



**Middlesex-Somerset-Hunterdon Transitional Grant Area
Quality Management and Outcome Evaluation
Program Plan**

**Prepared for
Middlesex County Department of Human Services and
the HIV Health Services Planning Council
February 2012**

**Office of Research and Evaluation
Institute for Families**

Table of Contents

Description of Quality Management Program Plan	3
Define Indicators.....	5
Assessment/Analysis of Findings	8
Action Plan Development.....	9
Determination of Ways Provider the level of Quality of Service are Influences Client- Level Outcomes	9
Determination of Ways Provider Services are Influencing Consumers	10
Progress in Developing Outcome-Based Service Evaluation	10
Longitudinal Research	11
Evaluation Data Collection Procedures	11
Client Level Data Tracking System.....	12
Appendix A. Quality Advisory Review Team	15
Appendix B. Standards of Care and Accountability Mechanisms	18
Appendix C. Quality Management Timeline	19
Appendix D. Comprehensive Care Plan Goals and Objectives	20

Description of Quality Management Program Plan

The overriding purpose of the quality management (QM) program is to improve the health of consumers who receive services in the Middlesex-Somerset-Hunterdon transitional grant area (hereafter referred to as MSH TGA). The Ryan White Treatment and Extension Act specifies that QM programs should not only ensure that services adhere to current treatment standards, but also develop strategies for improving access to and quality of HIV services.

HRSA specifies that QM programs should ensure that

- (1) Services adhere to Public Health Service (PHS) guidelines and established clinical practices;
- (2) That program improvement includes supportive services linked to assessment and adherence to medical care; and
- (3) That demographic, clinical and utilization data are used to evaluate and address characteristics of the local epidemic.

To meet the Ryan White Treatment Extension Act and HRSA requirements and goals, the Institute for Families (IFF) has defined an approach to continuous quality improvement (CQI) for the MSH TGA that is systematic, continuous, and rigorous and fits into the quality assurance activities that are currently being undertaken by providers. The CQI process developed by IFF begins with the development of appropriate standards of care that are consistent with established PHS guidelines and practice standards. The CQI process is informed by the Administrative Assessment and Quality Review Committee of the HIV Health Services Planning Council through regular review of processes and performance indicator data. Information is also gathered from category specific workgroups that review indicator data, discuss barriers and develop action plans to address those barriers. See Appendix A for a description of these workgroup components.

Planning Council support staff, service providers, consumers, the Administrative Agent the Priorities Committee and Program Support/Quality Management staff form a

work group in order to develop a cogent set of Standards of Care (SOC). The Administrative Agent provides guidance regarding contracts and administrative aspects of SOC development. Planning Council Support staff guides the process and documents the output. Program Support/Quality Management staff guides the selection of indicators and ensure that providers understand how their decisions relate to quality management evaluation procedures. Consumers describe their experiences and provide candid feedback about how services are currently received and how they should be received if there are any discrepancies. Service providers are key to ensuring that the Standards fit with other relevant guidelines (Public Health Service, Mental Health, Substance Abuse Treatment, etc.) and working practices at their agencies. Other Planning Council/Priorities Committee members are invited to participate but the persons listed above must participate in the workgroup in order to ensure that the resulting the quality of the Standards of Care. The process for developing Standards of Care for in the TGA includes:

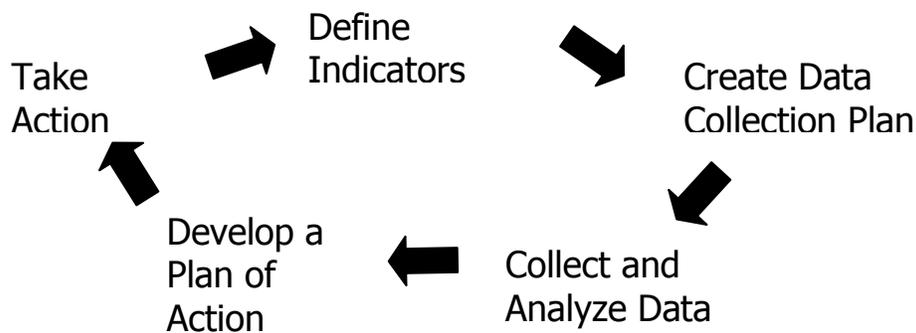
- (1) Defining the service category;
- (2) Defining intended and unintended benefits of services;
- (3) Defining activities and issues for which standards should be created;
- (4) Analyzing stakeholder interviews to identify key activities and issues;
- (5) Conducting follow-up interviews with stakeholders to determine standards for each key issue;
- (6) Establishing minimal acceptable threshold levels for services' main activities/issues, corresponding standards of care, and accountability measures;
- (7) Writing report of standards of care based on stakeholder reports, PHS guidelines and other relevant literature;
- (8) Conducting work group and client reviews of standards of care report;
- (9) Revising report to include suggestions from work group and client reviews;
- (10) Presenting report to Priorities Committee;
- (11) Revising report to include suggestions from Priorities Committee; and

(12) Presenting standards of care for services to the Planning Council. See Appendix B for a list of current Standards of Care and Indicators.

Providers and consumers provide most of the input; Planning Council staff guides the process and synthesizes the information. Program Support/Quality Management staff ensures that the indicators are measurable, obtainable, and based on current practices. The Administrative Agent ensures that the Standards are compatible with contract/bid structures.

The next step towards the assessment of quality care is that services are evaluated against the Standards of Care. The model below (Figure 1) provides a brief summary of how services are evaluated.

Figure 1. Quality Management Process Model



Define Indicators

Indicators described in the Standards of Care are used to devise a data collection plan. Multiple methods are used to collect all relevant data including chart reviews, client satisfaction surveys and site visit results. See Appendix C for a timeline of quality management activities as detailed by service categories.

With the Standards of Care as the basis for indicator content, a three-pronged approach is taken towards data collection for analyzing service data. First, the

administrative site visits are conducted in order to assess the agency level indicators. Next, chart reviews are conducted in order to assess the actual services that are delivered at each site. Finally, client satisfaction survey data is collected in order to obtain information directly from the consumers regarding the agency and the services. Staff responsible for data collection is described in more detail below:

The Administrative Agent and Program Support/Quality Management conduct site visits and evaluate each agency on agency-level indicators. These indicators include programmatic adherence to service definitions, agency accessibility including emergency service availability, cultural sensitivity, availability of agency policy and procedures for staff and consumers, staff qualifications, staff training, and the availability of continuing education for Ryan White staff. The Administrative Agent uses a coding sheet to check off the extent to which each agency meets each criterion.

Chart review is intended to give an indication about the level, depth, and quality of services rendered. Because the Standards of Care are developed locally, chart review tools must also be developed by Program Support/Quality Management staff. Whenever possible, instruments deemed successful by other Ryan White or HIV service sites are used to provide a template for format and some items. Questions are modified or added to the instrument to ensure fidelity to the Standards. The assessment tools are designed as a series of questions about the contents of the chart itself with each indicator defined by professional standards and prescribed by the Standards of Care. Once chart review protocol tools are developed, charts are randomly selected at each provider using the unique identifier created by CAREWare to ensure that the chart review data adequately reflects standard practice at each service provider. The sample size is based upon the overall number of consumers to receive services within a given category at any individual provider.

Provider Population	Percentage of charts reviewed
50 or less	100%
51-100	25% to 50%

101 or more

20% to 25%

At the time of review, once all requested client charts have been retrieved, provider staff takes the time to orient the assessment team to the contents, specifying the location of requested information within the chart. Assessors are Health Insurance Portability Act (HIPAA) educated and Internal Review Board (IRB) certified. In addition, if an assessor is by chance personally acquainted with a consumer whose chart was selected; that chart is exchanged for a different chart to maintain client privacy. Each assessor makes a notation indicating the degree to which the information is complete. Information that is not contained within the chart is not considered. For example, some sites may keep information posted somewhere in the clinic. Unless there is some indication in the chart that the client read and fully understands the posted information, the posting itself does not count towards service standards.

Client satisfaction surveys are also developed locally; although they may be based upon versions used successfully in other Ryan White grant funded programs if the content is relevant. They include items that are specific to both the Standards of Care and the service definition in order to ensure that consumers have a clear understanding of what service is being assessed. For example, Mental Health and Substance Abuse Treatment surveys included additional items to distinguish satisfaction levels with different care modalities, such as individual or group therapy. The overriding theme in each set of questions for both services is the same: access, agency, counselor and group. Responses are in a 5-point Likert scale ranging from 1=Very Unsatisfied to 5=Very Satisfied. Each agency is instructed to distribute client satisfaction surveys to any client who had received any level of service within the last year. Consumers are instructed that their responses will be kept confidential. We do not collect any identifying information from the consumers in order to encourage honest response. When funding permits, consumers are offered service category specific incentives for their time in completing and returning the surveys. For example, consumers of mental health might receive a daily affirmation planner while medical case management consumers receive hygiene kits.

CAREWare is also used to track specific indicators related to the service category. Providers are required to enter data real time into the CAREWare database. The data is reviewed as frequently as every other month for medical indicators, with an emphasis on community review of quality indicators and performance expectations. Program Support/Quality Management staff communicate regularly with providers about progress towards TGA wide goals for quality care. Where performance is below standard, methods to be used in various action plans are identified and monitored through this process. The workgroup (described in Appendix A) participates in discussions related to quality indicators, best practices and improvement models at least once every three months. Barriers to care are also discussed and solutions identified by members of the provider network. For this purpose workgroup members will vary to include frontline staff within the relevant service category. Consumers may be assessed separately to get a more accurate overview of expectations of service delivery models and barriers to care. All information is synthesized to arrive at cohesive conclusions about quality care issues.

Annual client roundtable discussions are planned geographically throughout the transitional grant area to examine client barriers to healthcare as they relate to key performance indicators. Consumers are invited to participate in an interactive discussion about their assessment of healthcare providers, systems issues, and environmental barriers that impact their willingness to seek care on an ongoing basis. The discussion is structured using several activities from the National Quality Center in order to stimulate discussion and ensure honest participation.

Assessment/Analysis of Findings

The Administrative Agent assesses each site individually during the site visit. A formal interview takes place to assess compliance with the Standards of Care, HRSA service category definition implementation, and contract obligations. Chart review and client satisfaction survey data is entered into Statistical Package for Social Sciences© databases and analyzed by Program Support/Quality Management staff. Reports are created at the agency level for the Administrative Agent, each agency (results from their own agency only) and the service category level for the Administrative Assessment and

Quality Review Committee and ultimately for Planning Council. Where there are issues that need to be addressed because services fall below standard, providers, the Administrative Agent, and Program Support/Quality Management staff form a workgroup and brainstorm solutions. The result of these meetings is discussed in the action plan.

Action Plan Development

When necessary, actions plans are developed for each agency. The Administrative Agent will immediately address any agency specific issues that are below standard during the site visit. Actions taken include issuing written directives, identifying problematic findings and required corrective actions. When an agency or service category fall below standard, the agency staff, Administrative Agent and Program Support/Quality Management come together to identify solutions in order to bring service up to the expected standard of care. The result of this meeting is formalized into an Action Plan and the agency has a specified period of time in which it is required to make the needed changes.

When there is variation in the ability to meet different quality criterion at acceptable levels, an ad-hoc quality management committee is formed. The committee is comprised of providers of the same service, the Administrative Agent, and the quality management team. As a group, quality management findings are reviewed. Successes and barriers are discussed in terms of each indicator. Each provider shares information about their program structures and administration. Although required, providers frequently use this opportunity to discuss specific difficulties that they are having at each site. Successful providers are encouraged to share methodologies on specific indicators so other providers can share their experience and get ideas for implementing local interventions to improve quality care. The committee agrees on a reasonable level of improvement over a given period of time (six-twelve months).

Determination of Ways Provider the level of Quality of Service are Influences Client-Level Outcomes

While attention to quality is paramount, Middlesex-Somerset-Hunterdon Transitional Grant Area integrates client-level outcomes with quality care indicators. On an annual basis, client level outcomes are compared with relevant quality indicators in order to fully describe how improved quality care access leads to a greater number of positive health outcomes on a macro-level. Specific outcomes assessed are detailed in the Comprehensive Care Plan. This information is presented to Planning Council and utilized to stimulate discussion and subsequent planning decisions. For example, annual syphilis screening was implemented TGA wide in 2009. As a result, an increased number of consumers receive treatment for syphilis. See Appendix G for a detailed explanation of the Comprehensive Care plan goals and objectives and data collection methods employed.

Determination of Ways Provider Services are Influencing Consumers

A separate and yet important activity of the Program Support/Quality Management is determining how the entire system of provider services influences consumers. This will be accomplished through client level data tracking. The client level data tracking system captures information demographics, service utilization and health outcomes. This information will demonstrate how utilization of services affects consumers' health status, thereby providing information for targeting resources to improve quality. The Administrative Agent and the Planning Council have access to information about groups of at-risk consumers and the service utilization patterns that have the greatest impact on progressing and sustaining positive health outcomes.

Progress in Developing Outcome-Based Service Evaluation

Outcome evaluation activities are an important aspect of Ryan White Part A planning and monitoring in the MSH TGA in addition to quality management activities. IFF has worked with the Ryan White Part A MSH TGA in order to identify and evaluate outcomes that may result from participation of a client in Ryan White Part A services.

The goal of outcome evaluation is to focus on changes in consumers' health status in order to inform programmatic planning.

The methodology developed for the evaluation is of two types: (i) Longitudinal designs that measure outcomes over a period of time for the same individuals (within subjects design) utilizing both the client level data tracking system and survey data and, (ii) Cross sectional designs that measure outcomes for individuals at one point in time (between subjects design) utilizing surveys and extant data.

Longitudinal Research

To evaluate the Ryan White Part A Program for this TGA a pretest-posttest design is used in the evaluation of service utilization data. It involves an observation followed by the treatment intervention and then a follow-up observation. Since the Ryan White Program is ongoing rather than a static intervention, this pattern is continuous. Annually, client level data is examined based upon services that are identified as areas of interest by the Planning Council.

Data

Three sets of data are collected: (1) Process data (amount and type of service utilization), (2) Client characteristics (insurance type, gender, employment status, and ethnicity) (3) archival medical outcome indicators (CD4 counts and viral loads). Morbidity measures include the prevalence of opportunistic infections, Hepatitis C, TB, and STDs. In addition, archival chart data will be sampled from chart reviews for the express purpose of evaluating client needs at intake, reassessment, and discharge from medical, case management, mental health, and substance abuse treatment services.

Evaluation Data Collection Procedures

Process data and outcome data are collected for each client as he or she receives services. Service providers continue to enter service utilization data for each client at the time of service delivery. The data is aggregated by the IFF so that there is a clear picture of the demographic profile of consumers, how frequently consumers access multiple

types of service and the impact on their health outcomes. Data is monitored for its completion on HRSA required fields.

Client Level Data Tracking System

In January 2000, MSH TGA implemented RW CAREWare for all service providers throughout the TGA. CAREWare is a comprehensive software package designed for full integration with service operations and day-to-day activities of an agency. Such integration allows the Administrative Agent to initiate several system wide initiatives such as standardizing and simplifying the social work case management process, the clinical case management process, and obtaining MSHTGA specific information for planning purposes. Using the aggregate value of a visit is also beneficial in examining other types of service where multiple providers exist. In addition, individual service providers have the capacity to monitor service level statistics. Furthermore, use of this system facilitates data entry for the lowest level of technological savvy. This is an extremely important feature in this small TGA where caseworkers, outreach workers, substance abuse counselors, transportation, clinical staff, and other human service specialists who do not have a strong background in the use of computers are responsible for most of the data entry.

The addition CAREWare has improved the volume and variety of data available for tracking HIV/AIDS care in the TGA. Data sources include intake demographics, social service assessments, service care plans, progress notes, referrals, and on-line resources of service providers. Specific Ryan White eligible services that are tracked include primary medical visits, dental visits, mental health visits, substance abuse visits, clinical and community-based medical case management visits, intensive case management, women, infants, children & youth initiative, indirect case management encounters, nonmedical case management, transportation trips and food services. Other data collected include antiretroviral medication, lab tests such as genotype testing, tuberculosis tests, vaccines, CD4 count, viral load, and immune status. The presence of opportunistic infections is also tracked including: Mycobacterium avium Complex, Mycobacterium tuberculosis,

Pneumocystis carinii pneumonia, Cytomegalovirus, Toxoplasmosis, cervical cancer and the addition of other AIDS-defining conditions. Screenings for depression, sexually transmitted infections, Hepatitis A, B, and C are also tracked using CAREWare. Treatment and follow up notes are entered.

The Program Support/Quality Management has implemented CAREWare version 5.0 where all Ryan White providers enter data into a central database, real time. This increases the ability of Program Support/Quality Management to monitor data accuracy and reduces superfluous client duplication because of typographical and/or data entry errors. Several TGA wide trainings were held over the last year in order to prepare providers for differences between the older version of CAREWare and the wide area network version. Program Support/Quality Management staff continues to attend case management meetings as needed in order to answer any questions about service definitions as they relate to CAREWare data entry, as well as its data-sharing capability. Participation with case management is vital for ensuring the quality of input data, as well as for understanding the data differences between sites since case managers are responsible for adding consumers and entering demographic information. At several sites, nurse/case managers enter the clinical data as well.

Once a year, an outcome evaluation study is conducted in order to look at client health outcomes overall, particularly for new consumers. Also, we examine the relationship between services received within our system and outcome such as increases in CD4 count, decreases in viral load. Clearly expressed during these presentations is that we cannot assume causality because there are so many additional services outside our system. However, we can review at the data and get an idea of what it happening for our consumers from the time of intake.

The outcomes of Quality Management and Outcome Evaluation Data are presented to the Administrative Assessment and Quality Review Committee, full Planning Council, and Our Voices Client Caucus.. Planning Council diligently uses all information presented when discussing systems of service and setting priorities. Data is reviewed to inform if services are meeting the needs of consumers as planned. Where consumers

continue to have unmet needs, a request is made for the reallocation of service dollars towards other identified gaps in care. Specific examples of findings are recalled in order to support funding decisions. For example, case management was increased in Priorities ranking in part, because the study showed that consumers expressed a need for case management services to help become more self-sufficient with respect to their own care and treatment.

Outcome evaluation includes MINORITY AIDS INITIATIVE (MAI) services. Whenever possible, this TGA uses the same indicators to examine improvement in medical outcomes because this is the overriding goal of all service delivery. The MAI plan may be modified to reflect differences in process outcomes, such as the number of consumers to be served or the number of service units based upon the amount of funding received and the capacity of the provider to reach and treat a certain number of minority consumers. However, the intention that services will influence medical treatment goals has been consistent and will not likely change. It is possible to track these outcomes because the real-time data management system permits program evaluation staff to link consumers receiving multiple services with medical service outcomes, minimizing the necessity for MAI program staff to track multiple outcomes separately.

There are short term goals, annual, in the service category of primary medical care. The goals are to continue participation in the NJ Cross Part Collaborative workgroup. The objective is to monitor quality indicators identified by the statewide workgroup for the purpose of initiating improvement in the quality of care. The indicators are defined by the NJ Cross Part Collaborative every 18 months and monitored no less than quarterly.

Appendix A. Quality Advisory Review Team

I. Mission Statement:

The mission of the Quality Advisory Review Team is to improve the overall quality of care for persons living with HIV who reside and/or receive services in the Middlesex-Somerset-Hunterdon Transitional Grant Area.

II. Purpose

The purposes of the Quality Advisory Review Team are consistent with the HRSA's purposes for Quality Management (from the Ryan White Treatment and Modernization Act Part A Manual) which includes:

- assisting direct Treatment and Modernization Act-funded medical providers to ensure that services adhere to established HIV treatment guidelines to the extent possible
- ensuring that strategies for program improvement include health-related supportive services that enhance access to care and adherence to HIV medical regimens
- ensuring that available demographic, clinical and health care utilization information is used to monitor HIV-related illness and the trends in the local epidemic

Additional purposes include:

- assisting in the objective review, evaluation, and continuing improvement of services in the Ryan White Part A program through the development of action strategies.

III. Workgroup Membership:

Membership will consist of various persons in the TGA such as:

- Consumers
- Program medical directors
- Program administrator
- Quality management coordinator
- Unit manager
- Data manager
- Pharmacist

- Social worker
- Psychiatric nurse
- Nurse practitioner
- Family nurse
- Peer advocate
- Research nurse
- Counselor
- Therapist
- Program Staff

IV. Meeting formats

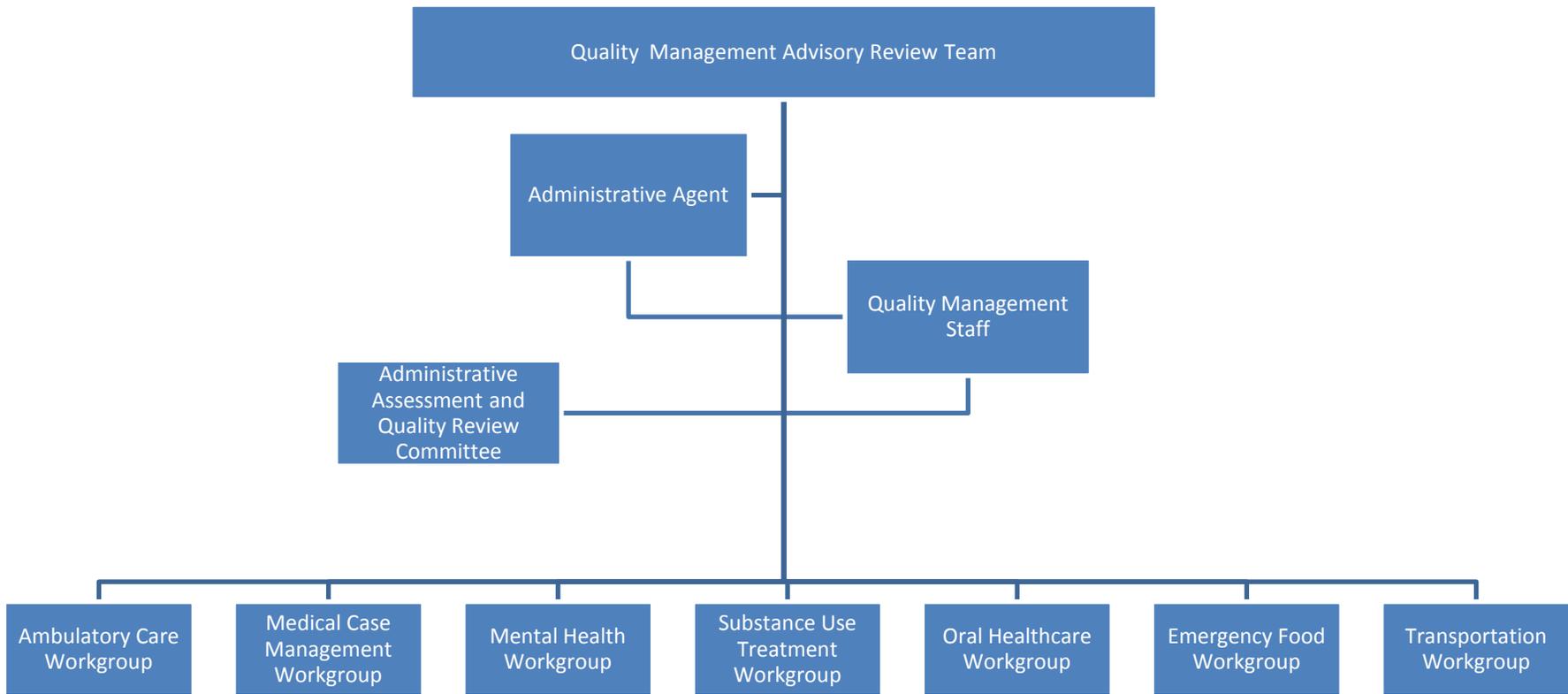
- Administrative Assessment and Quality Review Committee Meetings
- Consumer Roundtables (consumers only)
- Provider Performance Indicator Action Plan Meetings

V. Meeting Schedule:

- Administrative Assessment and Quality Review Committee meets monthly
- Consumer roundtable discussions are convened as requested
- Provider ambulatory care workgroup meets quarterly
- Supporting service category workgroups meet needed

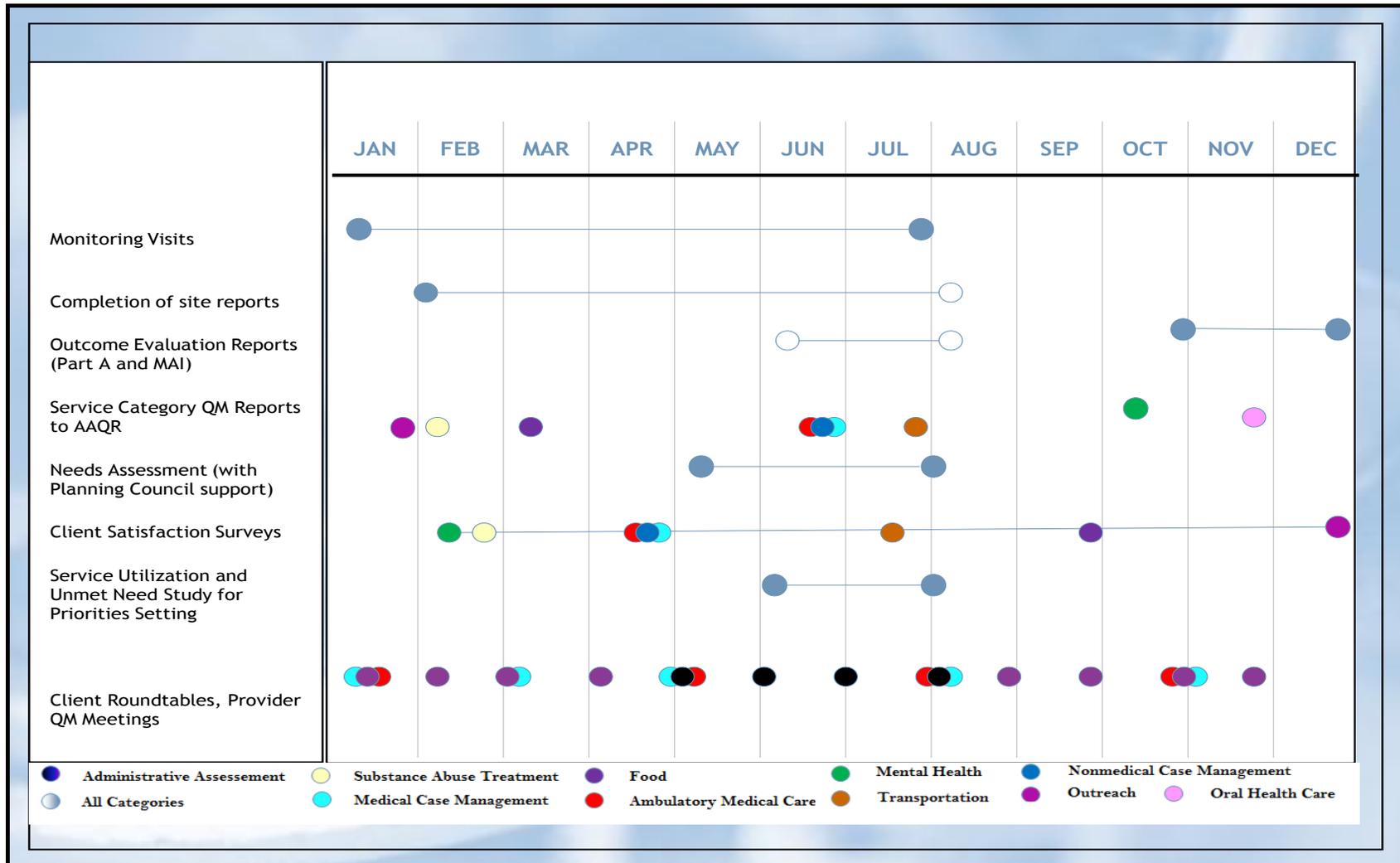
VI. Reporting Structure:

- Administrative Assessment and Quality Review Committee reviews and approves minutes (discussions related to data review and process)
- Minutes are kept on file and provided to public forums when requested
- Data reviewed annually by service category; more frequently when requested



Appendix B. Standards of Care and Accountability Mechanisms

Appendix C. Quality Management Timeline



Appendix D. Comprehensive Care Plan Goals and Objectives