

# The New Jersey HIV Planning Group 2016 Summit

June 17, 2016

# Vision

## UNIVERSAL VIRAL SUPPRESSION



# DHSTS Direction

- ▶ Planning involves looking to the new environment created by the health care reform:
- ▶ Assumptions:
  - ▶ The Ryan White Program is likely to remain critically necessary to the HIV response for the foreseeable future.
  - ▶ The context in which the Ryan White Program operates is changing, and this creates new opportunities that New Jersey would like to capitalize on.



# DHSTS will...

- ▶ Establish viral suppression as the statewide goal and the center of all Quality Management activities;
- ▶ Use the National HIV/AIDS Strategy and the HIV Continuum as the framework with be ;
- ▶ Monitor the impact of health care reform and adapt accordingly;
- ▶ Focus on health disparities;
- ▶ Advance data to care;
- ▶ Strengthen collaborations and partnerships;
- ▶ Work on collaborative projects with Prevention.



# Support Each Stage of the Continuum

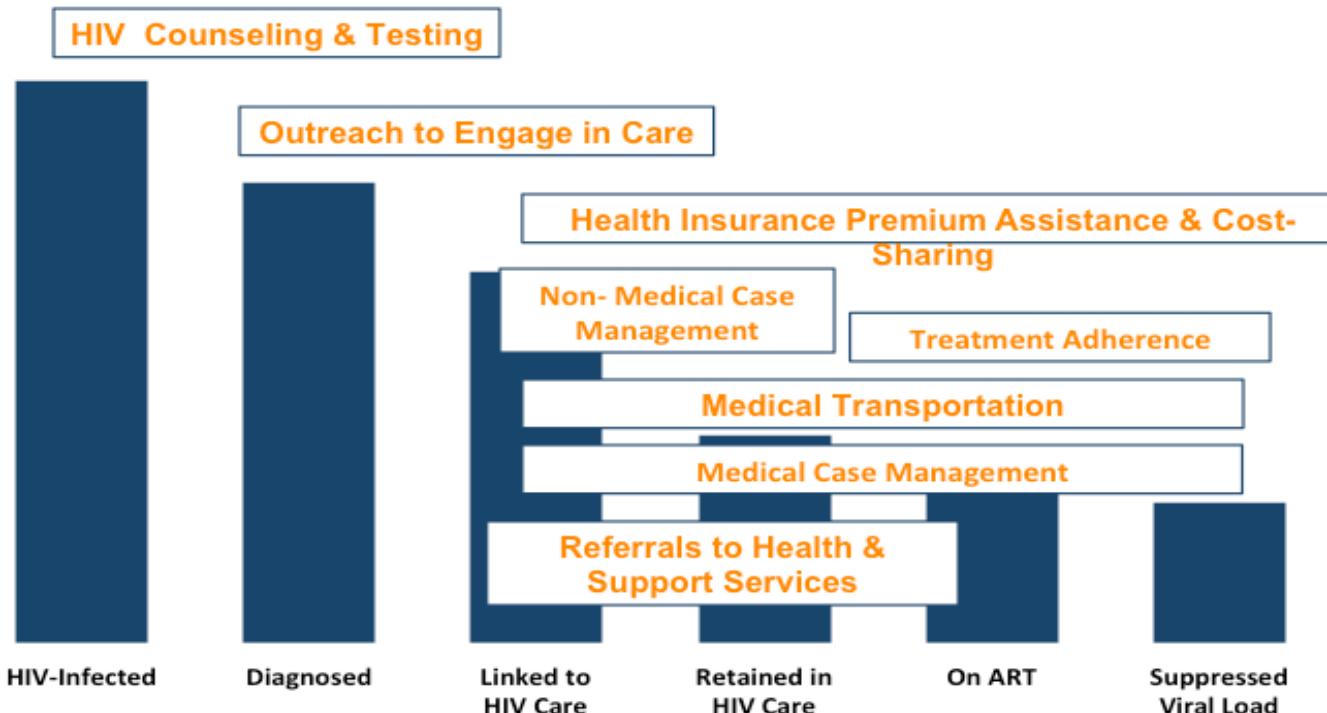
- ▶ Care activities must focus on the maximum number of people along the treatment cascade by maintaining same or next day access to care and to optimize care;
- ▶ Streamline and strengthen HIV prevention and care planning with participation from all subrecipients, advocates and consumers.
- ▶ Commit to measure HIV clinical indicators and performance along the cascade
- ▶ Focus on innovation

# Support Each Stage of the Continuum

- ▶ Re-tool the Ryan White Program to better reach the most marginalized populations;
- ▶ Strengthen the Ryan White Program's focus on gay and bisexual men;
- ▶ Focus on consumer input as an integral part of planning. Focus groups, patient satisfactions surveys, etc.

# Support Along the Continuum

## Select Examples of Ryan White Services That Support Clients Along The HIV Treatment Cascade



SOURCES: Adapted from CDC "HIV in the United States—The Stages of Care" July 2012; Service Definitions from HRSA, HAB, 2012 Annual Ryan White HIV/AIDS Program Services Report (Rsr) Instruction Manual.

# All Funded Services will...

- ▶ Enhance the Ryan White Program's ability to help individuals navigate insurance transitions (churn);
- ▶ Consider new, innovative service models to remove barriers to continuous care;
- ▶ Strengthen partnerships, collaboration and coordination at all levels.

# Do We Need Ryan White?

- ▶ Yes, but the risk of not meeting the challenges from the impact of health care reform will jeopardize our future funding;
- ▶ By maximizing the opportunities available to us, such as expansion of support services. We are poised to make major progress in getting more support in systems of care in place for PLWHs;
- ▶ We must work as a community, we need to do the hard work of showing how we are changing the program to be maximally effective in the new health care environment.

# Right People

- ▶ Gay, bisexual men and other men who have sex with men of all races but focused on Black gay and bisexual youth and men;
- ▶ Black and Hispanic populations;
- ▶ People who inject drugs;
- ▶ Transgender women targeting Black transgender

# Right Places

- ▶ Follow on areas in New Jersey that show high incidence of HIV, zip code maps;
- ▶ Focus on top 10 cities;
- ▶ Focus on top 10 counties;
- ▶ Focus on highly-impacted rural as well as metropolitan areas.



# Right Practices

- ▶ New Jersey has a robust HIV testing and linkage to care program. If you are not partnering or collaborating with testing sites, linkage to care coordinators, and case managers then how can you provide the optimal services?
- ▶ Provide broad support for people living with HIV to promote the goals of viral suppression through cooperative and collaborative services;
- ▶ Co-location of legal services in clinics, CBOs and ASOs.
- ▶ Use social media, telehealth, and the Community Health Worker Model, etc. and other innovative approaches to open new channels to viral suppression.
- ▶ Remembering that our shared goal is viral suppression!

# Self Assessment

- ▶ Stigma and discrimination
- ▶ Education
  - ▶ Health literacy
  - ▶ Health insurance needs, handling the “churn”
- ▶ Basic needs
  - ▶ How can they be met?
- ▶ Social determinants of health
  - ▶ Are they considered in programming
- ▶ Treat the whole person health!



# AETC 2105 Supportive Service Summit

## Statewide Top 10 Services

1. Mental Health
2. Substance Use
3. Homelessness
4. GTBL (Young gay/bisexual)
5. Domestic violence
6. Aging and HIV
7. Incarcerated
8. Motivational Interviewing
9. PrEP
10. Community linkages



# Ranking by Region

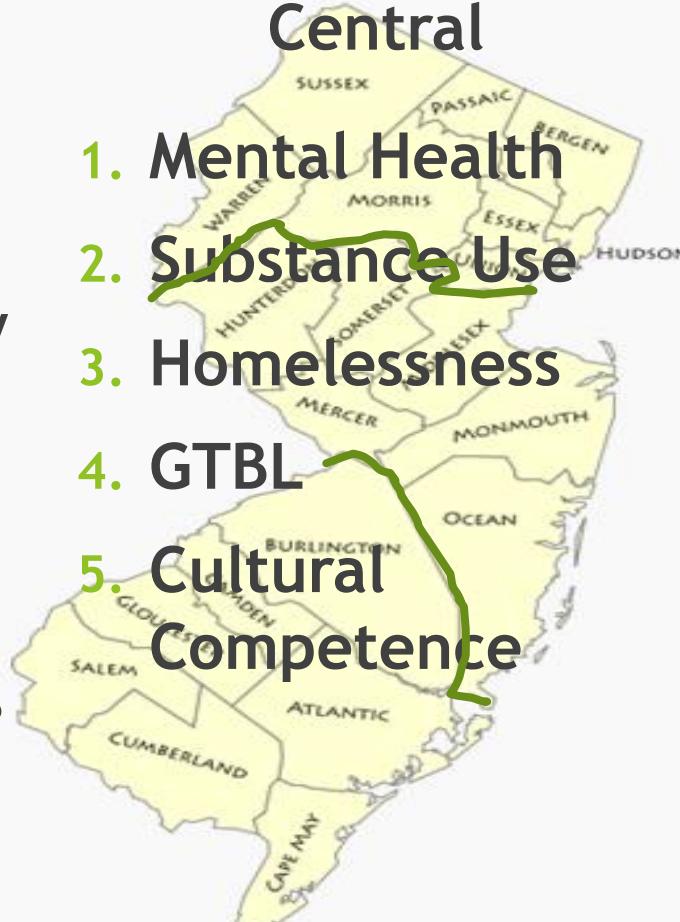
South

1. Mental Health/SA
2. Homelessness/Community Linkages
3. Adolescents
4. PrEP/Hepatitis
5. Nutrician

**Counties of New Jersey**

Central

1. Mental Health
2. Substance Use
3. Homelessness
4. GTBL
5. Cultural Competence



North

1. Mental Health
2. GLBT
3. Substance Use
4. PrEP/Incarcerated
5. >50

# What has DHSTS been doing?

## Administration and Policy

- ▶ Develop service definitions, measures and monitoring of compliance for all services;
- ▶ Ensure accountability, program income, payer of last resort, aggressively pursue, rigorous documentation, and collaboration;
- ▶ Develop a statewide QM inclusive of all Parts and services.
  - ▶ Broaden internal and subrecipient QI activities to improve services that include input from all Ryan White Parts and planning bodies with emphasis on consumers.
- ▶ Re-apply for 2017 Supplemental funds to support housing for young gay and bisexual adolescents;
- ▶ Issued RFA for RWB and State Care to include multiple support service categories that have not been available, (examples: Trauma Informed Care, ERF, Non MCM, and Food Bank).

# What has DHSTS been doing?

## ► ADDP

- ▶ Improved collaboration between DHSTS and ADDP to include Molina;
- ▶ Developed and implemented guidelines for ADDP delivery to include a streamline application;
  - ▶ Customer service focused
  - ▶ Reduced barriers to eligibility, i.e., two proofs of residence;
  - ▶ Removed limitations for ADDP reviewer interaction with subrecipient staff;
- ▶ Working with ADDP to introduce a prescription card for ADDP clients rather than a letter to the pharmacy pending;
- ▶ Developing a plan for ADDP to be the single point of entry for all care and support eligibility determinations;
  - ▶ Researching an ADDP phone system that will assist MCMs in validating ADDP eligibility;
- ▶ Collaborating with DHS in a scanning project to support shared files;
- ▶ Collaborating with DHS and Molin on ADDP QI activities;
- ▶ Implemented a health insurance premium payment program and billing database.

# What has DHSTS been doing?

## Accountability and Collaboration

- ▶ Participated in two HRSA site visits (On-site, Reverse);
- ▶ Improved collaboration and cooperation with all Ryan White Parts;
- ▶ Revised Attachment C to clearly describe expectations for subrecipients;
- ▶ Upgraded our monitoring and compliance testing for subrecipients;
- ▶ Intervened in with prior authorizations for HIV medication through NASTAD.

# What has DHSTS been Doing?

## CAREWare

- ▶ Investing in a Citrix-based platform to centralize ADDP data collection, a July roll out is anticipated;
- ▶ Researching a bridge to transfer data from the EMR to CAREWare;
- ▶ Bridged eHARS with ADDP and Molina for access to VL and CD4 count;
- ▶ Collaborating with ADDP in a barcode scanning project to open ADDP access data for HIPP;

# HIV Care Staff

- ▶ Nahid Suleiman      QM Coordinator
- ▶ Michael Kozlosky      Financial Mgt
- ▶ Eileen Vannozzi      HIPP Team Leader
- ▶ Carol Bianchi      IT/CAREWare
- ▶ Dennis Smith      IT/CAREWare
- ▶ Steven Phillips      CAREWare
- ▶ Nikki Phillips      Administrative Assistant
- ▶ Leonilda Cruz      HIPP Reviewer
- ▶ Natasha Battle      HIPP Reviewer
- ▶ Laura Batisti      HIPP Reviewer

# THANK YOU!

## CONTACT INFORMATION

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