

Summary of Grantee and Provider Activities to Address Unmet Need: Ideas from the FY 2006 Ryan White Title I and Title II Applications

Type of Activity	Description
Standards of Care, Quality Management, and Evaluation	
Standards of care for primary care providers	Planning bodies and grantees review and revise standards of care for primary medical care to include requirements related to addressing unmet need, such as: structured and ongoing outreach activities, links with testing sites, agreements with specific points of entry, and collaboration with funded outreach providers, as well as active follow up (sometimes going beyond telephone calls to include home visits) with clients who miss appointments.
Standards of care for other core services	Planning bodies and grantees revise standards of care for other core services to ensure that clients are asked whether they are receiving primary care and referred to primary care, and to require referral agreements and active referral relationships with primary care providers.
Case management protocol	The grantee has adopted a Case Management Protocol that requires case managers at time of intake to assess whether a client needs primary care services and if so, to link the client with these services. The QM program will monitor compliance with the standard of care.
Standards of care for supportive services	Planning bodies and grantees are adding to standards of care requirements that non-core services include specific links to primary care. These include protocols for asking new clients whether they are receiving primary care and documenting the information provided, as well as strengthening referral requirements to primary care.
Evaluation measures	States and EMAs are developing evaluation measures related to unmet need – for example, expectations that a specified number or percent of new individuals will be brought into care each year, individuals who have dropped out of care be brought back into care, and individuals be retained in care.
Quality management plans	Grantees are developing and refining quality management (QM) plans to require collection and analysis of data related to unmet need. This includes assessment of whether standards of care and evaluation measures are being achieved.
Development of State and consortium quality management plans	The State considers unmet need data in the development of the State Quality Management Plan, and shares unmet need data with its Ryan White consortia, for use in developing their quality management plans.
Client surveys	As part of the quality management plan, the grantee surveys clients to determine satisfaction with services provided. The survey includes questions about access to care and retention in care.
Data for decision making	Grantee works with the planning body to identify utilization, QM, and evaluation data needed for decision making, and provides this information in user-friendly formats for review prior to annual priority setting and resource allocation.

Review of system of care	Grantee reviews QM, contract monitoring, evaluation, and utilization data from the perspective of implications for the continuum of care. Grantee works with the planning body to identify changes needed to increase access to care, overall and for specific population groups
Integrated intake system	In order to increase access to care, the EMA agrees to develop an integrated client intake system so that a client demonstrates eligibility only once, and that information is shared among service providers through the shared client-level database.
Contracts and Contract Monitoring	
Contract language requiring linkages between prevention and care	The grantee strengthens contract language requiring coordination of effort between care providers and agencies providing counseling and testing or early intervention services (EIS). Funded service providers are required to have written agreements with testing and EIS sites that clearly define referral and follow-up responsibilities. Contract language requires documentation of referrals and response time.
Referrals from rapid testing sites	The grantee funds a Rapid Test Initiative that expands use of rapid testing and provides for immediate referral of newly diagnosed individuals to primary care providers and follow up by case managers.
Requirement that clients receiving support services be referred to primary medical care	Contract language requires all support service providers to determine at intake, then review periodically thereafter, whether each client is receiving HIV-related primary medical care. If a client is not receiving such care, the provider must make the client an appointment with a primary care provider and help ensure that s/he keeps that one appointment.
Requirement that clients receiving non-core support services be enrolled in primary care	The EMA's contracts with non-core support service providers require them to ensure that all their clients are in primary medical care. These providers may not continue services to an individual who refuses primary medical care, since supportive services are funded specifically to help people enter and remain in primary care.
Requirement for outreach	The State's contracts require that every provider do – and document – a specified level and type of outreach to specifically targeted populations.
Recapturing of “lost to care clients”	The grantee has added special instructions to primary care, outreach, and social and medical case management contracts requiring providers to have a mechanism to recapture “lost to care” clients (clients out of HIV primary care for six months/or not following a doctor's medical care plan).
Contract monitoring	The grantee has modified its contract monitoring tool to include questions about the extent to which contract requirements for outreach, follow up, and improving access to care are being implemented.
Use of provider meetings	The grantee presents unmet need data at one provider meeting each year, and encourages provider suggestions and development of initiatives to address unmet need.
Provider Initiatives	
Provider work groups	Providers form a work group to review unmet need data and identify initiatives to address unmet need, with emphasis on improved coordination among funded and unfunded providers in the EMA.
Outstationed personnel at rapid testing sites	A primary care provider outstations a medical referral worker at a major rapid testing site, to arrange for immediate referrals into primary care for individuals diagnosed through rapid testing.

Mobile medical care	A primary care provider brings a mobile clinic to testing sites on a regular rotation, to do medical intake and an initial primary care “visit,” and facilitate a seamless transition from testing to care.
Outreach - “Lost to Care”	Outreach providers carry out several types of outreach: to individuals who have never been in care (including the recently diagnosed and those with serious co-occurring conditions such as substance use and homelessness), and to individuals who recently dropped out of care but are known to the CARE Act system. Outreach workers focusing on those “lost to care” are contacted by primary care providers to do community follow up on these clients.