Spotlight on Sustainability
Enhancing Access and Financial Viability

May 31, 2016
Featured Presenters

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His Health Consultant

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Executive Director
Cascade AIDS Project
Webinar Participant Considerations

Phone lines
- Lines will be muted until dedicated question time.
- Please do not put your call on hold.

Verbal Questions
- There will be dedicated time for questions.
- Please wait until the Q & A section to ask questions on the phone.
- Please identify yourself when asking a question or providing a comment.

Written Questions
- Participants have the ability to submit written questions during the webinar using the “Chat” function

Evaluation
- Following the webinar, participants will be taken to a website to complete a brief survey to provide feedback on the webinar.
His Health Overview

His Health is a united community of advocates and healthcare providers passionately committed to raising the standard of care for black gay men.

We believe that shifting the HIV epidemic among black gay men is a shared responsibility for patients, providers, and administrators operating at every level of our nation’s health care systems.

We recognize how stigma, discrimination and medical mistrust act as tremendous barriers to good health for many black gay men.

And we want to do something about it.

To restore trust, we must break down silos and foster better communication between black gay men and care practitioners.

To grow strong, we must work together.

We envision a world where HIV – related health disparities among black gay men are meaningfully and vigorously addressed to no end.
Health Reform and Black MSM
ACA Implementation Timeline

**2010**
- President Obama signs the Patient Protection and Affordable Care Act into law

**2011**
- Centers for Medicare and Medicaid Services (CMS) implements Medicaid Medical Homes Program

**2012**
- US Department of Health & Human Services implements initiatives to improve data collection among populations with disparate health outcomes

**2013**
- CMS implements enhanced federal matching for preventive services in Medicaid

**2014**
- Health Insurance Marketplaces open. Marketplaces administering premium tax credits and cost-sharing reductions for Qualified Health Plans

**2015**
- Enhanced Federal Match for Medicaid Child Health Insurance Program (CHIP)
Consumer Protection and Market Reforms Pertinent to Black MSM

✓ ACA Section 1557 – Health system nondiscrimination
✓ PHSA Section 2702 – Guaranteed issue
✓ ACA Section 1302 – Essential Health Benefits
✓ ACA Section 1311 – Qualified Health Plans & Marketplaces
Coverage Success for Black People

- Last year, an estimated 6 in 10 uninsured African Americans qualified for Medicaid, the Children’s Health Insurance Plan (CHIP), or lower costs on monthly premiums through the Health Insurance Marketplace.

- Many shoppers found coverage for less than $50 a month and nearly 7 in 10 found coverage for less than $100.

- 7.8 million African Americans with private insurance now have access to preventive services.

- More than 500,000 African American young adults between the ages of 19 and 26 who would have been uninsured now have coverage under their parents’ plan.

- 2.3 million African Americans (ages 18-64) gained health insurance coverage, lowering the uninsured rate among African Americans by 6.8 percentage points.

- If all states took advantage of new opportunities to expand Medicaid coverage under the Affordable Care Act, 95 percent of eligible uninsured African Americans might qualify for Medicaid, CHIP, or programs to help lower the cost of health insurance coverage in the Marketplace.
Ten states with the highest concentration of Blacks

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<tr>
<th>STATE</th>
<th>% of BLACKS</th>
<th>EXPANSION?</th>
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<tr>
<td>DC</td>
<td>47%</td>
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<td>VA</td>
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Current Status of State Medicaid Expansion Decisions

NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. "AR, IA, IN, MI, MT, NH and PA have approved Section 1115 waivers. Coverage under the PA waiver went into effect 1/1/15, but it has transitioned coverage to a state plan amendment. Coverage under the MT waiver went into effect 1/1/2016. LA’s Governor Edwards signed an Executive Order to adopt the Medicaid expansion on 1/12/2016, but coverage under the expansion is not yet in effect. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion. See source for more information on the states listed as “adoption under discussion.”

National Movement to Collect Sexual Orientation and Gender Identity Data

• Institute of Medicine recommended SOGI data collection in 2011 and 2012
• Federal “Meaningful Use” program in 2015:
  o Certified EHR systems must have the capacity to collect, store, and retrieve structured SOGI data
  o Does not require health care providers to collect these data
  o Takes effect in Stage 3 (approx. 2018)
• Increasing numbers of hospitals and clinics are implementing SOGI data collection in their EHR systems
Putting It All Together

- Health Insurance Coverage
- Consumer Protections and Market Reforms
- SOGI Data Collection
- CBO/ASO Sustainability
- Sustainability
Tyler TerMeer
Cascade AIDS Project
By the end of this session, participants will be able to:

- Describe Cascade AIDS Project’s plan for sustainability.
- Discuss the importance of investing time and resources into a comprehensive planning for sustainability.
- Return to your communities with a better understanding of how the traditional ASO/CBO may approach issues of sustainability in a shifting landscape.
1. Who We Are & What We Do: An Overview of Cascade AIDS Project
2. The Road to Sustainability: CAP’s Journey
   - The process
   - Interviews with other ASO’s: Major Themes and Challenges
3. Maintaining Relevance in a Shifting Healthcare Landscape
   - Financial Modeling of Alternative Organizational Strategies
   - CAP’s LGBTQ Primary Care Health Center
     - Target Market & Financial Projections
     - Funding Requirements
     - Risk Assessment
4. Defining Health Equity in Our Work
5. Discussion / Q&A
Who we are:

Our Mission:
To prevent HIV infections, support and empower people living with HIV, and eliminate HIV-related stigma and health disparities.

Our Values:

- Social Justice
- Service
- Community Collaboration
- Compassion
- Innovation
Who We are

Our Vision In:
A Learning Organization Committed to Achieving Excellence in Health Equity

Our Vision Out:
A Healthy Community
What we do:

**Current Services include:**

- HIV/STI Testing
- Pivot (wellness center targeting gay, bisexual, trans* populations)
- Insurance Application Assistance
- CareLink (Linkage to Care)
- Mental Health Services
- Culturally-Sensitive Service Navigation (Women/Children, Black & Latino communities)
- SPNS Navigators (High Acuity)
- Peer Support
- Housing Case Management
- Short & Long-term Rental Assistance
- Client Services Center
- Rent Well (tenant education)
- Bridges to Work (Employment Services)
- Camp KC
Our Strategic Imperatives:

1. Diversify and Grow Our Funding
2. **Maintain Relevance in a Shifting Landscape**
3. Focus Our Organizational Capacity & Increase Community Partnerships
4. **Improve CAP’s ability to Affect Health Equity**
5. Elevate CAP’s Leadership
The Road to Sustainability
In 2013, CAP began a comprehensive planning process that included:

- a new strategic plan with input from clients, community partners, donors, and staff
- research on approaches to organizational change in other AIDS service organizations in the United States
- survey of CAP staff
- interviews of CAP management, CAP program staff, and stakeholders in the Portland community
- survey of LGBTQ community members on health issues and needs
- review of health insurance market data
- financial-operational modeling of a set of alternative organizational scenarios
- An in-depth financial analysis of primary healthcare practice startup parameters.
Key Questions:

1. Where does CAP have opportunities to link with or add health care, pharmacy and other billable services?
2. What is CAP’s potential to grow its fund raising program? What/who will the targeted growth funding base be, and what is the value proposition?
3. How can CAP test the value proposition for expanded fund raising (or consulting)?
4. What core skills or staffing does CAP need to build or add in order to diversify the funding mix and grow unrestricted funding?
Learning from the Field:

Interviewed senior managers at five ASOs around the U.S. The organizations were identified from a larger list vetted by CAP staff, and included:

- Crescent Care (a.k.a. NO AIDS, in New Orleans)
- LA LGBT Center
- Minnesota AIDS Project
- AIDS Foundation of Chicago
- AIDS Resource Center of Wisconsin.
Interview Topics Included:

- the evolution of these organizations
- key factors in their success
- major challenges
- lessons learned
- their perspectives on the current environment for ASOs (including their knowledge of other organizations), and
- any advice for CAP
Major Themes:

- **Successful ASOs have substantially changed their business models.** Some have become health care providers, and one group we interviewed plays a policy advocacy/service coordination role.

- ASOs in large metropolitan areas have fundamentally different conditions relative to mid- and smaller market ASOs. A higher degree of specialization and higher scale are possible in these markets.

- **Some health care-focused ASOs have become Federally Qualified Health Centers (FQHCs) and some have not;** the key distinction is a decision to serve a general low-income population in addition to HIV patients, versus an HIV-positive population focus. **Health care-focused ASOs of both types have grown, expanded their impact and improved their bottom lines.**
Major Themes (Continued):

- All health care-focused ASOs interviewed have an in-house pharmacy.
- Interviewees believe that Ryan White funding will likely be substantially reduced within several years. All five organizations have begun some level of planning to replace these funds.
- ASOs that have not made basic changes in their business models have often struggled financially, as external conditions have changed. All interviewees believe the traditional ASO model is no longer viable, and that organizations must evolve or, in the near future, die.
The Challenges:

- **FQHC status brings challenges**, including additional regulatory requirements, and a need to serve the general population as well as target populations.

- Generally, primary health care tends to break even financially, pharmacy operations have produced surpluses, and other services (including housing, mental health, case management, prevention, etc.) lose money. Subsidy is required, from pharmacy and fund raising.

- The process of becoming a health care provider presents substantial internal management and cultural challenges. The application process for FQHC status is competitive, rigorous and demanding, adding another layer of burden on organizations.

- **ASOs that have not adapted to changing conditions have faced a loss of identity, key staff and financial resources.**
Maintaining Relevance In A Shifting Landscape
Financial Modeling of Alternative Organizational Strategies:

1. 0. Baseline (continuation of CAP’s current trajectory)
2. 1. Focus on the LGBTQ Community
   a) **LGBTQ Health Focus (not limited to HIV/AIDS)**
   b) **LGBTQ Community Service Provider (not limited to health-related issues)**
3. 2. Strategic Alliance with a Federally Qualified Health Center (FQHC)
4. 3. Strategic Alliance with a Mental Health/Substance Abuse Service Provider
CAP’s Commitment

1. Address a Gap or Need in the Community
2. Create a New Stream of Earned Income

Any transformation must provide a sense of integrity to the mission by which CAP was built and serve as a natural evolution for the organization.
Key principles of underlying Health Center operation will include:

- The Health Center will offer a distinct value proposition to LGBT adults in the primary healthcare marketplace. Key principles of underlying Health Center operation will include:
  - Nonjudgmental services that address specific LGBT health challenges in an emotionally safe environment that is rooted in understanding of and sensitivity to LGBT community culture;
  - A service delivery culture based on strong, long-term relationships with patients;
  - An integrated team approach to patient care, with linkage to other health and wellness services and complementary specialists;
  - Professionalism and competence in all levels of operations, from care delivery to administration and billing, scheduling and customer service;
  - Tracking and measurement of patient outcomes.
Patients identifying as Latino, African-American, Native American and Asian will comprise at least one-third of the base (relative to 28% representation in Portland’s general population);

Patient gender identity will track the makeup of the LGBT community as a whole.
Key revenue drivers:

- Volume and diversity of Health Center patients
- Payer mix of Health Center patients
- Volume of HIV Support Services clients
- Number and type of pharmacy prescriptions
- Major individual donor participation
- Diversity of public and private grant support.
Financial Projections:

- Pharmacy use is a key part of the Health Center’s business model, with net income ranging from $93,000 in 2017 to $466,000 in 2020. We have used conservative estimates for prescription volume, and pharmacy services revenues may ultimately account for a greater share of Health Center income.

- CAP’s total operating budget is projected to rise from the current $6.8 million to $10.4 million in 2020, as the organization covers startup costs for the new initiative, as well as new expense items for Health Center and pharmacy operations, including cost of medications.

- Over this period, expenses of HIV Support and Prevention and Education Services decrease gradually, along with funding and service volume.

- Payroll will remain CAP’s major expense category in these projections, at $3.1 million in 2020.

- By 2020, the organization’s operating cash reserve is projected to decrease slightly during initial transition years, and return to three months’ operating expenses in 2020.
Funding Requirements:

- Capital requirements to implement this transition, in addition to ongoing operations funding, are $1.5 million over four years, including $1.0 million in operating capital and an additional $500,000 in capital project funding, to renovate and fit out the Health Center space, and address capacity needs such as data system development.
- CAP will seek philanthropic investments to fund critical startup elements in the form of one-time and multi-year grants.
- Transitional startup components of the operating budget will include new positions, data systems, medical equipment and supplies, new program development, brand development work and related community outreach.
- These investments will help ensure that the new initiative is set up for success, and that CAP remains financially healthy through the startup period.
Risk Assessment:

- Risks associated with this plan include the potential to fall short on Health Center and pharmacy service and revenue targets, and/or fund raising revenue targets.
- To mitigate these risks, we applied conservative early year projections for new services, relative to experiences of other organizations that have made similar transitions. In addition, we applied conservative projections of government funding for both new and traditional CAP services.
- In the event that several of these variables perform below projected targets, CAP will have a range of options available to mitigate any operating losses, including shifting the focus of the new initiative, cutting costs, and/or identifying alternate revenue sources.
Defining Health Equity in our work
Health Equity & CAP’s Role:

- Health equity is the equal opportunity for everyone to be mentally, physically and emotionally healthy.

- Achieving health equity requires acknowledging that health disparities exist and are the result of avoidable inequalities and historical and contemporary injustices. It also requires ongoing collaboration that looks for solutions both in and outside of the healthcare system.
CAP’s work in health equity has been evolving for many years, but became more concrete during our strategic planning process in 2014 when CAP added the elimination of HIV-related health disparities to our mission and established health equity as one of our strategic imperatives. We acknowledge the central role that health equity must play in our goal to eliminate new HIV infections and support people living with HIV.

Like many other health issues, HIV disproportionately impacts communities experiencing oppressions — infection rates are highest among people of color, people living in poverty, transgender individuals, and gay and bisexual men. Where we see intersections of oppression, the disparities are greater still — for example, 32% of all black men who have sex with men (MSM) and 15% of Latino MSM in the US are living with HIV, compared to only 8% of white MSM, despite similar rates of most risk behaviors and higher rates of unprotected anal intercourse for white MSM. Likewise, black transgender women are more likely to become infected with HIV than non-black transgender women. These differences persist throughout the continuum of care — only 18% of black MSM are virally suppressed, compared with 34% of white MSM.

Given these disparities, it is evident that CAP cannot attempt to address HIV without also addressing health disparities and their root causes. One of our first steps towards achieving this imperative is to create this agency Health Equity Plan to guide our work for the next few years. A team of individuals from across the organization came together to define what health equity means to CAP, and to set the foundation for the work that lies ahead. This document is meant to be the beginning of an ongoing process, and is a living plan that should be reviewed and revised regularly as we learn more about the work we must do in order to achieve health equity.

What is Health Equity?
Health equity is the equal opportunity for everyone to be mentally, physically and emotionally healthy.

CAP’s Role
Achieving health equity requires acknowledging that health disparities exist and are the result of avoidable inequalities and historical and contemporary injustices. It also requires ongoing collaboration that looks for solutions both in and outside of the healthcare system.

CAP’s role in health equity is to provide low-barrier, culturally-affirming services to increase access to care, build coalitions across sectors, empower communities and advocate for systemic change.

For CAP’s purposes, we define “community” by our mission: people living with or affected by HIV or those impacted by HIV-related stigma and health disparities.
Imperatives:
The committee set five strategic imperatives to frame the work CAP will do for the next two years (July 2015-June 2017).

1) Foster an organizational culture that centralizes health equity in our daily work.

This imperative speaks to the need to transform our agency’s systems and practices in order to better support health equity work. Objectives for this imperative include having a diverse workforce that reflects the people we serve, empowering staff to understand their own role in achieving health equity and how it relates to our mission, and creating an overarching equity framework for the agency that will guide everything from external communications to internal policies.

2) Align programs to reflect the diverse needs of the communities we serve.

Many of the communities most impacted by health disparities are also those that, for a variety of historical and contemporary reasons, are the most difficult for CAP to reach. In order to begin to change this, CAP must offer services in different parts of our community — meeting people where they live, work and play — improve marketing and outreach efforts to reflect and engage a broader, more diverse audience; ensure programs and services are culturally responsive, and are accessible to people with varying physical and mental needs; and train staff to provide low-barrier services including trauma-informed care.

3) Ensure organizational accountability through measurable outcomes.

Measuring organizational outcomes from a health equity framework will ensure that CAP knows what works, for whom, under what conditions, and whether health inequities are decreasing, increasing, or remaining the same. We will look at differences in both engagement and outcomes for populations who are disproportionately impacted by HIV, including trans* folks, women, African Americans and Latinx. The data gathered will help us track progress towards equity and provide responsive services and programs.

4) Advocate for policies that eliminate social and economic barriers to health.

Health equity cannot be achieved in a vacuum; it requires systemic change. CAP needs to play a larger role in advocating for policies that impact broader issues of health equity including housing, transportation, poverty reduction, racial justice, immigration, criminal justice, LGBT equality and gender equity. The agency is in the process of developing an Advocacy Strategy, and this committee will ensure that health equity is a major focus of that strategy.

5) Cultivate and expand community-driven and innovative partnerships.

Health inequities are the result of overlapping issues, including many that stem from outside the healthcare system. In order to achieve health equity, CAP must seek out new partnerships and build coalitions with organizations outside of our traditional sectors, including culturally-specific organizations. These coalitions will draw on the strengths, expertise and community ties of each organization in order to increase reach, provide more comprehensive care and achieve more equitable outcomes.

Next Steps

Health Equity at CAP

Definition and Role

Health equity is the equal opportunity for everyone to be mentally, physically, and emotionally healthy.

Achieving health equity requires acknowledging that health disparities exist and are the result of avoidable inequities and historical and contemporary injustices. It also requires ongoing collaboration that looks for solutions both in and outside of the health care system.

CAP’s role in health equity is to provide low-barrier, culturally-affirming services to increase access to care, build coalitions across sectors, empower communities, and advocate for systemic change.

Imperatives

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<th>Objective</th>
<th>Description</th>
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<tr>
<td>1. Develop an equity framework for the agency.</td>
<td>This involves creating a roadmap to achieve health equity.</td>
</tr>
<tr>
<td>2. Expand staff understanding of each individual’s role in achieving health equity at CAP.</td>
<td>Ensuring that all staff members understand their role in promoting health equity.</td>
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<tr>
<td>3. Ensure that hiring and promotion practices support a diverse and inclusive workforce.</td>
<td>Creating a diverse and inclusive workforce.</td>
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Before developing a framework, CAP will

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<th>Description</th>
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<tbody>
<tr>
<td>1. All departments will include a benchmark related to health equity in their department goals.</td>
<td>Setting goals for health equity.</td>
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<tr>
<td>2. Track progress in serving populations disproportionately impacted by HIV.</td>
<td>Monitoring progress.</td>
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<tr>
<td>3. Create a tool to measure CAP’s involvement in health equity work in the community.</td>
<td>Measuring impact.</td>
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In order for this plan to remain relevant and effective, progress should be monitored quarterly by the Health Equity Committee. At the end of each fiscal year, the committee will review the plan and create new action steps to guide equity work during the following fiscal year. This committee will also be responsible for ensuring that health equity remains a focus of the larger strategic planning group, and that it informs our agency advocacy strategy.

See last page for references.
Questions?