Client Services Unit

Health Information Helpline

Division of HIV Health

HIV Integrated Planning Council for 3/9/23

City of Philadelphia

City of Philadelphia

Agenda

1. Mission & Responsibilities
2. Key Point of Entry: Medical Case Management Services
3. Intake Data
4. Consumer Grievance Process

CSU Mission

- Help people living with HIV and at-risk individuals understand their needs and make informed decisions about possible solutions

- Advocate on behalf of those who need special support

- Reinforce clients' capacity for self-reliance and self-determination through:

  education

  collaborative planning

  problem solving

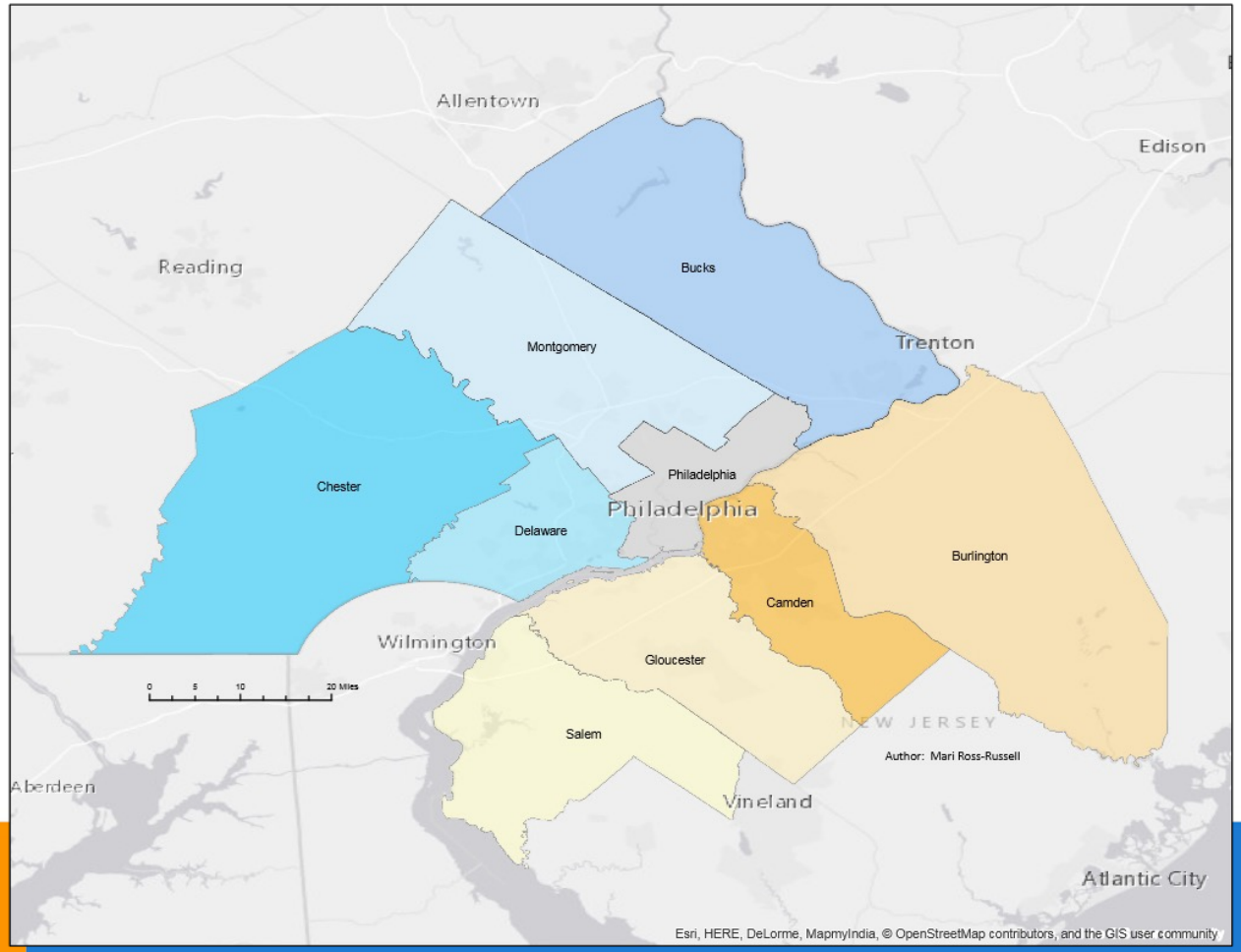
CSU Responsibilities

- Key point of entry for Medical Case Management
- Assist with scheduling medical appointments for those newly diagnosed, lost to care and relocating to the EMA
- Transitional Planning Initiative
- Assisting those on waiting list and unfunded providers with RW certifications, EFAs, and emergency medications
- Information and referral services for all other DHH funded programs
- Grievances about funded services
- Assists with special DHH projects

Medical Case Management (MCM) Services in the Philadelphia EMA

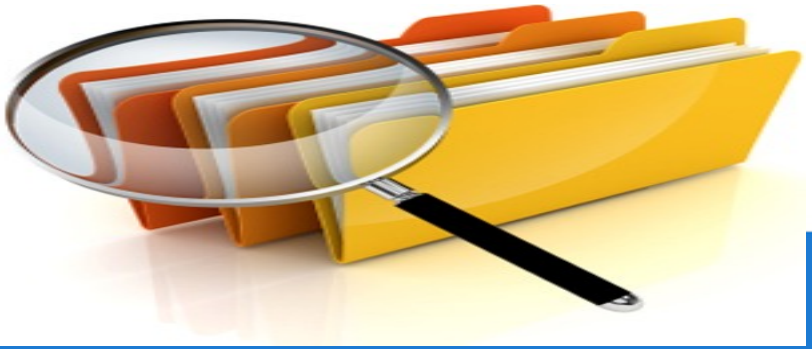
Philadelphia and Surrounding Counties:

- Bucks
- Chester
- Delaware
- Montgomery
- Burlington
- Camden
- Gloucester
- Salem



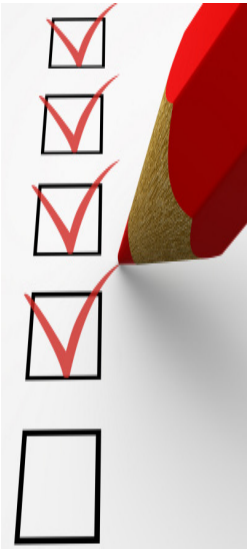
HRSA MCM Definition

- The provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum
- Activities may be prescribed by an interdisciplinary team that includes other specialty care providers
- Includes all types of encounters (e.g. face-to-face, phone contact and any other forms of communication)



MCM Key Activities

- Initial assessment of service level and needs
- Development of individualized care plans
- Timely and coordinated access to medically appropriate levels of health and support services
- Continuous client monitoring to assess the efficacy of the plan
- HIV treatment adherence counseling
- Client-specific advocacy
- Assessment of client needs is ongoing
- Re-evaluation of the care plan at least every six months



MCM Services in the EMA

- Approximately $9.6 million allocated to medical case management in RW Part A, State Rebate, MAI and General Funds
- DHH funded subrecipients provided MCM services to 7,446 unduplicated clients in CY 2021
- 1648 intakes completed through the Client Services Unit in CY 2022
- 25 MCM subrecipients funded throughout the EMA
    - CBOs
    - Hospital outpatient infectious disease clinics, including pediatric sites
    - Stand alone HIV clinics

CSU Wait List

Approximately 19 people as of 3/8/23

- *4 being sent to MCM's tomorrow*
- *3 being sent on 3/14/23*
- *5 being sent to their provider of choice on 4/1/23*
- *2 being sent on 5/1/23*
- *2 unreleased SCI*
- *1 ineligible addresses*
- *2 waiting for agencies to reopen*

Waitlist and agency openings continuously monitored by CSU Social Workers and Supervisor

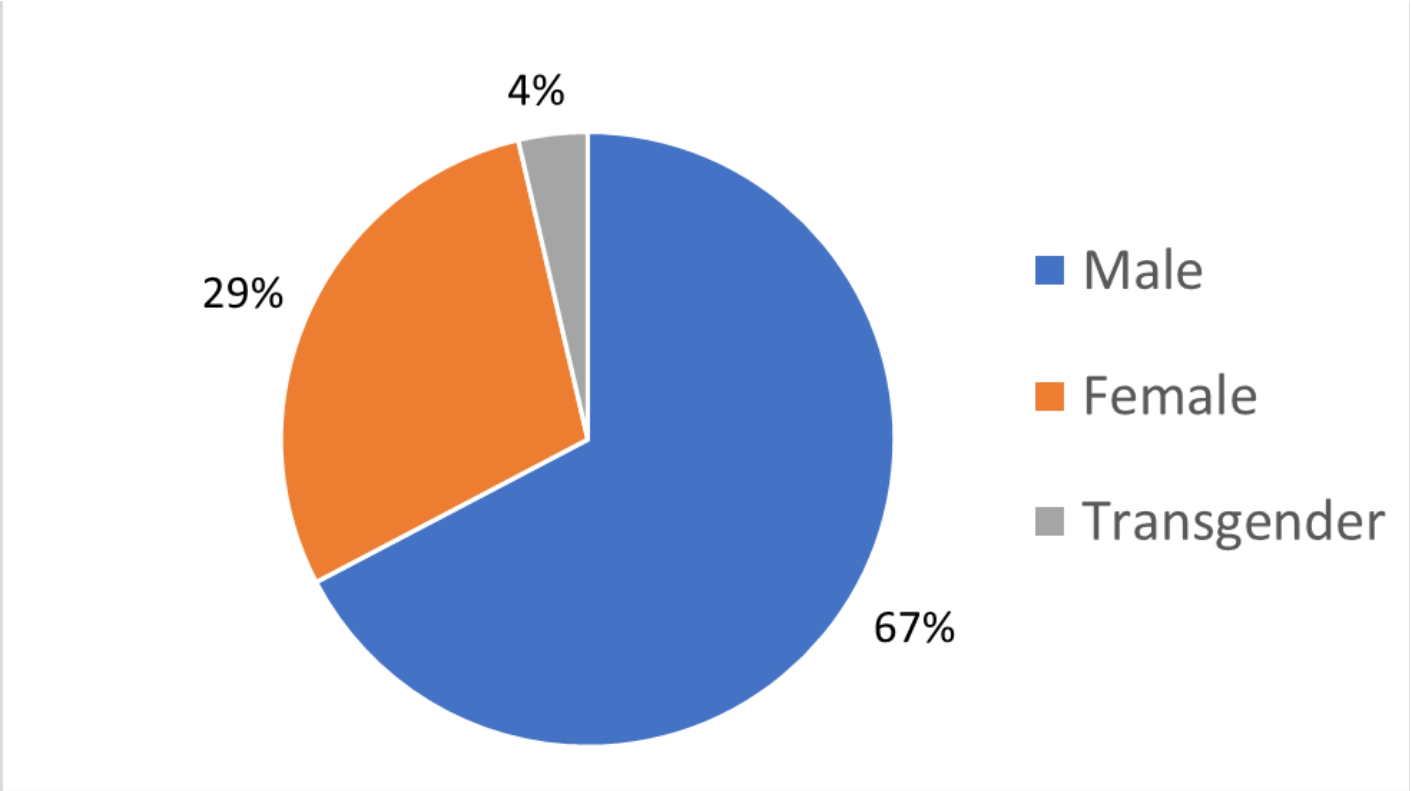
Emergencies and Priority Populations

Emergencies and other priority populations are immediately referred to MCM providers

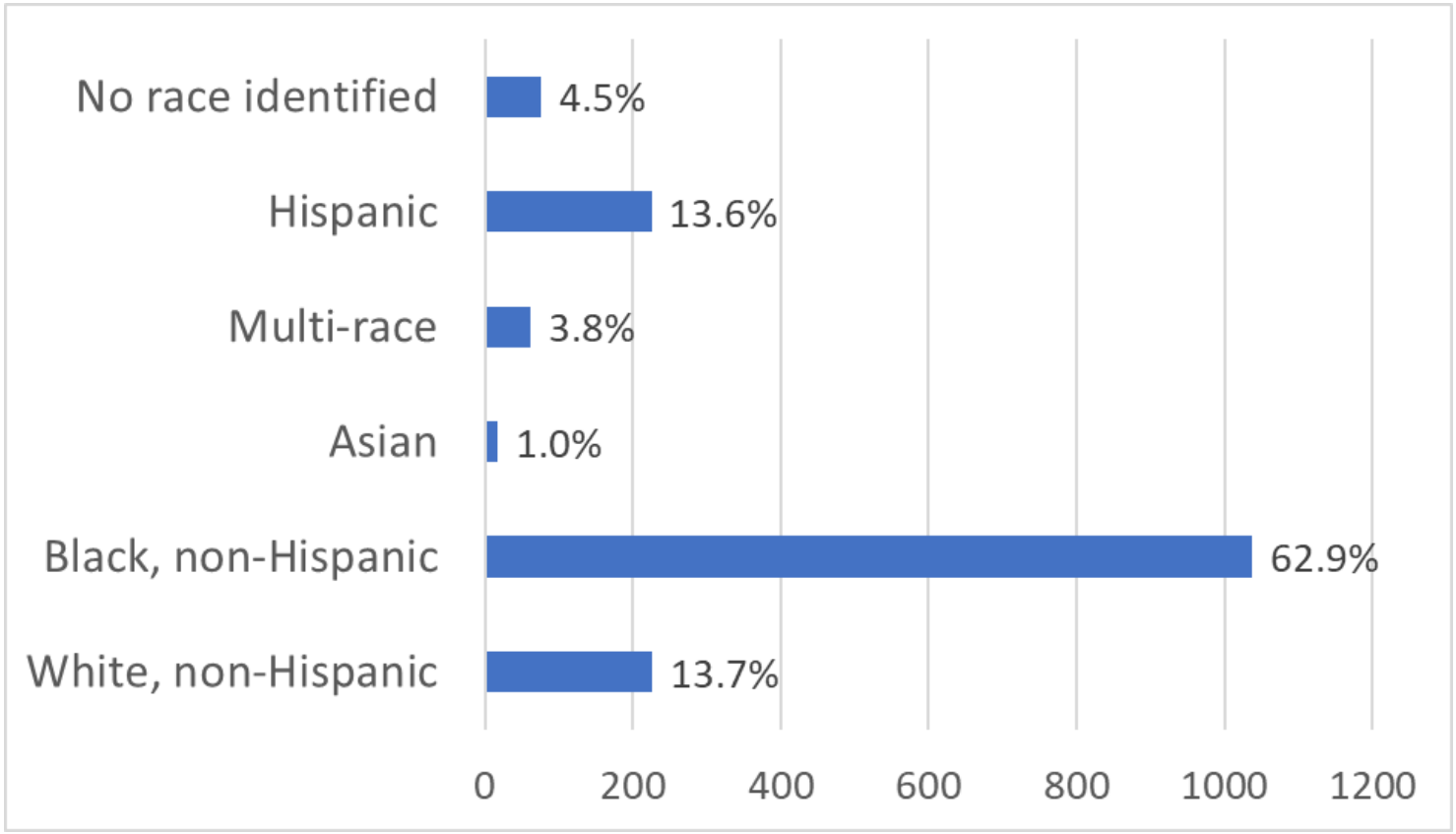
- They are pregnant and not currently in medical care
- Street homeless or in a shelter
- Recently diagnosed with HIV in the last three months
- Released from prison within the last three months (federal, state or local)
- Released from a Pennsylvania State Correctional Institution
- Actively injecting drugs
- Have been out of medical care for six months or more
- Attempted suicide within the last three months and are not receiving mental health treatment

Intake Data

2022 Intake Demographics – Gender Identity

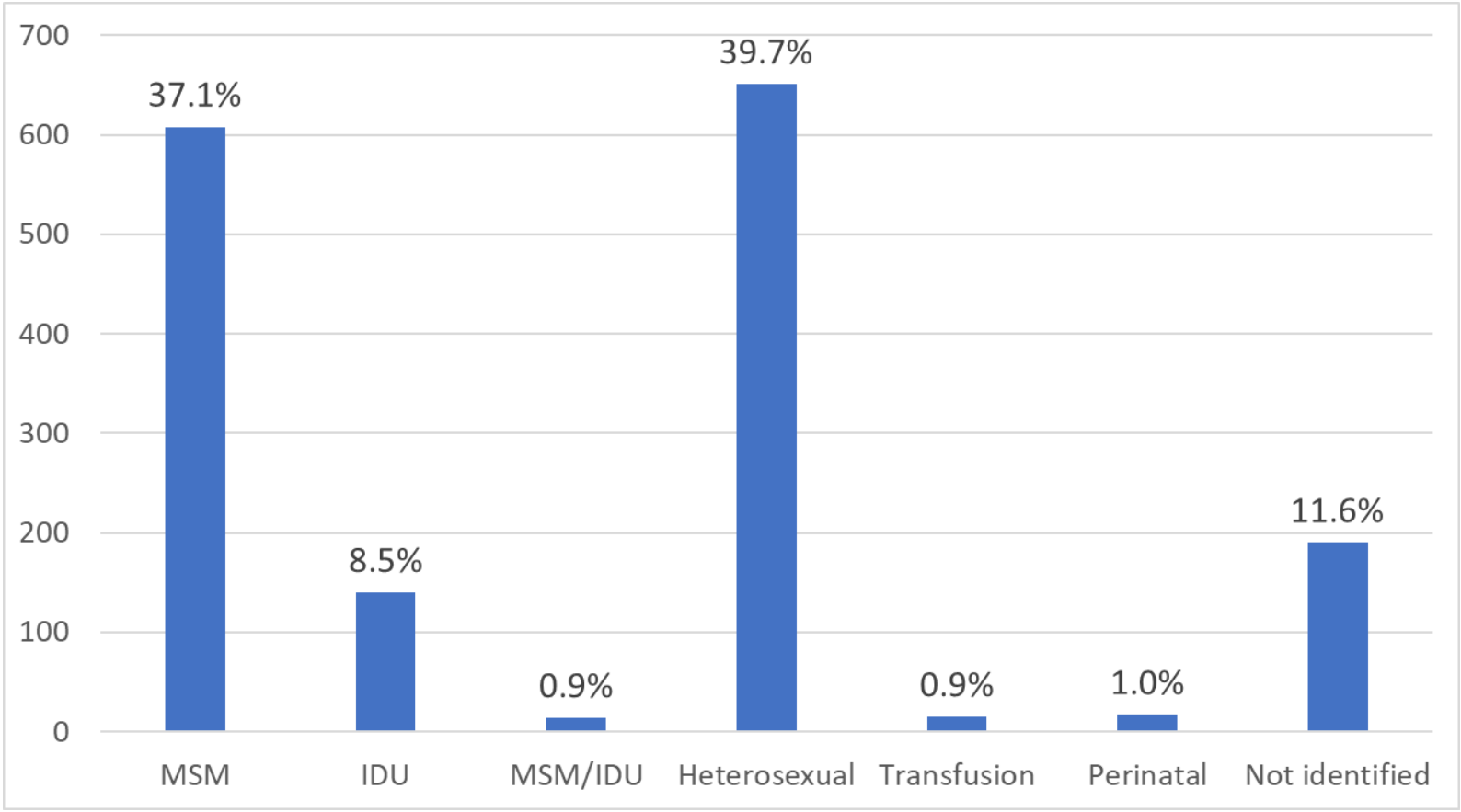


2022 Intake Demographics – Race/Ethnicity



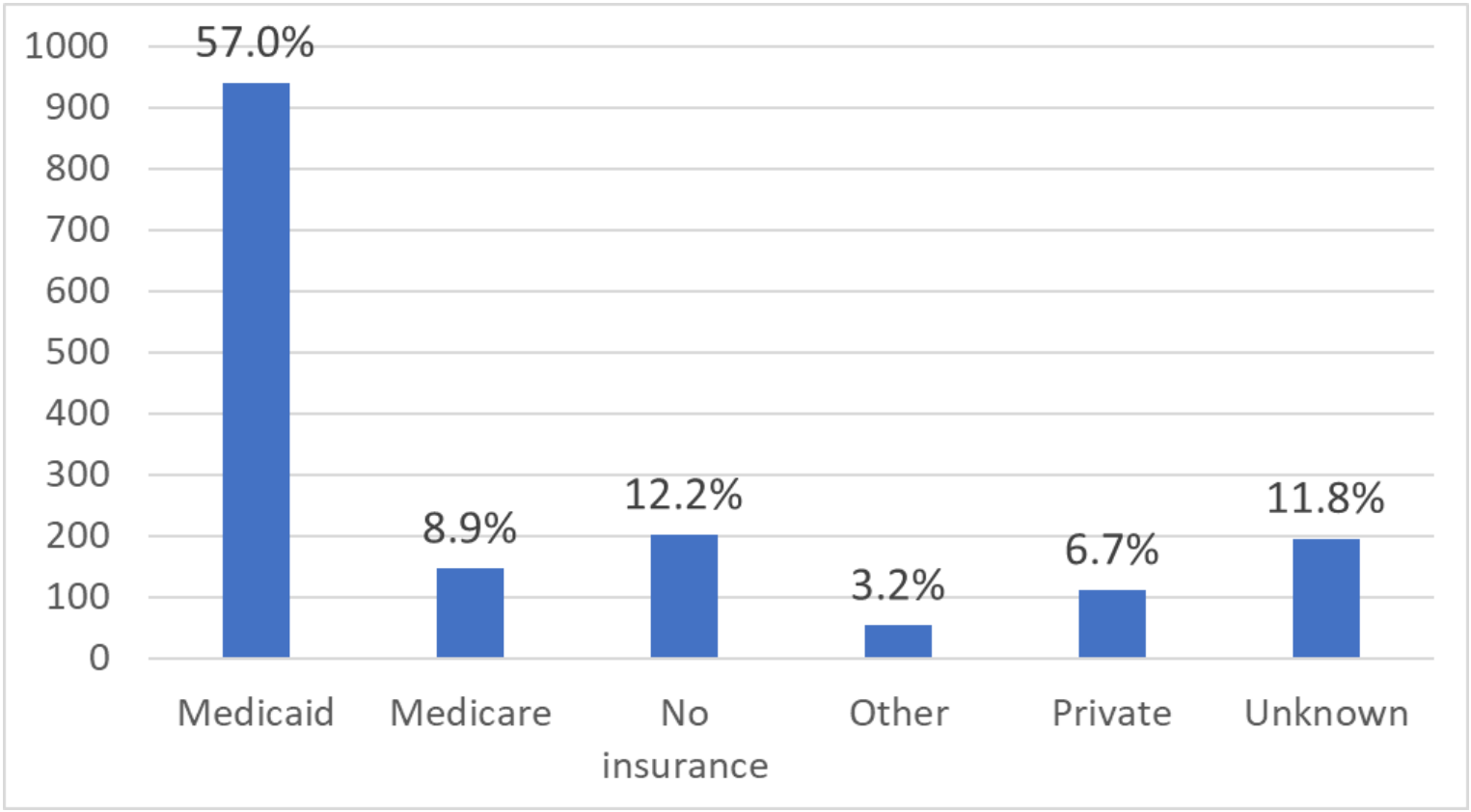
**Native Hawaiian, Pacific Islander, American Indian and Alaska Native data not included due to values <6*

2022 Intake Demographics – Risk Factor



**Hemophilia data not included due to values <6*

2022 Intake Demographics – Insurance Type



**VA or Other Military Insurance data not included due to values <6*

	Total	Male	Female	Afr. Amer. MSM	Latino MSM
Number of Intakes	1648	1105	478	527	98
Service Category					
Housing	54.4%	54.8%	54.0%	49.0%	42.9%
Food Bank/Voucher/ Home Delivered Meal	96.0%	95.8%	96.0%	80.8%	71.4%
Treatment Adherence	33.1%	31.5%	27.6%	32.4%	50.0%
Benefits Assistance	18.8%	19.3%	18.2%	16.1%	17.3%
Medical Care	22.2%	23.4%	19.0%	22.8%	28.6%
Transportation Assistance	56.4%	5.8%	4.8%	54.3%	50.0%
Medication	24.9%	27.8%	18.8%	21.6%	35.7%

Consumer Grievance Process

- Addresses grievances regarding any and all DHH funded Care and Prevention services
- Grievances can be filed anonymously
- Calls are designated as Crisis, Priority or Non-Priority
- Program Analysts work with agencies to reach agreed upon resolutions
- CSU Supervisor relays resolution to caller
- *Note: All DHH funded subrecipients must have a grievance process and must share this process with all clients*

CSU Information

Health Information Helpline
8:30 a.m. - 5:30 p.m.
Monday through Friday

215-985-2437

<u>Staffing:</u>
Manager
SW Supervisor
4 Social Workers

Staff speak Spanish & French
(other languages available through PDPH translation services)


Q
A

Quality Management in the EMA

Jessica Browne
Manager of Information Services
Division of HIV Health
March 9, 2023

City of Philadelphia

Quality Management (QM)

The QM process includes:

- Quality assurance
- Outcomes monitoring and evaluation
- Continuous quality improvement (QI)

The goal of the EMA's QM program is to use high quality data to continually improve access to high quality clinical HIV care

QM and the Continuum of Care

In accordance with National Goals, initiatives are being directed at all stages of the care continuum

- Diagnosis and linkage
  - CDC-funded 18-1802 and 20-2010
  - QI on prevention processes and systems
- Retention and viral suppression
  - Quality improvement projects (QIPs) in Ryan White O/AHS and MCM

The QM Process in the EMA

Collect and analyze data to assess client outcomes

- Local and HAB performance measures
- Other available data

Use data to improve client outcomes

- Provider use of CAREWare reports
- Ongoing feedback to providers
  - Benchmarking and trends
- QIPs
- Regional QM Meetings
- Technical assistance and training with providers
- Consumer input

Outcome Monitoring in the EMA

Performance Measures

- O/AHS measures focus on clinical outcomes, including VLS, retention, STI/other screenings, and women's health
- MCM measures reflect new model – broken out into Comprehensive and Standard

Access to Care

- Regular "secret shopper" calls to O/AHS providers, including feedback and corrective actions

Health disparities

- Will connect to QI to improve health equity

Performance Measures

- 24 measures for O/AHS services
- 7 measures for Comprehensive MCM, 5 measures for Standard MCM
- 3 oral health measures
- Measures for all other services and health equity data calculated from RW database
    - VL suppression
    - Retention

Monitoring and Feedback

- Strong emphasis on feedback in the EMA
- Feedback reports
  - Data visualization highlights strengths and needs
  - Benchmarking contextualizes data
  - Assists in prioritizing QIPs
- Feedback on QIPs helps to translate data into action intended to improve health outcomes

Quality Improvement Projects

- New QI coaching model rolled out in late 2021 at O/AHS programs
- Goal is to be more individualized and flexible
- Incorporation of different QI methodologies (e.g. Lean Six Sigma)
- 2021/22 focus was on STI screenings and viral load monitoring, but varied based on programs' individual performance and needs
- Next QI cycle will start in April at O/AHS and MCM providers
- Joint QIPs at co-located sites

QIPs Are Effective

- QIPs for O/AHS consistently result in better outcomes
- From 2013 to 2017, 81% (128/158) of QIPs for O/AHS resulted in improved outcomes
- Still analyzing final outcomes for current QI cycle, but mid-cycle analysis showed:
  - 79.3% of QIPs had already led to improved outcomes
  - Ten QIPs resulted in an increase of 10% or higher, and 5 QIPs resulted in an increase of 20% or higher
  - Greater rates of improvement on measures on which a QIP was done than on measures on which a QIP was not done

Consumers and QI

- QI principle: quality is defined by the consumer!
- DHH emphasizes consumers in the QI process
- Methods of obtaining input include:
  - Consumers on QI teams or committees
  - Obtain input from Consumer Advisory Boards during key stages of a QI process
  - Consumer focus groups
  - Client surveys to obtain client input relating to causes for low performance or proposed action steps
- Increasing consumer input is priority for coming year

Appointment Availability

- HAB systems level performance measure assesses number of RW O/AHS programs with a waiting time of 15 or fewer business days for a RW-eligible patient to receive a medical appointment
- AACO callers present as patients who are uninsured, out of care or never linked to care, and have no income
- Provides opportunity to assess any potential barriers to care

Appointment Availability

- Consistent decline since 2018
- Providers whose calls indicate serious barriers to care are given corrective action plan
    - QI coaches reviewed plans after most recent cycle to apply quality framework and make sure all relevant issues were addressed
- Both Spanish and English calls in most recent cycle
- Barriers include inability to schedule appointment due to lack of responsiveness and/or insurance, and miscommunication of fees and other costs

Viral Load Suppression

- Philadelphia ranks 1st among all large EMAs for VL suppression among clients in care who had VLs drawn that year (90.3%)
- In 2021, 20/22 adult O/AHS programs in the EMA had 80% or higher VL suppression
  - 11 programs had 85% or higher VL suppression
  - 3 programs had 90% or higher VL suppression

QM Initiatives in 2023

- Beginning QIPs at MCM and testing providers
  - Joint QIPs at co-located sites
- Peer sharing network
- Streamlined QM plan
- Increasing consumer input

Quality Management Plan

Gita Krull-Aquila, Psy.D.
Quality Management Coordinator
Division of HIV Health
March 9, 2023

City of Philadelphia

Quality Management Plan

- Quality Management (QM) Plans are required component of QM program
- Purpose is to give overview of QM program, including priorities and activities
- Updated annually at DHH, with midyear updates as needed
    - Written by QM Advisor and QM Coordinator with input and review by other units as necessary
- Priority in 2023 – create a more streamlined plan for release to external stakeholders

Components of QM Plan

- Generally, a QM plan will include:
  - Organizational Summary
  - Quality Statement
  - Quality Infrastructure
  - Annual Goals and Objectives
  - Participation of Stakeholders
  - Performance Measurement
  - Capacity Building
  - Evaluation of QM Program
  - Work Plan
  - Process to Update QM Plan

Goals and Objectives

- Per guidance from HRSA, goals should focus on components of QM program outlined in PCN15-02:
  - Quality Infrastructure
  - Performance Measurement
  - Continuous Quality Improvement
- Goals are centered on activities of QM program, but activities of QM program are in service of goals of EHE, Integrated Plan, NHAS

Overview of 2023 Goals

1. Evaluate, build upon and expand CQM infrastructure and activities supporting EHE goals.
2. Improve coordination between O/AHS and MCM providers to support linkage and retention of clients in care
3. Create an inclusive and streamlined QM plan to guide QM activities.
4. Increase capacity building at programs to support quality management activities.

2023 Goals and Objectives

Goal 1: Evaluate, build upon and expand CQM infrastructure and activities supporting EHE goals.

Objectives

1. Monitor and evaluate improvements in access to and initiation of status neutral HIV treatment and care

2. Apply a QI perspective to review and provide feedback on Corrective Action Plans (CAPs) submitted from providers with identified issues during bi-annual DHH appointment availability calls.

2023 Goals and Objectives

Goal 1: Evaluate, build upon and expand CQM infrastructure and activities supporting EHE goals.

Objectives

3. Re-evaluate barriers reported by patients who have been reengaged in care through Field Services and incorporate results into CQM program, including provider QI projects

4. Initiate QIPs with DHH funded Prevention and MCM programs using coaching model in order to improve performance across identified areas

5. Continue collaboration between DHH ISU and EHE team around aligning CQM activities including updating EHE outcome measures for EHE reengagement activities

2023 Goals and Objectives

Goal 2: Improve coordination between O/AHS and MCM providers to support linkage and retention of clients in care

Objectives

1. Continue to update and share O/AHS program contact information with MCM providers biannually in order to support monitoring of treatment adherence and to improve health outcomes
2. Establish and complete a process to update and share MCM provider contact information with O/AHS programs biannually in order to support linkage and retention in care

2023 Goals and Objectives

Goal 2: Improve coordination between O/AHS and MCM providers to support linkage and retention of clients in care

Objectives

3. Develop an evaluation process to measure referral of unsuppressed O/AHS clients to MCM services
4. At co-located sites, integrate O/AHS and MCM QIPs as much as possible to foster more collaboration

2023 Goals and Objectives

Goal 3: Create an inclusive and streamlined QM plan to guide QM activities

Objectives

1. Develop a process to obtain and incorporate consumer feedback into DHH QM plan on a regularly scheduled basis.
2. Work with regional CQM committee comprised of sub-recipients to obtain feedback on DHH QM plan and amend as needed.
3. Share and review QM plan, including workplan, with all DHH departments and incorporate their feedback into QM plan

2023 Goals and Objectives

Goal 4: Increase capacity building among programs to support quality management activities

Objectives

1. Create and offer innovative trainings for providers to enhance their quality management skills
2. Establish and help organize a peer sharing network for programs where they can learn from each other's QI work

Overview of Goals

1. Evaluate, build upon and expand CQM infrastructure and activities supporting EHE goals.
2. Improve coordination between O/AHS and MCM providers to support linkage and retention of clients in care
3. Create an inclusive and streamlined QM plan to guide QM activities.
4. Increase capacity building at programs to support quality management activities.

- In terms of our services and performance, are there aspects of quality we should be looking at, but aren't?
- Are there gaps in our plan?
- What are some of the most important concerns of our consumers from a quality point of view that we should be measuring?

Questions or Comments

Please email
AACOISU@phila.gov
with any additional input!

Service Utilization

Jessica Browne
Manager of Information Services
Division of HIV Health
March 9, 2023

City of Philadelphia

AIDS Pharmaceutical Assistance (LPAP)

Service Definition

- Local pharmacy assistance programs
- Supplemental means of providing medication assistance

Service Utilization FY21

- Clients: 222
- Units: 1,216
- Unit Definition: 1 Unit = 1 30-day Prescription filled

AIDS Pharmaceutical Assistance (LPAP)

Highlights and Comparison to FY20

- 63 (-22.1%) fewer clients had 647 (-34.7%) fewer 30-day Prescriptions filled.
- Expenditures increased by 54.7%.
- Cost of a unit of service in this category increased from $146.59 to $347.36 (137%).
    - 31% increase in cost per unit since FY19.

Medical Case Management

Service Definition

- Focused on improving health outcomes in support of HIV care continuum
- Core activities include initial assessment of service needs; individualized care plan; access to health and support services; ongoing assessment of needs; treatment adherence counseling
- Implementation in EMA:
  - Two-tiered model (Comprehensive and Standard)
  - Co-located with O/AHS programs vs. Community Based Organizations

Medical Case Management

Service Utilization FY21 (Part A Only)

- Clients: 4,466
- Units: 324,202
- Unit Definition: 1 Unit = Quarter Hour

Service Utilization FY21 (MAI Only)

- Clients: 1,011
- Units: 74,956
- Unit Definition: 1 Unit = Quarter Hour

Medical Case Management

Highlights and Comparison to FY20

- 344 (6.7%) more clients received Part A/MAI MCM services this year
- Units saw a corresponding increase of 9,810 units (2.5%)
- Total expenditures increased by 3.7%
- In 2021, 87.2% of new MCM clients were linked to medical care.

Medical Nutrition Therapy

Service Definition

- Includes nutrition assessment, screening, and evaluation; food and nutritional supplements; and nutrition education and counseling
- Individual or group settings

Service Utilization FY21

- Clients: 367
- Units: 957
- Unit Definition: 1 Unit = Quarter Hour

Medical Nutrition Therapy

Highlights and Comparison to FY20

- 5 (1.4%) more clients received Nutrition Therapy
- Units increased by 270 (39.3%).
- Expenditures stayed relatively stable, with an increase of 2.9%

Mental Health Services

Service Definition

- Outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling
- Outpatient group or individual session provided by a licensed mental health professional

Service Utilization FY21

- Clients: 1,593
- Units: 8,120
- Unit Definition: 1 Unit = Quarter Hour

Mental Health Services

Highlights and Comparison to FY20

- 150 (10.4%) more clients
- Decrease of 219 (-2.6%) units since the previous year
- Expenditures increased by 3.2%
- Most subrecipients utilize the Behavioral Health Consultant model which provides short term, decision support for mental health treatment planning

Oral Health Care

Service Definition

- Outpatient diagnostic, preventive, and therapeutic services
- Provided by dental health care professionals

Service Utilization FY21

- Clients: 1,349
- Units: 6,436
- Unit Definition: 1 Unit = 1 Visit

Oral Health Care

Highlights and Comparison to FY20

- 195 (16.9%) additional clients
- Increase of 1,934 (43%) dental visits
- Expenditures remained consistent, with a 0% change since 2020

Outpatient/Ambulatory Health Services

Service Definition

- Outpatient diagnostic/therapeutic services provided by licensed healthcare provider
- Consistent with the Public Health Service guidelines

Outpatient/Ambulatory Health Services

Service Utilization FY21 (Part A Only)

- Clients: 10,888
- Units: 31,036
- Unit Definition: 1 Unit = 1 Visit

Service Utilization FY21 (MAI Only)

- Clients: 188
- Units: 802
- Unit Definition: 1 Unit = 1 Visit

Outpatient/Ambulatory Health Services

Highlights and Comparison to FY20

- Service utilization remained relatively stable
- 228 (2.1%) more clients and 165 (-0.5%) fewer medical visits
- 1.3% increase in expenditures
- VL Suppression in the EMA increased from 82% to 85% during this period, likely due to more viral load tests being conducted as patients continued to return to in-person visits.

Substance Use – Outpatient

Service Definition

- Outpatient services for the treatment of drug or alcohol use disorders
- Includes screening, assessment, diagnosis and/or treatment

Service Utilization FY21

- Clients: 611
- Units: 12,103
- Unit Definition: 1 Unit = Quarter Hour

Substance Use – Outpatient

Highlights and Comparison to FY20

- 353 (136.8%) more clients received this service this year
- Service utilization increased by 898 (8.0%)
- The large increase in clients was primarily due to the expansion of one hospital based BHC program

Emergency Financial Asst.

Service Definition

- Limited one-time or short-term payments for essential utilities, housing, and/or medication
- All other available community resources must be exhausted prior to applying for these funds

Service Utilization FY21

- Clients: 416
- Units: 518
- Unit Definition: 1 Unit = 1 payment, 1 filled prescription, or 1 bill/expense

Emergency Financial Asst.

Highlights and Comparison to FY20

- 168 (67.7%) more clients received services under EFA in FY21
- Utilization increased by 197 units (61.4%).
    - More comparable to FY19, with clients at 92% of pre-pandemic levels and units at 76%
- Biggest increase in this category was in the EFA Housing category, while the number of clients receiving medication declined.
- Expenditures increased in this category in 2021 by 90.9%.
- The cost per unit of service rose from $1,561 to $1,847 (18%).

Food Bank/Home Delivered Meals

Service Definition

- Food items, hot meals, and/or voucher program to purchase food

Service Utilization FY21

- Clients: 2,181
- Units: 35,452
- Unit Definition: 1 Unit = 1 Meal, 1 Visit, or 1 Voucher

Food Bank/Home Delivered Meals

Highlights and Comparison to FY20

- Clients remained relatively stable, with 32 (-1.4%) fewer clients compared to FY20.
- Number of meals increased by 2,363 (7.1%) meals
- Expenditures decreased by 25%
- Average cost per unit of service decreased by 30% ($20.72 to $14.50)

Housing

Service Definition

- Limited short-term assistance
- Must provide medical/supportive services OR enable client to access services
- EFA, supportive services, group housing, and legal assistance

Service Utilization FY21

- Clients: 402
- Units: 9,123
- Unit Definition: 1 Unit = Quarter Hour or 1 Payment

Housing

Highlights and Comparison to FY20

- Clients decreased by 176 clients (-30.4%) as compared to FY20
- Utilization decreased by 3,346 units (-26.8%)
- Expenditures increased by 32.8%

Medical Transportation

Service Definition

- Non-emergency transportation services to core medical and support services
- Payer of last resort (must use MotivCare first)

Service Utilization FY21

- Clients: 1,930
- Units: 23,001
- Unit Definition: 1 Unit = 1 Way Trip

Medical Transportation

Highlights and Comparison to FY20

- Began to return closer to FY19 levels
- 557 (40.6%) more clients
- 10,816 (88.8%) more one-way trips
- Expenditures also increased by 56.5%
- 24% decline in clients and a 38% decline in units compared to FY19
- Increases consistent among almost all providers and awards

Other Professional Services

Service Definition

- Provision of legal services related to HIV
- Includes assistance with benefits, power of attorney, and living will

Service Utilization FY21

- Clients: 756
- Units: 17,561
- Unit Definition: 1 Unit = Quarter Hour

Other Professional Services

Highlights and Comparison to FY20

- 27 (-3.4%) fewer clients accessed Legal Services
- Service units decreased by 2251 (-11.4%)
- Expenditures increased by 5.8%
- Decrease in units consistent across Philadelphia, the suburban counties, and New Jersey.
- Impact of federal, state, and local eviction moratoriums, as well as decisions to halt the termination of federal and state public benefits, in the spring of 2020 and throughout 2021

Referral For Health Care/ Supportive Services

Service Definition

- Directs client to needed core medical or support services
- Includes DHH CSU client intakes and help line, as well as confidential helpline and computer lab with digital health literacy classes focused on entitlements and benefits information.

Service Utilization FY21

- Clients: 1,238
- Units: 1,642
- Unit Definition: 1 Unit = Quarter Hour or 1 call

Referral For Health Care/ Supportive Services

Highlights and Comparison to FY20

- Clients utilizing these services increased by 2 (0.2%)
- 149 (10%) more units were provided
- Expenditures declined by 7.0%

Questions or Comments