Health and Adherence-related Clinical Quality Management (CQM): Considerations for ADAPs

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Background

Clinical quality management (CQM) is an approach used by a variety of health programs to support high quality care. CQM refers to activities that focus on measuring and improving patient care, health outcomes, and patient satisfaction. Quality improvement (QI), a component of CQM, consists of systematic and continuous actions that lead to measurable improvement in services and client health. For introductory information about CQM, including QI, please visit the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) website's Clinical Care & Quality Management page.

This resource outlines how Ryan White HIV/AIDS Program (RWHAP) Part B and AIDS Drug Assistance Programs (ADAPs) can monitor and bolster the effectiveness of their programs and the health of their clients via CQM. It also provides a summary of HRSA/HAB's expectations related to CQM activities.

ADAP and CQM programs

Established under the RWHAP Section 2616 of the Public Health Service Act, ADAPs provide access to HIV medications for clients who cannot afford them. Access is one key goal of ADAPs, reinforced by the legislation mandating states to "provide therapeutics to treat HIV/AIDS" and "facilitate access to treatments for such individuals; and document the progress made in making therapeutics ... available to individuals eligible for assistance."

The legislation also requires RWHAP Part B programs to establish CQM programs to "assess the extent to which HIV health services are consistent with the most recent Public Health Service (PHS) Guidelines for the treatment of HIV disease and related opportunistic infections, and develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services." (PHS 2618 (b) (3) (E) (i)). **RWHAP Part B programs' CQM activities must span the breadth of core medical and support services, including ADAP.**

ADAPs provide an essential component of HIV care. CQM programs must therefore include ADAP so that the impact of ADAP on health outcomes is continually improved (e.g., use of ADAP-related performance measures, implementation of ADAP-related QI activities).

While there is no mandate as to which performance measures are used, HRSA/HAB provides potential performance measures for ADAPs. Those measures are now widely used by ADAPs, and include:

- **Application determination:** Percent of ADAP applications approved or denied for new ADAP enrollment within 14 days (two weeks) of the ADAP receiving a complete application in the measurement year
- **Eligibility recertification:** Percentage of ADAP enrollees who are reviewed for continued ADAP eligibility two or more times per year, at least 150 days apart
- **Formulary:** Percentage of new antiretroviral (ARV) classes that are included in the ADAP formulary within 90 days of inclusion in U.S. PHS Guidelines
- **Inappropriate ARV regimens:** Percentage of identified inappropriate ARV regimen component prescriptions that are resolved by the ADAP program

Using these measures to systematically improve patient care, health outcomes, and patient satisfaction assists ADAPs in providing high-quality services that ensure access to critical medications. However, the addition of other health and adherence-related outcome measures in an ADAP's CQM portfolio provides a more robust picture of the critical role ADAPs play in improving the health of persons living with HIV (PLWH). Performance measurement of ADAP health- and adherence-related outcomes such as viral load suppression, which is included in the HRSA/HAB core performance measures, is important in informing recipients as to the impact of the service being provided and results that can guide service implementation to improve clients' health. Outcomes-based performance measures help to inform which services to provide and how to provide them.

QI and the ADAP Flexibility Policy

QI represents a systematic and continuous approach to improve care, health outcomes, and satisfaction of clients as identified via performance measurement. ADAPs can implement ADAP service improvements through the allowable use of RWHAP funding and in the areas of access, adherence and monitoring under the "flexibility policy."

RWHAP legislation and Policy Clarification Notice (PCN) 07-03 supports the use of up to 10% of ADAP funds to: (1) enable eligible individuals to gain access to drugs; (2) support adherence to the drug regiment necessary to experience the full health benefits afforded by the medications; and (3) monitor the client's progress in taking HIV-related medications."

PCN 07-03 provides additional guidance to states wishing to request to use up to 10% of their ADAP award for ADAP Flexibility for "extraordinary circumstances" that include such factors as "demonstrated exceptionally low compliance and adherence rates among targeted segments of the clients receiving ADAP medications (e.g., active substance users, persons with serious mental illnesses), or significant new numbers of clients entering ADAP who are new recipients of drug therapies (as a result of other outreach activities) that necessitate devoting added resources to these activities." Performance measures reflecting low rates of adherence for ADAP clients or issues identified through monitoring client progress (e.g., concerning lab results indicating poor health outcomes) could be included in justifications to HRSA requesting use of funding through the flexibility policy.

The flexibility policy funding can be used to expand services that support and benefit from QI initiatives, including enhancing and increasing adherence services and improving laboratory monitoring of client health. **States must request permission to use ADAP funds under the flexibility policy in the "ADAP Flexibility" section of the RWHAP Part B Base grant application.**

Moving toward ADAP-related health and adherence outcomes

There is focused attention and effort toward linkage and retention in care supported by the national goals for ending the HIV epidemic and the accepted evidence that HIV transmission can be reduced through the benefits of effective treatment. In order to assess progress toward reaching the national goals to end the HIV epidemic, it is essential that states consider ways to implement performance measures that address health and adherence outcomes of ADAP services, as well as QI activities that improve those outcomes.

Beginning the process

ADAPs can illustrate the success of their services by establishing a process to identify and develop related performance measures and QI activities. This process takes time, but it is worth the effort to invest in the infrastructure and stakeholder support to sustain it. ADAPs may consider the following suggested steps when beginning to establish a process that best fits their programs:

- **Define the message:** ADAPs' selection of performance measures that drive QI activities can deliver powerful messages about a state's priorities, the ADAP's purpose, and the value the program places on particular health outcomes. ADAPs should consider how selected measures and QI initiatives reflect the program's mission and values, how these activities can support program growth and change, and how client needs or service gaps are addressed.

- **Involve stakeholders:** Providers, including physician, nursing, social work, and case management partners, are key allies in developing ADAP performance measures and QI activities, as results will directly impact clients in their care. ADAP may be a provider's only consistent interaction with the RWHAP Part B Program, especially as larger numbers of clients become insured. QI activities may involve initiatives or incentives at the provider level. ADAPs can enhance provider relationships by assessing what outcome data providers find valuable, illustrating outcome data at both local and state levels, and determining the best methods for routinely communicating data to providers. ADAPs should leverage relationships with physician, nursing, social work, and case management partners through: ADAP advisory committees; existing CQM committees; and planning groups. ADAP clients should also be meaningfully involved in the development of ADAP performance measure and QI activities (e.g., participation in CQM committees).
- **Align ADAP measures with existing CQM protocols at treatment sites:** Medical practices, hospitals, community health centers (CHCs), and other clinical sites have most likely established CQM measures and activities to meet a variety of other federal and funding requirements. There are often common CQM program elements related to Medicaid, Medicare, or other RWHAP Part B CQM protocols across sites providing HIV care. ADAPs should review existing CQM protocols and select common measures and QI activities that rely upon systems already in place at stakeholder sites. Useful measures may examine viral load suppression, heath status (e.g., rate of comorbidities or opportunistic infections preventable/treatable with ADAP formulary medications), quality of life, or adherence to medication regimens for clients served by ADAP.
- **Establish data sharing methods and agreements:** In prior years, it was more common for RWHAP Part B to directly fund medical care and other services. Obtaining clinical markers for evaluation use (e.g., performance measurement) was a matter of establishing contractual terms related to funding, and RWHAP Part B-related data was often shared with that state's ADAP. However, many clients now receive care paid for by insurance. Data exchange can still occur but may be guided by Memoranda of Understanding (MOU), participation in RWHAP Part B or state-wide RWHAP recipient CQM collaboratives that include ADAPs, or specific terms in client consents that address use of clinical information for CQM purposes. ADAPs should assess options that currently exist and include any RWHAP Part B program CQM colleagues to collaborate on data collection methods that benefit all aspects of the RWHAP Part B CQM program.
- **Integrate ADAP-related performance measures in the state's RWHAP Part B CQM plan:** Since RWHAP Part B recipients are required to have CQM plans that cover RWHAP Part B, including ADAP (whether stand-alone or included in statewide CQM plans), some states choose to coordinate performance measures

across RWHAP Part B services and ADAP. By including ADAP measures in the RWHAP Part B CQM plan and establishing representation on the CQM committee, ADAPs can benefit from methods already in place to assist with obtaining and analyzing information related to performance measures, as well as ensuring a consistent approach to the state's RWHAP Part B CQM program. For example, an ADAP may consider already-established performance measures related to viral suppression for other services and apply those to specific ADAP services, such as insurance continuation or direct provision of medications to clients. While this provides an initial examination of an ADAP's effect on clients' health status, the ADAP should consider expanding to other performance indicators to demonstrate the far-reaching impact ADAP can have.

Establishing performance measures

Establishing or enhancing a CQM program that includes and acts upon performance measures can seem daunting. ADAP coordinators manage multiple program priorities and continue to respond to substantial changes in the national health care environment. However, demonstrating the impact of ADAP on client health and reduced HIV transmission supports the critical need for the program.

Taking the first steps to establish performance measures for ADAP involves increasing your knowledge and building partnerships. ADAPs may consider the following next steps to establishing performance measures:

- **Improve ADAP staff's CQM knowledge:** ADAP coordinators should ensure they have a solid knowledge and understanding of CQM. ADAPs may also consider: engaging with ADAP colleagues in other states and territories for support in understanding CQM; participating in relevant discussions during NASTAD-led calls and meetings; and asking HRSA project officers for additional technical assistance, as needed.
- **Partner with champion providers:** Stakeholder involvement is critical to the success of a CQM program. ADAPs should identify prescribing providers in their state or territory who are well respected by colleagues and treat ADAP clients. ADAP should discuss the value of incorporating health and adherence-related performance measures into ADAP operations and the need for providers to support this process (e.g., participating in CQM committees, QI initiatives). These providers could also assist with recruiting additional provider stakeholders, as they may be more responsive to a colleague approaching them.
- **Set an achievable timeline:** Several factors will impact how quickly ADAPs can develop and implement these types of measures and initiatives. Does the state/territory have an established CQM program? Are provider and stakeholder relationships already strong or do they need to be established? Do

state/territorial regulations or policies limit data exchange with certain programs or entities? ADAPs should assess their program's CQM-related strengths and needs and develop a timeline accordingly. The time necessary in establishing an approach to CQM will vary between ADAPs.

ADAPs play a significant role in supporting access to treatment and improved health outcomes for PLWH. The ability to document and support efforts that increase adherence and health status of PLWH is critical to moving toward an end to the HIV epidemic and in ensuring adequate funds are available to support those efforts.

Resources:

- NASTAD (National Alliance of State & Territorial AIDS Directors) www.NASTAD.org
  - NASTAD – Health Care Access
- HRSA HIV/AIDS Bureau
  - HRSA/HAB Performance Measure Portfolio
- HRSA TARGET Center – technical assistance for the Ryan White community
- Ryan White HIV/AIDS Treatment Modernization Act (2009)
- HIV Medicine Association's (HIVMA) Issue Brief "Tools for Monitoring HIV Care: HIV Clinical Quality Measures"

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Please contact Amanda Bowes with questions.

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