



Building Model Medical Homes

Diverse Partnerships

Challenges and Opportunities

Medical Home Partnerships

IMPROVING CARE THROUGH PARTNERSHIPS

Every year, the Crossroads Clinic, a Ryan White HIV/AIDS Program provider in Jackson, Mississippi, provides HIV and sexually transmitted disease (STD) testing, treatment, and care to hundreds of people living with HIV/AIDS (PLWHA). Crossroads' patients are mostly men and women of color, men who have sex with men (MSM), and injection drug users (IDUs).¹ Many of these PLWHA face significant barriers to care, such as stigma, hunger and homelessness, substance use disorders, mental illness, and other psychosocial and socioeconomic issues.²

It is impossible, however, for Ryan White HIV/AIDS Program providers like Crossroads to offer every service their clients need. To overcome this challenge, Crossroads has joined Ryan White HIV/AIDS Program-funded clinics nationwide in forging formal and informal partnerships with local ancillary-service entities, such as housing providers, dental offices, homeless shelters, and so on. This approach has expanded the clinics' roster of services while creating more integrated care for PLWHA. This more seamless access to HIV services encourages patients to remain engaged in care.

In addition to STD and HIV testing, Crossroads, which receives Part B funding, offers a wide range of early intervention services, including intensive case management and health education, as well as AIDS Drug Assistance Program (ADAP) enrollment and pharmaceutical services. ADAP patients who need dental services can walk down the hall to Crossroads' three-chair dental office. Clients needing additional primary care services can be referred to any Ryan White HIV/AIDS Program clinic throughout the State, though due to stigma most opt to go to the Parts C- and D-funded Adult Special Care Clinic operated by the University of Mississippi Medical Center, which is located in the same building as the Crossroads Clinic. Crossroads also

DID YOU KNOW?

- ▶ The Health Resources Services Administration (HRSA) HIV/AIDS Bureau (HAB) is one of the lead Federal agencies implementing the National HIV/AIDS Strategy, which calls for increased collaboration among HIV services providers at all levels.
- ▶ HIV providers often partner with community-based organizations, homeless shelters, housing providers, and specialists to strengthen HIV service delivery to vulnerable PLWHA.
- ▶ Partnering agencies expand their menu of services, as well as provide additional pathways of care to PLWHA, often identifying, recruiting, and engaging PLWHA into care earlier, rather than later, in the course of their infections.



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AVOIDING TURF WARS

Particularly in a tight fiscal climate, clinics may view one another as competitors rather than as potential collaborative partners. Creating memoranda of understanding (MOUs) can help provide guidance and ground rules concerning the nature of a particular partnership. Sites should also discuss their expectations, work style, reporting relationships, any data sharing, and other pertinent information up front. Rules and regulations such as the Health Insurance Portability and Accountability Act (HIPAA) also need to be taken into consideration in regard to any information sharing.

Pre-planning and securing buy-in will help avoid obstacles down the road, as well as create both a transition and an overall experience that are more seamless for patients.

have multiple pathways into HIV/AIDS care.^{12,13} Patients can be engaged in care either through the clinic or through one of the clinic's partners. PLWHA who learn their status while staying in a homeless shelter, for example, can be transported directly to the clinic to begin work with a case manager and learn about their treatment options.

The need for expanding HIV care to PLWHA has never been greater. According to the U.S. Centers for Disease Control and Prevention (CDC), many PLWHA in the United States—including the 20 percent of HIV-positive persons who are unaware of their serostatus—are not receiving care.¹⁴ Other PLWHA are aware of their HIV status, but have fallen out of care or never had an opportunity to actively engage in care after learning their diagnosis.¹⁵

PLWHA who are not receiving care are statistically more likely to have low socioeconomic status, limited educational attainment, or histories of incarceration, all of which create significant impediments to employment, health insurance, and HIV care. They may be fearful of disclosing their status to partners, family members, and friends.^{16,17,18,19} Others have little knowledge about the health care system; engaging in HIV care may be their first experience of seeing a doctor regularly.²⁰ Many PLWHA are tested for HIV only after they develop symptoms or need emergency medical care; in these situations, late diagnosis can undermine health outcomes, quality of life, and life expectancy.²

Streamlining ADAP: A State and Community Vendor Relationship

The Massachusetts Department of Public Health (DPH) Office of AIDS focuses on the administration of HIV programming within the State. All medical care, lab tests, and case

management are managed through contracts with local providers. This arrangement includes the State's ADAP,* which is facilitated by a contracted partner—currently the Community Research Initiative of New England (CRI)—selected through a competitive bidding process. Annette Rockwell, Federal Grants Coordinator for the Massachusetts DPH Office of AIDS, says the agency outsourced its ADAP from the start. "With a bureaucracy our size administering care for a high-prevalence metropolitan area as well as [for] more rural areas of the State, we rely on our community partners to meet the needs of individual clients," says Rockwell.

Because the demographics of the HIV/AIDS epidemic vary across Massachusetts, community partners can offer targeted, culturally competent support in diverse communities more readily than can a centralized bureaucracy like the Massachusetts DPH. "The expertise of our community partners, who are able to respond quickly to an epidemic that is constantly changing, both in terms of treatments that are available and the systems of care and other payers that exist for HIV care, is the key to our success," says Rockwell.

Craig Wells, deputy director of CRI and director of the Massachusetts ADAP program, agrees. "Partners like CRI can provide patients with personalized care in ways that State agencies cannot," he says. CRI works directly with more than 9,000 pharmacies and clients across the State and has taken great care to foster working relationships with case managers, care providers, and other staff providing services to PLWHA. CRI works with service providers to address all ADAP-related issues from enrollment procedures to paperwork.

"Partners like CRI can provide patients with personalized care in ways that State agencies cannot." — Craig Wells, deputy director of CRI and director of the Massachusetts ADAP program

It is not uncommon for CRI staff to contact patients directly to help them complete their forms or to work with case managers and pharmacies to educate them about ADAP and how it intersects with Medicaid and the State's health law. "We're able to be more nimble [than a] bureaucratic structure," says Wells. "If we get a call on a Friday afternoon from a patient who is having trouble filling a prescription, we can respond immediately."

CRI also has been able to forge relationships with those who work directly with PLWHA, such as case managers and pharmacists, providing them with invaluable information about ADAP and its relationship to other health care legislation. For example, when the Medicare Modernization Act of 2003, which subsidizes prescription drug costs for Medicare

* In Massachusetts, the State Part B-funded ADAP program is called the HIV Drug Assistance Program or HDAP. To avoid confusion, however, this newsletter uses the term "ADAP" throughout.

beneficiaries, went into effect in January 2006,²¹ CRI partnered with the New England AIDS Training and Education Center and the Massachusetts DPH to present informational sessions on how the law would affect PLWHA.

Rockwell says that the Massachusetts DPH's approach to administering its ADAP program might not work in other states; Massachusetts is considerably smaller in size and population than other States and has its own health care system.²² Massachusetts, however, has personalized the ADAP process, making it easier to navigate for PLWHA. The Massachusetts DPH's focus on administration, in turn, has helped streamline the process of placing drugs on the Massachusetts ADAP formulary. Rockwell explains: "Anything that removes barriers for clients, in terms of access to care and treatment, is good in terms of adherence to regimens."

Innovative IT Vendor Enables City to Ramp Up Care

The Special Projects of National Significance (SPNS) initiative, which provides funding to develop new models of care within the Ryan White HIV/AIDS Program, supports the creation of unique and productive relationships to improve HIV service delivery. One such relationship developed during the SPNS Information Technology Networks of Care Initiative, which took place from 2007 to 2011. During this time, the City of Paterson, New Jersey, and five other Ryan White-funded sites were charged with enhancing their existing electronic networks to facilitate online health information exchanges (HIEs) that would enable information from patients' records to be updated and shared online.

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Rockwell, Federal Grants Coordinator for the Massachusetts DPH Office of AIDS

The work required to facilitate HIEs often involves a high level of technological expertise that most Ryan White HIV/AIDS Program providers do not have on hand. The City of Paterson addressed this gap by teaming up with RDE Systems, a creator of the Electronic Comprehensive Outcomes Measurement Program for Accountability and Success (eCOMPAS). Jesse Thomas, who served as technical director on Paterson's SPNS Project, explains that in addition to expertise in computer programming, the company brought to the table a "level of Internet project management expertise, including needs assessments, comprehensive planning, and quality management, that the City could not otherwise afford."

The upgraded system also helped collect data that provided a clear picture of how efficiently and effectively HIV services were reaching PLWHA in Paterson's service area. The city quickly leveraged the data to address gaps in service delivery,



HRSA'S INTEGRATING HIV INNOVATIVE PRACTICES (IHIP) PROJECT

HRSA's Integrating HIV Innovative Practices (IHIP) project materials provide clinics with detailed information about how to replicate and incorporate into their operations best practices developed under HRSA/HAB's SPNS initiatives. Many of these best practices focus on developing productive relationships with vendors, community partners, and Ryan White HIV/AIDS Program grantees and providers. Each IHIP series includes a training manual, curriculum, and related webinar. An online help desk/wiki is also available to provide additional information and answers to common questions.

For more information and to download materials, go to www.careacttarget.org/library/integrating-hiv-innovative-practices-ihip.

a decision that improved not only its performance but also the health outcomes of PLWHA.

Leveraging Jails to Expand HIV Care

Several Ryan White HIV/AIDS Program providers have partnered with local jails to identify and deliver primary and ancillary services to hard-to-reach PLWHA. Several of the most innovative partnerships occurred during the SPNS Linkages to Primary Care and Services in Jail Settings Initiative (Jails Initiative), which funded 10 sites for 4 years starting in 2007. One SPNS site, the New York City Department of Health and Mental Hygiene/Rikers Island, served as an intermediary between PLWHA, the jail, and the drug treatment courts in Manhattan. The department educated jail officials and lawyers about the unique treatment and care needs of incarcerated PLWHA. Alison Jordan, the site's executive director and primary investigator, explains: "We have become a friend of the court. Judges now call us for advice and expertise about patients' health and recommendations regarding alternatives to incarceration, such as drug treatment facilities and hospice."

Jean Porter, who served as principal investigator for another Jails Initiative site, AID Atlanta, oversaw that site's intensive 30-day triage program for PLWHA recently released from jail. The intervention involved intensive case management, including "handson" linkages to substance use treatment, literacy and job training programs, transportation, and housing. During that time, Porter says, AID Atlanta and its partners taught PLWHA to "take charge of their health and ... leave past risk behaviors behind."

To be successful, however, all SPNS jail grantee sites had to learn to navigate the organizational structure of a jail setting. Jails have their own cultures, rules, and regulations. This meant SPNS grantees needed to learn about—and respect—this new culture and create ways to work amicably within it.

EXPANDING CARE BRINGS CHALLENGES AND OPPORTUNITIES

Expanding care through collaborations can be challenging for clinics, their partners, and the PLWHA they serve. Howell Ira Strauss, executive director of the AIDS Care Group in Chester, Pennsylvania, says that patients' needs may surpass available resources. Sometimes, he says, "you solve one problem while creating two others." For example, his agency has forged a relationship with a food pantry to provide PLWHA with much-needed healthful food supplies. Yet when their patients, some of whom did not have cars, went to pick up their groceries, they found themselves trying to figure out how to get home on foot or by bus while carrying many bags of groceries.

Strauss also stresses that some collaborations, despite a well-crafted memorandum of agreement, may not work out because the participating agencies have different operational styles and care-delivery goals. For example, the AIDS Care Group decided to end a year-long relationship with an agency it had enlisted to provide case management for PLWHA who were newly released from a local county jail. Rather than meet PLWHA in the field upon their release, the partner agency preferred to have patients come to its offices. "We felt our patients needed and deserved more hands-on assistance when reentering the community," says Strauss, so the AIDS Care Group hired three case managers whose responsibilities included driving formerly incarcerated PLWHA to obtain lab tests, dental care, and substance use and housing services. "We don't like to lose sight of the PLWHA we serve," explains Strauss.

In Jackson, Mississippi, the Crossroads Clinic had to close its onsite dental office temporarily when its relationship with a local dental provider ended. The clinic quickly rallied, however, to ensure that clients continued to have access to dental care, which is limited in the State. Using its Part B funds, the clinic brought in a hygienist and other dental staff to reopen the dental clinic.

Other entities build mechanisms into their contracts with partners to facilitate the termination of collaborations in a manner that limits disruptions in care. The Massachusetts DPH, for example, awards the contract to administer its ADAP program through a competitive bidding process. Contracts are awarded for 5-year periods, with the option for two 2-year renewals.

THE FUTURE OF RYAN WHITE HIV/AIDS PROGRAM MEDICAL HOME PARTNERSHIPS

The relationships fostered by Ryan White HIV/AIDS Program providers and community-based organizations, government agencies, and primary care clinics have helped expand and enhance HIV service delivery systems. Easier access helps PLWHA remain engaged in care, which ultimately improves their health outcomes. Moreover, PLWHA adhering to ART are less likely to transmit the virus to their partners, decreasing the number of new HIV infections and, in turn, the community viral load. This benefit is particularly important for

➔ ONLINE RESOURCES

Bringing It All Together: What HIV Providers Need to Know About Integrated Treatment: <http://paetc.org/main/wp-content/uploads/2012/06/Rutkowski-Border-2012-06-09.pdf>.

Building Data Partnerships with Staff and Contractors: www.careacttarget.org/content/building-data-partnerships-staff-and-contractors

Continuum of Care, Partnerships, Planning (Part A Admin Overview): www.careacttarget.org/library/continuum-care-partnerships-planning-part-admin-overview

Dental Partnerships: Ryan White HIV/AIDS Program Community Based Dental Partnership Program. January 1, 2008: www.careacttarget.org/content/dental-partnerships-ryan-white-hiv-aids-program-community-based-dental-partnership-program

Primary Care and HIV/AIDS. HRSA CAREAction: <http://hab.hrsa.gov/newspublications/careactionnewsletter/habcareactionmarch2012.pdf>

Ryan White: An Unintentional Home Builder: www.theaidsreader.com/display/article/1145619/1408105.

Strengthening HIV Care: A Manual to Help Small Organizations Make Big Change in Communities of Color: www.aidsetc.org/aidsetc?page=etres-display&resource=etres-189.

communities with large populations of hard-to-reach PLWHA and persons at high risk for HIV, such as MSM and IDUs.^{15,23,24,25}

Indeed, multilevel, cross-agency collaboration among Ryan White HIV/AIDS Program entities to expand and enhance care delivery to PLWHA speaks directly to the goals of the National HIV/AIDS Strategy, which include reducing the number of people who become infected with HIV; increasing access to care and improving health outcomes for PLWHA; and reducing HIV-related health disparities.²⁶ Most importantly, inter-agency cooperation among grantees and providers is already helping to reduce new infections and increase the number of HIV-positive people who know their serostatus.

Patient-centered medical homes, like those fostered by the Ryan White HIV/AIDS Program, not only make HIV care services easier to navigate but also contribute to making HIV care less intimidating, thereby ensuring that PLWHA can more easily engage in HIV care and services. According to Rockwell, Massachusetts DPH partnerships have helped give the agency a "face" in the community. She explains, "PLWHA have seen us with CRI at community events throughout the State and have gotten to know and trust us. They know we are totally committed to their treatment needs."

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