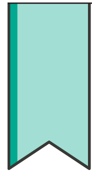

Quick Reference Handout 7.1: Eleven Ways PC/PBs Can Help Improve the System of HIV Care

Introduction

The Ryan White HIV/AIDS Program (RWHAP) exists to support a system of comprehensive, appropriate core medical and support services that is accessible to people living with HIV (PLWH) who have limited financial resources. In its early years, the program helped in the establishment of a "continuum of care" for PLWH. It continues to play a critical role in maintaining, assessing, and improving local and state systems of HIV care, so they reflect continuing changes in the epidemic, methods of prevention, treatments, and the broader health care system. Integrating prevention and care is also a priority. Many funding sources help support the system of HIV care; RWHAP plays a key role because it exists solely for this purpose.

Each Part A Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA) is responsible for developing and maintaining a system of care that meets the following expectations, as stated in the Part A Manual:

- *"Address the service needs of newly affected and underserved populations—including disproportionately impacted communities of color and emerging populations"*
- *"Be consistent with HSRA's goals of increasing access to services and decreasing HIV/AIDS health disparities among affected subpopulations and historically underserved communities"*
- *"Be designed to address the needs of PLWH across all life stages from [being unaware of] their HIV status, through HIV counseling and testing, early intervention and linkage to care, to retention in care and treatment adherence."*[1]

Every RWHAP Part A Planning Council/Planning Body (PC/PB) has many opportunities to strengthen the system of HIV care in its jurisdiction through carrying out its legislative responsibilities, working collaboratively with the recipient and supporting coordination with other programs and services.

Following are 11 important ways in which a PC/PB and its individual members can help strengthen the local system of care. The first three address ongoing efforts to understand the system of care, including how it is working for PLWH overall and for specific PLWH subpopulations. The other eight identify tools a PC/PB can use to strengthen the system of care.

1. **Be sure your needs assessment includes a Resource Inventory and a Profile of Provider Capacity and Capability—the components focusing on the current system of care.** They should include providers of both core medical and support services, including services that are RWHAP-funded and those supported through other funding sources. The Provider Profile is particularly important since it addresses availability of services in various parts of the EMA/TGA, access to those services, and their appropriateness for various PLWH subpopulations—for example, young MSM of color, transgender PLWH, or PLWH with limited-English-proficiency (LEP). Both the Resource Inventory and Provider Profile should be updated at least every three years. Input from consumers and other PLWH is essential to understand their service needs, barriers, and gaps—but you also need specific, current information about the range of entities providing HIV-related services.

2. **Work with your recipient to ensure regular access to program data about the system of care and about service utilization and client outcomes**—overall and by subpopulation. For example:
   - **Be sure the PC/PB receives regular data reports** (annually or more frequently) from the recipient on:
     - *client characteristics and service utilization overall and by service category*
     - *aggregated performance and outcome measures and other Clinical Quality Management (CQM) data*
     - *aggregated quality assurance and other monitoring data; and other data related to the system of care.*

     If you have a Memorandum of Understanding (MOU) between the PC/PB and the recipient, be sure it includes a detailed chart of data to be shared.
   - **Seek HIV care continuum data for RWHAP clients, overall and by subpopulation.** These data may come from state or local epidemiologists, and are among the most valuable sources of information on the performance of your system of care. An HIV care continuum showing all PLWH is also valuable information. However, only a client-based continuum enables you to determine how well RWHAP services are doing at achieving linkage to care, retention in care, and viral suppression, and which PLWH subpopulations may need additional or different services to achieve a high rate of viral suppression.

3. **Use all available data to continually learn about the system of care in your jurisdiction,** by obtaining appropriate analyses, reviewing new information carefully, and asking questions. For example:
   - **Become thoroughly familiar with the current system of care**—including RWHAP Part A-funded services as well as services supported by other RWHAP Parts and by other public and private funders. Know what types of core medical and support services are available, where they are located, and how clients can access them. Learn what services target specific PLWH subpopulations.
   - **Learn about service needs and gaps by location and subpopulation.** Carefully review your annual epidemiologic profile to understand trends in the epidemic, and be sure your needs assessment findings are analyzed separately for varied subpopulations and for residents of parts of your EMA/TGA within and outside the central city. Use this information to understand similarities and differences in service needs and gaps.
   - **Review and discuss data from a system of care perspective.** For example: If the PLWH survey suggests that transportation issues have become a serious barrier to care in some parts of the EMA/TGA, do we need to do a special study or additional analyses to better understand the situation and how to address it? What progress has been made on integrated/comprehensive plan objectives, and how has this progress affected the system of care? How have changes in allocations affected access to those service categories?

4. **Make sure conversations about the system of care always include consideration of service access and utilization by specific subpopulations.** Each PC/PB member can serve as both an advocate for specific populations and a planner concerned about all PLWH in the EMA or TGA. When current services or proposed changes are being considered, ask about how they affect what the legislation refers to as *"historically underserved communities"* or subpopulations *"disproportionately impacted by HIV/AIDS."*[2] If that discussion is not occurring, initiate it.

5. **Assign a specific committee (or other entity within the PC/PB) ongoing responsibility for addressing system of care issues.** Many PC/PBs have a Care Strategy or System of Care Committee. This helps to ensure that data from needs assessment or the newest HIV care continuum data are carefully reviewed for their system of care implications, and that action is recommended.

6. **Explore promising service models that can strengthen services,** overall or for particular subpopulations. When your PC/PB identifies an area of concern—for example, a low rate of treatment adherence or viral suppression for a particular subpopulation—explore whether a different service model might help. Get ideas from CQM quality improvement activities. Work with your PC/PB support staff to identify models used by other RWHAP programs. Hold "roundtable" discussions with consumers, service providers, and other experts to discuss service strategies. Work with your recipient to assess possible models.

7. **Use directives to test new service models or strategies.** Once a model has been identified or developed, discuss costs and piloting possibilities with the recipient, adopt a directive for testing it on a limited basis, and allocate needed funds as part of your priority setting and resource allocation (PSRA) process. The recipient can then arrange for the model to be tested and evaluated. If it improves client outcomes, adopt it for broader use.

8. **Use service standards to ensure service quality and consistency.** Since service standards are used in Requests for Proposals for services, recipient monitoring, and for informing CQM activities, they have an important impact on how services are organized, delivered, and managed. They can provide clear and specific information about minimum expectations for subrecipients delivering a particular service. If you want all subrecipients providing a particular service to use a specific model or include certain activities, include them in the service standards for that service category. If personnel should have specific education, training, licenses, or experience, state those requirements in the service standards. In RWHAP Part A programs, PC/PBs usually take the lead in the development of service standards. The recipient has ultimate responsibility for ensuring that service standards are in place and should therefore be an active participant in developing them. Providers (RWHAP-funded and non-RWHAP-funded), consumers, and other experts should provide input—without any one group dominating the process.

9. **Ensure that Minority AIDS Initiative (MAI) funds provide population-appropriate service models.** MAI was designed to *"address the disproportionate impact of HIV/AIDS on, and the disparities in access, treatment, care, and outcomes for, racial and ethnic minorities."*[3] It is not sufficient to show that MAI funds are being used to serve racial/ethnic minorities. These funds should *"develop or enhance access to high quality, community-based HIV core medical and support services for low-income minority PLWH and their families."*[4]

10. **Play an active role in coordination of services.** The PC/PB is a logical place to discuss service coordination and collaboration, since its membership includes representatives of providers funded by other RWHAP Parts, other federal programs including Housing Opportunities for Persons with AIDS (HOPWA), and HIV prevention, and providers of a wide range of services. Some PC/PBs are actively involved in service coordination as integrated prevention and care planning bodies, and/or as RWHAP Part A-Part B planning bodies that do PSRA for both Parts. For example, in some jurisdictions, the Part A PC/PB and recipient agree with Part B on having certain services funded only by one Part—for example, the Part B program may pay for all Health Insurance Premium and Cost-Sharing Assistance, and the Part A program for all medical case management services in the EMA or TGA.

11. **Use evaluation of service quality and outcomes in decision making about the system of care.** A PC/PB may choose to *"assess the effectiveness... of the services offered in meeting the identified needs."*[5] More often, the PC/PB receives aggregate data by service category on performance and outcome measures from the CQM program and other recipient monitoring and assessments. Some jurisdictions are using client-based data to identify what mix of core medical and support services seems to help clients (overall or in particular subpopulations) reach positive medical outcomes. The PC/PB committee focusing on the system of care should regularly receive presentations on service quality, outcomes data, and quality improvement projects, and discuss the implications of these findings.

References

1 Ryan White HIV/AIDS Program Part A Manual, 2013, pp 15-16.
2 See for example, §2602(b)(4)(C)(vi), Planning Council Duties, and §2693(a), Minority AIDS Initiative.
3 Legislation, §2693(a).
4 FY 2019 RWHAP Part A Notice of Funding Opportunity, p 4.
5 See §2602(b)(4)(E), Planning Council Duties.