

Evaluation Committee
Year End Report
June 2005

Presented to the
Boston Title I EMA
HIV/AIDS Health Services
Planning Council
June 9, 2005

Produced by



*A community working together is
essential
to winning the fight against HIV/AIDS.*

142 Berkeley Street
Boston, MA 02116
www.bacboston.org

I. 2004-2005 Evaluation Committee Charge

From the Bylaws of the Boston EMA Title I Planning Council, Section 6.4.4:

“The Evaluation Committee shall assess the efficiency of the administrative mechanism in rapidly allocating funds within the EMA and assess the impact of Title I funding and programs within the EMA. The Evaluation Committee shall summarize and inform the Planning Council on evaluation data; develop standards of care; make recommendations to the Planning Council on priority areas for evaluation and evaluation projects; and review evaluation projects purchased by the Planning Council.”

The 2004-2005 Evaluation Committee members were:

| | |
|------------------------------|-------------------|
| Corinna Culler, Chair | Jean-Pierre Paul |
| Jacob Smith Yang, Vice Chair | Lester Payne |
| Sandra Newton | Brian Quigley |
| Oscar Patino | Gerardo Zayas Jr. |

The Committee acknowledges the key participation and support of Boston Public Health Commission (BPHC) staff, including, Shelley Brown and Margaret Coit. The Committee also acknowledges the key participation and support of Boston AIDS Consortium (BAC) staff, including David Ayotte and Paige Eppenstein.

The Evaluation Committee began their Council term by clarifying the committee’s role as stipulated in the Council By-Laws and by reviewing the 2004 Year End Report and the Committee’s prior work.

The Executive Committee directed the Evaluation Committee to:

- review Outcome Measures and Clinical Chart Review Reports
- recommend additional evaluation projects/questions based up their results (to)
- help the Council evaluate the impact of Title I services
- review recommendations from last year's Committee Year End Report
- review the Unmet Need Framework process
- prepare/present Year End Report with recommendations for next year's Council

The Reports to be reviewed were:

- ***Outcomes Measurement Summary, Annual Outcomes Report: FY03, Suffolk University, November 2004*** is an evaluation of the impact of Title I services on the health and quality of life of people living with HIV/AIDS (PLWH).
http://www.bphc.org/reports/pdfs/report_203.pdf
- ***HIV Care Quality and Clinical Outcomes in Boston EMA Sites Providing Primary Medical Care 2000, JSI Research and Training Institute, Inc., February 2003*** provides an overview to clinical chart review findings for four Title I funded programs providing primary medical care and a comparison to a statewide ACTnow sample.
http://www.bphc.org/reports/pdfs/report_185.pdf

Copies of these reports may also be obtained at the BAC offices. Additionally, the Committee was asked to develop recommendations for further evaluation projects.

II. Committee Activities

The Committee began meeting in November and met six (6) times during the Council term. Its activities are described in more detail below:

A. Review of Reports

1. Outcomes Report

Background: Phase Two of the Boston EMA's Outcome Measures has been operational since March of 2001 and has not been modified since that time. The Outcomes Measurement Report is contractually required to be completed for each client served by all provider agencies. The Outcomes Measurement tool consists of outcome measures which are intended to assess the impact of Ryan White Title I services on the health and quality of life of its clients. Outcomes are reported and evaluated in six-month time frames. All service providers must report on a total of five outcomes for each client served. The same outcomes must be reported on for the client on subsequent reports.

The goals of Phase Two were to:

- reduce the number of outcomes from eighty-five to fifteen,
- maintain a level of choice for providers but require that outcomes measure health status (i.e. CD4 counts, viral loads), and
- utilize unique client identifiers to collect and report outcome measures.

The Report: The *Outcomes Measurement Summary Annual Outcomes Report: FY03 March 2003-February 2004* provided findings on 4,635 clients receiving a Title I funded service during the period of September 2003- February 2004. The report provided health and quality of life outcomes based upon the Outcomes Measurement Survey (Appendix A) for:

- Aggregate outcome scores data for all clients at the end of FY03 (February 2004).
- A comparison of outcome scores for clients at the end of FY01 (February 2002), FY02 (February 2003) and FY03 (February 2004).
- A comparison of outcome scores for clients who have newly entered the Title I service system in FY02 and FY03.
- Trends in outcome scores for clients who consistently received Title I services (at least once in each fiscal year) over a 36-month period (March 2001-February 2004).
- Analyses specifically on Minority AIDS Initiative (MAI) clients.

Summary Findings from the report indicated that:

- Outcome Reports on on-going clients CD-4 Counts and HIV viral loads indicated continued improvements with 44% of client CD-4 reports (n=4,874) being in the 200-500 range and 43% of client HIV Viral Load reports (n=4,317) were undetectable.
- Outcome Reports on new clients indicated lower CD-4 Counts and higher viral loads for clients entering the care system in FY03 versus clients entering the system in FY02.

- For clients entering the Title I care system in FY03 for whom the Outcome “Ability to Maintain Housing” was reported, one third were reported as homeless.
- Health and Quality of Life outcomes for a cohort of 2,925 clients in the care system from FY03 through FY03 improved gradually and consistently overtime.

Committee Findings: The Committee through its deliberations found the report lacked pertinent data or background information for the Planning Council’s understanding.

- No information was provided regarding how scores were calculated.
- No historical summary information regarding Outcome Reporting since the process inception was available.
- No information regarding Providers by Service Category, the number of reports submitted and the number of clients served was available.
- No information was available on how agencies funded for a specific service category were reporting on pertinent related outcomes. (e.g. For agencies funded for Mental Health Services, how many were reporting on “Level of Depression”)
- Overall scores by Outcome were not reported for all clients.
- While data is collected on a six months basis, data used in the cohort analyses was only reported in yearly increments.
- Graphs showing trends in the cohort were not available for each outcome, only the Health or Quality of Life Aggregate Scores.
- Background on how the reporting process is standardized or limitations to the data set are not included in the report.
- Several of the Outcomes have limited utility due to low number of reports.
- Statistical Significance in Outcome Score over reporting periods is not noted.
- Errors in Outcome Change calculations were noted.
- Demographic analyses of Outcomes are not available.

2. Clinical Chart Review

Background: Phase 2 (2001-2002) of the HIV Care Quality and Clinical Outcomes Study conducted by JSI Research and Training Institute was intended to focus on the clinical quality management programs of the 10 medical care sites funded within the EMA.. The second phase of data collection (carried out in 2003) was focused on capturing data from 2001-2002. The second chart review process expanded its focus to include:

1. Routine screening for sexually transmitted diseases (STD’s);
2. Hepatitis C (HCV) treatment for clients with HCV;
3. Results of HIV viral resistance testing; and
4. “New to care” and particularly newly diagnosed clients in 2002.

The Report: The *HIV Care Quality and Clinical Outcomes in Boston EMA Sites Providing Primary Medical Care Phase 2 (2001-2002)*, March provided findings on clinical chart abstraction for client who had received at least two medical visits for primary HIV care during the year in review.. Two unique cohorts were reviewed; the first cohort of clients original reviewed in the first phase of the project and who continued in care in 2001 and 2002 (n=410). The second cohort consisted of clients new to care in 2002 (n=133). The report provided analyses of the two cohorts by examining:

- Demographic Characteristics
- CD4 and Viral Load Testing
- Hospitalization during the Review Period
- Incident Infections in 2002
- Tuberculosis (TB) and Skin Testing (PPD)
- Vaccinations (Pneumovax, Influenza)
- STD Screening
- Cervical Cancer Screening
- Prophylaxis Against Pneumocystis carinii Pneumonia (PCP) and Mycobacterium avium intracellulare (MAI)
- Viral Hepatitis Testing and Immunization
- Risk Reduction Counseling
- Antiretroviral Treatment (ART) Utilization, Adherence, Resistance Testing, and Virologic Response
- Pregnancy

Summary Findings from the report indicated overall high levels of quality in client care have either been maintained or achieved by 2002 in the original ongoing cohort. Many sites with lower baseline performance had improved quality, particularly in the area of immunization. The report indicated:

1. Continuing suboptimal rates of TB screening, cervical cancer screening in women, and risk reduction counseling;
2. Use of antiretroviral therapy and rates of viral suppression are extremely high;
3. Incidence of Hospitalization, New Infections, Cardiovascular or Liver Disease, and use of Resistance Testing remained stable over the observation period.

Committee Findings:

B. Recommendations Based on Review of the Reports

1. Outcomes Report

The Committee in its report of April 14, 2005, (Appendix B) to the Council outlined specific recommendations regarding future Outcome reports. In summary the Committee recommends the following:

- Documentation of how scores are calculated should be added to each report.
- Historical summary information regarding Outcome Reporting since inception of Phase II of the project should be included..
- Information regarding Providers by Service Category, the number of reports submitted and the number of clients served should be included in each report.
- Information on how agencies funded for a specific service category are reporting on pertinent related outcomes. (e.g. For agencies funded for Mental Health Services, how many report on “Level of Depression”) should be included.
- Graphs and Charts as indicated in the Committee’s report of April14 should be included in future reports.

- Trends in cohort analyses should include all six-month data points, not just yearly increments.
 - Trends in the cohort should be included for each outcome, not only the Health or Quality of Life Aggregate Scores.
 - A section regarding current and future intra-agency data reporting standardization processes should be included in future reports.
 - A section regarding the limitations of the data sets should be included in the report.
 - Univariate and Multivariate Analyses, integrating Outcomes, Joint Form and Client Utilization datasets should be undertaken to examine the association of specific demographic characteristics and utilization patterns to outcome status, with statistical significance noted.
2. Clinical Chart Review
- The Committee found the Clinical Chart Report to be very well done, and has no recommendations for improvement.

C. Review Unmet Need Framework

The Committee also reviewed the Unmet Need Framework (Appendix C) as submitted by the Grantee in the 2005 Application and the data sources used to complete the Framework. To improve the EMA's estimate regarding the proportion of clients meeting HRSA's definition of Unmet Need, the Committee recommends that the Clinical Chart Review process be expanded. In the review, the number and demographics of clients meeting the definition should be in order to obtain a better estimate of Unmet Need in the EMA.

D. Recommendations for Additional Evaluation Projects

- Contract with a PhD-level Statistician should be undertaken to provide project oversight and support in the analyses, both univariate and multivariate, of the Outcomes, Joint Form and Utilization datasets.
- Expand the Clinical Chart Review study to include a review to determine the number and the demographics of clients who meet HRSA definition of Unmet need within the time period under review

F. Recommendations for Next Term's Evaluation Committee

- Evaluate if another Voices of Experience is needed.
- Ensure that Outcomes reporting recommendations are acted on.
- Request a time line for evaluation projects in order to be proactive in their review.
- Examine means to obtain new data on people not in care

Appendices

Appendix A - Outcomes Measurement Survey

Appendix B – Evaluation Committee's Report of April 14, 2005: Recommendation for Future Analysis of Annual Outcomes Data, Boston EMA Title 1 Programs

Appendix C – 2005 Boston EMA Unmet Need Framework