

Strengthening the Healthcare Delivery System through Planning

Data Driven Decision Making : 301

August 25, 2016



Planning Institute

- **(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-R - Parity, Inclusion, Representation and Reflectiveness and data-driven decision making in planning
- Participants will be able to apply data driven decision making to their planning processes

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

10

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 Part Overview

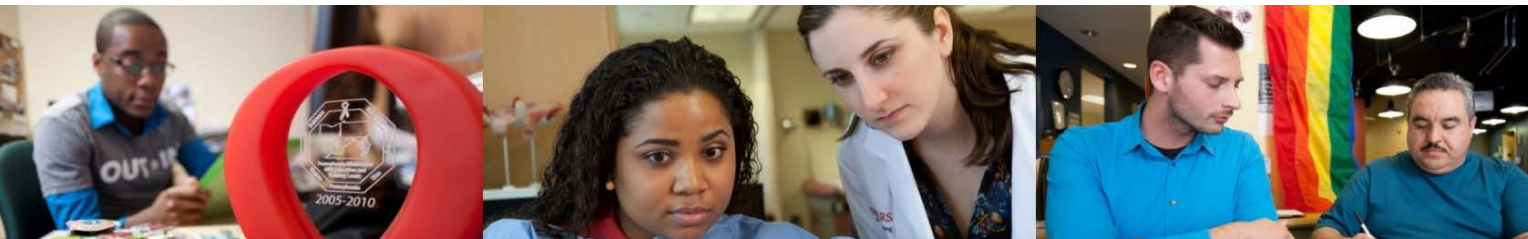
- **Part A (Cities/Counties)**
- **Part B (States and Territories)**
 - ADAP – AIDS Drug Assistance Program
- **Part C (Health Care Agencies)**
 - Early Intervention Services and Capacity Development
- **Part D (Women, Infants, Children and Youth)**
- **Part F (Other programs)**
 - AIDS Education and Training Centers (AETCs)
 - Special Projects of National Significance (SPNS)
 - Dental Programs
 - Minority AIDS Initiative (MAI)

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

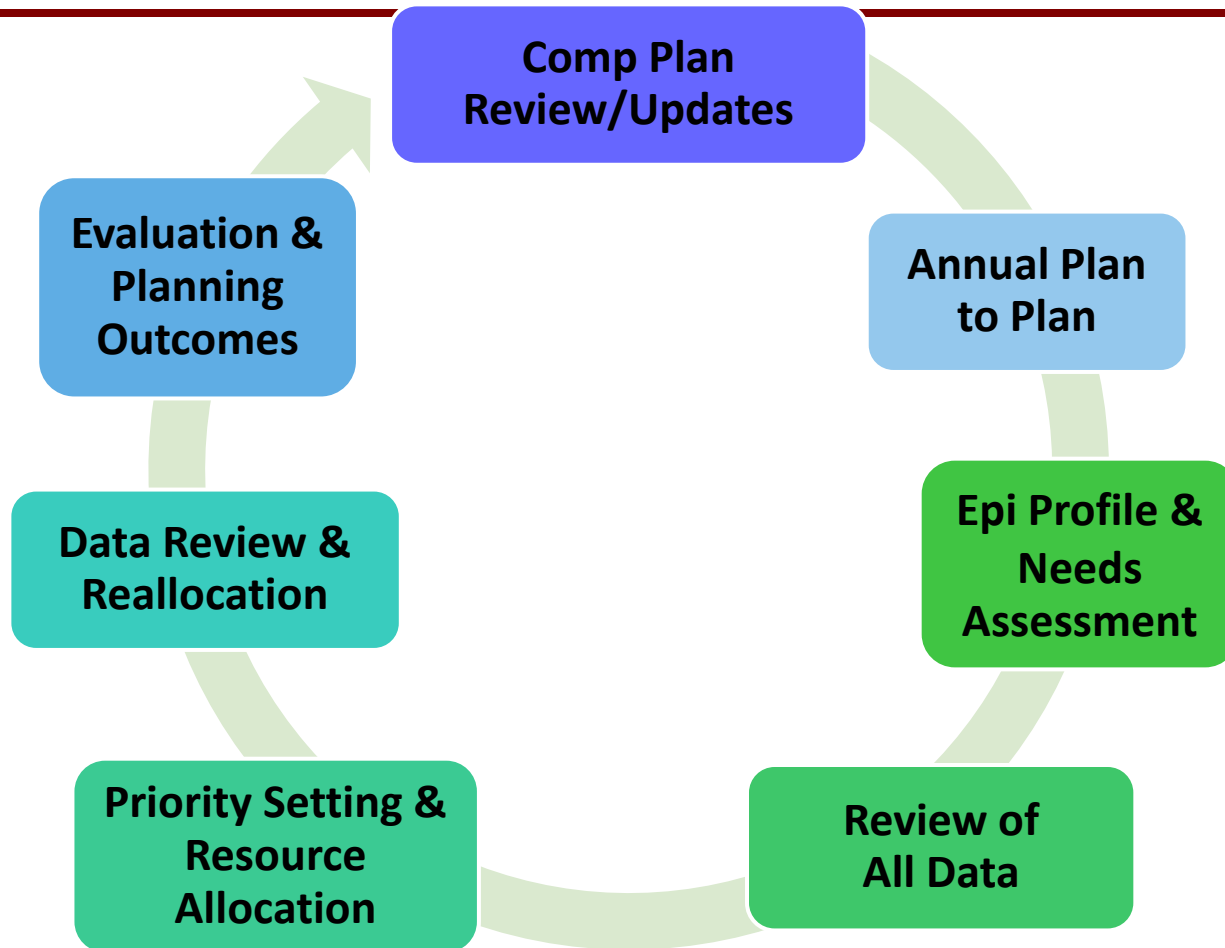
Source: American Health Planning Association, John Stern, 2008

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

- **P-I-R**
 - Parity- Inclusion-
Representation/Reflectiveness
- **Planning Infrastructure**
- **PLWH Engagement**
- **Community Engagement**
- **Collaboration & Coordination**

Purpose of the Planning Cycle: Putting the Pieces Together

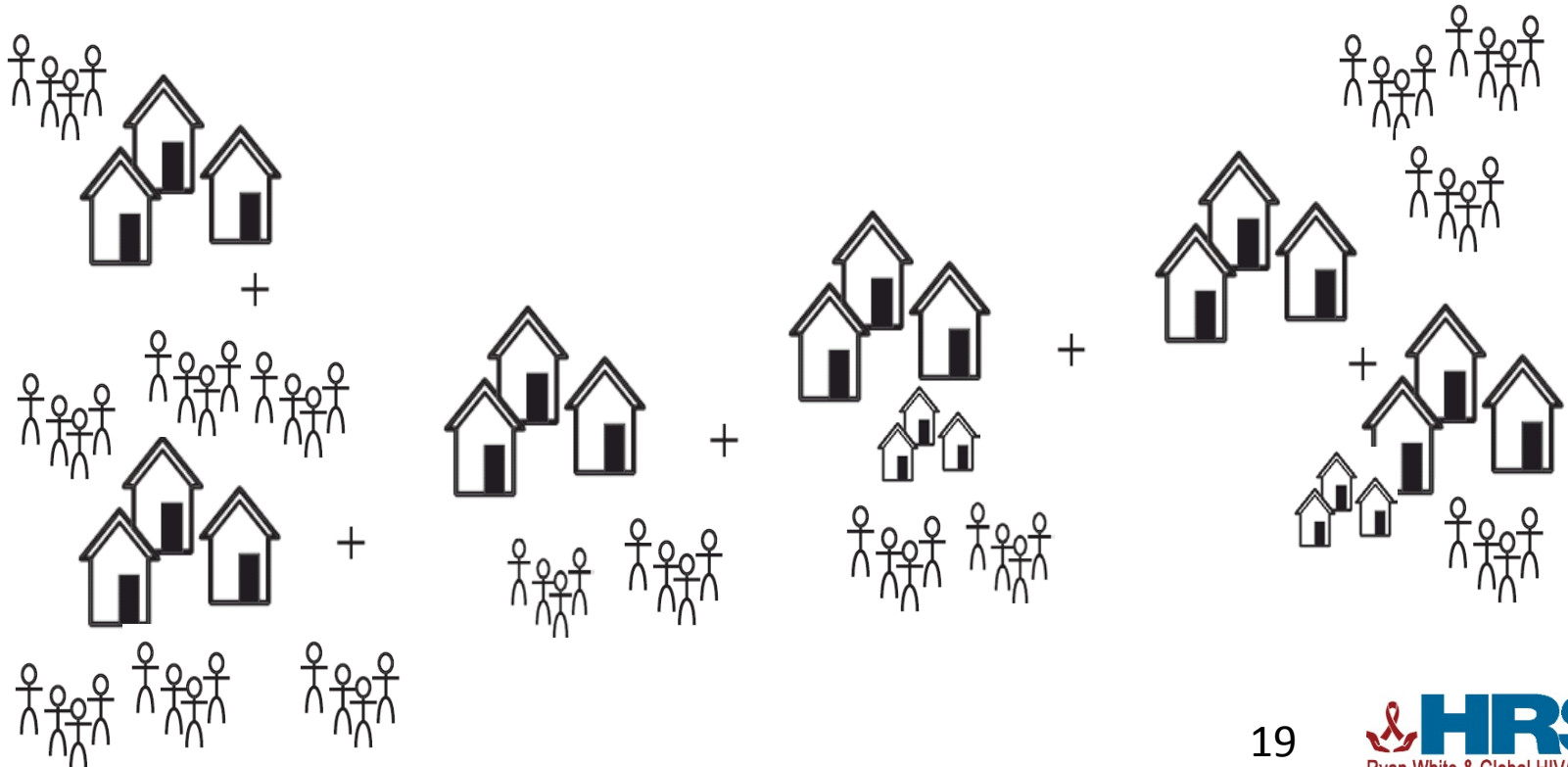
Knowing who needs the services and how to reach them



Knowing who, where, what and to whom

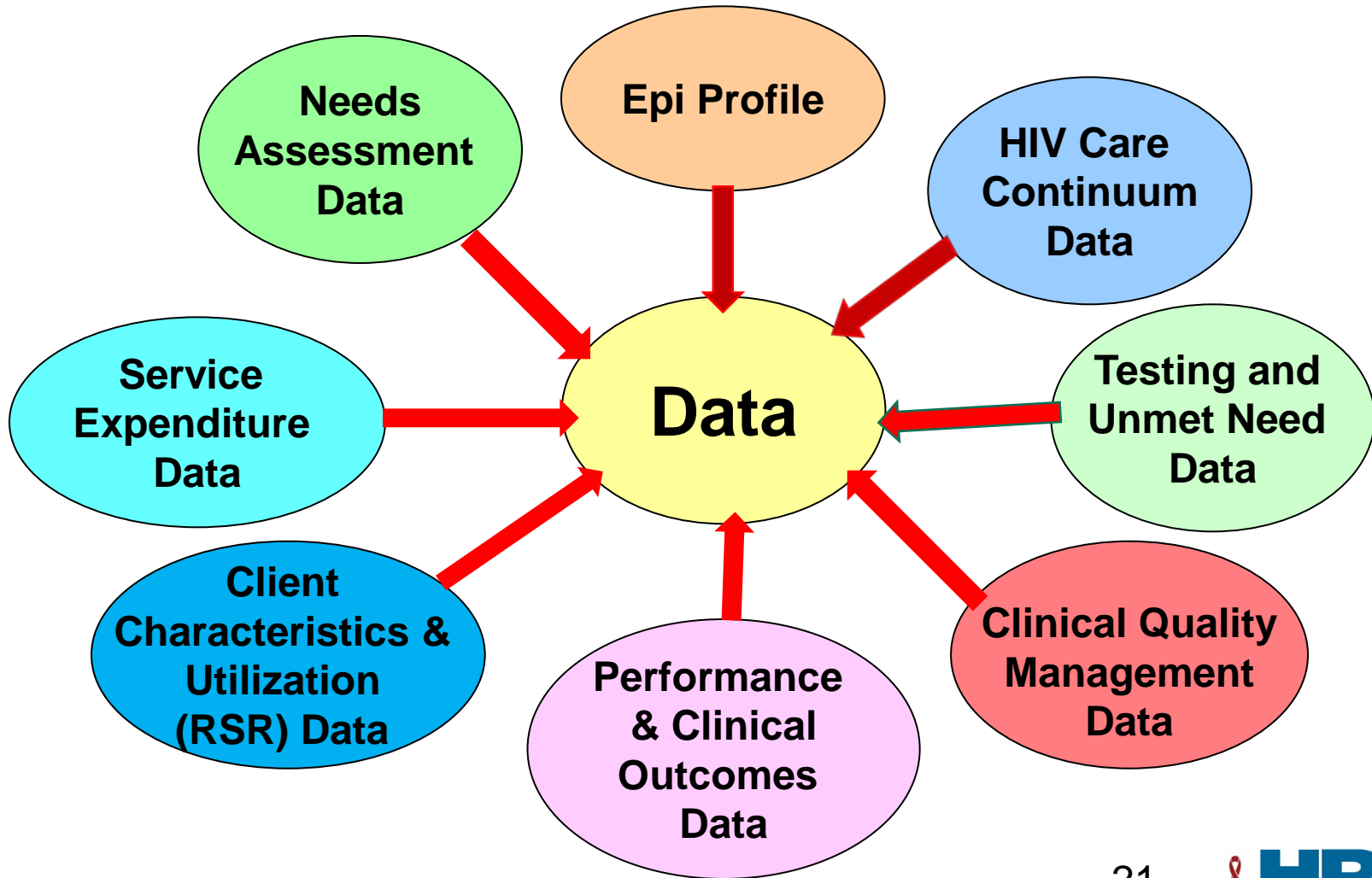


Making data driven decisions about which services are most needed




TYPES AND SOURCES OF DATA


Data Needs for RWHAP Planning





National HIV/AIDS Strategy Goals and Indicators


INDICATORS AT-A-GLANCE


-  **INDICATOR 1** Increase the percentage of people living with HIV who know their serostatus to at least **90 percent**.


-  **INDICATOR 2** Reduce the number of new diagnoses by at least **25 percent**.


-  **INDICATOR 3** Reduce the percentage of young gay and bisexual men who have engaged in HIV-risk behaviors by at least **10 percent**.


-  **INDICATOR 4** Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least **85 percent**.


-  **INDICATOR 5** Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least **90 percent**.

-  **INDICATOR 6** Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least **80 percent**.

-  **INDICATOR 7** Reduce the percentage of persons in HIV medical care who are homeless to no more than **5 percent**.

-  **INDICATOR 8** Reduce the death rate among persons with diagnosed HIV infection by at least **33 percent**.

-  **INDICATOR 9** Reduce disparities in the rate of new diagnoses by at least **15 percent** in the following groups: gay and bisexual men, young Black gay and bisexual men, Black females, and persons living in the Southern United States.

-  **INDICATOR 10** Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least **80 percent**.

THE GOALS

-  Reducing new HIV infections

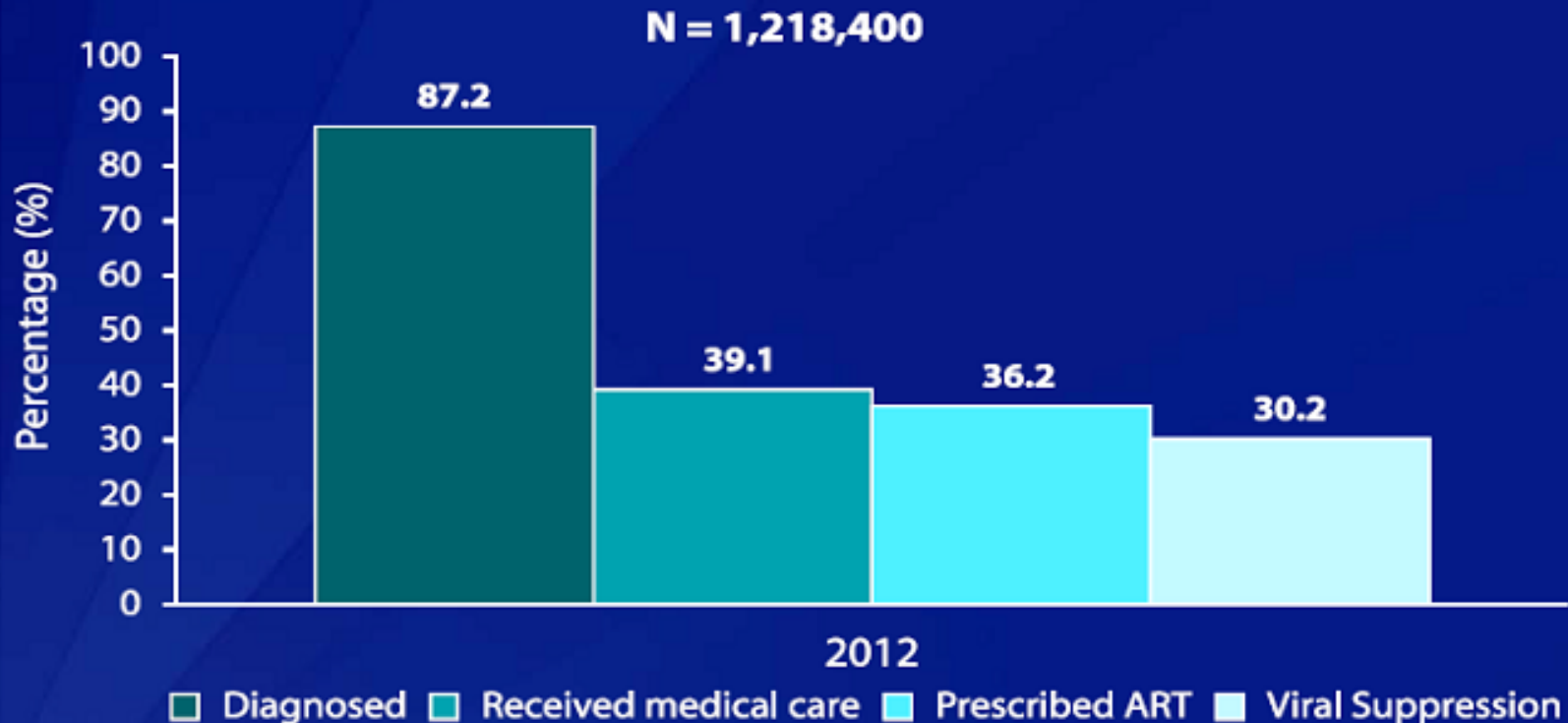
-  Improving access to care and health outcomes

-  Reducing HIV-related health disparities

-  Achieving a more coordinated national response

HIV Care Continuum Shows Improvements are Needed

Persons Living with Diagnosed or Undiagnosed HIV Infection,
HIV Care Continuum Outcomes, 2012 – United States and Puerto Rico



National HIV Surveillance System: Estimated number of persons aged ≥ 13 years living with diagnosed or undiagnosed HIV infection (prevalence) in the United States at the end of 2012. The estimated number of persons with diagnosed HIV infection was calculated as part of the overall prevalence estimate.

Medical Monitoring Project: Estimated number of persons aged ≥ 18 years who received HIV medical care during January to April of 2012, were prescribed ART, or whose most recent VL in the previous year was undetectable or < 200 copies/mL—United States and Puerto Rico.

Stark disparities in HIV and AIDS among different groups

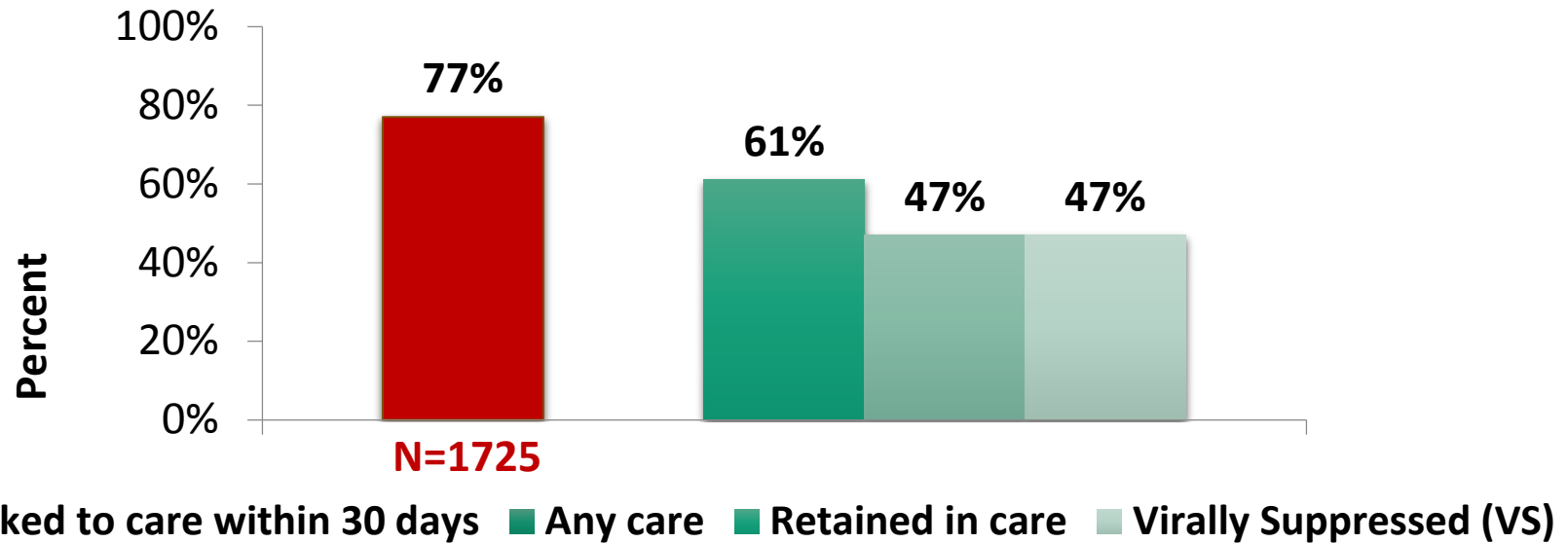
- 95% of people with HIV are men who have sex with men (MSM), African Americans, Latinos, or injection drug users (IDU)
- MSM are >40 times more likely to have HIV than other men and women
- African American men and women are 8 times more likely than whites to have HIV
- Latino men and women are 3 times more likely to have HIV than whites

• CDC, HIV Surveillance Report, 2008. Published June 2010. www.cdc.gov/hiv/surveillance/resources/reports

• MSM = Men having sex with men

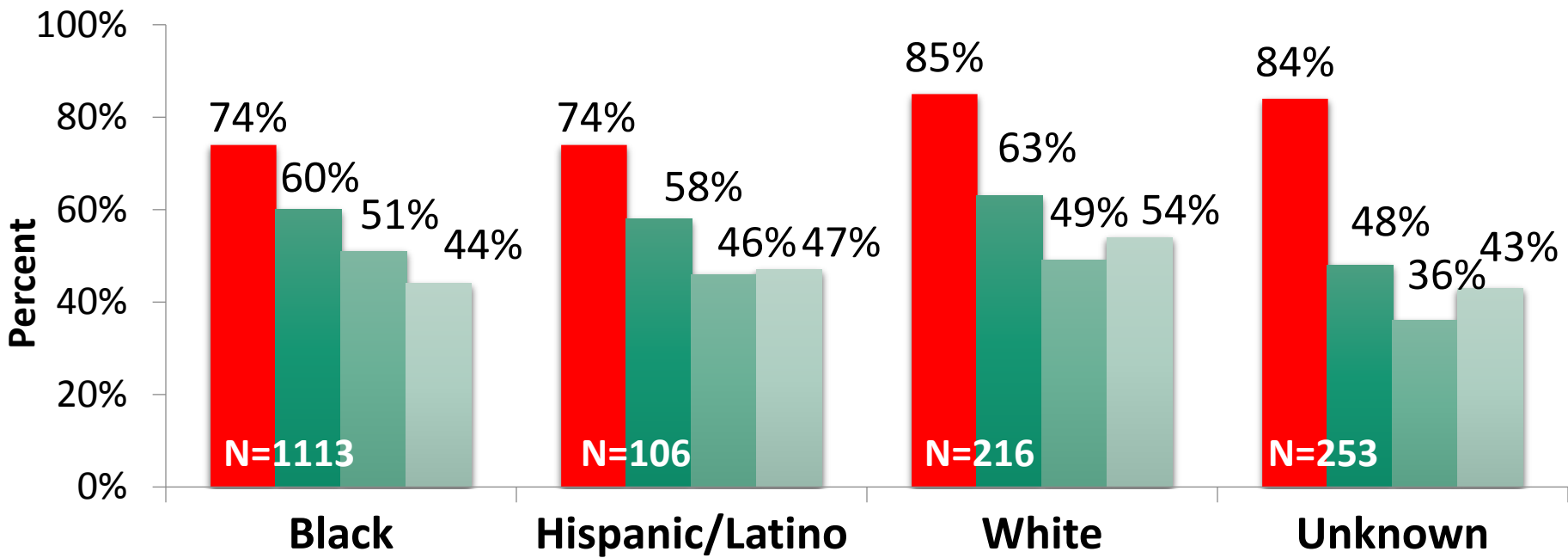
• IDU = Intravenous drug users

Adults and Adolescents Living with Diagnosed HIV, MetroCity EMA, 2014



- Adults and adolescents \geq age 13, diagnosed by 12/31/2013, living as of 12/31/2014
- Current address MetroCity
- Linked to care = CD4 or VL within 30 days of diagnosis, among those diagnosed 01/01/14-12/31/14 (N=1725)
- Any care \geq CD4 or VL in 2014
- Retained in care \geq 2 CD4 or VL at least 3 months apart in 2014
- Viral suppression (VS) = VL < 200 copies/ml on most recent viral load, 2014

Adults and Adolescents Living with Diagnosed HIV, MetroCity, 2014, by Race/Ethnicity



- Linked to care within 30 days
- Any care
- Retained in care
- Viral Suppression (VS)
- Adults and adolescents ≥age 13, diagnosed by 12/31/2013, living as of 12/31/2014
- Current address MetroCity
- Linked to care= CD4 or VL within 30 days of diagnosis, among those diagnosed 01/01/14-12/31/14 (N=1725)
- Any care ≥1 CD4 or VL in 2014
- Retained in care ≥2 CD4 or VL at least 3 months apart in 2014
- Viral suppression (VS) = VL<200 copies/ml on most recent viral load in 2014

Trends Data

All data sets need to include trends data

One year is not enough!

- Epi Data
- RSR Data
- Service Utilization Data
- Unmet Need Data
- HIV Care Continuum

UNDERSTANDING DATA IN PLANNING

Myth Busters

- **Consumers don't understand data**
 - MANY people are uncomfortable using data: more people are innumerate than illiterate
- **Data will give you the answer**
 - Data can be spun to give you many different answers
- **It takes a Ph.D. to understand RWHAP data**
 - Intelligent people can learn to understand and use data
 - Moderate training is sufficient to understand most RWHAP data if it is well presented

Key Data Concepts

- Use both quantitative and qualitative data
- Use the right data – appropriate and timely
- Look for the main points
- Ask the right questions
- Aggregate and analyze
 - Do the basics first – but don't stop there
 - Always look at subpopulations

Triangulation

The process of comparing results from different needs assessment or research studies to see whether they report similar findings and giving greater weight to findings that are reported from several different studies or sources

Critical Factors for Reviewing or “Weighing” Data

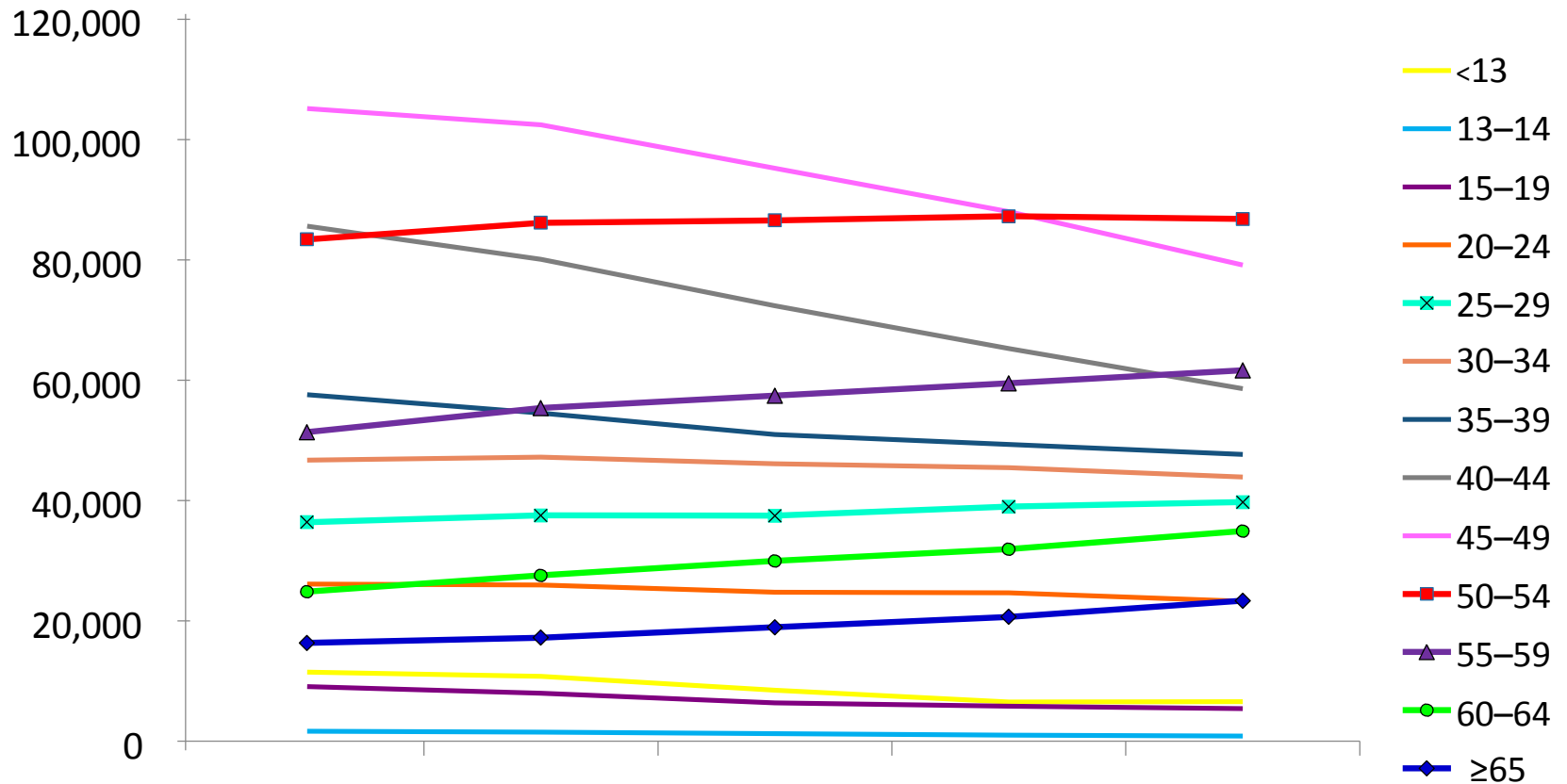
- Numbers
- Representativeness
- Probability sampling
- Questions/content
- Quality control

Training

Training is Essential

- Interactive
- Related to actual tasks
- Made a part of data presentations
- Ongoing

RWHAP Clients, by Age Group, 2010–2014: *What do you see?*



Why Data-Driven Decision Making?

- National HIV/AIDS Strategy (NHAS) goals and objectives are based on tracking measurable outcomes
- HIV Care Continuum uses data to show performance at critical steps from diagnosis to viral suppression and shows need for coordination between prevention and care
- Performance and outcomes data equip decision makers and community with evidence-based rationale for policy, procedures, goals, and activities
- Data-driven decisions can increase service quality and cost-effectiveness

**“Without data, all anyone has are opinions.
Data elevates the probability that you’ll
make the right decision.”**

-W. Edwards Deming

Best Practices for Data-Driven Decision Making

- Present data in user-friendly formats
- Be organized – use a work plan that specifies data needs and timing
- Agree on data needed on an annual basis
- Train all – including community members

Best Practices for Data-Driven Decision Making continued

- Provide data presentations and discussions throughout the year
- Have a process to manage “impassioned pleas”
- Have a policy and process to manage conflict of interest
- Develop a process to weigh, summarize, compare, and use data to reach decisions

ACTIVITY

ACTIVITY

1. Choose:

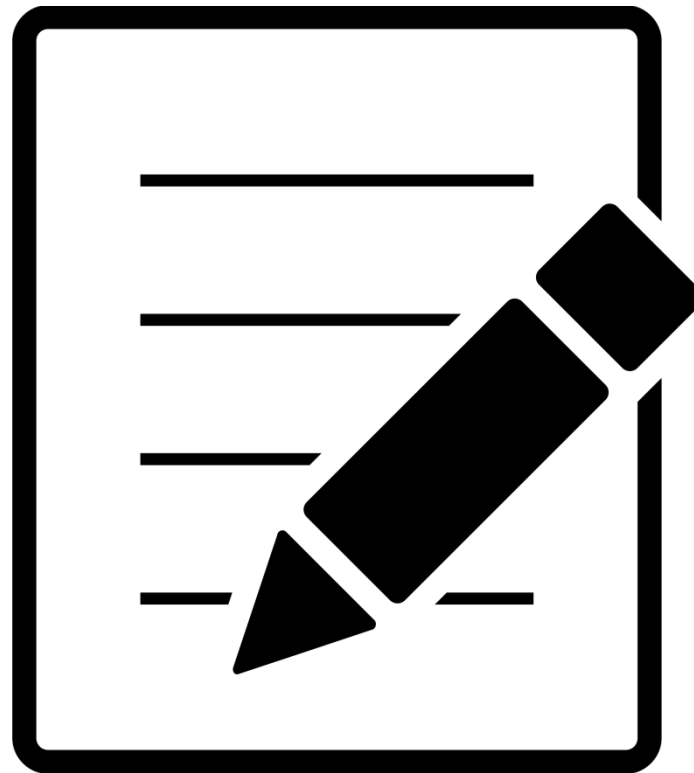
- Facilitator
- Recorder
- Reporter

2. Work on the scenario assigned to your group

3. Discuss how you would address this issue:

- Immediately
- During the next annual planning cycle

Report Out



Summary

Components for successful planning:

- Annual Planning Cycle
- Infrastructure
- Community engagement, including consumers
- Collaboration and coordination
- Data based decision making

Questions



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