

# Strengthening the Healthcare Delivery System through Planning

6660: Planning Bodies 101

August 24, 2016

The logo for EGM Consulting, LLC features a stylized graphic on the left consisting of a dark red square with a white triangle pointing towards the bottom-left corner, and a light green square partially overlapping it. To the right of this graphic is a white rectangular box with a black border containing the text "EGM Consulting, LLC" in a dark red, serif font.

EGM Consulting, LLC

The HRSA logo features a red ribbon icon on the left, followed by the letters "HRSA" in a large, bold, blue sans-serif font. Below "HRSA" is the text "Ryan White & Global HIV/AIDS Programs" in a smaller, dark blue sans-serif font.

**HRSA**  
Ryan White & Global HIV/AIDS Programs

# Meet the Team

## HIV/AIDS Bureau

Division of Metropolitan HIV/AIDS Programs

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President and Managing Director

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Vice President

# Planning Institute

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- **(6660) 101: Strengthening the Healthcare Delivery System through Planning - Wednesday, August 24, 10:30 a.m.**
- **(8010) 201: Strengthening the Healthcare Delivery System through Planning - Wednesday, August 24, 3:30 p.m.**
- **(8011) 301: Strengthening the Healthcare Delivery System through Planning - Thursday, August 25, 1:30 p.m.**

# Disclosures

**Presenters have no financial interest to disclose.**

**This continuing education activity is managed and accredited by Professional Education Services Group in cooperation with HSRA and LRG. PESG, HSRA, LRG and all accrediting organization do not support or endorse any product or service mentioned in this activity.**

**PESG, HSRA, and LRG staff has no financial interest to disclose.**

# Learning Objectives

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- **Participants will be able to identify the key components of the planning cycle and how it is used to achieve National HIV/AIDS Strategy: Update to 2020 goals**
- **Participants will be able to apply PIR - Parity, Inclusion, Representation and Reflectiveness and data-driven decision making in planning process**
- **Participants will be able to utilize the planning cycle to develop approaches which lead to a reduction in health disparities**

# Obtaining CME/CE Credit

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If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>

# US Department of Health & Human Services Health Resources Services Administration (HRSA)

**Mission: To improve health and achieve health equity through access to quality services, a skilled workforce and innovative programs.**



**Increase  
Access to  
Quality  
Health Care  
and Services**



**Strengthen  
the Health  
Workforce**



**Build Healthy  
Communities**



**Improve  
Health Equity**



**Strengthen  
Program  
Operations**



# HRSA HAB Vision and Mission

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## Vision

*Optimal HIV/AIDS care and treatment for all*

## Mission

*Provide leadership and resources to assure access to and retention in high quality, integrated care and treatment services for vulnerable people living with HIV/AIDS and their families*



# HRSA/HAB Strategic Priorities

- **National HIV/AIDS Strategy (NHAS) 2020/President's Emergency Plan for AIDS Relief (PEPFAR) 3.0:** Maximize HRSA HAB expertise and resources to operationalize NHAS 2020 and PEPFAR 3.0.
- **Leadership:** Enhance and lead national and international HIV care and treatment through evidence-informed innovations, policy development, health workforce development, and program implementation.
- **Partnerships:** Enhance and develop strategic domestic and international partnerships internally and externally.
- **Integration:** Integrate HIV prevention, care, and treatment in an evolving healthcare environment
- **Data Utilization:** Use data from program reporting systems, surveillance, modeling, and other programs, as well as results from evaluation and special projects efforts to target, prioritize, and improve policies, programs, and service delivery.
- **Operations:** Strengthen HAB administrative and programmatic processes through Bureau-wide knowledge management, innovation, and collaboration. This includes supporting excellence in HIV care and treatment service delivery and programs by ensuring efficient business and scientific administration, implementing effective communication and policies, and enhancing the skills of current staff.

# Ryan White HIV/AIDS Program Framework

**RYAN WHITE**  
**HIV/AIDS PROGRAM**  
**MOVING FORWARD**  
**FRAMEWORK**



# Introduction to HRSA/HAB Ryan White HIV/AIDS Program



The success of the Ryan White HIV/AIDS Program has been built on participation of the **COMMUNITY** it serves.

Part A

Part B

Part C/D

Part F

# Ryan White HIV/AIDS Program

- The Ryan White HIV/AIDS Program provides a comprehensive, community based system of care through primary medical care and essential support services for low-income people living with HIV (PLWH) who are uninsured or underinsured
  - Including PLWH in the planning of services
  - Employing a public health approach to care and treatment
- The program works with cities, states and local community based organizations to provide a cohesive system of care, serving over 500,000 people living with HIV
- A smaller but equally critical portion is used to fund technical assistance, clinical training, and the development of innovative models of care
- The Ryan White HIV/AIDS Program is funded at \$2.32 billion in fiscal year (FY) 2016

# Ryan White HIV/AIDS Program: Who We Serve

In 2014, the Ryan White HIV/AIDS Program **served half a million (512,214) people** living with HIV (PLWH) in the U.S.

**Almost 3/4 of Clients are Minorities:** 47% Black/African American, 22% Hispanic, and 4% other groups (HRSA HAB, RSR Data, 2014)

**Targeting those most in Need: Approx. 91%** of PLWH served are living at or below 250% of the Federal Poverty Level (HRSA HAB, RSR Data, 2014)



# Defining “Community Health Planning”

- **Community health planning** is a deliberate effort to involve the members of a geographically defined community in an open public process designed to improve the availability, accessibility, and quality of healthcare services in their community as a means toward improving its health status
- **That public process** must provide broadly representative mechanisms for identifying community needs, assessing capacity to meet those needs, allocating resources, and resolving conflicts

*Source:* American Health Planning Association, John Stern, 2008

# Central Role of Planning in the Ryan White HIV/AIDS Program

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- Captures the community's experience and voice
- Provides formalized opportunities/roles for continuous community input
- Provides a substantive role for consumers of Ryan White HIV/AIDS Program services and other PLWH
- Allows for shaping of a system of HIV care reflecting documented jurisdictional needs and priorities

# Planning Cycles for Different Ryan White HIV/AIDS Program Parts and Partners

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- Legislative requirements differ somewhat for each Ryan White Part
- RWHAP Part A and Part B programs do the most extensive annual planning
- Centers for Disease Control and Prevention (CDC) HIV prevention planning and HRSA HAB RWHAP Planning have been combined in the Integrated HIV Prevention and Care Plan Guidance



# RWHAP Legislative Requirements for Planning: Part A

## RWHAP Part A Programs must:

- Determine the size and demographics of the population of individuals with HIV/AIDS
- Determine the needs of such population, with particular attention to:
  - Individuals with HIV/AIDS who know their HIV status and are not receiving HIV-related services
  - Disparities in access and services among affected subpopulations and historically underserved communities
  - Individuals with HIV/AIDS who do not know their HIV status

# RWHAP Legislative Requirements for Planning: Part A

## RWHAP Part A Programs must:

- **Establish priorities for the allocation of funds within the eligible area**
  - Including how best to meet each such priority and additional factors that a recipient should consider in allocating funds under a grant
- **Develop a comprehensive plan for the organization and delivery of health and support services**
- **Assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area**

# RWHAP Legislative Requirements for Planning: Part B

## RWHAP Part B Programs must develop:

- **A determination of the size and demographics of the population of individuals with HIV/AIDS in the State**
- **A determination of the needs of such population, with particular attention to**
  - Individuals with HIV/AIDS who know their HIV status and are not receiving HIV-related services
  - Disparities in access and services among affected subpopulations and historically underserved communities
- **A comprehensive plan that describes the organization and delivery of HIV health care and support services to be funded; among other requirements, the plan**
  - Establishes priorities for the allocation of funds within the State
  - Includes a strategy for identifying individuals who know their HIV status and are not receiving such services and for informing the individuals of and enabling the individuals to utilize the services

# Suggested Guiding Principles for RWHAP Planning

## Ryan White planning:

- Is community-based, including diverse stakeholders
- Requires consumer input to needs assessment and decision-making
- Is a collaborative partnership between the planning body and the recipient
- Is designed to meet National HIV/AIDS Strategy (NHAS) goals and strengthen performance along the HIV Care Continuum
- Is an ongoing, cyclical process
- Requires data from multiple sources, gathered through varied methods
- Uses data-based decision making

# Purpose of the Planning Cycle: Putting the Pieces Together

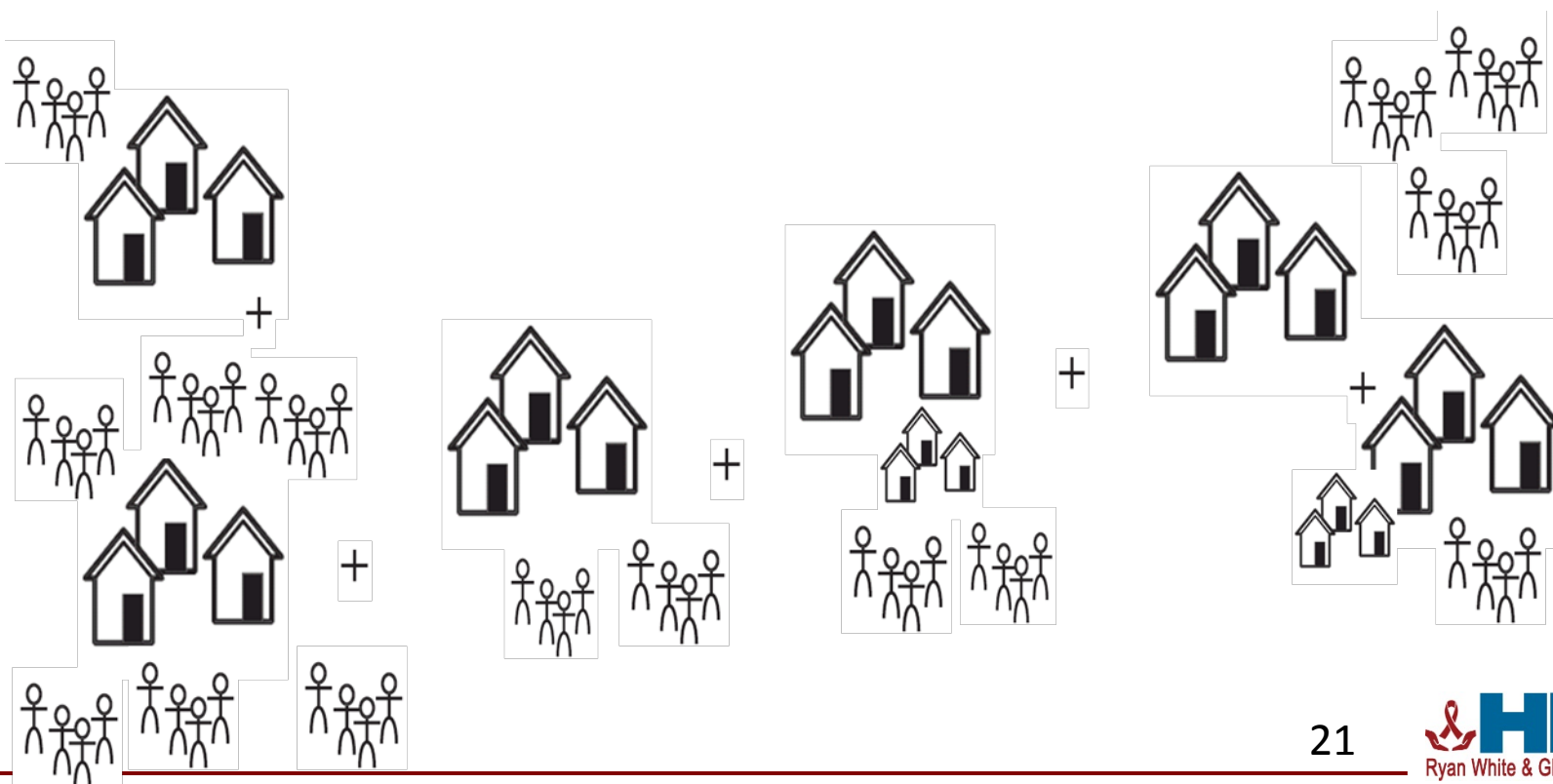
Knowing who  
needs the services  
and how to reach  
them



Knowing who,  
where, what and  
to whom



Making data driven  
decisions about  
which services are  
most needed



# Best Practices for Planning

- Organize the planning process with a work plan and calendar
- Follow a multi-year comprehensive needs assessment cycle
- Obtain data from multiple sources and present data in user-friendly formats
  - Surveillance, Needs Assessment, Ryan White Service Report, expenditure reports, QM, HIV Care Continuum
- “Triangulate” data, considering variations in quality and value
- Use worksheets and other decision-making aids

# Best Practices for Planning continued

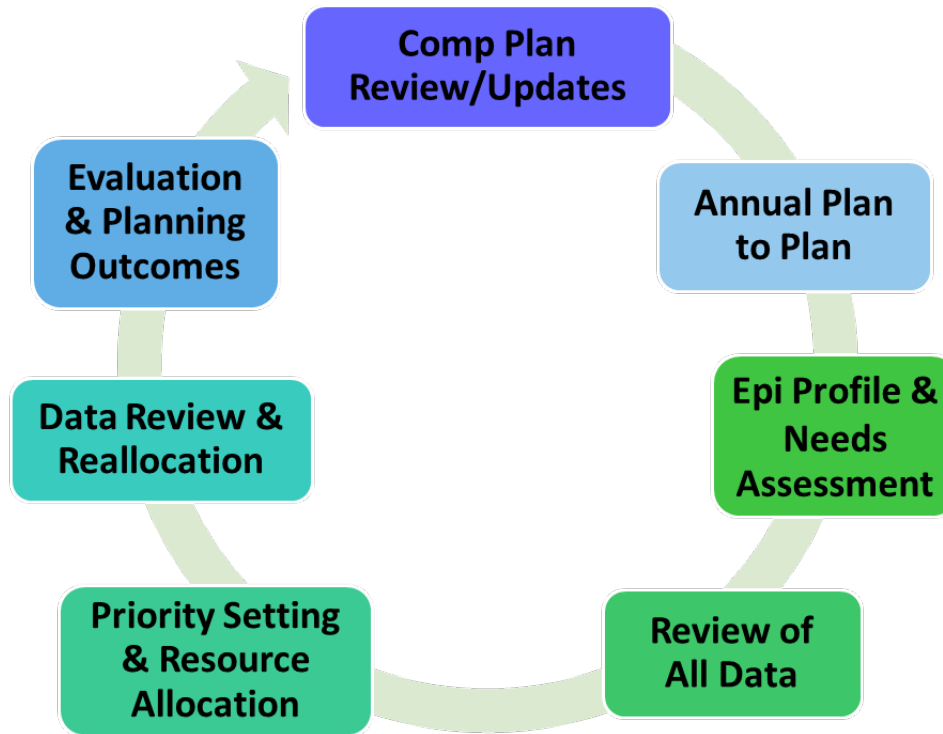
- Engage diverse communities and entities as data sources and decision makers with a focus on consumers and specific affected populations
- Provide targeted, interactive training
- Ensure planning body understanding of Conflict of Interest and advocate vs. planner roles
- Make data-based decisions using approved processes

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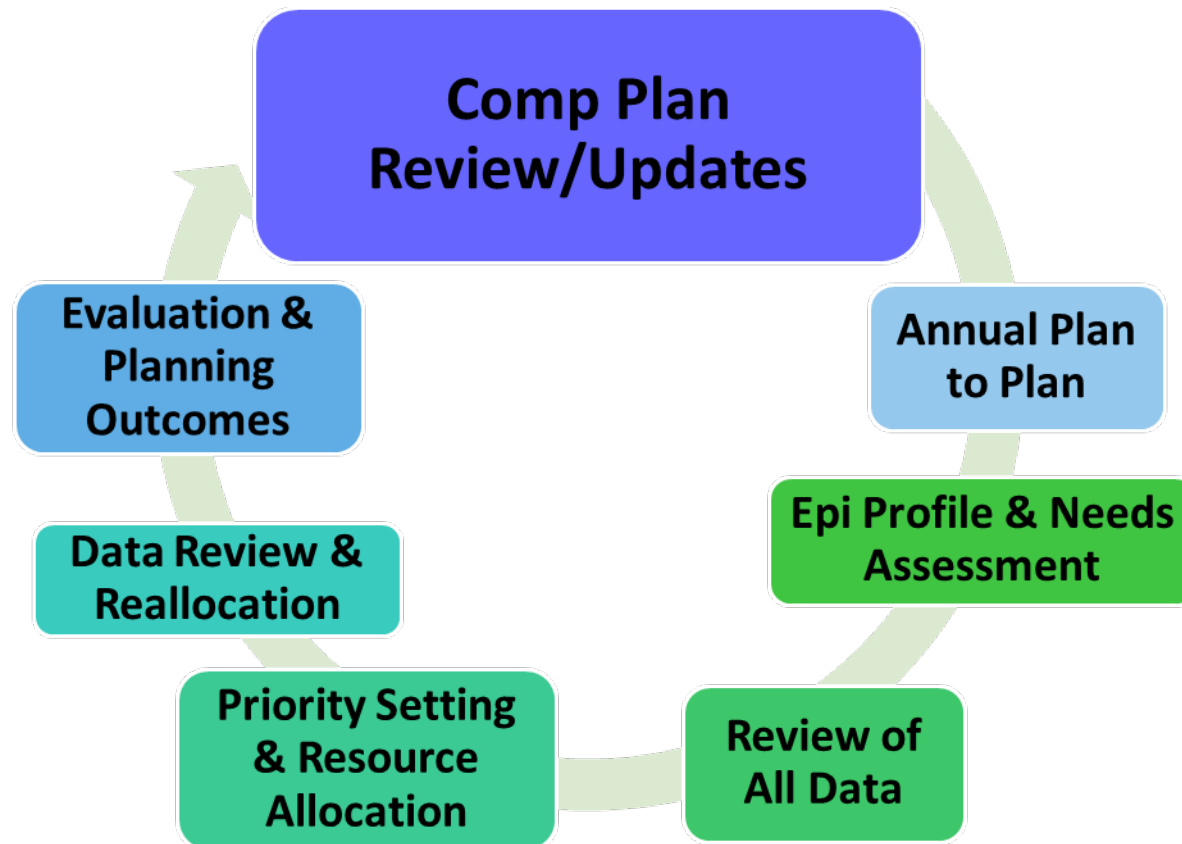
# PLANNING CYCLE



# Annual Planning Cycle



# Comprehensive Plan Review/Updates



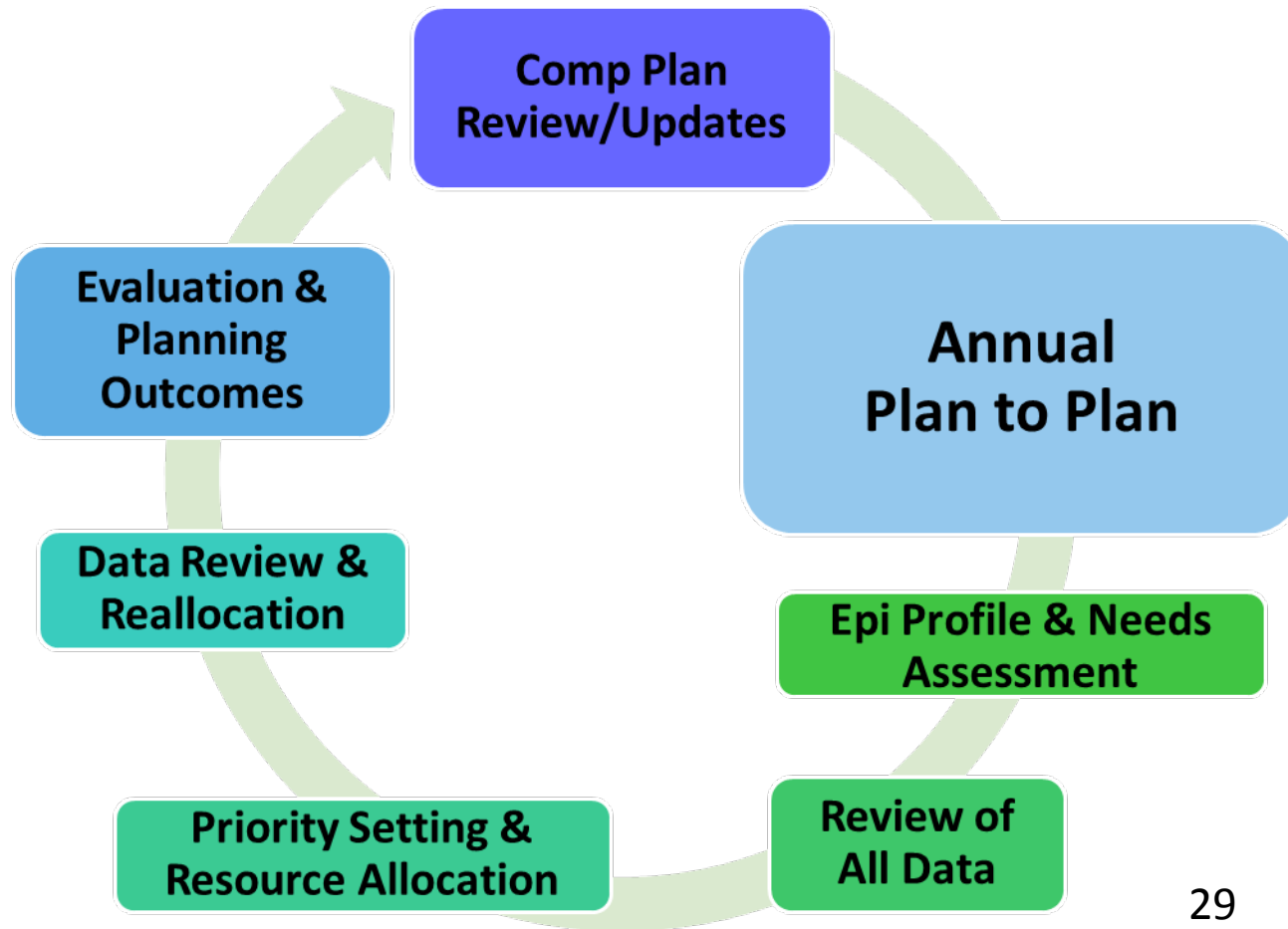
# Expectations for Comprehensive Plan Review/Updates

- Legislation requires Ryan White Part A and Part B programs to prepare comprehensive plans
- All Parts expected to participate in the Statewide Coordinated Statement of Need (SCSN) process
- For 2016, CDC and HRSA provided a guidance to facilitate RWHAP Parts A and B and CDC funded HIV Prevention recipients to submit 5-year Integrated HIV Prevention and Care Plans, including the SCSN

# Expectations for Comprehensive Plan Review/Updates continued

- Combined guidance designed to help reach the goals of the National HIV/AIDS Strategy and improve performance along the HIV Care Continuum/Treatment Cascade
- Programs expected to regularly review Plan progress and refine objectives and strategies as needed – plan should be a living document that guides the annual planning cycle

# Annual Plan to Plan



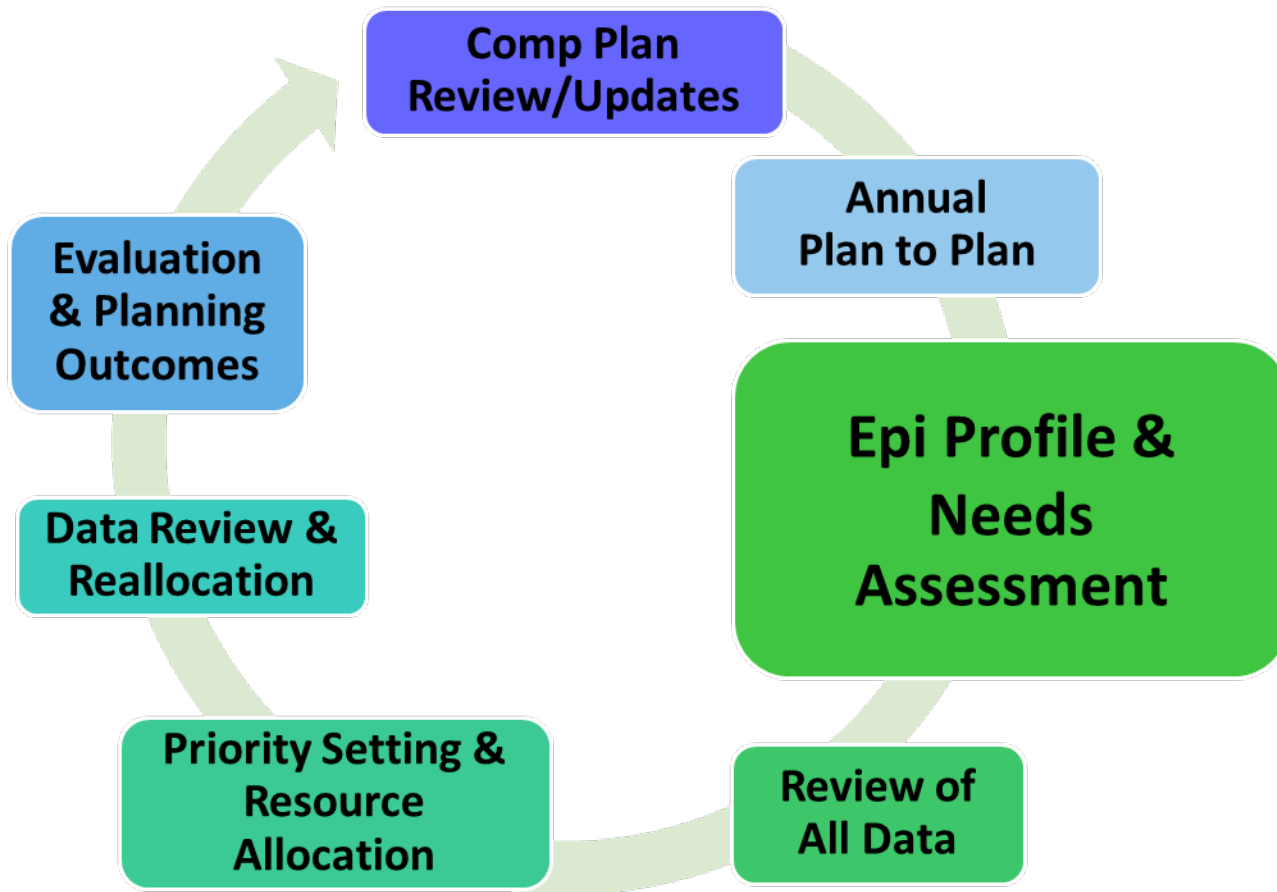
# Expectations for Annual Workplan

- **Annual work plan for the planning process**, based on Integrated Plan, annual application including the Implementation Plan, legislative and administrative requirements, local needs and concerns
- **Annual master calendar for the jurisdiction** that integrates planning body and recipient meetings, events, products & deadlines
- **Committee work plans** that provide for coordinated task completion
- **Continuing attention to engaging consumers** and other diverse community stakeholders in the planning process

# Sample Work Plan Format

Task/Event	Deliverable	Timing (Start/End)	Responsibility	Notes/Concerns
Needs Assessment	<ul style="list-style-type: none"> <li>▪ PLWH Survey Report</li> <li>▪ Special Study on Youth Linkage &amp; Retention</li> </ul>	October-April	Needs Ass't Committee	Must hire consultant by 10/31
Data Presentation	PPTs with key data & analysis	May 31	PSRA Committee	Need data from all sources
PSRA	<ul style="list-style-type: none"> <li>▪ Prioritized services</li> <li>▪ Allocations by category – 3 scenarios</li> </ul>	June-August	PSRA Committee	Recipient must receive by 9/3
Application Submission	Application – submitted online	August-September	Recipient	Exact date not known

# Epi Profile and Needs Assessment





# Expectations for Epi Profile

- Epidemiologic profile describes “the burden of HIV on the population of an area in terms of sociodemographic, geographic, behavioral, and clinical characteristics of persons with HIV”
- Should be based on the CDC/HRSA *Integrated Guidance for Preparing Epidemiologic Profiles*, updated in 2014
- Profile should include “advice on how to interpret the data in ways that are consistent and useful in meeting the planning needs of both HIV prevention and care programs”
- Often prepared by State but should address jurisdictional needs

# Expectations for Needs Assessment

**Purpose:** To find out what services are needed, what services are being provided, and what service gaps exist, overall and for particular populations, both in and out of care

**Components:** Collection and analysis of new and existing data on:

- **HIV and AIDS cases and trends** – an epidemiologic profile
- **Estimate and assessment of unmet need** – PLWH who know their status but are not in care
- **Core and support service needs of PLWH** in and out of care
- **Existing services** available to PLWH, including a resource inventory and provider capacity/capability overall and for serving specific populations & their capacity development needs
- **Service gaps** for those in care
- **Disparities in access to services** among subpopulations
- **Barriers** to testing and care

# Expectations for Needs Assessment

## continued

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**Assessing the needs of PLWH may be the most critical step in the planning process**

**Needs assessment should:**

- **Be carefully planned, with consumer input for design and implementation**
- **Include consideration of PLWH who know their status but are not in care and people who are HIV-positive but unaware of their status**
- **Be based on a multi-year needs assessment plan with a new epi profile each year plus at least one other effort**

# ***Reflection:***

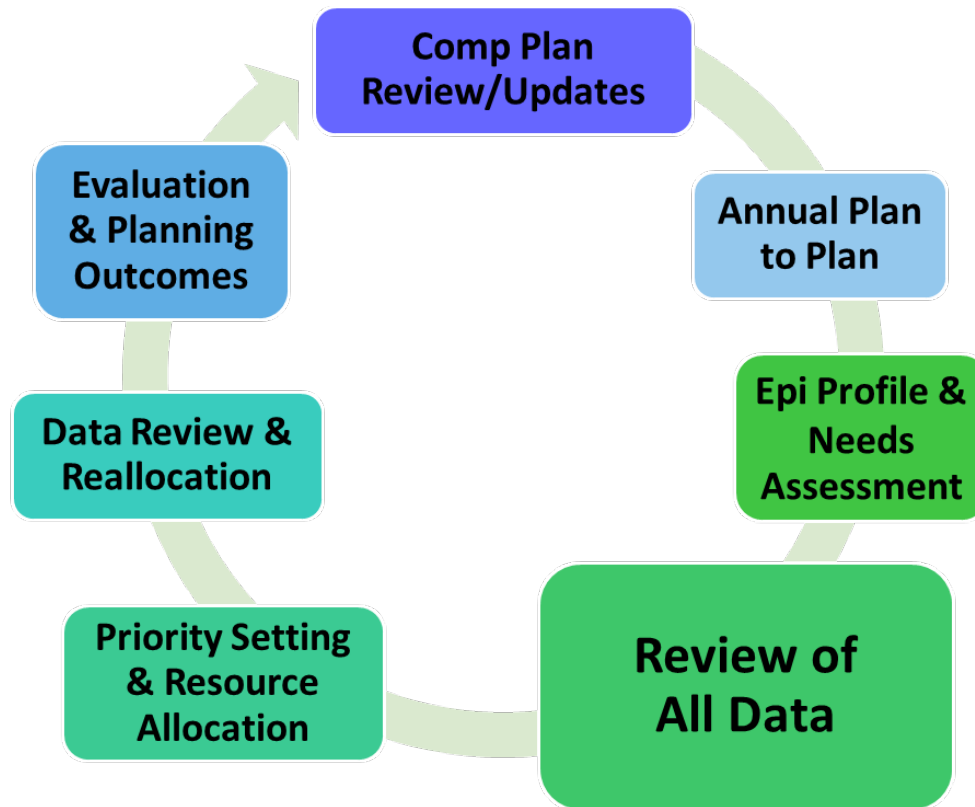
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***How comprehensive is your jurisdiction's needs assessment?***

***Does it include all specified components?***

***Does it use a multi-year cycle to regularly update various components?***

# Review of Data



# Review of All Data

Planning body should review and compare varied data from multiple sources:

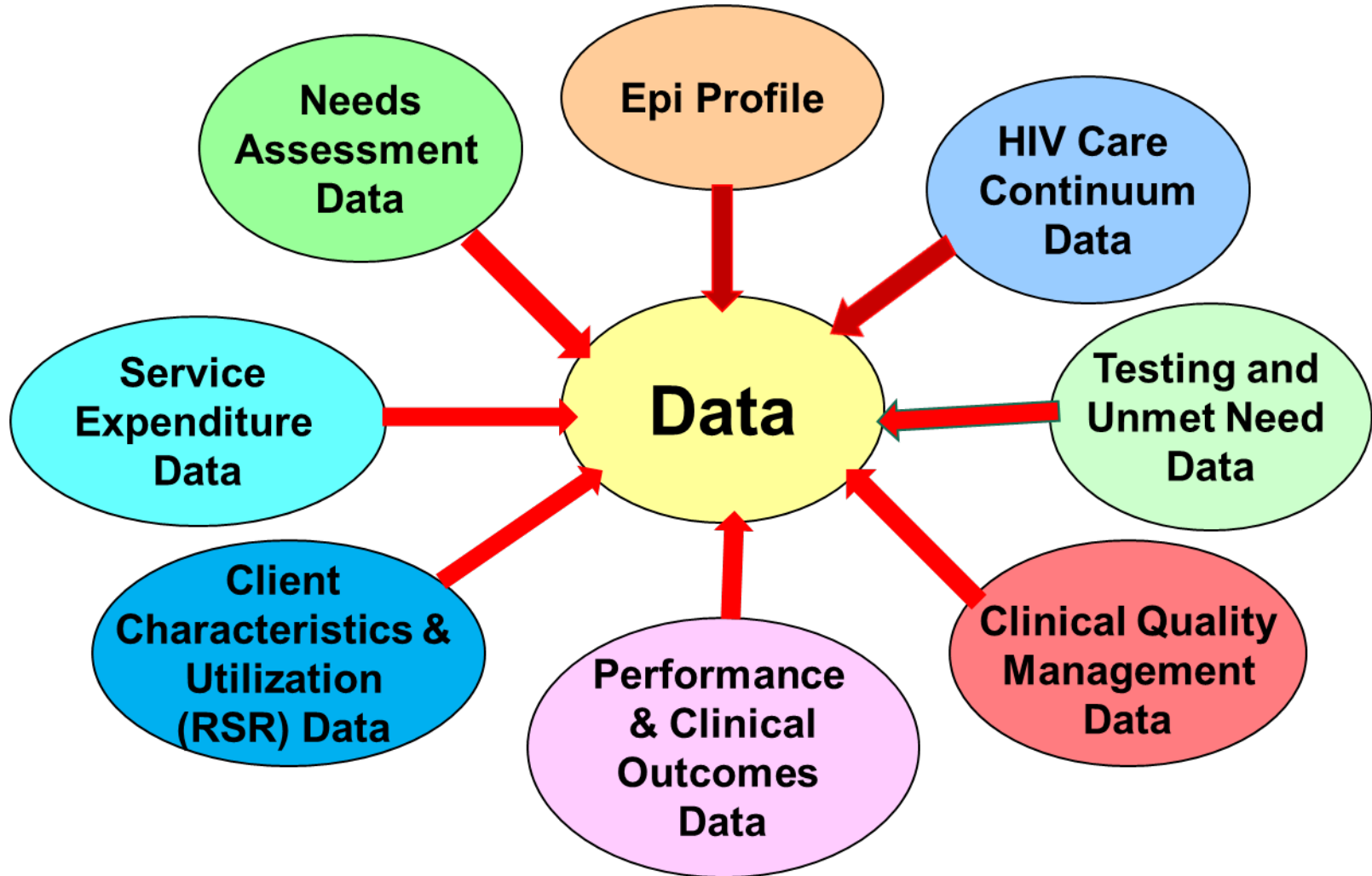
- Epi data
- Needs assessment findings
- Most recent HIV Care Continuum for the jurisdiction
  - Population health level,
  - RWHAP level,
  - Specific subpopulations
- Demographics of Ryan White clients from the Ryan White Service Report (RSR)
- Service utilization data, including disparities in access to services among PLWH groups
- Quality Management and other performance and outcomes data

# Expectations for Review of All Data

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- **Collaboration between recipient and planning body to make available needed data from multiple sources**
- **Data provided in clear, understandable formats**
- **Training for planning body on assessing and using data**
- **Comparison of data from various sources**
- **Assessment of the quality of different data sets and reports**
- **“Triangulation” of data: obtain and compare data from more than one source to see if findings are consistent**

# Data Needs for Ryan White Planning





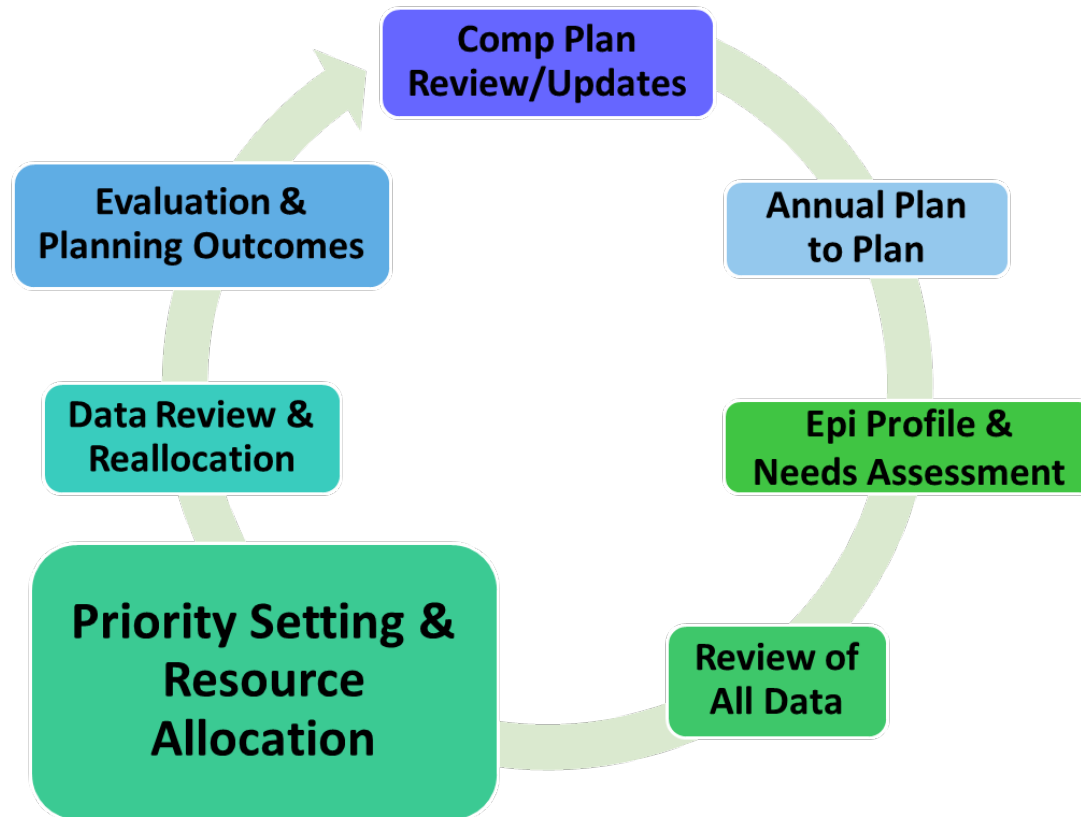
# ***Reflection:***

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***Does your planning body typically receive and use all these types of data?***

***Which if any are hard to obtain?***

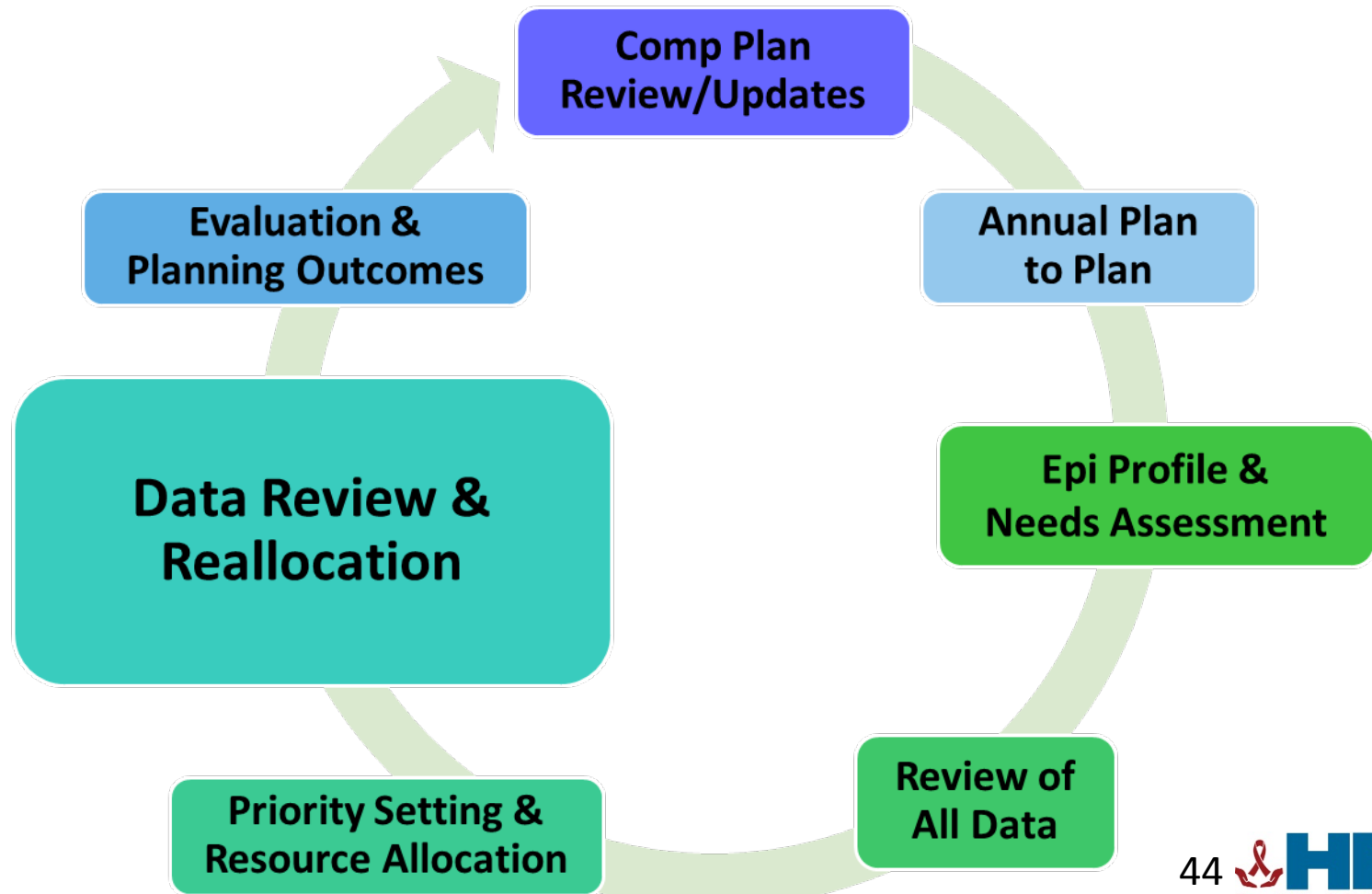
# Priority Setting and Resource Allocations (PSRA)



# Expectations for PSRA

- **Conduct all three components of PRSA:**
  - **Priority Setting:** deciding what services and program support categories are most important for PLWH in the jurisdiction, without regard for who pays for them
  - **Resource Allocations:** deciding how much funding to provide for each service priority (dollars or percent), including core and support services
  - **Directives to the Recipients** on how best to meet these priorities – e.g., what services for what populations in what geographic areas
- **Ensure that decisions are based on data, not “impassioned pleas”**
- **Remember: resource allocation does not mean procurement** – planning body has NO involvement in selection of particular entities to provide services (“subrecipients”)

# Data Review and Reallocations

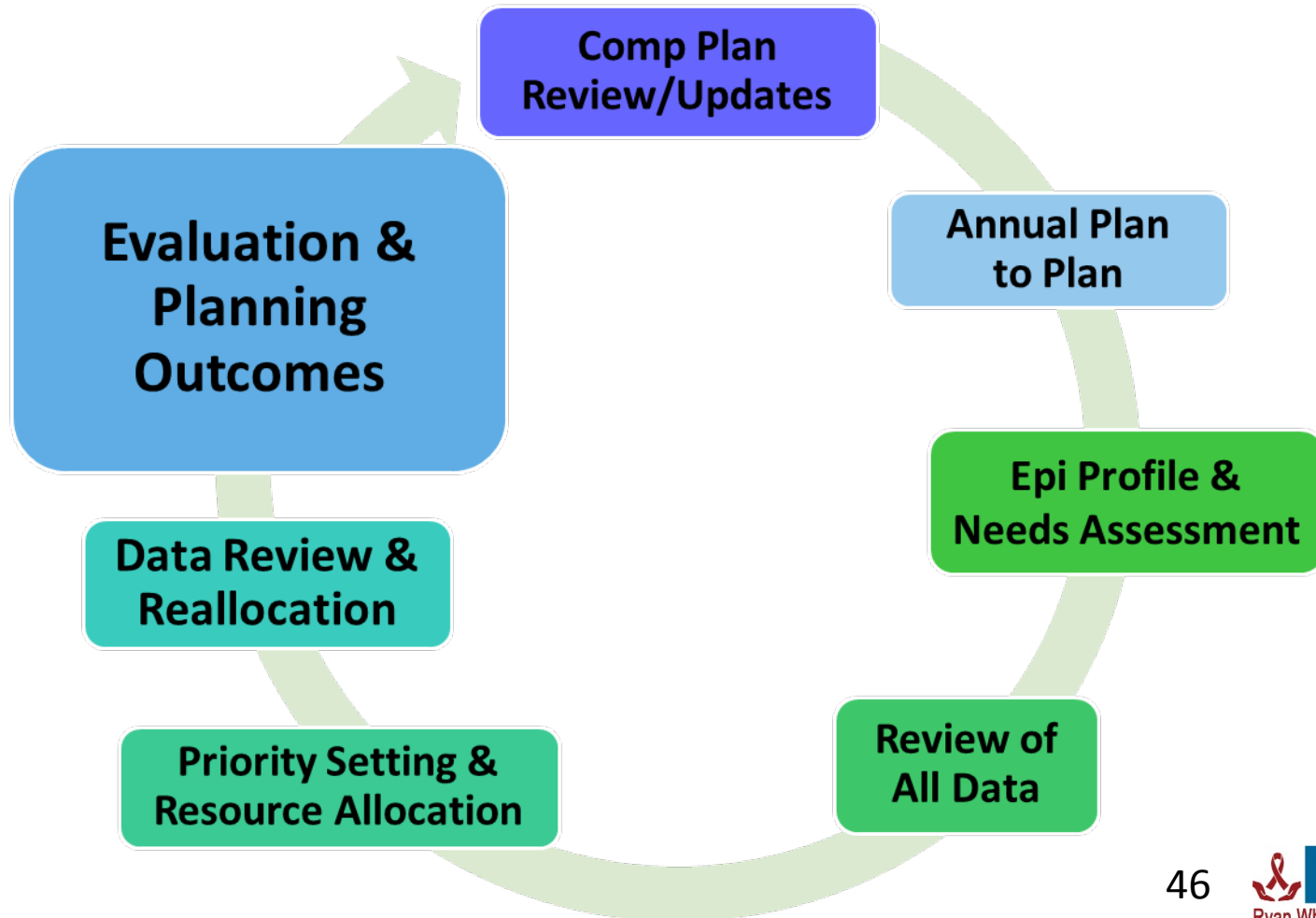


# Expectations for Data Review and Reallocations

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- Regular review of monthly expenditures by service category including over- and under-spending
- Training to ensure that all planning body members can read and understand financial reports, with more extensive training for members of the responsible committee
- Identification of trends in expenditures and service utilization
- Rapid reallocation procedure, especially during last quarter, to ensure full expenditures

# Evaluation and Planning Outcomes



# Expectations for Evaluation and Planning Outcomes

- **Evaluation of planning outcomes is central to completing the planning process – should occur during and at the end of the program year**
- **Planning process should include a review of variances (documented outcomes as opposed to the actual plan)**
  - For example, review of populations served, expenditures, and units of service
- **All items as finalized during PSRA should be compared to recipient reporting on service category activity**

# Expectations for Evaluation and Planning Outcomes continued

- **Cost and utilization data should be reviewed along with metrics from the Quality Improvement program and HIV Care Continuum**
- **Review should include identifying areas of weaknesses and populations experiencing disparities**
- **Analysis should contribute to improved service models & directives**



# *Reflection:*

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*How well does this planning cycle reflect Ryan White HIV/AIDS Program planning as carried out in your jurisdiction?*

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# BENEFITS OF THE PLANNING CYCLE

# Benefits of the Planning Cycle

- Engages diverse communities and entities as data sources and decision makers, focusing on consumers and specific populations most affected by the disease
- Provides for collaboration & coordination among planning body committees and between planning body and recipient
- Supports data-based decision making
- Encourages regular review and updating of the jurisdiction's multi-year plan

# Benefits of the Planning Cycle

## continued

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- **Provides a transparent, public process**
- **Contributes to NHAS goals, including improvements at each stage of the HIV Care Continuum**
- **Helps reduce health disparities in HIV services and outcomes**

# Questions

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# Contacts

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