

QUALITY MANAGEMENT: A CLINICAL PRIORITY

As HIV/AIDS treatment options improve, people living with HIV/AIDS can expect improved length and quality of life. Yet, managing clinical care as people live longer is complex, involving both treatment and health maintenance. Providers are challenged to ensure that all consumers—particularly underserved, disadvantaged groups—receive all appropriate aspects of HIV-related care.

In this changing clinical environment, a strong, well-planned quality management (QM) initiative helps an HIV care program to achieve optimum equity and effectiveness. Further, QM is increasingly a requirement. Public funding agencies now routinely ask grantees and contracted programs to track their clinical interventions and outcomes of care.

JSI has helped state- and city-level HIV service delivery programs apply their often-limited resources to integrate QM into clinical practice, under Titles I and II of the Ryan White CARE Act. A long-standing CARE Act technical assistance contractor, JSI is a national leader in developing and applying research and change methodologies in a collaborative, multi-site clinical health care environment.

In Massachusetts, JSI developed a QM system for a publicly funded, 18 clinical site regional network of HIV/AIDS care centers, known as the AIDS Care and Treatment Now (ACTNow) network. In response to access and utilization gaps among underserved populations and in anticipation of new Federal requirements, the HIV/AIDS Bureau of the Massachusetts Department of Public Health (MDPH) asked JSI to create a comprehensive, flexible QM methodology for these sites.

Changing Treatment, Changing Clinical Benchmarks

The Bureau wanted a QM system for the ACTNow network that would yield clinic-level and network-wide data on patient population demographics, clinical practices, and client outcomes and, on a continuous basis, indicate areas for improvement as well as best practices. JSI helped ACTNow create state-of-the-art benchmarks for standards of care that met the reporting requirements of Federal and other funders. Standards for initiation of ARV therapy, monitoring of viral load and CD4 cell count, and adherence were derived from national guidelines. The QM system tracks each clinic's performance of key interventions including hepatitis B vaccination, cervical cancer screening, and prophylaxis for selected opportunistic illnesses such as PCP and MAI for individuals at risk based on CD4 counts.

Data Collection and Methodology

JSI designed the ACTNow QM system to gather sites' data on their provision of key HIV services including outpatient care; disease management; preventive care; opportunistic infection prophylaxis and evaluation; adherence support; and care for concurrent mental illness and substance abuse. JSI developed and tested a sampling approach and data collection protocol, including a chart abstraction tool for use by staff at all the ACTNow sites. The chart abstraction from flow sheets, laboratory reports, and other documentation contained within patients' medical records provided client-level data such as co-morbid conditions; clinical events (e.g., hospitalization); laboratory measures (e.g., CD4 counts); counseling, immunizations and prophylaxis; and adherence assessment.

In addition to tracking the interventions provided to each patient, the data shed light on why patients did not receive recommended care. For each recommended intervention, information was recorded on the patient's eligibility for the procedure, refusal or acceptance of the procedure, and "no shows" for follow-up visits. This information allowed clinical staff to follow up on individuals whose data showed gaps in HIV care.

Collaboration in Clinical Quality Management

From the start, the ACTNow QM initiative was a collaborative endeavor. The Bureau invited the ACTNow sites to choose aspects of HIV care for review and suggest methods of measurement. The sites were also asked to flag potential barriers to QM data collection.

JSI involved site staff in planning, provided timely feedback of data to all the sites, and used the data to highlight site- and network-level organizational strengths. Sites were encouraged to develop their own solutions to problems revealed by their data. To complete the collaborative cycle, JSI provided the Bureau with a comprehensive report presenting data by clinical site; aggregated across all sites; and analyzed by gender, race/ethnicity, and risk categories.

Useful Results

Eliminating disparities is a key objective of both providers and funders of HIV/AIDS health services. Based on large sample sizes, the ACTNow QM data has the statistical power to allow review of service delivery by population subgroup. Because the scope of data includes the reasons why particular, recommended interventions were not delivered, the QM methodology helps ACTNow sites and the HIV/AIDS Bureau to pinpoint and address service gaps.

Aggregate data enables the Bureau to define QM strategies that would benefit all of the ACTNow clinics. For example, the data indicated a general need for guidance in the administration of immunizations. To this end, a vaccine resource manual was developed and distributed to all ACTNow sites with information on accessing state-funded vaccines.

Comparison of sites on key indicators helped the ACTNow network identify "best" performers in a given area, for example, screening and treatment for TB. The Bureau now asks stellar sites to share protocols, operational procedures, and forms. Collaborative relationships have grown as QM has become integrated into the ACTNow sites' routine. Five years into the initiative, the ACTNow sites continue to be committed to QM.

For more information about JSI's design and implementation of quality management initiatives in clinical care sites and service delivery networks, visit www.jsi.com or contact:

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