

# Healthcare Quality Data Integration for Improving the Management of HIV/AIDS Across Pennsylvania

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*Linking Education and Quality Improvement*

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# Linking Education and Quality Improvement

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- US Healthcare Delivery Environment
  - IOM Reports
  - MOC/ABMS
  - AAMC
  - NCQA
  - CMS/Pay for Performance (P4P)
  - ACCME
    - CME=Bridge to Healthcare Quality
    - New Accreditation Criteria

# Shifting the Focus of CME to Quality of Care

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- New ACCME Accreditation Criteria
  - Support Lifelong Learning and Self-assessment (MOC Part 2)
  - Support Practice Performance Assessment (MOC Part 4)
  - Foster **Collaboration** to Address Quality Improvement
    - Identifying and overcoming barriers to improved care
    - Rewarding innovation and interaction to provide outreach, education and coordination for improvement in healthcare delivery
    - Promoting interdisciplinary team practice/systems education



# Shifting the Focus of CME to Clinical Practice

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- Designing education that is
  - **Addressing** actual **needs** specific to:
    - Clinicians' knowledge, competence, performance
  - Developed to **change and measure the change** in:
    - Clinicians' competence, performance, patient outcomes

# HRSA Grants Awarded Through the Ryan White CARE Act of 1990

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- Funded services embrace Wagner's Chronic Care Model (CCM)
  - *Self-Management*
  - *Decision Support*
  - *Delivery System Design*
  - *Clinical Information System*
  - *Organization of Health Care*
  - *Community*

# Quality Management and the Ryan White Care Act – Robust QI Mandated

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- Remaining challenges:
  - *patient access to equal level of care*
  - *constantly evolving standard of care*
  - *need for complex and individualized care management*
  - *broadening geographic reach of the HIV epidemic*
  - *increasing number of persons with HIV have co-morbidities*

# Quality Management Programs Overwhelming for Many AIDS Service Organizations (ASOs)

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- A statewide needs assessment was conducted by the PA State Department of Health's Quality Management Committee in July 2007.
- Primary finding was the lack of a standardized data collection process
  - Underuse of technology, both absent and existing
  - Understaffed/underfunded ASOs

# Quality Management Program Goals

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- Support development of higher quality care for people living with HIV/AIDS
- Identify priority needs and client populations
- Support effective program management
- Demonstrate program value quantitatively by linking outputs (amounts of services provided) to outcomes (results)
- Identify and justify critical program activities and resources required to meet needs, and
- Enable local HIV service delivery networks and providers to perform better and to function as a system.



# The Pennsylvania Project: A Statewide QI Initiative in HIV/AIDS: Project Design

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1. Assess performance in practice using
  - Identified EB quality indicators
  - Integrate clinical and non-clinical support services providers
2. Link to Performance Improvement pathways including
  - Certified CME
    - 2 interactive case-based modules
    - Other OCME-reviewed/approved online CME
    - Internet POC Search (MedPage Today)
  - Non-certified EB resources and tools
  - Links to QI-specific educational modules



# The Pennsylvania Project: A Statewide QI Initiative in HIV/AIDS: Project Design

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3. Re-Measure performance using:
  - The same pre-identified EB quality indicators
  - Provide feedback to learners and organizations
  - Reflect on PI process
  - Award 20 *AMA PRA Category 1 Credits™*
4. Ideally, users re-enter the new PI cycle

This educational initiative is supported by an educational grant from Boehringer Ingelheim Pharmaceuticals, Inc.



# The Pennsylvania Project:

## A Statewide QI Initiative in HIV/AIDS: Educational Partners

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- **Complex Collaborative Model:**
  - **Academic CME Provider:** *U of Penn SOM CME*
  - **Innovative Technology Partner:** *CECity.com, Inc.*
  - **QI Experts:** *NIQIE, HIVQUAL, and PA State DOH*
  - **Fiscal Agent for PA HRSA grant recipients:** *Jewish Healthcare Foundation*
  - **Participating AIDS Service Organizations (ASOs)**
  - **CE Provider:** *Creative Educational Concepts*



# Step 1: Identifying Clinical Performance Measures to be Used in Practice Assessment

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## HRSA's HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients

- Percentage of clients with HIV infection who had 2 or more CD4 T-cell counts performed in the measurement year
- Percentage of clients with AIDS who are prescribed HAART
- Percentage of clients with HIV infection who had 2 or more medical visits in an HIV care setting in the measurement year
- Percentage of clients with HIV infection and a CD4 T-cell count below 200 cells/mm<sup>3</sup> who were prescribed PCP prophylaxis
- Percentage of pregnant women with HIV infection who are prescribed antiretroviral therapy during the 2nd and 3rd trimester

# Performance Measures, (cont'd)

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## Additional indicators to be measured

- Organizational assessment of quality management program
- Viral load testing done within 3 to 4 months of the most recent visit

## Challenge: availability of uniformed data across all providers:

- Medical providers will report on all indicators
- Case managers will report on indicators 1, 3, and 6
- All other Part B providers will only report on indicator 6
- Additional 2 indicators to be developed specifically for support services providers



# Collection and organization of data

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- Necessity for Ease of Data Collection and Uniformity of Assessment
  - CECity's *Lifetime*<sup>TM</sup> PI platform allows for extraction and import from large data sets of existing data already reported to the State via the CareWare system
  - One point of data entry per organization
    - Multiple learners associated with organizational PI

# Step 2: Performance Improvement Pathways

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- Multiple learners associated with organizational Performance Improvement
  - Combination of individualized and group performance improvement pathways based on standardized entry assessment tool administered to individuals and initial patient data collection:
  - QI-specific educational modules
  - Certified CME
    - 2 interactive case-based modules
    - Other OCME-reviewed/approved online CME
  - Non-certified EB resources and tools

## Step 3: Re-Assessment in Practice

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- Six months will be allowed for PI activities and educational resources to be accessed, completed, and implemented
- Re-measurement of practice-based patient data will be undertaken



# Final Steps

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- Reflection related to the entire PI process upon completion of the reassessment will close the cycle and trigger credit issuance
- Data from this project will support the need for national CME PI projects
- Data to be shared with PA State Department of Health and will be used to help with HRSA grant recipients meet QI requirements