



AIDS Education & Training Centers
National Center For HIV Care In Minority Communities
HealthHIV

Thirty health centers. One year. **Transformation** toward a medical home with integrated HIV services. **Integration** into local public health and health delivery systems. **Value**. Outstanding **patient** and **family** experience of care. Improved **population** health.....

THE HIV IN PRIMARY CARE LEARNING COMMUNITY

INVITATION TO APPLY

The application period is now open for health centers serving racial and ethnic minority communities to apply for participation in the *HIV in Primary Care Learning Community*. This learning community focuses on expanding primary care capacity to include comprehensive, quality care for individuals living with HIV. Health centers will be selected through a competitive application process that includes an external review panel. Please refer to the eligibility criteria below. There is no cost for participation.

BENEFITS OF PARTICIPATION

As health centers work toward expanding their primary care services to include care for people living with HIV, they will engage in a robust, innovative curriculum designed to align existing work and responsibilities with changing and expanding demands. Further, Learning Community's curriculum puts expansion of services in the context of the Patient Centered Medical Home (PCMH). Thus, with PCMH as the guiding model and HIV as the population of focus, components of the curriculum include:

- HIV Clinical Care Within Primary Care
- Enhance Access and Continuity
- Identify and Manage Patient Populations
- Maximizing Revenue for HIV services
- Track and Coordinate Care
- Measure and Improve Performance

The one-year curriculum is developed and presented by expert faculty and will be delivered through a variety of learning modalities, including:

- A dynamic online community that fosters shared learning and innovation through forums, real-time access to experts and data, and communication about pertinent news and events
- Webinars
- Face-to-face workshops

The curriculum is enhanced and supported by:

- Dedicated Performance Improvement Coaches to support and drive organizational change
- Targeted technical assistance to build organizational capacity

ELIGIBILITY CRITERIA

REQUIRED FOR PARTICIPATION

- Federally Qualified Health Center (FQHC) or FQHC Look-Alike
- No direct funding from the Ryan White HIV/AIDS Program (sub-contractors and indirectly funded organizations are eligible)
- A minimum of 4 years providing primary medical care to racial/ethnic minority communities

POTENTIAL FACTORS FOR INCREASED SUCCESS

While not required, possessing the following characteristics may demonstrate that a health center is poised to succeed in the *HIV in Primary Care Learning Community*:

- Demonstrated commitment and intent to deliver and integrate HIV care and treatment services in existing primary care services
- Senior leadership (CEO, CFO, CMO) in place for three years or more
- Capacity to manage HIV patients and ability to report outcomes through electronic health records, practice management systems, or registries
- Dedicated quality improvement staff person(s)

PARTICIPANT HEALTH CENTER ROLES AND RESPONSIBILITIES

- One-year time commitment
- Commitment to develop or expand HIV services
- Identification and commitment of two “Learning Leaders” – senior staff who co-lead and manage this initiative. These individuals are required to participate in 1½ day Launch Session in Spring 2012. CEOs are also required to participate for one day of this Session. These three individuals are expected to have a continuous role in the year-long implementation of this project. Please visit www.nchcmc.org for an expanded description of expectations for Learning Leader.
- Completion of organizational assessments as well as individual clinical assessments for providers participating in the project.
- Participation in a site visit (approximately ½ day) where members of the Learning Community team come onsite to your health center to meet with Learning Leaders, CEO, and other key staff
- Regular communication with AETC NCHCMC staff and Performance Improvement Coaches
- Monthly reporting

TIMELINE

- Launch Meeting: Spring 2012
- Culmination: December 2012
- Continued support: through August 2013

APPLICATION SCORING

Your application will be scored by a group of independent reviewers using the following scoring for each section:

I.	Health Center Information	10 points
II.	HIV Prevention, Care, and Treatment Activities	20 Points
III.	Relevant Activities	20 Points
IV.	Community Partnership Activities	25 Points
V.	Expansion of Services	25 Points
VI.	Letter of Support from Health Center Board Chair	Must be submitted for a complete application. Applications submitted without a letter of support will not be considered for review.

APPLICATION SUBMISSION

- E-mail your completed application and letter of support from your health center Board Chair to applications@nchcmc.org. *Please use subject line: NCHCMC CHC Application*
OR
Fax your completed application and letter of support to “NCHCMC Applications” at 202-232-6750
- Confirmation of receipt of application will be sent within 24 hours

CONTACT

If you have any questions about the *HIV in Primary Care Learning Community* or completing this application, please contact Christine Stewart at christine@healthhiv.org or 202-507-4736.

ABOUT THE AETC NATIONAL CENTER FOR HIV CARE IN MINORITY COMMUNITIES (NCHCMC)

The AETC NCHCMC is led by HealthHIV which support the President's National HIV/AIDS Strategy in reducing HIV related health disparities by expanding HIV care and treatment capacity at the community level and facilitating linkages to care. The AETC NCHCMC supports increasing the number of people who know their HIV status by building on current HIV testing and screening efforts.

The application begins on Page 4. Thank you!

SECTION I

This section asks for basic information about your health center. Note that you will need UDS data to respond to some questions. (Scoring 10 points)

1. Name of Health Center
2. Address 1
3. Address 2
4. City
5. State
6. ZIP code
7. Phone number (xxx) xxx-xxxx Extension
8. Fax number (xxx) xxx-xxxx
9. Website
10. UDS number (2010)
11. Year established
12. Total number of delivery sites
13. Location(s) Check all that apply Urban Rural Suburban

Current 330 Funding

- | | |
|--|---------------------------|
| 14a. 330(e) Community Health Centers | Yes or No
(select one) |
| 14b. 330(g) Migrant Health Centers | (select one) |
| 14c. 330(h) Health Care for the Homeless Health Centers | (select one) |
| 14d. 330(i) Public Housing Primary Care Health Centers | (select one) |
| 14e. FQHC Look-Alike (not funded under Public Health Service Act Sec. 330) | (select one) |

Contact information for person completing application

- 15a. Name First: Last:
- 15b. Title
- 15c. Email Address
- 15d. Telephone (xxx) xxx-xxxx

Please use 2010 UDS data corresponding to your response in Q10 to complete the following questions.

STAFFING AND UTILIZATION

16. Total number of providers (FTEs)
- a. Primary Care Physicians
 - b. Specialist Physicians
 - c. Nurse Practitioners
 - d. Physician Assistants
17. Total number of annual patient encounters
18. Total number of annual patients
19. Average number of visits per provider

PATIENT PROFILE

20. Patients by Hispanic or Latino Identity (%) Hispanic/Latino
21. Patients by Race (%)
- a. Asian
 - b. Native Hawaiian or Other Pacific Islander
 - c. Black/African American
 - d. American Indian/Alaska Native
 - e. White/Caucasian
 - f. More than 1 race

28. Quality Improvement Coordinator

- a. Name First Last
- b. Email address
- c. Phone number
- d. Years in position

29. Director of Information Technology/Management Information Services

- a. Name First Last
- b. Email address
- c. Phone number
- d. Years in position

30. Board Chair

- Name First Last

SECTION II

Questions in this section pertain to your health center's current HIV care and treatment activities. **NOTE: If you are not part of your health center's clinical team, please consult with a member of the clinical staff to complete this section. (Scoring 20 points)**

HIV Prevention & Testing

31. How is HIV testing/screening offered at your health center? (Check all that apply)

- a. By health center staff as a routine part of primary care for all patients age 13-64
- b. Upon request from a provider
- c. Upon request from a patient
- d. By referral to a specific provider/site within my organization
- e. Through partnership with another organization on-site
- f. By referral to another organization

32. If rapid HIV tests are used to screen patients, what is the source of the test kits? (Check all that apply)

- a. State/Local Health Department
 - b. Grant
 - c. No extra funding
 - d. Rapid HIV test kits are not used
 - e. Other →please specify below
- Specify:

33. What patient-level data is collected for each patient offered HIV testing as part of routine primary care? (Check all that apply)

- a. Accept/decline test
- b. Reason for decline
- c. Previous testing history
- d. Test result
- e. Linkage to care for positives
- f. Demographic information
- g. Risk factors
- h. Risk reduction plan for negatives
- i. None

HIV Care and Treatment

34. How many patients living with HIV did you report in your 2010 UDS data?

(If none, skip to SECTION III)

(Please use UDS data corresponding to your response in Q10)

35. How many patients with HIV of those reported in Q34 received 2 or more visits with a provider with prescribing privileges (MD, PA, NP) at least three months apart?

or Unknown

36. How many patients with HIV of those reported in Q34 received HIV risk counseling?

or Unknown

37. How many patients with HIV of those reported in Q34 received 2 or more CD4 T-cell counts performed at least three months apart?

or Unknown

38. What HIV care and treatment services does your health center currently provide? (Check all that apply). Please also indicate what staff member is responsible for providing this service/s.

Service	Provided (Yes/No)	Staff ID/HIV Specialist	Staff Primary Care Provider	Contracted HIV Provider (in house)	Other
Monitoring HIV disease progression for the purpose of prescribing medications for opportunistic infection prophylaxis	(Select One)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiating first line antiretroviral (ARV)	(Select One)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Genotype/phenotype testing and interpretation	(Select One)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescribe second-line ARV	(Select One)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescribe ARV therapy for multi-drug resistant patients	(Select One)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

39. How are HIV services funded? (Check all that apply)

- a. Ryan White Part A sub-contract
 - b. Ryan White Part B sub-contract
 - c. Ryan White Part C sub-contract
 - d. Ryan White Part D sub-contract
 - e. County or City funding
 - f. State general funding
 - g. CDC grant or cooperative agreement
 - h. SAMHSA grant
 - i. Private funding/donations
 - j. Third party billing
 - k. Other → please specify below
- Specify:

40. How does your health center collect and report HIV data?
(Check all that apply)

- a. EHR
 - b. Registry
 - c. Practice Management System
 - d. Manually
 - d. Other → please specify below
- Specify:

41. To whom do you report HIV data? (Check all that apply)

- a. State or Local Health Department
 - b. Health Center Board of Directors
 - c. Internal Quality Improvement Committee
 - c. AIDS Education and Training Center (AETC)
 - d. Infectious Disease Clinic
 - e. Other → please specify below
- Specify:

42. Which HIV performance/quality measures are included in your health center's Quality Improvement Plan? (Check all that apply)

- a. CD4 count
 - b. Viral Load
 - c. Medical visits in a year
 - d. Antiretroviral Therapy (ART)
 - e. Pneumocystis Carinii Pneumonia (PCP) Prophylaxis
 - f. Immunizations
 - g. STI screening
 - h. Pap smears
 - i. None
 - j. Other → please specify below
- Specify:

SECTION III

Questions in this section ask you to describe relevant activities in which your health center is, or has been, engaged. (Scoring 20 points)

Patient Centered Medical Home

43. Has your health center attained Patient Centered Medical Home (PCMH) recognition? (select one)

Specify year recognized

Specify level attained

44. If not, does your health center plan to apply for Patient Centered Medical Home recognition? (Select One)

45. Is your health center currently pursuing PCMH recognition? (Select One)

46. Please estimate what percent of your total patients are assigned to a primary care provider. or Unknown

47. What is the estimated percentage of appointments left open for same day access? or Unknown

48. What is the estimated percentage of rejected claims to total claims? or Unknown

Electronic Health Record (EHR) Adoption

49. Does your health center use an electronic health record (EHR)? (Select one) (Select One)

Adoption Date

50. If yes, what EHR product does your health center use? (Check all that apply)

- Allscripts
 - NextGen
 - Sage
 - eClinical Works
 - EHS
 - GE Centricity
 - Other → please specify below
- Specify:

Redesign and Health Disparities Collaborative Activities

51. In which HRSA Health Disparities Collaboratives has your health center participated? (Check all that apply)

- a. Asthma
- b. Cancer
- c. Diabetes
- d. Patient Safety
- e. Cardiovascular Disease
- f. Depression
- g. Finance/ Business Redesign
- h. Patient Visit Redesign
- i. None

Additional Activities

52. What additional activities will your health center be undergoing during 2012? (Check all that apply)

- a. Accreditation (Joint Commission or AAAHC)
- b. ER Diversion Program
- c. New Capital Projects
- d. Oral Health Expansion
- e. Behavioral Health Expansion
- f. New Access Points Expansion
- g. Open Access
- h. Layoffs
- i. Closure
- j. Consolidation
- k. Loss of Funding
- l. Other → please specify below
Specify

SECTION IV

Questions in this section ask for a description of your current partnership activities. Responses may be narrative or bullet point and are limited to 75 words per question. (Scoring 25 points)

Indicate any existing partnerships and/or collaboration with Ryan White HIV/AIDS Program grantees

- 53. a. Part A (Hard hit urban areas)
- b. Part B (State formula grants and AIDS Drug Assistance Programs)
- c. Part C (Community based early intervention)
- d. Part D (Women, infants, children and youth)
- e. AETC (Local, Regional and/or National AIDS Education and Training Centers)

54. Please describe past training or technical assistance your health center has received from a regional AETC, national AETC, or AETC local performance site.

55. Please indicate any current or future training or technical assistance plans you have with a regional AETC, national AETC, or AETC local performance site.

Questions in this section please describe your health center's current partnership activities. Responses may be narrative or bullet point and are limited to 75 words per question.

56. Relationship with your State or Local Health Department (include any joint projects).

57. Partnerships with local correctional facilities (jails, juvenile detention).

58. Behavioral health programs (including in-house or partnerships).

59. Partnerships with local emergency departments in HIV testing or linkage to care.

60. Existing partnerships to support care and treatment of newly diagnosed HIV patients.

SECTION V

Questions in this section concern expansion of primary care services to include care for patients with HIV. **Responses are limited to 75 words per question***. (Scoring 25 points)

61. Describe how expansion of primary care services, to include care for patients with HIV, fits into your health center's

strategic plan.

62. Describe your health center's current process for managing HIV positive patients.

63. Please list your top three capacity building, training, technical assistance, or resource needs regarding expansion of primary care services to include care for patients with HIV (e.g. HIV Clinical Training; Revenue for HIV Services; Developing Interdisciplinary Care Teams, Quality Management and Improvement, Cultural and Linguistic Competency, Stigma Training and others).

a.

b.

c.

64. Describe why your health center is interested in applying for this HIV capacity building opportunity. Please include description of need for these services in the community your health center serves. ***Response limited to 150 words.**

Please submit a signed letter of support from the Chair of your Board of Directors demonstrating support for your health center's participation in the HIV in Primary Care Learning Community. It should be emailed along with the application to applications@nchcmc.org. Alternatively, you may fax it to 202-232-6750, Attn: NCHCMC Applications.

Thank you very much for your interest. An external review panel will review submitted applications. Health centers will be notified as follows:

- Confirmation of application receipt e-mailed within 24 hours
- Health centers will be notified electronically of application decision within approximately one month following deadline [January 15 or February 15, 2012].