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February 27, 2020

Dear Ryan White Program (RWP)-funded Medical Care Coordination (MCC) Service Provider:

SUBJECT: CLINICAL QUALITY MANAGEMENT (CQM) PERFORMANCE MEASURE DASHBOARDS

Enclosed please find the CQM Performance Measure Dashboard for the MCC service category. Developed as part of the Division of HIV and STD Programs' (DHSP) Clinical Quality Management (CQM) program and the Los Angeles County's Ending the HIV Epidemic (EtHE) Initiative, the Dashboards are intended to augment our quality improvement (QI) efforts by highlighting the efficacy of key programs and services. It is our sincere hope that consumers of HIV services and our subrecipient network providing these services will also benefit from these Dashboards and be able to use them to guide their QI activities.

The Dashboards depict the overall service-specific performance for four outcome metrics including Engagement in Care, Retention in Care, Viral Load Suppression, and Sustained Viral Load Suppression for all clients receiving RWP-funded MCC services during the period **March 1, 2018 through February 28, 2019**. The Dashboard is intended to provide a "snapshot" of outcomes for our RWP patient population.

DHSP is committed to ensuring that all RWP-funded providers have the capacity to implement CQM programs that promote and instill high quality HIV care for people living with HIV in Los Angeles County. To support this effort, our plan is to provide the Dashboards for our most highly utilized services annually. The Dashboards will also be posted to the DHSP website under Clinical Quality Management heading in the For Contractors section.

DHSP appreciates your dedication to providing high quality HIV care and services and will continue to support your CQM program efforts. If you have any questions or need additional information, please contact Lisa Klein at 213-351-8350 or by email at lklein@ph.lacounty.gov.

Very truly yours,

Rebecca Cohen, MD
Associate Medical Director, Clinical Quality Management
Division of HIV and STD Programs

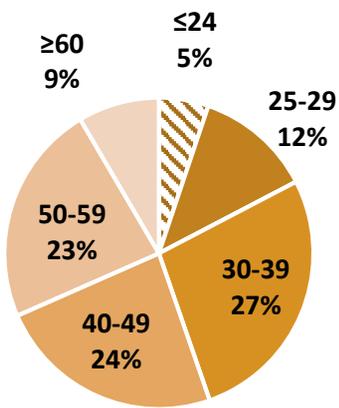
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Clinical Quality Management Program Performance Measure Dashboard
Medical Care Coordination (MCC) Services

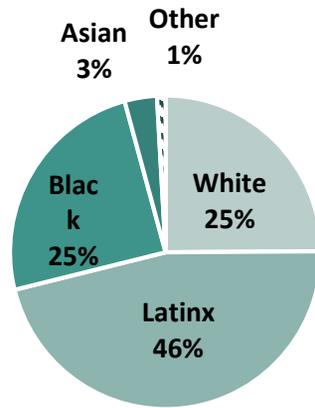
Client Demographics

7,326 clients had at least one Medical Care Coordination service between March 1, 2018 - February 28, 2019 (RW Year 28)

Age Group (In Years)

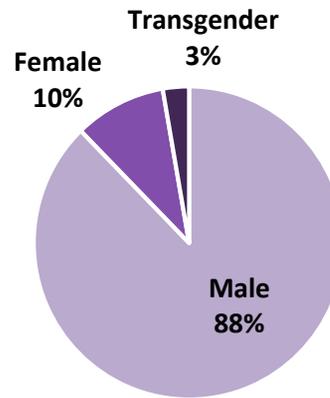


Race/Ethnicity



Other includes 43 Native Hawaiian/Pacific Islander and 19 Native American/Alaskan Native

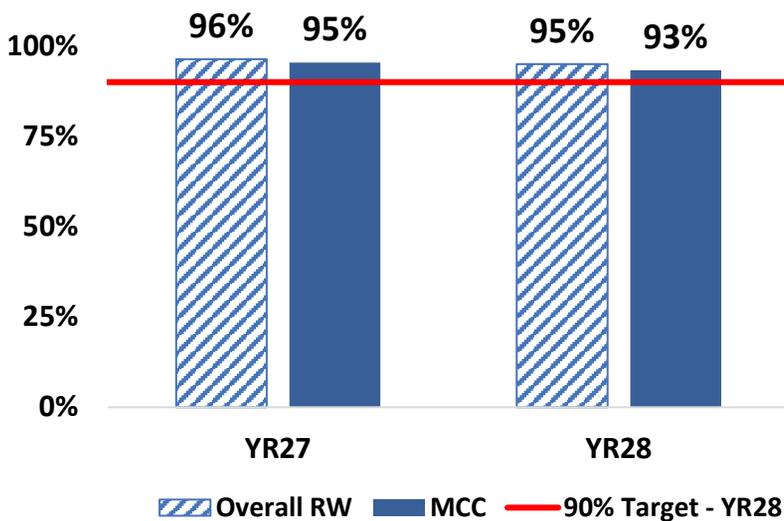
Gender



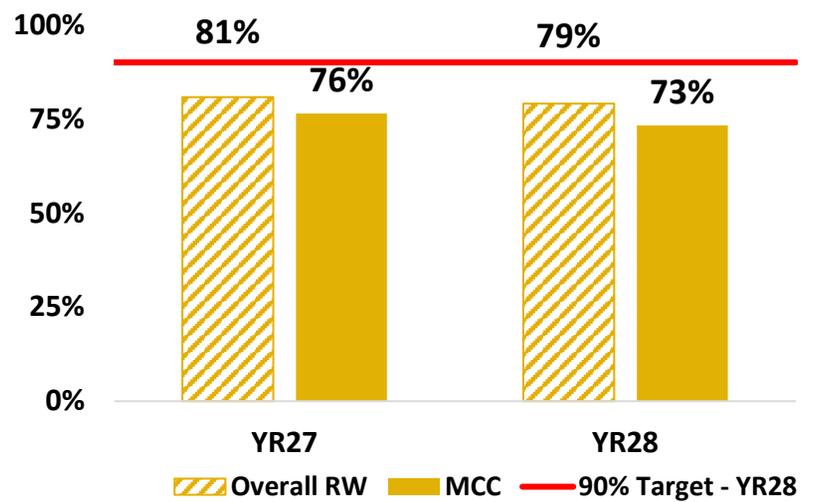
- 68% lived at or below the Federal Poverty Level (FPL)
- 14% experienced homelessness
- 11% have been recently incarcerated within last 24 months
- 75% were men who have sex with men
- 4% reported past injection drug use

Engagement & Retention

Engaged in Care

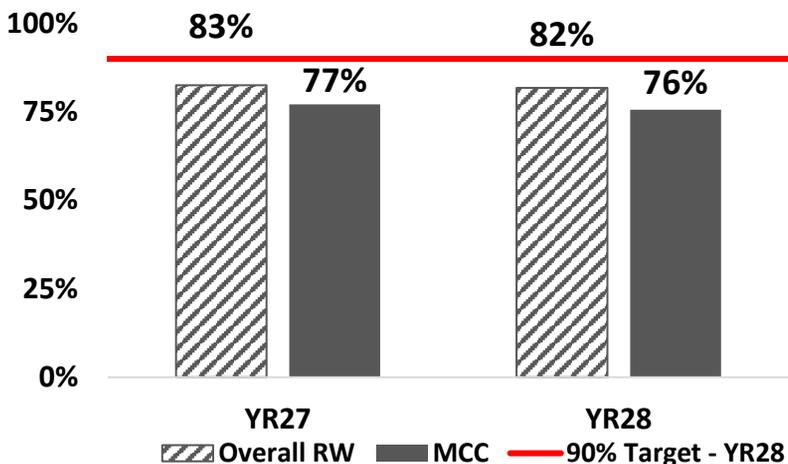


Retained In Care

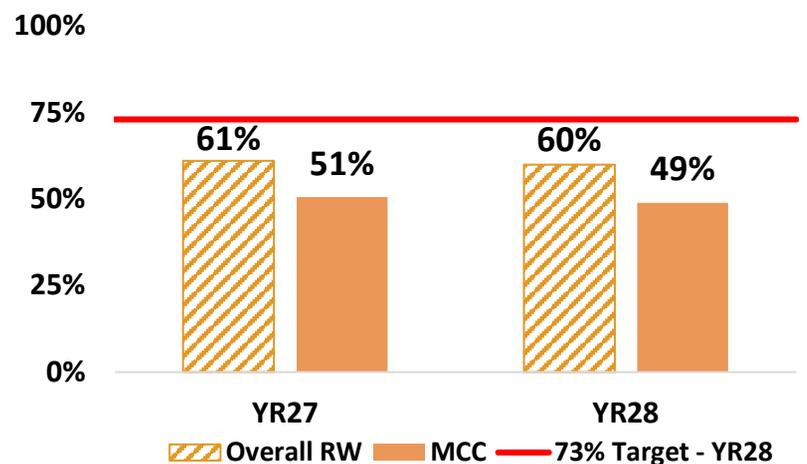


Viral Suppression (VS)

Viral Suppression



Sustained Viral Suppression



Clinical Quality Management Program Performance Measure Dashboard

Medical Care Coordination (MCC) Services

About

The Clinical Quality Management (CQM) Program Performance Measure Dashboards are intended to inform DHSP's quality improvement (QI) efforts and to be used to determine the efficacy and progress of quality improvement activities. Our hope is that consumers of HIV services and our subrecipient network providing these services will also benefit from these Dashboards and be able to use them to guide improvement efforts as well.

Medical Care Coordination (MCC) Services

MCC is a model of care designed to provide behavioral interventions and support services in coordination with medical care to fully respond to patients' needs, and to promote treatment adherence and health outcomes. The primary goals of the MCC program are to increase retention in HIV care; improve adherence to antiretroviral therapy (ART); link patients to mental health, substance abuse and housing support services; and reduce HIV transmission through sexual risk reduction counseling and education.

Data Methodology

The Quality Improvement dashboards were developed with data reported in the HIV Casewatch system by Ryan White-funded agencies in Los Angeles County. This report reflects outcomes for clients who utilized Ryan White (RW) MCC services during the reporting period from March 1, 2018 to February 28, 2019. This service category was selected based on Health Resources and Services Administration (HRSA) criteria to monitor performance measures for services that are used by at least 16% of all RW clients.

In order to estimate outcomes, HIV laboratory data (viral load, CD4, and genotype tests) were obtained for RW clients from the Los Angeles County HIV Surveillance system. The HIV-related outcomes and their definitions are based on HRSA HIV/AIDS Bureau recommendations and the U.S. Department of Health and Human Services guidelines.

- Engagement in HIV Care: ≥ 1 viral load, CD4 or genotype test reported in the 12 months before the end of the reporting period.
- Retention in HIV Care: ≥ 2 viral load, CD4 or genotype tests reported at >90 days apart in the 12 months before the end of the reporting period.
- Viral Suppression: viral load of <200 copies/ml at most recent test reported in the 12 months before the end of the reporting period. Clients with missing viral load tests are considered to have unsuppressed viral load in the time period.
- Sustained Viral Suppression: of clients with at least two viral load tests, all viral load test results are <200 copies/ml in the 12 months before the end of the reporting period. Clients with missing results or with less than two viral load tests are considered to have non-sustained viral suppression in the time period.

Summary and Analysis

- 7,326 clients, or 47%, of the 15,747 RWP clients received MCC services in YR 28.
- There were more Black and White clients (25% of each racial group) receiving MCC services compared to overall RWP clients (21% of each racial group)
- More MCC clients were younger than age 40 (45%) than overall RWP clients (36%)
- MCC clients had lower proportions of being engaged in care, retained in care, viral suppression, and sustained viral suppression compared to overall RWP clients in YR 28.
- Engagement in care, retention in care, and viral suppression outcomes did not change substantially among MCC clients in YR 28 compared to clients who received MCC services in YR 27.