CHAPTER 7: PLAN FOR IDEAL CONTINUUM

7.1. Introduction.

Chapters 1-6 built the foundation for which this chapter 7 strategic plan is built on. The plan has been developed to address the specific populations and socio-economic demographics of the EMA described in chapter 1, the epidemiology of the epidemic detailed in chapter 2, the consumer need established in chapter 3, the current continuum described in chapter 4, the barriers identified in chapter 5, and the ideal continuum talked about in chapter 6.

The goals for this strategic plan represent the planning council's long-term expectations for HIV prevention and treatment service delivery in the Baltimore EMA. Aligned with the shared values described in the last chapter, the planning council's ultimate goal is to reduce unmet need by fostering a seamless continuum of care that supports a reduction in new infections and ensures that PLWH/As can access and remain engaged in care.

The strategic plan is separated into four tables — one for each goal in the continuum of care. Within each goal, objectives and strategies are developed to position the EMA to provide a seamless, coordinated continuum of care. For each objective, the responsible parties identified are those responsible for the planning, implementation and monitoring of services in accordance with guidance from various funding streams.

A measurement tool and data source have been identified for each objective. This will help the planning council define the benchmark and monitor progress throughout the years.

In the pages that follow, there is a brief explanation of each goal with, on the opposite page, a table showing the table associated with the goals respectively.

7.2. Goal 1: Prevention

The continuum of care begins with prevention. Prevention is key to reducing new transmission of HIV and to preventing uninfected individuals from contracting the disease. For the EMA, prevention planning and coordination occur at the state level for six of the seven jurisdictions (the six being the suburban counties). Baltimore City, on the other hand, coordinates its own prevention efforts with collaboration from the state health department, which shapes prevention goals and priorities through the Maryland Community Planning Group (CPG). ECHPP and NHAS informed many of the objectives and strategies in this goal.

Goal 1: Prevention

Objective 1: Educate the Baltimore EMA about the risk of HIV and how to prevent it

Strategies

1.1. Expand role of consumers in the provision of outreach services (e.g., client navigators, etc.).

1.2. Utilize evidence-based social marketing and education campaigns.

1.3. Maximize available technological resources to make contact with those who utilize the internet to facilitate anonymous sexual encounters.

Responsible Parties

IDEHA; BCHD; ADAA; service providers.

Primary Funding Streams

CDC; SAMSHA; Maryland state funding; Medicaid; Medicare.

Measurement Tools

1. Number of new cases, unduplicated tests identified each year.

Objective 2: Reduce the number of people unaware of their HIV status

Strategies

2.1. Improve methods for identifying populations that could benefit from HIV testing (e.g., WIC recipients, barber shop customers, etc.).

2.2. Increase entry points to maximize the capacity of public health care sites and staff available for testing for HIV in clinical and non-clinical settings.

2.3. Ensure people entering routine health care sits have access to HIV testing.

Responsible Parties

IDEHA; Medicaid; BCHD; planning council; service providers.

Primary Funding Streams

CDC; IDEHA; BCHD; Medicaid; private insurance.

Measurement Tools

Healthy People 2020 tools:

HIV-13: Increase the proportion of persons living with HIV who know their serostatus.

Goal: 90 percent, as consistent with the NHAS.

HIV-14: Increase the proportion of adolescents/adults who have been tested for HIV in the past year.

Goal: 16.9 percent; 10 percent improvement over national average.

HIV-15: Increase the proportion of adults with tuberculosis (TB) who have been tested for HIV.

Goal: 71.5 percent; 10 percent improvement over national average.

HIV-16: Increase the proportion of substance abuse treatment facilities that offer HIV/AIDS education, counseling, and support.

Goal: 59.8 percent; 10 percent improvement over national average.

Planning council Goals:

1. Number of testing sites.

Objective 3: Identify PLWH/A earlier in the disease progression
Strategies
3.1. Move forward with implementing ELISA testing. 3.2. Provide support and provider education to offer universal testing.
Responsible Parties
IDEHA; Medicaid; BCHD; planning council.
Primary Funding Streams
CDC; IDEHA; BCHD; private insurance.
Measurement tools
Healthy People 2020 tools: HIV-3: Reduce the rate of HIV transmission among adolescents and adults. Goal: 3.5 new infections per 100 PLWH/As, as consistent with the NHAS. HIV-4: Reduce the number of new AIDS cases among adolescents and adults. Goal: 13.0 new cases per 100,00 population; 10 percent improvement over national average. HIV-5: Reduce the number of new AIDS cases among adolescent and adult heterosexuals. Goal: 10,000 new cases; 10 percent improvement over national average. HIV-8: Reduce the number of perinatally acquired HIV and AIDS cases. HIV-9: Increase the proportion of new HIV infections diagnosed before progression to AIDS. HIV-10: Increase the proportion of persons surviving more than 3 years after a diagnosis with AIDS. Goal: 90.2 percent; 10 percent improvement over national average.
Objective 4: Using regional and state models, implement targeted prevention initiatives to prevent HIV Infection
Strategies
4.1. Routine HIV screening in clinical settings. 4.2. Targeted HIV testing in non-clinical settings. 4.3. Initial and ongoing HIV/STI partner services. 4.4. Activities to support linkage to care, retention in care, and adherence to antiretroviral treatment. 4.5. Risk reduction interventions for PLWH/As.
Responsible Parties
IDEHA; Medicaid; BCHD.
Primary Funding Streams
CDC; IDEHA; BCHD.
Measurement tools
1. Number of communications reports, number of databases working together.

7.3. Goal 2: Engagement

Providing support and guidance to HIV-positive individuals and helping them to enter medical care soon after receiving their HIV test results is critical. Early entry into services has been shown to improve medical/health outcomes and slow the progression from HIV to AIDS.

Goal 2: Engagement
Objective 5: Decrease time period between a person's being identified as HIV-positive through the continuum of care and his or her first primary medical care appointment
Strategies
5.1. Increase the number of outreach service providers that offer on-site counseling, testing and referrals (CTR) services or that have formal relationships (e.g., memorandums of understanding) with CTR providers to ensure that those testing positive are not lost in care. 5.2. Expedite access to care after diagnosis.
Responsible Parties
IDEHA; BCHD; Ryan White providers; Medicaid; planning council.
Primary Funding Streams
CDC; IDEHA; BCHD; Ryan White Parts A-D; Medicaid; Medicare.
Measurement tools
1. Percentage of people identified as positive who get to their first visit.
Objective 6: Establish a seamless continuum of care to improve the linkage to care of clients from counseling and testing efforts into treatment
Strategies
6.1. Build support and capacity with partner agencies to improve the movement of newly identified PLWH/As into treatment. 6.2. Target geographic areas (by ZIP code) and populations with the highest incidence rates and increase the proportion of funded outreach services and providers in those areas. 6.3. Target populations with a disproportionate resistance to care.
Responsible Parties
IDEHA; BCHD; Ryan White providers; Medicaid; planning council.
Primary Funding Streams
CDC; IDEHA; BCHD; Ryan White Parts A-D; Medicaid; Medicare; private insurers.
Measurement tools
1. For primary medical care: proportion of 1st visits that result in 2nd visits in prescribed time.

Objective 7: Identify and remove barriers to care
Strategies
7.1. Assess prevalence of underinsured PLWH/As and determine need.
7.2. Support PLWH/As with basic needs such as food and housing so that HIV medical care can be prioritized.
7.3. Determine barriers to attending primary medical care appointments and determine service categories needed to address those barriers.
Responsible Parties
IDEHA; BCHD; Ryan White providers; Medicaid; planning council.
Primary Funding Streams
Ryan White Parts A-D; Medicaid; Medicare; private insurers.
Measurement tools
1. Decreased number of people on waitlists for all offered services. 2. Emergency Financial Assistance (EFA) utilization.
Objective 8: Engage disproportionately affected populations in care
Strategies
8.1. Analyze trends each year to determine emerging populations in need of care.
8.2. Promote best practices and cultural competency among outreach providers to foster relationships with clients.
8.3. Increase the number and diversity of providers.
Responsible Parties
IDEHA; BCHD; Ryan White providers; Medicaid; planning council.
Primary Funding Streams
Ryan White Parts A-D; Medicaid; Medicare; private insurers.
Measurement tools
Healthy People 2020 tools: HIV-6: Reduce the number of new AIDS cases among adolescent and adult men who have sex with men. Goal: 15,074 new cases; 10 percent improvement over national average. HIV-7: Reduce the number of new AIDS cases among adolescents and adults who inject drugs. Goal: 5,409 new cases; 10 percent improvement over national average. Planning council tools: 1. Increase diagnosis rates by 20 percent to vulnerable populations (gay and bisexual men, and blacks) as per NHAS goals.

Objective 9: Increase the number of people living with HIV/AIDS re-entering care
Strategies
9.1. Identify PLWH/As who are not in care and track the number of PLWH/As that drop out of care. 9.2. Utilize an interface between databases to capture this information. 9.3. Make intensive case management available to ensure treatment and appointment adherence.
Responsible Parties
IDEHA; BCHD; Ryan White providers; Medicaid; planning council.
Primary Funding Streams
Ryan White Parts A-D; Medicaid; Medicare; private insurers.
Measurement tools
1. Number of data bases working together.

7.4. Goal 3: Stabilization

Overall good health is dependant on the medical care and drug therapy needed to treat HIV and other co-morbid conditions. With advancements in medicine and technology, individuals with HIV/AIDS are better able to live full, active lives with proper treatment and disease management.

Goal 3: Stabilization
Objective 10: Increase the number of clients retained in care
Strategies
10.1. Choose baseline data measurement.
10.2. Establish medical and support service plan as recommended by the standard of care for each service category.
10.3. Target populations with low retention rates and increase the services provided in that area.
10.4. Support PLWH/As in managing any co-morbid health conditions.
Responsible Parties
IDEHA; BCHD; Ryan White providers; Medicaid; planning council.
Primary Funding Streams
Ryan White Parts A-D; Medicaid; Medicare; private insurers.
Measurement tools
1. Number of clients with a viral load test completed within prescribed time frame.
Objective 11: Increase client attendance to medical appointments and support services.
Strategies
11.1. Capture and analyze baseline data.
11.2. Increase access to support services that enable client attendance to medical appointments.
Responsible Parties
IDEHA; BCHD; Ryan White providers; Medicaid; planning council.
Primary Funding Streams
Ryan White Parts A-D; Medicaid; Medicare; private insurers.
Measurement tools
1. For primary medical care and medical case management: Decline in no-show rates. 2. Number of clients with a viral load test completed within prescribed time frame.

Objective 12: Improve the health status of PLWH/As
Strategies
12.1. Increase the proportion of persons surviving more than 3 years after a diagnosis with AIDS. 12.2. Increase use of interventions to improve adherence to treatment.
Responsible Parties
IDEHA; BCHD; Ryan White providers; Medicaid; planning council
Primary Funding Streams
Ryan White Parts A-D; Medicaid; Medicare; private insurers
Measurement tools
1. Increased number of PLWH/As with undetectable viral load.

7.5. Goal 4: Maintenance

The ultimate goal is for all HIV-infected individuals to move seamlessly through the continuum, from HIV testing to full engagement in treatment. This continuum, however, is fluid — individuals are apt to drop in and out of HIV care, thus creating a need for support services to help clients adhere to medical care and receive support for competing needs.

Goal 4: Maintenance
Objective 13: Increase the number of clients receiving consistent medical care over a two-year period
Strategies
13.1. Facilitate a smooth transition from youth to adult HIV care services.
13.2. Ensure that the administration of services is efficient and easy for clients to navigate.
13.3. Evaluate and consider new best practices in providing services throughout the continuum of care.
13.4. Expand role of consumers in all service categories.
Responsible Parties
IDEHA; BCHD; Ryan White providers; Medicaid; planning council.
Primary Funding Streams
Ryan White Parts A-D; Medicaid; Medicare; private insurers.
Measurement tools
1. Number of clients with a viral load test completed within prescribed time frame.
Objective 14: Increase the number of clients who transition from Ryan White services for PMC to an insurance provider
Strategies
14.1. Provide a means for accessing stable medical and non-medical services.
14.2. Partner Ryan White funding with other funding streams for long-term medical services.
Responsible Parties
IDEHA; BCHD; Ryan White providers; Medicaid; planning council.
Primary Funding Streams
Ryan White Parts A-D; Medicaid; Medicare; private insurers.
Measurement tools
1. Increased number of clients covered by insurance providers.

Objective 15: Support systems level coordination	
Strategies	
15.1	Develop a strong collaborative network of providers.
15.2	Develop contingency plans in case of delays in funding, emergency loss of provider, or if an organization becomes defunct.
15.3.	Improve technical assistance.
15.4.	Increase partnering with other organizations to maximize funding, resources, and health care services (e.g., American Cancer Society, American Diabetes Association).
Responsible Parties	
IDEHA; BCHD; Ryan White providers; Medicaid; planning council.	
Primary Funding Streams	
Ryan White Parts A-D; Medicaid; Medicare; private insurers.	
Measurement tools	
1. Increased number of memoranda of understanding between providers. 2. Centralized client-data system to standardize the methods for data collection and reporting.	

7.6. Conclusion

This chapter has defined the planning council's plan for providing high quality HIV services to support clients throughout the continuum of engagement in care. The objectives and strategies will ensure that people living with HIV/AIDS become engaged into care while they receive stabilizing medical and support services that will help them maintain their treatment regimen and be connected to long-term services.

The chapters will describe how the planning council will measure and monitor the accomplishment of these objectives and strategies. The key players will be identified and their roles defined in terms of implementing strategies, monitoring performance and evaluating.