Ryan White HIV/AIDS Program (RWHAP)
AIDS Drug Assistance Program (ADAP) Performance Measures
National Webinar

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Vision: Healthy Communities, Healthy People

Today's Agenda

AGENDA

- **HRSA HIV/AIDS Bureau Vision and Mission**
- **Background**
- **Clinical Quality Management (CQM) and ADAP**
- **Review of ADAP Performance Measures**
- **Recipient Resources**
- **Question and Answer**

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Learning Objectives

- Understand basic requirements for performance measures.
- Identify new, revised, and archived ADAP performance measures.
- Gain a basic knowledge of ADAP measures and their use.
- Explore available performance measures resources.

Welcome and Background

Erin Nortrup, LCSW

Deputy Director

Division of State HIV/AIDS Programs

HRSA's HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.
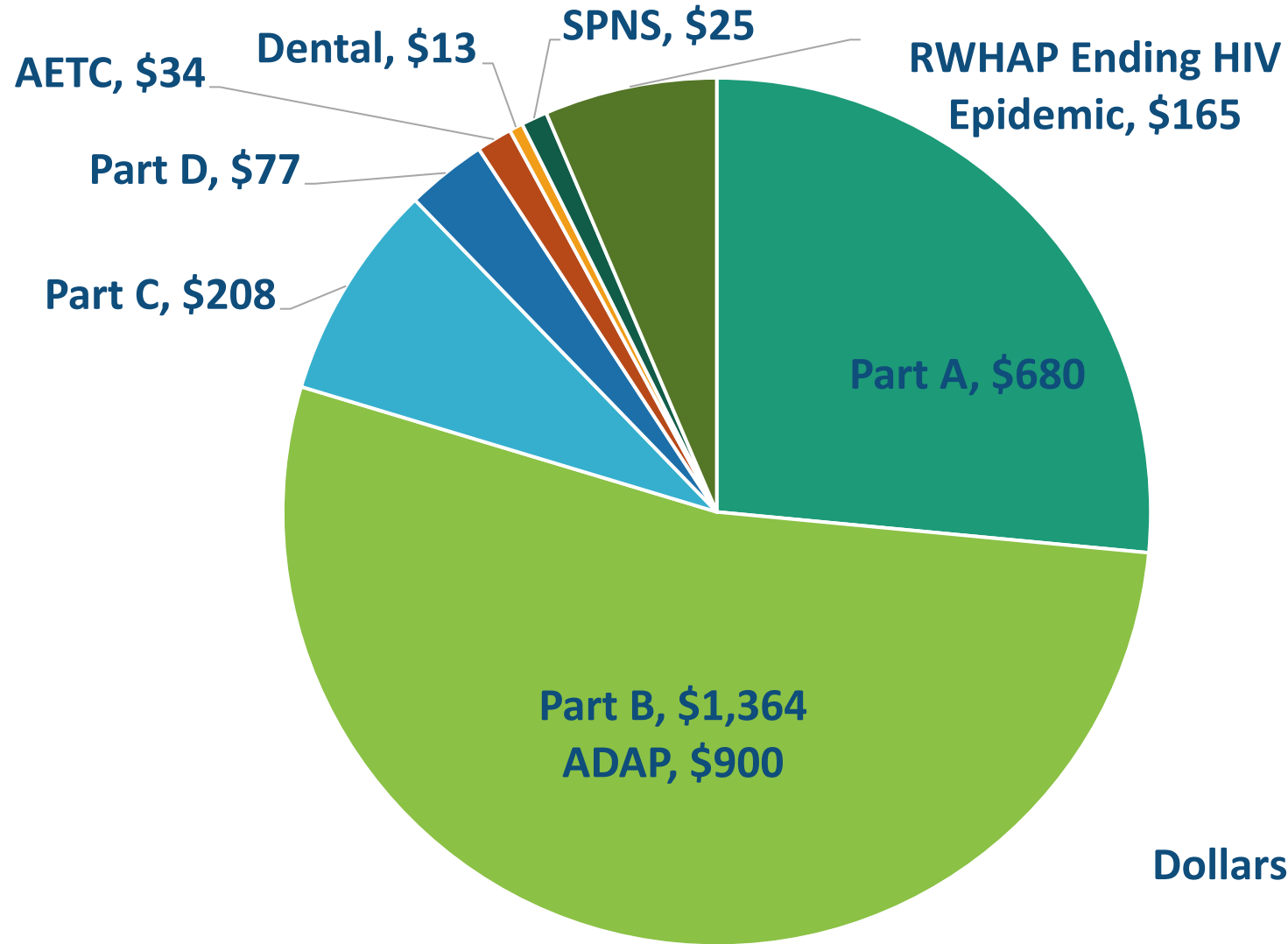
ADAP Background

ADAP in the Context of the Ryan White HIV/AIDS Program Allocations
FY 2023 HRSA RWHAP Appropriations: ~$2.4 Billion

Pie chart segments:
- RWHAP Ending HIV Epidemic, $165
- Part A, $680
- Part B, $1,364 / ADAP, $900
- Part C, $208
- Part D, $77
- AETC, $34
- Dental, $13
- SPNS, $25

Dollars in millions

ADAP-Specific Expenditures and Impact

In FY 2021, budgets in the nation's ADAPs totaled **over $2.1 billion**.*

- $1.387 billion for purchasing medications
- $635 million for health insurance assistance
- $377 million for premiums and $258 million for medication co-pays and deductibles

ADAPs **served 289,289** people with HIV in calendar year (CY) 2021,** which is approximately one in four people with HIV in the U.S. and about half of all clients served through the RWHAP (576,000) in CY 2021.

- More than one-third (36.5%) of all ADAP clients have no health care coverage
- 46.9% of all ADAP clients were at or below 100% FPL

CQM and ADAP:
Policy Clarification Notice (PCN) 15-02 Overview

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RWHAP Treatment Modernization Act of 2006

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

All RWHAP recipients are required "to establish clinical quality management programs to:

Measure

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

Improvement

<u>Develop strategies for ensuring that such services are consistent with the guidelines</u> 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.

CQM Policy Clarification Notice 15-02

Purpose:

This policy clarification notice is to clarify the HRSA 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://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-02-cqm.pdf

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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 (QI)

Quality Improvement

Performance Measurement

Infrastructure

Performance Measurement

- Performance measurement is the process of collecting, analyzing, and reporting data regarding patient care, health outcomes, and patient satisfaction.

- Without measurement (data), the effectiveness of implemented improvement efforts and subsequently patient care, health outcomes, or patient satisfaction cannot adequately, accurately or appropriately be assessed.

Why Measure?

- Set a baseline for improving patient care, health outcomes, and patient satisfaction.

- Informs and supports QI efforts.
  - Create buy-in for QI work.
  - Track improvements over time.
  - Identify and prioritize QI projects and goals.
  - Track progress toward QI goals.

- Monitor patient care, health outcomes, and patient satisfaction.

What Say You, PCN 15-02?

Frequency:

Regularly collect and analyze performance measure data which would occur more frequently than data collection for reporting – quarterly at a minimum.

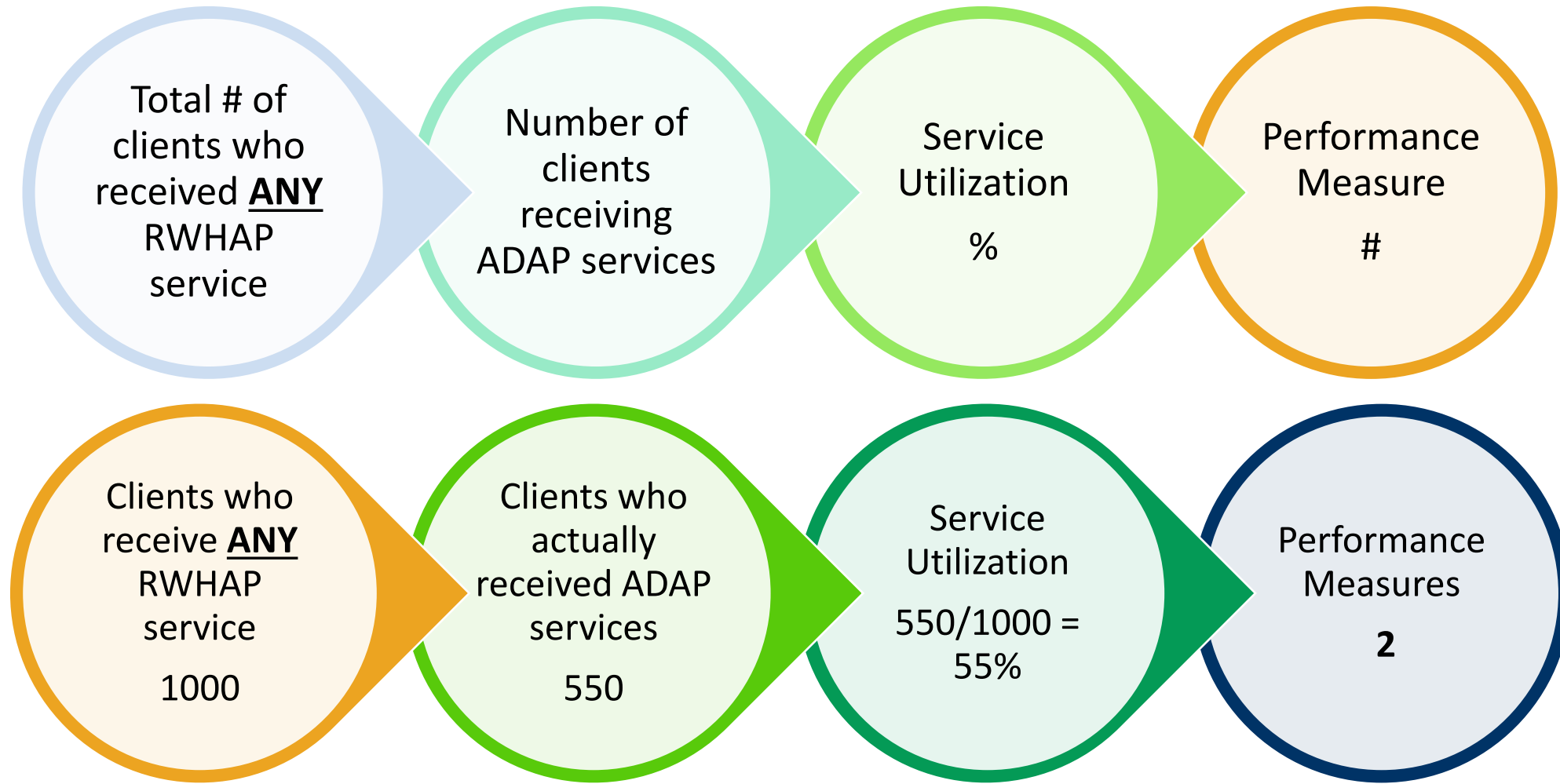**Analysis:**

Collect and analyze performance measure data to:

- Review and discuss with CQM committee members and stakeholders.
- Determine QI projects.
- Assess for health disparities by stratifying the data.

How Many Measures? Client Services Utilization

Percent of RWHAP eligible clients receiving at least one unit of service for a RWHAP-funded service category	Minimum number of performance measures
> = 50%	2
> 15% to <50%	1
< =15%	0

Determine Minimum Number of Measures

Total # of clients who received **ANY** RWHAP service → Number of clients receiving ADAP services → Service Utilization % → Performance Measure #

Clients who receive **ANY** RWHAP service 1000 → Clients who actually received ADAP services 550 → Service Utilization 550/1000 = 55% → Performance Measures 2

Measure Components: Viral Suppression (ADAP)

Numerator

Number of clients from the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test in the measurement year.
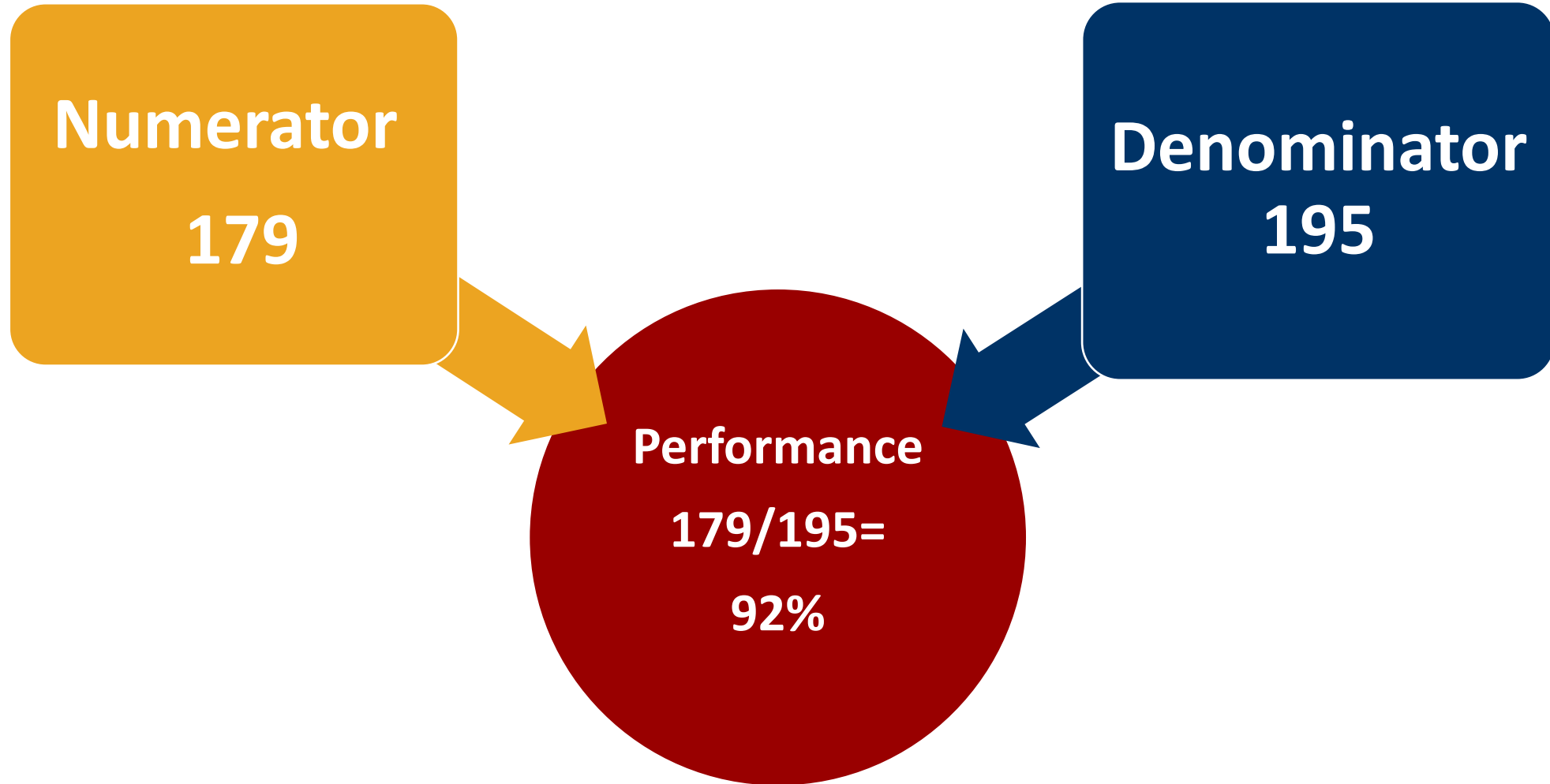
Denominator

Number of clients, regardless of age, with a diagnosis of HIV with at least one ADAP service* in the measurement year

Patient Exclusions

None

ADAP service includes health insurance assistance (including premium payment and medication copays) and full-pay medication assistance.

Measure Components: Viral Suppression (ADAP)

Numerator

179

Denominator

195

Performance

179/195=

92%

HAB Performance Measures

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

Performance Measurement Selection

- Align performance measure with the most recent [HHS Clinical Guidelines for the HIV care and treatment](#).

- Select performance measures that best assesses their ADAP services.

- Consider a mixed portfolio of process and outcome measures.

- Consider performance measures that have measurability, improvability, relevance, and validity.

- Use the [HRSA HAB performance measures](#).

  - Use as written or adjust to your own needs.

ADAP Performance Measures

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ADAP Advisor

Division of State HIV/AIDS Programs

Learn more at https://ryanwhite.hrsa.gov/grants/performance-measure-portfolio/adap-measures

Overview of Changes

- Archived two of the previous ADAP performance measure, revised two measures and added four new measures.

- Added comparison data references to the HIV Quality Measures Module, and the Ryan White HIV/AIDS Program Compass Dashboard.

- Updated links to the Department of Health and Human Services Clinical Practice Guidelines in each performance measure detail sheet.

- Updated the HRSA contact email address in the Accessibility section.

Archived and Revised ADAP Measures

ARCHIVED

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

REVISED

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

New ADAP Measures

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)

ADAP Application Determination (Revised)

Description: Percentage of ADAP applications approved or denied for new ADAP enrollment within five business days of ADAP receiving a complete application in the measurement year

Numerator: Number of applications that were approved or denied for new ADAP enrollment within five business days of ADAP receiving a complete application in the measurement year

Denominator: Total number of complete ADAP applications for new ADAP enrollment received in the measurement year

ADAP Application Determination (Revised)

Exclusions:

1. ADAP applications for new ADAP enrollment that were incomplete or incorrectly filled out

2. ADAP applications for new ADAP enrollment received by ADAP within the last 14 days (two weeks) of the measurement year

ADAP Inappropriate Antiretroviral Regimen Components Resolved by ADAP (Revised)

Description: Percentage of identified inappropriate antiretroviral (ARV) regimen components prescriptions that are resolved by the ADAP during the measurement year

Numerator: Number of ARV regimen components prescriptions from the denominator that are resolved by the ADAP during the measurement year

Denominator: Number of inappropriate ARV regimen components prescriptions included in the HHS Clinical Practice Guidelines, "What Not to Use" and "What Not to Start: Regimens Not Recommended for Use in Antiretroviral-Naive Children" that are identified by ADAP

ADAP Inappropriate Antiretroviral Regimen Components Resolved by ADAP (Revised)

Exclusions:

For clients who receive ADAP services with multiple sources of funding for their medications, the ADAP program is responsible for identifying only ARV regimen components funded by ADAP

Viral Suppression for Clients Who Receive ADAP Services (New)

Description: Percentage of clients who receive ADAP, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test in the measurement year

Numerator: Number of clients from the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test in the measurement year

Denominator: Number of clients, regardless of age, with a diagnosis of HIV with at least one ADAP service in the measurement year

Exclusions: None

Loss of ADAP Services due to Failure to Confirm Eligibility (New)

Description: Percentage of clients who experienced a loss of ADAP services in the measurement year due to failure to confirm continued ADAP eligibility based on the ADAP's requirements

Numerator: Number of clients from the denominator who experienced a loss in ADAP services in the measurement year due to failure to confirm continued eligibility as required by the ADAP

Denominator: Number of clients receiving at least one ADAP service in the measurement year

Exclusions: Clients who died or became ineligible for ADAP services in the measurement year

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Timely Payment of Health Insurance Premiums (New)

Description: Percentage of health insurance policies terminated due to late health care premium payment or lack of health care premium payment by the AIDS Drug Assistance Program (ADAP)

Numerator: Number of health insurance policies from the denominator that were terminated due to late premium payment or lack of premium payment by ADAP

Denominator: Number of health insurance policies for which ADAP made at least one payment in the measurement year

Exclusions: Clients who died or became ineligible for ADAP services in the measurement year

Enrollment in Health Care Coverage (New)

Description: Percentage of clients who receive at least one ADAP service who are eligible for and enrolled in health care coverage (including Medicaid, Medicare Part D and private health insurance) in the measurement year

Numerator: Number of clients in the denominator who are enrolled in health care coverage (including Medicaid, Medicare Part D and private health insurance) in the measurement year

Denominator: Number of clients who receive at least one ADAP service who are eligible for health care coverage

Exclusions: Clients who are ineligible for health care coverage in service area

Performance Measures Resources

Performance Measurement (Example)

SERVICE CATEGORY	UTILIZATION DATA	PERFORMANCE MEASURE	DEFINITION		PM Q1: 2023	PM Q2: 2023	PM Q3: 2023	PM Q4: 2023
Outpatient/ Ambulatory Health Services: Part A	**52%**	**1. Percentage of Patients on ART**	**Numerator:** Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year.		1834/ 1851 = 99%	1763/ 1782 = 99%	1732/ 1747 = 99%	1803/ 1819 = 99%
			Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year.					
		2. Medical Visit Frequency	**Numerator:** Number of clients from denominator, regardless of age, with a diagnosis of HIV who had at least one medical visit in each six-month period of a 24-month reporting period with a minimum of 60 days between visits.		682/ 1283 = 53%	628/ 1287 = 49%	639/ 1302 = 49%	604/ 1269 = 48%
			Denominator: Number of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first six months of the 24-month reporting period.					

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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.

CQM Technical Assistance

To request CQM technical assistance:

Complete the technical assistance request form located at: https://www.targethiv.org/ta/cqm
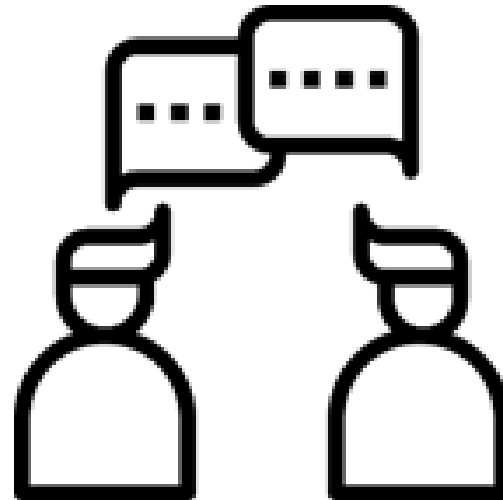
RWHAP CQM Listserv

- 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

Other Resources

- **TargetHIV:** https://targethiv.org/

- **Center for Quality Improvement & Innovation**: https://targethiv.org/cqii

- **NASTAD**: https://nastad.org/

HRSA Contacts

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