

Idaho Statistics

- Population in 2006 entire state 1,466,465
- Land area is 82,747 square miles 15 persons per square mile
- Idaho has nearly 9 million acres of roadless, undeveloped National Forest land, more than any other state in the lower 48
- 14.9 percent of individuals w/out health insurance in 2006*
- In 2008, approximately 61% of HIV+ accessing services are uninsured

Source: U.S. Census Bureau, Current Population Survey, 2006-2008 Annual Social and Economic Supplement; U.S. Department of Commerce, Economic and Statistics Administration, U.S. CENSUS BUREAU, August 2007, PPS 60-233

HIV Care Providers in Idaho

Part C Clinics

- Community Health Associations of Spokane, WA Serves 10 Northern Idaho Counties, serves approximately 50-60 Idaho patients

HIV Service Clinic, Boise, ID

- Serves the remainder of the state, 432 clients
- Pocatello Family Medicine Clinic is a satellite
- in the SE area of the state, serves approximately 40-50 patients

HIV Care Providers in Idaho, cont.

Part B Providers:

North Idaho Aids Coalition:	Health Dist 1
Family Services Center:	Health Dist 2
South Central Health District:	Health Dist 5
South East Health District:	Health Dist 6
Eastern Idaho Public Health District:	Health Dist 7

Part F HIV Care Education:

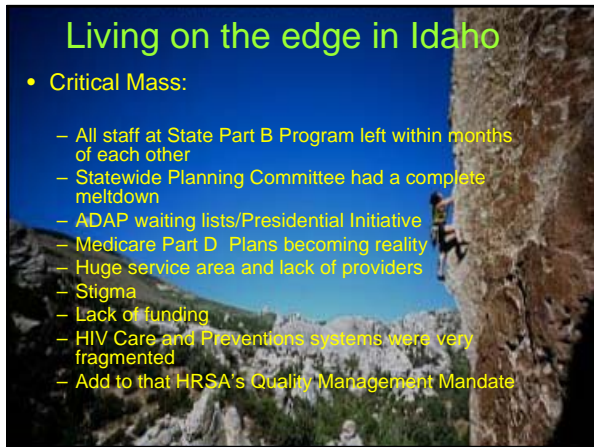
Local Performance Site located at Idaho State Univ. Boise
 Northwest AIDS Education and Training Center (NWAETC) located in Seattle WA.



The Tipping Point: How Little Things Can Make a Big Difference, by Malcom Gladwell, first published by Little Brown in 2000.

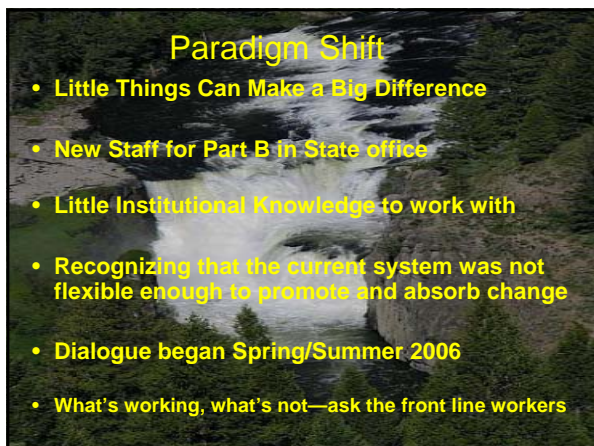
Gladwell defines a tipping point as a sociological term, "the moment of critical mass, the threshold, the boiling point." (Pp 12)

For Idaho HIV Care Programs, the Tipping Point was December 2005.



Living on the edge in Idaho

- Critical Mass:
 - All staff at State Part B Program left within months of each other
 - Statewide Planning Committee had a complete meltdown
 - ADAP waiting lists/Presidential Initiative
 - Medicare Part D Plans becoming reality
 - Huge service area and lack of providers
 - Stigma
 - Lack of funding
 - HIV Care and Preventions systems were very fragmented
 - Add to that HRSA's Quality Management Mandate



Paradigm Shift

- Little Things Can Make a Big Difference
- New Staff for Part B in State office
- Little Institutional Knowledge to work with
- Recognizing that the current system was not flexible enough to promote and absorb change
- Dialogue began Spring/Summer 2006
- What's working, what's not—ask the front line workers



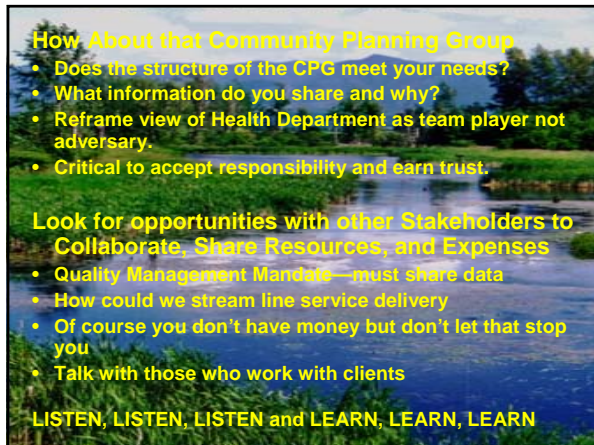
The Landscape

Systems Theory—Fragmented systems do not meet client or financial needs

- Work flow and efficiency
- Are you getting the biggest bang for the buck
- Are there ways to leverage dollars that aren't being taken advantage of

Look at in-house practices and job responsibilities

- Get away from the model we've always done it this way
- Recreate job responsibilities and information flow if necessary



How About that Community Planning Group

- Does the structure of the CPG meet your needs?
- What information do you share and why?
- Reframe view of Health Department as team player not adversary.
- Critical to accept responsibility and earn trust.

Look for opportunities with other Stakeholders to Collaborate, Share Resources, and Expenses

- Quality Management Mandate—must share data
- How could we stream line service delivery
- Of course you don't have money but don't let that stop you
- Talk with those who work with clients

LISTEN, LISTEN, LISTEN and LEARN, LEARN, LEARN

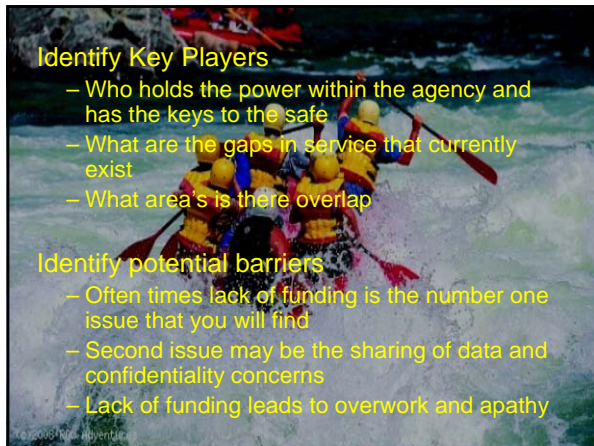


Some ideas to start the process

Start Simple—

Look at commonalities across all programs

- Data elements common to all programs (even those not funded by RW)
- Mission and goals of agencies
- Funding sources and regulations
- Types of services provided

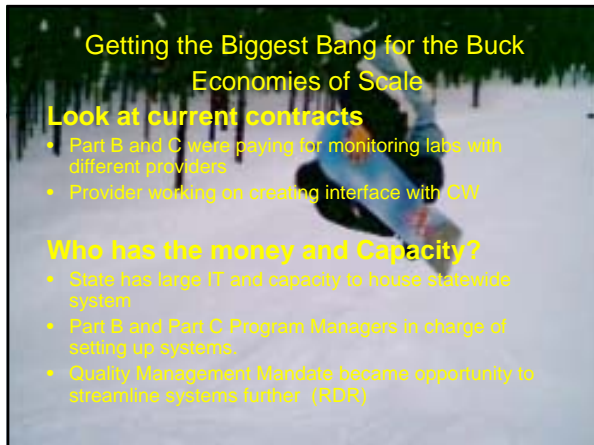
A group of people in yellow life jackets and helmets are rafting down a river with white water rapids. The text is overlaid on the image.

Identify Key Players

- Who holds the power within the agency and has the keys to the safe
- What are the gaps in service that currently exist
- What areas is there overlap

Identify potential barriers

- Often times lack of funding is the number one issue that you will find
- Second issue may be the sharing of data and confidentiality concerns
- Lack of funding leads to overwork and apathy

A person is shown from behind, sitting on a small boat or raft on a body of water. The text is overlaid on the image.

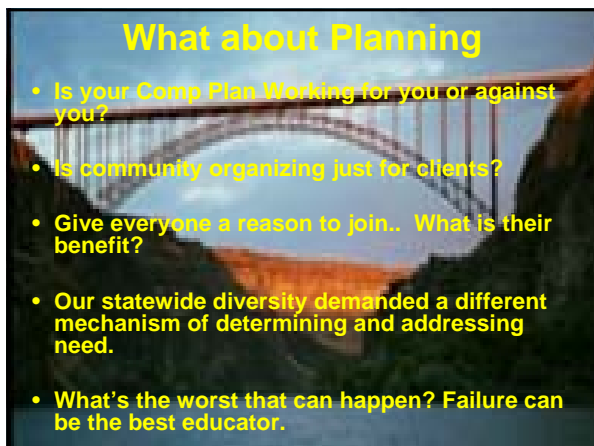
Getting the Biggest Bang for the Buck
Economies of Scale

Look at current contracts

- Part B and C were paying for monitoring labs with different providers
- Provider working on creating interface with CW

Who has the money and Capacity?

- State has large IT and capacity to house statewide system
- Part B and Part C Program Managers in charge of setting up systems.
- Quality Management Mandate became opportunity to streamline systems further (RDR)

A view of the Golden Gate Bridge in San Francisco, with the water in the foreground and the bridge arching over the water. The text is overlaid on the image.

What about Planning

- Is your Comp Plan Working for you or against you?
- Is community organizing just for clients?
- Give everyone a reason to join.. What is their benefit?
- Our statewide diversity demanded a different mechanism of determining and addressing need.
- What's the worst that can happen? Failure can be the best educator.

Idaho's 2007 Needs Assessment

- Break down broad goals down to manageable and achievable steps
- Each Health Region 1-7 unique in it's capacity
- Focus groups for both care and prev. in each region to determine needs
- Developed strategic plans to address the continuum of care for their area
- Groups will continue in some form

Bringing It All Together

- Regional Strategic Planning Groups Funding and Support
- Non Voting Members on CPG
- Combined Care and Prevention Comp. Plan due in Nov.
- Providers meeting for SCSN—Payor of last resort
- Determining funding strategies to meet goals

Lessons Learned

- Start Small with Pilot Projects
- Be prepared to do some babysitting
- Time, and time, and time
- Be optimistic and look for the positive
- Follow thru is absolutely key
- Make sure to be accountable and realistic
- Be Willing to LISTEN
- THINK OUTSIDE the BOX
