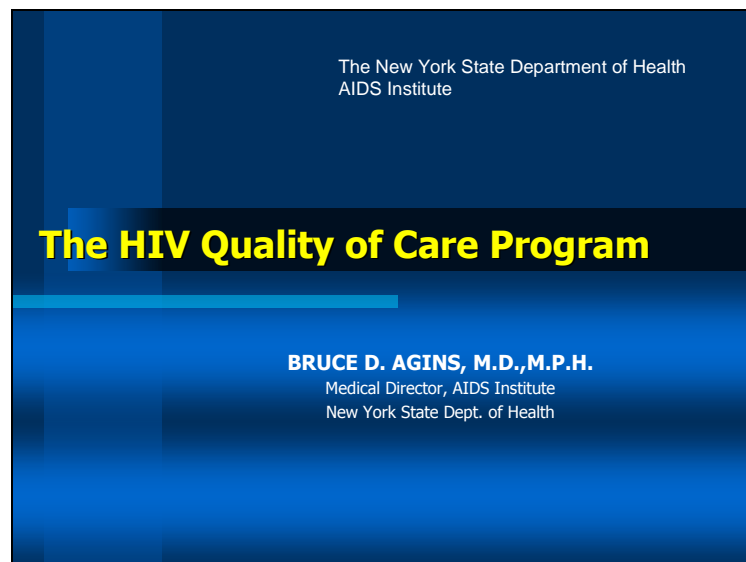


HIV Quality of Care in New York: A National Model

Bruce D. Agins, MD MPH, Instituto del SIDA, Departamento de Salud del Estado de Nueva York, EE.UU.

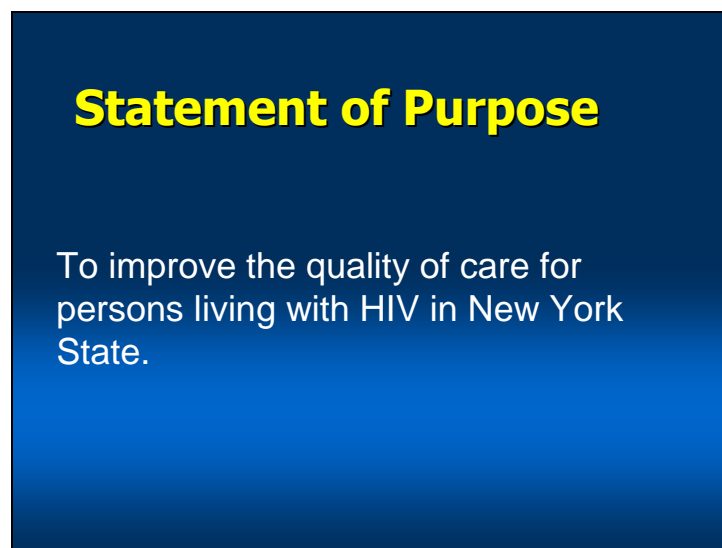
This session will provide the audience with an overview of a model for a comprehensive HIV Quality of Care Program. This model, based on the philosophy of quality improvement, incorporates program standards for HIV health care providers, indicator development, performance measurement, consumer initiatives, and the HIVQUAL Project. The HIVQUAL Project is a national program to build capacity and capability for quality improvement among HIV clinics.



The New York State Department of Health
AIDS Institute

The HIV Quality of Care Program

BRUCE D. AGINS, M.D., M.P.H.
Medical Director, AIDS Institute
New York State Dept. of Health



Statement of Purpose

To improve the quality of care for
persons living with HIV in New York
State.

The State: Public Health Functions

- To promote quality and equality
- Track emerging populations
- To protect the public health
- Regulatory authority to enforce and administer sanctions as necessary

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Implementation of a Statewide HIV Quality Of Care Program (1)

Identify or Create Practice Guidelines



Establish Priorities for Measurement Using HIV Specialists



Select and Develop Indicators



Begin Data Collection after Pilot Test



Implementation of a Statewide HIV Quality Of Care Program (2)

Analyze Data & Distribute to Providers



Promote Quality Improvement Activities
Consultation—Technical Assistance—Clinical Education



Release Performance Data & Educate Consumers to Enhance Decision-Making



What is quality improvement?

- Quality improvement vs. quality assurance
- Performance measurement: aggregate vs. individual
- Emphasis on systems of care, not individual providers
- Programs use data to improve care
- Comparative & longitudinal analysis
- *Involves the customer...*

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The HIV Quality of Care Program

- Built on the philosophy of CQI
- Implemented in 1992
- Reviews at over 120 facilities:
hospitals - community health centers – drug
treatment programs - Adult Day Care programs

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The HIV Quality of Care Program

- Responsibility for systematic monitoring of quality of medical care and services provided to all individuals with HIV in New York State
- Indicators are process measures linked to optimal care outcomes
- Incorporates principles of quality improvement (QI)

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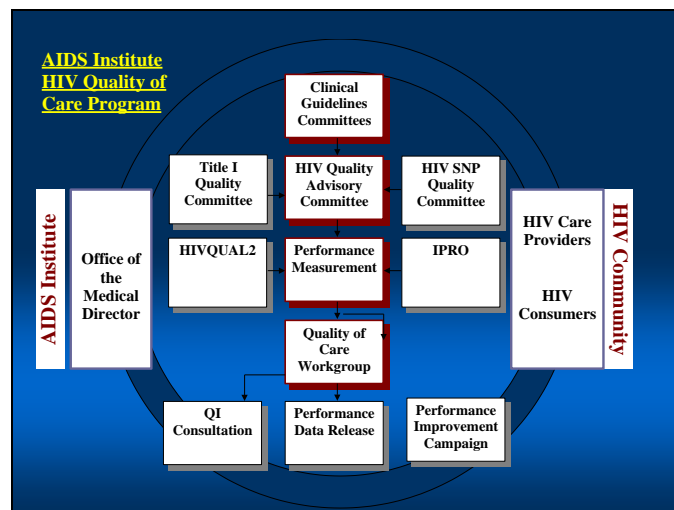
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The HIV Quality of Care Program

- Providers are encouraged to analyze data and assess internal factors that contribute to their organizational performance
- Results presented as aggregate data
- Comparative analysis and benchmarking

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Performance Measurement

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Strategies: Data Collection

- Options:
 - Administrative data sets
 - Record reviews
 - Self-reporting
 - Site Visits

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Medical Record Reviews: Pros & Cons

- PROS:
 - Uniformity of processes
 - Standards applied universally
 - Consistency of training of abstractors
 - Enhanced validity
 - Inter-rater reliability
- CONS:
 - Resources
 - Confidentiality

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Self-Reporting: Pros & Cons

- PROS:
 - Institutionalization of culture of quality
 - Provider capability
 - Data skills: sampling, validity
 - External resources
- CONS:
 - Reliability
 - Uniformity of statewide data
 - Internal Resources

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Strategies: Core Performance Measures

- HIV Staging: CD4 & Viral Load monitoring
- Antiretroviral Therapy
- OI Prophylaxis: PCP, MAC
- PPD Screening
- GYN Care
- STD Screening
- Oral Health Care

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Strategies: Core Performance Measures

- Adherence to ARV therapy
- HIV Specialist care
- Perinatal transmission prophylaxis
- Pediatric care:
 - Staging
 - PCP Prophylaxis
 - Neurodevelopmental exam

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Strategies: New Performance Measures

- Hepatitis C
- Mental health assessment
- Case management
- Patient education

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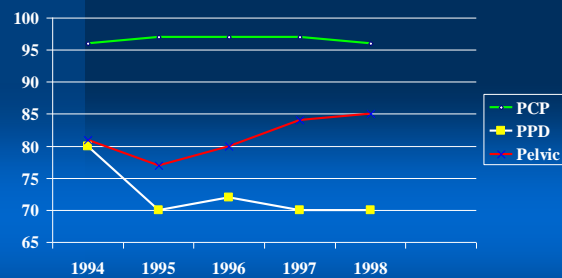
Strategies: Feedback

- Performance data
 - Facility-specific
 - Aggregate
 - Longitudinal Trends
 - Statewide managed care measures
 - Population groups
- Identify Providers of Excellence

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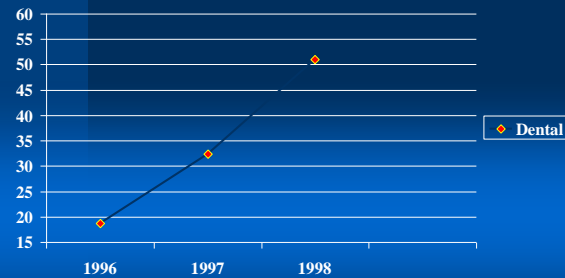
Clinical Performance Data



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Referral for Dental Primary Care



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Performance Data Release

- First HIV-specific performance data release to the public in 2000
- Consumer version
- New version in 2002

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HIV Quality of Care Program Standard

- HIV service programs should develop and implement formal quality of care programs
- Infrastructure with quality plan, process for ongoing evaluation & assessment
- Performance measurement
- QI activities by cross-functional teams, including QI projects
- Inclusion of patients
- Staff education

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Consumer Initiatives

- Distribute performance data in consumer version
- Elicit priorities from people living with HIV
- Specific educational program
 - understanding performance data
 - using data to advocate for best care
- Patient satisfaction
- Quality of life

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Strategies: CQI Consultation

- Enhance provider capability for CQI
- Build quality infrastructure
- CQI education
- Data management skills
- Promote multidisciplinary teams
- Strategize to sustain quality improvement
- Engage leadership

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The HIVQUAL Project

- A **national** project to build capacity and capability for quality improvement among HIV clinics
- Consultation emphasizing structure, planning and QI projects
- Self-reported performance measurement using customized software (HIVQUAL2)

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A Twelve-Step Approach for Statewide Quality

ONE

Mandate specific quality improvement activities in all programs that include clinical performance measurement.

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TWO

Emphasize a culture of *quality improvement* without setting minimum performance standards.

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THREE

Convene advisory groups of providers, payers, other governmental agencies and consumers to define important indicators that measure quality.

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FOUR

Emphasize structures and processes that providers establish to monitor and routinely improve quality as part of their work.

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FIVE

Evaluate programs with common measures to assess their quality improvement programs.

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SIX

Define uniform measurement criteria that can be used for all programs that reflect current guidelines.

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SEVEN

Fund information system technology that supports CQI measurement activities.

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EIGHT

Promote technical support from experienced quality management experts who can facilitate capability of providers to build their own QI systems.

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NINE

Stimulate creative systems for measuring quality in communities targeted through federal and state government programs, such as the Ryan White CARE Act.

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TEN

Reward excellent providers with proven success who have demonstrated successful QI programs.

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ELEVEN

Encourage patient satisfaction assessments and quality of life analyses.

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TWELVE

Link programmatic CQI monitoring to centralized research activities targeting outcomes and effectiveness.

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THE THIRTEENTH STEP

Disclose performance data to demonstrate accountability not only to funders but to the general public.

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