

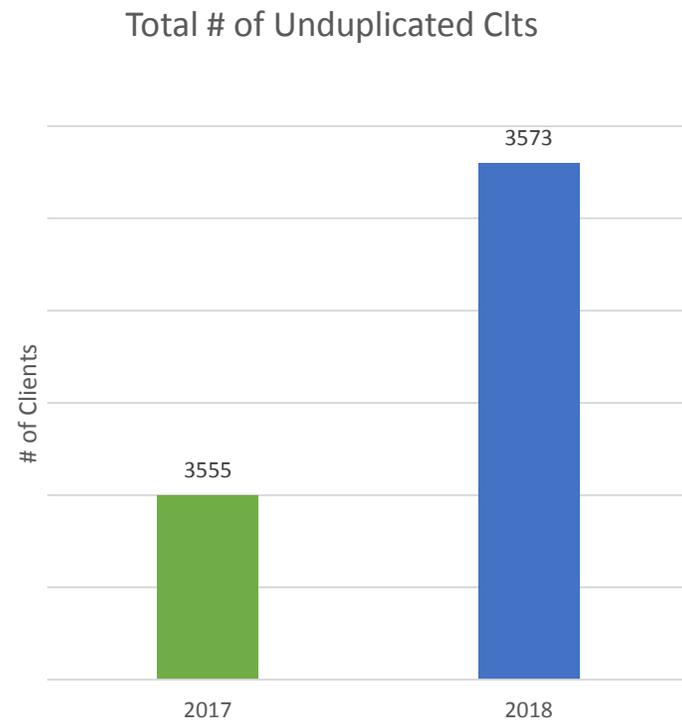
Ryan White HIV/AIDS Program Service Report (RSR)

- The RSR is an annual Client summary report required by our funders (Health Resources & Services Administration (HRSA)).
- Funded agencies, who provide services under the Part A program, are required to document and submit data on the clients they serve.
- Data is reported on a calendar year (January-December), not a grant year (March-February).
- These data sets are utilized by our program;
 - To understand the types of clients we served,
 - To make informed decisions on prioritizing needed services and allocating funds to services provided,
 - To explain how we are using our funds and supporting health outcomes of our clients, in our annual grant application.

2018 RSR Client Summary Report Data

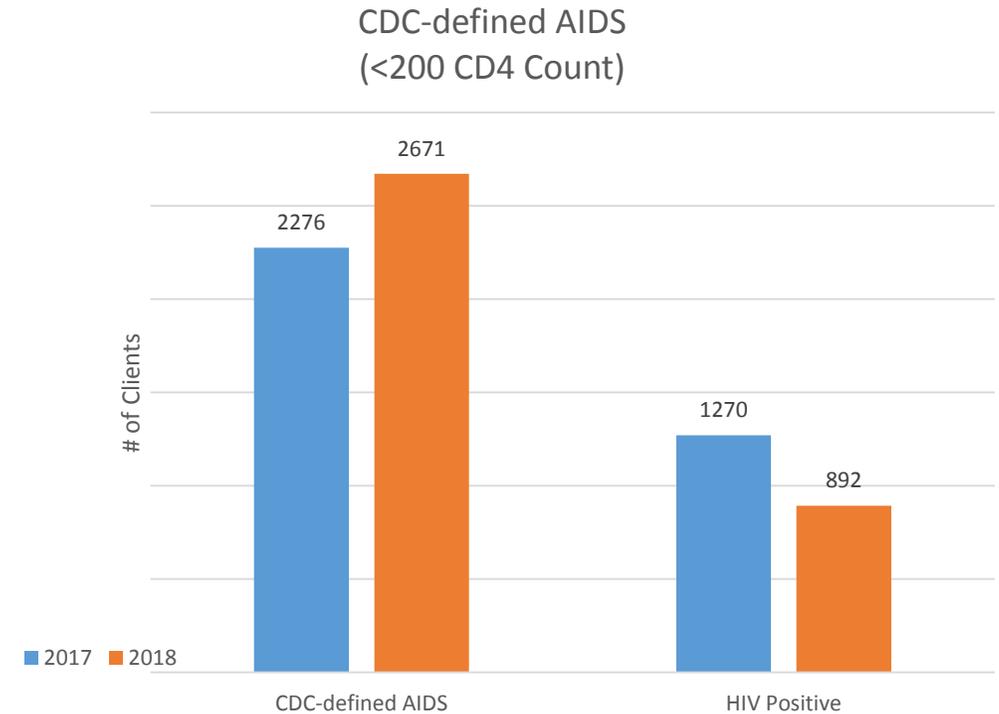
Number of Clients by HIV Status

- Reported an Increase of 18 clients



Number of Clients by HIV/AIDS Status

- Reported an Increase of 395 diagnosed with AIDS

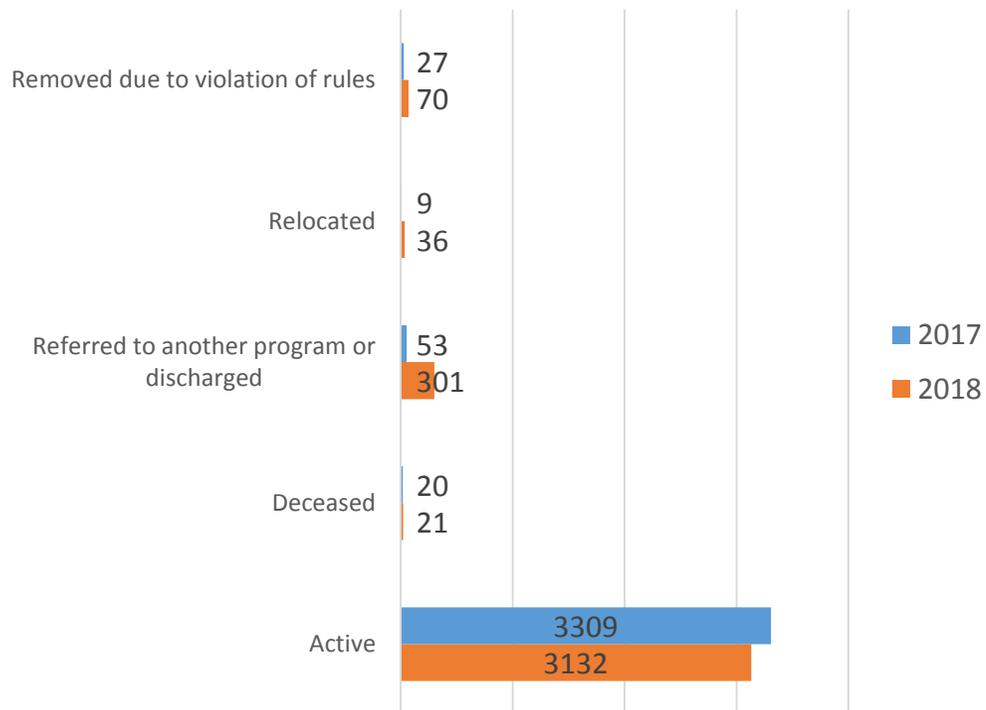


2018 RSR Client Summary Report Data cont.

Number of Clients by Enrollment Status

- Referred and discharged increased due to data clean up, closing clients that were still designated as active but not receiving services.

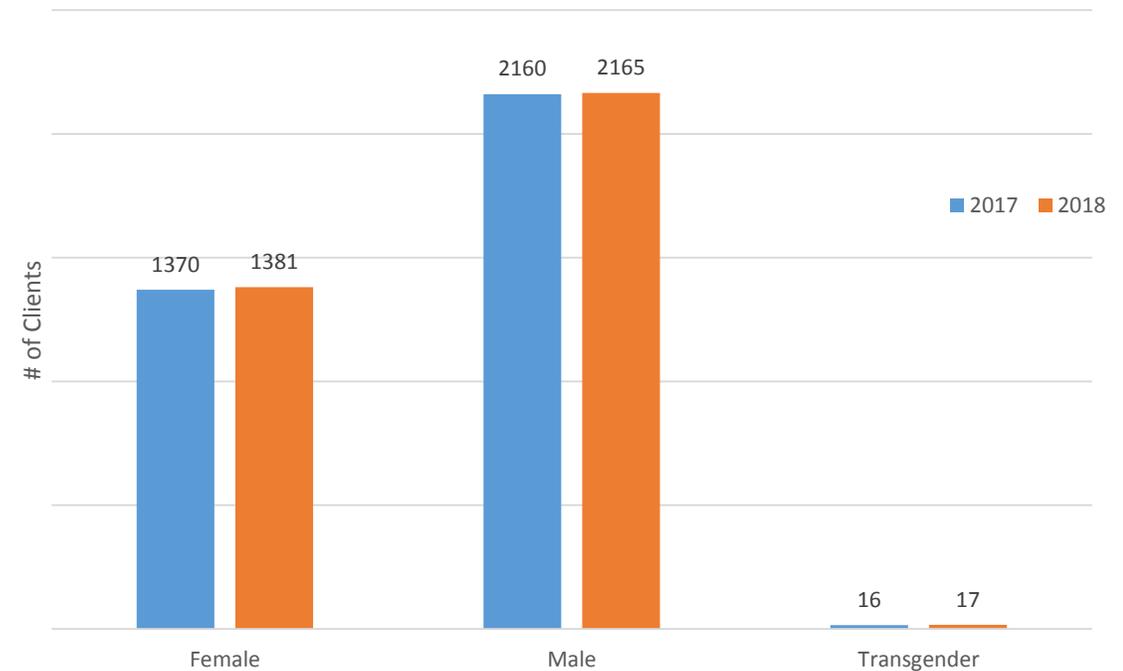
Enrollment Status



Number of Clients by Gender and HIV Status

- Largest group are Males

Gender Breakdown

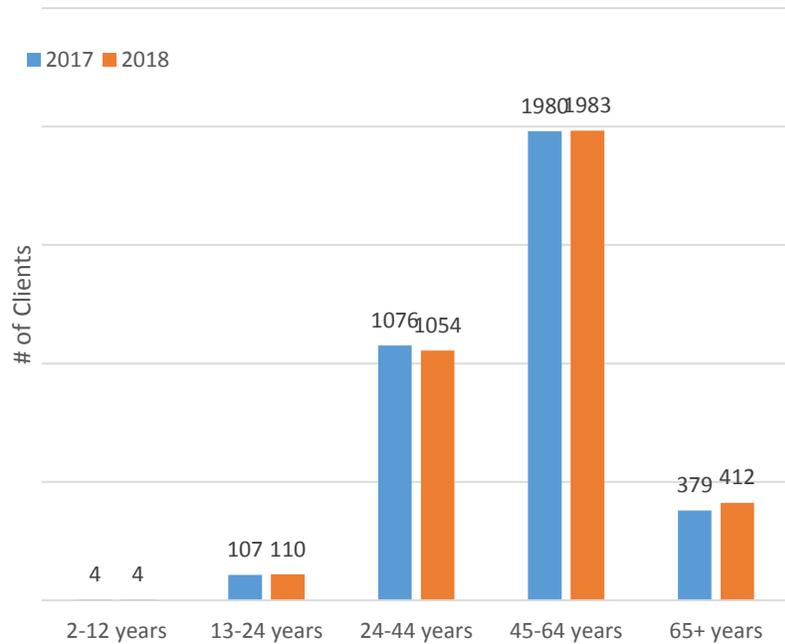


2018 RSR Client Summary Report Data cont.

Number of Clients by Age and HIV Status

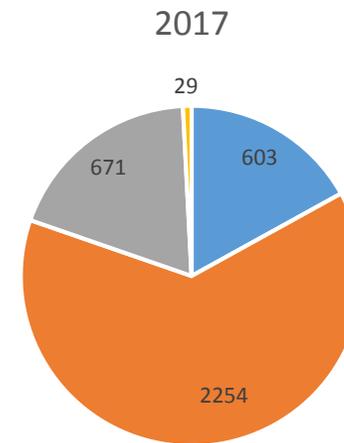
- Largest group are 45-64 years old; increased by 3
- 65 years or older increased by 33

Age Breakdown

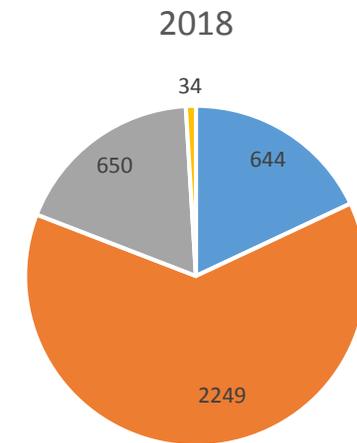


Number of Clients by Race, Ethnicity and HIV Status

- Largest group are Black/African American; decreased by 5
- Hispanic total increased by 41
- White decreased by 21



- Hispanic
- Black or African American
- White
- Other



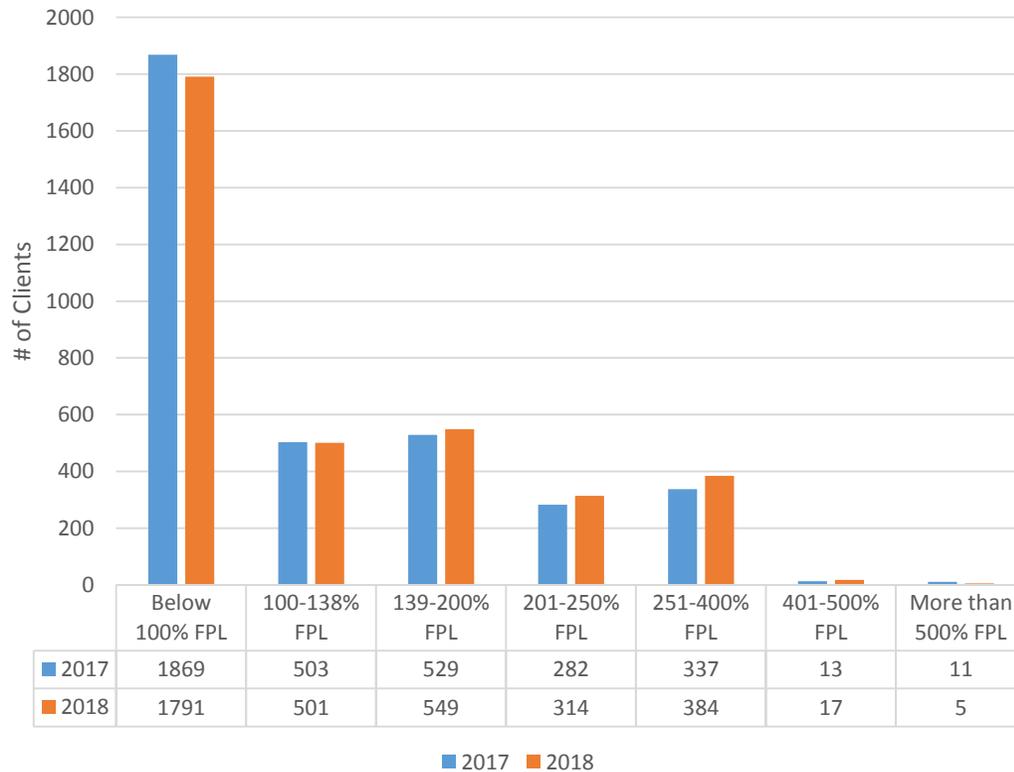
- Hispanic
- Black or African American
- White
- Other

2018 RSR Client Summary Report Data cont.

Number of Clients by Household Income and HIV Status

- Largest group are Below 100% of the Federal Poverty Level (FPL)
- Number of clients below 100% FPL decreased by 78

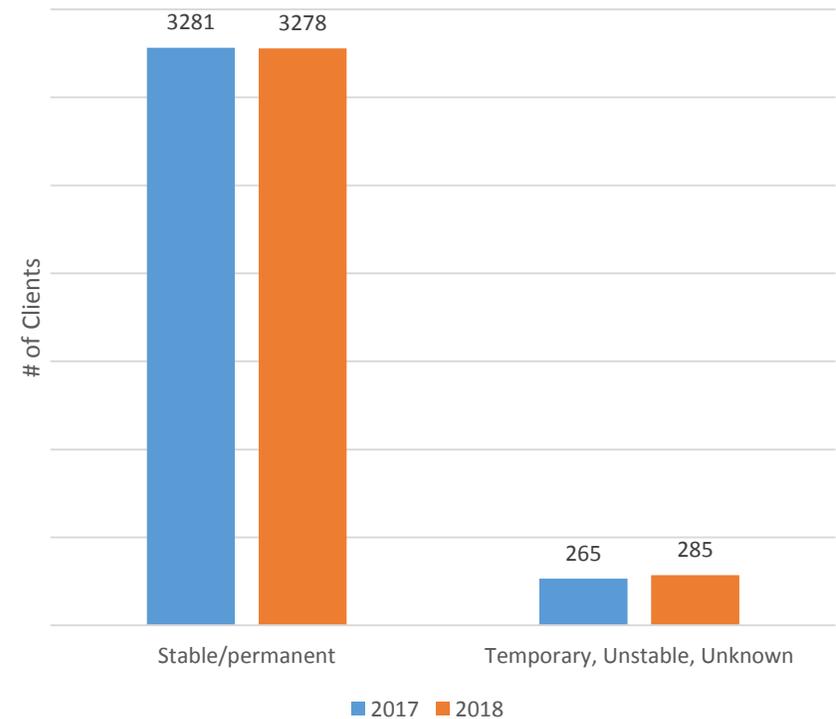
Household Income



Number of Clients by RSR Housing/Living Arrangement and HIV Status

- Largest group are Stable/permanent
- Temporary, Unstable, Unknown Increased by 20

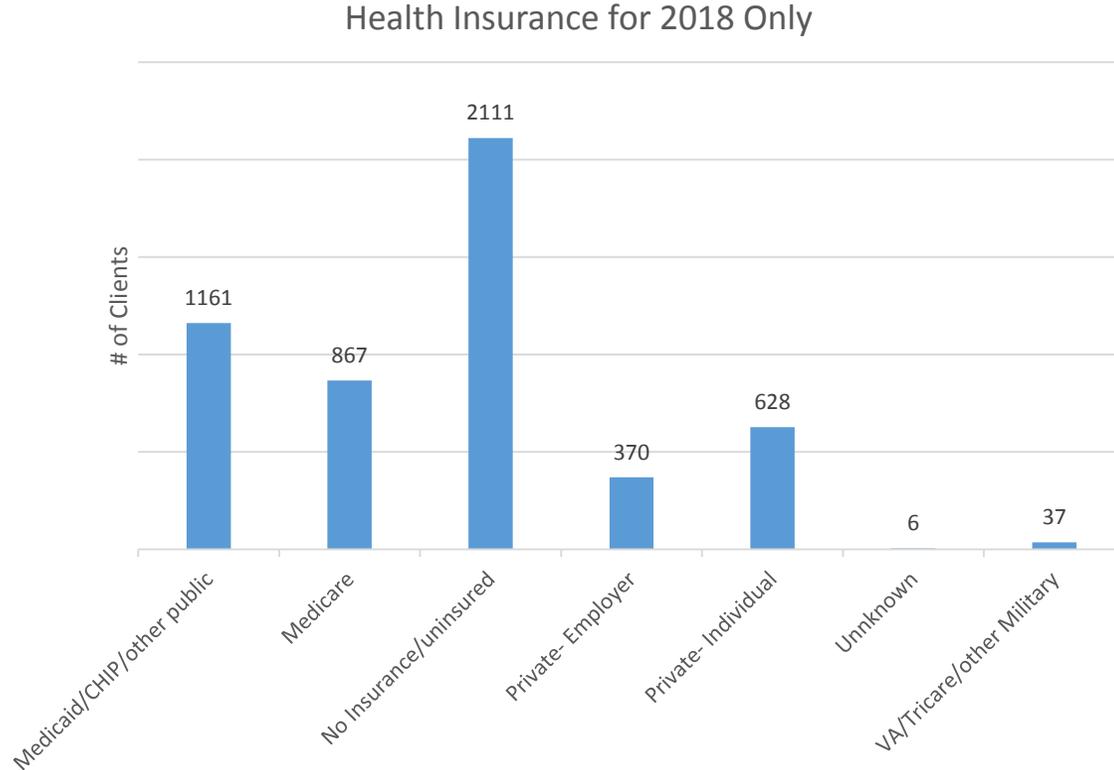
HRSA Defined Housing Breakdown



2018 RSR Client Summary Report Data cont.

Number of Clients by Medical Insurance and HIV Status

- Largest group are No insurance/uninsured; second largest is Medicaid/CHIP/other public



Number of Clients and Service Visits by Service Category

- The 3 top services utilized are NMCM/Eligibility, OAMC, and MCM.
- The 3 lowest utilized services are HCBHS, Emergency Housing, and EFA. Low utilization of these services could be due to lower “supportive” funding.

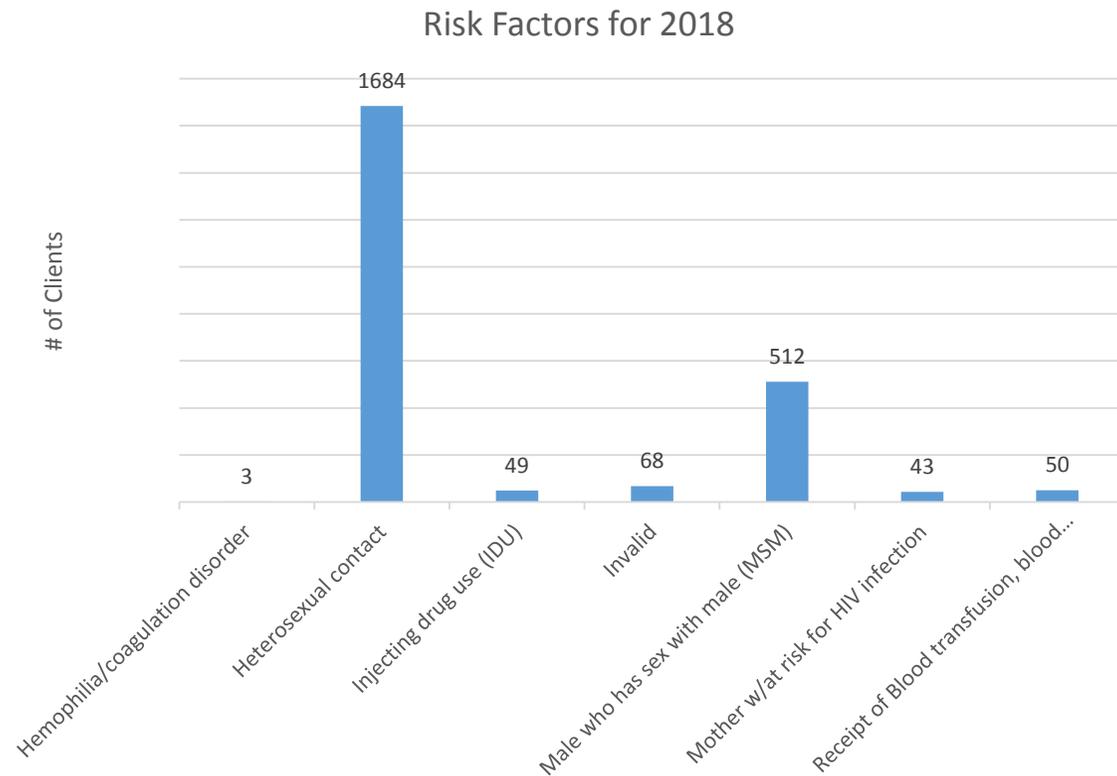
| Service Category | # of Clients | # of Visits |
|--|--------------|-------------|
| Early Intervention Services | 519 | 2240 |
| Home & Community Based Health Services | 7 | 33 |
| Medical Case Management | 2190 | 40,708 |
| Medical Nutritional Therapy | 352 | 594 |
| Mental Health | 114 | 551 |
| Oral Health | 816 | 3176 |
| Outpatient Ambulatory Medical Care (including Specialty Medical Care and Lab services) | 2279 | 14,486 |
| Local Pharmacy Assistance Program | 284 | 3119 |
| Non-Medical Case Management | 3254 | 14,665 |
| Emergency Financial Assistance (including EFA-Prior Authorization) | 85 | 134 |
| Food Bank (including Nutritional Supplements) | 694 | 7065 |
| Health Insurance Program | 300 | 2079 |
| Housing | 31 | 93 |
| Medical Transportation | 515 | 3688 |
| Other Professional Services (Legal) | 198 | 4419 |

2018 RSR Clinical Summary Report Data

* The Clinical Summary reports on clients who have had a clinical service. Therefore, the numbers from the RSR Client Summary Report and the RSR Clinical Summary Report are different.

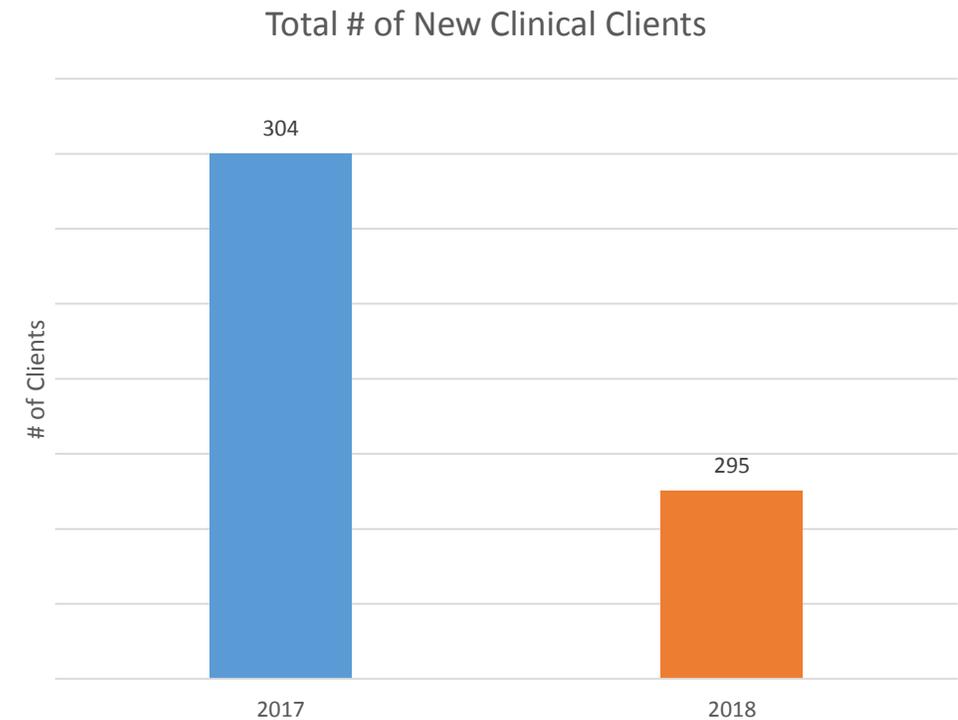
Number of Clients by Risk Factor

• Heterosexual contact is the most common risk factor reported, while hemophilia disorder is the least common risk factor reported.



Number of New Clinical Clients

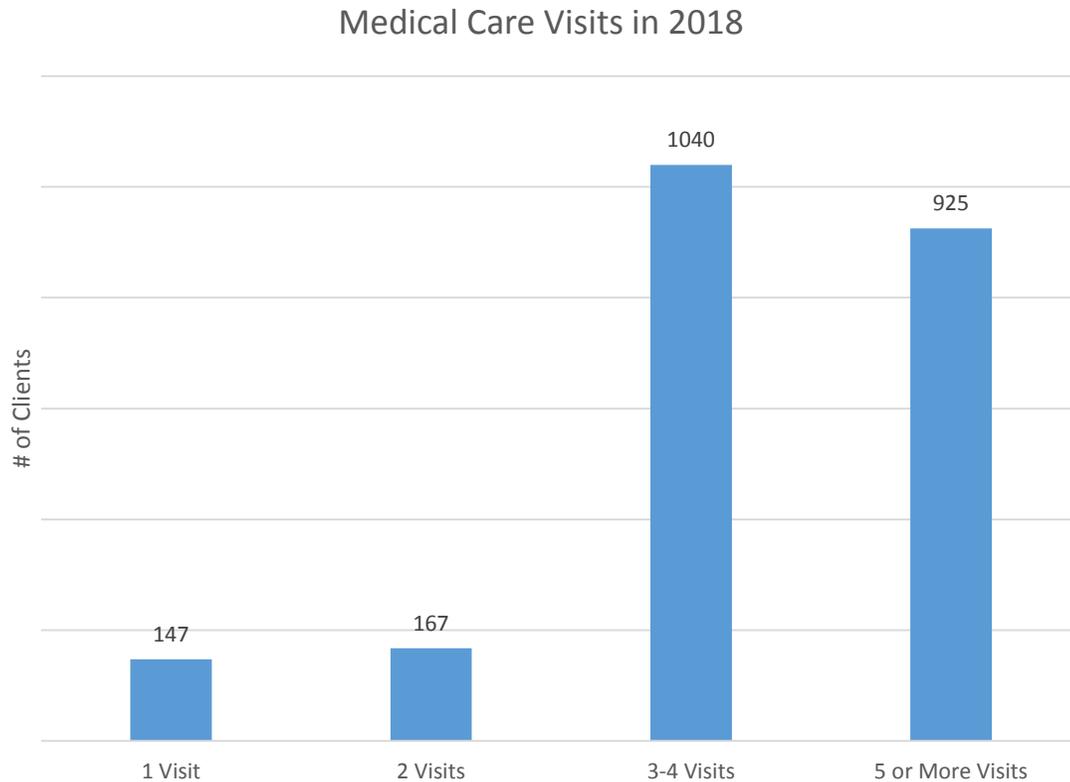
• Decreased by 9.



2018 RSR Clinical Summary Report Data cont.

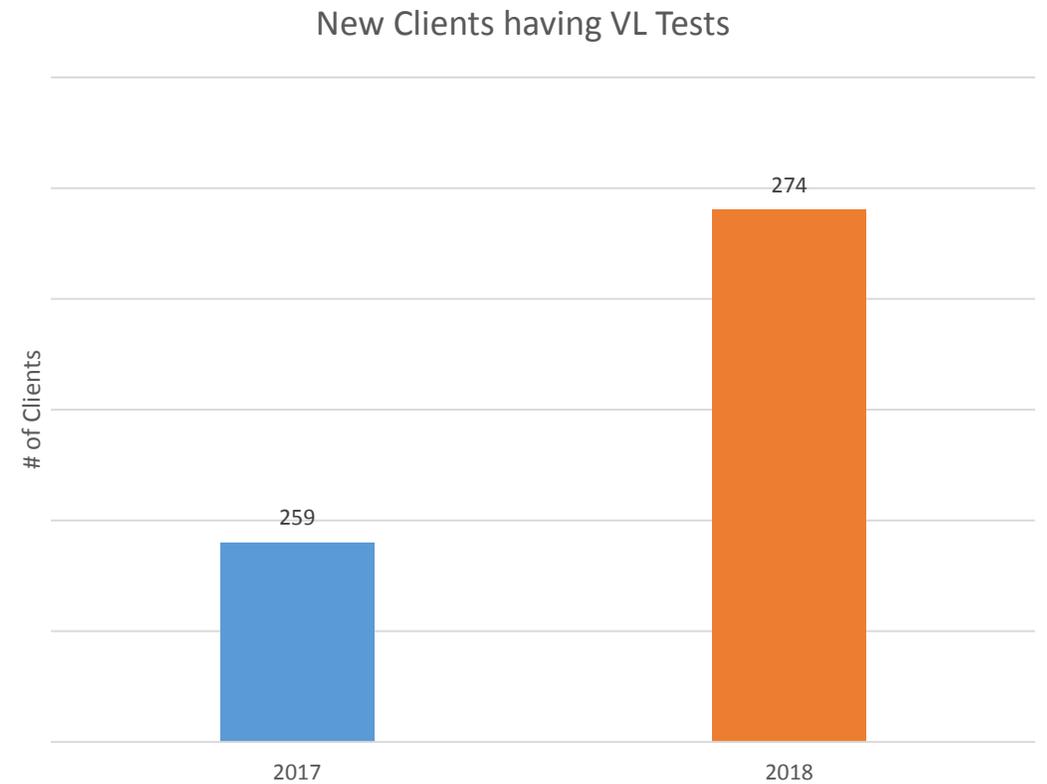
Number of Clients by Number of Medical Care Visits

- The most number of clients had 3-4 visits reported.



Number of New Clients Having Viral Load Test During Reporting Period

- Increased by 15.

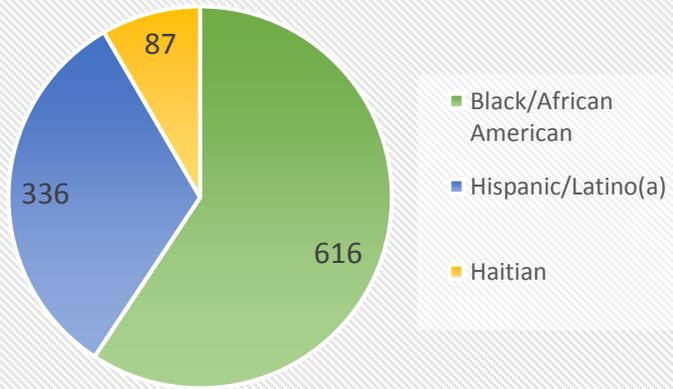


Minority AIDS Initiative (MAI)

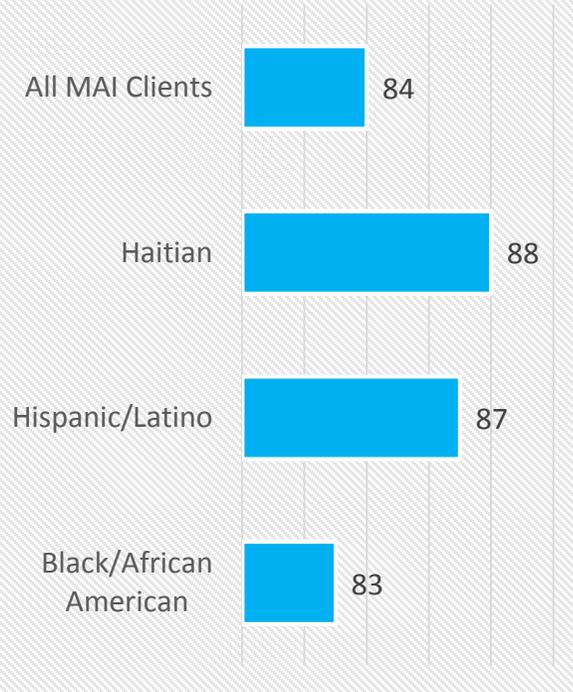
- MAI formula grants provide core medical and related support services to improve access and reduce disparities in health outcomes in metropolitan areas hardest hit by HIV/AIDS.
- Our local MAI program is currently only supporting intensive targeted Medical Case Management (MCM) services, which are prioritized for African Americans (including Haitians) and Hispanic/Latino(a) clients that have elevated viral loads.
- Clients, in these 2 populations, who have complex health issues were enrolled in MAI services. MCM staff work closely with a team of the clients' medical providers, to determine the best approach to assist the client in becoming healthier and maintaining better health.

MAI Data

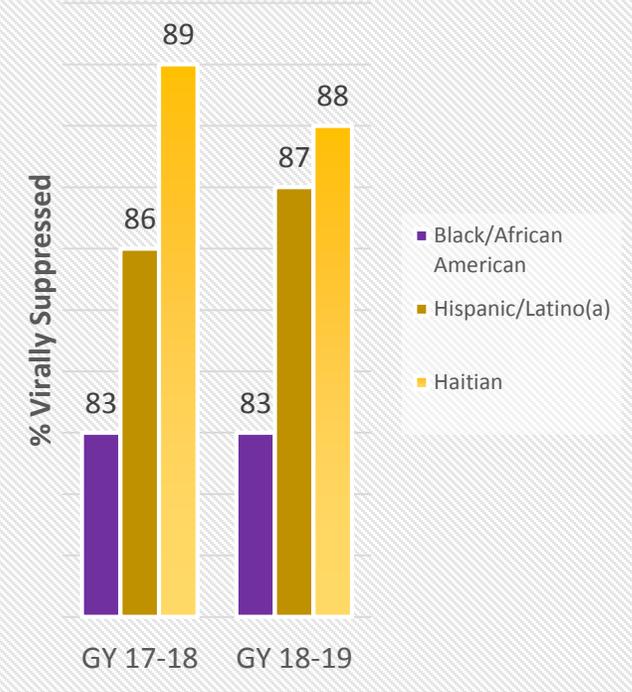
MAI Unduplicated Clients Served GY 18-19



MAI HIV Viral Load Suppression Rate GY 18-19



MAI Viral Load Suppression Rate GY Comparison



* Haitian clients will count in more than one category on these reports.

HIV/AIDS Bureau (HAB) Health Outcome Measures

- Recipients should analyze performance measure data to assess quality of care and health disparities and use the performance measure data to inform quality improvement activities. (HRSA PCN #15-02)
- In our program, the 2 performance measures we focus on for client health outcomes are the HAB measures of
 - Viral Load Suppression and
 - HIV Medical Visit Frequency (Retention in Care)
- As we collect and analyze these measures, low performance is identified and studied to determine how we can improve the low performance measures. This occurs through the quality improvement (QI) activities.

HAB Performance Measures Definitions

Viral Suppression:

- Denominator: Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period
- Numerator: Number of persons with an HIV diagnosis with a viral load < 200 copies/mL at last test in the 12-month measurement period

HIV Medical Visit Frequency:

- Denominator: Number of persons with an HIV diagnosis with at least one HIV/medical care visit in the first 6 months of the 24-month measurement period
- Numerator: Number of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between the first medical visit in the prior 6 month period and the last medical visit in the subsequent 6 month period

GY 18-19

(3/1/2018
through
2/28/2019)

| Service Category | Viral Load Suppression % | N/D | HIV Medical Visit Frequency % | N/D |
|---|--------------------------|------------------|-------------------------------|------------------|
| AOMC | 87% | 743/854 | 75% | 481/638 |
| Labs | 87% | 840/963 | 72% | 544/755 |
| APA (LPAP) | 90% | 319/355 | 79% | 226/287 |
| Specialty Medical Care | 86% | 400/466 | 78% | 292/372 |
| Oral Health | 89% | 828/930 | 81% | 671/824 |
| Medical Nutritional Therapy | 94% | 177/188 | 88% | 133/151 |
| Mental Health | 88% | 121/138 | 66% | 119/138 |
| Health Insurance Assistance | 91% | 381/418 | 72% | 259/361 |
| EIS | 81% | 352/435 | 56% | 126/227 |
| Home & Community Based Health Care | 100% | 8/8 | 63% | 5/8 |
| MCM | 84% | 1781/2113 | 70% | 1186/1697 |
| NMCM | 88% | 531/606 | 71% | 330/466 |
| Eligibility | 84% | 2483/2968 | 70% | 1640/2346 |
| EFA-PA | 85% | 35/41 | 71% | 22/31 |
| EFA | 85% | 80/94 | 64% | 48/75 |
| Food- Nutritional Supplements | 80% | 55/69 | 68% | 43/63 |
| Food Bank | 87% | 594/683 | 80% | 487/612 |
| Medical Transportation | 79% | 481/605 | 77% | 412/533 |
| Emergency Housing | 93% | 38/41 | 65% | 17/26 |
| Legal Services | 85% | 232/273 | 75% | 183/241 |
| Substance Abuse Residential | 100% | 2/2 | 100% | 2/2 |
| All Services All Funded Agencies | 84% | 2494/2982 | 69% | 1642/2382 |

Quality Improvement Projects (QIP)

- Quality improvement involves the development and implementation of activities to make changes to the program in response to the performance data results. To do this, recipients are required to implement quality improvement activities aimed at **improving patient care, health outcomes, and patient satisfaction**.
- Once QIPs are created and tested, we are then able to understand if specific changes or improvements had a positive impact on patient health outcomes or if further changes in RWHAP funded services are necessary.
- Current Projects:
 - Improving HIV Health Outcomes with Data (Case Managed, Non-Suppressed)
 - CQII ECHO Collaborative (Youth 13-24, Non-Suppressed)



Quality Improvement Project

Improving HIV Health Outcomes with Data



Quality Improvement Initiative: Improving HIV health outcomes with data

Project Objective

- ▶ Develop a quality improvement collaborative to increase the number of People Living with HIV (PLWH) who have suppressed HIV Viral load from 82% to 90% within the measurement period (2019 calendar year).

Setting

- ▶ Medical Case Management Sub-recipients receiving Ryan White (RW) Part A funding in Palm Beach County

Performance Measure: HIV Viral load Suppression

- ▶ Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.

Quality Improvement: Baseline Data

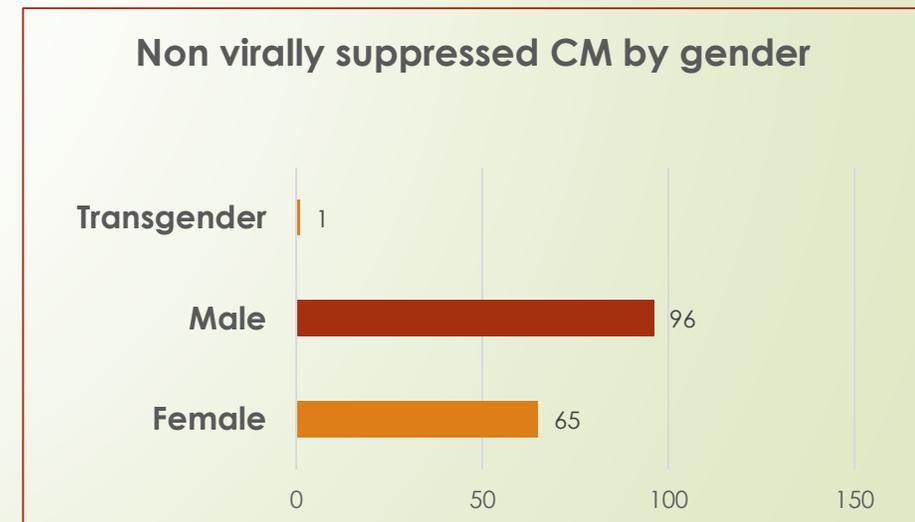
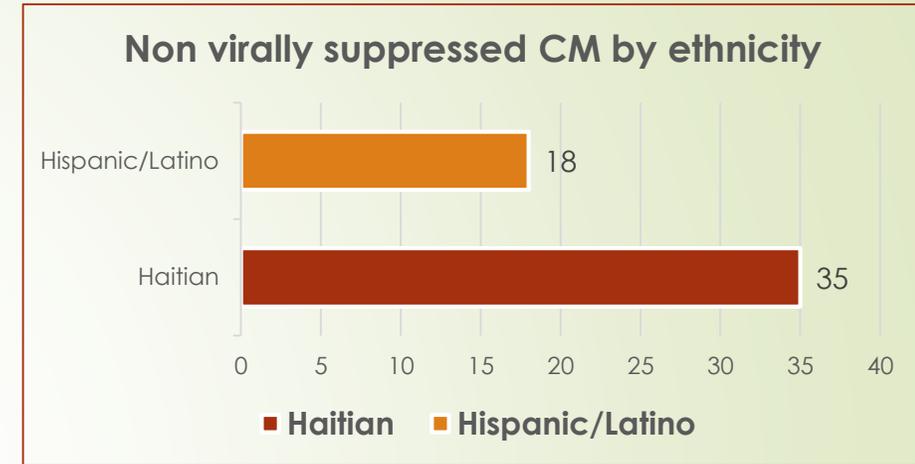
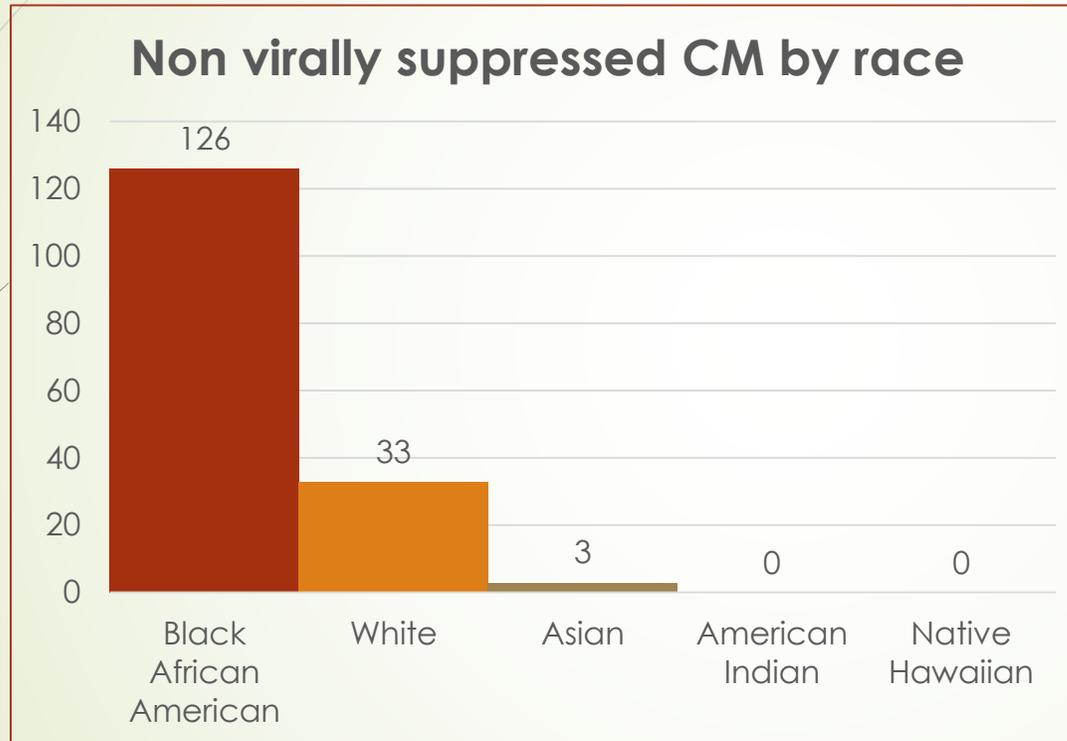
HIV Viral Suppression rates during Calendar year 2018 (January – December)

Baseline data as of December 2018:

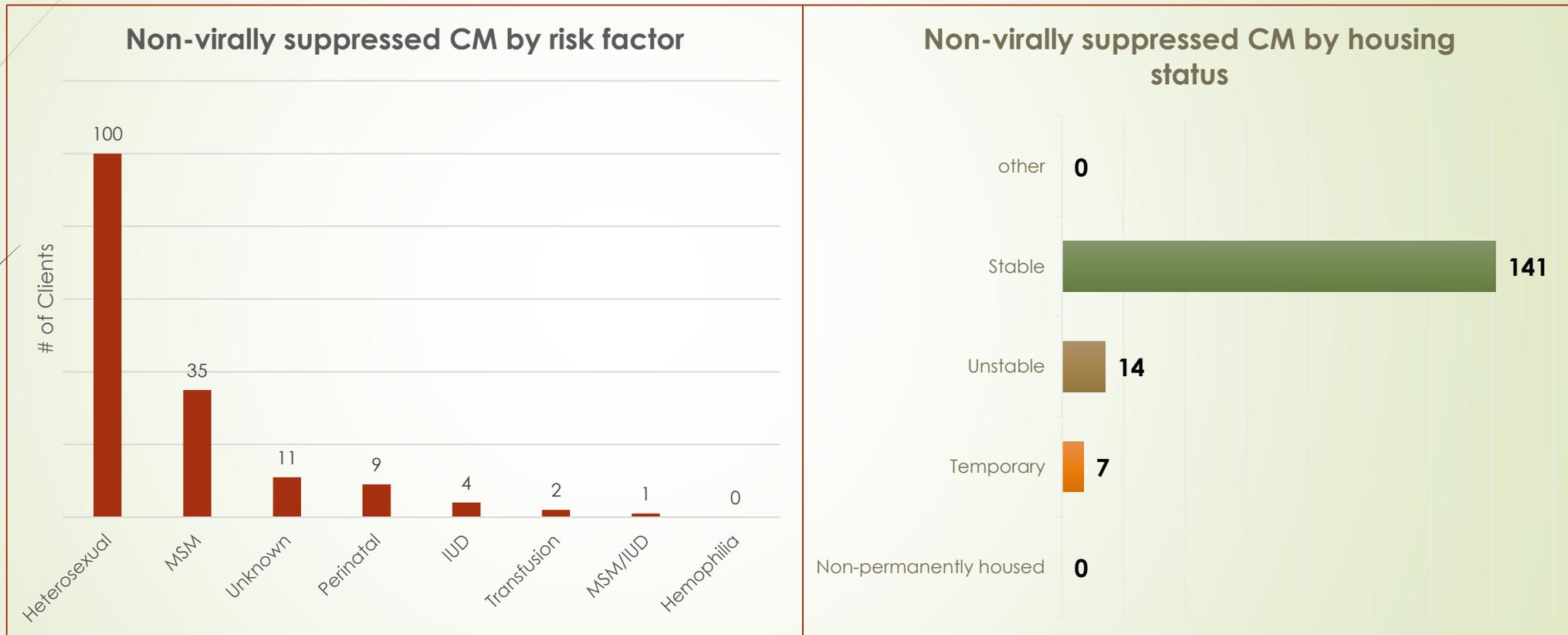
- ▶ 162 Non- Virally Suppressed Case Managed(CM) clients
- ▶ 82% Viral Suppression Rate

| | |
|--|------------|
| <u>Total Number of CM clients Non-Virally Suppressed</u> | <u>162</u> |
| Black African American | 126 |
| White | 33 |
| Asian | 3 |
| American Indian | 0 |
| Native Hawaiian | 0 |
| Haitian | 35 |
| Hispanic/Latino | 18 |
| Male | 96 |
| Female | 65 |
| Transgender | 1 |

Demographic Profile of non- virally suppressed CM clients



Demographic Profile of non- virally suppressed CM clients





Quality Improvement Activities

Recipient

- ▶ Provided Medical Case Management (MCM) sub-recipients baseline data(detailed registry).
- ▶ Provided MCM sub-recipients technical assistance to develop their individual quality improvement initiatives
- ▶ Provided MCM sub-recipients 3 month follow-up data, with 89% Viral Suppression rate (after data updates).

MCM Sub-recipients

- ▶ Analyze registry data
- ▶ Updated documentation of HIV Viral load and/or active status of clients not achieving viral load
- ▶ Performed a root cause analysis
- ▶ Completed a driver diagram to identify change strategies
- ▶ All MCM sub-recipients will have completed a first quality improvement cycle (test) of selected intervention by July 30th,2019

end
+disparities



Quality Improvement Project

CQII end+disparities ECHO Collaborative

Quality Improvement Initiative: Youth (13-24) Non-Virally Suppressed

Project Overview:

- ▶ The end+disparities ECHO Collaborative is a national initiative to reduce disparities in disproportionately affected HIV subpopulations. Youth (13-24) is the population focus for Palm Beach County participation. The 18-month collaborative aims to increase viral suppression in the Youth HIV subpopulation and increase local quality improvement capacities. The initiative is managed by the HRSA Ryan White HIV//AIDS Program Center for Quality Improvement & Innovation (CQII), developed using the Project Extension for Community Health Outcomes (ECHO) model, and is supported by the HRSA HIV/AIDS Bureau.
- ▶ The end+disparities ECHO Collaborative is about improvement of care for people living with HIV, not performance measurement. However, measurement plays an important role throughout the initiative. Data is submitted every other month, using standardized measurement definitions.

Performance Measure: HIV Viral load Suppression

- ▶ Percentage of Youth patients 13-24, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the 12-month measurement year.



Definitions:

- ▶ Numerator: Number of persons with an HIV diagnosis with a viral load < 200 copies/mL at last test in the 12-month measurement period
- ▶ Denominator: Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period

Key Points:

- ▶ Sub-recipients have been given baseline client level data for their non-suppressed Youth population.
- ▶ Quality Improvement activities are being included in the individual sub-recipients improvement cycles for their overall populations. Specific initiatives will be created and tested, specifically for their Youth populations.
- ▶ Data review and sub-recipients quality improvement projects will be shared during the Quality Management & Evaluation Committee for discussion on Recipient level activities.

Limitations:

- ▶ Each reporting period is not reflective of the “date” reported. The data will not be present day information.
- ▶ Youth populations are constantly in transition. Reporting periods might not include the same data set of clients each time. As the clients age past 24, they are no longer included in the reported data set.

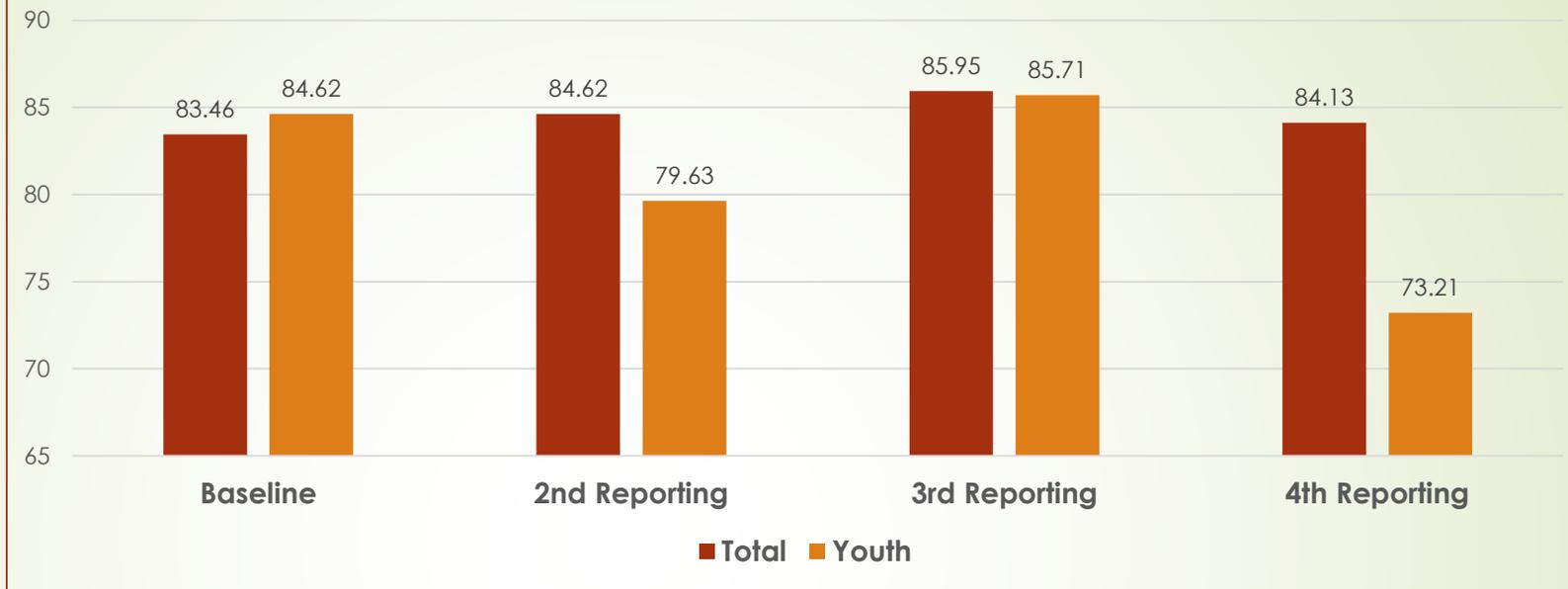
Data Points

HIV Viral Suppression (VS) Reporting Periods (determined by Collaborative)

- ▶ September 2018 Reporting period: 7/1/2017 through 6/30/2018
- ▶ November 2018 Reporting Period: 9/1/2017 through 8/30/2018
- ▶ January 2019 Reporting Period: 11/1/2017 through 10/31/2018
- ▶ March 2019 Reporting Period: 1/1/2018 through 12/31/2018

| | Den: Sept | Num: Sept | VS% Sept | Den: Nov | Num: Nov | VS% Nov | Den: Jan | Num: Jan | VS% Jan | Den: March | Num: March | VS% March |
|--------------------------|--------------|--------------|-------------|-------------|-------------|------------|-------------|-------------|------------|---------------|---------------|--------------|
| Totals | 2733 | 2281 | 83% | 2717 | 2299 | 85% | 2755 | 2368 | 86% | 2860 | 2406 | 84% |
| Youth (13-24) | 52 | 44 | 85% | 54 | 43 | 80% | 49 | 42 | 86% | 56 | 41 | 73% |

Viral Suppression Rates (VS)



- In September 2018, there was a baseline Total VS rate of 83.5% reported and Youth VS rate of 85%. At last reporting period, there was a .67% increase in Total VS and 11.41% decrease in Youth VS.
- The local overall goal of the quality improvement project is to reach 90% VS rate for both the Total clients and Youth subpopulation. This would result in an increase of a 4% VS rate across the board.