

DHRPC Comprehensive Plan 2012-2014

Evaluation and Assessment Committee

December 8, 2011

Overview of Scope & Brainstorm

Intro to Comprehensive Plan: Guidance Letter

- **Purpose**
- **Planning Process**
 - Collaboration
 - Imagining an Ideal system
- **What's New**
 - Cut backs in Federal, State, Local Funding
 - Monitoring and Evaluation
 - Early Identification of Individuals with HIV/AIDS (EIIHA)
 - National HIV/AIDS Strategy (NHAS)
 - Healthy People 2020
 - Affordable Care Act

Goals/Focus Areas from HRSA Guidance (23!)

1. Plan to meet challenges identified in the evaluation of the 2009 Comprehensive Plan
2. 2012 proposed care goals
3. Reaching individuals Aware of their HIV status, but not in care (Unmet Need)
4. Reaching individuals Unaware of the HIV status (EIIHA)
5. Strategy to reach special populations (adolescents, injection drug users, homeless, transgender, etc)
6. Proposed solutions for closing gaps in care
7. Proposed solutions for addressing overlaps in care
8. Description of efforts/activities to coordinate care (All parts, private, prevention, SA Tx, Medicaid/Medicare, CHP+, Community Health Centers)



Key—Blue: Focus for Today | Grey: Duplicate/overlapping | Green: DHRPC support role | Brown: Save for later

Goals/Focus Areas, continued

9. Reducing the number of people who become infected with HIV (Healthy People 2020)
10. Increasing access to care and improving health outcomes for people living with HIV (Healthy People 2020)
11. Reducing HIV-related health disparities (Healthy People 2020)
12. How this plan is coordinated with and adapts to changes that will occur with the implementation of the Affordable Care Act (ACA)
13. How this plan reflects the Statewide Coordinated Statement of Need (SCSN)
14. Strategy to respond to any additional or unanticipated changes in the continuum of care as a result of state or local budget cuts
15. Intensify HIV Prevention efforts in communities where HIV is most heavily concentrated. (NHAS: Reduce Infections)
16. Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches. (NHAS: Reduce Infections)



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Goals/Focus Areas, continued

17. Educate all Americans about the threat of HIV and how to prevent it. (NHAS: Reduce Infections)
18. Establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV. (NHAS: Increase Access/Outcomes)
19. Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV (NHAS: Increase Access/Outcomes)
20. Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing (NHAS: Increase Access/Outcomes)
21. Reduce HIV-related mortality in communities at high risk for HIV infection (access to VL & CD4) (NHAS: Reduce Disparities)
22. Adopt community-level approaches to reduce HIV infection in high-risk communities. (NHAS: Reduce Disparities)
23. Reduce stigma and discrimination against people living with HIV. (NHAS: Reduce Disparities)



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Preparation Process

- **Goal:**
- **Background Information:**
- **Objectives:**
- **Responsible Parties:**
- **Process:**
- **Timeline:**

What is a good indicator?

- Relevance.
 - Does the indicator relate to a condition/situation that occurs frequently or have a great impact on the people you serve?
- Measurability.
 - Can the indicator realistically and efficiently be measured and reliably re-measured given finite resources?
- Accuracy.
 - Is the indicator based on accepted guidelines or developed through formal group-decision making methods?
- Improvability.
 - Can the performance rate associated with the indicator realistically be improved given the limitations of your program and patient population?



Goal 1: Plan to meet challenges identified in the evaluation of the 2009 Comprehensive Plan

Responsible Parties:
DHRPC, DOHR

Relevant Information:

- Utilize: 2011 CP Update Document
- Emerging Issues across sub-committees
 - Need to better use data to understand TGA and drive decisions.
 - Incarcerated & RRI
 - Aging populations
 - Peer Leadership
 - Defining Case Management
 - Better Collaboration with the state
 - Improve planning council functioning and effectiveness
 - Better way to share information between providers within TGA

Goal 2: 2012 proposed care goals

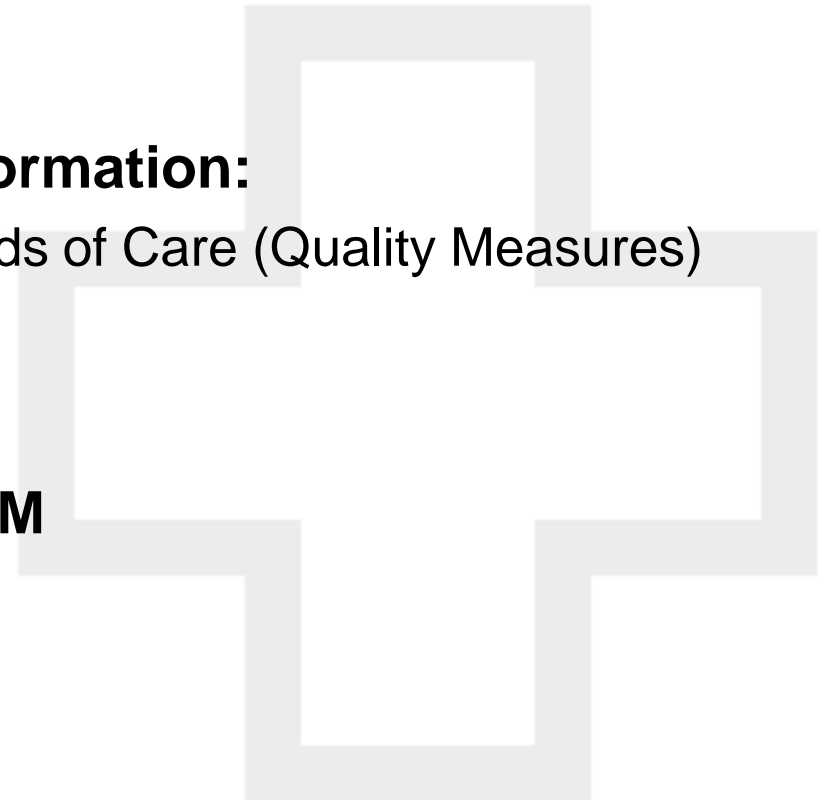
Responsible Parties:

DHRPC

Relevant Information:

- Standards of Care (Quality Measures)
- Other?

BRAINSTORM



Goal 3: Reaching individuals Aware of their HIV status, but not in care (Unmet Need)

Responsible Parties:
DHRPC, DOHR, CDPHE

Overlap: NHAS:
Increase
Access/Outcomes

Relevant Information:

- **eHARS**
 - 52.6% of those living with HIV/AIDS were determined not to be in primary care.
 - 35.6% PLWA; 66.1% PLWH not in care
 - Socio demographic profile: more likely to be male, 50+, non-Hispanic White, diagnosed in the 80's, not progressed to AIDS.
 - (NOTE: This is all being reviewed by CDPHE at the moment)
- **CareWare**
 - Currently 1,228 (72.2%) Part A clients in care. (27.8% out of care? In private care?)
 - Use NA analysis of CW Out of Care (appendix B)
 - Use DOHR Unmet Need document (Grant App)
 - Track people moving between clinics (to improve MOGE accuracy)

Goal 3: Unmet Need, cont.

- **Needs Assessment—Participant survey:**
 - 12.5% of respondents indicated they were out of care (87.5 % in care)
 - 35% of all respondents had been out of care >1 year in the past
 - 52.3% linked within 1 mo
 - 18.8% linked > 1yr
 - Socio-Demographic description:
 - Highlights of who ceased care at higher rates:
 - Non Whites
 - Not permanently housed
 - Individuals without private insurance (check this—NA is confusing)
 - Age 13-24
 - More likely to be HIV+, no AIDS dx
 - More likely to be above 100% of FPL

Goal 3: Unmet Need, cont.

- **Needs Assessment—Participant survey:**
 - Reasons not in care:
 - Financial concerns (no insurance, couldn't afford)
 - Paperwork
 - Lack of Transportation
 - Wasn't sick/Didn't think medical care would do any good
 - Didn't want anyone to know HIV+
 - Top issues people need help with after dx (Linkage):
 - Emotional support, 55%
 - Getting meds, 52%
 - Finding medical provider, 51%
 - Information about HIV, 44%

Goal 3: Unmet Need, cont.

- **Needs Assessment—Provider survey & Participant Survey**
 - Impacts on retention
 - Mental Health
 - 65% with MH dx (participant survey):
 - » Of the 65%: 83% depression, 55% Anxiety, 27% bipolar
 - Substance Abuse
 - 63% with SA dx (participant survey):
 - » Of the 63%: 23% “need help”, 39% “should”
 - System Literacy issues/unaware of services
 - Fear/Stigma
 - Homeless
 - Unemployment
- **Other**
 - Standards of Care (Quality Measures)
 - DOHR & CDPHE Unmet Need documents for Grant Application
 - EIS/Linkage Programs

Goal 3: Unmet Need, cont.

BRAINSTORM

- What do we measure over time?
 - % Out of Care (based on CW and/or HARS)
 - Time from dx to linkage?
 - Target sub populations of Out of Care?
 - **Race**
 - **Homeless**
 - **Poverty Level**
 - **Insurance Status**
 - **Mental Health**
 - **Substance Abuse**
 - What additional data do we need?
 - What data limitations do we need to consider and/or address?

Goal 4: Reaching individuals Unaware of the HIV status (EIIHA)

Responsible Parties:
DHRPC, DOHR, CDPHE

Relevant Information:

- eHARS
- CareWare
- Needs Assessment
- Other
 - CDPHE EIIHA plan
 - DOHR EIIHA plan

Goal 4: Reaching individuals Unaware of the HIV status (EIIHA), Continued

BRAINSTORM

- What do we measure over time?
- What additional data do we need?
- What data limitations do we need to consider and/or address?

Goal 5: Strategy to reach special populations (adolescents, injection drug users, homeless, transgender, etc)

Responsible Parties:
DHRPC

Relevant Information:

- Needs Assessment Populations:

2010	eHARS		CW	
	All	8648	100%	3847
MSM-IDUs	741	9%	324	8%
MSM of color				
White MSM				
MSM over 40				
Foreign-born				
Women	871	10%	655	17%
Youth (14-17)	9	0.1%	12	0.3%
Youth (18-24)	145	2%	142	4%
People with MH hx				
Formerly Incarcerated				
Homeless			441	11%
Monolingual Spanish speakers				
African Americans	1304	15.1%	431	11%
Transgender			21	0.5%
Jefferson County (provider location issue)	602	7%		
People with SA hx				

Goal 5: Strategy to reach special populations, continued.

• **Needs Assessment:**

- Monolingual Spanish Speakers
 - Need info available in Spanish
 - Culturally appropriate services
 - Better coordination of care and referral mechanisms
 - Medical and dental services for undocumented
 - Need services in counties other than Denver
 - Transportation
- Homeless/Non-permanently housed
 - Increase from 8% in 2008 to 10% in 2010
 - Take longer to enter care
 - In one month: 43.4% compared to 52.3%
 - More than one year: 27.3% compared to 18.8%
 - More likely to be out of care(64% compared to 72%)
 - Access to financial assistance
 - Access to Dental
 - Transportation

Goal 5: Strategy to reach special populations, continued.

- **MSM/IDU**
 - % is increasing in DTGA (HARS)
 - % is increasing in part A utilizers: 7.6% in 2008 to 8.2% in 2010
 - 11.5% of new infections (HARS)
 - Increased EFA use more than any other sub group between 2008-2010)
- **Incarcerated/RRI**
 - Employment
 - Housing
 - Take longer to enter care
 - In one month: 44.9% compared to 52.3%
 - More than one year: 22.9% compared to 18.8%
- **African Americans**
 - Under represented in Part A services
 - 5% of general population; 15% of DTGA
 - Access to services decreased from 71.5% in 2008 to 67.5% in 2010
 - Barrier: “did not want anyone to find out I had HIV”
 - Higher rate of use of EIS services

Goal 5: Strategy to reach special populations, continued.

BRAINSTORM

- What do we measure over time?
 - Which “Special Populations?”
 - What do we want to know about them?
 - How they access services?
 - What additional data do we need?
 - What data limitations do we need to consider and/or address?

Goal 6: Proposed solutions for closing gaps in care

Responsible Parties: DHRPC

Relevant Information:

- **GAPS:**
 - Oral Health
 - Housing
 - Financial Assistance
 - Transportation
 - Access to Health Insurance
 - Mental Health
 - Substance Abuse
 - Primary Care services in counties other than Denver
 - African American's under represented in RW services. (Is this a gap?)

Goal 6: Proposed solutions for closing gaps in care, Continued

BRAINSTORM

- What do we measure over time?
 - Which “Gaps” should we focus on?
 - What do we want to know about them?
 - What additional data do we need?
 - What data limitations do we need to consider and/or address?

Responsible Parties: DHRPC

Goal 12: How this plan is coordinated with and adapts to changes that will occur with the implementation of the Affordable Care Act (ACA)

Relevant Information:

- Reauthorization in 2013
- Presidential Election 2012

BRAINSTORM

Responsible Parties:
DHRPC, DOHR, CDPHE

National HIV/AIDS
Strategy: *Increasing
Access to Care and
Health Outcomes for
People Living with HIV*

Goal 18: Establish a
seamless system to
immediately link people to
continuous and
coordinated quality care
when they are diagnosed
with HIV

Responsible Parties:
DHRPC, CDPHE, EIS
Providers, Testing Sites

Relevant Information:

Objectives:

1. Facilitate linkages to care
2. Promote collaboration among providers
3. Maintain people living with HIV in care

Goal 18: Continued

Establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV

Responsible Parties:
DHRPC, DOHR, HOPWA

BRAINSTORM

- How does this overlap with other focus areas/goals we have already identified?
- What do we measure over time?
- What additional data do we need?
- What data limitations do we need to consider and/or address?

National HIV/AIDS Strategy:
*Increasing Access to Care
and Health Outcomes for
People Living with HIV*

Goal 20: Support people
living with HIV with co-
occurring health conditions
and those who have
challenges meeting their
basic needs, such as housing

Responsible Parties: DHRPC,
DOHR, HOPWA

Note Overlap: Healthy
People 2020: Increase
Access/Outcomes

Relevant Information:

Objectives (Recommended action from NHAS):

1. Enhance client assessment tools and measurement of health outcomes
2. Address policies to promote access to housing and supportive services for people living with HIV

Goal 20: Continued

Support people living with HIV with co-occurring health conditions **and** those who have challenges meeting their basic needs, such as housing

Responsible Parties: DHRPC, DOHR, HOPWA

BRAINSTORM

- How does this overlap with other focus areas/goals we have already identified?
- What do we measure over time?
 - Which co-occurring health conditions and basic needs should we focus on?
 - What do we want to know about them?
 - What additional data do we need?
 - What data limitations do we need to consider and/or address?

National HIV/AIDS Strategy:

*Reducing HIV-Related
Disparities and Health
Inequities*

Goal 21: Reduce HIV-
related mortality in
communities at high risk for
HIV infection

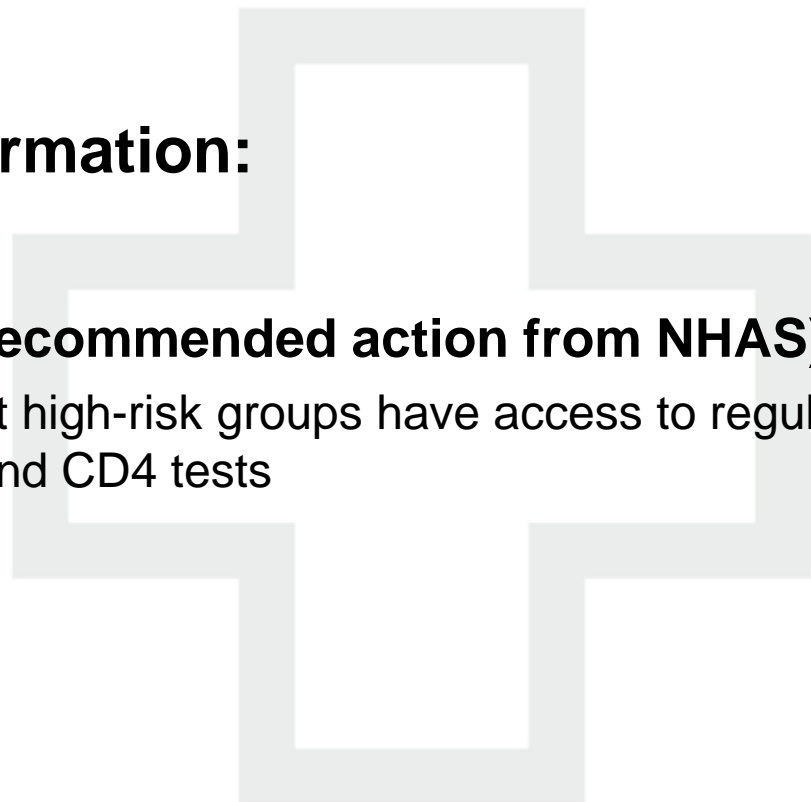
Responsible Parties: DHRPC,
DOHR

Note Overlap: Healthy
People 2020, National AIDS
Strategy

Relevant Information:

Objectives (Recommended action from NHAS):

1. Ensure that high-risk groups have access to regular viral load and CD4 tests



Goal 21: Continued

Reduce HIV-related mortality in communities at high risk for HIV infection

Responsible Parties: DHRPC, DOHR

BRAINSTORM

- How does this overlap with other focus areas/goals we have already identified?
- What do we measure over time?
 - Which high risk communities?
 - What do we want to know about them?
 - What additional data do we need?
 - What data limitations do we need to consider and/or address?

Whew!

10 out of 23 goals/Focus Areas down!

Goal 7: Proposed solutions for addressing overlaps in care

Responsible Parties:
DHRPC

Relevant Information:

- eHARS
- CareWare
- Needs Assessment
- Other



Goal 8: Description of efforts/activities to coordinate care (All parts, private, prevention, SA Tx, Medicaid/Medicare, CHP+, Community Health Centers)

Responsible Parties:
DHRPC, CDPHE's
Collaborative Mtg

Relevant Information:



Goal 9-11: Address
Healthy People 2020
Objectives

Responsible Parties:
DHRPC

Note Overlap: Healthy
People 2020, National AIDS
Strategy

Relevant Information:

- **Healthy People 2020 Objectives:**
 - Reducing the number of people who become infected with HIV
 - Increasing access to care and improving health outcomes for people living with HIV
 - Reducing HIV-related health disparities

Goal 13: How this plan reflects the Statewide Coordinated Statement of Need (SCSN)

Responsible Parties:
DHRPC, DOHR, CDPHE

Relevant Information:



Goal 14: Strategy to respond to any additional or unanticipated changes in the continuum of care as a result of state or local budget cuts

Responsible Parties:
DHRPC, DOHR, CDPHE

Relevant Information:



National HIV/AIDS Strategy:
Reducing New HIV Infections

Goal 15: Intensify HIV Prevention efforts in communities where HIV is most heavily concentrated.

Responsible Parties:
CDPHE

Relevant Information:

Objectives:

1. Allocate funds to geographic areas consistent with the epidemic
2. Target prevention to high-risk populations
 - Gay/bisexual men and transgender individuals
 - Black
 - Latino
 - Substance users
3. Address HIV prevention in Asian American and Pacific Islanders and American Indian
4. Enhance program accountability

National HIV/AIDS
Strategy: *Reducing New
HIV Infections*

Goal 16: Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches.

Responsible Parties:
CDPHE, DHRPC
participation in CDPHE
HIV Prevention Advisory
Committee

Relevant Information:

Objectives:

1. Design and evaluate innovative prevention strategies and combination approaches for preventing HIV in high-risk communities
2. Support and strengthen HIV screen and surveillance activities
3. Expand access to effective prevention services
4. Expand prevention with HIV-positive individuals

National HIV/AIDS
Strategy: *Reducing New
HIV Infections*

Goal 17: Educate all
Americans about the
threat of HIV and how to
prevent it.

Responsible Parties:
CDPHE, DHRPC
participation in CDPHE
HIV Prevention Advisory
Committee

Relevant Information:

Objectives:

1. Utilize evidence-based social marketing and education campaigns
2. Promote age-appropriate HIV and STI prevention education for all Americans

National HIV/AIDS Strategy:
*Increasing Access to Care
and Health Outcomes for
People Living with HIV*

Goal 19: Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV

Responsible Parties: DHRPC, DOHR, CDPHE, AETC

Relevant Information:

Objectives:

1. Increase the number of available providers of HIV care
2. Strengthen the current provider workforce to improve quality of HIV care and health outcomes for people living with HIV

National HIV/AIDS Strategy:
*Reducing HIV-Related
Disparities and Health
Inequities*

Goal 22: Adopt community-
level approaches to reduce
HIV infection in high-risk
communities

Responsible Parties: CDPHE

Note Overlap: Healthy
People 2020, National AIDS
Strategy

Relevant Information:

Objectives:

1. Establish pilot programs that utilize community models
2. Measure and utilize community viral load
3. Promote a more holistic approach to health

National HIV/AIDS Strategy:
*Reducing HIV-Related
Disparities and Health
Inequities*

Goal 23: Reduce stigma and
discrimination against
people living with HIV

Responsible Parties: CDPHE,
DHRPC

Note Overlap: Healthy
People 2020, National AIDS
Strategy

Relevant Information:

Objectives:

1. Engage communities to affirm support for people living with HIV
2. Promote public leadership with people living with HIV
3. Promote public health approaches to HIV prevention and care
4. Strengthen enforcement of civil rights laws