

FY 2022 PERFORMANCE PLAN

ADAP (AIDS Drug Assistance Program)		Public Health/ CHSB	Lilibeth Grandas x1211 Sharron Martin x1239
Program Purpose	<ul style="list-style-type: none"> • Ensure access to and compliance with treatment for low-income uninsured Virginia residents living with HIV/AIDS 		
Program Information	<ul style="list-style-type: none"> • The program is federally funded through the Ryan White (RW) Program and administered through the Virginia Department of Health (VDH). PHD administers the Direct ADAP component. <ul style="list-style-type: none"> ○ VDH performs eligibility for every ADAP applicant. Criteria includes Virginia residency, HIV positive, under medical care, CD4* and viral load** lab results within the previous six months, not eligible for Medicaid, and income below 400% of the Federal Poverty Level (FPL). Patients can access medical care at organizations that receive Ryan White funding. ○ Direct ADAP provides free medications to eligible uninsured individuals. Direct ADAP treating physicians submit medication orders to the VDH Central Pharmacy, which sends a 30 to 60-day medication supply to the Public Health Division or an alternate delivery site for patient pick up. • The role of the ADAP staff is to: <ul style="list-style-type: none"> ○ Inventory, verify, and store medications by patient name. ○ Send medication requests to VDH monthly for each patient. ○ When a refill is needed, VDH initiates contact with the prescribing physician. If unsuccessful, ADAP staff follows up with the physician. ○ Track all medication orders that are delivered to clients' homes. ○ Schedule patient appointments for medication pick up, and contact patients to remind them of their appointment the week prior. Contact patients within one week if they miss their pick-up appointment. ○ Arrange medication pick up (when applicable) between the client and the nurse. • During COVID 19, clients continued to receive their medications without disruption, but under a different model in which the Virginia Department of Health Pharmacy mailed a one to two-month supply of medications to each client's home. Under this model, clients could follow the stay-at-home orders recommended by VDH while receiving their medications on time. We have continued to use this model. • The ADAP team has to monitor each medication delivery closely by tracking the package (via a tracking number provided by VDH) and by confirming receipt with each client (telephonically). • Partners: Inova Juniper Program, VDH Pharmacy, VDH Eligibility Office, Whitman Walker Clinic and private medical providers. <p>*CD4: Measures immune system strength **Viral Load: Measures the amount of HIV virus in the blood.</p>		
Service Delivery Model	<ul style="list-style-type: none"> • In FY 2022, most clients continued to receive their medications in the mail, while others prefer to come to the office in person. VDH continued to mandate confirming addresses before medications were ordered and close monitoring of medications delivered by mail. • We will continue to use the current mixed model to allow clients to choose what works better for their particular situation. 		

FY 2022 PERFORMANCE PLAN

PM1: How much did we do?

Staff	Total 1.3 FTEs: <ul style="list-style-type: none"> • 0.25 FTE Nursing Supervisor • 0.25 FTE Nursing Coordinator • 0.4 FTE Public Health Nurse • 0.4 FTE Pharmacy Technician 				
Customers and Service Data	Direct ADAP	FY 2019	FY 2020	FY 2021	FY 2022
	Clients	60	45	46	56
	Visits	483	270	272	345

PM2: How well did we do it?

2.1	Client satisfaction survey
2.2	Clinical documentation of VDH eligibility, medication pick-up, and lab results

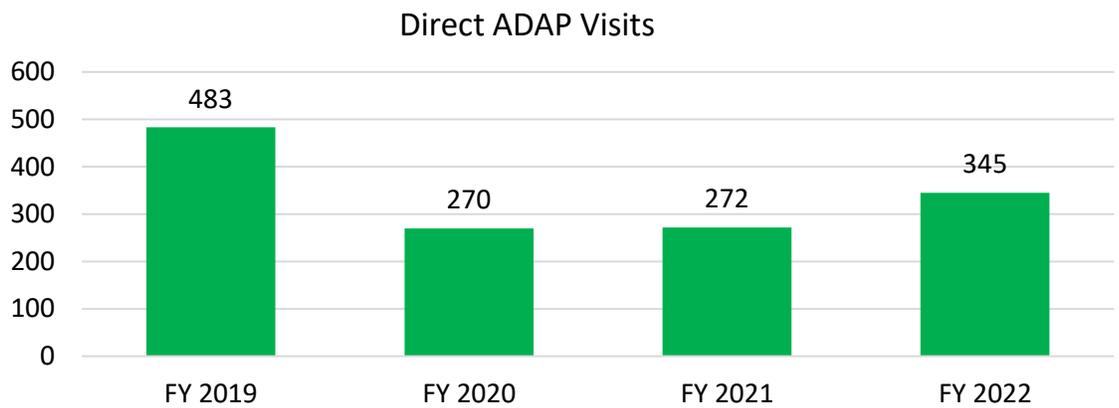
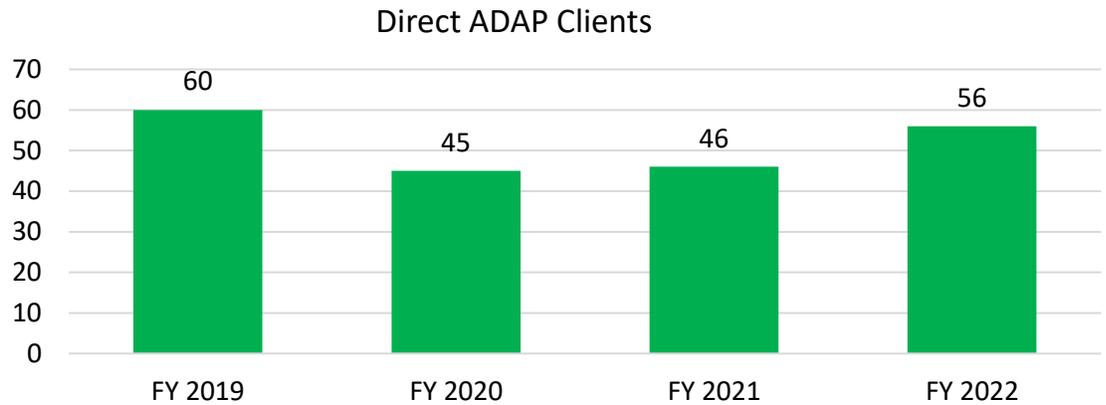
PM3: Is anyone better off?

3.1	Patients pick up their medications before they run out
3.2	HIV positive individuals whose HIV viral load is suppressed

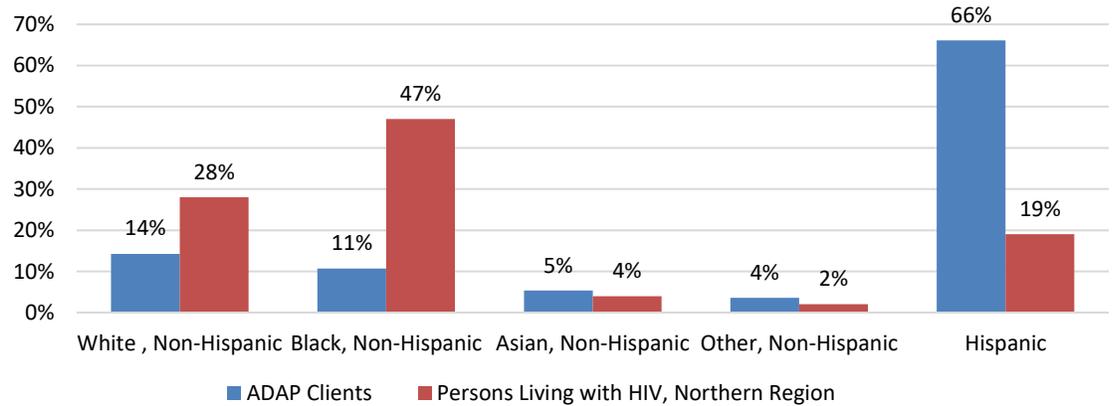
ADAP (AIDS Drug Assistance Program)

Measure 1 Clients and Visits

Data



ADAP Clients Compared to Persons Living with HIV in Northern Virginia by Race and Ethnicity



Data Summary

- The number of clients and visits in FY 2022 increased, after experiencing a large decrease in FY 2020 and FY 2021.
- The number of clients and visits is tracked in WebVision.

FY 2022 PERFORMANCE PLAN

What is the story behind the data?

- The decrease in direct ADAP clients in FY 2020 and 2021 is due to Medicaid expansion, and clients having access to Virginia Medication Assistance Programs, which provides insurance cost support or directly purchased medication through several venues.
- The 22% increase in patient visits in FY 2022 is due to individuals moving into this area and clients being disenrolled from their medical insurance.
- There are many players in the system such as CHSB staff, medical providers, VDH Pharmacy, commercial pharmacies, the VDH Eligibility Office, case managers at MD’s offices, etc. and this makes it especially challenging for the clients to understand how the system works. CHSB staff spends a significant amount of time assisting clients in navigating the system.
- The ADAP program services primarily uninsured clients who rely on ADAP as the only way to obtain these high-cost medications. Few patients qualify for Medicaid, and they were offered the choice to pick up medications from our site.
- During the pandemic in FY 2020 and 2021, VDH issued a two-month supply of medications, rather than a one-month supply. In FY 2022 the VDH Pharmacy is slowly going back to sending just a one-month supply of medications to prevent waste, especially if there is a medication regimen change.

Recommendations

- Continue to support clients who lose their health insurance due to changes in employment status and those transitioning into ADAP, to prevent gaps in medication access.

Target Dates

- On-going

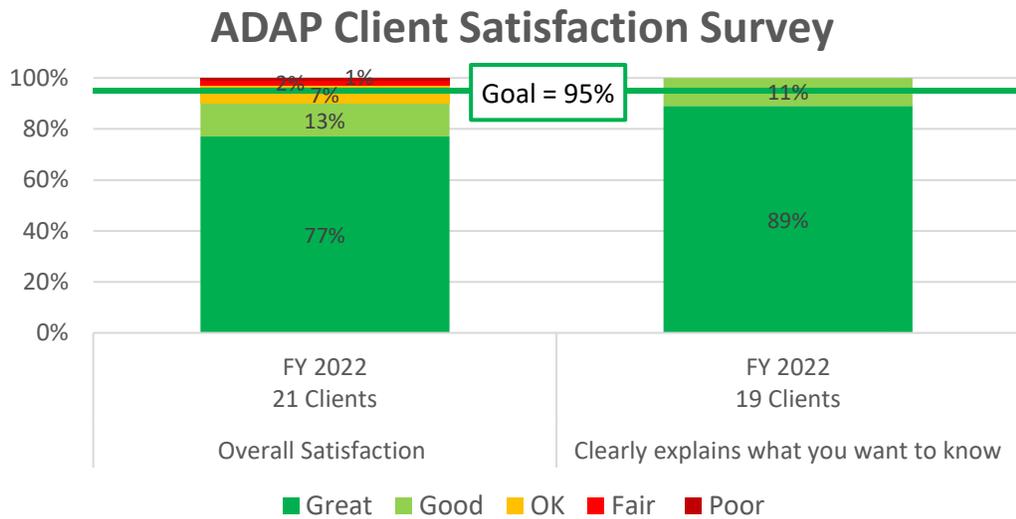
Forecast

- For FY 2023, we expect the number of clients to remain about the same.

ADAP (AIDS Drug Assistance Program)

Measure 2.1 Client satisfaction survey

Data



Data Summary

- Survey conducted once in FY 2022, capturing all clients served over a two-week period, using a telephone and in person survey in English and Spanish.
- Overall satisfaction was calculated by averaging the results from all the questions on the survey.
- FY 2022 response rate was 91%.

What is the story behind the data?

- In FY 2022, the customer satisfaction survey was changed to a survey that VDH requires for some PHD clinic programs.
- In FY 2022, 90% of clients rated their overall customer experience with ADAP services as “good” or “great” and 100% rated how we explained things as “good” or “great.”
- Clinic staff and facilities received the highest scores on the survey. Wait times received the lowest scores.

Recommendations

- Continue to offer the option of having clients receive their medications at home
- Add a question explicitly about overall satisfaction to the survey.
- Conduct a client satisfaction survey in FY 2023 as staff resources permit. Satisfaction surveys will be conducted on the phone by staff who is not directly involved in the ADAP program.

Target Dates

- On-going
- Q2 FY 2023
- Q2 FY 2023

Forecast

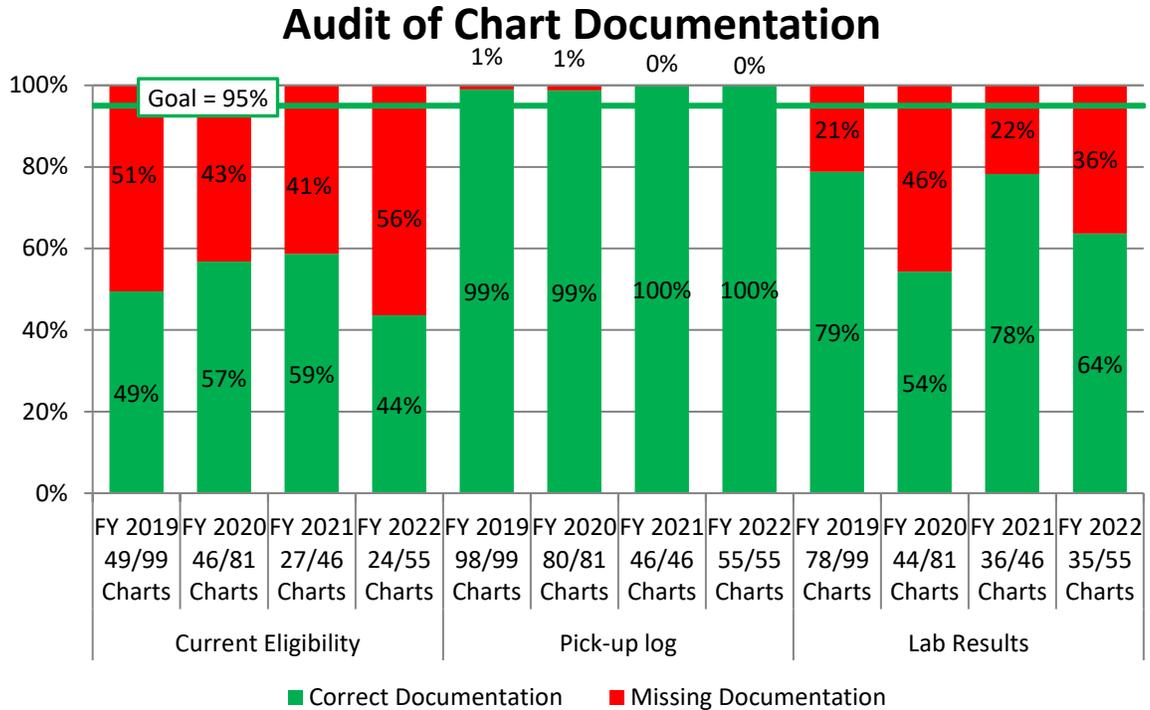
- In FY 2023, satisfaction will continue at about the same level as FY 2022.

FY 2022 PERFORMANCE PLAN

ADAP (AIDS Drug Assistance Program)

Measure 2.2 Clinical documentation of VDH eligibility, pick-up log, and lab results

Data



Data Summary

- In FY 2022 and FY 2021, records were audited once. In FY 2019 and FY 2020, records were audited twice a year, resulting in most clients being included in the audit twice.
- The audit focuses on compliance with VDH documentation requirements, specifically current documentation of client eligibility, completeness of the required medication pick up log, and documentation of laboratory results.
- The program is audited once a year by the Virginia Department of health and one of the main components of their quality assurance is the medication pick up logs. The forms have to be signed and dated by both client and staff at every medication pick up or after every mail delivery has been confirmed.
- In May 2022, the VDH eligibility recertification change from every 6 months to every two years. The requirement for submitting lab results every 6 months was dropped as well. The audit in FY 2022 was conducted before the change.
- Data on client eligibility comes from VDH. Data on lab results is obtained from providers. Data on tracking pick up logs is collected internally. All data is tracked in an Access database.

What is the story behind the data?

- In FY 2022, 38% of clients had all documentation complete, as compared to 50% in FY 2021 and 31% in FY 2020.
 - Clients with current (within 6 months) documentation of eligibility provided by VDH decreased to 44%

FY 2022 PERFORMANCE PLAN

- Clients with complete pickup logs stayed at 100%
- Clients with current lab results (within 6 months) provided by clinicians decreased to 64%
- VDH is responsible for administering and tracking ADAP eligibility. Our staff made many attempts to obtain eligibility information on each client; but calls went unanswered. The VDH eligibility office was focused on disenrolling some clients whose eligibility was not up to date. The staff spends a significant amount of time tracking this information every 6 months; but the yield is very low.
- Regarding Viral loads and CD4s, the ADAP staff usually calls the different medical providers to obtain lab data for each client.
- In FY 2022 despite many attempts to obtain this data, the medical providers were not responsive because they were focused on seeing patients in person again.
- The Inova Juniper program (IJP), our main medical provider, experienced an unusual amount of staff turnover, and also closed their offices in Falls Church. Both events contributed to data collection not being a priority for them.

Recommendations

Target Dates

- Explore discontinuing collecting eligibility information and laboratory data given that we do not have control over such data.

- FY 2023 Q2

Forecast

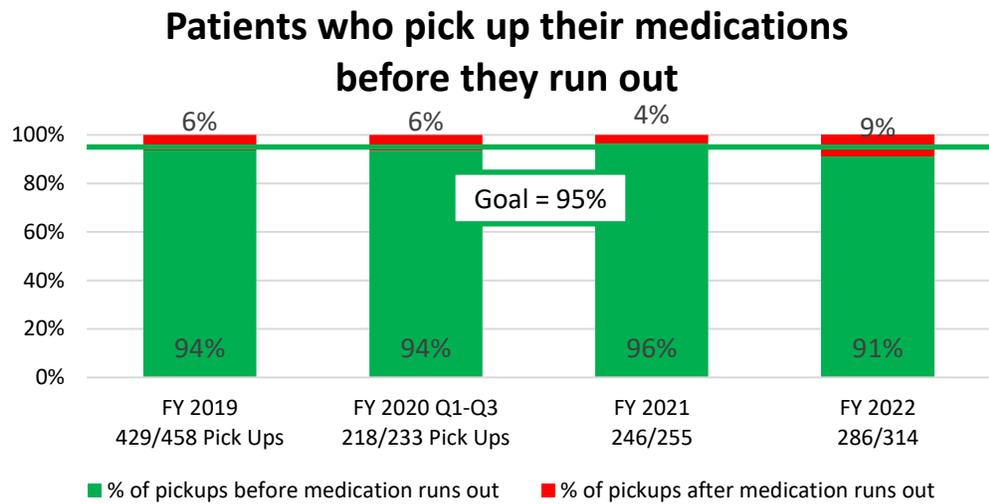
- In FY 2023, the percentage of clients with correct documentation will be consistent with pre-pandemic levels seen in FY 2019.

FY 2022 PERFORMANCE PLAN

ADAP (AIDS Drug Assistance Program)

Measure 3.1 Patients pick up their medications before they run out

Data



Data Summary

- When returning clients come to the building to pick up their medication or when they are called to confirm mail delivery, they are asked if they depleted their medication before picking up the new medication. Data is tracked in WebVision.

What is the story behind the data?

- At 91% of medication pick-ups, clients reported they had not run out of their medications.
- Clients who do deplete their medications almost always pick up their new medications within a few days of depletion. The ADAP team monitors the data to if see the same clients repeatedly run out of medications.
- The ADAP team continues to contact every client before their appointment and after any missed appointments. They make special arrangements for med pick up for those who have a difficult work schedule or face other circumstance that prevent them from coming on a previously agreed appointment date and time. The ADAP team recognizes the importance of helping clients adhere to their medications in order to keep the HIV virus under control and to prevent the spread of the infection.

Recommendations

- Continue to document medication supply to ensure clients always have a small reserve.

Target Dates

- On-going

Forecast

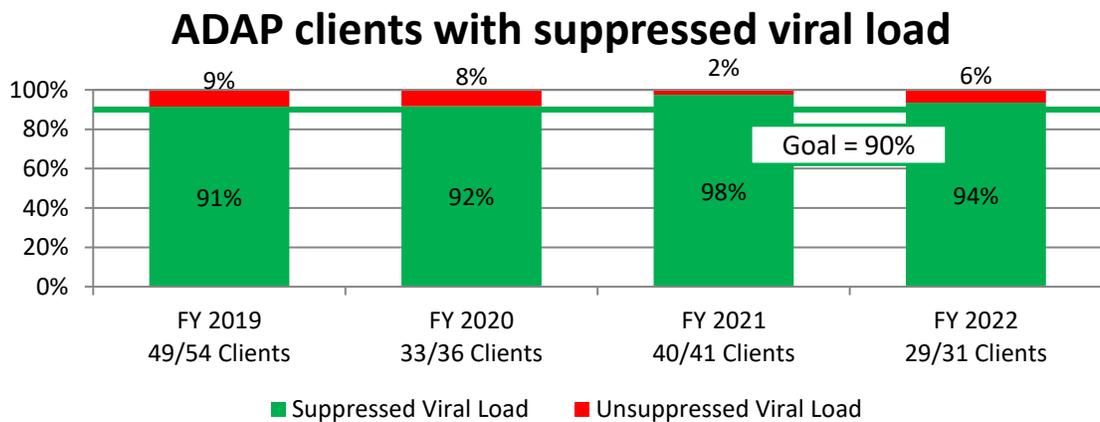
- In FY 2023, the percentage of pick-ups before medication runs out will remain 91%.

FY 2022 PERFORMANCE PLAN

ADAP (AIDS Drug Assistance Program)

Measure 3.2 HIV positive individuals whose HIV viral load is suppressed

Data



Data Summary

- Data is submitted every 6 months to VDH by the clients’ physicians. PHD requests a report of clients’ viral loads from clients’ physicians twice a year.
- Figures include all clients open in FY 2022 with viral load results within 12 months of the clients’ last visit, as results less than 12 months old are still clinically relevant. Clients without recent viral load results are excluded. Data was available on 31 of the 56 clients.
- Viral suppression is defined as ≤ 200 copies/mL in the most recent test.

What is the story behind the data?

- 94% of our population achieved viral suppression, which is high compared to 58% in Virginia and 62% nationally.¹
- There was no pattern or association between clients that ran out of medication before pick-up and clients who did not achieve viral suppression.
- The FY 2020 measure was changed from measuring undetectable viral load to viral suppression because that is an indicator that clients have achieved low enough levels of HIV in the body to have nearly normal lifespans and greatly reduce the chance of transmitting the virus.² It also makes ADAP data more comparable to CDC and VDH statistics.

Recommendations

- Continue to follow clients who did not achieve viral suppression and explore possible ways to help clients adhere to their medications.

Target Dates

- On-going

Forecast

- In FY 2023, the percent of clients with suppressed HIV viral loads will be about the same.

¹ HIV Continuum of Care, Virginia Department of Health, 2020, https://www.vdh.virginia.gov/content/uploads/sites/10/2021/06/HIV-Continuum-of-Care_Virginia_2020.pdf. Selected National HIV Prevention and Care Outcomes in the United States, Centers for Disease Control, 2019, <https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-national-hiv-care-outcomes.pdf>.

² HIV Care Saves Lives, Centers for Disease Control, 2014, <https://www.cdc.gov/vitalsigns/hiv-aids-medical-care/index.html>