

Boston Part A EMA HIV Health Services

**Evaluation Committee
2009-2010 Year-End Report**

June 2010



Planning Council Support
1010 Massachusetts Avenue, 2nd Floor
Boston, MA 02118
www.bostonplanningcouncil.org

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*The Evaluation Committee of the Boston EMA HIV Health Services Planning Council presents its
2009-2010 Year-End Report*

I. Introduction

A. Committee Charge

The Evaluation Committee is one of the Planning Council's standing committees. The Planning Council's bylaws state the charge to the committee at Section 6.4.4:

“The Evaluation Committee shall assess the efficiency of the administrative mechanism in rapidly allocating funds within the EMA and assess the impact of Part A funding and programs within the EMA. The Evaluation Committee shall summarize and inform the Planning Council on evaluation data; develop standards of care; make recommendations to the Planning Council on priority areas for evaluation and evaluation projects; and review evaluation projects purchased by the Planning Council.”

B. Committee Membership

Members

Jessica Moschella (Chair)
Daniel Alroy (Vice-Chair)
Lena Asmar
Steve Batchelder
Margarita Felix
Diane Hackett
Alfredo Hernandez
Corin Landrum
Shirley Royster
Chevelle Sloan

Support Staff

Laura Kozek, PCS
Sharon Asonganyi, PCS
Apryl Pagliaro, PCS
Andrew Shawhan, PCS
Danielle Oaks, BPHC
Erin Wnorowski, BPHC

C. Committee Meeting Activities

- **Thursday, October 1, 2009 – Lower Level B, Boston Public Library**
The meeting included a review of the committee work plan and recommendations for the 2009-2010 term. The Grantee provided a general overview of quality management and evaluation products to be reviewed during the 2009-2010 term. The Committee also reviewed the Grantee's Quality Management Plan, and discussed the Committee's role on making changes to the current service system. Jessica Moschella was appointed as the Evaluation Committee Chair.
- **Monday, November 5, 2009 – Lower Level B, Boston Public Library**
The main focus of the meeting was to review the service category definitions. Daniel Alroy was elected Vice-Chair of Evaluation Committee. The Committee started working on the 2010

Assessment of Need. Quality management and evaluation products from FY08 were also reviewed.

- **Thursday, December 3, 2009 – Lower Level B, Boston Public Library**
The Committee reviewed the methodology used to estimate unmet need in the Boston EMA. Members provided feedback on the *2010 Assessment of Need*, and continued working on the service category definitions. The notes from the September 30, 2009 Community Forum in Sturbridge, Massachusetts was also reviewed.
- **Thursday, January 7, 2010 – Lower Level B, Boston Public Library**
Representatives from JSI Research and Training Institute, Inc (JSI) presented the *FY08 Annual Outcomes Report* to the Committee. The Committee continued working on the service category definitions by making preliminary recommendations.
- **Thursday, January 21, 2010 – Lower Level B, Boston Public Library**
The Evaluation and Planning Committees had a joint meeting to make recommendations for new service category definitions for FY11.
- **Thursday, February 4, 2010 – Lower Level B, Boston Public Library**
A representative from Suffolk University attended the meeting to present the *Impact of Aging on the Quality of Life of PLWH*. The Committee also finalized the service category definition recommendations and the *2010 Assessment of Need* presentation.
- **Thursday, March 4, 2010 – Lower Level B, Boston Public Library**
Representatives from JSI attended the meeting to present on the *2009 Consumer Needs Assessment*.
- **Thursday, April 1, 2010 – Orientation Room, Boston Public Library**
The committee continued discussing the *2009 Consumer Needs Assessment* (JSI), and offered feedback on JSI's presentation to the Council. The Evaluation Committee charge was re-evaluated, and work on the 2009-2010 Year-End Report and presentation was started.
- **Thursday, May 6, 2010 – Lower Level B, Boston Public Library**
The Committee finalized the 2009-2010 Year-End report and presentation to be shown to the Council in June. Representatives from JSI presented the 2008 MAI Annual Outcomes Report and the Clinical Chart Reviews.

II. Work of Committee

- Reviewed Part A Evaluation Products.
- Made recommendations on service category definitions to be instated starting in FY11 (see Appendices A & B).
- Provided feedback on the *2010 Assessment of Need*.
- Created recommendations for future Part A research and evaluation.
- Prepared/presented 2009-2010 Year-End Report with recommendations for next year's Council.

A. Overview of 2009-2010 Reviewed Evaluation Products

ANNUAL PROJECTS

- *Annual Outcomes Report FY 2008: Outcomes Measurement Summary* (February 2010, JSI Research and Training Institute, Inc.)
- *HIV/AIDS Clinical Care Quality Assurance Project: Trends in Clinical Performance & Clinical Outcomes in Ryan White Funded Clinics 2004-2008* (2010, JSI Research and Training Institute, Inc.)
- *Minority AIDS Initiative: Outcomes Measurement Summary Annual Report FY 2008* (February 2010, JSI Research and Training Institute, Inc.)

FY09-10 SPECIAL PROJECTS

- *Unmet Need for HIV Primary Medical Care among PLWHA Residing in the Boston Eligible Metropolitan Area in 2007* (JSI Research and Training Institute, Inc.)
 - Using surveillance data, inpatient discharge data, Medicaid claims, medical chart review data, and New Hampshire unmet need estimates, this report estimated unmet need for HIV primary medical care in the Boston EMA. The University of California-San Francisco's unmet need framework was used to estimate the number of HIV-positive individuals who had not had receipt of the following three components of HIV care during a defined 12-month period:
 - 1) Viral load test,
 - 2) CD4 count, or
 - 3) Anti-retroviral therapy.

FY09-10 PROJECTS IN DRAFT FORM

- *2009 Consumer Needs Assessment* (JSI Research and Training Institute, Inc.)
 - JSI developed and administered a survey for consumers of Ryan White Part A services and other HIV/AIDS services to assess their HIV care and support service needs, challenges to living with HIV/AIDS, barriers to accessing services, and other related issues. The survey target consumers who are in care and those who are not in care.
- *The Impact of Aging on the Quality of Life of PLWH: Suffolk University*
 - Suffolk University performed a qualitative research study, utilizing focus groups and face-to-face interview, to collect data on PLWH over 50 years of age.

Copies of these reports may also be obtained at the PCS Office or at the Planning Council webpage: www.bostonplanningcouncil.org.

B. Review of Completed Reports

Report 1: *Annual Outcomes Report FY08: Outcomes Measurement Summary*

Objective: To summarize outcome measurement data across all Boston Public Health Commission providers funded under Part A of the Ryan White Act. This data include demographic, descriptive, and outcomes data summaries for more than 7,500 clients serviced by Part A-funded providers.

Methodology: Outcome Measurement Forms, including four Health and five Quality of Life outcomes, were completed by Part A providers for each active client during four six-month reporting periods.

Findings:

- ❖ FY08 Outcomes received and # unduplicated clients:
 - March 2008-August 2008 (n=5,148 and n=4,183)
 - September 2008-February 2009 (n=6,315 and n=4,522)
- ❖ Demographic profile of clients:
 - Gender: male (66%), female (33%), transgender (.2%), unknown/unreported (.4%)
 - Race: Hispanic (34%), White (50%), Black (34%), unknown or unreported (33%), other (6%)
 - Diagnostic Category: HIV positive/not AIDS (67%), AIDS/CDC Defined (23%), HIV/AIDS Status Unknown (9%), unknown or unreported (.5%)
 - Transmission Category: MSM (30%), IDU (31%), heterosexual contact (64%), other (8%), undetermined/unknown risk (3%)
 - Income: equal to or below FPL (84%)
 - Housing Status: permanently housed (87%), non-permanently housed (11%), institution (1%), other (1%), unknown/unreported (2%)
- ❖ Average health outcome scores were categorized as “good” across all reporting periods.
- ❖ Average quality of life scores remained in the “good” range, except one category that was in the “fair” range, and another that fell into “fair” during some reporting periods.
- ❖ Differences between continuous and non-continuous clients were noted in relation to housing, economic, and referral factors.
- ❖ For all average health outcome scores, significant improvements ($p < .05$) were seen from Mid-Year FY07 to Year-End FY07, and again from Year-End FY07 to Mid-Year FY08, when analyzed using the independent samples t-test and when analyzed using paired t-test.
- ❖ For all quality of life outcomes, significant improvements were seen from Mid-Year FY07 to Year-End FY07 when using independent samples t-test, and from Year-End FY07 to Year-End FY08 using each type of test.

Report 2: *HIV/AIDS Clinical Care Quality Assurance Project: Trends in Clinical Performance & Clinical Outcomes in Ryan White Funded Clinics 2004-2008*

Objective: To evaluate performance in HIV clinical services, determine best practices, and identify opportunities for improving care and health outcomes for people living with HIV. This data was collected from biannual reviews of HIV/AIDS primary medical care providers funded by Ryan White Parts A and B in Massachusetts. Data was obtained from 14 sites on nearly 1,000 patients.

Methodology: JSI Research and Training Institute, Inc. (JSI) nurses and trained research assistants conducted detailed medical chart reviews on a random sample of active patients at each site. Using five years of the most recent data (2004-2008), JSI highlighted the aggregate clinical performance of all Ryan White Parts A and/or B and Massachusetts state funded sites reviewed. Also presented are aggregate site changes in performance and outcome measures from 2004-2008, as well as clinical performance and outcome data stratified by patient demographics.

Findings:

- Overall clinical performance and outcomes have improved from 2004-2008 across all sites.
- Clinical performance areas, such as ART management, PCP prophylaxis, and CD4 counts have met national targets.
- An impressive improvement was observed in patient health outcomes, specifically viral suppression.
- Found no consistent trends throughout the five recent review years to suggest any substantial disparity in care.
- Variations in performance by clinical care site were observed for certain indicators, including hepatitis A and B vaccination.
- Individual agencies can request on-site technical assistance/feedback, and there is a group webinar for presenting the chart review data and sharing information among health centers/clinics.

Report 3: *Minority AIDS Initiative: Outcomes Measurement Summary Annual Report FY 2008*

Objective: To summarize outcome measurement data across all Boston Public Health Commission providers funded to provide Minority AIDS Initiative (MAI) services under Part A of the Ryan White Act. This data include demographic, descriptive, and outcomes data summaries for 484 clients serviced by Part A MAI funded providers. Part A MAI provides case management and peer support services.

Methodology: Outcome Measurement Forms, including four Health and five Quality of Life outcomes, were completed by Part A MAI providers for each active client during four six-month reporting periods.

Findings:

- ❖ FY08 Outcomes received and # unduplicated clients:
 - Mid-Year FY08 (n=321 and n=311)
 - Year-End FY08 (n=297 and n=295)
- ❖ Demographic profile of clients (Year-End FY08):
 - Gender: male (54%), female (45%), transgender (.4%), unknown/unreported (.7%)
 - Race: Hispanic (51%), White (20%), Black (58%), Asian (1%), Native Hawaiian/Pacific Islander (2%), American Indian/Alaskan Native (4%), unknown or unreported (33%)
 - Diagnostic Category: HIV positive/not AIDS (90%), AIDS/CDC Defined (12%), HIV/AIDS Status Unknown (7%), unknown or unreported (.4%)
 - Transmission Category: MSM (13%), IDU (32%), heterosexual contact (86%), other (7%), undetermined/unknown risk (4%)
 - Income: equal to or below FPL (91%)
 - Housing Status: permanently housed (92%), non-permanently housed (6%), institution (.4%), other (.7%), unknown/unreported (.7%)
- ❖ Average health outcome scores were categorized as “good” across all reporting periods.
- ❖ Average quality of life scores remained in the “good” range, except one category, Mental Health Status, that was in the “fair” range during three out of the four reporting periods.
- ❖ In terms of changes in severity, just over half of continuous Black MAI clients remained stable across reporting periods.
- ❖ Regarding changes of severity, well over half of continuous Hispanic/Latino MAI clients remained stable across reporting periods.

Report 4: *Unmet Need for HIV Primary Medical Care among PLWHA Residing in the Boston Eligible Metropolitan Area in 2007*

Objective: To estimate unmet need for HIV primary medical care among PLWH in the Boston EMA. A number of data sources were used in this study, including Massachusetts and New Hampshire surveillance data, inpatient discharge data

Methodology: The University of California-San Francisco's unmet need framework was used to estimate the number of HIV-positive individuals who had not had receipt of the following three components of HIV care during a defined 12-month period:

- 1) Viral load test,
- 2) CD4 count, or
- 3) Anti-retroviral therapy.

An individual is considered to have met need for HIV primary care if there is documentation of receipt of any of these three components during the 12-month period.

Findings:

- ❖ Of the 15,169 PLWH who were age 13 and over and living in the Boston EMA as of the end of 2007, an estimated 11.6% (1,755 PLWH) were not engaged in HIV primary medical care.
- ❖ In Massachusetts, 10.1% of PLWH had unmet need for HIV primary medical care.
- ❖ After adjusting for possible care outside of the state, an estimated 39.4% of PLWH in New Hampshire were considered to have an unmet need for HIV primary medical care.
- ❖ Analysis found that roughly 1 in 12 PLWH did not access a basic level of HIV primary care during the year.
- ❖ Estimates by subpopulations of PLWH revealed no obvious disparities, although a smaller proportion of Hispanics had unmet need than individuals of other racial or ethnic backgrounds.

III. Recommendations

A. Recommendations for Future Evaluation Projects

Based on a review of the reports, the Evaluation Committee would like to present the following recommendations to the Grantee for consideration for next year's evaluation projects:

- 1) Carry out a skill assessment survey of providers' knowledge related to HIV, substance use, mental health, adherence, etc.
- 2) Perform a study on providers in order to solicit and disseminate information on best practices.
- 3) Perform an evaluation study on coordination of care and communication among agencies and providers, incorporating consumer input.
- 4) Analyze further the JSI 2009 Consumer Needs Assessment data in the following ways:
 - a. Geographical area
 - b. Transient populations (i.e. homeless, immigrant, etc.)
 - c. People living with HIV who are not taking ARVs because of medical advisement
 - d. Mental health and substance abuse correlation with medication adherence
 - e. Comparison with *Voices of Experience*
 - f. Over 50 population
 - g. People living with HIV who are in care, but producing poor outcomes
 - h. Self-sufficiency of clients

B. Recommendations for 2010-2011 Evaluation Committee

The Evaluation Committee would like to make the following recommendations to the 2009-2010 Evaluation Committee:

- 1) Invite JSI to return at the start of the 2010-2011 term to provide more information/follow-up on the 2009 Consumer Needs Assessment survey.
- 2) Continue to have Grantee representation at the Committee meetings to give updates on research and evaluation projects, as well as any collaboration between the Grantee and the Department of Public Health.
- 3) Allocate more time on the agenda for discussion in each meeting.
- 4) Incorporate time on the agenda for follow-up discussions on previously reviewed topics.
- 5) Minimize off-topic tangents by having structured and focused discussions.

C. Recommendations for 2010-2011 Planning Council

The Evaluation Committee would like to make the following recommendations to the 2010-2011 Planning Council:

- 1) Change the application process, so that members do not have to reapply each year.
- 2) Utilize PowerPoint less.
- 3) Aim to make Planning Council and Committee meetings more cost effective.

**Appendix A:
Recommended Service Categories
For FY11**

Appendix A
Recommended Service Categories for FY11:

Core vs. Support

CORE (8)	SUPPORT (6)
AIDS Drug Assistance Program (ADAP/HDAP) <i>(Drug Reimbursement)</i>	Case Management, Non-Medical <i>(Client Advocacy)</i>
Early Intervention Services	Food Bank/Home-Delivered Meals <i>(Food Services)</i>
Medical Case Management <i>(Case Management)</i>	Housing Services <i>(Housing)</i>
Medical Nutrition Therapy	Medical Transportation Services <i>(Transportation)</i>
Mental Health <i>(Mental Health)</i>	Psychosocial Support <i>(Peer Support)</i>
Oral Health Care <i>(Dental)</i>	Substance Abuse Services –Residential <i>(Substance Abuse)</i>
Outpatient/Ambulatory Medical Care <i>(Primary Care)</i>	
Substance Abuse Services –Outpatient <i>(Substance Abuse)</i>	

**Appendix B:
Service Category Definitions
For FY11**

Appendix B

SERVICE CATEGORY DEFINITIONS FOR FY11

Recommendations to the Boston EMA Ryan White Part A HIV Health Services Planning Council, February 2010.

SERVICE CATEGORY <i>(In alphabetical order)</i>	DEFINITION
AIDS Drug Assistance Program (ADAP/HDAP) <i>(Drug Reimbursement)</i>	A State-administered program authorized under Part B of the Ryan White Program that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medicaid, or Medicare.
Case Management, Non-Medical <i>(Client Advocacy)</i>	Include advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments. Boston EMA Addendum: <i>Services offered under this category may include client advocacy, legal services, specialized assistance with benefits, and interpretation or other linguistic services.</i>
Early Intervention Services	Include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, to diagnose the extent of immune deficiency, and to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and provision of therapeutic measures.
Food Bank/ Home-Delivered Meals <i>(Food Services)</i>	The provision of actual food or meals. It does not include finances to purchase food or meals, but may include vouchers to purchase food. The provision of essential household supplies, such as hygiene items and household cleaning supplies, also should be included in this item. The provision of food and/or nutritional supplements by a non-registered dietician should be included in this item as well.
Housing Services <i>(Housing)</i>	Short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services, such as residential mental health services, foster care, or assisted living residential services.
Medical Case Management <i>(Case Management)</i>	A range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments are a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care through ongoing assessment of the client and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and review of utilization of services. This includes all types of case management, including face-to-face, telephone, and any other forms of communication. Boston EMA Addendum: <i>Services are to be offered in a variety of locations which may include one or more of the following venues: the agency or office setting, home visits, or other community-based settings.</i>

Medical Nutrition Therapy	Is provided by a licensed registered dietitian outside of a primary care visit. The provision of food may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian. Nutritional services and nutritional supplements not provided by a licensed, registered dietitian shall be considered a support service. Food not provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian also shall be considered a support service.
Medical Transportation Services (<i>Transportation</i>)	Conveyance services provided, directly or through a voucher, to a client to enable him or her to access health care services.
Mental Health (<i>Mental Health</i>)	Psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. They are conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.
Oral Health Care (<i>Dental</i>)	Diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide health care in the State or jurisdiction, including general dental practitioners, dental specialists, and dental hygienists, as well as licensed and trained and dental assistants. Boston EMA Addendum: <i>Services funded by this category include education for, outreach to, and recruitment of dental providers.</i>
Outpatient/Ambulatory Medical Care (<i>Primary Care</i>)	The provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, nurse practitioner, or other health care professional who is certified in his or her jurisdiction to prescribe antiretroviral (ARV) therapy in an outpatient setting. These settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the PHS's guidelines. Such care must include access to ARV and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination ARV therapies.
Psychosocial Support (<i>Peer Support</i>)	Support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. They include nutrition counseling provided by a non-registered dietitian, but exclude the provision of nutritional supplements. Boston EMA Addendum: <i>Services funded under this category include peer support, where the person providing the psychosocial support is a person infected with HIV and of the client's self-identified community.</i>
Substance Abuse Services --Outpatient (<i>Substance Abuse -Outpatient</i>)	Medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting by a physician or under the supervision of a physician, or by other qualified personnel.
Substance Abuse Services --Residential (<i>Substance Abuse-Residential</i>)	Treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term).