HIV/AIDS Bureau Vision & 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.
DCHAP Mission

Provide leadership and resources to assure access to and retention in high quality, comprehensive HIV care and treatment services for vulnerable people living with HIV/AIDS, their families and providers within our nation’s communities.
Agenda

• Welcome and Introductions
• Program Updates
• Literature Review Summary: Evidence Informed Interventions in HIV Viral Suppression and Medical Retention in Care
• Common Site Visit Findings: FY 2014 – FY 2016
• Next Steps
DCHAP Updates
Health Resources and Services Administration
HIV/AIDS Bureau – Division of Community HIV/AIDS Programs

DCHAP’s CORE VALUES:
Communication  Respect  Accountability  Consistency  Integrity  Professionalism

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Deputy Director
Vacant

Senior Program Advisor
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Senior Program Advisor
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Senior Policy Advisor
Michelle Li
Chief Nurse Consultant
Carrie Jeffries

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Nkem Osian
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Kristin Williams
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Tamika Martin
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L. Andrea Zeigler

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Karen Gooden
Ruby Neville
Viven Walker-Marable
Whitney Weber
Deborah Willis-Fillinger

Health Resources and Services Administration
HIV/AIDS Bureau – Division of Community HIV/AIDS Programs

DCHAP’s CORE VALUES:
Communication  Respect  Accountability  Consistency  Integrity  Professionalism
HAB Grantee Satisfaction Survey
Summary

- Grantee/recipient satisfaction continues to improve
- Score increases for both Customer Support and Project Officer Relationship help fuel the increases in overall satisfaction

**Providing Timely Response:**

<table>
<thead>
<tr>
<th></th>
<th>2014:</th>
<th>2016:</th>
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<tbody>
<tr>
<td>Part C</td>
<td>80</td>
<td>81</td>
</tr>
<tr>
<td>Part D</td>
<td>75</td>
<td>79</td>
</tr>
<tr>
<td>Part F</td>
<td>67</td>
<td>96</td>
</tr>
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</table>

**Knowledge of Program-Policy Issues:**

<table>
<thead>
<tr>
<th></th>
<th>2014:</th>
<th>2016:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part C</td>
<td>70</td>
<td>75</td>
</tr>
<tr>
<td>Part D</td>
<td>68</td>
<td>71</td>
</tr>
<tr>
<td>Part F</td>
<td>67</td>
<td>96</td>
</tr>
</tbody>
</table>
Concerns over DCHAP Project Officer Changes

• A number of recipients expressed concern in the frequency of HAB project officer changes
• The Recipient-Project Officer relationship is key for DCHAP to provide communication and technical assistance
• Project officers are often the “face of the program” and a stable project officer relationship provides a wealth of knowledge to recipients
• DCHAP reviewed the frequency of DCHAP project officer changes in 2015 and 2016
• The next slides will provide our analysis and assessment of the frequency of PO re-assignment and next steps
2015: Frequency of PO Assignment Changes

PO Assignment per Recipient CY 2015

- 248/53% for 1
- 213/45% for 2
- 10/2% for 3

Total Recipients: 471

Number of Assigned Project Officers
2016: Frequency of PO Assignment Changes

<table>
<thead>
<tr>
<th>Recipients Total</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>471</td>
<td>439/93%</td>
<td>32/7%</td>
</tr>
</tbody>
</table>

PO Assignment per Recipient CY 2016
Factors in PO-Recipient Assignments

• Organizational change: five to six Branches in the Division
  • Provide increased TA to recipients
  • Increase the number of project officers
  • DCHAP promotions (Branch Chief, Senior Project Officers)

• Extended Leave
  • PHS Deployment
  • Military Deployment
  • Medical Leave

• Other Professional Opportunities
Actions to Reduce the Impact of PO Changes

- Communicate to recipients early
- Continue to implement HAB PO transfer process
- Branch Chiefs will continue to monitor the PO transfer process
- DCHAP will continue to provide trainings to increase RWHAP legislative and programmatic requirements to POs
- Identify and replicate best practices used by POs to minimize the impact of PO recipient changes
## Program Updates

### Notice of Awards – RWHAP Part C

<table>
<thead>
<tr>
<th>RWHAP Part C Starts</th>
<th>FY 2017 Partial Awards</th>
<th>Reporting Requirements</th>
</tr>
</thead>
</table>
| January             | 50% of the total       | • RSR, FFR, Expenditure Report  
                    |                        | • Allocation report will be added on balance of award NoA |
| April               | 50% of the total       | • RSR, FFR, Expenditure Report  
                    |                        | • Allocation report will be added on balance of award NoA |
| May                 | 50% of the total       | • RSR, FFR, Expenditure Report  
                    |                        | • Allocation report will be added on balance of award NoA |

- The first NoA does not indicate MAI designation
## Important Dates: Upcoming Deadlines

<table>
<thead>
<tr>
<th>Part C</th>
<th>Budget period ends</th>
<th>FY 2016 FFR Due date</th>
</tr>
</thead>
<tbody>
<tr>
<td>January Start</td>
<td>12/31/2016</td>
<td>4/30/2017</td>
</tr>
<tr>
<td>April Start</td>
<td>3/31/2017</td>
<td>7/30/2017</td>
</tr>
<tr>
<td>May Start</td>
<td>4/30/2017</td>
<td>7/30/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part D</th>
<th>Budget period ends</th>
<th>FY 2016 FFR Due date</th>
</tr>
</thead>
<tbody>
<tr>
<td>August Start</td>
<td>7/31/2017</td>
<td>10/30/2017</td>
</tr>
</tbody>
</table>
### 2017 Stakeholder Call Schedule

*Upcoming Dates*

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>Thursday, July 13, 2017</td>
<td>2 pm – 4 pm ET</td>
</tr>
<tr>
<td>Thursday, October 19, 2017</td>
<td>2 pm – 4 pm ET</td>
</tr>
</tbody>
</table>
Save the Date

2017 Ryan White HIV/AIDS Program Clinical Care Conference

August 21-23, 2017
San Antonio, TX

Additional details will be made available on: https://aidsetc.org/ and http://iasusa.org/

Registration is now open!
Questions?
Evidence Informed Interventions in HIV Viral Suppression and Medical Retention in Care: A Literature Review
National Goals to End the HIV Epidemic

Vision

The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender identity, or socio-economic circumstance, will have unfettered access to high quality, life extending care, free from stigma and discrimination.
National Goals to End the HIV Epidemic

• Goal 2: Increasing access to care and improving health outcomes for people living with HIV

• Goal 3: Reducing HIV-related disparities and health inequities
Scope

• Identify evidence informed interventions through secondary research to create a resource highlighting best practices aimed at increasing HIV viral suppression and retention in care.
Methodology I

- A literature search was conducted in Embase, Medline, Scopus, Web of Science and CINAHL from 2006-2016 to identify:

  - Evidence informed interventions to increase HIV viral load suppression, and
  - Evidence informed interventions to increase medical retention in HIV care
Methodology II

• Over 1,200 search records were identified, 348 were unique records. Those 348 records were reviewed for the following subpopulations:
  • Men who have sex with men,
  • Intravenous drug users,
  • Latino/a’s,
  • Youth (13-24), and
  • African American/Black women

• The records were further filtered by removing abstracts which only discussed the use of anti-retroviral therapy regimens as a proven intervention.

• In the next slides we will discuss other evidence informed interventions to increase HIV viral load suppression and medical retention in HIV care.
The HIV Continuum: Achieving HIV Viral Suppression and Retention in Care

- The authors credited the “patient centered multidisciplinary team approach” with the viral load suppression rate of 99%. The viral load outcomes were better than the Public Health England data from 2014 and the latest British HIV Association audit using data from 2009. Specifically, “patients with complications were identified early and discussed in weekly team meetings.” The authors also stated the multi-disciplinary team provided both clinic and community support to include home visits. They also liaised closely with the housing association.
Literature


- **Social support** moderated the relationships between syndemics and HIV viral load. HIV-positive MSM, particularly those of color, may benefit greatly from interventions that can successfully boost functional social support. Creating **strengths-based interventions** may also have a particularly high impact among HIV-positive MSM with the highest psychosocial burdens.

- The New York City Comprehensive Care Program model combined several evidence-based or best-practice programmatic elements. The elements included **outreach** for initial case finding and **after any missed appointment**; **case management**; **team communication**; and **decision making via case conference**; **multidisciplinary care**; **patient navigation** including accompaniment to primary care visits; **ART adherence support**, including directly observed therapy for individuals with greatest need; and **structured health promotion** utilizing a curriculum developed by the Prevention and Access to Care and Treatment program. Many of these intervention components were offered in the client's home and other field-based settings.
Literature


- Although women with private insurance are most likely to be virally suppressed, ADAP also contributed to viral load suppression. Continued support of this program may be especially critical for states that have not expanded Medicaid.

*Structured programs* that minimize traditional barriers to care combined with the use of contemporary antiretroviral therapy regimens can achieve clinic-wide viral load suppression in 90% or more of patients.

- Higher rates of **early retention in HIV care** are associated with achieving VL suppression and lower cumulative VL burden. These findings are germane for a **test and treat approach** to HIV prevention.

- The authors tested an adherence program, which helped to prevent disease progression among persons living with HIV. The adherence program consisted of a multidisciplinary team with a nurse who specialized in behavioral intervention, counselling on substance abuse, and motivational interviewing, as well as a social worker responsible for referring patients to local healthcare centers. In conclusion, the adherence program was successful in almost half of the patients, despite their long treatment experience and prior poor adherence.

- The streamlined model featured antiretroviral therapy being started at first linkage to clinic, visits with reduced wait time, quarterly (as opposed to monthly) follow-up visits for stable patients, a patient-centered approach to care in which staff were trained to provide care in a welcoming and empathetic environment, a telephone hotline for patients with medical questions and appointment scheduling concerns, appointment reminders by phone or short messaging service, and provision of viral load results through a structured viral load counseling protocol. Patients who missed a clinic visit were tracked using a ‘tiered’ approach performed by nurses and community health workers.

- **Supportive housing** was associated with improved HIV viral suppression and CD4 count among chronically homeless HIV-positive individuals with co-occurring substance use disorders and serious mental illness. The homeless and triply diagnosed population (HIV, mental illness, substance abuse) have traditionally experienced a heavier burden of disease and worse outcomes. The study suggests that with housing and supportive services, this vulnerable population can achieve outcomes similar to the general HIV-positive population.

- Food insecurity was associated with poor HIV outcomes, including nonadherence, in a longitudinal study of US-based HIV-infected unstably housed individuals. Efforts to **address food insecurity** should be included in HIV-treatment programs, and may help improve health outcomes.
Conclusion

• All the evidence informed interventions described are activities that RWHAP Part C and D recipients can implement if appropriate resources and context are available.

• The limited documentation of interventions in the literature illustrates an opportunity for Ryan White HIV/AIDS Program recipients to share their successes with the world through publication. The studies highlight different interventions; however, community based HIV counseling and testing with immediate linkage to care and a coordinated, multidisciplinary approach were repeated as interventions for success.
RWHAP Parts C and D
Common Site Visit Findings
Learning Objectives

• Review the purpose of a site visit

• Provide an overview of RWHAP Parts C and D most common site visit findings (administrative and fiscal) from FY 2014-2016

• Provide a follow up to information discussed during the National Ryan White Conference on HIV Care and Treatment

• Describe next steps
Purpose of a Site Visit

- Assess compliance with legislative, programmatic, and administrative requirements
- Assess progress in program/project implementation
- Identify strengths and opportunities for improvement
- Assess the Clinical Quality Management program
- Identify technical assistance needs
- Clarify program expectations and future program directions
- Identify model programs or program components that may be replicated
Types of Site Visits

- HAB conducts three types of site visits:
  - Comprehensive
  - Diagnostic
  - Technical Assistance
Comprehensive Site Visit

- **The primary objectives of a comprehensive site visit**
  - Ensure recipient (including subrecipient monitoring, as applicable) compliance thereby strengthening their capacity to provide access to and retention in high quality, comprehensive HIV care and treatment services for low-income people living with HIV (PLWH) and their families.

  - Ensure each recipient is implementing approved project activities in compliance with the legislative, programmatic, and administrative requirements in the following areas:
    - Fiscal
    - Administrative
    - Clinical

  - Identify any areas in need of improvement

  - Provide on-site technical assistance and define additional technical assistance needs to assist the recipient in meeting legislative, programmatic, and administrative requirements

Comprehensive site visits are typically conducted every 5 years.
Diagnostic Site Visit

• The objective of a diagnostic site visit
  • Examine and analyze problems or issues
  • Review the recommendations from a Corrective Action Plan (CAP)
  • Identify potential problem areas discovered by the recipient or Project Officer (PO) and HAB TA consultant on-site
  • Provide an assessment of the recipients’ and subrecipients’ adherence to statutory mandates and to programmatic, clinical, administrative, fiscal, and data management requirements
Technical Assistance Site Visit

• Technical Assistance Site Visit
  • Provide targeted technical assistance

• Determine why the recipient needs targeted technical assistance
  ▪ PO or recipient
  ▪ Findings from a comprehensive or diagnostic site visit

• Request technical assistance
  ▪ The recipient may submit a written request by email for technical assistance to the PO at any time
Site Visit Selection

• How is my organization selected for a site visit?
  • Risk based approach and monitoring
  • Technical assistance needs of the recipient
  • Date of your last Comprehensive site visit

The number of site visits conducted

<table>
<thead>
<tr>
<th>Type of Site Visit</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
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<tbody>
<tr>
<td>Comprehensive</td>
<td>65</td>
<td>111</td>
<td>124</td>
</tr>
<tr>
<td>Diagnostic</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Technical Assistance</td>
<td>0</td>
<td>6</td>
<td>10</td>
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</table>
Site Visit Findings for FY 2014, FY 2015, and FY 2016

- Review of common site visit findings for FY 2014- FY 2016
  - Administrative and Fiscal findings
  - List of most common findings
  - Description of the findings

- Why is DCHAP reviewing the most common site visit findings?
  - Technical assistance for grant recipients
  - Increase focus on decreasing the number of most common findings for grant recipients
What is Going Well

• RWHAP patients are appreciative of the primary HIV medical care and support services being provided
  • Feedback we receive during the consumer panels
• Payer of Last Resort
• Patient Confidentiality/HIPAA
### Site Visit Findings

<table>
<thead>
<tr>
<th>Fiscal</th>
<th>Administrative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial Standards</strong></td>
<td><strong>Contractual</strong></td>
</tr>
<tr>
<td>Property Standards</td>
<td><strong>Administrative Processes/Procedures (SOP)</strong></td>
</tr>
<tr>
<td>Payer of Last Resort</td>
<td><strong>Information Technology &amp; Data</strong></td>
</tr>
<tr>
<td><strong>Schedule of Charges</strong></td>
<td>Culturally Competent Service Provision</td>
</tr>
<tr>
<td><strong>Caps on Charges</strong></td>
<td><strong>Personnel</strong></td>
</tr>
<tr>
<td><strong>Legislative Budget Allocation</strong></td>
<td><strong>Training</strong></td>
</tr>
<tr>
<td>Maintenance of Effort</td>
<td>Patient Confidentiality/HIPPA</td>
</tr>
<tr>
<td>Other Fiscal/Financial Finding</td>
<td>Facilities/Other Administrative Finding</td>
</tr>
</tbody>
</table>
## Most Common Findings: Fiscal

<table>
<thead>
<tr>
<th>Fiscal Findings</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td></td>
</tr>
<tr>
<td>Financial Standards</td>
<td>56</td>
<td>249</td>
<td>230</td>
<td>60%</td>
<td>72%</td>
<td>71%</td>
</tr>
<tr>
<td>Schedule of Charges &amp; Caps on Charges</td>
<td>32</td>
<td>97</td>
<td>89</td>
<td>34%</td>
<td>28%</td>
<td>27%</td>
</tr>
<tr>
<td>Legislative Budget Allocation</td>
<td>5</td>
<td>0</td>
<td>3</td>
<td>5%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total Fiscal Findings</strong></td>
<td><strong>93</strong></td>
<td><strong>346</strong></td>
<td><strong>322</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Fiscal Findings: Areas to Strengthen

- **Financial Standards:**
  - Standard accounting policies and procedures
  - Budget monitoring
  - Tracking source and use of program income
  - Documenting time and effort charged to the grant
  - Policy and procedure for fiscal management
    - Cash draw downs
    - Internal controls and separation of duties
    - Approval of disbursements
  - Accounting system to track and record expenditures by Federal award identification number, year and HHS awarding agency.
Fiscal Findings (cont.)

• **Schedule of Charges**
  • Policy and procedure for schedule of charges
  • Policies and procedure for caps on charges for RWHAP patients
  • Billing related findings (3rd party billing and reimbursement)

• **Legislative Budget Allocation**
  • *PCN 15-01: Treatment of costs under the 10% administrative cap*
### Most Common Findings: Administrative

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<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td></td>
</tr>
<tr>
<td>Administrative Process/Procedures (SOP)</td>
<td>52</td>
<td>124</td>
<td>118</td>
<td>44%</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>Contractual</td>
<td>24</td>
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<td>28</td>
<td>20%</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>Information Technology and Data</td>
<td>20</td>
<td>37</td>
<td>28</td>
<td>17%</td>
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<td>12%</td>
</tr>
<tr>
<td>Personnel</td>
<td>0</td>
<td>48</td>
<td>23</td>
<td>0%</td>
<td>16%</td>
<td>10%</td>
</tr>
<tr>
<td>Training</td>
<td>6</td>
<td>37</td>
<td>31</td>
<td>5%</td>
<td>12%</td>
<td>13%</td>
</tr>
<tr>
<td>Total Administrative Findings</td>
<td>119</td>
<td>309</td>
<td>237</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Administrative Findings - Areas to Strengthen

• **Administrative Processes/Procedures (SOP)**
  - Tracking systems for referrals
  - SOPs for human resources, risk management, travel or drug acquisition
  - Policies and procedures for after-hours coverage
  - Documentation of provider licensure and/or credentialing

• **Contractual/MOU**
  - Formal contracts and Memorandum of Understanding
  - Specificity for scope of work by subrecipients

• **Information Technology and Data**
  - Capacity to manage and report data for RSR and other data related requirements
  - Documentation, lack of administrative SOPs
  - Sufficient computer equipment or software
Administrative Findings (cont.)

• Personnel
  • Sufficient staff responsible for management of the program
  • Staff turnover
  • Staffing levels to better to meet RWHAP programmatic staffing requirements

• Training
  • Documentation of staff training
  • Tracking of continuing education
Why is DCHAP reviewing the most common site visit findings?

Technical assistance for grant recipients

• Improve planning of technical assistance to our recipients
• Decrease the number of the most common site visit findings for our recipients
• Decrease the administrative burden of recipients
• Maximize the impact/increase efficiencies of site visits for all DCHAP recipients
• Continuously ensure compliance with legislative, programmatic and administrative requirements of the grant
• Strengthen recipient capacity to provide access to and retention in high quality, comprehensive HIV care and treatment services for low-income PLWH and their families
Next Steps: DCHAP’s Plan

• Utilize the most prevalent site visit findings to inform the provision of technical assistance to recipients

• Continue stakeholder webinars focused on the most common site visit findings
  • Clinical Quality Management will be a future webinar
  • Other Fiscal topics

• Develop and schedule future training sessions
Examples of Technical Assistance

• 2016 National Ryan White Conference on HIV Care and Treatment
  • RWHAP Part C, D and F Dental Business Day
  • “Break out sessions”

• Stakeholder Calls

• On-Site during the site visit (consultant and/or PO)

• Corrective Action Plan

• Follow-up TA Visits

• PO Monitoring Calls

• National Quality Center (NQC)

• Peer to Peer
Potential Upcoming Technical Assistance Webinars/Calls

• Consumer involvement (with recipients best practices/models)
• Focusing on HIV Viral Suppression
• Clinical Quality Management (CQM)
• Fiscal Topics

If you have recommendations for future TA webinars and calls please send an email to ASKDCHAP@hrsa.gov
Questions?
THANK YOU

DCHAP thanks the RWHAP Part C and D programs for all the HIV primary care services and support services that you provide.