HIV Health Improvement Affinity Group

Kickoff Webinar
October 12, 2016
1:30- 3:00 PM EDT
Introduction to the HIV Health Improvement Affinity Group

Dr. Deirdra Stockmann, Center for Medicaid and CHIP Services
Logistics

• Please mute your line & do not put the line on hold, otherwise we will hear your hold music
• Use the chat box on your screen to ask a question or leave comment
  • Note: chat box will not be seen if you are in “full screen” mode. Please exit out of full screen mode to leave a question or comment in the chat box
• Moderated Q&A will be held periodically throughout the webinar
5 Major Changes Since 2010

- Research is unlocking new knowledge & tools
- Affordable Care Act has transformed health care access
- Our prevention toolkit has expanded
- Improving the HIV Care Continuum is a priority
- HIV testing & treatment are recommended
The Goals

- Reducing new HIV infections
- Improving access to care and health outcomes
- Reducing HIV-related health disparities
- Achieving a more coordinated national response
4 Key Areas of Critical Focus thru 2020

- **Widespread HIV testing and linkage to care** enabling people living with HIV to access treatment early.

- **Full access to PrEP services** for those whom it is appropriate and desired, with support for medication adherence for those using PrEP.

- **Broad support for people living with HIV** to remain engaged in comprehensive care, including support for treatment adherence.

- **Universal viral suppression** among people living with HIV.
Executive Order to Implement the Strategy
Progress on Indicators

**GOAL 1: REDUCING NEW HIV INFECTIONS**
- ✔ Increase knowledge of serostatus
- ✔ Reduce new diagnoses
- ✗ Reduce HIV-risk behaviors among young gay and bisexual males

**GOAL 2: IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV**
- ✔ Increase linkage to care
- ➡ Increase retention in HIV care
- ✔ Increase viral suppression
- ✗ Reduce homelessness
- ✔ Reduce death rate

**GOAL 3: REDUCING HIV-RELATED DISPARITIES**
Reduce disparities in HIV diagnosis among:
- ✗ Gay and bisexual men
- ✗ Young Black gay and bisexual men
- ✔ Black females
- ✗ Persons living in the Southern US

Increase viral suppression among:
- ✔ Youth
- ✔ Persons who inject drugs

**DEVELOPMENTAL INDICATORS**
- Use of pre-exposure prophylaxis (PrEP)
- HIV stigma
- HIV among transgender persons
Developmental Indicators

- PrEP use
- HIV stigma
- HIV among transgender persons
Implementing the Strategy

**Community meetings**
- Networks of PLHIV
- PrEP implementers
- Transgender advocates

**Stakeholder meetings**
- Providers
- Educators
- Policy advocates

**Listening Sessions**
- Ryan White National Conference
- USCA
Reaching the Goals

• As a guiding document, the Strategy is a National plan, not just a Federal plan.

• The goals of the Strategy can only be achieved by engagement at the national, state, Tribal, and local levels and across all sectors.

• Everyone is needed to put this Strategy into action and end the HIV epidemic.
1.2 Million People Living with HIV

As of 2013

87% Know Their Serostatus
~ 45,000 HIV Diagnoses in 2014

- MSM: 50%
- Black: 44%
- Hispanic: 24%

Age distribution:
- 13-24: 45%
- 25-44: 35%
- 45-54: 5%
- 55+: 5%
Karen B. DeSalvo, MD, MPH, MSc
Acting Assistant Secretary for Health
CMCS Priorities and Perspectives

Andrey Ostrovsky, MD
Chief Medical Officer
The Louisiana Story

HIV Viral Suppression:
Success through Collaboration between Medicaid and the Office of Public Health
SreyRam Kuy, MD, MHS
Chief Medical Officer, Medicaid
Louisiana Department of Health
Louisiana

- **Intended Project Focus:** HIV Viral Load Suppression

- **Intended-Project Outcomes:** Develop collaboration between Medicaid and OPH

- **Anticipated Critical Milestones and Activities:** Through collaboration between Medicaid and OPH, 79% of those in care were virally suppressed

- **Collaboration Strategy:** Data sharing between Medicaid and OPH, individual-level data provided back to each Healthy Louisiana plan for their clients, use of incentives

- **Key Stakeholders:** Medicaid, OPH, MCO, providers and patients
HIV Continuum of Care
Louisiana, 2015

- 100% of those in care were virally suppressed
OPH/Medicaid Data Sharing Agreement

- Historically, a few OPH Programs had negotiated their own data sharing agreements with Medicaid, but many programs had no access to Medicaid data.
- Change in leadership at Medicaid three years ago facilitated process to establish an agency-wide data sharing agreement.
- Support from Medicaid and the OPH Assistant Secretary.
- Process took approximately 6 months.
OPH/Medicaid Data Sharing Agreement

- Signed data sharing agreement in Feb 2014
- All users complete an annual “Data Sharing User Agreement”
Healthy Louisiana MCO Viral Load Measure

- Based on HRSA HAB Performance Measure

<table>
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<tr>
<th>Performance Measure:</th>
<th>HIV Viral Load Suppression</th>
<th>National Quality Forum #: 2082</th>
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<tbody>
<tr>
<td>Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year</td>
<td>Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year</td>
<td>National Quality Forum #: 2082</td>
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<td>Numerator:</td>
<td>Denominator:</td>
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<tr>
<td>Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year</td>
<td>Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year</td>
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<td>Patient Exclusions:</td>
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<td>Data</td>
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<td>1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)</td>
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<tr>
<td>a. If yes, did the patient have at least one medical visit during the measurement</td>
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Incentive-based Performance Measures

- Healthy Louisiana (Medicaid) Managed Care Organizations have incentive-based performance measures
- Viral load measure included in new RFP in 2014
- Plans will not be penalized $250,000 if Viral Load measure is achieved

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Measure</th>
<th>Measure Description</th>
<th>Target Population</th>
<th>Condition</th>
<th>Target for Improvement</th>
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<tr>
<td>NQF #2082 (HIV) $$</td>
<td>HIV Viral Load Suppression</td>
<td>Percentage of patients, regardless of age, with a diagnosis of HIV with an HIV viral load less than 200</td>
<td>Chronic Disease</td>
<td>HIV</td>
<td>54.34</td>
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How were we able to add a Viral Load incentive-based measure?

- Having a quality champion at Medicaid
- Monthly meetings to discuss joint projects
- Support from both Medicaid and OPH Leadership
- Started out as a PIP (Performance Improvement Plan)
  - Evolved into an incentive-based measure
Louisiana HIV Surveillance Data

- **Complete**
  - Beginning in 1993, HIV names-based reporting required
  - Since 1999, all CD4/VL values have been reportable
  - All public/private labs are reporting (except VA)

- **Timely**
  - 90% of labs are reported electronically
  - Large laboratories report daily
Medicaid Viral Load Measure

OPH/Medicaid Match

- Conducted an initial match between Medicaid and OPH HIV Surveillance data in July 2014
  - Medicaid provided all recipients with an HIV-related diagnosis code
- Medicaid determined the Viral Load suppression target of 54.34%
- Conducted a second match in January 2015
  - Medicaid provided all recipients who were enrolled as of December 2014
    - Included the plan name and a field “Did recipient have an HIV-related claim in 2014?”
Results of Medicaid and HIV Data Match
Jan 2015 – Dec 2015

All People Enrolled in Medicaid
N=1,507,594

Persons with no HIV Claim
n=1,501,799
Matched in OPH Database
n=5,433 (94%)
No Match in OPH Database
n=2,785
n=353

Persons with HIV Claim
n=5,786

Duplicates
n=9

No Match in OPH Database
n=353
Persons with Viral Suppression
n=3,710 (68%)
Persons without Viral Suppression
n=1,397 (26%)

Matched in OPH Database
n=5,433 (94%)

No Viral Load
n=326 (6%)
Results of Medicaid and HIV Data Match
Jan 2015 – Dec 2015

All People Enrolled in Medicaid
N=1,507,594

Persons with no HIV Claim
n=1,501,799

Matched in OPH Database
n=5,433 (94%)

No Match in OPH Database
n=353

Persons with HIV Claim
n=5,786

Matched in OPH Database
n=5,433 (94%)

Persons without Viral Suppression
n=433 (16%)

No Viral Load
n=1,013 (37%)

Duplicates
n=9
Healthy Louisiana Viral Load Measure

Current Matching Process

- Now conducting quarterly matches between Medicaid claims and OPH HIV Surveillance data
- Individual-level data are provided back to each Healthy Louisiana plan for their clients only
- These variables are provided by OPH:
  1. Was the client virally suppressed (i.e., VL <200 copies/mL) at the most recent test in the last 12 month period?
  2. Was the client confirmed to be HIV positive in the OPH HIV Surveillance database?
Collaboration key to Louisiana’s Success: Viral Suppression by Medicaid Plan, 2015

Percentage of Viral Suppression by Medicaid Plan:

- A: 70%
- B: 65%
- C: 69%
- D: 71%
- E: 67%
- F: 67%
Medicaid and Public Health Working Together: The Wisconsin Experience

Eileen McRae and Mari Ruetten
Wisconsin Department of Health Services
October 12, 2016
Presentation Outline

- Previous collaborations
- Affinity group projects
- Intended outcomes
- Continuing the momentum
- Technical assistance needs
Previous Collaborations

Improve health outcomes for persons living with HIV while reducing health care costs by:

- Ensuring access to treatment by adding antiretrovirals to the Medicaid preferred drug list.
- Developing and implementing an HIV medical home.
- Sharing aggregate-level data to monitor delivery of services and associated costs.
Affinity Group Projects

Begin sharing client-level data by piloting two projects.

• Evaluating health outcomes for HIV medical home members:
  o Sharing viral load and CD4 counts of members pre and post enrollment in the HIV medical home.

• Promoting HIV testing for all pregnant Medicaid members:
  o Ensuring universal HIV testing for all pregnant members.
  o Sharing test results.
  o Connecting pregnant members who test HIV positive to appropriate medical care to prevent perinatal transmission.
Intended Outcomes

• Project related outcomes:
  o A more complete evaluation of the HIV medical home.
  o Improved health outcomes for HIV medical home members.
  o Universal HIV testing for pregnant members.
  o No perinatal transmissions.
  o Reduced health care costs.

• Lay the foundation for continued client-level data sharing.
Continuing the Momentum

Ongoing sharing of client-level data will:

• Ensure completeness of HIV surveillance data.
  o Identify HIV positive members never reported to surveillance.
  o Provide verification source for surveillance demographic data.

• Promote positive health outcomes for members living with HIV.
  o Ensure HIV testing for high-risk populations.
  o Identify HIV positive members who are not linked or retained in medical care and initiate appropriate outreach activities.
Technical Assistance Needs

Wisconsin would like to know:

• How other programs have developed client-level data sharing agreements.
• How the Medicaid population is defined.
• What data elements are shared.
• How often data are shared – monthly, quarterly, semiannually.
• How access to the data are controlled.
Thank you

Eileen McRae
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Mari Ruetten, MPA
Ryan White Coordinator
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608-261-6397
Questions?
Technical Assistance

Rachel Yalowich, Policy Analyst
National Academy for State Health Policy
### Technical Assistance Components

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<th>Learning Communities</th>
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<tr>
<td>- Data Linkage and Outcomes Evaluation</td>
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<td>- Data Analysis and Use for Delivery System Improvement</td>
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<td>- Provider Engagement and Quality Improvement</td>
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<td>- Learning Community-specific webinars (4-5) will occur every 2-3 months within each learning community.</td>
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<td>- 2 affinity group-wide webinars focused on mutual areas of interest or TA will occur every 6 months</td>
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<td>- States will have access to up to 8 hours of ad hoc individualized technical assistance</td>
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<td>- Examples: Research/memo development by NASHP staff, Conference calls with NASHP staff, federal agency experts, and/or other experts</td>
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# Learning Communities

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Learning Community Timeline

November 2016
All track Webinar
Developing problem statements and performance improvement plans

December 2016
In Person Meeting

February 2017
Learning Community-Specific Webinar

April 2017
Learning Community-Specific Webinar

June 2017
Affinity Group-Wide Webinar
Topic TBD based on state interest/need

August 2017
Learning Community-Specific Webinar
How to Access Individualized Technical Assistance

Please send completed technical assistance forms to the following email:

HIVtechnicalassistance@nashp.org

Your request will be given to a NASHP team member and they will follow up with you in regards to your technical assistance needs.
HIV Health Improvement Affinity Group: Next Steps

Abigail Viall

October 12, 2016
“Coming Attractions” for the State Teams

- **Goal:** Help states traverse the ideas → plans → actions continuum

- **Specific activities planned:**
  - Dissemination of project planning template
  - November Webinar
  - December in-person meeting
HIV Health Improvement Affinity Group

Thank you for participating in today’s webinar!