Learning Objectives

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

1. Recognize quality improvements in the ADAP recertification process.

2. Evaluate the importance of reviewing and collecting project data.

3. Describe the PSDA Cycle as a useful tool to initiate incremental program changes.

Highlights of Alabama's HIV Epidemic

Currently, over 14,000 persons living with HIV (PLWH) in 2018

Approximately 1 in 5 (19 percent) of PLWH receive ADAP

ADAP retention in care 80 percent & viral suppression 79 percent during 2017

Approximately 1 in 3 (36 percent) of PLWH receive Part B services

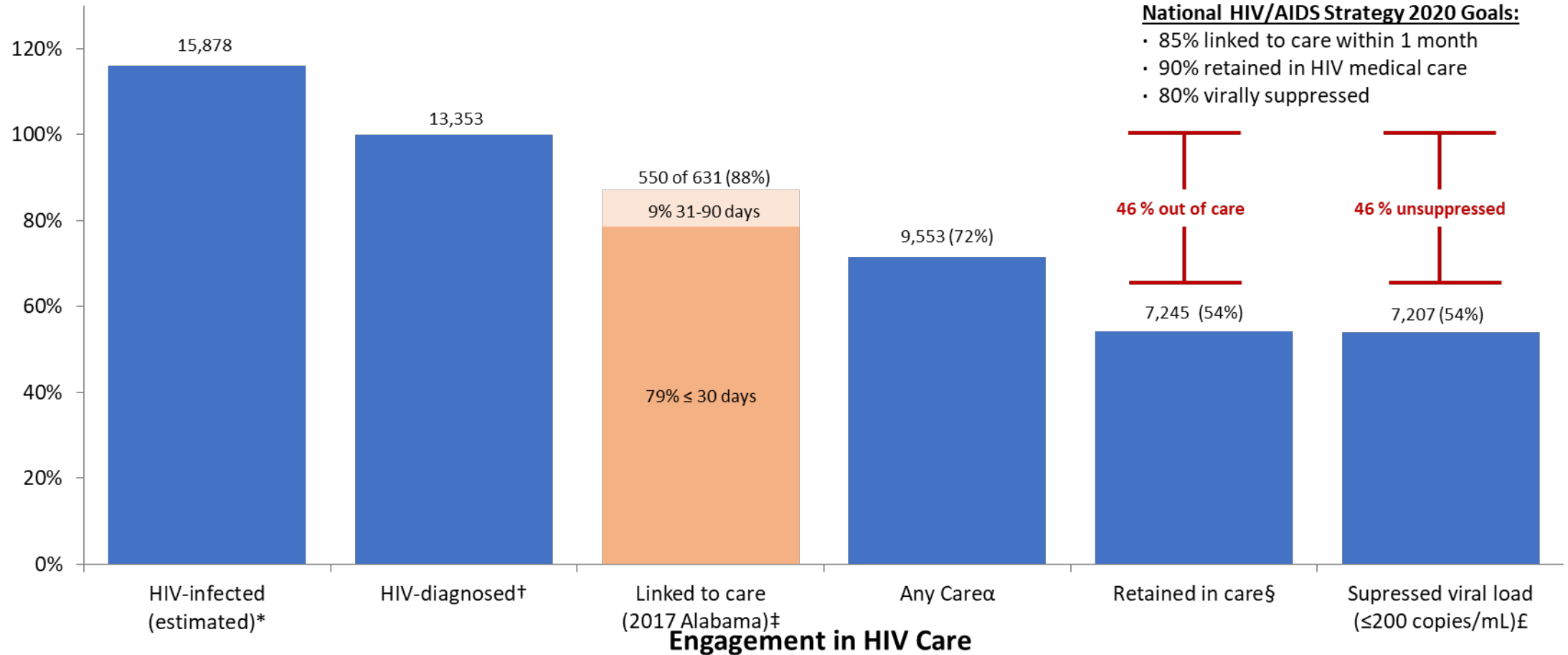Part B retention in care 77 percent & viral suppression 81 percent during 2017

Alabama is a non-Medicaid expansion state

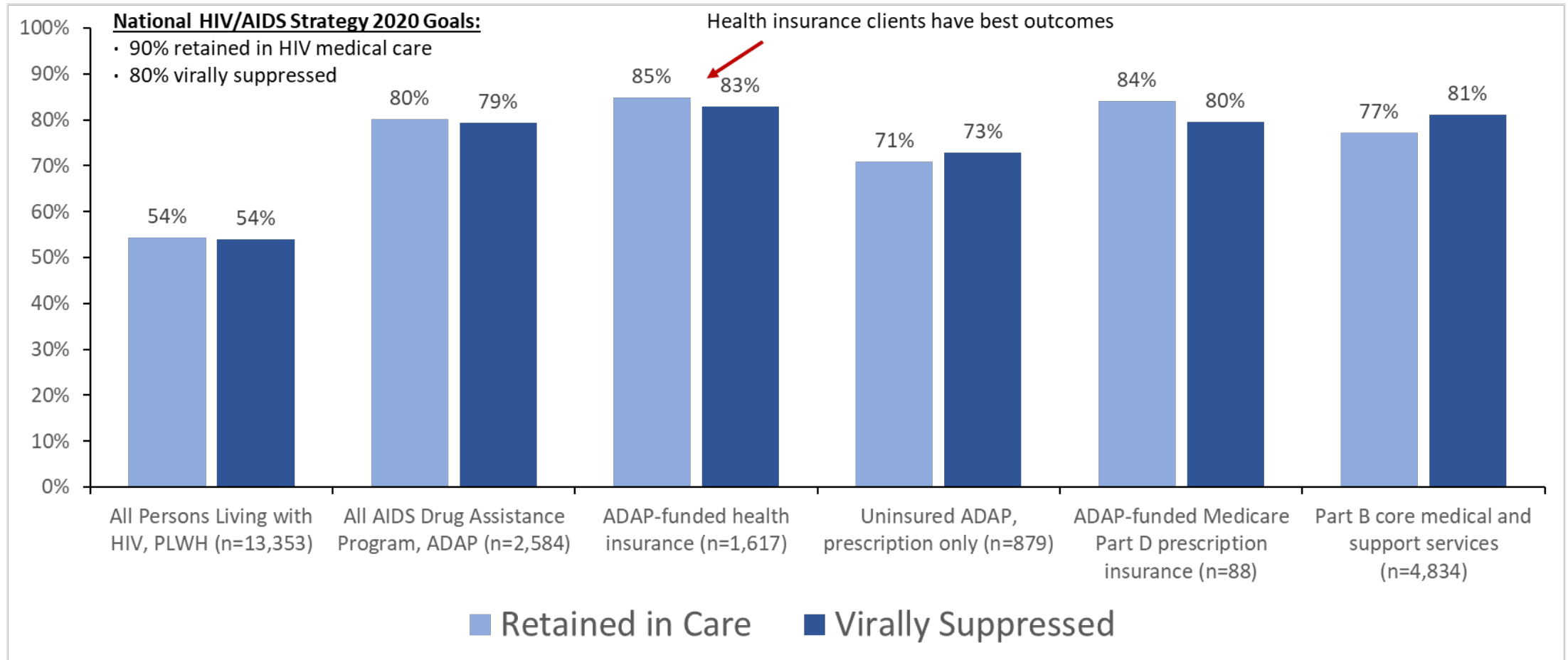Estimated 1 in 5 (20 percent) of PLWH receive Medicaid

Small percentage of PLWH with independent or employer-based health insurance

Large percentage of PLWH statewide are out of care 46 percent and/or not virally suppressed 46 percent during 2017

Alabama HIV Continuum of Care, 2017

National HIV/AIDS Strategy 2020 Goals:
- 85% linked to care within 1 month
- 90% retained in HIV medical care
- 80% virally suppressed

46 % out of care

46 % unsuppressed

15,878

13,353

550 of 631 (88%)

9% 31-90 days

79% ≤ 30 days

9,553 (72%)

7,245 (54%)

7,207 (54%)

Engagement in HIV Care

HIV-infected (estimated)* HIV-diagnosed† Linked to care (2017 Alabama)‡ Any Careα Retained in care§ Supressed viral load (≤200 copies/mL)£

Retention in Care and Viral Suppression, 2017

National HIV/AIDS Strategy 2020 Goals:
- 90% retained in HIV medical care
- 80% virally suppressed

Health insurance clients have best outcomes

Category	Retained in Care	Virally Suppressed
All Persons Living with HIV, PLWH (n=13,353)	54%	54%
All AIDS Drug Assistance Program, ADAP (n=2,584)	80%	79%
ADAP-funded health insurance (n=1,617)	85%	83%
Uninsured ADAP, prescription only (n=879)	71%	73%
ADAP-funded Medicare Part D prescription insurance (n=88)	84%	80%
Part B core medical and support services (n=4,834)	77%	81%

■ Retained in Care   ■ Virally Suppressed

Alabama ADAP Quality Improvement Project

- Retention in care and viral suppression data proves Ryan White works!

- Biggest challenge is keeping PLWH enrolled to ensure antiretroviral adherence and provide continuity of care

- In Alabama, our biggest obstacle is not program enrollment, but recertification; too many clients disenrolled due to failure to recertify

- CQM team conducted a quality improvement (QI) project utilizing the Plan-Do-Study-Act (PDSA) cycle to increase the number of clients successfully recertified

- The Project Team - ADAP eligibility specialists (ES) launched PDSA cycle to decrease the number of clients disenrolled due to failure to recertify who would otherwise remain eligible for Ryan White Part B

- PDSA QI project has been a success, increasing the number of clients successfully recertified

Review and Collect Project Data

Assessing the current performance level of the selected aspect of care is important before committing valuable resources into the quality improvement process for the following reasons:

- Validation: Reviewing data will provide staff with actual performance measures

- Baseline information: Data at baseline provides critical background information at the beginning

- Prioritization: The project team can use data to prioritize quality improvement efforts

Plan-Do-Study-Act (PDSA) Cycle

A widely used method for testing change on a small scale is the PDSA cycle. It's a "trial-and-learning" method to test changes before system wide implementation.

Plan (Plan a change)

Do (Try it out on a small scale)

Study (Observe the results)

Act (Refine the change as necessary)

ADAP Plan-Do-Study-Act (PDSA) QI Project

11 ADAP Clinics utilized as entry and recertification points in Alabama

Initiated a pilot PDSA QI project with 4 ADAP Clinics in February 2018

An immediate increase in successful client recertification was seen
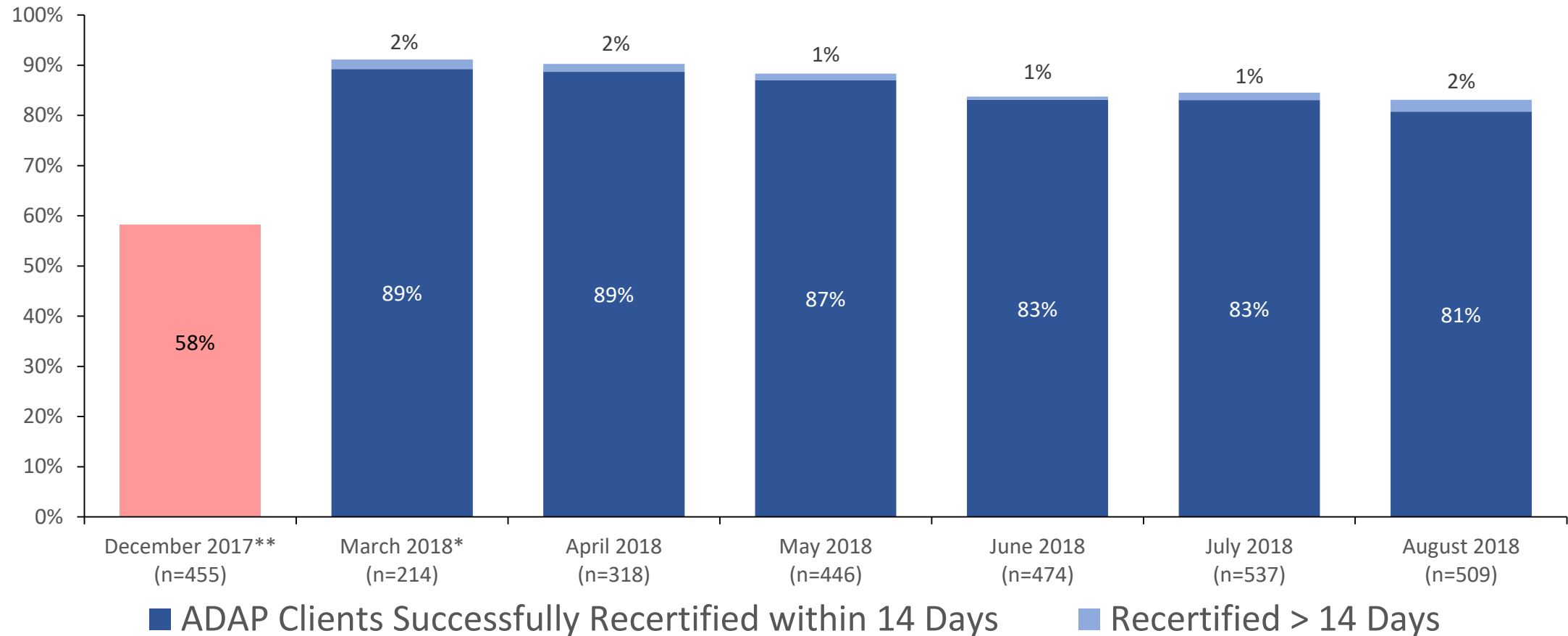
Began tracking specific data in March 2018

Expanded QI project to include all 11 ADAP Clinics in April 2018

QI project is ongoing, although data presented is through August 2018

6 months of data (March through August 2018) is depicted

ADAP Successful Recertification:
Increased as a Result of PDSA QI Project

Bar chart showing ADAP Clients Successfully Recertified within 14 Days (dark blue) and Recertified > 14 Days (light blue):

Month	Recertified within 14 Days	Recertified > 14 Days
December 2017** (n=455)	58%	
March 2018* (n=214)	89%	2%
April 2018 (n=318)	89%	2%
May 2018 (n=446)	87%	1%
June 2018 (n=474)	83%	1%
July 2018 (n=537)	83%	1%
August 2018 (n=509)	81%	2%

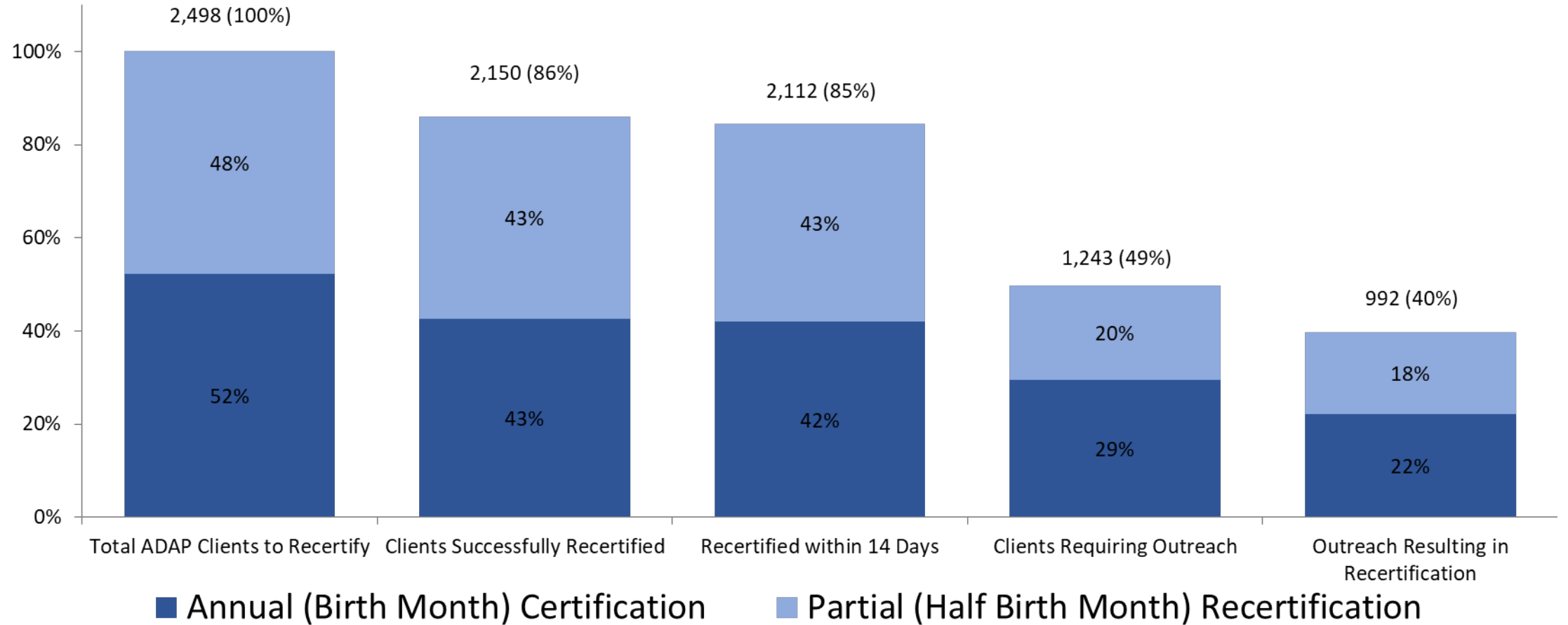Legend: ■ ADAP Clients Successfully Recertified within 14 Days ■ Recertified > 14 Days

ADAP Disenrollment Analysis:
Decreased Disenrollment Following PDSA QI Project, but Primary Reason Remains Failure to Recertify

Legend: ■ Disenrolled Due to Failure to Recertify — ADAP Clients Disenrolled

Data points:

- December 2017** (n=455): 73% (n=139); 42% (n=190)
- March 2018* (n=214): 84% (n=16); 9% (n=19)
- April 2018 (n=318): 97% (n=30); 10% (n=31)
- May 2018 (n=446): 88% (n=46); 12% (n=52)
- June 2018 (n=474): 75% (n=58); 16% (n=77)
- July 2018 (n=537): 86% (n=71); 15% (n=83)
- August 2018 (n=509): 80% (n=69); 17% (n=86)
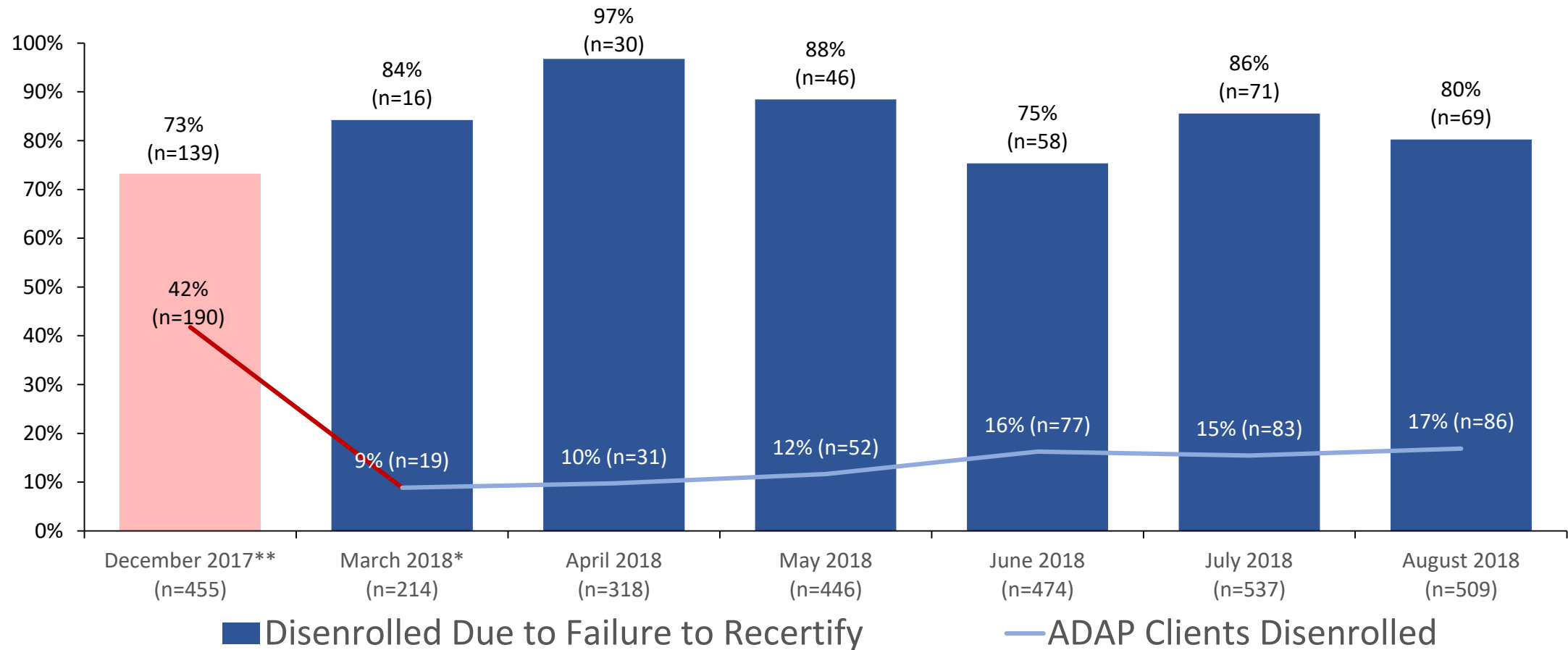
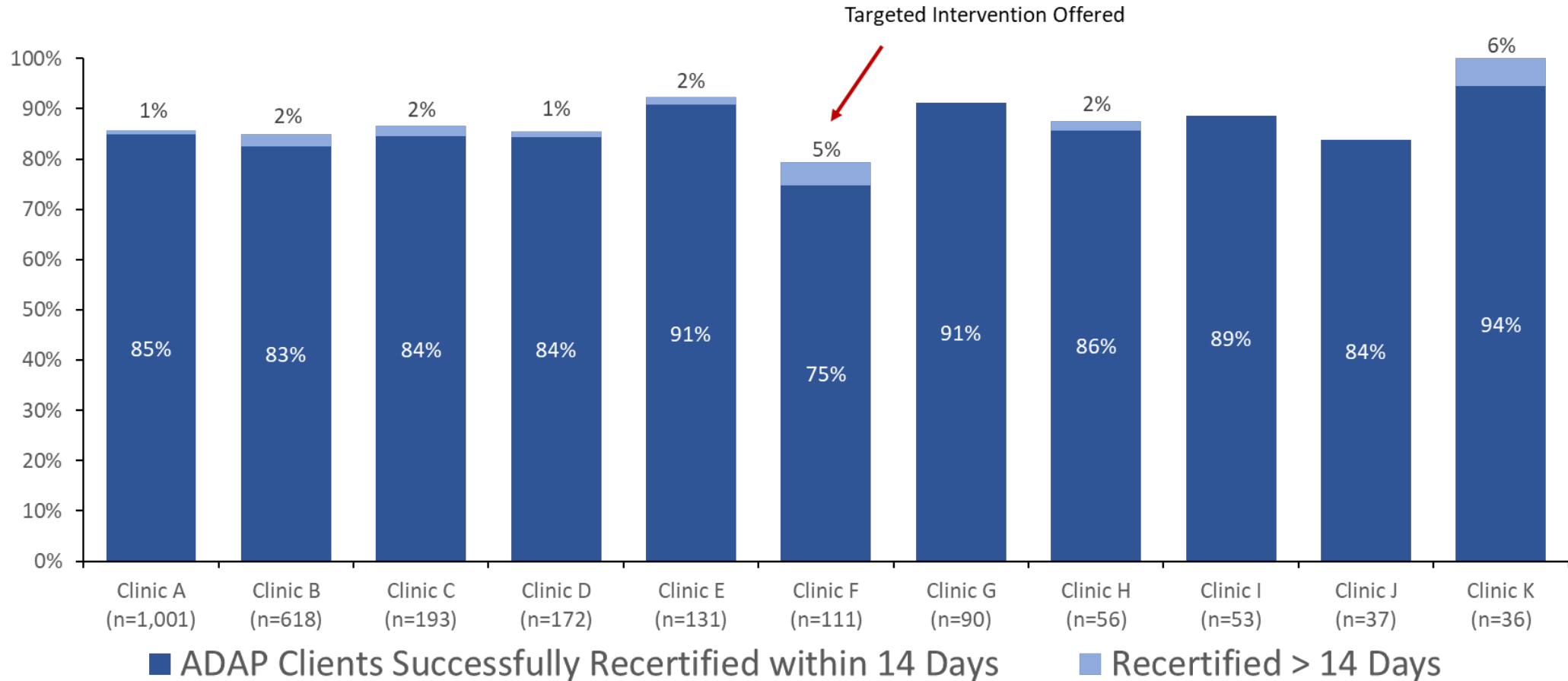# ADAP PDSA QI Project Recertification Cascade
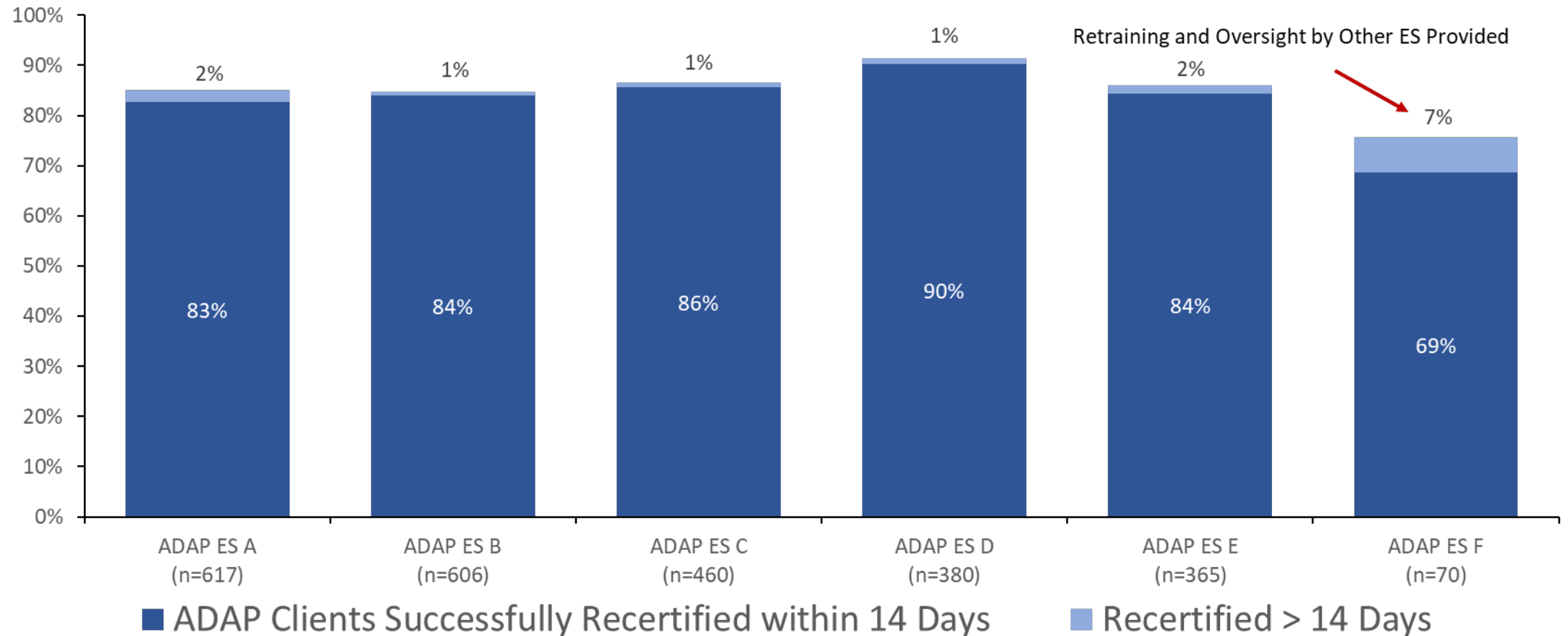
Quality Assurance Measures

Stratified data to identify trends and areas in need of additional quality improvements

1. ADAP Clinic: identify champions and clinics in need of targeted technical assistance

2. ADAP Eligibility Specialist: identify strongest ES and pair with weaker ES

3. ADAP Plan Option: identify plans in need of additional education

   - Cost-effective ADAP-funded health insurance (HPAL) with optional stand alone 340B rebate funded dental coverage – annual open enrollment period; if disenrolled due to failure to recertify and no qualifying life event is present, client must wait until the next insurance plan year to be transitioned back into HPAL
   - Cost-effective ADAP-funded Medicare Part D prescription insurance (MEDCAP) – annual enrollment period, similar to HPAL
   - Uninsured, prescription only (ADAP-Rx) – year round enrollment available, but clients have no insurance coverage and only have access to a limited ADAP Drug Formulary. Also the most expensive ADAP plan option.

Quality Assurance: ADAP Clinic Comparison

Targeted Intervention Offered

	Clinic A (n=1,001)	Clinic B (n=618)	Clinic C (n=193)	Clinic D (n=172)	Clinic E (n=131)	Clinic F (n=111)	Clinic G (n=90)	Clinic H (n=56)	Clinic I (n=53)	Clinic J (n=37)	Clinic K (n=36)
Recertified > 14 Days	1%	2%	2%	1%	2%	5%		2%			6%
ADAP Clients Successfully Recertified within 14 Days	85%	83%	84%	84%	91%	75%	91%	86%	89%	84%	94%

■ ADAP Clients Successfully Recertified within 14 Days   ■ Recertified > 14 Days

Quality Assurance: Eligibility Specialist Comparison

Chart: ADAP Clients Successfully Recertified within 14 Days vs Recertified > 14 Days

- ADAP ES A (n=617): 83% within 14 days, 2%
- ADAP ES B (n=606): 84% within 14 days, 1%
- ADAP ES C (n=460): 86% within 14 days, 1%
- ADAP ES D (n=380): 90% within 14 days, 1%
- ADAP ES E (n=365): 84% within 14 days, 2%
- ADAP ES F (n=70): 69% within 14 days, 7% — Retraining and Oversight by Other ES Provided

Legend: ■ ADAP Clients Successfully Recertified within 14 Days   ■ Recertified > 14 Days

Quality Assurance: ADAP Plan Comparison

Stacked bar chart showing ADAP recertification rates by plan type.

Plan	Recertified > 14 Days	Recertified within 14 Days
All ADAP clients (ADAP), any plan (n=2,498)	2%	85%
ADAP-funded health insurance (HPAL) (n=1,853)	1%	86%
Uninsured, prescription only (ADAP-Rx) (n=575)	1%	81%
ADAP-funded Medicare Part D prescription insurance (n=70)	10%	66%

Legend: ■ ADAP Clients Successfully Recertified within 14 Days ■ Recertified > 14 Days

Summary

Lessons learned during the process of using the PDSA cycle to catalyze success in Alabama's ADAP recertification assistance process. It works!

- Listening to your project team before, during, and after all steps in the quality improvement project(s)

- Capture data by collecting it early in the process for a historic baseline

- Improvement efforts can sometimes yield bigger results than expected

RESOURCES

- HIVQUAL Workbook Guide for Quality Training

- TargetHIV.org

- HRSA HIV/AIDS Program Center for Quality Improvement and Innovation

Project Team

Project Team: Connickle, Stephanie, Bridget, Jackie, Tabitha, Rosa, and Rosie Pat.
Other team members: Allison, Melissa, and Nataki.

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