Louisiana HIV Clinical Quality Group

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STD/HIV Program

September 19, 2017
Louisiana HIV Clinical Quality Group

- Previous Iterations of Statewide CQG
- Most Recent Chapter
  - Established in 2013
  - Ryan White Cross-parts participation
  - National Quality Center Coach recognized and assessed the need for regional group
- Supporting/Planning Committee agencies
  - Louisiana OPH STD/HIV Program
  - LSU HIV Outpatient Clinic
  - CrescentCare (NO/AIDS Task Force)
Objectives of LHCQG

- Promote **data sharing and strategies**
- Improve **patient care** through quality improvement efforts
- Identify and promote **improvement strategies** through peer exchange
- **Build, sustain and implement** knowledge of improvement methods and tools to improve patient care
- Promote sustainability through quality management **infrastructure development**
- Build **regional success** through sharing of documents and strategies
- Establish **self-evaluation methodologies** to achieve goals and objectives
- Promote the national quality framework through **speaking engagements** by experts
- Coordinate relevant national, state and local priorities around HIV quality
- Facilitate quality based organizational assessments and program evaluation
What an ideal CQI group looks like

- Core group of RWHAP-funded agencies consistently participate
- Peer learning – sharing of QI needs & strategies
- Consumers routinely involved
- Data used to prioritize QI needs
- Group conducts joint QI projects
- Most members can use basic CQI processes
- Successful strategies documented and accessible to members
- Outline of expectations
Louisiana HIV Clinical Quality Group

- Primary goal – collect and submit data for Performance Measures
- Current PMs include HAB Measures:
  - Core 01: Viral Suppression
  - Core 02: ARV Therapy
  - Core 04: Gap in HIV Medical Visits
- Match Out of Care Lists
- Report trends and barriers to STD testing among PLWH
- Use Lightning Rounds to present brief QI project reports
- Implement additional QI projects as able
QM Plan – Membership/Infrastructure

• Meetings occur quarterly
• Additional subcommittees and conference calls as needed
• Membership inclusion and exclusion criteria
  • include clinical/quality/data experts
• Meetings recorded and notes distributed as Action Plan
• Utilize GlassCubes

https://nationalqualitycenter.glasscubes.com
QM Plan – Leadership

- SHP plays central role in leadership
- Group co-led by SHP QM Manager & agency member
- Additional roles filled by agency members
- Roles filled on rolling basis for predefined term
QM Plan – Roles

• **Co-leads**: central role in planning and conducting meetings
• **Data liaison**: collects needed data and aggregates it
• **Meeting facilitator**: facilitates meetings
• **Secretary**: records minutes at all meetings
• **Historian**: committed member who provides context & guidance
QM Plan – Discussion

- Questions/Concerns of proposed plan?
- Are there gaps in membership?
- Too many roles? More roles needed?
- Should additional PMs be added?
- What quality measures should be the focus of coming year?
- What skills or resources are lacking at your site for HIV quality improvement work?
Out of Care Initiative

• Participants to define and generate out of care patient list
• Share with SHP program to identify ‘true’ out of care

• Adopt Gap Measure
  • Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year
  • Numerator: Number of patients in the denominator who did not have a medical visit in the last 6 months of the measurement year
  • Denominator: Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year
CrescentCare Out of Care List Nov 2015

Submitted 607 medical records for SHP matching program

<table>
<thead>
<tr>
<th>Status after matching</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of Care</td>
<td>332</td>
</tr>
<tr>
<td>In Care Elsewhere</td>
<td>157</td>
</tr>
<tr>
<td>In Care at Clinic</td>
<td>30</td>
</tr>
<tr>
<td>Deceased</td>
<td>33</td>
</tr>
<tr>
<td>Moved Out of State</td>
<td>53</td>
</tr>
</tbody>
</table>
Tulane University Medical Group
CD4 Clinic

VIRAL LOAD SUPPRESSION QI PROJECT
1ST QUARTER, 2017
Tulane Medical Center, 1ST Qtr, 2017

560 – Active Patients
486 – Patients with at least one TMC visit in 2016
389 – 80% Viral Suppression goal
338 – 69% of patients virally suppressed
Steps to Viral Load Suppression

Develop list of unsuppressed patients

Develop data collection method

Develop mini Multidisciplinary Team (MDT) meetings every Wednesday to conduct assessment of barriers

Mini MDT members (Clinic NP, Nurses, Case Workers, OPH Case Finder, Sr. Patient Representative)

Categorize patients by barriers (*Currently where we are at*)

Develop an overall plan per barrier to be narrowed to individual plan per patient if necessary
Barriers to Viral Load Suppression

(N=50)

- Decreasing Viral Load: 36%
- New patients*: 28%
- Lost to follow-up: 22%
- Prescribed, not taking meds (forgetfulness, pill burden, travel): 16%
- Substance abuse: 12%
- Mental health/ depression: 10%
- Other: 8%
- Lapse in insurance/benefits (ADAP, Medicaid, marketplace, etc.): 6%
- Housing instability/ homelessness: 6%
- Ineffective regimen...: 6%
- Newly on meds, preparing to start (within 6 mos): 6%
- Transferred: 4%
- Deceased: 2%

*Patients who are newly initiated on antiretroviral therapy.
Context: Changes to the Louisiana Healthcare Landscape

- **Louisiana Medicaid**
  - Louisiana Department of Health (LDH) administers the Office of Public Health and Bureau of Health Services Financing (Medicaid)
  - Transition to Managed Care model in 2010
  - Medicaid Expansion began in July 2016

- **Privatization of Louisiana’s public hospital network**
  - Louisiana State University (LSU) hospitals provided direct patient care for the majority of state’s indigent citizens
  - Provided healthcare for many Ryan White clients
  - In 2012, state officials announced landmark public-private partnership agreements for LSU hospitals
  - Severe disruption of LSU hospital-based HIV care network
Louisiana HIV Clinical Quality Group

- **Added value of Medicaid participation at this time:**
  - Enhanced understanding of Payer perspective and priorities
  - Clarity on diagnosis codes
  - Provider education resources
  - Data-sharing
  - Increased understanding of HIV care retention and treatment for MCO quality improvement staff participants

- **Moving forward**
  - Seize opportunities
  - Continued sharing of QI activities
  - CMS HIV Health Improvement Affinity Group
How did Louisiana Medicaid managed care organizations (MCOs) become involved in Ryan White quality initiatives?

- Louisiana Department of Health
- Louisiana Medicaid
- Medicaid MCOs
- STD/HIV Program
- Office of Public Health
- Louisiana HIV Clinical Quality Group

?
Medicaid Viral Suppression Measure
OPH/Medicaid Data Sharing Agreement

- Office of Public Health (OPH) and Medicaid are both part of the Louisiana Department of Health
- OPH and Medicaid signed a data sharing agreement in Feb 2014
- Allows for very broad sharing of data between programs
- Recent challenges with getting access to data due to personnel changes at Medicaid
Medicaid Viral Suppression Measure

• 5 Medicaid MCOs in Louisiana
• Viral load measure included as an incentivized measure in the RFP in 2014
• Based on HRSA HAB Performance Measure

2016 Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set):
Medicaid Viral Suppression Measure

• Plans are penalized $250,000 annually if VL measure is not achieved

• Target set too low (54.3%)

• The VS measure will be included as an incentive measure in the next RFP with a VS target of 75%
Match Results
July 2016 – June 2017

All People Enrolled in Medicaid
N=1,767,623

Persons with HIV Claim
n=9,639

Matched in OPH Database
n=9,121 (95%)

No Match in OPH Database
n=518 (5%)

Persons with Viral Suppression
n=6,713 (74%)

Persons without Viral Suppression
n=1,912 (21%)

No Viral Load
n=496 (5%)
Match Results
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All People Enrolled in Medicaid
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- Persons with HIV Claim
  n=9,639
    - No Match in OPH Database
      n=518 (5%)
    - Matched in OPH Database
      n=9,121 (95%)
      - Persons with Viral Suppression
        n=6,713 (74%)
      - Persons without Viral Suppression
        n=1,912 (21%)
      - No Viral Load
        n=496 (5%)

- Persons with no HIV Claim
  n=1,757,984
  Matched in OPH Database
  n=2,767
  - Persons with Viral Suppression
    n=1,229 (44%)
  - Persons without Viral Suppression
    n=292 (11%)
  - No Viral Load
    n=1,246 (45%)

- Duplicates
  n=0
Louisiana Public Health Information Exchange (LaPHIE)
Louisiana Public Health Information Exchange (LaPHIE)

• Bi-directional electronic information exchange
• Uses Office of Public Health (OPH) surveillance data to generate point of care messages for providers at hospitals
  • Once it was established, LaPHIE was implemented in eight public hospitals
• Includes persons living with HIV who have fallen out of care or never received test results and HIV-exposed infants needing follow-up
LaPHIE - Surveillance Data Inputs

- HIV Surveillance Database
- Laboratory Database

Target populations:
- Persons considered “not in care” (no record of CD4/VL in 9 months)
- Persons who have not received test results and may be unaware of HIV status
- HIV-exposed infants in need of follow-up

LaPHIE Server
- LaPHIE Database
- Communication system: MIRTH – open source (behind OPH firewall)

Filtered dataset after business rules applied
LaPHIE – Data Flow

LaPHIE Server

Admission Information (ADT)

Disease Alert (PPR)

Disease Alert Response (PRR)

Interface Engine

Admission Information

Registration

Disease Alert

Disease Alert Response

EMR

Office of Public Health Firewall

Hospital Firewall
How LaPHIE Works...

Patient comes to clinic, hospital, or ED for any service.

Real time communication with surveillance system alerts physician that patient needs attention for HIV.

Patient Summary

<table>
<thead>
<tr>
<th>CBC</th>
<th>CHEM</th>
<th>ESR</th>
<th>LFT</th>
<th>LIPID</th>
<th>TSH</th>
<th>U/A</th>
<th>CXR</th>
</tr>
</thead>
</table>

Last Inpatient Admission: 12/19/2008

Patient may require follow up for an infectious disease. (Click here to take action.)
How LaPHIE Works...

The Louisiana Office of Public Health records indicate that this patient has HIV, but does not appear to have accessed HIV-related medical care in the last 12 months. No CD4 or viral load test results have been received by OPH from public or private laboratories.

Please proceed with the Recommended Actions for intervention.

**Recommended Actions**

- Assess need for intervention
- Offer education
- Assess patient need for treatment
- Initiate treatment monitoring plan
- Verify pregnancy or breastfeeding status

**Actions Taken**

- Please check the actions that you are completing with the patient. Some actions may already contain a check indicating completion by another provider. Other actions may not apply and can be left blank. Please hit SAVE once you have completed your actions.
  - [ ] Discussed OPH message and need for treatment with the patient
  - [ ] Re-ordered confirmatory Western Blot
  - [ ] Assessed stage of illness
  - [ ] Scheduled follow-up appointment
  - [ ] Counseled pregnant patient (if needed)
  - [ ] Documented patient report of receiving treatment at another site
  - [ ] Confirmed patient is not interested in treatment at this time

**Comments:**

The Delta AIDS Education & Training Center is available for training regarding HIV/AIDS at 504-903-0788; any questions about HIV/AIDS can also be addressed by calling 504-903-0823.
Physician follows on-screen steps to re-engage patient into care and provide HIV treatment, as appropriate.

Patient attends appointment to receive HIV-related care.
Expansion and Systemic Changes

• SPNS Linkages Award – 2011
  • Funded to replicate LaPHIE in a large private hospital in Baton Rouge
  • Administrative challenges when public hospital closed in April 2013 and hospital assumed operations
  • Successfully launched in August 2015

• Public/Private Hospital Partnerships – 2013
  • Nine of ten public hospitals were transitioned to the private sector or closed
  • LaPHIE is currently operating in two of the former public hospitals (New Orleans and Independence)
LaPHIE Results
No. of People who Received an Alert

- 2012: 382
- 2013: 341
- 2014: 296
- 2015: 215
- 2016: 243
- 2017 (Jan-Jul): 126
LaPHIE Results
% Linked to Care within 90 Days

- 2012: 73%
- 2013: 77%
- 2014: 76%
- 2015: 73%
- 2016: 82%
Step-by-Step Creation of a PHIE

1. Define Persons of Interest
2. Establish Criteria for Out of Care Data Set
3. Build an Out of Care Data Set
4. Design an HL7 Interface between Hospital and the Health Department and Test System
5. Establish Referral Process
6. Establish Monitoring System
7. Identify PHIE Users and Roles
8. Train Clinical Providers
Future of LaPHIE

- Negotiate with hospitals to preserve LaPHIE as new EHRs are being implemented
- Offer resources to assist with software programming modifications
- Expand to additional private medical centers and clinics
STIs in Louisiana
## Louisiana STI and HIV 2015 vs 2016

<table>
<thead>
<tr>
<th>STI</th>
<th>2015 Ranking</th>
<th>2015</th>
<th>2016</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>P&amp;S Syphilis</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>696</td>
<td>750</td>
<td>7.8%</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>32,305</td>
<td>31,727</td>
<td>-1.8%</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>10,274</td>
<td>10,782</td>
<td>4.9%</td>
</tr>
<tr>
<td>Congenital Syphilis</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>54</td>
<td>48</td>
<td>-11.1%</td>
</tr>
</tbody>
</table>
Primary and Secondary Syphilis Diagnosis Rates Louisiana and the United States, 2007-2016

<table>
<thead>
<tr>
<th>Year of Diagnosis</th>
<th>Louisiana Diagnosis Rate (per 100,000)</th>
<th>United States Diagnosis Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>12.0</td>
<td>3.5</td>
</tr>
<tr>
<td>2008</td>
<td>16.0</td>
<td>5.0</td>
</tr>
<tr>
<td>2009</td>
<td>16.0</td>
<td>5.5</td>
</tr>
<tr>
<td>2010</td>
<td>14.0</td>
<td>5.0</td>
</tr>
<tr>
<td>2011</td>
<td>8.0</td>
<td>4.0</td>
</tr>
<tr>
<td>2012</td>
<td>8.0</td>
<td>4.0</td>
</tr>
<tr>
<td>2013</td>
<td>10.0</td>
<td>5.0</td>
</tr>
<tr>
<td>2014</td>
<td>12.0</td>
<td>6.0</td>
</tr>
<tr>
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<td>14.0</td>
<td>6.5</td>
</tr>
<tr>
<td>2016</td>
<td>16.0</td>
<td>7.0</td>
</tr>
</tbody>
</table>
## Primary and Secondary Syphilis in Louisiana, 2016

<table>
<thead>
<tr>
<th>P&amp;S Syphilis</th>
<th>750</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Sex at Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>74%</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>26%</td>
</tr>
<tr>
<td>By Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td>74%</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td>25%</td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td>2%</td>
</tr>
<tr>
<td>By Age Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 20 years</td>
<td></td>
<td>14%</td>
</tr>
<tr>
<td>20-29 years</td>
<td></td>
<td>49%</td>
</tr>
<tr>
<td>30 and older</td>
<td></td>
<td>37%</td>
</tr>
<tr>
<td>By Region</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Orleans</td>
<td></td>
<td>29%</td>
</tr>
<tr>
<td>Baton Rouge</td>
<td></td>
<td>16%</td>
</tr>
<tr>
<td>Houma</td>
<td></td>
<td>7%</td>
</tr>
<tr>
<td>Lafayette</td>
<td></td>
<td>9%</td>
</tr>
<tr>
<td>Lake Charles</td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td>Alexandria</td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td>Shreveport</td>
<td></td>
<td>20%</td>
</tr>
<tr>
<td>Monroe</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>Hammond/Slidell</td>
<td></td>
<td>3%</td>
</tr>
</tbody>
</table>
Chlamydia and Gonorrhea Diagnoses in Louisiana, 2016

<table>
<thead>
<tr>
<th></th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31,727</td>
<td>10,783</td>
</tr>
<tr>
<td>By Sex at Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>28%</td>
<td>49%</td>
</tr>
<tr>
<td>Female</td>
<td>72%</td>
<td>51%</td>
</tr>
<tr>
<td>By Race/Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>71%</td>
<td>78%</td>
</tr>
<tr>
<td>White</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>By Age Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 20 years</td>
<td>33%</td>
<td>26%</td>
</tr>
<tr>
<td>20-29 years</td>
<td>54%</td>
<td>53%</td>
</tr>
<tr>
<td>30 and older</td>
<td>13%</td>
<td>21%</td>
</tr>
</tbody>
</table>
Chlamydia Diagnosis Rates
Louisiana and the US, 2007-2016

Diagnosis Rate (per 100,000)

Year of Diagnosis

Diagnosis Rate (per 100,000)

Year of Diagnosis
Gonorrhea Diagnosis Rates
Louisiana and the US, 2007-2016

![Graph showing gonorrhea diagnosis rates in Louisiana and the US from 2007 to 2016. The graph indicates a general decline in diagnosis rates from 2007 to 2010, followed by stabilization and a slight increase from 2011 to 2016. The rates are lower in Louisiana compared to the US throughout the period.](image-url)
Louisiana had 48 congenital syphilis cases in 2016, a decrease from 54 cases in 2015.

### Congenital Syphilis Rates

#### Louisiana and the US, 2007-2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Louisiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>55.8</td>
<td>10.1</td>
</tr>
<tr>
<td>2008</td>
<td>33.7</td>
<td>10.5</td>
</tr>
<tr>
<td>2009</td>
<td>16.9</td>
<td>10.4</td>
</tr>
<tr>
<td>2010</td>
<td>52.9</td>
<td>9.7</td>
</tr>
<tr>
<td>2011</td>
<td>29.1</td>
<td>10.4</td>
</tr>
<tr>
<td>2012</td>
<td>52.7</td>
<td>9</td>
</tr>
<tr>
<td>2013</td>
<td>63.4</td>
<td>8.4</td>
</tr>
<tr>
<td>2014</td>
<td>73.4</td>
<td>8.7</td>
</tr>
<tr>
<td>2015</td>
<td>75.2</td>
<td>11.6</td>
</tr>
<tr>
<td>2016</td>
<td>83.9</td>
<td>12.4</td>
</tr>
</tbody>
</table>

**YEAR OF BIRTH**

**CASE RATE (PER 100,000 LIVE BIRTHS)**
STI/HIV Reduction Strategy

OLD PROBLEMS, NEW SOLUTIONS
STI/HIV Reduction Strategy

A focused plan of action that encompasses goals, objectives, and strategies from past and present SHP activities

I. **Direct Care Services**: To ensure optimal use of available healthcare services and resources for the prevention of new STD/HIV infection

II. **Patient Awareness & Education**: To improve health outcomes through increased STD/HIV awareness and promotion of healthy sexual behaviors

III. **Community Awareness & Engagement**: To promote strong community partnerships by expanding existing relationships and developing additional community-based services focused on reducing STD/HIV morbidity and mortality
STD/HIV Reduction Strategy
Direct Care Services

• Increase STD/HIV screening and testing
• Expand rapid syphilis and extra-genital test utilization in PHUs and CBOs
• Implement enhanced partner notification services including rapid syphilis and HIV testing and referrals to care and PrEP
• Increase PrEP awareness and education among providers and in the community
• Sponsor Undoing Racism workshops
STD/HIV Reduction Strategy
Patient Awareness & Education

• Update patient education materials
• Conduct Focus Groups
• Develop a Patient Education Toolkit (EHR & SHP website)
STI/HIV Reduction Strategy
Successes

• More than tripled the number of syphilis tests performed at community-based organizations in 2016 (compared to 2015)

• Increased the number of primary and secondary syphilis cases that were treated within 14 days of specimen collection in PHUs to 91% (Jan-Jun 2016) compared to 78.6% (Jan-Dec 2015)

• Successfully implemented extra-genital GC/CT testing at 12 PHUs in all 9 OPH Regions, with plans for additional expansion by the end of 2017

• 228 GC/CT cases were diagnosed that would have been missed if depending on urogenital testing alone

• Increased the number of comprehensive PrEP clinics in the State from 3 in 2015 to 13 in 2017
STI/HIV Reduction Strategy Successes (cont.)

• Created a new website: www.LouisianaHealthHub.org

• Established a Regional Task Force in each OPH region
  • OPH Regional leadership, Regional Coord, LCC, FQHCs, CBOs, Comm Partners

• Developed a Congenital Syphilis Case Review Team comprised of SHP Central Office staff, Regional Medical Teams, and Regional Disease Intervention Specialists
STI/HIV Reduction Strategy 
Successes (cont.)

• Viral suppression among persons newly diagnosed with HIV in Louisiana who entered HIV-related medical care within 90 days increased from 81% in 2014 to 86% in 2016

• Viral suppression among persons living with HIV in Louisiana who were in medical care increased from 65% in 2012 to 81% in 2016
STI/HIV in Louisiana: Old Problems, New Solutions

• Reduce the number of new cases of STI and HIV in Louisiana
• Reduce the number of new Congenital Syphilis cases in Louisiana
• Expand the Louisiana PrEP Provider network
• Increase access to PrEP for persons that would benefit most from this medication
• Continue to increase viral suppression rates among persons newly diagnosed with HIV
• Continue to promote use of available screening and testing technology to increase timely detection and treatment of infection
Clinical Quality Group
One of the Keys to
Ending the Epidemic