PanWest-West Texas

2014-2017 Comprehensive HIV Health Services Plan

Executive Summary

February 2014

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EXECUTIVE SUMMARY

This 2014 - 2017 PanWest-West Texas Comprehensive HIV Health Services Plan was designed to fulfill federal and state mandates and provide a road map for action over the next three years.

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

- The PanWest HIV Administrative Service Area (HASA) includes three HIV Service Delivery Areas (HSDA):
  - Amarillo HSDA
  - Lubbock HSDA
  - Permian Basin HSDA
- The West Texas HASA has one HSDA, El Paso, and is also included in this analysis.
- Together these four HSDAs comprise the 64 farthest west counties in Texas, ranging from the Panhandle to the Mexico border. The total population is approximately 2.1 million people.
- PanWest and West Texas HSDA counties have experienced significant growth between 2000 and 2012. Midland County grew 26%, El Paso County 22%, Randall County 20%, Ector County 19%.
- The poorest counties, represented by the lowest median incomes and the highest federal poverty levels include Potter (Amarillo HSDA), Hale (Lubbock HSDA) and El Paso Counties.

Regional Epidemic

In 2012, the Pan West region had a total of 1,361 people living with HIV/AIDS (PLWHA). The three PanWest HSDAs have between 434 PLWHA (Amarillo) and 492 PLWHA (Permian Basin). West Texas has 1,843 PLWHA, almost all of whom live in El Paso County.

In the six years between 2007 and 2012, new HIV diagnoses averaged 23 in the Amarillo HSDA, 27 in the Lubbock HSDA, 30 in the Permian Basin HSDA and 103 in the El Paso HSDA.

PLWHA race ethnicity varies across the region.

- The farther north the HSDA, the larger the percentage of White/Caucasian PLWHA. This ranges from 51% in the Amarillo HSDA to 9% in the El Paso HSDA.
- Black/African American PLWHAs are similar percentages throughout the PanWest region, ranging from 13% in the Amarillo HSDA to 15% in the Lubbock HSDA.
- The farther south the HSDA, the larger the percentage of Hispanic/Latino PLWHA. This ranges from 85% in El Paso to 29% in Amarillo.

Men who have sex with men (MSM) is the most frequent transmission mode in all four HSDAs.

- The PanWest HSDAs have smaller percentages reporting MSM transmission mode than West Texas. PanWest HSDAs range between 51% and 55% MSM compared to 68% in West Texas.
- Injection Drug Use (IDU) transmission mode is higher in PanWest than West Texas.
- Heterosexual transmission mode ranges from 14% in Lubbock HSDA to 21% in Amarillo HSDA.

Assessment of the Needs of People Living with HIV/AIDS

The 2013 PanWest - West Texas Comprehensive Needs Assessments informs this comprehensive plan. It included an online survey of 328 consumers, 29 in-depth interviews with out-of-care consumers, key informant interviews, one case manager focus group, a behavioral health analysis, and a resource inventory.[1]

Description of the Current Continuum of Care

The StarCare Speciality Health System HIV Services Administrative Agency (AA) 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 El Paso HSDA.

- The three Ryan White 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 HASA, La Fe CARE Center and Texas Tech University Health Science Center (TTUHSC) provide HIV medical care and medical case management. Family Service of El Paso, Inc. provides mental health therapy and counseling.

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 Ryan White 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.

[1] PanWest - West Texas 2013 Comprehensive Needs Assessment can be found at www.panwest.org.

- 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.

Challenges include:

- Increasing demand for limited Ryan White funding, including funding for needed core services.
- Challenges in continuity of medical care at one West Texas provider.
- Changes in the Texas Ryan White case management system are challenging for all providers. Quality of case management services is uneven in the El Paso 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 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 and provide 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 from the Administrative Agency (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 2014 - 2017 PanWest-West Texas Comprehensive HIV Health Services Plan is the result of a collaborative planning process that included research, interactive discussion and plan development. In February 2014 the AA staff participated in a planning session that included a review of the previous mission, vision and shared values statements, making modifications. 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 the Texas Department of State Health Services (DSHS) staff.

Throughout the planning process AA staff considered the *Texas HIV Plan's Spectrum of HIV Engagement, the National HIV Strategy*, *Healthy People 2020*, and Ryan White Program requirements.

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 2014 – 2017 PanWest - West Texas Comprehensive HIV Health Services Plan.

Mission Statement

To support an effective, community-wide response to HIV/AIDS by focusing on high quality medical and support services and leveraging community resources.

The following ideal vision underpins the Plan.

Vision Statement

HIV care is accessible and effective.

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

We believe all services build on the core values of: Dignity, Respecting Diversity, Professionalism and Quality, Availability and Accessibility, and Collaboration. 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 with community organizations to enhance access to the complete continuum of services, from HIV prevention to care and treatment.

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

The 2014 - 2017 Comprehensive HIV Health Services Plan establishes four goals for AA and Subcontractor achievement. All goals reflect the findings and recommendations of the 2013 PanWest-West Texas Comprehensive Needs Assessment, the updated epidemiological profiles and the Ryan White HIV/AIDS Program requirements. The Plan goals, their associated strategies, and actions:

- Improve the case management system in the HSDAs,
- Expand access to behavioral health services,
- Ensures access to high quality HIV medical care,
- Emphasize collaboration to provide the complete prevention and care continuum.

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 2014-2017 Comprehensive HIV Health Services Plan are outlined below.

GOAL I

Improve the Case Management System Throughout the PanWest and West Texas Regions.

As the first priority of the AA, the strategies of Goal I emphasize the importance of case management in supporting PLWHA in accessing medical care and needed supportive services. Effective case managers promote engagement and retention in HIV medical care, identify and support clients who are at risk for dropping out of care, and link them to non-Ryan White funded community services. The following strategies are associated with this goal:

- Implement the HRSA HIV/AIDS Bureau (HAB) medical case management (MCM) core performance measure "medical visit frequency" by July 2014. Monitor performance improvement related to this measure using the PDSA cycle through December 2017.
- Once the initial measure is successfully implemented and the quality management process (PDSA) is in place, expand the process to include the second core MCM performance measure "gap in medical visits," targeting implementation by December 2015.
- Develop regional best practices for (1) MCM performance measure medical visit frequency, (2) maintenance in medical care and (3) medication delivery at the June 2014 annual provider training. Develop measures demonstrating conformance to best practices for medication delivery by January 2015 and use the provider self-audit on an ongoing basis.

GOAL II

Expand Access to Behavioral Health Services (Mental Health and Substance Abuse Treatment) by Integration, Co-Location and/or Increased Collaboration Between Ryan White Funded Providers and Behavioral Health Organizations.

Goal II responds to the impact of mental health disorders and substance use on linkage and maintenance in HIV medical care. The strategies associated with this goal focus on improving case manager assessment and referral to behavioral health services, working with the HIV Early Intervention (HEI) case managers in each region and integrating them in the HIV treatment team, and expanding physician and clinician skills in diagnosing and treating minor to moderate anxiety and depression. The following strategies are associated with this goal:

- Establish medical case management (MCM) best practices to improve assessment, referral and utilization of behavioral health services by December 2015.
- Expand the treatment teams in each HSDA to include both mental health professionals and HEI case managers by December 2015.
- Develop and implement a plan for all HIV clinic physicians and mid-level practitioners to develop the necessary skills to diagnose and prescribe adult psychiatric medications for minor to moderate depression and anxiety by December 2017.

GOAL III

Ensure the Delivery of High Quality Medical Care Throughout the Region.

Goal III is central to the Ryan White Program and our mission—providing high quality HIV medical care. The strategies associated with this goal relate to core performance measures, adequate and consistent physician/clinician staffing which was identified as a challenge in the El Paso HSDA on the 2013 Comprehensive Needs Assessment, and increasing cervical cancer screening among female patients. Specific strategies include:

- Implement the HRSA HIV/AIDS Bureau (HAB) Core Performance Measures for viral load suppression and PCP prophylaxis by January 2015. Continue to monitor the clinical measure for CD4 cell count.
- Ensure physician and mid-level practitioner capacity in all HSDAs to provide timely patient access to high quality HIV medical care by January 2015.
- Increase the percentage of female Ryan White patients who receive cervical cancer screening to 50% in 2015, 60% in 2016 and 75% in 2017 per cervical cancer screening performance measure.

GOAL IV

Collaborate with Non-Ryan White Funded Providers to Expand Access to the HIV Prevention and Care Service Continuum.

Given budget constraints and Ryan White funding requirements, collaboration is essential in order to provide the complete continuum of HIV prevention, care and treatment to PLWHA in the regions. The Administrative Agency (AA) and Subcontractors have always worked collaboratively with other organizations to meet clients' needs. By adding this goal to the Comprehensive Plan, the AA is emphasizing these collaborations and expanding involvement with them. Specific strategies include:

- Encourage RW funded agencies to expand collaboration with local HIV prevention outreach/counseling and testing providers to effectively link newly diagnosed consumers to HIV medical care within three months of diagnosis, reducing barriers to care.
- Continue to actively participate in the El Paso Community Mobilization Collaborative through 2014.
- With the El Paso Community Mobilization Collaborative as an example, identify opportunities to support collaborative development in PanWest HSDA(s) in 2015 and beyond.

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

Monitoring Progress

The 2014 - 2017 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 semi-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 (QMC) 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.
- Input gathered from 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.

Impact on Priority Setting and Allocations

In developing the 2014 – 2017 PanWest-West Texas 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 may result in increased costs during program initiation, but ongoing provision should not increase costs to the system significantly.