

Ryan White Part A Quality Management Program–Houston EMA

Vision Care Chart Review FY 2012

Harris County Public Health & Environmental Services –
Ryan White Grant Administration

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Introduction

Part A funds of the Ryan White Care Act are administered in the Houston Eligible Metropolitan Area (EMA) by the Ryan White Grant Administration of Harris County Public Health & Environmental Services. During FY 12, a comprehensive review of client vision records was conducted for services provided between 3/1/12 to 2/28/13.

The primary purpose of this annual review process is to assess Part A vision care provided to persons living with HIV and AIDS in the Houston EMA. Unlike primary care, there are no federal guidelines published by the U.S Public Health Service for general vision care targeting individuals with HIV/AIDS. Therefore, Ryan White Grant Administration has adopted general guidelines published by the American Optometric Association, as well as internal standards determined by the clinic, to measure the quality of Part A funded vision care. The Ryan White Grant Administration Project Coordinator for Clinical Quality Improvement (PC/CQI) performed the chart review.

Scope of This Report

This report provides background on the project, supplemental information on the design of the data collection tool, and presents the pertinent findings of the FY 12 vision care chart review. Also, any additional data analysis of items or information not included in this report can likely be provided after a request is submitted to Ryan White Grant Administration.

The Data Collection Tool

The data collection tool employed in the review was developed through a period of in-depth research conducted by the Ryan White Grant Administration. By researching the most recent vision practice guidelines, a listing of potential data collection items was developed. Further research provided for the editing of this list to yield what is believed to represent the most pertinent data elements for vision care in the Houston EMA. Topics covered by the data collection tool include, but are not limited to the following: completeness of the Client Intake Form (CIF), CD4 and VL measures, eye exams, and prescriptions for lenses. See Appendix A for a copy of the tool.

The Chart Review Process

All charts were reviewed by the PC/CQI, a Master's-level registered nurse experienced in identifying documentation issues and assessing adherence to published guidelines. The collected data for each site was recorded directly into a preformatted database. Once all data collection was completed, the database was queried for analysis. The data collected during this process is intended to be used for the purpose of service improvement.

The specific parameters established for the data collection process were developed from vision care guidelines and the professional experience of the reviewer on standard record documentation practices. Table 1 summarizes the various documentation criteria employed during the review.

Table 1. Data Collection Parameters	
Review Area	Documentation Criteria
Laboratory Tests	Current CD4 and Viral Load Measures
Client Intake Form (CIF)	Completeness of the CIF: includes but not limited to documentation of primary care provider, medication allergies, Hx of medical problems, Ocular Hx, and current medications
Complete Eye Exam (CEE)	Documentation of annual eye exam; completeness of eye exam form; comprehensiveness of eye exam (visual acuity, refraction test, binocular vision assessment, fundus/retina exam, and glaucoma test)
Ophthalmology Consult (DFE)	Performed/Not performed
Lens Prescriptions	Documentation of the Plan of Care (POC) and completeness of the dispensing form

The Sample Selection Process

The sample population was selected from a pool of 1,412 unduplicated clients who accessed Part A vision care between 3/1/12 and 2/28/13. The medical charts of 105 of these clients were used in the review, representing 7.4% of the pool of unduplicated clients.

In an effort to make the sample population as representative of the actual Part A vision care population as possible, the EMA's Centralized Patient Care Data Management System (CPCDMS) was used to generate the lists of client codes. The demographic make-up (race/ethnicity, gender, age) of clients accessing vision care services between 3/1/12 and 2/28/13 was determined by CPCDMS, which in turn allowed Ryan White Grant Administration to generate a sample of specified size that closely mirrors that same demographic make-up.

The lists of client codes were forwarded to the corresponding agency 5-10 business days before reviews were scheduled to commence.

Characteristics of the Sample Population

The review sample population was generally comparable to the Part A population receiving vision care in terms of race/ethnicity, gender, and age. It is important to note that the chart review findings in this report apply only to those who receive vision care from a Part A provider and cannot be generalized to all Ryan White clients or to the broader population of persons with HIV or AIDS. Table 2 compares the review sample population with the Ryan White Part A vision care population as a whole.

**Table 2. Demographic Characteristics of FY 12 Houston EMA Ryan White
Part A Vision Care Clients**

Race/Ethnicity	Sample		Ryan White Part A EMA	
	Number	Percent	Number	Percent
African American	45	43%	596	42%
White	56	53%	779	55%
Asian	2	2%	18	1%
Native Hawaiian/Pacific Islander	0		2	<1%
American Indian/Alaska Native	2	2%	11	<1%
Multi-Race	0		6	<1%
TOTAL	105	100%	1,412	100%
Hispanic Status				
Hispanic	33	31%	473	33%
Non-Hispanic	72	69%	939	67%
TOTAL	105	100%	1,412	100%
Gender				
Male	80	76%	1,116	79%
Female	24	23%	296	21%
Transgender Male to Female	1	<1%	6	<1%
Transgender Female to Male	0		0	0
TOTAL	105	100%	1,412	100%
Age				
<= 24	0		41	3%
25 – 34	17	16%	242	17%
35 – 44	33	31%	368	26%
45 – 54	35	33%	517	37%
55 – 64	19	18%	211	15%
65+	1	<1%	33	2%
TOTAL	105	100%	1,412	100%

Findings

Laboratory Tests

Having up-to-date lab measurements for CD4 and viral load (VL) levels enhances the ability of vision providers to ensure that the care provided is appropriate for each patient. CD4 and VL measures indicate stage of disease, so in cases where individuals are in the late stage of HIV disease, special considerations may be required.

Patient chart records should provide documentation of the most recent CD4 and VL information. Ideally this information should be updated in coordination with an annual complete eye exam. As noted in the table below, slight decreases were noted in lab documentation compared to FY11 and FY10.

	2010	2011	2012
CD4	97%	93%	90%
VL	97%	94%	89%

Client Intake Form (CIF)

A complete and thorough assessment of a patient's health history is essential when caring for individuals infected with HIV or anyone who is medically compromised. The agency assesses this information by having patients complete the CIF. Information provided on the CIF, such as ocular history or medical history, guides clinic providers in determining the appropriateness of diagnostic procedures, prescriptions, and treatments. The CIF that is used by the agency to assess patient's health history captures a wide range of information; however, for the purposes of this review, this report will highlight findings for only some of the data collected on the form.

Below are highlights of the findings measuring completeness of the CIF.

	2010	2011	2012
Primary Care Provider	100%	100%	99%
Medication Allergies	100%	100%	100%
Medical History	100%	100%	100%
Current Medications	100%	100%	99%
Reason for Visit	100%	100%	100%
Ocular History	100%	96%	97%

Eye Examinations (Including CEE/DFE) and Exam Findings

Complete and thorough examination of the eye performed on a routine basis is essential for the prevention, detection, and treatment of eye and vision disorders. When providing care to individuals with HIV/AIDS, routine eye exams become even more important because there are a number of ocular manifestations of HIV disease, such as CMV retinitis.

CMV retinitis is usually diagnosed based on characteristic retinal changes observed through a DFE. Current standards of care recommend yearly DFE performed by an ophthalmologist for clients with CD4 counts <50 cells/mm³ (2). Only 2 clients in this sample had CD4 counts <50 cells/mm³, and both (100%) had DFE and CMV screening performed.

	2010	2011	2012
Complete Eye Exam	97%	96%	96%
Dilated Fundus Exam	66%	80%	76%
Internal Eye Exam	98%	100%	100%
Documentation of Diagnosis	100%	100%	100%
Documentation of Treatment Plan	100%	100%	100%
Visual Acuity	100%	99%	100%
Refraction Test	97%	96%	96%
Observation of External Structures	99%	96%	97%
Glaucoma Test	98%	95%	100%
Cytomegalovirus (CMV) screening	68%	80%	78%

Ocular Disease

Six clients (6%) demonstrated ocular disease. Two had post vitreous detachment, 1 had molluscum contagiosum, 1 had CMV retinitis, and 2 had diabetic retinopathy. Two clients received treatment for ocular disease, 1 client was referred to a specialty eye clinic, and 4 clients did not need treatment at the time of visit.

Prescriptions

Of records reviewed, 94% (95%-FY11, 96%-FY 10 reviews) documented new prescriptions for lenses at the agency within the year.

Conclusions

Findings from the FY 12 Vision Care Chart Review indicate that the vision care provider provides comprehensive vision examinations for the prevention, detection, and treatment of eye and vision disorders. Performance rates are very high overall, and are consistent with quality vision care.

Appendix A—FY 12-Vision Chart Review Data Collection Tool

Mar 1, 12 to Feb 28, 13

Pt. ID # _____

Site Code: _____

CLIENT INTAKE FORM (CIF)

1. PRIMARY CARE PROVIDER documented: Y - Yes N - No
2. MEDICATION ALLERGIES documented: Y - Yes N - No
3. MEDICAL HISTORY documented: Y - Yes N - No
4. CURRENT MEDS are listed: Y - Yes N - No
5. REASON for TODAY's VISIT is documented: Y - Yes N - No
6. OCULAR HISTORY is documented: Y - Yes N - No

CD4 & VL

7. Most recently documented CD4 count is within past 12 months: Y - Yes N - No
8. CD4 count is < 50: Y - Yes N - No
9. Most recently documented VL count is within past 12 months: Y - Yes N - No

EYE CARE:

10. COMPLETE EYE EXAM (CEE) performed: Y - Yes N - No
11. Eye Exam included ASSESSMENT OF VISUAL ACUITY: Y - Yes N - No
12. Eye Exam included REFRACTION TEST: Y - Yes N - No
13. Eye Exam included OBSERVATION OF EXTERNAL STRUCTURES: Y - Yes N - No
14. Eye Exam included GLAUCOMA TEST (IOP): Y - Yes N - No
15. Internal Eye Exam findings are documented: Y - Yes N - No
16. Dilated Fundus Exam (DFE) done within year: Y - Yes N - No
17. Eye Exam included CYTOMEGALOVIRUS (CMV) SCREENING: Y - Yes N - No
18. New prescription lenses were prescribed: Y - Yes N - No
19. Eye Exam written diagnoses are documented: Y - Yes N - No
20. Eye Exam written treatment plan is documented: Y - Yes N - No
21. Ocular disease identified? Y - Yes N - No
22. Ocular disease treated appropriately? Y - Yes N - No
23. Total # of visits to eye clinic within year: _____

Revised March, 2012

Appendix B – Resources

1. Casser, L., Carmiencke, K., Goss, D.A., Knieb, B.A., Morrow, D., & Musick, J.E. (2005). Optometric Clinical Practice Guideline—Comprehensive Adult Eye and Vision Examination. *American Optometric Association*. Retrieved from <http://www.aoa.org/Documents/CPG-1.pdf> on April 15, 2012.
2. Heiden D., Ford N., Wilson D., Rodriguez W.R., Margolis T., et al. (2007). Cytomegalovirus Retinitis: The Neglected Disease of the AIDS Pandemic. *PLoS Med* 4(12): e334. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2100142/> on April 15, 2012.
3. International Council of Ophthalmology. (2011). *ICO International Clinical Guideline, Ocular HIV/AIDS Related Diseases*. Retrieved from <http://www.icoph.org/resources/88/ICO-International-Clinical-Guideline-Ocular-HIVAIDS-Related-Diseases-.html> on December 15, 2012.
4. Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf. Accessed July 25, 2013.