

Health and Adherence-Related Quality Management Considerations for AIDS Drug Assistance Programs

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Learning Objectives

By the end of the session, participants will be able to:

- Describe how their ADAP's Quality Management (QM) program can send powerful messages to their community about ADAP's role in supporting health and adherence.
- Identify strategies to involve Provider Stakeholders in developing health and adherence-related QM approaches.
- Identify strategies and data exchange options to align ADAP performance measurement and Quality Improvement (QI) initiatives with clinical sites.
- Plan integration of ADAP health and adherence-related performance measures and related QI initiatives into the statewide QM plan.

Legislation and Program Goals

- Access
 - ADAPs are established under Ryan White legislation to provide access to HIV medications for those that cannot afford them.
 - Legislation mandates States “*provide therapeutics to treat HIV/AIDS*”, and “*facilitate access to treatments for such individuals; and document the progress made in making therapeutics...available to individuals eligible for assistance*”. (PHS 2616 (a), (c) 3-5).
 - Many ADAPs successfully address these goals.
 - Eligibility Determination
 - Affordable Care Act (ACA) enrollment
 - Medication Access Sites and Systems
 - Pharmacy Benefits Mangers (PBMs) and coordination of benefits

Focus on Access (Mostly)

- Current HRSA HAB Performance Measures
 - “Application Determination”: Measuring the percentage of ADAP applications approved or denied for new ADAP enrollment within 14 days of receiving a complete application.
 - “Eligibility Recertification”: Measuring the percentage of ADAP enrollees who are reviewed for continued ADAP eligibility two or more times per year
 - “Formulary”: Measuring the percentage of new anti-retroviral classes that are included in the ADAP formulary within 90 days of inclusion in U.S. Public Health Services (PHS) Guidelines.
 - “Resolving Inappropriate Antiretroviral Regimens”: Measuring the percentage of identified inappropriate antiretroviral regimen components prescriptions that are resolved by the ADAP program.

Legislation and Program Goals

- Impact on Health and Adherence
 - The legislation also requires Ryan White programs to establish Quality Management (QM) programs to *“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, and develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services”*.
- QM includes performance measurement and Quality Improvement (QI) activities.
- Health and adherence-related outcome measures in an ADAP’s QM portfolio illustrates the critical role ADAPs play in improving the health of persons living with HIV and AIDS (PLWHA) and curbing the epidemic.

Quick Terminology Check

- What is Quality Management (QM)?
 - QM seeks to enhance the quality of HIV care provided and increase access to services by measuring (“performance measures”) how health and social services meet established professional standards and user expectations.
- What is Quality Improvement (QI)?
 - QI consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.

Why Health and Adherence-Related Outcomes?

- Renewed attention to linkage and retention.
 - National HIV/AIDS Strategy
 - Care Continuums (Treatment Cascades)
- Viral Suppression is related to effective medication treatments.
 - Reduced viral loads = reduced HIV transmission
- Role of ADAPs as **public health programs** with clinical impact.
- Maintaining relevance of ADAPs as medication access and management programs.

Define the Message

- ADAP measures and resulting QI activities tell the public what the program thinks is important.
 - ADAP's purpose
 - State's priorities
 - What is the value placed on particular health outcomes?
- How do your ADAP QM activities reflect...
 - ADAP's Mission and Values?
 - Commitment to program growth and change?
 - How client needs or service gaps are addressed?
- What is useful to providers as well as ADAP?

Communicate the Message

- Who is your audience?
 - Who have you usually involved?
 - Who else is there?
- How can you communicate?
 - Newsletters and listservs?
 - Conferences?
 - Press releases?
 - I know, I know – but think broadly!

Role of Provider Stakeholders

- Why are they important?
 - ADAP may now be the only consistent access they have to the Ryan White program.
 - QI activities will involve initiatives or incentives at the provider level.
 - Results will directly impact clients under their care.
- Clinical expertise.
 - Does your ADAP have it?
- What about consumers?



Provider Involvement and Communication

- Enhance provider relationships.
 - Assess what outcome data providers find valuable.
 - Illustrate outcome data at both local and state levels.
 - Determine best methods for communicating data to providers in an ongoing way.
- Who do providers listen to?
 - Leverage existing relationships.
- Keep asking “What will be useful to providers as well as to the ADAP?”

Align ADAP Measures

- Clinical sites are way ahead of us.
 - Established QM measures and activities to meet other federal and funding requirements.
 - Often common to health and adherence-related goals.
- Avoid “extra burden” and use what they have developed.
- Review existing QM protocols.
 - Select common measures and improvement activities that rely upon systems already in place.

Data Exchange

- Data exchange opportunities have changed with increasing rates of insured patients.
 - Service contracts vs. Memoranda of Understanding
 - QM Collaboratives that include ADAPs
 - Specific terms in client consents
- Assess options that currently exist.
 - Who are your existing Ryan White QM colleagues that collaborate on data collection for your state's Ryan White QM program?
- Ideal vs. Feasible
 - Can you “make do” with aggregate data?

Integrate With Statewide QM Plan

- Do you have a Ryan White Part B QM Plan or statewide plan that includes Part B?
 - How is ADAP represented?
- QM Program infrastructure
 - Advisory Committee that guides development, implementation and evaluation of QM Plan.
 - May provide access to key ADAP provider stakeholders.
- ADAP's involvement
 - Benefit from methods already in place to obtain and analyze information related to performance indicators.
 - Ensure consistent approach to the state's established QM program.
 - Can you apply established performance indicators to specific ADAP services?
 - The advantage of independent QI initiatives.
- Consider expanding to other performance indicators to show the far reaching impact an ADAP can have.

Health and Adherence-Related Outcomes

- ADAP measures may examine
 - Viral suppression
 - Health status (such as rate of comorbidities or opportunistic infections preventable/treatable with ADAP formulary medications)
 - Quality of life
 - Adherence to medication regimens for clients served by ADAP
- What are your ADAP's opportunities and challenges?
 - Who are your allies in solving challenges?

Quality Improvement (QI)

- Performance measurement on its own is not enough.
 - Outcomes guide what to do, which services to provide and how to provide them in ways that can improve subsequent performance measurement.
 - How will your QI activities improve the health and adherence of your ADAP clients?
- An example of a QI initiative
 - Performance measures reflecting low rates of adherence for ADAP clients could justify initiating provision of adherence services under the ADAP Flexibility Policy, or assessment and improvement of the adherence model used.
 - Changes should show improvement in future performance outcomes.
- “Do you know the way to PDSA?”

Funding

- And a word or 3 about funding.....
 - Supporting your ADAP QM Program
 - Funding your QI initiatives
 - Do you have a piece of the QM pie?

Massachusetts Department of Public Health

- MA HDAP
- Provider Roles and Support
 - Use of providers from the clinical trials arena
- Care Continuum for ADAP
 - How we developed our approach
 - What we are looking at
 - What we are seeing

MA HDAP – What's Next

- Funding Sources
 - ADAP Flex
- Quality Improvement (QI)
 - Developing QI Ideas

What Are You Doing? (Audience Participation!)

- ADAP QM Programs
- Use of health and adherence-related performance measures
- QI Projects
- Thoughts about this approach?

What Next?

- Improve your QM and QI Knowledge.
- Partner With A Provider Champion.
 - Who holds clout and respect?
 - Improve your position with fair compensation.
- Set an Achievable Timeline.
 - Assess what is already there

So What Are Your Next Steps?

- Consider what your next few impactful steps will be.
 - What are your and your program's strengths, opportunities, and challenges?
 - Who are your supports and allies?
 - What will give you some short-term gain?
 - What will keep you engaged and motivated?

A Few Parting Words

- ADAP Coordinators have been **Busy** lately.
 - Dedicated
 - Responsive
 - Creative
- Continue to show the world that
 - ADAPs impact client health and community health
 - ADAPs are needed
 - ADAPs are a key part of ending the epidemic

Questions?

Please share your successes with incorporating health and adherence related QM elements in your ADAP.

NASTAD

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