

# Indianapolis TGA Presentation



Michael Wallace,  
Program Director  
Ryan White Services  
Marion County Health Department

20 Years of Leadership  
A LEGACY OF CARE



2018 RYAN WHITE ALL GRANTEE MEETING AND 15TH ANNUAL CLINICAL CONFERENCE

# Indianapolis TGA

## History:

- Indianapolis was one of 5 new Transitional Grant Areas that first received Part A funding in 2007.
- Has been a Part C recipients since early 1990's
- Also receive MAI funding since 2007
- The program is managed by the Marion County Health Department, which is part of Health & Hospital Corporation of Marion County.

# Of the PLWH/A in the TGA

- 82% male; 18% female.
- White, non-Hispanics constituted the majority of cases (51.8%) followed by Black, non-Hispanics (39.2%) and Hispanics (5.9%).
- White, non-Hispanic males accounted for majority of the HIV/AIDS cases (56.4%) with black, non-Hispanic females accounted for majority (59.8%) of the HIV/AIDS cases.
- The demographics of the population living with AIDS were fairly similar to the demographics of people living with HIV (PLWH) with respect to race/ethnicity.

# Number of Clients Served

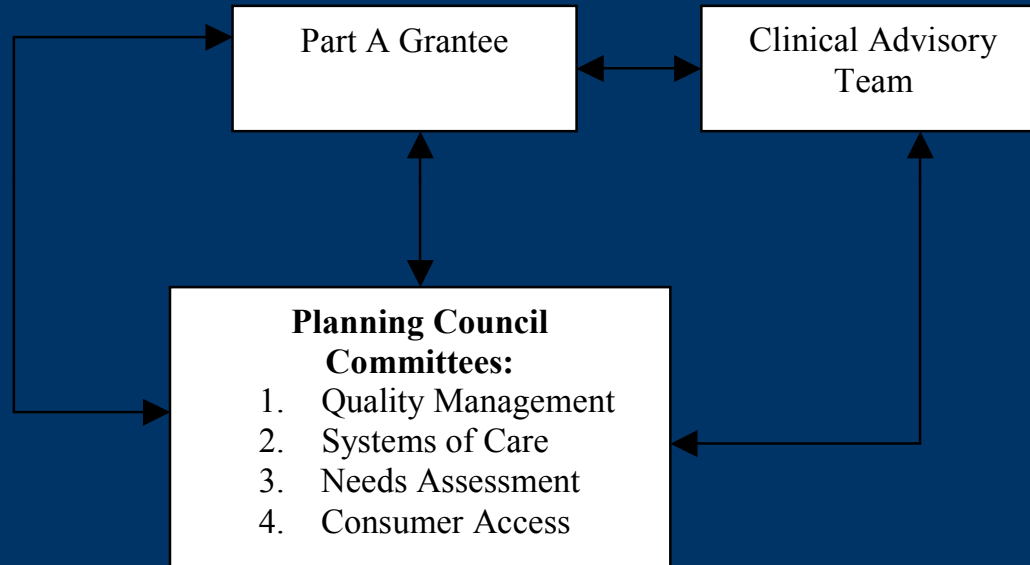
- Currently providing services to 1,227 active clients
- Overall, have provided services to 1812 unduplicated clients
- During the Past Grant Year (2009/2010)
  - Number of admitted 377
  - Number of recertified clients 640

# Number and Type of Subcontractors:

- Current funding year 18 Subcontractors
  - ASO's
    - Including minority ASO's
  - Medical Centers/Infectious Disease Centers
  - CBO's
    - Including minority CBO's
  - Pharmacies
  - Insurance
  - Mental Health Centers
  - Substance Abuse Centers



# Quality Management Infrastructure



# Indicators and Data Collection

- 75% of active client's care plans will have at least 1 self-identified client goal and include documentation of ongoing progress .
- 75% of clients who receive emergency financial (food/nutrition) and who are on HAART, will receive a fasting lipid panel during the measurement year.
- 50% of clients who utilized short-term housing assistance will report stable housing within 3 months of accessing the service

# Challenges

- Trying to link medical indicators (group one HAB measures) to all of the supportive services that the TGA funded.
- Trying to identify at least one measurement for each of the supportive services to fulfill the requirement that services utilized by a client have a direct and significant impact on improving health status.
- Working with non-clinical providers to understand the significance of monitoring support services outcomes and linking them to core services.



# Challenges

- Developing an implementation plan for each of the service. The sites are diverse in size, expertise, resources, and computer/data entry abilities. As a result, it was challenging to figure out a way that requested data could be collected and collected consistently across the entire program.

# Differentiating non-Medical and Medical CM

- It has been challenging to separate the duties specific to each of the services and how they will or should be delivered in relation to non-clinical sites.
- Currently working with a HRSA consultant (technical assistance) and a TGA wide working group to develop standardized practices specific to each of the services.

# Successes

- Significant increase in the number of clients who accessed oral health care – the provider received national recognition for the project.
- Retention in care was improved. It was determined that an average of 75% of clients who received non-clinical services were retained in care during any particular grant year.
- Have completed standards of care in the areas of local pharmacy assistance, medical transportation, mental health, oral health, outpatient ambulatory care, psychosocial support and substance abuse.

# Improvement Projects

- Capacity building regarding case management/standard documentation practices, billable services and service category definitions (case management versus a “social visit”).
- Implementation of CAREWare and use of the agency sharing feature. This has enabled our providers to monitor and track utilization of services such as transportation and food vouchers of shared clients.

# Next Steps

- Medical transportation satisfaction survey sent out July 1, 2010. Our goal is to increase access and satisfaction with the service, especially for clients in outlying counties.
- Findings will be used to develop a QI project related to medical transportation.

# Non-Medical Measure

Indianapolis

