Outcomes of the HRSA, CDC, and CMS HIV Health Improvement Affinity Group for State Medicaid/CHIP Agencies and Health Departments
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Health Resources and Services Administration (HRSA)

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Health Resources and Services Administration (HRSA) Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

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HRSA's HIV/AIDS Bureau (HAB)

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.

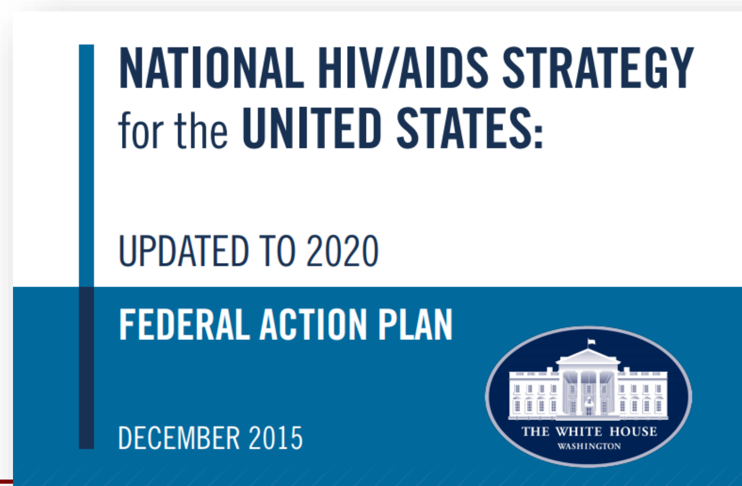
HRSA's Ryan White HIV/AIDS Program (RWHAP)

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV
  - More than half of people living with diagnosed HIV in the United States – more than 550,000 people – receive care through the Ryan White HIV/AIDS Program
- Funds grants to states, cities/counties, and local community based organizations
  - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 84.9% of Ryan White HIV/AIDS Program clients were virally suppressed in 2016, exceeding national average of 59.8%

Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016; CDC. HIV Surveillance Supplemental Report 2016;21(No. 4)

Why create the HIV Health Improvement Affinity Group?

- Medicaid is the single largest source of health care coverage for people living with HIV (PLWH) in the United States, covering more than 40% of those in care
- The National HIV/AIDS Strategy: Updated to 2020 Federal Action Plan called for the Centers for Disease Control and Prevention (CDC), the Centers for Medicare & Medicaid Services (CMS) and the Health Resources and Services Administration (HRSA) to form an *HIV Health Improvement Affinity Group*



National HIV/AIDS Strategy: Updated to 2020 Federal Action Plan available at: https://files.hiv.gov/s3fs-public/nhas-2020-action-plan.pdf

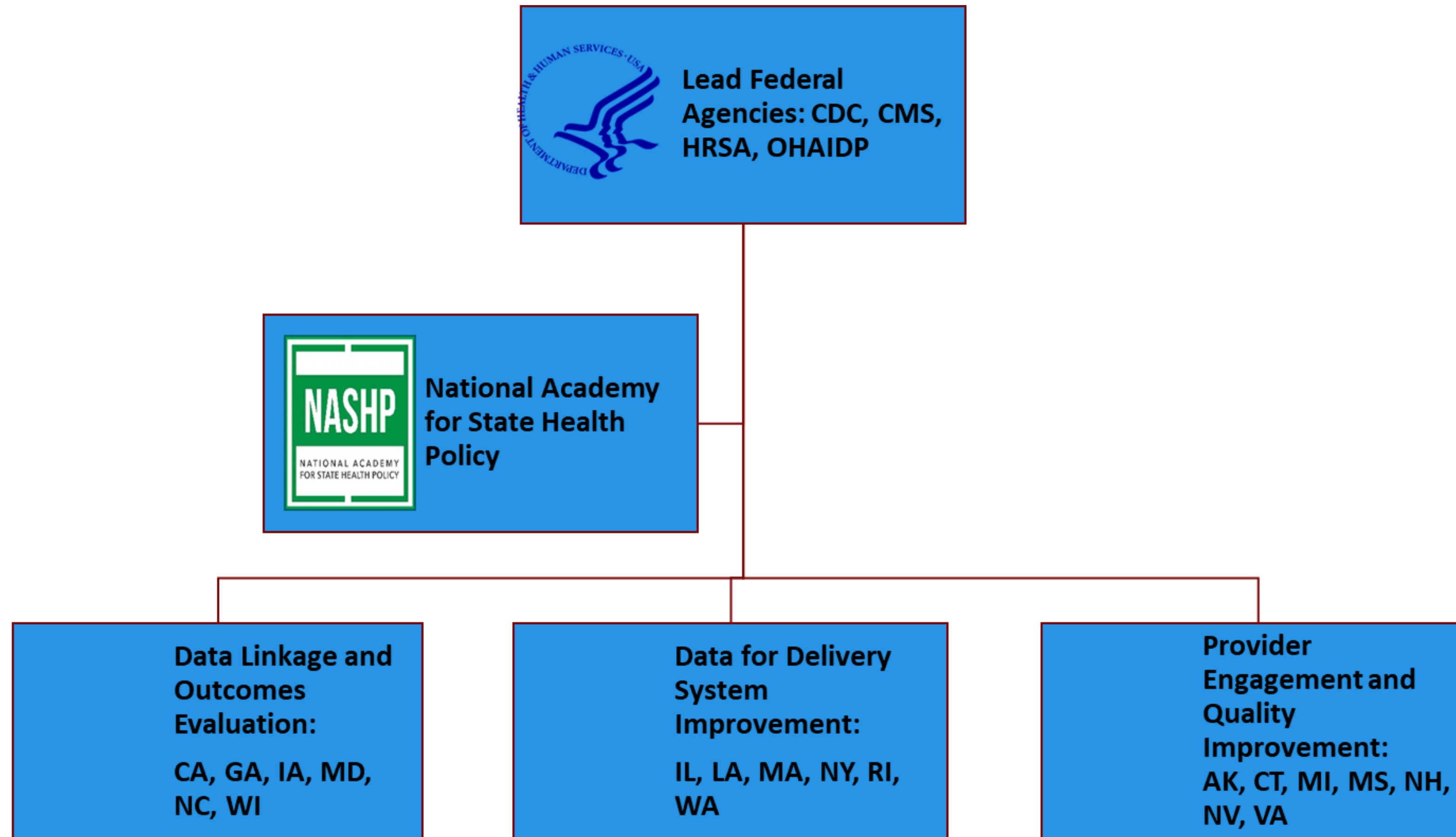
Introduction to the Affinity Group Concept

- **Voluntary, state-to-state learning and enhanced technical assistance model, organized under the Medicaid Prevention Learning Network**
- **6 launched since 2015**
  - Hepatitis C, in partnership with CDC, HRSA, and HHS –Launched December 2017
  - School Based Health (SBH) – Launched Fall 2017
  - **HIV Health Improvement, in partnership with CDC, HRSA and HHS – Launched Fall 2016**
  - Antipsychotic Drug Use in Children (ADC) – Launched Spring 2016
  - Diabetes Prevention and Management – Spring 2016-Summer 2017
  - Tobacco Cessation – Summer 2015-Summer 2016
- **State teams include Medicaid staff and other partners as appropriate**
  - Examples: public health, behavioral health, education, and social services agencies

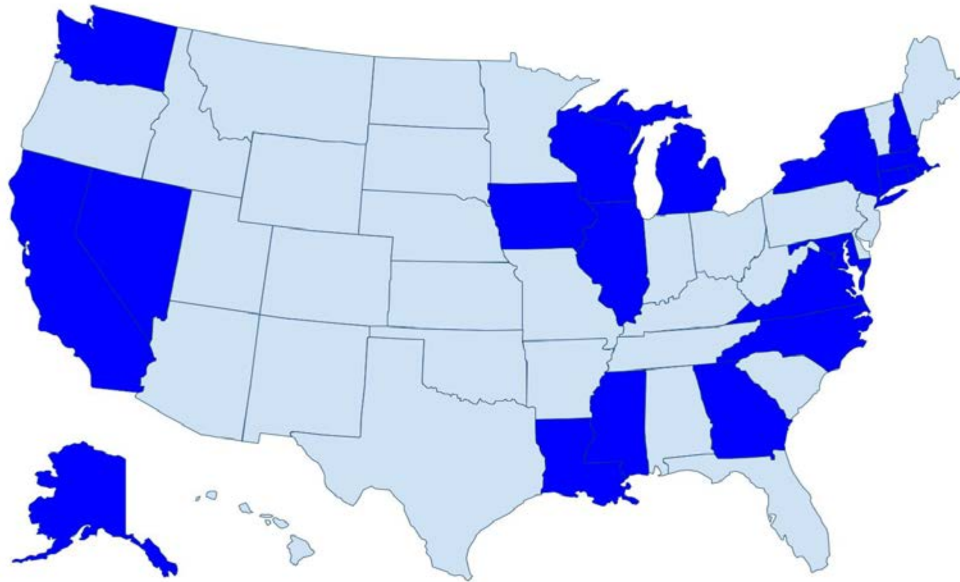
Goals of the HIV Health Improvement Affinity Group

- **Primary Goal:** Support state collaborations between public health and Medicaid programs to improve rates of sustained virologic suppression among Medicaid and CHIP enrollees who are living with HIV.
- **Secondary Goals:**
  - Durable, sustainable relationships
  - Better, more efficient use of available resources
  - Continuous quality improvement

Partners and Partnership Structure of the HIV Health Improvement Affinity Group



HIV Health Improvement Affinity Group (HHIAG) States



Alaska, California, Connecticut, Georgia, Illinois, Iowa, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Nevada, New Hampshire, New York, North Carolina, Rhode Island, Virginia, Washington, and Wisconsin

These states accounted for 50% of new HIV diagnoses in 2014, and 55% of living PLWH at the end of 2013 in the United States (50 states + DC).

HIV Health Improvement Affinity Group Activities

- Over the one-year project period, each state developed and implemented a strategy to increase viral suppression for PLWH, and received technical assistance on this strategy from federal partners and NASHP.
- State action plans emphasized:
  - Exchanging and using public health and Medicaid data to monitor care quality and improve health outcomes among enrollees living with HIV;
  - Better coordinating delivery of services to improve their effectiveness and efficiency; and
  - Building partnerships between public health and Medicaid agencies.

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HIV Health Improvement Affinity Group State Action Plans

- **Each state focused on a project to improve viral suppression among PLWH in Medicaid and RWHAP**
- **To be successful, the performance improvement projects all needed to establish relationships at the structural level**
  - State public health agencies
  - Medicaid agencies
  - Other state agencies
- **Relationships led to bi-directional exchange/use of data to measure**
  - Health outcomes
  - Outreach
  - Engagement
  - Accountability
  - Clinical Quality Improvement

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HIV Health Improvement Affinity Group Activities

- States were grouped into learning communities by interest areas
  - Data linkage and outcomes
  - Data analysis and utilization for delivery system improvement
  - Provider engagement and quality improvement
- HIV Health Improvement Affinity Group Activities
  - In-person meetings
  - Webinars
  - Learning community teleconferences
  - Monthly digests
  - Individual technical assistance
  - Website
  - HIV.gov blog posts

HIV Health Improvement Affinity Group Learning Communities – Data Focus

- **Data Linkage and Outcome Learning Community**
  - Institute/expand current data-sharing activities
  - Identify performance improvement targets with data analysis
  - Analyze laws, regulations, policies, and procedures for barriers
- **Data Analysis and Utilization for Delivery System Improvement Learning Community**
  - Use Medicaid authority to expand access to evidence-based HIV services
  - Integrate Medicaid and RWHAP services
  - Accelerate value-based purchasing
  - Encourage on interdisciplinary care teams

HIV Health Improvement Affinity Group Learning Community – Provider Focus

- **Provider Engagement and Quality Improvement Learning Community**
  - Engage providers to improve clinical outcomes and quality of care
  - Share data between state public health agencies and Medicaid agencies
  - Identify people who should be in care but are not – then get them into care and on treatment

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Plan Snapshots—What States Accomplished

- **Alaska**
  - Established data sharing agreement between HIV Program & Medicaid
  - HIV Program gained access to Medicaid claims data
- **California**
  - Matched Medi-Cal data with public health HIV surveillance data to determine the number of Medi-Cal beneficiaries living with HIV, and examined HIV viral load suppression in this population.

Plan Snapshots—What States Accomplished

- **Massachusetts**
  - Formalized communication process between DPH and MassHealth resulting in more frequent communication and ability to triage and address potential issues early
  - Included MassHealth staff in DPH reprocurement process to encourage information sharing and alignment between MassHealth restructuring and DPH contracting
- **North Carolina**
  - Completed a Data Use Agreement between: NC Division of Public Health, NC Division of Medicaid, and NC Medicaid Managed Care Agency
  - Developed HIV Continuum of Care for matched NC Medicaid Clients, Calendar Year 2016
    - Results are comparable to recipients receiving Ryan White Part-B services

Evaluation of the HIV Health Improvement Affinity Group

- The objectives of this evaluation were to:
  - ***Assess the processes and short-term outcomes*** associated with the HIV Health Improvement Affinity Group, including whether the affinity group model facilitated new or enhanced processes or structures that helped participants achieve the objectives outlined in their state action plans; and
  - ***Document lessons learned***, including successes, challenges, and promising practices.
- Data were collected from participating states and federal partners at CDC, CMS, and HRSA
  - States: web assessment (n=29) and phone interviews (n=10)
  - Federal partners: phone interviews (n=10)

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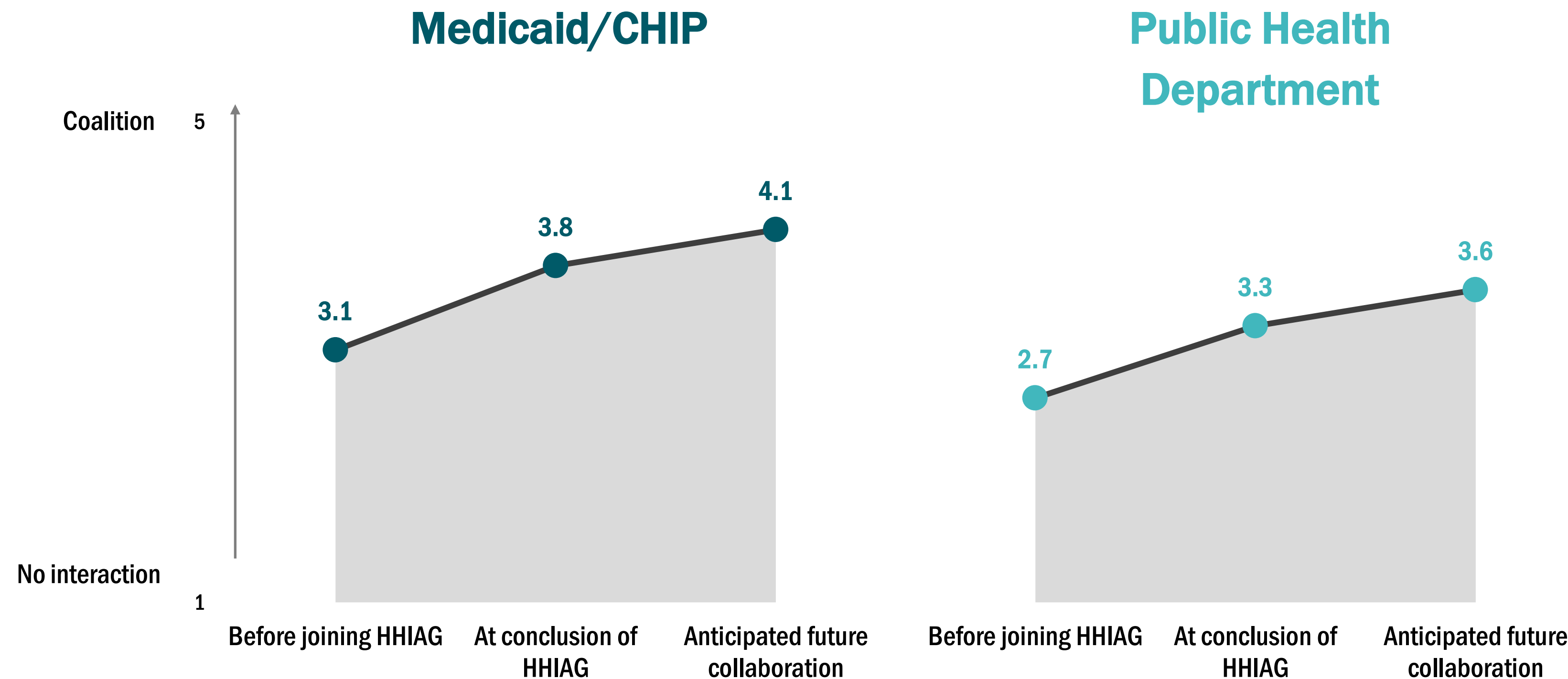
State Agency Collaboration

- Approximately half of respondents reported forming *new* collaborations as a result of the HIV Health Improvement Affinity Group (50.0% of state Medicaid/CHIP agency respondents and 44.4% of state public health department respondents).

> “
>
> *“Prior to this project, Medicaid and the Ryan White Part B Program had no interactions. We now email and communicate freely and discuss project updates. I have been able to reach out to my Medicaid partner to discuss topics beyond this project and have received assistance and guidance from my Medicaid partner.”*
>
> - *State Public Health Department respondent*

State Agency Collaboration Over Time

The average rating for **State Medicaid/CHIP** and **State Public Health Department** **relationship with collaborative partners** over time.



Levels of Collaboration

1. **No Interaction**
2. **Networking:** Aware of organization; loosely defined roles; little communication; all decisions are made independently
3. **Cooperation:** Provide data to each other; somewhat defined roles; formal communication; all decisions are made independently
4. **Coordination:** Share data, defined roles; frequent communication; some shared decision making
5. **Coalition:** Share ideas; frequent and prioritized communication; shared decision making

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Knowledge Gained

Knowledge and information acquisition, by respondent affiliation

Acquire New Skills or Knowledge		
Respondent Affiliation	Yes	No
State Medicaid/CHIP	50%	50%
State Public Health Department	65%	35%
Gain Access to New Documents/Information		
Respondent Affiliation	Yes	No
State Medicaid/CHIP	67%	33%
State Public Health Department	61%	39%

Knowledge Gained

- Respondents reported gaining new knowledge and access to information in the following areas:
  - Organizational culture, priorities, and policies of the partner agency;
  - Federal government involvement with HIV prevention programs and funding;
  - Strengths and limitations of the available data;
  - Understanding how to interpret the data including differences between HIV medication carve outs and data codes (e.g., ICD 10 codes, NDC drug codes); value sets to help develop and validate data specifications; and
  - Strategies different states used regarding provider engagement and quality improvement initiatives.

Outcomes

Data Sharing Agreements & Data Matching

- Of the 19 states participating in the HIV affinity group, 13 (68%) established or refined their cross-agency data sharing agreements.
- For states that had or established a data sharing agreement, 92% successfully matched the data or streamlined the data matching process.

> *"Neither of our departments Medicaid or public health had really technical experience with knowing what the diagnosis ICD 9/ 10 codes would be for someone with an HIV diagnosis or what procedures to look for to indicate viral load going up down whatever it might be [. . .] eventually we were able to have one of the people in public health to go through and decide what would be most appropriate to include in our coding net but that was a time consuming piece. Our concern is that we want to be sure that we're all talking about the same thing when we are using different definitions."*
>
> \- *Medicaid/CHIP respondent*

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Outcomes
Generating Viral Suppression Rates

- Over half of the states (67%) with data matching capabilities generated an HIV care continuum for state Medicaid/CHIP enrollees and identified targets for performance improvement.

Example 1: Identified Medicaid enrollees living with HIV and estimated their viral suppression. They then examined viral suppression by managed care plans (standard vs. expended) to report viral suppression rates by HIV infected Medicaid/CHIP beneficiaries and generate reports on an annual basis.

Example 2: Accelerated the process of generating viral suppression data by streamlining their data matching process. As a result, they were able to provide data to MCOs on a quarterly basis.

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Outcomes
Quality Improvement Initiatives and Policy Changes

- Six out of eight states (63%) that analyzed data, were able to initiate quality improvement initiatives, such as:

Informing medical providers about the importance of measuring the HIV care continuum, barriers for PLWH linking to care and staying engaged in care, and other support programs available for PLWH

Forming a "mini" HIV affinity group for statewide Medicaid managed care plans to identify and share best practices to increase viral suppression through targeted outreach, care coordination and clinical services

Developing customized fact sheets for each MCO and presented data to show disparities in viral suppression by race, sex and geography

Outcomes
Sustainability of Accomplishments

- Nearly all respondents reported that they were “somewhat likely” or “very likely” to sustain their accomplishments as a result of participating in the HIV Health Improvement Affinity Group.

Likelihood of Sustaining the HIV Affinity Group Accomplishments, by respondent affiliation

Respondent Affiliation				
	Very Likely	Somewhat Likely	Somewhat not Likely	Not likely
State Medicaid/CHIP	17%	83%	0%	0%
State Public Health Department	69%	25%	6%	0%

> “
> *“This type of work is going to continue, it’s iterative and we are going to keep at it"*
>
> \- *State Public Health Department respondent*

Lessons Learned

Federal & NASHP Support

- NASHP and federal partners provided technical support, but states led the way towards identifying and implementing policy and program changes.
- Respondents revealed that although there was no mandate for states to reach their objectives, having deadlines and regular monitoring of the progress created a structure that kept them on track with their goals.

> *"Really would like to express appreciation for it because there are so many different topics that we're dealing with day to day it's really it's difficult to have a focus quality improvement work unless someone is helping bringing It forward …and it's not something that we're having to do in isolation and so if the opportunity comes up again I think our agency would appreciate it around opioids or around any other kind of pressing issues that's affecting all of the states that we can work together to improve quality on.*
>
> *- State Public Health Department respondent*

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Lessons Learned
Agency Buy-in

- The pace at which states implemented their action plan was often limited by budget and staffing constraints. Participation added workload to the already taxed workforce, without any additional funding.
- However, support of the HIV Health Improvement Affinity Group by CDC, CMS, HRSA, OHAIDP, and NASHP gave credibility to the HIV Affinity Group and allowed participants to justify time and resource investment.

> “
> *‘[My staff] did not see the benefit of doing it. But as we went through the process and reviewed the data, they came around and said: yeah this is important [. . . .] We are finding out some information we didn’t know before”*
>
> \- *State Public Health Department respondent*

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Lessons Learned
Cross-Agency Differences

- Respondents emphasized the need to acknowledge partner organizational differences (e.g., culture, policies and priorities) and set appropriate expectations from the beginning.

> *"Agencies operate differently and so it was kind of a translation type exercise to work together with HIV to be able to communicate to the Medicaid Health Plans in a way that they will digest information and seek to do something action oriented around it. I think it was a productive partnership and we are really trying to work together to whittle down the presentations to a way that the plans would understand, see what they ask was, and understand what the state was asking of them."*
>
> - *Medicaid/CHIP respondent*

Lessons Learned
Suggestions for Improvement

- Respondents expressed desire for the HIV Health Improvement Affinity Group to continue beyond one year.
- Suggestions for improvement:
  - More in-depth discussions around common challenges with which states were struggling;
  - Expanding membership to others in their agencies; and
  - Invite more ground level workers.

What is Next?

- Quarterly newsletters to highlight additional collaborative opportunities, provide updates, and share upcoming and recent conference information.
- Dissemination of highlights as examples of how cross-sector collaborations can help improve HIV surveillance, care and prevention and lessons learned.
- Interest from other states in applying strategies and lessons learned from the HIV Health Improvement Affinity Group.
- New Affinity Groups/Learning Collaboratives
  - Hepatitis C Medicaid Affinity Group: Supporting State-Generated Solutions to Eliminating HCV
  - ECHO Medicaid Learning Collaborative

Additional Resources

- NASHP Toolkit: State Strategies to Improve Health Outcomes for People Living with HIV
  - https://nashp.org/toolkit-state-strategies-to-improve-health-outcomes-for-people-living-with-hiv/
- NASHP State Health Policy Blog
  - https://nashp.org/category/blog-post/
- Hepatitis C Medicaid Affinity Group
  - https://www.hhs.gov/hepatitis/action-plan/federal-response/hepatitis-c-medicaid-affinity-group/index.html
- ECHO Medicaid Learning Collaborative
  - https://www.chcs.org/project/supporting-replication-of-project-echo/

Acknowledgements

	Program	Evaluation
Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB)	• Heather Hauck • CDR Cathleen Davies	• Pamela Klein • Ijeamaka Okoye
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Thank you to all states who participated in the HIV Affinity Group!

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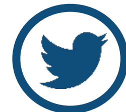
FOLLOW US: 

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Utilizing Medicaid Claims Data to Improve HIV Outcomes

- DeAnn Gruber, PhD, LCSW
- Louisiana Department of Health, Office of Public Health
- Bureau of Infectious Diseases, STD/HIV Program

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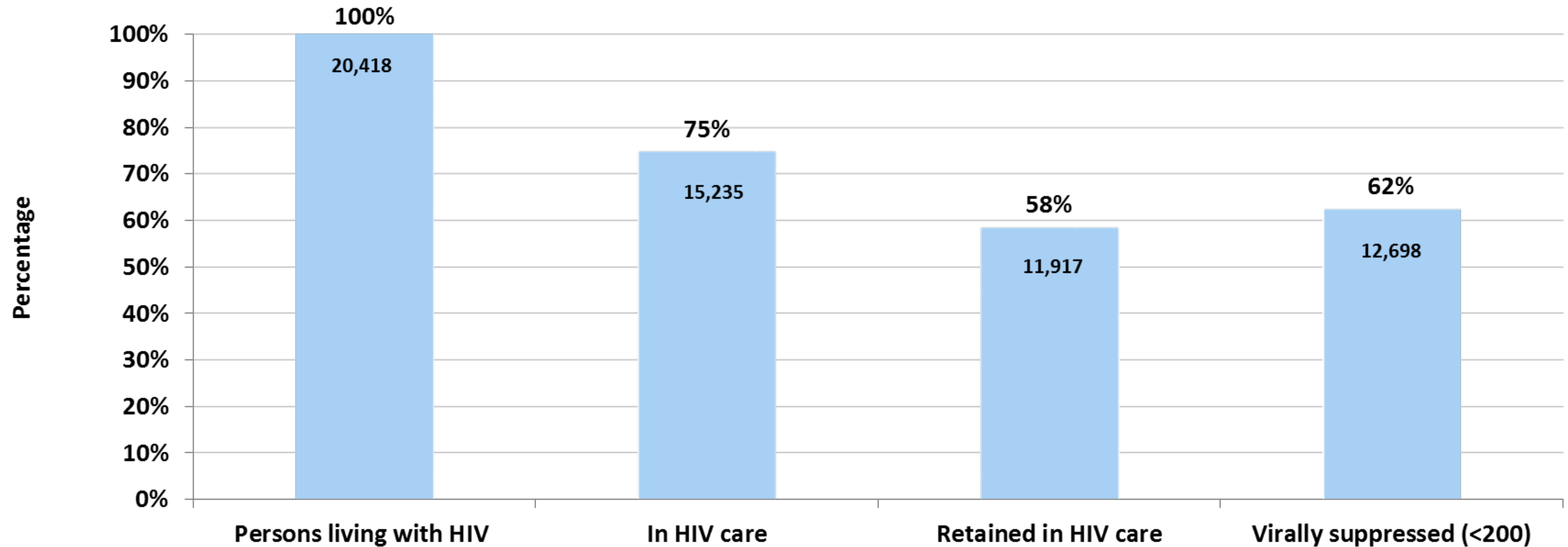
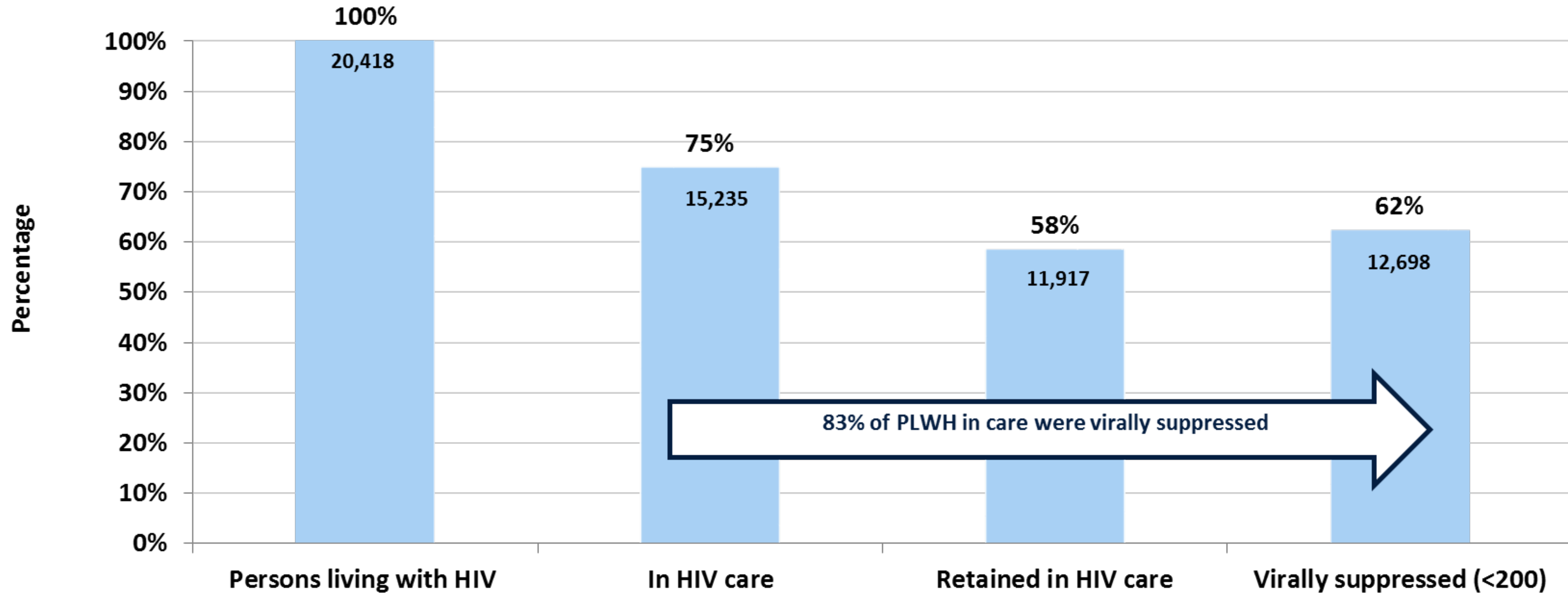
HIV Continuum of Care

Louisiana, 2017



HIV Continuum of Care
Louisiana, 2017



Louisiana Medicaid

- Both Office of Public Health and Bureau of Health Services Financing (Medicaid) under Louisiana Department of Health
- 5 Managed Care Organizations (MCOs)
- Medicaid program – new Governor and new name in 2016

- Expanded Medicaid on July 1, 2016

OPH/Medicaid Data Sharing Agreement

- Historically, a few OPH Programs had individually negotiated data sharing agreements with Medicaid, but many programs had no access to Medicaid data
- Change in leadership at Medicaid and OPH in 2012-2013 facilitated process to establish an agency-wide data sharing agreement
- Staff had moved from Medicaid to OPH and had established relationships
- Process took only 6 months

OPH/Medicaid Data Sharing Agreement

- Signed data sharing agreement in Feb 2014
- All users complete an annual “Data Sharing User Agreement”

DATA SHARING AGREEMENT
LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS (DHH),
BUREAU OF HEALTH SERVICES FINANCING (BHSF),
AND
OFFICE OF PUBLIC HEALTH (OPH)

I) PURPOSE

The Department of Health and Hospitals (DHH), through both the Bureau of Health Services Financing (BHSF) and the Office of Public Health (OPH), will exchange Medicaid claims and eligibility data and public health data and statistics. This exchange of information will assist in the administration and evaluation of Louisiana Medicaid and public health services. The data will only be used for program planning, implementation, administration, research, and analytical purposes and will not be used to determine eligibility. This agreement will define and permit the reporting exchange between BHSF and OPH to address the provision of personal health services, as well as other core public health functions.

HIV Viral Suppression Measure

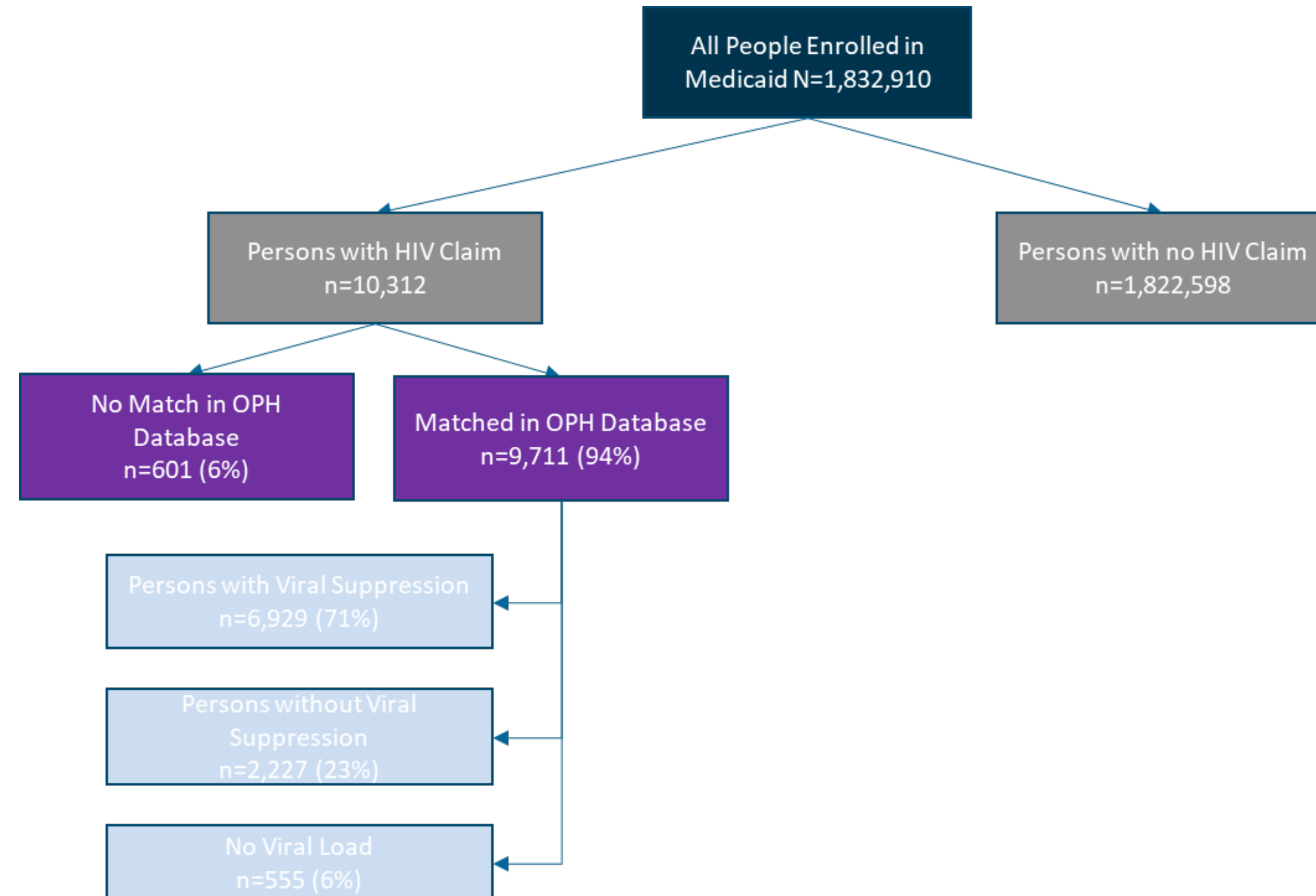
- From 2015 – 2017, Louisiana Medicaid had an incentivized viral suppression measure for MCOs

  - Percentage of patients with an HIV viral load of <200 copes/mL at last HIV viral load test during the measurement year
  - Target was low: 54.5%
  - Incentive: $250,000

Data Sharing/Linking

- OPH STD/HIV Program receives quarterly files of all Medicaid enrollees during the previous 12 month period
  - Data are transferred through a secure VPN connection with very limited access
- Medicaid file includes:
  - name, DOB, SSN, parish, number of months enrolled in Medicaid during the 12 month period, plan name, and an indicator for whether the enrollee had an HIV diagnosis in the measurement year (based on ICD-10 codes)
- SHP exports a file from the HIV surveillance database (eHARS) that includes:
  - all persons living with HIV during the same 12 month period as the Medicaid file. All possible name, date of birth and SSN combinations, including aliases, are exported

Results of Medicaid and HIV Match – April 2017-March 2018



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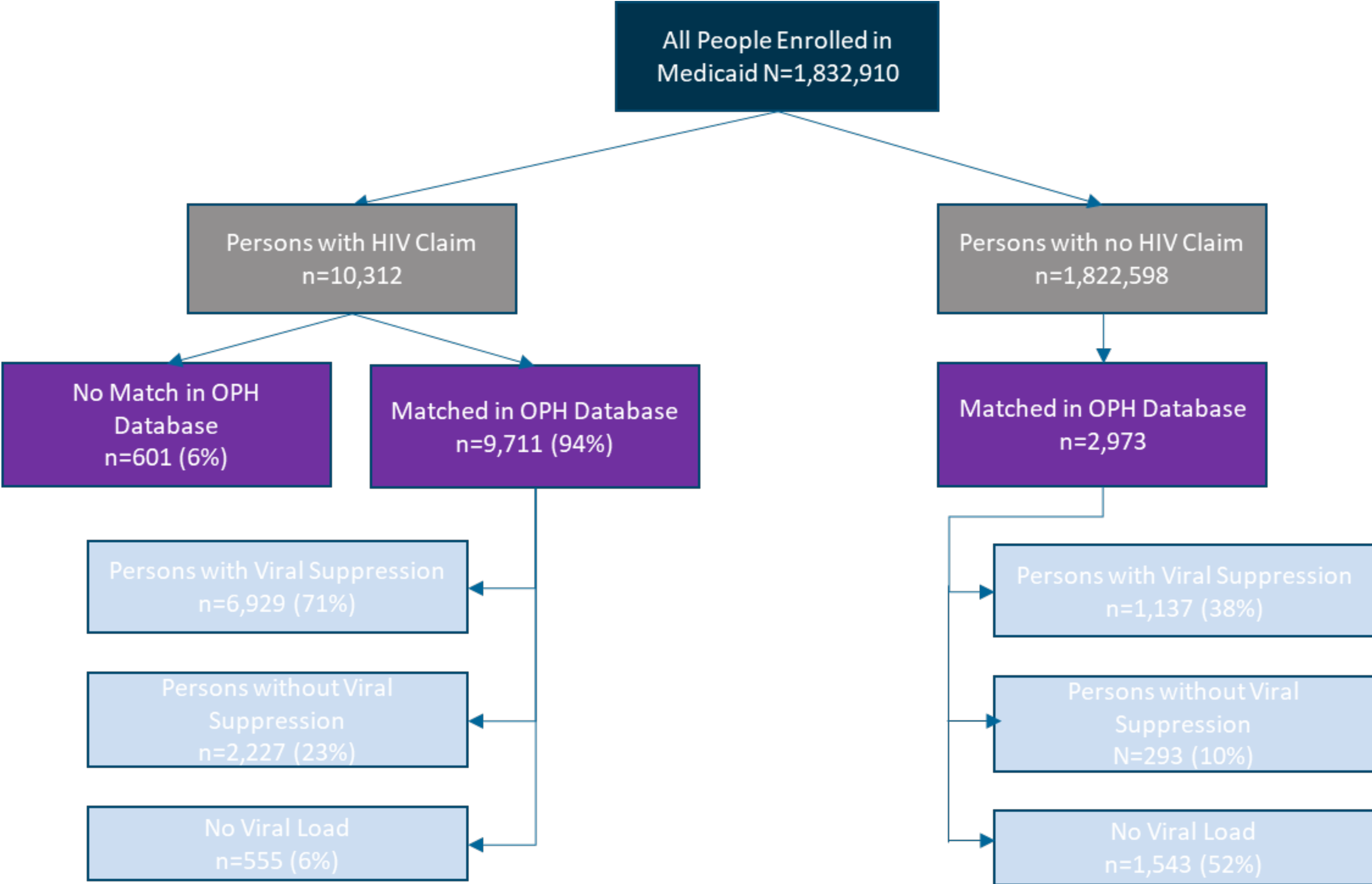

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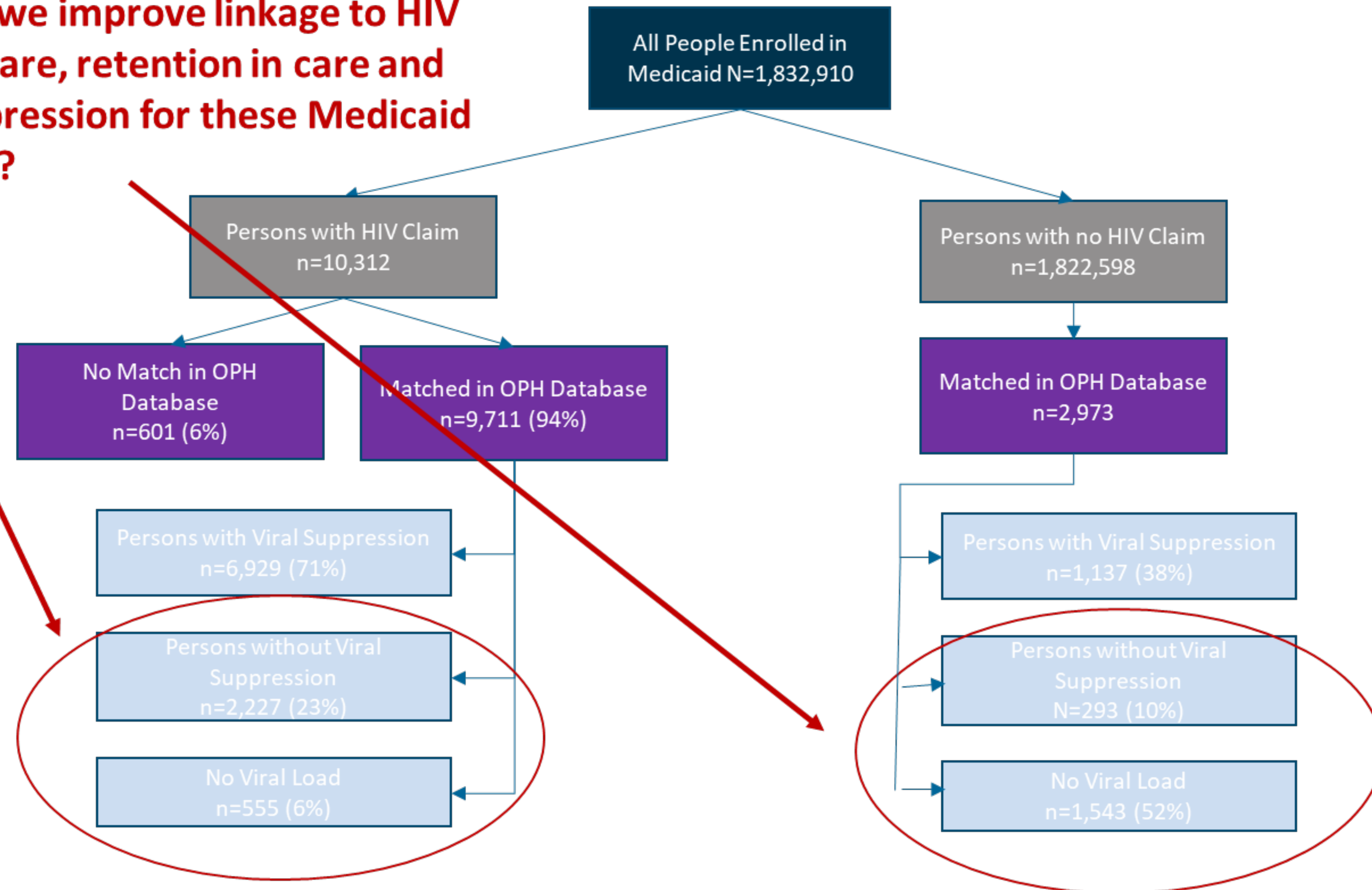

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Data Provided to MCOs

- Individual-level data are provided back to each MCO for their clients only
- Data provided by SHP:
  1. Was the client virally suppressed (i.e., VL <200 copies/mL) at the most recent test in the last 12 month period?
  2. Was the client confirmed to be HIV positive in the SHP HIV Surveillance database?
- MCOs calculate their own VS rates based on the HRSA measure
  - Medicaid Quality Improvement Team provides technical support

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Challenges

- In the 2018 contract extensions with the MCOs, the viral suppression measure was changed to a monitored measure
  - MCOs must measure and report viral suppression, but there is not a penalty if viral suppression target is not achieved
- Finding staff with expertise to analyze Medicaid claims data
  - Helpful to partner with a university
- MCOs have limited data analysis capacity
- Medicaid has many competing public health priorities in addition to HIV

Monitoring Ryan White ADAP Clients

- Monthly matches between ADAP client population and Medicaid enrollment data
  - Tracked movement of clients from ADAP to Medicaid after July 1, 2016 expansion
  - Targeted outreach to clients
  - Batch disenrollment
  - Ensure payer-of-last-resort requirement met
- Match of providers between major Louisiana insurer (BCBS) and Medicaid providers
  - Identified regions with scarce advanced nursing specialties and Infectious Disease physicians

Monitoring Ryan White ADAP Clients

- 3,692 PLWH transitioned from Ryan White ADAP onto Medicaid between July 2016 and January 2017
- SHP followed these clients to monitor viral suppression and engagement in care
  - Matched to SHP surveillance database to monitor viral suppression
  - Viral suppression was 81% pre-transition and 83% post-transition

Activities in Process

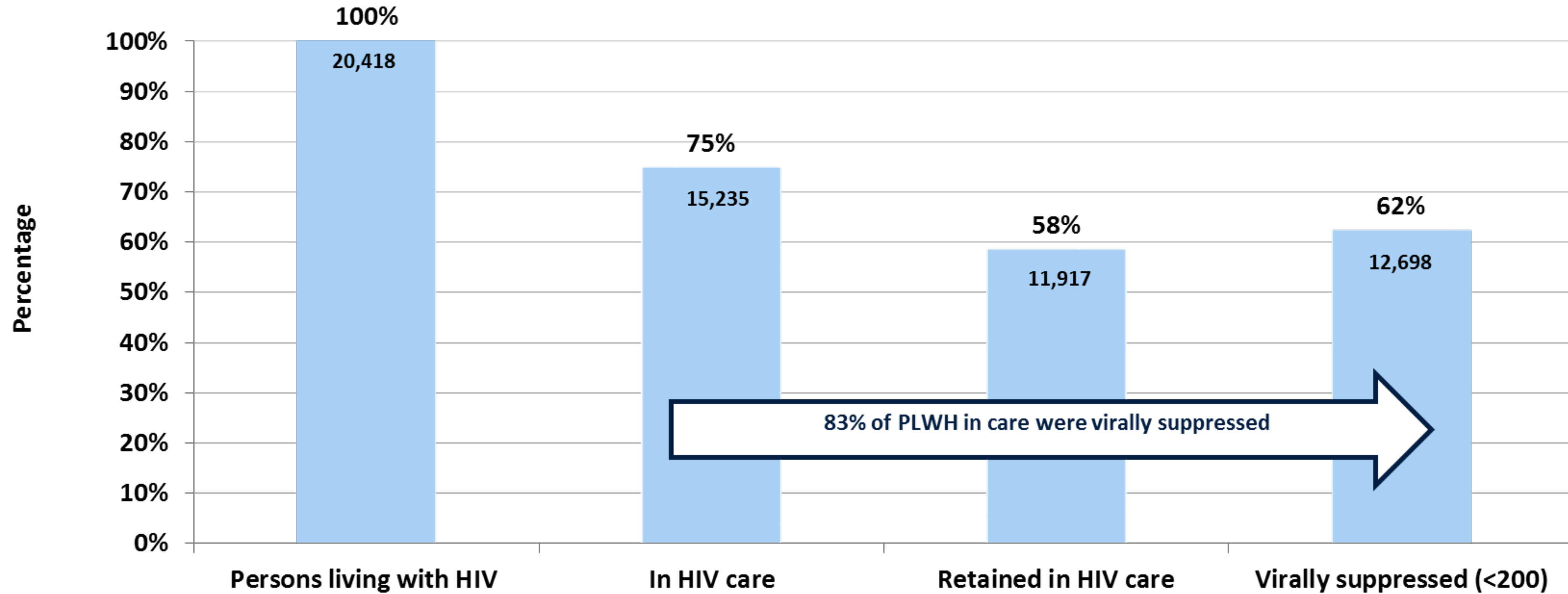
- Analyze Medicaid pharmacy claims data
  - Analyze ART prescription claims to create a treatment adherence measure; ensure clients continue to pick up HIV medications; review ART regimens
  - Create the Medication Possession Ratio (MPR) for each person and compare pre-/post-expansion

$$\text{MPR} = \left(\frac{\text{Sum of days' supply for all fills in period}}{\text{Number of days in period}} \right) \times 100\%$$

  - Analyze PrEP prescription claims to monitor PrEP uptake statewide
- Monitor HIV and STI screening during first and third trimesters among pregnant women enrolled in Medicaid

HIV Continuum of Care

Louisiana, 2017



Percent Virally Suppressed among All PLWH and PLWH in Care by Year, Louisiana

Year	Among All PLWDH	Among In Care PLWDH
2012	44%	65%
2013	49%	70%
2014	50%	70%
2015	57%	79%
2016	60%	81%
2017	62%	83%

Percentage (0%–100%) by Year

PLWDH = Persons Living with Diagnosed HIV

Viral suppression = viral load < 200 copies/ml

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2018 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

To Affinity and Beyond

- **Karen L Robinson**
- *HIV Community Programs Supervisor*
- *Washington State Department of Health*

To Affinity

End AIDS Washington

- Reduce new HIV Diagnosis by 50%
- Increase Viral Suppression to 80%
- Reduce HIV-related Mortality by 25%
- Reduce HIV Health Disparities
- Improve Quality of Life

Affinity Partnership

- Washington State Department of Health (DOH)
  - HIV Surveillance
  - HIV Prevention
  - HIV Care, including ADAP
- Washington Health Care Authority (HCA)
  - Medicaid
- Title XIX Targeted HIV Medical Case Management
  - DOH provides administrative oversight
  - Ryan Case Management agencies are Title XIX Providers

Affinity Group Action Plan

- Objectives
  - Identify and analyze data for persons living with HIV (PLWH) who are Medicaid clients and NOT virally suppressed
  - Increase the number of Medicaid PLWH clients receiving optimal medical care or case management services
- Outcomes
  - Collaborative data analysis
  - Increase number of Medicaid PLWH with viral suppression

Work Flow (Steps 1 & 2)

Step One

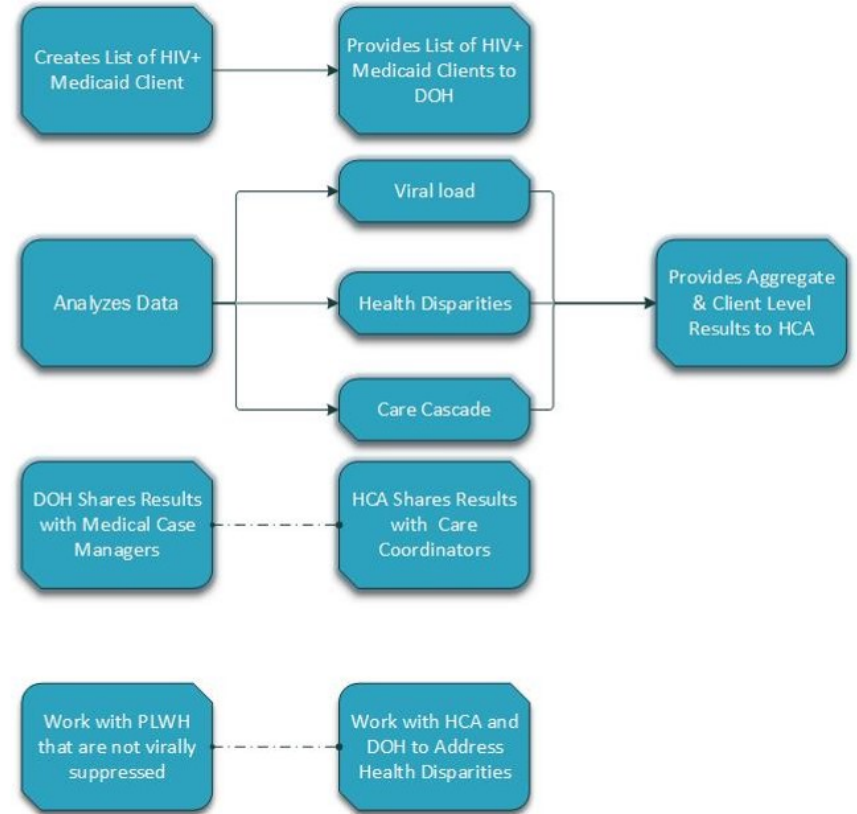
HCA created a list of HIV+ Clients and provided the list to DOH's surveillance program

Step Two

DOH analyzed the data looking at viral load, health disparities, and creates care cascades

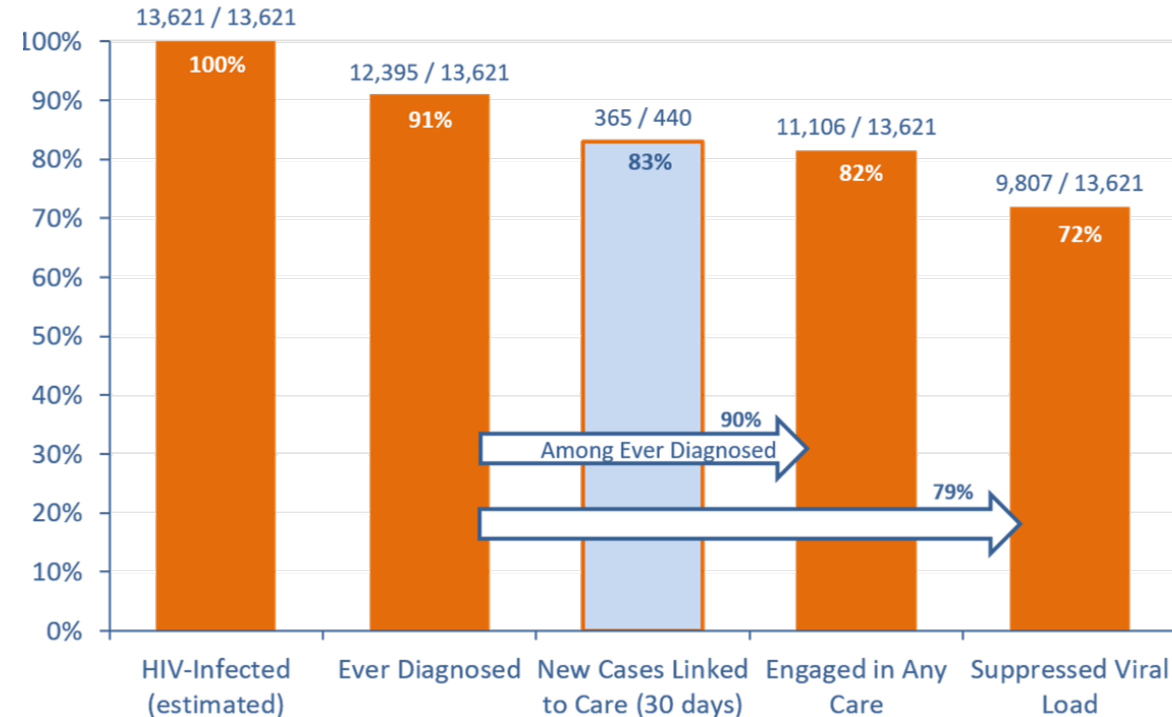
DOH returned aggregate and client level results to HCA

Affinity Project: Work Flow



Washington Care Continuum

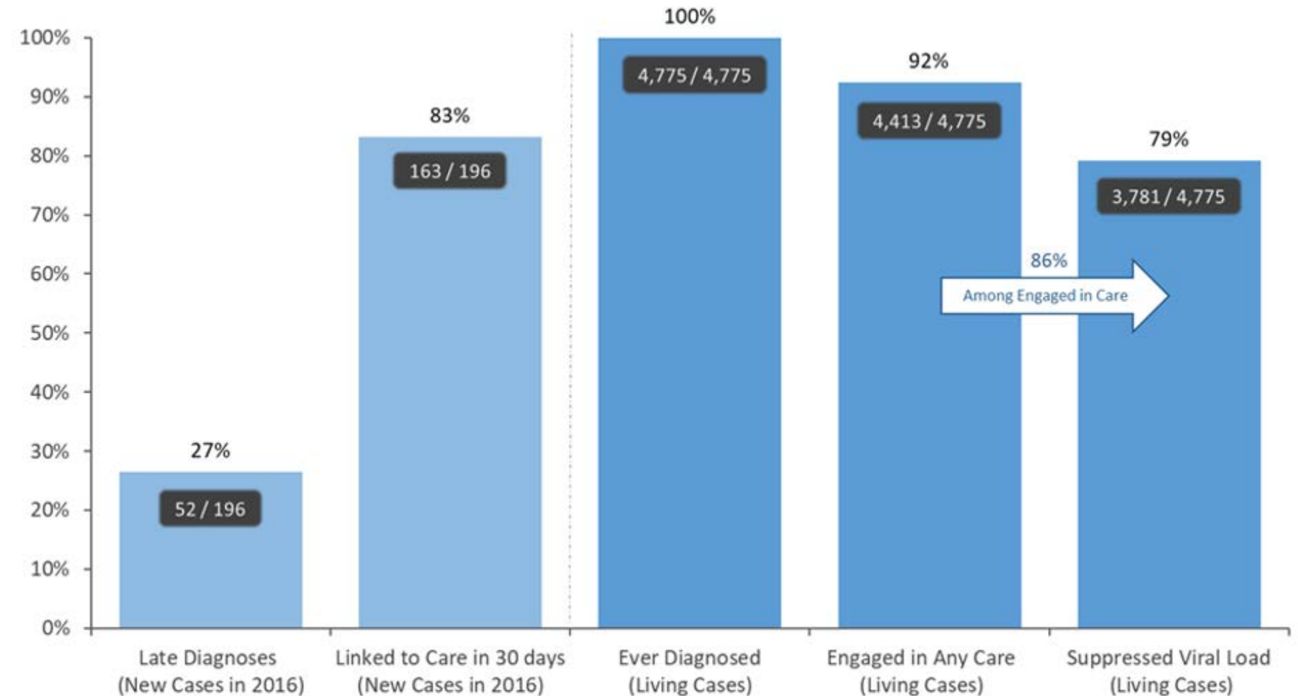
- **13,621 are estimated to be living with HIV**
  - 91% have been diagnosed
  - 82% are engaged in care
  - 72% have a suppressed viral load
- **83% of new cases link to care within 30 days of diagnosis**
- **Of those diagnosed**
  - 90% have a suppressed viral load
  - 79% have a suppressed viral load



Ryan White & Global HIV/AIDS Programs

Medicaid Continuum

- 27% had a late diagnosis
- 83% linked to Care within 30-days of diagnosis
- 92% engaged in care
- 79% had a suppressed viral load



Medicaid and State Continuum

Late Diagnosis

Medicaid = 27%

State = 25%

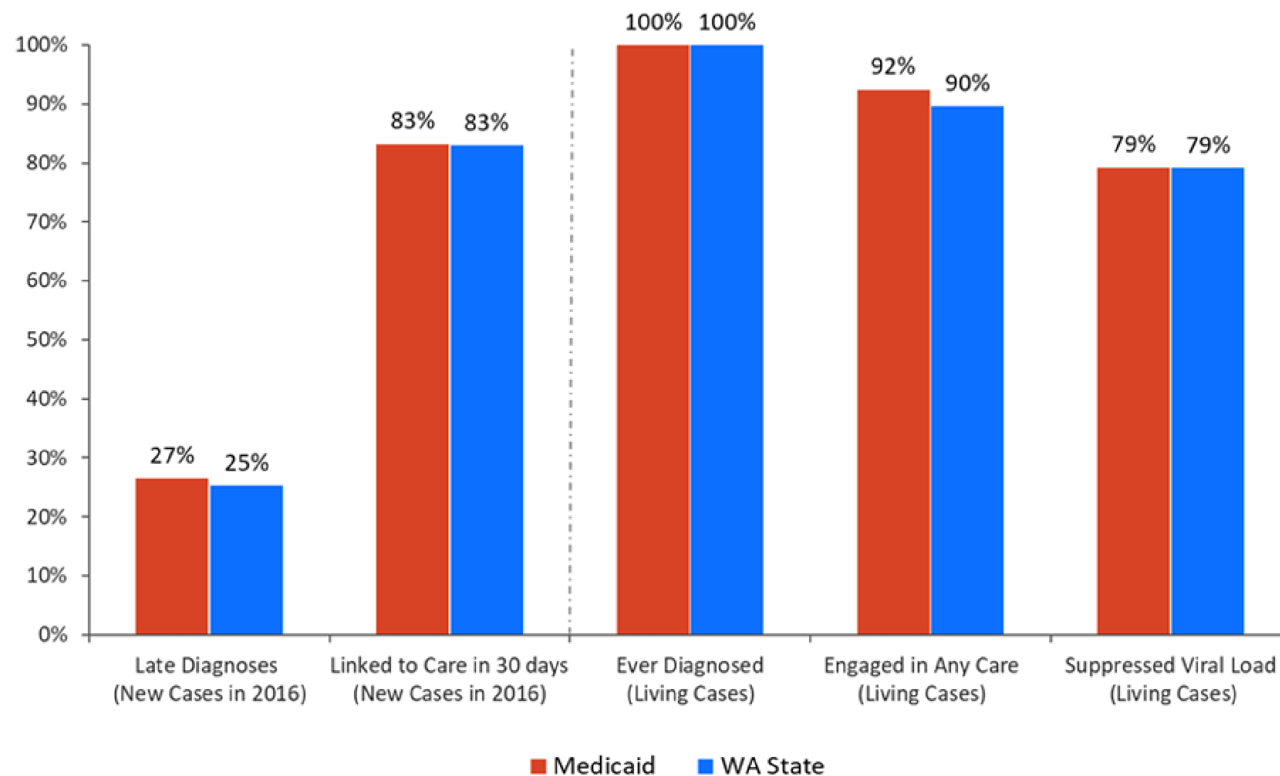
Engaged in Care

Medicaid = 92%

State = 90%

Suppressed Viral Load

Both = 79%



and Beyond

Work Flow (Steps 3 & 4)

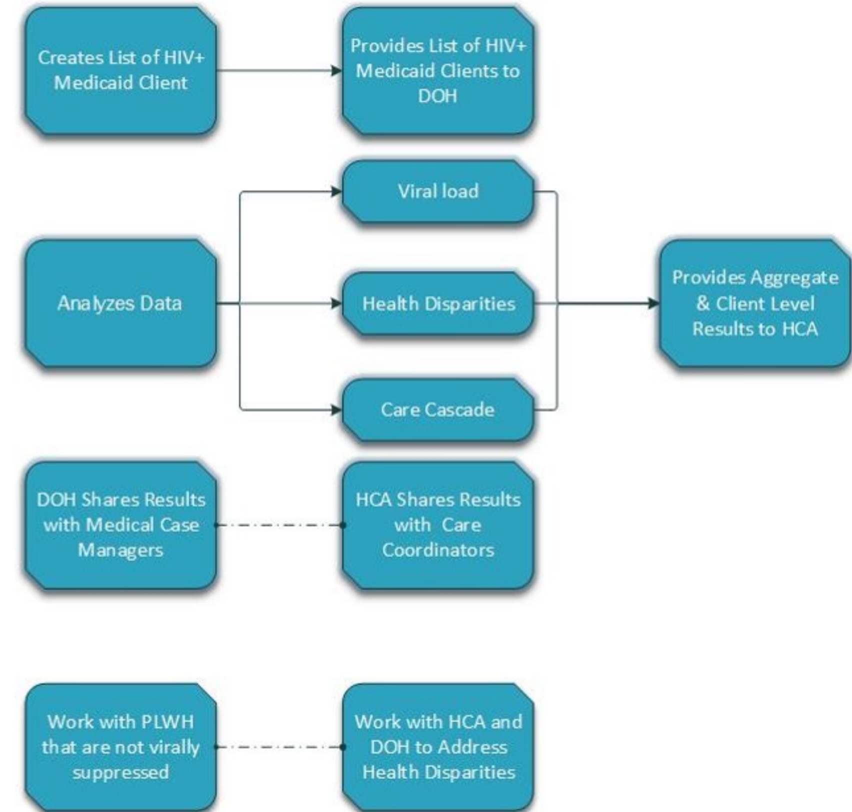
Step Three

DOH shares results with case managers

HCA shares results with Managed Care Organizations (MCO) care coordinators

Step Four

MCOs and case managers work with PLWH that are not virally suppressed



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Case Management Dashboards

Quarterly dashboards proved a clientele profile for each agency

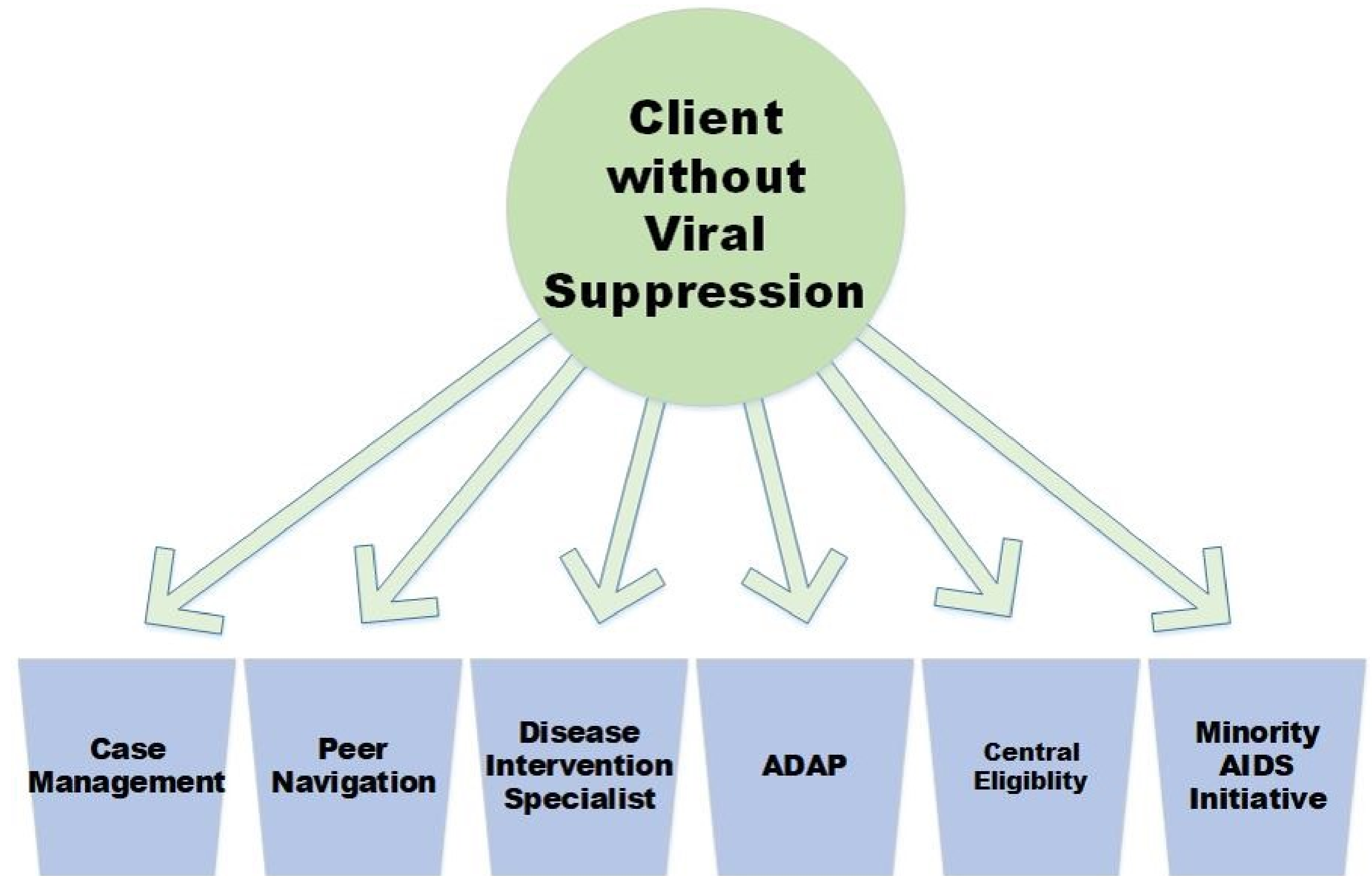
- Engagement in Care
- Viral load testing
- Viral load suppression
- Viral load suppression for Black/African American, LatinX, and White/Caucasian clients
- Viral suppression for clients who are not in permanent housing

	Performance Goal	09.30.15	09.30.16	09.30.17
Percentage of clients engaged in medical care	90%	52%	55%	74%
Percentage of clients with a viral load test	80%	42%	33%	92%
Percentage of clients virally suppressed	90%	37%	29%	85%
Percentage of Black clients virally suppressed who had any service	90%	30%	21%	83%
Percentage of Latinx clients virally suppressed who had any service	90%	36%	24%	85%
Percentage of white clients virally suppressed who had any service	90%	41%	33%	86%
Percentage of unstably housed clients virally suppressed who had any service	85%		22%	78%
Percentage of clients who did not have a case management visit in the last 6 months	5%		11%	7%

Demographics	Count Q1	Count Q5	Count Q3
Black	440	570	689
Latinx	330	418	494
White non-Hispanic	1375	1604	1746

Engagement in Care

- **Surveillance Program identifies clients without viral suppression**
- **Engagement in Care Coordinator sorts into buckets**
  - Case Management
  - Peer Navigation
  - Disease Intervention Specialist
  - ADAP
  - Central Eligibility
  - Minority AIDS Initiative

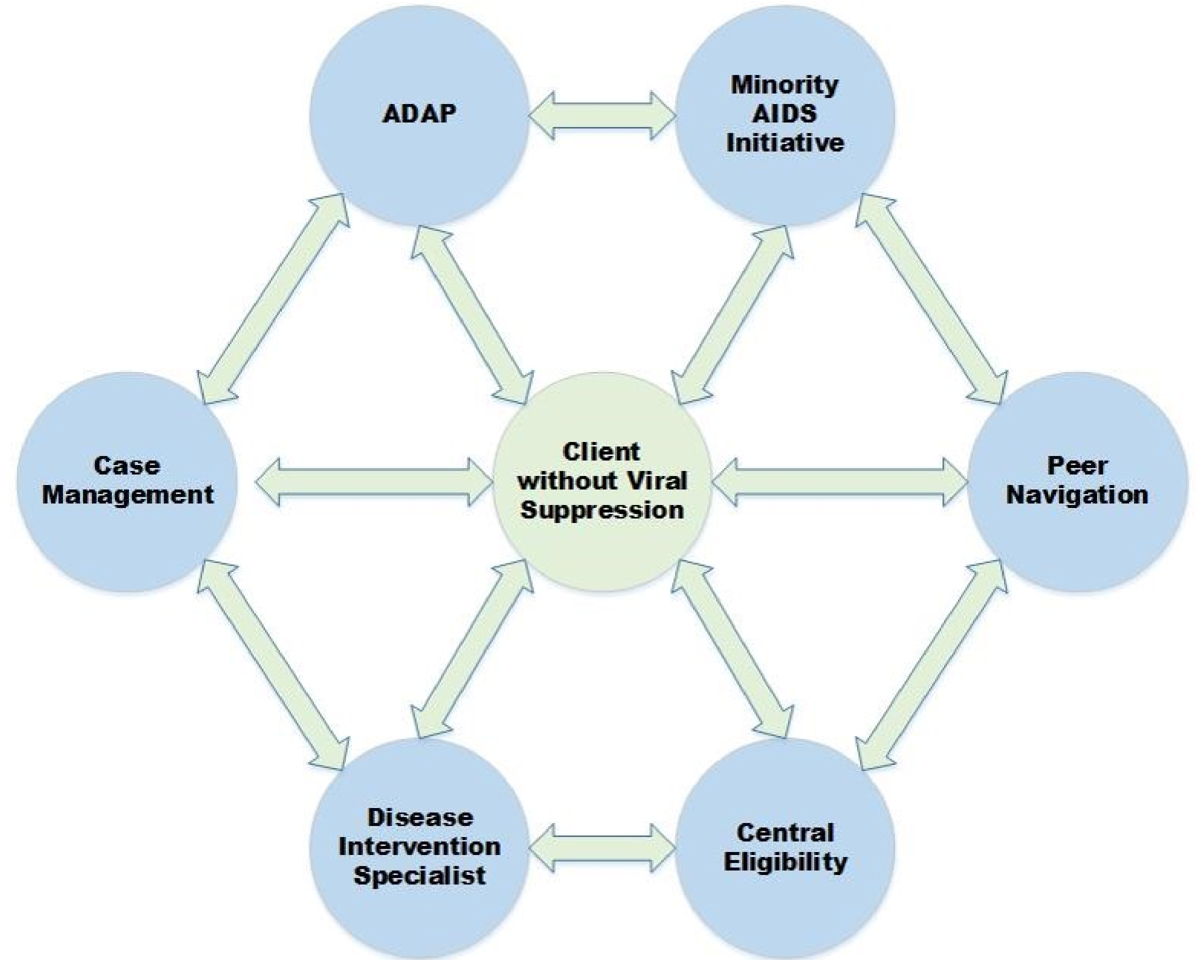


It Takes a Village

In reality –

- Finding a client…
- Linking a client…
- Retaining a client…
- Getting the client to Viral Suppression…

…Takes all parts of the system working together!



Bree Collaborative

- Public and private health care stakeholder work together to improve quality, health outcomes, and cost effectiveness of care in Washington State
- Washington State Public Payers must implement the recommendations of the collaborative
- LGBTQ Health Care Standards Work Group
  - Screening and taking a social history
  - Appropriate next steps
  - Communication and language
  - Inclusive environment

Lessons Learned

- Data Share Agreements
- Legislative Support
  - Bree Collaborative
- Stakeholders
- Relationships
  - Key Contacts
  - Planning Groups
  - Medicaid MCOS
  - Ryan White Partners

Future Projects

- PrEP and PrEPDAP
- Hepatitis C
- LGBTQ Health Care Standards
- LatinX Health Disparities
- Stigma Reduction
- 50+
- HOPWA

Synergy

The interaction of two of more agents to produce a combined effect greater than the sum of their separate parts.

syn·er·gy

ˈsinərjē/ *Noun*

The interaction of two or more agents to produce a combined effect greater than the sum of their separate parts

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

HRSA
Ryan White & Global HIV/AIDS Programs

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