

Comprehensive Plan for HIV/AIDS Services in the New York EMA: Presentation to the Needs Assessment Committee

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HIV Planning Council

1 Needs Assessment Committee

Timeline – Preparing the Plan

- December 2: Presentation of the Comp Plan (Goals, Objectives, Indicators) to the Needs Assessment Committee
- January 6: Follow-up presentation of Goals, Objectives, Indicators to the NA Committee
- January 19: Presentation of the Goals, Objectives, Indicators to the Executive Committee
- January 26: Presentation of the Goals, Objectives, Indicators to the Full Planning Council
- February 24: Distribution of full Comp Plan draft to NA Committee for comment
- February 29 and March 28: Discussion with NA Committee Members
- March 16: Distribution of revised Comp Plan draft to DOHMH leadership
- March 23: Comments from DOHMH leadership due to Comp Plan Committee
- April 2012: Presentation of 2010 data on progress toward Comp Plan goals
- April 2012: Presentation of final Comp Plan for review and approval by full Planning Council
- April 27: Comments due to Comp Plan Committee
- May 21: Final Comp Plan submitted to HRSA

Game Plan for Today

- Today: Readers Digest of the comp plan
- Today: Based on what you've heard, do you have outstanding concerns?
- Today: NAC members decide how they want to absorb the full contents of the plan – separate the Committee into four groups, each of which takes responsibility for one chapter and makes a presentation on that chapter at the next NAC meeting?
- Next month: Presentation of the plan by NAC members to NAC members
- April: Presentation by REU on the third year of implementation of the comp plan; incorporation of that material into the plan and vote on forwarding the comp plan to the full PC

Who's Stirring the Broth?

Contributors to Comp Plan

- Needs Assessment Committee members
- Planning Council membership
- NYC DOHMH and WCDH Staff (in alpha order): Stephanie Chamberlin, Marybec Griffin-Tomas, Graham Harriman, JoAnn Hilger, Mary Irvine, DrPH, Julie Lehane, PhD, Jan Park, Tom Petro, Nina Rothschild, DrPH, Jessica Wahlstrom

Mandate from HRSA

- Envision an “ideal” system of care
- Develop a 3-year plan for actualizing this system by reviewing needs assessment data, reviewing existing resources to meet the needs, and reviewing barriers to care
- Consult and collaborate with the community

Mandate from HRSA

- Address new legislative and programmatic initiatives:
 - National HIV/AIDS Strategy
 - Patient Protection and Affordable Care Act
 - Early Identification of Individuals Living with HIV/AIDS (EIIHA)
 - Healthy People 2020 goals and objectives
 - Must be compatible with state and local service plans and with the Statewide Coordinated Statement of Need

HRSA Directive

- Ryan White Part A and B grantees have to create a comp plan every three years
- Goal: Build a complete care system that responds to changing needs and challenges
- Comp plan is a living document and must be updated as needed
- Comp plan must mirror the community's ideas about how to deliver HIV/AIDS services, especially in view of funding cutbacks

What's the Goal?

- Visualize an ideal system of care
- Craft a three-year plan for making it real
 - Review needs assessment data
 - Review current resources – what we have on hand
 - Review obstacles
- Team up with the community to obtain diverse perspectives on the system of care

What's New Here?

Monitoring and Evaluation

- We have to evaluate the last comp plan (covering 2009-2012) to pinpoint successes and challenges in implementation
 - The Needs Assessment Committee and the Planning Council will have a presentation in late April/early May on the third year of implementation of the “old” comp plan
 - NA, IOC, and full PC already had a presentation in the spring of 2011 on the second year of implementation of the “old” comp plan
 - NA and IOC had a presentation in the spring of 2010 on the first year of implementation of the “old” comp plan

What's New Here? EIIHA

- We have to describe how we are going to address EIIHA (Early Identification of Individuals with HIV/AIDS).
- EIIHA is a Health Resources and Services Administration initiative focused on recognizing, counseling, testing, notifying and referring people who are known to have HIV and people who have not yet been diagnosed with HIV to applicable services. The point of EIIHA is to make sure that people who are infected access care and make sure that people who are not infected remain uninfected.

What's New Here?

National HIV/AIDS Strategy (NHAS)

- The National HIV/AIDS Strategy was developed by the Office of National AIDS Policy, released by President Barack Obama, and has three goals:
 - Decreasing the number of new infections.
 - Facilitating entry into care and enhancing health outcomes.
 - Diminishing HIV-related inequality and disproportion in health.
- We have to show our strategy for addressing the goals of NHAS.

What's New Here? Healthy People 2020

- Healthy People 2020 is the basis for prevention work throughout the Department of Health and Human Services and buttresses the development of the National HIV/AIDS Strategy
 - We have to show how we plan to meet the objectives of Healthy People 2020.

What's New Here? Affordable Care Act

- The Affordable Care Act, signed into law by President Obama in March 2010, has many features to increase the affordability and accessibility of health care in the United States and has certain provisions specifically beneficial for PLWHA. It prohibits insurance companies from excluding patients from coverage because of pre-existing medical conditions, it prohibits insurance companies from establishing a lifetime limit on coverage, and it helps PLWHAs who are on Medicare to pass through the “donut hole” more rapidly by counting ADAP as a contribution to the true Out of Pocket Spending Limit for medication coverage.
- We have to show how our plans synchronize with and respond to anticipated changes associated with the implementation of the ACA.

Four Chapters

- Where Are We Now?
- Where Do We Need to Go?
- How Will We Get There?
- How Will We Monitor Progress?

Chapter 1: Where Are We Now?

- Local HIV/AIDS Epidemic
 - Epi Profile for CY 2010
 - HIV prevalence
 - PLWH
 - PLWA
 - New AIDS cases
 - HIV epi in Tri-County
 - Disproportionately impacted populations
 - Blacks and Hispanics
 - Homeless and unstably housed
 - Formerly Incarcerated
 - Unmet need estimate (35% of PLWHA not in care in 2010)
 - Demographics of unmet need
 - EIIHA/unaware estimate (roughly 21% of PLWH, or 26,764)

Chapter 1

- Current Continuum of Care
 - Ryan White funded (EIS, ADAP, medical case management, substance abuse services, mental health services, housing, etc.)
 - Other Parts of Ryan White (B, C, D, F)
 - Non-Ryan White funded (Medicaid, Medicare, HOPWA, HASA, CDC prevention, SAMHSA, VA; provide outpatient/ambulatory health services, inpatient and outpatient care, HIV meds, substance abuse services, housing, non-medical case management, other support services, etc.)
 - Enforce payer of last resort policy

Chapter 1

- Challenges to the Continuum of Care
 - State/local budget cuts/adaptation of RW programs
 - With Medicaid redesign, NYS is trying to cut Medicaid spending by \$2.375 billion in FY 2011-2012
 - NYC public hospitals expect to lose \$174.5 million in Medicaid funding in 2011-2012 and \$16 million in City support in FY 2012
 - Cuts to screening programs for HIV co-factors such as STIs and substance use
 - EMA monitors implementation of health care reform

Chapter 1

- Needs and Gaps
 - CHAIN data
- Barriers to Care
 - Client barriers
 - Barriers to treatment and care
 - Program and provider barriers
 - Testing barriers
- Setting of Priorities and Allocating Resources

Chapter 1

- Coordination of Prevention and Service Needs
 - ECHPP goals: address gaps in scope of HIV prevention strategies among high risk pops; coordinate prevention and care to reduce disparities in HIV infections and health outcomes; focus on individuals at highest risk
 - Scale-up testing, improve linkage to and maintenance in care, ensure early access to ARVs, provide TA to agencies on best practices for linkage, make linkage a distinct payment point in contracting process
 - Focus on decreasing risk behaviors among PLWH (evaluate provider-driven models; Positive Life Workshop; condom distribution; expansion of partner services)
- Still to Come: Successes and Challenges of the 2009-2012 Comp Plan

Chapter 2: Where Do We Need to Go?

- Plan to Meet Challenges Identified in the Evaluation of the 2009 Comp Plan
 - Planning Council and Grantee have already implemented strategies: develop goals and objectives for testing, linkage to and maintenance in care for a variety of pops; develop solutions for closing gaps in care and addressing overlaps; coordinate with other programs to achieve these goals and the goals of NHAS; verify engagement in primary care; link out-of-care clients to med care; accompaniment of clients to med appointments.

Chapter 2

- Proposed Care Goals – This is the material on goals and objectives on which both NA and the full PC have voted:
 - Goal 1: Increase the number of individuals who are aware of HIV status
 - Goal 2: Promote early entry into HIV care
 - Goal 3: Promote optimal management of HIV infection
 - Goal 4: Reduce HIV/AIDS health disparities
 - Goal 5: Ensure that the EMA has a robust plan for the cost-effective delivery of HIV services
- Goals Regarding Individuals Aware of Their HIV Status but Not in Care (Unmet Need) – Goals 2, 3, 4, 5
- Goals Regarding Individuals Unaware of Their HIV Status (EIIHA) – Goal 1

Chapter 2

- Proposed Solutions for Closing Gaps in Care
 - PC reviews RW portfolio annually
 - Payer of last resort tool
 - Coordination between DOHMH and NYSDOH
 - Coordination between DOHMH and other City agencies
- Proposed Solutions for Addressing Overlaps in Care
 - Analysis of Medicaid regs will be presented to the PC
 - PC will hear from Deputy Director of Medicaid Policy and Programs re Medicaid managed care and PLWHA

Chapter 2

- Role of RW Program in Collaborating with ECHPP (Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS) Initiative
 - RW and Prevention resources coordinated to prevent new infections
 - RW-funded activities
 - Reduce AIDS diagnosis by 25%
 - Increase proportion of RW clients in continuous care
 - Increase percentage of PLWH with undetectable viral load in past 12 months
 - Increase number of RW clients with permanent housing to 86%
 - Increase percentage of HIV-diagnosed gay and bisexual men, Blacks, and Latinos with undetectable viral load by 20%

Chapter 3: How Will We Get There?

- Plan, Activities, Responsible Parties, and Timeline to Close Gaps in Care
 - Research and Evaluation Unit (REU) will produce 2010 results on comp plan measures; PC and Care and Treatment will have to develop strategy, plan and activities for closing gaps in care
- Plan, Activities, Responsible Parties, and Timeline to Close Gaps in Care for Individuals Aware of Their HIV Status but not in Care
 - Fund accompaniment services to PLWHA to ensure linkage to medical care
 - Provide training to providers who link clients to care

Chapter 3

- Strategy, Plan, Activities, and Timeline to Address Needs of Individuals Unaware of Their HIV Status
 - Promote routine HIV screening in health care facilities
 - Promote testing to high-risk and historically underserved pops (high-risk venues; Social Network Strategy for recruiting; Field Services Unit staff in facilities with many cases to elicit partner names, assist with notification, and offer testing)

Chapter 3

- Plan and Activities to Address Needs of Special Pops Including but not Limited to Black and Hispanic Pops; Women of Color; Substance Users/IDU; MSM, MSM of Color, YMSM; PLWHA 50+; Partners of PLWHA; Incarcerated/Releasees; TG; CSW and Patrons; Foreign-Born; Homeless/Unstably Housed
 - Counseling, testing, linkage to care for special pop members and partners
 - Coordinate RW funding for core medical services
 - Require cultural competency of providers
 - Review service models and modify as needed to respond to emerging needs of sub-pops
 - Respond to changing core medical service needs through PSRA

Chapter 3

- How plan addresses Healthy People 2020 (HP2020) Objectives
 - HP2020 Objectives 1-3: reduce new diagnoses, new infections and transmission rate
 - EMA invests in early intervention case finding and linkage and in HIV meds to expand access
 - Positive Life Workshop encourages early entry into care, continued engagement, reduced risk behaviors
 - HP2020 Objectives 4-7 and 9: reduce AIDS cases among key pop groups and diagnose new infections pre-AIDS
 - Part A programs in areas with greatest disparities
 - NAC developed recommendations for working with specific pops, esp. substance users and immigrants
 - Coordinate testing through one unit in BHAPC

Chapter 3

- How plan addresses Healthy People 2020 Objectives
 - HP2020 Objective 10: increase proportion of PLWHA who receive care consistent with current standards
 - RW Program subcontracts with NYSDOH AIDS Institute for QM of all part A services
 - HP2020 Objectives 11 and 12: increase survival rates and reduce deaths from HIV infection
 - DOHMH makes continued investments in early intervention, HIV primary care through ADAP, ADAP Plus, care coordination, and support services to improve health outcomes and lower mortality rates

Chapter 3

- How plan reflects Statewide Coordinated Statement of Need
 - DOHMH shares data with NYS for inclusion in SCSN, including:
 - Part A grant application narrative
 - Implementation plan
 - Priority setting tool
 - Summary of 2009 consumer focus groups addressing service need
 - CHAIN report on service need and utilization
 - MAI outcomes data
 - Update/progress of goals of the comp pain

Chapter 3

- How plan is coordinated with and adapts to changes that will occur with implementation of ACA
 - With infusion of federal and state funding, health providers are expediting transition to EHRs and facilitating the development of service referral networks with data sharing
 - EMA monitors implementation of changes to delivery system and adjust portfolio
 - In 2014, eligibility for Medicaid will increase to 133% of the Federal Poverty Level and number of PLWHA needing RW-funded core med services may drop
 - EMA may experience increased need for health insurance cost sharing assistance (HRSA service category)
 - EMA may apply for a waiver from 75/25 core/non-core funding distribution to be able to allocate more funding to support services in order to reduce barriers to care
 - EMA is monitoring the development of the essential health benefits of the ACA

Chapter 3

NHAS	Comp Plan
Reduce number of new infections	Increase the number of individuals who are aware of their HIV status
○ Facilitate entrée into care and enhance health consequences for PLWH	Promote early entry into HIV care Promote optimal management of HIV infection
Diminish HIV-related inequalities	Reduce HIV/AIDS health disparities

Chapter 3

- Strategy to respond to changes in continuum of care as a result of state or local budget cuts
 - NYS aims to reduce Medicaid spending by 2.375 billion in FY 2011-2012
 - Cutbacks to City-funded health programs: NYC public hospitals expect to lose \$174.5 million in Medicaid funding in 2011-2012 and \$16 million in general City support in FY 2012
 - Cuts to screening programs for HIV co-factors such as STIs and substance abuse
- PC monitors changes and can modify Part A portfolio to coordinate with other payers

Chapter 4: Monitoring and Evaluation

- Data sources for monitoring plan performance:
 - HIV/AIDS surveillance data
 - CHAIN
 - MMP
 - AIRS and eSHARE
 - Citywide rapid testing estimates from DOHMH HIV Prevention Program
 - NYSDOH AIDS Institute Data, including QM
 - SPNS grant for planning and implementing a NYS-NYC QM and performance measurement initiative focusing on HIV med care linkage and retention at the regional level in Upper Manhattan
 - QLN

Chapter 4

- Comp plan focuses on continual QI, on expanding the knowledge base re cost-efficient care and resource allocation, and on preparing for structural changes in the health care delivery system – esp. Medicaid reform in NYS, implementation of health homes, and full implementation of ACA.

Chapter 4

- EMA will gather data to assess whether progress is being made on goals and objectives with the aim of reducing incidence and prevalence of HIV/AIDS, linkage to care, and reducing disparities
- EMA will look at other EMAs across the country to learn from their experiences and modify strategies
- EMA ensures that its work shares the goals of ECHPP, EIIHA, Healthy People 2020, NHAS, and ACA: prevention, linkage to and maintenance in care, reduction in differences between demographic groups with goal of achieving physical and psychosocial well-being and reducing community viral load.