

# Quality Assessment of Ryan White Funded Outpatient Substance Abuse Services Provided to Persons Living with HIV/AIDS in the Baltimore EMA

Baltimore City Health Department  
Ryan White Part A Office  
Clinical Quality Management Program

# Mission

- The Clinical Quality Management Program (CQM) seeks to maintain high quality care at Part A funded Primary Medical Care and Support Service agencies serving HIV-infected and affected persons whom are uninsured, underinsured, or who are not able to obtain needed services via other insurance programs.

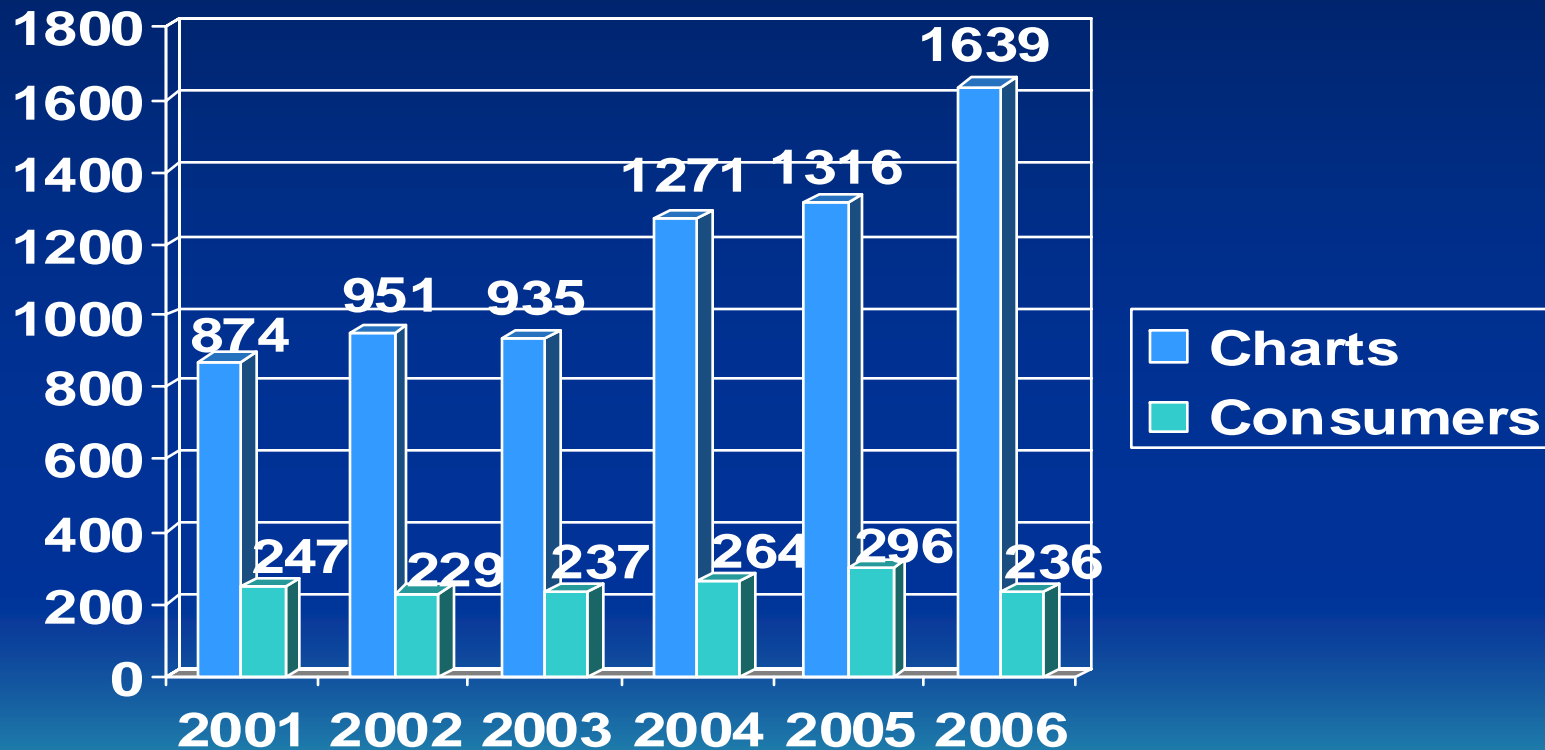
# Goals

- CQM assesses the extent to which providers are meeting the minimum local Standards of Care as established by the Greater Baltimore HIV Health Services Planning Council and provides recommendations on crafting quantifiable and measurable Standards of Care based on US Public Health Service Guidelines.

# Four-Year CQM Review Cycle

Year:	Year #1 (FY 2001, 2005, etc.)	Year #2 (FY 2002, 2006, etc.)	Year #3 (FY 2003, 2007, etc.)	Year #4 (FY 2004, 2008, etc.)
Service Category Review:	<ul style="list-style-type: none"> <li>◦ Outpt Amb Hlth</li> <li>◦ Med Case Mgt</li> <li>◦ Med Nutr Therapy</li> <li>◦ Food Bank</li> </ul>	<ul style="list-style-type: none"> <li>◦ EIS</li> <li>◦ Mental Hlth Adult</li> <li>◦ Mental Hlth Peds</li> <li>◦ Subst Abuse</li> </ul>	<ul style="list-style-type: none"> <li>◦ Outpt Amb Hlth</li> <li>◦ Oral Hlth</li> <li>◦ Psychoso cial Serv</li> <li>◦ Hospice</li> </ul>	<ul style="list-style-type: none"> <li>◦ Med Transport ation</li> <li>◦ EFA</li> <li>◦ Hlth Ins</li> <li>◦ Child Care</li> </ul>

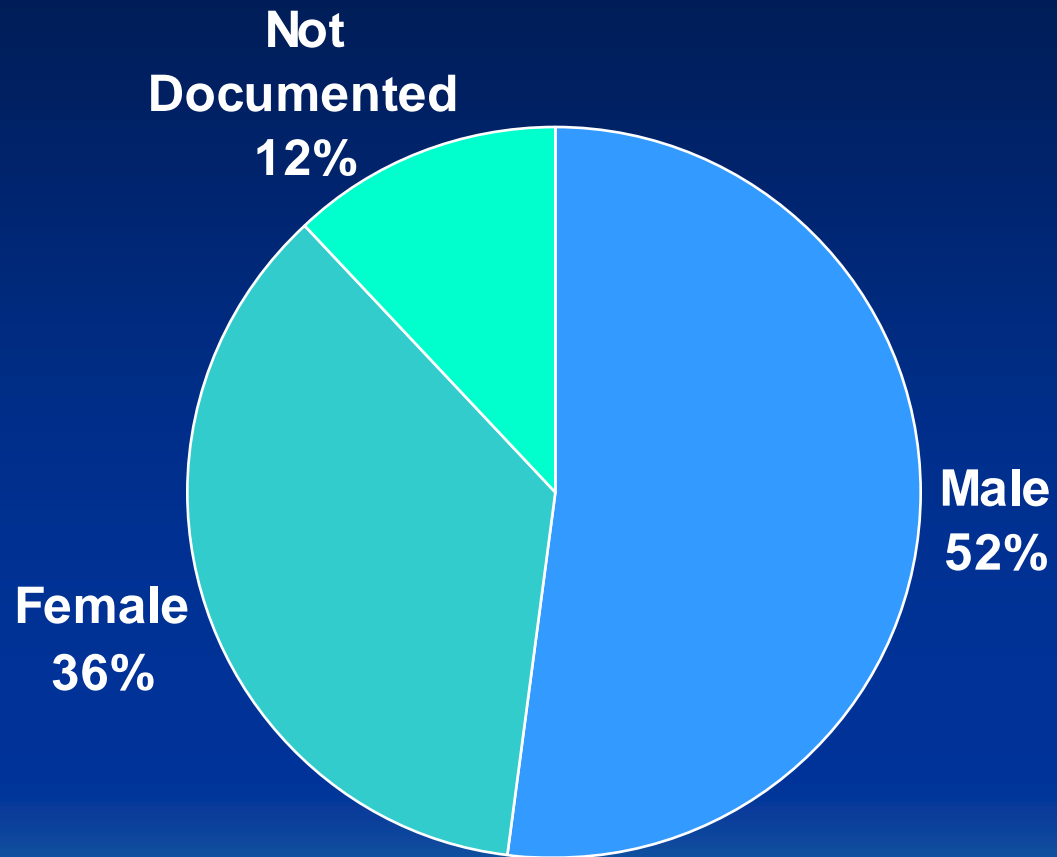
# Number of Chart Abstractions and Consumer Interviews Performed



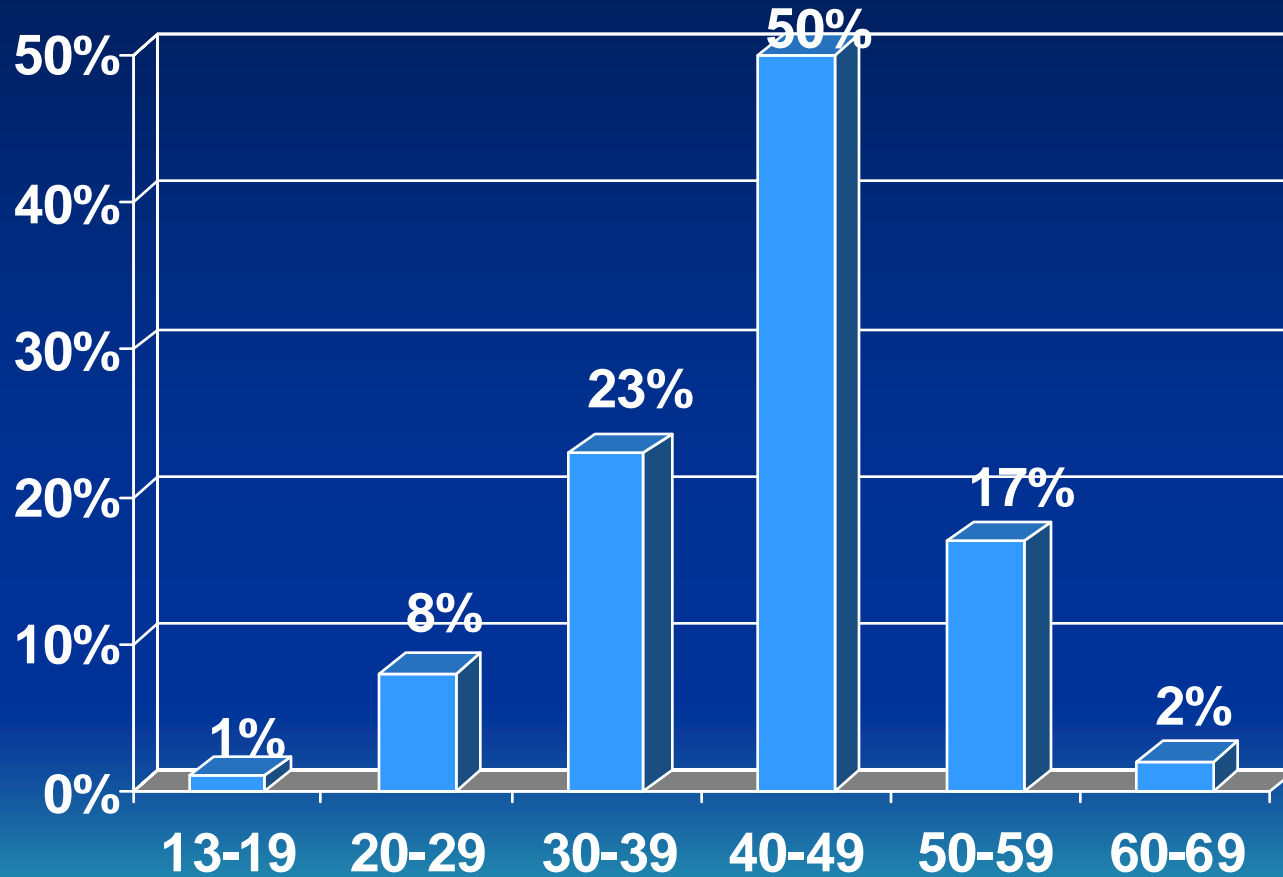
# Overview: Client Chart Abstraction

- Data abstracted from 393 client charts.
- All 14 outpatient substance abuse agencies (5 BSAS, 9 Non-BSAS).
- Fiscal Year 2005 (3/1/2005 – 2/28/2006).
- Agencies instructed to provide random sample.
- Number of Part A clients at agency determined the number of charts requested.

# Gender

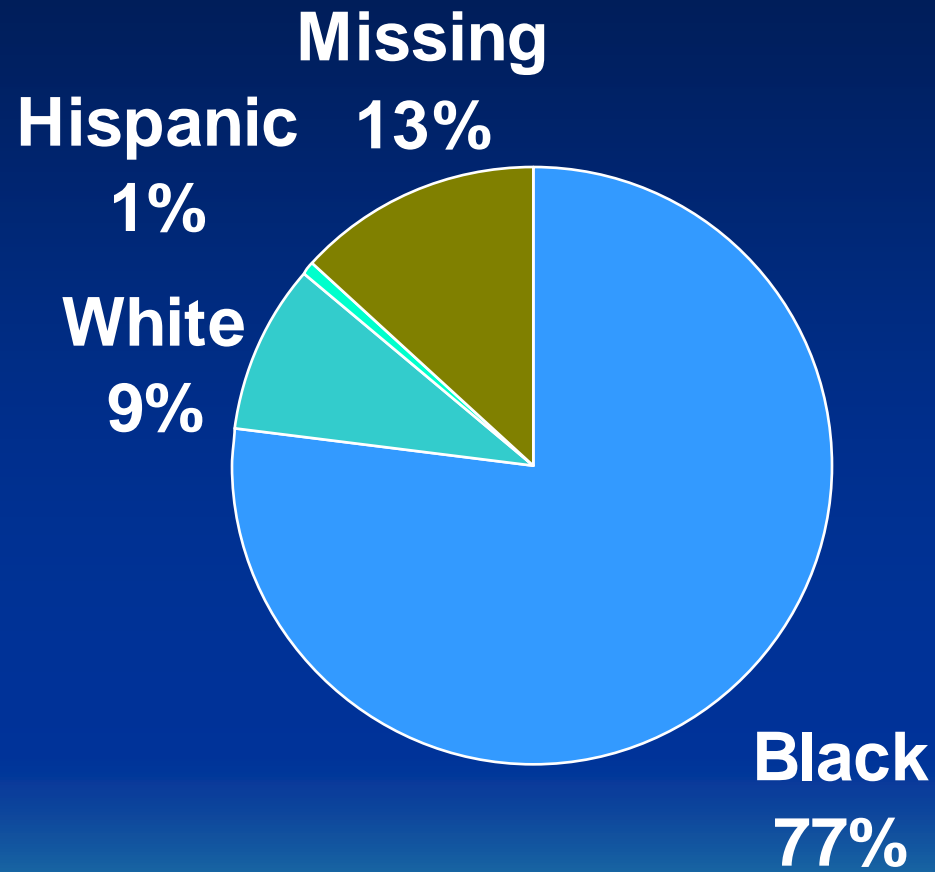


# Age Range

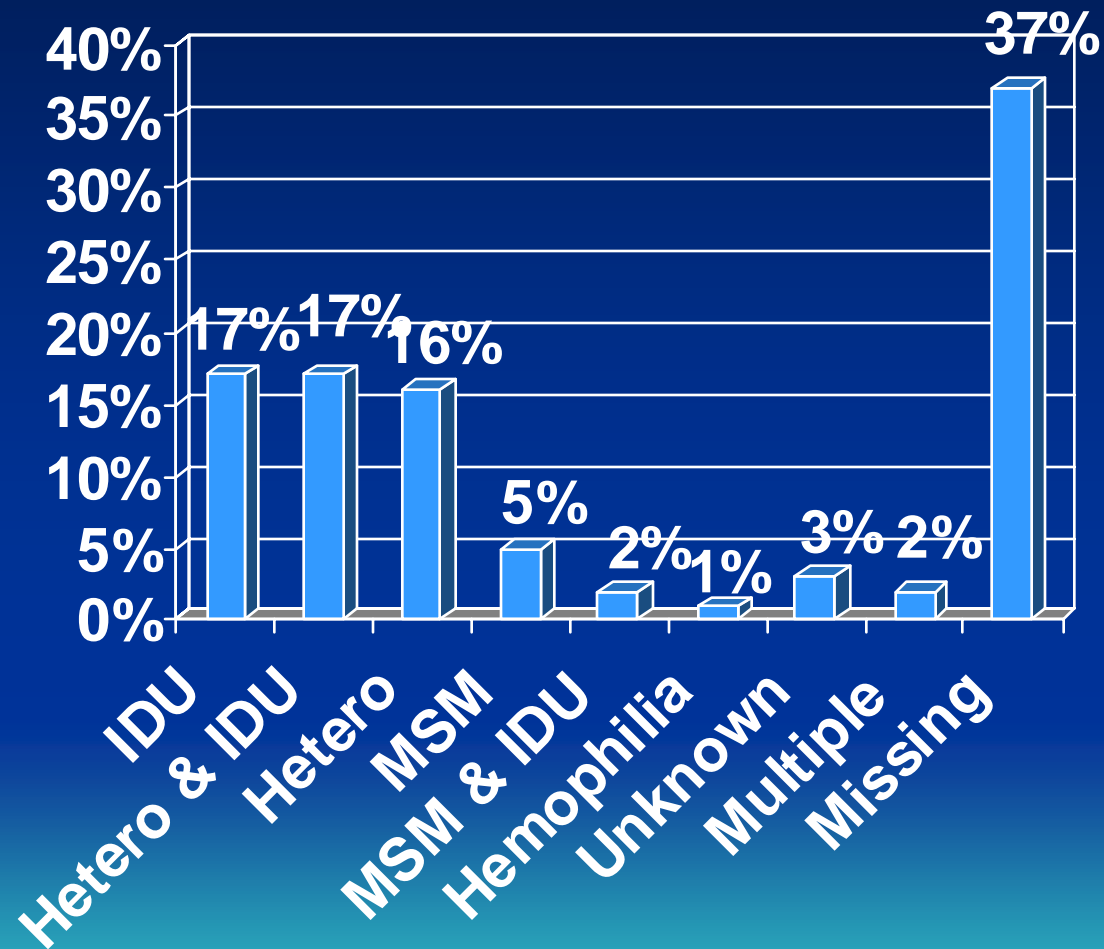




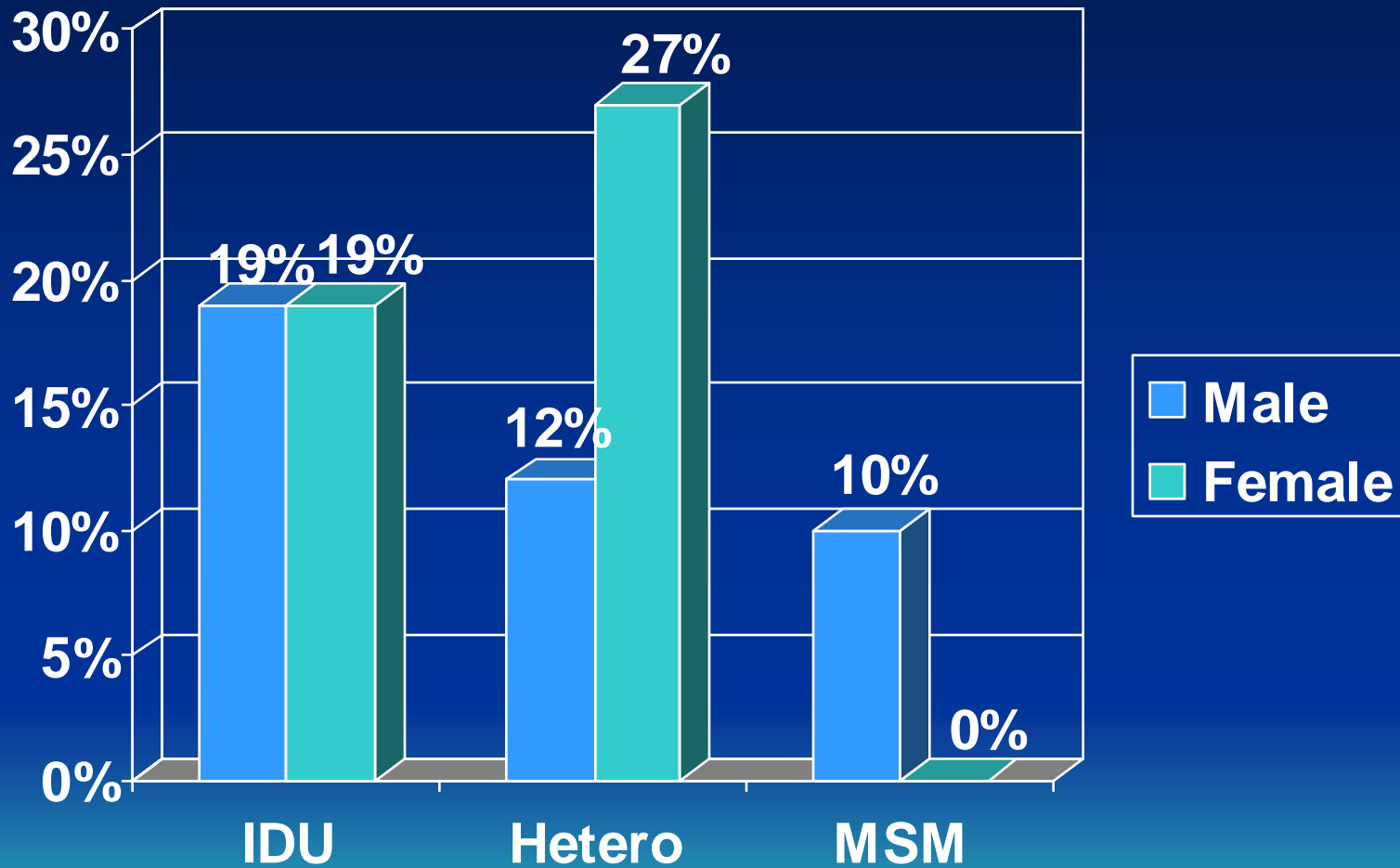
# Race



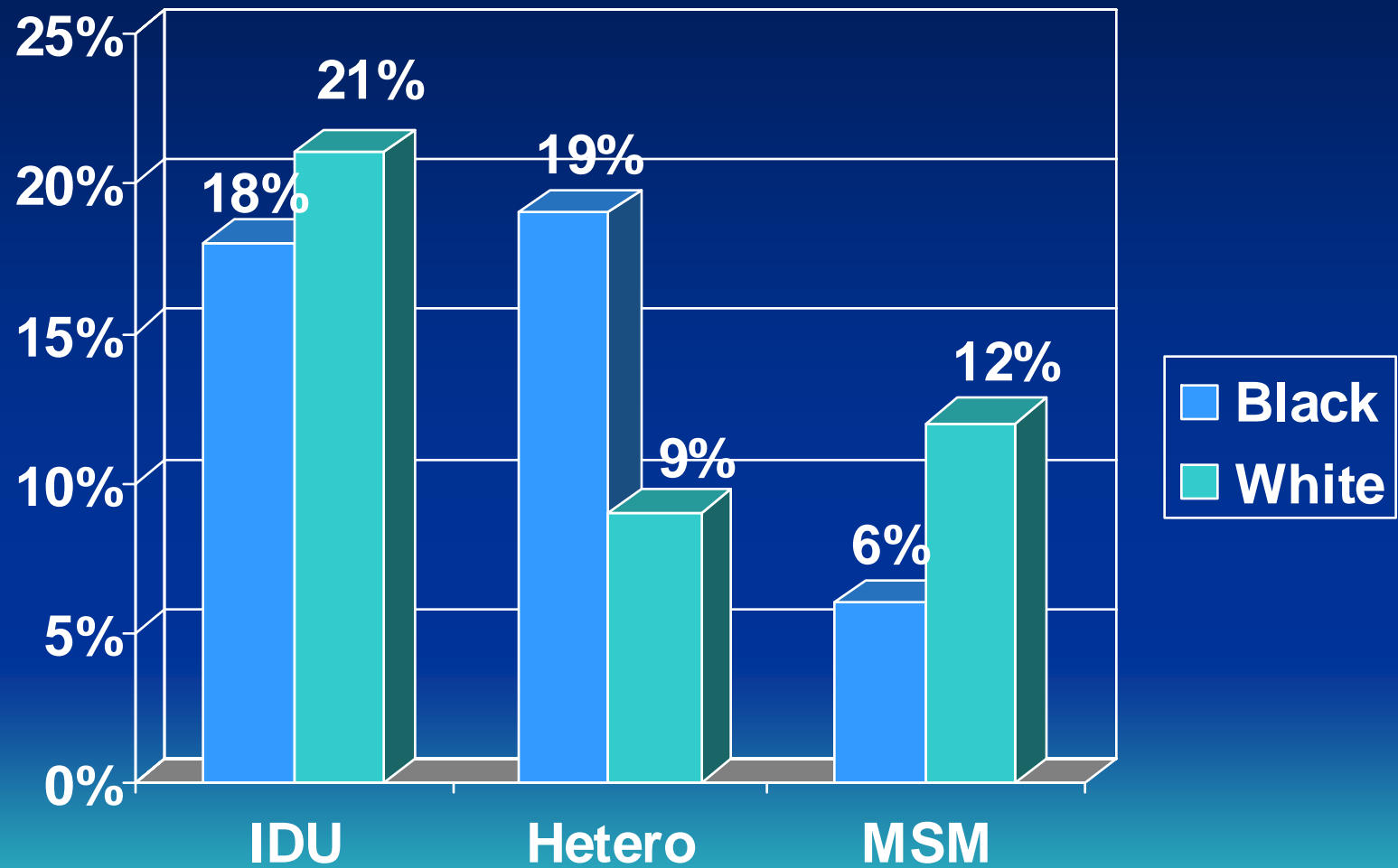
# Risk Factor



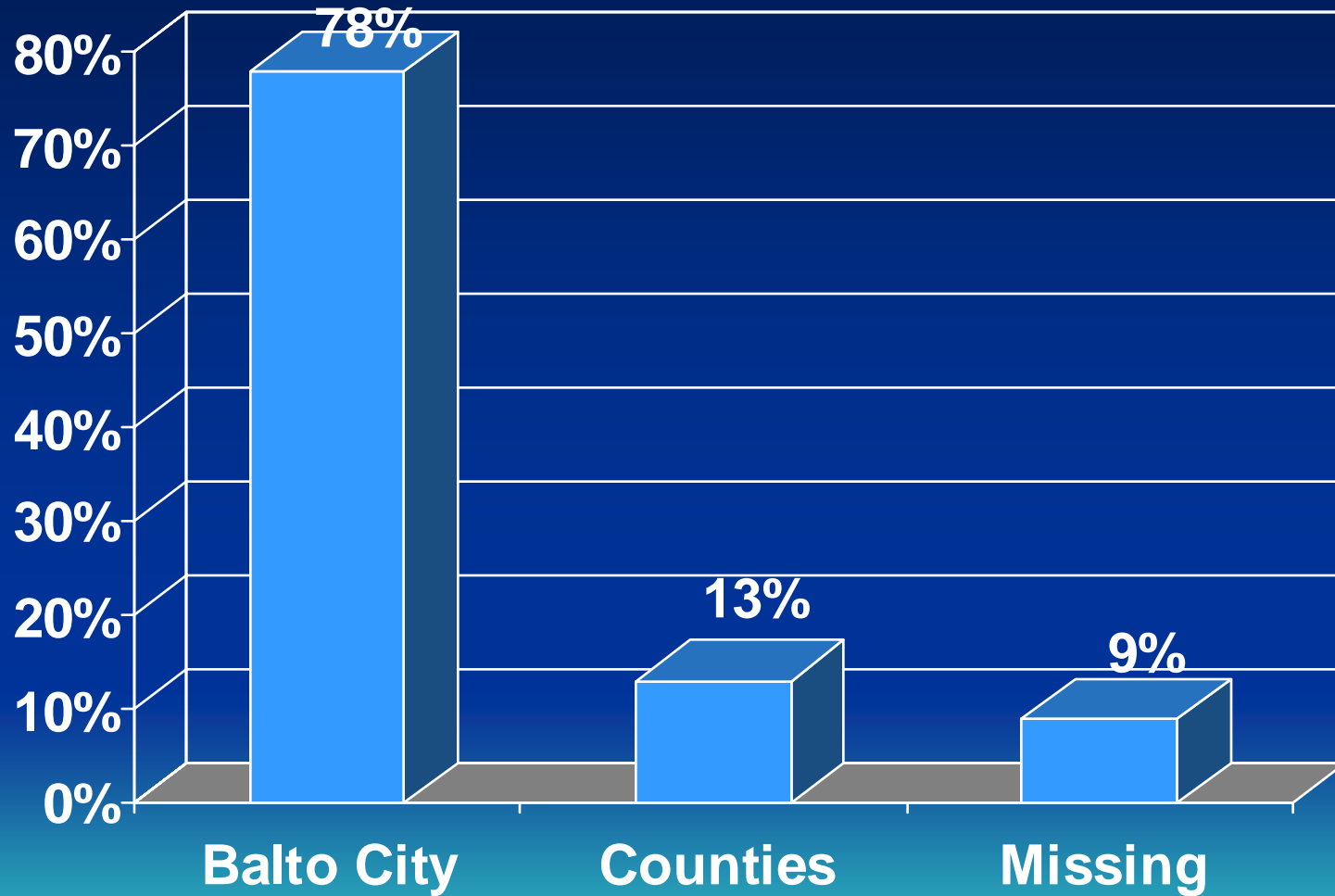
# Risk Factor by Gender



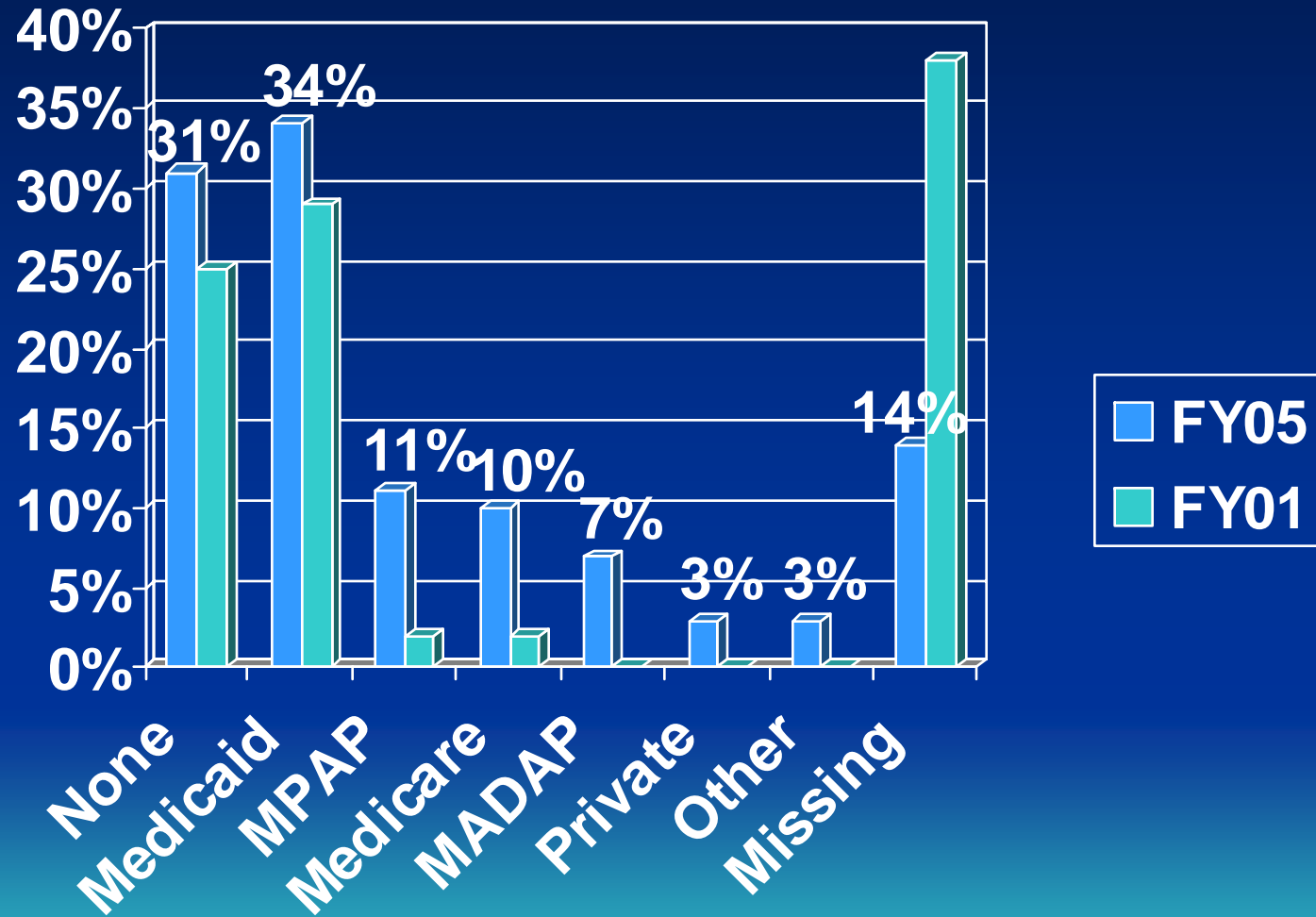
# Risk Factor by Race



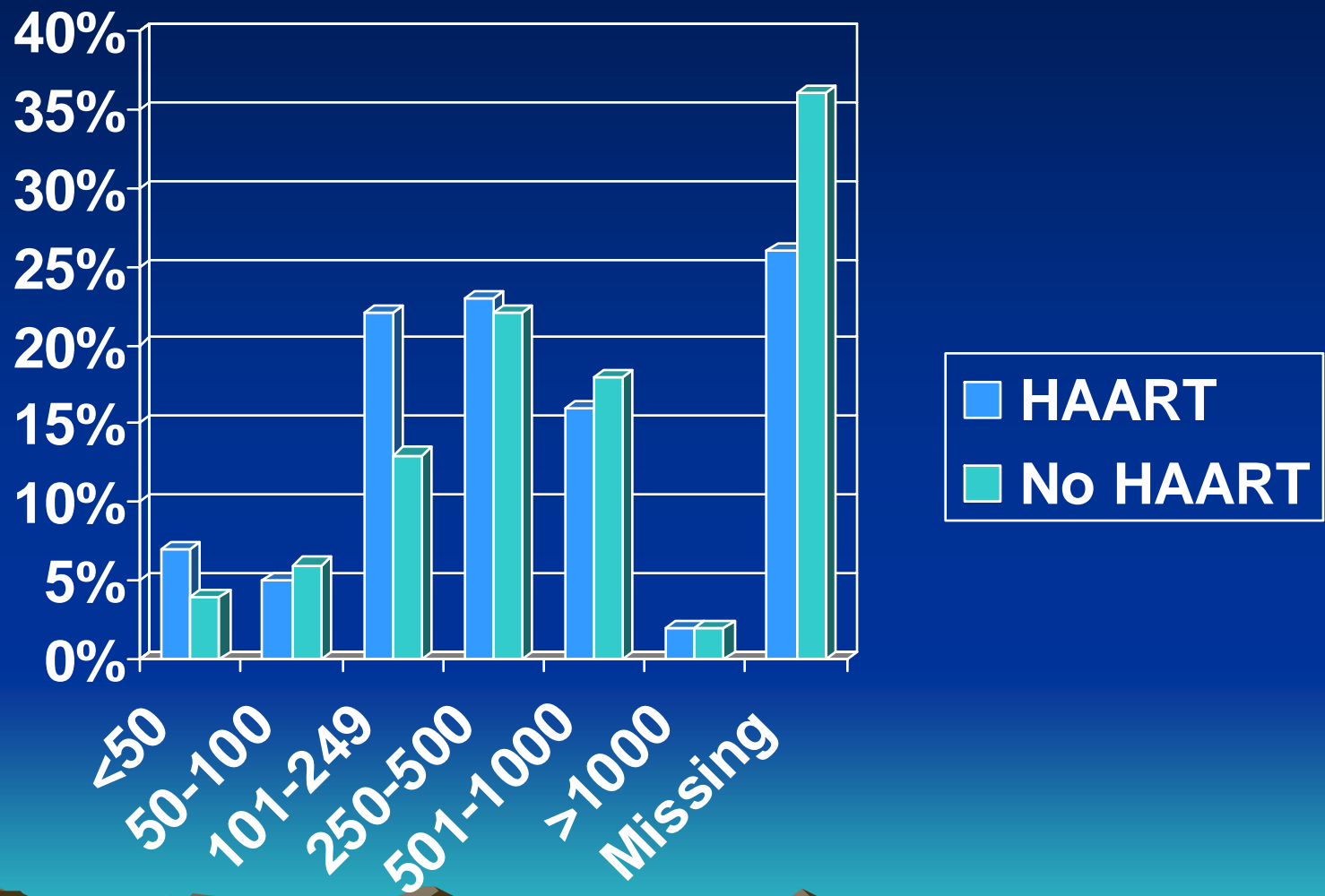
# Residency



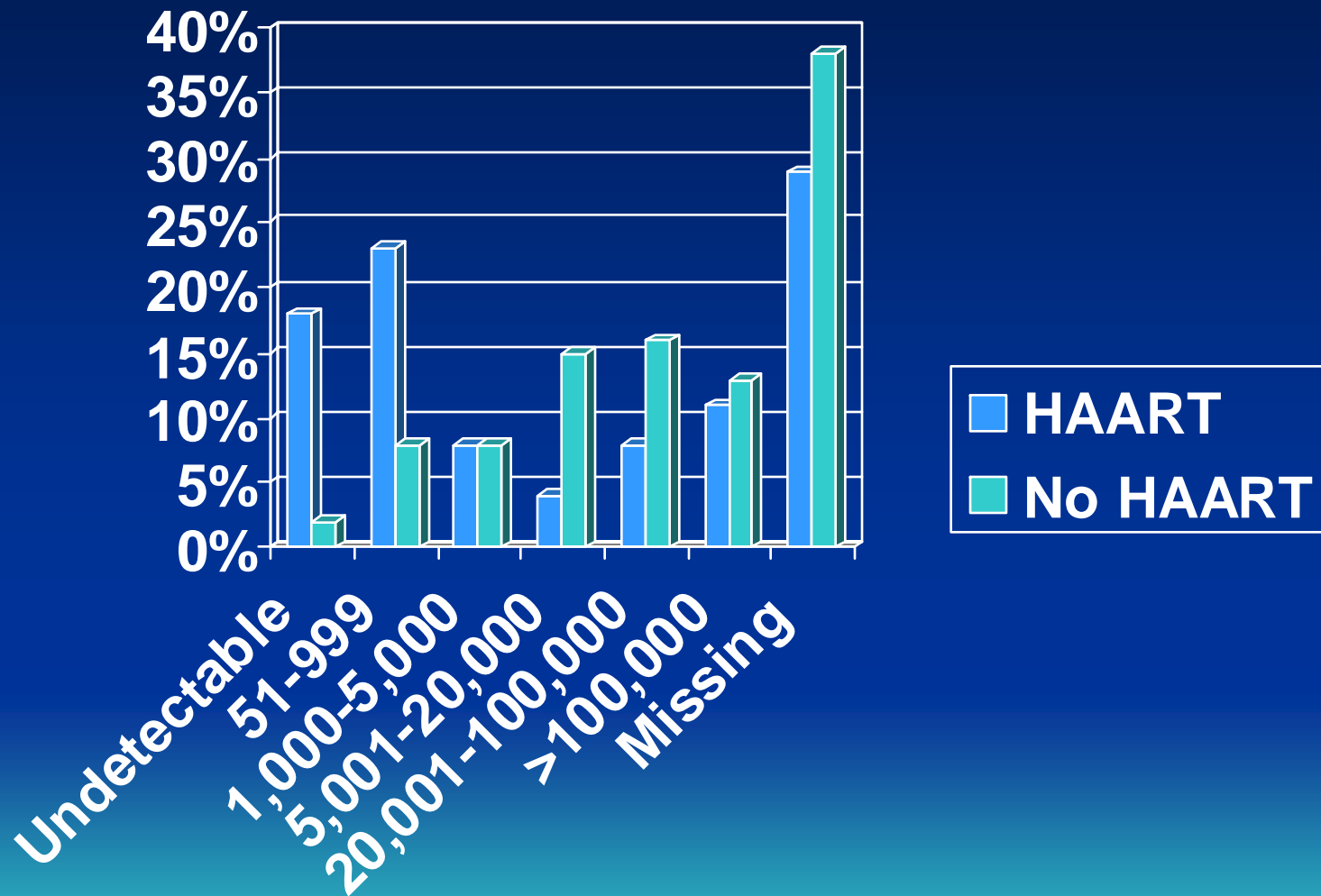
# Insurance



# CD4 Range by HAART

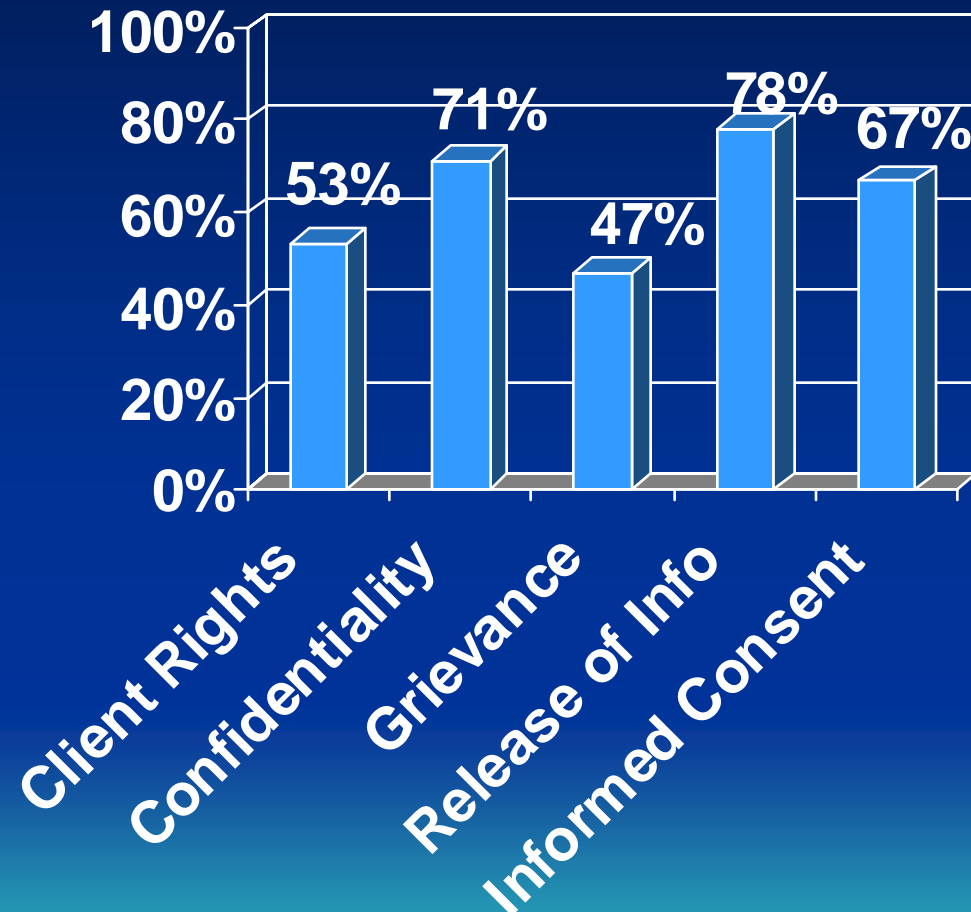


# Viral Load Range by HAART

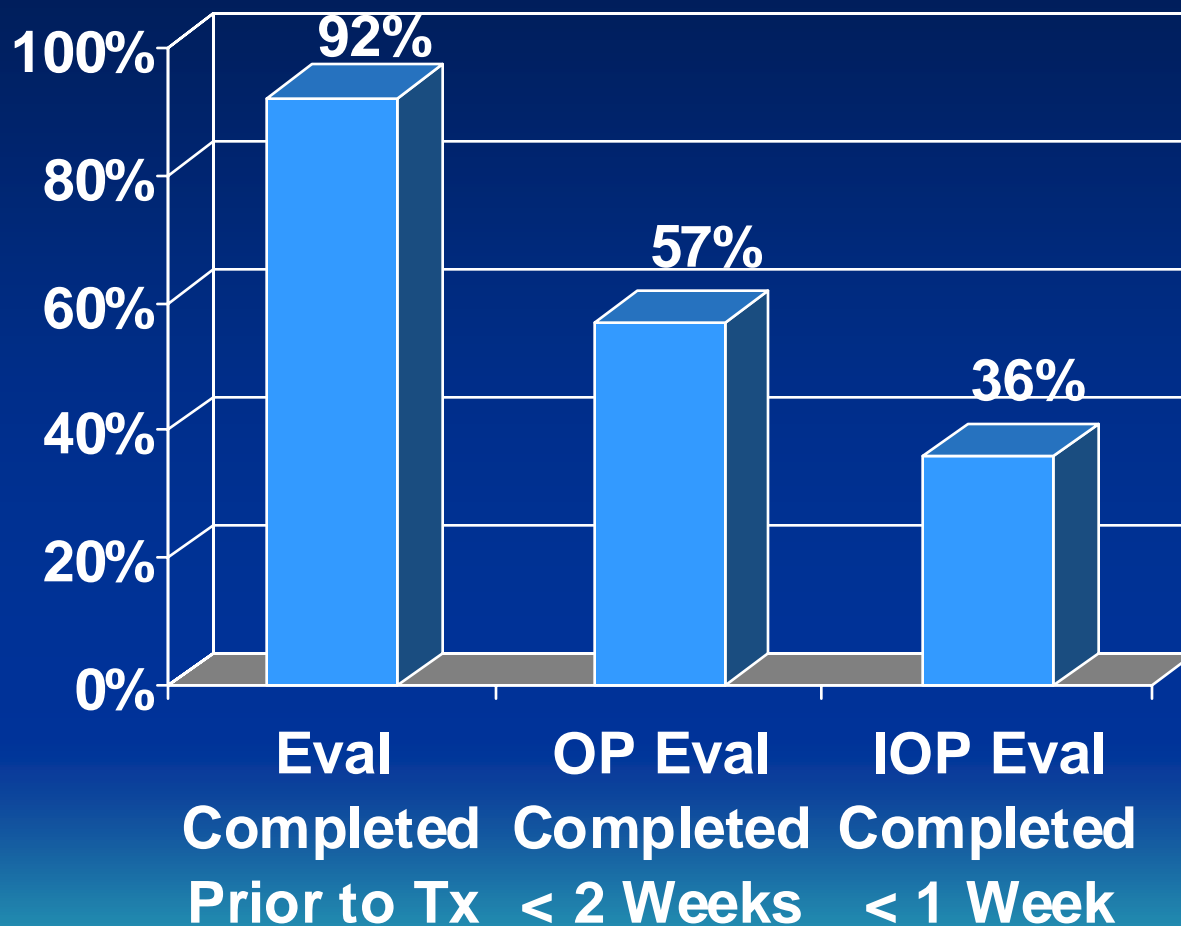




# Distribution of Agency Policies



# Initial Evaluations N=204

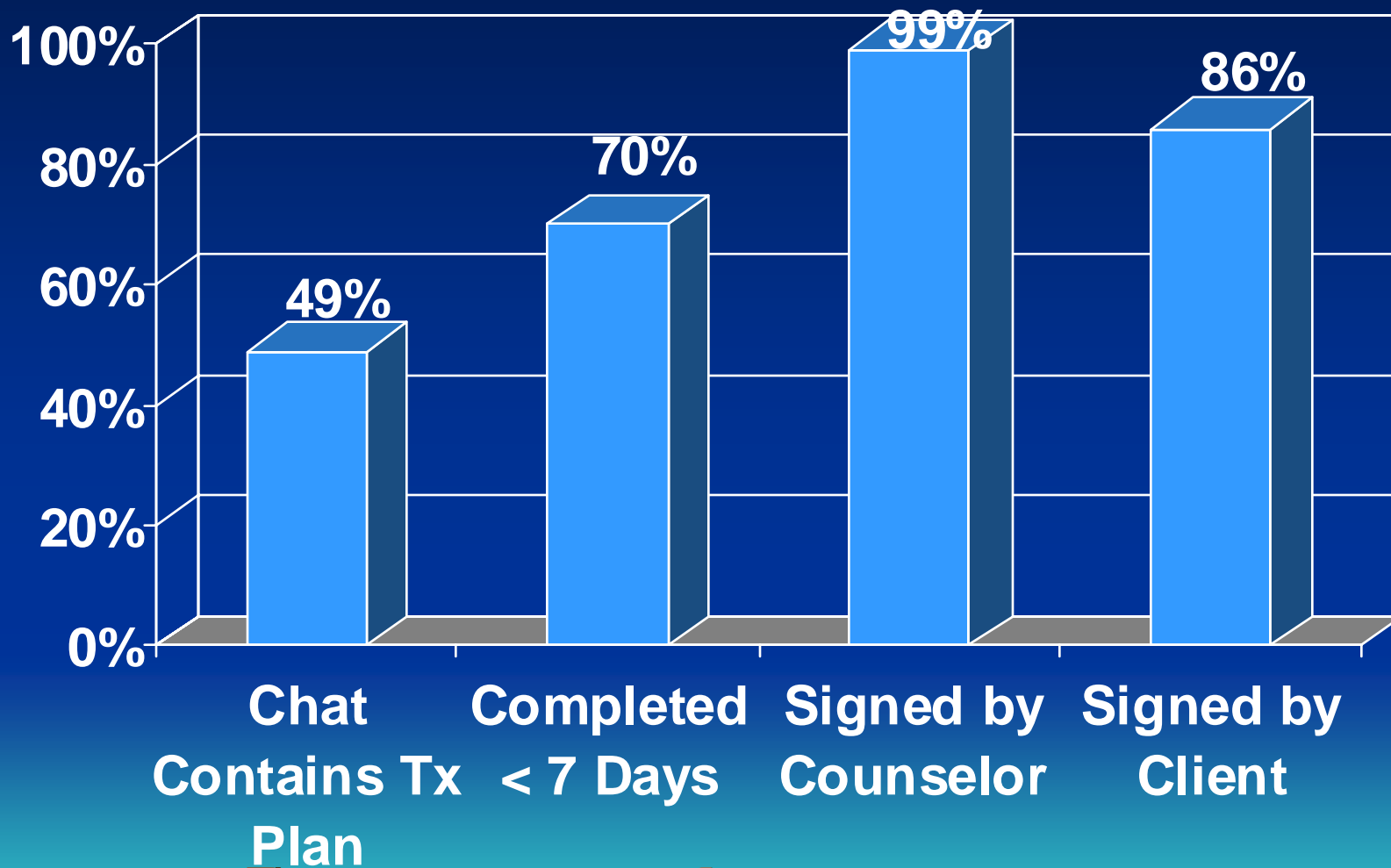


# Substance Abuse Assessments

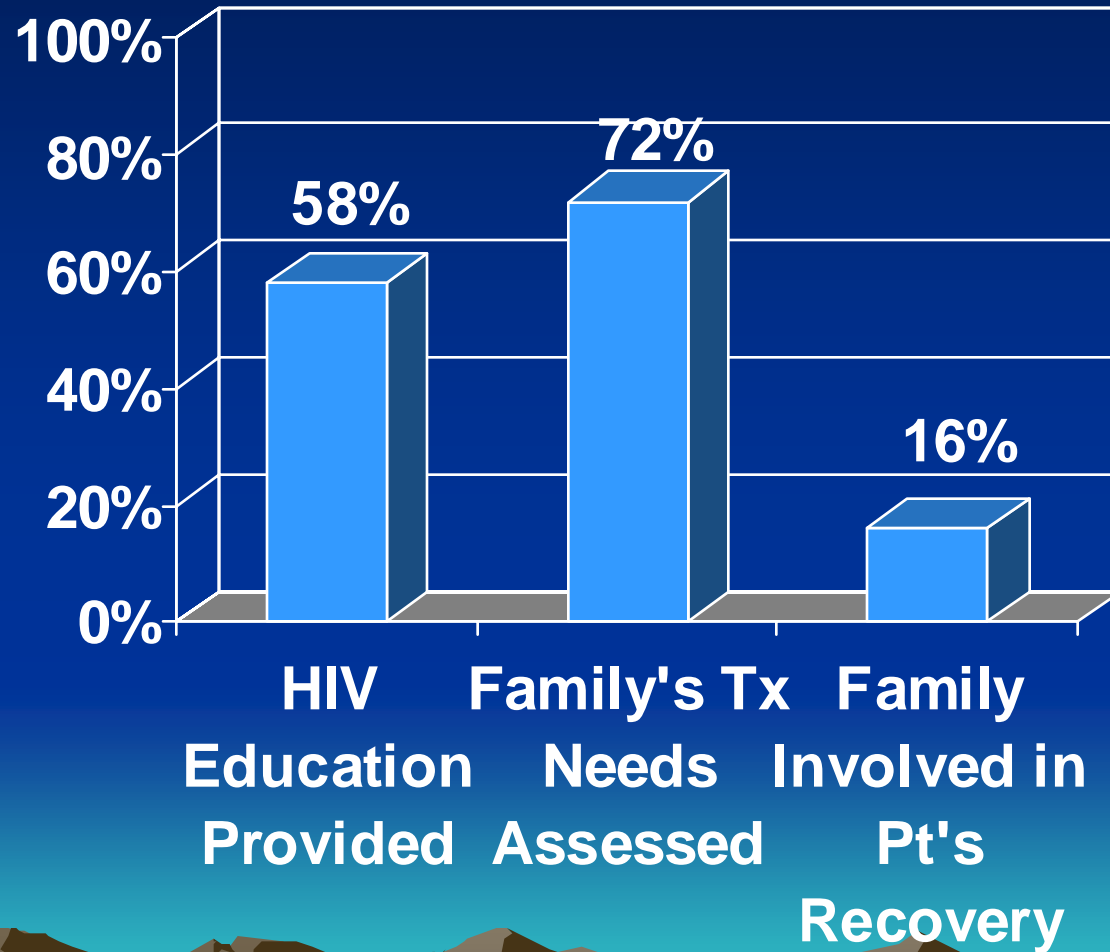
N=170

Area Assessed	Percent of Charts
Physical Health	100%
Employment	75%
Drug & Alcohol	100%
Treatment History	99%
Legal	75%
Family/Social	97%
Mental Health	81%
Allergies	38%
Labs	49%
ASI (Adults)	59%
POSIT (Adolescents)	0%/N/A

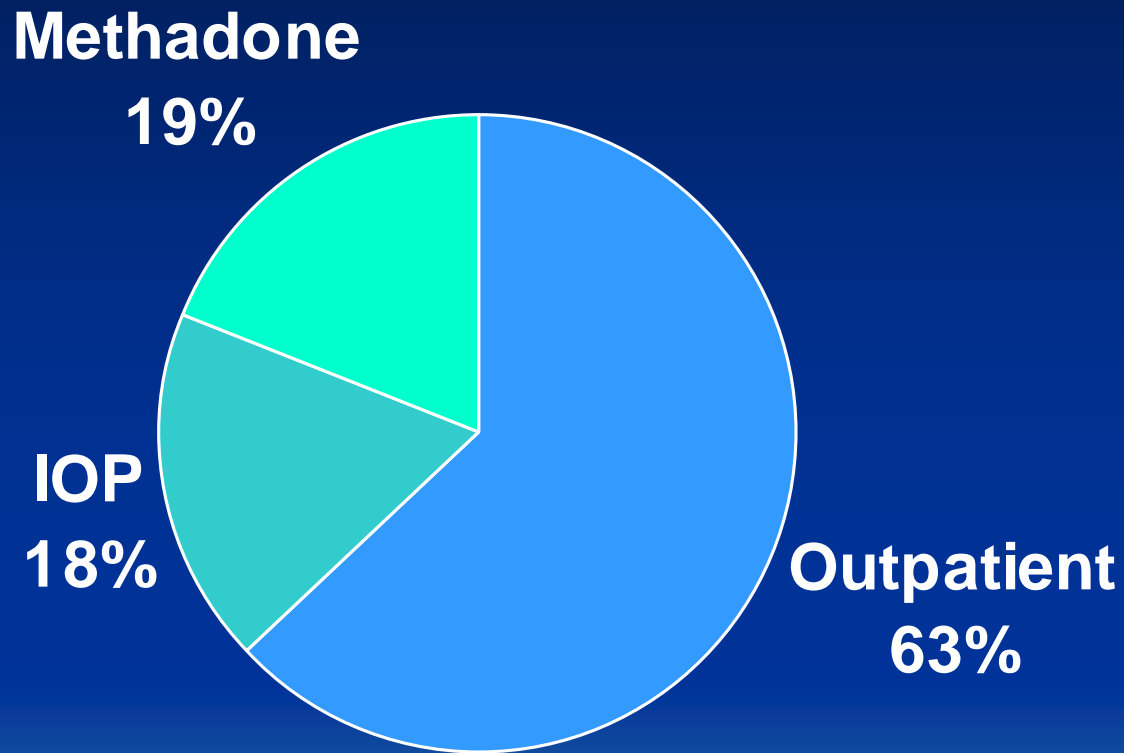
# Treatment Plans N=204



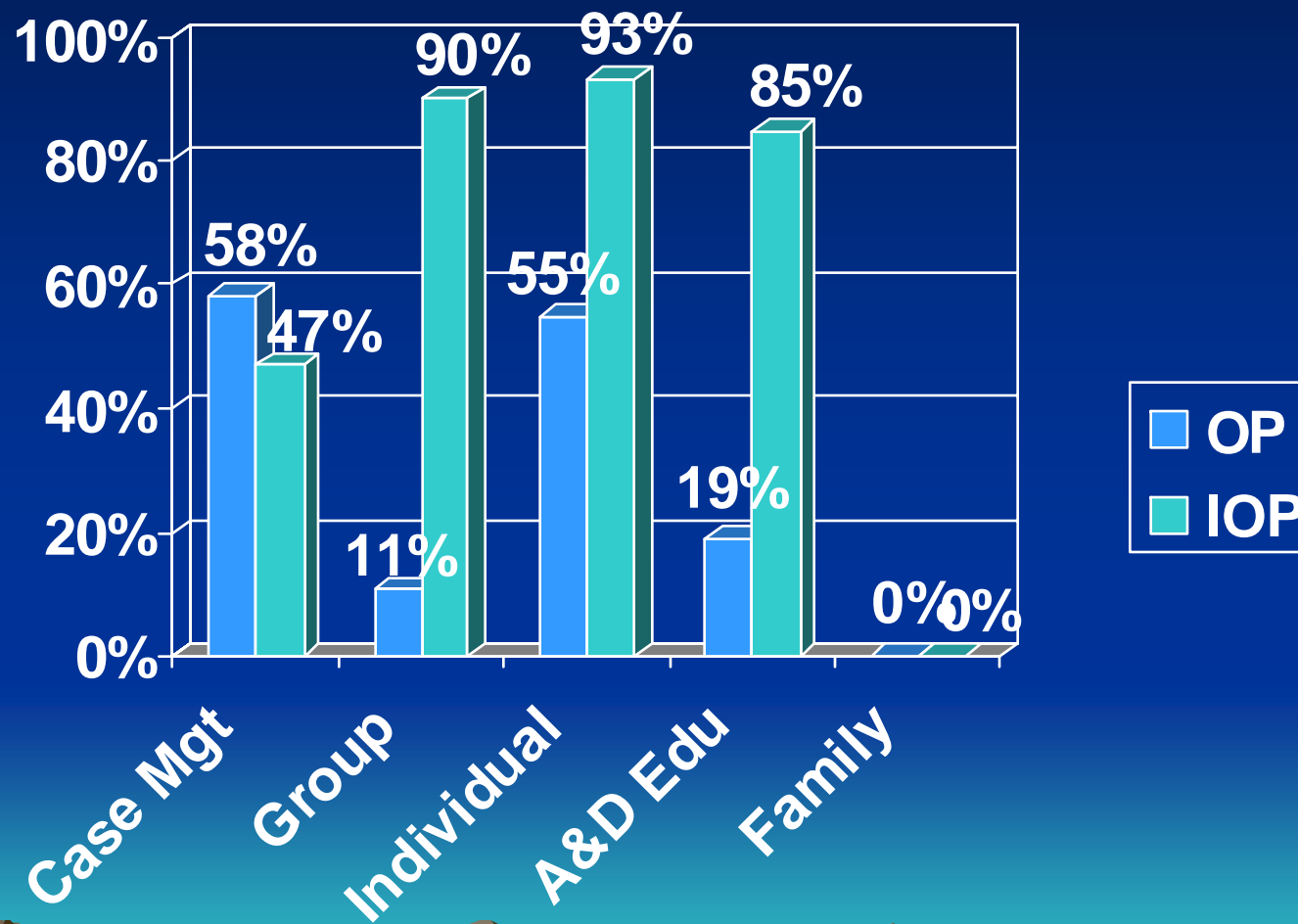
# HIV Education & Family Involvement N=204



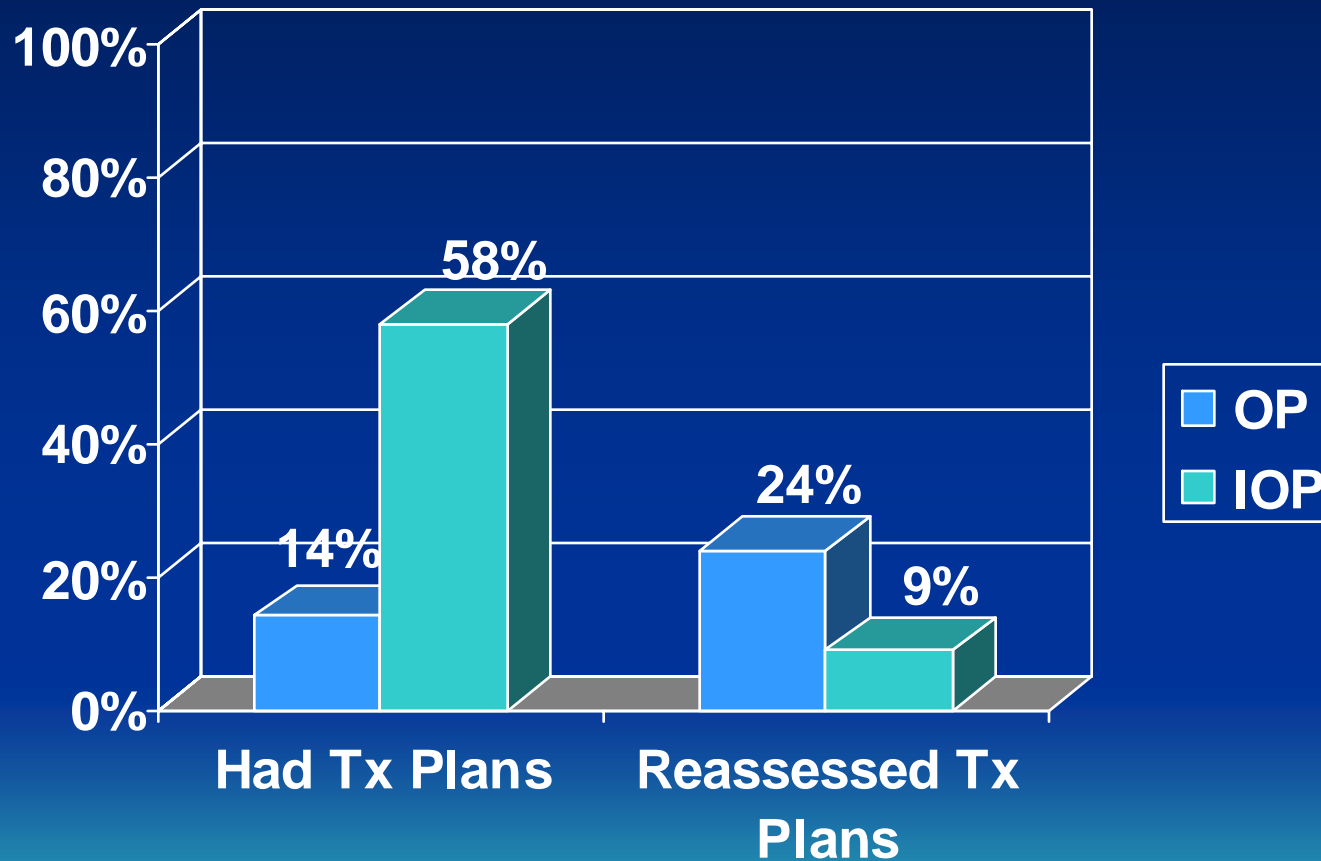
# Substance Abuse Levels of Care



# Program Services N=319

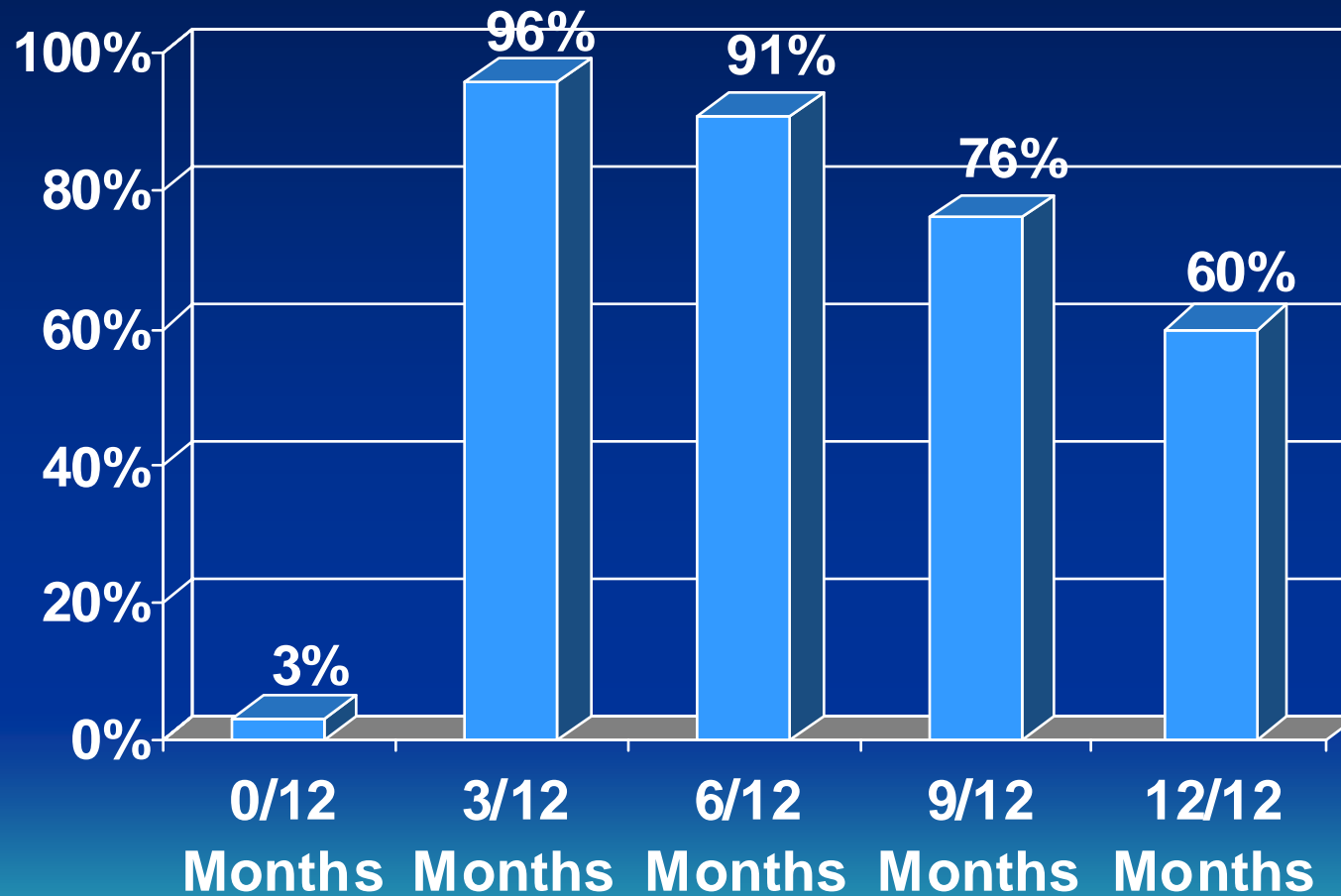


# Treatment Planning N=319

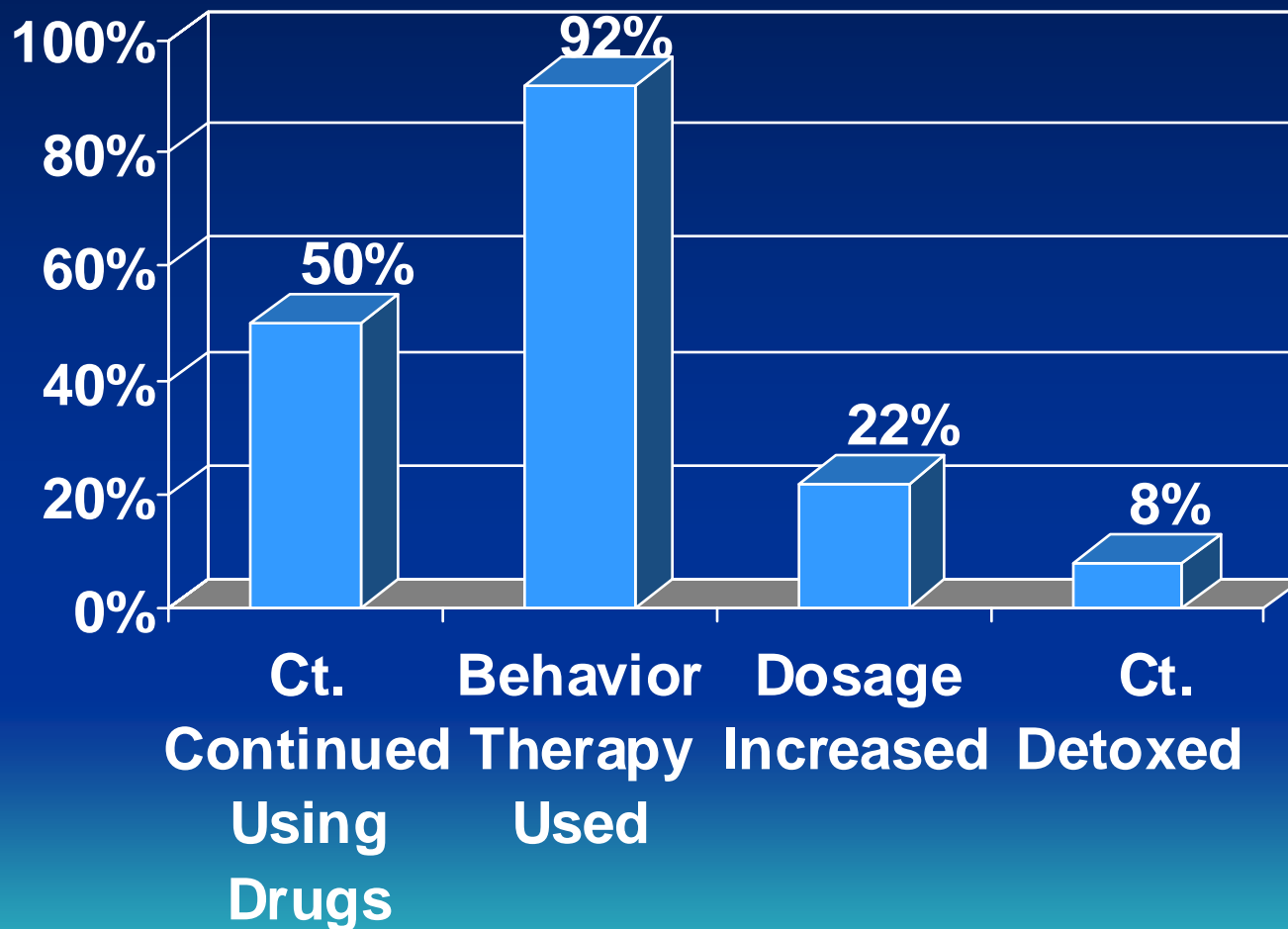




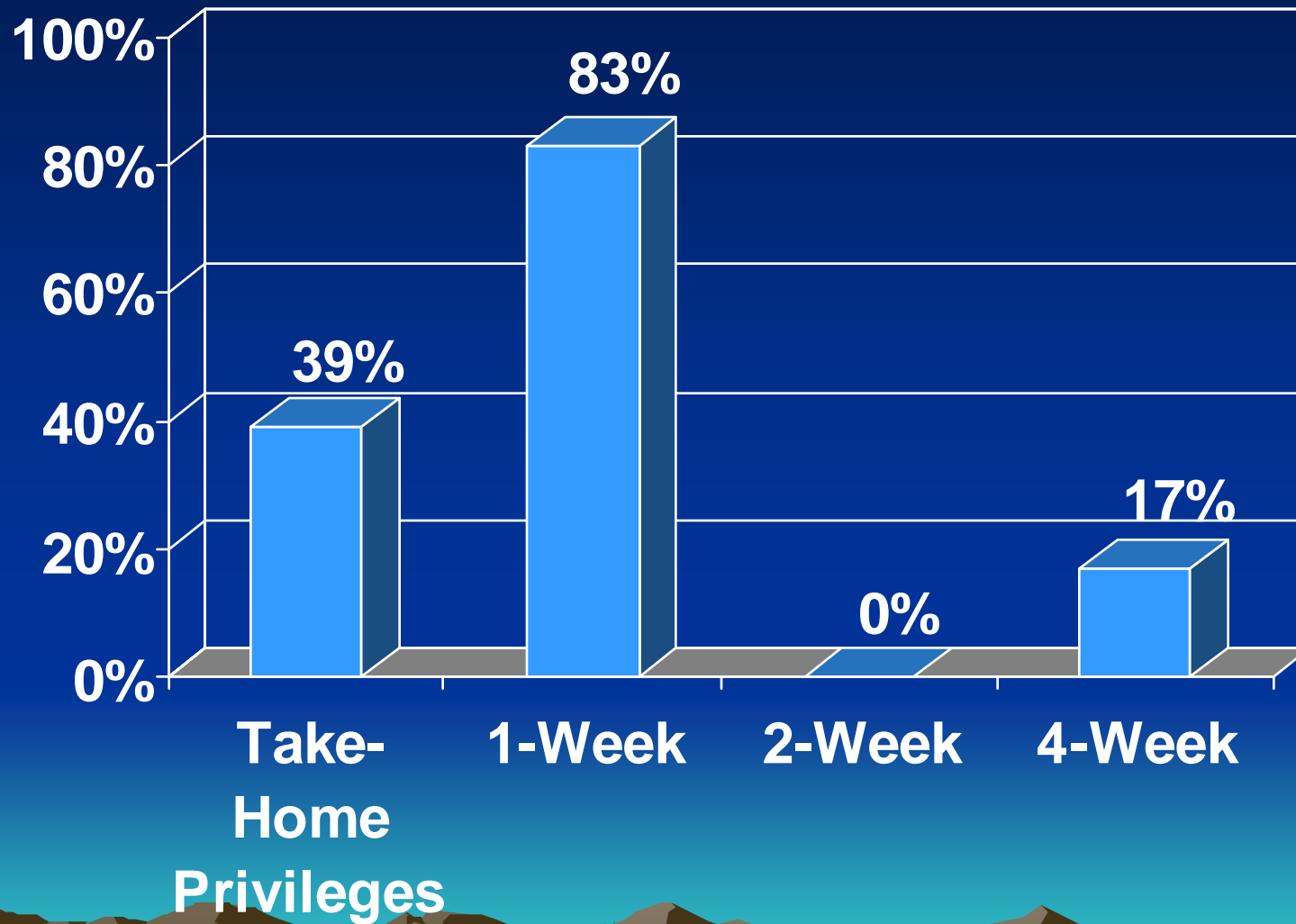
# Methadone Drug Screening N=74



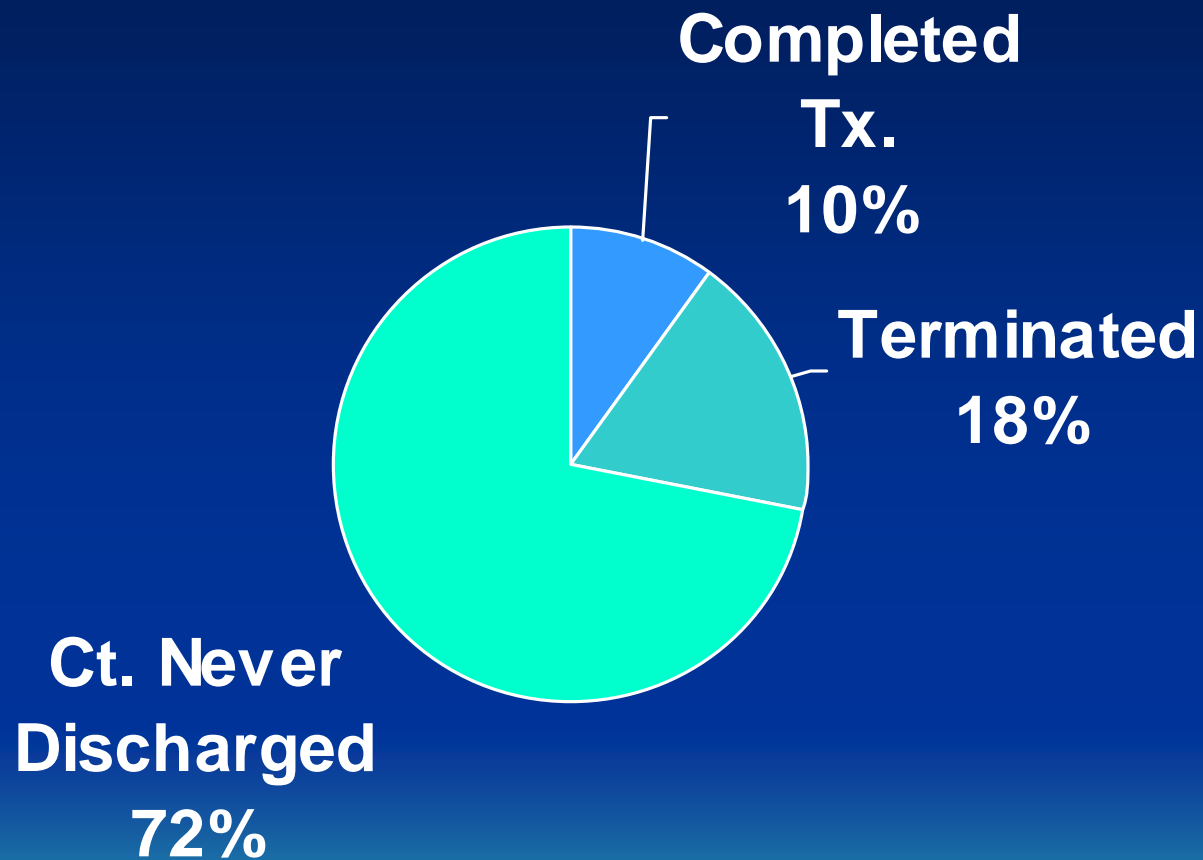
# Methadone Treatment N=74



# Methadone Take-Homes N=74



# Discharge Status N=393



# Discharge Summaries N=99

<b>Summary Contains:</b>	<b>% of Charts</b>
<b>Discharge Summary Present</b>	<b>90%</b>
Reason for Admission	58%
Reason for Discharge	100%
Current Address	54%
Summary of Services Delivered	61%
Progress Made	80%
Diagnosis & Prognosis at DC	49%
Continuing Service Recom.	46%
Summary of Transition Process	23%
Client Signed Discharge Sum.	16%

# Overview of Consumer Survey

- 58 surveys completed at 8 agencies.
- Surveys focused on:
  - Services provided.
  - Policies received.
  - CAB participation.
  - Client's knowledge of their care.
  - Satisfaction with services.
  - Client demographics.

# What was your last CD4 count?

N=58

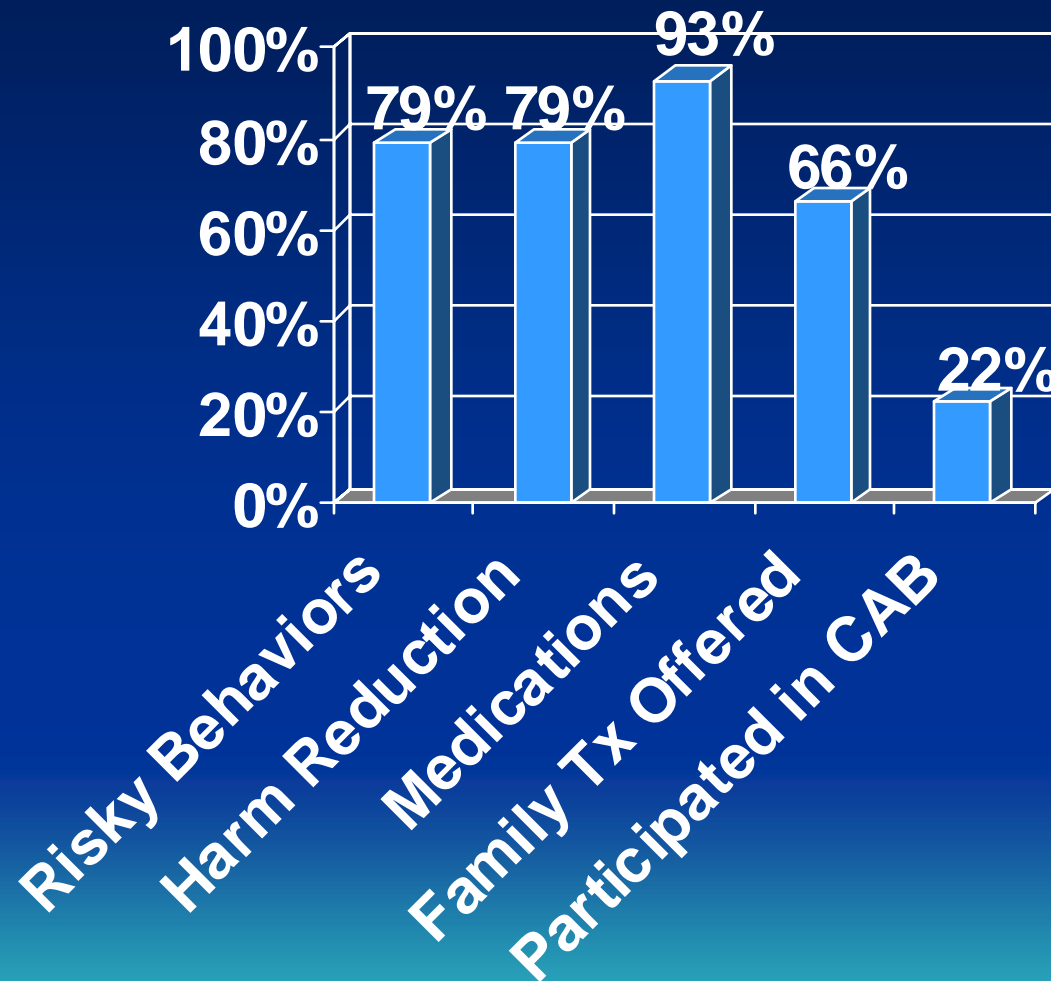


# How long have you received drug treatment from this agency? N=58

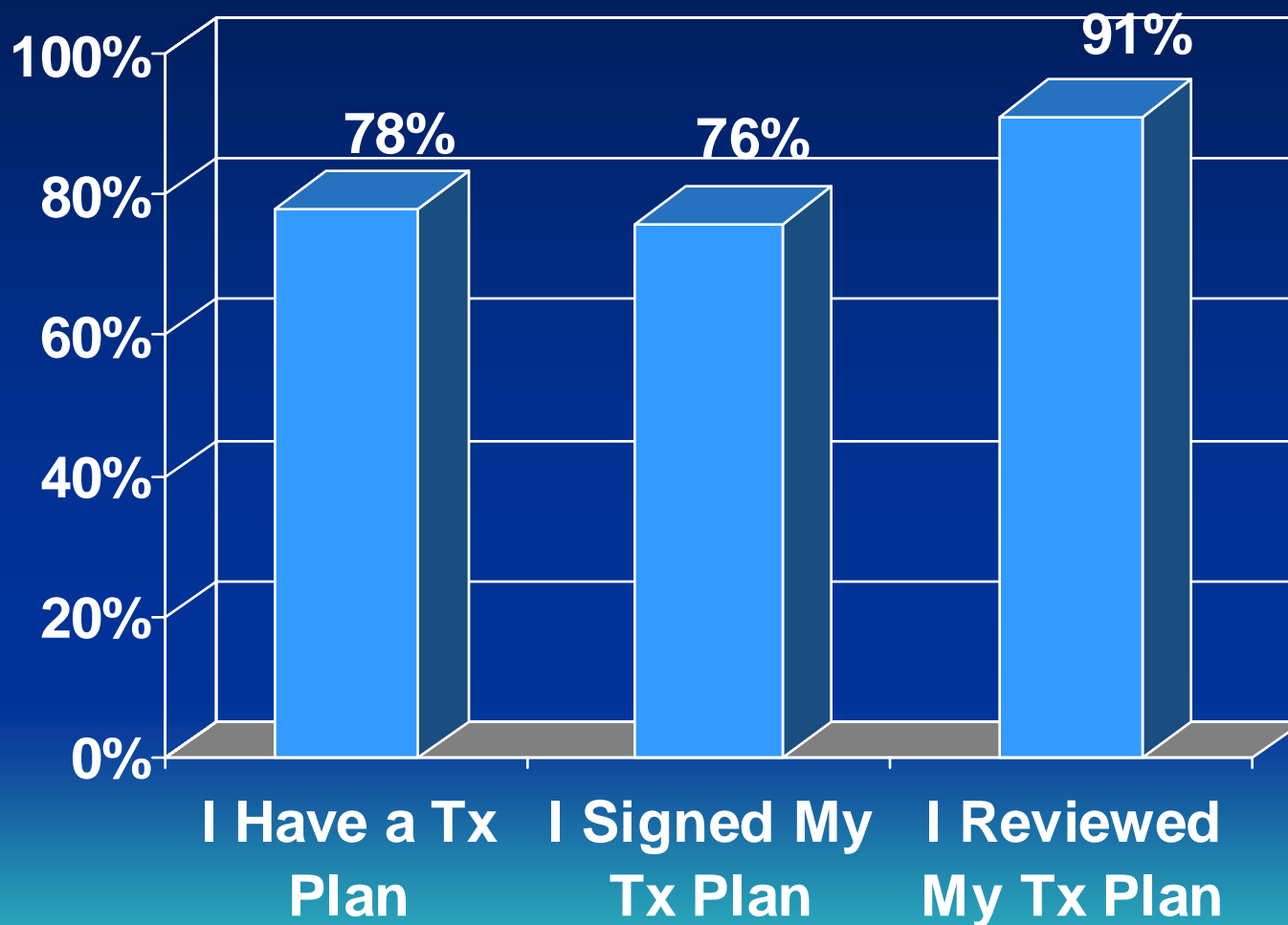




# Areas Discussed in Treatment



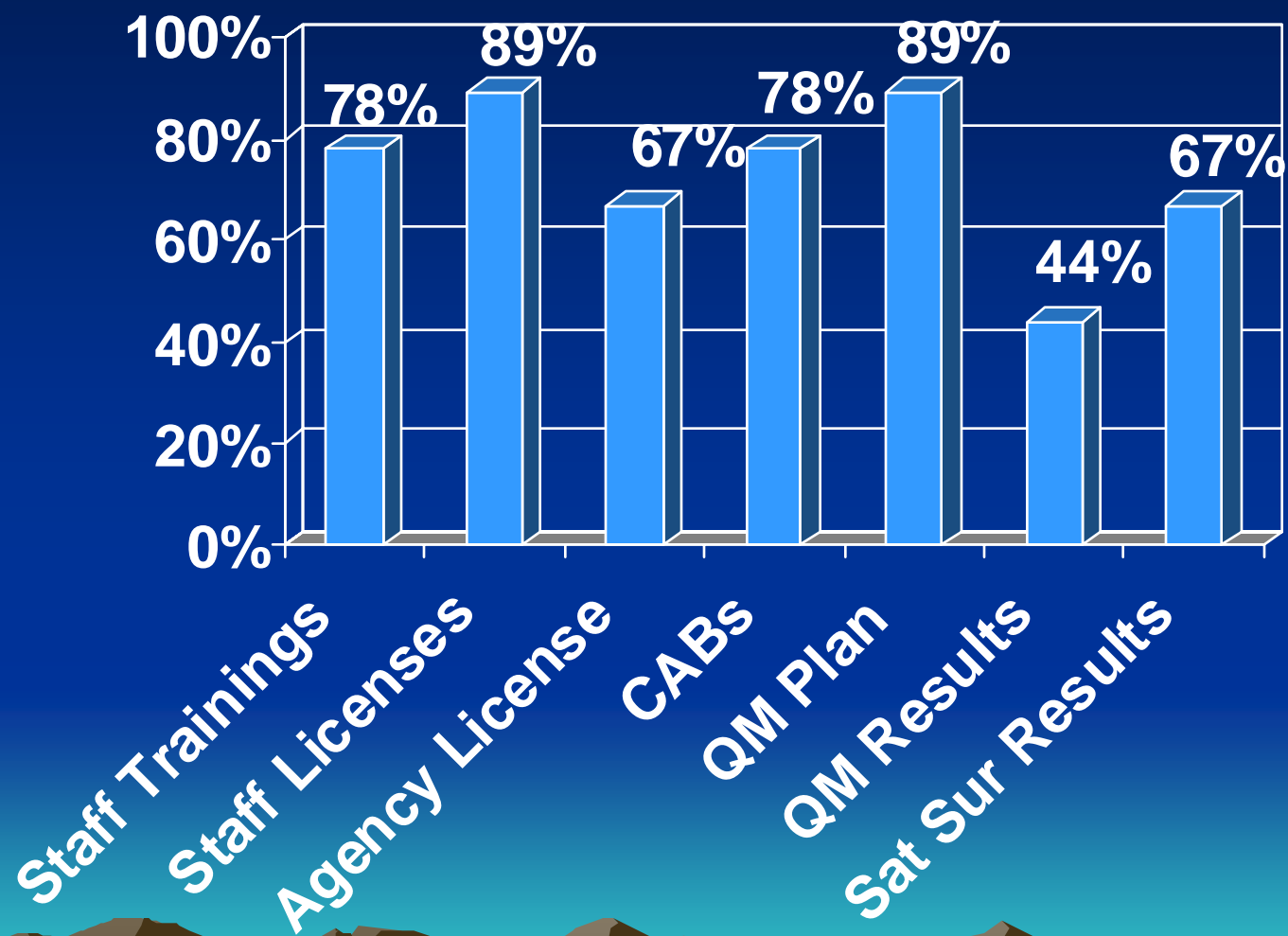
# Treatment Planning N=58



# Overview of Agency Checklist

- 9 (90%) substance abuse agencies were evaluated. BSAS excluded.
- Agency checklist assessed:
  - Staff training
  - Licensing
  - Consumer Advisory Boards (CABs)
  - Quality Management Plans (QM)
  - Client Satisfaction Surveys

# Agency Checklist Findings N=9



# Substance Abuse Counselors Can:

- Make sure Ryan White eligibility is verified and documented in the chart.
- Complete a treatment plan with all clients at the time of intake.
- Offer the option of family involvement in the client's treatment and document this.
- Provide HIV education within 30 days of intake.

# Substance Abuse Counselors Can:

- Outpatient counselors should include an alcohol and drug treatment focus in their sessions.
- Increase efforts at client retention including phone calls, letters, and home visits when possible. Close charts after 30 days of no face-to-face contact.
- Fax Medicaid MCO treatment plans to the plan administrator for reimbursement of services.
- Track clinical indicators including CD4 count, Viral Load, and HAART treatment status

# Substance Abuse Counselors Can:

- Collect complete client demographics and provide all agency policies at intake.
- Screen for client allergies and collect monthly random drug screens, in particular for methadone clients.
- Develop a plan for long-term methadone clients to transition from Ryan White funding.

# Substance Abuse Agencies Can:

- Have a manualized alcohol and drug treatment curriculum including HIV edu.
- Schedule the rotation of your curriculum through your group & ind counseling sessions.
- Train your staff on treatment approaches in addition to AA/NA philosophies, provide and document your supervision.



# Substance Abuse Agencies Can:

- Generate ways to increase positive rewards for treatment engagement and increase portions of clients “completing” a course of treatment:
  - Occasional food
  - Transportation support if possible
  - Graduation ceremonies
  - Certificates of accomplishment
  - Stickers for goal achievement
  - Occasional prizes
  - Token economies where possible

# Substance Abuse Agencies Can:

- Supervise and be sure your staff are:
  - Completing intakes including ASI and SAMIS
  - Making ASAM placements appropriately
  - Developing treatment plans with the client
  - Updating the treatment plans regularly
  - Discharging clients that complete or drop out
  - Referring clients for higher or lower levels of care as clinically needed

# Substance Abuse Agencies Can:

- Encourage and support CAB participation, graduate to “CAB status”
- Ensure staff & agency maintain proper licensure
- Try Quality Improvement projects on a regular basis. Use AA, CQM, and internal data to direct your improvement activities. Pick a few indicators and see if you can improve your performance.

# Substance Abuse Indicators

<b>Quality Indicator</b>	<b>2001 (%)</b>	<b>2005 (%)</b>	<b>Goal</b>
% w/initial eval prior to tx.	81%	92%	90%
% w/complete ASI	24%	59%	80%
% w/treatment plans	76%	49%	90%
% w/reassessed tx. Plans	8%	24%	80%
% w/HIV education	64%	58%	80%

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# Questions?

- Thank-You!

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