Discussion Points

- In+Care Campaign
- Performance Measurement Module (PMM)
- Data Trends
  - Part B
  - Part C (Presented by Aaron O’Brien)
  - Part D
NQC: In+Care Campaign

South Carolina Ryan White All Parts Meeting
In+Care Campaign

- The Health Resources and Services Administration HIV/AIDS Bureau together with the National Quality Center (NQC) have teamed up on a national retention campaign.
- A campaign where you can have an immediate impact over the health and well-being of your HIV patients.
- Focuses on the simple idea that when patients stay in care they get the services that they need, leading to healthier people and stronger communities.
In+Care Campaign Participants

465 Providers

445,429 Patients
In+Care Campaign

- **Measure 1: Gap**
  - % of HIV patients, regardless of age, who did not have a medical visit with a provider with prescribing privileges in the last 180 days of the measurement year

- **Measure 2: Visit Frequency**
  - % of HIV patients, regardless of age, who had at least one medical visit with a provider with prescribing privileges in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits

- **Measure 3: New Patient**
  - % of HIV patients, regardless of age, who were newly enrolled with a medical provider with prescribing privileges who had a medical visit in each of the 4-month periods in the measurement year

- **Measure 4: Viral Suppression**
  - % of HIV patients, regardless of age, with a viral load less than 200/copies/mL at last VL test during the measurement year
In+Care Results: South Carolina

All Measures Trended by Reporting Period

- Gap: Decreased from December to October.
- Med Visit Frequency: Increased from February to October.
- Newly Enrolled: Increased from June to October.
- VL Supp: Increased from August to October.
In+Care Results: South Carolina

Gap Measure Trended With Benchmarks
In+Care Results: South Carolina

Med Visit Frequency Trended by Participant Compared to Benchmarks

- natl top 10%
- natl mean
- February
- April
- June
- August
- October
- 2012

Participants: A, B, C, D, E, H, I, J, K
In+Care Results: South Carolina

Viral Load Measure Trended With Benchmarks

2011-2012
In+Care Campaign

Benefits include:

- National real-time benchmarking data on key retention measures available for all participating agencies
- Take advantage from successes of your peers and share your best practices with them
- Alignment of organizational goals with the National HIV/AIDS Strategy
- Improved quality management competency
Performance Measurement Module (PMM)

South Carolina Ryan White All Parts Meeting
PMM

- Reporting tool in the existing Ryan White Services Report (RSR) online database.
- Allow providers to enter aggregate data regarding the HIV/AIDS Bureau (HAB) Performance Measures.
- Providers will be able to obtain reports that compare their performance regionally (by Public Health Service Regions) and nationally.
- The database will only be able to compare performance with those providers that submit data in the database.

- Due to reporting concerns, Part B participation is not required this year (2012).
- Providers will be able to submit CY 2012 data (January 1-December 31) during the initial 2013 PMM reporting period, March 1, 2013 – March 31, 2013.
# PMM Comparison and Contrast


<table>
<thead>
<tr>
<th>Category</th>
<th>HIV Performance Measures Module</th>
<th>HAB Performance Measures Report for Ryan White funded services, only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Measures Definition</td>
<td>HAB Performance Measures</td>
<td>HAB Performance Measures</td>
</tr>
<tr>
<td>Level of measurement</td>
<td>Aggregate-level</td>
<td>Client-level</td>
</tr>
<tr>
<td>Reporting Requirements</td>
<td>Voluntary</td>
<td>Mandatory as prescribed by Ryan White legislation</td>
</tr>
<tr>
<td>Purpose</td>
<td>To obtain data for the national measurement endorsement process (through the National Quality Forum) which will inform CMS’s electronic health record meaningful use program and its quality incentive payments</td>
<td>As required by the Ryan White Program legislative mandate and to assure the provision of high quality HIV care and treatment services to Ryan White clients</td>
</tr>
<tr>
<td>Rationale for measurement</td>
<td>HIV Guidelines for the provision of HIV care and treatment services</td>
<td>HHS Guidelines for the provision of HIV care and treatment services</td>
</tr>
<tr>
<td>Population Covered</td>
<td>All clients receiving HIV care and treatment services</td>
<td>Ryan White clients receiving HIV care and treatment services</td>
</tr>
<tr>
<td>Services Included</td>
<td>All services regardless of funding source</td>
<td>All Ryan White funded services</td>
</tr>
<tr>
<td>Data Submission System</td>
<td>A module of the HIV/AIDS Bureau’s RSR reporting system</td>
<td>RSR reporting system accessible through HRSA’s Electronic Handbook</td>
</tr>
<tr>
<td>Data Source</td>
<td>A manual data entry into the module</td>
<td>Each provider’s client level data upload into the RSR to generate a report</td>
</tr>
</tbody>
</table>
Ryan White Part B Data Trends

South Carolina Ryan White All Parts Meeting
Ryan White Part B: Gender Summary

- Male: 65.52%
- Female: 34.10%
- Transgender: 0.38%

N=9,957
Information based on 2011 Part B RDR
Ryan White Part B: Age Categories

Information based on 2011 Part B RDR

N=9,957

- <2: 0.16%
- 2-12yr: 0.06%
- 13-24yr: 6.11%
- 25-44yr: 41.33%
- 45-64yr: 49.19%
- 65+: 3.15%
**Ryan White Part B Summary: 2009-2011**

Data based on 2011 Clinical Report Cards

<table>
<thead>
<tr>
<th>Service</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Service</td>
<td>73.30</td>
<td>72.03</td>
<td>73.10</td>
<td>90.00</td>
</tr>
<tr>
<td>At least 1 CD4 and VL</td>
<td>95.30</td>
<td>96.55</td>
<td>96.87</td>
<td>90.00</td>
</tr>
<tr>
<td>2 or more CD4s and VLs</td>
<td>55.74</td>
<td>63.27</td>
<td>82.68</td>
<td>90.00</td>
</tr>
<tr>
<td>CD4 &lt; 50, prescribed MAC</td>
<td>24.01</td>
<td>52.84</td>
<td>73.29</td>
<td>95.00</td>
</tr>
<tr>
<td>MAC Prophylaxis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD4 &lt; 200, prescribed PCP</td>
<td>37.79</td>
<td>53.39</td>
<td>67.94</td>
<td>95.00</td>
</tr>
<tr>
<td>Prophylaxis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB Screening</td>
<td>42.91</td>
<td>37.89</td>
<td>53.37</td>
<td>50.00</td>
</tr>
<tr>
<td>Syphilis Screening</td>
<td>68.12</td>
<td>64.00</td>
<td>63.82</td>
<td>90.00</td>
</tr>
<tr>
<td>Hepatitis C Screening</td>
<td>44.63</td>
<td>42.13</td>
<td>66.10</td>
<td>95.00</td>
</tr>
<tr>
<td>PAP Smears</td>
<td></td>
<td></td>
<td></td>
<td>90.00</td>
</tr>
</tbody>
</table>
Ryan White Part B: CD4s and VLs

At least 1 CD4 and VL
- 2009: 95.30%
- 2010: 96.55%
- 2011: 96.87%

2 or more CD4s and VLs
- 2009: 55.74%
- 2010: 63.27%
- 2011: 82.68%
CD4 < 50, prescribed MAC Prophylaxis

Ryan White Part B: MAC Prophylaxis

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>24.01</td>
</tr>
<tr>
<td>2010</td>
<td>52.84</td>
</tr>
<tr>
<td>2011</td>
<td>73.29</td>
</tr>
</tbody>
</table>
Ryan White Part B: PCP Prophylaxis

CD4 < 200, prescribed PCP Prophylaxis

- 2009: 37.79%
- 2010: 53.39%
- 2011: 67.94%
Ryan White Part B: Tuberculosis and Syphilis Screenings

<table>
<thead>
<tr>
<th>Year</th>
<th>TB Screening</th>
<th>Syphilis Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>42.91</td>
<td>68.12</td>
</tr>
<tr>
<td>2010</td>
<td>37.89</td>
<td>64.00</td>
</tr>
<tr>
<td>2011</td>
<td>53.37</td>
<td>63.82</td>
</tr>
</tbody>
</table>
Ryan White Part B: Hepatitis C Screening

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Ryan White Part B Average</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening Average</td>
<td>66.10</td>
<td>95.00</td>
</tr>
</tbody>
</table>
Ryan White Part B: Female Clients and Pap Exams

<table>
<thead>
<tr>
<th>Year</th>
<th>Female Clients</th>
<th>Pap Exams Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>33.75</td>
<td>44.63</td>
</tr>
<tr>
<td>2010</td>
<td>32.75</td>
<td>42.13</td>
</tr>
<tr>
<td>2011</td>
<td>32.63</td>
<td>45.38</td>
</tr>
</tbody>
</table>

Legend:
- Female Clients
- Pap Exams Completed
Ryan White Part C Data Trends

South Carolina Ryan White All Parts Meeting

This section is presented by Aaron O’Brien
South Carolina Part C Programs

- BJ Comprehensive Health
- CareSouth Carolina
- Catawba Care
- Eau Claire Cooperative Health Centers, Inc
- HopeHealth, Inc
- Little River Medical Center Inc.
- Low Country Health Care System, Inc
- New Horizon Family Health Services
- Roper St. Francis Healthcare
- Sandhills Medical Foundation
- Spartanburg Regional Healthcare System
In +Care Campaign

- Nine Part C Participants - Over 3000 patients
- **Year 1**
  - Building Participation
  - Improving Data Collection & Submission
  - Providing TA
  - Creating a learning community
- **Year 2**
  - Collaborative Improvement
# HAB Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAC Prophylaxis</td>
<td>63%</td>
<td>68%</td>
<td>61%</td>
</tr>
<tr>
<td>PCP Prophylaxis</td>
<td>65%</td>
<td>72%</td>
<td>66%</td>
</tr>
<tr>
<td>Syphilis Screenings</td>
<td>73%</td>
<td>75%</td>
<td>74%</td>
</tr>
<tr>
<td>Cervical Paps</td>
<td>52%</td>
<td>47%</td>
<td>53%</td>
</tr>
<tr>
<td>% Females</td>
<td>36%</td>
<td>35%</td>
<td>32%</td>
</tr>
<tr>
<td>TB Screening</td>
<td>61%</td>
<td>63%</td>
<td>68%</td>
</tr>
</tbody>
</table>

*8 Part C Programs Reporting*
Part C HAB Measures

- MAC Prophylaxis
- PCP Prophylaxis
- Syphilis Screenings
- Cervical Paps
- TB Screening

Graph showing trends from 2009 to 2011.
Ryan White Part D Data Trends

South Carolina Ryan White All Parts Meeting
Ryan White Part D

- August 1, 2011 – July 31, 2012
  - 284 HIV positive patients were served with Part D funds
  - 78 new patients enrolled in HIV care in the past 12 months
  - 44% of infected adolescents with HIV had a discussion about health care transition planning
  - 65% of HIV positive pediatric patients with HIV infection on ARV had a lipid panel during the measurement year
Programmatic Reporting

<table>
<thead>
<tr>
<th></th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Show</td>
<td>20.0</td>
</tr>
<tr>
<td>Retention</td>
<td>98.9</td>
</tr>
<tr>
<td>Virologic Testing*</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Statistics based on 2012 Quarterly Report
Summary

- HRSA experts and other leaders in the field of HIV/AIDS care have developed complementary clinical protocols and practices that provide detailed information on the effective delivery of HIV care.
- South Carolina is improving quality of care in various areas.
- Cooperation among all parts is essential to having a steadfast statewide QM program.
- Quality management training and technical assistance can be provided by DHEC Ryan White staff.