



Clinical Quality Management (CQM) for the AIDS Drug Assistance Program (ADAP)

DSHAP Administrative Reverse Site Visit (ARSV)

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HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



Learning Objectives

- Review the definition of CQM
- Review the legislative and programmatic requirements of CQM for ADAP
- Learn about the new HIV/AIDS Bureau (HAB) performance measures for ADAP services
- Discuss current best practices of CQM activities in the South Carolina ADAP

What is CQM?

A CQM program is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction. To be effective, a CQM program requires:

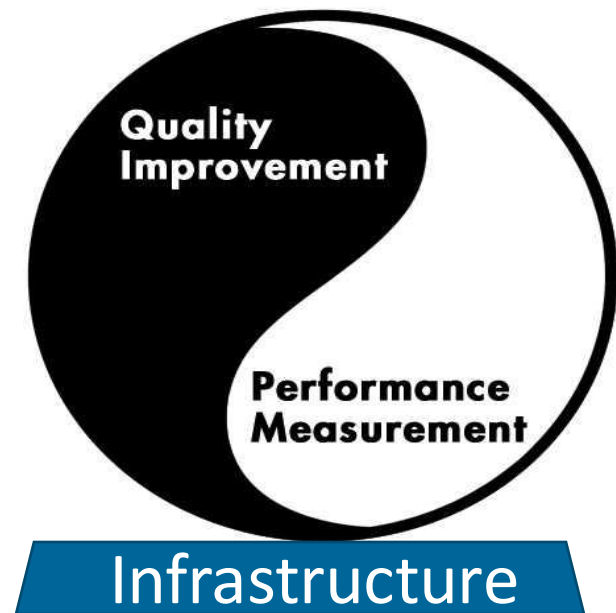
- Specific aims based in health outcomes;
- Support by identified leadership;
- Accountability for CQM activities;
- Dedicated resources; and
- Use of data and measurable outcomes to determine progress and make improvements to achieve the aims cited above.

[HRSA HAB PCN 15-02 Clinical Quality Management](#)



Components of a CQM Program

- A CQM program is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction.
- CQM activities should be continuous and fit within and support the framework of grant administration functions.
- Components of a CQM program:
 1. Infrastructure
 2. Performance measurement
 3. Quality improvement



Ryan White HIV/AIDS Program

Treatment Modernization Act of 2006

Title XXVI of the Public Health Service (PHS) Act (Public Law 109-415, December 19, 2006)

All Ryan White HIV/AIDS Program recipients are required “to establish clinical quality management programs to:

Measure

Assess the extent to which HIV health services are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections;

Improvement

Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services”

See §§ 2604(h)(5), 2618(b)(3)(E), 2664(g)(5), and 2671(f)(2) of the PHS Act.



Clinical Quality Management Policy Clarification Notice (PNC) 15-02

Purpose:

PCN 15-02 clarifies the Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) expectations for CQM programs.

Scope of Coverage:

- RWHAP Parts A, B, C, and D
- Recipients and Subrecipients

Released: September 2015

Revised: November 2018

Updated: September 2020

<https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>



ADAP CQM Resources

- ADAP Technical Assistance [ADAP Technical Assistance | TargetHIV](#)
- Clinical Quality Management <https://targethiv.org/library/health-and-adherence-related-clinical-quality-management-cqm-considerations-adaps>



HIV/AIDS Bureau Performance Measures

<https://ryanwhite.hrsa.gov/grants/performance-measure-portfolio>

The screenshot shows the top portion of the HRSA website. At the top left is the Health Resources & Services Administration logo and name. To the right are links for 'Bureaus and Offices', 'Newsroom', and 'Contact HRSA'. Below this is the HRSA logo with the text 'Ryan White HIV/AIDS Program'. A search bar and a 'Sitemap' link are also visible. A navigation menu includes 'Home', 'About the Program', 'HIV Care', 'Grants', 'Data', and 'Resources'.

[Home](#) » [Grants](#) » [Performance Measure Portfolio](#) » [HIV/AIDS Bureau Core Performance Measures](#)



NEW: ADAP Measures Updates

NEW

- Viral Suppression for ADAP Clients
- Loss of ADAP services due to Failure to Confirm Eligibility
- Timely Payment of Health Insurance Premiums
- Enrollment in Health Care Coverage (including Medicaid, Medicare Part D and private health insurance)

NEW: ADAP Measures Updates (cont.)

ARCHIVED

- ADAP Eligibility Recertification (ARCHIVE)
- ADAP Formulary (ARCHIVE)

REVISED

- ADAP Application Determination (REVISED)
- ADAP Inappropriate Antiretroviral Regimen Components Resolved by ADAP (REVISED)



Key Takeaways

- Include ADAP into your CQM plan along with the other RWHAP services or have a separate CQM plan for ADAP.
- Include ADAP into your CQM committee along with the other RWHAP services or have a separate CQM committee for ADAP.
- Performance measures are integral to your CQM program.
- Identify the minimum required measures for each funded service category.
- Select appropriate measures that are ideally based on the most recent professional knowledge.
- After measures are identified, collect and analyze the data quarterly, at minimum.
 - Including stratifying the data to analyze for disparities



HIV Quality Measures (HIVQM) Module

- Tool within the RSR portal that allows recipients to enter aggregate data specific to the HRSA HAB Performance Measures.
- The HIVQM Module allows recipients to conduct point-in-time benchmarking across RWHAPs that use the module.
- Module opens March, June, September, and December.
- Additional resources available on [TargetHIV.org](https://www.targethiv.org).

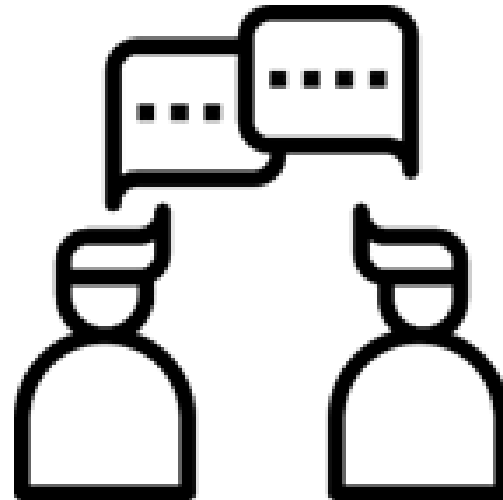


CQM Technical Assistance

To request CQM technical assistance:

Complete the technical assistance request form located at:

<https://www.targethiv.org/ta/cqm>



RWHAP CQM Listserv

- **Place for people to:**
 - Share ideas and resources
 - Make announcements
 - Ask questions
 - Seek resources

- **More information and link to sign up:**
<https://ryanwhite.hrsa.gov/grants/quality-of-care>



CQM for ADAP: A Best Practice Model

South Carolina Department of Health and Environmental Control Columbia, South Carolina

Ryan White HIV/AIDS Program Part B ADAP Team

Michelle Johnson

Kiara Walker

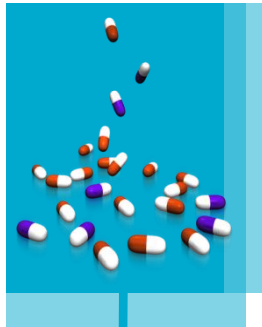
Keisha Adams

Birddie Felkel



SC ADAP Service Tiers

By Insurance Type



Direct Dispensing (DDP)

1. Uninsured or under insured
2. FPL: 550%
3. Intended as "temporary payer"



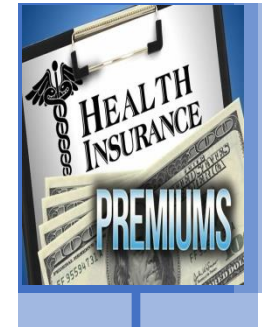
Medicare Part D (MAP)

1. Medicare Part D Premiums and coverage wrap-around
2. FPL: 550%
3. ADAP payments count toward TrOOP



Insurance Assistance (IAP Copay)

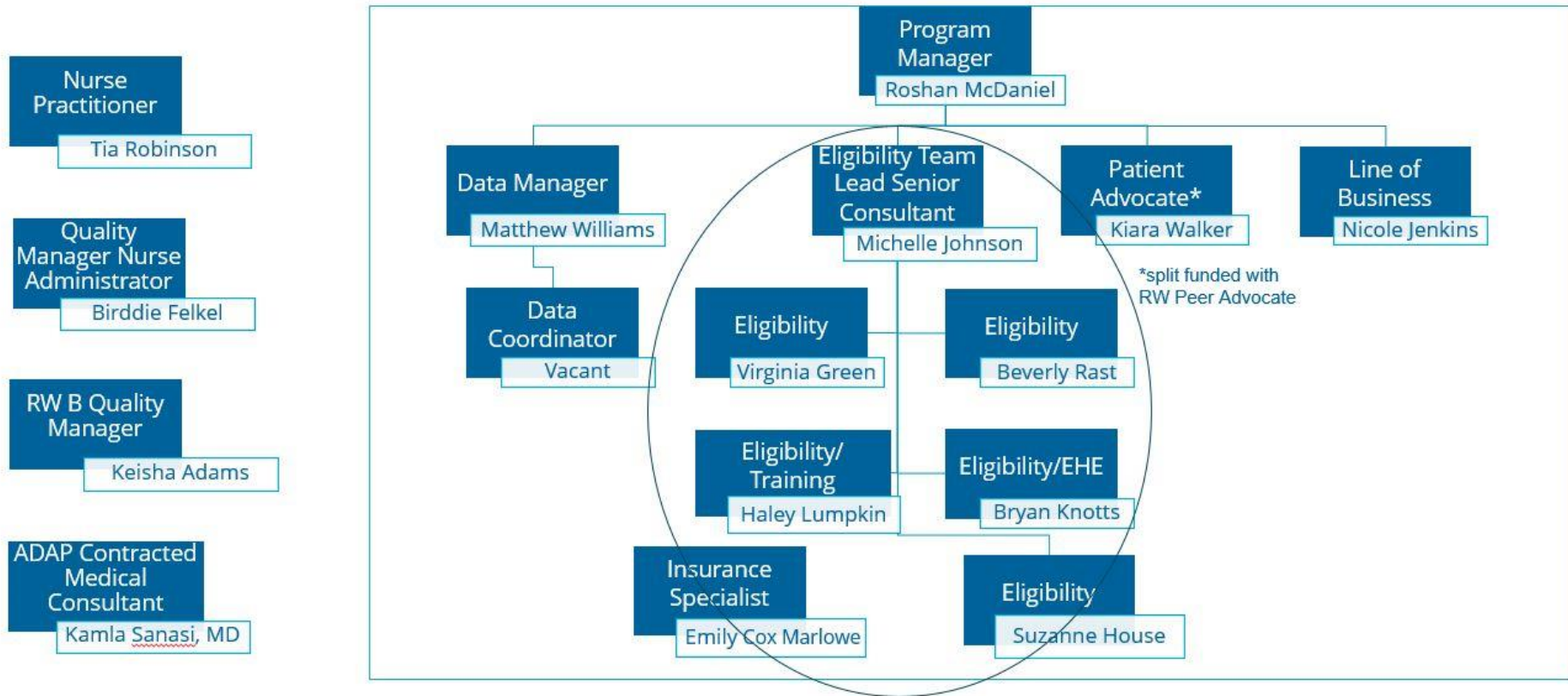
1. Employer insurance, Private insurance, ACA or COBRA
2. FPL: 550%



Insurance Assistance (IAP Premium)

1. Private insurance, ACA, or COBRA
2. FPL: 550%

SC ADAP Team – and HIV/STD/ VH Division Staff





South Carolina Department of Health and Environmental Control

Clinical Quality Management

South Carolina ADAP

Goals for this presentation:

1. Share the SC ADAP Clinical Review Processes:
 1. Pregnancy
 2. Inappropriate Therapy
 3. Delinquent Viral Load
2. Review additional Best Practices of the SC ADAP Team

From the South Carolina Epi Profile over the last 10 years:

- In South Carolina, the number of perinatally HIV exposed births averages around 60 per year, while perinatally acquired HIV cases average one per year. This translates into 1.5% of perinatally HIV exposed births testing positive for HIV

Clinical Review Process (I) Pregnancy

- SC ADAP recognizes that enrollees typically have monthly contact with their pharmacy and less frequent contact with other providers.
 - A prenatal care (OB) provider may be providing care, but the prior prescribing physician and assigned Medical Case Manager (MCM) may be unaware of the enrollee's pregnancy since typical contact is every 6 months and the enrollee may have become pregnant after their last visit.
-

Clinical Review Process (I) cont.

- When the pharmacy receives notification of an enrollee's pregnancy, they will notify SC ADAP.
- The SC ADAP Patient Advocate will contact the enrollee's MCM and the Clinical Quality Nurse Consultant to start the clinical review process.
- Patient Advocate will notify the Medical Consultant for review. The Medical Consultant may contact the enrollee's ID physician or OB/GYN. Follow-up will be completed per Medical Consultant guidance.
- ADAP Patient Advocate will monitor enrollee throughout pregnancy and eligibility period.

Clinical Review Process: Information

SC ADAP Enrollee Information

- Name and SC ADAP ID
- Date of birth
- ADAP Service Tier
- Most recent date opened/closed
- Date of Last Antiretroviral medication (ART) Refill
- Medical Case Manager/Referring Medical Case Manager and organization

Issue Details

- Date issue reported to SC ADAP
- Issue reported by: Pharmacy, Ryan White Provider, Enrollee, Other

Clinical Review Process: Information

Pregnancy (18yrs-45yrs)

- Estimated date of conception
- Estimated date of delivery
- Trimester entered Prenatal care: 1st, 2nd, 3rd
- Antiretroviral regimen prescribed
 - Date ART prescribed
- CD4 and VL results within the previous 12 months (Date and Results)
- Name of Infectious Disease Medical Provider
 - Date of most recent medical appointment
 - Date of next scheduled medical appointment
- Name of Obstetrics (Ob) Provider:
 - Date of most recent Ob appointment
 - Date of next scheduled Ob appointment
- Medicaid status check
- ART Refill History

Clinical Review Process: Information

Review by ADAP/RW Medical Consultant

- Recommendations per Medical Consultant

ADAP Follow up

- Follow-up per Medical Consultant recommendations

Performance Measure: ADAP Inappropriate Antiretroviral Regimen Components Resolved by ADAP (A-4.0)

- Description: Percent of identified inappropriate antiretroviral (ARV) regimen components prescriptions that are resolved by the SC ADAP program during the measurement year.
- HIV Continuum: Retention (Quality of Care)

Clinical Review Process (II) - Inappropriate Therapy

- HRSA requires SC ADAP to ensure that drug therapies provided by SC ADAP are consistent with the NIH Treatment Guidelines.
- Inappropriate therapies (i.e. drug combinations that may have adverse drug reactions or that contain duplicate drug ingredients) will be flagged for the SC ADAP Clinical Review process prior to dispense.
- The SC ADAP Medical Consultant will contact the prescribing physician to discuss the requested therapy and discuss patient-centered options for treatment.
- The SC ADAP will determine whether to authorize or decline payment for the therapy.
- It is critical for physician's offices to respond to the SC ADAP Clinical Consultant, as the drug combination will not be filled until the Clinical Review outcome is complete and updated with the pharmacy.

Goal of Monitoring Viral Loads

- Monitoring Viral Loads
 - ADAP – Per HRSA not required to have VL at recertification (PCN 13-02)
- Best Practices
 - Clinical Standards
 - MCM Standards
- Clinical Report Card

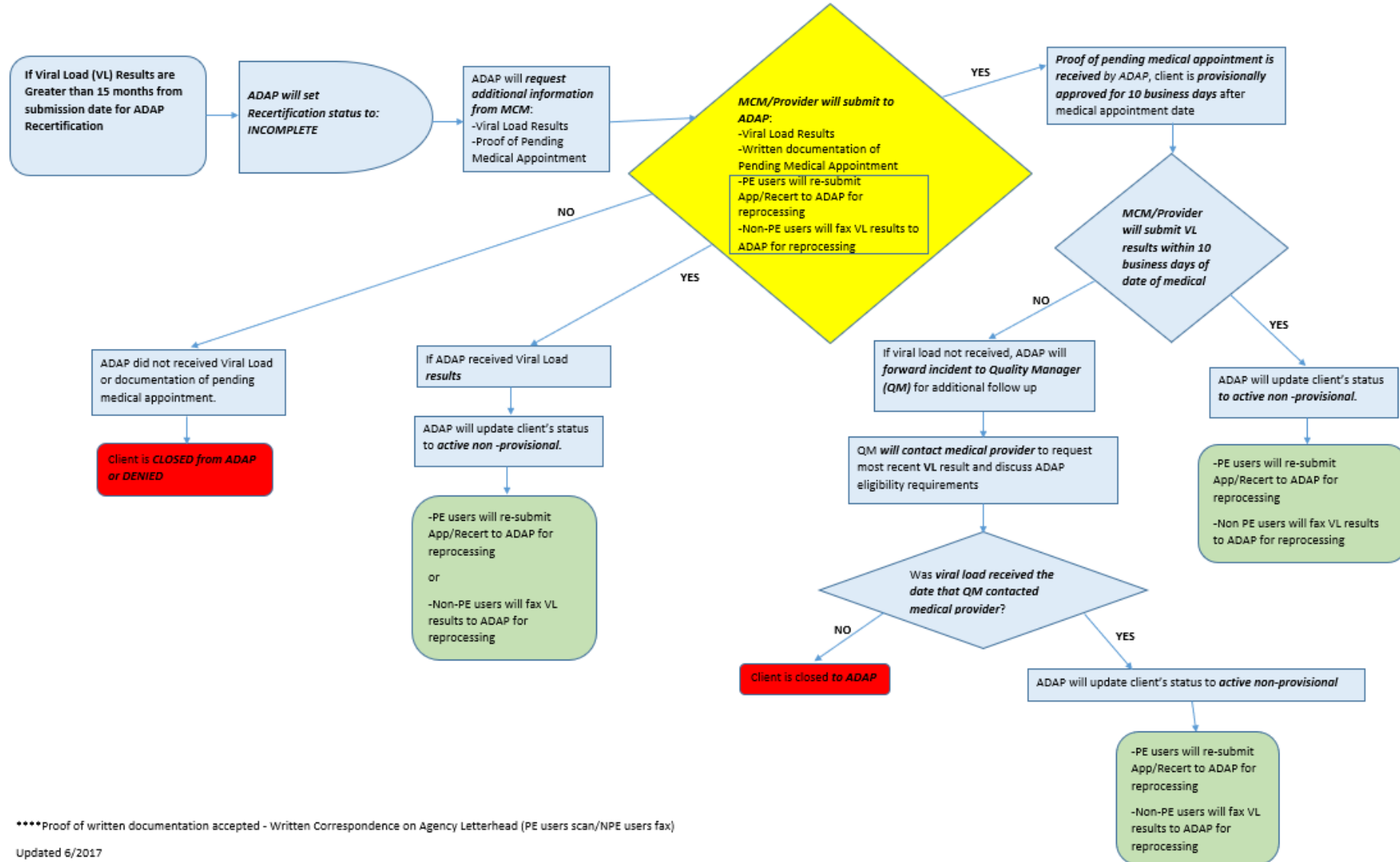
Clinical Review Process (III) - Delinquent Viral Load

- With changes to the CD4 and VL monitoring requirements, the SC ADAP will accept VL tests completed up to 15 months prior to the recertification.
- Recertifications with VL results older than 15 months will require a letter with date of next appointment to have a VL test collected. SC ADAP will flag the record for the Clinical Review process.
- SC ADAP will contact the physician after the appointment date to obtain the updated lab result. If no test has been completed, SC ADAP will close the enrollee.
- The Clinical Quality Nurse Consultant will contact the physician's office to review the quality of care provided (frequency of visits) as expected by HRSA.

Proof of HIV Status

<i>Rationale for SC ADAP to Collect</i>	<i>CD4</i>	<i>HIV Viral Load</i>
For HIV Verification	Not an indicator by itself	Best indicator of HIV positive status
For Quality Management/Standard of Care	No longer recommended by NIH Treatment Guidelines to be completed annually	<ul style="list-style-type: none"> - NIH recommends: <ul style="list-style-type: none"> • Two (2) annually for enrollees who have not yet achieved viral suppression • One (1) annually for enrollees who have sustained viral suppression
For HRSA reporting	Lowest only	Yes
For NASTAD reporting	Lowest only	Yes
On ADAP Application/Recert	Most recent CD4	Most recent Viral Load
Former ADAP Processing Standards	Within one year from date of application/recertification	Within one year from date of application/recert
Revised ADAP Processing Standards	Submit most recent CD4 available (no time limit for acceptance)	Submit Viral Load with 15 months from application or recertification date (12 months + 3 months for appointment and lab results to be ordered and received)

FLOW CHART: ADAP Recertification Viral Load Results Greater than 15 months from Recertification Submission Date



****Proof of written documentation accepted - Written Correspondence on Agency Letterhead (PE users scan/NPE users fax)

Additional Best Practices of SC ADAP:

The SC ADAP participates in:

- RWB site visits
- RW Part B and RW Part C MCM workgroup
- Quality Management Steering Committee
- HIV Planning Council representation on the Care and Treatment sub-committee
- RW Outreach Meeting

SC ADAP also conducts:

- Non- adherence protocol
- Expedites (includes jail and hospital discharge)

Medication Adherence Monitoring

- Enrollees must currently be on or starting ARV therapy within 60 days of activation in the program.
- IAP and MAP Enrollees must be adherent to ARV therapy within 60 days of premium payment to be reimbursed.
- SC ADAP strives to ensure effectiveness of ARV regimen. Enrollees with more than 90-days of non-adherence – are subject to be closed in the program.

Communication is sent to the enrollee and the respective case manager or physician prior to closure from the program - for all service tiers.

Toolbox:

- Weekly Huddles
- Processes Binder
- Guidelines and Policies Binder
- Flowcharts and Check List
- Applications and pharmacy issues are 1st priority

Resources

HRSA HIV/AIDS Bureau Performance Measures – ADAP Measures:

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/adap-measures.pdf>

HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV:

<https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf>

South Carolina ADAP Webpage:

<https://scdhec.gov/aids-drug-assistance-program>

South Carolina Ryan White Part B Medical Case Management Standards:

<https://scdhec.gov/sites/default/files/media/document/MCM%20Standards%20Final%2003312022.pdf>

Delinquent VL Flow chart



Adherence letter



Next Steps...

Questions?



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Stay Connected

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