

PanWest-West Texas Ryan White Programs



Comprehensive HIV Health Services Plan 2010-2013

Executive Summary



EXECUTIVE SUMMARY

This Comprehensive HIV Services Plan is the first joint plan between the PanWest and West Texas regions. The PanWest region encompasses three HIV Service Delivery Areas (HSDA) and 58 counties, and the West Texas HSDA includes six counties. The PanWest's three HSDAs have a strong history of joint administration with the Administrative Agent (AA) Lubbock MHMR.

In July 2009, a change occurred in the West Texas HSDA resulting in the Lubbock MHMR assuming AA responsibilities for this HSDA. Planned Parenthood of El Paso, the West Texas HSDA AA and large HIV multi-service provider, unexpectedly closed its doors. Lubbock MHMR was enlisted to become the AA, and medical and other services were absorbed by the remaining HIV medical care provider. Although this was a difficult transition for West Texas consumers, providers, and the AA staff, the challenges are being addressed, and the change is ultimately positive for all parties.

This joint PanWest-West Texas Comprehensive HIV Services Plan emphasizes high quality HIV medical care and funded services as well as a consumer-centric approach to planning, care and treatment. It also demonstrates the economies of scale being attained by consolidating AA services for the two regions.

1. WHERE WE ARE NOW: WHAT IS IN OUR CURRENT SYSTEM OF CARE?

The PanWest and West Texas regions comprise 64 counties and over 84,000 square miles. Most of the counties are very rural, but cities exist within each HSDA.

- ✂ Lubbock County is the most populous in the PanWest with 296 people per square mile.
- ✂ Potter, Midland and Ector counties range between 138 and 146 people per square mile.
- ✂ The six county West Texas region abuts the Mexico border and is 23,458 square miles with El Paso County being the most populous, with 754 residents per sq. mile.

Considering race and ethnicity, the two regions have diverse populations.

- ✂ The northern most HSDA, Amarillo, is predominantly White (64%), followed by 29% Hispanic and 5% Black.
- ✂ The demographics gradually change moving south through the western portion of the state. West Texas, which is the southern most HSDA, has a Hispanic majority (83%), followed by White (12%) and Black (3%).

The 2008 Texas median household income was \$50,049. The only PanWest or West Texas County that exceeds this is Midland County with a median household income of \$56,320.

- ✂ The West Texas HSDA, El Paso County and Potter County have the lowest median 2008 household incomes, ranging between \$36,300 and \$37,000.
- ✂ Most other HSDAs and population centers have median incomes in the range of \$42,000 to \$48,000.



PanWest-West Texas Ryan White Programs

Similarly, in 2008 in Texas, 15.8% of residents lived below the poverty level. In the PanWest and West Texas regions, between 15% and 25% of residents were living below the poverty level.

The PanWest and West Texas Regional HIV/AIDS Epidemics

Over 1.2 million people reside in the PanWest region, and 1,163 of these are infected with HIV/AIDS for an infection rate of 94.2/100,000.

- ✂ Each of the PanWest HSDAs has a similar number of residents, approximately 400,000. The number of PLWHA in these HSDAs ranges between 356 in Permian Basin and 417 in Amarillo, thus the infection rates are similar, ranging from 90/100,000 to 99/100,000.
- ✂ Most PLWHA reside in the population centers of the HSDAs.
 - Seventy five percent of the 417 PLWHA in the Amarillo HSDA reside in Potter County, home of the city of Amarillo
 - The Lubbock HSDA has 358 PLWHA, with 85% residing in Lubbock County;
 - The Permian Basin HSDA has 356 PLWHA, and 75% residing in Midland County and Ector County which is home to Odessa.

The six counties comprising West Texas have a total population of over 790,000.

- ✂ El Paso County, with 1,569 PLWHA, is home to 99.5% of those living with HIV/AIDS in this HSDA. The HIV infection rate in West Texas is 200.8/100,000.

While men comprise the vast majority of infections, women are an increasing percentage of the epidemic in the PanWest HSDAs. West Texas has been stable in the proportion of infections by gender between 2002 and 2008 with 87% male.

In the PanWest region, White residents are a slightly decreasing percentage of the HIV epidemic and Hispanic residents are an increasing proportion. The percentage of infected Blacks/African-Americans in the PanWest region was stable during this time period at approximately 16%. In West Texas, the epidemic is concentrated in the Hispanic community (84%), with little change in the proportion between 2002 and 2008.

PLWHA in the PanWest tend to be diagnosed on a more timely basis than those in West Texas. In the PanWest, 22% of people diagnosed with HIV between 2005 and 2008 received an AIDS diagnosis within one month, and 7% more received that diagnosis within one year. In West Texas, 36% of all new diagnoses received an AIDS diagnosis within one month of the HIV diagnosis. Further, 43% of all new diagnoses received HIV and AIDS diagnoses within one year.

Assessment of the Needs of People Living with HIV/AIDS

Comprehensive Needs Assessments were conducted in the PanWest region in 2009 and in West Texas in 2010. Both needs assessments included consumer surveys and resource inventories, and the West Texas needs assessment included key informant interviews and focus group



PanWest-West Texas Ryan White Programs

discussions. Results from these studies were used to inform the comprehensive planning process.¹

Description of the Current Continuum of Care

The Administrative Agency is committed to meeting HRSA's goals of increasing access to care and decreasing health disparities, with particular emphasis on the needs of newly infected and disproportionately impacted populations. This is being effectively accomplished through one multi-service subcontractor in each of the PanWest HSDAs and three funded subcontractors in the West Texas HSDA.

- ⌘ The three Part B funded service subcontractors in the PanWest are located in the population centers of each HSDA. These providers assess, link and refer to non-Ryan White funded community resources throughout the region.
- ⌘ In the West Texas HSDA, La Fe CARE Center was the only HIV medical care provider after Planned Parenthood of El Paso closed its doors. In April 2010, the AA issued a RFP for an additional HIV medical care provider and in August 2010, Texas Tech University Health Science Center (TTUHSC) opened their HIV medical clinic for six hours per week. TTUHSC also plans to provide medical case management and oral healthcare. In addition, Family Service is funded for both mental health therapy/counseling and case management in this region.

In both the PanWest and West Texas regions, Subcontractors work with local community health care and social service providers to deliver services to encourage consumers' access to care, ensure the provision of appropriate HIV health care and meet client medical and supportive service needs.

Each Subcontractor must establish, implement, and monitor a referral process to ensure follow-up with services that they don't directly provide. This approach fosters collaborative relationships and has enabled the Subcontractors to explore the availability of community services, avoid duplication of services, and provide the service with minimal time lapses. It also ensures Part B funding is used as the payer of last resort.

Strengths and Challenges of the PanWest and West Texas Continuums of Care

The following strengths in service provision provide a foundation for this plan and achievement of its goals:

- ⌘ High quality medical care provided by experienced physicians in each HSDA.
- ⌘ Availability of a full range of Ryan White core services.
- ⌘ Bilingual staff are widely available in West Texas organizations that serve PLWHA.
- ⌘ A variety of funding sources complements Ryan White funding.
- ⌘ Well developed social service continuums of care in the population centers of the HSDAs.

¹ 2009 PanWest Comprehensive Needs Assessment and 2010 West Texas Comprehensive Needs Assessment results can be found at www.panwest.org.



PanWest-West Texas Ryan White Programs

Challenges include:

- ⌘ Increasing demand for limited Ryan White funding, including funding for needed core services.
- ⌘ Changes in the Texas Ryan White case management system are challenging for all providers. Quality of case management services is uneven in the West Texas HSDA.
- ⌘ Given Ryan White requirements to fund core medical services, funding for social services is limited. Collaboration with non-Ryan White funded community agencies is needed, but may be time-consuming and difficult to accomplish.
- ⌘ In West Texas and other rural areas, the ongoing HIV stigma can be acute, limiting access to services due to consumer disclosure concerns.

Quality Management

The Administrative Agency has established a joint Quality Management (QM) program for use in both the PanWest and West Texas regions. This program provides a documented, ongoing process to guide and continuously improve HIV/AIDS services. The primary purpose of the QM program is to enhance the quality of medical and other services provided to PLWHA in the regions. It requires collaboration between all Ryan White funded subcontractors to ensure services are of the highest quality as well as provided efficiently and effectively in conformance with established standards of care and best practices.

- ⌘ The cornerstone of the QM program is the Quality Management Plan.
- ⌘ The QM Plan is developed and reviewed by the Quality Management Committee (QMC), which is comprised of representatives the AA and each funded PanWest and West Texas provider.
- ⌘ Training is an important component of the QM program. The AA directly and indirectly offers training to contracted providers as part of the QM Plan.

2. WHERE DO WE NEED TO GO: WHAT SYSTEM OF CARE DO WE WANT?

Comprehensive HIV Health Services Planning Process

The 2010 PanWest-West Texas Comprehensive HIV Health Services Plan is the result of a collaborative planning process that included research, interactive discussion and plan development. The “2010 PanWest—HIV Service Area 2 Comprehensive Plan for HIV Services with Quality Management Plan and Quality Improvement Plan” (Comprehensive Plan) provided the basis for this plan. In July 2010, the AA staff participated in a planning session that included a review of the mission, vision and shared values to ensure they applied to both the PanWest and West Texas. They outlined draft goals and strategies with discussion of required actions over the next three years. This information was developed into a draft plan that was presented and reviewed by West Texas providers in early October 2010. Their input revealed that many of the actions were already under way in that region, and this information was added to the plan.

Throughout the planning process, AA staff considered and incorporated Texas Department of State Health Services (DSHS) initiatives and requirements. These are reflected in the goals, strategies and actions.



Mission, Vision and Core Values

The mission, vision and core values statements were included in the 2010 PanWest Comprehensive Plan, and slightly revised for this joint Plan. This mission statement is the foundation for the PanWest and West Texas 2010 Comprehensive HIV Health Services Plan.

Mission Statement

To develop and coordinate an effective, comprehensive, community-wide response to HIV/AIDS in the PanWest and West Texas regions by providing high quality medical and support services that optimize Ryan White funds and leverage community resources.

The following ideal vision underpins the Plan.

Vision Statement

The PanWest and West Texas Administrative Agency visualizes a system of HIV care that is accessible and effective so PLWHA may enjoy improved health and an enhanced quality of life.

All the work of the AA and its subcontractors is for the purpose of benefiting the health and well-being of PLWHA. Recognizing the importance and complexity of this task, five values are shared by those who embrace this program.

Core Values

The PanWest and West Texas Administrative Agency (AA) takes pride in its commitment to public service and its responsibility to continuously improve HIV health service delivery. The AA believes that all services require a basic foundation of the core values of: Dignity, Respecting Diversity, Professionalism and Quality, Availability and Accessibility, and Collaboration. The AA believes these core values will encourage people living with HIV/AIDS to access treatment and be maintained in HIV medical care and support services.

- ◆ Dignity: All clients will be treated with dignity.
- ◆ Respect Diversity: Recognize and respect cultural and individual differences.
- ◆ Professionalism and Quality: Provide quality services in a professional manner.
- ◆ Availability and Accessibility: Health care services will be available and accessible.
- ◆ Collaboration: Work within the community to enhance PLWHA access to all available services.



PanWest-West Texas Ryan White Programs

3. HOW WILL WE GET THERE: HOW DOES OUR SYSTEM NEED TO CHANGE TO ASSURE AVAILABILITY OF AND ACCESSIBILITY TO CORE SERVICES?

The 2010 Comprehensive HIV Health Services Plan establishes four goals for AA and Subcontractor achievement. It also includes the goals of the 2010 Annual Quality Improvement Plan.

- ⌘ All four Comprehensive Plan goals reflect the findings and recommendations of the 2009 and 2010 Comprehensive Needs Assessments, the updated epidemiological profiles and the Ryan White HIV/AIDS Program requirements.
- ⌘ The 2010 Annual Quality Improvement Plan outlines strategies and actions necessary to achieve five quality performance measures.

These Plan goals, their associated strategies and actions promote access to quality HIV medical care and supportive services for all PLWHA; ensure culturally sensitive service provision; link and engage PLWHA outside the medical care system; and ensure services are of the highest quality. The AA feels confident that these goals promote a system of care that will promote the health and well-being of people living with HIV/AIDS in the region.

The goals and accompanying objectives of the 2010-2013 Comprehensive Health Services Plan are outlined below.

GOAL I

Provide a quality continuum of HIV medical care and supportive services that encourages engagement and retention in treatment.

As the first priority of the AA, the strategies of Goal I are intended to support a quality Continuum of Care to promote engagement and retention in HIV medical care. The following strategies are associated with this goal:

- ⌘ Establish a second medical care provider in West Texas by September 1, 2010 with ancillary services and medical case management available by March, 2011, increasing patient volume through March 2013.
- ⌘ Provide medical services with expanded evening and/or weekend hours to meet client needs by March 2011.
- ⌘ Evaluate co-located gynecology services at La Fe Care, Inc. by March 2011, identifying the need to modify, improve and/or promote this service to encourage utilization. Establish a service plan based on results of the evaluation by September 2011.
- ⌘ Optimize the medical and non-medical case management functions in PanWest and West Texas regions by March 2013.
- ⌘ Evaluate and expand the mental health therapy and counseling services in the West Texas region to include: funding for psychiatric consultations in 2011, co-location of mental health counseling with HIV medical care by 2012, and development of multi-disciplinary treatment teams for patients with mental disorders by 2013.



PanWest-West Texas Ryan White Programs

- ⌘ Develop standards/policies to prioritize PanWest and West Texas clients who will qualify for medication co-pay assistance, insurance assistance, oral health procedures and vision care by March 2011, evaluating the impact through March 2013.
- ⌘ Fund a medical home pilot project in either PanWest or West Texas HDSA by March, 2013.

GOAL II

Provide all funded services in a culturally sensitive manner that recognizes the regional stigma of HIV disease and works to reduce it.

Goal II responds to the ongoing need to enhance access to and retention of care, particularly focusing on the diverse populations found in both the PanWest and West Texas regions. The strategies associated with this goal focus on developing services at multi-service providers, improving health literacy, and providing appropriate bilingual educational materials.

- ⌘ In West Texas, increase access to core medical and support services by contracting with a least one medical care provider at an organization that combined HIV and non-HIV services by March 2011.
- ⌘ Monitor service utilization and client satisfaction among disproportionately affected sub-populations semi-annually through 2013, identifying reasons if declining utilization occurs.
- ⌘ Review English and Spanish patient and family education materials annually, improving and expanding health literacy resources as necessary through March 2013.
- ⌘ Conduct an annual assessment of clients' HIV health literacy including such topics as understanding of their HIV treatment, importance of adherence, risk reduction strategies and HIV prevention.

GOAL III

Identify, engage and retain people who know their status and are not receiving HIV medical care.

Goal III recognizes the ongoing emphasis in identifying PLWHA who are diagnosed by not receiving HIV medical care. It reiterates the commitment to identifying and engaging those who are not accessing care. To accomplish this goal, the strategies draw on programs that have been successful in other parts of the state and nation, such as return to care/lost to care programs and peer navigators. In addition, a focus on health literacy is emphasized. Specifically:

- ⌘ Establish comprehensive "Return to Care" programs at one PanWest HIV medical care provider and one West Texas medical care provider by March, 2012.
- ⌘ Ensure appropriate materials available to educate clients on the benefits of remaining in care and the health consequences of not adhering to treatment including how HIV is



PanWest-West Texas Ryan White Programs

spread and how to disclose the information to current/future partners by September 2011 with annual updates.

- ⌘ Develop a peer mentor/navigator program for newly diagnosed people living with HIV/AIDS and other appropriate populations to encourage linkage and maintenance in HIV medical care by March 2013.

GOAL IV

Ensure all funded services are of the highest quality, conforming to measurable standards of care and service outcomes including clinical quality measures and client satisfaction.

The Administrative Agency, the Quality Management Committee and all funded providers consistently strive to deliver the highest quality services to PLWHA. Their ongoing commitment to quality care is recognized through the shared values. Goal IV builds upon and incorporates the quality improvement plan with the following objectives:

- ⌘ Implement the PanWest and West Texas Regions' Annual Quality Improvement Plan.
- ⌘ Use data to determine progress toward the HIV/AIDS Bureau's HIV Core Clinical Performance Measures for Adult/Adolescent Clients Group 1 (Tier 1) adopted by the Texas Department of State Health Services.
- ⌘ Implement the patient/client satisfaction survey throughout the PanWest and West Texas HSDAs, improving overall patient/client satisfaction annually.

4. HOW WILL WE MONITOR OUR PROGRESS: HOW WILL WE EVALUATE OUR PROGRESS IN MEETING OUR SHORT- AND LONG-TERM GOALS?

Monitoring Progress

The 2010 PanWest-West Texas Comprehensive HIV Health Services Plan includes a detailed timeline outlining start and completion dates, appropriate reporting intervals and status reports. Some objectives and actions require monthly review while other long term objectives will be reviewed less often, but no less than annually.

The AA is responsible for overseeing the implementation of the Plan in accordance with the stated timeframes. Specifically:

- ⌘ The AA delegates tasks to the Quality Management Committee and funded providers to ensure a unified direction.
- ⌘ The AA will review ARIES data quarterly to determine the number of new admissions and re-admissions of PLWHA who are out of care as well as monitoring the units of service and expenditures.
- ⌘ The quality management process supports monitoring and evaluation of strategies and activities.
- ⌘ The AA prepares a quarterly report for DSHS that includes HSDA activities and expenditures.



PanWest-West Texas Ryan White Programs

- ⌘ Input gathered from the surveys, letters, website, phone calls, and public meetings will also be used as a means of evaluation.

Evaluation

The AA, supported by the QMC, monitors progress in achieving the goals and objectives of the plan. This, in turn, promotes evaluation of the plan. Plan evaluation will include:

- ⌘ Ability to implement stated action steps within the projected timeframes.
- ⌘ Achievement of each strategy.
- ⌘ Documented system improvements that support the four goals.

Each goal will be evaluated annually and upon completion of the plan using available data as follows:

- ⌘ Goal I, focusing on an accessible and engaging Continuum of Care that retains clients, will be evaluated through ARIES utilization data which should be monitored at least quarterly. The development of successful new providers and programs will be evaluated with both ARIES data and consumer satisfaction surveys.
- ⌘ Goal II, focusing on providing services in a culturally sensitive manner and reducing the stigma of HIV disease will be evaluated with ARIES data, client satisfaction data as well as consumer and provider input into educational needs and the available educational materials.
- ⌘ Goal III, targeting consumers who know their status but are not receiving HIV medical care, will be evaluated using annual unmet need estimates and data from developing returned to care programs.
- ⌘ Goal IV, focusing on quality care, will be evaluated through improved clinical outcomes and improved client satisfaction. The Quality Improvement Plan incorporates evaluation benchmarks which will support the evaluation of this goal.

Impact on Priority Setting and Allocations

In developing the 2010 Comprehensive HIV Services Plan, the AA staff was aware of each strategy's potential impact on priority setting and allocations. Many of the strategies will not increase costs to the system, but will provide alternative and cost-effective uses of funds. Some of the strategies will require staff or subcontractor time to implement, but will not be a direct dollar cost. Finally, some of the strategies, particularly those that center on identifying new service providers may result in increase costs during program initiation, but ongoing provision should not increase costs to the system significantly.