



Resource Innovation Team (RIT): Working with States to Maximize Use of All Available Resources

2019 Administrative Reverse Site Visit (ARSV)
October 24, 2019

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Vision: Healthy Communities, Healthy People



RIT Session Agenda

- Welcome and Introductions
- Overview of the RIT Initiative
- Key Components of the RIT Site Visit
- RIT Approach and Flow Diagram
- Highlights from Alabama RIT Site Visit
- Interactive Questions and Answers
- Facilitator and Audience Discussion with Panelists
- Wrap Up and Evaluation



RIT Session Learning Objectives

- Understand the process DSHAP has followed to address the challenges and opportunities afforded by increased rebate resources
- Understand the factors and types of challenges states face in utilizing the resources available
- Identify the opportunities for RWHAP recipients across Parts to collaborate to ensure all available resources are utilized to positively impact the health outcomes for people with HIV in each state



RIT Session Interactive Session

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OVERVIEW OF RIT SITE VISIT INITIATIVE

Background

- DSHAP monitoring led to the identification of trends in unobligated balances (UOBs). Data suggested challenges in the timely utilization of all available resources
- DSHAP and HAB's Office of the Associate Administrator (OAA) established the RIT initiative to address the issue



Goals of RIT Initiative

- Increase DSHAP's understanding of the challenges RWHAP Part B recipients in utilizing all available resources
- Explore innovative strategies to maximize utilization of resources while addressing service gaps and unmet needs
- Identify technical assistance and other support needs among states/territories



Key Components of RIT Initiative

- Review and assess all available resources
- Budget review to maximize utilization of resources while addressing service gaps and unmet needs
- Capacity building and provide technical assistance to support needs in the state or territory
- Develop a plan to address identified gaps in services



RIT Site Visit Approach

Primary activities during the site visits included:

- Reviewed recipients' fiscal operations and their compliance with RWHAP requirements
- Discussed with staff and community partners to identify
 - ✓ Gaps in access to services for people with HIV
 - ✓ Opportunities to expand services
 - ✓ Infrastructure enhancements
- Provided real-time technical assistance and recommendations



RIT Flow Diagram: A-B-C-D

Assess Resources

- Identify all rebates per date received

Budget Review

- Prepare operational Budget

Capacity Building

- Identify challenges and opportunities

Develop Plan

- Budget projection and implementation plan

Assess All Available Resources

Identify all rebates received including:

- 1) Rebates generated from a federal AIDS Drug Assistance Program (ADAP) dollar to the 340B price
- 2) Rebates received in the current budget period
- 3) Older rebates accumulated beyond current budget period
- 4) Estimate projected rebates for this current budget period
- 5) Program Income



Budget Review

Identify all components to prepare a yearly operational budget

- Total operational budget includes:
 - ✓ FY RWHAP Part B Awards (X07, X08, and X09)
 - ✓ FY RWHAP Part B carryover request
 - ✓ All rebates received
 - Policy Clarification Notice (PCN) 15-04 provides guidelines for the utilization and reporting of pharmaceutical rebates by RWHAP ADAP and the effect of other program provisions on these rebates.



Capacity Building

- Conduct an inventory of RWHAP services and identify challenges and opportunities to create new or expand existing HIV services
- Key challenges and themes identified
 - Use and budgeting of rebates
 - Budget improvements
 - Formulary changes
 - Service delivery expansion
 - Infrastructure/Resources

Develop Plan

- The RIT impact varied across states due to different factors
- Each state developed a plan to address identified gaps in services
- Four states were selected for RIT site visits in 2019
- The next presentation will highlight the Alabama Department of Public Health RWHAP Part B recipient





ALABAMA DEPARTMENT OF PUBLIC HEALTH

ALLISON R. HATCHETT, DIRECTOR

BRIDGETT REEDER, CLINICAL QUALITY MANAGER



**PANELIST PRESENTATION:
Alabama's Ryan White Part B
Resource Innovation Team (RIT)
Site Visit Experience
October 24, 2019**

**Alabama Ryan White Part B Program
Division of HIV Prevention and Care
Alabama Department of Public Health**



**Scott Harris, M.D., M.P.H.
State Health Officer**



Learning Objectives

- **Alabama hopes to share our Resource Innovation Team (RIT) site visit experience so that other Ryan White programs gain a better understanding of what the RIT visit is all about.**
- **Comprehensive site visit held February 12-14, 2019**
- **RIT site visit immediately after on February 14-15, 2019**
- **Health Resources & Services Administration (HRSA) RIT Team**
 - Roberto Nolte, MD, Project Officer
 - Steven Young, Acting Director, Division of States HIV/AIDS Program
 - Steven Bailey, Administrative Consultant



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Alabama Resource Innovation Team (RIT) Site Visit Overview

- **Overall a very positive experience**
 - Not punitive, focused on program expansion and growth
- **Initiated some much needed discussions**
 - Opportunity to identify strategies to enhance services and increase expenditures with staff external to Ryan White
- **Brought many issues to the table**
 - Lack of adequate rebate submission, tracking, and forecasting system
 - Inability to include future (pending receipt) funding in budget plans
- **Brainstormed ways to address issues**
 - Identified service delivery gaps and opportunities to increase utilization of rebates



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Alabama Resource Innovation Team (RIT) Site Visit Overview Continued

- **Supportive of innovative strategies**
 - Identified multiple HRSA approved strategies to utilize rebates
- **Provided guidance and open dialog for Ryan White Program**
 - Opportunity for staff external to Ryan White to understand HRSA is supportive of a wide range of rebate utilization projects
- **Engaged Alabama Department of Public Health (ADPH) officials**
 - Health department leads participated in the RIT, facilitates support
- **Engaged ADPH Finance to better understand Ryan White**
 - Misunderstanding of need to maintain program size rather than expand



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Alabama Challenges with Utilization of Resources

- Timely execution of lead agency and subrecipient contracts
- Amendments to increase funds for lead agency/subrecipients
- Federal funds not realized by Finance until receipt of award
- Utilization of rebates first (Cash versus Accrual Accounting)
- Finance versus Program aligning goals and objectives
- Inadequate 340B rebate forecasting mechanism
- Irregular submission of 340B rebates to drug manufacturers



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Alabama Challenges with Utilization of Resources Continued

- Very lean infrastructure, limited staff and workforce capacity
- Public Health hiring freeze versus HRSA findings to hire staff
- Not enough physical space to seat staff
- Per HRSA's RIT site visit report:

“Although staff demonstrate a high capability for planning and developing strategies, implementation, monitoring, improving, and evaluating strategies is inhibited by lack of available time and staff.”



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Alabama Proposed Recommendations to Address Challenges Continued

- **Re-engage persons living with HIV (PLWH) into care**
 - Utilize health department social workers for re-engagement
 - Not in care lists generated from HIV Surveillance data
- **Expand routine (opt-out) HIV testing in emergency departments**
 - Modeled after a pilot project with largest metropolitan hospital
 - Implement in house within health department to gain buy in
- **Engage stakeholders in retention and viral suppression initiatives to eliminate disparities**
 - Increase funding to address disparities
 - Increase funding to certain providers and/or service categories
- **Expand pharmacy benefits manager (PBM) Services**
 - Transition benefits coordination for all insured clients
 - 340B rebate data and claims preparation



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Alabama Proposed Recommendations to Address Challenges Continued

- **Engage local AIDS Education and Training Center (AETC)**
 - Training for providers and consumers
 - Establishing relationships with Federally Qualified Health Centers (FQHC)
- **Utilize rebates for payment of outpatients medical visits**
 - Cost sharing, copayments, and deductibles
 - Historically utilized state funds
- **Increase services for PLWH co-infected with Hepatitis C**
 - Expanded ADAP-formulary Hepatitis C medications
 - Ultrasound equipment proportional to RWHAP clients served
- **Consider issuing Requests for Proposals (RFPs)**
 - Identify additional service providers
 - Generate innovative service proposals



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Alabama Proposed Recommendations to Address Challenges Continued

- **Social Marketing and Educational Initiatives**
 - ADAP and Ryan White service focused campaigns
 - Support PLWH linkage to and re-engagement in care
- **Increase ADPH infrastructure**
 - Staffing, technology, supplies to support program operation
 - Senior managements commitment to expansion of office real estate
 - Consider cross-program retreat
 - increase communication
 - align concepts and goals
- **Increase Part B Subrecipient capacity**
 - Staffing, billing systems, electronic medical records, statewide data base collections and reporting system
 - Software purchase and upgrades, computers, laptops, iPads
 - Minor alterations and renovations (Minor A&R)
 - increase office space
 - building usability
 - Administrative support staff



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Alabama Partnerships to Implement Recommendations

- ADPH Finance Teams (programmatic and fiscal partnerships)
- Lead agency for Part B subrecipients
- Ryan White Parts B, C ,and D recipients
- ADAP Pharmacy Benefits Manger
- ADAP Insurance Benefits Manager
- ADAP BCBS of Alabama Insurance Provider
- Alabama Consumer Advisory Board (ACAB)
- HIV Prevention and Care Group (HPCG)
- Alabama Regional Quality Group
- State Health Officer, head of ADPH



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Questions or Comments



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INTERACTIVE DISCUSSION



WRAP UP





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