

2012 Program Evaluation Update

Patty Raines
MDCH



Program Evaluation Advice from a Webinar Series

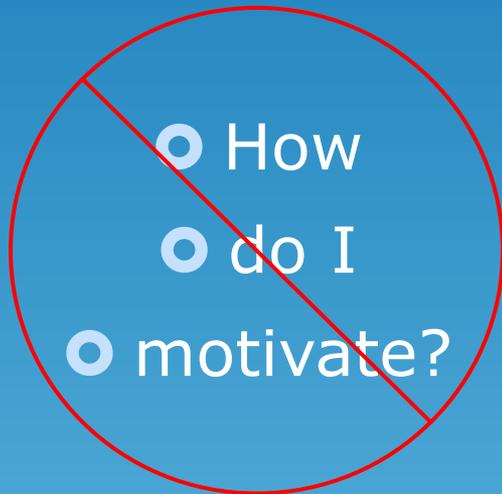
“Top Roadblocks on the Path to Good Evaluation– And How to Avoid Them”

Presented by: Tom Chapel

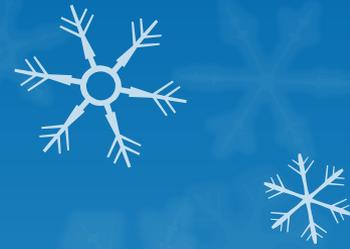
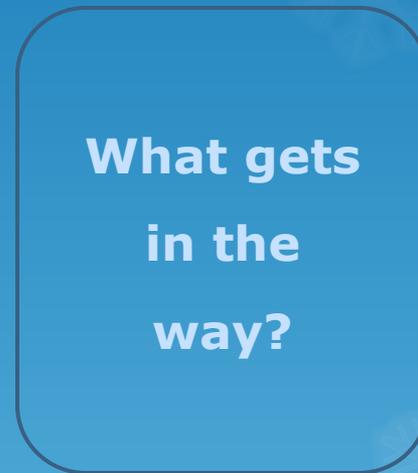


Implementing Program Evaluation

Not this...

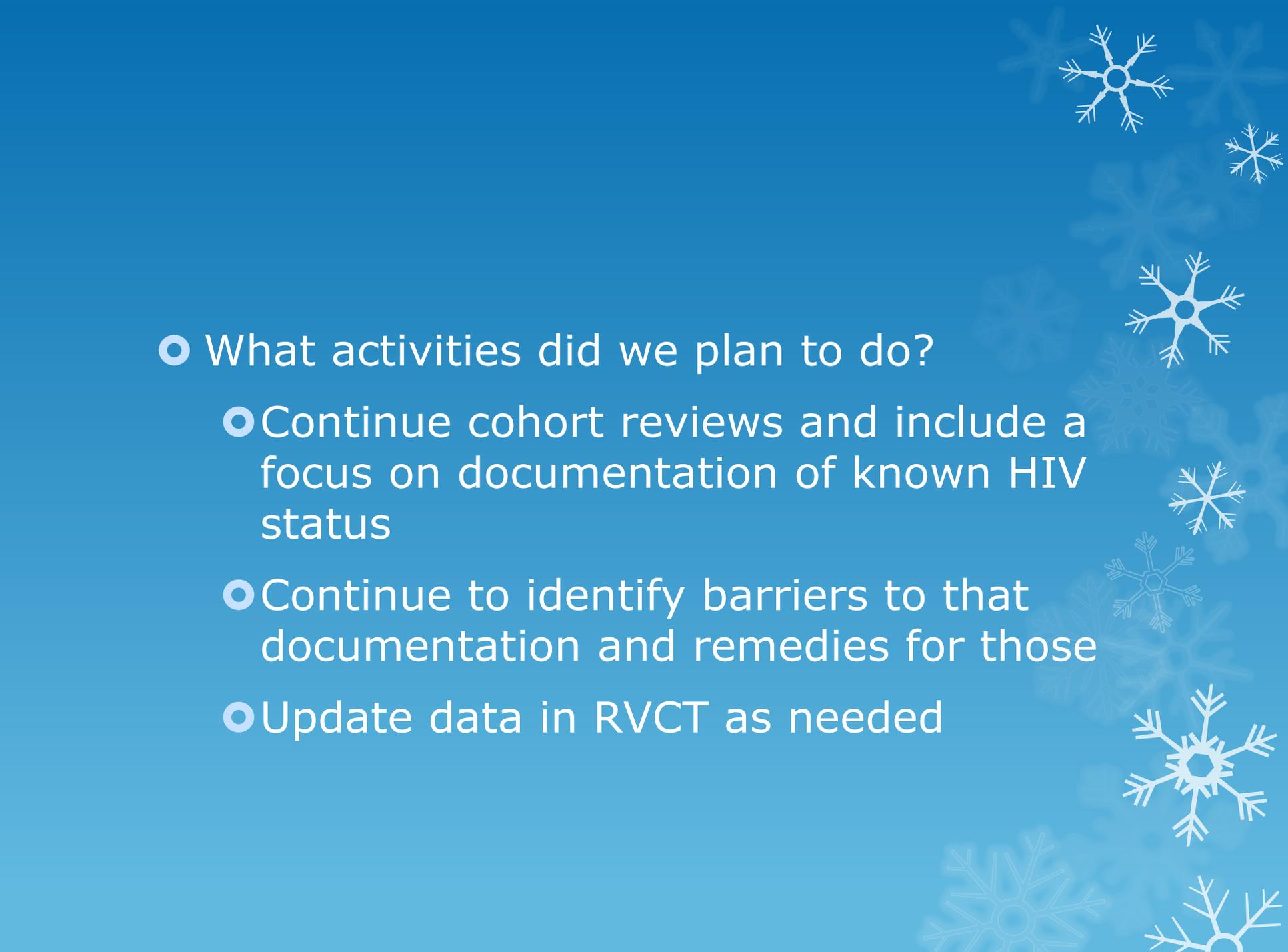


This...



2012 Objectives

1. By December 2012, reported Known HIV status will increase by 5% in LHDs which utilize cohort review
2. By December 2012, TB staff in Oakland, Wayne and Kent County Health Departments will access and use NTIP data to analyze reporting issues

- 
- The background is a solid blue color with several white snowflake icons scattered across it. The snowflakes vary in size and are positioned primarily on the right side of the slide, with some fainter ones in the background.
- What activities did we plan to do?
 - Continue cohort reviews and include a focus on documentation of known HIV status
 - Continue to identify barriers to that documentation and remedies for those
 - Update data in RVCT as needed

Activities (cont'd)

- 3 highest burden LHDs will designate someone to access NTIP
- Information about NTIP will be provided to TB staff
- Analyze use of NTIP by LHDs

What did we Learn?

- We based our starting point on flawed data
 - We are looking at Michigan excluding Detroit, but data in NTIP when we wrote the plan included Detroit
 - Case numbers, even in highest incidence jurisdictions, are so low that a few may skew the trend (one LHD had string of refusals for HIV test which meant that only 77% had reported result though 96% were offered testing)

- In lowest incidence areas, results were either 100% or 0% (N=1)
- So, instead of looking for increased % in reported known HIV status for LHDs, we looked at differences in this indicator between LHDs that participate in cohort review and those that do not participate

The Numbers

- 101 of the 2011 cases were reviewed (high and low incidence LHDs)
- 84 of those had reported known HIV status (84%)
- 8% refused
- 10% were not offered testing
- 90% were offered testing!

The Numbers (cont'd)

- 11 cases sprinkled throughout the state in LHDs which did not participate in cohort review
- 64% had reported known HIV test results
- 0% refused testing
- 36% (N=4) were not offered testing

Lessons to share?

- For LHDs that participated in cohort review, (10 with 2011 cases), 8 offered testing to 90% or more of the cases (N=2 to 24)
- For LHDs which did not participate in cohort reviews (9 with 2011 cases), 4 offered testing to 50% or less (N=1 or 2)

Barriers Identified

- Lack of knowledge/or experience/ or agreement with: recommendation to test all **regardless of risk**
- Lack of funds/trained staff/ convenient testing location
- Difficulty gaining acceptance of test by clients
- Difficulty obtaining results from other institutions
- Inaccurate data entry

More Advice from the PE Webinar previously mentioned: Use the Findings!

- If the *findings* don't get used...
the program will not improve.

Discussion

- Approach HIV test as a routine part of care for those infected with TB, minimize special focus on that test. It can affect medication choice, response to treatment, length of treatment, contact investigation, etc.
- A signed release to facilitate sharing of information
- Identify corporate focal point to send Michigan reporting rules
- Policy change to incorporate testing for all ages

More solutions?

- What has worked in your facility?



NTIP

- NTIP data is neither real-time nor frozen. It changes when data is “uploaded”. It **does** reflect the data entered for the 3 LHDs with LHD specific data.
- It is only as accurate as RVCT data
- Many corrections have been made in the past year and a half , but there may still be some glitches
- LHDs may have a more reliable, real-time system for data analysis

NTIP

- Discrepancies between what is entered and reality are a very real issue. Because of cohort review, many discrepancies have been noted (e.g. HIV negative in MDSS but reported not offered at cohort review, NAAT test reported as N/A but a date results reported is present)

Too much!?

- Your caseload of TB patients is MUCH smaller than for other diseases (Hepatitis C, chlamydia, chicken pox, pertussis, HIV, salmonella, etc.), you have had to double the number of items in your job duty list, and we send you e-mails every other day, call you about every case numerous times, harangue you about every checkmark in MDSS, want you to attend conference calls and conferences...

So what are solutions for NTIP data?

We'll talk more about NTIP when we discuss the 2013 program evaluation plan.



Comments?

Questions?

