Patient-Centered HIV Prevention: A Six Part Webinar Series

Part 1: Patient-Centered Access

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Primary Care Development Corporation

HIP in Health Care

WELCOME!!!

About the Primary Care Development Corporation (PCDC)

Founded in 1993, PCDC is a nonprofit organization dedicated to expanding and transforming primary care in underserved communities to **improve health outcomes, lower health costs and reduce disparities.**

- Certified as a Community Development Financial Institution (CDFI) by the U.S. Treasury
- Offices in New York City and Los Angeles County
- Three Programs:
  - Capital Investment
  - Performance Improvement
  - Policy & Advocacy

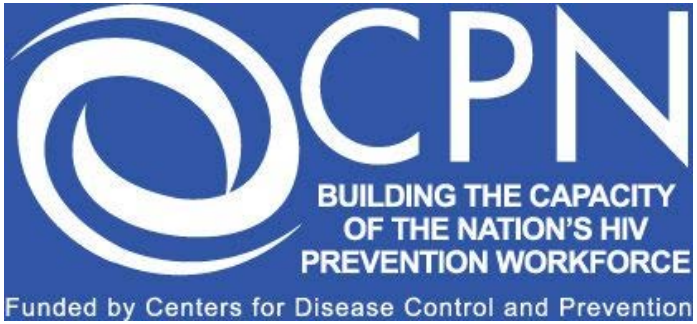
About HIP in Health Care

- PCDC's HIP in Health Care program is funded by the U.S. Centers for Disease Control and Prevention (CDC) to build the capacity of healthcare organizations to deliver HIV prevention services and strategies within clinical settings
- We provide training and technical assistance at no cost to healthcare organizations (i.e., direct service providers) across the United States and its affiliated territories
- In support of the *National HIV/AIDS Strategy: Updated to 2020 (NHAS)* and CDC's High-Impact Prevention approach, our capacity building assistance (CBA) is focused on:
  - **HIV Testing**
  - **Prevention with Positives**
  - **Prevention with High-Risk Negatives**

About the CPN:

- HIP in Health Care is part of the Capacity Building Provider Network (CPN)
- The CPN is a network of 21 organizations that are funded by CDC to build the capacity of the nation's HIV prevention workforce in 3 Settings:
  - Health Departments
  - Community-Based Organizations
  - Health Care Organizations
- CPN providers provide CBA in the following areas:
  - HIV testing
  - Prevention with HIV-positive persons
  - Prevention with HIV-negative persons
  - Condom distribution
  - Organizational development & management
  - Policy

http://www.cbaproviders.org



Patient-Centered HIV Prevention: A Six Part Webinar Series

Series Title	Date
Part 1: Patient-Centered Access	**March 9th 2017**
Part 2: Team-Based Care	March 16th 2017
Part 3: Population Health Management	March 23rd 2017
Part 4: Care Management and Support	March 30th 2017
Part 5: Care Coordination and Care Transitions	April 6th 2017
Part 6: Performance Measurement and Quality Improvement	April 13th 2017

About the Presenter and HIV Related Experience

- Peer Reviewer for the Ryan Unit of the City of Newark DOH and Community Wellness
- Consultant – Management Strategist Consulting Group, LLC – TA and HRSA site visits
- 2008 Public Health Prevention Specialist (PHPS), CDC – Atlanta, GA & Los Angeles, CA

In Newark, NJ:

- Program Manager, HIV – Medical Home Resource Center (MHRC) & for HIV Prevention
- Program Manager, Program Support Specialist for LPS funded by NY/NJ AETC
- Clinical Dietitian, Ambulatory ID Practice & Inpatient General Medicine & HIV unit
- Past member of the New Jersey HIV Planning Group (NJHPG)
- Past attendee of Newark Eligible Metropolitan Area (NEMA) planning council & priority setting committee
- Past staff lead for Consumer Advisory Board (CAB)

Part 1 Learning Objectives

1. Describe the history, components and recognizing bodies of the PCMH model
2. Identify elements of patient-centered access in relation to HIV Prevention
3. Apply patient-centered access principles utilizing case studies
4. Recognize access and its relation to the National HIV/AIDS Strategy (NHAS)

Audience Poll:

Which type of health care practice best describes where you work?

1. Primary care services only
2. Primary care services with Integrated HIV services
3. HIV services with integrated primary care
4. HIV services only
5. Other

Audience Poll:

Which best describes your role in your health care practice?

1. Clinician
2. Nurse/Medical Assistant
3. Social Worker/Medical Case Manager
4. Administrator/Office Manager
5. Other

PRIMARY CARE DEVELOPMENT CORPORATION

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THE PCMH MODEL

PCMH

According to the Joint Principles (American College of Physicians, American Academy of Family Physicians, American Academy of Pediatrics and American Osteopathic Association), a medical home:

"is characterized by every patient/family having a personal physician who provides first contact care, understands the health care needs of the patient/family, facilitates planned co-management across the lifespan, and has the resources and capacity to meet the patient/family needs"

Theory Behind PCMH Development

Chronic Care Model

-Clinical Information Systems

-Decision Support

-Patient Self-Management

-Delivery System Redesign

-Community Linkages

-Health Systems

Patient-Centered Care

-Respect Patient Values

-Accessible

-Family-Centered

-Continuous

-Coordinated

-Community Linkages

-Compassionate

-Culturally Appropriate

-Emotional Support

-Information and Education

-Physical Comfort

-Quality Improvement

Cultural Competence

- Culturally competent interactions

-Language services

-Reducing disparities

Medical Home

- Personal physician

- Physician directed team

-Whole person orientation

-Care is coordinated and integrated

-Quality and safety

-Enhanced access

http://www.ncqa.org/

The Joint Principles of the PCMH

Developed by the American College of Physicians, American Academy of Family Physicians, American Academy of Pediatrics and American Osteopathic Association

- Personal physician (Clinician)
- Physician (Clinician) directed medical practice
- Whole person orientation
- Care is coordinated and/or integrated across health care systems and patient's community
- Quality/safety are hallmarks of medical home
- Enhanced access
- Payment reform

Recognizing
PCMH Agencies

- National Committee for Quality Assurance (NCQA)
- The Joint Commission
- The Accreditation Association for Ambulatory Health Care (AAAHC), Inc.
- URAC (formerly known as Utilization Review Accreditation Commission)

URAC

(formerly known as Utilization Review Accreditation Commission)

Examines an organization's operations to ensure that they are delivering health care in a manner consistent with national standards.

https://www.urac.org/about-urac/frequently-asked-questions/

The Joint Commission

- Independent, not-for-profit organization
- Accredits and certifies nearly 21,000 health care organizations and programs in the USA
- Accreditation and certification is recognized as a symbol of quality, reflecting an organization's commitment to meeting performance standards

https://www.jointcommission.org/about_us/about_the_joint_commission_main.aspx

The Accreditation Association for Ambulatory Health Care (AAAHC), Inc.

Promotes a voluntary, peer-based, consultative, and educational survey process to advance patient care

In addition to ambulatory care standards, they have dentistry, behavioral health, and health education and wellness standards.

http://www.aaahc.org/about/history/

National Committee for Quality Assurance (NCQA)

- The National Committee for Quality Assurance
- A private, 501 (c) 3 not-for-profit founded in 1990
- Dedicated to improving health care quality
- Central figure in driving health care system improvement and helping to elevate the issue of health care quality to the top of the national agenda

http://www.ncqa.org/about-ncqa

PRIMARY CARE DEVELOPMENT CORPORATION

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Recognizing PCMH Agencies Overlap

NCQA

- Team-Based Care
- Patient-Centered Access
- Population Health Management
- Care Coordination and Care Transitions
- Care Management and Support
- Performance Measurement and Quality Improvement

The Joint Commission

- Patient-Centered Care
- Superb Access to Care
- Comprehensive Care
- Coordinated Care
- A Systems-based Approach to Quality and Safety

AAAHC

- Medical Home Relationship
- Medical Home Accessibility
- Medical Home Comprehensiveness of Care
- Medical Home Continuity of Care
- Medical Home Clinical Records and Health Information
- Medical Home Quality

URAC

- Uses the latest health information technology and evidence-based medical approaches
- Provides enhanced access to primary care
- Improves delivery of preventive services
- Provides high-quality disease management
- Improves care coordination

National Committee for Quality Assurance (NCQA) 2014 Standards

1: Enhance Patient Access and Continuity
- **A. *Patient-Centered Appointment Access**
- B. 24/7 Access to Clinical Advice
- C. Electronic Access

2: Team-Based Care
- A. Continuity
- B. Medical Home Responsibilities
- C. Culturally and Linguistically Appropriate Services (CLAS)
- **D. *The Practice Team**

3: Population Health Management
- A. Patient Information
- B. Clinical Data
- C. Comprehensive Health Assessment
- **D. *Use Data for Population Management**
- E. Implement Evidence-Based Decision- Support

4: Care management and Support
- A. Identify Patients for Care Management
- **B. *Care Planning and Self-Care Support**
- C. Medication Management
- D. Use Electronic Prescribing
- E. Support Self-Care and Shared Decision-Making

5: Care Coordination and Care Transitions
- A. Test Tracking and Follow-Up
- **B. *Referral Tracking and Follow-Up**
- C. Coordinate Care Transitions

6: Performance Measurement and Quality Improvement
- A. Measure Clinical Quality Performance
- B. Measure Resource Use and Care Coordination
- C. Measure Patient/Family Experience
- **D. *Implement Continuous Quality Improvement**
- E. Demonstrate Continuous Quality Improvement
- F. Report Performance
- G. Use Certified EHR Technology

http://www.ncqa.org/

PATIENT-CENTERED ACCESS AND HIV

What is Patient-Centered Access?

- Patients' ability to see practice team when they need/want
- Practice's ability to measure supply vs. demand and make adjustments
- Patient demands: routine & sick visits, immunizations, forms, refills, referrals, etc.
- Practice supply:
  - Practice's ability to meet patient demands using conventional (in-person) and non-conventional (technology) modalities during and outside of normal operating hours

Mark Murray, M., Thomas Bodenheimer, MD, Diane Rittenhouse, MD and Kevin Grumbach, MD. (2003). Improving Timely Access to Primary Care: Case Studies of the Advanced Access Model. *JAMA, 289, 1042-1046.*

Two Required Characteristics to Achieve and Sustain Access:

1. Willingness of the majority of clinicians to make a major change in their mode of functioning

2. Ongoing administrative support and leadership

Mark Murray, M., Thomas Bodenheimer, MD, Diane Rittenhouse, MD and Kevin Grumbach, MD. (2003). Improving Timely Access to Primary Care: Case Studies of the Advanced Access Model. *JAMA, 289, 1042-1046.*

Methods in Achieving Enhanced/Open Access

Empanelment
Planning: vacations, other expected events, flu season
Team-based care: case managers, medical assistants
Part-time physicians and Resident clinics paired with full-time non-physicians
Planned visits performed by non-physician caregivers under physician-created protocols
Functioning telephone system

Mark Murray, M., Thomas Bodenheimer, MD, Diane Rittenhouse, MD and Kevin Grumbach, MD. (2003). Improving Timely Access to Primary Care: Case Studies of the Advanced Access Model. *JAMA, 289, 1042-1046.*

Methods in Achieving Enhanced/Open Access

Group visits
Close panel for high demand/popular clinicians
Excluding high empaneled clinicians from daily walk-in rotation
Adding mid-level clinicians to high demand physicians (when feasible)
Mostly open scheduling on Monday's (if high demand day) and for clinicians the week after they return from vacation
Daily schedule management

Mark Murray, M., Thomas Bodenheimer, MD, Diane Rittenhouse, MD and Kevin Grumbach, MD. (2003). Improving Timely Access to Primary Care: Case Studies of the Advanced Access Model. *JAMA, 289, 1042-1046.*

Appointment Access

- Same day appointments – routine and urgent
- Extended business hours
- Alternative clinical encounters
- Appointment availability
- Monitoring no-show rates

Challenges with Same-Day Routine and Urgent Appointments

- Can be different process for routine versus urgent
- Can be based on triage or preference
- Time is reserved for same-day appointments
- Means for all patients but not necessarily space reserved on every clinician's schedule
- Cannot use "work-in" process
- No double/triple/quadruple booking!
- Needs to be defined by the practice

Challenges with Access After Business Hours

- Extended hours at the practice
- Extended hours at one practice site in an organization with more than one practice site
- Extended hours at a contracted facility

Questions for the Audience?

1) How often do you monitor your access?

2) How do you improve access within your practice?

Access to Clinical Advice

- Availability of medical record for care and advice when office is closed
- Provision of timely clinical advice by telephone
- Provision of timely clinical advice using a secure, interactive electronic system
- Documenting clinical advice in patient records

Challenges with Access to Clinical Advice

- "Timely" is left to practice to define
- Must take into account both phone calls and secure messaging, if applicable
- Timely must be based on urgency of calls – several days does not meet intent
- Clinical advice must be provided by a medical decision maker

Audience Poll:

Do your providers document clinical advice in your patient's medical record when advice has been given after business hours?

1. Yes
2. No

Electronic Access

- Patients have timely access to their health information
- Patient's capability to view, download or transmit their health information to a third party
- Clinical summaries provided to patients upon request
- Capability to send a secure message
- Patients have two-way communication with the practice
- Patient can request appointments, prescription refills, referrals and test results

Audience Poll:

Does your practice have an active (currently in use) patient portal?

1. Yes
2. No

ACCESS CASE STUDIES

Case Study 1: Marcus

- 17 year old African American MSM
- Mother is not present, raised by his father that put him out the house when he learned of Marcus's sexual identity
- Marcus dropped out of high school due to unstable housing
- He is having transactional sex with strangers for cash
- He wants to get tested for HIV

Question for the Audience?

What are appointment access considerations for Marcus?

HIV Testing and Access

- HIV testing that is available during regular, extended and weekend hours, if available
- Same-day appointments as well as walk-in testing
- Monitoring of no-shows for both HIV testing and connection to care

Monitoring of No-shows and HIV Care Continuum

https://www.aids.gov/federal-resources/policies/care-continuum/

Patient-Centered Access

- Timely access to diagnostic HIV test results also improve health outcomes

- Diagnostic testing in health care settings identify nearly half of new HIV infections

MMWR: Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. (2006). Retrieved from Centers for Disease Control and Prevention

Case Study 2: Rosa

- 33 y.o. Puerto Rican female, recently divorced with a 6 y/o daughter
- She has rekindled a flame with her high school love, Juan
- Prior to having sex, Juan revealed that he is HIV positive
- Rosa was devastated and loves Juan, they committed to using condoms as to not get Rosa infected with HIV
- During sex this evening, the condom broke. Rosa and Juan are both panicking. It is 8 PM and the practice is closed. Rosa remembers reading about nPEP once she first learned of Juan's HIV status. She picks up the phone and dials the practice after hours line…..

Question for the Audience?

What are the clinical advice considerations for Rosa?

nPEP and Access

- Extended and weekend hours, if available
- Same-day appointments as well as walk-in appointments
- Timely clinical advice by telephone
- Financial access to antiretroviral therapy (ART)

Case Study 3: Johnny

- 45 year old White male
- Was in a car accident in his mid-20s w/significant back injuries
- After several surgeries, with multiple pain prescriptions, Johnny was sniffing heroin for pain management
- Johnny quickly progressed to injecting heroin
- Unable to maintain steady employment due to back injuries
- When he has money, he will purchase syringes
- When he doesn't have money or is high, he shares needles with individuals with unknown HIV statuses
- Johnny saw a commercial about a pill you can take daily to reduce the risk of acquiring HIV

PrEP and Access

- Extended and weekend hours, if available
- Same-day appointments as well as walk-in appointments
- Timely clinical advice by telephone
- Complete integration into the practice to include electronic access

ACCESS AND NHAS

NHAS Goal 1: Reducing New HIV Infections

U.S. Preventive Services Task Force (USPSTF) recommends HIV screening for all persons aged 15 to 65 years old

House, T. W. (2015). *National HIV/AIDS Strategy for the United States: Updated to 2020.*

NHAS Indicators and Access

Indicator Number	Indicator	Access
1.	Increase the percentage of people living with HIV who know their serostatus to at least 90%	Enhanced Access – HIV Testing
4.	Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnoses to at least 85%	Enhanced Access - appointment, clinical advice, electronic access
5.	Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%	Enhanced Access - appointment, clinical advice, electronic access

House, T. W. (2015). *National HIV/AIDS Strategy for the United States: Updated to 2020.*

Conclusion

Reflection: Have you optimized access in your practice?

- What are actions I can take right away?
  - Make sure that my staff has the capacity to offer HIV testing during all hours of operation
  - Offer appointments for HIV testing **AND** walk-in testing
  - Monitor no-shows for HIV testing and connection to care
  - Financial access to ART (proactively resourceful)

Conclusion (Cont.)

What is an intermediate action I can work towards?

- Timely clinical advice after hours for nPEP and PrEP clients

What is a long-term action I can work towards?

- Electronic access

QUESTIONS

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THANK YOU!

For more information about PCDC's HIP in Health Care capacity building assistance services, contact us at:

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