

IMPROVING HIV OUTCOMES

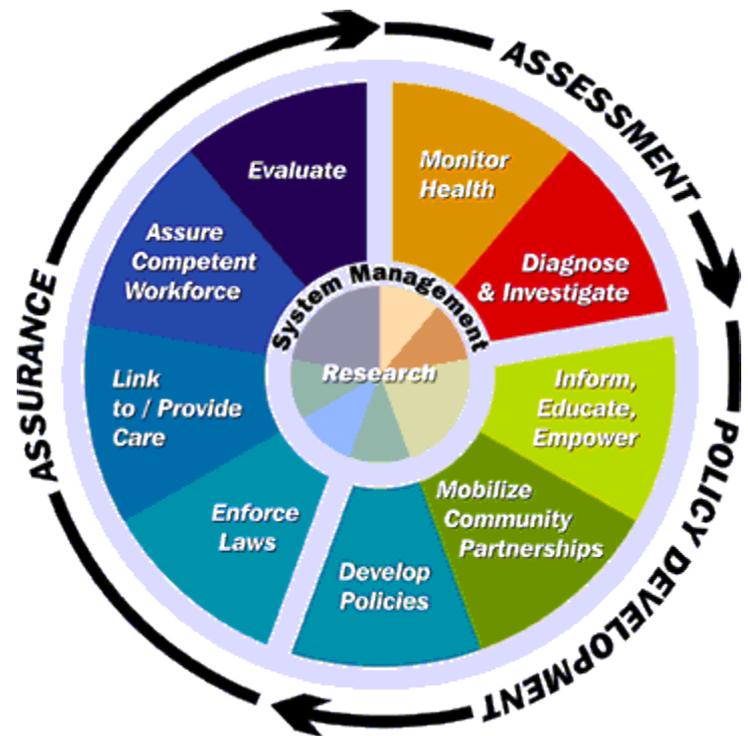
Focusing on systems and parity

Public health orientation

DSHS and local health departments are responsible for the public's health

Our budgets, allocations, standards, and goals are methods of systems management and assurance

We are accountable for putting the right **resources** in the right **places** and doing the right **activities** to achieve improved community health

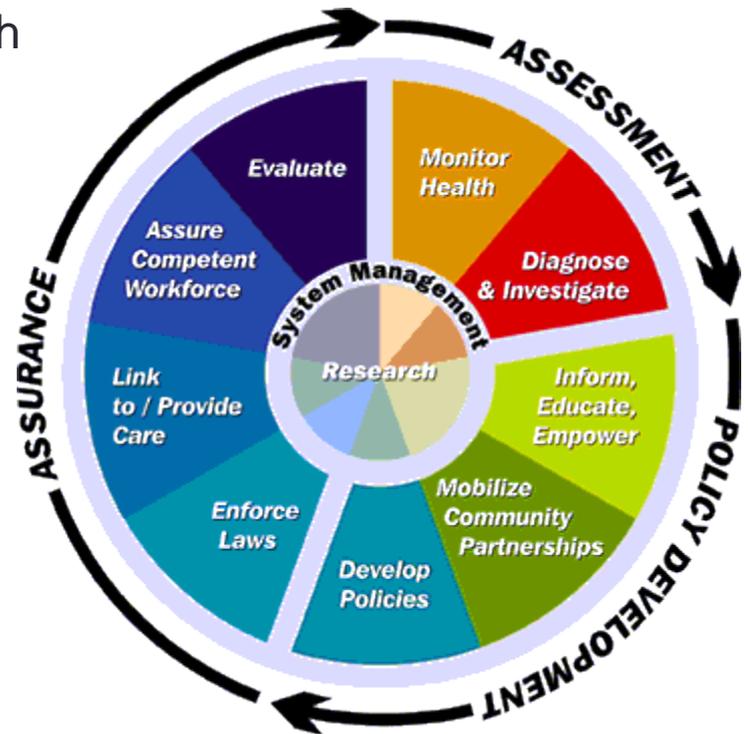


Administrative duties

DSHS and AAs responsible for complying with conditions of award and policy

Budgets, allocations, and goals are methods of grant management and contract management

We are accountable for developing policies and mechanisms to allocate resources to the most capable and responsive providers and assuring that services are delivered according to standards

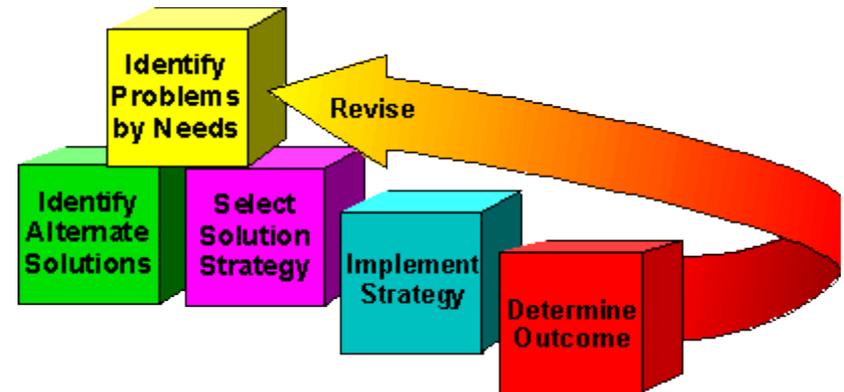


Health planning responsibilities

Councils, grant administrators, and public health authorities are responsible for assessing current and future needs and the system's capacity to respond

Plans – including budgets/ allocations, standards and - are geared towards supporting systems that can deliver needed services today and tomorrow

We are accountable for conducting inclusive and comprehensive planning processes and producing plans that aim to improve the health of our constituency.

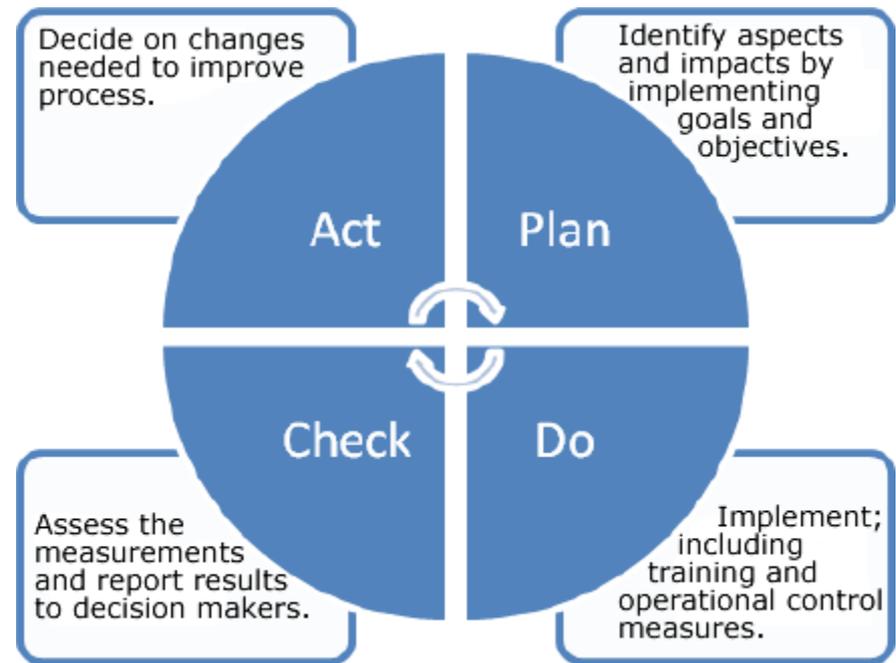


Quality improvement responsibilities

Providers are responsible for improving the quality of their facility's services

Setting standards, performance monitoring, peer review, goal setting and quality improvement actions are used to assure and improve the quality of services

They are accountable for hiring and training staff, enforcing standards of care, and evaluating patient outcomes to deliver continuous quality improvement.



Quality improvement concerns

Facility

Program

Community

Population

National HIV/AIDS Strategy Goals

Reduce new infections

Increase access to care & improve health outcomes of PLWH

Reduce HIV-related disparities and health inequities

Achieve a more coordinated response to the epidemic

Increase access to care and improve health outcomes by 2015

- Increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis to 85%
- Increase the proportion of **Ryan White HIV/AIDS Program** clients who are in continuous care (at least 2 visits for routine HIV medical care in 12 months at least 3 months apart) to **80%**
- Increase the number of Ryan White clients with permanent housing to 86%

Reducing HIV-related health disparities by 2015

- Improve access to prevention and care services for all Americans.
- Increase the proportion of HIV diagnosed gay and bisexual men with undetectable viral load by 20%
- Increase the proportion of HIV diagnosed Blacks with undetectable viral load by 20%
- Increase the proportion of HIV diagnosed Latinos with undetectable viral load by 20%

Development of Year 2020 Goals for the National HIV/AIDS Strategy for the United States

David R. Holtgrave

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Abstract In July, 2010, President Barack Obama released the National HIV/AIDS Strategy (NHAS). The NHAS set forth ambitious goals for the year 2015. These goals were potentially achievable had the appropriate level of resources been invested; however, investment at the

The NHAS makes clear that strategic HIV prevention and housing programs and policies implemented sooner rather than later can have a profound and lasting impact on the epidemic [1, 2].

While the NHAS spelled out critical goals

Increasing access to care and improving health outcomes for PLWH

Suggested NHAS 2020 goals

Increasing access to care and improving health outcomes for people living with HIV^a

Ensure that at least 85 % of newly diagnosed patients living with HIV are linked to clinical care within 3 months of their HIV diagnosis, and that at least 85 % of all diagnosed persons living with HIV are retained in care;

Ensure that at least 81 % of clients receiving HIV care achieve and maintain viral suppression; and,

Ensure that at least 90 % of persons living with HIV in need of stable housing services receive and retain such services.

85% linkage in 3 months

85% retention in care in PLWH

81% suppression in those in care

There are 76,621 PLWH in Texas

Goal

85% retention

81% suppression in retained

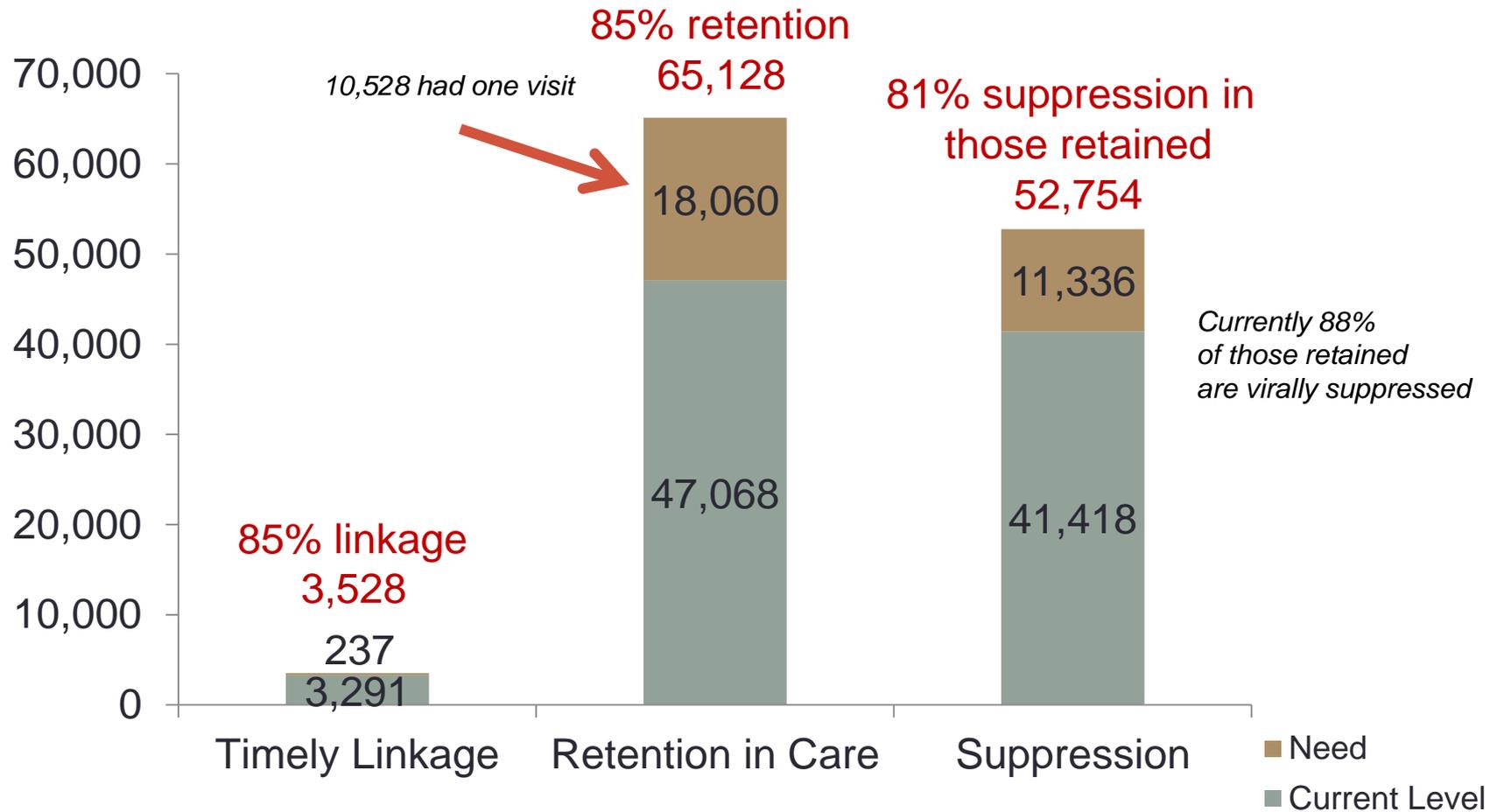
Currently

61%

Need

18,060

Getting to 2020 goals with 76,621 PLWH



Common Indicators for HHS-funded HIV Programs and Services

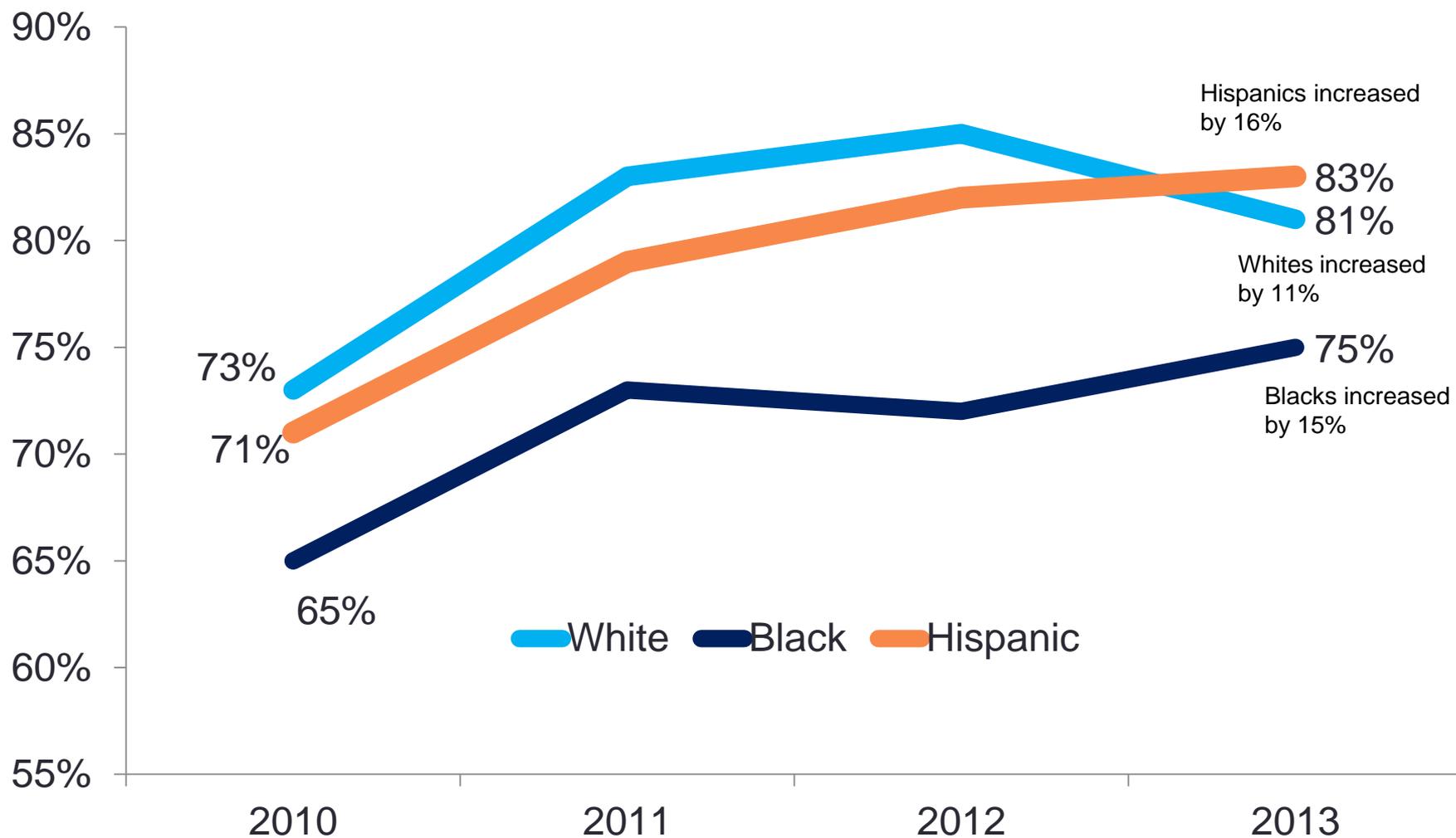
*NQF endorsed

Measure	Numerator	Denominator
HIV positivity	Number of HIV positive tests in the 12--month measurement period	Number of HIV tests conducted in the 12--month measurement period
Late HIV diagnosis*	Number of persons with a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12--month measurement period	Number of persons with an HIV diagnosis in the 12--month measurement period
Linkage to HIV Medical Care*	Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis	Number of persons with an HIV diagnosis in 12--month measurement period
Retention in HIV Medical Care*	Number of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between the first medical visit in the prior 6 month period and the last medical visit in the subsequent 6 month period	Number of persons with an HIV diagnosis with at least one HIV medical care visit in the first 6 months of the 24--month measurement period
Antiretroviral Therapy (ART) Among Persons in HIV Medical Care*	Number of persons with an HIV diagnosis who are prescribed ART in the 12--month measurement period	Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12--month measurement period
Viral Load Suppression Among Persons in HIV Medical Care*	Number of persons with an HIV diagnosis with a viral load <200 copies/mL at last test in the 12--month measurement period	Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12--month measurement period
Housing Status	Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12--month measurement period	Number of persons with an HIV diagnosis receiving HIV services in the last 12 months



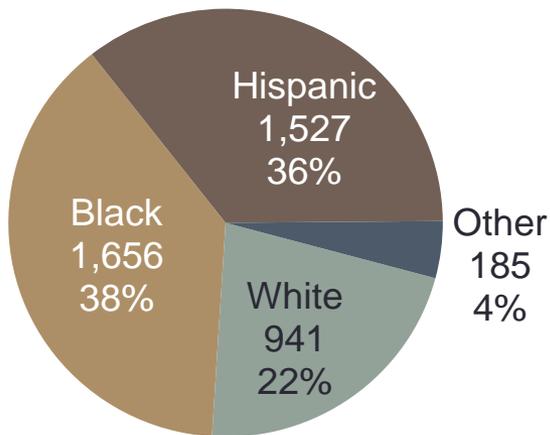
FOCUS ON PARITY

Race/ethnic disparities in the proportion of newly-diagnosed persons who are linked to HIV-related care in 3 or fewer months



Overall goals vs. parity

4309 new dx in 2013

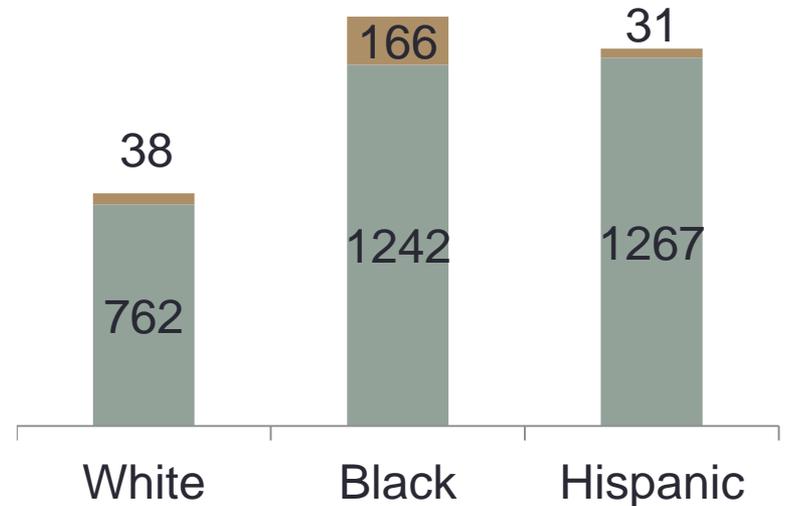


Linkage in 90 days

W 81%

B 75%

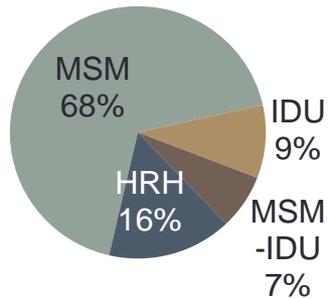
H 83%



To reach the overall goal of 85%, 259 more needed timely linkage
To reach parity, Blacks would be 64% of these new linkages

Retention in Austin: performance vs. community and parity goals

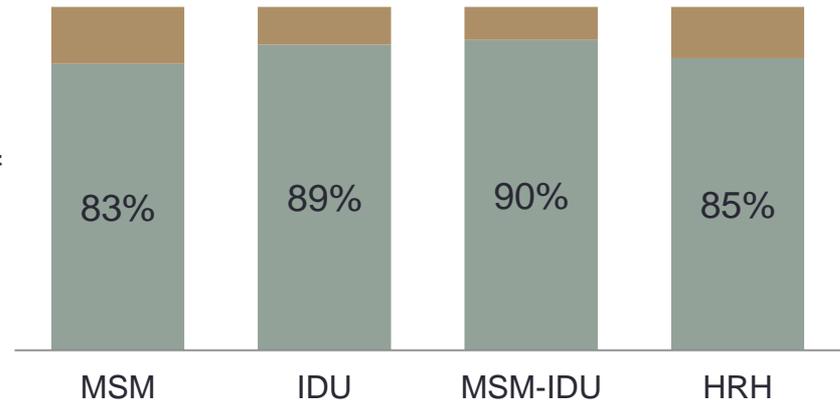
5,254 PLWH



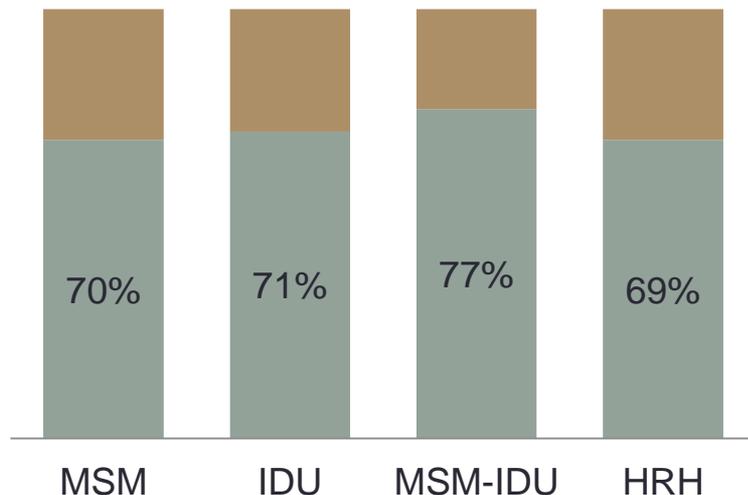
NHAS: 80% of RW clients retained

Holtgrave (2013): 85% of dx PLWH retained

Performance looks at how many patients are retained across a year



Community orientation looks at how many dx PLWH are retained in care



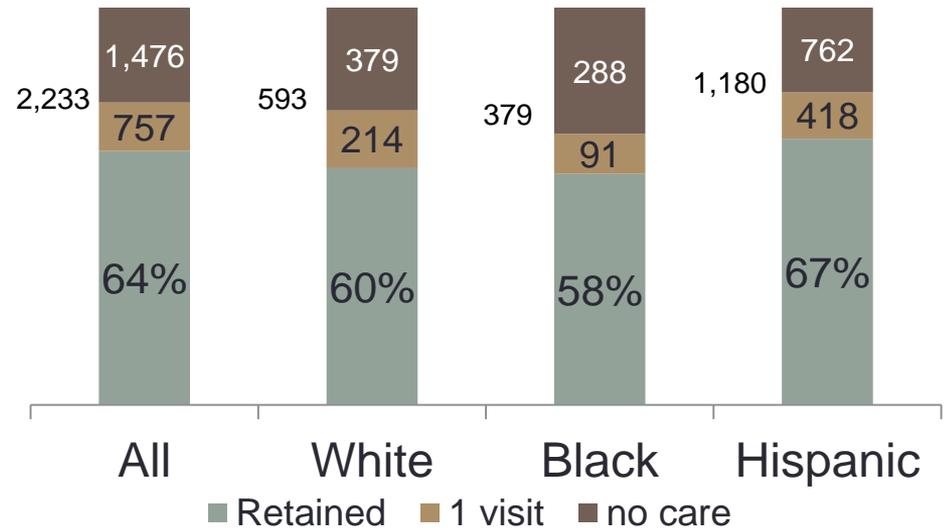
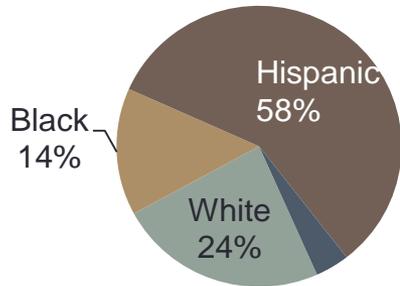
How many more Austin PLWH need to be bought into care to reach parity at 85%?

- 547** gay men/MSM
- 127 high risk heterosexuals
- 66 IDU
- 30 MSM-IDU

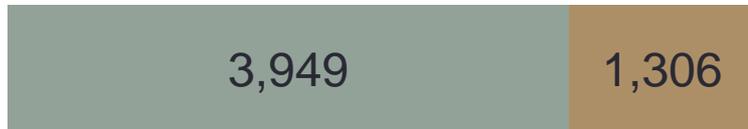
Retention in San Antonio area: community and parity goals

Goal: 85% of dx PLWH retained
5,255

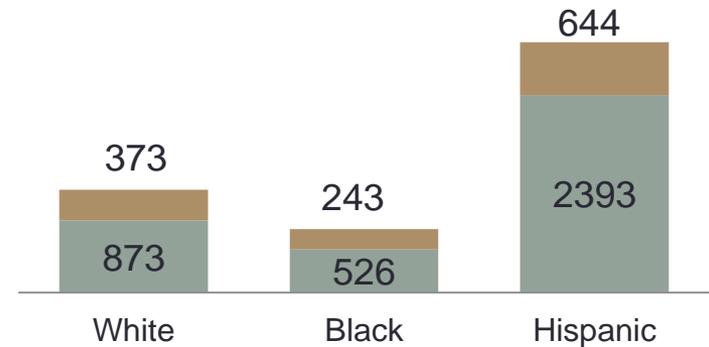
6,182 PLWH



Getting to 85%



757 had 1 visit



The increase should be about half Hispanic
 half White & Black

ADDING A PUBLIC HEALTH FOCUS

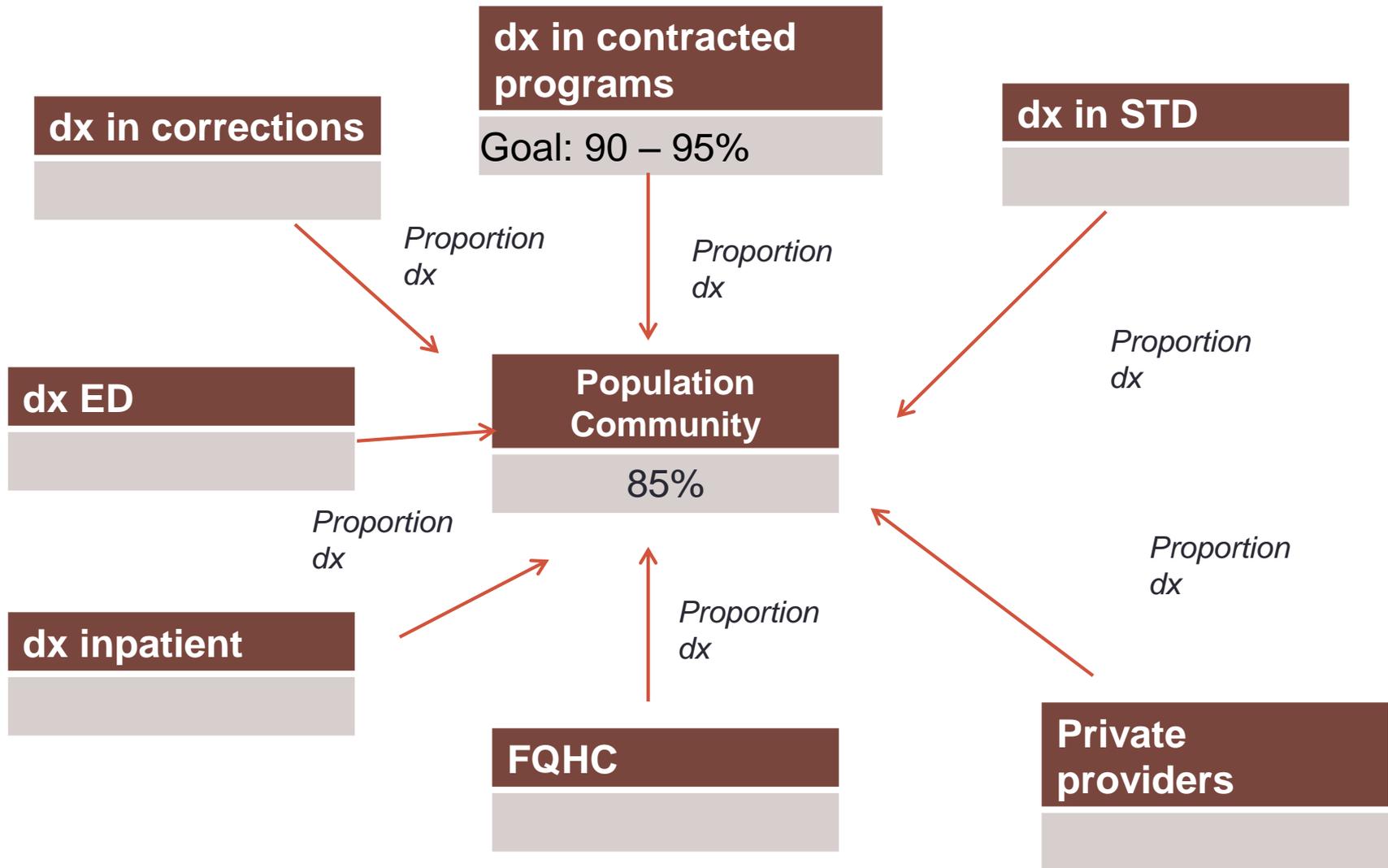
Goal setting and monitoring

What would a public-health focused QI plan monitor?



Improving timely linkage

Do we place funds, set goals, and focus programs to improve linkage at community or population level?
Do we address structural factors in diagnosis and receiver systems?



Linkage & Retention

Limited Universe of Treaters

Provider	City	Estimated Patient Load	% of Total	Cumulative %
A	Dallas	4,286	11.0%	11%
B	Houston	3,913	10.0%	21%
C	Houston	2,125	5.4%	26%
D	Austin	1,791	4.6%	31%
E	Dallas	1,554	4.0%	35%
F	San Antonio	1,433	3.7%	39%
G	Dallas	1,383	3.5%	42%
H	Houston	1,377	3.5%	46%
I	Houston	1,200	3.1%	49%
J	Dallas	1,020	2.6%	51%
K	Houston	891	2.3%	54%
L	Fort Worth	883	2.3%	56%
M	San Antonio	787	2.0%	58%
N	Dallas/Fort Worth	704	1.8%	60%
O	Dallas	696	1.8%	62%
P	Fort Worth	689	1.8%	63%
Q	Galveston	688	1.8%	65%
R	Dallas	670	1.7%	67%
S	Austin	611	1.6%	68%
T	Harlingen/Corpus	591	1.5%	70%
U	El Paso	562	1.4%	71%
V	Fort Worth	480	1.2%	73%
W	Dallas	412	1.1%	74%
x	Houston	407	1.0%	75%