



PanWest-West Texas Ryan White Programs

PART TWO:

2010-2013 COMPREHENSIVE HIV HEALTH SERVICES PLAN

May 2013 Revision



PanWest-West Texas Ryan White Programs

SECTION I: MISSION STATEMENT, VISION STATEMENT AND CORE VALUES

Mission Statement

To develop and coordinate an effective, comprehensive, community-wide response to HIV/AIDS in the PanWest and West Texas regions by providing high quality medical and support services that optimize Ryan White funds and leverage community resources.

Vision Statement

The PanWest and West Texas Administrative Agency visualizes a system of HIV care that is accessible and effective so PLWHA may enjoy improved health and an enhanced quality of life.

Core Values

The PanWest and West Texas Administrative Agency (AA) takes pride in its commitment to public service and its responsibility to continuously improve HIV health service delivery. The AA believes that all services require a basic foundation of the core values of: Dignity, Respecting Diversity, Professionalism and Quality, Availability and Accessibility, and Collaboration. The AA believes these core values will encourage people living with HIV/AIDS to access treatment and be maintained in HIV medical care and support services.

- ◆ Dignity: All clients will be treated with dignity.
- ◆ Respect Diversity: Recognize and respect cultural and individual differences.
- ◆ Professionalism and Quality: Provide quality services in a professional manner.
- ◆ Availability and Accessibility: Health care services will be available and accessible.
- ◆ Collaboration: Work within the community to enhance PLWHA access to all available services.



PanWest-West Texas Ryan White Programs

SECTION II: GOALS AND STRATEGIES

GOAL I: Provide all funded services in a culturally sensitive manner that recognizes the regional stigma of HIV disease and works to reduce it.

Strategies

- I.1 Review English and Spanish patient and family education materials annually, improving and expanding health literacy resources as necessary through December 2013.
- I.2 Conduct an annual assessment of clients' HIV health literacy including such topics as understanding of their HIV treatment, importance of adherence, risk reduction strategies and HIV prevention.

GOAL II: Identify, engage and retain people who know their status and are not receiving HIV medical care.

Strategies

- II.1 Educate clients on the importance of medical care and program guidelines
- II.2 Ensure appropriate materials are available to educate clients on the benefits of remaining in care and the health consequences of not adhering to treatment including how HIV is spread and how to disclose the information to current/future partners by December 2013 with updates on an annual basis.

GOAL III: Ensure all funded services are of the highest quality, conforming to measurable standards of care and service outcomes including clinical quality measures and client satisfaction.

Strategies

- III.1 Implement the PanWest and West Texas Regions' Annual Quality Improvement Plan.
- III.2 Use data to determine progress toward the HIV/AIDS Bureau's HIV Core Clinical Performance Measures for Adult/Adolescent Clients Group 1 (Tier 1) adopted by the Texas Department of State Health Services.
- III.3 Implement the patient/client satisfaction survey throughout the PanWest and West Texas HSDAs, improving overall patient/client satisfaction annually.



PanWest-West Texas Ryan White Programs (5-2013 revision)

SECTION III: ACTION PLAN

GOAL I. PROVIDE ALL FUNDED SERVICES IN A CULTURALLY SENSITIVE MANNER THAT RECOGNIZES THE REGIONAL STIGMA OF HIV DISEASE AND WORKS TO REDUCE IT.

STRATEGY I.1: Review English and Spanish patient and family education materials annually, improving and expanding health literacy resources as necessary through December 2013.

Actions for Strategy I.1 of Goal I	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. Obtain current health literacy education materials available through Pan West and West Texas Ryan White funded providers.	Planning Coordinator	June 2013	August 2013		
2. Evaluate the adequacy of these materials for all populations served, prioritizing any identified gaps.	Nursing Consultant QMC	September 2013	November 2013		
3. Identify available materials to fill gaps with materials from other Texas regions, national organizations and the National Minority AETC.	Nursing Consultant	December 2013	February 2014		
4. Explore options for sharing Ryan White funded providers' cultural competency educational materials on-line.	Contract Specialist	September 2013	December 2013		

GOAL I. PROVIDE ALL FUNDED SERVICES IN A CULTURALLY SENSITIVE MANNER THAT RECOGNIZES THE REGIONAL STIGMA OF HIV DISEASE AND WORKS TO REDUCE IT.

STRATEGY I.2: Conduct an annual assessment of clients’ HIV health literacy including such topics as understanding of their HIV treatment, importance of adherence, risk reduction strategies and HIV prevention.

Actions for Strategy I.2 of Goal I	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. In conjunction with the Quality Management Committee (QMC), identify annual focus topics for a health literacy assessment.	QM Coord.	August 2013	October 2013	Monthly	
2. Develop short annual client assessment surveys to evaluate understanding of these QMC focus topics.	Planning and QMC	October 2013	December 2013	Monthly	
3. Implement the survey at all PanWest and West Texas funded providers.	Planning and Providers	December 2013	March 2014	Monthly	
4. Analyze the results, considering differences in region, race/ethnicity, language, age, gender, etc.	Data Manager	April 2014	June 2014	Monthly	
5. Plan and implement client educational programs based on results of the analysis.	Nurse Consultant	July 2014	September 2014	Quarterly	
6. Continue the client health literacy assessment on an annual basis, modifying approach as necessary.	Planning and QMC	September 2014	Ongoing	Annually	

GOAL II: IDENTIFY, ENGAGE AND RETAIN PEOPLE WHO KNOW THEIR STATUS AND ARE NOT RECEIVING HIV MEDICAL CARE.

STRATEGY II.1: Educate clients on the importance of medical care and program guidelines.

Actions for Strategy II.1 of Goal II	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. Educate clients on importance of medication adherence, maintaining medical appointments with physician and completing labs.	subcontractors	August 2013	September 2014	Semi-annually	
2. Educate clients on program guidelines, consequences of not following guidelines, and the importance of notifying the agency of change of contact information.	subcontractors	August 2013	September 2014	Quarterly	

STRATEGY II.2: Ensure appropriate materials are available to educate clients on the benefits of remaining in care and the health consequences of not adhering to treatment, including how HIV is spread and how to disclose the information to current/future partners, by February 2014 with updates on an annual basis

Actions for Strategy II.2 of Goal II	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. Continue and update a formal standardized treatment adherence educational system to facilitate consistency and continuity in materials presented to clients by medical and non-medical case managers.	Subcontractors & Nurse Consultant	September 2013	January 2014	Quarterly	
2. Provide materials to all PanWest and West Texas providers on line.	Contract Specialist	December 2013	February 2014	Annually	
3. Evaluate and update the available educational materials to ensure the most current and appropriate information is available to clients.	Nursing Consultant	February 2014	April 2014	Annually	
4.					

GOAL III. ENSURE ALL FUNDED SERVICES ARE OF THE HIGHEST QUALITY, CONFORMING TO MEASURABLE STANDARDS OF CARE AND SERVICE OUTCOMES INCLUDING CLINICAL QUALITY MEASURES AND CLIENT SATISFACTION.

STRATEGY III.1: Implement the PanWest and West Texas Regions' Annual Quality Improvement Plan (below).

Actions for Strategy III.1 of Goal III	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. Implement the strategies and activities outlined in the PanWest and West Texas Regions' Annual Quality Improvement Plan (listed below under Section IV).	QM Coord, and AA	September 2013	August 2014	Annually	
2. Using Plan-Do-Study-Act (PDSA), evaluate and modify the PanWest and West Texas Regions' Annual Quality Improvement Plan.	QM Coordinator	September 2013	August 2014	Annually	

STRATEGY III.2: Use data to determine progress toward the HIV/AIDS Bureau's HIV Core Clinical Performance Measures for Adult/Adolescent Clients Group 1 (Tier 1) adopted by the Texas Department of State Health Services.

Actions for Strategy III.2 of Goal III	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. Use ARIES data reports to evaluate progress toward HAB's HIV Core Clinical Performance Measures.	Data Manager	August 2013	August 2014	Bi-annually	
2. Utilize ARIES data reports and satisfaction survey data to identify quality improvement projects using Plan-Do-Study-Act (PDSA) processes.	QM Coord & Data Manager	August 2013	March 2014	Annually	
3. Review and trend available data pertaining to quality improvement projects quarterly.	Planner, QM Coord, Data Manager	August 2013	August 2014	Quarterly	
4. Evaluate results of quality improvement projects annually.	QM Coord	February 2014	August 2014	Annually	

GOAL III. ENSURE ALL FUNDED SERVICES ARE OF THE HIGHEST QUALITY, CONFORMING TO MEASURABLE STANDARDS OF CARE AND SERVICE OUTCOMES INCLUDING CLINICAL QUALITY MEASURES AND CLIENT SATISFACTION.

STRATEGY III.3: Implement the patient/client satisfaction survey throughout the PanWest and West Texas HSDAs, improving overall patient/client satisfaction annually.

Actions for Strategy III.3 of Goal III	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. Implement the patient satisfaction survey annually to measure satisfaction, building on the 2012 satisfaction survey and results.	QM Coord.	December 2013	March 2014	Annually	Most recent 12-2012
2. Using the satisfaction survey results, identify and implement changes to improve client satisfaction using Plan-Do-Study-Act (PDSA) approach.	QM Coord. with AA	March 2014	August 2014	Quarterly	
3. Evaluate and compare results between annual patient satisfaction surveys.	QM Coord.	April 2014	August 2014	Annually	
4. Correlate the system wide satisfaction survey results with providers' internal satisfaction survey results and internal quality management plan results to evaluate the impact of changes using Plan-Do-Study-Act (PDSA) approach.	QM Coord. with AA	April 2014	August 2014	Semi-Annually	

SECTION IV: Annual Quality Improvement Plan 04/01/2013 – 03/31/2014*

The PanWest and West Texas areas are guided by five Performance Measures meant to increase the quality of medical care and maintain clients in medical care. The Performance Measures are:

TIER 1

Performance Measure I: Achieve a minimum of 70% percent of clients with HIV infection who had two or more medical visits in an HIV care setting in the measurement year, with an ultimate goal of 90%-95%.

Performance Measure II: Achieve a minimum of 70% percent of clients with HIV infection who had 2 or more CD4 T-cell counts performed in the measurement year, with an ultimate goal of 90%-95%.

Performance Measure III: Achieve 90% percent of clients with AIDS who are prescribed Highly Active Anti-Retroviral Therapy (HAART), with an ultimate goal of 90%-95%.

Performance Measure IV: Achieve a minimum of 90% percent of clients with HIV infection and a CD4 T-cell count below 200 cells/mm who were prescribed PCP prophylaxis, with an ultimate goal of 90%-95%

Performance Measure V: Achieve a minimum of 70% percent of pregnant women with HIV infection who are prescribed antiretroviral therapy, with an ultimate goal of 90%-95%

TIER 2

Adherence Assessment and Counseling: Achieve a minimum of 70 % percent of clients with HIV infection on ARVs who were assessed and counseled for adherence two or more times in the measurement year.

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- Cervical Cancer Screening
- Hepatitis B Vaccination
- Hepatitis C Screening
- HIV Risk Counseling
- Lipid Screening
- Oral Exam
- Syphilis Screening

- TB Screening

****Standards for Tier 2 Measures have not been set.....still pending.**

Following are the current strategies/activities required to accomplish the five Performance Measures of the PanWest and West Texas Annual Quality Improvement Plan. The AA's Quality Management Coordinator updates the Annual Quality Improvement Plan as the strategies/activities are completed or changed. The updated/revised plan is forwarded to the QMC.

#	Strategy/Activity	Person Assigned	Comments and/or Recommendations	Date Due	Completed
1	Quarterly update on HAB Measures : Program Directors will run Tier 1 and Tier 2 HAB Measure reports in ARIES no less than 1 time per month for internal review.	Program Directors	HAB measures are no longer a primary focus for the QMC. HAB measures will still be monitored by the AA as well as each agency on a monthly basis.	April 2013 July 2013 October 2013 January 2014	
2	Quarterly QMC meetings: The QMC will meet quarterly and more often as needed. First meeting will be in person in Lubbock. Second meeting via conference call. Third meeting in person in Lubbock. Fourth meeting via conference call.	QM Coord.		April 2013 July 2013 October 2013 January 2014	
3	<u>STRATEGY I:</u> Provide all funded services in a culturally sensitive manner that recognizes the regional stigma of HIV disease and works to reduce it.		Pending QMC approval		
4	<u>STRATEGY II:</u> Identify, engage and retain people who know their status and are not receiving HIV medical care.		Pending QMC approval		
5	<u>STRATEGY III:</u> Ensure all funded services are of the highest quality, conforming to measurable standards of care and service outcomes including clinical quality measures and client satisfaction		Pending QMC approval		

#	Strategy/Activity	Person Assigned	Comments and/or Recommendations	Date Due	Completed
6	<p><u>STRATEGY III:</u> Educate clients.</p> <p><u>Activity III A 1:</u> Develop and maintain current and formal standardized system – such as a notebook that contains relevant information and a checklist of topics – to facilitate consistency and continuity so that the CM/MCM provides standard information to all clients.</p>	AA and Service Sub-contrac		System was implemented in 2010 and is ongoing	
7	<p><u>STRATEGY III:</u> Educate clients.</p> <p><u>Activity III A 2:</u> Focus on one or two topics in order to maintain client interest and not overwhelm client. Then progress to other topics at the client’s pace.</p>	Service Sub-contrac		As client needs, minimally at intake and at time of care plan update	ongoing
8	<p><u>STRATEGY III:</u> Educate clients.</p> <p><u>Activity III B:</u> Educate clients on the advancements in medication that make HIV/AIDS manageable, many without the side-effects of past years.</p>	Service Sub-contrac		As client needs, minimally at intake and at time of care plan update	ongoing
9	<p><u>STRATEGY III:</u> Educate clients.</p> <p><u>Activity III C:</u> Educate clients on the program guidelines, consequences of not following guidelines, and the importance of notifying the agency of change of contact information. If necessary, providing the client a self-addressed and stamped envelope to report changes in contact information</p>	Service Sub-contrac		As client needs, minimally at intake and at time of care plan update	ongoing
10	<p><u>STRATEGY IV:</u> Maintain client inclusion.</p> <p><u>Activity IV A:</u> The AA will send a satisfaction survey to</p>	QM Coord.	The AA anticipates sending approximately 1,000 surveys (excluding clients who do	Annually by December	December 2012

#	Strategy/Activity	Person Assigned	Comments and/or Recommendations	Date Due	Completed
	each client with a self-addressed stamped envelope and provide a toll free number for those clients who prefer to call in to confidentially complete the survey.		not want to receive mail) and sets a goal of 20% surveys to be returned.		
12	<p>STRATEGY IV: Maintain client inclusion.</p> <p>Activity IV B: The AA will send letters/notices to each client (who accepts mail) notifying the client of the AA's role, the AA's contact information and requesting their input on service needs and service delivery.</p>	AA	Each notice/letter will include a reminder to notify the Subcontractor of change of address or phone.	Two times annually (every six months)	December 2012
	ONGOING QMC ACTIVITIES				
13	<p>Case Managers will follow up on clients who have missed medical appointments for the client's HIV/AIDS care.</p> <p>CM will maintain a record of missed medical appointments. The record can be a list, spreadsheet, etc.. as long as it includes the following items:</p> <ul style="list-style-type: none"> • CM efforts to contact the client. • Why the client missed the appointment. • Was the appointment rescheduled and when? • Follow up on the rescheduled appointment. 	Service Sub-contrac.	Formally Strategy I. Per QMC, moved to ongoing, May 2011. Agencies have made significant improvements in this area.	Ongoing	
14	Each Subcontractor will update the QMC on the status of missed medical appointments and steps taken to increase adherence	Service Sub-contrac.	Formally Strategy I, Activity IB. Moved to ongoing at the request of the QMC. Agencies have made significant improvements in this area.	Ongoing	
15	Review and update of HIV related policies and procedures: AA members will discuss any new DSHS policy and the impact of the policy on service delivery	QMC	New Case Management Standards went into effect January 2012.	Ongoing through 03/31/2014	March 2014

#	Strategy/Activity	Person Assigned	Comments and/or Recommendations	Date Due	Completed
16	Quarterly review of complaint trends, adverse events or other issues impacting quality of services: QM committee will discuss in cases of occurrence of complaints, adverse events or any other issue that might have an impact on quality improvement.	QMC	-Will discuss satisfaction surveys with the QMC-April 2013.	April 2013	
17	Quarterly update on HIV related medical issues: QM physician (Nurse Consultant) will provide medical insight to the committee on any medical issue that affect the HIV treatment.	QM Physician (Nurse Consultant , (RN,MSN)	-Discuss current medical issues pertaining to opportunistic infections, medication and treatment. Physician position still vacant. QM Nurse Consultant will fill in until position is filled.	April 2013 July 2013 October 2013 January 2014	March 2012
18	Quarterly update by the client on any barrier to the access of medical care: Client member will update the QM committee the clients' perspective of medical care and barrier to access it	Client Member of QMC	Position is vacant. -QMC voted to implement a formal nomination process to include a nomination form-Aug. 2011	April 2013 July 2013 October 2013 January 2014	
19	Implement annual Provider (Subcontractor) Survey: AA members will review and update the existing Providers' survey. The survey will be sent to all funded Subcontractors for completion.	QM Coord.	Provider surveys will be reviewed by the AA and then emailed to the providers to complete via survey monkey.	December 2012	December 2012
20	Annual discussion of provider (Subcontractor) survey results and plan for future improvement: AA will compile the completed surveys and share results with the QMC to discuss barriers and/or concerns for the implementation of quality services.	QM Coord.		April 2013	April 2013
21	Implement annual AA client satisfaction survey: AA will review and update the existing client survey. AA members will compile the completed surveys and share with the QMC.	QM Coord.	See Goal IV, Strategy IV.3, Step 1.	December 2012	December 2012

#	Strategy/Activity	Person Assigned	Comments and/or Recommendations	Date Due	Completed
22	Sharing of QM activities at the Subcontractor level: Program Directors will share the QM activities that occurred during the quarter at their agencies.	Program Directors		April 2013 July 2013 October 2013 January 2014	
23	Sharing of any observation or any trend in the client base: Program Directors will share trends, patterns they notice among clients.	Program Directors		April 2013 July 2013 October 2013 January 2014	
24	Limit missing and unknown client data: The AA Data Manager creates a report to identify which clients show missing or unknown data and forwards the report to the Subcontractor who has thirty (30) days to correct the information so that they do not exceed five (5%) of missing or unknown data.	AA Data Mng.	Data Mgr sends report to subcontractor 20 th of even month. Subcontractor corrected information due 20 th of every odd month.	See Comment.	
25	Timely enter services not to exceed five (5) days: The AA Data Manager reviews the DSHS Lag Time Report to assure services are entered into ARIES within five (5) working days and contacts Subcontractors who are not meeting the five (5) day requirement to justify the delay.	AA Data Mng.	Data Mgr sends report to subcontractor 20 th of even month. Subcontractor corrected information due 20 th of every odd month.	See Comment	
26	Assure verification of service data: AA Data Manager makes quarterly on-site monitoring visits to each subcontractor to assure that service entries made into ARIES have back up information (verification).	AA Data Mng.		Quarterly	