



# Planning for Health Care Reform

*The HIV Care, Detection and  
Prevention Perspective*

A “Process” Sponsored by the California Department of Public Health,

Office of AIDS

May – August 2011

Premise:  
2014 is (Almost) Today!

Implication:  
Need to understand and plan now

# Objectives of the Overall Process

1. Identify potential HIV-related issues associated with implementation of the Affordable Care Act (ACA) in the 2014 context.
2. Assist state Office of AIDS in providing technical assistance to support as seamless a transition as possible for service delivery systems, providers, and patients.

# Outcome of the Overall Process

- Succinct summary of the key HIV-specific issues in the areas of:
  1. healthcare delivery systems
  2. provider and workforce issues
  3. patient needs
  4. Financing/legislations
  5. others that may become clear during the process
- The meeting summary is not intended to be a policy paper. It is meant to assist OA in its technical assistance capacity.

## Specifically, the Summary will identify:

- Potential **issues**
- **Resources** that may address an issue
- Individuals with specific expertise with an issues (**experts**)
- Additional information that is needed to fully understand each issue (**unanswered questions**)

# Planning Group Representatives

- HRSA
  - Region IX
  - HRSA HAB, HRSA BPHC
  - CA Primary Care Association
  - HealthHIV
- LHJ AIDS Directors, LA Medical Director, SF Prevention Director
- Clinic administrators
- CPG
- Policy Advocates: Project Inform, SF AIDS Foundation
- Unaffiliated consumers
- State OA Care, ADAP and Prevention Branches & Legislative and Policy Specialist

# Process

- Step 1: Establish common understanding of basic information from a spectrum of perspectives through interactive webinar.
- Next 4 steps:
  - Individual brainstorm re issues, resources, experts and unanswered questions
  - Provide input\* on other people's brainstorms
  - Provide input\* on Summary

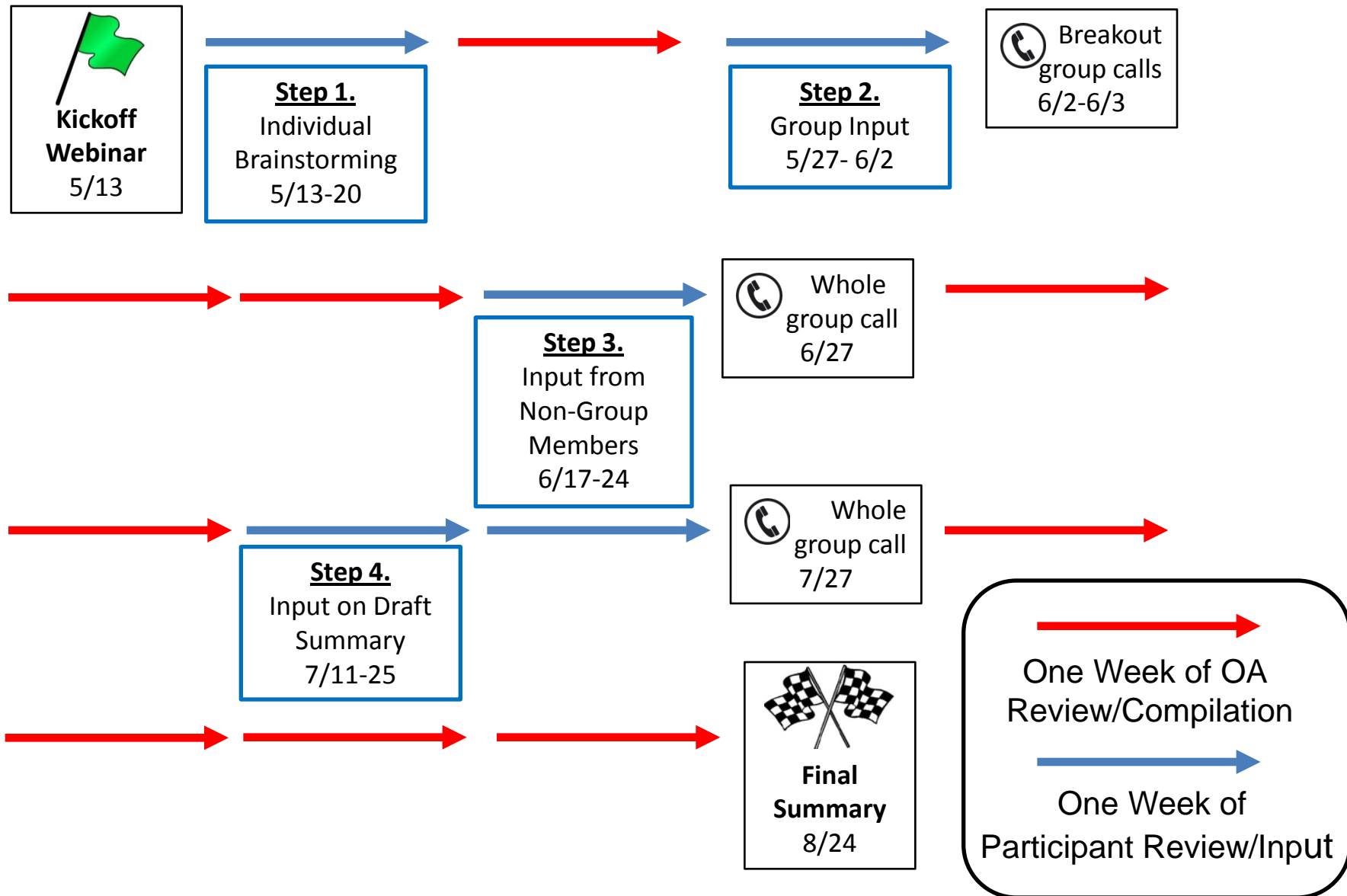
\*In writing and/or via teleconference

# Pre-Meeting Preparation

## Reading Materials on OA Website

- Reports that provide context and background to assist in planning for health care reform

# Timeline for Process: 13 Weeks



# Webinar Agenda: *Federal Perspective*

1. Office of National AIDS Policy (ONAP)
2. Department of Health and Human Services (HHS)\*
3. Centers for Medicare and Medicaid Services (CMS)\*
4. HRSA:
  - HIV/AIDS Program (HAB)
  - Bureau of Primary Health Care (BPHC)
  - Region IX

# Webinar Agenda: *State Perspective*

1. The California Exchange
2. Medi-Cal Managed Care Models
3. Medi-Cal 1115 Bridge to Health Care Reform Waiver
  - Movement of all seniors and disabled into managed care
    - **Happening now**
  - Establishment of Low Income Health Program (LIHP)
    - **Current issue re Ryan White as payer of last resort**

# Webinar Agenda: *Other Perspectives*

- Private Health Plans: Managed Care Models
- The HIV Prevention Perspective
  - Opportunities for Expanding HIV Testing
  - (Role of CBOs and prevention in ACA context)
- A Local Success in Transitioning HIV Care
  - Sonoma County Experience

# Resources on the OA Website

- [Teleconference presentation of the meeting held on May 13, 2011 \(Video\)](#)
- Power Point Presentations
  - [Introduction](#)
  - [Department of Health and Human Services \(HHS\)](#)
  - [Centers for Medicare and Medicaid Services \(CMS\)](#)
  - [HRSA: HIV/AIDS Program \(HAB\) , Bureau of Primary Health Care \(BPHC\) & Region IX](#)
  - [Private Health Plans: Managed Care Models](#)
  - [Opportunities for Expanding HIV Testing through Health Reform](#)
  - [Sonoma County Experience](#)

# Next Steps

- Process participants are currently completing initial brainstorming templates.
- These will be compiled for review and input by participants.
- A draft summary will be prepared for input and finalized in August, 2011.

# Example: Healthcare Systems

Issue #1 Community Health Centers (CHCs) may not know the necessary community resources to support people living with HIV infection to stay in care (e.g. housing, transportation, food, child care)

- *Resources*: OA Service Referral Line, Local health department staff, OA Care Branch staff and Division and Surveillance Research and Evaluation Chiefs
- *Experts*: HealthHIV, CPCA
- *Unanswered Questions*: How many CHCs do HIV work now?

# Healthcare Delivery Systems,

## *Example Issues*

- *#1*: Some HIV-focused clinics in CA may not currently have the information, education & technical assistance they need to be able to participate in the Health Plans associated with the Affordable Care Act (ACA).
- *#2*: Clinics will need to prepare to participate with these health plans relatively soon.

# Healthcare Delivery Systems

## *Example Issues*

- **#3**: There may be unique HIV-related preparedness issues for clinics funded by various parts of the Ryan White (RW) Care Act.
- **#4**: Any issues that will be experienced with the Medi-Cal 1115 waiver in the coming months may provide insight.

# Workforce Capacity and Readiness

## *Example Issue*

- Many people believe that there is already a capacity issue in existing HIV-focused clinics and that it will get worse as the workforce ages, partially because inadequate numbers of new healthcare providers are entering HIV care, but there is not high quality data to quantify this issue.

## *Example - Unanswered Questions*

- How many physicians, nurse practitioners, and physician assistants provide all medical care (HIV and primary), just HIV care, and just primary medical care to HIV-positive clients in CA now and in what clinical settings?
  - Is anyone making a map anywhere that could be used as a template?
  - These folks may be able to help with this question: a combination of HRSA/HAB, UCLA, HIVMA, AAHIVM and CMA.

# Consumer Perspective

## *Example Issues*

- **#1:** Change is scary. It will be important to mitigate fear as much as possible
- **#2:** Consumers may not understand how to use the web-based portal
- **#3:** It is not clear what the “navigation” system will consist of and how current benefits counselors, case managers and others will be trained to assist consumers in working with these systems.

# Consumer Perspective

## *Example Issues*

- *#4*: Patients already in the health care system may experience disruption in clinic and provider relationships.
- *#5*: Existing systems of care may shift in unknown ways that may impact consumers when one group of consumers is insured and another group is not.

## Example: Local, State and Federal Fiscal & Legislative Issues

Issue #1 how will OA manage 2 different systems – one for the undocumented and one for the documented – once we know what RW looks like?

*Resources:* HRSA/HAB and BPHC, NASTAD

*Experts:* Ann Lefert at NASTAD

# \$\$/Legislation

## *Example Issues*

**#1:** It is not known what the RW Care Act will look like as of the 2013 reauthorization and this will likely have an impact on OA's programs as well as Part A, C, D and other RW programs.

***Unanswered Questions:*** What is the timing and process required for this preparation?

**#2:** Financing will still be necessary to provide medical care and treatment to undocumented people living with HIV infection.

# \$\$/Legislation

## *Example Issues*

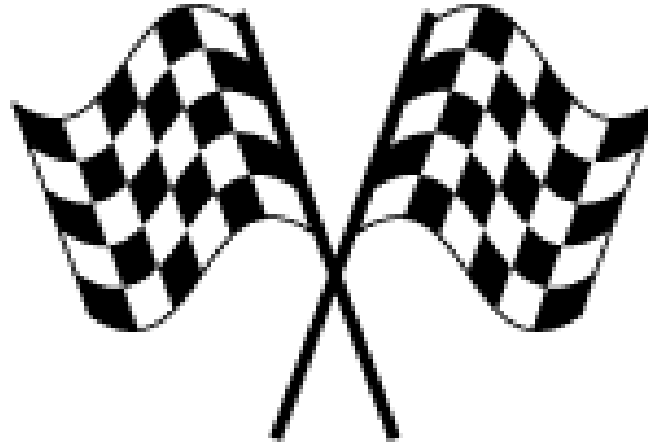
- #3:** There may be a loss of funding to pay for support services to link & keep people with HIV in care.
- #4:** It is not clear how CDC testing and prevention resources will be used in the ACA context.
- #5:** The Federal policies on the use of RW funds to pay for health insurance premiums and out-of-pocket costs may or may not change and if they change, this will have an impact on OAs existing and planned programs.
- #6:** The state and counties may shift HIV-specific funding in the ACA context.

# Undocumented, Immigrant, Border Health and Rural Issues

## *Example Issues*

- *#1*: Rural health care providers may not get adequate exposure to these issues to be able to participate in the health plans and so patients with HIV in these areas may no longer have access to their providers
- *#2*: There are unique access, retention and quality issues for immigrants/rural populations/border populations living with and at risk for HIV in CA.

Stay tuned...



# **Final Summary**

8/24

And then...



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... and *many* others!