



Ryan White Part A HIV/AIDS Program

TRACKING PROVIDED SERVICES (TPS) REPORTS

Ryan White Part A HIV/AIDS Program
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RYAN WHITE PART A QUARTERLY TPS REPORTS

Tracking Provided Services Reports were created for the purpose of providing valuable information to Service Providers, Planning Council members, and the Quality Management C.O.R.E. Team regarding;

Quality Management Data

-Performance measurement results, quality improvement plans and quality improvement activity updates.

Service Utilization Data

-Units of service by service category, spending by service category, and the number of unduplicated clients served.

Epidemiological Data

-Trends and changes in the epidemic both client specific and HIV/AIDS population in the TGA.

Needs Assessment Data

-Such as client and/or provider survey results, focus groups results.

It is the goal of HRSA to ensure that all stakeholders understand the importance of coordination between all entities involved in the service delivery process and that quality improvement data is reflected in the Planning Council priority setting and resource allocation process. The intent of these reports is to ensure that all pertinent information is being shared with all stakeholders in the community.

Reports will be distributed each March, June, September, and December. To receive them via email send a request to SIC@co.clark.nv.us.

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QUALITY MANAGEMENT PROGRAM

The Las Vegas TGA Ryan White Part A HIV/AIDS Program is kicking off the new grant year by launching a new Quality Management Program March 1, 2010. Quality Management Practices will provide key information to improve access to care, improve service delivery, improve the quality of care, and improve health outcomes.

A variety of mechanisms will be used to assess and monitor the quality of HIV/AIDS services provided in the Las Vegas TGA including; consumer assessments, chart reviews, performance measure reports, agency wide quality management plan reviews and site visits. Quality Management activities will be guided by the Quality Management C.O.R.E. Team and annual implementation of a Quality Management Plan that clearly outlines how the program will be put into practice, including a clear indication of responsibilities and accountability, performance measurement strategies and goals, and a process for ongoing evaluation and assessment of the program. The C.O.R.E. Team is currently in the forming stage and will meet quarterly to analyze performance measurement data, develop strategies and implement quality improvement activities, and monitor progress toward overall goals.

For a copy of the Quality Management Program, Annual Quality Plan, or any related forms and documents please visit the Las Vegas TGA website at www.LasVegasEMA.org.

PERFORMANCE MEASUREMENT DATA

Performance measures quantitatively tell us something about our services and the processes that deliver them. They are a tool to help us understand, manage, and improve what our organizations do. They let us know how well we are doing, if we are meeting our goals, if our consumers are satisfied, if and where improvements are necessary, and if our processes are in statistical control. Our goal in recording and reporting on performance measures is to work toward meeting the HRSA established benchmark. The Quality Management C.O.R.E. Team, Grantee, and Service Providers will utilize performance measurement data to target areas that need improvement, develop quality improvement activities, and monitor our progress toward HRSA benchmarks.

| Indicator | September | January | March | HRSA |
|--|------------------|----------------|--------------|------------------|
| | 2009 | 2009 | 2010 | Benchmark |
| Percentage of clients with HIV-infection who had two or more medical visits in an HIV care setting in the measurement year. | 37.66% | 39.13% | 43.38% | TBD |
| Percent of clients with HIV-infection who had 2 or more CD4 T-cell counts performed in the measurement year. | 24.55% | 32.86% | 40.77% | 63% |
| Percentage of clients with HIV-infection and a CD4 T-cell count below 200 cells/mm ³ who were prescribed PCP prophylaxis. | 26.85% | 32.46% | 36.27% | 95% |
| Percentage of clients with AIDS who are prescribed HAART. | 39.18% | 52.03% | 63.87% | 100% |
| Percentage of pregnant women who HIV-infection who are prescribed antiretroviral therapy. | 100% | 100% | 100% | TBD |
| Percentage of clients with HIV-infection on ARV's who were assessed and counseled for adherence two or more times in the measurement year. | 0% | 0% | 0% | 56% |
| Percentage of women with HIV-infection who have a pap screening in the measurement year. | 11.56% | 24.18% | 18.24% | 70% |
| Percentage of clients with HIV-infection who completed the vaccine series for Hepatitis B. | 1.81% | 9.82% | 8.45% | 45% |
| Percentage of clients for who Hepatitis C (HCV) screening was performed at least once since diagnosis of HIV-infection. | 10.02% | 21.30% | 48.02% | 90% |
| Percentage of clients with HIV-infection who received HIV risk counseling within the measurement year | 13.22% | 0% | 7.05% | TBD |
| Percentage of clients with HIV-infection on HAART who had a fasting lipid panel during the measurement year. | 0% | 3.85% | 4.56% | 85% |
| Percentage of HIV-infected clients who received an oral exam by a dentist at least once during the measurement year. | 7.82% | .74% | 8.54% | 40% |
| Percentage of adult clients with HIV-infection who had a test for syphilis performed within the measurement year. | 18.69% | 17.75% | 52.61% | 80% |
| Percentage of adult clients who received documented testing for LTBI (latent TB infection) | 7.05% | .60% | 10.52% | 56% |

Currently there are 14 HIV/AIDS Bureau Performance Measures in CAREWare that are seen above that will be pulled and reported on a quarterly basis. Eleven more performance measures will be released by HRSA in the coming months and additional performance measures are being developed to cover each service category provided by Ryan White Part A funding, they will also be reported on a quarterly basis. For specific definitions on each performance measure and data collection methods visit our website at www.LasVegasEMA.org or contact Shayla Streiff at s1c@co.clark.nv.us.

SERVICE UTILIZATION DATA

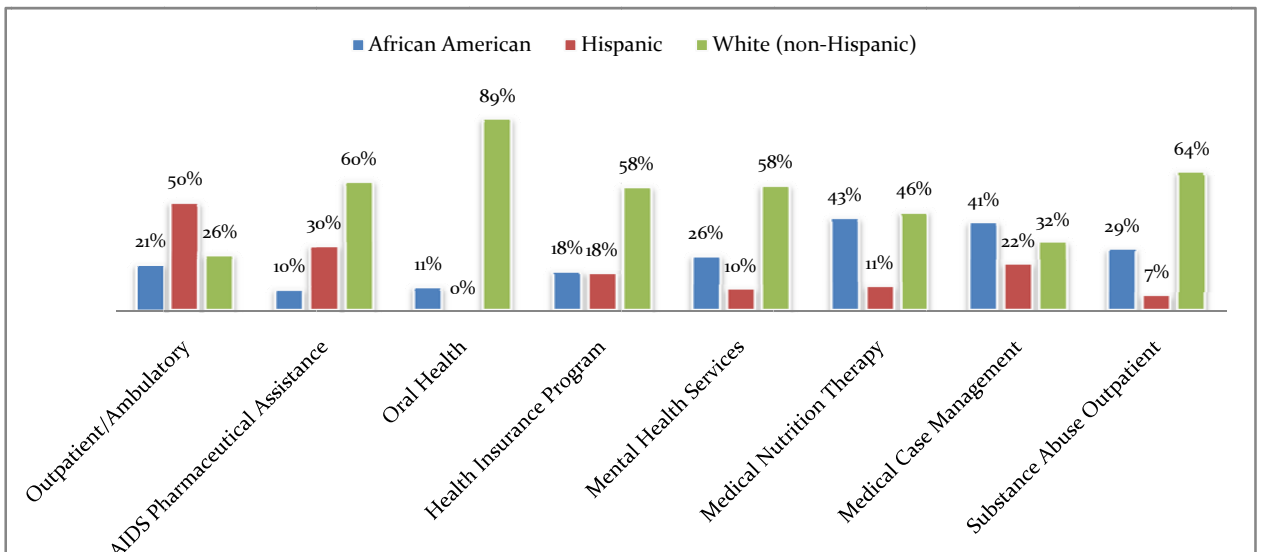
The following detailed tables include a breakdown of expenditures, service counts, unduplicated client counts, and demographic information of who accessed care by service category during the 4th quarter of the Ryan White Part A grant in the Las Vegas TGA (December 1, 2009 through February 28, 2010). This data is key in creating quality improvement projects and making decision about service priorities and resources allocations by the Planning Council. This data will be tracked and reported on a quarterly

| CORE MEDICAL SERVICES | Expenditures | Service Count | Unduplicated Client Count |
|--|------------------------|---------------|---------------------------|
| Outpatient & Ambulatory Health | \$ 423,417.00 | 464 | 135 |
| AIDS Pharmaceutical Assistance | \$ 248.00 | 24 | 10 |
| Oral Health | \$ 6,162.00 | 23 | 9 |
| Early Intervention Services | \$ 108,760.00 | 32 | 28 |
| Health Insurance Program | \$ 230,361.00 | 456 | 120 |
| Home & Community Based Health Services | \$ - | 0 | |
| Mental Health Services | \$ 65,950.00 | 426 | 98 |
| Medical Case Management | \$ 358,236.00 | 2915 | 504 |
| Substance Abuse Outpatient | \$ 6,199.00 | 74 | 14 |
| SUPPORT SERVICES | | | |
| Support Services Aggregate | \$ 74,482.00 | 1454 | 285 |
| Totals | \$ 1,273,815.00 | 5868 | 1203 |

to provide a comprehensive picture of service utilization in the Las Vegas TGA.

The following chart illustrates demographic service utilization among core medical services in the Las Vegas TGA during the 4th quarter (December 1, 2009 through February 28, 2010). The Hispanic population utilized the highest percentage of Outpatient

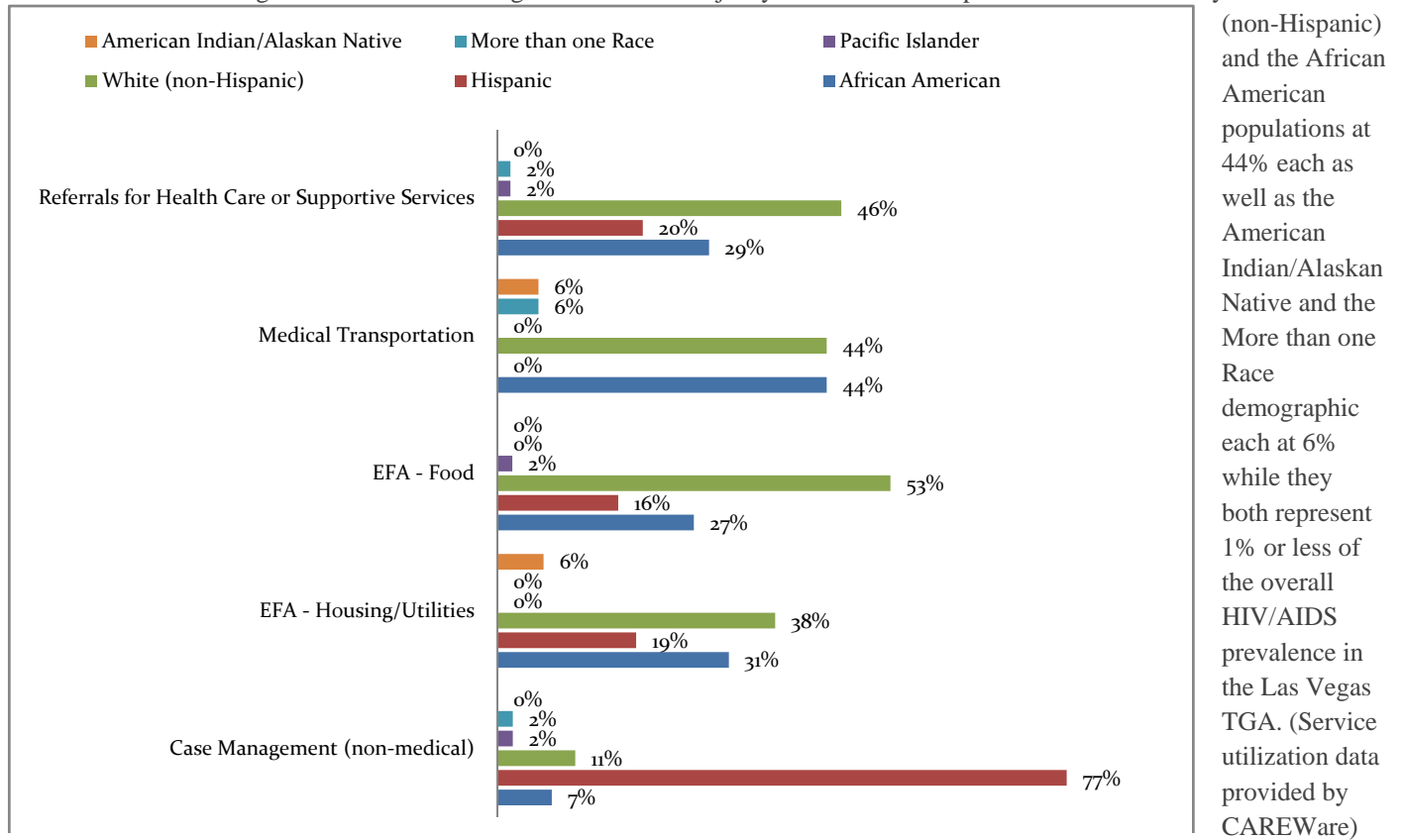
Ambulatory Medical care at 50%, however this demographic also utilized the lowest percentage of Oral Health Care at 0% while representing only 20% of the total HIV/AIDS prevalence in the Las



Demographic Service Utilization among Core Medical Services in the Las Vegas TGA (Quarter 4)

Vegas TGA. The White (non-Hispanic) population utilized nearly 90% of Oral Health services, 60% of AIDS Pharmaceutical Assistance, and 64% of Substance Abuse Outpatient services but only 26% of Ambulatory Outpatient Medical Care, collectively this demographic represents 51% of the total HIV/AIDS prevalence in the Las Vegas TGA. Service utilization in the African American demographic group was relatively stable between 10% and 20% throughout service categories with the exception of Medical Nutrition Therapy at 43% and Medical Case Management at 41%. The African American population represents 25% of HIV/AIDS prevalence in the Las Vegas TGA. The demographic groups of Pacific Islander, American Indian Alaskan Native, Asian, More than One Race, Unknown and Other utilized anywhere from 0% to 3% therefore they are not illustrated here.

The following chart depicts demographic utilization of support services in the Las Vegas TGA again during the 4th quarter (December 1, 2009 through February 28, 2010). Service utilization among Hispanics of non-Medical Case Management was significantly higher than any other demographic while they didn't utilize medical transportation services or Emergency Financial Assistance with Housing or Utilities at all during that time. The majority of Medical Transportation was utilized by the White



Demographic Service Utilization among Support Services in the Las Vegas TGA (Quarter 4)

EPIDEMIOLOGIC DATA

HIV/AIDS incidence and prevalence data through December 31, 2009 was recently released by the Nevada State Health Divisions HIV/AIDS Reporting System (eHARS) and the Arizona Department of Health Services Office of HIV/AIDS. This data has been combined to encompass Clark County Nevada, Nye County Nevada, and Mohave County Arizona to represent the incidence and prevalence in the Las Vegas TGA. Throughout the year in this report we will be tracking the changes/trends in HIV and AIDS incidence and/or prevalence, changes in the demographics of the TGA's cases in relation to the total population as a measure of disproportionate impact on specific populations, and include information regarding populations with special needs including barriers to care and other access issues.

| Demographic Group/ Exposure Category RISKS REDISTRIBUTED | HIV Incidence in 2009 HIV (not yet AIDS) Incidence is defined as the number of new HIV cases diagnosed during the period specified, data as of 2/2010, Las Vegas TGA. | | AIDS Incidence in 2009 AIDS incidence defined as the number of new AIDS cases diagnosed during the period specified, data as of 2/2010, Las Vegas TGA. | | HIV (not AIDS) Prevalence Estimate through December 31, 2009, as of 02/2010. HIV prevalence is defined as the number of reported living HIV (not AIDS) cases, Las Vegas TGA. | | AIDS Prevalence Estimate through December 31, 2009 as of 2/2010. AIDS prevalence is defined as the number of reported living AIDS cases, Las Vegas TGA. | | HIV (not AIDS) Prevalence and AIDS Prevalence combined Estimate through December 31, 2009, as of 02/2010, Las Vegas TGA. | |
|---|--|-------------|--|-------------|---|-------------|---|-------------|---|-------------|
| | # | % of Total | # | % of Total | # | % of Total | # | % of Total | # | % of Total |
| Source: Nevada State Health Divisions HIV/AIDS Reporting System (eHARS), Arizona Department of Health Services Office of HIV/AIDS | | | | | | | | | | |
| Race/Ethnicity | # | % of Total | # | % of Total | # | % of Total | # | % of Total | # | % of Total |
| White, not Hispanic | 198 | 52% | 64 | 33% | 1,786 | 52% | 1,883 | 51% | 3,669 | 51% |
| Black, not Hispanic | 92 | 24% | 61 | 31% | 865 | 25% | 908 | 24% | 1,773 | 25% |
| Hispanic | 74 | 20% | 52 | 27% | 668 | 19% | 776 | 21% | 1,444 | 20% |
| Asian/Pacific Islander | 7 | 2% | 14 | 7% | 83 | 2% | 97 | 3% | 180 | 3% |
| American Indian/Alaskan Native | 5 | 1% | 3 | 2% | 22 | 1% | 36 | 1% | 58 | 1% |
| Multiracial | 1 | 0% | 0 | 0% | 15 | 0% | 0 | 0% | 15 | 0% |
| Not Specified/Other | 1 | 0% | 1 | 1% | 0 | 0% | 15 | 0% | 15 | 0% |
| Total | 378 | 100% | 195 | 100% | 3,439 | 100% | 3,715 | 100% | 7,154 | 100% |
| Gender | # | % of Total | # | % of Total | # | % of Total | # | % of Total | # | % of Total |
| Male | 302 | 80% | 162 | 83% | 2,806 | 82% | 3,136 | 84% | 5,942 | 83% |
| Female | 76 | 20% | 33 | 17% | 633 | 18% | 579 | 16% | 1,212 | 17% |
| Total | 378 | 100% | 195 | 100% | 3,439 | 100% | 3,715 | 100% | 7,154 | 100% |
| Age at Diagnosis (Incidence) / Current Age (Prevalence) | # | % of Total | # | % of Total | # | % of Total | # | % of Total | # | % of Total |
| <13 | 1 | 0% | 0 | 0% | 33 | 1% | 6 | 0% | 39 | 1% |
| 13-19 | 5 | 1% | 3 | 2% | 94 | 3% | 19 | 1% | 113 | 2% |
| 20-29 | 91 | 24% | 32 | 16% | 1,147 | 33% | 150 | 4% | 1,297 | 18% |
| 30-39 | 125 | 33% | 51 | 26% | 1,227 | 36% | 675 | 18% | 1,902 | 27% |
| 40-49 | 103 | 27% | 68 | 35% | 682 | 20% | 1,595 | 43% | 2,277 | 32% |
| 50+ | 53 | 14% | 41 | 21% | 256 | 7% | 1,266 | 34% | 1,522 | 21% |
| Missing Data | 0 | 0% | 0 | 0% | 0 | 0% | 4 | 0% | 4 | 0% |
| Total | 378 | 100% | 195 | 100% | 3,439 | 100% | 3,715 | 100% | 7,154 | 100% |
| Adult/Adolescent AIDS Exposure Category | # | % of Total | # | % of Total | # | % of Total | # | % of Total | # | % of Total |
| MSM | 242 | 64% | 128 | 66% | 2,082 | 61% | 2,385 | 64% | 4,467 | 63% |
| IDU | 27 | 7% | 14 | 7% | 282 | 8% | 386 | 10% | 668 | 9% |
| MSM/IDU | 10 | 3% | 11 | 6% | 192 | 6% | 256 | 7% | 448 | 6% |
| Heterosexual | 46 | 12% | 30 | 15% | 459 | 13% | 481 | 13% | 940 | 13% |
| NRR | 52 | 14% | 12 | 6% | 390 | 11% | 175 | 5% | 565 | 8% |
| Adult Hemophilia | 0 | 0% | 0 | 0% | 2 | 0% | 4 | 0% | 6 | 0% |
| Adult Transfusion/Transplant | 0 | 0% | 0 | 0% | 2 | 0% | 2 | 0% | 4 | 0% |
| Perinatal Exposure | 0 | 0% | 0 | 0% | 26 | 1% | 22 | 1% | 48 | 1% |
| Total | 377 | 100% | 195 | 100% | 3,435 | 100% | 3,711 | 100% | 7,146 | 100% |
| Pediatric AIDS Exposure Categories (Ages 0-12) | # | % of Total | # | % of Total | # | % of Total | # | % of Total | # | % of Total |
| Mother with/at risk for HIV infection | 1 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Risk not reported/Other | 0 | 0% | 0 | 0% | 4 | 100% | 4 | 100% | 8 | 100% |
| Total | 1 | 100% | 0 | 0% | 4 | 100% | 4 | 100% | 8 | 100% |

NEEDS ASSESSMENT DATA

As part of their annual mandated tasks the Ryan White Part A HIV/AIDS Planning Council is conducting their HIV/AIDS needs assessment to assess the barriers to care, gaps in care, and service needs for people living with HIV/AIDS in the Las Vegas TGA. This year they are working closely with the UNLV Cannon Research Center and to date they have collected 761 survey's from people living with HIV/AIDS in our TGA providing the Planning Council with key data to utilize in their upcoming priority setting and resource allocation process on July 21st and 28th of this year, location and times to be announced. Additionally, several focus groups have been conducted in priority populations that have been significantly impacted by the epidemic. Preliminary data is included here while the full report will be available in July 2010.

| Priority Population | “Most important services that help you manage your HIV/AIDS diagnosis?” (in no particular order) | “What are your barriers to accessing care?” |
|-----------------------------|--|---|
| White (non-Hispanic) MSM | Medical Care Medication Food Housing Transportation Spiritual Comfort | Not knowing where to find services Not having a list of agencies and what they offer Geographical location between service locations is too far |
| Minority MSM | Medication Transportation Rental Assistance | Communication Not getting adequate referrals |
| Heterosexual IDU Men | Job Assistance Medical Care Medication Housing Transportation | The entire system of accessing care |
| Heterosexual Women | Medical Care Transportation Mental Health Referrals Medication Housing Clothing and toiletry items | Lack of communication between agencies and a lack of availability of services No programs geared toward women |

If you have any questions regarding the information provided here or have any suggestions on data you would like to be included please contact Shayla Streiff at SIC@co.clark.nv.us.