

HIV Medical Health Outcomes Study: YR 3

Study Design & Lessons Learned

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Broward Study v. Border Study

THE MEASUREMENT GROUP

- Broward County (Title I EMA)
- 4 major Title I health providers
- 305 reviews in final sample
- 5 month period
- 10 quarters, 2.5 years
- Service, minimum of 4 quarters
- One-shot

CENTRO de EVALUACION

- 4 states (Mostly Title II & III)
- 5 SPNS projects, multiple sites
- 435 reviews submitted (approx.)
- 3 month period
- 8 quarters, 2 years
- No minimum service
- Follow-up, approx. 20 quarters per patient (longitudinal)

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Study Design

Lessons Learned *Evaluation Center*

Planning

- Details, details, details!
- The process of securing consultants and developing the instruments was much more time consuming than expected.
- Did not anticipate the diversity among the projects and service sites.

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Training

- Need for a more comprehensive training for consultants, including a mock review.
- Explore potential in conducting training sessions with local evaluators and/or project staff.
- Increase knowledge and reach consensus on selected variables among Evaluation Center staff before process begins.
- Debriefing after the first round of reviews: to include consultants, project staff, and evaluators.

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Data Collection Instruments

- Form design and development varied from the original study.
- Weakness in page 2 of quarterly form.
- Minimal use of continuation form.
- Abundant use of additional comments form.
 - Failure in initial training
 - Diversity between sites

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Form Distribution

- Explore benefits/costs of pre-assembled packets.
- Secure outside printing services or local production.
- Confirm delivery addresses.
- Confirm more accurate counts from local projects.

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Implementation

- Contact information for consultants was helpful, but should include phone/cell numbers.
- Single contact person at Evaluation Center is crucial to minimize miscommunication.
- Time delays in transfer of communication.
- Work schedules involve non-traditional hours.
- Tremendous amount of consultant questions in beginning stages.

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Consultants

- Project staff were "wonderful to work with."
- Travel time to and waiting time at off-site locations, as well as waiting for Evaluation Center guidance.
- Steep learning curve.
- Useful to know about off-site reviews before going to project.
- Consultants were contracted by hour, not chart.
 - Concerned about being paid for not working
- Duplication of client chart reviews.
- Requested that forms be pre-filled with urn's.
- Incomplete/non-descriptive medical records.
- Lack of documentation and disorganization. (minimal)
- Personal/professional knowledge gain.

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Lessons Learned *Consultants*

Lessons Learned *Projects*

Projects

- Enrollment location v. service location
- Last minute details took tremendous time.
- Policies varied at each service site.
 - Availability of records
 - Different record keeping systems
- "Mystery" charts.
- Steep learning curve.
- Scheduling in advance was not always successful.
- Response time to questions was not always quick.
- Timing hindered number of records reviewed.
 - Client contact
- More time need for OU consents
- More staff may be needed to prepare packets.
- Copying large quantities may impose financial burden.
- Some providers restricted mobility of records.
- Project Coordinator was on-site for questions.
- OU box of materials was helpful.

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Project Recommendations

- Consultants recruited for consecutive days until review completed.
- Consent form should include HRSA number, client name (printed) and medical care location.
- Consultants should be flexible.
- More additional comments forms/binder clips.
- Increase internal communication at projects.
- Packets pre-assembled.
- Funds for photo-copying.
- Contact information for consultants.
- OU FedEx account number.
- Train consultants in person.
- Training conference call with other involved people.
- Consultants travel to first site together.
- Debriefing
- Single contact person from the Evaluation Center.
- Utilize same consultants for YR5.

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Recommendations

Projects