

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



National HIV / AIDS Strategy

Updated to 2020

Amy Lansky, PhD, MPH
Director, Office of National AIDS Policy

HIV Health Improvement Affinity Group
October 12, 2016

NATIONAL HIV/AIDS STRATEGY
for the **UNITED STATES:**

UPDATED TO 2020

JULY 2015



ESTRATEGIA NACIONAL CONTRA
EL VIH/SIDA
para los **ESTADOS UNIDOS:**

ACTUALIZADA HASTA 2020

JULIO 2015



NATIONAL HIV/AIDS STRATEGY
for the **UNITED STATES:**

UPDATED TO 2020

INDICATOR SUPPLEMENT

JULY 2016



NATIONAL HIV/AIDS STRATEGY
for the **UNITED STATES:**

UPDATED TO 2020

FEDERAL ACTION PLAN

DECEMBER 2015



NATIONAL HIV/AIDS STRATEGY
for the **UNITED STATES:**

UPDATED TO 2020

**COMMUNITY ACTION
PLAN FRAMEWORK**

DECEMBER 2015



5 Major Changes Since 2010



Research is unlocking new knowledge & tools

92%



96%

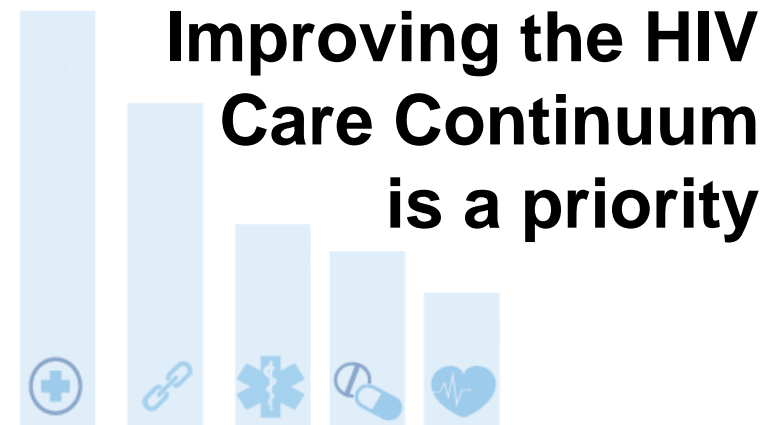
Our prevention toolkit has expanded



HIV testing & treatment are recommended



Affordable Care Act has transformed health care access



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.



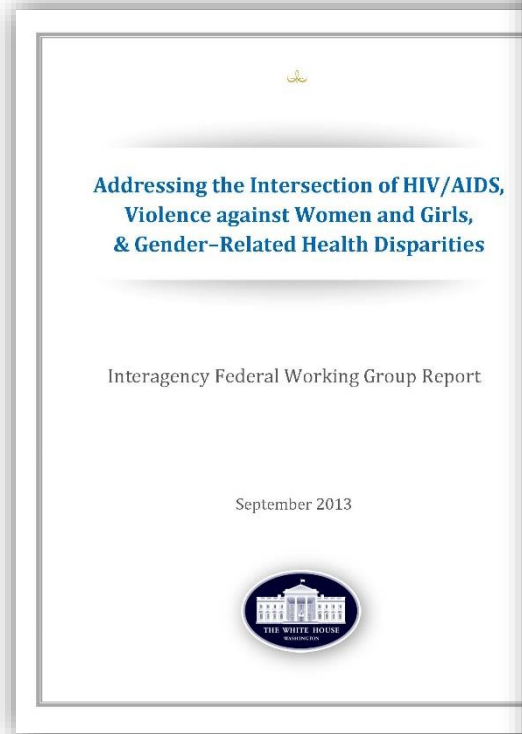
Broad support for people living with HIV to remain engaged in comprehensive care, including support for treatment adherence.



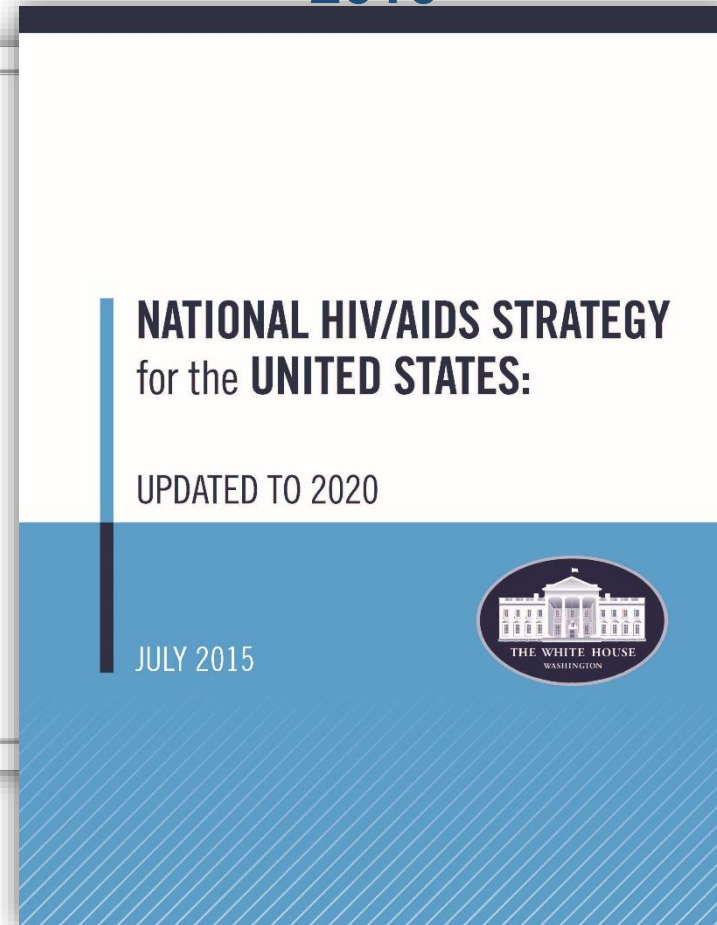
Universal viral suppression among people living with HIV.

Executive Order to Implement the Strategy

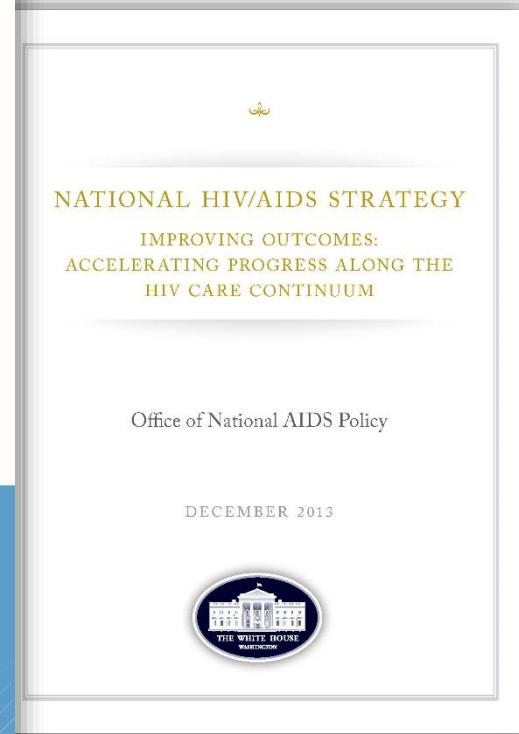
2012



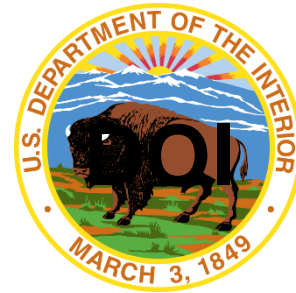
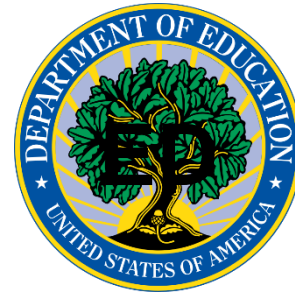
2010



2013



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

- ✓ ANNUAL TARGET MET
- ↗ ANNUAL TARGET NOT MET
(Progress in the expected direction)
- ✗ ANNUAL TARGET NOT MET
(Moving in the wrong direction)

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

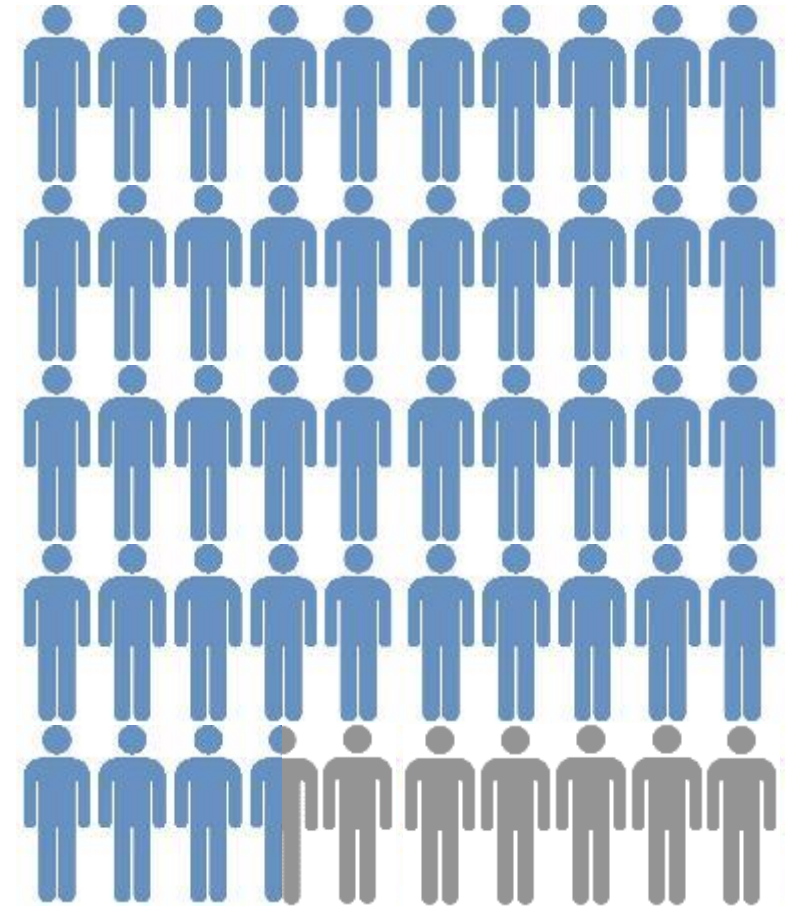
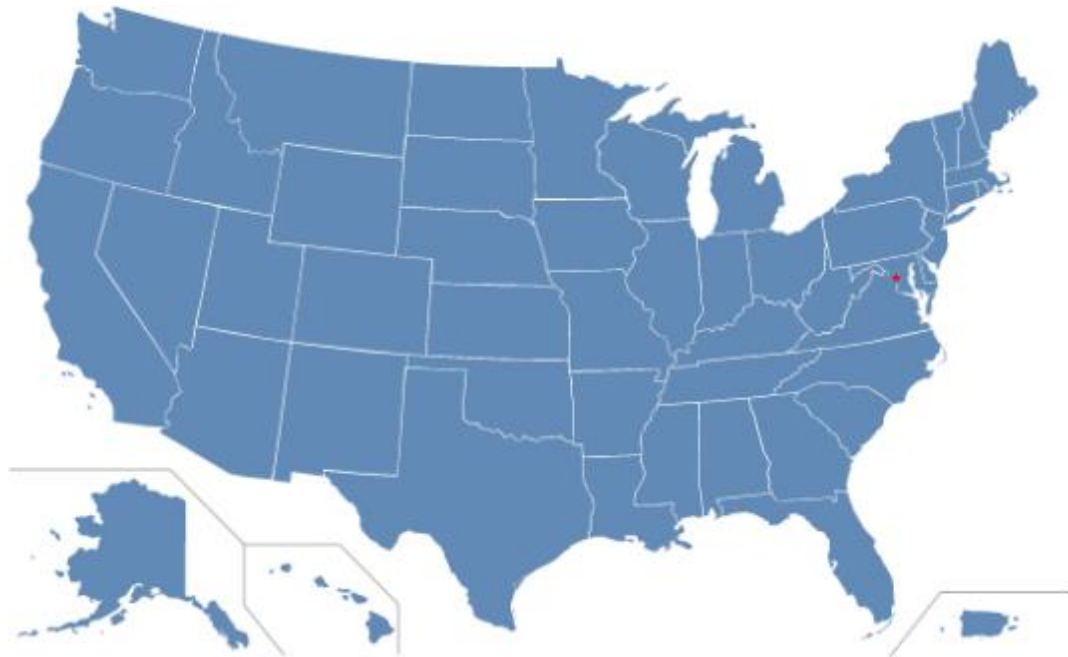


Reaching the Goals

- **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.**

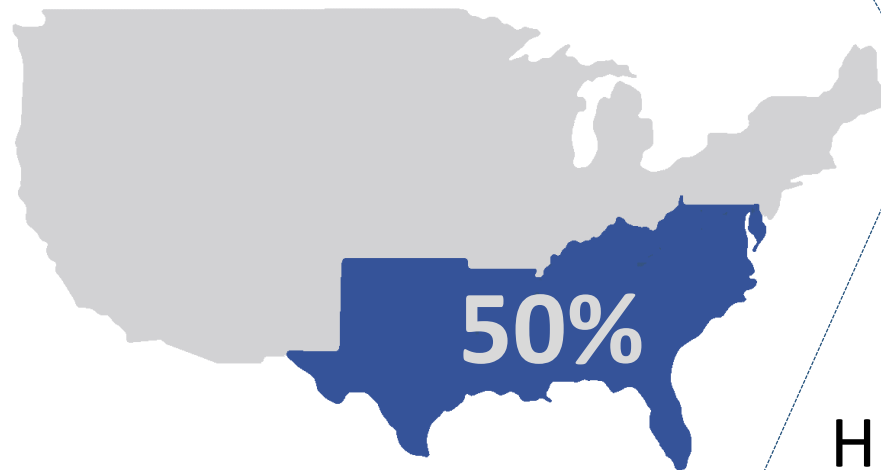
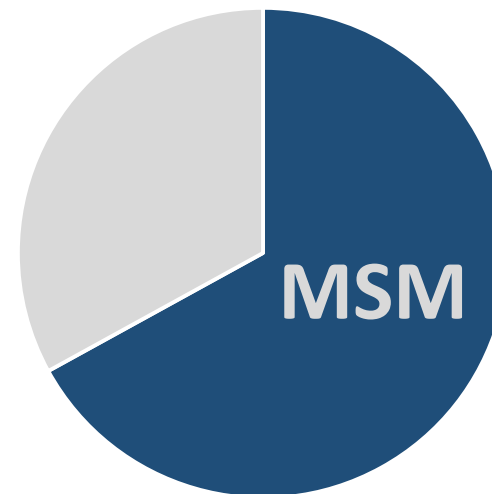
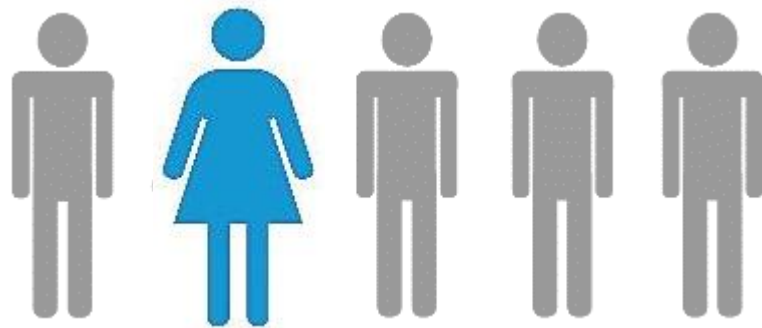
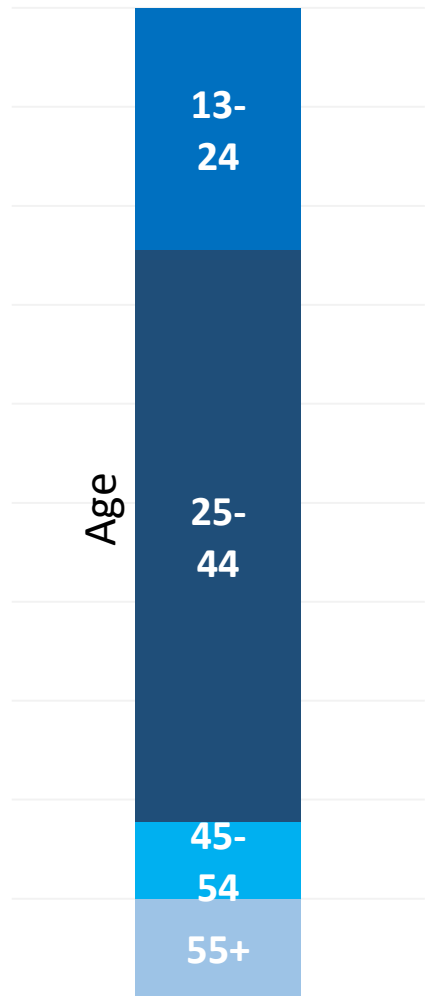
As of 2013

**1.2 Million People
Living with HIV**



**87% Know Their
Serostatus**

~ 45,000 HIV Diagnoses in 2014



Black **44%**

Hispanic **24%**



@ Amy44



WH.gov/ONAP





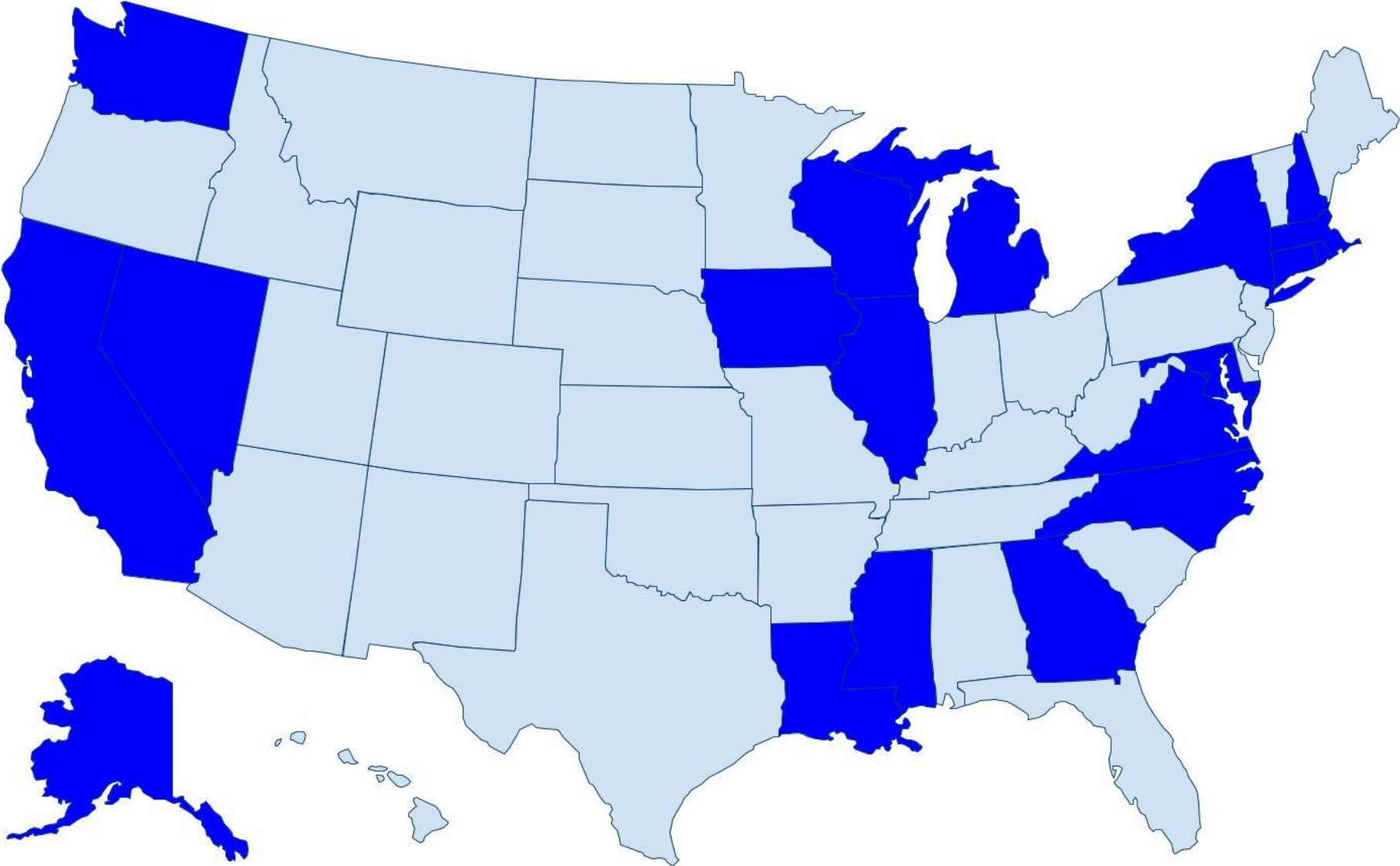
Karen B. DeSalvo, MD, MPH, MSc
Acting Assistant Secretary for Health

CMCS Priorities and Perspectives



Andrey Ostrovsky, MD
Chief Medical Officer

HIV Health Improvement Affinity Group States



The Louisiana Story

HIV Viral Suppression:

Success through Collaboration between Medicaid and the Office of
Public Health

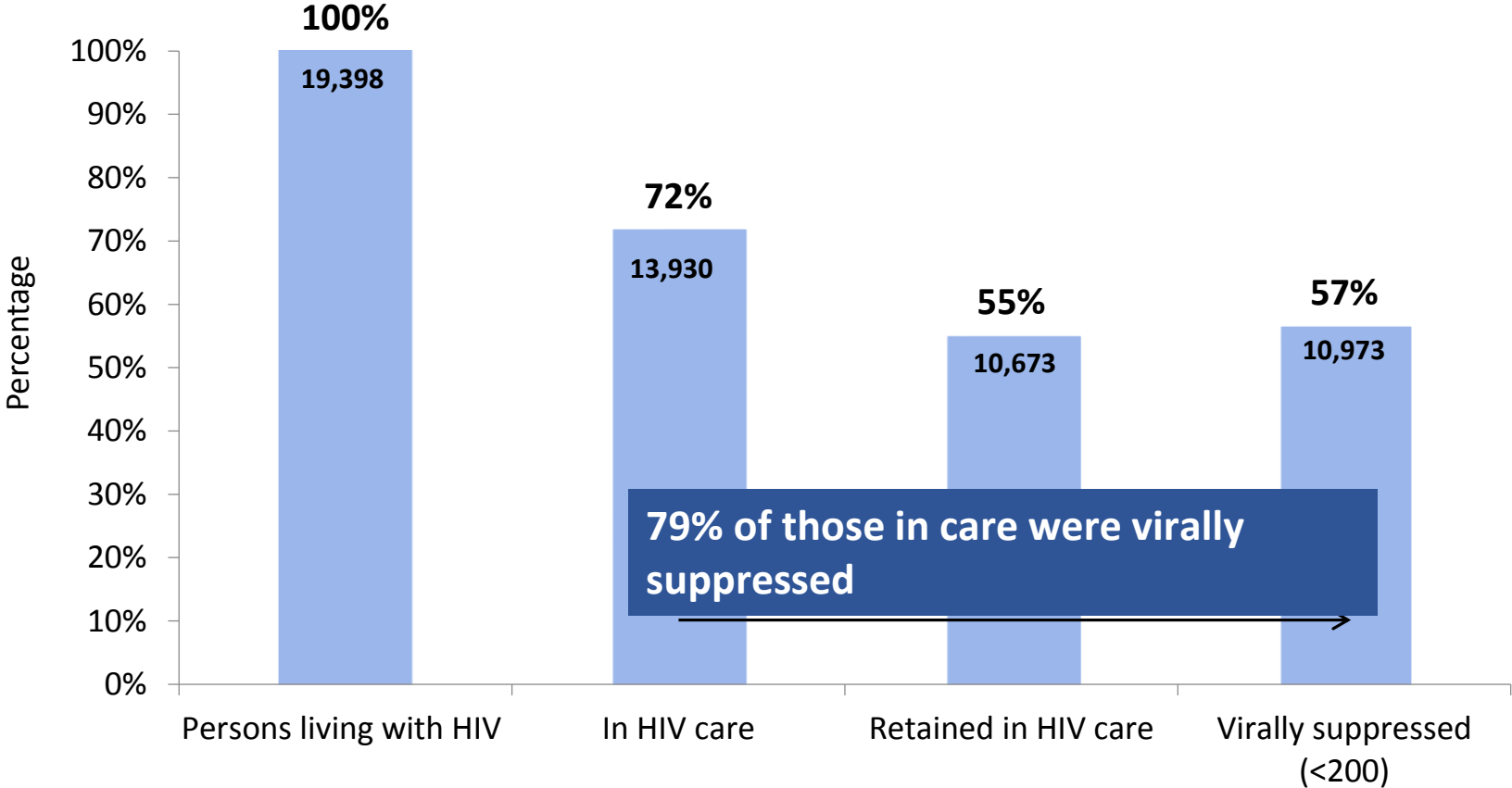


SreyRam Kuy, MD, MHS
Chief Medical Officer, Medicaid
Louisiana Department of Health

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



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



HIV/AIDS Bureau Performance Measures



Performance Measure:	HIV Viral Load Suppression	National Quality Forum #: 2082
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		
Numerator:	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	
Denominator:	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year	
Patient Exclusions:	None	
Data	<ol style="list-style-type: none"> 1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) <ol style="list-style-type: none"> a. If yes, did the patient have at least one medical visit during the measurement 	

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

Identifier	Measure	Measure Description	Target Population	Condition	Target for Improvement
NQF #2082 (HIV) \$\$	HIV Viral Load Suppression	Percentage of patients, regardless of age, with a diagnosis of HIV with an HIV viral load less than 200	Chronic Disease	HIV	54.34

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

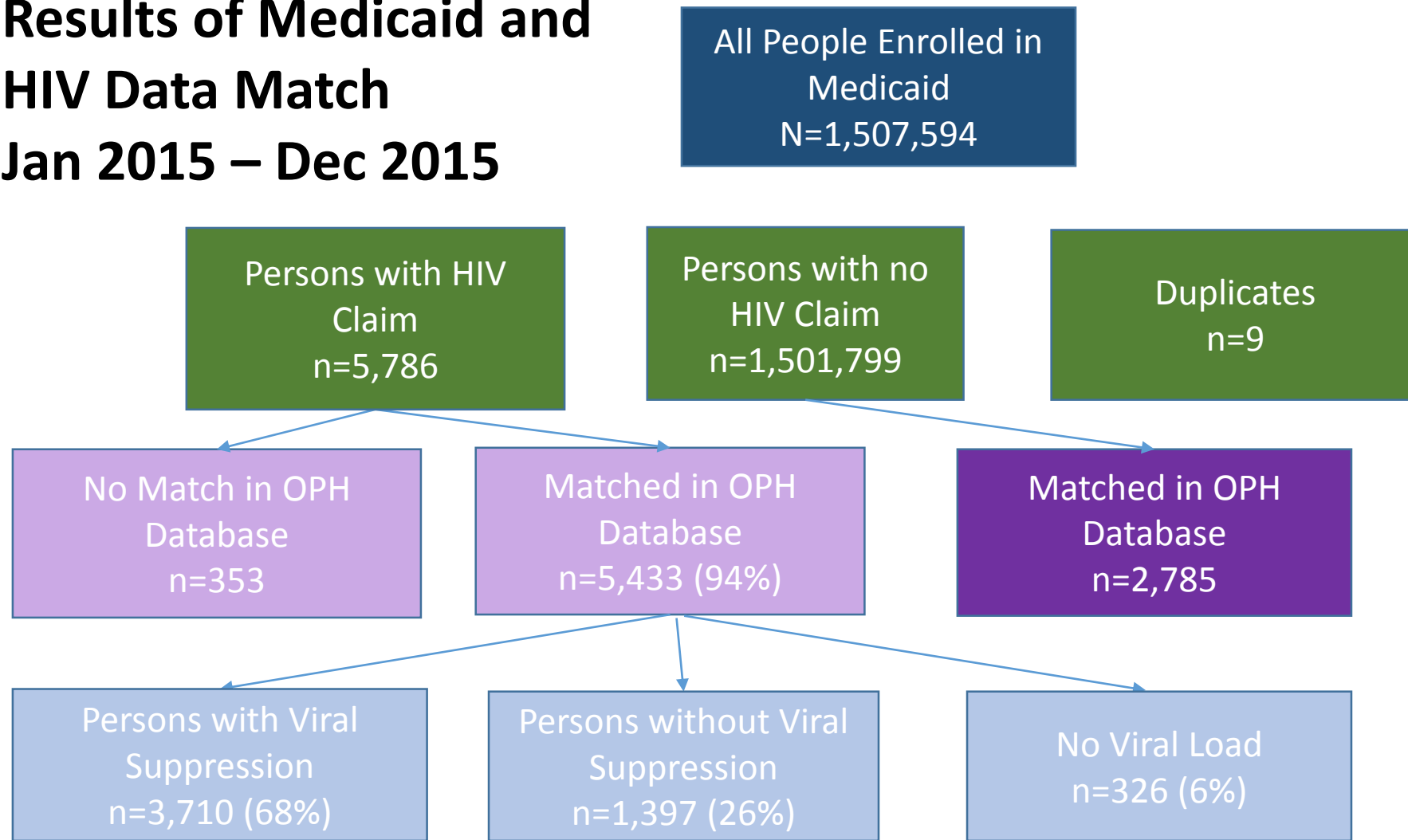
- 90% of labs are reported electronically
- Large laboratories report daily

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?”

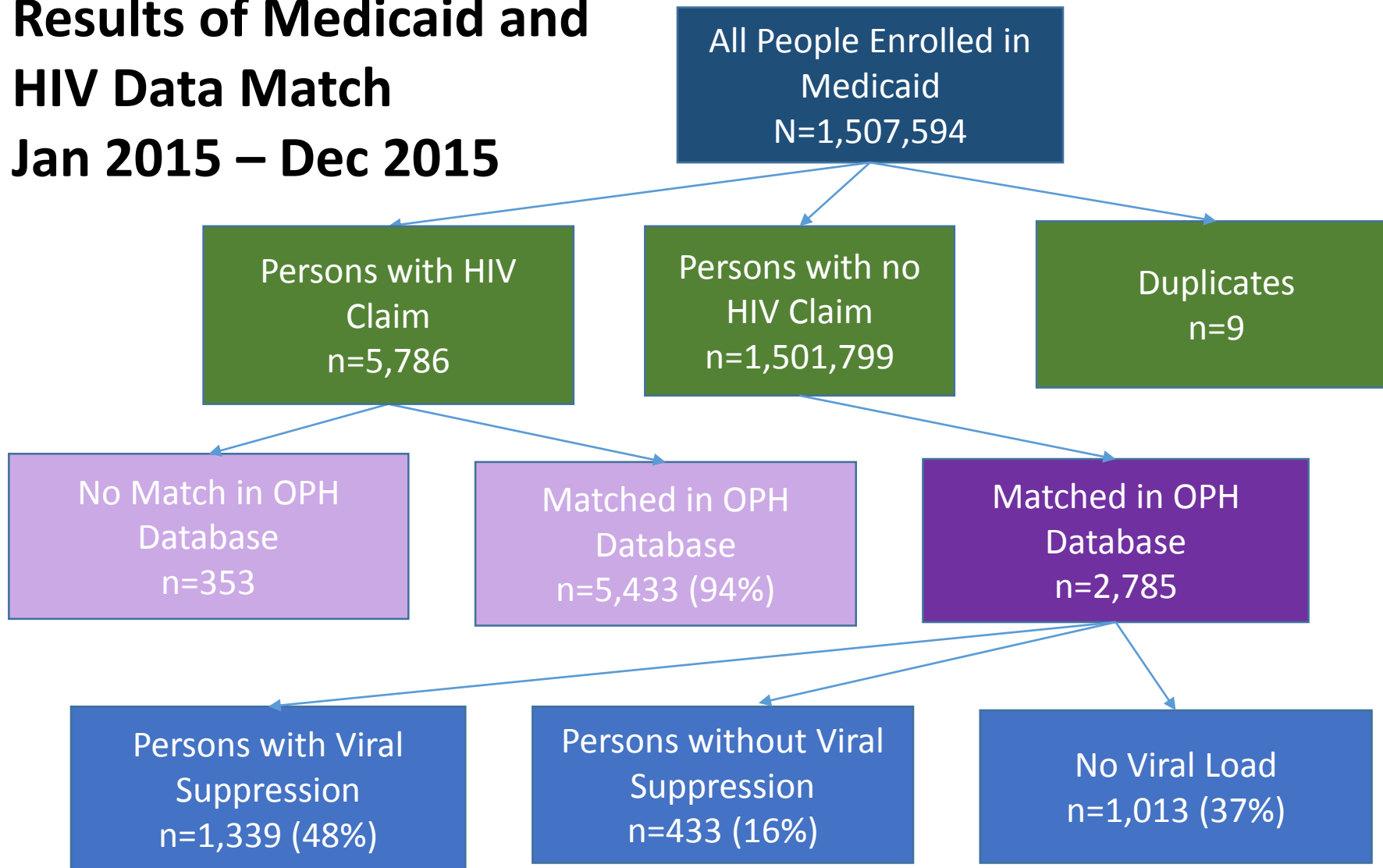
Results of Medicaid and HIV Data Match

Jan 2015 – Dec 2015



Results of Medicaid and HIV Data Match

Jan 2015 – Dec 2015

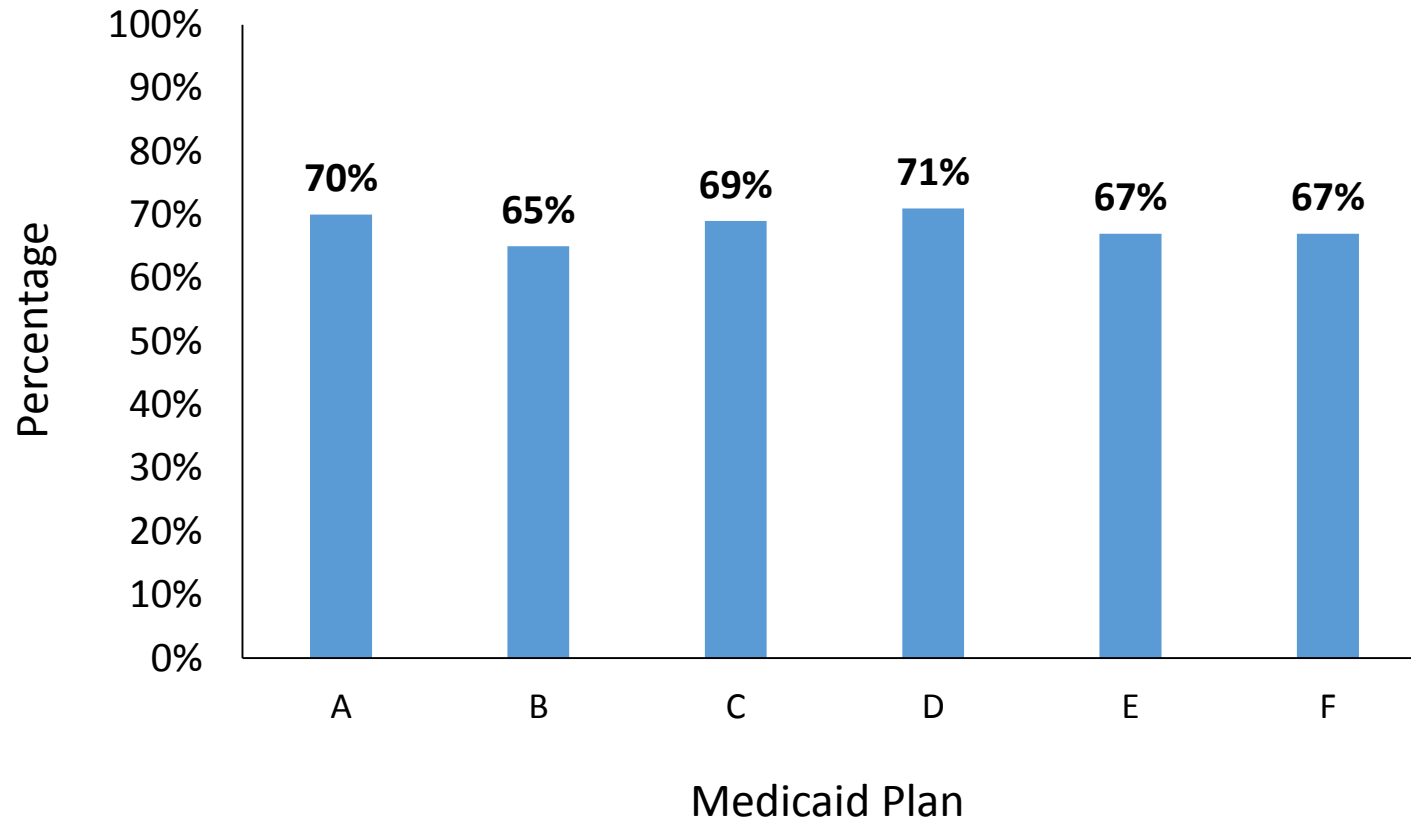


Healthy Louisiana Viral Load Measure Current Matching Process

- 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





SreyRam Kuy, MD, Louisiana Medicaid CMO SreyRam.Kuy@la.gov

Jen Steele, Louisiana Medicaid Director Jen.Steele@la.gov

DeAnn Gruber, PhD, Louisiana Office of Public Health DeAnn.Gruber@la.gov

Debbie Wendell, PhD, Louisiana Office of Public Health Debbie.Wendell@la.gov



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:
 - 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:
 - Ensuring universal HIV testing for all pregnant members.
 - Sharing test results.
 - Connecting pregnant members who test HIV positive to appropriate medical care to prevent perinatal transmission.



Intended Outcomes

- Project related outcomes:
 - A more complete evaluation of the HIV medical home.
 - Improved health outcomes for HIV medical home members.
 - Universal HIV testing for pregnant members.
 - No perinatal transmissions.
 - 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.
 - Identify HIV positive members never reported to surveillance.
 - Provide verification source for surveillance demographic data.
- Promote positive health outcomes for members living with HIV.
 - Ensure HIV testing for high-risk populations.
 - 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

Medicaid Policy Analyst

eileen.mcrae@wisconsin.gov

608-266-4498

Mari Ruetten, MPA

Ryan White Coordinator

mari.ruetten@wisconsin.gov

608-261-6397

Questions?



Technical Assistance

Rachel Yalowich, Policy Analyst
National Academy for State Health Policy



Technical Assistance Components

Learning Communities

- Data Linkage and Outcomes Evaluation
- Data Analysis and Use for Delivery System Improvement
- Provider Engagement and Quality Improvement

Webinars

- Learning Community-specific webinars (4-5) will occur every 2-3 months within each learning community.
- 2 affinity group-wide webinars focused on mutual areas of interest or TA will occur every 6 months

1:1 TA

- States will have access to up to 8 hours of ad hoc individualized technical assistance
- Examples: Research/memo development by NASHP staff, Conference calls with NASHP staff, federal agency experts, and/or other experts

Learning Communities

Data Linkage and Outcomes Evaluation

- CA
- GA
- IA
- MD
- NC
- WI

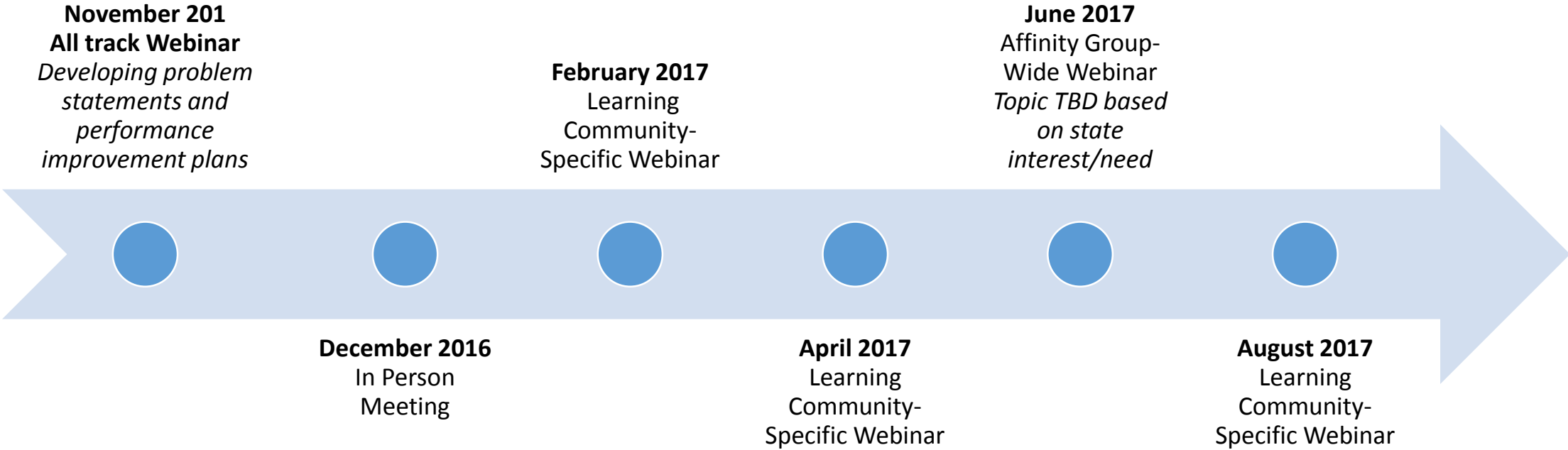
Data Analysis and Use for Delivery System Improvement

- IL
- LA
- MA
- NY
- RI
- WA

Provider Engagement and Quality Improvement

- AK
- CT
- MI
- MS
- NV
- NH
- VA

Learning Community Timeline



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!

