Maryland AIDS Administration: Ensuring standards of care and quality monitoring

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AIDS Administration Mission

• Dedicated to working with public and private partners to reduce the transmission of HIV and to help Marylanders living with HIV/AIDS live healthier, longer lives

• Promote and develop comprehensive, compassionate and quality services for both HIV prevention and care
• Provide leadership, encourage community input, and use evidence based implementations
• Guide the development of responsible, compassionate and effective policies and programs
Primary Funding Sources

• Ryan White Treatment Modernization Act of 2006
  ▫ Federal Health Resources and Services Administration (HRSA)
  ▫ Health services - ambulatory care, case management, mental health and drug treatment services, dental, and access to ARV medications.

• Centers for Disease Control and Prevention (CDC)
  ▫ Implement primary and secondary HIV prevention
  ▫ Conduct surveillance activities in Maryland

• State General Funds
HIV Care Services: Sources of Funding

• Ryan White Part B funds:
  ▫ MADAP - drugs for HIV treatment for eligible uninsured/underinsured Maryland residents
  ▫ MADAP Plus - covers health insurance premiums for eligible HIV+ Maryland residents.
  ▫ Health Support Services

• Ryan White Part D funds:
  ▫ Outreach, education, counseling, medical treatment, obstetric care, pediatric care, social support services for infected and affected women, infants, children and youth.
HIV/AIDS in Maryland

- MD = state with 3rd highest case report rate; 1,591 per 100,000 or a rate of 28.5%*
- 32,727 total HIV/AIDS cases at the end of 2006
- Incidence rate of 2,146 HIV cases in 2006
- HIV incidence = 2.0% decrease per year
- Baltimore City = greatest share of cases (49%)
- Baltimore City prevalence rate is 6.8 times higher than the rest of Maryland

AIDS Administration, Maryland DHMH
September 20, 2007
Maryland HIV/AIDS Prevalence

HIV/AIDS Cases per 100,000 population
- 1,000+
- 500 - 999
- 250 - 499
- 100 - 249
- 0 - 99

Prevalence on 12/31/2006, as reported through 6/30/2007

AIDS Administration, Maryland DHMH
September 20, 2007
Rationale & Project Objectives

Rationale:
• Federal funds > AIDS Administration > MD HIV/AIDS service providers

Project Goals:
• Focus on quality assurance & to elucidate the Federal HRSA guidelines to standards of care
• Ensure the guidelines are represented in the AIDS Administration’s standards of care
• Assure the integration into client services provided by AIDS Administrations’ grantees
Project Process

- **Plan**
  - AA – office, policies, procedures and standards of care
  - Research HRSA – standards of care, new guidelines
  - Other states’ quality assurance initiatives
- **Do**
  - Crosswalk - comparing HRSA, Part B and Part A (Baltimore City)
  - Site Visit Tool – revise & update with new guidelines
### Site Visit Tool
- Used at annual site visits
- More streamlined – Y/N
- Scoring system

Examples of new SOC:
- HIV+ pregnant women should be on ART after 1st trimester (PMTCT)
- 2 or more CD4 counts performed at least 3 months apart within past 12 months

<table>
<thead>
<tr>
<th>Table Continued</th>
<th>Relevant Dates</th>
<th>Patient Refused</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>Treatment plan (i.e. ARV, PI prophylaxis) is discussed (Record Y/N in the boxes corresponding to each visit)</td>
<td>Same visits as noted for #32</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Patient has been prescribed/is currently taking HAART (Record Y/N in the boxes corresponding to each visit)</td>
<td>Same visits as noted for #32</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>36</td>
<td>Patient has been prescribed/is currently taking PC/PID Prophylaxis (Record Y/N in the boxes corresponding to each visit)</td>
<td>Same visits as noted for #32</td>
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<td>2</td>
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<tr>
<td>37</td>
<td>CD4 test results recorded in patient chart – Standard: 2 or more CD4 counts performed within 9 months apart during 12 months (Record Y/N in the boxes corresponding to each test date)</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>38</td>
<td>Viral Load test results are recorded in patient chart – Standard: 2 or more Viral Loads measured at least 3 months apart during 12 months (Record Y/N in the boxes corresponding to each test date)</td>
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<td>1</td>
<td>2</td>
</tr>
<tr>
<td>39</td>
<td>CBC test results are recorded in patient chart – Standard: CBC is measured every 3 to 6 months (Record Y/N in the boxes corresponding to each test date)</td>
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<td>1</td>
<td>2</td>
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<tr>
<td>40</td>
<td>Serology Test – Standard: Performed at least once within 12 months, or more often depending on patient evaluation (Record test date if Yes)</td>
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<td>1</td>
<td></td>
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<tr>
<td>41</td>
<td>Liver Function Test – Standard: Performed at least once within 12 months, or more often depending on patient evaluation (Record test date if Yes)</td>
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<tr>
<td>42</td>
<td>Renal Function Test – Standard: Performed at least once within 12 months, or more often depending on patient evaluation (Record test date if Yes)</td>
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</table>

<table>
<thead>
<tr>
<th>Standard of Care – HIV+ Women</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform annual GYN exam and pap smear. APT for pregnant patients (Male patients fall to 49)</td>
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<tr>
<td>Documentation of a GYN exam or referral within 12 months exists</td>
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<tr>
<td>If GYN exam was performed, documentation exists that a pap smear was collected during the exam</td>
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<tr>
<td>Pap smear results are documented in patient chart</td>
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<tr>
<td>Patient is documented as pregnant</td>
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<tr>
<td>Pregnant patient was prescribed ART after 1st trimester</td>
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</tbody>
</table>
Project Process

- **Study**
  - Feedback
  - Revisions
  - Comparing other QA projects

- **Act**
  - Documenting how to integrate new guidelines from HRSA
  - Utilization of site visit tool
Public Health Impact

Quality Assurance & Standards of Care

• Monitoring
  ▫ HIV/AIDS unique disease – new drugs and innovations; shift in treatment protocols
  ▫ Individual client health (i.e. drug resistance)
  ▫ Health service provider

• Evaluation
  ▫ Individualized care & treatment (drug regimen)
  ▫ Overall provider services
Recommendations

• Create and disperse updated, user-friendly standards of care to service providers and clients
• Scoring system on site visit tool
  ▫ Time trend analysis with providers
  ▫ Establish benchmarks
  ▫ Create more incentives & accountability
• Increase frequency of site visits
• CareWare Database – client/provider database to gauge quality of care, without conducting actual site visits
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• Dr. Michel Ibrahim – PHASE Co-Director

THANK YOU!