

Collaboration: An Essential Component in Ryan White HIV/AIDS Program Planning and Allocation of Funds

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Lenwood Green

Division of Metropolitan HIV/AIDS Programs (DMHAP)

HIV/AIDS Bureau (HAB)

Health Resources and Services Administration (HRSA)

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Health Resources and Services Administration (HRSA)

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.



Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV
 - More than half of people living with diagnosed HIV in the United States – more than 550,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
- Funds grants to states, cities/counties, and local community based organizations
 - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 84.9% of Ryan White HIV/AIDS Program clients were virally suppressed in 2016, exceeding national average of 59.8%



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016; CDC. HIV Surveillance Supplemental Report 2016;21(No. 4)



Collaboration- An Essential Component in the Planning and Allocation of Funds

Learning Objectives

The participants will understand how to:

- Collect data, analyze, and establish unmet need and service gaps of all RWHAP resources available within public and private sectors to establish efficient allocation of RWHAP Part A funding.
- Integrate service planning across stakeholders to compliment efforts to reduce health disparities and barriers to accessing and remaining in care.
- Establish service capacity across funding streams to provide efficient location and allocation of funds for the service continuum



Legislative Expectations of Ryan White HIV/AIDS Program

Key Areas for Collaboration Considerations

Payor of Last Resort
Resource Inventory
Cross Part Collaboration



Payor of Last Resort

ALL available funding identified in the
Resource Inventory
should be used for services
before RWHAP dollars are
expended



Resource Inventory

Gather information on “all” services available to PLWH

- Medicaid/Medicare, Private Sector, Public Sector, etc.

Document services that are appropriate

- Ensure service meets standards outlined for care and support of PLWH

Assess Resource Inventory to determine gaps in essential services

- Determine non-existent services
- Assess capacity of services available



Cross Part Collaboration

Participation in RWHAP planning includes RWHAP Parts A, B, C, D, and F to:

- Conduct Needs Assessment
- Develop methodology to avoid replication
- Create systems to collaborate on how all Parts will jointly meet 100% of the probable capacity to meet needs and eliminate gaps
- Provide updates on the service continuum by Part to evaluate efficacy of collaboration

RWHAP Planning Council Members

RWHAP requires the selection of key stakeholders to participate in the Planning Council and Planning Body process to assist in identification and implementation of integrated planning strategies that resolve unmet need and gaps in services

The RWHAP Planning Councils include health care planners, administrators, patient care professionals, consumers



Decision-Making Considerations

RWHAP Parts A, B, C, D and F funds within a Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA) serve persons living with HIV according to data for the jurisdiction

- The epidemiological profile is shared across funding streams
- Consumers may have their needs met by accessing services across RWHAP Parts
- Cross RWHAP Part planning should build on all Parts to meet the maximum amount of need and services identified in assessments

How?

To establish a clear picture of need recipients can :

- Share in assessment activities
- Share and discuss changes in service provision or resources by Part to ascertain and/or reconcile impact
- Establish monthly updates via data/narrative at planning meetings
- Share successes and challenges
- Plan allocations across RWHAP Parts to ensure maximum benefit from resources
- Share evaluation methodology and outcomes



Types of Input to RWHAP Part A Planning

Establish times for reports by RWHAP Part B ,Part C, Part D and Part F utilization data:

- Provide data, capacity to serve, allocation planning
- Updates on utilization (service units, demographics)
- Narrative on variances
- Support assessment and identification of barriers to care across Parts
- Reduce/eliminate duplication of service
- Support uniform eligibility determination and reconsideration
- RWHAP Part A allocation or reallocation process when there are changes in resources
- Current resources available for clinical and supportive services
- Population specific services by type and units available



Changes in Policy

Different funding streams can be affected by changes in federal, state, or local policy :

- Medicaid formularies differ state by state and are determined through state policy making
- Federal policy can impact the use of federal resources to assist in local service continuums (e.g., SSP)

Providing information on ***policy*** and **guidance from other funding streams** can impact how ***priorities and allocations*** are made in the Ryan White Part A planning process



Changes in the Service Continuum

Increase in Resource Inventory

- Additional resources available to expand current services
- Provision of a new service

Reduction in resource inventory

- Loss of a provider
- Reduction or loss of a funding stream



Clark County TGA (Las Vegas)

Clark County TGA recently underwent challenges to the RWHAP Part D program due to recipient and staff turnover

Challenge:

There was little to no communication to Part A-D program directors, staff, and patients

RWHAP Clark County Part D Consumers

Client info:

- 75 patients
- 63 patients below the age of 12
- Infants being treated to prevent HIV sero-conversion
- Twelve patients between the age of 12 and 17 years



Impact

Consumers:

Patient and provider relationships are essential to retention in care and improving health outcomes

The issue resulted consumers developing a lack of confidence in the new RWHAP Part D clinic management and provider staff

Response

HRSA HAB worked with the RWHAP Part C clinic and the new RWHAP Part D program during the transition process.

This provided a path to initiate new client relations and minimize disruption.



Response

- RWHAP Part A program hosts a monthly service delivery meeting to identify opportunities for collaboration, information sharing, removing barriers and provide education.
- RWHAP Part D staff began attending this monthly meeting and quickly gained an understanding of the larger service delivery system established by RWHAP Parts A, B and C.
- Attending the meetings provided the RWHAP Part D staff the opportunity to identify possible collaboration opportunities and join the community partner network.

Result

- RWHAP Part A and D discussed the education needs for the labor and delivery units at the local hospitals
- Partnership with the RWHAP Part A and B funded sub-recipient, the Southern Nevada Health District (SNHD), was formed to develop the curriculum and provide the training.
- Through Medical Case Management (MCM) they assist HIV positive pregnant women throughout their pregnancy
- The MCM focuses on coordinating pre-natal visits and HIV specialty care while simultaneously preparing for the birth of the child and the infant's follow up medical needs.

Additional Identified Challenge

Transportation was an issue for the RWHAP Part D patients causing a 40 – 50% no show rate:

- RWHAP Part A included expansion of transportation under MCM and began to identify the competencies needed to award those funds to eligible sub-recipients
- RWHAP Part D reported that a review of the no show rates after two months of the expansion of MCM indicated that their no-show rate had dropped from 45-50% to 5%.



Contact Information

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