIV/AIDS cases living 12 months after the end of the quarter who had a CD4 or viral load in the first months after the end of the quarter and a CD4 or viral load test in the subsequent six months (N) vs. all active individuals in the database (D)<sup>1</sup>

Ratio	10/20/05	1/20/06	4/20/06	7/20/06	10/20/06	1/20/07	4/1/07
<b>N</b>	1020	1001	964	933	1118	1304	2322
<b>D</b>	4555	4537	4528	4518	4505	5618	5858
<b>%</b>	22%	22%	21%	21%	25%	23%	39%

2. HIV/AIDS cases living 12 months after the end of the quarter who had either (1) a CD4 test in the first six months after the end of the quarter and a CD4 test in the subsequent six months or (2) a viral load test in the first six months after the end of the quarter and another viral load test in the subsequent six months (N) vs. all active individuals in the database (D)<sup>2</sup>

Ratio	10/20/05	1/20/06	4/20/06	7/20/06	10/20/06	1/20/07	4/1/07
<b>N</b>	996	977	942	919	1089	1274	2308
<b>D</b>	4555	4537	4528	4518	4505	5618	5858
<b>%</b>	22%	22%	21%	20%	24%	23%	39%

<sup>1</sup> Prior to April 2006, CD4 above 201 and Undetectable Viral Load were not reported. More comprehensive data should be available April 2007.

<sup>2</sup> Prior to April 2006, CD4 above 201 and Undetectable Viral Load were not reported. More comprehensive data should be available April 2007.

3. Number of individuals newly reported with HIV infection who also have an AIDS diagnosis (N) vs. Total number of individuals who were reported (D)

<b>Ratio</b>	<b>10/20/05</b>	<b>1/20/06</b>	<b>4/20/06</b>	<b>7/20/06</b>	<b>10/20/06</b>	<b>1/20/07</b>	<b>4/1/07</b>
<b>N</b>	13	20	11	17	3	11	10
<b>D</b>	65	70	65	65	19	33	60
<b>%</b>	20%	29%	17%	26%	16%	33%	17%

4. Number of individuals newly reported with HIV infection (not AIDS) who progress to AIDS diagnosis within 12 months of HIV diagnosis (N) vs. Total number of individuals who were newly reported with HIV (D)

<b>Ratio</b>	<b>10/20/05</b>	<b>1/20/06</b>	<b>4/20/06</b>	<b>7/20/06</b>	<b>10/20/06</b>	<b>1/20/07</b>	<b>4/1/07</b>
<b>N</b>	7	7	15	13	7	8	20
<b>D</b>	59	57	57	57	52	53	60
<b>%</b>	12%	12%	26%	23%	14%	15%	33%

5. Number of individuals who die within 12 months of HIV diagnosis (N) vs. Total number of individuals who were newly reported with HIV (D)

<b>Ratio</b>	<b>10/20/05</b>	<b>1/20/06</b>	<b>4/20/06</b>	<b>7/20/06</b>	<b>10/20/06</b>	<b>1/20/07</b>	<b>4/1/07</b>
<b>N</b>	5	2	2	0	2	1	1
<b>D</b>	59	57	57	57	52	53	60
<b>%</b>	9%	4%	4%	0%	4%	1.8%	1.6%

### QUALITY ASSURANCE/PROCESS EVALUATION

Outcomes	Indicators	Data Source(s)	2004	2005	2006
Ryan White Program funds are used as payer of last resort.	Income verified.	CM Chart Review	73%	92%	91%
	FPL Reported	CAREWare	N/A	N/A	96%
	Referrals and follow-up documented.		89%	89%	85%
Every client accessing Ryan White Program, Part B services will have a case manager.	Clients receiving at least one face-to-face case management contact in year.	CAREWare	80%	89%	86%
	Clients with a case manager listed in their record.	CAREAssist	86.5%	N/A	94%
All clients in case management will receive at least one Nurse Assessment per year.	Client receiving at least one RN Assessment or Re-assessment.	CAREWare	N/A	70%	81%
Ryan White Program funded providers will ensure that every client receives information on: <ul style="list-style-type: none"> <li>• Informed Consent</li> <li>• Client grievance</li> <li>• Client rights &amp; responsibilities</li> </ul>	Informed Consent	CM Chart Review	81%	87%	93%
	Client grievance policy.		86%	90%	90%
	Client Rights & Responsibilities on file.		99%	91%	96%

<b>Outcomes</b>	<b>Indicators</b>	<b>Data Source(s)</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
Eligibility will be documented for all clients receiving Ryan White Program, Part B services: <ul style="list-style-type: none"> <li>• HIV status</li> <li>• Income</li> </ul>	HIV status documented in paper file	CM Chart Review	87.5%	81%	91%
	HIV status documented in CAREWare	CAREWare	63%	94%	95%
	Income verified in paper file	CM Chart Review	73%	92%	91%
All clients receiving Ryan White Program, Part B services will have a current Release of Information in their file.	Current Release of Information file.	CM Chart Review	95%	94%	90%
Clients will be satisfied with the Ryan White Program, Part B services they receive.	Program was “good” or “excellent” for “overall quality of service.”	CAREAssist Client Survey	88%	93%	93%
	Case management was “good” or “excellent.”	Case Management Client Survey	90%	84%	N/A
Case management services meet the program’s standards of care.	The overall compliance average of the criteria measured.	CM Chart Review	90%	89%	88%

Outcomes	Indicators	Data Source(s)	2004	2005	2006
CAREWare data is accurate	The overall average for criteria that measure accuracy and completeness of data compared to the client paper file.	CM Chart Review	64%	89%	85%

### CAREAssist Quality Improvement Data

1. Total number of active clients by month and percentage of total active clients who leave CAREAssist for all reasons

	Jan. 07	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>Total Active Clients</b>	1535	1565	1573									
<b>% Termed</b>	.72%	2%	1.4%									

	Jan. 06	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>Total Active Clients</b>	1375	1389	1412	1454	1472	1382	1377	1353	1363	1462	1496	1515
<b>% Termed</b>	.79%	1.15%	1.13%	1.03%	1.56%	1.59%	4%*	.96%	2.5%	.14%	1%	1.3%

\* 47 were termed because they received new benefit from OHP – no co-pays/no need for CAREAssist

2. Clients who lose benefits because of not paying cost share or not re-certifying (N) vs. Total number of clients leaving (D)

Ratio	Jan. 07	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>N</b>	0	3	2									
<b>D</b>	11	34	22									
<b>%</b>	0%	8.8%	9%									

Ratio	Jan. 06	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>N</b>	6	0	4	3	13	6	2	5	13	0	5	8
<b>D</b>	11	15	16	15	23	22	58	13	34	2	15	20
<b>%</b>	54%	0%	25%	20%	56.5%	27%	3%	38%	38%	0%	33%	40%

3. Clients in “Pending” status more than four weeks\* (N) vs. Total number of clients in “Pending” status (D)

Ratio	1/1/05 – 9/30/05	10/1/05- 1/31/06	2/1/06- 3/31/06	4/1/06- 7/31/06		1/1/07- 3/31/07						
<b>N</b>	56	30	6	11		17						
<b>D</b>	212	78	40	77		67						
<b>%</b>	26%	38%	15%	14%		25%						

*\*The Bridge Program pays for medications for clients who are at-risk for treatment disruption for up to 4 weeks.*

4. Clients who were in the Bridge program in the quarter and are successfully enrolled in CAREAssist by the end of the quarter (N) vs. Total number of clients in the Bridge program in the quarter (D)

Ratio	1/1/07- 3/31/07											
<b>N</b>	37											
<b>D</b>	49											
<b>%</b>	76%											

5. Number of CAREAssist clients who re-certified (N) vs. Total number of CAREAssist clients due for re-certification (D)

<b>Ratio</b>	<b>Jan. 07</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
<b>N</b>	183	225	229									
<b>D</b>	194	232	231									
<b>%</b>	94%	97%	99%									

<b>Ratio</b>	<b>Jan. 06</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
<b>N</b>	180	171	199	215	213	170	185	184	210	215	274	184
<b>D</b>	186	179	208	226	223	176	202	197	213	259	321	238
<b>%</b>	97%	96%	96%	95%	95.5%	96.6%	91.5%	93%	99%	83%	85%	77%