

Fostering Engagement in Care and Medication Adherence through a Systematic Quality Improvement Initiative for Continued Enrollment in the AIDS Drug Assistance Program

Kellie L. Hawkins, MD, MPH

Adherence 2023 · June 11-13 · Puerto Rico

Fostering Engagement in Care and Medication Adherence through a Systematic Quality Improvement Initiative for Continued Enrollment in the AIDS Drug Assistance Program

Kellie L Hawkins, Renee Maciel, Olivia Logan, Nora Helmus, James Sampson, Marshall Gourley, Margaret P. McLees, Ed M. Gardner



Disclosures

• Nothing to disclose



Acknowledgements

- Center for Positive Health/Denver Health ID Clinic
 - Renee Maciel
 - Nora Helmus
 - James Sampson
 - Margaret McLees
 - Ed Gardner
 - Marshall Gourley
- Colorado Health Network
 - Olivia Logan

• The clients of the Center for Positive Health/Denver Health ID Clinic

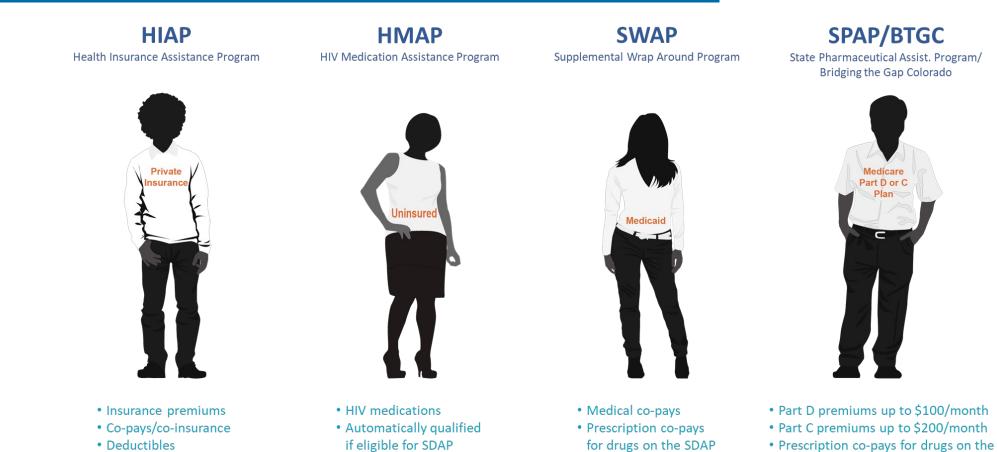




- In Colorado, the AIDS Drug Assistance Program (ADAP) provides services that assist with access to medications including insurance premium payments and some out-of-pocket medical costs
- ADAP Eligibility
 - Colorado resident (citizenship not required)
 - Living with HIV
 - Income is ≤500% of the Federal Poverty Level



ADAP Services



- if eligible for SDAP
- PUBLIC HEALTH

AT DENVER HEALTH

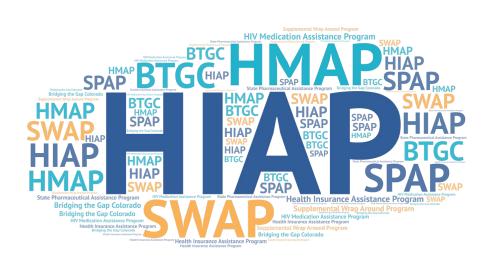
formulary

SDAP formulary

- ADAP enrollment facilitates medication adherence and care engagement
 - Erly, S et al. studied the impact of disenrollment in Washington state and found that among ADAP clients who disenrolled ≥1 time, 83% were virally suppressed before disenrollment versus 69% after disenrollment (RD 12%, 95% CI 9–15%) (PLoS One 2023)
 - Further, in states without Medicaid expansion, enrollment into health plans funded by ADAP was associated with higher rates of viral suppression compared to direct ADAP medication provision (McManus, K et al., CID 2020)



Introduction



- ADAP requires annual re-enrollment
 - Historically every 6 months (changed to annual in Nov. 2021)
 - Failure to re-enroll results in loss of ADAP benefits
- We grew concerned that many of our clients may be experiencing barriers to care and optimal health due to loss of ADAP benefits
 - COVID exacerbated the problem



Intervention Preparation/QI Tools

Baseline Data:

 In July 2020 approximately 250 clients (14% of clinic population) had expired ADAP benefits

Target State:

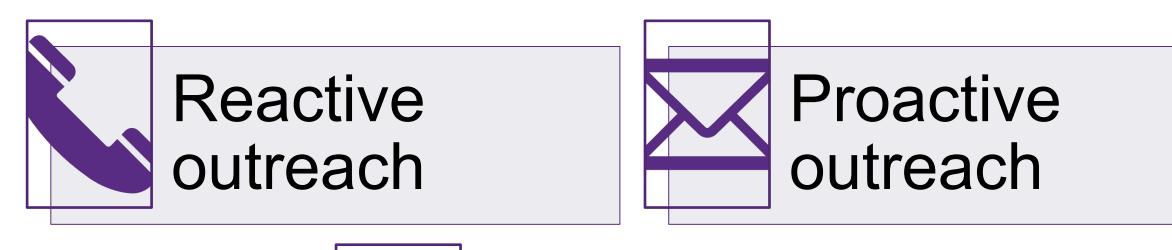
- Decrease the percentage of our clients with expired ADAP
- Increase the number of clients who re-enroll prior to expiration

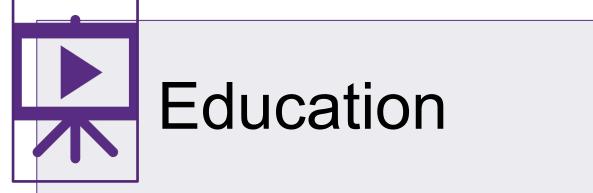
Root Cause Analysis:

- Barriers to re-enroll include tech barriers, paperwork confusion, frequent reenrollment, reliance on enrollment specialist
- No easy way to identify those with expired ADAP
- No active reminders to patients of upcoming ADAP expiration
- Few accessible and user friendly ADAP instructions



Intervention Core







Key Interventions: Reactive Outreach

- Reach out to clients with expired ADAP
 - Work with ADAP administrator (Colorado Health Network and Colorado Dept of Public Health and Environment) to identify clients with expired ADAP
 - Outreach client and trouble shoot reenrollment needs
 - We focused on Medicare beneficiaries with expired ADAP as cost sharing is high and this population can have many barriers to care
 - Refer patients during that call to other services based on need

COLORADO HEALTH NETWORK



COLORADO

Department of Public Health & Environment



Key Interventions: Proactive Outreach



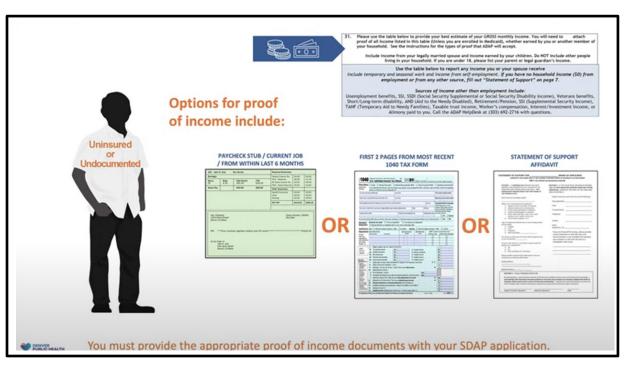
- Notify clients in advance when ADAP will be expiring
 - Worked with information technology team to build ADAP renewal reminders, automatically sent out the month prior to scheduled expiration
 - Reminders sent in the client's preferred language (Spanish or English)
 - Sent to all PWH in our healthcare system, not just those in our clinic
 - Limitation: Only for clients subscribed to the electronic medical record patient portal



Key Interventions: Education

- Developed a video that walks clients (or caregivers) through the ADAP application, question by question
 - The video was made available on our institution's YouTube channel
 - This video was advertised in our clinical space and linked by a QR code
 - This video was shared among the Metro Denver HIV community

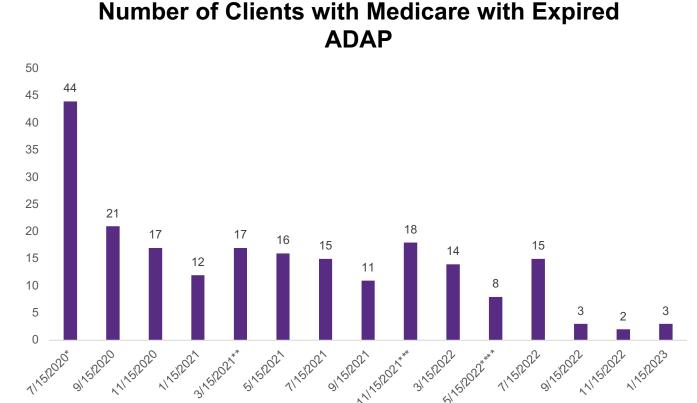
Snapshot of video:





- Since intervention enrollment, we have completed 157 outreach attempts for clients with expired ADAP and completed 51 applications through this method
- Over the past 12 months, 2,000 individuals have been provided a reminder to re-enroll in ADAP in the month prior to their expiration date
 - Empower clients to renew on their own
 - Build program sustainability over time
- Since posted on YouTube in March 2021, the ADAP instructional video has been viewed 732 times





In July 2020 there were 44 clients with Medicare requiring outreach for expired ADAP and in January 2023 there were 3 clients on the list

Timeline of Interventions:

- *Outreach calls initiated
- **ADAP Video Introduced
- ***ADAP reenrollment changed from every 6 to 12 months
- ****Automated ADAP Renewal Reminders Introduced



Lessons Learned and Next Steps

Lessons Learned:

- Persistence and collaborative effort are key
- All interventions should be approached with an equity lens from the beginning (planning stages)
- Representation and diverse input should be sought throughout implementation
- Sustainability (including how to keep materials current) should be considered

Next Steps:

- Instructional video needs updating and translation into Spanish
- Define measures that will help us more directly measure the impact of this intervention on engagement and adherence for all clients

Thank you and Questions?

