

OAPP

Medical Advisory Committee

Jennifer N. Sayles, MD, MPH

Medical Director, OAPP

November 6, 2009



Medical Outpatient RFP Update



Medical Outpatient RFP

- Estimated Release: December 2009
- Time to Respond: 60 days
- Services to be Purchased
 - Primary HIV Care and Specialty Referral
 - Medical Specialty Care
- Reimbursement Strategy
 - FFS with Pay for Performance
 - Base rate per patient per visit (\$284.86)
 - Maximum reimbursement rate (\$375.37)



Performance Measures

- Adapted from HRSA HIV/AIDS Bureau Groups 1-3 Measures
- 15 Core measures must be met to qualify for enhanced reimbursement (Threshold for Compliance (TFC))
- Meeting 14 Supplemental measures can result in payment of up to \$375.37 per visit



Core Measures

Measure	Threshold for Compliance
ART for pregnant women	100%
CD4 T-cell count	90%
Viral load	90%
HAART	95%
PCP prophylaxis	95%
Adherence assessment and counseling	95%
Cervical cancer screening	90%
Hepatitis C screening	90%
HIV risk counseling	95%
Lipid screening	90%
Oral exam	90%
Syphilis screening	90%
Tuberculosis screening	75%
MAC Prophylaxis	95%
Data validation	75%



Supplemental Measures

Measure	Service Score	Reimbursement per Measure (\$3.01 x service score)	Threshold for Compliance
Ophthalmology screen	1	\$ 3.01	90%
Chlamydia screen	1	\$ 3.01	90%
Gonorrhea screen	1	\$ 3.01	90%
Substance abuse assessment	3	\$ 9.03	90%
Mental health assessment	3	\$ 9.03	90%
Hepatitis B Status	2	\$ 6.02	90%
Hepatitis B vaccination	3	\$ 9.03	90%
Toxoplasmosis screen	1	\$ 3.01	90%
Hepatitis A vaccination	3	\$ 9.03	90%
Pneumococcal vaccination	2	\$ 6.02	90%
Influenza vaccination	2	\$ 6.02	90%
Hepatitis/HIV alcohol counseling	2	\$ 6.02	90%
Tobacco cessation	3	\$ 9.03	90%
Patient satisfaction survey response	3	\$ 9.03	100%



Medical Subspecialty Services



Subspecialty Care in RW System

- Subspecialty care “Medical Specialty” is a part of Medical Outpatient service category allocated by the Commission on HIV
- Current approach is patchwork and includes:
 - CHAIN network, individual provider established networks, and county system
- Access to subspecialists limited in RW system, as it is for all of healthcare system in US



Models for Subspecialty Care

1. One agency/provider administering single network serving all RW patients
 - Advantages: collective bargaining for better access to specialists, cost efficiencies, equal access for all patients in system
 - Disadvantages: system may not integrate with existing networks already set up, challenge to interface with DHS system of care



Models for Subspecialty Care

2. Two networks of care: one for community providers, one for DHS providers

- Advantages: networks tailored to two different systems of care, access for every patient within one of the networks
- Disadvantages: less leverage for securing timely access to subspecialist, less cost efficiency with two networks, potential for disparities in access/services across networks



Models for Subspecialty Care

3. Individual providers establish their own subspecialist network with allocation proportional to clinic census
 - Advantages: maximum flexibility for providers, choice as to which subspecialists to contract with
 - Disadvantages: no existing network in place to draw upon, every man for himself, no collective bargaining for rates, potential for disparities in access/services



H1N1 Update



Priority Populations for H1N1 Vaccine

- All persons between the ages of 6 months through 24 years of age;
- Pregnant women;
- People who live with or care for children younger than 6 months of age;
- Health care and emergency services personnel;
- People from ages 25 through 64 years at higher risk because of chronic health disorders or compromised immune systems.



H1N1 Vaccine

- Poor access nationwide and in county due to underproduction of vaccine
- DPH organized “PODs” to dispense vaccine to priority populations in LAC:

<http://www.lapublichealth.org/>

- Larger shipments should be arriving by mid-november from McKesson (calpanflu.org)
- Inactivated vaccine for HIV+ patients



Antivirals for H1N1 in HIV+ Patients

- Oseltamivir (Tamiflu) and zanamivir (Relenza)

CDC Recommends:

- Empiric treatment (5 days):
 - HIV+ patients with confirmed, probable or suspected H1N1 infection
- Chemoprophylaxis (10 days)
 - HIV+ patient in close contact with probable or confirmed case, consider for suspected case.



Antivirals for H1N1 in HIV+ Patients

- DPH Emergency Preparedness Program has arranged for pre-deployment/access to antivirals to Ryan White funded HIV clinics

- Emergency Preparedness contact:

Daniel L. Hancz, Pharm.D.

Public Health Pharmacy Chief/ HALT Pharmacist

(213) 989-7045

