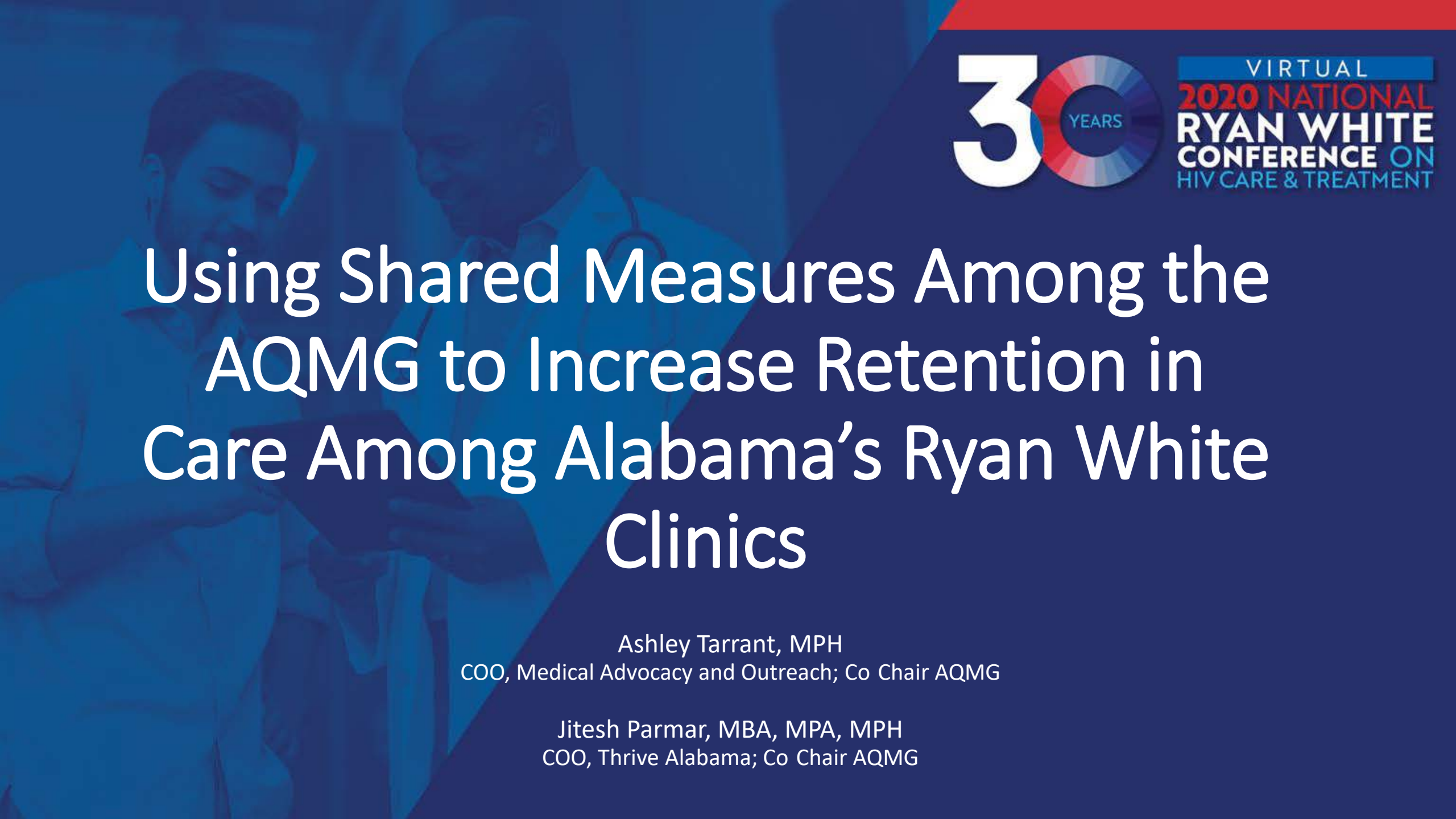


VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

# Using Shared Measures Among the AQMG to Increase Retention in Care Among Alabama's Ryan White Clinics


Ashley Tarrant, MPH
COO, Medical Advocacy and Outreach; Co Chair AQMG

Jitesh Parmar, MBA, MPA, MPH
COO, Thrive Alabama; Co Chair AQMG

# Learning Objectives:



- Describe the formation and structure of the Alabama Quality Management Group.
- Identify characteristics of organizations where the implementation of the Stay Connected and Retention through Enhanced Personal Contacts interventions would be appropriate.
- Discuss initial results of the D4C implementation with respect to clinic wide no-show rates.

ALABAMA QUALITY Management Group

30 YEARS

VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

# Mission Statement


*"The Alabama Regional Quality Management Group exists to ensure that those living with HIV/AIDS in the state of Alabama receive quality healthcare through the collaboration of healthcare partners throughout the state. The mission will be achieved by continuously collecting and analyzing data collected by healthcare partners and evaluating the effect on patient outcomes in accordance with the National HIV/AIDS Strategy, and by nationally and locally recognized standards of care and current HIV research."*

# Vision Statement



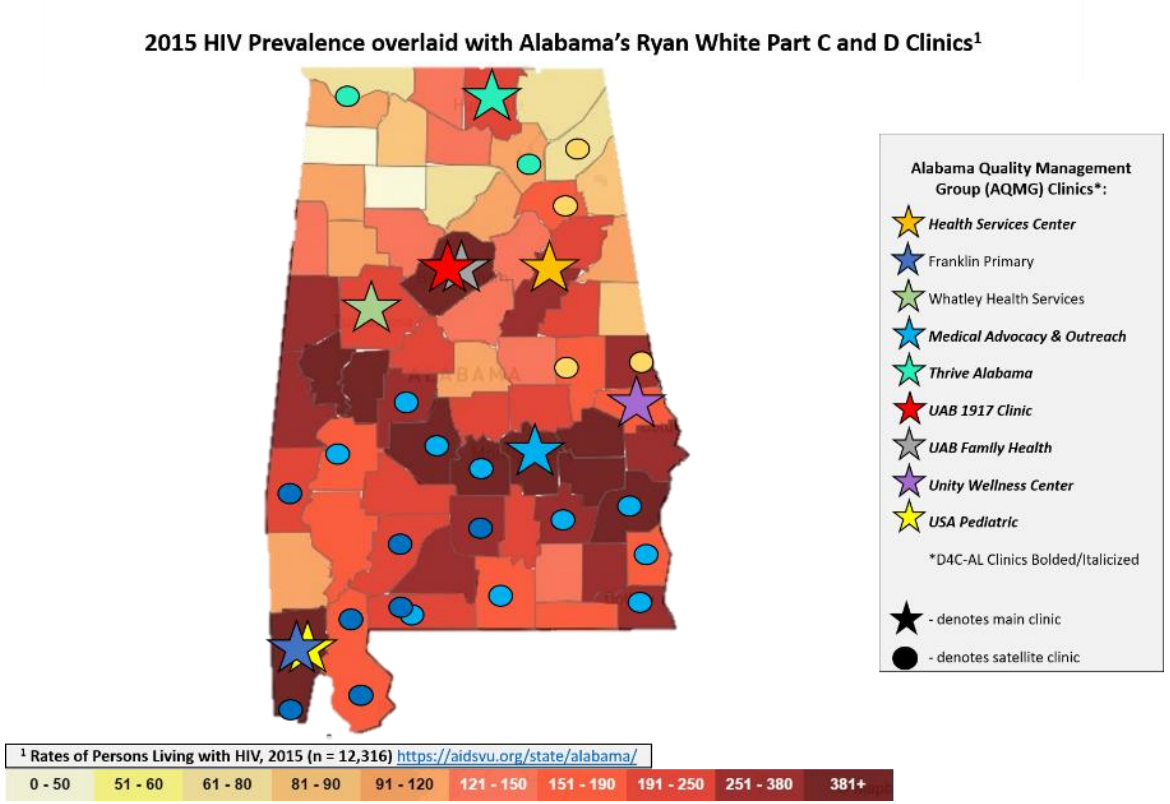
*"We envision optimal health for everyone living with HIV/AIDS supported by a health care system that assures ready access to comprehensive, competent, quality care that transforms lives and communities."*

# Group Members


- Thrive Alabama-Huntsville, AL
- 1917 Clinic/CFAR-Birmingham, AL
- UAB Family Clinic-Birmingham, AL
- Health Services Center-Anniston, AL
- Whatley Health Services-Tuscaloosa, AL
- Unity Wellness Center-Auburn, AL
- Medical Advocacy and Outreach-Montgomery, AL
- Alabama Department of Public Health-Division of HIV/AIDS Prevention and Care-Montgomery, Alabama
- Franklin Primary Health Center-Mobile, AL
- University of South Alabama Family Specialty Clinic-Mobile, AL
- Birmingham AIDS Outreach-Birmingham, AL
- AIDS Alabama-Birmingham, AL
- AIDS Alabama South, LLC – Mobile, AL
- Selma Friends for Life– Selma, AL
- Five Horizons Health Services – Tuscaloosa, AL

# Group Impact

- In 2019, Alabama had 14,399 individuals living with HIV.
- AQMQ provided services to 8,610 individuals living with HIV; approximately 59.8% of individuals living with HIV in Alabama in 2019.



# History of AQMG



- Formed in 2006 under the guidance of the National Quality Center.
- Original group members were quality leaders in RW Part C and D clinics from Huntsville, Alabama to Mobile, Alabama.
- Participants represented all 67 counties in the state of Alabama.

# Goals of AQMG



1. Collect, prioritize, and analyze agreed upon data using approved CQI methodologies.
2. Identify and promote effective CQI strategies through training opportunities.
3. Enhance understanding and local application of CQI knowledge, methods, and tools directed toward improving patient care.
4. Assist Ryan White grantees in meeting HRSA's QM requirements.
5. Assist with the establishment and implementation of  the state quality management plan.

# Data Collection & Analysis



- Viral Suppression
- Retention in Care
- No Show Rates
- New Patients

ALABAMA QUALITY

## AQMG Data Request

Data Submission Date: Wednesday, April 22, 2020
Meeting Date: Friday, April 24, 2020

- Viral Load Suppression Data
  - Time frame: Q1 2020 (January 1, 2020-March 31,2020)
  - Metrics

| | Numerator | Denominator | Percentage (please round to the first tenth) |
|---|---|---|---|
| VL≤1,000 copies/mL | | | |
| VL<200 copies/mL | | | |
| VL<48 copies/mL | | | |

- No Show Data
  - Timeframe: Q1 2020 (January 1, 2020-March 31,2020)
  - Metric #1

| Number of Missed Visits | Number of Clients |
|---|---|
| 1 missed visit | |
| 2 missed visits | |
| 3 missed visits | |
| 4 or more missed visits | |

  - Metric #2

| | Numerator (# of No Shows) | Denominator (Number of Arrived Appts + Number of No Shows) | Percentage (Please around to the nearest tenth) |
|---|---|---|---|
| | | | |

- New Patient Data
  - Timeframe Q1 2020 (January 1, 2020-March 31,2020)
  - Please see the attached spreadsheet for data shell

Alabama Regional Quality Group
New Pt Report

| Line | | | | | Reporting Period #1: 1/1/20-3/31/20 | Reporting Period #2: 4/1/20-6/30/20 | Reporting Period #3 7/1/20-9/30/20 | Reporting Period #4 10/1/20-12/31/20 | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Agency Name: _____ Date: _____ | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | 1) Newly Diagnosed (within past 90 days) PLWHs who are linked to HIV care | | | | | | | | 0 |
| 5 | 2) Previously Diagnosed PLWHs who have never been in care | | | | | | | | 0 |
| 6 | 3) PLWHs returning to care after more than a 12 month absence | | | | | | | | 0 |
| 7 | 4) PLWHs newly enrolling into the program who have transferred from another medical provider | | | | | | | | 0 |
| 8 | Total for Reporting Period | | | | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |
| 10 | Of the Total New in Reporting Period, Number who are: | | Black | | | | | | |
| 11 | | | Hispanic/Latino | | | | | | |
| 12 | | | MSM | | | | | | |
| 13 | | | Black MSM | | | | | | |
| 14 | | | Youth (13-24 yrs) | | | | | | |

**INSTRUCTIONS:**

Line 1: Enter Agency Name and Report Date
Lines 4-7: Enter the number PLWHs enrolled in care in each of the four categories for each reporting period
Line 8: Enter the total number of PLWHs enrolled during the Reporting Period. **TOTAL** = sum of all four categories
Line 10 -14: Enter the number of newly enrolled PLWHs (if any) from that period that fit each demographic category.

# Data Collection & Analysis

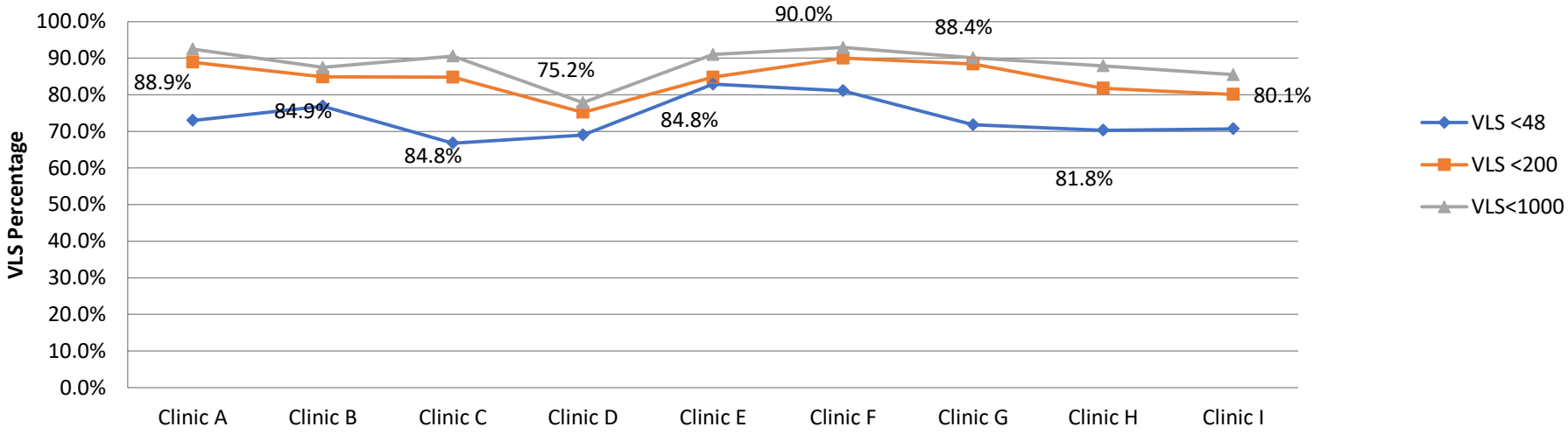


- Viral Load Suppression: *The viral load is a laboratory test used to determine the amount of virus in a person's blood stream.*
  - VL<48
  - VL<200
  - VL<1,000
- Retention in Care
  - Patients have at least 2 medical visits per year with one visit during the 1st 6 months of the year AND one visit during the 2nd 6 months of the year.

# Data Analysis



## AQMG
## VLS Data: Q4-2019

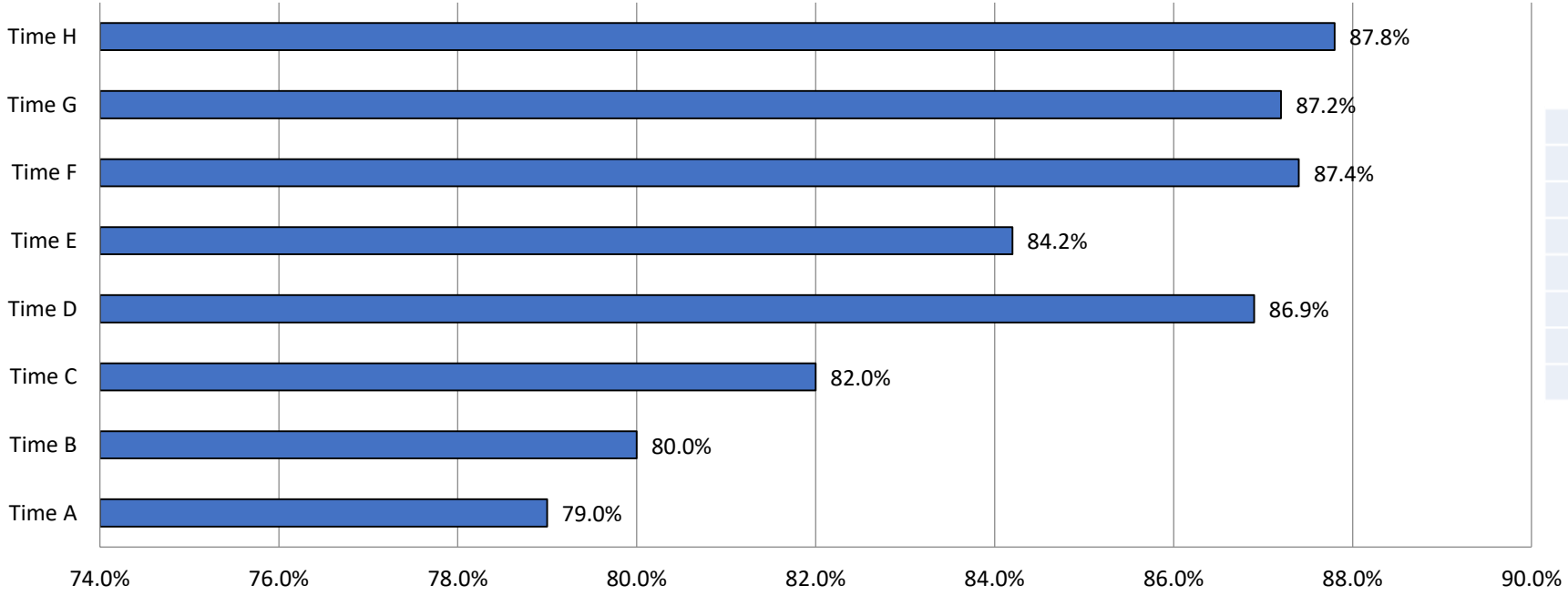



**AQMG Mean VL<200: 88.1%**
**VS RWHAP 2017 US and Territories: 85.9%**
**2017 RWHAP Clients in AL: 84.6%**

# Data Analysis



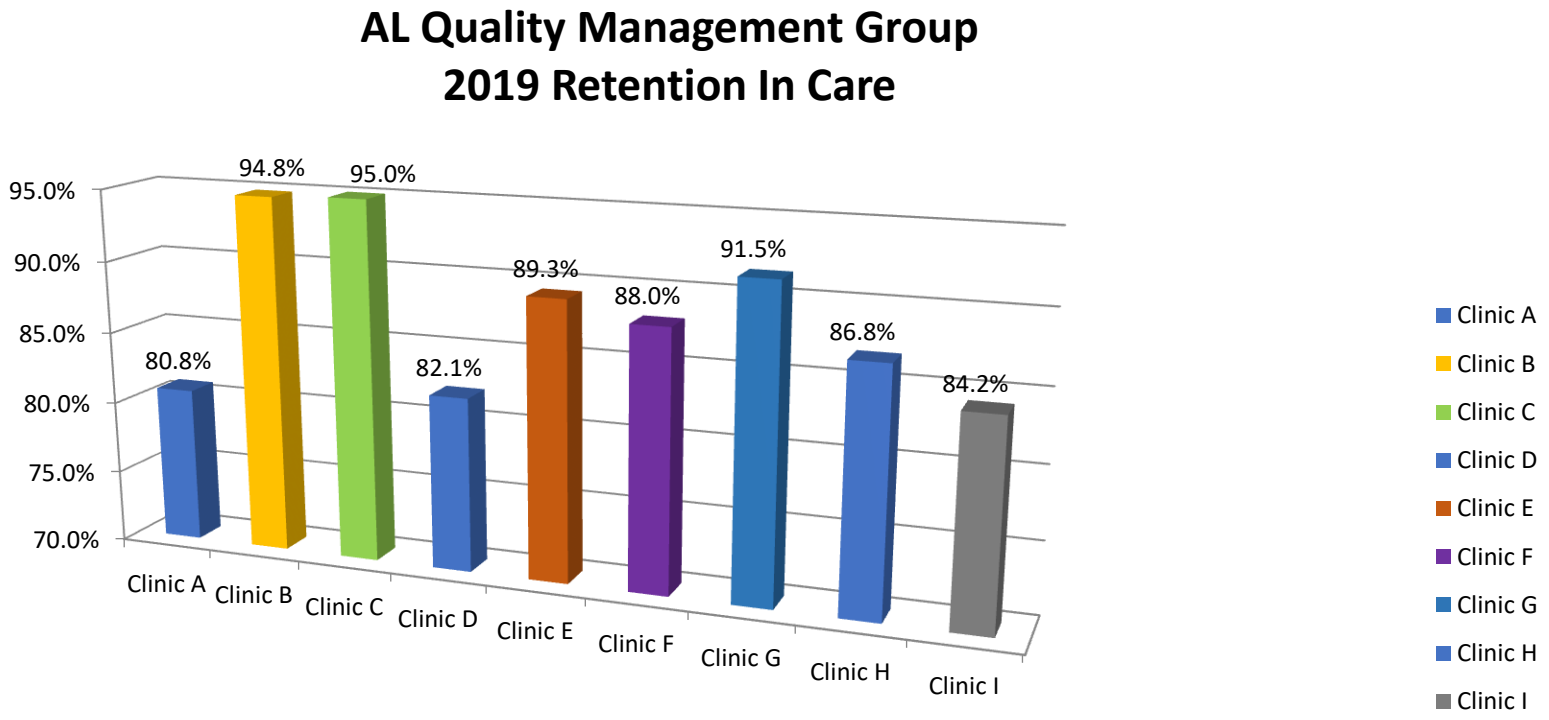
## AQMG Mean VL Over Time




| | | |
|---|---|---|
| 8/1/2013 | Time A | 79.0% |
| 2/1/2014 | Time B | 80.0% |
| 5/1/2014 | Time C | 82.0% |
| 1/1/2019 | Time D | 86.9% |
| 4/1/2019 | Time E | 84.2% |
| 7/1/2019 | Time F | 87.4% |
| 10/1/2019 | Time G | 87.2% |
| 1/24/2020 | Time H | 87.8% |

# Data Analysis






**AQMG Mean Retention Rate: 84.6%**
**RWHAP Retention Rate AL: 86.8%**
**RWHAP Retention Rate US and Territories: 80.9%**

# Group Priorities

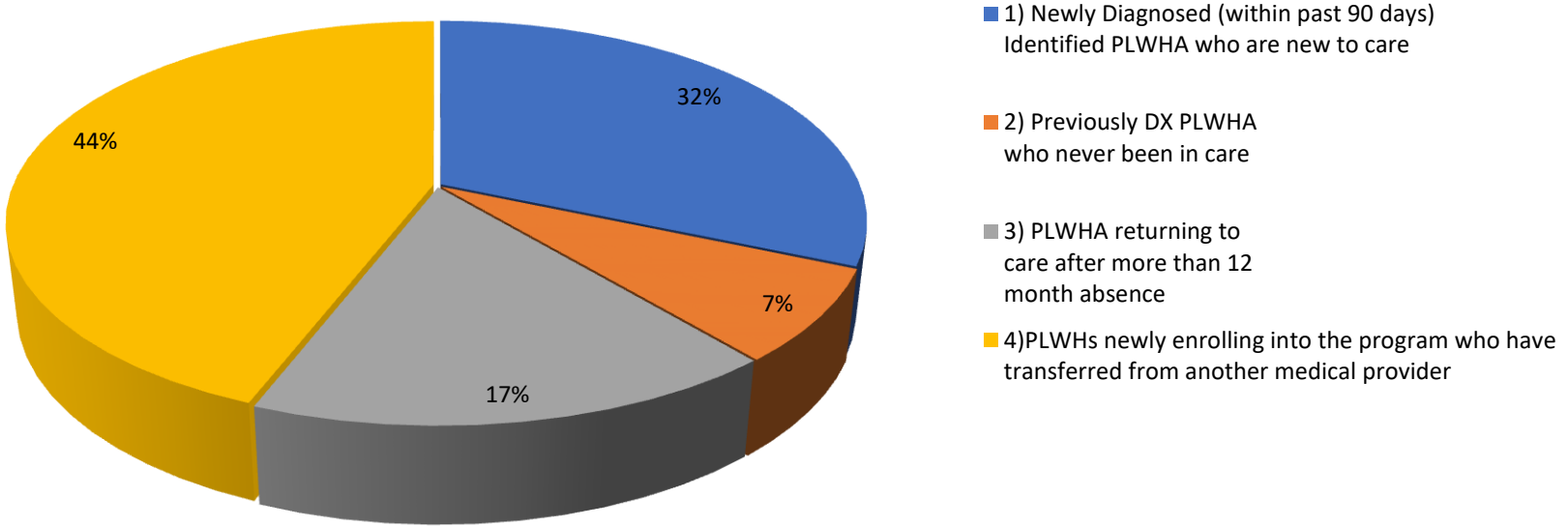


- New Patients
  - Added in 2013
  - 1) Newly Diagnosed (within past 90 days) Identified PLWHA who are new to care
  - 2) Previously DX PLWHA who never been in care
  - 3) PLWHA returning to care after more than 12 month absence
  - 4)PLWHs newly enrolling into the program who have transferred from another medical provider
- No Show Rates
  - Added in 2015
  - The percentage of patients who were a no-show for at least one HIV specific medical visit

# Data Analysis

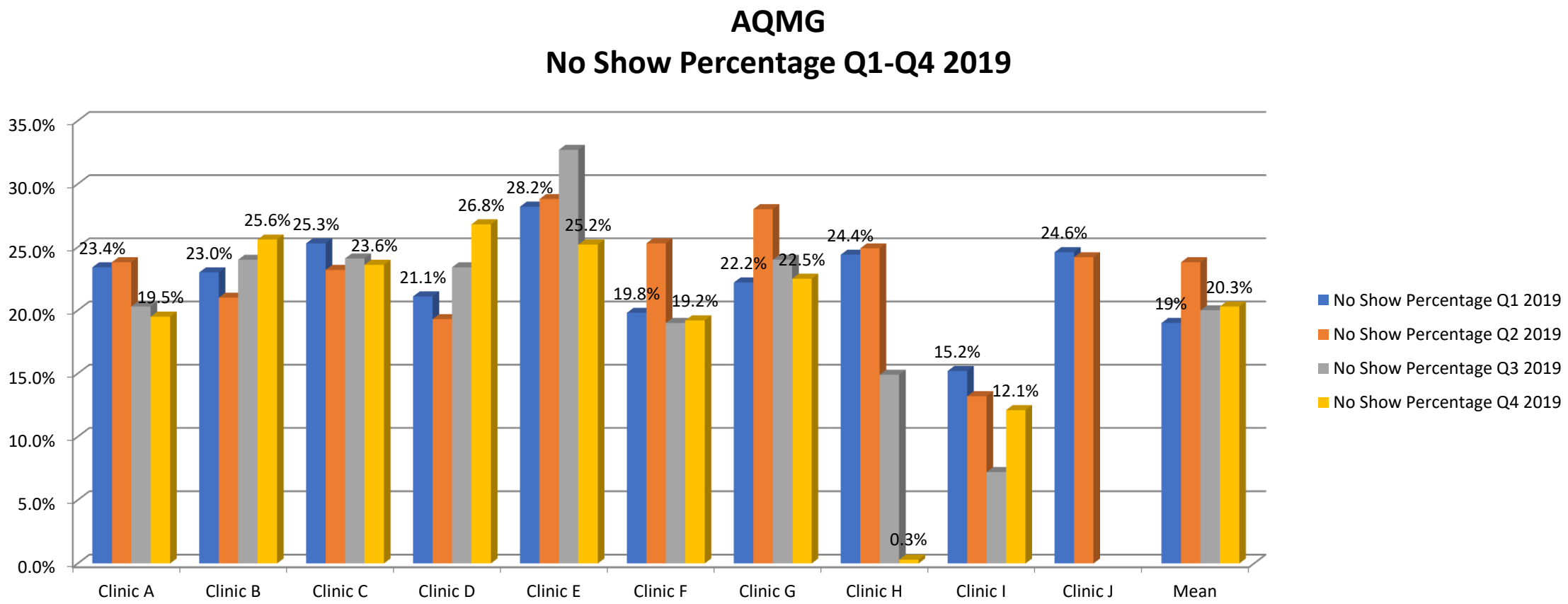


**AL Quality Management Group**
**New Patient Distribution**
**Jan. 1, 2019-Dec. 31, 2019**



# Data Analysis





# Why No Show Rates?



- Retention in Care
  - *Patients have at least 2 medical visits per year with one visit during the 1st 6 months of the year AND one visit during the 2nd 6 months of the year*
- No Show
  - *The percentage of patients who were a no-show for at least one HIV specific medical visit*
- *Research*
  - *Retrospective data analysis by the UAB 1917 Clinic showed that patients who missed visits within the first year after initiating treatment for HIV were at higher risk of dying than patients who attended all scheduled appointments.*

**Reference: Mugavero et al, Clinical Infectious Disease 2009**

# Missed Visits and Mortality among Patients Establishing Initial Outpatient HIV Treatment

**Michael J. Mugavero,[1] Hui-Yi Lin,[2] James H. Willig,[1] Andrew O. Westfall ,[4] Kimberly B. Ulett,[1] Justin S. Routman,[1] Sarah Abroms,[1] James L. Raper,[1] Michael S. Saag,[1] and Jeroan J. Allison[3]**

Divisions of [1]Infectious Diseases, [2]Medical Statistics Section, and [3]General Internal Medicine, Department of Medicine, and [4]Department of Biostatistics, University of Alabama at Birmingham

***Background.*** Dramatic increases in the number of patients requiring linkage to treatment for human immunodeficiency virus (HIV) infection are anticipated in response to updated Centers for Disease Control and Prevention HIV testing recommendations that advocate routine, opt-out HIV testing.

***Methods.*** A retrospective analysis nested within a prospective HIV clinical cohort study evaluated patients who established initial outpatient treatment for HIV infection at the University of Alabama at Birmingham 1917 HIV/AIDS Clinic from 1 January 2000 through 31 December 2005. Survival methods were used to evaluate the impact of missed visits during the first year of care on subsequent mortality in the context of other baseline sociodemographic, psychosocial, and clinical factors. Mortality was ascertained by query of the Social Security Death Index as of 1 August 2007.

***Results.*** Among 543 study participants initiating outpatient care for HIV infection, 60% missed a visit within the first year. The mortality rate was 2.3 deaths per 100 person-years for patients who missed visits, compared with 1.0 deaths per 100 person-years for those who attended all scheduled appointments during the first year after establishing outpatient treatment ($P = .02$). In Cox proportional hazards analysis, higher hazards of death were independently associated with missed visits (hazard ratio, 2.90; 95% confidence interval, 1.28–6.56), older age (hazard ratio, 1.58 per 10 years of age; 95% confidence interval, 1.12–2.22), and baseline $CD4^+$ cell count <200 cells/$mm^3$ (hazard ratio, 2.70; 95% confidence interval, 1.00–7.30).

***Conclusions.*** Patients who missed visits within the first year after initiating outpatient treatment for HIV infection had more than twice the rate of long-term mortality, compared with those patients who attended all scheduled appointments. We posit that early missed visits are not causally responsible for the higher observed mortality but, rather, identify those patients who are more likely to exhibit health behaviors that portend increased subsequent mortality.

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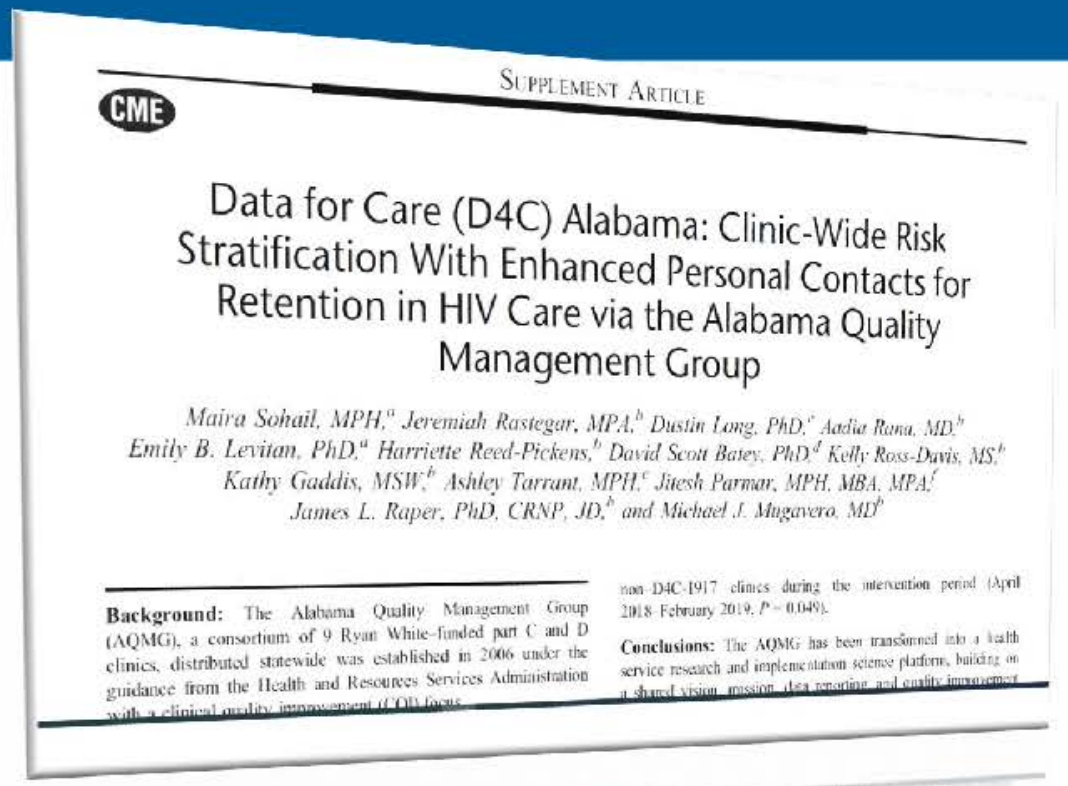
**Reference: Mugavero et al. Missed Visits and Mortality among Patients Establishing Initial Outpatient HIV Treatment. Journal of Clinical Infectious Disease 2009: 48 (248-256)**


DATA FOR CARE
D4C
ALABAMA



SUPPLEMENT ARTICLE

CME

# Data for Care (D4C) Alabama: Clinic-Wide Risk Stratification With Enhanced Personal Contacts for Retention in HIV Care via the Alabama Quality Management Group

*Maira Sohail, MPH,[a] Jeremiah Rastegar, MPA,[b] Dustin Long, PhD,[c] Aadia Rana, MD,[b] Emily B. Levitan, PhD,[a] Harriette Reed-Pickens,[b] David Scott Batey, PhD,[d] Kelly Ross-Davis, MS,[b] Kathy Gaddis, MSW,[b] Ashley Tarrant, MPH,[e] Jitesh Parmar, MPH, MBA, MPA,[f] James L. Raper, PhD, CRNP, JD,[b] and Michael J. Mugavero, MD[b]*

**Background:** The Alabama Quality Management Group (AQMG), a consortium of 9 Ryan White–funded part C and D clinics, distributed statewide was established in 2006 under the guidance from the Health and Resources Services Administration with a clinical quality improvement (CQI) focus.

**Methods:** We describe the origins and evolution of the AQMG, including requisite shifts from aggregate clinic-wide to de-identified individual-level data reporting for implementation of the Data for Care (D4C-AL) Alabama program. The D4C-AL strategy uses a clinic-wide risk stratification of all patients based on missed clinic visits in the previous 12 months. Intermediate (1–2 missed visits) and high-risk patients (>2 missed visits) receive the evidence-informed Retention through Enhanced Personal Contact intervention. We report on a pilot of the D4CAL program in 4 of 33 primary HIV care clinics at the UAB 1917 Clinic.

**Results:** Among 3859 patients seen between April 2018 and February 2019, the missed visit rate was not significantly different between the D4C-1917 (19.2%) and non-D4C clinics (20.5%) in a preintervention period (May 2017–April 2018). However, a significantly lower missed visit rate was observed in the D4C-1917 vs. non-D4C-1917 clinics during the intervention period (April 2018–February 2019, $P = 0.049$).

**Conclusions:** The AQMG has been transformed into a health service research and implementation science platform, building on a shared vision, mission, data reporting, and quality improvement focus. Moreover, CQI may be viewed as an implementation strategy that seeks to enhance uptake and sustained use of effective interventions with D4C-AL representing a prototype for future initiatives embedded within extant quality improvement consortia.

**Key Words:** HIV, AIDS, continuum, retention, missed visits

(*J Acquir Immune Defic Syndr* 2019;82:S192–S198)

From the [a]Department of Epidemiology, School of Public Health, University of Alabama at Birmingham, Birmingham, AB; [b]Department of Medicine, School of Medicine, University of Alabama at Birmingham, Birmingham, AB; [c]Department of Biostatistics, School of Public Health, University of Alabama at Birmingham, Birmingham, AB; [d]Department of Social Work, College of Arts and Sciences, University of Alabama at Birmingham,

## INTRODUCTION

The fragmentation of the U.S. health care system is well documented, with administrative (eg, scheduling, coding, and billing) and health services delivery data captured in electronic health records serving as a unifying factor across myriad practice settings, and represents an opportunity for coordinated, concerted, system-level improvements to enhance the delivery, uptake, and quality of HIV services. Governmental departments and agencies are routinely requiring the reporting of systematic data at the individual level and in aggregate to regulate and measure the effectiveness of service delivery. Because data and access to data have improved, health care organizations, providers, and hospitals now have an opportunity to incorporate quality improvement

**Reference: Sohail, M. et al. Data for Care (D4C) Alabama: Clinic-Wide Risk Stratification With Enhanced Personal Contacts for Retention in HIV Care with the Alabama Quality Management Group. J Acquir Immune Defic Syndr, 2019. 82: S192-S198**

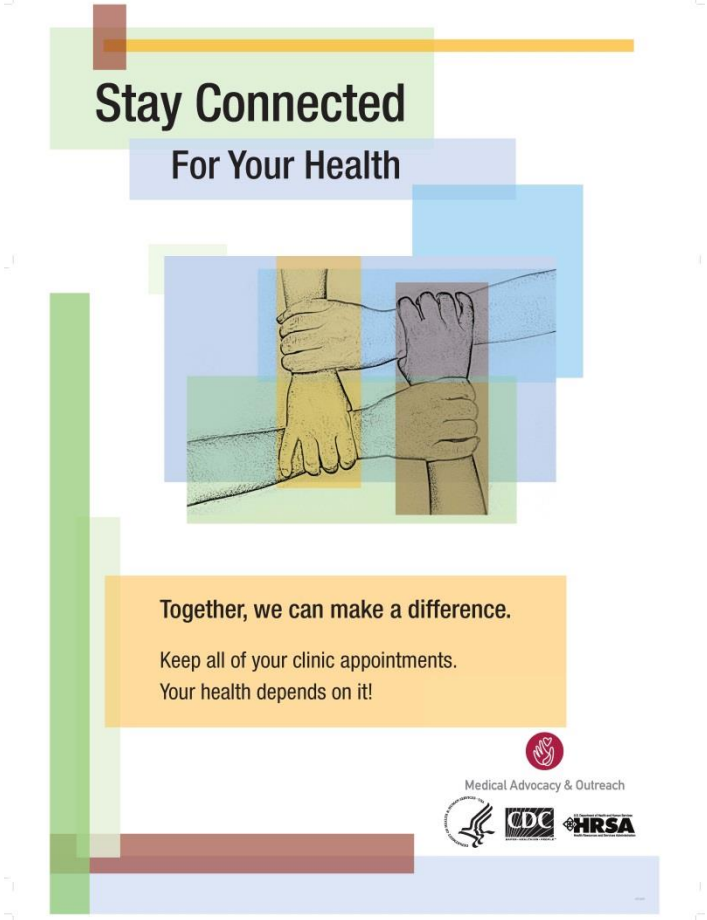
# Intervention Components

- Stay Connected
- Retention Through Enhanced Personal Contact

# Stay Connected


- Clinic wide intervention utilizing posters and brochures to provide brief verbal messages about the importance of staying in care
- Posters communicate the research finding that better patient clinical status follows regular HIV care
- Brochures contain statements emphasizing:
  - the importance of staying in care
  - messages to encourage retention in HIV Care
  - clinical contact information

# Stay Connected




- Intervention Duration:
  - On-going
- Intervention Setting:
  - HIV clinic
- Deliverer:
  - Brochures
  - Posters
  - Providers
  - Clinic Staff

# Stay Connected



## Keep all of your clinic appointments

Stay Connected

Take control of your health by seeing your health care providers regularly.


**MAO Montgomery**
**Copeland Care Clinic**
2900 McGehee Road
Montgomery, Alabama 36111
Phone (334) 280-3349
Fax (334) 281-1970

**MAO Dothan**
1865 Honeysuckle Road, Suite 3
Dothan, Alabama 36305
Phone (334) 673-0494
Fax (334) 678-7225

Montgomery and Dothan
Clinic Hours:
Mon.– Wed., 8 AM – 4:30 PM
Thurs. 8 AM - 8 PM
Fri. 8 AM - 12:30 PM

**MAO Atmore**
1321 South Main St., Suite 2
Atmore, Alabama 36502
Phone: (251) 321-0815
Fax: (251) 321-0820

Atmore Clinic Hours:
Mon. – Thurs. 8:00 AM – 4:30 PM
Closed Fridays

**(800) 510-4704**

**MAOI.ORG**


## Keep all of your clinic appointments.

Your health depends on it!

Medical Advocacy & Outreach

## How to Stay Connected

- Keep all of your scheduled clinic appointments.
- Work as a team with your health care providers.
- Talk openly and honestly with your health care team.
- Ask questions that are important to you.

## Why Is It Important to Keep All of Your Clinic Appointments?

### Your Health Depends on It!

At your appointments

- We can check your health and make changes to your treatment plan if needed.
- We can give you the best medical care.
- You can take control of your health.

*In one large study, people with HIV who attended all of their clinic appointments lived longer.*

*Source: Clinical Infectious Diseases, 2007.*

**Remember—it is important to come to all of your clinic appointments whether you feel sick or feel well.**

## Ways to Remember Your Clinic Appointments

- ❑ Write all of your appointments in a calendar.
- ❑ Put reminders or alerts in your cell phone.
- ❑ Put your reminder card in a place where you will see it often.
- ❑ Make sure we have your correct telephone number and address.
- ❑ Let us know right away if your telephone number or address changes.

If something comes up and you can't keep a clinic appointment, please call us at least 2 days in advance. It is important to reschedule if you miss an appointment.

# Retention Through Enhanced Personal Contacts



- Intervention in which the trained interventionist establishes a personal relationship with HIV clinic patients and provides the following:
  - Positive affirming statements to patients for attending their primary care appointments
  - Responds to questions or concerns about appointments
  - Makes reminder calls for appointments at specific intervals
  - Initiates follow-up after missed visits
  - Provides one-on-one training in personal organizational skills, communication with providers and problem solving skills
  - Assists patients with developing a plan to address unmet needs

# Retention Through Enhanced Personal Contacts



- Intervention Duration:
  - Brief face to face meetings at each primary care appointment:
    - Initial meeting:  25-45 minutes
    - Subsequent meetings:  10-20 minutes each
    - Phone calls:  ~12 minutes each over the course of 1 year
- Intervention Setting:  HIV care clinic, telephone
- Deliverer:  Trained Interventionist

# D4C Outcomes

- Due to the COVID-19 Global Pandemic, the full D4C intervention has not launched.
- Activities Completed
  - D4C Pilot completed at 1 site.
  - 6 of the 7 sites have completed the Stay Connected training.
  - All 7 sites submit quarterly missed visit data for analysis.
  - The D4C Training Manual is being finalized for review and subsequent implementation.

# The Future of D4C…



- Expected training and launch in 2 sites by Q1-2021 with full implementation by the end of 2021.
- Record training for future viewing.
- Continued quarterly missed visit data submissions.
- Outcomes showing:
  - Reduction of missed visits by 5%
  - Increased retention in care by 10%
  - Increased viral suppression by 5%

# Acknowledgements

Thank you to the following groups:

- UAB Center for AIDS Research (CFAR)
- Alabama Department of Public Health – Office of HIV Prevention and Care
- Alabama Quality Management Group Members


Q
A