

Outcomes Measurement of Georgia Alternative Method Demonstration Project (AMDP) at DCBOH

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Objectives

- To assess outcome measures of the GA AMDP at DCBOH Ryan White Early Care Clinic (RWECC)
 - To determine if HIV+ virologic control rates are similar before and after the AMDP (HIVQUAL data)
 - To assess DCBOH RWECC consumer satisfaction with the private pharmacies

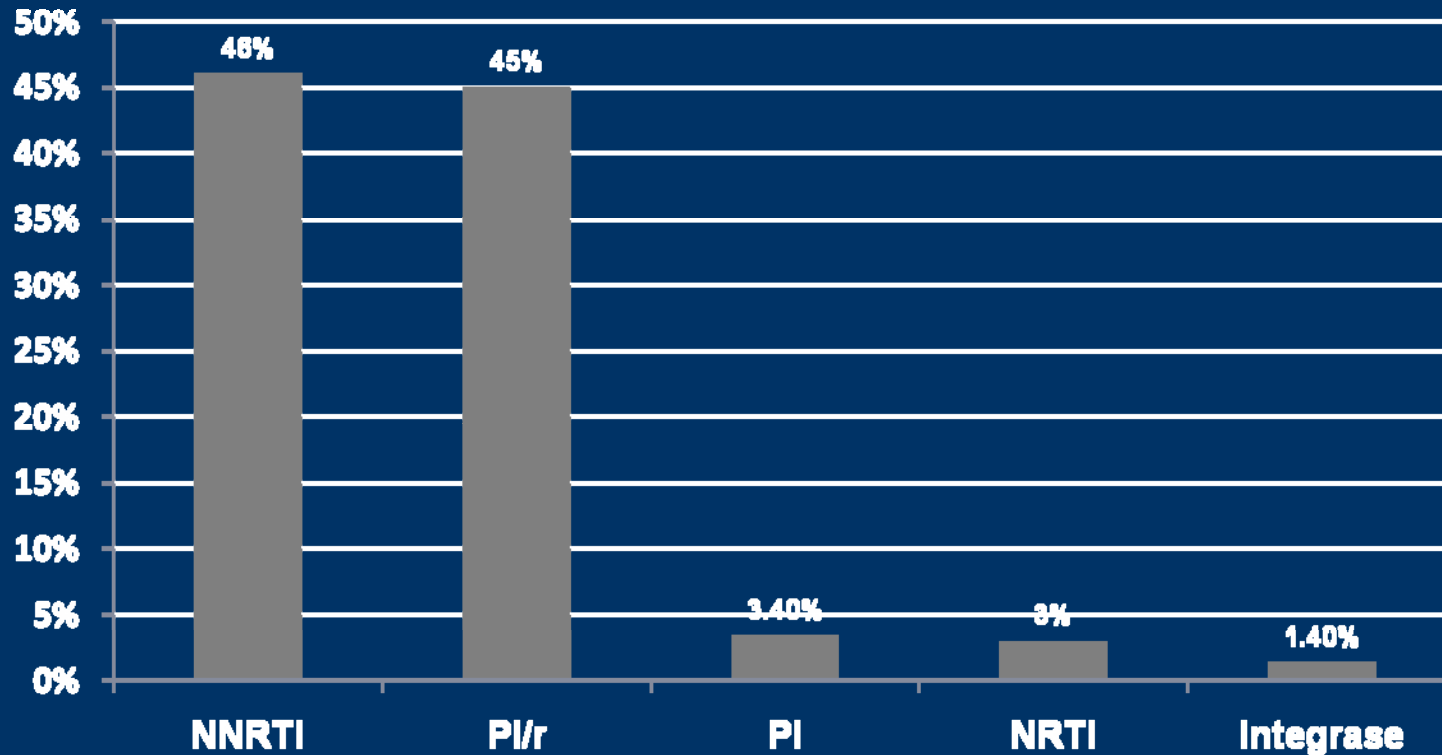
DCBOH RWECC

- Metro Atlanta urban clinic
- Awarded Part A funds 1991
- Awarded Part C funds 2001
- 706 clients served CY 2009
- 83% African Americans
- 2/3rd < 100% below poverty
- 15% public insurance (10% Medicare)
- Average of 400 clients on ADAP

AMDP at DCBOH

- Grady Memorial Hospital's ADAP pharmacy prior state ADAP contractor
- Medications dispensed & shipped by Grady
- Medication administered by nurses
 - Adherence counseling performed by nurses at every visit
 - Reminder letters given by nurses at 1 & 0 refills
 - Grady provided list of clients with 30 days medication remaining
- DCBOH AMDP began August 2008
 - 4 Metro Atlanta pharmacies offer free delivery outside 5-10 miles
 - Pharmacies with free delivery also have Saturday hours
 - ADAP staff & RN supervisor can query database for list of clients with 60 days of medication remaining
 - ADAP Coordinator gives clients a recertification reminder letter at recertification with a suggested recertification date 5 months in advance

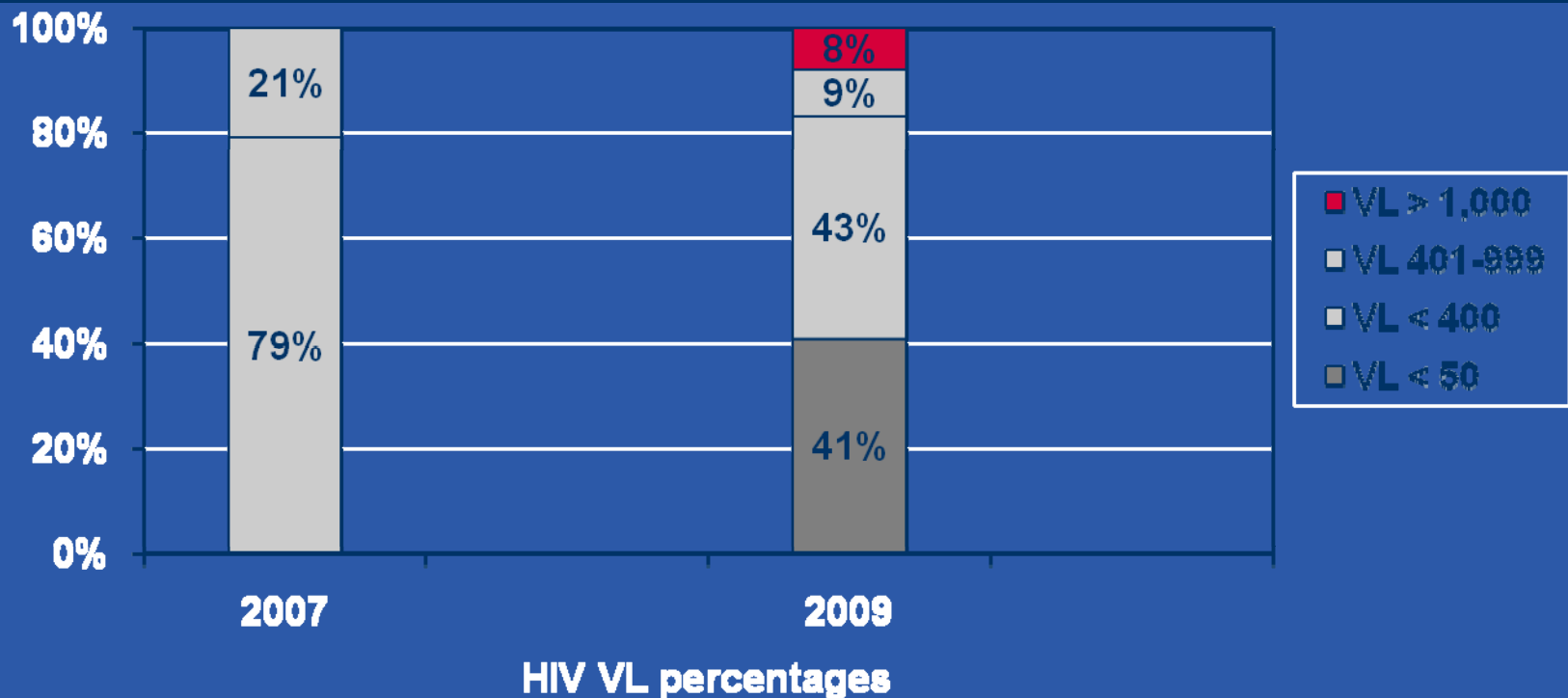
2010 ADAP Regimen Percentages



HIVQUAL Data

2007 data: 79% with lowest HIV VL on therapy all 3 trimesters < 400 copies/mL

2009 data: 84% ever suppressed with HIV VL < 400 copies/mL



Consumer Satisfaction Survey Timeline

- May 2010
 - Request by HRSA project officer
 - Survey development
- June 2010
 - Discussion at staff meeting prior to implementation
 - Data collection began June 14th (self-administered at recertification appointment)
- July 2010
 - Active recruitment by student volunteer July 14th-19th

ADAP Pharmacy Consumer Satisfaction Survey

1. Were you receiving medications from the AIDS Drug Assistance Program (ADAP) prior to August 1, 2008?
2. Do you need help with taking your medication on time?
If yes what helps? (friend or relative reminder, using pill-box, using cell phone alarm, etc...)
3. Have you had a problem getting your medications from the pharmacy?
If yes: please describe problem and how the problem was resolved:
4. Do you use any of the following pharmacy services:
 - a. adherence/medication counseling
 - b. reminder phone call
 - c. blister pack medication
5. Which statement best describes you? (circle one)
I always take my meds at the correct time
I take my meds at the correct time most of the time
I take my meds at the correct time at least half of the time
I take my meds at the correct time less than half of the time.
Please list the problems so we can work on ways to solve them:
6. Has the need for transportation ever stopped you from getting your medications from the pharmacy?
7. Do you get your medication delivered?
8. Overall, I am satisfied with the quality of pharmacy services:
 - a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree

Consumer Satisfaction Survey

- 35 consumers completed survey
 - 8% consumers on ADAP
 - 86% African American men
 - Average age of 40.1 years
 - 83% on ART for minimum of 3 years
- 65.7% get medications delivered
- 66% on ADAP prior to AMDP
- 97% satisfied with the quality of pharmacy services

Sources of Bias

- HIVQUAL uses representative random sampling
 - Prevalence data & not a cohort study
- Use of existing data set
 - Includes all consumers on ART regardless of payer source
 - ART variable definition changed in 2009 from on ART all 3 trimesters versus < 3 trimesters to ever suppressed versus always suppressed
 - Standard for undetectable viral load changed from < 400 copies/mL in 2007 to < 50 copies/mL in 2009
 - CAREWare client level data not accurate for study period
- Convenience sample for Consumer Satisfaction Survey

Challenges

- Pharmacists do not have access to ADAP certification end dates
- Private pharmacies each have different standards for valid prescription dates (6 months versus 1 year)
- Challenges with private pharmacy auto-fax line
 - no mechanism of determining whether fax is a true refill request without checking the database each & every time

Lessons Learned

- Define process for database utilization reports and be consistent
- Define process for recertification reminders and be consistent
- Consider designated nurse medication refill line
- Develop relationships with private pharmacies to facilitate problem solving

Results Discussion

- AMDP has improved consumer access to ART by offering flexible medication delivery options and Saturday pharmacy hours.
- DCBOH RWECC consumers have reported high satisfaction levels with the AMDP.
- Rate of consumers with undetectable HIV VL has slightly improved under AMDP.

Thank you

- Libby Brown, GA ADAP Director & Shandrecka Murphy, GA AMDP Coordinator
- Dr. Mummy Rajab-Gyagenba, RWECC Data Manager
- Chris Wells, HIVQUAL USA Data Manager
- Elba Moise, St. Edward's University pre-medical student
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