

# **Maximizing HIV/AIDS Resources in SC**

**Preparing for Impact - Severity of Need Index**

# Presentation Details

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- Topic - Preparing for Impact - Severity of Need Index (SONI)

# Severity of Need Index (SONI)... Is Law.

## Ryan White HIV/AIDS Treatment Modernization Act (2006)

- “(2) **MEDICAL OUTCOMES.**—In this subsection, the term ‘medical outcomes’ means those outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.”
- Client-level data“(4) the applicant agrees to submit, every 2 years, to the lead State agency under section 2617(b)(4) audits, consistent with Office of Management and Budget circular A133, regarding funds expended in accordance with this title and shall include necessary client level data to complete unmet need calculations and Statewide coordinated statements of need process.”.
- “(d) **ANNUAL REPORTS.**—If the Secretary fails to submit the severity of need index under subsection (a) in either of fiscal years 2007 or 2008, the Secretary shall prepare and submit to the appropriate committees of Congress a report for such fiscal year—
  - “(1) that updates progress toward having client level data;
  - “(2) that updates the progress toward having a severity of need index, including information related to the methodology and process for obtaining community input; and
  - “(3) that, as applicable, states whether the Secretary could develop a severity of need index before fiscal year 2009.





# HIV/AIDS Treatment Modernization Act 2006

## Provides Details of SONI Requirements

- 2006 - Ryan White HIV/AIDS Treatment Modernization Act of 2006
- Section 2687. SEVERITY OF NEED INDEX
- (a) **Development of Index-** Not later than September 30, 2008, the Secretary shall develop and submit to the appropriate committees of Congress a severity of need index in accordance with subsection (c).
- (b) **Definition of Severity of Need Index-** In this section, the term `severity of need index' means the index of the relative needs of individuals within a State or area, as identified by a number of different factors, and is a factor or set of factors that is multiplied by the number of living HIV/AIDS cases in a State or area, providing different weights to those cases based on needs. Such factors or set of factors may be different for different components of the provisions under this title.
- (c) **Requirements for Secretarial Submission-** When the Secretary submits to the appropriate committees of Congress the severity of need index under subsection (a), the Secretary shall provide the following:
  - (1) Methodology for and rationale behind developing the severity of need index, including information related to the field testing of the severity of need index.
  - (2) An independent contractor analysis of activities carried out under paragraph (1).
  - (3) Information regarding the process by which the Secretary received community input regarding the application and development of the severity of need index.

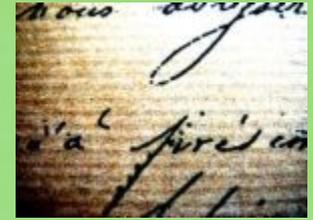


# Severity of Need Index... Background.

<http://hab.hrsa.gov/severityofneed/theindex/index.htm>

- Ryan White currently receives most HIV/AIDS funding. Yet, Medicaid and Medicare serve HIV/AIDS too.
- SON Index quantifies severity of need for Ryan White HIV/AIDS funds.
- SON Collaboration was convened by HRSA/HAB in 2005 .
- Goal - Create an open and transparent process in the development of the SON Index.
- 2005 – HRSA Focuses on Part A.
- \* Implementation of the finalized SON Index occurs in time for its possible use in fiscal year 2009.

# SONI - The Impact (Reauthorization 2006 Language)



- Section 2620(b). SUPPLEMENTAL GRANTS. [Part B]
- **Demonstrated Need-** The factors considered by the Secretary in determining whether an eligible area has a demonstrated need for purposes of subsection (a)(1) may include any or all of the following:
  - (1) The unmet need for such services, as determined under section 2617(b).
  - (2) An increasing need for HIV/AIDS-related services, including relative rates of increase in the number of cases of HIV/AIDS.
  - (3) The relative rates of increase in the number of cases of HIV/AIDS within new or emerging subpopulations.
  - (4) The current prevalence of HIV/AIDS.
  - (5) Relevant factors related to the cost and complexity of delivering health care to individuals with HIV/AIDS in the eligible area.
  - (6) The impact of co-morbid factors, including co-occurring conditions, determined relevant by the Secretary.
  - (7) The prevalence of homelessness.
  - (8) The prevalence of individuals described under section 2602(b)(2)(M).
  - (9) The relevant factors that limit access to health care, including geographic variation, adequacy of health insurance coverage, and language barriers.
  - (10) The impact of a *decline in the amount received pursuant* to section 2618 on services available to all individuals with HIV/AIDS identified and eligible under this title.

# Severity of Need... Focus on Medical Care and Treatment (Medications)

- HRSA/HAB defines “severity of need” as:
- “...the degree to which providing **primary medical care to people with HIV disease** in any given area is more complicated and costly than in other areas based on a combination of the adverse health and socioeconomic circumstances of the populations to be served”



# HRSA Defined Medical Care:



- CORE SERVICES

- Service categories:

- a. *Outpatient/Ambulatory medical care (health services)* is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). *Primary medical care* for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. **NOTE: Early Intervention Services provided by Ryan White Part C and Part D Programs should be included here under Outpatient/ Ambulatory medical care.**

# Severity of Need... The Logic.



Severity of Need =  
(Disease Burden) x (Cost of Care) – (Available Resources)

## Core Components

1. **Cases** - Need is direct function of the number of people who require care
2. **Federal Insurance Reduction** - Federal government already pays a portion of HIV/AIDS costs through Medicare and Medicaid
3. **Regional Costs** - The cost of medical services varies across jurisdictions
4. **Poverty** - Areas with high poverty may have inadequate infrastructure for HIV/AIDS care.
5. **Death Rate among People with AIDS** - Direct indicator of higher need  
OMB PART performance measure
6. **Prevalence Rate** - Areas with high prevalence rate shoulder a disproportionate burden per uninfected person

# SONI - The Finalized Formula



$$\left\{ \left( \begin{array}{l} \text{Total} \\ \text{Cases} \end{array} - \begin{array}{l} \text{Federal} \\ \text{Insurance} \\ \text{Reduction} \end{array} \right) \times \begin{array}{l} \text{Geographic} \\ \text{Cost} \\ \text{Index} \end{array} \right\} + \left\{ \begin{array}{l} \text{Indirect Measures of Need} \\ \bullet \text{ Prevalence rate} \\ \bullet \% \text{ population } < 100\% \text{ FPL} \\ \bullet \text{ Death among people} \\ \text{diagnosed with AIDS over} \\ \text{past 5 years} / \text{average \#} \\ \text{reported living with AIDS} \\ \text{over past 5 years} \end{array} \right\}$$

## Direct Adjustment

- Impact on costs can be enumerated

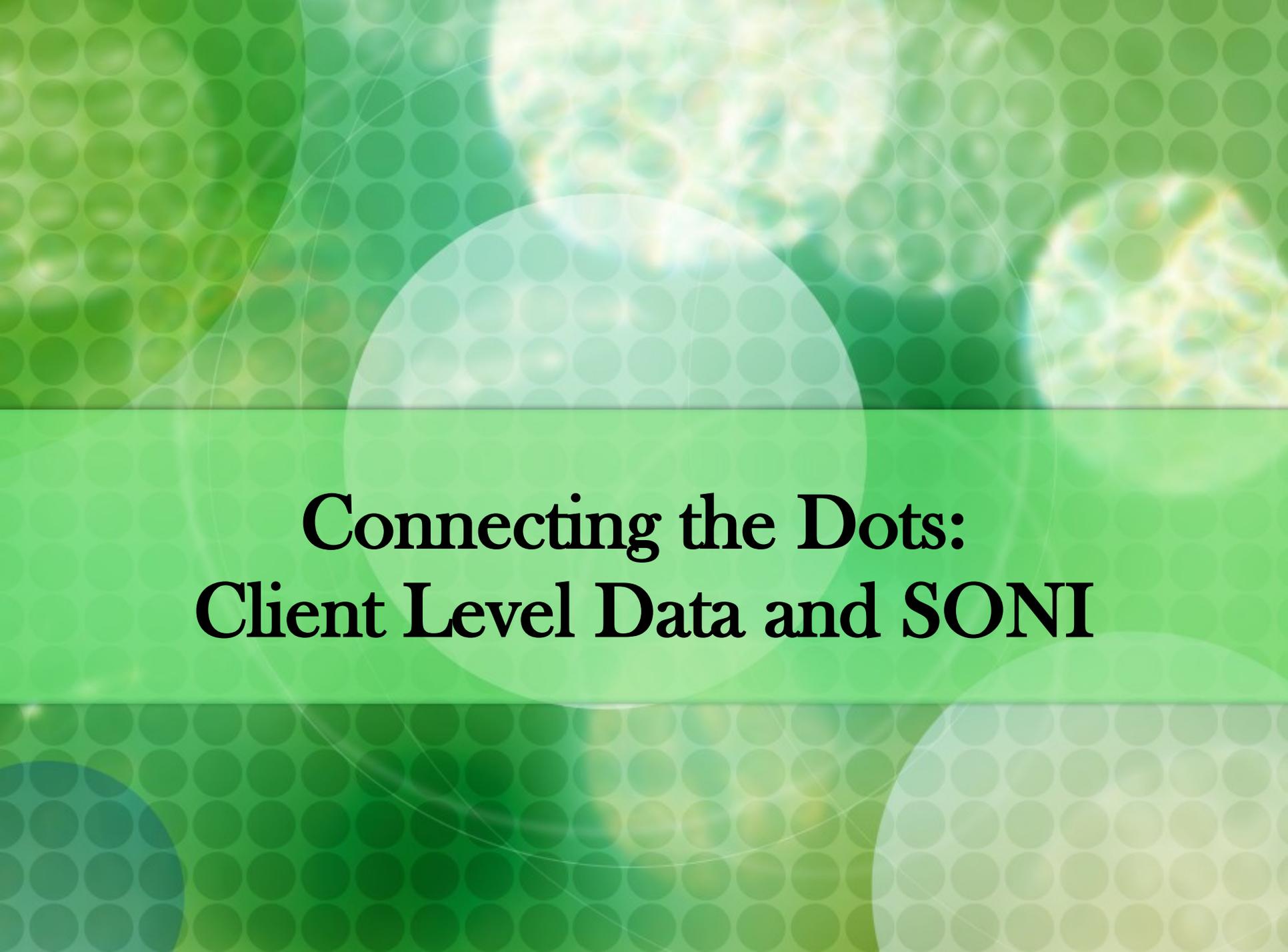
## Indirect Adjustment

- Impact on costs is expected but not directly estimated

### Algorithm:

Direct - The direct adjustment is estimated as [Total cases – Federal insurance reduction] x Geographic costs index.

Indirect - estimated as a standardized weighted function of the death rate, the poverty rate, and the prevalence rate multiplied times total cases.



# **Connecting the Dots: Client Level Data and SONI**

# HRSA Client Level Data

## Data Elements for Client-level Data Export (Submitted to OMB)

A client report must be submitted by all agencies that provide services directly to clients. This document outlines the data fields that will be submitted in the XML file. The client report will contain one de-identified record for each client who received a Ryan White HIV/AIDS Program-funded core medical service or support service during the reporting period.

The data elements reported per client will depend upon the specific RWHAP-funded service(s) the client received at the agency. HAB used the Privacy Rule's safe-harbor method of de-identification as a guide when determining the client level data elements to be reported by Ryan White Program service providers. The information being reported in the selected client level data elements cannot be used alone or in combination to re-identify specific Ryan White clients. For detailed information about these data elements and reporting client-level data, refer to "The Client Report" section in the RSR Instruction Manual.

*Note:* For the first two RSR reporting periods (January–June 2009 and January–December 2009), only service providers receiving RWHAP funds to provide outpatient/ambulatory medical care and/or case management services (medical or non-medical) will be required to submit a Client Report.

Field #	Variable Description	Coding	Reportable <sup>1</sup>
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# Very Important - What are “Cases”?



Field #	Variable Description	Coding	Rationale <sup>1</sup>
<b>Core Services:</b> Only report data for the services your agency has been funded to provide.			
16.	Outpatient ambulatory health services	Number of visits <u>in each quarter of reporting period</u> — —	Accountability, use of funds 2006 Ryan White Legislation requirement  Necessary for performance measures relevant to number of visits as required for: <ul style="list-style-type: none"> <li>• GPRA</li> <li>• PART</li> <li>• HAB Core Clinical performance measures Group 1</li> </ul>
24.	Medical case management (including treatment adherence)	Number of visits <u>in each quarter of reporting period</u> — —	Accountability, use of funds 2006 Ryan White Legislation requirement
36.	Received Linguistic services <u>each quarter during this reporting period</u>	Yes No Unknown — —	Accountability, use of funds 2006 Ryan White Legislation requirement

# More Service Detail within Cases



37.	Received Transportation services <u>each quarter during this reporting period</u>	Yes No Unknown — —	Accountability, use of funds 2006 Ryan White Legislation requirement
38.	Received Outreach services <u>each quarter during this reporting period</u>	Yes No Unknown — —	Accountability, use of funds 2006 Ryan White Legislation requirement
41.	Received Referral for health care/supportive services <u>each quarter during this reporting period</u>	Yes No Unknown — —	Accountability, use of funds 2006 Ryan White Legislation requirement
27.	Was Health Insurance Program (HIP) funding provided for this client <u>each quarter during this reporting period?</u>	Yes No Unknown — —	Accountability, use of funds 2006 Ryan White Legislation requirement

# HRSA Measures PHS in Client Level Data



**Clinical information:**  
 Outpatient/ambulatory medical care providers should report clinical data for HIV-positive and indeterminate clients only.

46.	Was HIV risk reduction screening/counseling provided to this client <u>during this reporting period</u> ?	Yes No Unknown  _____	2006 Ryan White Legislation requirement  Necessary for all performance measures relevant to new clients as required for: <ul style="list-style-type: none"> <li>• GPRA</li> <li>• HAB Core Clinical performance measures Group 1</li> </ul>
47.	Date of the client's <u>first outpatient /ambulatory care visit</u> at this provider agency	____/____/____ MM/DD/YYYY (If only month and year are known, enter "01" as the day.)  Unknown	2006 Ryan White Legislation requirement  Necessary for all performance measures relevant to medical visits as required for: <ul style="list-style-type: none"> <li>• GPRA</li> <li>• PART</li> <li>• HAB Core Clinical performance measures Group 1</li> </ul>
48.	List <u>all the dates</u> of the client's outpatient ambulatory care visits in this provider's HIV care setting with a clinical care provider <u>during this reporting period</u> .	____/____/____ MM/DD/YYYY	Necessary for performance measures relevant to number of visits as required for: <ul style="list-style-type: none"> <li>• GPRA</li> <li>• PART</li> <li>• HAB Core Clinical performance measures Group 1</li> </ul>

# HRSA Measures Medical Outcomes in Client Level Data

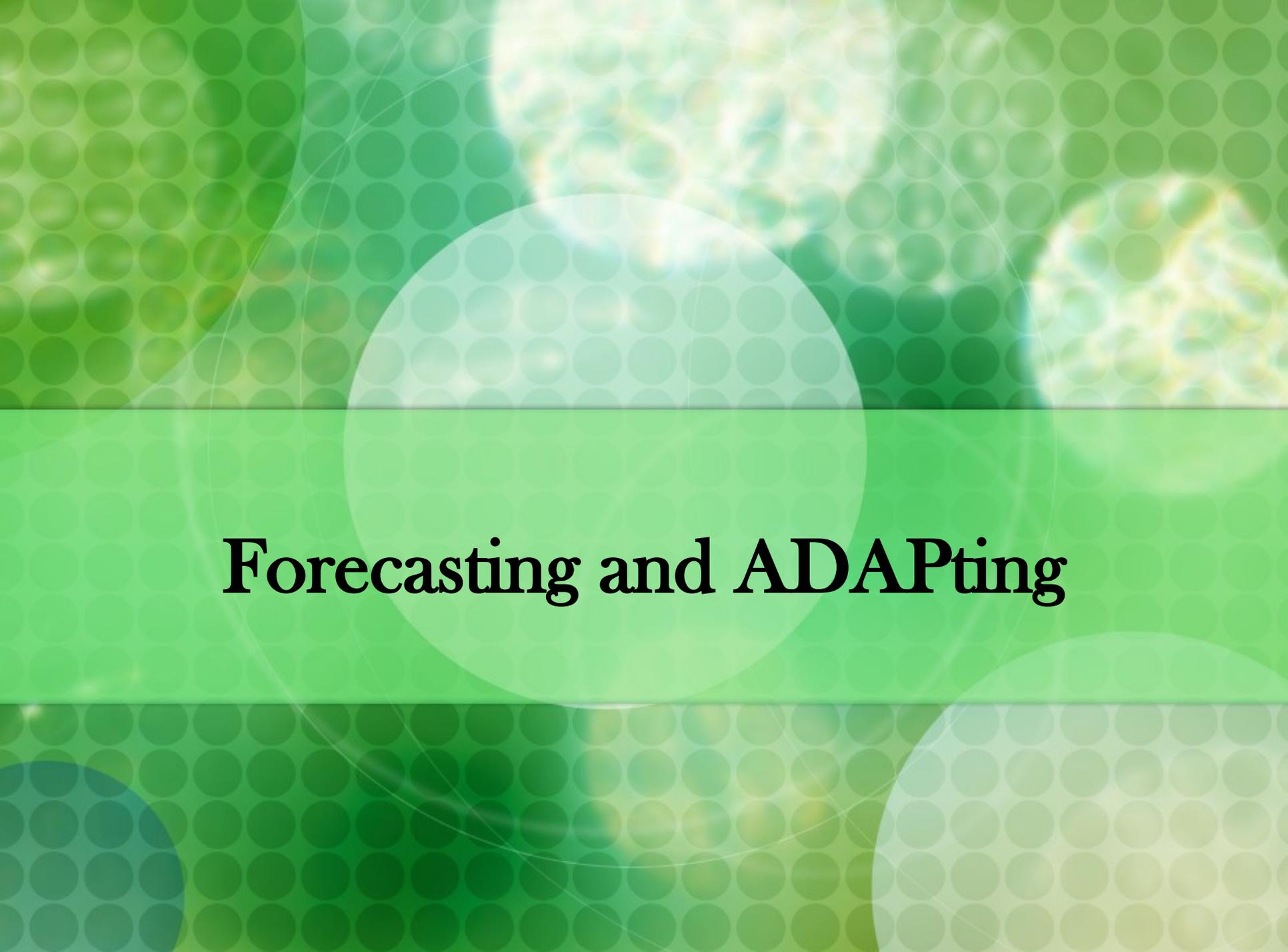


49.	Report all CD4 counts and their dates for this client <u>during this report period.</u>	Value ____ Date __/__/____ MM/DD/YYYY	Necessary for performance measures relevant to number of visits for care as required for: <ul style="list-style-type: none"> <li>• GPRA</li> <li>• PART</li> <li>• HAB Core Clinical performance measures Group 1</li> </ul>
Field #	Variable Description	Coding	Rationale <sup>1</sup>
50.	Report all Viral Load counts and their dates for this client <u>during this report period</u>	Value ____ Date __/__/____ MM/DD/YYYY	Necessary for performance measures relevant to number of visits for care as required for: <ul style="list-style-type: none"> <li>• GPRA</li> <li>• PART</li> <li>• HAB Core Clinical performance measures Group</li> </ul>

# CLD Examines Access to Medications and *ALL* PHS Standards



51.	<p>Was the client prescribed PCP prophylaxis at any time <u>during this reporting period</u>?</p>	<p>Yes                  No                  Not medically indicated                  No, client refused                  Unknown</p>	<p>Necessary for performance measures relevant to PCP prophylaxis screening as required for:</p> <ul style="list-style-type: none"> <li>• GPRA</li> <li>• HAB Core Clinical performance measures Group 1</li> </ul>
52.	<p>Was the client prescribed HAART at any time <u>during this reporting period</u>?</p> 	<p>Yes                  No, not medically indicated                  No, not ready (as determined by clinician)                  No, client refused                  No, intolerance, side-effect, toxicity                  No, HAART payment assistance unavailable                  No, other reason                  Unknown</p>	<p>Necessary for performance measures relevant to client's HAART status as required in:</p> <ul style="list-style-type: none"> <li>• GPRA</li> <li>• PART</li> <li>• HAB Core Clinical performance measures Group 1</li> </ul>
53.	<p>Was the client screened for TB <u>during this reporting period</u>?</p>	<p>Yes                  No                  Not medically indicated                  Unknown</p>	<p>Necessary for performance measures relevant to TB screening as required for:</p> <ul style="list-style-type: none"> <li>• GPRA</li> </ul>



# Forecasting and ADAPting

# Process of Preparation:



- Paying *Acute* Attention to Data Entry:
  - Standardize Visit and RW Service Definitions:
    - E.g. a letter is not a visit
  - Medical Case Management\*
  - Quarterly visit assurance
- Conducting Mid-year analysis
  - Demonstrate true gaps in services (Enhanced Referral Tracking)
  - Examine SC Statewide Un-duplicated Data (SC QM)
  - HRSA Preparation - Client-level Data with RW funded services **ONLY** (Funded Scope 02) - See Next slide
- Meshing Data from Various Sources to Sample Compute SONI:
  - Statewide quality analysis
  - Defining costs of care
  - Defining costs of treatment
  - Defining optimal case load size to provide effective Treatment Adherence and other HIV Improved Outcomes

# What is the Ryan White (RW) Funded Scope?



- Report **ONLY** Visits Paid by RW Dollars:
  - RW Program Dollars where visits count in RSR – Client Level Data
    - RW Parts A- D
    - Minority AIDS Initiative
  - Program Dollars that **DO NOT** count in RSR – Client Level Data
    - Medicare, Medicaid, Private Insurance, SC ADAP
    - CDC Prevention
    - United Way
    - Unrestricted
    - HOPWA

# Documenting Visits in the Funded Scope



- Scenario: Client with Medicaid comes in for Medical Care.  
Cost of Visit is \$150. Medicaid reimburses \$100.
- Enter data with two (2) Services Provided:
  - Medical Care Visit Kept - Funding Medicaid - \$100
  - Medical Care Visit Kept - Funding RW - \$50.00

# Things we are doing in SC:



- Solidifying service and visit categorization
  - Nurse Visits vs. Clinical Nurse Specialist Visits
  - Labwork as Medical Care Visit vs. Visit with Specified Provider
- Simplifying/Enhancing Outcome Measurement
  - Referral form in PE
  - Action Plan enhancement to demonstrate that Medical Case Management improves health outcomes
- Standardizing units
  - Allows SC Part B to summarize service units across providers
- Providing data quality Technical Assistance, particularly Medical Care
- SC ADAP Retention Reporting and Real-time Refill History Posting in PE for Providers and Case Managers

# What can SC Part B Peer Review Do? Convert DATA into *Information*...

**PLANNING** – Planning - planning.

- Analyze Statewide Part B Data
- Analyze Statewide All Parts Data (SC QM)
- Analyze HIV/AIDS Data from Medicaid (Request data)
- Analyze Health Outcomes; Correlate improved treatment adherence to Medical Case Management (CM)
- Define cost of Medical Care
- Revise SC CM Standards & Determine Optimal Caseload Size
- Enhance SC ADAP Data Collection and Collaboration
- Determine data needs from Provide Enterprise & other sources



# Narrowing the Focus: Part 1



- Cost of Medical Care
- Each site should work with SC DHEC to:
  - Define ALL Services by Payer Source
  - Enter data with cost information
  - Strategic Technical Assistance to narrow gaps in service to 3 categories:
    - Provided but not electronically documented
    - Electronically documented by system not seeing it
    - Gap in Service

# Narrowing the Focus Part 2:



- Focus on Medical Case Management (MCM)
  - MCM are not Medicare and Medicaid focused services
  - Cannot be reduced by Federal Insurance Reduction (SONI)
  - Synchronize CM Standards with RSR-CLD
  - Define optimal Caseload size to achieve improved outcomes
  - Maintain *quarterly contact with clients*
  - Tracking Referrals



# Narrowing the Focus Part 3:

- Importance of Linguistic Services and Emerging Population
  - SONI allows for areas with specialized populations and needs
- Enhanced SC ADAP Data Collection and Collaboration
  - Use SC ADAP data to demonstrate access to and adherence to HIV/AIDS Regimen

# Links and Resources - SONI

- HIV/AIDS Treatment Modernization Act

- Severity of Need Overview

<http://hab.hrsa.gov/severityofneed/>

- Severity of Need - Detailed (HRSA 8/2008)

[http://hab.hrsa.gov/severityofneed/materials/measuring\\_son\\_fil](http://hab.hrsa.gov/severityofneed/materials/measuring_son_fil)  
and

<http://www.ryanwhite2008.com/PDF/QED-898-HartTue1000I>

- Statewide Aggregate Data

<http://www.statehealthfacts.org>

[http://healthyamericans.org/states/states.php?  
measure=hrsaaids](http://healthyamericans.org/states/states.php?measure=hrsaaids)



# Links and Resources - Client Level Data and Performance

- HRSA Client Level Data

<http://www.scdhec.gov/health/disease/stdhiv/rwpartb.htm>

- HAB Performance Measures

<http://hab.hrsa.gov/special/habmeasures.htm#performance1>