

Denver HIV Resources Planning Council

Next Steps: Quality Measures and Standards

A meeting to discuss the Quality Measures and existing Ambulatory Standards of Care was held at 200 W 14th Avenue, 3rd Floor Conference Room C.3.4 on October 23, 2012. Attending were Maria Lopez, Michele Shimomura, Matt Bennett, Bettina Harmon as well as Dr. Steve Johnson and Dr. Josh Blum via telephone. The meeting was facilitated by Dr. Kathy Reims. Meeting materials included a handout which lists the Current Quality measures with last year's performance, the four in+care measures, and seven Department of Health and Human Services (DHHS) Core Measures.

The group agreed on the process of making a few recommendations and then distributing to the larger group to ensure that the opinions of those unable to attend could be included.

Quality Measures

Recommendations:

1. Use the in+care measures. These measures are slightly different but cover the intent of our current quality measures 1 and 3. The advantage of using these is that some sites are already collecting these measures and that we will be able to compare our performance with others across the nation.
2. Eliminate quality measure 2 regarding PCP prophylaxis. This measure has had consistent high performance and most sites have existing systems to monitor internally.
3. Eliminate the tobacco use measures, 4a and 4b. These are part of clinic systems in general and performance has improved significantly. Our quality improvement efforts might be better focused elsewhere.
4. Consider the addition of measures regarding mental health screening, substance abuse and oral health
5. Consider building systems to measure and improve viral load suppression at the community level

Next Steps:

1. Bettina will send out a draft copy of the Standards of Care Quality Measures with the above changes integrated.

2. Bettina will send out the larger set of 81 DHHS measures distributed earlier this year. Participants will comment on any measures that might be useful to monitor from their clinical perspective.
3. The Planning Council will consider next steps and feasibility to measuring community viral load.

Ambulatory Standards of Care

Recommendations:

1. It was agreed that while the existing standards were helpful early on in the process, there were opportunities to move forward with more sophisticated evaluations. Current enhanced data systems might give us additional information to focus on standard components of comprehensive care without (or with very limited) need for chart audits.
2. There was a robust discussion of possibilities including the following:
 - a. Potential of sharing mortality rates and causes of death to look for TGA trends. Most sites monitor this information but sharing data and analyzing in this way would be new.
 - b. Evaluate monitoring the Cascade of Care for the TGA. We would seek further advice from Dr. Gardner.
 - c. Rate of ART prescription within the program.
 - d. We also discussed looking at viral suppression data by gender, race and ethnicity.

Next Steps:

1. We suggest that other providers review these ideas as well as the HHS measures.
2. The Denver HIV Resources Planning Council will facilitate further email discussion regarding these options and welcome additional suggestions from the larger group.