

DC | HEALTH

Ryan White Model Redesign

May 4, 2021

GOVERNMENT OF THE
DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR

PROJECT BACKGROUND

HAHSTA AIM

Improvement: To optimize the Ryan White Care Act business model in preparation for the next Request for Proposals (RFP) in summer of 2021 through implementing a Hybrid Model with Fee-for-Value HIV Management Grants funded by one mechanism, and continuously ensure it is on target by instituting standardized processes for monitoring and evaluation.

- Spending award \$ more efficiently, and effectively
- Reduced complexity for providers, Care & Treatment staff, and other HAHSTA staff involved in our program
- Security and engagement among provider network
 - Stronger relationship with subrecipients
- Improved health outcomes, satisfaction, and service delivery for customers

DC | HEALTH

PROJECT SCOPE



VALUE BASED REIMBURSEMENT

Ashley Coleman
Ebony Fortune
George Fistonich
Jennifer Prats
Justin Britanik
Khalil Hassam
Mark Hill
Princess Johnson

ROADMAP

- **Grants**
 - Fixed award
 - Target number of clients
 - Quality requirements, not tied to funding
 - Pays for system of care
- **Fee for Service**
 - Reimbursed for output
 - Quality requirements, not tied to funding
- **Redesigned Funding Model**

ROADMAP

- **Grants**
 - *Fixed* award
 - *Target number of clients*
 - Quality requirements, *not tied to funding*
 - Pays for system of care
- **Fee for Value**
 - *Variable* award
 - *Recent size/scope, quality*
 - Quality of process and outcomes are *reimbursed*
 - Pays for system of care
- **Fee for Service**
 - Reimbursed for output
 - Quality requirements, not tied to funding
- **Fee for Service**
 - Sunsets

WHAT IS FEE FOR VALUE?



Model which rewards health care providers with incentive payments for the quality of care they give to people receiving RWHAP services.

Fee for Value supports



Better care for individuals



Better health for populations



A sustainable system of care

WHY FEE-FOR-VALUE?



Reward partners for providing services in a manner that are consistent with the goals, objectives, and plans of HAHSTA RWHAP.



Allocate funds with more transparency and accuracy than previous funding models. Improve spending.

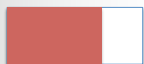


Reward quality over quantity, with defined and standardized targets based on outcomes, process, and capacity.

EXPERIENCE BASED CO-DESIGN



Met with other jurisdictions across the country to hear ideas and lessons learned about FFV.



Developed a model to meet our requirements; held some decision points open.



Meeting with our community partners to hear their experience and feedback to inform our final model design.

THE MODEL



Pay for the percentage of RW network customers the agency provides service to.



Pay for the quality of service and program the organization provides, *relative to network*.



Additional award for *select number* of providers with the highest value and outcomes.

SUMMARY

- ✓ Standardized process with enhanced transparency.
- ✓ Increased financial stability.
- ✓ Base award for size of service program.
- ✓ Opportunity to earn more, based on quality, value, innovation, and outcomes.

DC | **HEALTH**

PROGRAMS COMMITTEE

Lead: Ashley Coleman

Team Members: Ebony Fortune, Trammell Walters, Monique Brown, Robert Ridley, Camilla Stanely, Messay Zerga

PROGRAM WORKPLAN GOALS

FIVE AREAS OF FOCUS

Centralized
Eligibility
System

Business
Model

Services For
Each Business
Model

Capacity
Building

Program
Monitoring

DC | **HEALTH**

CENTRALIZED ELIGIBILITY SYSTEM

WHAT IS THE SYSTEM FOR?



Submit all eligibility documents in one system for the Ryan White network to view



Expand CareWare which is a system providers are already familiar with

DC | **HEALTH**

BUSINESS MODEL

WHAT BUSINESS MODEL ARE WE USING?



Standard Grants



Fee-For-Value



No more Fee-For-Services/Human Care Agreements

Fee-For-Value Service Categories

OAHS

Food Bank/HDM

Medical Nutrition Therapy

Medical Case Management

Non-medical Case Management

F4V Bundles- Care Coordination

Medical and Care Coordination	Non-Medical and Care Coordination	MNT	Food Services:
<ul style="list-style-type: none">• OAHS• Case Management<ul style="list-style-type: none">• Medical• Non-medical (includes Housing CM)	<ul style="list-style-type: none">• Case Management<ul style="list-style-type: none">• Medical• Non-medical (includes Housing CM)	<ul style="list-style-type: none">• Stand-alone. Encouraged for Food Service providers	<ul style="list-style-type: none">• Food Bank/HDM<ul style="list-style-type: none">• Put in the RFA that food providers have to have evidence of providing MNT. Either through HAHSTA or some other funding

Standard Grant- Care Coordination Bundles

Wellness:

- Mental Health
- Substance Use
- Psychosocial
- Wellness (maybe)

Early Intervention and Retention








- REIS
- Psychosocial
- HIV Prevention, HIV Testing

Standard Grant- Care Coordination Bundles By Population

- Youth**
 - MAI
 - OAHS
 - EIS
 - MCM
 - Mental
 - Substance
 - Psychosocial
- Women of Color**
 - Encourage care coordination bundles
- MSM**
 - Encourage care coordination bundles

PROGRAM MONITORING

MAIN POINTS OF MONITORING

-  Monthly Reports
-  Monthly Invoicing
-  Site Visits
-  Capacity Assessment
-  Fee-for-Value Metrics
-  Technical Assistance Work Plan
-  Provider Report Cards

DC | **HEALTH**

CAPACITY BUILDING

PROGRAMS AND CAPACITY BUILDING COMMITTEE COLLABORATED



Capacity Assessment will determine level of technical assistance required



Only those who score a level two or three on the capacity building assessment will be allowed to provide fee-for-value service categories

A large light gray circle containing the text 'CAPACITY BUILDING COMMITTEE' in bold black letters. To the right of the text is a small gray dot, and at the bottom right of the circle is a thick orange curved line.

CAPACITY BUILDING COMMITTEE

Lead: Trammell Walters

Team Members: Andrea Augustine,
Juan Jennings, Dr. Christie Olejemeh,
Kenneth Pettigrew, Janice Walker

CAPACITY ASSESSMENT

WHY A CAPACITY ASSESSMENT



Quantify how we define success of our Ryan White programs



Capture the capabilities and likeliness of providers to meet our definitions of success



Raise the overall quality of services from Ryan White providers and improve the outcomes achieved by Ryan White customers

WORKPLAN GOALS

TWO AREAS OF FOCUS



Establish a provider capacity assessment tool



Establish the training curriculum to support the determined capacity level

DEVELOPING THE ASSESSMENT TOOL

THE PROCESS OF DEVELOPING THE TOOL

1. Examined the types of providers we currently have in our portfolio (CBOs, hospitals, FQHCs, and FQHC look alike)
2. Created a mind map of performance concerns and outcome issues that currently exists
3. Reviewed previously and currently used tools as resources
4. Established specific criterion to conduct assessment
5. Established broad categories of assessment

PREVIOUSLY AND CURRENTLY USED RESOURCES



Risk Assessment scoring matrix from OGM



Agency Capacity Assessment Monitoring (ACAM) Summary



External Reviewer Site Visit Tool

ASSESSMENT TOOL BROAD CATEGORIES



Organizational Infrastructure



Organizational History



Program Management



Data Collection and Management



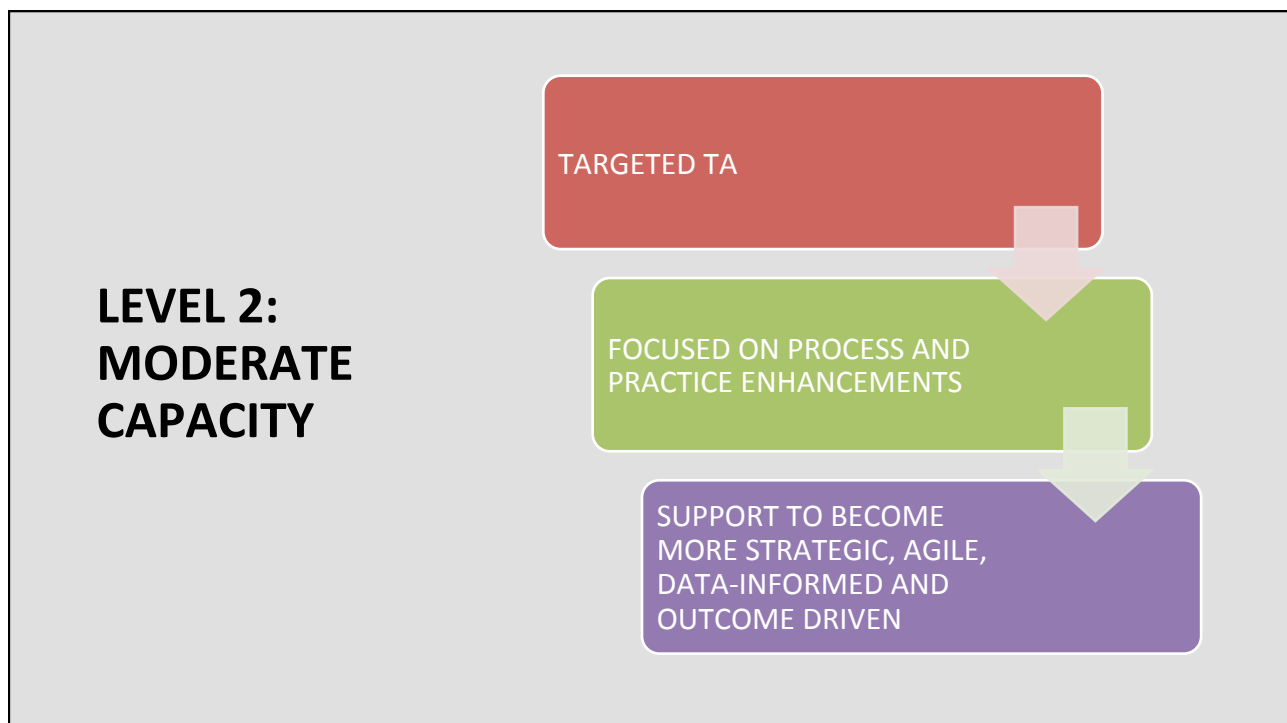
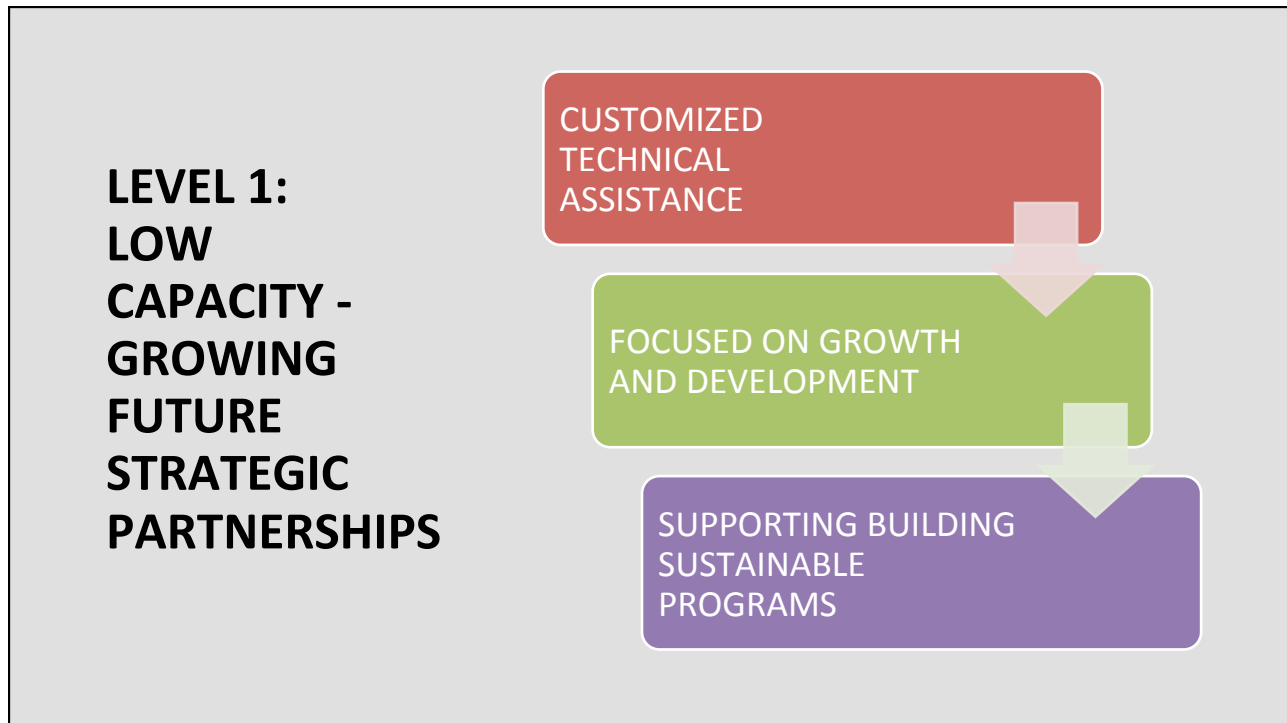
Quality Management



Fiscal and Billing Systems


CAPACITY LEVELS

Level 1	Low Capacity
Level 2	Moderate Capacity
Level 3	High Capacity





TOOL UTILIZATION

-  Annually
-  Team Effort
-  Future Implications

DC | **HEALTH**



Workgroup Members

- Leads: Drs. Hodan Eyow and Leah Varga
 - hodan.eyow@dc.gov,
 - leah.varga@dc.gov
- Workgroup Members:
 - Andrea Augustine
 - Dr. Eaton
 - Dr. Janis Jackson
 - Tariku Mekonnen
 - Dr. Tayiana Reed
 - Messay Zerga

DATA AND EVALUATION WORKGROUP GOALS

Phase 1

- Create an interactive data dashboard for the Washington DC EMA Ryan White program.
- The dashboard includes but not limited to:
 - Part A service utilization
 - Part B utilization including ADAP
 - Fiscal data
 - Selected clinical outcomes

Phase 2

- Solicit stakeholder feedback on dashboard function, usability and overall value added
- Create the data analysis and evaluation plan including a robust Washington DC EMA Ryan White program data governance manual



RW Program Dashboard Visuals

