

# “C” the solution “B” the change

Improving sustainability across Iowa’s Parts B and C

**Retreat for Progress**

**Holly Hanson, Britten Pund, Tricia Kroll, Greg Gross, Darla Peterson**

*Iowa Department of Public Health, NASTAD, University of Iowa,  
Primary Health Care, Siouxland Community Health Center*



# Disclosures

Presenter(s) has no financial interest to disclose.

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# Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Define the message and involve stakeholders. Participants will glean information on **how to get buy-in from stakeholders to shift their programs, and planning, to work towards a common goal.**
2. Coordinated planning across Part B and C grantees. Participants will learn strategies to **align Part B and C program activities to effectively use resources and further program development.**
3. Sustainable solutions to addressing change. Participants will learn how to **breakdown common grantees challenges and identify ways to generate improvement.**



# Obtaining CME/CE Credit

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

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



# Ryan White in Iowa

- Ryan White Part B Recipient: The Iowa Department of Public Health (Des Moines, IA)
  - 10 sub-recipients located across the state
- Four Ryan White Part C Providers in Iowa
  - 3 are also Part B sub-recipients (the “Big 3”)
- One Ryan White Part C Provider in Nebraska that serves Iowans



★ = Part B Sub-Recipient

★ = Part C Provider & Part B Sub-Recipient ("Big 3")

★ = Part C Provider

# 2014 State & National Landscape

- NHAS
- TasP
- ACA
- Care continuum framework
- New tiered case management model
- High case loads
- Little to no increase in funding
- The offer of increased funding



# The effects of the landscape

## Crosscutting issues

- Confusion and ambiguity about ACA implementation
- Data issues
- Questions about how to implement new tiered case management model in clinic setting
- Difficulties with change

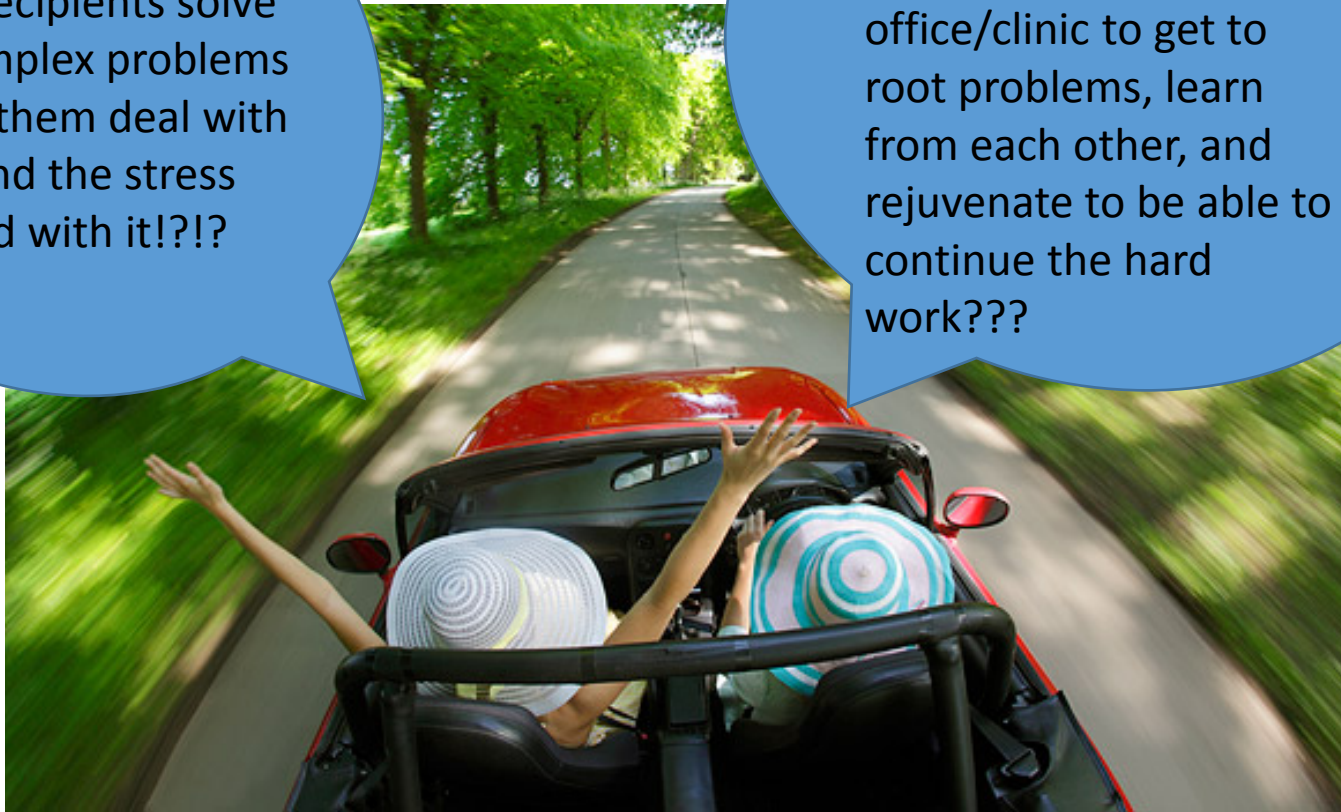
## Unique issues

- ASO merging with Part C
- FQHC v. University setting
- Turnover
- Team instability
- Dedicated operational management

# Site Visits – Summer 2014

What can we do to help our sub-recipients solve these complex problems and help them deal with change and the stress associated with it!?!?

How about we provide them an opportunity to meet outside the office/clinic to get to root problems, learn from each other, and rejuvenate to be able to continue the hard work???



# *How can your program for PLWH best be configured to support people along the care continuum?*

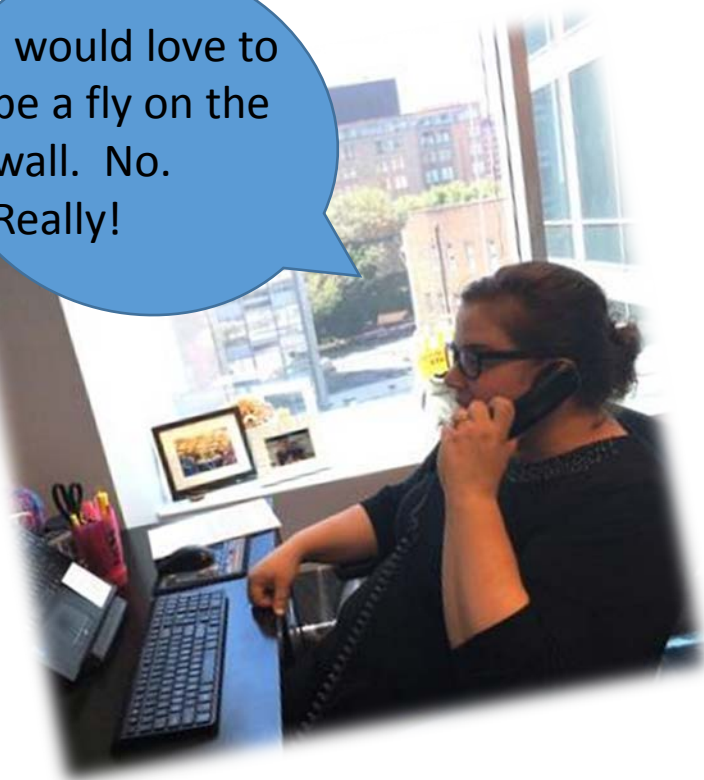


# Creating the Space

- Hiking
- Camp Fires
- Reiki
- Zen Doodle
- Adult Coloring Books
- Journaling-Morning Pages
- Yoga
- Closing Ceremony and Awards

# NASTAD INTEREST AND SUPPORT

I would love to be a fly on the wall. No. Really!



You wouldn't believe what else I've added to my plate? (and the plates of others!!)



# First Meeting-Moravia, Iowa

## September 2014-Where are we now??





## UPDATING THE RYAN WHITE HIV/AIDS PROGRAM FOR A NEW ERA: KEY ISSUES & QUESTIONS FOR THE FUTURE

APRIL 2013

THE HENRY J.  
KAISER  
FAMILY  
FOUNDATION

**Table 1: Summary of Key Issues & Questions for the Future of the Ryan White HIV/AIDS Program**

### 1. Supporting people with HIV at each stage of the treatment cascade, from diagnosis to viral suppression

- Focus on supporting the maximum number of people along the treatment cascade
- Streamline and strengthen jurisdictional planning
- Integrate HIV prevention and care planning
- Measure HIV clinical indicators and performance along the cascade
- Update the 75/25 rule

### 2. Building HIV care networks in underserved communities

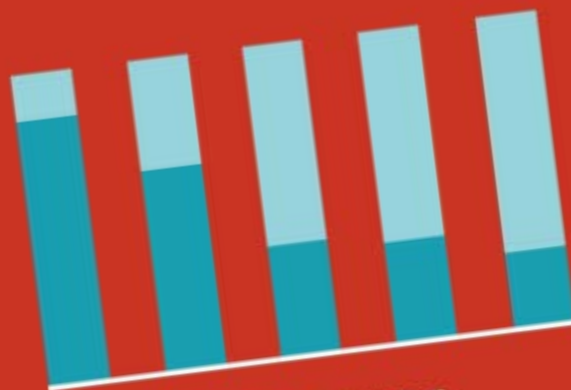
- Re-tool Ryan White to better reach the most marginalized populations
- Strengthen the Ryan White program's focus on gay and bisexual men
- Consider new programs for high cost cases or especially vulnerable populations
- Integrate people living with HIV and affected communities into care networks to provide testing, linkage, and retention services
- Support CBO planning for re-tooling, coordination and consolidation

### 3. Integrating HIV care expertise into the mainstream health care system

- Address payer of last resort limitation during coverage transitions
- Enhance Ryan White's ability to help individuals navigate insurance transitions
- Consider new service models to remove barriers to continuous care
- Work with other parts of the health system to strengthen the quality of HIV care
- Strengthen collaboration and coordination between Ryan White medical and support services providers
- Support HIV providers and the HIV workforce

### 4. Effectively and fairly allocating Ryan White resources

- Reconsider funding formulas and allocation mechanisms
- Allocate funding to Parts A and B for both services and other program functions
- Expand or modify the SPNS program to encourage investigator-driven innovation
- Simplify grantee application and reporting procedures



## RAISING THE BARS:

ACCELERATING HIV PREVENTION AND CARE IN THE UNITED STATES

*"If the public health mission is to assure the conditions in which people can achieve the highest attributable state of physical, mental and social well-being, and if these conditions are predominantly societal, then public health must work for social transformation."*

— Dr. Jonathan Mann



## CALL TO ACTION: STATE HEALTH DEPARTMENTS RAISING THE BARS OF PREVENTION AND CARE

Health departments are uniquely situated to lead a jurisdictional response to HIV/AIDS. Entrusted by the U.S. Constitution to be accountable for public health, health department HIV/AIDS programs have both administrative and strategic responsibilities to ensure a continuum of HIV services that meet the needs of local communities, while coordinating and leveraging funding streams and programs (federal, state, and local) efficiently and effectively.

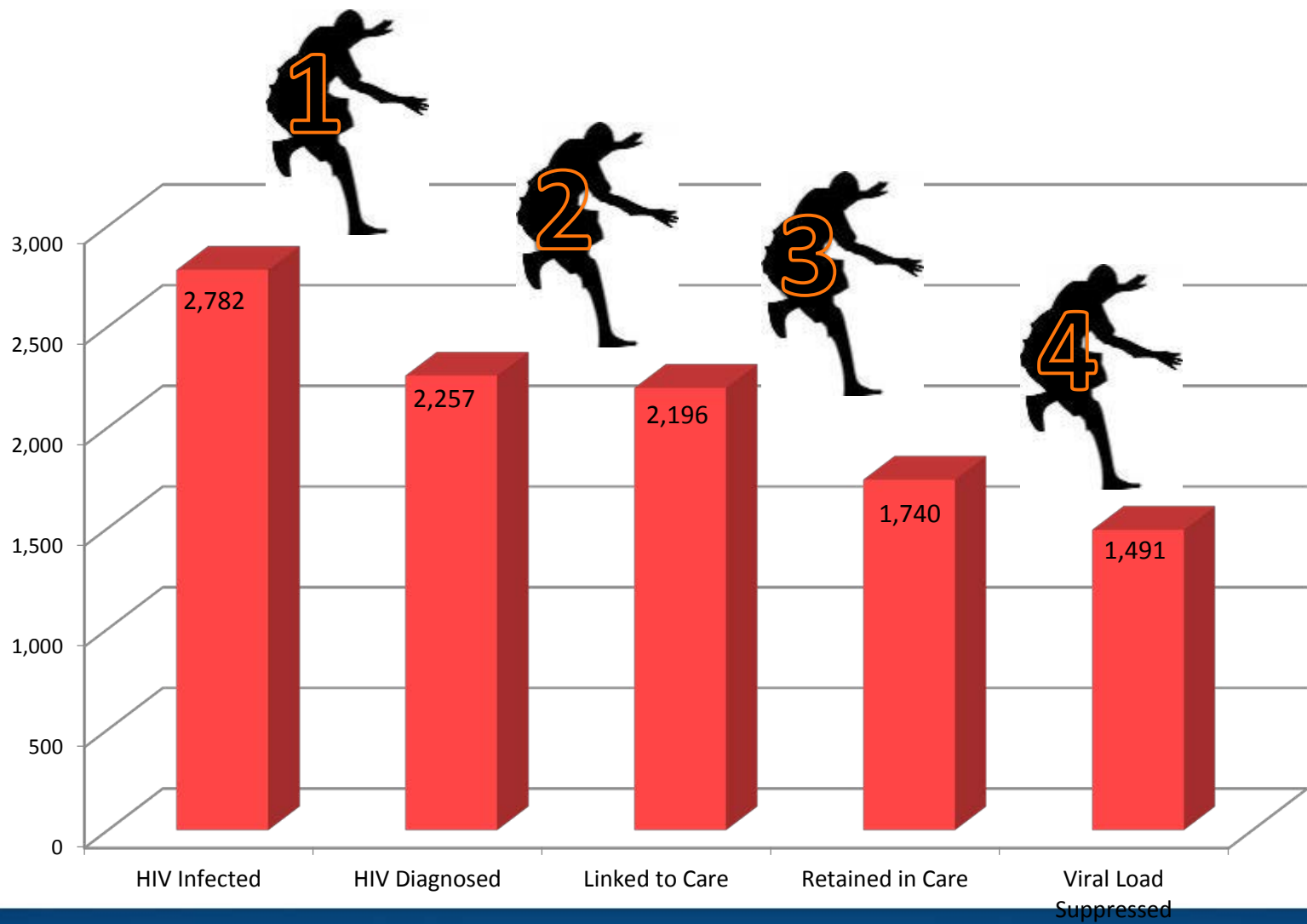
In the context of ACA implementation, now is the ideal time for state health departments to chart a course for the future of public health. In some jurisdictions, health department leadership has already revised the approach to deliver HIV prevention and care programs, while recommitting to core principles: sound public health policy, fiscal efficiency, partnership and collaboration, and meaningful consumer involvement and engagement with communities impacted by HIV infection.

# Crosswalk by Agency

	Position Title	Total FTE - HIV	RWB	RWC	HOPWA	CTR (IDPH)	CDC	Other
Tricia	Social Worker/Prog. Manager	1.00	0.18	0.82				
Meredit	Social Worker	1.00	1.00					
Jennifer	Social Worker	1.00	0.80	0.10	0.10			
Rina	Prog. Assoc.	1.00	0.10	0.41				0.49
Dena	Pharmacist	0.10	0.10					
Brent	Field Liaison	1.00	1.00					
Stapleton	Doc	0.94	0.22					0.72
Meier	Doc	1.00	0.20					0.8
Barker	Doc	1.00	0.20					0.8
Ince	Doc	1.00	0.20					0.8
Kathy	ARNP	1.00	0.32					0.68
Wendy	RN	1.00	1.00					
Deb	RN	0.80	0.80					
Colleen	Psych ANRP	0.10	0.10					
Michelle	Student	0.50	0.50					
		12.44	3.18	4.87	0.10	0.00	0.00	4.29
	Position Title	Total FTE - HIV	RWB	RWC	HOPWA	CTR (IDPH)	CDC	Other
Daria	Prog. Manager	1.00	0.20	0.66	0.03	0.01	0.10	
Teri	RN	1.00	0.20	0.79		0.01		
Vacant	Case Manager	1.00	0.74	0.20		0.02	0.04	
Laura	Case Manager	1.00	0.57	0.20		0.23		
Anais	Case Manager	1.00	0.30	0.17	0.30	0.23		
Elisabeth	Case Manager	1.00	0.37				0.63	
Justin	RN	1.00	1.00					
T Swanson	Medical Doctor	0.14	0.14					
K Waltz	Medical Doctor	0.07	0.07					
G Hattan	Medical Doctor	0.02	0.02					
R Guerdet	PA	0.06	0.06					
J bertsch	Dental Hygienist	0.02	0.02					
C Johnson	Dental Hygienist	0.02	0.02					
C								
Bainbridge	Nursing Services	0.10	0.10					
		7.43	2.38	3.45	0.33	0.50	0.77	0.00
	Position Title	Total FTE - HIV	RWB	RWC	HOPWA	CTR (IDPH)	CDC	Other
Yurdin	PA	0.30	0.30					
Greg	Program Director	1.00	0.25	0.40	0.05	0.02	0.15	0.13
Katie	RN	1.00	1.00					
Theresa	RN	1.00	1.00					
Margie	RN	1.00	1.00					
Casey	Re-engagement Specialist	PRN						
	Program Support Worker							
Tiffany	Program Specialist	1.00	0.50	0.50				
Sara	Field Liaison	1.00	0.40	0.20	0.10		0.30	
Dena	Field Liaison	1.00	1.00					
Gaylynn	LPN	1.00	1.00					
Heidi	Client Services Supervisor	1.00	0.80		0.10		0.10	
CM	Case Manager	1.00	0.10		0.90			
JaCarie	Case Manager	1.00	1.00					
January	Case Manager	1.00	0.75				0.25	
CM	Case Manager	1.00	0.75			0.25		
CM	Case Manager	1.00	1.00					
Vacant	Prevention Program Supervisor	1.00						1.00
Callen	Prevention Specialist	1.00				0.10	0.90	
Maggi	Prevention Specialist	1.00				0.05	0.95	
Brandon	CLEAR Counselor	1.00						1.00
Marlene	Outreach LPN	0.10				0.10		
		18.40	7.55	4.40	1.15	0.52	4.65	0.13

# CrossWalk *by Function*

Agency	Program Management	Testing	Medical Providers	Nurses	Case Management	PwP	Program Support	Benefits Coord.	Housing	Dental	Total (no CDC)
Part B/C #1	0.82	0.00	3.94	2.90	2.08	0.10	1.50	2.00	0.10	0.00	13.44
Part B/C #2	2.00	0.52	0.30	4.00	3.60	0.00	2.00	1.00	0.90	0.00	14.32
Part B/C #3	0.90	0.50	0.29	2.09	2.05	0.00	0.00	0.50	0.30	0.04	6.67





## Successes & Challenges

- Policy
- Health Care System
- Community/Environment
- Relationships
- Individual



# The Players





# Expanding the Web of Support

- Consulting services were offered to assist agencies to:
  - Take an objective look at the current state
  - Identify strengths to build upon and opportunities for improvement
  - Formulate a vision and a plan to “take 3 bold steps”

**A strong, healthy management team is in place to lead department efforts.**

- **Leadership coaching, support**
- **Conflict resolution**
- **Succession/transition planning**

An expanded and integrated continuum of services is available that leads to a flattened continuum.

- Grant and program planning
- Operational plan for restructuring and redefining roles and responsibilities

Employees are supported to deliver high quality services.

- Employee engagement activities (planning retreats, Q12, salary negotiation)
- Staff training, coaching, emotional intelligence

# Second Meeting-Perry, Iowa January 2015-Where are we going?



# Second Meeting-Perry, Iowa

## January 2015-Where are we going?

- Always a time to update each other on interim happenings-including success and challenges
- Request for Application release and discussion
  - Quality and Data Coordinators
  - Addressing Case Manager:Client Ratios
  - Increase in support services
  - Requirement of provision of housing & transportation
  - Infrastructure Building – tailored to agencies
  - Prevention with Positives

# Third Meeting-Sioux City, Iowa

## April 2015-How will we get there?



# Third Meeting-Sioux City, Iowa

## April 2015-How will we get there?

- Implementation
- Obstacles
- Personnel
- Training
- Documentation
- Reporting and Evaluation of new activities
- Data Quality issues

# Fourth Meeting-Iowa City, Iowa September 2015-Combination Meeting



# Fourth Meeting-Iowa City, Iowa

## September 2015-Combination Meeting

- One day traditional “All-Grantee Meeting”
- Second half-day for the “Big 3”
  - Update on implementation and specific problem solving

# Fifth and final meeting-Ames, Iowa January 2016-Leadership Focus





# Fifth and final meeting-Ames, Iowa January 2016-Leadership Focus

- Managing change
- Moving from front lines to leadership
- Closure and Celebration






# Critical components for the highest degree of success:

- Create a SAFE place
- Provide the space and time to think, process and discuss
- Planning and goal setting is not a 1x event- must be a living/working process and document
- Expert consulting to provide support, objectivity, and hands-on assistance in planning and implementation



# Next Steps

- Invitation to participate!
  - Genesis Health Center/TPQC
  - University of Nebraska Medical Center/NAP



This is so rad.  
Too bad my  
jurisdiction  
doesn't have  
that much \$\$!

Those  
activities  
are cheesy  
and way to  
"new agey".

I do NOT  
have time  
for this!

That would  
never fly in my  
jurisdiction.



# Thank You!

Britten Pund

[bpund@nastad.org](mailto:bpund@nastad.org)

Holly Hanson

[Holly.hanson@idph.iowa.gov](mailto:Holly.hanson@idph.iowa.gov)

Tricia Kroll

[tricia-kroll@uiowa.edu](mailto:tricia-kroll@uiowa.edu)

Greg Gross

[ggross@phcinc.net](mailto:ggross@phcinc.net)

Darla Peterson

[DPeterson@slandchc.com](mailto:DPeterson@slandchc.com)