

Health Information Technology (HIT):
A Bridge Between Ryan White Care and ADAP Treatment

HIV Data System



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Objective

- Demonstrate the benefits of HIT amongst RW Care Providers and ADAP via collaboration
- Demonstrate how HIT can facilitate a Client-centered approach in coordinating access to quality care and treatment via a multi-discipline approach
- Demonstrate how HIT can be applied to stretch limited resources and provide continuous monitoring of treatment adherence to reduce resistance

Challenges

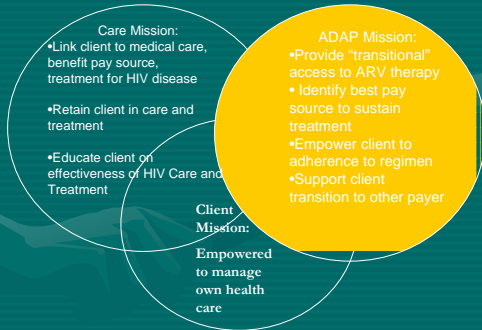
Care (RW)

- Increasing need
- Increased cost of care
- Non-adherence
- Limited resources

Treatment (ADAP)

- Increasing need
- Increased cost of treatment
- Non-adherence
- Limited resources

Goal: Client-centered Care and Treatment



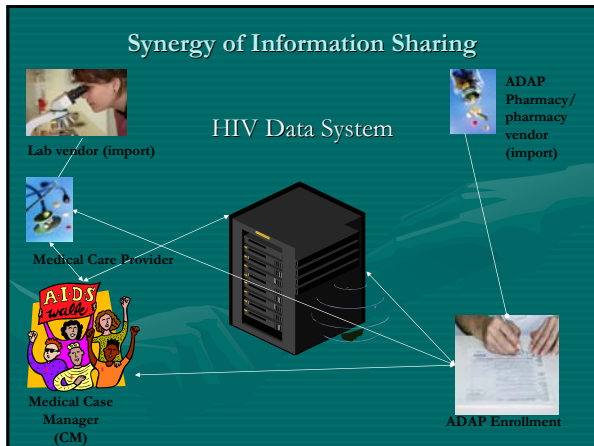
HIT Background in SC

- RW Part B Care Providers and ADAP use the same database in SC for Ryan White, ADAP and HOPWA reporting
- Provider (agency) only has access to client records authorized by the patient
- Records are shared in the HIT collaborative according to Federal and State Law

HIT Collaborative Participants

Number of Service Providers	Number in SC RW Data System
18 RW Part B Provider	18
16 HOPWA Providers	15
11 Part C Providers	5
ADAP Enrollment	Yes
ADAP Insurance	Yes
ADAP Dispensing	Via Import
Lab Vendor	Via Import
Electronic Medical Records	Via Import

•As of August 2008



- ### Requirements for data sharing
- | | |
|--|--|
| <p><u>Care</u></p> <ul style="list-style-type: none"> • Client enters medical case management and medical care • Client authorizes electronic data sharing among Case Manager and Medical Provider (s) | <p><u>Treatment</u></p> <ul style="list-style-type: none"> • Client applied for ADAP • Client authorizes bi-directional data sharing among ADAP and Care Provider (s) • Client re-authorizes at recertification • Authorization is for agency of CM and Medical Provider |
|--|--|

- ### HIT in Benefit Navigation
- Care Provider registers client information (Basic demographics)
 - Inputs benefit eligibility information, income information
 - Inputs CD4 and VL (may be directly deposited in database by lab provider)
 - Submits application including information noted above
 - Releases information authorized by client to ADAP

- ADAP obtains benefit eligibility information during enrollment and each point of service
 - Notifies case manager electronically of missing application information, recertification timelines, and change of benefit eligibility

HIT in Adherence Monitoring

Adherence Information at Care Provider Fingertips

- Report(s)
 - ADAP Refill History
 - ADAP Program Status History
 - ADAP Retention (Agency-level report)
- Communication
 - Secure email notification to Medical Provider and Case Manager(s)

HIT in Transitioning Payers

- System alert when client reaches coverage gap
- Alert when client coverage gap expires
- Notification of change in benefit eligibility

Result?

ADAP clients moved to other payers :
% Medicaid
% Medicare
% Insurance

Launch
Oct 2008

HIT in Minimizing Human Resources

- ~90% of SCADAP clients referred from RW Care Provider(s)
 - Electronic submission of ADAP application and recertification
 - Electronic notification of benefit coverage continuum
 - Electronic monitoring of service utilization
 - Electronic point-of-service eligibility checking
 - Automated adherence reports distributed to Care Providers
 - CMS Data Match

Launch
Oct 2008

HIT in Care Management

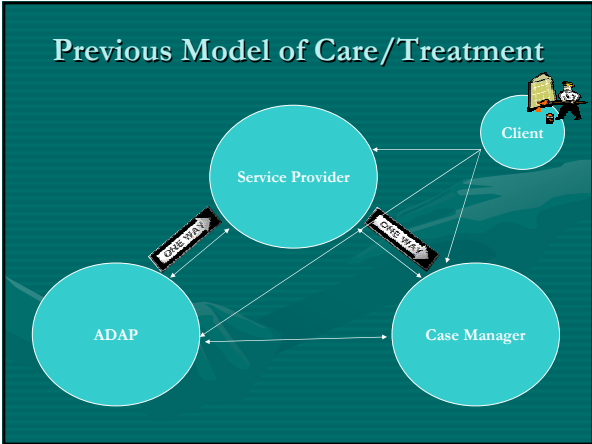
- TEAM (Teachers, Educators, Advocates, & Managers)
- SC TEAM is a statewide program developed to promote health, collaboration, and better outcomes for PLWA by way of comprehensive coordinated quality services.

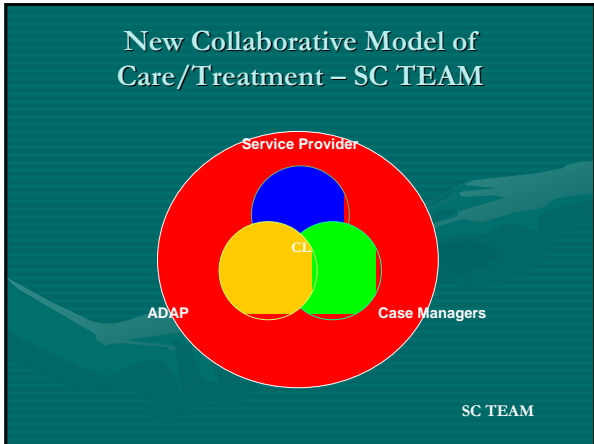
TEAM

- Adherence Monitoring
 - Scenario: CL misses ARV refill
 1. System flags ADAP
 2. ADAP notify Medical Provider and CM within ten business days of non-adherence
 3. Assess clinical and other barriers to treatment adherence.
 4. Assign level of monitoring (minimum, moderate, or intensive)
 5. Coordinate with medical provider and CM to develop Treatment Action Plan specific to CL

Result :

On-going collaboration which identifies challenges related to treatment adherence and empowers client to be a manager of health care.





- ### SC ADAP
- Client Access and Result Empowerment (CARE) Cube
- ADAP identifies clients needing special intervention
 - ADAP notifies Care Providers authorized by Client at application and recertification of intervention needed
 - TEAM coordinates activities to construct and monitor Treatment Action Plan

- ### Care Cube Criteria
- Incarcerated pre-trial detainment
 - Limited English proficiency, limited level of education
 - Untraditional anti-viral therapy prescribed
 - CD4 and/or VL rate of change
 - Change in benefit eligibility
 - Non-adherence based on ADAP refill history
 - No access to payer other than ADAP

TEAM Intervention

- Identify clients needing attention (Care Cube criteria)
- Create Treatment Action Plan
- Send Treatment Action Plan to Care Provider(s), authorized by client
- Consumer survey
- TEAM meeting/correspondence

Result...Customized fit for client independence

Benefit Navigation Scenario:

- ADAP Insurance Premium :
 - Client has access to health insurance from employer. However, may not use it due to cost of coverage and out-of-pocket expenses. Client applied to SC ADAP Insurance Assistance Program. Care Provider pays cost and is reimbursed by ADAP.
 - Result: Client received insurance benefits that covers cost of drugs (ADAP formulary and non-formulary), cost of medical care and hospitalization.
- Pre-existing condition and premiums
 - Client has 1 yr pre-existing wait period for Insurance coverage. SC ADAP pays cost of premium during wait period, provides drugs via direct dispensing , migrates client to Insurance after benefit period begins.
 - Result: ADAP as a payer until transition to private insurance.
- ADAP co-payment and deductible assistance
 - Client with Insurance receives assistance with out-of-pocket expenses for prescriptions (ADAP Formulary).
 - Result: Access to medications at a lower cost to ADAP and service provider.

Contact Information

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