

The logo features a large, stylized red graphic element on the left side, resembling a thick vertical bar with a horizontal bar extending to the right, forming a partial 'L' or '7' shape. The text is arranged to the right of this graphic. The year '2018' is written vertically in light blue. The word 'NATIONAL' is written horizontally in light blue above the main title. The main title 'RYAN WHITE' is written in large, bold, white capital letters. Below it, the subtitle 'CONFERENCE ON HIV CARE & TREATMENT' is written in smaller, light blue capital letters. The entire logo is set against a dark blue background with a vertical red bar on the far left and a horizontal red bar at the bottom.

2018 NATIONAL
RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT

Integration of Prevention and Care Service Delivery and Funding

Julie Hook, MA, MPH

Project Director, Integrated HIV/AIDS Planning Technical Assistance Center

JSI Research & Training Institute, Inc.

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Julie Hook
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INTEGRATED HIV/AIDS PLANNING
TECHNICAL ASSISTANCE CENTER



About the Integrated HIV Planning (IHAP) Technical Assistance Center (TAC)



3-year project

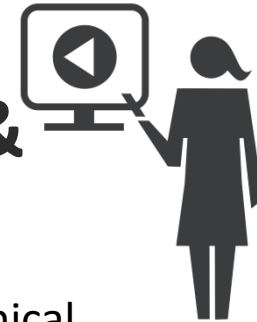
began
July 1, 2016

Supports

Ryan White
HIV/AIDS Program
Parts A & B
recipients and their
respective planning
bodies with
integrated planning
including
implementation of
their Integrated HIV
Prevention and
Care Plans

Conducts national & targeted

training and technical
assistance activities



**INTEGRATED
HIV/AIDS
PLANNING
TA CENTER**
IHAP TAC

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30144, Ryan White HIV/AIDS Program Integrated HIV Planning Implementation. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Support available through the IHAP TAC

- **Integrating HIV prevention and care** at all levels
- **Strategies for implementing** Integrated Plan activities
- **Publicizing and disseminating progress** of Integrated Plan activities to stakeholders
- **Identifying roles and responsibilities** for Integrated Plan activity implementation
- **Monitoring and improving** Integrated Plan activities
- **Collaborating** across jurisdictions

Session Objectives

- Describe the value of integrating HIV prevention and care service delivery within health departments
- Describe the value of integrating funding of HIV prevention and care services within health departments
- Identify at least one program activity supported by integrated HIV prevention and care service delivery
- Identify at least two strategies to facilitate integrating HIV prevention and care service delivery

Acknowledgements

- HealthHIV
- Office of HIV/AIDS, Bureau of Infectious Disease and Laboratory Sciences, Massachusetts Department of Public Health
- Division of Public Health Communicable Disease Branch, North Carolina Department of Health and Human Services
- Washington State Department of Health

Why Integrate Programs & Services?



National HIV/AIDS Strategy: 2020 Goals

Four primary goals

1. Reduce new HIV infections
2. Increase access to care and optimize health outcomes for people living with HIV (PLWH)
3. Reduce HIV-related health disparities and health inequities
- 4. Achieve a more coordinated national response to the HIV epidemic**
 - a. Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments.**

CDC and HRSA's Alignment of Goals and Expectations Facilitates Integration

- Integrated HIV Prevention and Care Plan Guidance, including Statewide Coordinated Statement of Need (SCSN) released in 2015 for 2017-2021 Integrated HIV Prevention and Care Plans.
- An underlying goal of integrated planning is to better leverage resources and improve efficiency and coordination of HIV prevention and care service delivery.
 - Reduce reporting burden and duplicated efforts
 - Streamline work of health department staff and HIV planning groups
 - Promote collaboration and coordination in the use of data

What do we mean by “integration”?

- **Integrated Care:** “a package of preventive and curative health interventions for a particular population group”
- **Integrated health services:** range of services provided at one location
- **Integrated service delivery:** “the management and delivery of *health services* so that clients receive a continuum of preventive and curative *services*, according to their needs over time and across different levels of the *health system*” (WHO)

Simply, an organizational arrangement focusing on more coordinated and integrated forms of care provision.

What do we mean by Integrated Funding?

Blended Funding

Stakeholders merge funding from individual sources into one funding stream, with each individual funding source losing its specific identity

Braided* Funding

Stakeholders coordinate funding from individual sources, with each individual funding source keeping its specific identity

*Adapted from the Association of Government Accountants, “Blended and Braided Funding: A Guide for Policy Makers and Practitioners,” December 2014.

Rationale for Integration

- Many prevention and care programs with health departments have functioned in silos
 - Duplicative efforts among staff
 - Reporting burdens
- PLWH and those at risk for HIV infection have similar needs when accessing health care.
- Skills needed to recruit, link, engage and retain individuals on PrEP and HIV treatment are similar

Why integrate programs/services?

- Enhance capacity to address multiple health-related goals
- Respond to syndemics with similar risks for acquisition
- Decrease barriers to providing services
- Maximize opportunities for people to receive the best care and treatment when they interact with providers
- Eliminate duplicative services
- Maximize federal and state resources

Why Integrate Funding?

- Maximize the impact of limited public funding.
- Provide opportunity to pull from multiple smaller sources to support and sustain new and innovative HIV prevention care and treatment programs.
- Improve efficiencies and effectiveness in meeting goals/achieving health outcomes by coordinating and across programs and services.
- Use of resources to respond better to need

Opportunities to Collaborate with Health Department

- Community Planning
- Data (data sharing, joint surveillance activities, and cross-matching cases)
- Cross-training staff/providers
- Collaborative funding
- Staff sharing among programs

Opportunities to Integrate Service Delivery

- Testing
- Strengthening systems to deliver PrEP and HIV Treatment
- Outreach/Education around PrEP and HIV Treatment
- Partner Services
- Substance use/ Harm reduction
- PrEP (education, prescription)
- Syringe services programs
- HCV testing & treatment
- Integrated surveillance/reporting
- Health insurance enrollment
- Supporting medication adherence

Integration should not be prescriptive

- **Determine what integration means for your jurisdiction**
- **Integration can mean different things to different jurisdictions**
 - Shared Leadership
 - Co location of prevention and care in same space can help facilitate collaboration and communication
 - Regular prevention and care staff meetings
 - Integrating HIV prevention and care service delivery
 - Integrating HIV/Hepatitis C (HCV)/sexually transmitted infection (STI) prevention and care service delivery
- **Should not be a prescriptive “one size fits all” approach**
- **May not be feasible/practical to integrate prevention and care services**

Challenges to prevention and care integration

- Funding streams
- Infrastructure
- Expertise
- Community
- Culture

*The division of labor works...
Teams are strong and functional...
If it isn't broken, don't fix it...
This is how we've always done it...
I like the people I work with now...*

Integration takes time

- **Integration takes time and change is hard**
 - Years, not months to integrate existing prevention and care structures
- **May require a cultural or paradigm shift**
- **Importance to include all stakeholders involved in conversations from beginning**
 - Agencies that may experience funding changes should be alerted to upcoming changes

Get on the same page

- **Prevention and care may use different terminology**
 - Create a common lexicon or a care and prevention crosswalk to help cross train care and prevention staff
 - Key service definitions
 - Data systems
 - Data points
- **Match care and prevention staff together**

Joint HIV prevention and care funding opportunities

- **Allow for joint HIV prevention and care funding opportunities.**
 - Maximize the impact of limited public funding
 - Allow to pull from smaller sources to support and sustain new and innovative HIV prevention, care and treatment programs
 - Economies of scale could be achieved through leveraging funding streams to have the greatest net impact on services and programming.

Engage stakeholders early

- **Engage community-based and local health partners early in process.**
 - To let them know about integrated funding and programming
 - Gather feedback from them on challenges and how could implement integrated services at their agencies.
- **Washington State Department of Health**
 - White paper and concept paper to inform partners about proposed changes
 - Gather feedback prior to releasing a RFA for integrated care and prevention services
 - Community engagement
 - Technical assistance




Massachusetts Department of Public Health Example

Objectives

- Improve service response
- Leverage expertise
- Maximize fiscal efficiency
- Streamline contract management
- Reduce burden on funded agencies
- Respond along the care continuum
- Reduce stigma
- Uncouple programs from HIV positive status



Overview of Massachusetts Integration Process

- 
- Started transition process in 2011 with integration of Prevention Planning Group (PPG) with Service Coordination Collaboratives (SCCs) to form the Massachusetts Integrated Prevention and Care Committee (MIPCC)
 - Internal orientation and cross-training of Office of HIV/AIDS staff (OHA)
 - Re-organization of OHA operational infrastructure and senior manager roles and responsibilities in 2014
 - Integrated procurement of HIV/HCV/STI/TB Prevention, Linkage and Retention in Care and Treatment Completion Services in 2017

Massachusetts Integration Lessons Learned

- Integration takes time
- Identify champions
- Engage community
- Sequence implementation
- Tailor to city/state/territory
- Peer to peer exchanges
- Anticipate challenges
- Create a new vocabulary



Want to learn more!

- Archived Webinars at targethiv.org/library/ihap-webinars:
 - Moving Integrated HIV Prevention and Care Planning into Action: Integrated Funding for HIV Services
 - Health Department Structural Changes to Advance Integration of Prevention and Care Services

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Integrated HIV/AIDS Planning Technical Assistance Center

In June 2015, the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) and the Centers for Disease Control and Prevention (CDC) Division of HIV/AIDS Prevention (DHAP) released the Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need for calendar years 2017-2021. For the first time, the guidance allows jurisdictions to submit one Integrated HIV Prevention and Care Plan to both HRSA HAB and CDC DHAP.

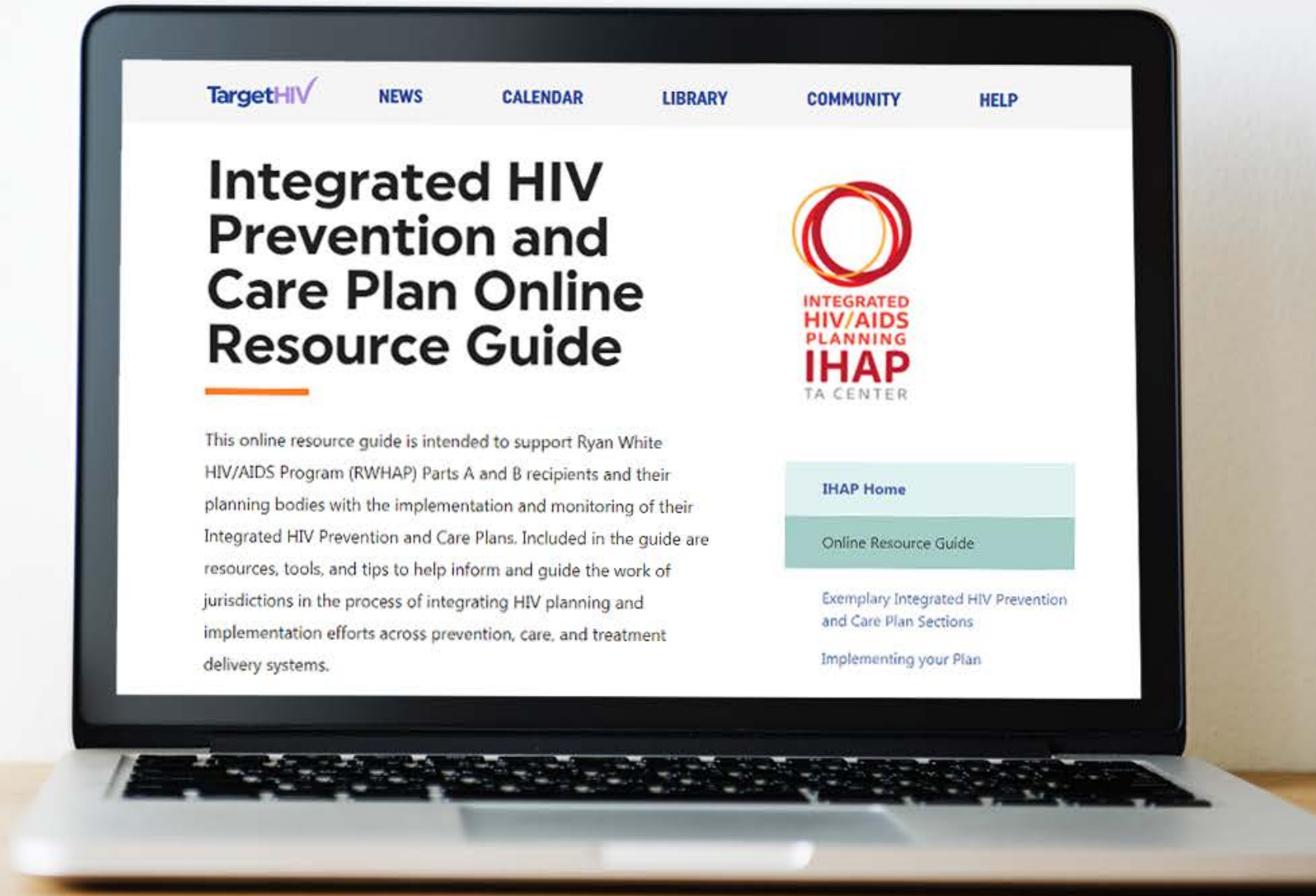


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www.targetHIV.org/ihap

Integrated HIV Prevention and Care Plan Online Resource Guide

Resources, tools, and tips to support process of integrating HIV planning and implementation efforts across prevention, care, and treatment delivery systems.



Questions?



Contact us at ihaptac@jsi.com!

Obtain more information, join our mailing list, request TA or to share your experiences or resources.

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