

Boston Part A EMA HIV Health Services

**Evaluation Committee
2008-2009 Year-End Report**

June 2009



Planning Council Support
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*The Evaluation Committee of the Boston EMA HIV Health Services Planning Council
presents its 2008-2009 Year-End Report*

Committee Charge

The Evaluation Committee is one of the Planning Council's standing committees. The Planning Council's bylaws state the charge to the committee at 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 Part A 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.”

Committee Membership

Members

Susan Goldin (Chair)
Jessica Moschella (Vice-Chair)
John Gatto
Eliz Portal
Chevelle Sloan
Sandra Stern
Rodney VanDerwarker
Marlon Wallen
Sheryl Watkins

Support Staff

Laura Kozek, PCS
Sharon Asonganyi, PCS
Apryl Pagliaro, PCS
Andrew Shawhan, PCS
Danielle Towne, BPHC
Erin Wnorowski, BPHC

Committee Meeting Activities

- **Monday, October 27, 2008 – Lower Level B, Boston Public Library**
The meeting included a review of the committee workplan and recommendations for the 2008-2009 term. There was an introduction to the *2009-2012 Comprehensive Plan* and the zero-funding impact service category elimination process. The Grantee provided a general overview of quality management and evaluation products to be reviewed during the 2008-2009 term. A representative from JSI attended the meeting to solicit feedback on planning for and developing a study tool for a consumer research study. Susan Goldin was appointed as the Evaluation Committee Chair.

- **Monday, November 10, 2008 – Lower Level B, Boston Public Library**
 The main focus of the meeting was to review the zero-funding impact service category elimination process and the *2009-2012 Comprehensive Plan*. Jessica Moschella was elected Vice-Chair of Evaluation Committee. The JSI report, *Demographics and Clinical Care & Outcomes in 2006 Among Recently Diagnosed HIV Positive Patients in BPHC Sites Funded Through Ryan White Part A Program*, was also reviewed.
- **Thursday, December 4, 2008 – McKim Room, Boston Public Library**
 A representative from Suffolk University presented the *FY07 Annual Report* to the committee. The Grantee reviewed the new outcome measurement tool being utilized. An update was provided on the JSI Consumer Study. The zero-funding impact service category elimination process presentation for the Planning Council was developed.
- **Thursday, February 5, 2009 – Lower Level B, Boston Public Library**
 A representative from Suffolk University presented the *FY08 Mid-Year Report* to the committee. The Grantee provided an update on ongoing research projects. Feedback was solicited from the committee on recommendations for future research projects.
- **Thursday, March 5, 2009 – Lower Level B, Boston Public Library**
 This meeting was cancelled.
- **Thursday, April 2, 2009 – Lower Level B, Boston Public Library**
 Representatives from JSI attended the meeting to present on two reports: 1) *Assessment in Potential Disparities in HIV Clinical Care*, and 2) *Unmet Need for HIV Primary Care among PLWHA Residing in the Boston EMA in 2006*. The Grantee provided an update on the JSI Consumer Study and the committee started drafting their Year-End Report.
- **Thursday, May 7, 2009 – Lower Level B, Boston Public Library**
 The committee focused on finalizing the Year-End Report and the Year-End Report presentation to be given at Planning Council in June.

Work of Committee

- Review Part A Evaluation Products.
- Provide feedback on the zero-funded impact service category elimination process.
- Provide feedback on the *2009-2012 Comprehensive Plan*.
- Create recommendations for future Part A research and evaluation.
- Prepare/present Year-End Report with recommendations for next year's Council. The Year-End Report begins with an overview of the year's work, then a review of the evaluation projects review and finally recommendations for new projects and for next year's committee.

Overview of 2008-2009 Reviewed Evaluation Products

ANNUAL PROJECTS

- *Annual Outcomes Report FY 2007*: (February 2009, Suffolk University)

FY08-09 SPECIAL PROJECTS

- *Analysis of Impact of New Outcomes Tool*: (December 2008, Suffolk University)
 - In order to assess the impact of the new tool during the first year of implementation, the following three analyses were conducted:
 1. Assess the internal reliability of the tool.
 2. Measure the validity of outcome comparisons across the old tool and the new tool.
 3. Evaluate provider reporting in the first year of implementation.
- *Demographics and Clinical Care & Outcomes in 2006 Among Recently Diagnosed HIV-Positive Patients in BPHC Sites Funded Through Ryan White Part A Program*: (June 2008, John Snow, Inc.)
 - Medical chart abstraction was used to compare clinical care processes and outcomes in 2006 between recently diagnosed (during 2002-2006) and continuing care patients (diagnosed prior to 2002).

FY08-09 PROJECTS IN DRAFT FORM

- *Assessing Potential Disparities Report*: JSI
 - This report investigates potential disparities in quality of HIV/AIDS Care using multivariate analysis (October 2008 – February 2009). Statistical models will be developed to determine whether there are process or outcome disparities associated with individual patient characteristics or clinical site factors.
- *Consumer Study*: JSI
 - JSI will develop and administer a survey for consumers of Ryan White Part A services and other HIV/AIDS services to assess their HIV care and support service needs, challenges to living with HIV/AIDS, barriers to accessing services, and other related issues. The survey will target consumers who are in care and those who are not in care.

- *Estimating Unmet Need for the EMA: JSI*
 - Using MassHealth/Medicaid outpatient medical claims data and Massachusetts hospital discharge data from 2006, this report will estimate unmet need for HIV primary medical care in the Boston EMA. The University of California-San Francisco's unmet need framework will be used to estimate the number of HIV-positive individuals who have not had receipt of the following three components of HIV care during a defined 12-month period:
 - 1) viral load test,
 - 2) CD4 count, or
 - 3) anti-retroviral therapy.

- *Part A Mid-Year Outcomes Report FY 2008: Suffolk*
 - This report presents new health and quality of life outcomes data for clients receiving Part A services during the March 2008-August 2008 reporting period. The two study groups included in the report are on-going clients and new clients.

- *Retention Rates Report: JSI*
 - This report will use statistical models to determine patient level or site level factors associated with engagement in care and assess rates of retention among HIV patients.

- *Service Specific Outcomes Data: Suffolk*
 - Suffolk will generate frequencies for each of the 9 outcomes for each service category, based on the four levels reported (excellent/good/fair/poor) for the second half of the FY2007 reporting period (September 2006-February 2007). Statistical tests will be conducted to determine whether there are differences across services and level of assessment for each outcome.

Copies of these reports may also be obtained at the PCS Office or at the Planning Council webpage: www.bostonplanningcouncil.org.

Review of Completed Reports

<p>Report 1: Annual Outcomes Report FY07: March 2007-February 2008 (February 2009, Suffolk)</p>
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Objective: To measure and track health status and quality of life for both individual clients (using unique client identifiers) and for all Part A (Title I) services. Specifically looked at any statistically significant changes in Health and Quality of Life for: 1) On-going (n=4,168 FY07) and new clients (n=947 FY07) (*current and past 2 reporting periods*); 2) The 3-Year Cohort (n=2,153) (*FY05 – FY07*).

Methodology: 4 Health and 5 Quality of Life outcomes were given to providers (n=52, 12 different service categories) from which to select and report, over two reporting periods (March-August and September-February).

Findings:

- ❖ FY07 Outcomes received and # unduplicated clients:
 - March 2007-August 2007 (n=5,275 and n=4,083)
 - September 2007-February 2008 (n=5,887 and n=4,307)
- ❖ Demographic profile of on-going clients compared to new clients for FY07 was:
 - Gender: male (67% vs. 71%), female (32% vs. 28%), transgender (1% both)
 - Race: Hispanic (27% vs. 30%), White (50% vs. 37%), Black (30% vs. 39%), unknown or unreported (27% vs. 33%), other (3% vs. 13%)
 - Age: On average 44 years vs. 45 years
 - Diagnostic Category: HIV positive/not AIDS (38% vs. 40%), AIDS/CDC Defined (44% vs. 38%), HIV/AIDS Status Unknown (15% vs. 18%), unknown or unreported (2% vs. 3%).
 - Transmission Category: Exposed through MSM (30% vs. 26%), IDU (27% vs. 40%) and Heterosexual contact (56% vs. 66%).
- ❖ Consistent with findings in previous years, overall health outcome scores are higher than quality of life outcome scores.
- ❖ Medical Outcomes (CD-4 Counts and HIV Viral Loads) indicate both new and on-going clients are in good to excellent health.
- ❖ Comparing Year-Ends FY06 to FY07:
 - There were no statistically significant changes in individual health and quality of life outcomes for on-going clients.
 - Impact of side effects from HIV-related medications showed a decrease in Year-End FY 2006 compared to Year-End FY 2007. This is likely due to the change in the outcome tool.
- ❖ Compared to on-going clients, new clients have statistically significant lower outcome scores for:
 - Housing status (23 points lower)
 - Access to psychosocial support (13 points lower)

Report 2: Analysis of Impact of New Outcomes Tool (December 2008, Suffolk)

Objective: In order to assess the impact of the new tool during the first year of implementation, Suffolk carried out the following three analyses:

1. Assess the internal reliability of the tool.
2. Measure the validity of outcome comparisons across the old tool and the new tool.
3. Evaluate provider reporting in the first year of implementation.

Methodology: In order to assess internal reliability, split-half reliability tests were used to determine the reliability of the survey measures. Testing was completed on both the first set of FY 2007 data (March 2007-August 2007) and the full set of FY 2007 data (March 2007-August 2007 and September 2007-February 2008).

Bivariate correlations were used to test whether or not outcomes from the new tool correlated strongly with other outcomes from the old tool. If the two outcomes being compared were highly correlated then the two variables would vary together.

Independent samples t-tests were used to determine the accuracy of provider reporting. The mean outcome scores for the March-August 2007 sample was tested for any statistically significant differences from the September 2007-February 2008 sample.

Findings:

- ❖ The internal reliability of the survey tool suggests that providers are accurately filling out the outcome measures and the four-level measurement scale is a reliable gauge.
- ❖ Based on statistical correlations generated between current and previous outcomes, it is clear that current and future comparisons will generate an accurate picture of whether or not health and quality of life for PLWH in the Boston EMA is improving or declining.
- ❖ 80% of the providers reporting on outcomes in FY 2007 showed consistent reporting practices. Reasons for inconsistent reporting were found to be due to external factors.

Report 3: *Demographics and Clinical Care & Outcomes in 2006 Among Recently Diagnosed HIV Positive Patients in BPHC Sites Funded Through Ryan White Part A Program (June 2008, JSI)*

Objective: To characterize patients who are recently diagnosed HIV positive and receiving HIV care for the first time in 9 BPHC clinics, and to identify any differences in demographics, care processes, and outcomes between recently diagnosed (RD) and continuing care (CC) patients in 2006.

Methodology: Differences in demographics between RD and CC patients were analyzed using bivariate chi-square tests. Descriptive statistics were used to evaluate circumstances related to initial HIV testing and/or diagnosis and receipt of partner counseling and referral services. For care process and outcome measures, only patients alive with at least 2 visits in 2006 and diagnosed on or before 6/30/06 were included in the denominator. An exception was the measure on number of provider visits, where patients with any number of visits were included. The full clinical chart review was conducted on new to care patients and newly diagnosed in 2003 and after. Clinical outcome indicators were collected for all patients.

Findings:

- ❖ Demographics Profile across the 9 BPHC clinics for RD vs. CC
 - Gender: male (62% vs. 56%)
 - Age: 40 years (RD) vs. 46.4 years(CC)
 - Country of Birth: foreign born (56% vs. 28%)
 - Race/Ethnicity: Hispanic (20% vs. 34%), White (32% vs. 28%), Black (43% vs. 34%), Asian (2% vs. 3%)
 - HIV Risk Factor: MSM (31% vs. 19%), Heterosexual (67% vs. 64%), IDU (10% vs. 34%)
 - HIV stage: HIV, not AIDS (55% vs. 38%), AIDS (44% vs. 62%)
- ❖ Among RD patients, over half were unaware of their risk for HIV prior to testing.
- ❖ Clinical outcomes including viral load suppression and CD4 counts were similar between RD and CC patients.

Recommendations for Future Evaluation Projects

Based on a review of the reports, the Evaluation Committee would like to present the following recommendations to the Grantee for consideration for next year's evaluation projects:

1. Evaluate the Council's list of priorities to ascertain whether these priorities are consistent with the community's perceived need.
2. Examine which combination of services produce the best outcomes.
3. Use consumer satisfaction/needs survey to evaluate the extent to which PLWH access non-Ryan White services, and how this affects quality of care.
4. Focus on subpopulations (e.g. youth, aging population, rural populations).

Recommendations for 2009-2010 Evaluation Committee

The Evaluation Committee would like to make the following recommendations to the 2009-2010 Evaluation Committee:

1. Review past, present, and future evaluation outcomes and recommendations at the beginning of the Planning Council year for new members.
2. Schedule time within the Committee meeting to allow for a free flow of discussion.
3. Continue to have the Grantee provide feedback on changes that have been made to evaluation projects based on Evaluation Committee input.
4. Provide reports to Committee members prior to the committee meeting, with enough time for members to read through them.
5. Provide the Committee with a description of acronyms and statistical jargon used throughout the term.
6. Simplify the language of the report presentations.
7. Set up mentors and mentees within the Evaluation Committee.
8. Reschedule committee meeting time to better fit members' work schedules.
9. Offer an "Understanding Research Materials" training at the first meeting of the term.
10. Review the committee charge to better serve the needs of the Planning Council.

Recommendations for 2009-2010 Planning Council

The Evaluation Committee would like to make the following recommendations to the 2009-2010 Planning Council:

1. Allow time for open forum style discussions at the Planning Council meetings.
2. Ask Chairs of all the Committees to provide information on the mandate of their committee, what they have done in the past, and what they want to do during the current year at the first Planning Council meeting.
3. Provide a list of HIV/AIDS conferences and trainings on the Planning Council website.
4. Provide the contact information for other EMAs on the Planning Council website.
5. Incorporate a training on biostatistics and accessing data into the epidemiology training at the first Planning Council meeting.

