

Strengthening the Healthcare Delivery System through Planning

8010: Planning Infrastructures: 201

August 24, 2016



Meet the Team

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- **(6606) 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.

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Learning Objectives

- **Participants will be able to identify the key components of the planning cycle and how its 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 to develop approaches which lead to a reduction in health disparities**

Obtaining CME/CE Credit

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**



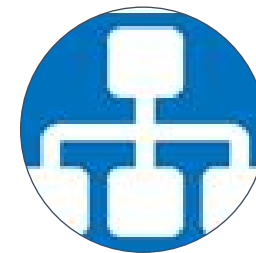
**Strengthen
the Health
Workforce**



**Build Healthy
Communities**



**Improve
Health Equity**



**Strengthen
Program
Operations**



HRSA HAB Vision and Mission

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 (RWHAP) has been built on participation of the **COMMUNITY** it serves

Part A

Part B

Part C/D

Part F

Ryan White HIV/AIDS Program

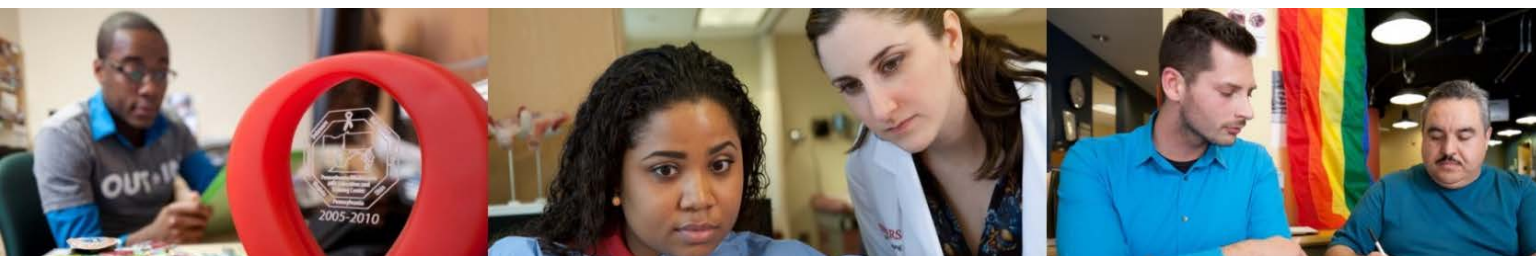
- The Ryan White HIV/AIDS Program provides a comprehensive, community based system of care through primary medical care and essential support services for low-income people living with HIV (PLWH) who are uninsured or underinsured
 - Including PLWH in the planning of services
 - Employing a public health 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 (2014)

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



RECAP

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

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

Annual Planning Cycle



Planning Infrastructure

STRUCTURE AND GOVERNANCE

- **Planning bodies play a critical role in the development and maintenance of the RWHAP service delivery system and in guiding the program during times of change**
- **Specific responsibilities of planning bodies differ by RWHAP Part**
- **It is important to have a well-established relationship between the Planning Body, CEO and the designated grant administrator (recipient)**
- **The relationship includes clearly defined planning body authority to make decisions or advise the CEO and recipient**

STRUCTURE AND GOVERNANCE

The Planning Body must also have :

- **Policies, procedures and processes related to important governance issues, including:**
 - Bylaws
 - Conflict of Interest (COI) policies and procedures
 - Grievance procedures
 - Priority Setting and Resource Allocations (PSRA)
- **Leadership and committee structure**
- **Planning Support Staff**
- **Planning Support Budget**

Planning Support Staff

- **Strong knowledge of planning and data**
- **Expertise in legislative mandates of planning body**
- **Understanding of HRSA expectations for planning process**
- **Ability and time to work with committees**
- **Ability to work with People Living with HIV/AIDS and diverse stakeholders**
- **Ability to facilitate a partnership between planning body and recipient**

MEMBERS

- **Planning body members volunteer their time** – for some it is part of their job, for others a community involvement choice
- **Members are often selected because of their relationship with or ties to particular stakeholder groups**
 - RWHAP legislation specifies membership categories for Part A Planning Councils
 - HRSA identifies best practices for Part B
 - Focus on representation and reflectiveness
- **Consistent member participation provides crucial insight into the communities served and helps all parties better understand the impact of planning body decisions on the HIV/AIDS community**

MEMBERS

continued

- Members represent racial, ethnic and gender groups served by the RWHAP
- They can provide culturally appropriate approaches for dealing with challenges within the jurisdiction
- Members are both advocates and planners who represent their constituent subpopulation, agency or organization and not solely their individual needs or concerns – and sometimes must be planners on behalf of *all* PLWH in the jurisdiction
- Members bring the RWHAP specialized knowledge and expertise regarding programs, service delivery, community needs and barriers to care, as well as accountability

Roles and Responsibilities

ROLES AND RESPONSIBILITIES

- **Both RWHAP Part A and Part B planning bodies have defined roles and responsibilities**
- **RWHAP Part A planning bodies generally have decision-making authority, while RWHAP Part B bodies are usually advisory**

Planning Body, Recipient, and CEO Responsibility Matrix

Task	Duty/Responsibility		
	CEO	Recipient	Planning Body
Determine Planning Body	X		
Establish the Planning Body	X		
Carry out Needs Assessment		X	X
Do Comprehensive Planning		X	X
Set Priorities*		X	X
Allocate Resources*		X	X
Manage Procurement		X	
Monitor Contracts		X	
Evaluate Effectiveness of Planning Activities			X
Evaluate Effectiveness of Care Strategies			X
Do Quality Management		X	[Care Standards & Committee Involvement]

* Sole responsibility of Part A planning councils

ROLES AND RESPONSIBILITIES: PLANNING

- The planning body is expected to establish a comprehensive system of care that effectively meets the needs of PLWH all along the HIV Care Continuum.
- This work includes developing:
 - Needs assessment
 - Helping develop and then implement a comprehensive plan
 - Using a data-driven priority setting and resource allocations process to decide which HIV/AIDS services are most needed for eligible PLWH in the jurisdiction

ROLES AND RESPONSIBILITIES: OVERSIGHT

- **Planning bodies may be asked to carry out specific tasks in addition to its planning duties:**
 - **Analyses**
 - **Assessments**
 - **Special initiatives or actions.**
- **By utilizing their expertise, planning body members may be a strong and helpful resource when dealing with complex programs**
- **Planning bodies collaborates with the recipient's office and represent the voice of the community**

ROLES AND RESPONSIBILITIES :

Accountability

Planning body members:

- Complete the communication loop between the RWHAP and its stakeholders

- Have an important role in evaluating outcomes and using this information in future planning

ROLES AND RESPONSIBILITIES: Advocacy

Planning body members are:

- **Advocates who can help build support for the RWHAP**
- **Foster an environment of inclusiveness**
- **Foster an environment of transparency in the public sector**

ROLES AND RESPONSIBILITIES :

Communications

Planning body members:

- Act as a bridge between the RWHAP and the community
- Link the program to key stakeholder groups
- Strengthen ties
- Communicate a shared purpose to the community

Reflections

How does your planning body reach out to the community to keep PLWH and other residents informed about the RWHAP services and about the work of the planning body?

Tell us about any outreach and community education efforts led by consumers or by a planning body committee.

INVOLVEMENT OF PEOPLE LIVING WITH HIV (PLWH)

PEOPLE LIVING WITH HIV

- **RWHAP planning bodies must include PLWH in all its activities**
- **Inclusion of PLWH brings unique benefits, including a consumer perspective to all decision making and a link between the planning body and the community it serves**
- **RWHAP Part A Planning Councils are legislatively required to have consumers of RWHAP services total 33% of voting members**

PEOPLE LIVING WITH HIV

Key components:

- **Training and mentoring to** make new members familiar with the legislation and the roles and responsibilities of the planning body
- **Flexibility** to address changing health status & increased employment
- **Methods to help PLWH become comfortable with the planning body's processes**, which often involve difficult decision making, challenges related to relationships, and frustrations due to the time required to accomplish needed improvements in the system of care
- **Special considerations and accommodations for representatives with limited incomes**, resources to address transportation, child and other dependent care, and other direct financial costs of planning body membership

MAINTENANCE OF PLWH INVOLVEMENT

Steps in effective PLWH Involvement

- Recruiting a diverse PLWH membership
- Orientation
- Ongoing training
- Mentoring to enable PLWH to participate actively in deliberations
- Support in the form of transportation, reimbursement of other expenses

Reflections

What strategies has your planning body used to keep PLWH, especially unaligned consumers, engaged as members?

Why do you think these approaches work?

“UNALIGNED” PLWH

- “Unaligned” means no formal affiliation or conflict of interest, because such consumers have no financial or governing interest in RWHAP funded agencies
- They do not serve as staff, consultants, or board members of such agencies
- Being a client does not create a conflict of interest
- PLWH who volunteer with a RWHAP are not considered to “represent” that entity and HRSA considers them eligible for unaligned membership on the planning body – though some planning bodies have Bylaws or policies excluding “regular” or “extensive” volunteers from unaligned membership

NHAS & P-I-R

THE UPDATED STRATEGY DETAILS **11 STEPS** AND **37 ACTIONS** THAT FOCUS ON

RIGHT PEOPLE, RIGHT PLACES, RIGHT PRACTICES

RIGHT PEOPLE

KEY POPULATIONS

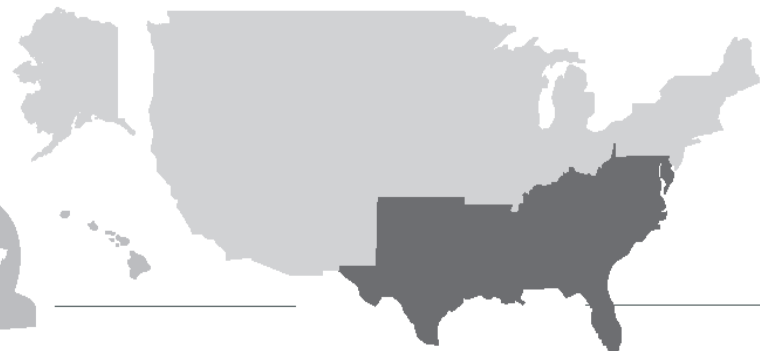
- **Gay, bisexual, and other men who have sex with men of all races and ethnicities** (noting the particularly high burden of HIV among Black gay and bisexual men)
- **Black women and men**
- **Latino men and women**
- **People who inject drugs**
- **Youth aged 13 to 24 years** (noting the particularly high burden of HIV among young Black gay and bisexual men)
- **People in the Southern United States**
- **Transgender women** (noting the particularly high burden of HIV among Black transgender women)



RIGHT PLACES

PRIORITY AREAS

- **Major metropolitan areas** also have higher rates of HIV than other areas of the country
- **Southern United States:** more than 1/3 of the population lives in southern states, but the region accounts for more than 1/2 of all HIV diagnoses.



DEFINING

Parity - Inclusion –

Representation - Reflectiveness

Parity:

Ensuring that all members of the HIV planning body have the skills, knowledge and equal opportunity for input and participation, as well as equal voice in voting and other decision-making activities

DEFINING

Parity - **I**nclusion –
Representation- Reflectiveness

Inclusion:

Assuring that the views, perspectives and needs of populations infected, affected and at risk are represented and involved in a meaningful manner in the community planning process

DEFINING

Parity -Inclusion -

Representation - Reflectiveness

Representation:

- Representation is the inclusion of individuals with diverse types of expertise and affiliations as stated in the legislation
- Representation is also the assurance that those who are representing a specific community or population truly reflect that community's or population's values, norms or behaviors
- This is the assurance that representatives who are included in the process are truly able to represent their community or population and have mechanisms to provide information
- These representatives should be able to participate as group members in objectively weighing the priority needs of the jurisdiction

DEFINING

Parity -Inclusion -

Representation - **R**eflectiveness

Reflectiveness:

The planning body and its consumer members should look like or reflect the epidemic in the jurisdiction in terms of characteristics such as race/ethnicity, gender, and age

Parity, Inclusion, Representation and Reflectiveness

- Use Bylaws and policies to help support inclusion and representation principles by calling for the Chair or a Co-Chair of the planning body to be a PLWH or unaligned consumer
- Actively and routinely assess membership and engagement in the planning process to address gaps in representation proactively
- Establish ground rules with the group that allow for democratic processes in deliberation: for example, respecting all opinions, avoiding domination by an individual or small group, and welcoming and addressing questions are essential so all stakeholders feel they are full and equal participants

Fostering Parity, Inclusion, Representation & Reflectiveness

- Fostering and maintaining a ‘safe space’ for participants to address realities of stigma and discrimination
- Use web and phone-based surveys and key informant interviews to reach marginalized populations where stigma discourages open involvement

BROADER COMMUNITY ENGAGEMENT

- **Planning body members represent a small proportion of HIV-positive individuals in the jurisdiction, and cannot fully represent the entire community**
- **PLWH members should not feel that they are expected to know everything about people infected with or affected by HIV/AIDS**
- **Planning groups need input from PLWH who are not members**

BROADER COMMUNITY ENGAGEMENT

continued

- **A planning body can strengthen PLWH community and public input in several ways:**
 - **Welcoming community PLWH to planning body and committee meetings**
 - **Providing a public comment period at each planning body meeting**
 - **Opening non-governance committees such as Needs Assessment to non-planning body members**

BROADER COMMUNITY ENGAGEMENT

continued

- **Establishing a Consumer or PLWH standing committee with membership including both planning body members & non-members**
- **Providing opportunities for input into the needs assessment and comprehensive planning processes through methods such as town hall meetings, sessions with the PLWH caucuses, and focus groups**
- **Involving non-planning body members on short-term task forces and work groups so that they can have an active voice in the process without making long-term commitments**

BROADER COMMUNITY ENGAGEMENT

continued

Approaches that may be helpful for strengthening communication and enhancing community engagement:

- Use alternative methods for meeting attendance**
- Use social media and publications to request input and publicize hearings and community meetings**
- Hold periodic community meetings to inform PLWH about planning body activities as well as to obtain input and feedback**
- Establish formal communication structures with existing PLWH caucuses and support groups and with provider-based Consumer Advisory Bodies (CABs)**

Reflections

What does your planning body do that encourages diverse PLWH engagement, especially from underserved populations and PLWH facing disparities in service access and outcomes?

COLLABORATION AND COORDINATION

COORDINATION

Planning bodies and recipients share responsibilities.

These include:

- **Coordinating services and funds to provide a comprehensive continuum of care for PLWH**
- **Coordinating between RWHAP and Non-RWHAP programs to fill gaps in services to ensure care**
- **Learning about service needs and gaps across RWHAP Parts**

COLLABORATION

- **HAB expects collaboration, partnering and coordination among multiple sources of treatment, care and HIV testing, and HIV prevention service providers**
- **Recipients and planning bodies should work together to ensure collaboration between HIV testing sites, non-RWHAP providers, all RWHAP Parts (A, B, C, D, and F), and community partners in the planning and implementation of services**

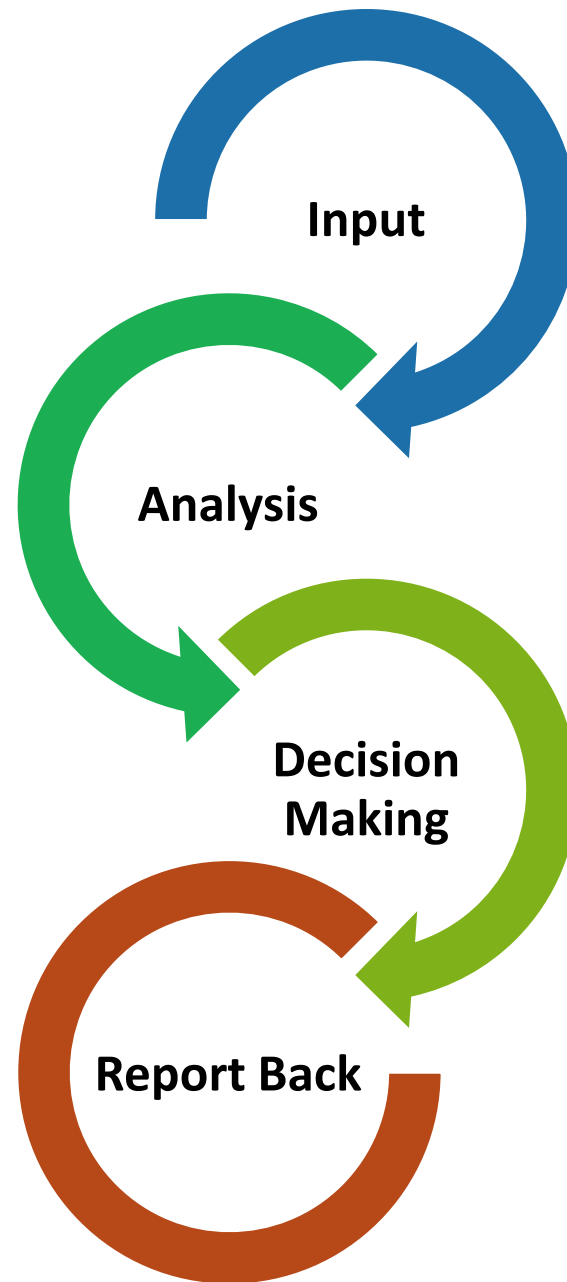
COLLABORATION

continued

- **Areas for coordination include planning, funding of services, and service delivery**
- **Key stakeholders should be asked for input during the planning process and given copies of reports and plans once completed**
- **Every program needs a ‘feedback loop’**

Feedback Loop

Includes obtaining input from stakeholders, analyzing that information, using it for decision making, and reporting back to the community



Reflection: Successful Examples of RWHAP Planning

Please share successful planning examples related to any of the following:

- ***PLWH committees and caucuses***
- ***PLWH and consumer participation in quality improvement***
- ***Effective planning body/PLWH orientation and training***
- ***RWHAP service changes resulting from community input***
- ***Monitoring improvement in PLWH client-level health outcomes using the HIV Care Continuum***
- ***Other?***

Questions



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