A Quarterly Insight Into the HIV Services Provided in the Atlanta EMA

Issue 14 : Quarter 2 : August 2014—October 2014

What's New In Quality Management?

Patient Protection and Affordable Care Act Health Insurance Marketplace Enrollment

The Affordable Care Act Marketplace includes health insurance plans with savings based on your income. All plans cover essential health benefits, such as: outpatient care, emergency services, hospitalization, prescription drugs, and pediatric services. Essential health benefits for pre-existing medical conditions are also covered and assures that no insurer can reject you, charge you more, or refuse to pay for benefits for any medical condition you had before your coverage started. Additionally, most health plans must cover a set of preventive services like shots and screening tests at no cost to the insured.

Open enrollment for the marketplace began November 15, 2014, ending February 15, 2015. Ryan White grantees should be prepared to assist clients in assessing if the plan still meets their needs. Georgia participates in the federally facilitated Marketplace, where new applicants will be able to apply and select health plans. Current enrollees are strongly encouraged to come back to the Marketplace to ensure they receive the accurate amount of financial assistance. Enrollees should either select the same plan they initially chose, if available, or select a new plan if they wish to do so. However, if current enrollees do not return to the Marketplace to actively select a plan, they will be automatically enrolled in a coverage plan by December 15, 2014 to have coverage starting January 1, 2015. If an enrollee returns after December 15 and selects a new plan, they will have coverage through the automatically enrolled plan until the new coverage takes effect. Consumers will be able to change plans throughout the open enrollment period (until 02/15/2015) even if their coverage has taken effect.

If you are currently receiving support for your HIV care and treatment from the Ryan White HIV/AIDS Program, and the AIDS Drug Assistance Program (ADAP), you will still need to get health coverage if you are eligible. If you receive assistance with copays or premiums through Ryan White to help make your coverage affordable, this assistance may still continue. Ryan White may also be able to help provide you with HIV services that your new insurance does not cover as well as assist clients in applying for and enrolling in health care coverage.

References: http://greaterthan.org/health-coverage-hiv-and-you/find-your-story/#on-ryan-white-or-adap
https://www.healthcare.gov/quick-guide/one-page-guide-to-the-marketplace/
http://hab.hrsa.gov/affordablecareact/webinars/ryanwhiteprogramaffordable.pdf

Current Topics >>>

You can now find previous newsletters in addition to the 2007-2011 Epidemiological Profile **at:**

http://seatec.emory.edu/resources/fulton.html

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Fulton County Ryan White Part A Quality Management

Continuous Quality Improvement in the EMA

An agency shares previous quality issues where an intervention resulted in increased data or patient care quality

Identified Issue:

A low percentage of patients, with a diagnosis of HIV with a HIV viral load of less than 200 copies/mL at last HIV viral load test during the measurement year (HAB/HIV Core Measure 01).

Intervention utilized:

Staff members reviewed patient electronic medical records for lab encounters and compared that information with the CAREWare database, noting the following:

1) Lab encounters for more than 90% of patients were not entered
2) Lab results being submitted from the data warehouse were missing more than 75% of ordered labs.

Subsequently, clinic and program managers met to address the issue. The clinic manager communicated concerns regarding the data warehouse and implemented further review and correction of data. Through this intervention, backlogged lab encounters were found and entered.

Outcome of intervention:

Increased percentage for this measure from 47% up to 84%. Additional steps were taken to identify patients who have not had a viral load result within the previous 360 days, so their lab results can be updated as well. Furthermore, patients with a viral load greater than 1000 copies/mL are being contacted, where necessary, to schedule additional clinic or lab visits.

Announcements and Resources

Listen to the most recent archived webinar from SEATEC (http://seatec.emory.edu/training_programs/archived/webinars/index.html)

Georgia and the Affordable Care Act: Using the New Insurance Marketplace, Key Considerations for the HIV Community
Duration: 1:08

National Quality Center:
http://nationalqualitycenter.org
HRSA/HAB:
http://hab.hrsa.gov/special/qualitycare.htm

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TARGET Center: Technical Assistance
http://www.careacttarget.org

Fulton County Ryan White Part A
HAB/HRSA MEASURES

To ensure that Quality Management measures are examined effectively, core HAB/HRSA measures and former Group I measures will be examined to reflect the progress and areas for improvement at each primary care site.

CORE MEASURES: Minimum measures recommended for implementation into QM programs.

Performance Measure	HIV viral load suppression	Prescription of antiretroviral therapy	HIV medical visit frequency	Gap in HIV medical visits
Site A	53.04%	61.30%	42.14%	30.40%
Site B	79.82%	73.39%	46.10%	43.45%
Site C	79.77%	79.48%	53.98%	18.20%
Site D	78.57%	92.65%	71.76%	12.84%
Site E	47.36%	65.37%	70.72%	10.07%
Site F	84.98%	93.17%	67.21%	11.25%
Site G	81.51%	96.02%	58.16%	17.55%
Site H	61.88%	67.45%	43.32%	24.85%
Site L	65.23%	65.23%	56.07%	24.03%
Site N	80.79%	84.51%	72.19%	10.90%
Total %	61.55%	73.36%	62.11%	16.22%

GROUP 1 MEASURES: Serve as a foundation on which to build, especially if a clinical program has no performance measures.**

Performance Measure	Percentage of pregnant women prescribed ART	Percentage with >=2 CD4 Counts	AIDS Clients on HAART	Two Primary Care visits>= 3 mos Apart	CD4<200 with PCP prophylaxis
Site A	0.00%	53.72%	54.84%	67.11%	0.00%
Site B	0.00%	71.77%	65.38%	60.20%	75.00%
Site C	0.00%	78.39%	93.26%	85.17%	52.94%
Site D	100.00%	81.76%	97.58%	87.30%	77.14%
Site E	0.00%	55.70%	28.43%	89.00%	15.96%
Site F	100.00%	83.76%	98.30%	88.85%	87.50%
Site G	100.00%	41.35%	99.27%	79.05%	83.18%
Site H	0.00%	64.47%	78.85%	73.54%	91.30%
Site L	0.00%	64.77%	84.72%	81.49%	62.16%
Site N	0.00%	71.77%	65.38%	60.20%	75.00%
Total %	100.00%	59.64%	50.26%	82.85%	30.76%

*All data pulled from RW CAREWare on or around, December 3, 2014 and reflects data for the year prior, through October 31, 2014.
**N/A = Sites are not currently collecting this variable and do not have data available.

QUALITY MANAGEMENT SPOTLIGHT:
Positive Impact

According to Ryan White Program standards, an organization has achieved success in providing quality management in clinical care when they are:

1. Providing improved access to and retention in care for HIV-positive individuals;
2. Enhancing the quality of services and client outcomes;
3. Linking social support services to medical services;
4. Making program changes to respond to the evolving epidemic;
5. Using epidemiologic, quality, and outcomes data for planning and priority setting, and
6. Ensuring accountability.

Positive Impact (PI) explains how, as a service provider, they address three of these areas:

The mission of Positive Impact is to eliminate the risk of HIV transmission and to empower those affected by HIV through culturally competent and inclusive prevention, education, mental health and substance abuse treatment services. The Quality Management Committee meets monthly to review on-going quality improvement projects and identify future projects.

Based upon feedback gathered during the agency's annual consumer satisfaction survey in March 2014 the intake process was radically redesigned. Positive Impact now has daily intake appointments and a single point of entry for all mental health and substance abuse treatment programs. This change has resulted in a 27% increase in assessments over the first six months of implementation along with a reduction in lag time between intake and admission to substance abuse treatment and an increase in the thoroughness of the pre-admission evaluation.

The agency received a grant to provide prescription assistance for psychotropic medication and established procedures for providing assistance including contracting with a pharmacy which offers pick up and/or delivery services, often within 24 hours of receiving a prescription. Clients are screened for need prior to their initial psychiatric evaluation appointment and clients are able to start their medications within days of meeting with the psychiatrist. The psychiatrists have noted improved clinical outcomes as clients no longer have to wait up to 6 weeks for processing of patient assistance applications through manufacturers programs and they have greater latitude in prescribing decisions.

In July 2014, two CDC- funded Health and Wellness counselors began working with newly diagnosed and out of care individuals, many of whom enter through mental health and substance abuse services. A screening form is completed as part of the intake and clients are referred upon enrollment as appropriate. The clients release their medical information to the Health and Wellness Counselors allowing their CD4 and viral load values to be tracked and are contacted at least monthly for 12 months, counseled on adherence and reminded of upcoming appointments. 79 clients have been enrolled with many experiencing significant improvements in viral suppression.

Additionally, the agency has been administering the HIV Stigma Scale at intake and every six months for two years and is working with researchers at the University Of Georgia School Of Social Work to compile and interpret the data.

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