



**State of Oregon
HIV Medical Case Management Program Review**

**Chart Review Summary Report
2008**

Introduction

The HIV Care and Treatment Program (Oregon's Ryan White Program, Part B) annually implements a comprehensive Quality Management Program that includes extensive data collection and analysis, clinical outcomes measurement and trending, targeted evaluation of programmatic components, quality assurance site visits/chart reviews, local contractor-performed chart reviews and quality improvement activities and initiatives. All Ryan White programs are legislatively mandated to establish quality management programs: (1) to assess the extent to which HIV health services are consistent with the most recent Public Health Standards (PHS) guidelines for the treatment of HIV disease and (2) to develop strategies ensuring that such services are consistent with guidelines for improvement in the access to and quality of HIV services.

The Oregon HIV Medical Case Management Standards of Service are an integral component in Oregon's Quality Management Program. Client File Reviews have been performed by the HIV Care and Treatment program since 2000 to measure how consistently the local programs meet the criteria identified in the Standards. The Client File Review also includes a review of the quality of the data being input in RW CAREWare, the required database system. In order to continue to develop and promote statewide capacity to improve the quality of HIV/AIDS services funded by the Ryan White Program, local contracted programs are also responsible for conducting an internal Client File Review and reporting their results. This requirement is included in the contract between the Department of Human Services and the local contractors. This provides an opportunity for the local programs to monitor their own performance and to make improvements based on their findings. While the process is required, at a minimum, annually, it is a process that benefits program quality when used consistently and regularly. Local programs are encouraged to integrate this process into their agency Quality Improvement Plan.

The Chart Review process required in the contract with all HIV Case Management sites includes: (1) the reviewer must be someone who does not document in the HIV client files; (In the case of subcontractors, the reviewer must be from the contracting agency;) (2) one "Checklist" form must be used for each file reviewed; (3) all of the files reviewed are summarized on the "Client File Review Summary Report" form; (4) agencies are required to randomly select files to review; (5) a minimum of 10 HIV Case Management program client files or 25% of the total HIV Case Management program client files are required to be reviewed, whichever was more. (Agencies with 10 or fewer clients in the HIV Case Management program were required to review 100% of their files.)

This report and the program chart review follow the HIV Case Management Standards with the following sections: Intake, Assessment and Reassessment, Care Planning, Referral and Advocacy, Follow-up and Monitoring and Transfer and Discharge.

These sections are followed by the report on the RW CAREWare Data Management results and the health outcome results. This report shows the results of the chart reviews and provides comparative data for the past three years.

NOTE: Eastern Oregon Center for Independent Living (EOCIL) provides services to Baker, Gilliam, Grant, Harney, Malheur, Morrow, Umatilla, Union, Wallowa counties. HIV Alliance provides services to Lane, Coos and Curry counties. Josephine County services are provided by a contractor. No local chart review was required in 2008. Josephine County will be administered by HIV Alliance effective July 2009.

Summary of Findings

- Twenty-five percent (25%) of active files in the 17 Oregon Part B funded HIV Medical Case Management programs were reviewed.
- Twenty-six (26) criteria were measured. The HIV Case Management program is at 93% compliance with the standards, including the data standards. The program was at 88% compliance in 2006 and 91% compliance in 2007.
- CAREWare data quality has improved from 64% in 2004 to 90% in 2008.
- Sixty-eight percent (68%) of people with HIV/AIDS living in the service area as of 12/31/08, as provided by the State of Oregon Data and Analysis Program (surveillance), are in active HIV case management. (These numbers do not account for people who may have relocated.) This represents a 5% increase from the previous year.
- The following areas in the Standards have seen improvement over the past year:
 - A current Release of Information in the client file improved from 89% to 97%.
 - A current Informed Consent in the client file improved from 79% to 97%.
 - The Psychosocial Assessment/Re-assessment outcome improved from 89% to 97%.
 - The Nurse Assessment/Re-assessment outcome improved from 84% to 97%.
 - Care Plan development and monitoring is a core activity of HIV Medical Case Management. Care planning improved from 86% to 91%.
 - Current lab reports documenting CD4 and VL have increased from 73% to 84%.
 - Electronic records that match client file progress notes improved from 89% to 94%.
- Areas that afford an opportunity for improvement:
 - Adherence acuity level is documented in CAREWare (83%)
 - Adherence points is documented in CAREWare (76%)
- System wide acuity levels are:
 - Level 1 – 20% of clients
 - Level 2 – 61% of clients
 - Level 3 – 12% of clients
 - Level 4 – 7% of clients

Chart Review Data

Number/Percent of Files Reviewed and Total HIV/AIDS Living in Service Area

County	Number of Files Reviewed 2008	Number of Clients Reported in CAREWare (2007)	Total HIV/AIDS Living in Service Area (As of 9/17/08) ¹	% of total living with HIV/AIDS in case management
Benton	10	24	34	71%
Clatsop	10	12	22	55%
Crook	4	5	7	71%
Deschutes	10	71	75	95%
Douglas	10	39	63	62%
EOCIL ²	10	58	86	67%
HIV Alliance ³	53	244	316	77%
Hood River	10	14	15	93%
Jackson	18	93	135	69%
Jefferson	5	5	12	42%
Josephine ⁴	N/A	29	52	56%
Klamath/Lake	10	30	20	150%
Lincoln	10	28	36	78%
Linn	10	47	47	100%
Marion	34	161	327	49%
Polk	10	15	26	58%
Tillamook	2	3	14	21%
Wasco-Sherman	5	6	14	43%
TOTAL	221 (25%)	884	1,301	68%

¹ Provided by State of Oregon Surveillance. Does not account for people who have relocated. This reflects original county for AIDS diagnosis and county of residence for most recent lab report.

² Provides services to Baker, Gilliam, Grant, Harney, Malheur, Morrow, Umatilla, Union, Wallowa

³ Provides services to Lane, Coos, and Curry counties.

⁴ Josephine County is serviced by a private contractor. No chart review was required in 2008. Will be administered through HIV Alliance beginning in July 2009.

Intake

Standard:

Each prospective client who is referred and desires or who requests Ryan White Program, Part B funded services will be properly screened and evaluated through a brief face-to-face intake process designed to gather information for future service delivery and assist in decision-making regarding immediate needs.

Criteria include: (1) Intake will be initiated as soon as is possible (recommend within 2 weeks of referral); (2) the client is provided with a description of services available from the agency as well as services available from other agencies; (3) the Intake is documented on the standard "Intake/Update Form" - #DHS8395; (4) required forms to include: Enrollment Checklist # DHS8391 (documentation of HIV status, documentation of financial eligibility), a current Release of Information (ROI), Client Rights & Responsibilities - #DHS8392, Informed Consent and proof that the client was informed about the agency's client grievance procedures; (5) verification of HIV eligibility must be completed within 30 days of the Intake; and (6) documentation on the Enrollment Checklist includes HIV status, income determination, and that the client has received and reviewed the Informed Consent, Client Rights & Responsibilities, Grievance and Release of Information.

Percent of Files Reviewed That Meet the Intake Criteria (Table #1)

County	Intake Completed & Date on Enrollment Checklist			HIV Documentation Within 30 days of Intake & On Enrollment Checklist			Income Verified On Enrollment Checklist		
	2006	2007	2008	2006	2007	2008	2006	2007	2008
Benton	100%	100%	100%	100%	90%	100%	100%	60%	100%
Clatsop	100%	78%	100%	100%	89%	100%	100%	78%	90%
Crook	100%	100%	100%	100%	100%	100%	100%	100%	100%
Deschutes	100%	97%	90%	100%	75%	85%	92%	100%	80%
Douglas	100%	100%	100%	100%	95%	100%	80%	100%	80%
EOCIL	100%	100%	100%	82%	100%	100%	100%	100%	100%
HIV Alliance	100%	95%	97%	100%	99%	96%	90%	93%	57%
Hood River	100%	100%	95%	100%	100%	100%	100%	100%	70%
Jackson	87%	100%	100%	80%	94%	94%	100%	94%	89%
Jefferson	87%	100%	100%	60%	80%	90%	100%	100%	100%
Klamath/Lake	43%	100%	95%	55%	90%	100%	50%	100%	90%
Lincoln	97%	82%	100%	77%	81%	80%	62%	91%	50%
Linn	100%	100%	95%	75%	80%	80%	100%	90%	90%
Marion	88%	97%	90%	100%	96%	75%	91%	56%	91%
Polk	100%	100%	100%	90%	90%	100%	60%	100%	100%
Tillamook	100%	100%	100%	100%	100%	100%	100%	100%	100%
Wasco/Sherman	100%	87%	100%	100%	90%	100%	100%	60%	100%
Mean	95%	96%	98%	91%	91%	94%	91%	90%	87%

Percent of Files Reviewed That Meet the Intake Criteria (Table #2)

County	Current ROI			Client Rights & Responsibilities Signed			Informed Consent Obtained			Client notified about Grievance Process		
	2006	2007	2008	2006	2007	2008	2006	2007	2008	2006	2007	2008
Benton	100%	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%	100%
Clatsop	100%	78%	100%	100%	100%	100%	90%	78%	90%	80%	78%	90%
Crook	100%	100%	100%	100%	100%	100%	100%	0% ⁵	100%	100%	100%	100%
Deschutes	100%	100%	80%	100%	100%	90%	100%	100%	90%	100%	100%	90%
Douglas	100%	100%	90%	100%	100%	100%	100%	100%	90%	100%	100%	80%
EOCIL	91%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
HIV Alliance	95%	88%	94%	100%	100%	96%	100%	100%	98%	95%	100%	94%
Hood R.	100%	78%	90%	92%	100%	100%	100%	100%	100%	100%	100%	100%
Jackson	60%	100%	100%	90%	94%	100%	100%	94%	100%	80%	94%	89%
Jefferson	100%	80%	100%	100%	80%	100%	60%	0%	100%	60%	60%	100%
Klamath/Lake	70%	90%	100%	40%	90%	100%	70%	90%	100%	20%	80%	100%
Lincoln	54%	100%	100%	92%	95%	90%	100%	100%	100%	92%	100%	90%
Linn	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Marion	91%	65%	94%	100%	94%	88%	100%	97%	88%	100%	88%	94%
Polk	60%	100%	100%	100%	100%	100%	90%	90%	90%	100%	80%	100%
Tillamook	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Wasco/Sherman	100%	40%	100%	100%	100%	100%	80%	80%	100%	100%	100%	80%
Mean	90%	89%	97%	96%	97%	98%	93%	79%	97%	90%	93%	95%

⁵ Reported: "all are verbal consent, not signed"

Psychosocial & Nurse Assessment & Reassessment

Standard:

Each client of case management services will participate in at least one (1) face-to-face interview to assess their biopsychosocial needs on an annual basis

Standard:

At least annually, all clients receiving case management services will have their needs reevaluated through a comprehensive face-to-face biopsychosocial reassessment.

Criteria include: (1) the Assessment and Re-assessment must be documented on the standardized “Psychosocial Screening Form” – #DHS8401 and “Nurse Assessment Form” – #DHS8402; (2) the assessment process utilizes the “Oregon Client Acuity Scale Worksheet” - #DHS8397 as a tool to assist in summarizing the results of the assessment and determining level of need; (3) in addition to the annual reassessment, a reassessment should be performed in the event of significant changes in the client’s life; (4) Stage 3 clients require a nurse case manager consultation a minimum of every 90 days and a nurse signature on the most current Acuity Scale Worksheet; and (5) Stage 4 clients require a nurse case manager consultation a minimum of every 30 days and a nurse signature on the most current Acuity Scale Worksheet.

Percentage of Files Reviewed That Meet the Assessment and Reassessment Criteria (Table 3)

County	Client has Participated in One face-to face Biopsychosocial Assessment/Reassessment and forms are completed					
	2006		2007		2008	
	Psycho-social	Nurse	Psycho-social	Nurse	Psycho-social	Nurse
Benton	100%	100%	90%	80%	100%	100%
Clatsop	100%	100%	67%	11% ⁶	100%	100%
Crook	0%	0%	100%	100%	100%	100%
Deschutes	92%	92%	100%	100%	90%	90%
Douglas	100%	100%	100%	100%	100%	100%
EOCIL	73%	73%	100%	100%	100%	100%
HIV Alliance	100%	100%	83%	85%	94%	91%
Hood River	92%	92%	89%	89%	90%	90%
Jackson	60%	60%	94%	94%	94%	100%
Jefferson	80%	80%	100%	100%	100%	100%
Klamath/Lake	60%	40%	90%	90%	100%	100%
Lincoln	100%	100%	38%	38%	100%	100%
Linn	90%	90%	100%	100%	100%	90%
Marion	91%	91%	65%	65%	97%	91%
Polk	30%	40%	100%	100%	90%	90%
Tillamook	100%	100%	100%	100%	100%	100%
Wasco/Sherman	80%	100%	100%	80%	100%	100%
Mean	82%	81%	89%	84%	97%	97%

⁶ Reported “not signed”

**Percentage of Files Reviewed That Meet the Acuity Scale Criteria
(Table #4)**

County	Current Acuity Scale Completed			Acuity Level 3 & 4 clients have an RN signature on their most current Acuity Scale Worksheet		
	2006	2007	2008	2006	2007	2008
Benton	100%	90%	100%	N/A	100%	100%
Clatsop	100%	100%	100%	100%	100%	100%
Crook	100%	100%	100%	100%	100%	100%
Deschutes	100%	100%	100%	100%	100%	100%
Douglas	100%	100%	100%	0%	100%	80%
EOCIL	100%	100%	100%	100%	100%	100%
HIV Alliance	98%	100%	87%	94%	No data	100%
Hood River	100%	100%	100%	100%	100%	100%
Jackson	90%	94%	94%	100%	94%	94%
Jefferson	100%	100%	100%	100%	100%	100%
Klamath/Lake	40%	100%	100%	50%	100%	100%
Lincoln	92%	100%	100%	100%	100%	100%
Linn	100%	90%	100%	100%	100%	100%
Marion	91%	97%	94%	100%	94%	97%
Polk	40%	100%	100%	100%	100%	90%
Tillamook	100%	100%	100%	N/A	100%	100%
Wasco/Sherman	100%	100%	100%	N/A	100%	100%
Mean	92%	98%	99%	89%	99%	98%

Care Planning

Standard:

All clients of case management will have documentation of care planning, including Level 1 clients, whose goal(s) may be as simple as a goal to schedule the annual reassessment.

Every client in Medical HIV Case Management will have a current (see “Acuity Scale” for definitions of current under each acuity level) Care Plan Form – DHS8400 completed, dated and signed by both the client and the case manager. Additionally, documentation of goals, assigned activities and the outcomes may be included in the progress notes (either written in the client file or in CAREWare, with signed, dated copies also kept in the client file.)

Every active client will identify at least one self-management goal to be included in their Care Plan. Documentation of the client’s success in achieving their self-management goal(s) must be included in the client’s file. Examples of self-management goals could include (but are not limited to): (1) completing the CAREAssist re-certification application on their own without assistance from the case manager, (2) successfully making an appointment with a mental health provider, (3) not missing any medical or dental appointments within a prescribed period of time, (4) reapplying for OMIP or OHP on their own, (5) successfully keeping and submitting co-pay receipts, etc.

Percentage of Files Reviewed That Meet the Care Planning Criteria

County	Care Planning Documentation Includes: Goals, Assigned Activities & Outcomes			Progress Notes Record: Date, Action & CM Signature For Every Contact		
	2006	2007	2008	2006	2007	2008
Benton	100%	90%	94%	100%	90%	100%
Clatsop	100%	22%	100%	100%	78%	100%
Crook	50%	40%	100%	100%	100%	100%
Deschutes	100%	100%	70%	100%	100%	100%
Douglas	100%	100%	100%	100%	100%	100%
EOCIL	100%	100%	98%	100%	100%	100%
HIV Alliance	100%	100%	89%	100%	100%	100%
Hood River	100%	100%	98%	100%	100%	100%
Jackson	100%	100%	66%	100%	100%	100%
Jefferson	100%	100%	100%	100%	100%	100%
Klamath/Lake	10%	60%	70%	100%	100%	100%
Lincoln	100%	71%	98%	100%	95%	100%
Linn	100%	96%	90%	100%	100%	100%
Marion	100%	87%	79%	100%	100%	93%
Polk	70%	100%	98%	80%	100%	100%
Tillamook	100%	100%	100%	100%	100%	100%
Wasco/Sherman	100%	93%	100%	100%	100%	100%
Mean	87%	86%	91%	99%	98%	99.5%

NR = No report

Referral & Advocacy

Standard:

Each client receiving case management services will receive assistance to facilitate access to those services critical to achieving optimal health and well being; and will receive advocacy assistance to help problem solve as necessary when barriers impede access.

The act of directing a person to a service, in person or through telephone, written, or other type of communication. Referral may be made: (1) from one clinical provider to another, (2) within the case management system, (3) by professional case managers, (4) by program staff or (5) as part of an outreach program.

Referrals and Advocacy activities should be documented in the progress notes of the appropriate client. Dates of referral, contacts referred to and specific advocacy activities should be included in the documentation. RW CAREWare can also be used to track Referrals.

Percent of Files Reviewed That Meet the Referral Criteria

County	Referral information and dates documented		
	2006	2007	2008
Benton	100%	90%	90%
Clatsop	100%	100%	100%
Crook	50%	100%	100%
Deschutes	83%	100%	100%
Douglas	100%	100%	100%
EOCIL	100%	100%	100%
HIV Alliance	100%	100%	96%
Hood River	100%	100%	100%
Jackson	100%	100%	100%
Jefferson	100%	100%	100%
Klamath/Lake	100%	100%	100%
Lincoln	100%	90%	100%
Linn	100%	90%	100%
Marion	100%	47%	100%
Polk	50%	100%	100%
Tillamook	100%	100%	50%
Wasco/Sherman	100%	100%	100%
Mean	89%	95%	96%

Follow-up & Monitoring

Standard

Client and case manager will reassess the goals and activities identified with the client during the planning process to comply with the requirements under the “Acuity Scale” to assess for progress and the need for appropriate changes. The Care Plan Form will be updated accordingly.

Follow-up and monitoring are inseparable. It is through systematic follow-up that the case manager and client discover whether their planning efforts are working and when they need to make revisions. The goals and activities developed during the planning process should be regularly reviewed to determine whether any changes in the client’s situation warrant a change in the plan and also to determine whether the goals and activities are being completed in a timely manner and, if not, why not. Each agency providing case management should incorporate care planning review in their Quality Improvement (QI) protocol.

Percent of Files Reviewed That Meet the Follow-up and Monitoring Criteria

County	Referral follow-up and outcome documented		
	2006	2007	2008
Benton	100%	90%	90%
Clatsop	100%	100%	100%
Crook	50%	100%	100%
Deschutes	83%	100%	30%
Douglas	100%	100%	100%
EOCIL	100%	100%	100%
HIV Alliance	42%	100%	92%
Hood River	100%	100%	100%
Jackson	100%	100%	100%
Jefferson	100%	100%	100%
Klamath/Lake	100%	100%	100%
Lincoln	100%	86%	70%
Linn	100%	80%	100%
Marion	100%	44%	68%
Polk	50%	100%	100%
Tillamook	100%	100%	50%
Wasco/Sherman	100%	100%	100%
Mean	85%	94%	88%

RW CAREWare Data Management

Criteria:

The client level information entered into RW CAREWare correctly matches the information contained in the client's hard chart.

The *Ryan White Program, HIV Care and Treatment Program Policies, Services Definitions and Guidance* requires that any client served within the reporting year must have a corresponding electronic record with specific data elements accurately and completely entered. The RW CAREWare review included a comparison of what was reported in the hard chart versus what was entered into the electronic record in RW CAREWare. The federal agency responsible for administration of Ryan White Program funds, HRSA, determines the quality of Oregon's Part B funded services based on accurate reporting of client level data elements (HIV/AIDS status, medical funding source, medical provider, acuity level, adherence/acuity level and selected lab values).

Percent of Files Reviewed That Meet the Criteria

County	HIV/AIDS Status			Primary Insurance Provider			Primary Medical Provider		
	2006	2007	2008	2006	2007	2008	2006	2007	2008
Benton	100%	40%	100%	90%	100%	100%	90%	100%	100%
Clatsop	100%	78%	100%	100%	100%	90%	100%	100%	90%
Crook	100%	100%	100%	50%	80%	100%	100%	80%	100%
Deschutes	100%	100%	100%	100%	100%	100%	92%	100%	100%
Douglas	90%	80%	100%	100%	100%	90%	100%	100%	90%
EOCIL	100%	100%	100%	100%	100%	100%	100%	100%	100%
HIV Alliance	100%	100%	76%	88%	98%	91%	88%	73%	94%
Hood River	100%	100%	100%	100%	100%	100%	100%	100%	100%
Jackson	100%	100%	100%	20%	100%	78%	20%	100%	78%
Jefferson	40%	100%	80%	100%	100%	80%	40%	100%	100%
Klamath	100%	90%	90%	100%	80%	100%	100%	100%	100%
Lincoln	100%	95%	100%	100%	95%	100%	100%	95%	100%
Linn	100%	50%	90%	90%	40%	90%	90%	40%	100%
Marion	100%	97%	91%	84%	62%	82%	84%	47%	44%
Polk	80%	90%	100%	20%	100%	100%	20%	100%	100%
Tillamook	100%	100%	100%	100%	100%	100%	100%	100%	100%
Wasco-Sherman	100%	100%	100%	100%	60%	100%	100%	100%	100%
Mean	95%	89%	96%	86%	89%	94%	85%	90%	94%

Percent of Files Reviewed That Meet the Criteria

County	Acuity Level Acuity Points (2008)				Adherence Acuity Adherence Points (2008)				CD4/Viral Load		
	2006	2007	2008		2006	2007	2008		2006	2007	2008
			Level	Pts.			Level	Pts.			
Benton	100%	40%	100%	100%	100%	40%	100%	100%	100%	40%	100%
Clatsop	100%	67%	100%	100%	0%	67%	100%	100%	100%	78%	100%
Crook	100%	100%	100%	100%	0%	60%	100%	100%	100%	60%	100%
Deschutes	92%	90%	100%	100%	92%	100%	100%	70%	92%	100%	70%
Douglas	100%	100%	70%	70%	100%	100%	90%	90%	90%	100%	90%
EOCIL	100%	100%	100%	100%	100%	100%	0%	0%	100%	100%	100%
HIV Alliance	93%	95%	85%	68%	88%	95%	79%	74%	90%	95%	79%
Hood River	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%
Jackson	0%	100%	72%	94%	0%	100%	94%	94%	0%	67%	100%
Jefferson	100%	100%	40%	60%	100%	100%	60%	60%	100%	100%	60%
Klamath	100%	100%	90%	90%	100%	70%	90%	90%	20%	90%	90%
Lincoln	100%	100%	100%	90%	92%	100%	50%	50%	0%	100%	70%
Linn	100%	50%	80%	60%	100%	50%	80%	70%	100%	50%	80%
Marion	69%	97%	97%	12%	97%	100%	94%	12%	78%	85%	74%
Polk	0%	100%	100%	100%	0%	100%	100%	100%	50%	90%	100%
Tillamook	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Wasco-Sherman	100%	80%	100%	100%	100%	0%	80%	80%	100%	100%	100%
Mean	87%	89%	90%	85%	76%	81%	83%	76%	79%	86%	88%

Criteria:

Service entry in RW CAREWare matches the client file progress note in terms of accuracy of service date entered.

Percent of Files Reviewed That Meet the Criteria (All records reviewed)

County	% of electronic client records that match client file progress notes		
	2006	2007*	2008
Benton	0%	No data	100%
Clatsop	100%	73%	94%
Crook	85%	No data	100%
Deschutes	0	60%	80%
Douglas	100%	No data	90%
EOCIL	100%	No data	100%
HIV Alliance	99%	95%	96%
Hood River	100%	No data	92%
Jackson	94%	100%	94%
Jefferson	100%	92%	100%
Klamath	84%	100%	98%
Lincoln	100%	No data	100%
Linn	100%	96%	100%
Marion	66%	88%	56%
Polk	100%	100%	100%
Tillamook	100%	No data	100%
Wasco-Sherman	0	No data	100%
Mean	80%	89%*	94%

NR = No report

*Incorrect and confusing instructions were given on the Summary Report by the HIV Care & Treatment Program. These criteria will not be factored into the final compliance score for each HIV case management program who completed the 2007 chart review requirement.

Criteria:

Full legal name is used to establish client's RW CAREWare record.

The *HIV Care and Treatment Program Policies, Services Definitions and Guidance* document requires that any client entering into HIV case management services have a corresponding established electronic record in RW CAREWare. Electronic records should be established by using the client's full legal name. Legal identification should be used to determine legal name (such as a driver's license, state-issued ID card, insurance policy card, or a resident alien card "green card"). Full legal name is necessary in order to create an accurate Unique Record Number in RW CAREWare. This allows the Department of Human Services to appropriately un-duplicate client records statewide (non-TGA) in order to provide an accurate client count to the federal administrative agency (HRSA) and to determine in the aggregate, what proportion of persons with HIV in Oregon are accessing the services through the program.

Percent of Files Reviewed That Meet the Criteria

County	% of clients entered into RW CAREWare by their full legal name		
	2006	2007	2008
Benton	90%	100%	100%
Clatsop	100%	100%	100%
Crook	100%	100%	100%
Deschutes	100%	100%	100%
Douglas	100%	100%	100%
EOCIL	100%	100%	100%
HIV Alliance	100%	100%	100%
Hood River	100%	100%	100%
Jackson	100%	100%	100%
Jefferson	100%	80%	100%
Klamath	100%	100%	100%
Lincoln	100%	100%	100%
Linn	90%	50%	100%
Marion	97%	100%	100%
Polk	100%	100%	100%
Tillamook	100%	100%	100%
Wasco-Sherman	100%	100%	100%
Mean	94%	96%	100%

NR = No report

Health Outcomes Data

This area is becoming very important as Health Resources and Services Administration (HRSA), the federal administrative agency for the Ryan White Program, moves to make medical treatment the top priority service and requires all States and their contractors to report health outcomes. Accurate reporting of client level health outcomes (overall acuity level, adherence acuity level and lab values) continues to be a challenge in the HIV Case Management system in Oregon.

Additionally, the acuity scale is an important component of the HIV Medical Case Management Standards and assists local programs to determine those clients with the greatest need, which helps determine appropriate resources (case management time and support service funding) allocation. This area will continue to receive technical assistance and training to help improve the quality of the data/information reported.

Overall Acuity Level of Clients in Files Reviewed

County	Number Of Stage 1 Client Files Reviewed			Number Of Stage 2 Client Files Reviewed			Number Of Stage 3 Client Files Reviewed			Number Of Stage 4 Client Files Reviewed		
	2006	2007	2008	2006	2007	2008	2006	2007	2008	2006	2007	2008
Benton	5	4	4	5	6	5	0	0	0	0	0	1
Clatsop	0	0	1	4	5	4	5	4	3	1	0	2
Crook	0	0	0	1	4	4	1	1	0	0	0	0
Deschutes	5	7	6	6	3	4	1	0	0	0	0	0
Douglas	2	1	4	6	6	6	2	2	0	0	1	0
EOCIL	2	0	0	7	8	9	1	1	1	0	1	0
HIV Alliance	7	3	2	23	24	38	10	10	10	2	0	3
Hood River	1	1	3	6	6	5	4	2	2	1	0	0
Jackson	3	7	7	4	8	7	2	1	2	0	1	1
Jefferson	2	2	2	3	3	3	0	0	0	0	0	0
Klamath/Lake	0	3	3	4	6	6	2	2	1	0	0	0
Lincoln	6	13	3	5	8	4	2	0	1	0	0	2
Linn	2	1	0	6	7	8	2	2	1	0	0	1
Marion	11	14	5	14	14	18	4	5	4	0	0	5
Polk	1	3	2	1	7	8	4	0	0	0	0	0
Tillamook	1	1	1	1	1	1	0	0	0	0	0	0
Wasco/Sherman	3	2	1	2	3	3	0	0	1	0	0	0
TOTAL	63 (30%)	62 (29%)	44 (20%)	106 (50%)	119 (56%)	133 (61%)	40 (19%)	30 (14%)	26 (12%)	4 (1%)	3 (1%)	15 (7%)

NR = No report

Laboratory Reports Documenting T-Cell and Viral Load in Files Reviewed

County	Number Of Files Reviewed/ Number with Current Lab Reports			Percentage Of Files Reviewed With Current Lab Report		
	2006	2007	2008	2006	2007	2008
Benton	10/9	10/8	10/10	90%	80%	100%
Clatsop	10/7	9/6	10/10	70%	67%	100%
Crook	2/0	5/5	3/4	0%	100%	75%
Deschutes	12/11	10/7	7/10	92%	70%	70%
Douglas	10/9	10/9	8/10	90%	90%	80%
EOCIL	11/11	10/8	10/10	100%	80%	100%
HIV Alliance	42/29	41/31	38/53	69%	76%	72%*
Hood River	12/12	9/8	8/10	100%	89%	80%
Jackson	10/6	18/8	17/18	60%	44%	94%
Jefferson	5/5	5/4	5/5	100%	80%	100%
Klamath/Lake	10/6	10/6	9/10	60%	60%	90%
Lincoln	13/7	21/18	2/10	54%	86%	20%
Linn	10/10	10/9	10/10	100%	90%	100%
Marion	32/23	34/22	20/34	72%	65%	59%
Polk	10/4	10/4	8/10	40%	40%	80%
Tillamook	2/2	2/2	2/2	100%	100%	100%
Wasco-Sherman	5/5	5/5	5/5	100%	100%	100%
TOTAL	226/173	219/160	172/221	77%	73%	84%
MEAN						

* HIV Alliance has direct electronic access to the medical records of a majority of their clients. This standard will change in 2009 to allow a Medical Case Manager to document the labs without a current lab report required in the client file where they have direct access to clients' medical records.