

# Clinical Quality Management Program

Baltimore City Health Department

Ryan White Office

410-396-1408

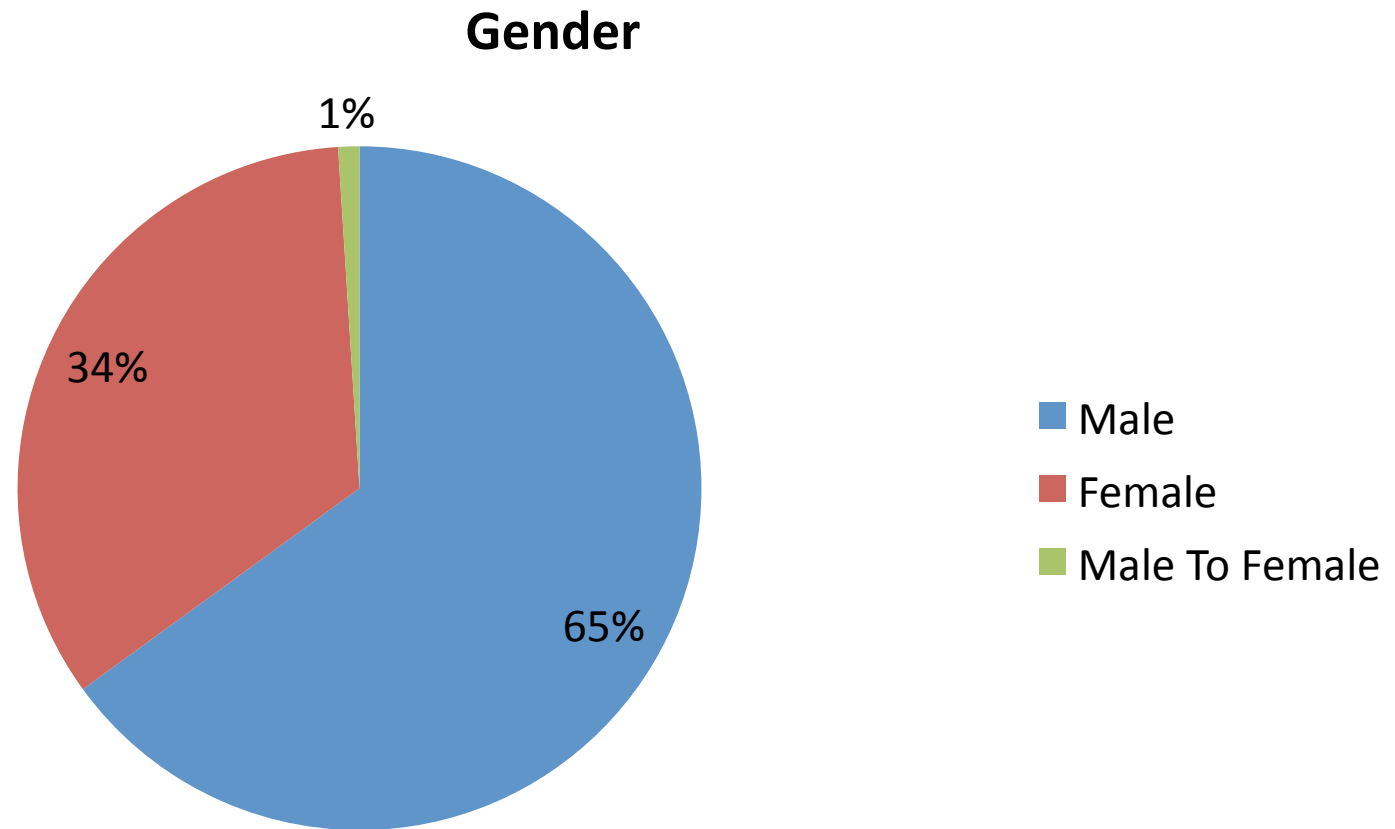
# Categories Reviewed in 2011

- Primary Medical Care, Adult & Pediatric
- Oral Health Care
- Non-Medical Case Management
- Psychosocial Support
- Hospice Services

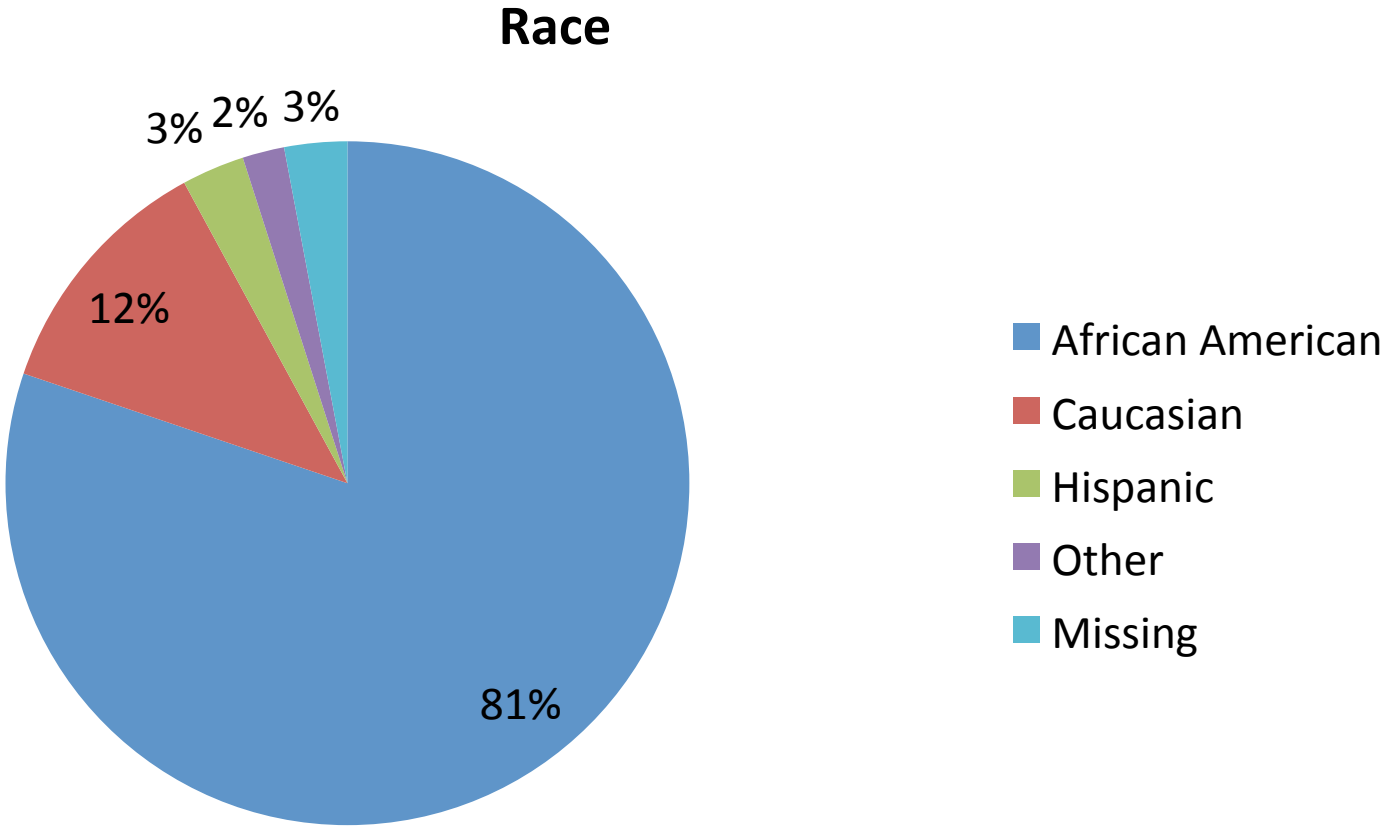
# Categories Reviewed in 2012

- Primary Medical Care, Adult & Pediatric
- OAHS Emergency Financial Assistance
- Health Insurance Premiums
- Medical Transportation
- Housing Services
- Child Care Services

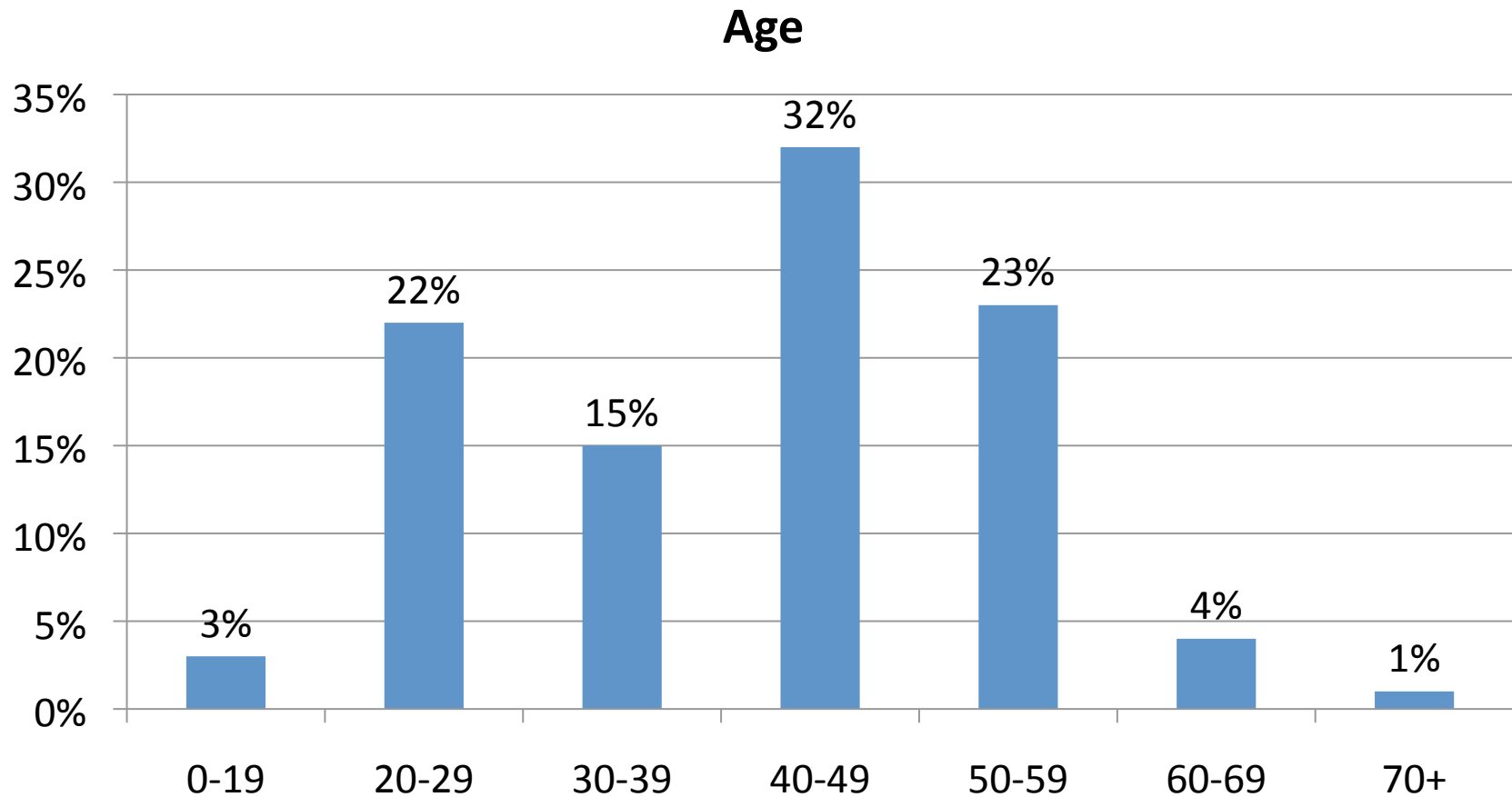
# PMC Demographics: Gender, N=714



# Demographics: Race, N=714

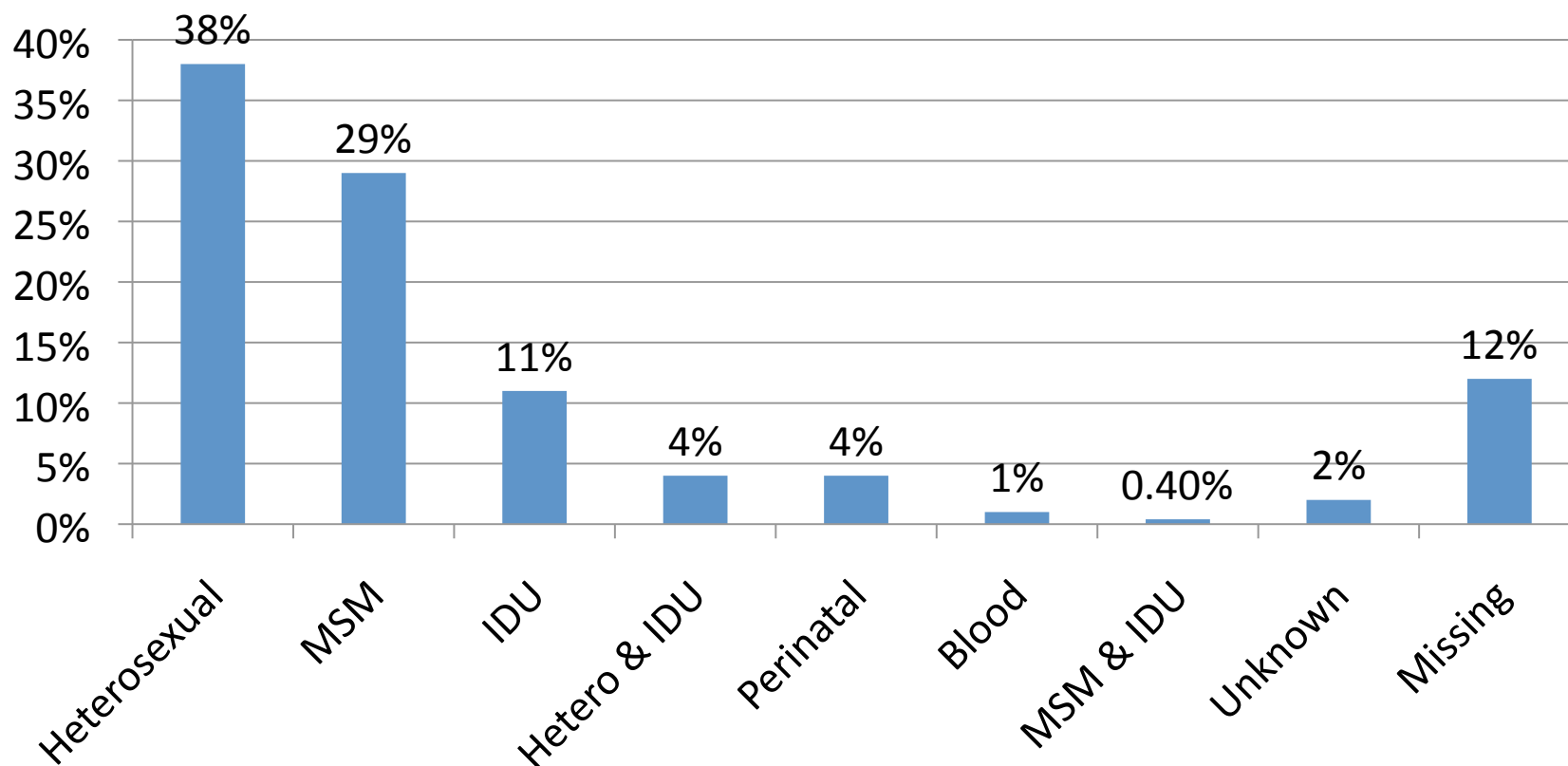


# Mean Age = 41 Years, N=711



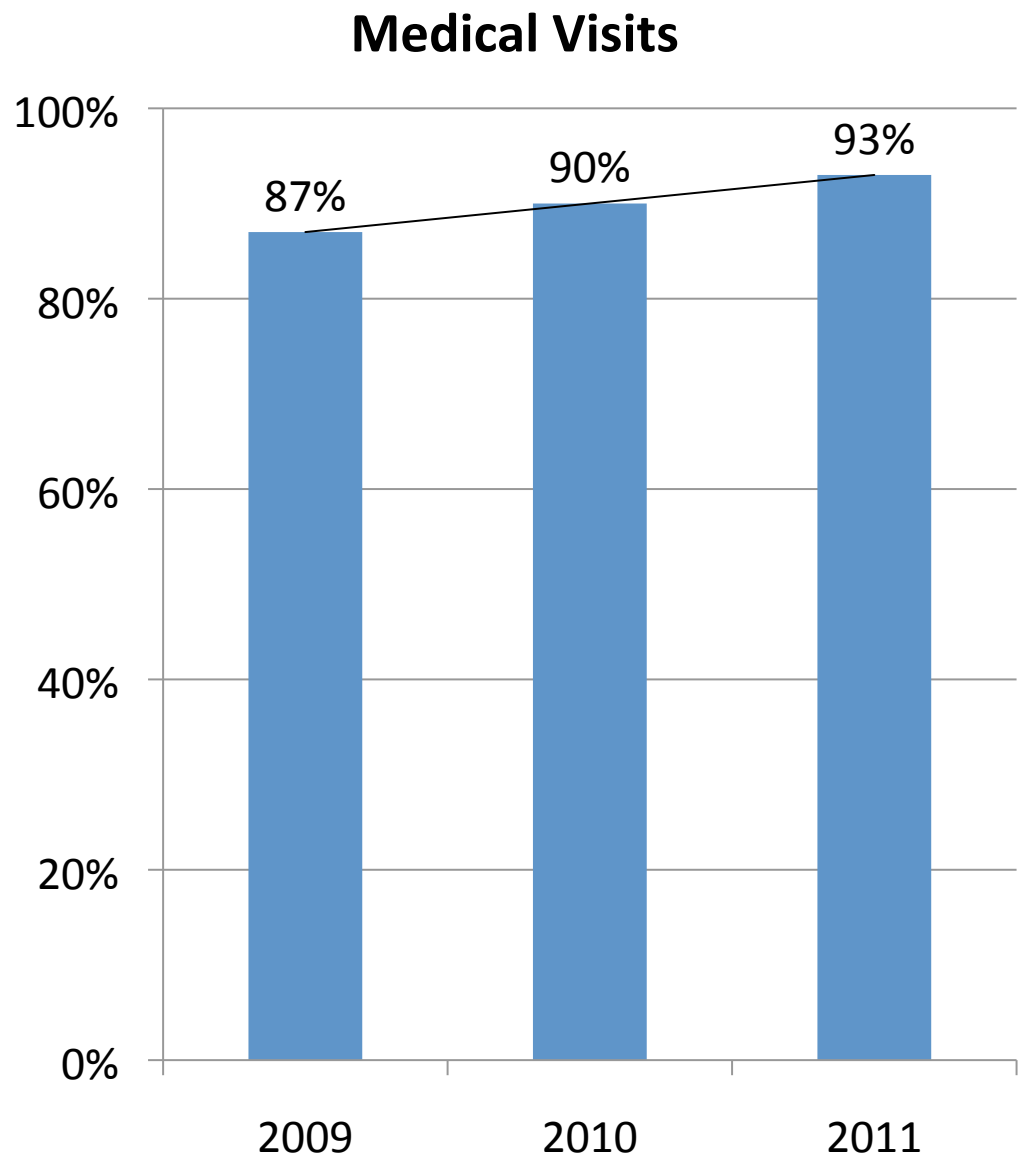
# Demographics: HIV Transmission, N=714

## Risk Factor



**Medical Visits, N=670  
HAB Group 1**

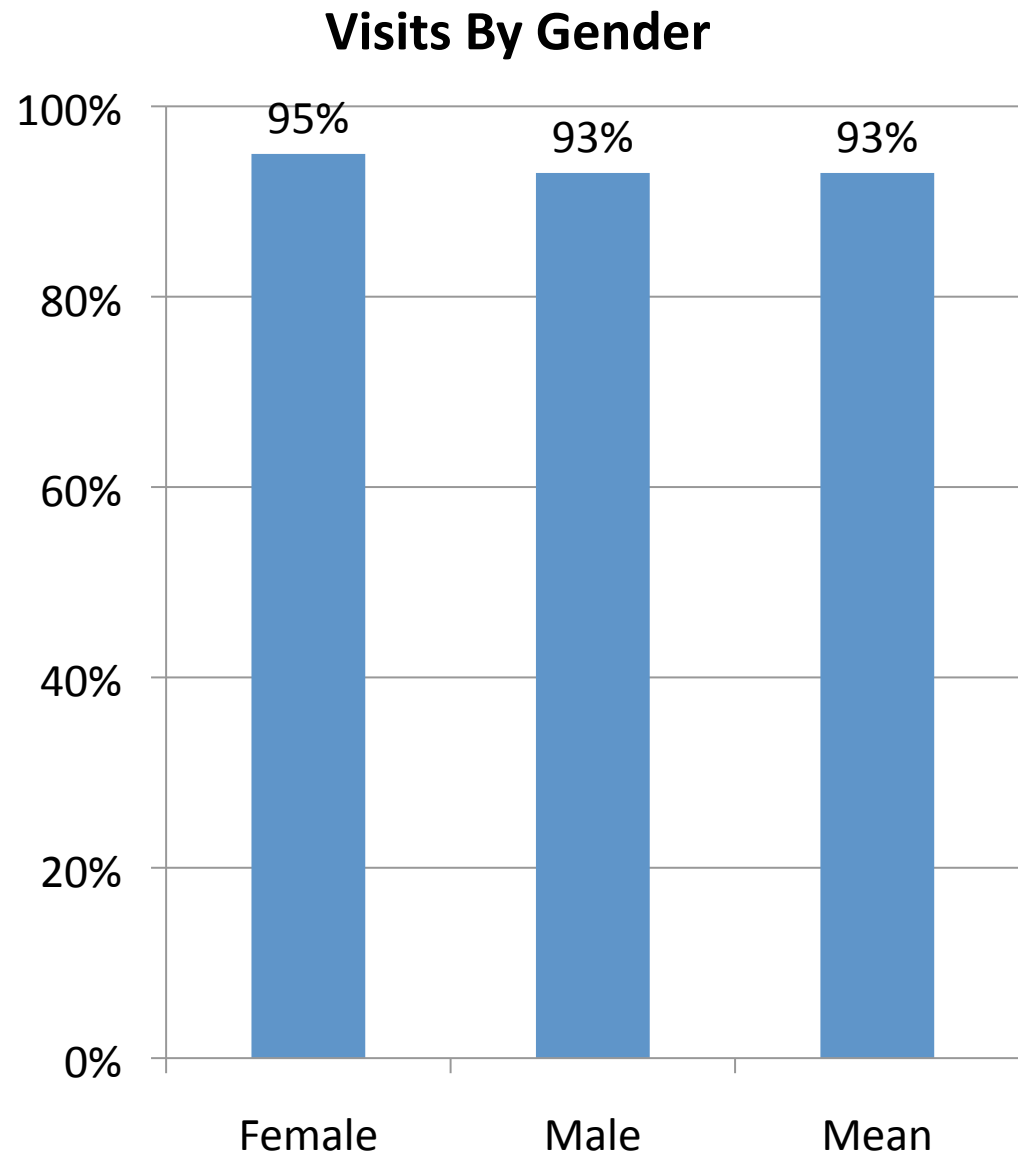
Percentage of clients with HIV infection who had 2 or more medical visits at least 3 months apart in an HIV care setting in the measurement year





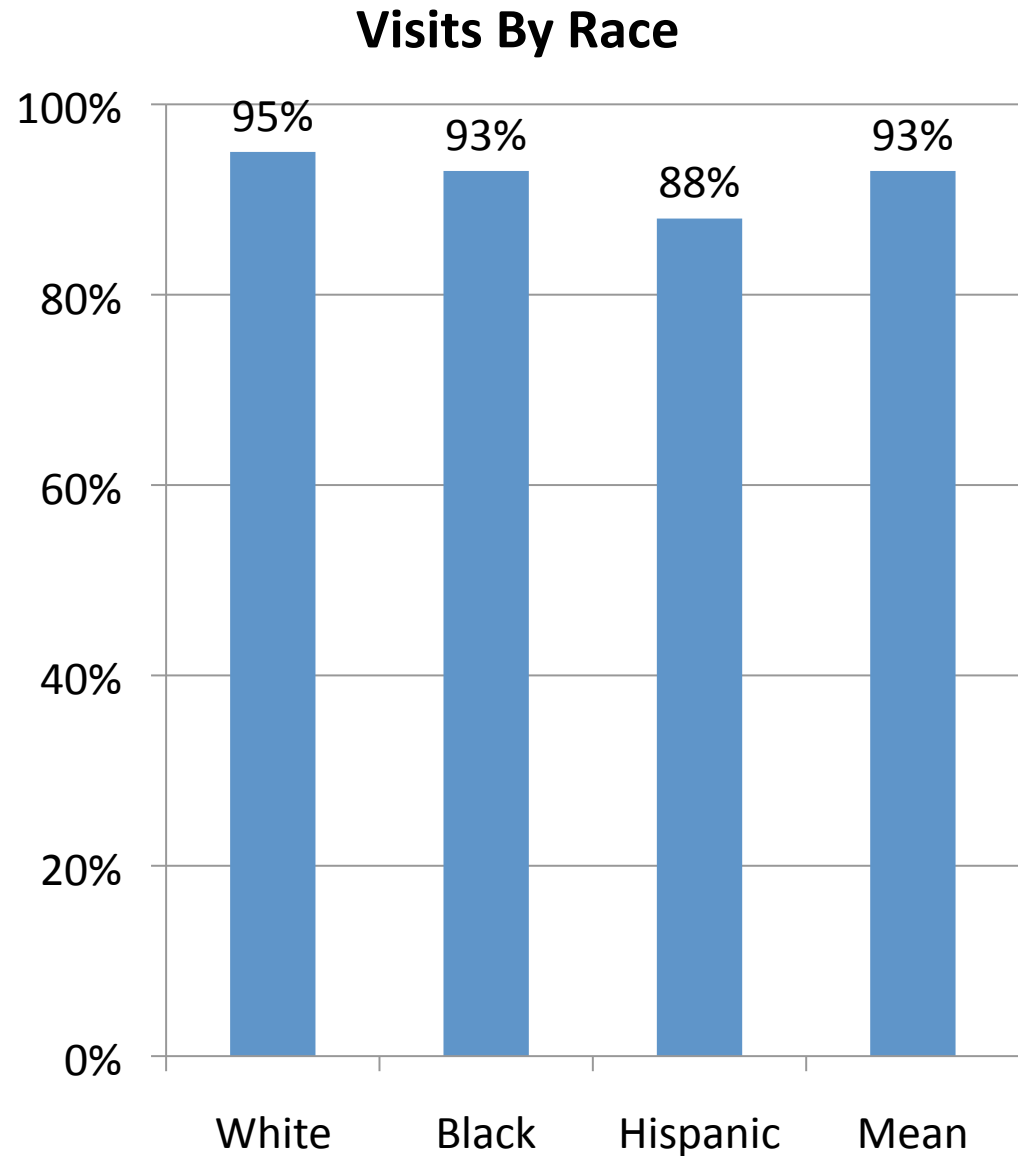
**Medical Visits By Gender,  
N=670  
HAB Group 1**

Percentage of clients with HIV infection who had 2 or more medical visits at least 3 months apart in an HIV care setting in the measurement year



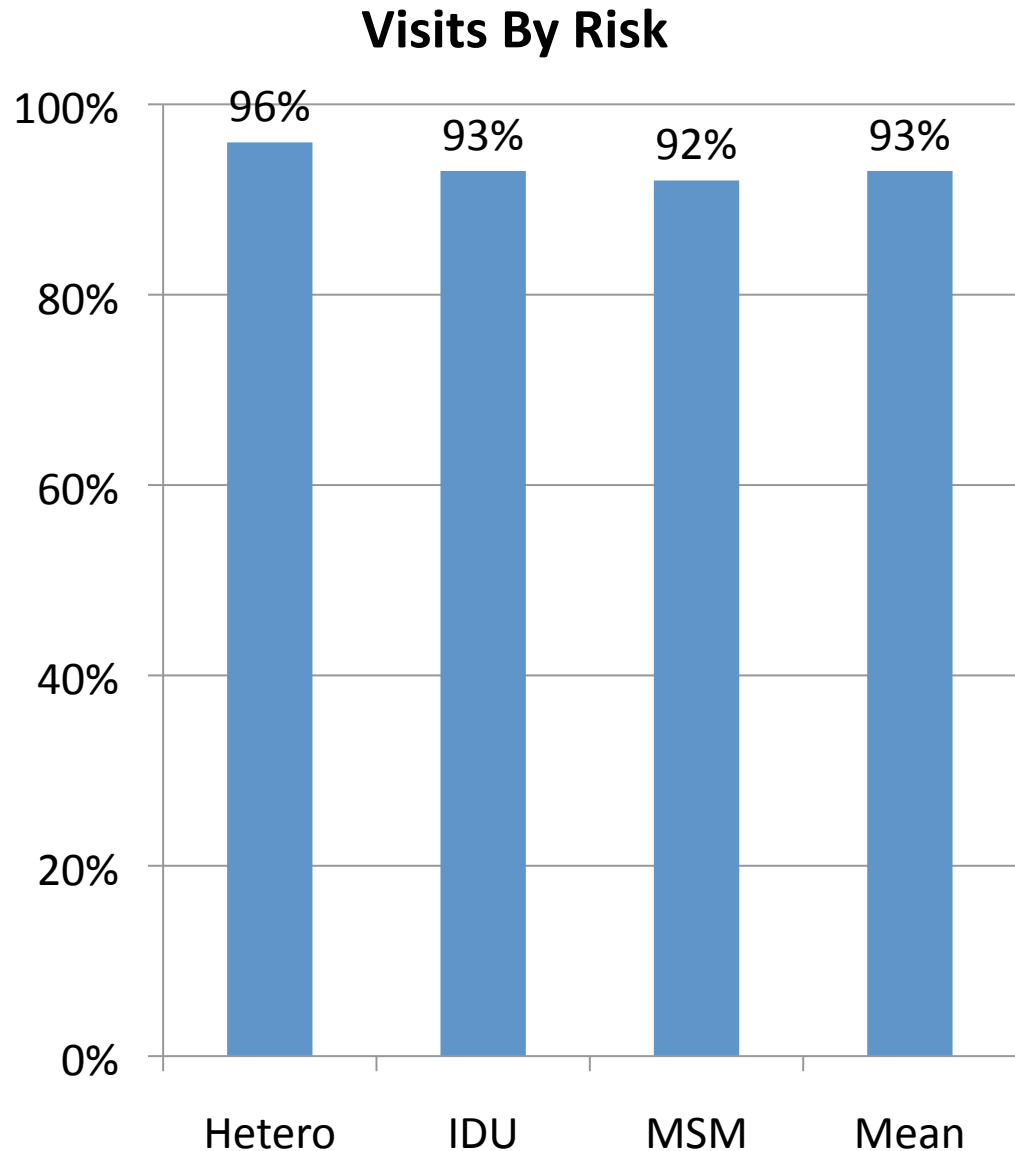
**Medical Visits By Race,  
N=670  
HAB Group 1**

Percentage of clients with HIV infection who had 2 or more medical visits at least 3 months apart in an HIV care setting in the measurement year



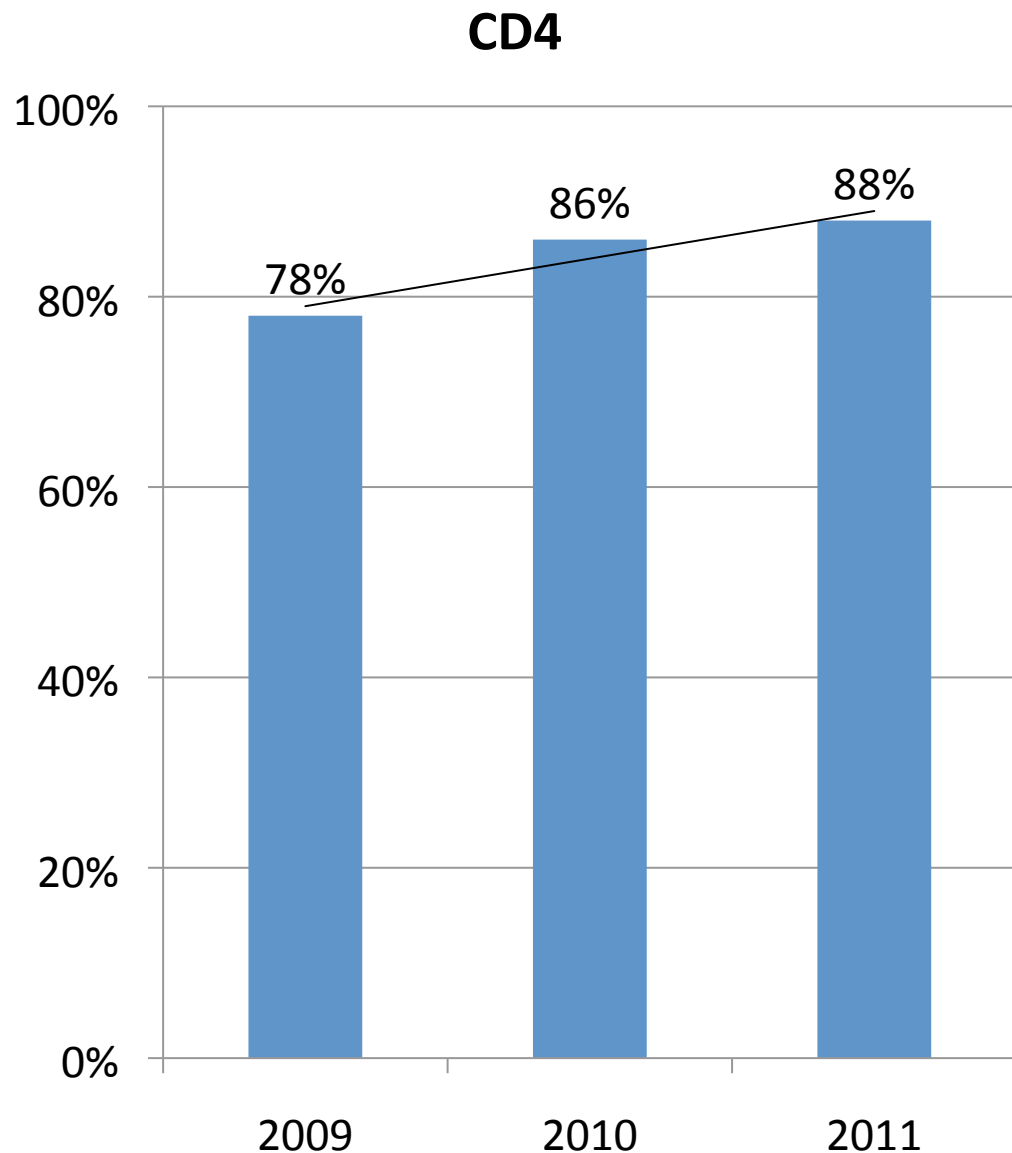
**Medical Visits By Risk,  
N=670  
HAB Group 1**

Percentage of clients with HIV infection who had 2 or more medical visits at least 3 months apart in an HIV care setting in the measurement year



**CD4 T-Cell Count, N=668  
HAB Group 1**

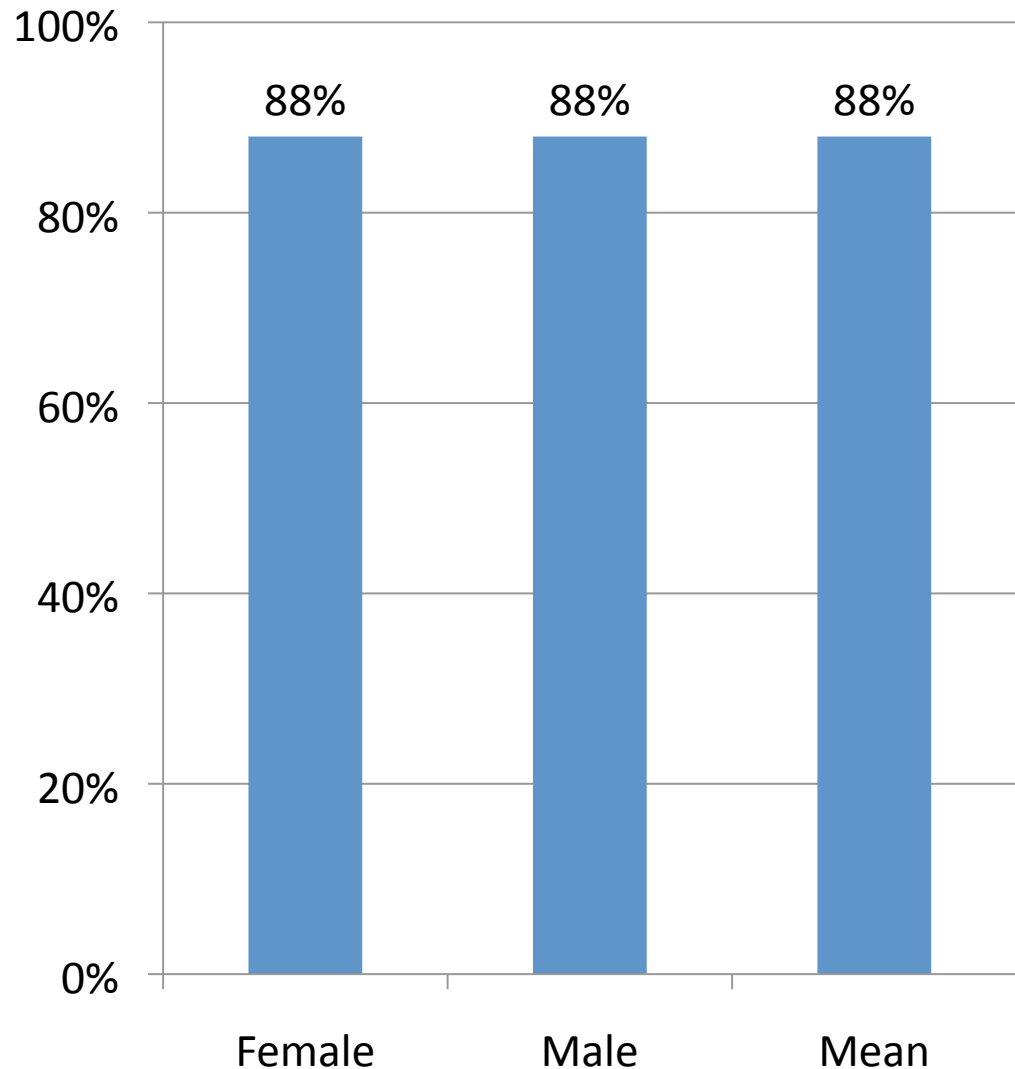
Percentage of clients with HIV infection who had 2 or more CD4 T-cell counts performed at least 3 months apart during the measurement year



**CD4 By Gender, N=668  
HAB Group 1**

Percentage of clients with HIV infection who had 2 or more CD4 T-cell counts performed at least 3 months apart during the measurement year

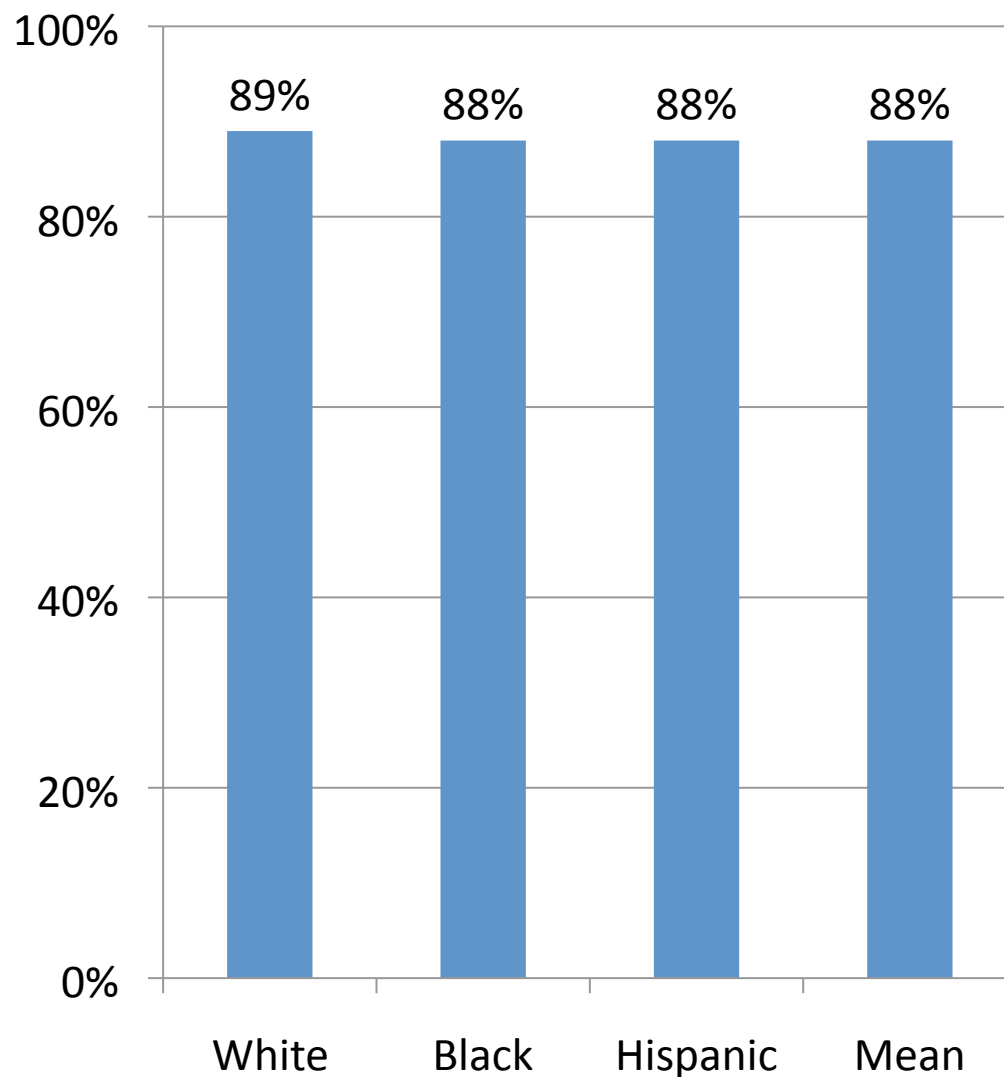
**CD4 By Gender**



**CD4 By Race, N=668  
HAB Group 1**

Percentage of clients with HIV infection who had 2 or more CD4 T-cell counts performed at least 3 months apart during the measurement year

**CD4 By Race**

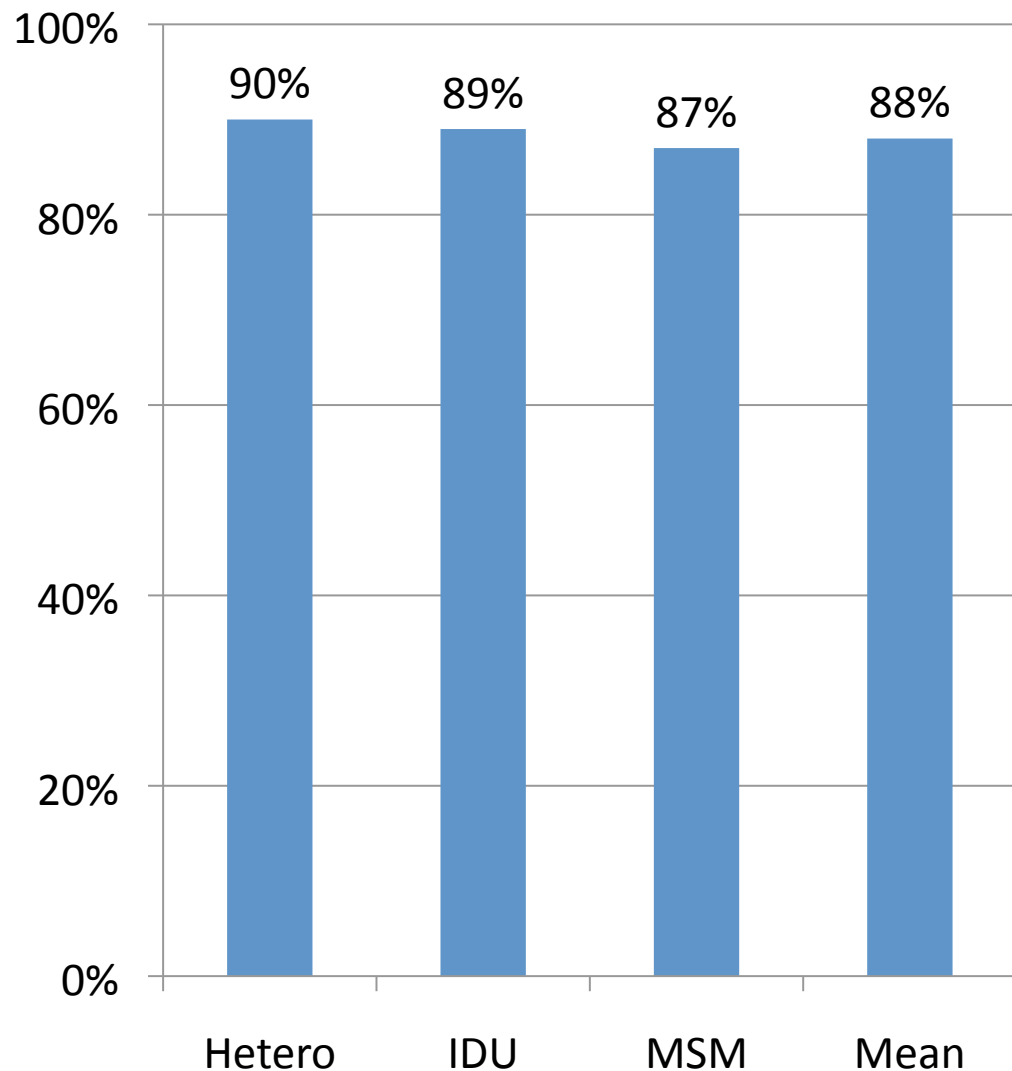


**CD4 By Risk, N=668**

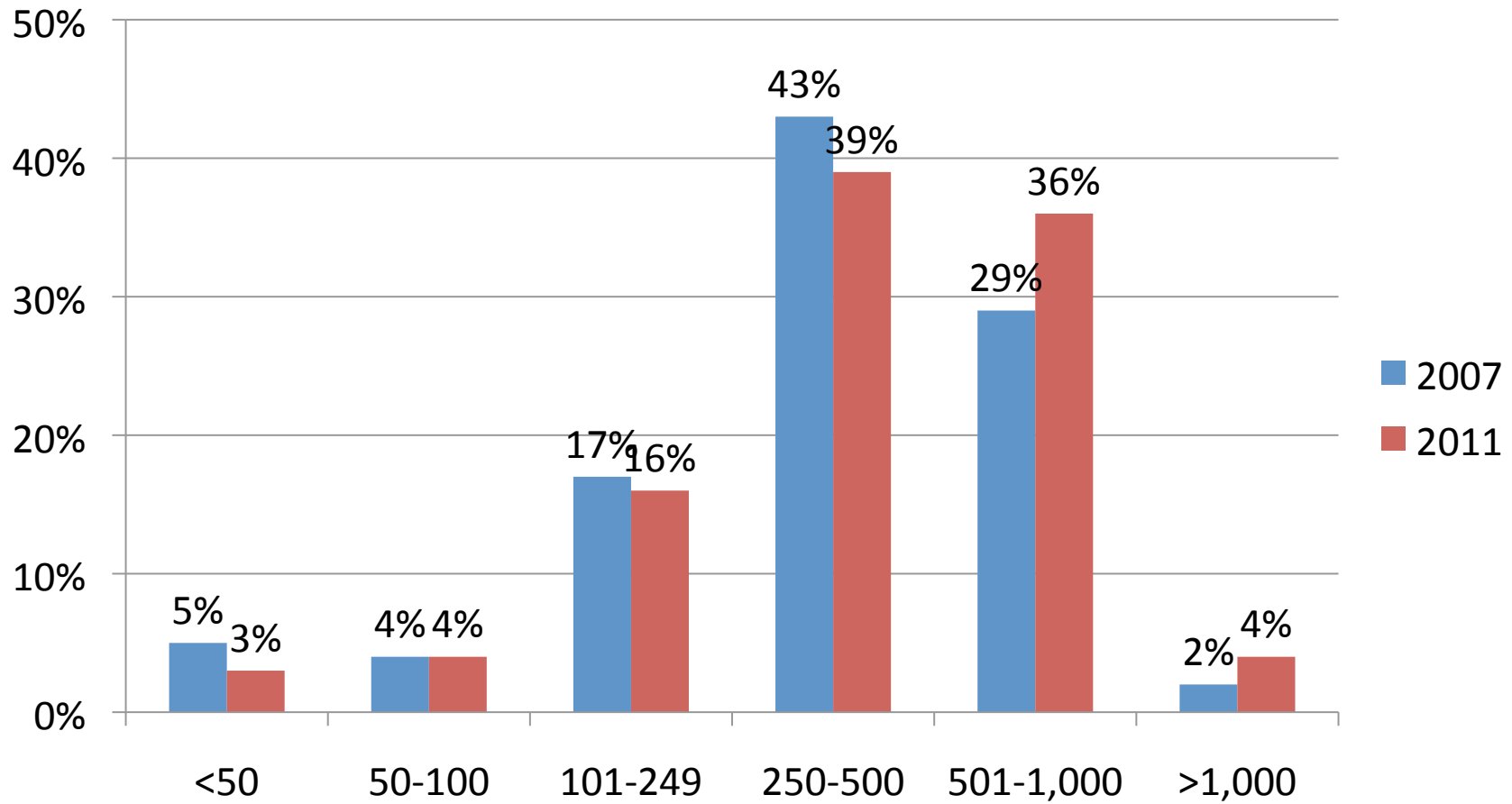
**HAB Group 1**

Percentage of clients with HIV infection who had 2 or more CD4 T-cell counts performed at least 3 months apart during the measurement year

**CD4 By Risk**



# Mean CD4=462, N=710

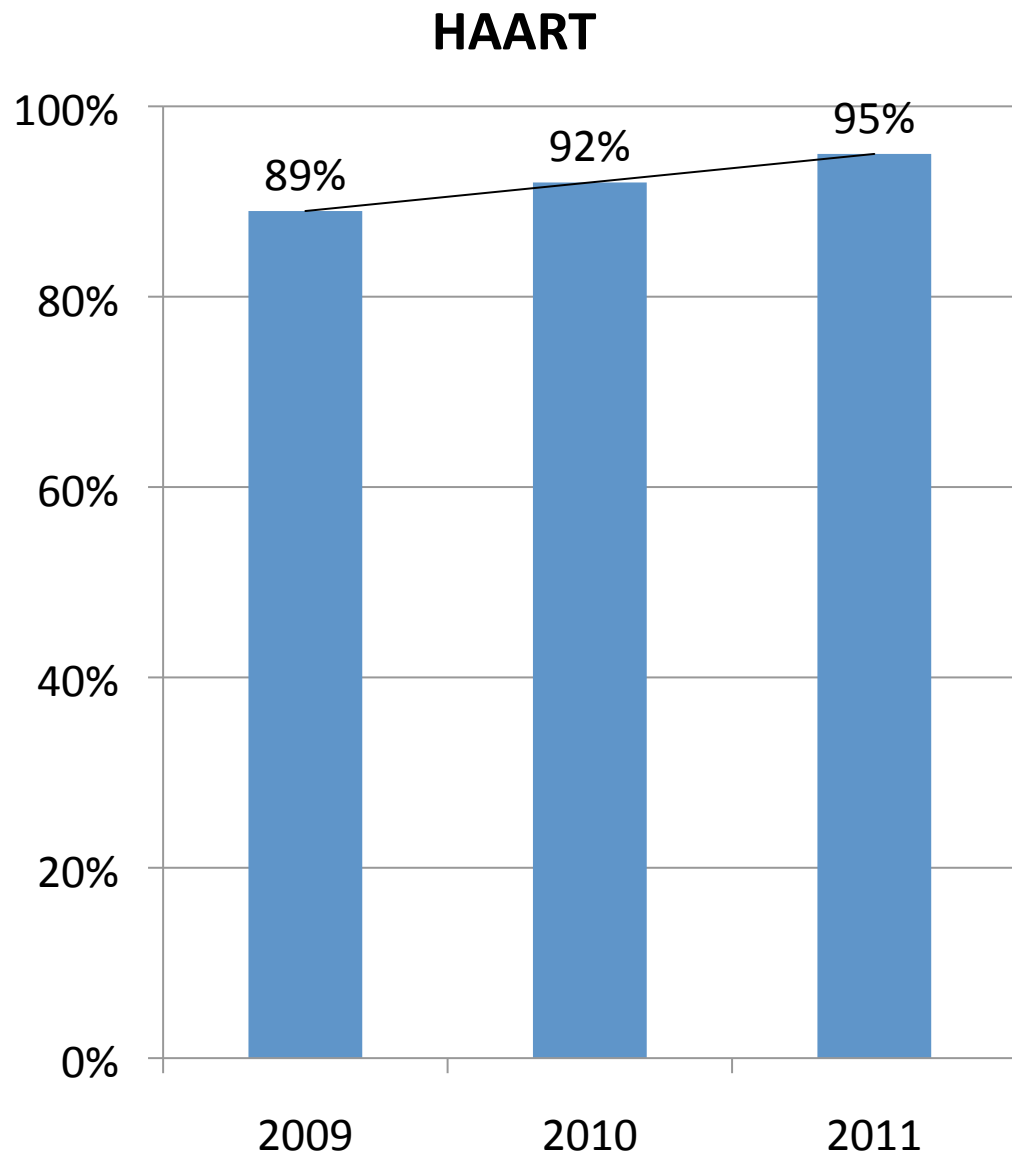




HAART, N=379

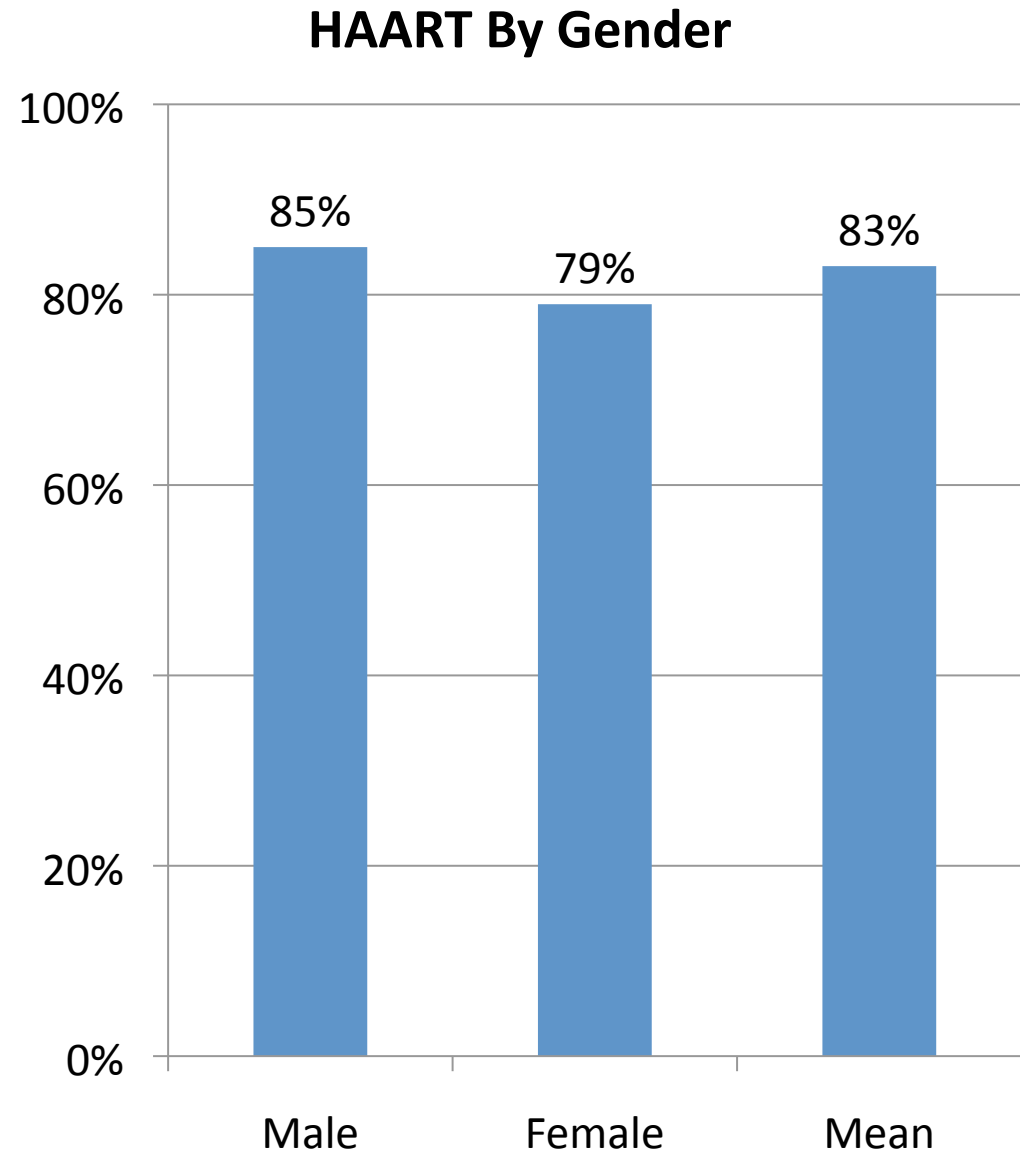
HAB Group 1

Percentage of clients with AIDS who were prescribed a HAART regimen within the measurement year



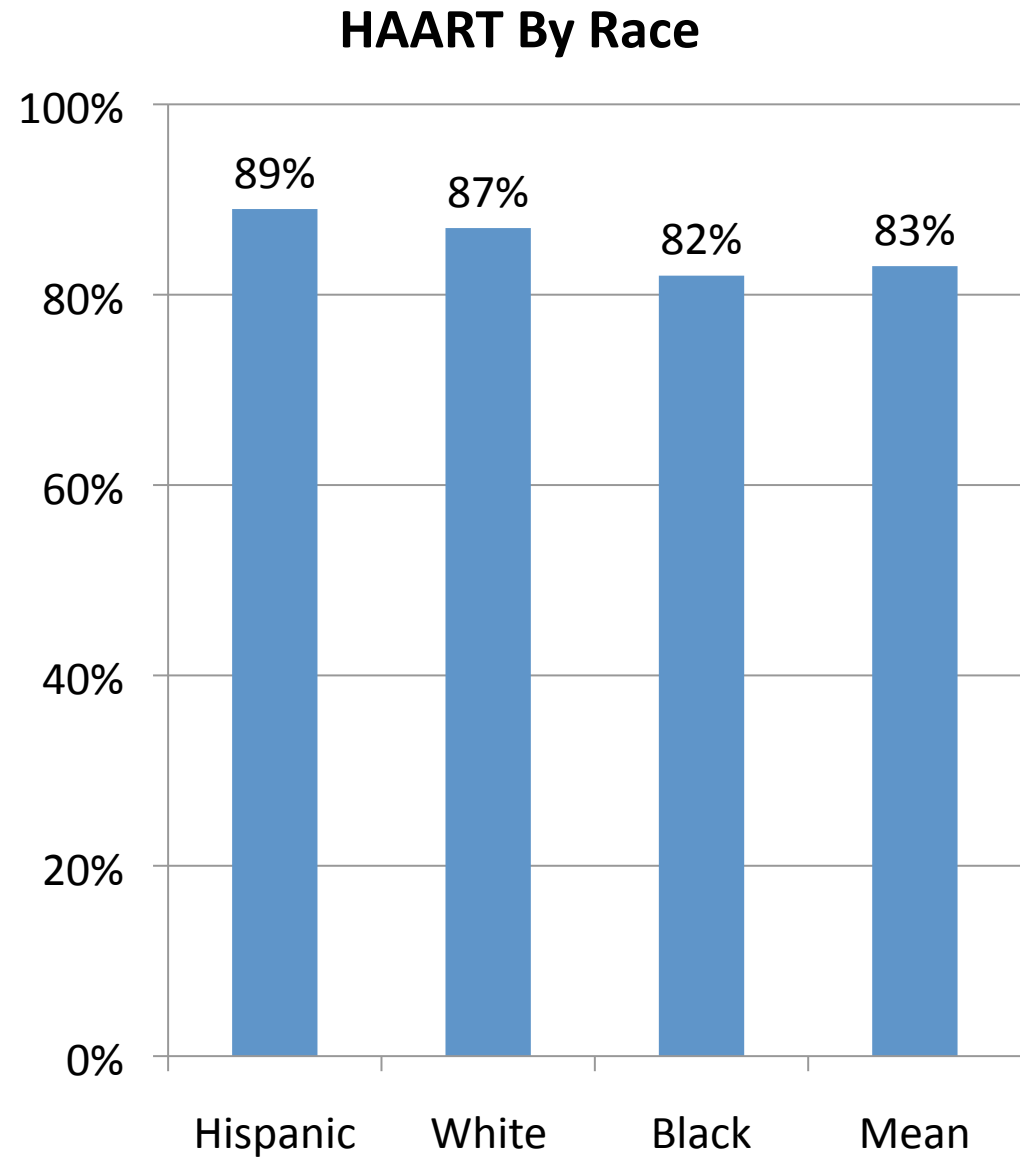
**HAART By Gender, N=714**

Percentage of clients who were prescribed a HAART regimen within the measurement year



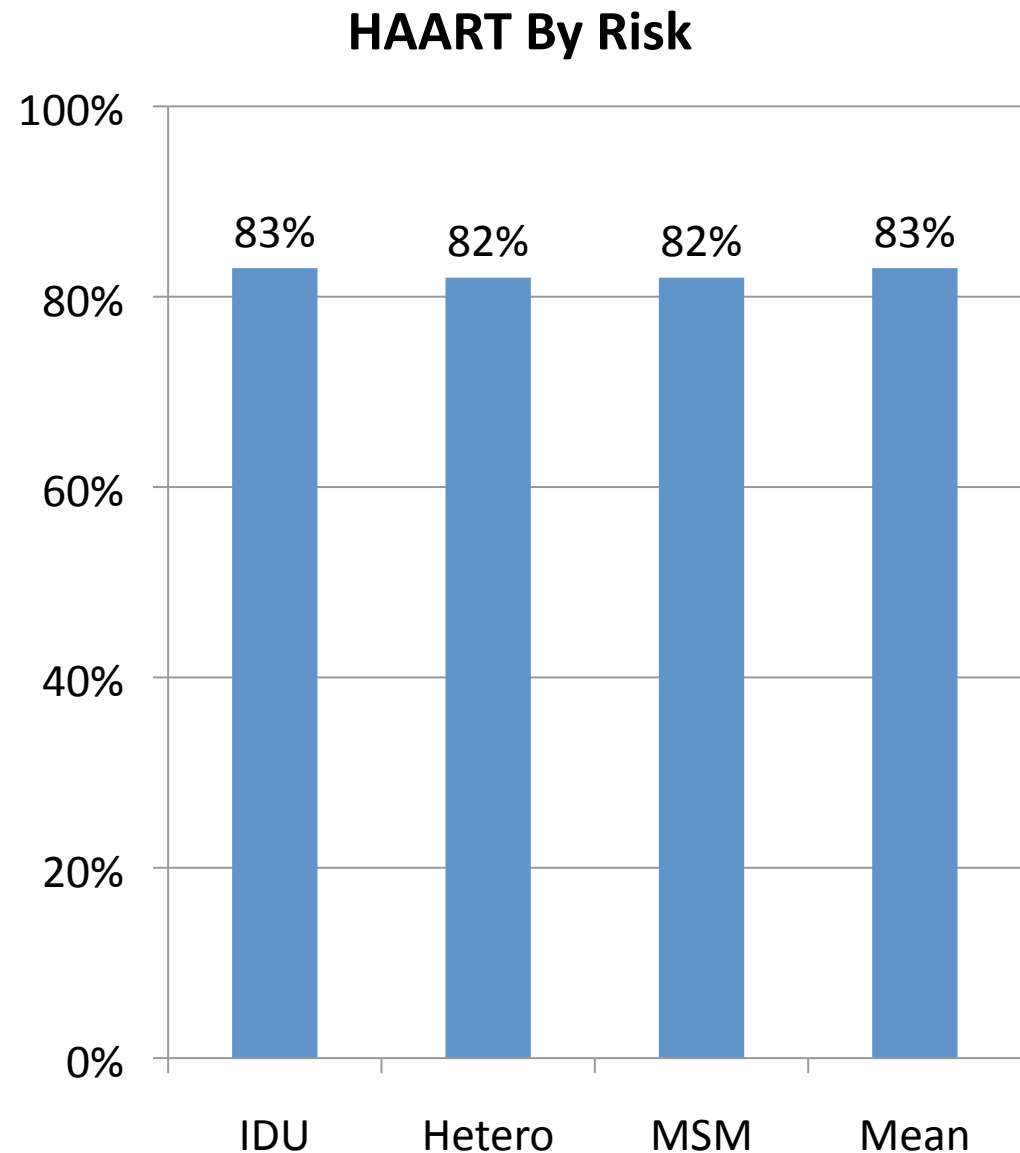
**HAART By Race, N=714**

Percentage of clients who were prescribed a HAART regimen within the measurement year



**HAART By Risk, N=714**

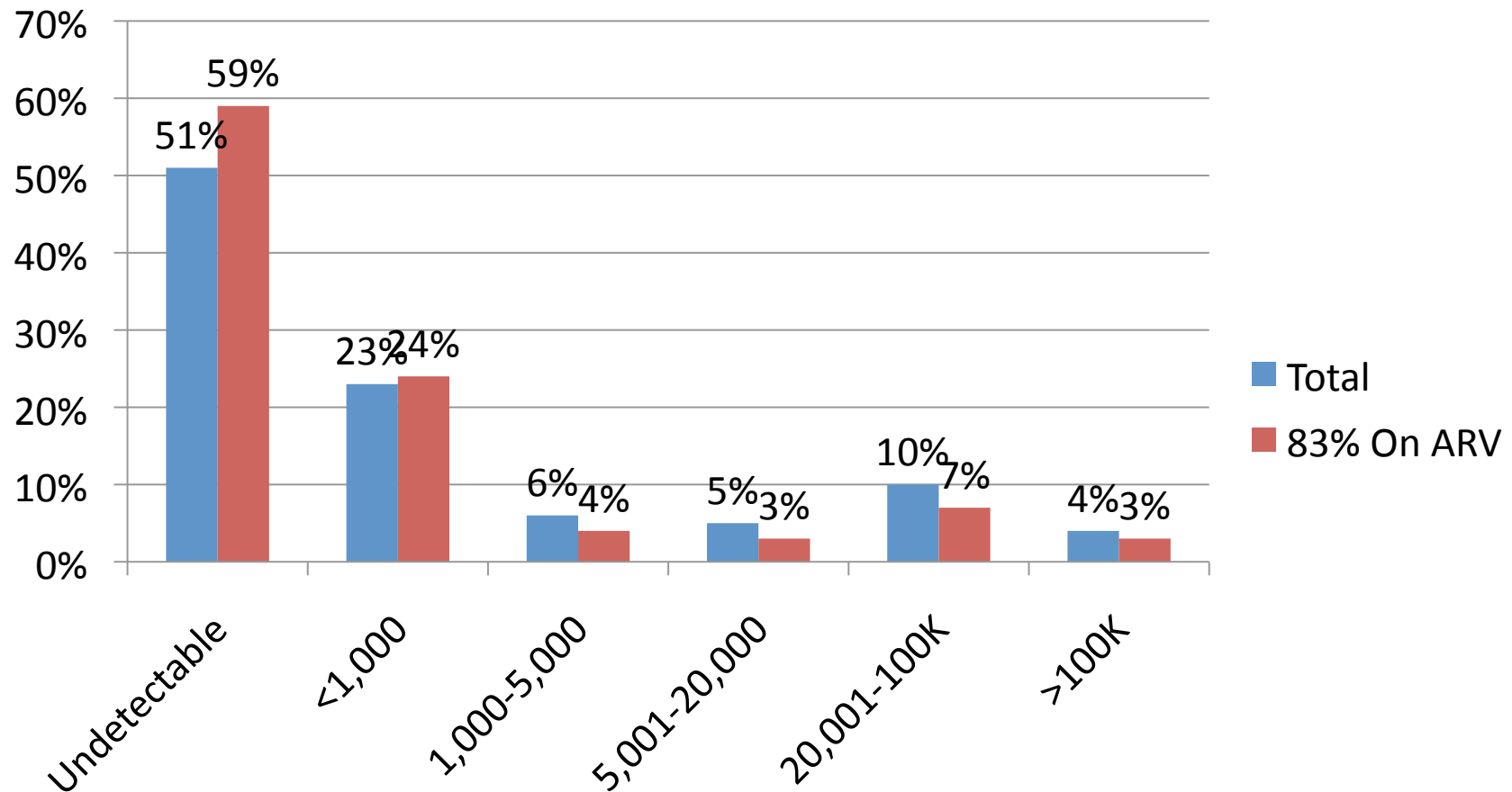
Percentage of clients who were prescribed a HAART regimen within the measurement year



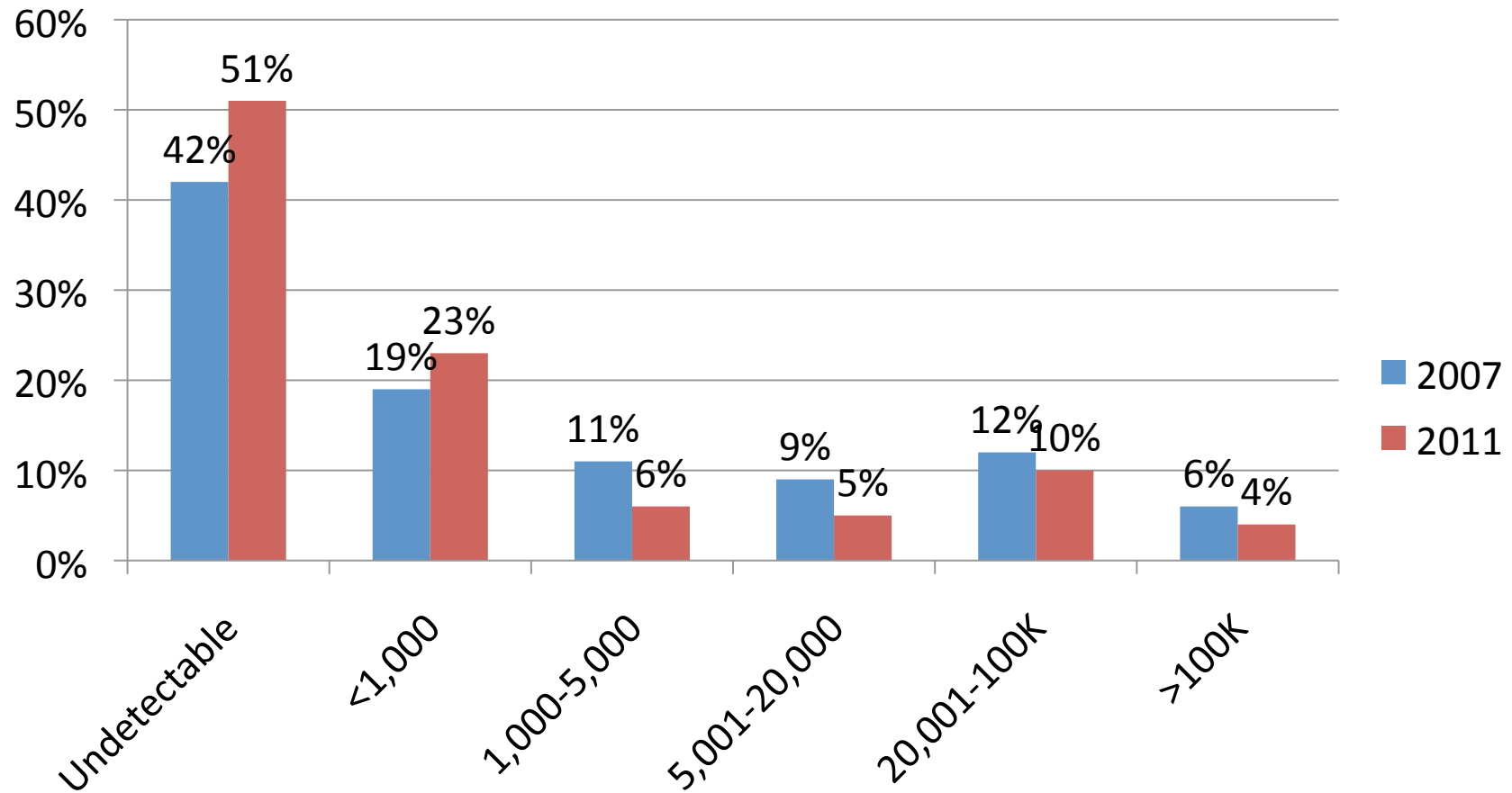
Mean VL = 20,326, N=700

Mean VL on ARV = 14,211, N=581

Genotype Done 59% If ARV + VL > 1,000

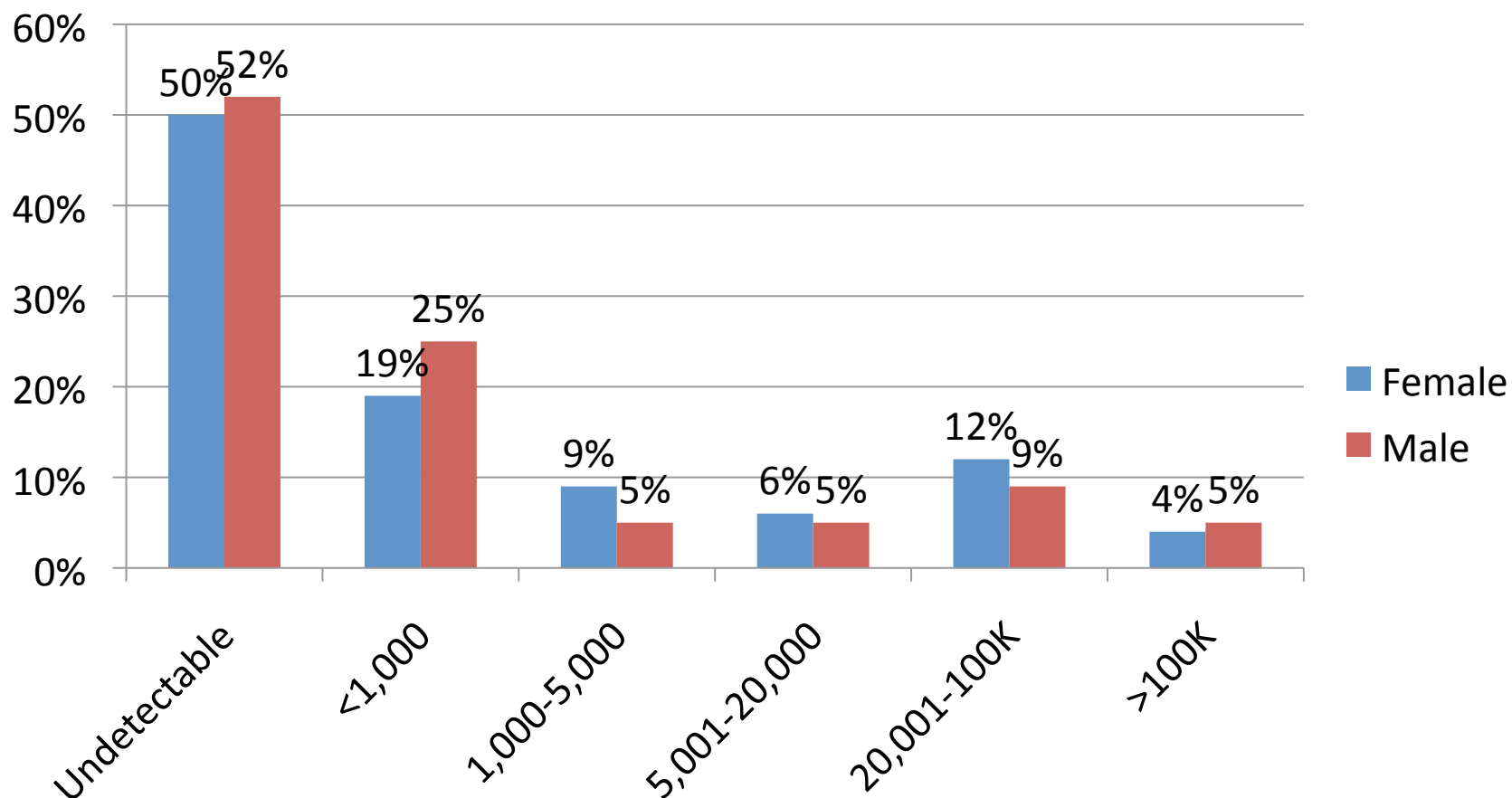


# Viral Load By Time



Mean Female VL=15,725, N=238

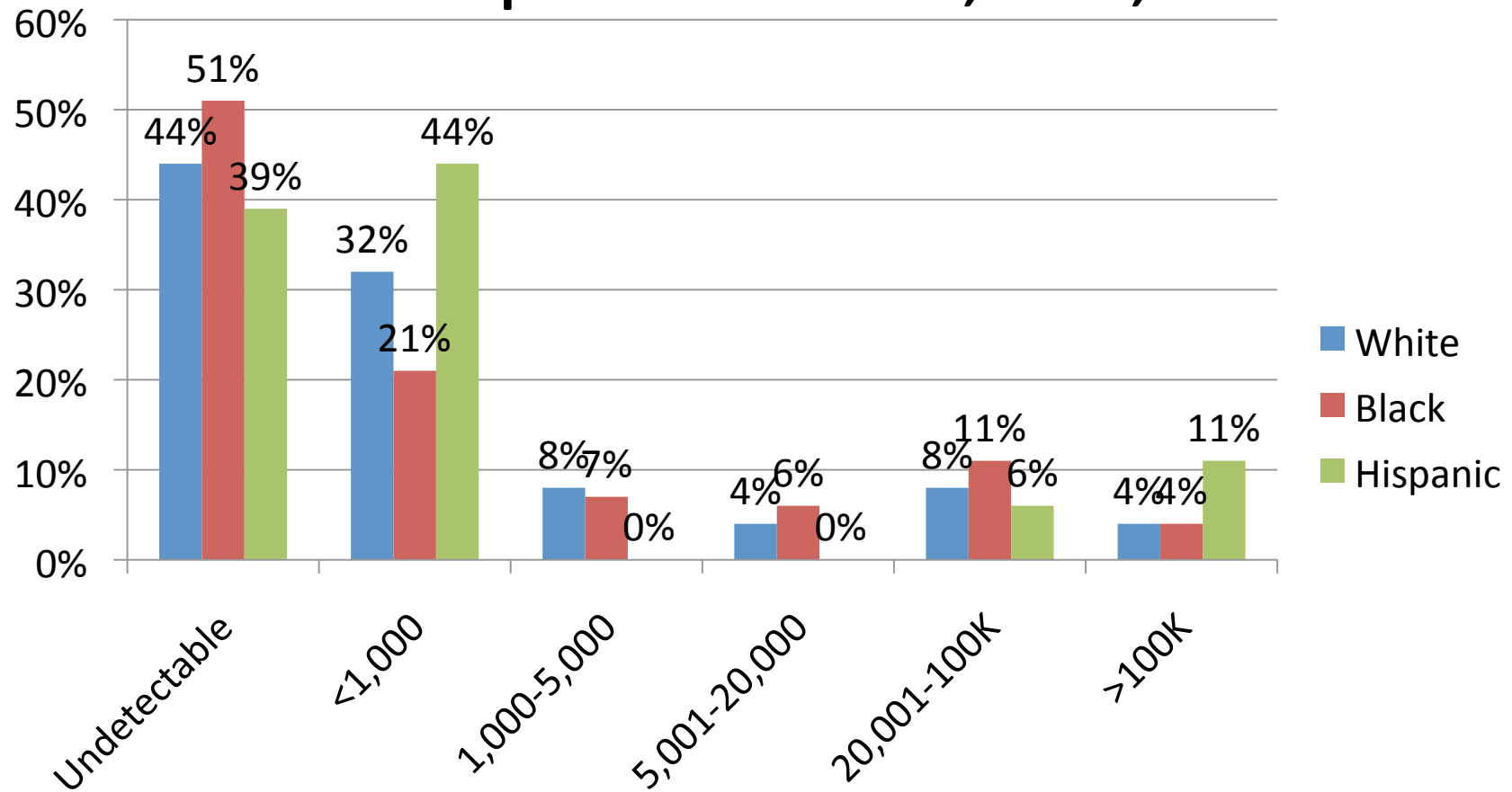
Mean Male VL=22,714, N=456



Mean White VL=14,576, N=77

Mean Black VL=20,368, N=571

Mean Hispanic VL=41,869, N=18

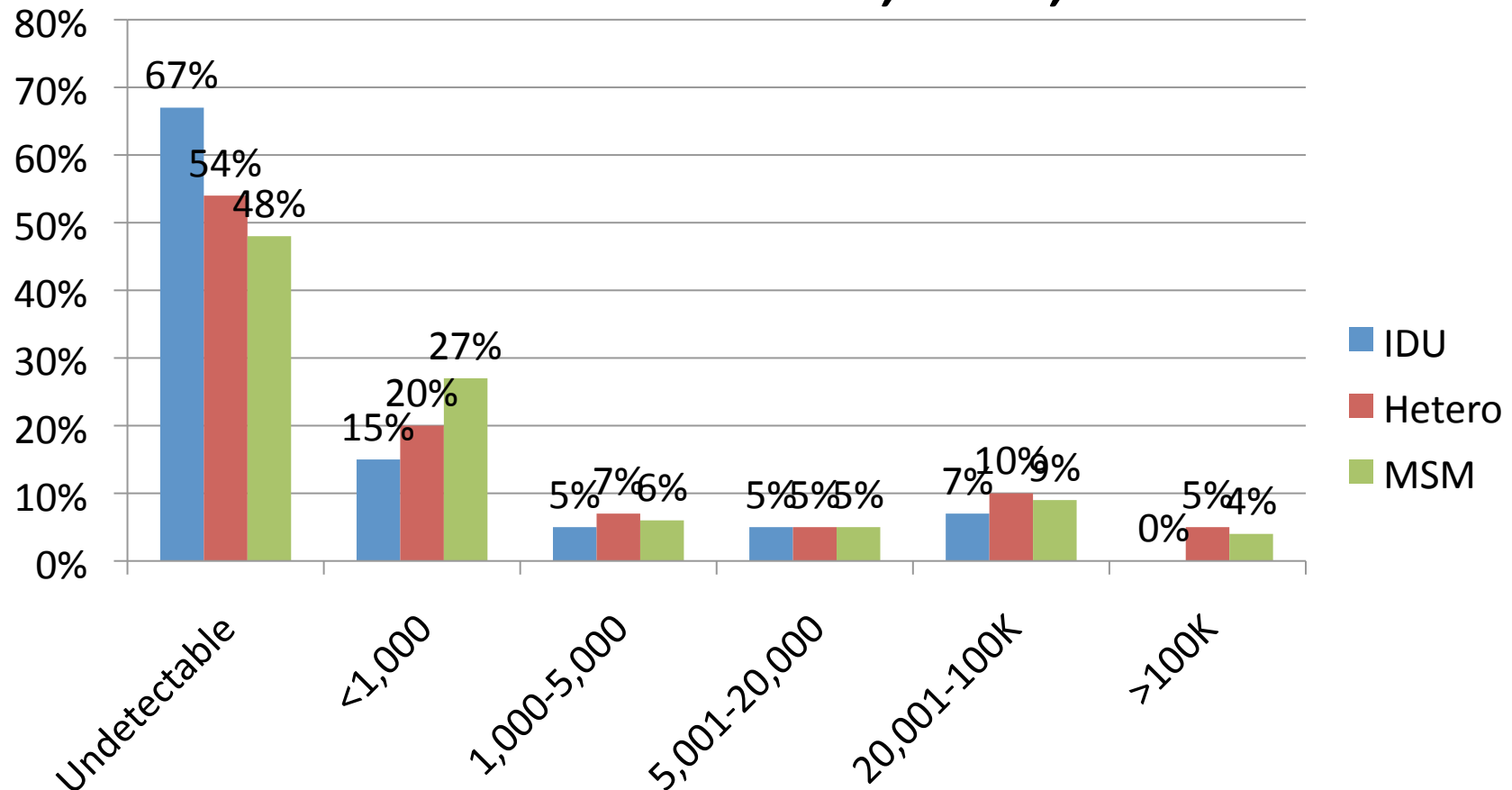




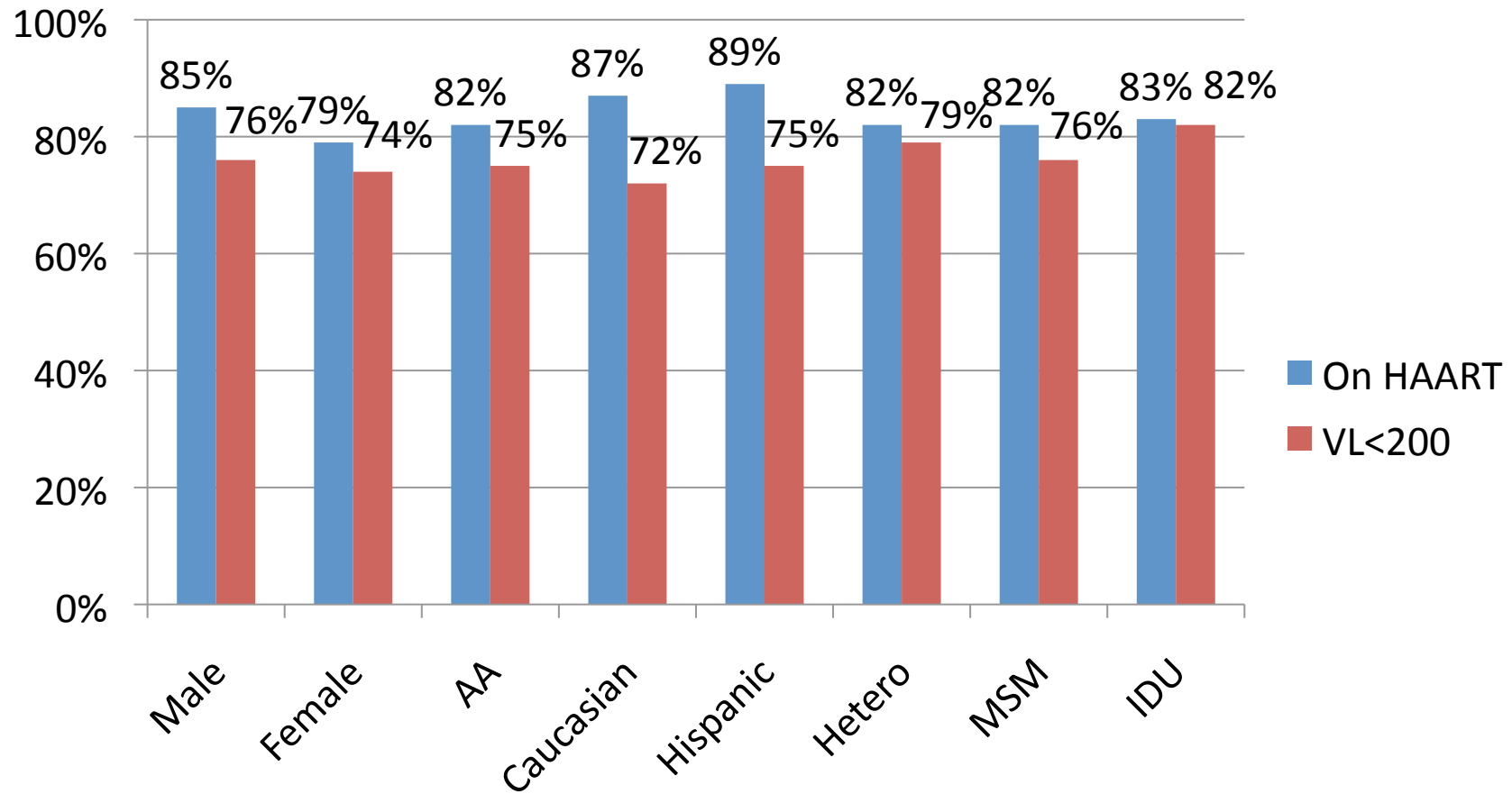
Mean IDU VL=3386, N=73

Mean Hetero VL=20,642, N=266

Mean MSM VL=23,934, N=203



# VL Suppression Summary



# VL Suppression Summary

	On HAART	VL<200 copies	Tx Response Gap
Male, N=387	85%	76%	9%
Female, N=189	79%	74%	5%
AA, N=468	82%	75%	7%
Caucasian, N=67	87%	72%	<b>15%</b>
Hispanic, N=16	89%	75%	<b>14%</b>
Heterosexual, N=220	82%	79%	3%
MSM, N=165	82%	76%	6%
IDU, N=60	83%	82%	1%
Mean, N=714	83%	75%	8%

# Oral Health Services

## Strengths

- Doc of CD4, VL, & HAART have all improved
- Strong initial dental evals.
- Tx plans, intra- & extra-oral, exams, periodontal screening, & pt. edu all improved
- >80% of pts needing extractions, infection tx, & pain mgt received it

## Areas for Improvement

- New pts don't come with good referral info
- More smoking cessation counseling & referrals are needed
- Fewer pt needs were met specific to caries, tooth spacing & function, & periodontal tx or consults

# Non-Medical Case Management

## **Strengths**

- Strong demographic information
- CD4, VL, HAART doc.
- RW Eligibility
- Completed Intakes
- Continuity of care, good follow-up on referrals

## **Areas for Improvement**

- Documented patient receipt of agency policies lower
- Lower treatment planning
- Client involvement in agency QI activities lower

# Psychosocial Support Services

## Strengths

- Demographics, risk factor, insurance status, HIV status
- Intake assessments
- Care plans
- Release of Info & Informed consent for services strong
- Strong quality improvement programs & activities

## Areas for Improvement

- Residential & Financial Eligibility
- Lower clinical indicators
- Ct rights, HIPPA, & grievance policies lower
- Pts signed fewer care plans
- Monitoring of ongoing service needs lower

# Capacity Building

- Agency Debriefings: Fall 2011
- 2 Mini-Learning Collaboratives (4 Sessions): February – May, 2012
  - Data presentations
  - Data rankings
  - Improvement project charters
  - Fishbone analyses
  - Plan, Do, Study, Act (PDSA) improvement projects
  - Agency next-steps
- EMA Reports: June, 2012
- Vendor Reports and Corrective Action Plans: May, 2012

# Questions? Thank-You!

- Evelyn Bradley, DrPh
- Karen Dorsey
- Alberta Lin Ferrari, MD, Bureau Chief
- Traci Olivier, MS
- Raven Patterson
- Christy Skipper, BS
- Serge Tankeu, MPH
- Jesse Ungard, MA [Jesse.Ungard@baltimorecity.gov](mailto:Jesse.Ungard@baltimorecity.gov)
- PLWHA Committee
- All Participating Providers and Consumers!