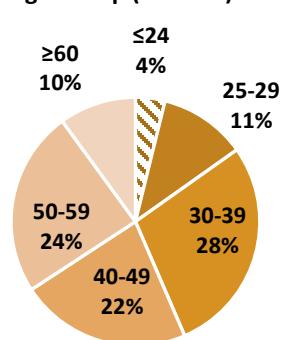


# Medical Care Coordination (MCC) Services

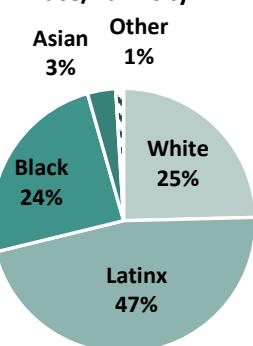
## Client Demographics

8,350 clients had at least one Medical Care Coordination service between March 1, 2020 - February 28, 2021 (RW Year 30)

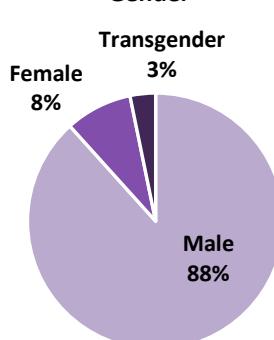
### Age Group (In Years)



### Race/Ethnicity



### Gender

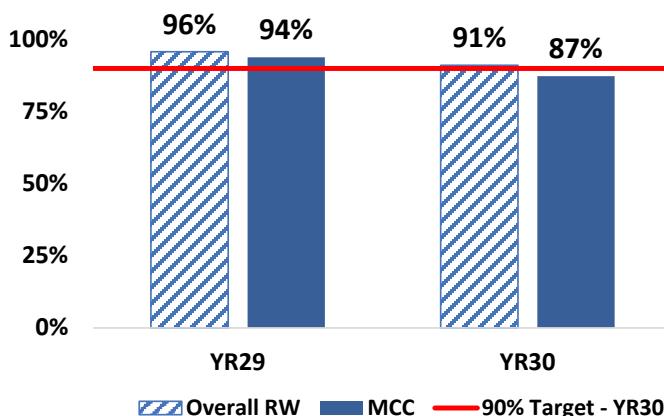


- 67% lived at or below the Federal Poverty Level (FPL)
- 15% experienced homelessness
- 10% were incarcerated within the past 24 months
- 77% were men who have sex with men
- 5% reported past injection drug use

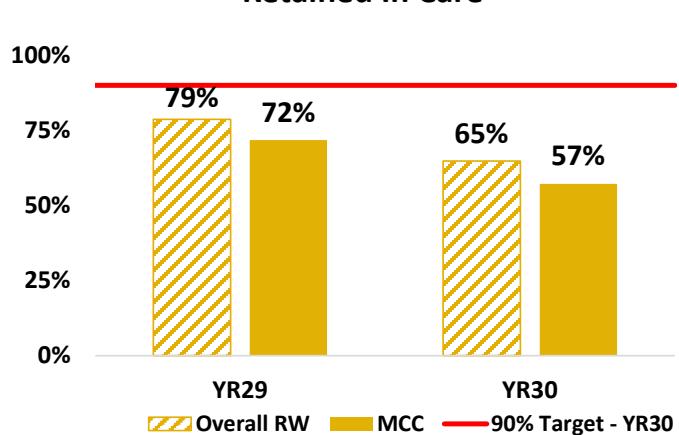
Other includes 44 Native Hawaiian/Pacific Islander and 26 Native American/Alaskan Native

## Engagement & Retention

### Engaged in Care

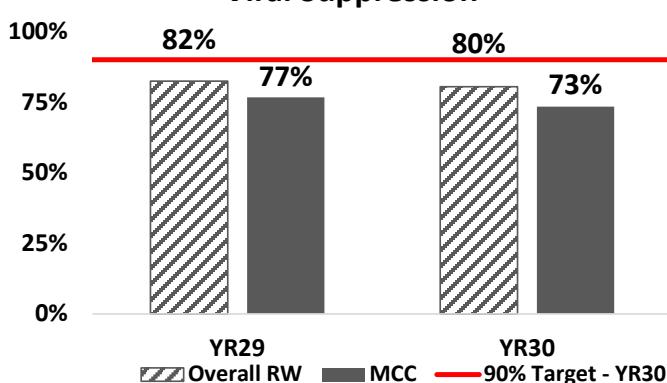


### Retained In Care

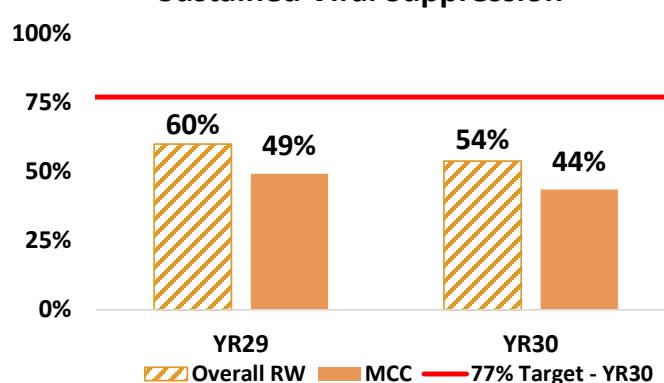


## Viral Suppression (VS)

### Viral Suppression



### Sustained Viral Suppression



# Medical Care Coordination (MCC) Services

## About

The Clinical Quality Management (CQM) Program Performance Measure Dashboards are intended to inform DHSP's quality improvement (QI) efforts and to be used to determine the efficacy and progress of quality improvement activities. Our hope is that consumers of HIV services and our subrecipient network providing these services will also benefit from these Dashboards and be able to use them to guide improvement efforts as well.

## Medical Care Coordination (MCC) Services

MCC is a model of care designed to provide behavioral interventions and support services in coordination with medical care to fully respond to patients' needs, and to promote treatment adherence and health outcomes. The primary goals of the MCC program are to increase retention in HIV care; improve adherence to antiretroviral therapy (ART); link patients to mental health, substance abuse and housing support services; and reduce HIV transmission through sexual risk reduction counseling and education.

## Data Methodology

The Quality Improvement dashboards were developed with data reported in the HIV Casewatch system by Ryan White-funded agencies in Los Angeles County. This report reflects outcomes for clients who utilized Ryan White (RW) MCC services during the reporting period from March 1, 2020 to February 28, 2021. This service category was selected based on Health Resources and Services Administration (HRSA) criteria to monitor performance measures for services that are used by at least 16% of all RW clients.

In order to estimate outcomes, HIV laboratory data (viral load, CD4, and genotype tests) were obtained for RW clients from the Los Angeles County HIV Surveillance system. The HIV-related outcomes and their definitions are based on HRSA HIV/AIDS Bureau recommendations and the U.S. Department of Health and Human Services guidelines.

- Engagement in HIV Care:  $\geq 1$  viral load, CD4 or genotype test reported in the 12 months before the end of the reporting period.
- Retention in HIV Care:  $\geq 2$  viral load, CD4 or genotype tests reported at  $>90$  days apart in the 12 months before the end of the reporting period.
- Viral Suppression: viral load of  $<200$  copies/ml at most recent test reported in the 12 months before the end of the reporting period. Clients with missing viral load tests are considered to have unsuppressed viral load in the time period.
- Sustained Viral Suppression: of clients with at least two viral load tests, all viral load test results are  $<200$  copies/ml in the 12 months before the end of the reporting period. Clients with missing results or with less than two viral load tests are considered to have non-sustained viral suppression in the time period.

## Summary and Analysis

- 8,350 clients, or 49%, of the 16,960 RWP clients received MCC services in YR 30.
- There were more White and Black clients (25% and 24% respectively) receiving MCC services compared to overall RWP clients (21% White and 22% Black). 47% of MCC patients served were Latinx while they made up 53% of overall RWP clients.
- More MCC clients were younger than age 40 (44%) than overall RWP clients (35%).
- MCC clients had lower percentages of engagement in care, retention in care, viral suppression, and sustained viral suppression compared to overall RWP clients in YR 30.
- Engagement in care, retention in care, and viral suppression outcomes decreased among MCC clients in YR 30 compared to clients who received MCC services in YR 29.