Integration for No New Infections: HIV Health Improvement Affinity Group (HHIAG)

Heather Hauck, Deputy Associate Administrator, HRSA/HAB
• Voluntary, state-to-state learning and enhanced technical assistance model, organized under the Medicaid Prevention Learning Network

• 6 launched since 2015
  – Hepatitis C, in partnership with CDC, HRSA, and HHS – Launched December 2017
  – School Based Health (SBH) – Launched Fall 2017
  – HIV Health Improvement, in partnership with CDC, HRSA and HHS – Launched Fall 2016
  – Antipsychotic Drug Use in Children (ADC) – Launched Spring 2016
  – Diabetes Prevention and Management – Spring 2016-Summer 2017
  – Tobacco Cessation – Summer 2015-Summer 2016

• State teams include Medicaid staff and other partners as appropriate
  – Examples: public health, behavioral health, education, and social services agencies
Goals of the HHIAG

- **Primary Goal:** Support state collaborations between public health and Medicaid programs to improve rates of sustained virologic suppression among Medicaid and CHIP enrollees who are living with HIV.

- **Secondary Goals:**
  - Durable, sustainable relationships
  - Better, more efficient use of available resources
  - Continuous quality improvement
Partners and Partnership Structure of the HHIAG

Lead Federal Agencies: CDC, CMS, HRSA, OHAIDP

National Academy for State Health Policy

Data Linkage and Outcomes Evaluation:
CA, GA, IA, MD, NC, WI

Data for Delivery System Improvement:
IL, LA, MA, NY, RI, WA

Provider Engagement and Quality Improvement:
AK, CT, MI, MS, NH, NV, VA
HIV Health Improvement Affinity Group States
Each state focused on a project to improve viral suppression among PLWH in Medicaid and RWHAP.

To be successful, the performance improvement projects all needed to establish relationships at the structural level:
- State public health agencies
- Medicaid agencies
- Other state agencies

Relationships led to bi-directional exchange/use of data to measure:
- Health outcomes
- Outreach
- Engagement
- Accountability
- Clinical Quality Improvement
HIV Health Improvement Affinity Group Learning Communities – Data Focus

- **Data Linkage and Outcome Learning Community**
  - Institute/expand current data-sharing activities
  - Identify performance improvement targets with data analysis
  - Analyze laws, regulations, policies, and procedures for barriers

- **Data Analysis and Utilization for Delivery System Improvement Learning Community**
  - Use Medicaid authority to expand access to evidence-based HIV services
  - Integrate Medicaid and RWHAP services
  - Accelerate value-based purchasing
  - Encourage on interdisciplinary care teams
HIV Health Improvement Affinity Group Learning Community – Provider Focus

• Provider Engagement and Quality Improvement Learning Community
  – Engage providers to improve clinical outcomes and quality of care
  – Share data between state public health agencies and Medicaid agencies
  – Identify people who should be in care but are not – then get them into care and on treatment
Plan Snapshots—What States Accomplished

• **Alaska**
  – Established data sharing agreement between HIV Program & Medicaid
  – HIV Program gained access to Medicaid claims data

• **California**
  – Matched Medi-Cal data with public health HIV surveillance data to determine the number of Medi-Cal beneficiaries living with HIV, and examined HIV viral load suppression in this population.
Plan Snapshots—What States Accomplished

- **Massachusetts**
  - Formalized communication process between DPH and MassHealth resulting in more frequent communication and ability to triage and address potential issues early
  - Included MassHealth staff in DPH repprocurement process to encourage information sharing and alignment between MassHealth restructuring and DPH contracting

- **North Carolina**
  - Completed a Data Use Agreement between: NC Division of Public Health, NC Division of Medicaid, and NC Medicaid Managed Care Agency
  - Developed HIV Continuum of Care for matched NC Medicaid Clients, Calendar Year 2016
    - Results are comparable to recipients receiving Ryan White Part-B services
How Sustainable are Accomplishments?

“This type of work is going to continue, it’s iterative and we are going to keep at it. Our partnership is strong with Medicaid right now” (Public Health)
What Aspects were Useful?

- Peer-to-peer discussions and in-person meetings
- Structure to meet regularly and have deadlines
- Encouragement by seeing examples as to how other states are succeeding (It can be done!)

“Look what Louisiana is doing. Look what Rhode Island is doing... it normalizes some of the changes that we’re proposing... certainly we’re moving the system beyond... the historic limits that we have been operating under. (Public Health)
What Aspects were Useful?

• States led the way. There were no imposed outcomes from federal partners.

• Federally backed work helped states justify the time and resources needed.

“There's no mandate for this. We’re not going to fail. We may succeed but we're going to attempt to do something that increases care for patients and it's our own goal with Medicaid.” (Health Department)
State AND Federal Partnerships Can Work

• A shared focus and meaningful objective – improving viral suppression among PLWH – contributes to the success
  – Understanding of what each program ‘brings to the table’
  – Learning from other state models
  – Learning about the data

• Structural change (regulation or policy change) facilitates collaboration
  – Data sharing agreements and exchanges
  – Data quality assessments and analyses

• Successful partnerships are sustainable, even beyond a project period
  – Context matters (e.g., managed care reform)
  – Change is inevitable - leverage those changes when possible
  – Persistence pays off
  – Find common ground (existing relationships, champions)
Beyond the HHIAG—Extending the Model and Lessons Learned

• **NASHP Toolkit**

• **Hepatitis C Medicaid Affinity Group**
  – Goal: Increase the number and percentage of Medicaid patients diagnosed, treated, and cured of HCV infection

• **Revised Reporting Guidance for VLS Medicaid Core Measure**
  – Specific allowance for matching Medicaid and HIV surveillance data to support reporting in FFY18
Questions?