Developing Clinical Quality Management Plan for Ryan White Part D Program

By
Aleksandra Mihailovic, ScM Epidemiology ‘14
Outline

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- Project Description and Goals
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“The mission of the Prevention and Health Promotion Administration (PHPA) is:

- to protect, promote and improve the health and well-being of all Marylanders and their families
- through provision of public health leadership and
- through community-based public health efforts in partnership with local health departments, providers, community-based organizations, and public and private sector agencies,
- giving special attention to at-risk and vulnerable populations.”

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Background

- PHPA provides:
  - Funding
  - Technical support
  - Training to the local health departments and the health providers

- The Center for HIV Prevention and Care Services aims to:
  - Increase access to HIV care
  - Treatment services
  - Technical support to local health departments, hospitals and community health care providers
  - Administers the Maryland AIDS Drug Assistance Program
  - The Ryan White Program
Background – Ryan White

- The Ryan White Care Act, 1990 now funded at $2.25B²
- Access to HIV care to low-income, uninsured and under-insured individuals impacted by HIV/AIDS and their families
- It supports provision of the HIV services to about 529,000 people each year³
- Ryan White funds support primary medical care and essential support services
- Ryan White Program: Part A, B, C, D, and F, plus 4 other
Background – Ryan White Part D

- Ryan White Part D focuses on providing:
  - outpatient or ambulatory family-centered primary and specialty medical care and
  - support services to HIV-positive women, infants, children, youth, and their families\(^4\)

- Network of providers consists of
  - university-affiliated HIV clinics
  - hospital centers and
  - community based organizations

- The focus is on the Baltimore Statistical Metropolitan Area, which accounts for 60% of HIV/AIDS prevalence in Maryland\(^5\)
Rational and Public Health Context for the Project

- **HIV epidemic in the US in 2011**
  - About 1.2M Americans were living with HIV$^6$
  - Antiretroviral HIV therapy and adherence to the treatment increased the number of people living with HIV and new infections remain stable

- **HIV epidemic in Maryland in 2011**
  - 28,197 individuals were living with HIV/AIDS in Maryland$^7$
  - Estimated 1,783 new HIV diagnoses
  - The 7th highest number for the U.S.$^8$

- The Baltimore-Towson eligible metropolitan area (EMA) had the 6th highest rates of HIV infection diagnosis (33.8/100,000)$^8$
Rational and Public Health Context for the Project

- **HIV care needed for women in Maryland**
  - Women account for approximately 35% of all the 28,197 individuals living with HIV.

- **HIV care needed for adolescents and young adults**
  - In 2010 Baltimore City had a total of 406 new HIV diagnosis.
  - 27.8% or 113 of these new infections were diagnosed in the age group 13-29 years.

- Most women and youth who are HIV positive live in poverty and were already poor prior to learning of their HIV status.
Rational and Public Health Context for the Project

- HIV care needs for pregnant women:
  - psychosocial challenges
  - prevention of mother to child transmission
  - need for multidisciplinary teams: antiretroviral treatment, obstetrical care and adherence counseling, case management and non-case management

- Other co-morbid and socio-economic problems:
  - hepatitis
  - sexually transmitted infections
  - Tuberculosis
  - substance abuse
  - mental illness
  - homelessness
  - undocumented residence status
Rational and Public Health Context for the Project

- HIV care needs for youth and young adults:
  - Personal obstacles to HIV care:
    - depression, fear, denial, isolation
    - lack of awareness
    - mistrust of health professionals
    - confidentiality concerns and
    - addictive behaviors

- System challenges include:
  - lack of health insurance
  - lack of sufficient income to maintain a safe and healthy lifestyle
  - shortage of medical providers experienced in both HIV and adolescent medicine
  - complexity of the health care system

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Rational and Public Health Context for the Project

- The Health Resources and Services Administration (HRSA):
  - an agency of the U.S. Department of Health and Human Services
  - primary Federal agency for improving access to health care
  - provides health care to people who are geographically isolated, economically or medically vulnerable

- HRSA was created in 1982, when the Health Resources Administration and the Health Services Administration were merged

- In charge of granting Ryan White funding
Clinical Quality Management (CQM) Plan:
- 2009 legislation on quality requires CQM plans in order to:
  - assess the extent to which HIV health services are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections
  - to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services

CQM program information should be used for:
- jurisdiction’s planning process
- ongoing assessment of progress towards achieving program goals and objectives and
- examination and refinement of the services based on the outcomes
Project Description and Goals

- Develop a CQM Plan for the Ryan White Part D Network
  - Antiretroviral therapies that are very effective in keeping the HIV infection under control at the population and individual level
  - CQM plan is an effort to hold organizations and state departments more accountable for the resources spent on the HIV care

- Purpose of the CQM plan:
  - A tool for organizations to monitor progress towards yearly goals set in collaboration with PHPA
  - PHPA: systematically monitoring, evaluating and continuous improvements in the quality of HIV care and services

- The long-term goal: improve and enhance the health and wellness of the population served by Ryan White
Project Description and Goals

Key elements to development and implementation of the CQM program:

- quality infrastructure
- quality planning
- performance measurement
- quality improvement projects
- stakeholders’ involvement and
- evaluation of CQM program
Project Description and Goals

- Components of the CQM plan:
  - quality statement
  - quality infrastructure
  - performance measures
  - annual quality goals
  - participation of stakeholders
  - capacity building and communication
  - evaluation and updates
  - process to update CQM plan and
  - CQM plan implementation

Project Description and Goals

Key characteristics of the CQM plan:

- systematic process
  - identified leadership, accountability, and dedicated resources
- use of data and measurable outcomes
  - to evaluated progress towards relevant benchmarks
- focus on the increased efficiency of the service, providers, and client expectation
  - in order to address outcome improvements
- continuous process
  - adaptive to legislative changes and changes in yearly goals
- ensure that data collected are fed back into the quality improvement process
  - yearly adjusted of the goals based on improved outcomes\(^{12}\)
Methods and Approaches

To develop the CQM plan:

- HRSA’s website: Ryan White Part D Network and the services funded through the program
- Examined the CQM plans developed in other states
- Followed the HRSA’s requirements and guidelines
- Read the grant proposals from the sub-grantees to understand type of projects funded
Objectives and Findings

The objectives for the Maryland Part D funding award:

- consistent with the goals of the National HIV/AIDS Strategy:
  - to reduce new HIV infections and
  - to increase access to care and improve health outcomes of people living with HIV

HRSA’s main focus is on HIV viral load reduction in patients

Other goals for Maryland include:

- transition of the eligible youth to adult care and
- increased testing and linkage to care of the young men who have sex with men
Objectives and Findings

**Table 1:** Ryan White Program National HIV/AIDS Strategy goals 2015 and Health and Human Services Indicators; 2011 National and the state of Maryland results\(^{13}\)

<table>
<thead>
<tr>
<th>National Target</th>
<th>National Results in 2011</th>
<th>Maryland Results in 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increasing Access to Care and Improving Health Outcomes for People Living with HIV/AIDS</strong></td>
<td></td>
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<tr>
<td>By 2015, increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65% to 85%</td>
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<tr>
<td>By 2015, increase the proportion of clients who are in continuous care (at least 2 visits for routine HIV medical care in 12 months at least 3 months apart) from 73% to 80%</td>
<td>76.0%</td>
<td>66.0%</td>
</tr>
<tr>
<td>Increase the percentage of Ryan White recipients with permanent housing from 82% to 86%</td>
<td>84.0%</td>
<td>85.0%</td>
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<td><strong>Reducing HIV-Related Health Disparities</strong></td>
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<tr>
<td>By 2015, increase the proportion of HIV diagnosed gay and bisexual men with undetectable viral load by 20%</td>
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<tr>
<td>By 2015, increase the proportion of HIV diagnosed Blacks with undetectable viral load by 20%</td>
<td>67.0%</td>
<td>69.0%</td>
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<tr>
<td>By 2015, increase the proportion of HIV diagnosed Latinos with undetectable viral load by 20%</td>
<td>76.0%</td>
<td>79.0%</td>
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<tr>
<td><strong>Health and Human Service Indicators</strong></td>
<td></td>
<td></td>
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<tr>
<td>HIV Positivity</td>
<td>1.2%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Antiretroviral Therapy (ART) Among Persons in HIV Medical Care</td>
<td>79.5%</td>
<td>63.2%</td>
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<tr>
<td>Viral Load Suppression Among Persons in HIV Medical Care</td>
<td>72.6%</td>
<td>69.8%</td>
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<tr>
<td>Housing Status</td>
<td>3.4%</td>
<td>3.8%</td>
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**Objectives and Findings**

**Table 2**: Ryan White Part D CQM Program measurement indicators, FY12 (8/1/12 – 7/31/13), achievements reported for period 8/1/12 – 3/31/13.

<table>
<thead>
<tr>
<th>Number</th>
<th>Indicator</th>
<th>Exposed</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Goal</td>
</tr>
<tr>
<td>5</td>
<td>Number of New HIV positive Women Enrolled in Care</td>
<td>20</td>
</tr>
<tr>
<td>6</td>
<td>Number of New HIV positive Youth and Children Enrolled in Medical Care</td>
<td>140</td>
</tr>
<tr>
<td>8</td>
<td>Number of HIV positive Women in Medical Care</td>
<td>80</td>
</tr>
<tr>
<td>9</td>
<td>Number of HIV positive YMSM in Medical Care</td>
<td>-</td>
</tr>
<tr>
<td>10</td>
<td>Number of HIV positive Youth and Children in Medical Care</td>
<td>345</td>
</tr>
<tr>
<td>12</td>
<td>Number of Youth Transitioned into Adult HIV Medical Care</td>
<td>45</td>
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<tr>
<td></td>
<td><strong>Medical Visits by Type</strong></td>
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<tr>
<td></td>
<td>Number of Treatment Adherence Visits</td>
<td>155</td>
</tr>
<tr>
<td></td>
<td>Number of Clients with Undetectable Viral Loads</td>
<td>360</td>
</tr>
<tr>
<td></td>
<td>Number of Clients with CD4 &gt; 200</td>
<td>275</td>
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</tbody>
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Measurement Indicators

- Are divided into eight main categories:
  - Access to Care
  - Comprehensive, Coordinated Primary HIV Medical Care
  - Medical Visits by Type
  - Core Medical Services
  - Support Services
  - Clinical Quality Management Program
  - Consumer Involvement
  - Clinical Research
In 2011 Maryland was below the national average for couple of HIV care indicators set by the Health and Human Services and National HIV/AIDS Strategy goals:

- number of clients with an HIV diagnosis who were prescribed antiretroviral therapy
- number of clients with an HIV diagnosis and viral load suppression
- and the proportion of the clients who are in the continuous care (at least 2 visits for routine HIV medical care in 12 months at least 3 months apart)

More specific challenges for Maryland are:

- transition of the eligible youth to the adult care and
- enrolment to and retention in care of the young men who have sex with men
Conclusions

- Due to the effective antiretroviral treatment and numerous supportive services for HIV positive patients there is a need for closer monitoring of the progress and very targeted efforts at refining the parts of HIV care that are not preforming to their potential.

- CQM plan is very important tool in identifying the gaps in HIV care delivery and efficiency in the use of the Ryan White Part D funding.

- It will allow the tracking of the progress made on the yearly goals for HIV care delivery set by Center for HIV Prevention and Care Services in agreement with the sub-grantees and HRSA’s goals.

- It will also allow the Center for HIV Prevention and Care Services to more critically assess the successes and the shortcomings of the program in order to focus its efforts on the areas of HIV care that require improvements.

- Through constant updating of the CQM plan for the Ryan White Part D Network and yearly focus on the shortcomings in the HIV care from the prior year, CQM plan will enable the tighter control of the epidemic and constant enhancement and improvement of the HIV care for underprivileged women, infants, children, and youth in Maryland.
Thank you

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- All the other stuff members at the Center for HIV Prevention and Care Services

- All of you for coming
References

1. Department of Health And Mental Hygiene Administration: http://dhmh.maryland.gov/SitePages/Home.aspx
2. Health Resources and Services Administration, Ryan White – Funding: http://hab.hrsa.gov/data/reports/funding.html