

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee Meeting

2 p.m., Tuesday, June 18, 2019

Meeting location: 2223 W. Loop South, Room 416

Houston, Texas 77027

Agenda

- I. Call to Order Denis Kelly and Gloria Sierra,
Co-Chairs
- A. Moment of Reflection
- B. Adoption of Agenda
- C. Approval of the Minutes
- II. Public Comment
- (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting.)
- III. Training: Standards of Care Amber Harbolt
- IV. Reports from Ryan White Administrative Agents
- A. Ryan White Part A and MAI Carin Martin
- FY18 RW Part A and MAI Service Utilization, dated 05/23/19
- FY18 Performance Measures Highlights
- B. Ryan White Part B and State Services Patrick Martin
- FY18/19 Part B Procurement Report (Final), dated 06/03/19
- FY19/20 Part B Procurement Report, dated 06/03/19
- FY18/19 DSHS State Services Procurement Report, dated 06/03/19
- Health Insurance Assistance Service Utilization Report, dated 05/24/19
- V. New Business
- A. Proposed text: Mental Health Service Definition Patrick Martin
- B. Pay for Performance – see attached workgroup recommendation Carin Martin
- C. Telemedicine – see attached workgroup recommendation
- VI. Announcements
- VII. Adjourn

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee

2:00 p.m., Tuesday, May 14, 2019

Meeting location: 2223 W. Loop South, Room 416; Houston, Texas 77027

Minutes

MEMBERS PRESENT

Denis Kelly, Co-Chair
Gloria Sierra, Co-Chair
Tony Crawford
Ronnie Galley
Gregory Hamilton
Daphne L. Jones, via phone
Kevin Aloysius
Savi Bailey
Marcely Macias
Tracy Sandles

MEMBERS ABSENT

Connie Barnes , excused
Rosalind Belcher, excused
Ahmier Gibson, excused
Tom Lindstrom, excused
Robert Noble
John Poole, excused
Pete Rodriguez, excused
Crystal Starr, excused
Carol Suazo
Ma'Janae Chambers
Billy Ray Grant, Jr
Cecilia Oshingbade, excused

OTHERS PRESENT

Patrick Martin, TRG
Carin Martin, RWGA
Tori Williams, Ofc of Support
Diane Beck, Ofc of Support

Call to Order: Gloria Sierra, Co-Chair, called the meeting to order at 2:39 p.m. and asked for a moment of reflection.

Adoption of the Agenda: ***Motion #1:** it was moved and seconded (Galley, Hamilton) to adopt the agenda. Motion carried.* Abstention: Aloysius

Approval of the Minutes: ***Motion #2:** it was moved and seconded (Crawford, Galley) to approve the March 19, 2019 committee meeting minutes. Motion carried.* Abstentions: Aloysius, Sandles.

Approval of the Minutes: ***Motion #3:** it was moved and seconded (Galley, Sandles) to approve the March 19, 2019 joint committee meeting minutes. Motion carried.* Abstentions: Aloysius, Sandles.

Public Comment: None.

Reports from the Administrative Agents

Ryan White Part A: C. Martin presented the following attached reports:

- FY 2018 Procurement, dated 05/02/19

Ryan White Part B and State Services: P. Martin presented the following attached reports:

- FY18/19 Part B Procurement, dated 05/14/19
- FY18/19 DSHS State Services Procurement, dated 05/01/19
- FY18/19 Part B Service Utilization, dated 05/08/19
- Health Insurance Service Utilization Report, dated 03/29/19

- TRG Consumer Interview Results - updated to reflect only the Houston HSDA: Kelly asked why there is no information on the complaint and resolution process available at the agencies. P. Martin and C. Martin said that flyers should be posted. Ryan White Grant Administration checks that they are posted during site visits but may need to assess the visibility of where they are placed.
- Questions from Consumers: Kelly said that clients need to be educated about how oral health works. P. Martin said that they are working on it and will bring information to the Affected Community Committee next month for comment. Kelly would like to have Road 2 Success on how Ryan White services work at the different agencies.

FY 2020 How to Best Meet the Need

Workgroup Recommendations, including Financial Eligibility: See attached summary of workgroup recommendations and full packet of service definitions.

Mental Health Service Definition: The service definition presented to the committee did not accurately reflect the workgroup recommendation therefore Mental Health service category was tabled in order for the grantee to get clarification on the recommendation.

Increase Visibility of the Day Treatment Program: Williams will work with P. Martin to develop ways for doctors to be more aware of the day treatment program so they will refer clients that can benefit from the program.

Alternative Transportation Programs: See attached information.

Financial Eligibility: The committee asked the grantees for information on how many consumers would be able to access non-HIV medications through the Local Pharmacy Assistance Program and Mental Health services if the financial eligibility was raised to 400% FPL.

Motion #4: *it was moved and seconded (Hamilton, Crawford) to approve the How to Best Meet the Need workgroup recommendations for the FY 2020 Ryan White Part A, MAI, Part B and State Services service definitions and financial eligibility except for Mental Health which is tabled at this time; with the understanding that the financial eligibility for non-HIV medications under LPAP and Mental Health Services may change from 300% to 400% FPL. Motion carried.* Abstentions: Aloysius, Bailey, Crawford.

HIV Targeting Chart: **Motion #5:** *it was moved and seconded (Hamilton, Macias) to approve the attached Targeting Chart for FY 2020 Service Categories for Ryan White Part A, B, MAI and State Services Funding. Motion carried.* Abstentions: Aloysius.

Announcements: The co-chairs will present the How to Best Meet the Need recommendations at a Public Hearing at 7:00 p.m. on Monday, May 20, 2019, at the City Hall Annex located at 900 Bagby Street in Downtown Houston. If significant public comment is received, there will be a Special Committee Meeting at 9:00 a.m., Tuesday, May 21, 2019 in Room 240. A second meeting of the Special Workgroup will be scheduled for May 30 or June 1, 2019. Turner said that there will be a Long Term Survivor BBQ Brunch at Neon Boots on June 2, 2019 at 11:00 a.m. Sierra said that the Youth Transition Summit will be on August 7, 2019 at Montrose Center. The morning session (8:30 a.m. - 11:00 a.m.) will be for professionals and the afternoon session (11:30 a.m. - 3:00 p.m.) will be for youth.

Adjourn: The meeting was adjourned at 3:43 p.m.

Submitted by:

Approved by:

Tori Williams, Director Date

Committee Chair Date

Scribe: D. Beck

JA = Just arrived at meeting

LR = Left room temporarily

LM = Left the meeting

C = Chaired the meeting

2019 Quality Assurance Meeting Voting Record for Meeting Date 05/14/19

MEMBERS:	Motion #1 Agenda				Motion #2 Committee Minutes				Motion #3 Joint Meeting Minutes				Motion #4 FY 2020 HTBMN Recommendations				Motion #5 FY 2020 Targeting Chart			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Denis Kelly, Co-Chair				C				C				C				C				C
Gloria Sierra, Co- Chair		X				X				X				X				X		
Connie Barnes	X				X				X				X				X			
Rosalind Belcher	X				X				X				X				X			
Tony Crawford		X				X				X						X		X		
Ronnie Galley 1m 3:00 pm		X				X				X			X				X			
Ahmier Gibson	X				X				X				X				X			
Gregory Hamilton		X				X				X				X				X		
Daphne L. Jones		X				X				X				X				X		
Tom Lindstrom	X				X				X				X				X			
Robert Noble	X				X				X				X				X			
John Poole	X				X				X				X				X			
Pete Rodriguez	X				X				X				X				X			
Crystal Starr	X				X				X				X				X			
Carol Suazo	X				X				X				X				X			
Kevin Aloysius				X				X				X				X				X
Savi Bailey		X				X				X						X		X		
Ma'Janae Chambers	X				X				X				X				X			
Billy Ray Grant, Jr	X				X				X				X				X			
Marcely Macias		X				X				X				X				X		
Cecilia Oshingbade	X				X				X				X				X			
Tracy Sandles		X						X				X		X				X		

Training on Standards of Care



General Standard 3.2: "Agency has Policy and Procedure regarding client Confidentiality [...] Providers must implement mechanisms to ensure protection of clients' confidentiality in all processes throughout the agency."



"Mrs. Cranley! You need to sign this HIPAA privacy form before the doctor can look at those warts on your stomach!"



All our nurses now have degrees...unfortunately nurse Pillarights is in the expressive arts!

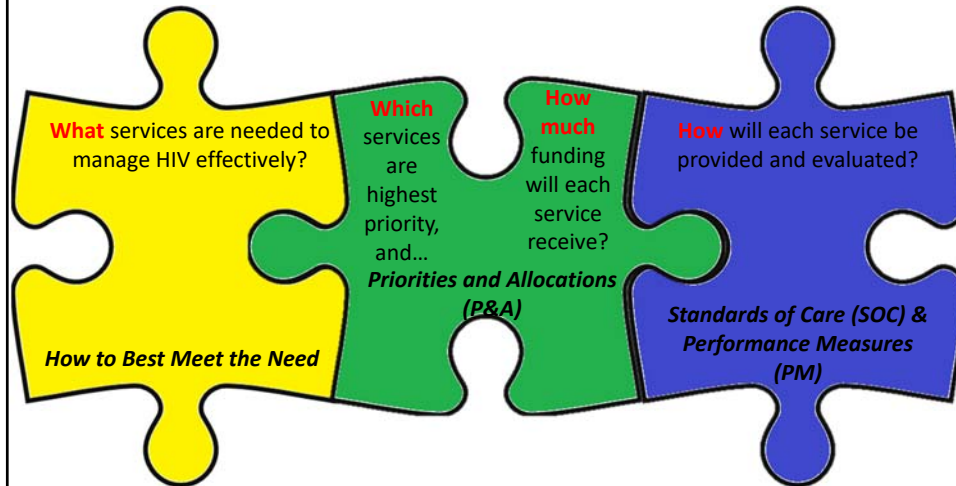
Primary Medical Care 1.1:
"Medical care for [PLWH] shall be provided by MD, NP, CNS or PA licensed in the State of Texas and has at least two years paid experience in HIV/AIDS care including fellowship."

Oral Health 2.8: "Oral hygiene instructions (OHI) should be provided annually to each client."



To help emphasize good oral hygiene in kids, Dr. Remford installed a dental floss zipline in his office.

Components of the Process



Houston Has Standards!

If you were planning on buying a car, what are some basic features you would expect to “come standard” with a good quality car?

- A working engine
- Steering wheel
- Brakes
- Seatbelts
- Air conditioner – A must-have in Houston!

Just as you would expect basic features to “come standard” when buying a car, you can also expect basic levels of quality to “come standard” with HIV care services in Houston. We call these Standards of Care (SOC).



Official Definitions

- **Standard of Care (SOC)**

A *statement* of the minimal acceptable levels of quality in HIV service delivery by Ryan White funded providers in a local jurisdiction.

- **Performance Measure (PM)**

A *measurement* of the impact of HIV care, treatment, and support services provided by Ryan White funded providers in a local jurisdiction.



A Little Background on SOC...

- First developed in 1999 as a way to monitor provider contracts
- Every year since, workgroups are held to review the Standards with the community that include physicians, nurses, case managers, administrators, and consumers
- Based on
 1. Accepted industry guidelines
 2. On-site program monitoring results, and
 3. Provider and consumer input
- Apply to services funded by Ryan White Parts A and B, and State Services.
- Maintained by the Administrative Agents (AAs)
 - RW/A = Ryan White Grant Administration
 - RW/B and State Services = The HIV Resource Group



What SOC Are

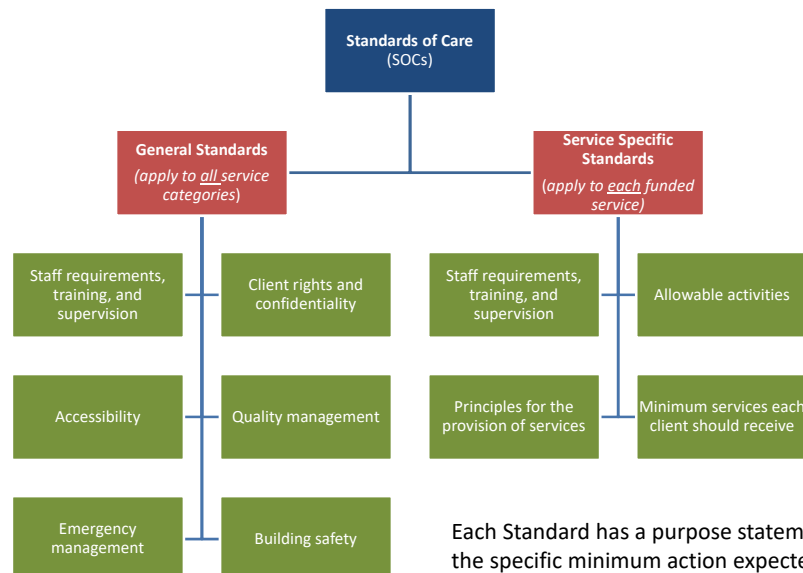
- A way of letting providers and consumers know what constitutes quality care and services for PLWH
- A tool for making sure Ryan White-funded services are delivered according to minimum industry standards and guidelines
- One of many data sources for measuring how well Ryan White-funded services are meeting overall community goals



What SOC Aren't

- A way to evaluate how a specific Ryan White-funded agency conducts business (*Agency monitoring is done by the AAs*)
- A way to decide which agency in Houston gets Ryan White money (*RFPs and agency contracts are coordinated by the AAs*)
- Guidelines for HIV services provided by *non*-Ryan White-funded agencies

Organization of the SOC's



GENERAL STANDARDS

	Standard	Measure
1.0	Staff Requirements	
1.1	<u>Staff Screening (Pre-Employment)</u> Staff providing services to clients shall be screened for appropriateness by provider agency as follows: <ul style="list-style-type: none"> • Personal/Professional references • Personal interview • Written application Criminal background checks, if required by Agency Policy, must be conducted prior to employment and thereafter for all staff and/or volunteers per Agency policy.	<ul style="list-style-type: none"> • Review of Agency's Policies and Procedures Manual indicates compliance • Review of personnel and/or volunteer files indicates compliance
1.2	<u>Initial Training: Staff/Volunteers</u> Initial training includes eight (8) hours HIV/AIDS basics, safety issues (fire & emergency preparedness, hazard communication, infection control, universal precautions), confidentiality issues, role of staff/volunteers, agency-specific information (e.g. Drug Free Workplace policy). Initial training must be completed within 60 days of hire.	<ul style="list-style-type: none"> • Documentation of all training in personnel file. • Specific training requirements are specified in Agency Policy and Procedure • Materials for staff training and continuing education are on file • Staff interviews indicate compliance
1.3	<u>Staff Performance Evaluation</u> Agency will perform annual staff performance evaluation.	<ul style="list-style-type: none"> • Completed annual performance evaluation kept in employee's file • Signed and dated by employee and supervisor (includes electronic signature)
1.4	<u>Cultural and HIV Mental Health Co-morbidity Competence Training/Staff and Volunteers</u> All staff tenured 0 – 5 year with their current employer must receive four (4) hours of cultural competency training and an additional one (1) hour of HIV/Mental Health co-morbidity sensitivity training annually. All new employees must complete these within ninety (90) days of hire.	<ul style="list-style-type: none"> • Documentation of training is maintained by the agency in the personnel file

As of October 2, 2015

4

SERVICE SPECIFIC STANDARDS OF CARE

Case Management (All Case Management Categories)

Case management services in HIV care facilitate client access to health care services, assist clients to navigate through the wide array of health care programs and ensure coordination of services to meet the unique needs of PLWHA. It also involves client assessment to determine client's needs and the development of individualized service plans in collaboration with the client to mitigate clients' needs. Ryan White Grant Administration funds three case management models i.e. one psychosocial and two clinical/medical models depending on the type of ambulatory service within which the case management service is located. The scope of these three case management models namely, Non-Medical, Clinical and Medical case management services are based on Ryan White HIV/AIDS Treatment Modernization Act of 2006 (HRSA)² definition for non-medical and medical case management services. Other resources utilized include the current *National Association of Social Workers (NASW) Standards for Social Work Case Management*³. Specific requirements for each of the models are discussed under each case management service category.

1.0	Staff Training	
1.1	<u>Required Meetings</u> <u>Case Managers and Service Linkage Workers</u> Case managers and Service Linkage Workers will attend on an annual basis a minimum of four (4) of the five (5) bi-monthly networking meetings facilitated by RWGA. Case Managers and Service Linkage Workers will attend the "Joint Prevention and Care Coordination Meeting" held annually and facilitated by the RWGA and the City of Houston STD/HIV Bureau. Medical Case Management (MCM), Clinical Case Management (CCM) and Service Linkage Worker Supervisors will attend on an annual basis a minimum of five (5) of the six (6) bi-monthly Supervisor meetings facilitated by RWGA (in the event a MCM or CCM supervises SLW staff the MCM or CCM must attend the Supervisor meetings and may, as an option, attend the networking meetings)	<ul style="list-style-type: none"> • Agency will maintain verification of attendance (RWGA will also maintain sign-in logs)

² US Department of Health and Human Services, Health Resources and Services Administration HIV/AIDS Bureau (2009). Ryan White HIV/AIDS Treatment Modernization Act of 2006: Definitions for eligible services

³ National Association of Social Workers (1992). NASW standards for social work case management. Retrieved 02/9/2009 from www.socialworkers.org/practice/standards/sw_case_mgmt.asp

As of October 2, 2015

19

)

Organization of the PMs

All Performance Measures (PMs) are service-specific

- Each PM is a system-wide measure that helps evaluate the impact of HIV services on the health status of the people living with HIV in the Houston area.
- PMs are based on current U.S. Department of Health and Human Services (HHS) Guidelines for HIV health care and community input.
- In general, PMs assess the percentage of consumers who, following receipt of a specific service:
 - Entered into and/or were retained in HIV medical care
 - Experienced improvement in HIV health indicators like CD4 counts and viral load suppression
 - Received recommended medical, oral, and optical screening, care, and follow-up
 - Were screened for and received mental health or substance abuse services if needed
 - Obtained housing if homeless or unstably housed
 - Secured 3rd party health care coverage (insurance) if uninsured, and/or
 - Other service-specific measures

Ryan White Part A HIV Performance Measures FY 2016 Report

Clinical Case Management All Providers

For FY 2016 (3/1/2016 to 2/28/2017), 1,406 clients utilized Part A clinical case management.

HIV Performance Measures	FY 2015	FY 2016	Change
A minimum of 75% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing clinical case management	402 (39.5%)	685 (48.7%)	9.2%
Percentage of clinical case management clients who utilized mental health services	247 (24.3%)	360 (25.6%)	1.3%
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	382 (73.0%)	501 (69.0%)	-4.0%
Percentage of clients who were homeless or unstably housed	267 (26.2%)	322 (22.9%)	-3.3%

According to CPCDMS, 33 (2.4%) clients utilized primary care for the first time and 118 (8.4%) clients utilized mental health services for the first time after accessing clinical case management.

Clinical Chart Review Measures	FY 2015
Percentage of HIV-infected clinical case management clients who had a case management care plan developed and/or updated two or more times in the measurement year	80%
Percentage of clients identified with an active substance abuse condition receiving Ryan White funded substance abuse treatment*	0%

*Data was not collected in FY 2015



Take-Home Messages

- Standards of Care set the minimum acceptable levels of *quality* of HIV care, treatment, and support services provided to PLWH by Ryan White funded providers
- Performance Measures provide a way to evaluate the system-wide impact of HIV services on the health status of the people living with HIV in the Houston area.
- SOC and PMs do *not* evaluate a specific individual provider or agency, nor do they determine which provider/agency receives Ryan White funds
- Consumers have an important role in the SOC/PM process. They review the standards and make recommendation for improvements, and they serve as a voice of the consumer in defining quality of HIV care.

FY 2018 Ryan White Part A and MAI Service Utilization Report

SUR - 4th Quarter Cumulative (3/1-2/28)																	
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Outpatient/Ambulatory Primary Care (excluding Vision)	6,467	7,785	74%	26%	48%	14%	2%	35%	0%	0%	4%	27%	27%	13%	26%	2%
1.a	Primary Care - Public Clinic (a)	2,350	3,498	69%	31%	51%	10%	2%	37%	0%	0%	2%	19%	26%	15%	34%	4%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	1,793	69%	31%	99%	0%	1%	0%	0%	0%	8%	39%	27%	10%	15%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	1,337	85%	15%	0%	0%	0%	100%	0%	1%	6%	29%	30%	14%	19%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	721	88%	12%	0%	88%	12%	0%	0%	0%	3%	27%	21%	15%	31%	3%
1.e	Primary Care - CBO Targeted to Rural (a)	400	633	71%	29%	47%	24%	2%	27%	0%	0%	7%	32%	27%	11%	21%	1%
1.f	Primary Care - Women at Public Clinic (a)	1,000	1,078	0%	100%	61%	8%	2%	29%	0%	0%	1%	14%	29%	18%	33%	5%
1.g	Primary Care - Pediatric (a)	7	11	73%	27%	36%	9%	0%	55%	9%	45%	45%	0%	0%	0%	0%	0%
1.h	Vision	1,600	2,716	75%	25%	48%	16%	2%	34%	0%	0%	5%	24%	22%	14%	32%	3%
2	Medical Case Management (f)	3,075	5,318														
2.a	Clinical Case Management	600	1,096	73%	27%	64%	18%	2%	17%	0%	0%	5%	28%	25%	11%	28%	3%
2.b	Med CM - Targeted to Public Clinic (a)	280	683	90%	10%	61%	9%	1%	29%	0%	1%	3%	27%	22%	13%	32%	3%
2.c	Med CM - Targeted to AA (a)	550	1,716	69%	31%	99%	0%	1%	0%	0%	0%	8%	35%	25%	10%	20%	2%
2.d	Med CM - Targeted to H/L (a)	550	959	85%	15%	0%	0%	0%	100%	0%	1%	6%	33%	30%	10%	18%	2%
2.e	Med CM - Targeted to White and/or MSM (a)	260	639	87%	13%	0%	88%	11%	0%	0%	0%	3%	26%	19%	14%	34%	3%
2.f	Med CM - Targeted to Rural (a)	150	737	70%	30%	48%	26%	2%	23%	0%	0%	7%	27%	23%	11%	28%	4%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	272	0%	100%	66%	7%	3%	23%	0%	0%	1%	17%	30%	18%	30%	3%
2.h	Med CM - Targeted to Pedi (a)	125	104	63%	37%	73%	4%	0%	23%	64%	26%	10%	0%	0%	0%	0%	0%
2.i	Med CM - Targeted to Veterans	200	182	96%	4%	70%	20%	1%	9%	0%	0%	0%	2%	4%	7%	64%	23%
2.j	Med CM - Targeted to Youth	120	26	96%	4%	46%	8%	0%	46%	0%	19%	81%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (a)	2,845	4,654	77%	23%	48%	15%	2%	35%	0%	0%	5%	30%	28%	13%	22%	1%
4	Oral Health	200	327	70%	30%	43%	31%	2%	25%	0%	0%	5%	20%	30%	10%	31%	4%
4.a	Oral Health - Untargeted (d)	NA	NA	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
4.b	Oral Health - Rural Target	200	327	70%	30%	43%	31%	2%	25%	0%	0%	5%	20%	30%	10%	31%	4%
5	Mental Health Services (d)	NA	NA														
6	Health Insurance	1,700	1,753	81%	19%	44%	27%	3%	26%	0%	0%	2%	16%	20%	14%	41%	8%
7	Home and Community Based Services (d)	NA	NA														
8	Substance Abuse Treatment - Outpatient	40	28	96%	4%	21%	50%	4%	25%	0%	0%	0%	43%	21%	18%	18%	0%
9	Early Medical Intervention Services (d)	NA	NA														
10	Medical Nutritional Therapy/Nutritional Supplements	650	474	78%	22%	42%	20%	3%	35%	0%	0%	2%	14%	14%	16%	46%	8%
11	Hospice Services (d)	NA	NA														
12	Outreach	NA	887	74%	26%	59%	13%	1%	27%	0%	0%	7%	31%	25%	13%	21%	2%
13	Non-Medical Case Management	7,045	8,037														
13.a	Service Linkage Targeted to Youth	320	180	82%	18%	59%	4%	4%	33%	0%	12%	88%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	129	67%	33%	64%	6%	3%	26%	0%	0%	0%	53%	23%	9%	13%	2%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	3,578	67%	33%	60%	10%	2%	28%	0%	0%	0%	18%	23%	14%	39%	6%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	4,150	78%	22%	52%	14%	2%	31%	0%	1%	6%	30%	23%	13%	24%	2%
14	Transportation	2,850	3,430														
14.a	Transportation Services - Urban	170	597	69%	31%	60%	12%	3%	24%	0%	0%	6%	30%	23%	14%	24%	3%
14.b	Transportation Services - Rural	130	171	70%	30%	40%	34%	2%	24%	0%	1%	4%	19%	26%	13%	33%	5%
14.c	Transportation vouchering	2,550	2,662														
15	Linguistic Services (d)	NA	NA														
16	Emergency Financial Assistance (e)	NA	NA														
17	Referral for Health Care - Non Core Service (d)	NA	NA														
Net unduplicated clients served - all categories*		12,941	13,728	74%	26%	53%	15%	2%	30%	0%	1%	4%	24%	23%	12%	30%	4%
Living AIDS cases + estimated Living HIV non-AIDS (from FY 17 App) (b)		NA	22,830	74%	26%	49%	23%	3%	25%	0%	6%		18%	27%	30%	18%	
*11,657 clients to be served is based on the number of unduplicated clients served in FY 2016 (update per CPCDMS)																	

FY 2018 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report																	
Priority	Service Category	Goal	Unduplicated MAI Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	MAI unduplicated served includes clients also served under Part A																
	Outpatient/Ambulatory Primary Care (excluding Vision)																
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	2,432	72%	28%	100%	0%	0%	0%	0%	1%	7%	36%	25%	11%	19%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	1,551	86%	14%	0%	0%	0%	100%	0%	1%	6%	31%	30%	13%	17%	2%
2	Medical Case Management (f)																
2.c	Med CM - Targeted to AA (a)	1,060	873	78%	22%	50%	16%	2%	32%	0%	2%	9%	34%	27%	11%	16%	1%
2.d	Med CM - Targeted to H/L(a)	960	167	81%	19%	57%	21%	4%	18%	0%	1%	11%	35%	23%	8%	18%	4%
RW Part A New Client Service Utilization Report																	
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/12 - 2/28/13)																	
Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Primary Medical Care	2,100	1,858	76%	24%	54%	13%	2%	30%	0%	1%	9%	34%	25%	11%	18%	2%
2	LPAP	1,200	873	78%	22%	50%	16%	2%	32%	0%	2%	9%	34%	27%	11%	16%	1%
3.a	Clinical Case Management	400	167	81%	19%	57%	21%	4%	18%	0%	1%	11%	35%	23%	8%	18%	4%
3.b-3.h	Medical Case Management	1,600	1443	76%	24%	54%	14%	2%	29%	2%	2%	10%	34%	23%	10%	18%	2%
3.i	Medical Case Manangement - Targeted to Veterans	60	40	98%	3%	65%	20%	0%	15%	0%	0%	0%	3%	10%	15%	48%	25%
4	Oral Health	40	65	80%	20%	49%	28%	0%	23%	0%	2%	15%	28%	25%	9%	20%	2%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	3,700	2,271	74%	26%	58%	12%	2%	28%	0%	2%	8%	30%	23%	11%	23%	3%
12.b	Service Linkage at Testing Sites	260	148	74%	26%	63%	5%	3%	29%	0%	1%	24%	40%	17%	7%	9%	1%
Footnotes:																	
(a)	Bundled Category																
(b)	Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.																
(d)	Funded by Part B and/or State Services																
(e)	Not funded in FY 2017																
(f)	Total MCM served does not include Clinical Case Management																

Umair A. Shah, M.D., M.P.H.
Executive Director
2223 West Loop South
Houston, Texas 77027
Tel: (713) 439-6000
Fax: (713) 439-6080



Les Becker, M.B.A.
Deputy Director
Director of Operations
2223 West Loop South
Houston, Texas 77027
Tel: (713) 439-6000
Fax: (713) 439-6089

FY 2018 PERFORMANCE MEASURES HIGHLIGHTS

RYAN WHITE GRANT ADMINISTRATION

HARRIS COUNTY PUBLIC HEALTH (HCPH)

HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.

Follow HCPH on Twitter [@hcphtx](https://twitter.com/hcphtx) and like us on [Facebook](https://www.facebook.com/hcphtx)

TABLE OF CONTENTS

Highlights from FY 2018 Performance Measures	1
Summary Reports for all Services	
Clinical Case Management	3
Health Insurance Assistance	4
Local Pharmacy Assistance	5
Medical Case Management.....	6
Medical Nutritional Supplements	7
Oral Health Care	8
Outreach.....	9
Primary Medical Care	10
Service Linkage (Non-Medical Case Management).....	13
Substance Abuse Treatment.....	14
Transportation Services	15
Vision Care	16

HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.

Follow HCPH on Twitter [@hcphtx](https://twitter.com/hcphtx) and like us on [Facebook](https://www.facebook.com/hcphtx)

Highlights from FY 2018 Performance Measures

Measures in this report are based on the 2018/2019 Houston Ryan White Quality Management Plan, Appendix B. HIV Performance Measures.

Clinical Case Management

- During FY 2018, from 3/1/2018 through 2/28/2019, 1,096 clients utilized Part A clinical case management. According to CPCDMS, 542 (50%) of these clients accessed primary care two or more times at least three months apart during this time period after utilizing clinical case management.
- Among these clients, 30% accessed mental health services at least once during this time period after utilizing clinical case management.
- For clients who have lab data in CPCDMS, 79% were virally suppressed.

Medical Case Management

- During FY 2018, 6,083 clients utilized Part A medical case management. According to CPCDMS, 3,177 (52%) of these clients accessed primary care two or more times at least three months apart during this time period after utilizing medical case management.
- Among these clients, 13% of clients accessed mental health services at least once during this time period after utilizing medical case management.
- For clients who have lab data in CPCDMS, 73% were virally suppressed.

Outreach

- During FY 2018, 311 (39%) clients accessed primary care within three months of their first outreach visit.
- 46% of clients moved from an unsuppressed to suppressed viral load status during this time period.

Primary Medical Care

- During FY 2018, 8,059 clients utilized Part A primary medical care. According to CPCDMS, 4,624 (75%) of these clients accessed primary care two or more times at least three months apart during this time period.
- Among clients whose initial primary care medical visit occurred during this time period, 304 (20%) had a CD4 < 200 within the first 90 days of initial enrollment in primary medical care.
- Among these clients, 82% had a viral load test performed at least every six months during this time period. Among clients with viral load tests, 76% were virally suppressed during this time period.
- 71% of new clients were engaged in care during this time period.
- During FY 2018, the average wait time for an initial appointment availability to enroll in primary medical care was 12 days, while the average wait time for an appointment availability to receive primary medical care was 9 days.

Service Linkage (Non-Medical Case Management)

- During FY 2018, 7,646 clients utilized Part A non-medical case management / service linkage. According to CPCDMS, 3,548 (46%) of these clients accessed primary care two or more times at least three months apart during this time period after utilizing non-medical case management.
- Among these clients, 49% of clients utilized primary medical care for the first time after accessing service linkage for the first time.
- The median number of days between the first service linkage visit and the first primary medical care visit was 14 days during this time period.

Substance Abuse Treatment

- During FY 2018, 16 (57%) clients utilized primary medical care after accessing Part A substance abuse treatment services.
- Among clients with viral load tests, 69% were virally suppressed during this time period.

Transportation

- Van-Based Transportation:
 - During FY 2018, 491 (64%) clients accessed primary care after utilizing van transportation services.
 - Among van-based transportation clients, 54% clients accessed LPAP services at least once during this time period after utilizing van transportation services.
- Bus Pass Transportation:
 - During FY 2018, 926 (35%) clients accessed primary care after utilizing bus pass services.
 - Among bus pass clients, 22% of clients accessed LPAP services at least once during this time period after utilizing bus pass services.
 - Among bus pass clients, 76% clients accessed any RW or State service after accessing bus pass services.

Vision Care

- During FY 2018, 993 clients were diagnosed with HIV/AIDS related and general ocular disorders. Among 245 clients with follow-up appointments, 21% of clients had disorders that were either resolved or improved, while 59% of clients had disorders that remained the same.

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Clinical Case Management
All Providers

For FY 2018 (3/1/2018 to 2/28/2019), 1,096 clients utilized Part A clinical case management.

HIV Performance Measures	FY 2017	FY 2018	Change
A minimum of 75% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing clinical case management	632 (50.0%)	542 (49.5%)	-0.5%
35% of clinical case management clients will utilize mental health services	328 (25.9%)	328 (30.0%)	4.1%
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	466 (71.1%)	453 (78.6%)	7.5%
Less than 15% of clients will be homeless or unstably housed	217 (17.2%)	164 (15.0%)	-2.2%

According to CPCDMS, 15 (1.4%) clients utilized primary care for the first time and 80 (7.3%) clients utilized mental health services for the first time after accessing clinical case management.

Clinical Chart Review Measures	FY 2017
85% of clinical case management clients will have a case management care plan developed and/or updated two or more times in the measurement year	*NA
Percentage of clients identified with an active substance abuse condition receiving Ryan White funded substance abuse treatment	*NA

*Clinical Case Management chart review was not performed for FY 2017 – review will be performed starting with FY 2018.

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Health Insurance Assistance
All Providers

HIV Performance Measures	FY 2017	FY 2018	Change
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	1,252 (76.1%)	1,421 (81.0%)	4.9%

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Local Pharmacy Assistance
All Providers

HIV Performance Measures	FY 2017	FY 2018	Change
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	2,913 (72.3%)	3,092 (77.4%)	5.1%

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Medical Case Management
All Providers

For FY 2018 (3/1/2018 to 2/28/2019), 6,083 clients utilized Part A medical case management.

HIV Performance Measures	FY 2017	FY 2018	Change
A minimum of 85% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing medical case management	2,626 (50.6%)	3,177 (52.2%)	1.6%
15% of medical case management clients will utilize mental health services	699 (13.5%)	799 (13.1%)	-0.4%
45% of clients who have third-party payer coverage (e.g. Medicare, Medicaid, private insurance) after accessing medical case management	*NA	458 (7.5%)	NA
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	2,004 (67.5%)	2,468 (73.4%)	5.9%
50% of clients will have at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits	849 (36.9%)		
Less than 20% of clients will have more than a six month gap in medical care in the measurement year	660 (25.5%)	753 (24.3%)	-1.2%
Less than 15% of clients will be homeless or unstably housed	1,001 (19.3%)	1,022 (16.8%)	-2.5%

According to CPCDMS, 184 (3.0%) clients utilized primary care for the first time and 246 (4.0%) clients utilized mental health services for the first time after accessing medical case management.

Clinical Chart Review Measures	FY 2017
60% of medical case management clients will have a case management care plan developed and/or updated two or more times in the measurement year	5.0%

*Note that there was a change in the methodology of how this data is analyzed. Due to the way insurance data is collected, FY17 data cannot be re-evaluated.

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Medical Nutritional Supplements
All Providers

HIV Performance Measures	FY 2017	FY 2018	Change
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	384 (80.7%)	389 (84.6%)	3.9%
90% of clients diagnosed with wasting syndrome or suboptimal body mass will improve or maintain body mass index (BMI) in the measurement year	6 (60.0%)	8 (66.7%)	6.7%

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Oral Health Care
All Providers

Clinical Chart Review Measures*	FY 2016	FY 2017
100% of oral health clients will have a dental health history (initial or updated) at least once in the measurement year	87%	95%
100% of oral health clients will have a medical health history (initial or updated) at least once in the measurement year	87%	95%
90% of oral health clients will have a dental treatment plan developed and/or updated at least once in the measurement year	94%	99%
85% of oral health clients will receive oral health education at least once in the measurement year	88%	99%
90% of oral health clients will have a periodontal screen or examination at least once in the measurement year	84%	81%
60% oral health clients will have a Phase 1 treatment plan that is completed within 12 months	27%	27%

* To review the full FY 2017 chart review reports, please visit:
<http://publichealth.harriscountytexas.gov/Services-Programs/Programs/RyanWhite/Quality>

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Outreach Services
All Providers

HIV Performance Measures	FY 2017	FY 2018	Change
Percentage of clients who attended a primary care visit within three months of the first Outreach visit	102 (45.9%)	311 (39.1%)	-6.8%
Percentage of clients who attended a primary care visit within three months of the first Outreach visit and a subsequent visit 6 to 12 months thereafter	67 (30.2%)	*NA	NA
Percentage of clients who went from an unsuppressed VL (≥ 200 copies/ml) to a suppressed viral load (< 200 copies/ml) in the project year	101 (48.3%)	223 (45.7%)	-2.6%

*Please note that due to the time parameters for this measure, data can only be produced for the previous fiscal year.

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Primary Medical Care
All Providers

For FY 2018 (3/1/2018 to 2/28/2019), 8,059 clients utilized Part A primary medical care.

HIV Performance Measures	FY 2017	FY 2018	Change
90% of clients will have two or more medical visits, at least 90 days apart, in an HIV care setting in the measurement year	4,231 (73.2%)	4,624 (74.5%)	1.3%
Less than 20% of clients will have a CD4 < 200 within the first 90 days of initial enrollment in primary medical care	291 (22.2%)	304 (19.8%)	-2.4%
95% of clients will have Hepatitis C (HCV) screening performed at least once since HIV diagnosis	5,694 (75.8%)	5,967 (74.0%)	-1.8%
30% of clients will receive an oral exam by a dentist at least once during the measurement year	1,813 (24.1%)	2,034 (25.2%)	1.1%
85% of clients will have a test for syphilis performed within the measurement year	5,902 (78.7%)	6,648 (82.5%)	3.8%
95% of clients will be screened for Hepatitis B virus infection status at least once since HIV diagnosis	6,219 (82.8%)	6,726 (83.5%)	0.7%
90% of clients will have a viral load test performed at least every six months during the measurement year	3,695 (81.7%)	4,063 (82.1%)	0.4%
90% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	7,317 (71.4%)	6,139 (76.2%)	4.8%
35% of clients will have at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits	2,345 (23.1%)		
Less than 20% of clients will have more than a six month gap in medical care in the measurement year	1,716 (29.7%)	1,719 (27.7%)	-2.0%
60% of new clients will be engaged in care	318 (67.9%)	420 (70.5%)	2.6%
100% of Ryan White Part A program-funded outpatient/ambulatory care organizations in the system/network will have a wait time of 15 or fewer business days for a Ryan White Part A program-eligible patient to receive an initial appointment to enroll in outpatient/ambulatory medical care	Data below		
Percentage of Ryan White Part A program-funded outpatient/ambulatory care organizations in the system/network who had a wait time of 15 or fewer business days for a Ryan White Part A program-eligible patient to receive an appointment for outpatient/ambulatory medical care	Data below		

For FY 2018, 83% of Ryan White Part A outpatient/ambulatory care organizations provided a waiting time of 15 or fewer business days for a program-eligible patient to receive an initial appointment to enroll in medical care.

**Average wait time for initial appointment availability to enroll in outpatient/ambulatory medical care:
EMA = 12 Days**

Agency 1:	12
Agency 2:	6
Agency 3:	7
Agency 4:	26
Agency 5:	8
Agency 6:	10

For FY 2018, 83% of Ryan White Part A outpatient/ambulatory care organizations provided a waiting time of 15 or fewer business days for a program-eligible patient to receive an appointment for medical care.

**Average wait time for appointment availability to receive outpatient/ambulatory medical care:
EMA = 9 Days**

Agency 1:	8
Agency 2:	5
Agency 3:	5
Agency 4:	19
Agency 5:	6
Agency 6:	9

Clinical Chart Review Measures*	FY 2016	FY 2017
100% of eligible clients will be prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis	100%	93.0%
100% of pregnant women living with HIV will be prescribed antiretroviral therapy	100%	100%
75% of female clients will receive cervical cancer screening in the last three years	80.1%	82.5%
55% of clients will complete the vaccination series for Hepatitis B	55.6%	51.4%
85% of clients will receive HIV risk counseling within the measurement year	69.4%	90.7%
95% of clients will be screened for substance abuse (alcohol and drugs) in the measurement year	98.6%	99.1%
90% of clients who were prescribed antiretroviral therapy will have a fasting lipid panel during the measurement year	88.9%	88.8%
65% of clients at risk for sexually transmitted infections will have a test for gonorrhea and chlamydia within the measurement year	72.9%	77.6%
75% of clients will have documentation that a TB screening test was performed and results interpreted (for tuberculin skin tests) at least once since HIV diagnosis	66.9%	67.2%
65% of clients seen for a visit between October 1 and March 31 will receive an influenza immunization OR will report previous receipt of an influenza immunization	53.1%	53.5%
95% of clients will be screened for clinical depression using a standardized tool with follow-up plan documented	87.9%	96.4%
90% of clients will have ever received pneumococcal vaccine	86.7%	83.4%
100% of clients will be screened for tobacco use at least one during the two-year measurement period	99.4%	100%
Percentage of clients who received cessation counseling intervention if identified as a tobacco user	57.7%	55.7%
95% of clients will be prescribed antiretroviral therapy during the measurement year	97.6%	98.7%
85% of clients will have an HIV drug resistance test performed before initiation of HIV antiretroviral therapy if therapy started during the measurement year	69.2%	71.4%
75% of eligible reproductive-age women will receive reproductive health care (fertility desires assessed and client counseled on conception or contraception)	54.0%	34.9%
90% of clients will be screened for Intimate Partner Violence	81.9%	78.6%
100% of clients on ART will be screened for adherence	99.5%	100.0%

* To view the full FY 2017 chart review reports, please visit:
<http://publichealth.harriscountytexas.gov/Services-Programs/Programs/RyanWhite/Quality>

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Service Linkage / Non-Medical Case Management
All Providers

For FY 2018 (3/1/2018 to 2/28/2019), 7,646 clients utilized Part A non-medical case management.

HIV Performance Measures	FY 2017	FY 2018	Change
A minimum of 70% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing non-medical case management (service linkage)	3,259 (46.0%)	3,548 (46.4%)	0.4%
60% of clients will access RW primary medical care for the first time after accessing service linkage for the first time	372 (44.4%)	459 (48.9%)	4.5%
Mean of less than 30 days between first ever service linkage visit and first ever primary medical care visit:			
Mean	40	27	-32.5%
Median	19	14	-26.3%
Mode	1	1	0.0%
60% of newly enrolled clients will have a medical visit in each of the four-month periods of the measurement year	119 (43.1%)	133 (47.7%)	4.6%

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Substance Abuse Treatment
All Providers

HIV Performance Measures	FY 2017	FY 2018	Change
A minimum of 70% of clients will utilize Parts A/B/C/D primary medical care after accessing Part A-funded substance abuse treatment services*	12 (46.2%)	16 (57.1%)	10.9%
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	14 (66.7%)	18 (69.2%)	2.5%
90% of clients will complete substance abuse treatment program	See data below		

***Overall, the number of clients who received primary care in FY 2018 was 21 (84.0%), with 16 receiving the services through Ryan White and 5 receiving the services through other insurance such as Medicare.**

Number of clients completing substance abuse treatment program during FY 2018 (March 2018 to February 2019): **13**

Number of clients engaged in substance abuse treatment program during FY 2018: **25**

Number of clients completing substance abuse treatment during FY 2018 who entered treatment in FY 2017: **5**

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Transportation
All Providers

Van-Based Transportation	FY 2017	FY 2018	Change
A minimum of 70% of clients will utilize Parts A/B/C/D primary care services after accessing Van Transportation services	498 (66.2%)	491 (63.7%)	-2.5%
55% of clients will utilize Parts A/B LPAP services after accessing Van Transportation services	388 (51.6%)	417 (54.1%)	2.5%

Bus Pass Transportation	FY 2017	FY 2018	Change
A minimum of 50% of clients will utilize Parts A/B/C/D primary care services after accessing Bus Pass services	809 (33.5%)	926 (34.8%)	1.3%
A minimum of 20% of clients will utilize Parts A/B LPAP services after accessing Bus Pass services	471 (19.5%)	591 (22.2%)	2.7%
A minimum of 85% of clients will utilize any RW Part A/B/C/D or State Services service after accessing Bus Pass services	1,833 (75.8%)	2,013 (75.6%)	-0.2%

Ryan White Part A
HIV Performance Measures
FY 2018 Report

Vision Care
All Providers

HIV Performance Measures	FY 2018
75% of clients with diagnosed HIV/AIDS related and general ocular disorders will resolve, improve or stay the same over time	See ocular disorder table

Clinical Chart Review Measures*	FY 2016	FY 2017
100% of vision clients will have a medical health history (initial or updated) at least once in the measurement year	100%	99%
100% of vision clients will have a vision history (initial or updated) at least once in the measurement year	100%	99%
100% of vision clients will have a comprehensive eye exam at least once in the measurement year	100%	100%

* To review the full FY 2017 chart review reports, please visit:
<http://publichealth.harriscountytexas.gov/Services-Programs/Programs/RyanWhite/Quality>

Ocular Disorder	Number of Diagnoses	Number with Follow-up	*Improved		*Resolved		*Same		*Worsened	
			#	%	#	%	#	%	#	%
Accommodation Spasm										
Acute Retinal Necrosis										
Anisocoria	13	3					3	100%		
Bacterial Retinitis										
Cataract	136	24					16	67%	8	33%
Chalazion	7	0								
Chorioretinal Scar	9	3					2	67%	1	33%
Chorioretinitis										
CMV Retinitis - Active										
CMV Retinitis - Inactive	2	1	1	100%						
Conjunctivitis	30	7	2	29%	3	43%	2	29%		
Covergence Excess										
Convergence Insufficiency										
Corneal Edema	1	0								
Corneal Erosion	1	0								
Corneal Foreign Body	2	0								
Corneal Opacity	38	0								
Corneal Ulcer										
Cotton Wool Spots										
Diabetic Retinopathy	8	3			2	67%			1	33%
Dry Eye Syndrome	374	96					95	99%	1	1%
Ecchymosis										
Esotropia										
Exotropia	5	2					2	100%		
Glaucoma	3	0								
Glaucoma Suspect	47	14	3	21%			10	71%	1	7%
Iritis	3	1			1	100%				
Kaposi Sarcoma	1	1					1	100%		
Keratitis	10	2	1	50%	1	50%				
Keratoconjunctivitis	1	1			1	100%				
Keratoconus	4	1					1	100%		
Lagophthalmos										
Macular Hole	1	0								
Meibomianitis	8	1			1	100%				
Molluscum Contagiosum										
Optic Atrophy	15	4					4	100%		
Papilledema	1	1			1	100%				

Ocular Disorder	Number of Diagnoses	Number with Follow-up	*Improved		*Resolved		*Same		*Worsened	
			#	%	#	%	#	%	#	%
Paresis of Accommodation										
Pseudophakia										
Refractive Change/Transient										
Retinal Detachment	1	0								
Retinal Hemorrhage										
Retinopathy HTN	6	1					1	100%		
Retinal Hole/Tear										
Suspicious Optic Nervehead(s)	1	0								
Toxoplasma Retinochoriochitis										
Thyroid Eye Disease										
Visual Field Defect	11	4					4	100%		
Vitreous Degeneration	6	1	1	100%						
Other	248	74	2	3%	32	43%	3	4%	37	50%
Total	993	245	10	4%	42	17%	144	59%	49	20%

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1819 Ryan White Part B (FINAL)
Procurement Report
April 1, 2018 - March 31, 2019



Reflects spending through March 2019

Spending Target: 100 %

Revised 6/3/2019

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments (a)	Contracted Amount	% of Grant Award	Date of Original Procurement	4th Quarter Amendments	Final Amount Expended	Percent YTD
6	Oral Health Care (1)	\$2,085,565	69%		\$2,085,565	62%	4/1/2018	(\$155,328)	\$1,930,237	93%
7	Health Insurance Premiums and Cost Sharing	\$726,885	24%	\$325,806	\$1,052,691	32%	4/1/2018	\$160,944	\$1,213,635	115%
9	Home and Community Based Health Services (2)	\$202,315	7%		\$202,315	6%	4/1/2018	(\$55,835)	\$146,480	72%
	Increased Award Amount (a)		0%	-\$325,806						
Total Houston HSDA		3,014,765	100%	\$0	\$3,340,571	100%		(\$50,219)	\$3,290,352	98%

NOTE TRG has a required spending goal of 95% of its total award. Thus, final quarter amendments are necessary to achieve such goal.

(1) OHS-Initially there was some staff turnover; service delays but ended strong

Note: TRG is currently reviewing reimbursement rates which will impact future spending

(2) HCBHS- Reduction in future award to reflect spending level

Final Spending for All 6 HSDA's

	HSDA Original Amounts	Amendments	Amended Amounts	Total Expended	% Expended
Houston 16	\$ 3,340,571	\$ (50,500)	\$ 3,290,071	\$ 3,289,919	98%
Beaumont 15	\$ 540,009	\$ (81,000)	\$ 459,009	\$ 381,999	71%
Galveston 25	\$ 647,327	\$ 54,000	\$ 701,327	\$ 700,300	108%
Lufkin 14	\$ 376,599	\$ 12,500	\$ 389,099	\$ 389,164	103%
Longview 6	\$ 691,593	\$ 65,000	\$ 756,593	\$ 756,703	109%
Texarkana Paris 5	\$ 312,274	\$ -	\$ 312,274	\$ 275,938	88%
All	\$ 5,908,373	\$ -	\$ 5,908,373	\$ 5,794,023	98%

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1920 Ryan White Part B
Procurement Report
April 1, 2019 - March 31, 2020



Reflects spending through April 2019

Spending Target: 8 %

Revised

6/3/19

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Care	\$2,186,905	65%	\$31,973	\$2,218,878	66%	4/1/2019	\$180,917	8%
5	Health Insurance Premiums and Cost Sharing (1)	\$1,040,351	31%	\$0	\$1,040,351	31%	4/1/2019	\$0	0%
8	Home and Community Based Health Services	\$113,315	3%	\$0	\$113,315	3%	4/1/2019	\$10,400	9%
	Increased RWB Award added to OHS per Increase Scenario*	\$0	0%	-\$31,973	\$0				
Total Houston HSDA		3,340,571	100%	0	3,372,544	100%		191,317	6%

Note: Spending variances of 10% of target will be addressed:

- 1 HIP - Funded by Part A, B and State Services. Provider spends grant funds by ending dates Part A- 2/28; B-3/31; SS-8/31.
 No expenditures submitted - Focusing on spending State Services funds.

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1819 DSHS State Services
Procurement Report
September 1, 2018- August 31, 2019



Chart reflects spending through April 2019

Spending Target: 66.67%

Revised 6/3/2019

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing	\$979,694	52%	\$142,285	\$1,121,979	56%	9/1/2018	\$725,248	65%
6	Mental Health Services (1)	\$300,000	16%	\$0	\$300,000	15%	9/1/2018	\$98,420	33%
7	EIS - Incarcerated	\$166,211	9%	\$0	\$166,211	8%	9/1/2018	\$104,157	63%
11	Hospice (2)	\$359,832	19%		\$359,832	18%	9/1/2018	\$129,800	36%
15	Linguistic Services (3)	\$68,000	4%		\$68,000	3%	9/1/2018	\$24,375	36%
	Increased award amount -Approved by RWPC for Health Insurance (a)	\$0	0%	-\$142,285					
Total Houston HSDA		1,873,737	100%	\$0	\$2,016,022	100%		1,082,000	54%

- (1) Mental Health Services are under utilized. Need to reduce for reallocation -
- (2) Hospice care has had lower than expected client turn out and agency has other grant funding. TRG will reduce contract for reallocations - amount TBD.
- (3) Linguistic is one month behind on reporting due to slow invoicing by provider, additionally there has been lower than expected client turn out.
- (a) Reflect increase in State Services award and RWPC approval of increasing HIP category

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2018-4/30/19

Revised: 5/24/2019

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	1264	\$130,375.75				0
Medical Deductible	316	\$139,335.80				0
Medical Premium	4904	\$1,924,842.46				0
Pharmacy Co-Payment	4419	\$449,890.18				0
APTC Tax Liability	0	\$0.00	0			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	10	\$3,484.00	8	NA	NA	NA
Totals:	10913	\$2,640,960.19	8	0	\$0.00	

Comments: This report represents services provided under all grants.

May 28, 2019

How To Best Meet the Need Special Workgroup Meeting #2

The following motions were approved by the How To Best Meet the Need Special Workgroup #2, which are being sent to the Quality Improvement Committee for consideration and possible action:

Motion #1: Approve the Pay for Performance model and ask the AA (Recipient) to provide the agencies with a list of ways they can use the incentives, based upon provider suggestions. (See the attached background information.)

Motion #2: The workgroup supports the idea of telemedicine and asks the AA (Recipient) to provide information to the Quality Improvement Committee about specific service categories that could benefit from offering telemedicine.

PAY FOR PERFORMANCE

FEEDBACK AND QUESTIONS

5/28/2019

To be determined

- Amount of Incentive Allocation
- Provider feedback on incentive use
- Inclusion criteria for provider outliers
- Increased incentive for exceeding target

Incentive Implementation Timeline

- January 2019
 - Continuation of End+dispartities collaborative to include performance for incentive eligibility
- Spring 2019
 - RWPC will be asked to allocate funds for incentive based on per client improvement
- Winter 2019
 - Contact language finalized for FY 2020 grant year

Incentive Implementation Timeline

- Summer 2018
 - HRSA gave approval to use Ryan White funds to support sub-recipient pay for performance
 - All Part A primary care sub-recipients joined HRSA sponsored End+disparities collaborative targeting improvement of VL suppression rates for Black MSM
 - Pay for Performance framework developed

Pay for Performance Example Continued

- RWPC allocates $\frac{1}{2}$ of average primary care allocation (\$650) for total number of clients needed to reach target (1140 or 124) = \$741,000 (or \$80,600)
- For CY 2019 **A** and **C** meet or exceed 77% VL Suppression for Black MSM and are eligible for \$148,850 and \$83,850 (or \$13,000 and \$18,200) respectively in FY 2020 Pcare contract

Pay for Performance Example

January 1, 2018 – December 31, 2018

	Black MSM numerator	Black MSM denominator	Rate	ECHO goal	Additional clients needed to meet goal	Total numerator	Total denominator	Rate	% Black MSM
EMA	1,016	1,480	69%	77%	124 (1140)	6,009	7,771	77%	19%
A	209	298	70%	77%	20 (229)	2,157	2,709	80%	11%
B	298	438	68%	77%	39 (337)	1,733	2,206	79%	19.9%
C	101	168	60%	77%	28 (129)	550	745	74%	22.6%
D	361	518	70%	77%	38 (399)	1,416	1,897	75%	27.6%
E	59	78	76%	77%	1 (60)	169	248	68%	31.5%
F*	12	16	75%	77%	1 (13)	79	95	83%	16.8%

*due to small populations, F include all MSM of Color

Primary Care Contract Incentives

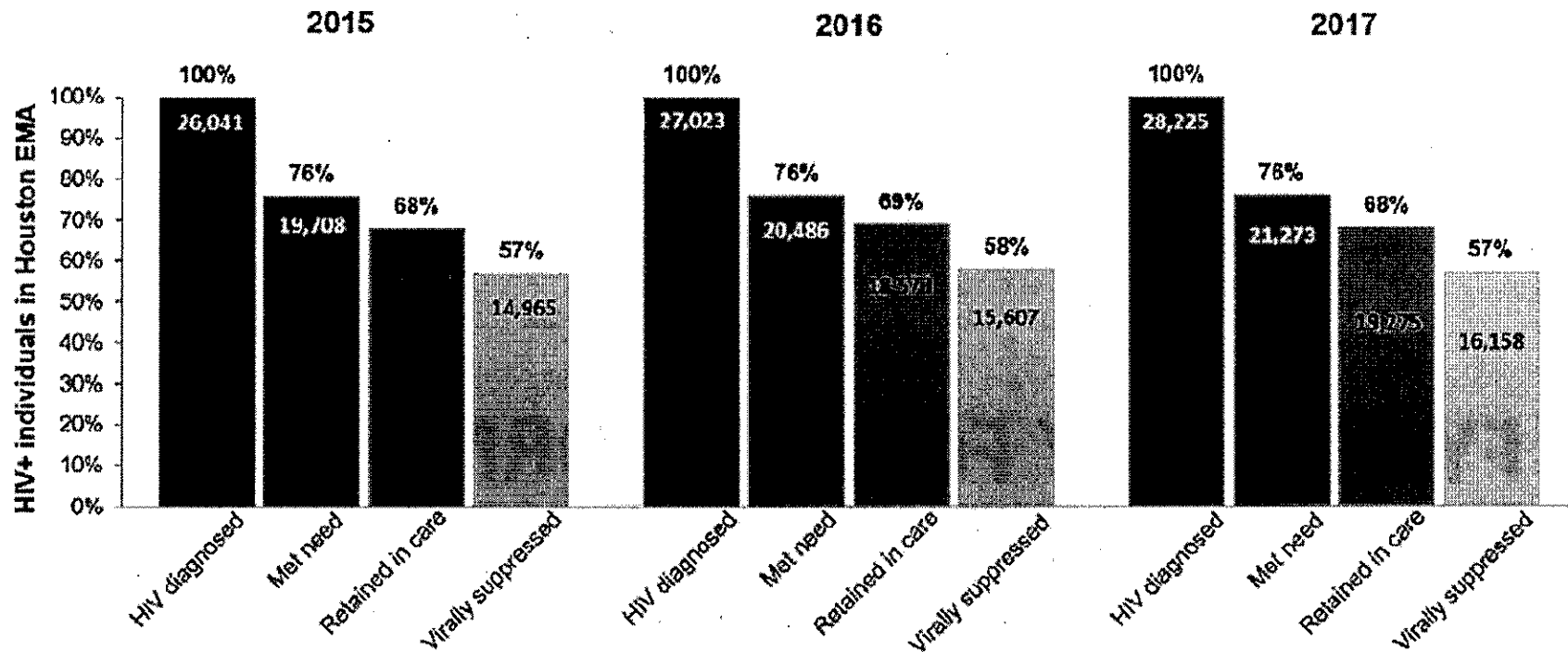
- Y1 Target: ~~73~~ 77% VL Suppression Rate for Black MSM
 - 77% VL Suppression Rate for Total MSM Pcare Population for Outliers
- Must maintain Black MSM service population ratio to be eligible
- Incentive calculated per patient for target met

Houston EMA CY 2018 Program Outcomes

- Current VL Suppression Rate is 77% (↑ from 73%)
- Black MSM VL Suppression Rate is 69% (↑ from 64%)
- National HIV/AIDS Strategy VL Suppression Indicator is 80%

Houston Continuum of Care

Figure 4: Houston EMA HIV Care Continuum, 2015-2017



Data Source: TDSHS, 2018

FY 2020 PAY FOR PERFORMANCE INCENTIVES

5/28/2019

Telemed Feasibility in Houston EMA

- Providers have expressed interest
- Previously implemented in other Texas jurisdictions for mental health services
- Clinic infrastructure required

TELEMEDICINE – RYAN WHITE PART A