IV. MAI Annual Report Narrative

a. Provide updated viral suppression rates for the three most disproportionately impacted minority populations included in your FY18 application, with a narrative describing any improvement in outcomes.

In FY18, the Metropolitan Atlanta HIV Health Services Planning Council allocated MAI funding to the Outpatient/Ambulatory Health Services priority category. Core medical services were provided at two agencies using different and unique approaches to target at-risk minorities and vulnerable populations. The use of MAI funding for this purpose is consistent with the EMA's prioritization of OAHS as the number one core priority service category. The three most disproportionately impacted minority populations included in the Atlanta EMA's FY18 application were MSM, youth, cisgender and transgender females. Viral load suppression rates amongst these populations are as follows:

Chart 1: Viral Suppression Rates for MAI Patients

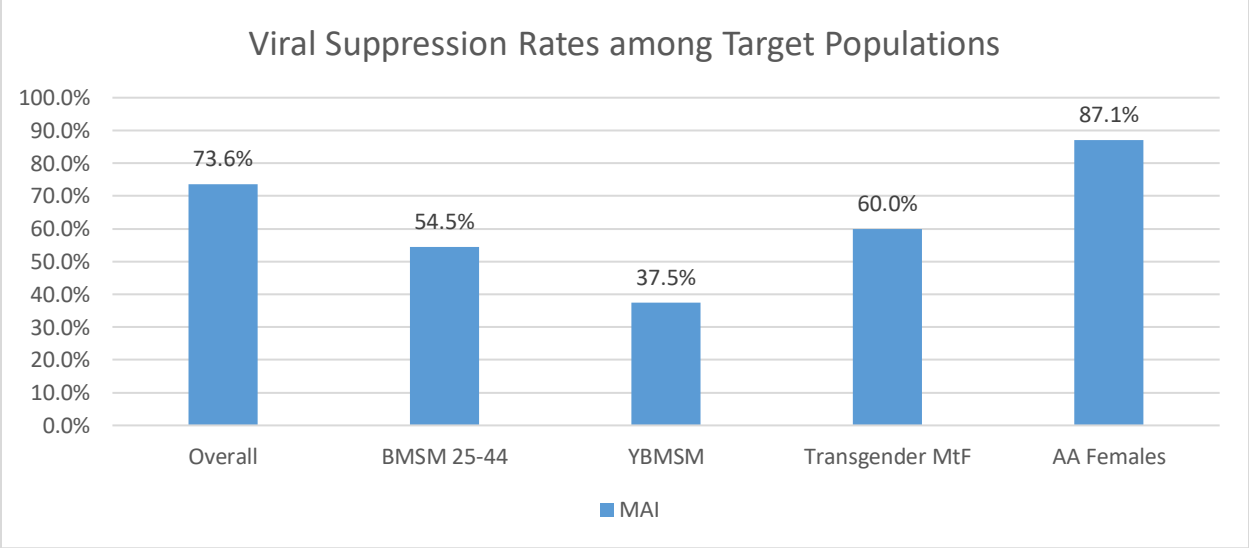


Chart 1 show Black/AA females (87.1%) had higher percentages of viral suppression compared to the other subpopulations receiving MAI services. Transgender females (60%) fared better than YBMSM between the ages of 13-24 (37.5%) and BMSM 25-41 (54.5%). And overall Viral Suppression rates increased for all MAI clients.

Table 1: Client Level Health Outcomes FY17 vs. FY18 at MAI Provider Locations

	General OAHS			MAI OAHS		
Outcome	**2017**	**2018**	**Percent Change[1]**	**2017**	**2018**	**Percent Change**
Viral Suppression	76% (4262/5635)	79% (5416/6882)	4%	61% (542/968)	74% (385/523)	20%

Table 1 shows the overall viral suppression rates have increased for OAHS clients at MAI provider locations. However, from FY17 to FY18 MAI clients had greater gains in health outcomes than the overall OAHS clients at Grady IDP and Fulton BOH with the largest percentage change (20%) compared to last fiscal year.

b. Describe how subrecipient performance, and/or changes in programming or interventions have impacted health outcomes during this budget period. Describe any jurisdictional changes that may have contributed to the lack of improvement in health outcomes.

MAI program changes in FY18 included two evidence-based interventions versus one sole provider as in previous years. The **first** intervention, implemented by the Grady Retention Enhancement Assistance Team (GREAT), includes the Enhanced Personal Contact (EPC) intervention. During the reporting period this initiative was modified to include a Specialty Pharmacy (SP) Program designed to address barriers to retention in care and adherence among MSM, YBMSM, cisgender females, and transgender females from communities of color. The intervention allowed clients to establish a personal relationship with GREAT during face-to-face meetings at each primary care visit to provide positive reinforcement for keeping appointments and to answer patient questions. Interim phone contact occurred between primary care appointments along with personal reminder calls at seven days and two days before each scheduled appointment. Patients were also contacted by phone within 24 hours after a missed visit. Thus, the modification to the intervention aims to improve adherence to ART through counseling and education by pharmacists and pharmacy technicians, pharmacy pick-up monitoring, and a medication delivery option.

The **second** and newest intervention, a Prevention and Care Collaboration, was provided by Fulton County Board of Health (FCBOH). The newly funded MAI provider partnered with their HIV Prevention funded program to provide HIV Care on a HIV testing mobile unit. A nurse practitioner was hired to provide medical care and to prescribe ART to newly diagnosed clients as a result of rapid testing by prevention staff. As part of the initial medical appointment, clients were offered a seven day supply of ART and counseled on treatment adherence. Disease Investigators and

[1] Percent change = $\frac{(Year_2 - Year_1)}{Year_1}$

Community Health Workers who staff the mobile clinic also linked the client to one of the Atlanta EMA's Rapid Entry Clinics to continue medical care until such time the client has his/her first medical appointment with a long-term medical care provider.

Both MAI subrecipients experienced challenges modifying the existing GREAT Intervention and implementing the new Prevention and Care Collaboration during the grant year. While the client level health outcomes show overall improvement (20%), MAI service utilization rates were lower than proposed for both agencies. Thus, programming changes impacted subrecipients' performance and ability to improve health outcomes. The goal was for MAI Providers to serve 1,635 clients and as the table below shows, 523 clients were served in FY18 for MAI, 68% variance from goal.

Table 2: FY18 MAI Patient Demographics

Race/Ethnicity	Grady IDP	FCBOH	Total
Black or African-American	**463**	**46**	**510**
Youth (18-24)	11	7	
Female (all ages)	180	5	
Transgender (all ages)	5	1	
Male (all ages)	278	40	
Hispanic/Latino	**4**	**1**	**5**
Youth (18-24)	0	0	
Female (all ages)	2	0	
Male (all ages)	2	1	
Other	**9**	**0**	**9**
Male	7	0	
Female	1	0	
Transgender*	1	0	
Total	476	47	523

The GREAT Intervention and Prevention and Care Collaboration required new staff to implement the projects and recruiting and onboarding qualified staff delayed the delivery of services. Staff vacancies contributed to the subrecipient's ability to perform services as intended. Key staff positions such as Patient Navigators, Pharmacists and Nurse Practitioners were not in place at the onset of the fiscal year with the longest vacancy filled more than six months into the fiscal year.

Table 3. Approach One – GREAT Intervention at Grady IDP

Service	All Enrolled
Enhanced Personal Contact (EPC)	98
Specialty Pharmacy Program (SP)	287
Enhanced Person Contact + SP	91
Total	476

Table 3 shows that 476 clients received services by GREAT. Lower utilization levels reflect the areas where staff capacity was limited during the fiscal year. FCBOH experienced challenges with onboarding key staff as well. The nurse practitioner who serves as the main primary care provider was not hired until June 2018 and services were not provided prior to this period. Since onboarding, the nurse practitioner was available 190 clinic days (Table 4) to provide care to clients. By the end of FY18, all positions were filled with Grady IDP and FCBOH. Increased utilization in all areas of the intervention are expected to upsurge in FY19.

Table 4. Approach Two – Prevention and Care Collaboration at FCBOH

Number of Clinic Days	Number of People Tested	Number of People Tested Positive	Number of Clients Seen
190	3,269	53	47

Other challenges that impacted FCBOH performance and health outcomes were obtaining new clients through the collaboration. The collaboration with HIV Prevention centered on the availability and accessibility of the mobile unit and newly diagnosed clients. The HIV Prevention team uses targeted testing to schedule events for the Mobile Testing Unit through surveillance mapping and rapid confirmatory testing kits. The mobile testing units test at treatment centers, community center, pharmacies, apartment complexes, churches, parks, concerts and special events. Expanded testing is provided during non-traditional hours at MSM night clubs and other venues. Several times throughout the year, the mobile unit was unavailable due to mechanical/service issues. Repairs were needed suspending testing and care services via mobile unit. As a result, six clinic days were served on the mobile unit. FCBOH attempted to offset this by working closely with the prevention team to continue offering same-day appointments with a nurse practitioner by engaging newly diagnosed or re-engaging clients of the target populations.

In addition to a late start for the project due to staffing, and limited access to the mobile unit, few people tested positive preventing the subrecipient from meeting its goal of serving 300 clients. Although 3,269 people were tested in 190 days the nurse practitioner was available to provide immediate care for new positives, 53 people were tested positive on those days. The nurse practitioner was able to provide medication and care to 47 clients through the collaboration.

c. Describe the interventions that had the greatest impact on improved outcomes, including how interventions reduced barriers and challenges.

Each subrecipient experienced different barriers and challenges during the implementation of the initiative. For Grady IDP, challenges experienced in FY18 included:

1. A growing patient population that continues to present with late stage illness and complex psychosocial issues.

2. Patients' lack of required documentation for Ryan White or ADAP enrollment and limitations on staffing resources to help obtain the required documentation for the patients.
3. Stigma that often causes patients to enter care late or to fall out of care for long periods of time.
4. Too few providers for the volume of patients.
5. Patients with multiple and serious co-morbidities.

Several activities in the GREAT program that had the greatest impact on improved outcomes and reduced barriers and challenges for MAI clients included:

- Face to face meetings to introduce eligible patients to the GREAT program
- Reminder calls for appointments
- Follow-up calls to ensure patients were provided the services they needed at their visit and that patients understood the information shared by their medical provider
- Monthly calls by pharmacy staff for those enrolled in the Specialty Pharmacy
- Educational sessions to help the patient understand HIV, their labs and talking with their provider
- Regular meetings of the GREAT staff to discuss program implementation

Chart 5 shows the impact of these interventions on the Care Continuum stage by age and gender. Black females had better health outcomes than other subpopulations.

Chart 5: Care Continuum for Patients in GREAT

HIV Care Continuum among Black/African-American by Age and Gender									
Race/ Ethnicity	Age Group	Gender	# Served	Actual Health Outcomes					
				Engaged in Care		Prescribed ART		Viral Suppression	
				%[2]	(N/D)[3]	%	(N/D)	%	(N/D)
African American, Not Hispanic	Youth (13-25)	Male	8	100	8/8	100	8/8	63	5/8
African American	25-44	Male	133	100	133/133	100	133/133	72	96/133
African American	45+	Male	134	100	134/134	100	134/134	81	108/134
African American	Youth (13-25)	Female	4	100	4/4	100	4/4	100	4/4
African American	25-44	Female	54	100	54/54	100	54/54	83	45/54

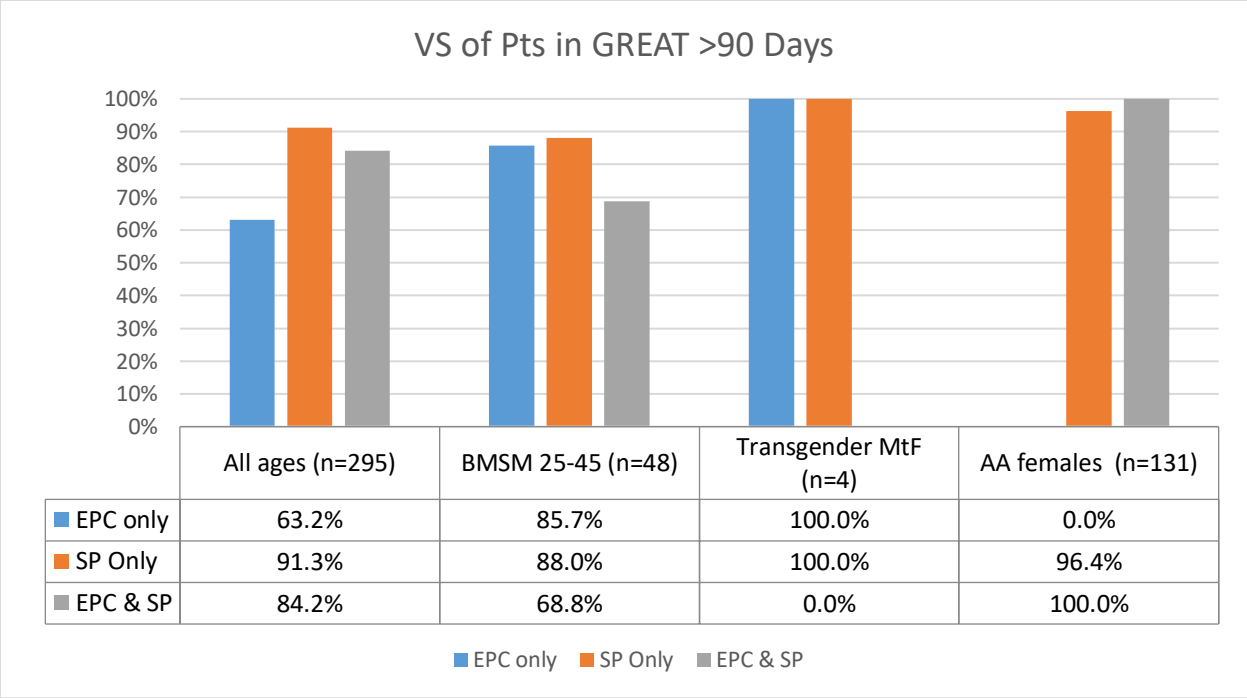
[2] Percent is calculated by Numerator (N) ÷ Denominator (D)

[3] Provide the actual numbers for the N=The Number that achieved the Outcome and D=The Number Served

African American	45+	Female	121	100	121/121	100	121/121	89	108/121
African American	Youth (13-25)	Transgender (MtoF)	0	0	0/0	0	0/0	0	0/0
African American	25-44	Transgender (MtoF)	4	100	4/4	100	4/4	50	2/4
African American	45+	Transgender (MtoF)	2	100	2/2	100	2/2	100	2/2

Patients receiving the intervention for 90 days or more (n=295) had much higher viral suppression rates (87.79%) compared to MAI clients (74%). Since keeping patients in care has a direct impact on their ability to achieve viral suppression this is not surprising.

Chart 6: Viral Suppression for Patients in GREAT 90 days or more by intervention and target population



	All ages (n=295)	BMSM 25-45 (n=48)	Transgender MtF (n=4)	AA females (n=131)
EPC only	63.2%	85.7%	100.0%	0.0%
SP Only	91.3%	88.0%	100.0%	96.4%
EPC & SP	84.2%	68.8%	0.0%	100.0%

Chart 6 shows Black/AA Females had higher percentages in viral load suppression compared to the other subpopulations. Over fifty-percent of clients in each target population were able to achieve viral suppression during the five month initiative. The initiative included various levels of interventions by GREAT. Black/AA MSM ages 25-44 enrolled in the initiative for 90 days or more who received only Specialty Pharmacy (SP Only) services had higher (88%) viral load suppression compared to the MAI clients (59.62%) overall. For Black/AA Transgender females enrolled in the initiative for 90 days or more who received either Enhanced Personal Contact (EPC only) or SP Only viral load suppression rates were 100%. The combination of EPC and SP for Black/AA

Females enrolled in the initiative for 90 days or more viral suppression was 100% compared to MAI clients (87.95%) overall. While the Black females in EPC only did not achieve viral suppression the two females in the intervention more than 90 days did have a significant reduction in their viral loads (greater than 50% from their enrollment date in GREAT). There were no YBMSM in EPC only or EPC and SP for more than 90 days. There was just one YBMSM in SP only for more than 90 days but he had not yet achieved viral suppression. As shown in Chart 7, patients who were enrolled in the GREAT program (any component) at least 90-days had much higher viral suppression rates.

At FCBOH, the integration of the Medical and Preventive Services (MPS) branch has had a significant impact on improved outcomes by reducing some of the barriers and challenges for clients that present for services at FCBOH. Many of the clients that seek services within MPS are co-infected, meaning they may be HIV positive and also have TB, chlamydia, gonorrhea, syphilis, or all. Co-infected clients were subjected to be interviewed by Disease Investigative Services (DIS) staff of the respective infection. This translated into the possibility of the clients having to speak to anywhere from 3-4 DIS depending on what they needed to be treated for. As an organization, senior leadership within MPS were motivated to align the branch with the FCBOH values of people focused and teamwork in order to look at the client as an individual and to break free of the silos that directed the work of the DIS staff in order to address and combat the epidemic rates of HIV, sexually transmitted infections (STIs), and TB that plague Fulton County. The solution was to complete an overhaul of the organizational chart and create teams that focus on the client and not the infection. In addition, the program also enlisted an enrollment team to assist with Ryan White linkage. The enrollment team has proven to be beneficial in linking and relinking clients into care, including MAI clients.