

Center for Integrated HIV Care Networks (CIHCN)

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GWU CENTER FOR INTEGRATED HIV CARE NETWORKS (CIHCN)

ENVIRONMENTAL CHANGES

- **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**

ENVIRONMENTAL CHANGES

- **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**

ENVIRONMENTAL CHANGES

- **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**

ENVIRONMENTAL CHANGES

- **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

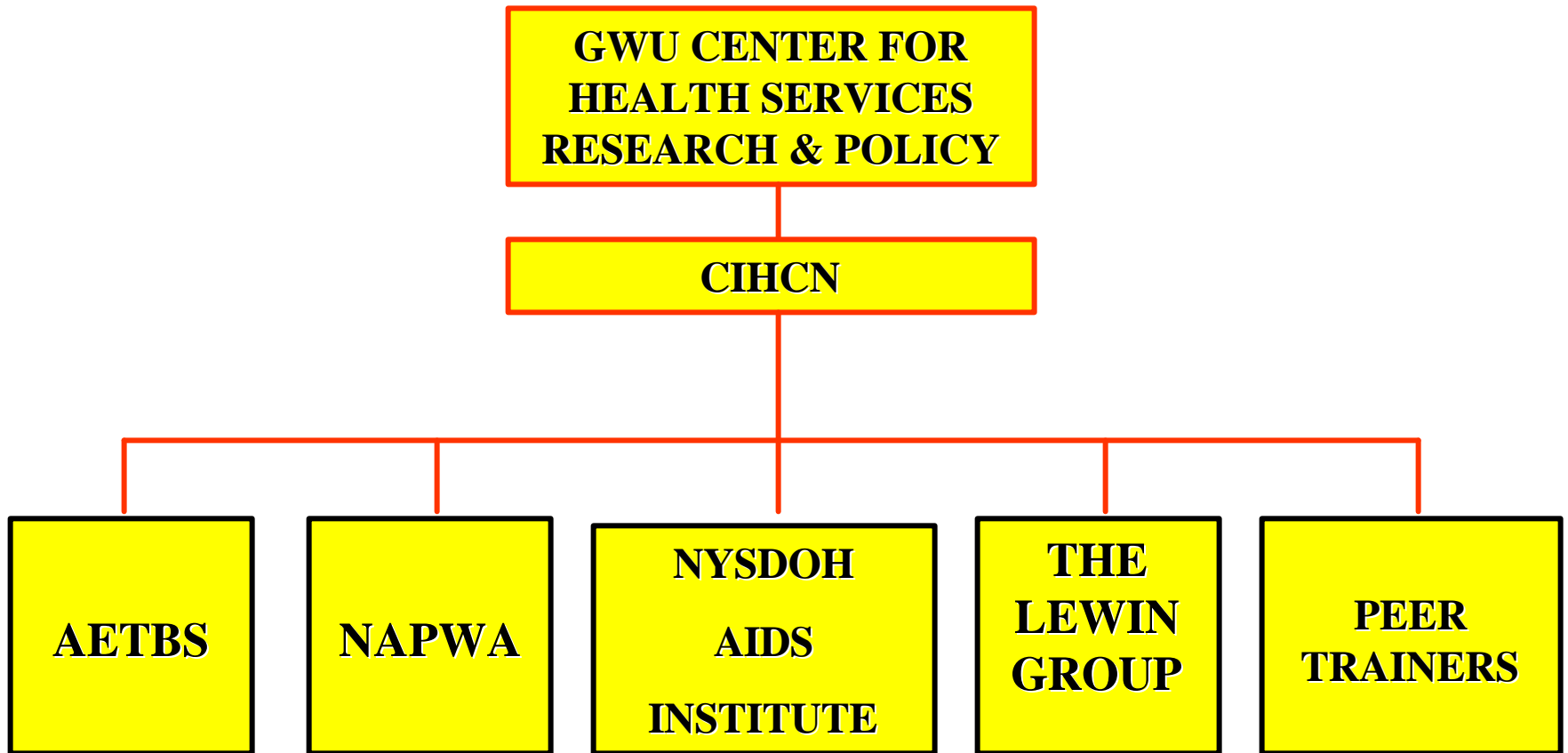
- **Demonstrate the feasibility of integrating traditional, community-based HIV providers to improve the quality, capacity, and coordination of HIV care by:**
 - **Reengineering the HIV care continuum based on a managed care model**
 - **Adopting sound business practices**
 - **Optimizing HIV care resources**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

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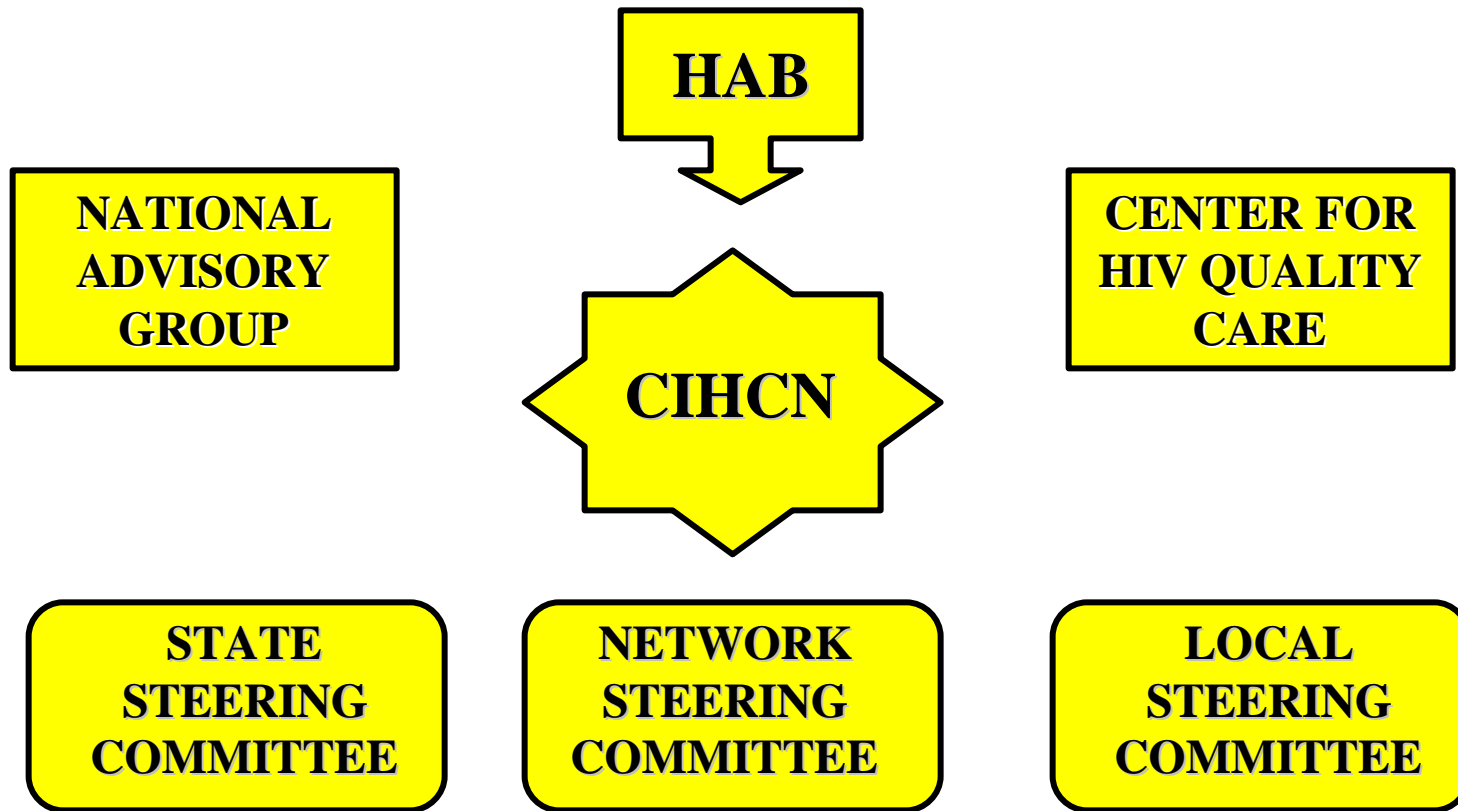
- **Enhance the ability of integrated HIV care networks to compete successfully as managed care organizations and network providers by improving the HIV care system through partnerships**
- **Enhance the ability of Medicaid and other managed care systems to serve HIV-infected individuals through contracting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

CIHCN'S PARTNERS



GWU CENTER FOR INTEGRATED HIV CARE NETWORKS (CIHCN)

ADVISORY STRUCTURE



GWU CENTER FOR INTEGRATED HIV CARE NETWORKS (CIHCN)

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**

ONSITE TECHNICAL ASSISTANCE MODEL

State Policymakers

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

ONSITE TECHNICAL ASSISTANCE MODEL

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**

ONSITE TECHNICAL ASSISTANCE MODEL

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**

ONSITE TECHNICAL ASSISTANCE MODEL

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**

ONSITE TECHNICAL ASSISTANCE MODEL

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**
- **Brief proposals will be solicited by grantees or groups of providers**
- **Proposals will be initially reviewed based on pre-established 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**