Strategies and Models to Achieve Viral Suppression

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Disclosures

- Mario J. Pérez has no financial interest to disclose.
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Learning Objectives

At the conclusion of this activity, the participant will be able to:

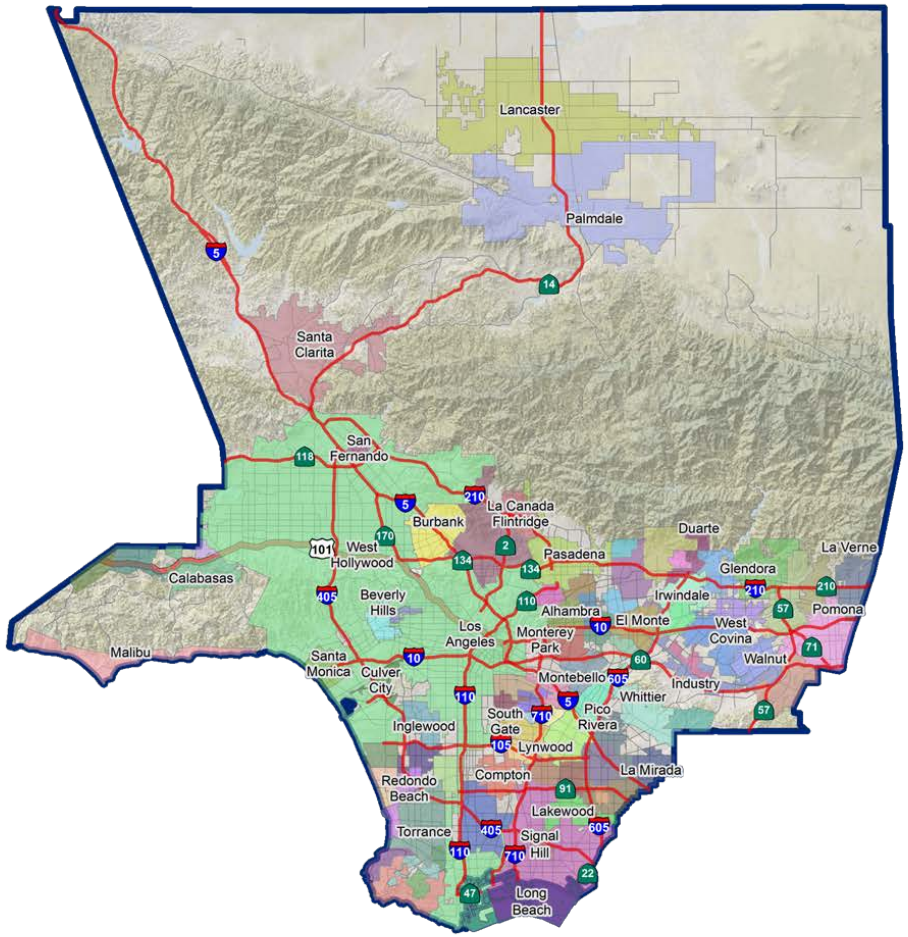
1. Understand how a pay-for-performance fee-for-service payment structure was implemented in Los Angeles County and may be replicated in other jurisdictions.

2. Be familiar with the key elements of the Los Angeles County Medical Care Coordination Program.

3. Understand how the Medical Care Coordination Program supports the National HIV/AIDS Strategy goals.

Los Angeles County

- Most populous county in the U.S.
- Greater population than 42 individual states
- 88 incorporated cities and many unincorporated areas
- One of the most racially/ethnically diverse in the U.S.
- Urban, suburban, and rural areas



Medical Outpatient Fee-for-Service Performance Report (CY 2014)

Division of HIV & STD Programs

AOM: Fee-for-Service Payment Structure

- Nov 2012 to July 2014 – fixed rate of $330.12 per patient visit
- After July 2014, rate based on performance on selected indicators
- Base rate: $284.86 per patient visit (assuming all Core Measures are met)
- If Core Measures are met, additional rate available based on performance on Supplemental Measures

Measures and Benchmarks

Measures based on:

- HRSA HAB Ryan White Performance Measures
- RW Program Client-level Data Elements Requirements (RSR)
- U.S. Public Health HIV Treatment Guidelines
- National HIVQUAL Measures
- Institute for Healthcare Improvement
- Historical performance by local providers

Core Measures

	Measure	Benchmark
1.1	ART for pregnant women	100%
1.2	ART for CD4 <500	95%
1.3	PCP prophylaxis	95%
1.4	Adherence assessment and counseling	95%
1.5	Cervical cancer screen	90%
1.6	Hepatitis C screen	90%
1.7	HIV risk counseling	95%
1.8	Syphilis screen	90%
1.9	Tuberculosis screen	75%
1.10	Patient satisfaction survey response	100%

Supplemental Measures – Part A

	Measure	Service Score	Reimbursement per Measure ($3.03 x service score)	Benchmark
2.1	Chlamydia screen	1	$3.03	90%
2.2	Gonorrhea screen	1	$3.03	90%
2.3	Pneumococcal vaccination	1	$3.03	90%
2.4	Influenza vaccination	1	$3.03	90%
2.5	Hepatitis B screen	2	$6.06	90%
2.6	Substance abuse assessment	3	$9.09	90%
2.7	Mental health assessment	3	$9.09	90%
2.8	Hepatitis B vaccination	3	$9.09	90%
2.9	Tobacco cessation counseling	3	$9.09	90%

Supplemental Measures – Part B

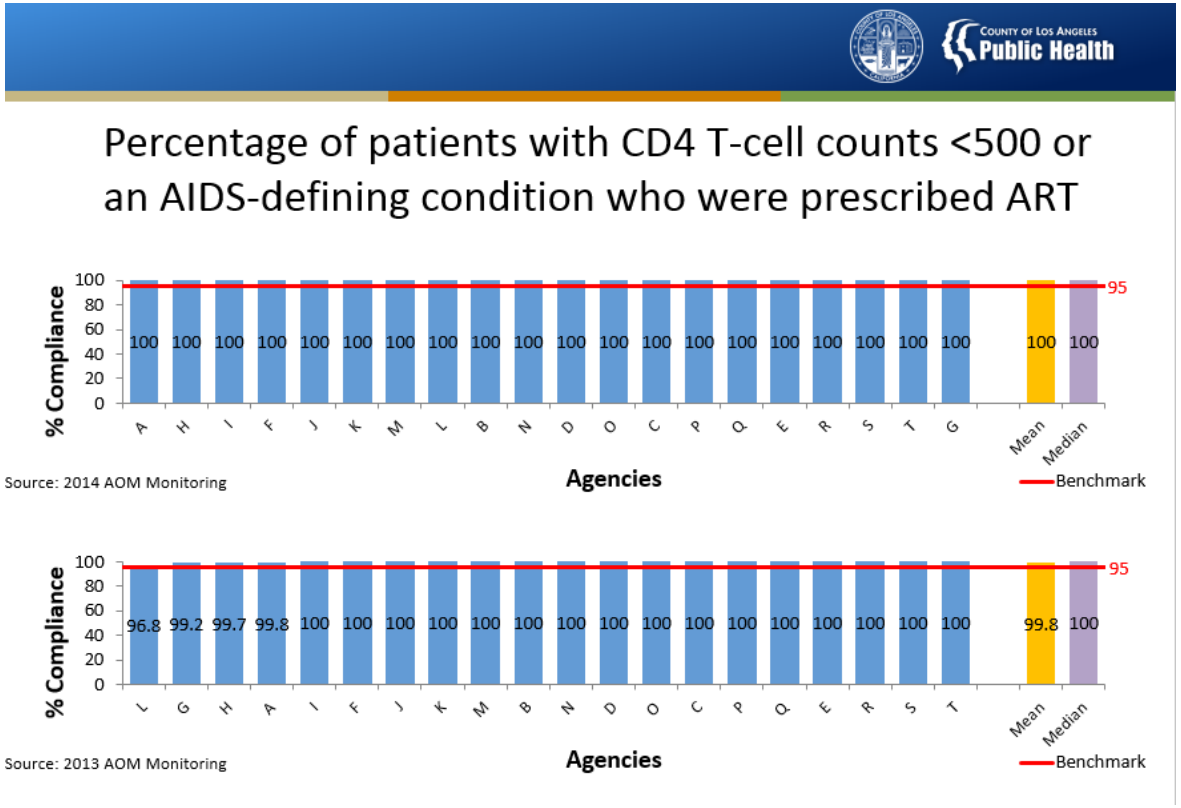
	Measure	Reimbursement per Measure ($3.03 x service score)	Benchmark
2.10	Medical visits	$18.00	90%
2.11	Viral load suppression <200 copies/mL when on ART	$18.00	80%

About the Data

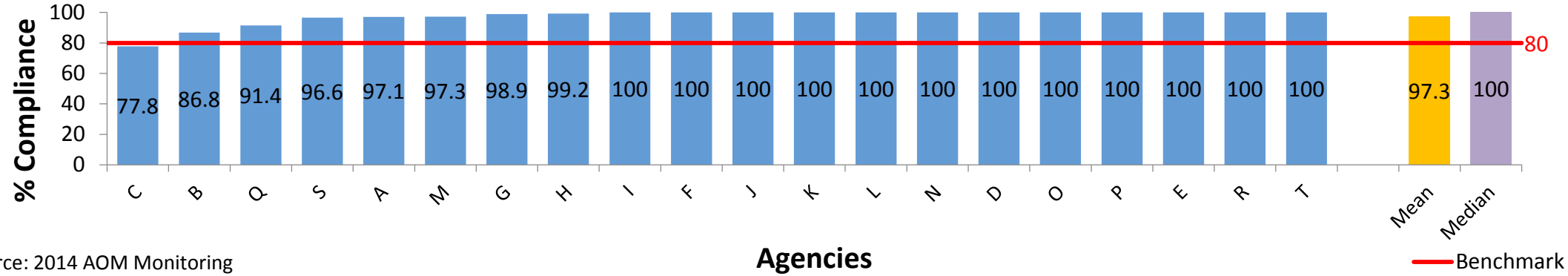
- Onsite review process – conducted in 2015
- Review period – 1/1/2014 to 12/31/2014
- Sampling methodology
  - Sample 1 – included patients who had 2 or more visits with a provider (MD, PA, NP); used for Eligibility, Core & Supplemental Part A measures
  - Sample 2 – included patients who had 1 or more visits with a provider (MD, NP, PA); used for Supplemental Part B measures
- Total number of providers in the sample – 20 (including 5 providers with multiple clinical sites)
- Total number of clinics in the sample - 39

About the Data

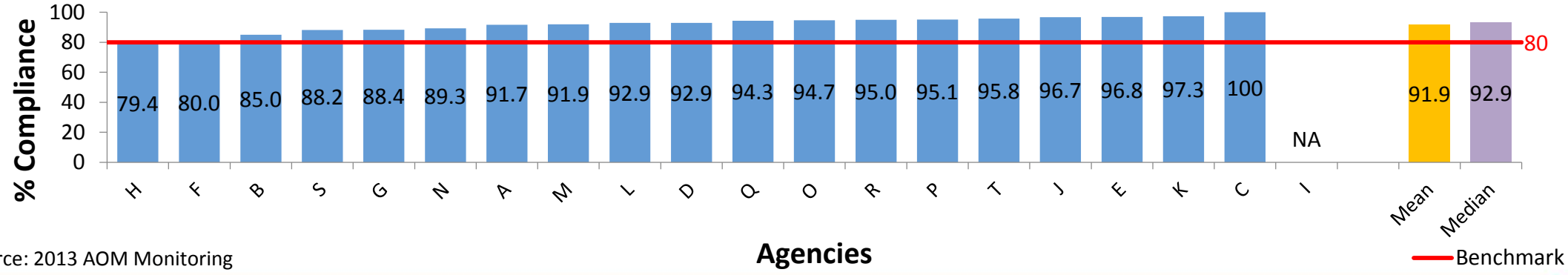
- Total number of patient records reviewed – 2,488
- Sample 1 – 1,212
  Sample 2 – 1,276
- Data analysis and benchmarks



Percentage of patients on ARV therapy 12 weeks or more before last viral load and with at least one viral load test, with the last viral load undetectable or < 200



Source: 2014 AOM Monitoring



Source: 2013 AOM Monitoring

Summary

- 13 out of 20 providers met all 10 core measures
- 5 providers met 9 of 10 core measures
- 1 provider met 8 of 10 core measures
- 1 provider met 7 of 10 core measures

- 10 out of 20 providers met all Part A supplemental measures

- 17 out of 20 providers met all Part B supplemental measures

Improvements in Retention in Care and Viral Suppression: Results from the First Year of the Medical Care Coordination Program in Los Angeles County

Background

58% of 47K PLWHIV in LA County are retained in care

56% have suppressed viral load (<200 copies/mL)

In 2013, the LAC Division of HIV and STD Programs (DHSP) implemented the “Medical Care Coordination” program in its Ryan White (RW)-funded HIV medical homes to identify and manage patients’ medical and psychosocial needs

- Provide clinics with additional support
- Shift from stand alone case management services
- Roll-out coincided with early ACA implementation in CA

Overview of Medical Care Coordination (MCC)

MCC is an **integrated approach** that combines medical and psychosocial support services

Delivered by a clinic-based, **multidisciplinary team**:

- Registered nurse
- Licensed social worker (MSW)
- Case worker (BA/BS)

Patients are assessed to **determine acuity** – level of medical and psychosocial service need

Acuity drives service delivery to support retention in HIV care:

- **Brief interventions:** ART adherence, risk reduction, engagement in care
- **Linked referrals:** Mental health and addiction treatment, housing, partner services

Key MCC Activities

Screen clinic's HIV patient panel to identify patients with poor outcomes

- Not in HIV care (≥6 months)
- Patients not on ART
- On ART with viral load >200 copies/mL
- Diagnosed with an STD in the past 6 months
- Multiple medical and/or psychosocial co-morbidities
- Referred by medical care provider

Assess and identify medical and psychosocial needs at least every 6 months

Link patients with identified need to support services or deliver brief interventions

MCC Assessment and Patient Acuity

Assessment identifies medical and psychosocial factors that may affect patient's health across 12 domains

- Health status
- Quality of Life
- Adherence
- Access to Care
- Housing
- Financial
- Legal/End of Life
- Transportation
- Risk Behaviors
- Alcohol/Drug Use
- Mental health
- Support Systems

Assessment performed at least every 6 months

- Calculates patient acuity
- Guides service plan development and use of interventions
- Intensity of follow-up based on patient acuity

Population

25 RW-funded medical homes managed by 19 agencies in LAC

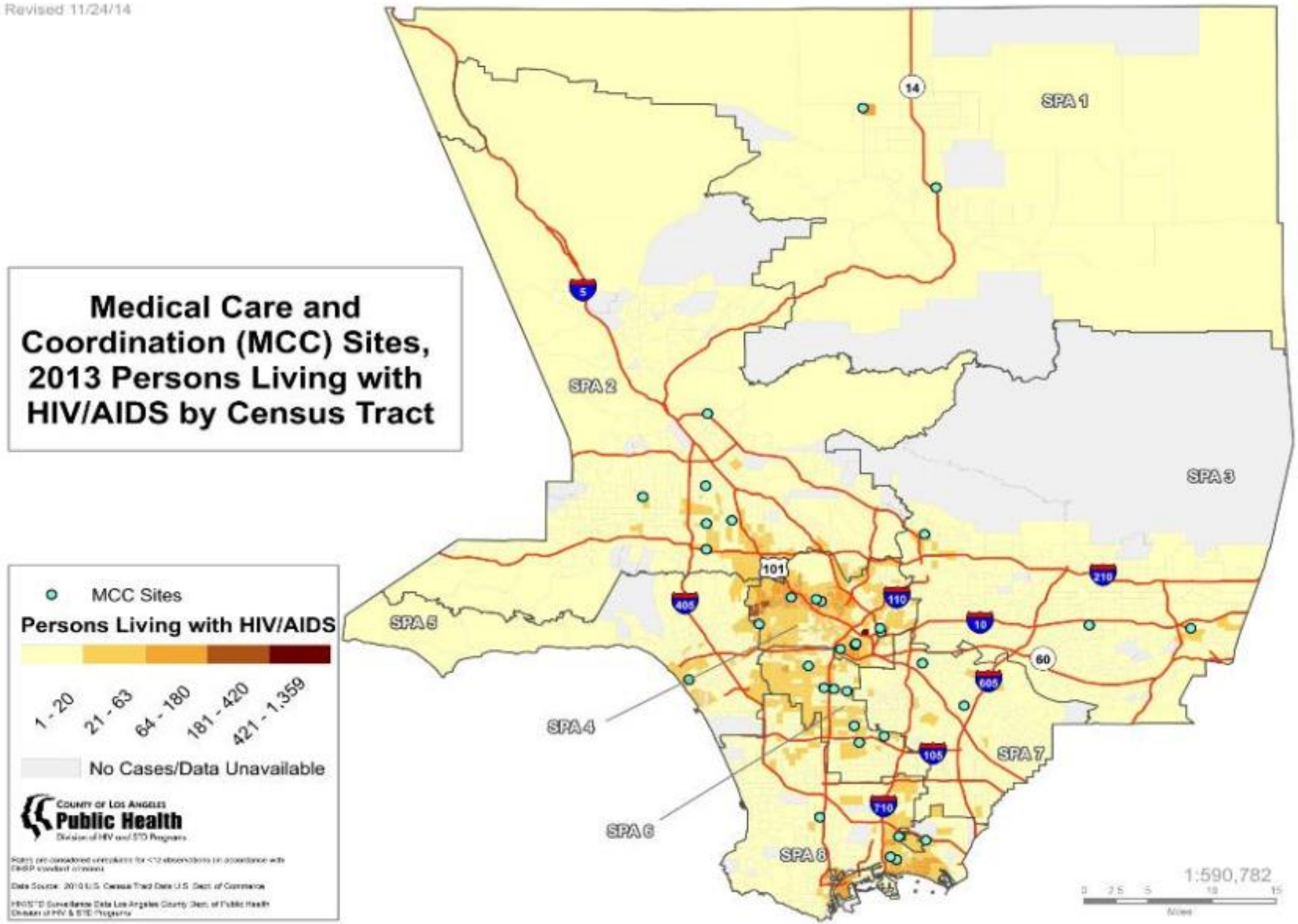
All patients, regardless of insurance status, are eligible for MCC services

1,204 patients enrolled in MCC from January 1, 2013 through December 31, 2013

- Enrolled = an initial assessment reported in DHSP RW data system during the evaluation study period

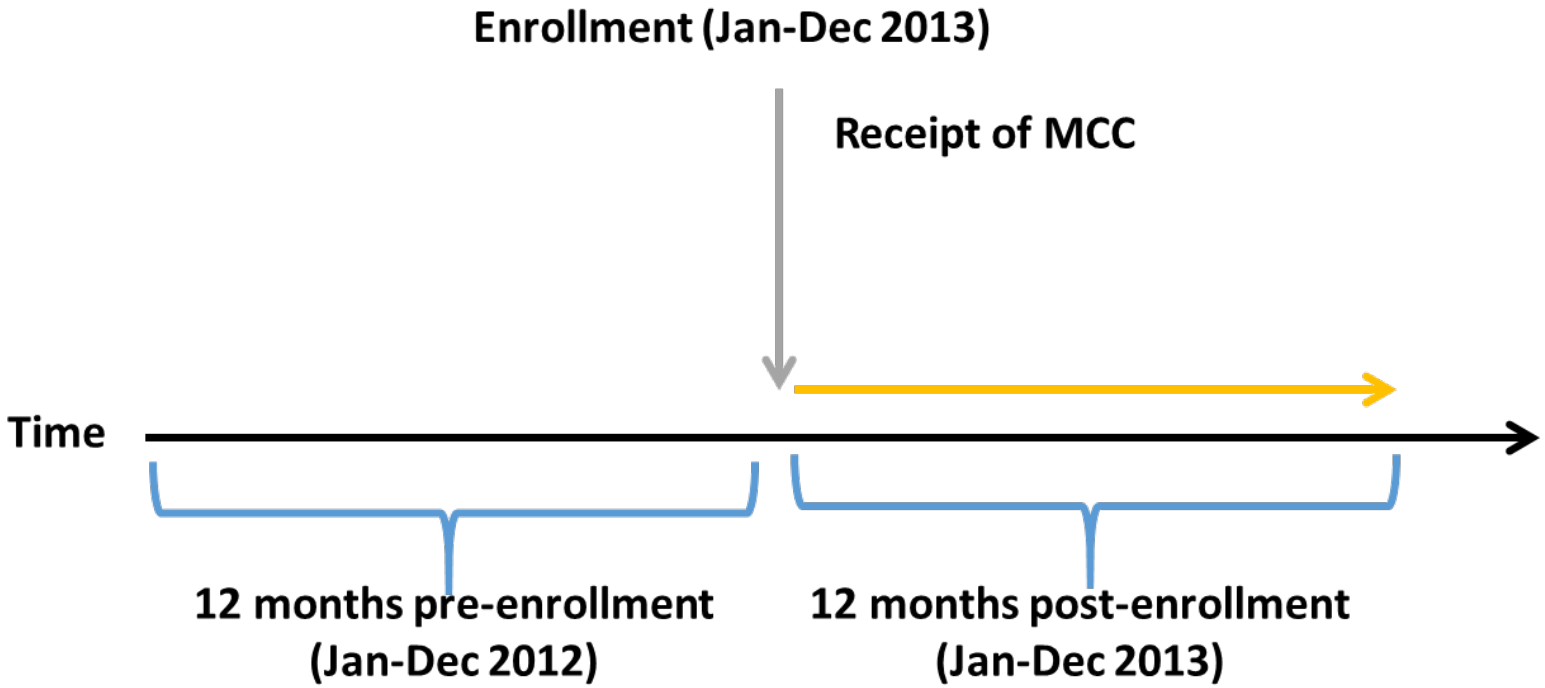
Revised 11/24/14

Medical Care and Coordination (MCC) Sites, 2013 Persons Living with HIV/AIDS by Census Tract



12-Month Evaluation Design

A pre-and post-test design was used to evaluate the impact of MCC on viral suppression and retention after 12 months



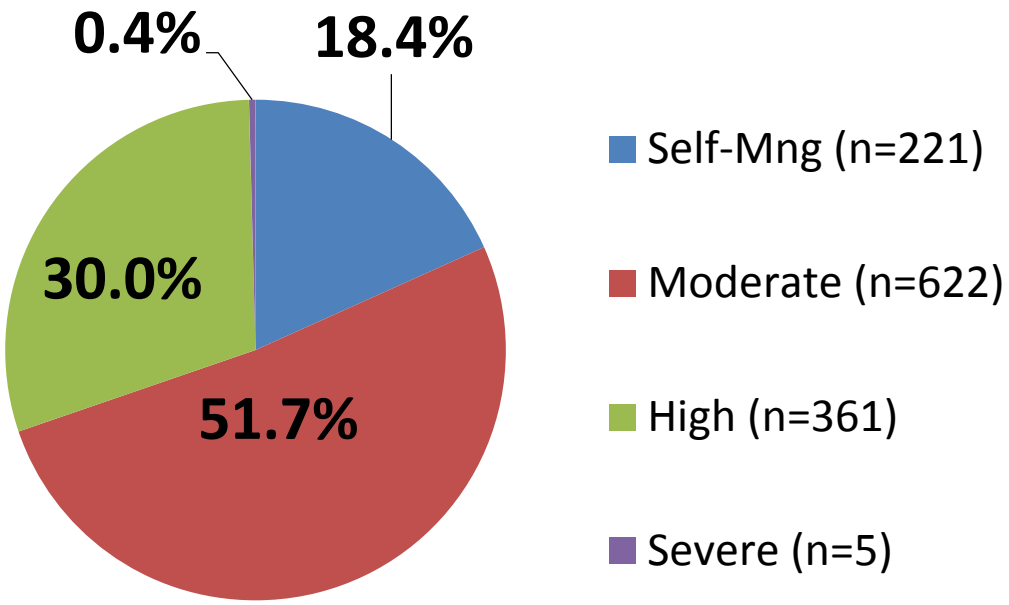
Patient Characteristics at Enrollment (n=1,204)

- **Race[1]:** **49% Latino**, 26% African-American, 21% White, 4% other
- **Gender[1]:** **85% male**, 13% female, 2% transgender
- **Age[1]:** 51% age 40 years and older
- **Income[1]:** **78% at or below federal poverty level**
- **Language[1]:** 23% Spanish-speaking
- **Sexual Risk[1]:** **23% diagnosed with an STD in past 6 months**
- **HIV History and Care[1]:**
  - **7.7 mean years since HIV diagnosis[1] (SD=7.3 years)**
  - **31% most recent viral load <200 copies/mL[2]**
  - **73% currently prescribed ART[1]**
- **Psychosocial[3]**
  - **64% current drug/alcohol use**
  - **40% met screening criteria for depressive disorder (PHQ-9)**

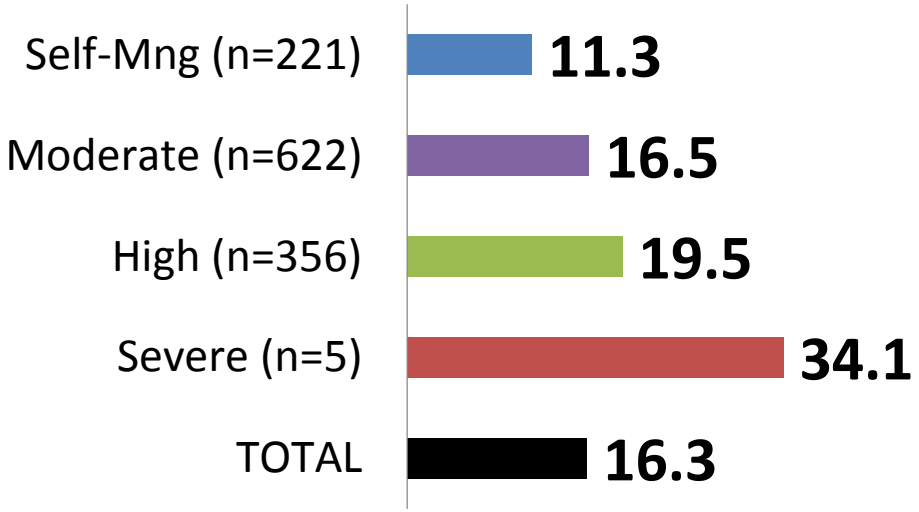
[1]Provider reported; [2]laboratory report [3]patient self-report

Patient Acuity Level and Service Delivery Hours (n=1,204)

Patients by Acuity Level

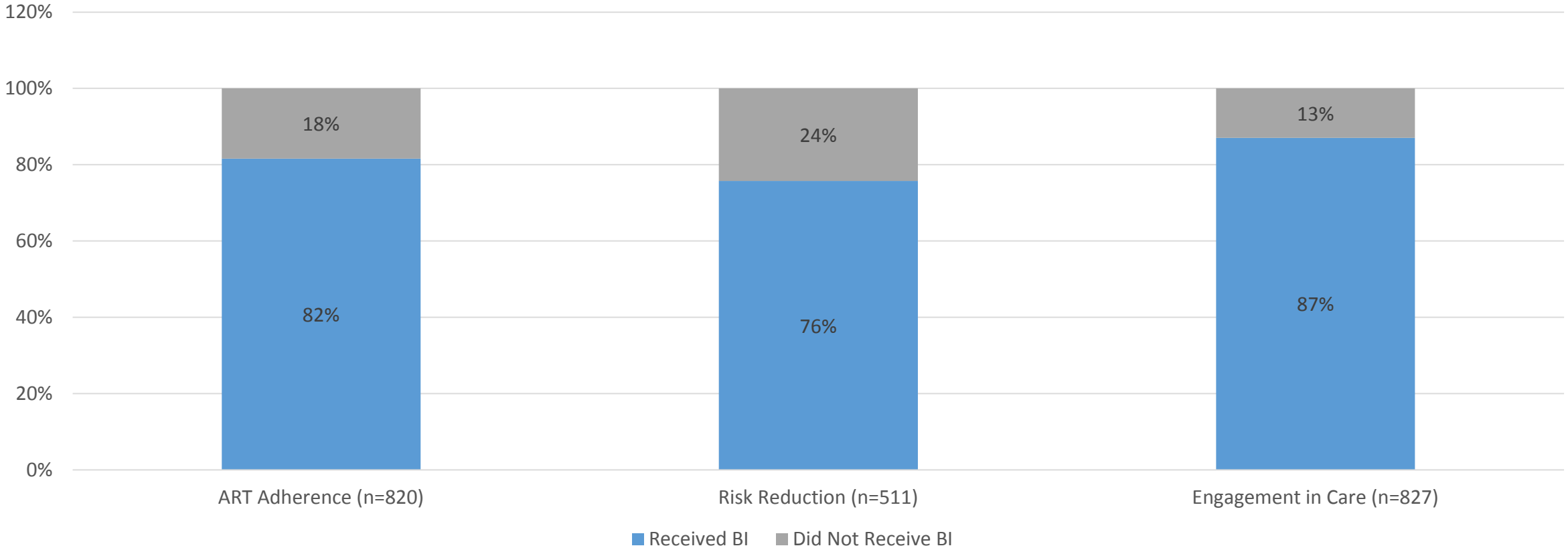


Median Service Hours per Patient by Acuity Level



Data source: *DHSP, Casewatch, Years 23-24 and MCC Assessment, Jan 2013-December 2013*

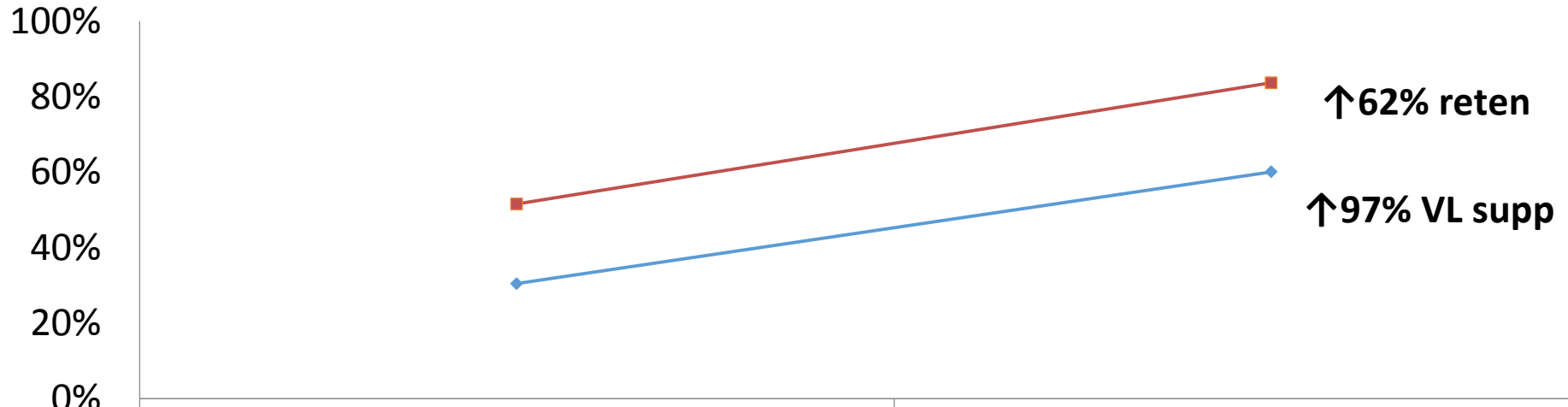
Receipt of Brief Interventions (BI) among Patients with Identified Needs



Data source: *DHSP, Casewatch, Years 23-24 and MCC Assessment, Jan 2013-December 2013*

12-Month Outcomes for All MCC Patients

Changes in Viral Suppression and Retention 12m Pre- and Post-MCC (N=1,204)



	12m Pre-MCC	12m Post-MCC*
Viral Suppression	31%	60%
Retention in Care	52%	84%

Data source: DHSP, Casewatch, Years 22-24; DHSP, HIV Surveillance data 2012-2014, as of March 2015

*Significant difference from Pre- to Post-MCC ($p<0.001$)

12-Month Outcomes for Vulnerable Populations

Transgender (n=26)

- 112% improvement in viral suppression (31% to 65%)*
- 110% improvement in retention (39% to 81%)*

Youth Aged 12-24 (n=125)

- 132% improvement in viral suppression (25% to 58%)*
- 138% improvement in retention (34% to 80%)*

Previously Incarcerated (n=461)

- 73% improvement in viral suppression (32% to 55%)*
- 45% improvement in retention (56% to 81%)*

Homeless at Enrollment (n=110)

- 50% improvement in viral suppression (31% to 65%)*
- 110% improvement in retention (29% to 44%)*

Data source: DHSP, Casewatch, Years 22-24; DHSP, HIV Surveillance data 2012-2014, as of March 2015
*Significant difference from Pre- to Post-MCC ($p<0.01$)

Conclusions

A clinic-based integrated care coordination program improved 12 month retention and viral suppression for all patients, including youth, homeless, previously incarcerated, and transgender persons

MCC is a promising service that can be funded with Ryan White funds to support safety net HIV clinics to address the complex needs of their patients to improve their health outcomes

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MCC Service Guidelines and Assessment available at:
http://publichealth.lacounty.gov/dhsp/MCC.htm