Fulton County Board of Commissioners: Atlanta EMA

Grant Number H89HA00007

2015 MAI Annual Plan

For use of Part A MAI Funds

March 1, 2015– February 29, 2016

Submitted July 16, 2015

Atlanta EMA
H89HA00007
July 16, 2015 Revised: August 4, 2015

FY 2015 MAI Annual *Plan*
For use of Part A MAI Funds
March 1, 2015 – February 29, 2016

Background information - Explanation of the data submitted in the *Plan* Web Forms:

The Metropolitan Atlanta HIV Health Services Planning Council allocated 100% of FY15 MAI funds to the Outpatient/Ambulatory Care priority category. The use of MAI funding for this purpose is consistent with the EMA's prioritization of Outpatient/Ambulatory Care as the number one priority service category. As the majority of the clients served in the Atlanta EMA are People of Color (82%), the designation of MAI funds to the Outpatient/Ambulatory Care category is integral to the FY15 plan in that funding ensures that individuals disproportionately impacted by the HIV epidemic receive treatment and care that will result in: 1) improved health outcomes; and, 2) improve the quality of life.

The allocation of funds will continue to ensure that Communities of Color will receive comprehensive medical care that is consistent with PHS guidelines and will allow for monitoring of health outcomes over time. This allocation: 1) furthers the goal of improving HIV-related health outcomes to reduce existing racial and ethnic health disparities; 2) expands the system of care to meet the HIV/AIDS care needs of persons living with HIV/AIDS, including racial and ethnic minorities disproportionately impacted by the epidemic; 3) allows for clear client tracking of services received and resulting health outcomes; 4) affords the ability to measure the quality of services against PHS guidelines; and, 5) facilitates client access to other core and support services funded under Part A.

The Atlanta EMA has designated Non-Hispanic African American and Hispanic clients, including women, children, and youth as the target populations for the use of MAI funding. Current epidemiological data indicate that Non-Hispanic African Americans are disproportionately affected by HIV/AIDS in Georgia and in the Atlanta EMA more than any other race. Although data indicate that Hispanics account for a relatively small percentage (5%) of cases, the increase in the Hispanic census is paralleled by an increase in Hispanic HIV/AIDS cases. As Georgia's Hispanic population continues to rise, the number of new and current HIV/AIDS cases is expected to rise correspondingly.

A summary of the *Plan* based on the actual award amount that addresses any service-related capacity development activities and timeline for disbursing funds. In addition, if the EMA revised any planned services, allocation amounts or target communities after the grant application was submitted, the changes must be highlighted and explained. Include also the EMA's plan and timeline for documenting client-level outcome measures.

The FY15 MAI Plan will help attain the long-term goal to provide increased access to quality primary care for Non-Hispanic African Americans and Hispanics**.**

Atlanta EMA
H89HA00007
July 16, 2015 Revised: August 4, 2015

For FY15, the EMA received $2,199,314 in MAI funding. Services will be provided to 2,003, which include 1,903 Non-Hispanic African Americans through 9,895 service units (Amount allocated to this population - $2,089,348) and 100 Hispanics through 521 service units (Amount allocated to this population - $109,966). The number of clients to be served and the amounts allocated to the populations reflect the primary care cost per client ($1,200).

The Atlanta EMA has programs and services in place for the provision of quality primary care administered by physicians, nurses, nurse practitioners, and/or physician assistants. The services will include the following, as appropriate:

1) A comprehensive assessment with referral onsite to other core services including case management, oral health, mental health treatment, and substance abuse treatment, and other support services as indicated.
2) Professional patient medical assessment including diagnostic, preventive and therapeutic services consistent with PHS Guidelines, including CD4 cell monitoring, viral load testing, and other diagnostic services related to managing antiretroviral therapy and prophylaxis and/or treatment of opportunistic disease;
3) Activities to reduce transmission of HIV including health education, risk assessment, discussions with patients on safer sexual and/or drug use behavior, facilitation of partner notification, and identification and treatment of other sexually transmitted diseases and other comorbidities.
4) For women receiving the service, gynecological screening and diagnostic services will be integrated into their HIV/AIDS care treatment plan, including an annual Pap test and referrals for additional gynecological services as medically appropriate.
5) Referrals as appropriate to available specialty medical services, e.g., dermatology, gastroenterology, gynecology, urology, pulmonary medicine, oncology, and neurology.

MAI funds are directed to the outpatient/ambulatory medical care program of the Infectious Disease Program of the Grady Memorial Hospital System (IDP) and are augmented with services provided via Ryan White Parts A, B, and D (as well as other non-Ryan White Programs such as HOPWA and SAMHSA funded behavioral health services). In Calendar Year (CY) 2014, Grady IDP provided core and support services to 5,600 unduplicated clients of which 70.54% (n=3,950) had Stage 3 HIV disease. African Americans accounted for 82.86% (n=4,640) of the total client population and Hispanics of any race represented 4.98% (n=279).

By definition of the Atlanta Part A client triage system, the majority of IDP clients fall at the sickest end of the disease spectrum (history of <200 CD4 cells and/or an AIDS-defining illness). IDP services, provided in a geographically central and accessible location, include adult and pediatric primary care, subspecialty medical care, oral health care, mental health/ substance abuse care, nutrition services, radiology, pharmacy, peer education, HIV education, and consumer support groups. Primary care services are offered in the Family Clinic

(women/children/youth), Main Clinic (primarily men), Transition Center (addressing unique need of clients with additional barriers such as serious mental illness, substance abuse, homelessness, recent incarceration or a demonstrated inability to do well in the main clinics), and Treatment and Holding (outpatient infusions/chemotherapy/urgent medical care). The breadth of these services along with the depth of clinical expertise engendered through the Grady/Emory University School of Medicine partnership uniquely position the IDP to provide state-of-the art care for a clientele with the highest acuity (level of serious illness) in the EMA, as well as high rates of serious medical co-morbidities (e.g., hepatitis C, cancer), significant oral disease, severe mental illness, neuropsychiatric conditions (e.g., HIV dementia), chronic substance dependence, and multiple psychosocial challenges (e.g., homelessness, poverty, lack of insurance). In keeping with the 3 overarching goals of the National HIV/AIDS strategy, the IDP has a long track record of services that help to reduce the number of new HIV infections in the Atlanta EMA through secondary prevention and efforts to reduce community HIV viral load, facilitate access to care, improve health outcomes, and reduce health disparities. The "one-stop shop" environment of the IDP, including its spectrum of clinical services along with services provided by its longtime on-site partner agencies promotes ease of access to needed services such as medical and non-medical case management, patient navigation, housing services, a food pantry, legal services, access to ARTAS (Antiretroviral Treatment Access Study – an intensive client tracking, retention, and linkage to care program), and assistance in accessing benefits through third party payers including the ACA, Medicaid and Medicare.

#1 **Outcome:** Increase in the percentage of clients with improved or stable viral load tests during the fiscal year.
Indicator: Percent and number of clients with improved or stable viral load tests as indicated by no less than 2 viral load tests at least 60 days apart.
Target: 70% of clients served will have improved or stable viral load tests.

#2 **Outcome:** Increase in the percentage of clients who are **retained in care** as measured by HIV Medical Visit Frequency.
Indicator: Percent and number of clients with at least 1 primary medical care visit in each 6 month period, with a minimum of 60 days between medical visits.
Target: 80% of clients served will have at least 1 primary medical care visit in each 6 month period.

A summary of the Grantee's plan and timeline for documenting client-level outcome measures.

The client-level outcome indicators and measures selected by the EMA reflect HRSA's published guidelines and the components of the Care Continuum. The EMA will continue to use the networked version of the CAREWare data collection system to collect and report client level

data (imported from the Grady Infectious Disease Program's Epic – electronic medical record system).

Additional activities in place to augment CAREWare data include:

- Review of data collected utilizing the RSR regarding Race, Gender, Age, Ethnicity, Number of Service Units, Number of Clients, and Number of Women, Infants, Children, and Youth to be served.
- Undertake additional chart audits, the results of which will be used to revise clinical indicators as appropriate. Results will also assist in identifying areas for system improvement.
- Review the Quarterly Reports, which indicate progress toward goals and objectives. Site visits to Contractors that include discussions regarding programmatic issues (progress toward goals and objectives and any challenges encountered) and fiscal issues (examination of expenditure patterns) and chart audits.

Experience has shown that by allocating funds to outpatient/ambulatory care, the EMA has the ability to readily monitor, track, document, and evaluate health outcomes. Improvements made in the data collection process have allowed the EMA to expand its list of primary care quality management indicators and to use these indicators to measure client-level outcomes not only for MAI funded services, but also for all Part A funded services. Funding in this category improves access to care and facilitates client enrollment in other core medical services and necessary support services. For these reasons, the EMA has determined that FY15 MAI funds will be allocated to the Outpatient/Ambulatory Care priority category as the appropriate means of improving quality of health and for tracking and evaluating the impact of MAI-funded programs.

Fulton County Government contracts with the Grady Infectious Disease Program (IDP) to provide MAI services specifically for clients living with advanced HIV/AIDS. The IDP is the sole contractor of the MAI funds. The contract date for the disbursement of funds has been executed with an effective date of March 1, 2015.