

# Texas DSHS HIV Monitoring Project 2016

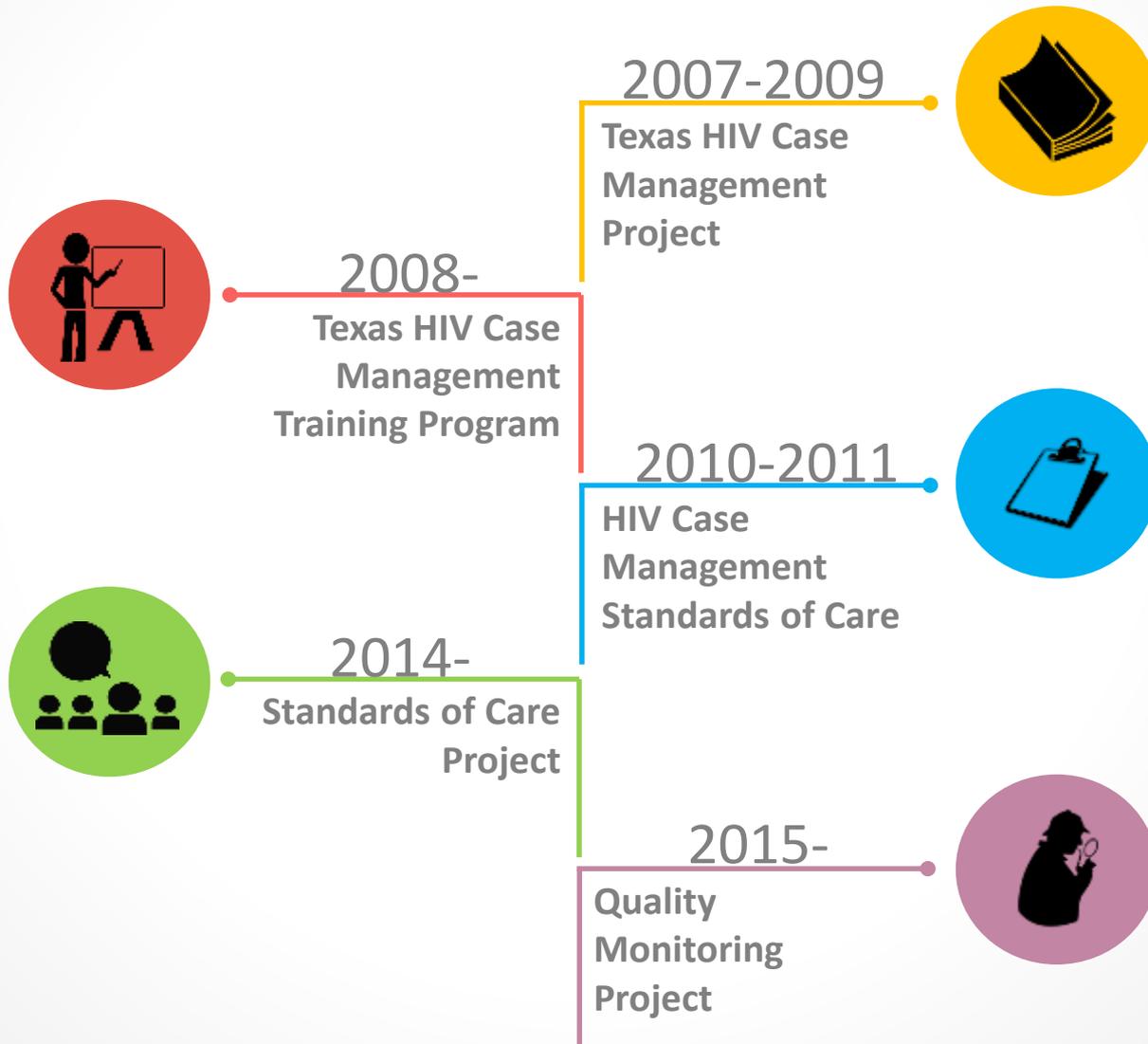
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# Introduction

- Timeline and Texas DSHS HIV Care Services Philosophy
- Monitoring Process
- What is 'monitoring'
- Texas baselines
- What's next

# Timeline



# Timeline

2015-

Quality  
Monitoring  
Project



- 4 primary service categories picked for review in this first year:
  - Ambulatory Outpatient Medical Care (AOMC)
  - Medical Case Management
  - Non-Medical Case Management
  - Mental Health
- Sample of primary client records (clinical and non-clinical) selected for each service category for review, using monitoring tool developed by the SoC workgroup
- Indicators used to establish a baseline during the pilot year
- Contracted with independent agency through RFP process – Germane Solutions selected as monitoring provider.

# How Do We Apply These Components?

This ties to our baseline approach of determining where do we “live” in the State for our Service Standards.

- **Compliance** is program monitoring – things we have to implement (policies and procedures).
- **QA** measures each provider in adherence to standards. *How well did we do?*
- **QI** allows us to improve processes to improve health outcomes through continuous evaluation of changes implemented (example: Plan-Do-Study-Act) at the provider level.

# “Hot Button” OAMC Challenges

- **How do we develop improvement processes that will not add burden to our programs, yet allow us to show improvements in health outcomes?**
  - Providers should only focus on 1-3 indicators at a maximum in developing Plan-Do-Study-Act (PDSA) improvement processes
  - Activities should be specific to improving the process in order to study affects on health outcomes
- **Example:** *Develop PDSA for including Psychosocial Assessment in OAMC provider documentation*
  - Activities include: inserting housing status and domestic violence alert in electronic health record or form that providers use
  - Provide education to staff of ‘new’ process
  - Review small sample every month for three months to assess for improvement in documentation
  - Review provider education given to patients to determine if treatment adherence improves with clients that indicated issues with housing and/or domestic violence

# “Hot Button” MCM Challenges

- **Challenges presented during the baseline review were NOT short in supply.**
- Many of the challenges presented were documentation issues that can be improved with QA processes implemented.
  - Drafting protocols for how to document acuity and needs assessments;
  - Developing care plans with clear, measurable, realistic goals and activities that will aide the client in achieving each goal;
  - Setting the timelines to review the activities within the care plan with the client that aren't so far out (*6 months or later was consistently seen*) to ensure updating where the client is in relation to their goal with the care plan.

# “Hot Button” NMCM Challenges

- Similar to MCM, most challenges presented were related to documentation.
- Draft protocols for how to document acuity and needs assessments;
- Develop care plans with clear, measureable, realistic goals and activities that will aide the client in achieving each goal;
- Set the timelines to review the activities within the care plan with the client that aren't so far out (*6 months or later was consistently seen*) to ensure updating where the client is in relation to their goal with the care plan. ***This review of the care plan will aide in graduating the client.***

# “Hot Button” MH Challenges

- **Psychosocial Assessments** often will trigger a need for a patient that cannot be “put on hold” to complete a form.
  - In many cases, documenting the ‘trigger’ and providing SOAP notes that indicate the client is still processing that ‘trigger’ will not only increase a client’s mental health outcome, it will provide the **QA element necessary to show improvement in the process.**
- **Treatment plans completed no later than third counseling session** ties to the indicator above.
  - As the client is processing through the ‘trigger’ from the psychosocial assessment, indicate this ‘trigger’ event in the developing Treatment Plan. Some ‘triggers’ will have short-term outcomes, others will require more long-term strategies to be developed with the client.
- **Discharge planning is completed with the client** was more notably a documentation process issue.
  - Evaluate how you are documenting discharges to determine the most effective improvement process.

# Where Do We Go From Here?



Refocusing

Why do we do what we do? What's the end game? The focus comes through when monitoring



Social Case Management

Not based on the medical model



Eligibility

Eligibility is no longer in the CM SoC  
Removing eligibility should free up time for CMs



Continued TA- OAMC/Mental Health

Germane Solutions, contracted trainings

# More Training and TA!



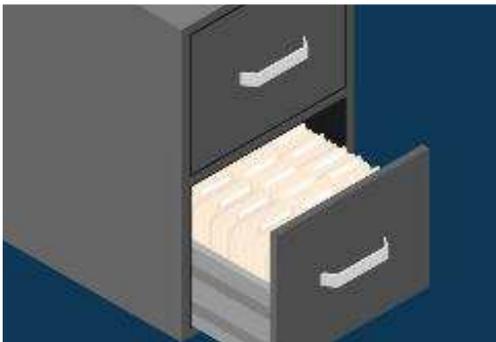
New Acuity Scale

Acuity assessed every 45, 60, or 90 days



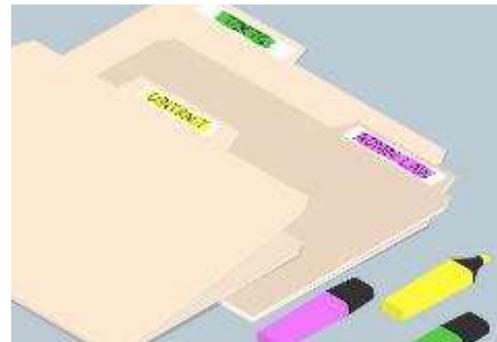
Care Plans

Less is more- goal management  
Must be updated and signed



Case Closure/ Graduation

CM needs to be evident or client needs to be graduated



Lost to Care

Bettering the process-  
CMs becoming more proactive