PanWest-West Texas

2014-2017 Comprehensive HIV Health Services Plan

PART TWO:

1. Mission Statement, Vision Statement and Core Values
2. Goals and Strategies
3. Action Plan

REVISED FEBRUARY 2016

PanWest – West Texas Ryan White Part B

SECTION 1: MISSION STATEMENT, VISION STATEMENT AND CORE VALUES

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.

Vision Statement

HIV care is accessible and effective.

Core Values

We believe all services are built 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.

February 2016 Revisions: The 2014-2017 Comprehensive HIV Health Services Plan was implemented March 2014 and was revised August 2014 for Fiscal Year 2015 for the Administrative Agency's application renewal to the Texas Department of State Health Services. Revisions were made in several strategies in Goals 1, 2, and 3 but not the actual goals. The goal's success will be measured through the strategies. Currently, the start and completion dates remain the same as the plan was implemented in March 2014 and goes through 2017 but are subject to change based on ARIES updates and the PDSA process. The Plan was again revised May 2015 as required annually by DSHS. The May 2015 revisions are slight as the Plan was to majorly revise it in May 2016 with a new plan required September 2016. However, to make the best use of resources, the Administrative Agency is updating the plan February 2016 and looking to implement a targeted assessment in March 2016 to develop a new comprehensive plan by August 2016. The Administrative Agency's goal is to align the

Comprehensive HIV Health Services Plan with the current DSHS Texas HIV Plan Update for 2014-2015 (currently rev. December 2013) to better meet the Texas HIV Spectrum of Engagement from public awareness to viral load suppression. For the time being, the plan Goals and Objectives remain the same and some of the objectives changed. Epidemiologic and demographic data will be updated.

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SECTION 2: GOALS AND STRATEGIES

GOAL 1 : Improve the case management system throughout the PanWest and West Texas Regions.

__Strategies__

1.1 Implement the HRSA HIV/AIDS Bureau medical case management (MCM) core performance measure **"medical visit frequency**" by July 2014. By December 2017, medical visit frequency will increase by 10%. Monitor performance improvement related to this measure using the PDSA cycle through December 2017.

1.2 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 July 2015. By July 2016, gap in medical visits will decrease by 5% and decrease 10% by July 2017. Monitor performance improvement related to this measure using the PDSA cycle through December 2017.

1.3 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 2017 and use the provider self-audit on an ongoing basis.

GOAL 2: Collaborate with non-Ryan White funded providers to expand access to HIV Prevention and case service continuum.

__Strategies__

2.1 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.

2.2 Continue to actively participate in the El Paso Community Mobilization Collaborative.

2.3 With the El Paso Community Mobilization Collaborative as an example, identify opportunities to support collaborative development in PanWest HSDA(s) in 2015 and beyond.

GOAL 3: Ensure the delivery of high quality medical care throughout the region.

Strategies

3.1 Implement the HRSA HIV/AIDS Bureau Core Performance Measures for **viral load suppression** and **PCP prophylaxis** by January 2015 and continue to monitor the clinical measure for **CD4 cell count** so that by January 2016 there is an increase of 10% in viral load suppression, 10 % in PCP prophylaxis, and 10 % in CD4 cell counts and by January 2017 there is another increase of 10% in viral load suppression, 10% in PCP prophylaxis, and 10% increase in CD4 cell counts.

3.2 Ensure physician and mid-level practitioner capacity in all HSDAs to provide timely patient access to high quality HIV medical care by January 2015 with timely patient access for newly diagnosed or returning to care to be seen in less than ninety (90) days and within thirty (30) days for clients meeting priority population criteria: infants, pregnant women, CD4 less than 200, and the recently released from prison with a ten (10) day supply of HIV medication.

3.3 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.

3.4 Increase the percentage of male Ryan White patients who receive anal pap screenings to 50% in 2016 and 75% in 2017.

GOAL 4: 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.

Strategies

4.1 Establish medical case management (MCM) best practices to improve assessment, referral and utilization of behavioral health services by December 2015.

4.2 Expand the treatment teams in each HSDA to include both mental health professionals and HEI case managers by December 2015.

4.3 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.

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SECTION 3: ACTION PLAN

GOAL 1: IMPROVE THE CASE MANAGEMENT SYSTEM THROUGHOUT THE PANWEST AND WEST TEXAS REGIONS.

GOAL 1, STRATEGY 1.1: Implement the HRSA HIV/AIDS Bureau medical case management (MCM) core performance measure **"medical visit frequency**" by July 2014. By December 2017, medical visit frequency will increase by 10%. Monitor performance improvement related to this measure using the PDSA cycle through December 2017.

Completion Date: December 2017

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval
1. As appropriate, progress to quarterly monitoring in 2016 and beyond. Monitoring frequency may vary between providers based on quality management results and requirements. NOTE: The AA collaborated with and trained Ryan White funded providers to implement and monitor the MCM performance measure "medical visit frequency" in March 2014. Internal systems for monitoring were developed using ARIES and data from provider EMR systems. The AA worked with providers to begin the performance improvement process and monitoring has been ongoing.	Nurse Consultant; Quality/Data Manager	January 2015	Ongoing	Monthly/ Quarterly/ Semi-Annually

GOAL 1, STRATEGY 1.2: 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 July 2015. By July 2016,

gap in medical visits will decrease by 5% and decrease 10% by July 2017. Monitor performance improvement related to this measure using the PDSA cycle through December 2017.

Completion Date: December 2017

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval
1. As appropriate, progress quarterly monitoring in 2016 and beyond. Monitoring frequency may vary between providers based on quality management results and requirements. NOTE: The AA monitored this MCM performance measure monthly from March 2015 through December 2015 while working with providers using the PDSA and local EMR to begin the performance improvement process.	Nurse Consultant	2016	Ongoing	Monthly/ Quarterly

GOAL 1, STRATEGY 1.3: 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 2017 and use the provider self-audit on an ongoing basis.

Completion Date: Ongoing

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval
1. The AA will plan and conduct, in collaboration with the DSHS Service Consultant, the best practices training and collaboration as part of the annual training in June 2016. NOTE: Key Staff at the AA were assigned to develop best practices using the information received from providers relating to frequency of medical visits, maintenance in medical care and medication delivery in 2014.	Program Supervisor; Nurse Consultant; Contracts Specialists; Quality/Data Manager	June 2016	August 2016	Monthly

2. Integrate input from the annual training into final best practices document by September 2016.	Program Supervisor; Nurse Consultant; Contracts Specialists; Quality/Data Manager	September 2016	December 2016	Monthly
3. Incorporate best practices into provider self-audits by January 2017, reporting progress to AA quarterly.		January 2017	Ongoing	Quarterly

GOAL II: Collaborate with non-Ryan White funded providers to expand access to HIV prevention and care service continuum.

GOAL II, STRATEGY 2.1: 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.

Completion Date: Ongoing

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval
1. The AA identified HIV counseling and testing providers in each HSDA, including disease intervention specialist staff. The AA supports collaboration with these HIV counseling and testing providers to ensure all cases are linked to HIV medical care (both Ryan White and non-Ryan White) within three months of diagnosis.	Planning Coordinator; Contracts Specialist; Nurse Consultant	2014 and Ongoing	Ongoing	Quarterly
2. The AA will continue to monitor these activities through the HRSA HIV/AIDS Bureau linkage to care performance measures.	Planning Coordinator; Quality/ Data Manager	July 2014	Ongoing	Quarterly

GOAL II, STRATEGY 2.2: Continue to actively participate in the El Paso Community Mobilization Collaborative.

Completion Date: Ongoing

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval
1. Beginning in March 2014 the AA shared information about the El Paso Community Mobilization Collaborative with West Texas Ryan White funded Providers who were not participating and all identified providers were contacted by January 2015. The AA will continue to identify opportunities to shift allocation of Ryan White funds if currently funded services are provided by non-Ryan White funded collaborative partners. Identify areas for Ryan White funds to support these services, i.e. client	Planning Coordinator; Contract Specialist	April 2014	Ongoing	Semi-Annually

transportation.				
2. Identify opportunities for Ryan White funded clients to access needed services through other sources provided by collaborative partners.	Planning Coordinator; Contract Specialist	April 2014	Ongoing	Semi-Annually

GOAL II, STRATEGY 2.3: With the El Paso Community Mobilization Collaborative as an example, identify opportunities to support collaborative development in PanWest in HSDA(s) in 2015 and beyond.

Completion Date: December 2017

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval
1. Identify PanWest HSDAs with a community interest in expanding collaborative activities annually.	Planning Coordinator	December 2014	December 2016	Semi-Annually
2. Support these activities with best practices from the El Paso Mobilzation Collaborative.	Planning Coordinator	December 2014	Ongoing	Semi-Annually

GOAL III: ENSURE THE DELIVERY OF HIGH QUALITY MEDICAL CARE THROUGHOUT THE REGION.

GOAL III, STRATEGY 3.1: Implement the HRSA HIV/AIDS Bureau Core Performance Measures for **viral load suppression** and **PCP prophylaxis** by January 2015 and continue to monitor the clinical measure for **CD4 cell count** so that by January 2016 there is an increase of 10% in viral load suppression, 10% in PCP prophylaxis, and 10 % in CD4 cell counts and by January 2017 there is another increase of 10% in viral load suppression, 10% in PCP prophylaxis, and 10% increase in CD4 cell counts.

Completion Date: January 2017 and Ongoing

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval
1. The AA uses HIV QAL and the HRSA HAB performance measures to monitor the new performance measures and will continue to monitor. Ryan White funded providers received training on their requirements for data entry and began entering the data in July 2015.	Contracts Specialist; Nurse Consultant; Quality Coordinator; Data Manager	September 2014	Ongoing	Monthly
2. Using the PDSA performance improvement process and individual provider EMR data monitor attainment of at least the HRSA median for viral load suppression and the mean for PCP prophylaxis by December 2016 and ongoing.	Providers/Contracts Specialists; Quality/Data Manger	July 2015	December 2016 and ongoing	Semi-Annually

GOAL III, STRATEGY 3.2: Ensure physician and mid-level practitioner capacity in all HSDAs to provide timely patient access to high quality HIV medical care by January 2015 with timely patient access for newly diagnosed or returning to care to be seen in less than ninety (90) days and within thirty (30) days for clients meeting priority population criteria: infants, pregnant women, CD4 less than 200, and the recently released from prison with a ten (10) day supply of HIV medication.

Completion Date: December 2017 and Ongoing

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval
1. When physician and mid-level practitioner shortages are identified, contact additional medical care providers and encourage application for Ryan White funding. a. For current shortage in West Texas, contact local FQHCs (Project Vida, San Vicente) and other providers potentially interested in entering the market were notified of the Ryan White Competitive RFP issued in February 2015.	Planning Coordinator; Nurse Consultant; Contract Specialist	March 2014	December 2017	Quarterly

GOAL III, STRATEGY 3.3: 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.

Completion Date: December 2017

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval
1. Monitor female cervical cancer screenings against the goal semi-annually through December 2017.	Contract Sp.; Data Manager	July 2014	December 2017	Semi-Annually

GOAL III, STRATEGY 3.4: Increase the percentage of male Ryan White patients who receive anal pap screenings to 50% in 2016 and 75% in 2017 per anal pap screening performance measure.

Completion Date: December 2017

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval
1. Monitor male pap screenings against the goal semi-annually through December 2017.	Contract Sp.; Data Manager	June 2016	December 2017	Semi-Annually

GOAL IV: 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.

STRATEGY 4.1: By December 2015, establish medical case management best practices to improve assessment, referral and utilization of behavioral health services including each provider developing an internal policy for case management to follow the best practices.

Completion Date: January 2016 and Ongoing

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. Assign key Administrative Agency staff to begin the development of behavioral health best practices by July 2014.	Program Supervisor	July 2014	July 2014	NA	
2. Work with DSHS to evaluate the effective use of SAMISS and/or other tools for behavioral health screening in the PanWest and West Texas regions by December 2014.	Nurse Consultant	March 2014	December 2014	Monthly	
3. Collaborate with providers to evaluate current use of SAMISS and best practices for behavioral health assessment, referral and follow-up by December 2014.	Contract Specialist; Nurse Consultant	June 2014	December 2014	Monthly	
4. If new assessment tools are being considered, request select providers test these tools by April 2015.	Nurse Consultant	January 2015	April 2015	Monthly	
4. Plan and conduct the best practices training and collaboration in June 2015.	Nurse Consultant; Contracts Specialists; Quality Coordinator	March 2015	June 2015	Monthly	
5. Integrate results into final best practices document by September 2015.	AA	July 2015	September 2015	Monthly	
6. Incorporate best practices for provider self-audits by October 2015, reporting progress to the AA quarterly.	Nurse Consultant; Data Manager	October 2015	December 2015 & Ongoing	Quarterly	

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STRATEGY 4.2: Expand the treatment teams in each HSDA to include both mental health professionals and HEI case managers by December 2015.

Completion Date: December 2015 and Ongoing

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. Beginning in March 2014, collaborate with each Ryan White funded medical/case management provider to develop a customized local plan to expand the treatment team over the next two years with plans completed by September 2014.	AA	March 2014	September 2014	Monthly	
2. Work with DSHS HEI representatives to identify model programs throughout the state that may be replicated by September 2014.	Planning Coordinator	March 2014	September 2014	Monthly	
3. Establish measures to monitor the effectiveness of treatment team expansion, such as an increase in HEI case loads and increase in completed referrals to mental health counseling.	Planning Coordinator	March 2014	September 2014	Monthly	
3. Support current activities to integrate HEI case managers into Project CHAMPS and PASO, monitoring effectiveness quarterly.	Planning Coordinator	March 2014	Ongoing	Quarterly	
4. Collaborate with Aliviane and El Paso providers to integrate the new HEI case manager by December 2014.	Planning Coordinator	March 2014	December 2014	Quarterly	
5. Establish a local plan for HEI case manager integration at BAS by December 2015.	Planning Coordinator	September 2014	December 2015	Quarterly	
6. Monitor the effectiveness of each treatment team expansion using established metrics.	Planning Coordinator	July 2014	Ongoing	Semi-annually	

GOAL IV: 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.

STRATEGY 4.3: 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.

Completion Date: December 2017

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
2. Evaluate options for mental health/behavioral health preceptorships with the Oklahoma/Texas AETC and/or StarCare by September 2014. a. Identify any pre-requisites for mental health/ substance abuse training for physicians/clinicians. b. Identify the most cost-effective approach to training, including use of telemedicine.	Contract Specialist; Nurse Consultant	March 2014	September 2014	Monthly	
2. Identify budget and resource requirements for physician training by December 2014.	Contracts Specialist	March 2014	December 2014	Bi- Monthly	
3. Develop a training plan that will accommodate budgetary and scheduling constraints by December 2014.	AA	March 2014	December 2014	Quarterly	
4. Implement this plan with all physicians and mid-level practitioners who have maintained their positions for a year or more by December 2017.	Contract Specialist; Nurse Consultant	January 2015	December 2017	Quarterly	