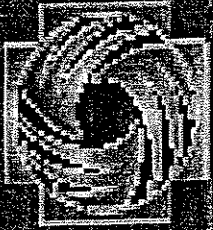


ATTACHMENT J

OF

BROWN & TOLAND
MEDICAL GROUP'S
PPO SUBMISSION

ATTACHMENT J



BROWN & TOLAND

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HIV Management Program: 2003 Evaluation

HIV Management Program Team

Stephen Becker, MD

Malcolm John, MD

Tammy Fisher, MPH

Yoko Tsukamoto, FNP, MPH

Michelle Kuppich, RD

Joella Canales

Program Description

The HIV Management Program components:

- Case Management
- Nutritional Counseling
- Pharmacy Adherence/Compliance
- Development of Guidelines/Best Practices
- Physician Outreach Activities
- HIV Advisory Board Oversight

2003 Program Goals

- To provide pharmacy, nutrition and case management services to BTMG HIV members in a clinically appropriate and cost-effective way.
- To assist BTMG HIV Expert Physicians in providing appropriate care and utilization of resources to their HIV infected members.

Outcome Measures

- Process Outcomes
- Clinical Outcomes
- Utilization Outcomes

Patient Identification

- Hospitalized patients with HIV diagnosis
- HIV patients who have not had an office visit within 1 year
- HIV patients on TPN, T20, or have HIV wasting
- HIV patients with 2 or more ER visits within 3 months

Program Activity for 2003

Quarters	Q1	Q2	Q3	Q4
Total # of Interventions	406	105	88	178
Case management	100	28	44	129
Nutrition consult	108	63	39	26
PCP visit	16	1	0	0
Pharmacy Consult	181	13	5	0

□ Staff changes occurred at the end of Quarter 2

■ Change of focus to incorporate more case management to further assist physicians in caring for the BTMG HIV population

□ Modification of program activity tracking information to meet Medicare definitions

Current Program Tracking for 2003

Activity	Quarter 2	Quarter 3	Quarter 4
Total # of Referrals	24	49	39
Total # of New Patients	10	29	19
Total # of Interventions	105	88	178
• Case management sessions	91	83	155
• Outpatient Consults	0	0	20
• Inpatient consults	0	0	3
• PCP visit	1	0	0
• Other***	13	5	0

*** Includes previous intervention strategies such as pharmacy consultations

Process Outcomes

Objective:

To increase total number of referrals into HIV Management Program by 15% between Quarter 3-4 of 2003

Outcome: Program referrals increased 20% from Quarter 3 to Quarter 4 in 2003.

- About 70% of referrals were made by Primary Care Physicians and Specialists
- About 10% were identified from BTMG reporting

Process Outcomes

Objective:

Increase awareness of the HIV Management Program among all BTMG Physicians

Outcome:

HIV Clinical staff has been in contact and met with 70% of the HIV Expert Physicians to promote recognition and utilization of the program.

Clinical Outcomes

Objective:

Increase the percentage of HIV-infected members who are receiving care from an HIV expert

Outcome:

- Total # of BTMG members with HIV = 2,104
- There are 27 BTMG HIV experts
- HIV Expert panel increased 35% from 2002
- HIV Experts followed about 84% of BTMG HIV-infected members in 2003 compared to 70% cared for in 2002

Clinical Outcomes

Objective: Decrease the total number of HIV-infected members who did not have an office visit during the year.

Outcome:

The HIV Management Program initiated identification of members who had not received care from a physician at the end of year 2003.

- Only 3% of patients were identified
- Designated Primary Care Providers will be asked to schedule appointments for these members during Quarter 2 of 2004.

HIV Experts Improve Quality of Care and Outcomes

- *Kitahata*: Survival with expert physician 26 mo vs. 14 mo
- *Brogart and Kitahata*: Expert providers more likely to prescribe HAART and multi-drug combinations for treatment of opportunistic infections; less experienced providers less likely to use new therapeutic regimens and diagnostic tools
- *Markson*: Fewer ED visit for patients with highly experienced physicians

HIV Experts Improve Quality of Care and Outcomes

Experts show:

↓ hospital days: 590 vs. 1508/1000

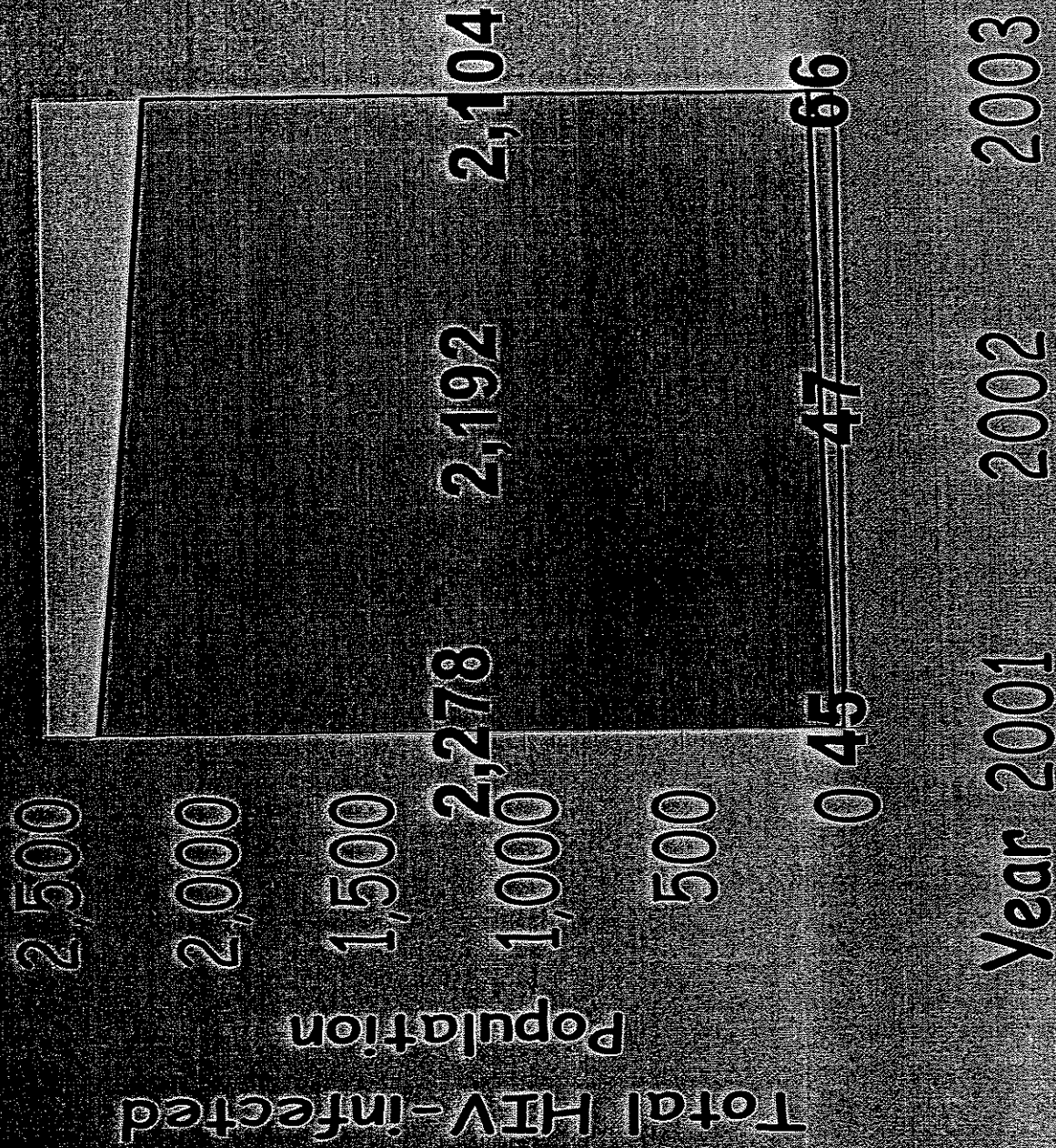
↓ inpatient costs: \$49 vs \$91 PMPM

↓ specialty care use:
PMPM \$70 vs \$90

↑ home health, chemotherapy, \$200 vs \$180 PMPM
and other infusion therapies

Source: Becker, S. (2001). Delivering cost-effective HIV patient care: The experience of a large San Francisco Independent Physician Association. Infectious Diseases in Clinical Practice, 10 (Suppl. 1).

Members with No Office visits



Total BTMG

HIV

Population

w/continuous

enrollment

Total # of

HIV-infected

members who

did not have

an office

Utilization Outcomes

Objective:

To track inpatient utilization by measuring ALOS, emergency department visits and hospitalizations.

Outcome: In 2003, the HIV Management Program decreased the number of admits & bed days/1000.

	<u>2001</u>	<u>2002</u>	<u>2003</u>
HIV Population (N)	2,845	2,659	2,476
Member Months	34,033	32,721	30,421
Total Admits	368	365	290
Admits/1000	129.8	133.9	114.4
Total Bed Days	1926	1782	1,449
% Inpatient OON	3.9%	1.7%	1.9%
Bed Days/1000	679.1	653.5	571.6
ALOS	5.2	4.9	5.0

HIV Advisory Board Activities 2003-2004

The HIV Advisory Board developed/revised the following guidelines:

- T-20 (Fuzeon)

- Resistance Testing

- Compliance with CA AB 2168

2003 Accomplishments

- Intervention increase among population by case manager and nutritionist to identify high risk members.
 - Development of reports to identify High risk patients who have had hospitalizations and/or ER visits.
 - Medication tracking to improve operational processes.
 - HIV Advisory Board Guidelines for T-20, resistance testing and compliance to CA AB
- 2168

2004 Forecast

- Maintain HIV Expert Physician panel
- Increase awareness of BTMG HIV-infected members who have not had an office visit >1 year
- Implement Cardio-Risk Assessment Tool
- Implement Adherence Assessment Program
- Development of Clinical Support Reports to assist physicians in managing patients. Reports to include:
 - PPD,
 - CD4 count ≤ 200
 - Cervical pap smears,
 - Pneumovax
- HEP A, B, C screening since 1997