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Quality and Productivity Commission
29th Annual Productivity and Quality Awards Program
Champions of Change: Together We Make a Difference

2015 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: NOVEL PROGRAM IMPROVES HIV CARE AND PREVENTION

DATE OF IMPLEMENTATION/ADOPTION: NOVEMBER 2012
 (Must have been implemented at least one year - on or before July 1, 2014)

PROJECT STATUS: Ongoing One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? Yes No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

1 Successful management of human immunodeficiency virus (HIV) -- the disease that
 2 causes AIDS -- requires that people living with HIV are in continuous care and take their
 3 HIV medication as prescribed. This results in lower (suppressed) amounts of HIV virus
 4 in their bodies, better health and increased longevity. It also reduces new infections, as
 5 people with HIV who have suppressed HIV virus are less likely to spread it to their
 6 partners. To improve the health of people living with HIV and reduce the spread of the
 7 virus, the Los Angeles County Department of Public Health's Division of HIV and
 8 Sexually Transmitted Disease Programs and the County of Los Angeles Commission of
 9 HIV developed Medical Care Coordination (MCC), an innovative program that improves
 10 engagement in HIV medical care by integrating medical and non-medical support
 11 services. Preliminary 12-month evaluation data shows that MCC is effective at keeping
 12 HIV patients in medical care, increases the proportion of this population with
 13 suppressed HIV virus, and helps achieve the 2015 targets established by the White
 14 House in the 2010 National HIV/AIDS Strategy. In addition, MCC streamlines service
 15 delivery, and promotes intergovernmental collaboration.

(1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
\$	\$	\$	\$	<input checked="" type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Department of Public Health 313 N. Figueroa Street, 8 th Floor Los Angeles, CA 90012		TELEPHONE NUMBER 213-240-8156
PROGRAM MANAGER'S NAME Wendy Garland, MPH Division of HIV and STD Programs 600 S. Commonwealth Ave		TELEPHONE NUMBER 213-351-8378 EMAIL wgarland@ph.lacounty.gov
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE <small>(PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME)</small> Catherine Mak, MBA Signature on file	DATE	TELEPHONE NUMBER 213-989-7240 EMAIL cmak@ph.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Cynthia Harding, MPH Signature on file	DATE	TELEPHONE NUMBER 213-240-8156

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Challenge: Persons with HIV in Los Angeles County at risk of spreading infection

The current treatment guidelines for the management of human immunodeficiency virus (HIV) disease requires that infected persons are in continuous care (i.e., see their doctor at least twice a year) and take their HIV medication as prescribed to keep the amount of HIV virus in their bodies low (suppressed). The successful management of HIV results in better health and longer lives. It also helps to reduce the number of new HIV infections since people with HIV who have suppressed virus are less likely to spread it to their partners.

In 2010, the White House issued the first-ever National HIV/AIDS Strategy (NHAS). This strategic plan outlines three primary goals: 1) reduce new HIV infections; 2) increase access to care and optimize health outcomes for people living with HIV; and, 3) reduce HIV-related health disparities based on gender, race/ethnicity and sexual identity. National targets were established to meet these goals by 2015, including: 1) a goal of 80% of HIV-positive people in continuous HIV care and 2) a 20% increase in the proportions of HIV-positive gay and bisexual men, Latinos and Blacks with suppressed HIV viral load.

In Los Angeles County (LAC) in 2012, there were approximately 42,287 persons diagnosed with HIV. Of these, fewer than half (47%) had seen a doctor twice in the past year; 41% had been prescribed HIV medication; and only a third (34%) had low enough HIV virus levels to reduce risk of transmission (DHSP, 2012). These data demonstrate that many HIV-positive persons in LAC are not in regular medical care or taking the medications needed to optimize their health and make them less infectious. They also indicate improved efforts are needed to meet the NHAS targets in LAC.

Solution: Medical Care Coordination program to improve health and reduce transmission

To improve the health of people living with HIV and reduce the spread of HIV, the LAC Department of Public Health's Division of HIV and STD Programs (DHSP) and the Los Angeles County Commission on HIV (COH) **jointly developed** the Medical Care Coordination (MCC) Program. DHSP is the designated official administrative agency for the County of Los Angeles Department of Public Health to develop and coordinate the jurisdictional response to HIV and STDs in Los Angeles County. As such, DHSP is responsible for developing and maintaining a comprehensive continuum of HIV prevention, care and treatment programs for people at risk for or living with HIV. The COH is the federally mandated HIV planning council that consists of **community stakeholders** and is charged with the planning of HIV prevention and treatment services in LAC and the allocation of federal funding for these services.

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The COH allocated over \$9 million in federal HIV/AIDS service funding to DHSP in order to contract with 20 agencies -- which have 35 safety net HIV clinics across the county -- to deliver the MCC program in 2012. These HIV clinics provided medical care to approximately 39% of the 42,287 persons living with HIV in LAC in 2012. The patient population they serve is predominately male (85%), Latino (50%), Black (23%) and low-income, with 68% living at or below the federal poverty level (LAC Ryan White Program Data, 2012).

Based on the new service model and the standards established by COH through stakeholder input and expert review panels, DHSP developed and implemented the new MCC program in 35 HIV clinics. The key goals are to improve the **effectiveness and efficiency of coordinated medical and non-medical support services** so as to improve the health of persons with HIV and reduce the spread of HIV. MCC is the first program of its kind nationally to systematically apply a modified chronic disease care model to the **integration** and management of medical and non-medical support services for persons living with HIV.

The key elements of the MCC program are: 1) to monitor the overall health status of all patients at the 35 HIV clinics; and 2) to identify patients with poor health status so as to **deliver integrated medical and support services** to them. MCC services are provided by multidisciplinary teams consisting of a nurse, social worker and case worker that are **co-located at the HIV clinics** in order to work closely with medical providers. The MCC team assesses patients to understand their unique needs and delivers targeted interventions to address those needs, in order to improve their use of medical care and adherence to HIV medication.

DHSP standardized MCC service delivery across agencies through several approaches. First, DHSP developed comprehensive service guidelines and an assessment tool to determine patient needs. Second, DHSP provided 4-day mandatory training for all MCC team members. Finally, DHSP evaluated fidelity to the service guidelines data collection, analysis and annual contract monitoring.

The MCC program was evaluated after the first 12 months by comparing key outcomes for 1,204 patients 12 months before and after enrollment in the program.

Benefits: Improved health for people with HIV and increased program efficiency

The MCC program **benefits both the residents and employees of LAC** at multiple levels. Patients enrolled in the MCC program experienced significant improvements in health. Most notably, the proportion of patients with suppressed HIV virus increased from 30% before MCC enrollment to 60% after MCC enrollment – an improvement of 100% ($p < 0.01$). Similarly, the proportion of patients in continuous

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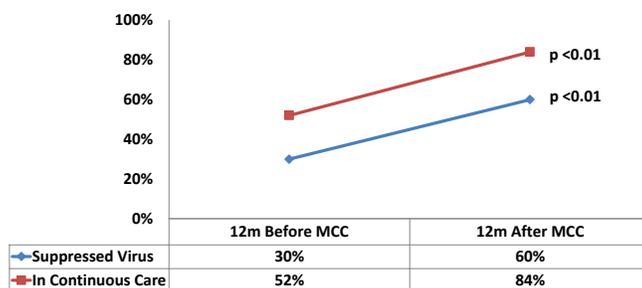
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LINKAGE TO THE COUNTY STRATEGIC PLAN (DETAIL IS REQUIRED FOR COUNTY DEPARTMENTS): Goal #1: Operational Effectiveness/Fiscal Sustainability; Goal #2: Community Support and Responsiveness; Goal #3: Integrated Services Delivery

care before MCC was 52%, compared to 84% after enrollment in MCC. These numbers surpass the NHAS targets to improve viral suppression by 20% and for 80% of persons with HIV to be in continuous medical care. **Not only did patients experience health benefits as a result of MCC, but because HIV treatment makes them less infectious, they were less likely to infect others.**


Changes after 12 Months in the Proportion of MCC Patients with Suppressed HIV Virus and in Continuous Medical Care (N=1,204)



Data source: DHSP, Casewatch, Years 22-24; DHSP, HIV Surveillance data 2012-2014, as of March 2015

A second benefit is **increased program efficiency** as a result of streamlining service delivery. The MCC program replaced two previously funded case management programs that provided services in a fragmented, uncoordinated and often duplicated fashion that were separate from the medical care providers. Persons with HIV often had to access two or more of these programs to get their service needs met -- now, they can see the MCC team and have their medical and social support service **needs addressed in one comprehensive visit** at their HIV clinic. In addition, **service delivery is standardized** through trained MCC program staff and service guidelines.

Third, DHSP program administration work was streamlined through **more efficient program administration**. MCC contracts with were established with 20 agencies providing HIV medical care. These replaced 40 contracts with 26 agencies for the previously funded case management programs. This change reduced the number of contacts and their accompanying administrative workload by half, from 40 to 20 contracts. Reducing the number of contracts led to **improvements in administrative and programmatic efficiencies** as there were fewer contracts, agencies and sites to monitor, fewer administrative reviews to perform, reductions in the number of fiscal reviews and more coordinated onsite reviews.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFIT): If you are claiming cost benefits, include a calculation on this page. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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FOR COLLABORATING DEPARTMENTS ONLY

(For single department submissions, do not include this page)

DEPARTMENT NO. 2 NAME AND COMPLETE ADDRESS	
COUNTY OF LOS ANGELES COMMISSION ON HIV 3530 WILSHIRE BLVD., STE. 1140 LOS ANGELES, CA 90012	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
NONE	DAWN P. MCCLENDON
DEPARTMENT NO. 3 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
DEPARTMENT NO. 4 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
DEPARTMENT NO. 5 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE
DEPARTMENT NO. 6 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	DEPARTMENT HEAD'S NAME AND SIGNATURE