Center for Integrated HIV Care Networks (CIHCN)

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- HAART presents new opportunities and challenges
 - The HIV service has shifted from a death and dying model to a chronic disease medical model
 - Primary care, medications, and virologic testing have become the locus of the HIV care continuum
 - Services such as case management, substance abuse and mental health treatment, transportation, and housing have moved from primary to adjunctive services
 - Service demand by new and ongoing patients is increasing sharply

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- HAART has resulted in new financial challenges
 - Local HIV care systems are struggling to meet the growing cost of treatment, drugs, and virologic testing
 - Complexity of HAART has resulted in the need for new services (e.g., adherence education) to support patients' clinical care
 - Policy makers experience pressure to sustain outmoded services with declining demand (e.g., LTC)
 - Some communities have insufficient funds to support HIV care and some providers report inadequate funding

- HIV-infected individuals are eligible for multiple discretionary and entitlement programs
 - These programs are poorly coordinated, inaccessible, result in gaps in insurance coverage, and lead to duplication and gaps in benefits
 - A complex set of bureaucracies and eligibility criteria must be navigated during the course of HIV infection
 - As a result, many HIV-infected individuals experience periods in which they are not adequately insured for HIV treatment, drugs, virologic testing, and ancillary services

- Medicaid enrollment has grown rapidly during the HIV epidemic. It is the single largest payer of HIV care, far exceeding the CARE Act
 - Medicaid enrollment is likely to increase as states expand eligibility
 - States are making significant and varied changes in Medicaid eligibility and coverage, leading to geographic inequities
 - Large numbers of Medicaid enrollees are mandated to enroll in capitated managed care systems
 - Some HIV providers experience decreasing reimbursement for their patients enrolled in Medicaid and/or erosion of their patient base because they do not participate in networks
 - Mainstream managed care plans are poorly prepared to provide a minimal standard of HIV care; access to experienced HIV care providers is limited; care is often significantly constrained

Improved Integration of HIV Care Networks: One Way To Meet The Challenge

Integrated service delivery systems are:

- Entities that directly provide or support the provision of integrated health care and social support services to a defined population in a community
- A network offers comprehensive services and has a centralized structure that coordinates and integrates services provided by member organizations and clinicians participating in the network (Shortell, 1996)

INTEGRATED SERVICE DELIVERY SYSTEMS:

- Adopt local strategic, systemic planning that focuses on the greater good of the care delivery system rather than individual organizational self-interest
- Planning emphasizes purposeful development of care models that reflect local needs
- Blend funding sources to maximize revenue
- Adopt uniform eligibility standards, with higher income individuals making contributions through sliding fee scales
- Establish a core minimum service package, regardless of payer
- Provide one-stop shopping where feasible

INTEGRATED SERVICE DELIVERY SYSTEMS:

- Use provider assignment and utilization management to reduce duplication of services or unnecessary care
- May use prospective global budgeting, capitation payments, and other strategies to control costs
- Cost containment may be achieved through enrollment or benefit caps, negotiated prices for drugs or other services, and efficiencies in service delivery and administrative costs
- Reinvest revenue gained from an efficient, integrated system by expanding the number of individuals served or increasing the benefits provided

CIHCN'S GOALS

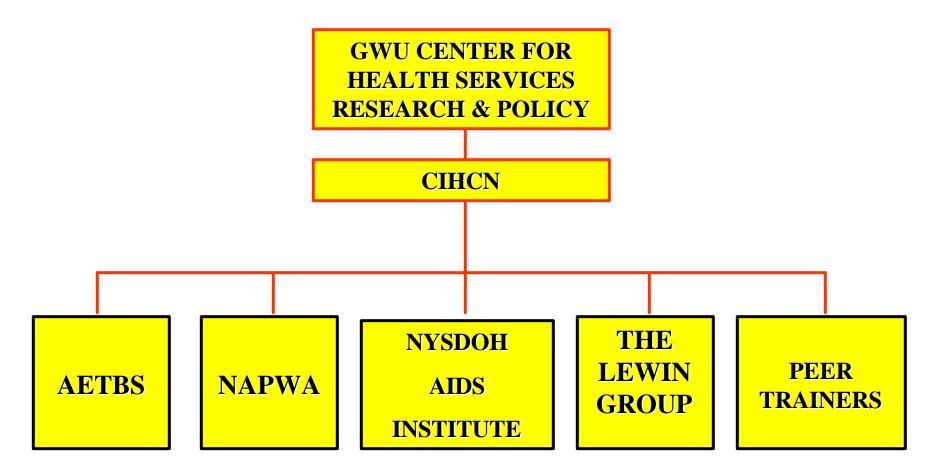
- Demonstrate the feasibility of integrating traditional, community-based HIV providers to improve the quality, capacity, and coordination of HIV care by:
 - Reengineering the HIV care continuum based on a managed care model
 - Adopting sound business practices
 - Optimizing HIV care resources
 - Minimizing organizational redundancy
 - Enhancing linkages among ASOs
 - Integrating Medicaid, CARE Act, and other funding streams

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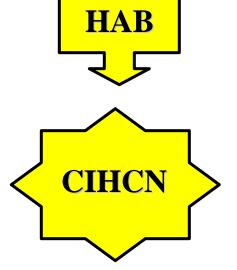
- Enhance the ability of integrated HIV care networks to compete successfully as managed care organizations and network providers by improving the HIV care system through partnerships
- Enhance the ability of Medicaid and other managed care systems to serve HIV-infected individuals through contracting with HIVexperienced networks

CIHCN'S PARTNERS



ADVISORY STRUCTURE

NATIONAL ADVISORY GROUP



CENTER FOR HIV QUALITY CARE

STATE STEERING COMMITTEE NETWORK STEERING COMMITTEE LOCAL STEERING COMMITTEE

A Network Readiness And Environmental Assessment Will Be Used To Determine Technical Assistance Needs

METHODS

- Written survey of CARE Act providers
- Interviews with policymakers and other key individuals
- Interviews with managed care organization staff
- Funding and service profiles
- Supplemental information

State Policymakers

- Policy and financing
- Rate setting
- Managed care contract specification development
- Legislative analysis and development

Network

- Network readiness and environmental assessment
- Network strategic planning and identification of network providers
- Product development
- Financial risk assessment and development of risk assignment strategies
- Network financing, integration of funding streams, and capitalization
- Network formation and governance
- Administrative structure development

Network

- MIS development
- Marketing plan and materials development
- Managed care contract development and negotiation
- Quality assurance program development and implementation
- Ongoing cost and utilization assessment
- Start-up and ongoing technical assistance
- Ongoing evaluation

AIDS Service Organizations

- ASO board and staff training
- Strategic planning
- Administrative, capacity, financial, and MIS assessment
- Unit cost development
- Utilization management
- Product development
- Infrastructure development

Consumers and Network Members

- Consumer education regarding managed care and integrated networks
- Consumer input into program design, marketing materials, and grievance process
- Network member education
- Member satisfaction assessment

PARTICIPATING IN TECHNICAL ASSISTANCE PROVIDED BY CIHCN

- Three to four communities will be selected
- HAB will release an RFA in February 2000
- <u>Brief</u> proposals will be solicited by grantees or groups of providers
- Proposals will be initially reviewed based on preestablished criteria
- Pre-approval site visits will be conducted by CIHCN staff and a mini network readiness assessment will be conducted
- HAB will select the sites based on input from CIHCN

TECHNICAL ASSISTANCE MATERIALS TO BE PREPARED BY CIHCN

- Policy briefs and options papers
- Network readiness and environmental assessment tool
- On-site training modules
- Prototype technical assistance materials
- Model contract specifications
- Quality measures
- Methods for assessing the impact of integrated HIV care networks on delivery of HIV care
- Data collection tools, analytic plans, and model reports