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# Improving ADAP enrollment and retention: Lessons learned from the Massachusetts HIV Drug Assistance Program

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# Presentation Objectives



- Describe a successful and newly implemented clinical quality management program and Quality Committee of the Massachusetts ADAP
- Identify best practices for monitoring and evaluation of quality efforts to improve HIV service delivery
- Apply quality strategies for improving health outcomes among people living with HIV (PLWH) using the ADAP infrastructure



# Background: ADAP in Massachusetts



- State has subcontracted the administration of the ADAP to a CBO for over 25 years
- Open formulary since 2001
- Generous Medicaid program (including 2001 expansion of 1115 waiver to include PLWHAs up to 200% FPL)
- State healthcare reform enacted in 2006 (which served as a model for ACA.)
- ADAP is an essential component of the local public health response to HIV
- AIDS line in the state budget allows for flexibility in allocating resources across infectious diseases
- In 2015, the State re-procured the drug assistance program and requested responses that addressed expansion to include other infectious diseases



# HIV Care Continuum in Massachusetts: ADAP Enrollees

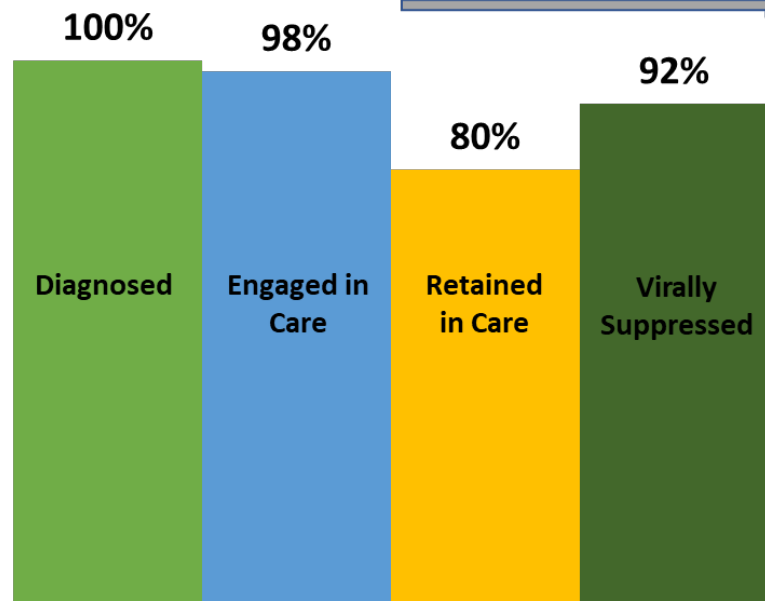


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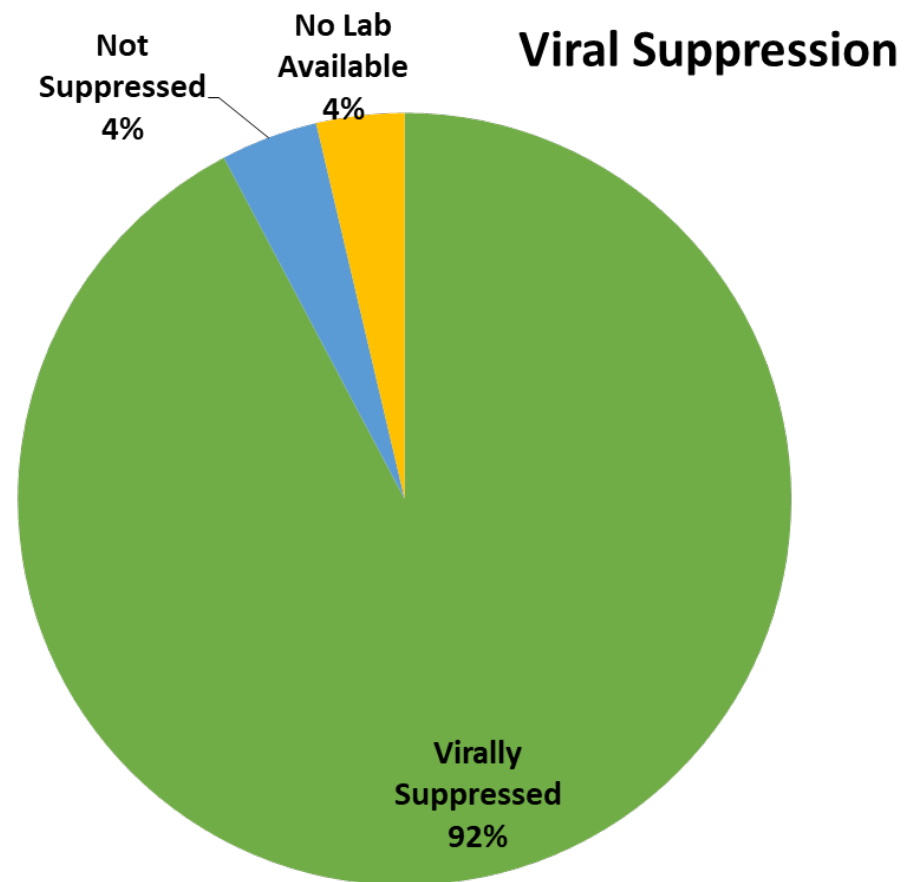
94% of those engaged in care are virally suppressed



95% of those retained in care are virally suppressed



ADAP enrollees (n=5,823)



# Background: QM in MA



- **Strong Clinical Quality Management (CQM) infrastructure, with focus on future enhancements**
  - supports strong subrecipient CQM program, including subrecipient that operates the MA HDAP
  - future work includes shift towards more clinically-oriented and population-specific quality improvement activities
- **Robust stakeholder engagement system**
  - has helped inform development of quality improvement activities
- Medium prevalence state + funding across all RW parts = **improved coordination and reduced duplication**
- Early QM efforts chosen specifically to orient subrecipients to quality improvement (QI) methodologies (e.g. PDSA), including focus on process-oriented QI projects



# ADAP & Quality Improvement



- **The problem:** the MA HDAP struggled to meet performance benchmarks for timely processing of complete applications
- At the height of the backup, the processing of complete applications was delayed more than eight weeks
  - problem was compounded by a myriad of system and provider issues
  - systemic change was preferred vs. addressing issues via piecemeal approach
- **The solution:** Clinical Quality Management (CQM) and Quality Improvement
- Efforts to improve retention in HDAP and application turnaround time aligned with funder efforts to bolster CQM capacity across system and all subrecipients
  - Use of a quality improvement methodology to solve the identified problem was a win-win: it allowed for a systemic approach while meeting funder requirements to conduct QI



# Defining Success in Massachusetts



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Improvement is about Learning



- Trial and error
- Staff Ownership
- Peer learning



Focus on Systems of Care



- Processes not people



Leadership



- Organizational Commitment
- Resource Commitment
- Support staff and activities



Infrastructure



- Create infrastructure to support quality efforts
- Resources available for staff development



Improvement Activities

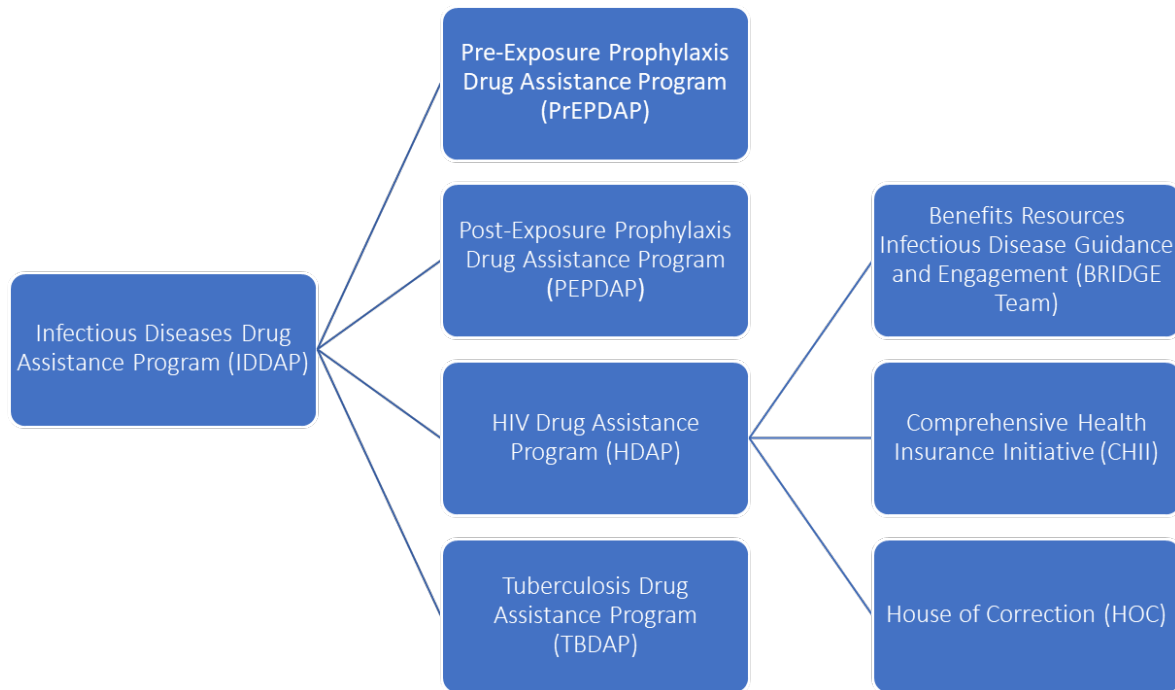


- Action oriented approach
- Small scale tests prior to full scale implementation
- Improvements through continuous cycles of change





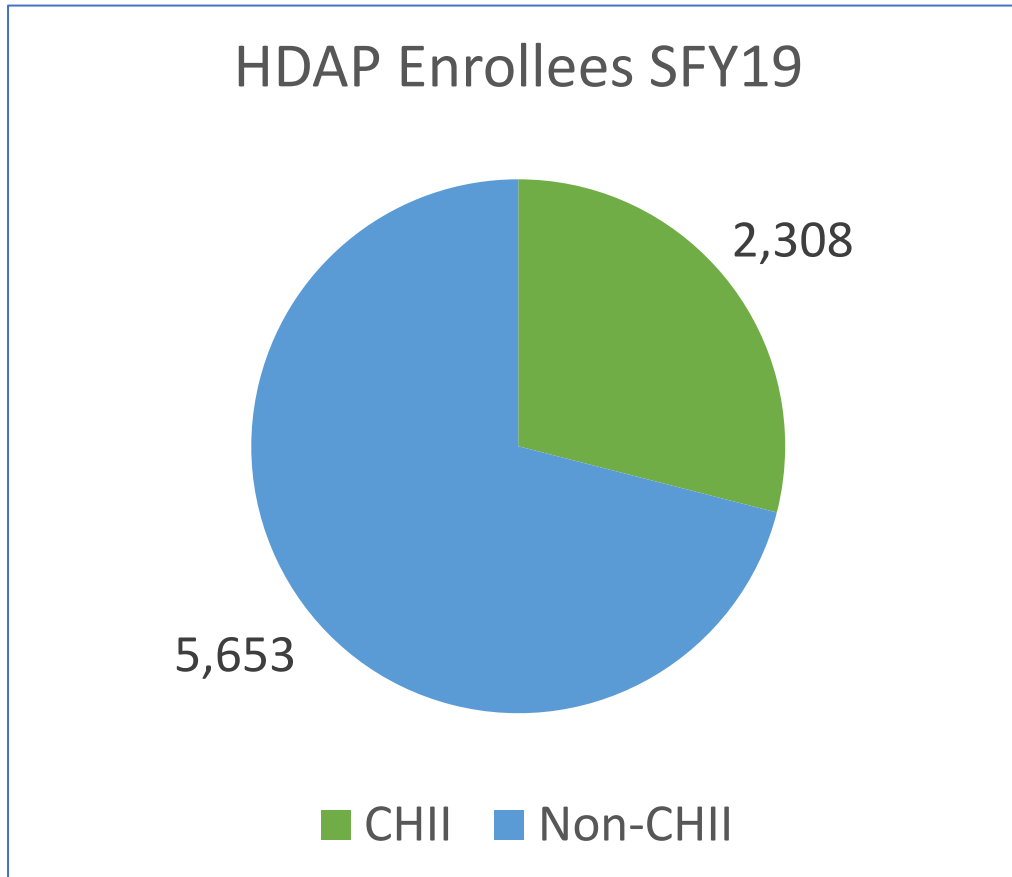
## The Data Team supports IDDAP



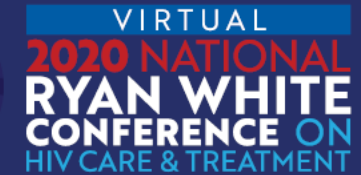
- Infectious Diseases Drug Assistance Program (IDDAP)
  - Pre-Exposure Prophylaxis Drug Assistance Program (PrEPDAP)
  - Post-Exposure Prophylaxis Drug Assistance Program (PEPDAP)
  - HIV Drug Assistance Program (HDAP)
    - Benefits Resources Infectious Disease Guidance and Engagement (BRIDGE Team)
    - Comprehensive Health Insurance Initiative (CHII)
    - House of Correction (HOC)
  - Tuberculosis Drug Assistance Program (TBDAP)

# HDAP in Numbers

7,961 unique clients enrolled in State FY19 (July 1, 2018 – June 30, 2019)



# Baseline Performance Measurement for HDAP: FFY19



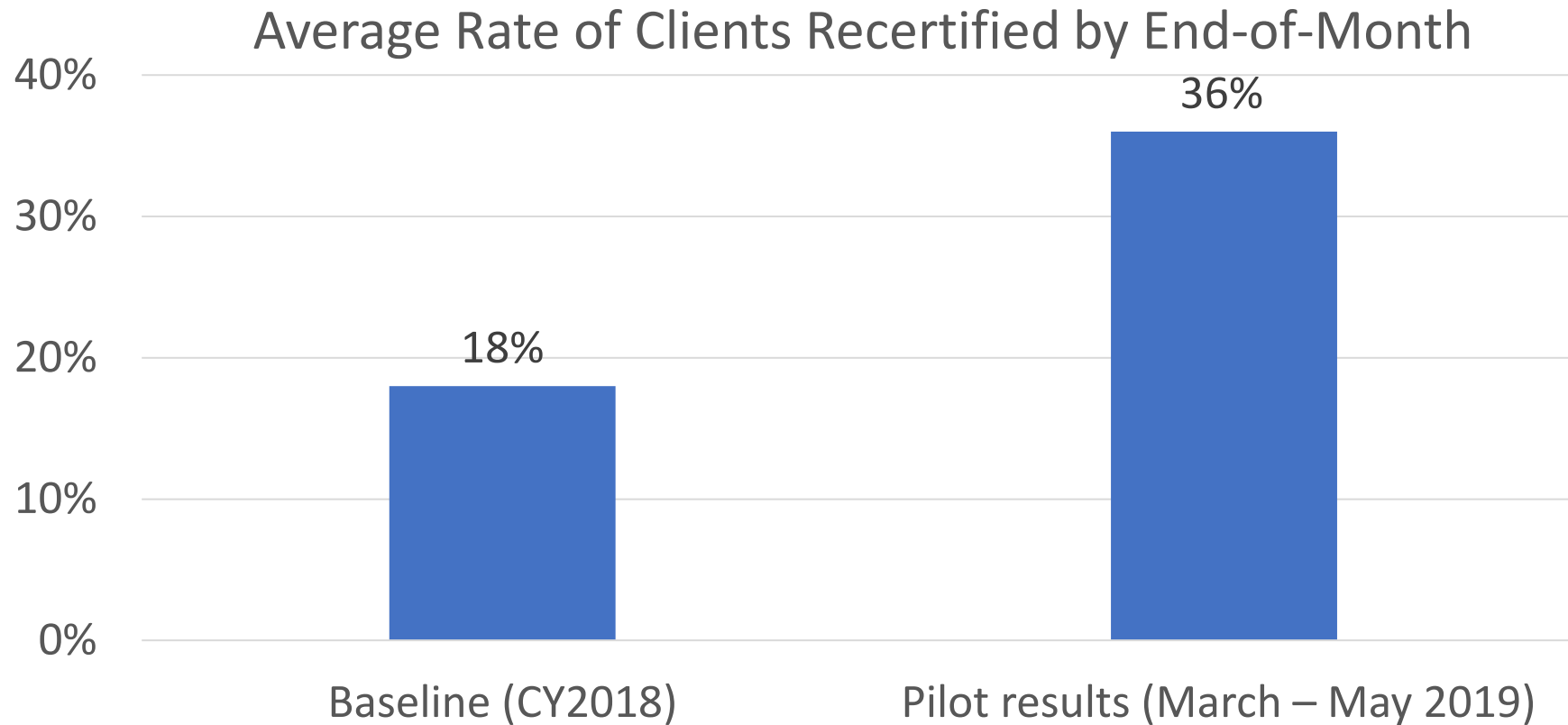
Application/Eligibility	Local Performance Measure	Data Source(s)	Baseline
<b>Application Determination</b>	Percent of <u>NEW</u> applications approved or denied within two weeks of receipt of <u>complete</u> application	HDAP database (CY2018)	100%
<b>Application Determination</b>	Percent of <u>ALL</u> applications approved or denied within two weeks of receipt of <u>complete</u> application	HDAP database (CY2018)	<b>30%</b>
<b>Eligibility Recertification</b>	Percent of enrollees who are reviewed for continued HDAP eligibility (every six months)	HDAP database (CY2018)	80%



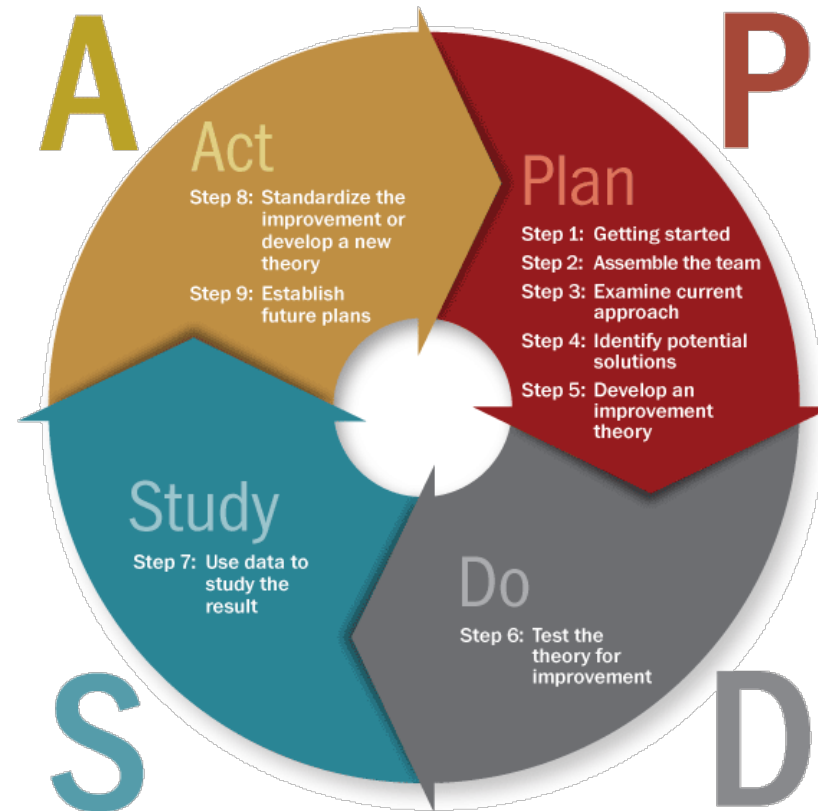
# HDAP Recertification Rates



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# The Plan-Do-Study-Act Cycle



Source: <http://www.tribaleval.org/wp-content/uploads/2016/05/PDSA-chart-1-1.png>

# PLAN

*October 2018-March 2019*



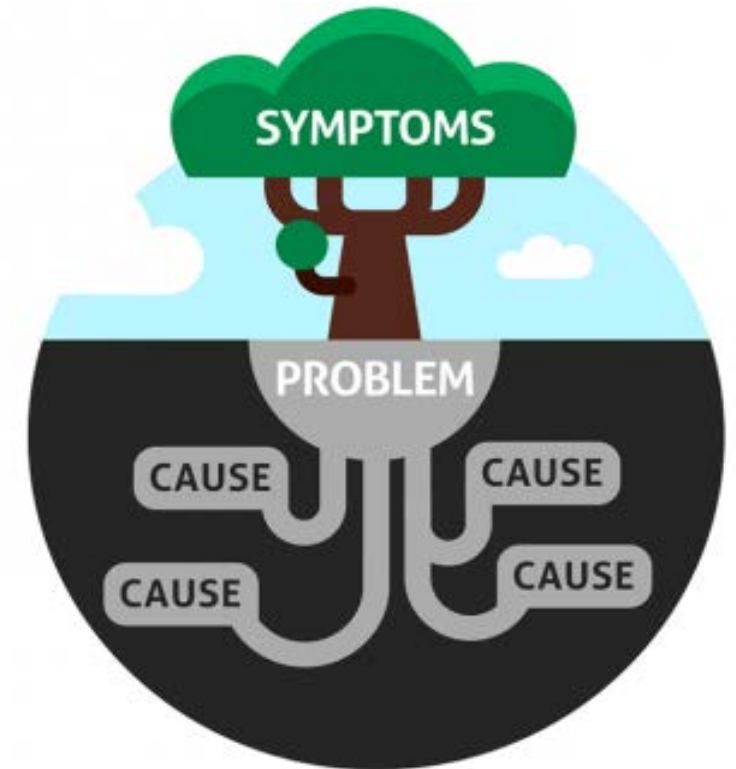
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# Getting to the Root of the Problem

## HDAP Challenges

- Transition from paper system to electronic document management
- Open enrollment
- Incomplete applications
- Timely recertifications
- Inconsistent processing time depending on time of year, staffing, and competing projects
- Delays in approval from state Medicaid program; payer of last resort
- Challenges with provider system



# Small Tests of Change

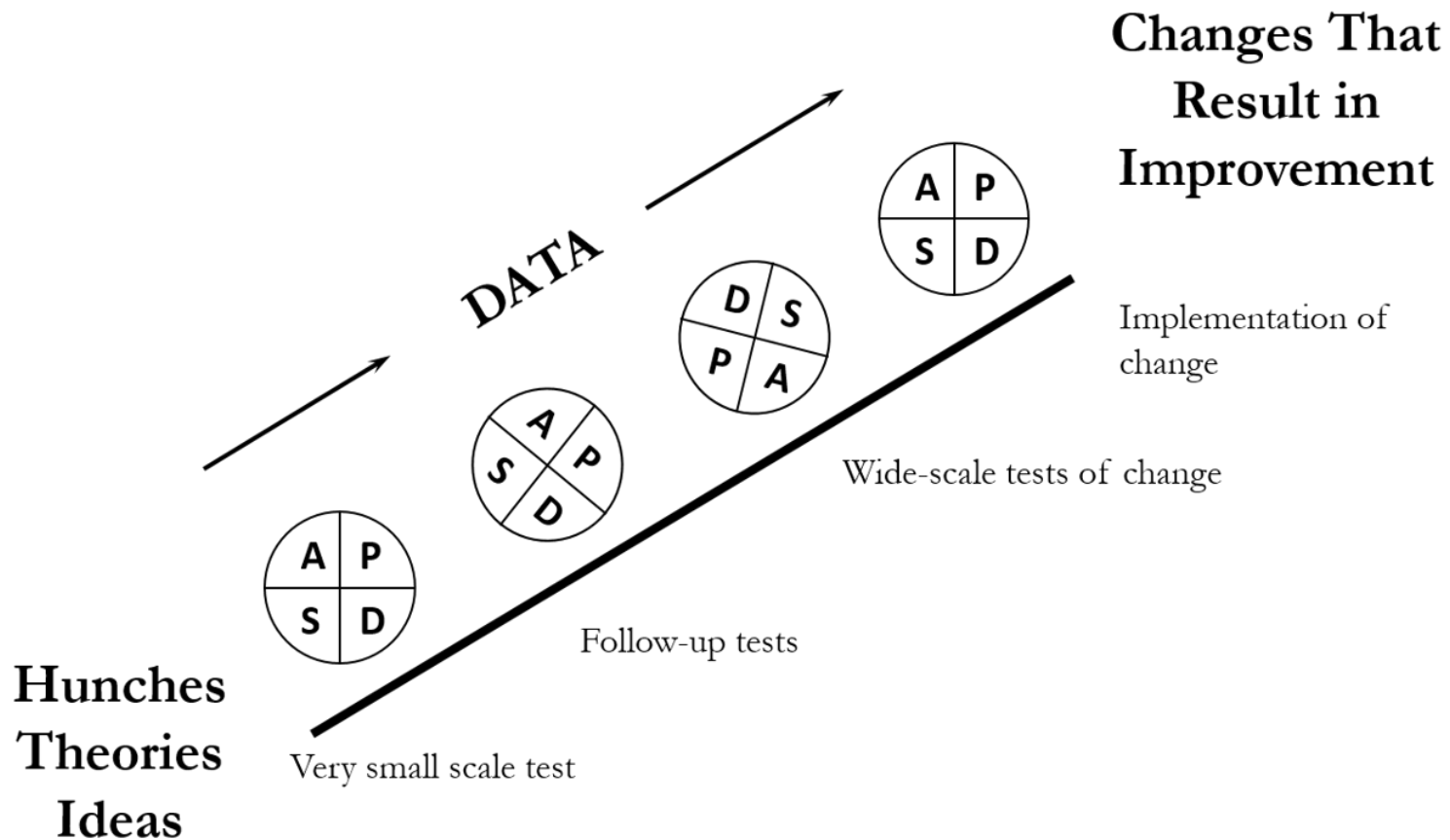


- Improvements in processing flow within the electronic document management system
- Mailing recertification notices eight weeks in advance rather than six weeks
- Hiring of additional temporary staff to manage backlog
- Email dissemination of application tips, submission instructions, and other provider education via CRI Constant Contact
- Prioritized processing of applications of clients at risk of losing their health insurance





# The Cycles Build on Each Other...



# Wide Scale Change



**Systemic change** preferred over piecemeal approach to performance improvement

- After discovery phase, self attestation selected as model to test across HIV care system
  - Discovery included conversations with NASTAD, other ADAPs, MA Part A
- Drafting , approval of Short Form
  - Suggestion to use Idaho's form as a model
- Policy approval from MDPH
- Planning for the internal/external change process



# DO

## March & April 2019



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# First We Built the Short Form



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## Idaho Ryan White Part B MCM and ADAP Six-Month Eligibility Self-Attestation Form

To maintain eligibility for the Idaho Ryan White Part B medical case management and AIDS Drug Assistance Program (ADAP) services, clients must recertify every six months.

Name:		Date of birth		
<i>If your name has changed since your last recertification, please provide supporting documentation (e.g. marriage certificate, divorce decree, Driver's license, Pass port or ID card.)</i>				
Address:	Street:	City:	State:	Zip:
<input type="checkbox"/> No Change				
<i>If you have moved since your last recertification, please include documentation of your new address by including a copy of a utility bill, rental agreement, or other document of your new address.</i>				
Insurance Status:	<input type="checkbox"/> New change as of (date) _____	<input type="checkbox"/> ACA health plan		
	<input type="checkbox"/> No form of insurance	<input type="checkbox"/> Private Insurance		
	<input type="checkbox"/> Medicaid	<input type="checkbox"/> VA/CHAMPUS		
	<input type="checkbox"/> Medicare Part A/AB	<input type="checkbox"/> Other	(specify): _____	
	<input type="checkbox"/> Medicare Part D			
<i>If your insurance status has changed since your annual recertification and/or intake and you now have insurance coverage of any kind, please include front and back copies of your insurance cards.</i>				
Income:	<input type="checkbox"/> New change as of (date) _____	<input type="checkbox"/> Short/Long term disability		
	<input type="checkbox"/> I/we have no income	<input type="checkbox"/> Pension/retirement income		
	<input type="checkbox"/> Work income	<input type="checkbox"/> Veterans benefits		
	<input type="checkbox"/> Self-employment income	<input type="checkbox"/> Alimony/Child support		
	<input type="checkbox"/> Unemployment insurance	<input type="checkbox"/> Stocks, bonds, cash dividends, trust, investment income, royalties		
	<input type="checkbox"/> Social Security Income (SSI)	<input type="checkbox"/> Spouse's income		
	<input type="checkbox"/> Social Security Disability Income (SSDI)	<input type="checkbox"/> Other Income (List source)		
<i>If your income changed since your annual recertification and/or intake, please include appropriate documentation (e.g. pay stubs for two months, Social Security award letter, tax return transcript, W-2, or statement of no income).</i>				
Household size:	<input type="checkbox"/> No Change	<input type="checkbox"/> New change as of (date) _____	Current household size _____	
<i>Information regarding family members who live with you must be included. The household size and income information is used to calculate your Federal Poverty Level (FPL) and to determine your eligibility.</i>				
Client Signature: _____		Date: _____		
<i>I attest that my signature on this form indicates the information provided is accurate and complete to the best of my knowledge.</i>				
Staff Signature*: _____		Date: _____		
<i>*In person self-attestations must be signed by the client. Phone attestations must include the signature of the case manager completing the form.</i>				
To be completed by MCM Agency	Case Manager Name:	Client ADAP ID:	Recertification Month:	

Updated February 2017

Please recycle prior versions



## Massachusetts HIV Drug Assistance Program (HDAP) Six-Month Eligibility Self-Attestation Form (Short Form)

1	HDAP ID (if known):	First Name:	Last Name:	Date of Birth (MM/DD/YYYY):	Social Security #:
2	Contact Information:	Cell phone:	<input type="checkbox"/> OK to call <input type="checkbox"/> OK to leave message <input type="checkbox"/> OK to text	Home phone:	<input type="checkbox"/> OK to call <input type="checkbox"/> OK to leave message
		Email:	<input type="checkbox"/> ONLY contact my Case Manager <input type="checkbox"/> I DO NOT have a Case Manager		
		<input type="checkbox"/> OK to contact by email			
3	Send my HDAP-related mail to:		<input type="checkbox"/> My Case Manager	<input type="checkbox"/> My Mailing Address	
4	My Mailing Address:		Street:	City:	State: ZIP:
	<input type="checkbox"/> No Change <input type="checkbox"/> Change				
5	My Residential Address:		Street:	City:	State: ZIP:
	<input type="checkbox"/> No Change <input type="checkbox"/> Change				
6	Case Manager:		Case Manager name:	Case Manager phone:	Case Manager Address:
	<input type="checkbox"/> No Change <input type="checkbox"/> Change		Case Manager site:	Case Manager email:	
	Preferred form of contact:				
	<input type="checkbox"/> Phone <input type="checkbox"/> Email				
7	Income:		<input type="checkbox"/> Salary <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Social Security income (\$SI, \$SDI, \$SA, \$SP)	<input type="checkbox"/> Veterans pension <input type="checkbox"/> Pension/Retirement income <input type="checkbox"/> Interest/Dividends/Annuities <input type="checkbox"/> Rental income <input type="checkbox"/> Other Income (List source)	
	<input type="checkbox"/> No Change <input type="checkbox"/> Change				
	If change, list new annual gross income: \$ _____				
8	Pharmacy:		Pharmacy name:	Street:	State:
	<input type="checkbox"/> No Change <input type="checkbox"/> Change		Phone:	City:	ZIP:
9	Insurance Status:		<input type="checkbox"/> No health insurance/prescription coverage <input type="checkbox"/> MassHealth (Medicaid) <input type="checkbox"/> MassHealth Limited <input type="checkbox"/> Health Safety Net (Full or Partial) <input type="checkbox"/> Medicare Part A <input type="checkbox"/> Medicare Part B <input type="checkbox"/> Medicare Part C (Advantage) <input type="checkbox"/> Medicare Part D	<input type="checkbox"/> ConnectorCare <input type="checkbox"/> Private Insurance (Employer/Group) <input type="checkbox"/> Name: _____ <input type="checkbox"/> Maximum copay amount \$ _____ <input type="checkbox"/> Private Insurance (Individual/Non-Group) <input type="checkbox"/> Name: _____ <input type="checkbox"/> Maximum copay amount \$ _____ <input type="checkbox"/> Veteran's Administration (VA) <input type="checkbox"/> Indian Health Services (IHS) <input type="checkbox"/> Other, specify: _____	
	<input type="checkbox"/> No Change				
	Change (Check all that apply)				
	Change occurred as of Date (MM/DD/YYYY): _____				
10	CHII:		If HDAP/CHII pays for your health insurance or you would like HDAP/CHII to pay for your health insurance, please <b>check here</b> <input type="checkbox"/> and attach a recent premium statement/bill or employer premium/payroll deduction letter.		
11	Client Signature: _____		Date: _____		
	<i>I attest that I am a Massachusetts resident and that the information on this application and any attachments is correct and complete. If I deliberately misrepresent information on this application, I may be required to repay benefits provided to me and I may be prosecuted under applicable state and federal statutes.</i>				
	Case Manager Signature: _____		Date: _____		
	<i>I attest that I have spoken with the client and that the information provided in this form is true and accurate.</i>				

Updated April 2019

Please recycle prior versions

Source: <https://healthandwelfare.idaho.gov/>



# Stakeholder Engagement



- Massachusetts Quality Management Network
- Massachusetts Integrated Prevention and Care Committee (MIPCC)
- Statewide Consumer Advisory Board (SWCAB)
- CRI's Consumer Advisory Board (CAB)
- MA Ryan White Part A Planning Council



# Concurrently Launched the Pilot Phase...



- Rolled out the pilot phase in collaboration with three sites
  - Program RISE/JRI ~ 21 clients
  - University of Massachusetts Memorial Hospital ~ 51 clients
  - Boston Medical Center ~ 100 clients
- Pilot phase for two months (March-April 2019)
- Methodology used:
  - Onsite introduction and training
  - Provided sites with list of their active and inactive HDAP clients who were eligible for the pilot
  - Communicated regularly with designated providers on questions and status updates

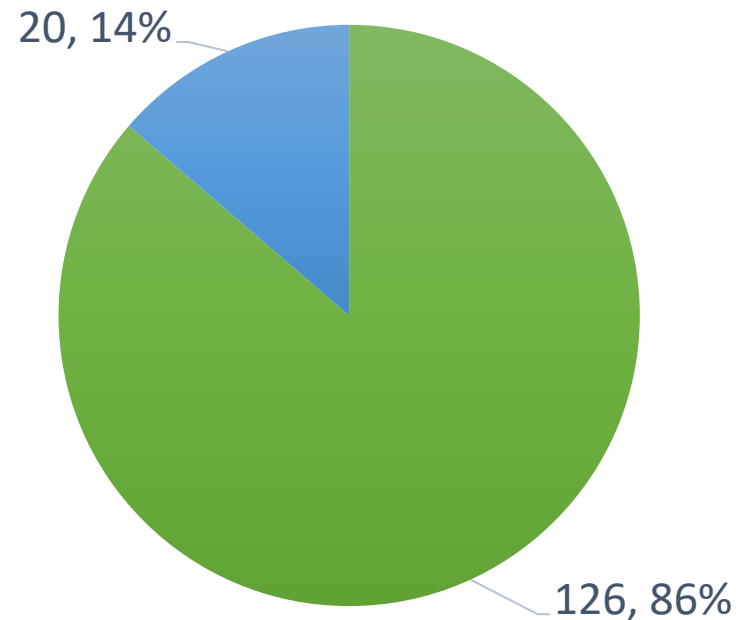


# Pilot Phase in Numbers



85% of eligible clients at three pilot sites submitted SA applications

### SA Applications Received



■ Applications Approved ■ Applications Rejected



# Pilot Phase: Lessons Learned



- One-page forms not as simple and straight forward as they seem
- Receiving short forms too far in advance raises issues
- Receiving both long form and short form for the same client is not uncommon
- Information provided on short form often incomplete
- Tracking of issues is essential to address problems





# The ROLLOUT: May 1, 2019



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## The New HIV Drug Assistance Program Self-Attestation Form

### The SHORT Form!

April 16th, 2019

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Self-Attestation Project Manager  
Community Research Initiative

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BRIDGE Team  
Community Research Initiative



Community Research Initiative  
RESEARCH. PREVENTION. ACCESS. IMPACT.



# Post Rollout: Lessons Learned



- Beta phase (3-4 months after rollout): learning opportunity which forced us to be more flexible with internal screening and enrollment policies
- Comprehensive change management planning is crucial
- Importance of change management and assembling the right team
- Plan transition process from the beginning
- Internal training is vital
- Taking more time between PDSAs is important

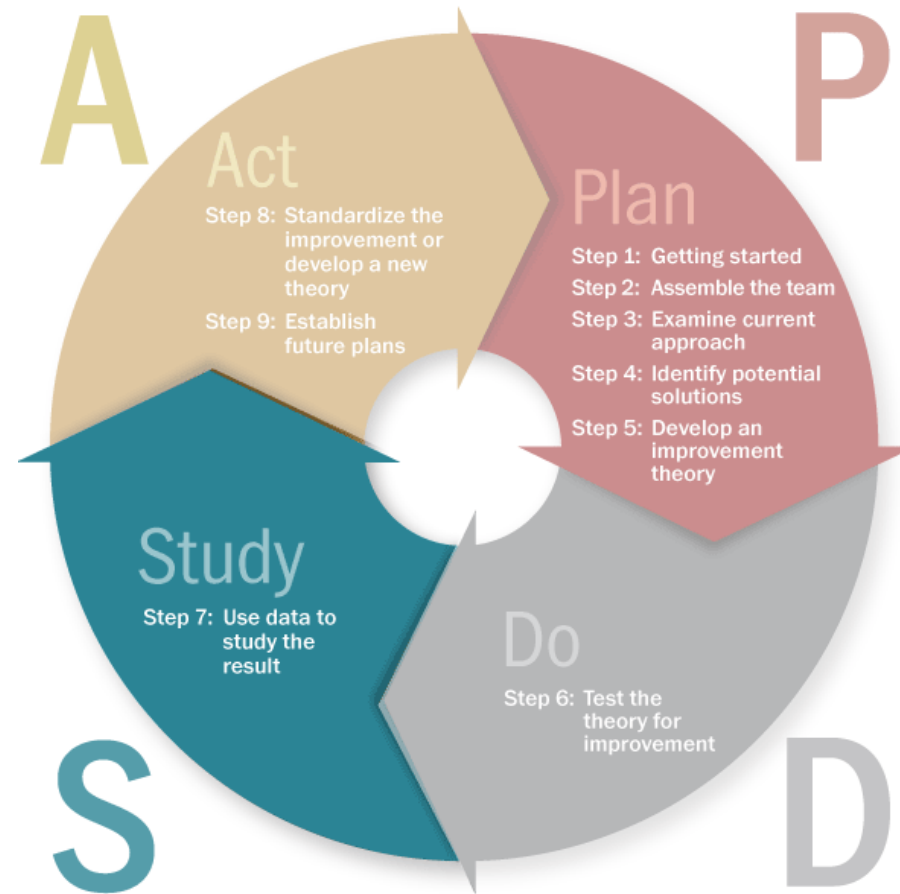


# STUDY

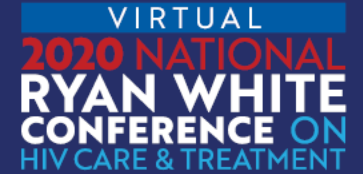
May 2019 - ~~June~~ Feb 2020



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# How Do We Measure Success?



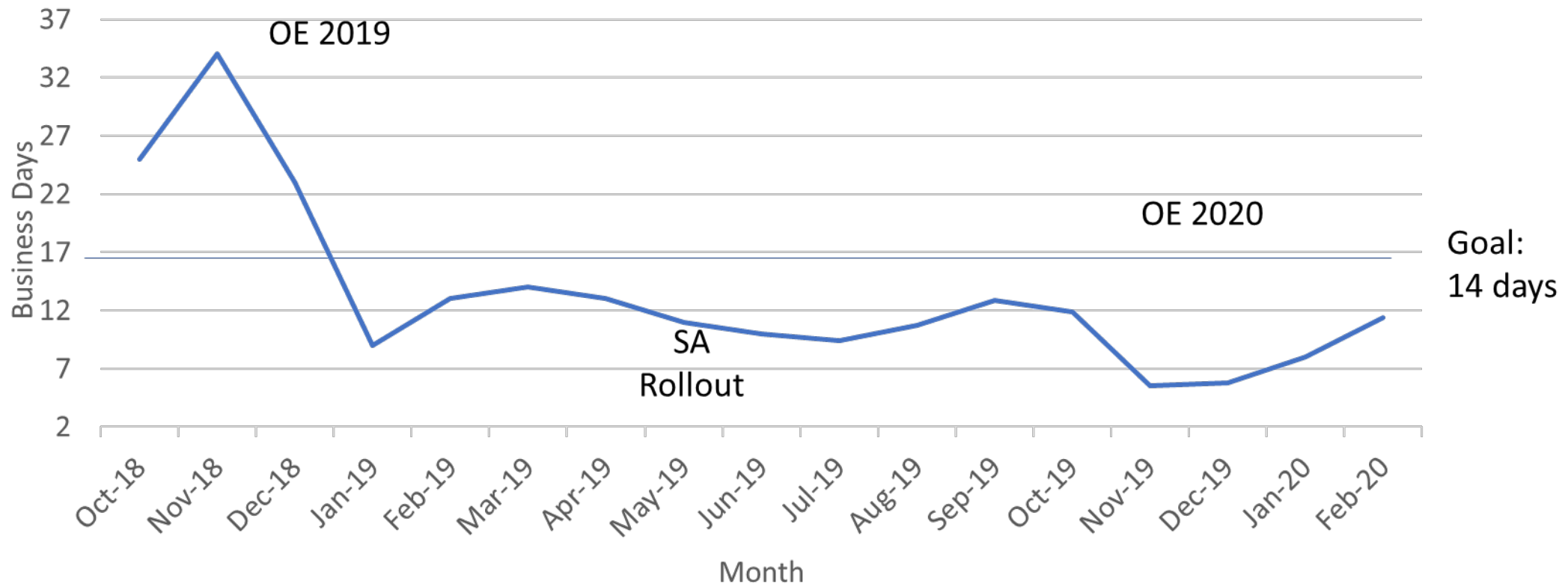
- HDAP processing time for complete applications
- Application completeness
- Timely recertification into HDAP



# Processing Time Impact

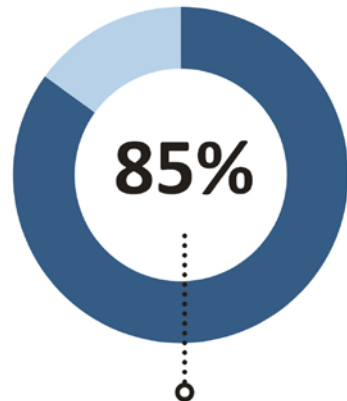


## Average Processing Time for Complete Applications

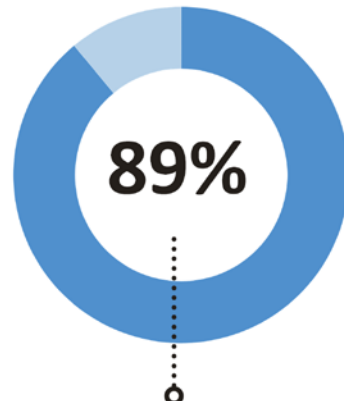


# Application Completeness

MAY 2019 - FEBRUARY 2020



Of long forms  
received were  
complete



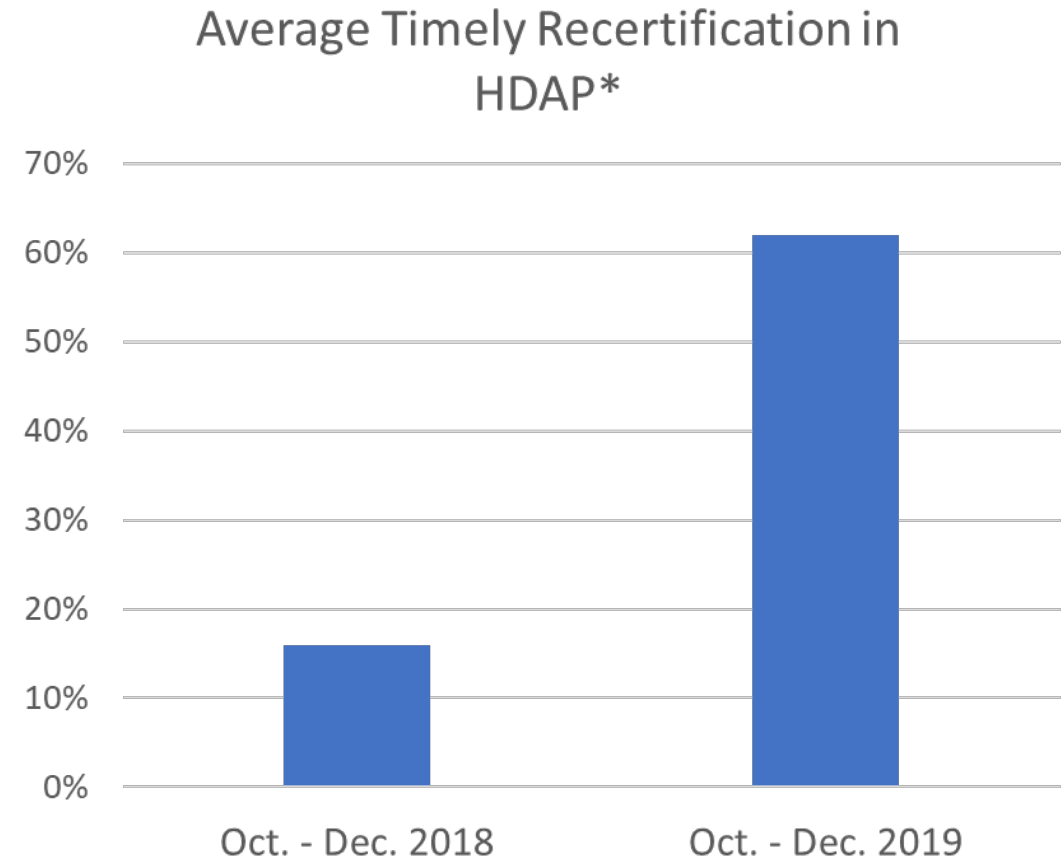
Of short forms  
received were  
complete

- A higher percentage of short forms are submitted as complete applications
- Quality work towards completeness of long forms (with the small tests of change) had a large impact prior to SA implementation.

# HDAP Retention Outcomes



- The percent of clients recertified by month's end i.e. experienced no gaps in coverage increased from 16% on average during OE 2019 to 62% during OE 2020
- Clients who were eligible to recertify through SA had higher timely recertification rates than those due to submit a long form



\*Percent of clients who recertify by month's end

# Quality Improvement = Process Improvement



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## Planning Activities

- Before Open Enrollment began in November 2019, there were approximately 200 staff hours spent preparing.
- Analysis of staffing and processing time data from Open Enrollment 2019.
- Generation and review of 5 different data sets by the data team
- Regular Collaborative Team Meetings



## Impact

- HDAP was fully caught up with processing complete applications within two weeks in October 2019, compared to screening at least three weeks out at the same time the previous year.
- The operations team was able to quantify staffing needs and bring in and train temporary staff in advance of Open Enrollment.
- Ensured maximum proactive outreach to clients identified as eligible for 2020 open enrollment.
- Streamlined communication efforts



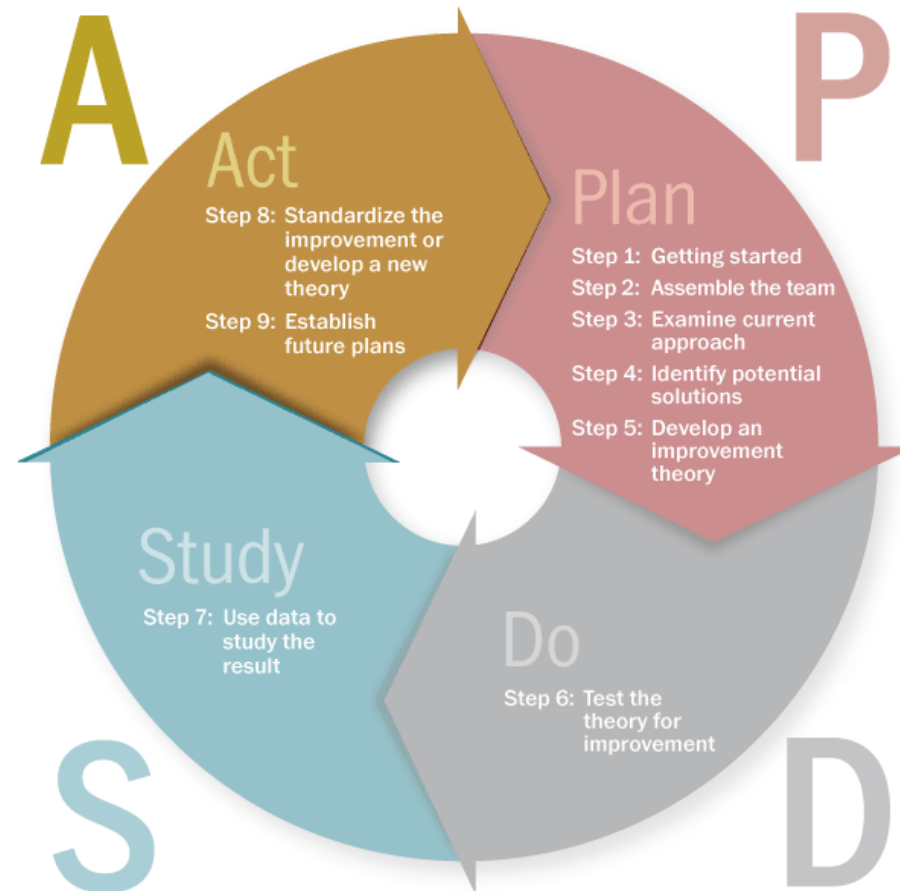


# Goal Summary



- Did we achieve our goals outlined at the beginning?
  - ✓ Increasing complete vs. incomplete applications
  - ✓ Timely recertification
  - ✓ Addressing open enrollment challenges
  - ✓ Simplifying lengthy applications
  - ✓ Reducing application processing time





# Post QI Project: The Long View



- Continue to use short form
- CRI established an internal Quality Committee to develop, monitor, measure, and evaluate quality improvement activities
- CRI is working with four Case Management sites to increase retention in HDAP by piloting use of monthly data sharing lists
- Developing analyses to measure recent and current ‘uncaptured’ clinical outcomes and improvements
- Developing plans to report/disseminate QI activities/results with funders, staff, partner agencies
- Strategizing distribution of client surveys, including a possible client satisfaction survey



# Contact information



**Massachusetts Department of Public Health**

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# QUESTIONS?

