Integrating the HAB Core Clinical Performance Measures into Your Quality Management Program

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Learning Objectives

• Why and how the HIV/AIDS Bureau developed these core clinical performance measures
• The specifications for the measures themselves
• The role the Bureau expects the measures to play in your quality management program
• How to integrate these measures into your quality management program
Why Measure the Quality of HIV Care?

- Communicates priorities
- Drives improvement
- Builds a community of providers focusing on the same elements of care
- Ability to compare performances across programs and trend over time
Information Into Action

Quality Improvement

Performance Measurement
Draft measures released in April 2007
Tremendous volume of feedback
Measures revised
Will be released in stages
First set of 5 performance measures deemed critical for HIV programs to monitor were released in December 2007
Measures are not the Same as Standards Of Care

- Measures = an indication of the organization's performance
- Standard of care = outline of expectations of care
The HIV/AIDS Bureau intends that its Core Clinical Performance Measures for Adult and Adolescent Clients will become:

A. The standard of care for clients with HIV/AIDS receiving care from a Ryan White Program-funded grantee.
B. A support to the quality management work of each of these grantees.
C. A way for the HIV/AIDS Bureau to monitor each practice.
D. ñAò and ñBò
E. ñBò and ñCò
F. ñAò and ñCò
These are Included in this First Set

Â Routine CD4 T-cell count
Â AIDS patients on HAART
Â Medical visits
Â PCP prophylaxis
Â ARV therapy for pregnant women
Eligibility, Numerator and Denominator: Each are Different

- Who is eligible to be evaluated? (Who constitutes the overall population?)
- What part of this population should have received the care being measured? (Who should be counted in the denominator?)
- What part of those who should have received the care did receive the care? (Who should be counted in the numerator?)
Eligible Patients
(pts seen in the clinic in the last 12 months)

Denominator
(pts with CD4 counts < 200)

Numerator
(pts receiving PCP prophylactic therapy)
Group 1 Measures

- ARV Therapy for Pregnant Women
- CD4 T-Cell Count
- HAART
- Medical Visits
- PCP Prophylaxis
## Routine CD4 T-cell Counts

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Denominator</th>
<th>Numerator</th>
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</thead>
<tbody>
<tr>
<td>HIV-infected clients who had a medical visit with a provider with</td>
<td>HIV-infected clients who had a medical visit with a provider with prescribing privileges (MD, PA, NP) at least once in the measurement year, but not those newly enrolled in care during the last six months of the year.</td>
<td>Number of HIV-infected clients who had 2 or more CD4 T-cell counts performed at least 3 months apart during the measurement year.</td>
</tr>
<tr>
<td>prescribing privileges (MD, PA, NP) at least once in the measurement year.</td>
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</tbody>
</table>
### AIDS Patients on HAART

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Denominator</th>
<th>Numerator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients who:</td>
<td>Clients with AIDS who had a medical visit with a provider with prescribing</td>
<td>Number of clients with AIDS who were prescribed a HAART regimen within the</td>
</tr>
<tr>
<td>Åhave a diagnosis of AIDS (history of a CD4 T-cell count below 200 cells/mm³</td>
<td>privileges (MD, PA, NP) at least once in the measurement year, but not</td>
<td>measurement year.</td>
</tr>
<tr>
<td>or other AIDS-defining condition), and Åhad at least one medical visit</td>
<td>those newly enrolled in care during the last three months of the year.</td>
<td></td>
</tr>
<tr>
<td>with a provider with prescribing privileges, i.e. MD, PA, NP, in the</td>
<td></td>
<td></td>
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<td>measurement year.</td>
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## Routine Medical Visits

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Denominator</th>
<th>Numerator</th>
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</thead>
<tbody>
<tr>
<td>Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges, i.e., MD, PA, NP at least once in the measurement year.</td>
<td>Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year, but not those newly enrolled in care in the last six months of the measurement year.</td>
<td>Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP, in an HIV care setting 2 or more times at least 3 months apart during the measurement year.</td>
</tr>
</tbody>
</table>
## PCP Prophylaxis

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Denominator</th>
<th>Numerator</th>
</tr>
</thead>
</table>
| HIV-infected clients who had a medical visit with a provider with prescribing privileges (MD, PA, NP) at least once in the measurement year. | Number of HIV-infected clients who: • had a medical visit with a provider with prescribing privileges\(^1\), i.e. MD, PA, NP at least once in the measurement year, and • had a CD4 T-cell count below 200 cells/mm\(^3\) But excluding:  
  \(\hat{\text{A}}\) patients with CD4 T-cell counts below 200 cells/mm\(^3\) whose counts, when the test was repeated within 3 months, then rose above 200 cells/mm\(^3\).  
  \(\hat{\text{A}}\) patients newly enrolled in care during last three months of the measurement year. | Number of HIV-infected clients with CD4 T-cell counts below 200 cells/mm\(^3\) who were prescribed PCP prophylaxis. |
## ARV Therapy for Pregnant Women

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Denominator</th>
<th>Numerator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of HIV-infected pregnant women who had a medical visit with a provider with prescribing privileges, i.e., MD, PA, NP at least once in the measurement year.</td>
<td>Number of HIV-infected pregnant women who had a medical visit with a provider with prescribing privileges, i.e., MD, PA, NP at least once in the measurement year, excluding those who terminated their pregnancy or who are in the 1st trimester and newly enrolled in care during last three months of the measurement year.</td>
<td>Number of HIV-infected pregnant women who were prescribed antiretroviral therapy during the 2nd and 3rd trimester.</td>
</tr>
</tbody>
</table>
Group 2 Measures

- Adherence Assessment and Counseling
- Cervical Cancer Screening
- Hepatitis B Vaccination
- Hepatitis C Screening
- HIV Risk Counseling
- Lipid Screening
- Oral Exam
- Syphilis Screening
- TB Screening
Test Question

Which of the following is not currently an aspect of care looked at by the HIV/AIDS Bureau’s core clinical performance measures for adults and adolescents?

A. ARV therapy for pregnant women with HIV
B. PCP prophylaxis for clients with HIV
C. Dental screenings for clients with HIV
D. HAART for clients with a diagnosis of AIDS
E. CD4 T-cell counts for clients with HIV
Data are not required to be submitted to HAB

The performance measures should be included as part of an HIV quality management program:

- Collecting and tracking data on performance to monitor the quality of care provided
- From this, identifying areas for improvement, and including these in the quality management plan

Ability of grantees, particularly Part A and Part B to focus on key QI measurement areas
Benefits of Integrating HAB Measures

- Measure and monitor critical aspects of HIV care (strongly encouraged by HAB!)
- Link data collection with improvement activities
- Ability to align data collection across HIV programs
- Prioritize key quality measures within an HIV program and/or region
- Cross-Part collaboration to improve HIV care
- Benchmark across HIV programs
Measures Must be Linked

<table>
<thead>
<tr>
<th>Organizational Performance Measures</th>
<th>Strategic Measures</th>
<th>Process &amp; Operational Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Cover key dimensions</td>
<td>● Vital few strategies</td>
<td>● Important to daily work</td>
</tr>
<tr>
<td>● Outcome measures</td>
<td>● Drive overall performance measures</td>
<td>● Quality control</td>
</tr>
<tr>
<td>● Link to mission</td>
<td>● Focal point of leadership system</td>
<td>● Quality assurance</td>
</tr>
<tr>
<td>● Used to judge overall organizational performance</td>
<td>● Used to create alignment of effort</td>
<td>● Traditional</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Key processes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Problem indicators</td>
</tr>
</tbody>
</table>
Strategic Management System

Communicating & Linking

Balanced Scorecard

Business Planning

Translating The Vision

Feedback & Learning

Kaplan & Norton, 2001

National Quality Center (NQC)
Using Measures

State Level
- Cross-Part collaboration

Quality Management Committee
- Prioritize opportunities for improvement
- Identification of best practice performers

Care Team Level
- Management of a panel of patients
- Care team optimization
Integrate HAB Measures into Your Quality Management Programs

1. Fully understand the HAB indicator definitions
2. Review your current data collection systems
3. Understand what indicator are currently collected and their exact indicator definitions
4. Outline what indicators are missing and what indicators need to be altered
5. Establish a team for the integration of the HAB measures
Integrate HAB Measures into Your Quality Management Programs

6. Assess the alignment of the HAB measures with your organization’s strategic priorities
7. Explore the advantages for integrating the measures into your measurement portfolio
8. Meet with stakeholders, potentially subgrantees and/or representatives from other grantees
9. Test the data collection process of HAB measures
10. Initiate the integration and share the results with all stakeholders
To Putting Data Into Action

• Don’t even know where to get data/info
• Paralysis by analysis
• No one is interested in it
• Defensiveness
• Too complex to understand
• Incorrect interpretation of data
Questions for Panel and Audience

What are the early successes when integrating the HAB measures into your quality program?

What are the major barriers to overcome?

Who are the key players to involve in the integration process?

What the various strategies used across different Parts?
The HIV/AIDS Bureau of the Health Resources and Services Administration has, with the help of the care and service provider community, developed a set of five HIV Core Clinical Performance Measures for Adults & Adolescents.

The measures will help programs evaluate their performance on:

- Conducting regular CD4 T-cell counts
- Prescribing HAART for AIDS patients
- Routine medical visits
- Prescribing PCP prophylaxis
- Prescribing ARV to pregnant women
Key Points (cont’d)

The HIV/AIDS Bureau intends that these measures will be used as part of an HIV care program’s ongoing quality management work.
Guides and FAQs to the HIV/AIDS Bureau’s core clinical performance measures are available at: http://hab.hrsa.gov/special/habmeasures.htm#draft2
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