

DAILY NEWS

Tuesday 8/26

Ryan White  
HIV/AIDS  
Program

## From the Opening Plenary

“I know when I walk into this room that I’m walking into the arms of heroes.”

*Dr. Elizabeth Duke, HRSA Administrator*

“There are many ingredients to our success. But, for me, there is one thing in particular that binds all of these ingredients together: the power of connections.”

*Deborah Parham Hopson, PhD, RN*

“The Ryan White HIV/AIDS Program must continue to grow and evolve because we enter a future in need of new miracles and new pathways. It is up to us to find them. We should not be scared.”

*Deborah Parham Hopson, PhD, RN*

“To see you all in one room helps bring into perspective what goes on around the country. But only partially so as I know many of your

colleagues continue to toil back home. In hundreds of communities. In thousands of agencies. Serving hundreds of thousands of people.”

*Steven Young*

Patients with HIV are living longer, with non-AIDS related morbidity and mortality increasing.

*From the Clinical Update Panel Slides*

HIV treatment is starting at higher CD4 counts as treatment improves...but case finding is poor, so many patients enter care late.

*From the Clinical Update Panel Slides*

## Online Meeting Updates

The opening plenary webcast, timeline multimedia piece, and other meeting resources can be accessed via the TARGET Center home

page at <http://careacttarget.org>.

## Changes/Updates

New Media: Using Blogs, Social Networking Sites, RSS, Feeds, and Other Tools for Outreach and Program Management, will be held Tuesday, August 6, 5-6:30pm, Vendor Theatre (at the back of the exhibit halle, past the posters).

ATC-265, Navigating the Road Blocks: Using a Mobile Van to Increase Access to Oral Health Care, will now be held in the Jefferson Room on Tuesday, August 26, 10:00-11:30am.

12 Step Meetings are being held Tuesday and Wednesday, 6:00-7:00pm in the Coolidge Room.



## Workshop Insights

Virtual Web Community: Interested But Too Busy?  
PD-751

The Internet is either all the rage in your agency or, perhaps more likely, something to be grappled with—yet another responsibility and a seemingly daunting one at that. But it is the future, as evidenced by the billions of Web pagers and users that exist and grow each day. It should be central to what every program does in reaching clients and providers. Consider these reasons to get on board:

- Social networking sites are seeing exponential increases in users, including support groups for HIV-positive clients. MySpace has 100 million active users; Facebook claims over 60 million.
- 18.5 billion text messages are sent each month. Most are probably kid-to-kid communication but programs are starting to use the technique in such ways as reminding clients about appointments.
- Places like the AETC National Resource Center focus on smaller constituencies, such as the AETC network,

Ryan White and other health agencies are in fact pursuing Web technologies. At the national level, HRSA's HIV/AIDS Bureau is pursuing increased Web presence for the Ryan White Community via the TARGET Center. Small steps are being taken to date—a map-based listing of all Ryan White grantee Web sites is one effort, along with evolving use of Webcasts and other multimedia methods. See more of the TARGET Center at <http://careacttarget.org>. Demand is there, as evidenced by the AETC National Resource Center's site at <http://www.aidsetc.org>, which targets the 700+ AETC network but gets 72,000 hits monthly.

Web work is also impressive at the State and local levels. A Tahoe agency has found that clients new to the area are frequently linking to HIV services through MySpace social networking. The San Francisco Department of Public Health provides youth with health information via text messaging. The same technique is used by the KnowIt HIV testing campaign, whereby users can dial KNOWIT on their phones (566948) and then enter their zip codes to locate the nearest HIV testing site.

The range of sites that can help provide insights and guidance on Web-based technology are astounding. Consider these two as your agency expands its Web presence: [www.commoncraft.com](http://www.commoncraft.com) provides technology

tips like how to set up an RSS feed or doing a Wiki; and [www.techsoup.org](http://www.techsoup.org), which provides technology tips for nonprofits.

*Alan Gambrell*

Quality Initiatives: Increasing Cervical Cancer Screening Rates  
QED-863

Abnormal PAP smear rates are upwards of four times higher among HIV-positive women as compared to uninfected women. Recent HRSA and other data suggested that PAP screening rates have been relatively low among many clinics. Improving screening under all Ryan White Parts was the idea behind HRSA's designation of 2007 as the year of the PAP. Other goals were to increase awareness of the low screening completion rates through better data reporting and improving the capacity of providers to conduct screenings.

HRSA embarked upon a number of activities to enhance PAP screening, such as in-depth review of data and barriers to collection of information, and dissemination of information via national teleconferences and culling of best practices from HIVQUAL grantees. A series of training tools were also created by an AETC workgroup.

Christiana Care in Delaware was one of the many Ryan White agencies that decided upon a quality improvement PAP project, in which they created such interventions as a nested women's clinic in their larger clinic to focus attention on screening as well as inclusion of pelvic exams as part of routine office visits. The latter was the only intervention where they documented significant and sustainable improvement.

See the slide set for this workshop to learn about a host of QI interventions used by grantees to improve PAP screening. Access the slides via your Ryan White Grantee CD-ROM and look for more resources via the HRSA-support National Quality Center at <http://nationalqualitycenter.org>

*Michelle Jordan Garner*

Homecoming: Strengthening the Linkage to Care for Recently Released Clients  
CAL-403

Three counties in Florida, Broward, Duval, and Polk, are finding success in linking HIV-positive inmates into care, upon release from incarceration, through a complex series of collaborations with sheriffs' offices, county's jail systems, and community services like homeless shelters and faith groups. Techniques

and services that seem to work well include some of the following:

- Prescription assistance via ADAP, such as 30-day supplies of medications upon release to help bridge access to drugs through longer term channels like Medicaid or even ADAP if that is appropriate.
- Health education for inmates on such topics as HIV disease—what is it and how it can be managed.
- Helping clients set appointments and then actually make them.
- Helping clients navigate emergency care needs by working with hospitals to enhance the care released individuals receive when they enter care via emergency rooms.
- Care in conducting HIV testing, such as ensuring privacy so that other inmates won't find out when an inmate tests positive. Revealing such information could destroy a program's credibility with inmates. The program also found that test results should not be delivered on Friday as inmates testing newly-positive would be left without support over the weekend.
- Follow-up with inmates while they are incarcerated to assess their need for services like counseling, medical care, or adherence support. Equally important is the same type of follow-up with clients upon release.

These Florida counties are funded under multiple Ryan White Parts. One project was formerly funded by Glaxo-Smith-Kline and is now Ryan White- and health department-funded. Among the successes being reported by these projects are decreases in drug abuse, homelessness, and recidivism among clients, along with a high rate of completion of service plans.

*Latrece Timmons*

Show Me the Program Income  
AF-301

Programs can probably generate more income than they think is possible. The benefits are substantial as knowing program income can help grantees advocate for more money to provide services as increasing program income can help demonstrate a program's ability to make the most of its Ryan White dollars.

This workshop focused on challenges grantees

have in identifying program income and how they can resolve them. Techniques for maximizing income include, for example:

- Conducting more rigorous eligibility assessments such as identifying sources of third party payment during intake and screening, referral of clients for health insurance eligibility determinations, and use of electronic billing verification.
- Use of contracting billing systems to negotiate the best available reimbursement rates.
- Billing of all allowable services. Agencies should consider coding of everything, including durable medical goods.
- Creating a fee schedule with appropriate rates.

One tool available from HRSA to identify the costs of care for purposes of setting fee rates and maximizing program income is the TACT, Technical Assistance Costing Tool. Access the TACT via the TARGET Center’s TA Library at <http://careacttarget.org>

*Marinna Banks-Shields*

Yes You Can...Change and Improve the Model of HIV Case Management in Your State/EMA/TGA ATC-251

Oregon used a 10-step model of change to revise their case management practices—an endeavor necessitated by new Ryan White requirements as well as changes in HIV disease management needs of clients. Steps include:

1. Gather the data to find out how things are currently going
2. Listen to consumers and case managers to find out what needs to change
3. Make the case by analyzing data and preparing a need for change report
4. Craft a transition plan, create a transition team, create a communications plan to inform and share results, and create a training/TA plan
5. Convene the transition team to deliberate
6. Prepare a formal change proposal and get it approved
7. Develop capacity to move to the new model

8. Pilot the new model
9. Reconvene the transition team to review pilot results and plan next steps
10. Roll out the larger effort, statewide.

Among their many lessons learned: it takes longer than you expect to carry out this process; proactively address challenges (e.g., such as the shift in thinking about case manager roles); and you can never have too much data about your system.

Learn more about this 10-point plan and their lessons learned by viewing the slides or contact the Oregon HIV Care and Treatment Program (see the TARGET Center’s Ryan White Community page at <http://careacttarget.org> to locate them on the state-based map).

*Kevin Ma*

## The Work We Do

The Ryan White HIV/AIDS Program reaches over 530,000 people each year and does a particularly good job reaching those that others do not:

- 27% of patients have no insurance, public or private.
- 57% are living below the Federal poverty level.
- 48% of clients served in 2006 were African American and 21% were Hispanic.

## That Orange Star

The meeting “star” brand you see everywhere represents what makes the Ryan White HIV/AIDS Program function—partnerships, collaboration, or, in the words of the 2008 Progress Report: “making connections.”

