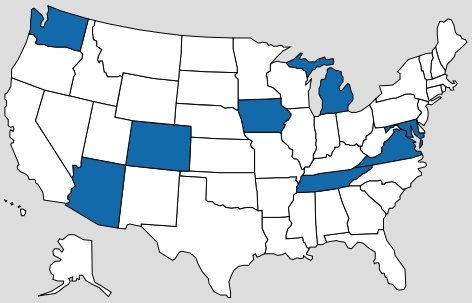
Building Capacity to Improve HIV Viral Suppression Data in Medicaid



Arizona, Colorado, District of Columbia, Iowa, Maryland, Michigan, Tennessee, Virginia, Washington

Lead organization

NASTAD

Partner organizations

AcademyHealth

University of California San Francisco (UCSF)

Georgetown University (GU)

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Project period

August 2021 – July 2025

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Funding

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award (U90HA42175) totaling $4,000,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Project Overview

With funding from the HRSA HIV/AIDS Program Special Projects of National Significance (SPNS), NASTAD (National Alliance of State and Territorial AIDS Directors), together with partners AcademyHealth, the University of California San Francisco (UCSF), and Georgetown University (GU) serves as the project's System Coordination Provider (SCP) to improve viral load suppression among Medicaid enrollees living with HIV and to achieve the national goal to End the HIV Epidemic. SCP, led by QIC Director Susan Weigl (UCSF), will engage nine state teams involving their Medicaid, HIV surveillance, and Ryan White HIV/AIDS programs (RWHAP) in a quality improvement collaborative (QIC) to develop, implement, and evaluate strategies for reporting and using the HIV viral load suppression measure (HVL-AD) as part of Medicaid's Adult Core Set.

SCP supports states in their use of a quality improvement methodology, punctuated by learning sessions to promote discovery and diffusion of best practices. These activities build capacity to report HVL-AD and use these data to improve health outcomes. The QIC also includes individualized coaching, site visits, webinars, affinity groups, and expert consultation. In addition, SCP is conducting a mixed-methods evaluation of the QIC's impact and will utilize diverse strategies to disseminate findings and lessons learned to stakeholders interested in using HIV data to improve care for Medicaid beneficiaries. Dissemination activities will promote the scale and spread of HVL-AD measure reporting and use best practices by state Medicaid and HIV programs both within and beyond the states participating in the QIC to reach broader audiences.

Characteristics of the States

Nine states were recruited and selected for inclusion in the QIC based on varying rates of HIV diagnoses, states with/out Medicaid expansion, states with/out interagency data sharing agreements (DSAs), and states who have not yet reported the HVL-AD measure. Additionally, consideration was given to states' regional diversity and variation in Medicaid spending on beneficiaries with HIV/AIDS. Medicaid coverage in participating states is conducted primarily through managed care organizations (MCOs), with the exception of one state that operates predominantly under a hybrid fee-for-service reimbursement model.

Based on the inclusion criteria, participating states reflected a range of starting points and relative capacities for engaging in HVL-AD reporting and subsequent quality improvement initiatives. At the start of the project, four states had already established interagency (HIV-Medicaid) DSAs, while the remaining were in varying stages of exploring their regulatory landscapes and articulating DSA requirements. Notably, about half of the states indicated in a baseline survey that this project would be the most significant effort the two programs had undertaken together, indicating the need for strong, sustained leadership buy-in, adequate staff training, and robust intra- and inter-agency communication.

Goal

The project aims to improve HIV viral load suppression for Medicaid beneficiaries living with HIV in the United States by improving the capacity of states to report the HIV viral suppression measure (HVL-AD) to Centers for Medicare and Medicaid (CMS) as part of the Medicaid Adult Core Set and subsequently use these data in quality improvement programs.

AcademyHealth

Healthqual

UCSF

UCSF Institute for Global Health Sciences

Georgetown University

Center for Global Health Practice and Impact

Aims

The Medicaid HIV SCP is guided by the following aims:

1. **To build capacity** among participating states to conduct cross-program data linkage, report the HVL-AD measure to CMS as part of the Medicaid Adult Core Set, and use the data to improve outcomes for Medicaid beneficiaries with HIV.
2. **To evaluate** participating states to assess the effectiveness of activities implemented by the states to improve HVL-AD data preparation, integration, reporting, and use.
3. **To disseminate** emerging promising practices and innovative strategies from the QIC and support their sustainable replication across other states.

Success To-Date

- Five states developed data sharing capacity with quality assurance processes and four states reported the HVL-AD measure to CMS for the first time in 2022.
- Seven states identified initial activities to using HVL-AD data for quality of care improvement initiatives respectively within HIV surveillance, Ryan White HIV/AIDS Program (RWHAP) Part B, and Medicaid.
- Developed and implemented a state assessment for measuring implementation of HVL-AD reporting and use.
- Developed performance measures to guide calculating the HVL-AD measure according to revised official guidance for reporting to CMS in 2023.

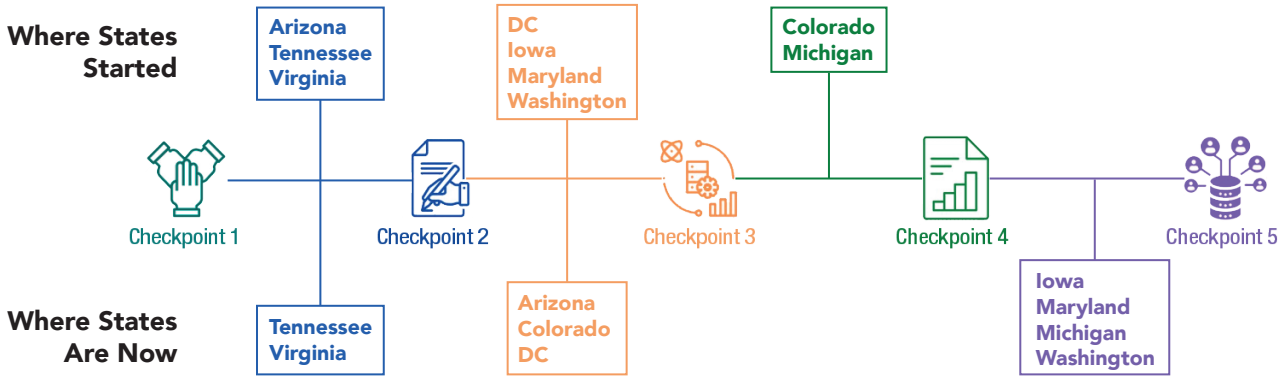
Project Significance

- Sustained HIV viral load suppression is directly related to reduction in disease progression, morbidity, and mortality; and to reduction in HIV transmission.
- Although 86% of people living with HIV have been diagnosed, only 40% are engaged in care, 37% have been prescribed HIV antiretroviral therapy, and 30% have achieved viral suppression.[1]
- Medicaid is the single largest source of coverage for HIV care, covering 45% of adults living with HIV in care, yet in 2021 only 9 states were reporting HVL-AD as part of the Medicaid Adult Core Set.[2] Reporting may catalyze improved identification and mitigation of gaps in viral load suppression and in-care status by race/ethnicity, gender identity, age, and geography.
- Improving HVL-AD reporting provides the opportunity for multisector coordination across Medicaid, RWHAP, and HIV surveillance programs to share data and promote quality improvement.

Evaluation Overview

The project's evaluation, led by Wayne Steward, PhD, MPH (UCSF), will provide findings and lessons learned to inform similar efforts in other states to report HVL-AD data and to otherwise use surveillance data to improve care for Medicaid beneficiaries living with HIV. The Consolidated Framework for Implementation Research (CFIR)[3] will serve as the guiding framework for the evaluation, which will answer several key questions: To what degree are states able to report high quality HVL-AD data to CMS? To what extent are reported HVL-AD data utilized in QI projects? What are the barriers, facilitators, and costs associated with reporting and use of HVL-AD data? The evaluation will be mixed methods, consisting of state assessments to track progress towards measure implementation, semi-structured qualitative interviews to characterize reporting systems and their facilitators and barriers, cost assessments to capture expenses associated with measure implementation, and performance measures capturing the calculating and reporting of the HVL-AD measure and the use of the measure for improvement.

Progression of State Efforts in the Quality Improvement Collaborative



Checkpoint 1. Commitment to collaboration and alignment of priorities between HIV and Medicaid counterparts.
Checkpoint 2. Data Sharing Agreement outlining the exchange, linkage, and use of data is fully executed between HIV and Medicaid units.
Checkpoint 3. Data exchange between Medicaid and HIV counterparts is optimized and routine.
Checkpoint 4. HIV Viral Load measure is reported to CMS Adult Core Set.
Checkpoint 5. Data sharing and collaboration is further optimized to incorporate extended data to action to better serve people with HIV.

1. *HIV Care Saves Lives Infographic.* Centers for Disease Control and Prevention. https://www.cdc.gov/vitalsigns/hiv-aids-medical-care/infographic.html
2. *Medicaid and People with HIV.* Kaiser Family Foundation. https://www.kff.org/hivaids/issue-brief/medicaid-and-people-with-hiv/
3. Damschroder LJ, Reardon CM, Opra Widerquist MA, Lowery J. The updated Consolidated Framework for Implementation Research based on user feedback. *Implementation Science.* 17(1):75. doi: 10.1186/s13012-022-01245-0.