Tools for Site Visit Success-Tips From a Grantee

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Rochester, NY

Agenda

- Introduction
- Pre Site Visit
  - Your Tools- Summary Documents and Project Plan
  - Gap Analysis and Mitigation
- During the Site Visit
- Post Site Visit
  - Corrective Action Plan Example
- Q&A

Introduction: Trillium Health

- Care for PLWH since 1989
  - Located in Rochester, NY
  - Ryan White Part C Grantee
  - Ryan White Part B Sub-grantee of NYS AIDS Institute
- Integrated care model: Primary Care + Specialty HIV Care
- Serve the urban area of Rochester, suburbs, and rural counties in the Finger Lakes Region
- Became an FQHC Lookalike in 2016

- 2019 PLWH Data:
  - Served 863 PLWH patients in Outpatient Ambulatory Care
  - 65% over age 50
  - 41% Black, 61% White
  - 72% Male, 25% Female, 1.7% Transgender
  - 75% have a HH income less than 500% of the Federal Poverty Level
- Served 7,295 patients at the Health Center in 2019 – 11% were PLWH

Image description: Map showing New York State with a marker showing the location of Rochester, NY

- 5 hours 40 minutes drive from New York City

- 1 hour 30 minutes drive to the Canadian Boarder in Niagara Falls
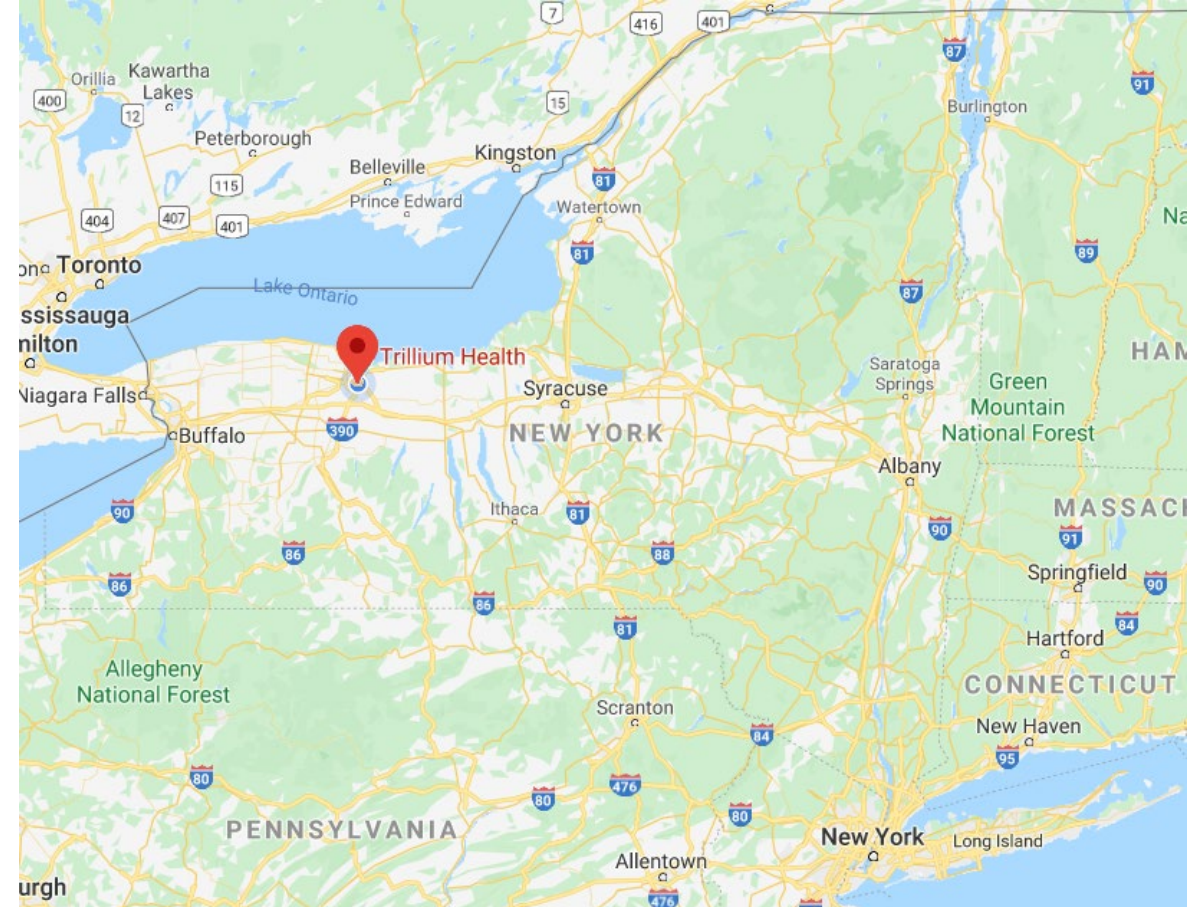
Site Visit Prep

Site Visit Prep Methods

Developed and tested by a team of people over 4 years- A few key contributors

- Dr. Bill Valenti- RWC Program Director, Infectious Disease Physician, Chief of Infectious Disease, and Founder of Trillium Health
- Bill Belecz- Chief Operations Officer & Chief Information Officer
- Jen Sahrle- Sr. Director of Operations
- Amy Mihalakas- Director of Ryan White Programs & FQHC Administrator

Key Site Visits when we refined our approach:

- 2016 FQHC LAL Initial Designation Verification Site Visit- HRSA/BPHC
- 2018 Operational Site Visit (OSV) for FQHC-LAL. Site Visit Guide was used- HRSA/BPHC
- 2019 Ryan White Comprehensive Site Visit for Part C Grant- HRSA/HAB

- Tips and tools shared today can apply to many types of site visits and aren't bound to HRSA/HAB tools or the current versions of any HRSA assessment tools

Site Visit Prep: Our Timeline

- HRSA/HAB Comprehensive Site Visit- For us it had been 6 yrs since the last visit

- Heads up from our Project Officer- July 2018
  - She shared the current HRSA/HAB Site Visit assessment tools at that time
  - Asked for possible visit date options, Visit date set for July 2019

- Quarterly Calls with Project Officer
  - Focused on walking through expectations for each of the 3 areas- Clinical, Fiscal, Administrative

- Trillium's gap analysis and mitigation kicked-off May 2019 (3 months in advance of the visit)
  - Mock Site Visit with Consultant employed through Health HIV (program income use)
  - Established team leads and small groups for Fiscal, Administrative and Clinical areas

- Call with Site Visit Team to set Agenda- June 2019 (1 month before visit)
  - Refined the Agenda a few times with input from Site Visit Team

Pre-Site Visit

What to do when you are notified of an upcoming site visit

Establish a Team

- Site visit coordination lead from start to finish- My role!

- One point person for each major area- Clinical, Fiscal and Administrative
  - 3-4 months before the Visit

- Work together from gap analysis through corrective action plan issue resolution!
  - Meeting frequency will vary in different phases

Establish a Project Plan/Timeline

Task Name	Duration	Start	Finish
Corrective Action Plan Development	**22 days**	**Wed 9/18/19**	**Thu 10/17/19**
Site visit report received from HRSA	1 day	Wed 9/18/19	Wed 9/18/19
Work Group draft interventions/actions, timelines and assignments	13 days	Thu 9/19/19	Mon 10/7/19
Leadership review and input	5 days	Tue 10/8/19	Mon 10/14/19
Incorporate Leadership feedback	1 day	Tue 10/15/19	Tue 10/15/19
EHB data entry	1 day	Wed 10/16/19	Wed 10/16/19
Submit CAP in EHB	1 day	Thu 10/17/19	Thu 10/17/19

- Tools:
  - Microsoft Project
  - Excel Spreadsheet
  - Microsoft Word Doc Table

- Major Project Phases:
  - Tools Development
  - Gaps
    - Gap Analysis
    - Gap Mitigation
    - Gap/Opportunity Summary
  - Site Visit Logistics
  - Corrective Action Plan Development

  - Resolution of Findings- Likely a new project plan

Study HRSA/HAB's Tools

- Site Visit Assessment Tool
  - Details all of the programmatic and legislative requirements

- Checklist of Materials to be made available to the Site Visit Team
  - Policies, procedures, protocols that should be in place
  - Some overlap with the Assessment Tool but not 100%

- Chart review tool
  - Also includes a list of quality metrics that should be ready for review

Your Tools: Summary Document

The "Summary Document" tool

- Created to be one single source of what the Site Visit Team needs to see and your responses/evidence of compliance in one place

- Think of it as a table of contents for all of the documents that demonstrate your compliance
  - No need to print documents or make binders

- Helps you prepare for the site visit in advance, no need to run around finding documents

Functions of this tool:

- Initial gap analysis

- Task management for gap mitigation

- Communication tool- Summarizes your remaining "opportunities"/gaps in one place

- Will outlive the site visit
  - helps with the next site visit prep (even for other grants), new applications, orientation tool for new key staff

Summary Document Tool

Section 2. Administrative Module

Requirement 5: Administrative Structure and Management

Recipient has systems in place to address licensure, continuing education, after hours and weekend coverage, client input into program activities, and RWHAP client eligibility determination and recertification requirements to ensure RWHAP is the payer of last resort.

Materials to Review/Source Documents:

- **Legal:** RWHAP Part C legislation, sections 2651-2667 of the PHS Act (42 U.S.C. 300ff-51-300ff-67); RWHAP Part D legislation, section 2671 of the PHS Act (42 U.S.C. 300ff-71); 45 CFR part 75; System for Award Management (SAM) - https://www.sam.gov/portal/SAM/#1#1; EPLS - https://gw.sam.gov/epls/services/EPLSSearchWebService

- **Programmatic:** HAB Policy Clarification Notice (PCN) 11-02; Ryan White HIV/AIDS Program Part C Early Intervention Services (EIS) Notice of Funding Opportunity (NOFO) and Part D Women, Infant Children and Youth (WICY) NOFO

Questions – RWHAP Part C	Review Criteria	Reference(s)/Citation(s) for Specific Questions	GRANTEE NAME Response
5.1 Does the recipient have a provider credentialing policy? *(Programmatic)*	☐ Met ☐ Not Met	**Programmatic:** • Parts C and D NOFOs	• Credentialing and Re-Credentialing Policy- ..\Administrative\Initial credentialing policy.pdf
5.2 Does the recipient have a system in place to ensure that providers are maintaining specific licensure? *(Programmatic)*	☐ Met ☐ Not Met	**Programmatic:** • Parts C and D NOFOs	Yes, see Credentialing and Re-Credentialing Policy linked above.
5.3 Does the recipient provide documentation of continuing education of staff in care and treatment of HIV? *(Programmatic)*	☐ Met ☐ Not Met	**Programmatic:** • Parts C and D NOFOs	• HIV CMEs by Provider: • Dr. Robert Biernbaum- ..\Administrative\CMEs\Robert Biernbaum • Dr. William Valenti- ..\Administrative\CMEs\William Valenti • Dr. Jacob Scutaru- ..\Administrative\CMEs\Jacob Scutaru • Dr. Michael Mancenido- ..\Administrative\CMEs\Michael Mancenido • PharmD Alex Danforth- ..\Administrative\CMEs\Alex Danforth • PA Erin Grindle- ..\Administrative\CMEs\Erin Grindle

Image description-

Screen shot of a Microsoft Word document with text that was copied from the HRSA/HAB Site Visit tool including a table.

- Page title- Section 2. Administrative Module.

- Sub-title- Requirement 5: Administrative Structure and Management. Includes a description of the requirement.

- Table with columns labeled- HRSA questions, legislative and programmatic citations, and a final column titled grantee response where you can include a short written response to the question and shows hyperlinked documents that demonstrate compliance

Summary Document Tips

- Use the <u>exact words</u> of the Site Visit guide!
  - If a section is not applicable to your organization write N/A in the Grantee response column
  - When you change the order or words it becomes confusing to the Site Visit team who have likely used the tool in the donor's format many times

- Use Hyperlinks
  - Save documents in a simple folder structure for each of the major Site Visit areas and title them well
  - Copy the Summary Document and the entire folder structure <u>together</u> on to multiple USBs or local drive that is accessible to the Site Visit team

- Print a copy of the summary document for each Site Visit team member

- Use the table of contents feature in MS Word to help keep your summary document easy-to-use

Organize Materials Requested

- Similar to the Summary Document

- For HRSA/HAB make a second document for the "Materials to be Made Available" site visit tool
  - Some of the documents in the Summary Document and this list were duplicative
  - Keep the formatting and ordering the same to make it easy for the site visit team for find the information- I added a numbering to help me stay organized

Materials to be made available

Control	Requirement	Document Provided
ADMINISTRATIVE		
A-01	Organization's mission statement	To promote health equity by providing affordable and extraordinary primary and specialty care, including LGBTQ health care.
A-02	Current organizational and HIV Program chart	..\Administrative\Whole Org Ryan White Highlights.pdf
A-03	Strategic plan for the organization or HIV Program	..\Administrative\Strategic Priorities Directors ELT Meeting_080818.pptx
A-04	Minutes of staff and management team meetings	..\Clinical\Provider Meeting Mins
A-05	Minutes of Consumer Advisory Group	..\Administrative\Patient Experience Mins
A-06	Minutes of Board Meetings- past 12 months	..\Administrative\BOD Meeting Mins
A-07	Contracts for all HIV program subcontractors	None
A-08	Memoranda of Understanding for network partners	..\Administrative\Agreements\Accountable Health Partners.pdf
A-09	Referral Agreements with specialists, hospitals, home health agencies, etc.	..\Administrative\Agreements

Image description

Screen shot of Microsoft Word document table with columns titled-

- Control- a simple numbering system to keep organized,
- Requirement- the HRSA/HAB required document, and
- Document Provided- hyperlink to document

Evaluate yourself

Gap Analysis

- Document gaps in your summary document for every question
  - Team effort
  - Get "real" about your gaps- if you don't have an <u>implemented</u> policy or process it's a gap!

- Mock Chart review
  - 2-4 Clinical and Medical Case Management team members
  - Use the Chart Review tool and score yourself
  - Run EHR reports to assess some metrics

- Consider using a consultant to do a Mock Site Visit
  - Someone with perspective of multiple grantees who can help you understand the requirements
  - Great use of program income
  - Benefit of the "outside expert" who can push change if needed
  - Will share resources, policies, process, job descriptions and experience that will help you mitigate gaps

Gap Mitigation

- Assess which gaps can be partially or fully mitigated before the site visit
  - Prioritize which you will be able to accomplish
  - Re-evaluate progress weekly

- Use the summary document to help organize the work
  - Gap mitigation tasks, assignments and deadlines
  - Gather proof of implementation through policies, procedures, and plans that can be shared with the Site Visit Team
  - Share "proof" documentation in folders that you set up for hyperlinks

Example: Gap Mitigation in the works

Questions – RWHAP Part C	Review Criteria		References	Trillium Response
5.1 Does the recipient have a provider credentialing policy? (Programmatic)	☐ ☐	Met Not Met	Programmatic: Parts C and D NOFOs	Link: • Credentialing and Re-Credentialing Policy- Mary ensure latest version
5.2 Does the recipient have a system in place to ensure that providers are maintaining specific licensure? (Programmatic)	☐ ☐	Met Not Met	Programmatic: Parts C and D NOFOs	Yes, see Credentialing and Re-Credentialing Policy linked above.
5.3 Does the recipient provide documentation of continuing education of staff in care and treatment of HIV? (Programmatic)	☐ ☐	Met Not Met	Programmatic: Parts C and D NOFOs	Links: • Providers: Develop a summary/ highlight excerpt in Credentialing policy about how CMEs are tracked by the CVO- Mary • Providers: Collect a summary of CMEs completed on HIV from June 2018- June 2019. – Sue to work with George • New staff orientation: HIV 101, Ryan White 101- Sue

Remaining Gaps/Opportunities

- How you will mitigate the gap after the site visit?
  - List major things you need to do to resolve these issues
  - 4 major areas for every gap- Policy/procedures, systems, staffing and PLWH consultation and communication

- Brief Everyone: On the process to assess gaps, mitigate them and remaining gaps
  - Organization leadership about the remaining gaps/opportunities and anticipated findings of the site visit
  - Brief your full Ryan White Team, anyone who will meet with the Site Visit Team
  - Your HRSA/HAB Project Officer should know the big picture before the site visit

- Include slides about your process and the remaining gaps/opportunities in your in-briefing for the site visit

Example: Remaining Gap/Opportunity

Questions- RWHAP Part C	Review Criteria	References	Grantee Response
12.6 Does the recipient actively involve a representative sample of the PLWH being served to ensure that the needs of PLWH are being addressed by CQM activities? (Programmatic)	☐ Met ☐ Not Met	Programmatic: HAB PCN 15-02	<u>Opportunity 12B</u>: The Grantee has a robust patient experience council, with representatives who are living with HIV. The Grantee identified this an opportunity for improvement and will work to incorporate more meaningful involvement of PLWH consumers in CQM work specifically. Initial Mitigation Activities: • Recruit representative group of PLWH consumers for participation in quality group • Utilize expertise of CQII trained consumer staff members to train PLWH participants on CQM and mentor them as part of the CQM groups

Site Visit Logistics and Planning

- Reserve rooms/spaces early
  - Large in-brief and out-brief spaces for your full Ryan White Team
  - Three dedicated meeting room size work spaces for the duration of the visit- one per Site Visit Team member

- Block-off key team member's calendars as soon as you have the site visit dates
  - Coordinate with Clinical reviewer early to define interview times with clinical staff to plan around patient care

- No red carpet needed but be a good host
  - One pager on local food options and local transportation tips is helpful
  - Ensure rooms for Site Visit Team have cell reception or show them where they can go

During the Site Visit

In-Brief Presentation

- Org introduction
  - Organization big picture
  - Focus on HIV and Ryan White program
  - Who, what, where (including service area)
- Contextualize your local HIV epidemic- then and now
- Who are your PLWH patients, what are their needs
  - Demographics
  - Insurance status
- What HIV services do you offer
  - Description of your service delivery model
  - Services on-site and contract out

- A listing of other HIV funding
  - What those funds support
- Quality program highlights
  - Most recent data on HAB performance measures
  - VS and RIC broken out by race, age, gender, transmission mode
- Process to prepare for the Site Visit
- Gaps/Opportunities you've already identified
  - Mitigation steps in place now
  - Future mitigation steps planned/anticipated

Meetings with Staff

- Asked us questions from the HRSA/HAB Site Visit tool
  - Helpful to show Site Visit Team in real time how to use the summary document on the flash drive
  - Site Visit Team reviewed documents in more detail the evening

- During the Agenda development we tried to define who would meet with the site visit team- flexibility

- Importance of briefing the full team about the visit and process to prepare

Transparency & Out brief

- Transparency not perfection

- HRSA/HAB Site Visits aren't punitive (not the case for others) so be realistic about your gaps and what it will take to resolve them
  - Build trust with Project Officer and Site Visit Team
  - Take the opportunity to improve your program and services for PLWH
  - Ask for help

- Out brief
  - At the end of the visit you will have a sense of the feedback and findings
  - Improvement Options or Findings

Congratulations, the Site Visit is done…

- Recognize your team and EVERYONE who helped
  - Email to team and leadership
  - Employee recognition platforms

- Specifically recognize sacrifices of personal time & shifted priorities
  - Overtime, weekends, the other project/report/application/meeting that was put on hold

- Very important because it <u>feels like</u> the work is done, but it's not
  - Most site visits have findings
  - The end of the site visit is the beginning of the work!

Post Site Visit

Corrective Action Plan Development & Resolution

Site Visit Report

- At the out brief you will have a good idea of the findings
  - Start work/planning asap *after you take a break*

- Site Visit Report will be sent to you after the visit
  - Read in detail
  - Number the findings and improvement options for ease of communication

Develop a Corrective Action Plan

- Team approach
  - Fiscal, Admin and Clinical team leads help define the corrective actions they will be responsible to undertake

- Consider all the major work needed to accomplish the task
  - Examples- Policy development, PLWH consultation, staffing, training, systems development, work flow development, EMR modifications, EMR forms, budget modifications

- Set realistic timelines
  - Helpful to set milestone timelines

- Assign staff to do the work & form multidisciplinary groups to tackle complex processes and organizational change
  - Project plans

Corrective Action Plan Example

Site Visit Report #	Critical Issue	Intervention/Action	Responsible Staff-Due Date
	ADMINISTRATIVE		

A1.a	Legislative-Administrative Structure and Management: The recipient does not have processes in place for client eligibility
	
	Recommendations: The recipient should…
		• Update eligibility policy and procedures
		• Staff & Training
		  ○ Recruit/promote staff to fill vacant roles
		  ○ Train new staff
		• Systems/Reporting
		  ○ Refine EHR Eligibility forms and reporting ability
		• Refine workflows for eligibility and re-certification
		• Implement Eligibility (or opt out) process for all PLWH patients served
		• Consultation with PLWH patient group about process, outreach and materials
		• Develop patient messaging
			Done: When will this entire finding be resolved?
			
			Responsible Staff Name- Month Year Deadline- Topic: Policy, Procedures and Workflows
			
			Responsible Staff Name- Month Year Deadline- Topic: Staffing
			
			Responsible Staff Name- Month Year Deadline- Topic: Systems and reporting deliverables

- Table format
- Numbering- Site Visit Report numbering and simple sequential numbering for the CAP
- Milestone goals
- Keeps your team on track
- Communicate about changes

Corrective Action Plan in EHB

- Use your numbering in the CAP tool to help add structure to the EHB system
  - You can add numbering in the assignment name
    - "F2. Amy Smith" for example would help me know that this is Fiscal Finding Number 2 assigned to Amy. This is helpful when updating/resolving the finding

- Upload/attach your CAP tool in EHB and email it to your Project Officer so that you are on the same page when discussing the findings

Routine Check-in Calls with Project Officer

- Helps reinforce the need to make continued progress

- Use your CAP tool to check in with team members and provide progress updates internally

- Take notes on your call and circulate them to the team

- Be transparent with your Project Officer when timelines or situations change

Resolve Findings

- Resources for resolving findings:
  - PCNs
  - Networking with other RWHAP recipients
  - Target.HIV.gov
  - CQII
  - Consultants- Use program income

- EHB resolution of findings
  - Attach proof documents like policies and materials to prove you have implemented the change
  - Dialogue with your Project Officer

Celebrate

- Celebrate resolution of findings
  - Organizational compliance & grant administration
  - Better programing for the PLWH you serve

- Recognize your team and EVERYONE who helped

Summary

- Invest time in creating easy-to-use tools to aid your preparation process and communication with the HRSA Site Visit Team

- Know your gaps/opportunities before the HRSA team arrives
  - Transparency and communication are key

- You need a team- this is not a one person job

Thank you

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