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2023 N-S EMA Provider Survey Report

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NASSAU-SUFFOLK HIV HEALTH SERVICES PLANNING COUNCIL
SUMMARY REPORT OF 2023 PROVIDER SURVEY

Introduction:

A provider survey is administered every two years to enable the region to gain a better understanding of community needs. This survey and other needs assessments are an integral part of Priority Setting and Resource Allocation (PSRA) in the Nassau-Suffolk EMA and provides an additional viewpoint to identify existing barriers and struggles that service providers face in addressing the needs of individuals living with HIV/AIDS.

BACKGROUND/METHODOLOGY:

A draft copy of questions for the 2023 Provider Survey was reviewed for clarity and relevance at the Strategic Assessment and Planning Committee meeting in May of 2023. The committee modified some of the questions, approved the survey for distribution, and the survey was then sent out through Survey Monkey to Part A funded subrecipients.

Program administrators were encouraged to consult employees who work directly with HIV positive clients for input prior to completing the survey since only one completed survey would be accepted per program. The importance of collecting data from those providing the services is a vital part of understanding the overall need throughout the region.

There are a total of 13 funded Part A subrecipients in the Nassau-Suffolk EMA (Eligible Metropolitan Area). All subrecipients participated in the 2023 Provider survey including: Stony Brook Southampton Hospital (Edie Windsor Healthcare Center); EOC of Suffolk, Inc; Hispanic Counseling Center, Inc; Options for Living, Inc: Nassau/Suffolk Law Services; North Shore University Hospital; Suffolk County Department of Health Services; Thursdays Child; Sun River Health ; Circulo del la Hispanidad. Nassau Healthcare Foundation, Inc, Research Foundation for SUNY Stony Brook, Harmony Healthcare of Long Island (formerly LIFQHC).

OVERALL SUMMARY:

Information gathered from the 2023 Provider Survey is used to determine which Part A funded services are of highest need to clients; identify barriers to care that clients face; assess the main reported barriers for subrecipients in terms of providing services to clients; determine the effects of funding cuts on agencies; identify retention in care issues; address ways to reduce the spread of AIDS; and gather information on the type of

training and/or assistance that would be helpful to agencies to build their capacity to serve PLWH, improve service coordination and client outcomes.

Services Provided regardless of Funding

Providers were asked to select the HIV/AIDS services that they provide regardless of funding sources. The services below are listed in order of percentages.

1. Mental Health, Outreach, Prevention: 8 votes each **(61.54%)**
2. Medical Case Management (including treatment adherence and maintenance to care), Health Education Risk Reduction, PrEP and PEP 7 votes each **(53.85%)**
3. EIS (Early Intervention Services): 6 votes **(46.15%)**
4. Outpatient Ambulatory Health Services, Referral for Health Care/Supportive Services, Case Management (non-medical), Psychological Support: 5 votes each **(38.46%)**
5. Medical Nutrition Therapy: 4 votes **(30.77%)**
6. ADAP: 3 votes (**23.08%)**
7. Emergency Financial Assistance: 3 votes **(23.08%)**
8. Medical Transportation: 3 votes **(23.08%)**
9. Oral Health: 3 votes **(23.08%)**

Referrals made to other agencies

The most cited HIV/AIDS services that subrecipients make the most referrals to include:

1. Childcare Services: 9 votes (69.23%)
2. Mental Health, Medical Transportation, Food Bank/Home Delivered Meals 8 votes each (61.54%)
3. ADAP, Oral Health Care, Substance Use Services, EFA 7 votes each (53.85%)
4. Medical Case Management, Legal 6 votes each (46.15%)

When asked if subrecipients make referrals to individual or group medical practices for HIV/AIDS primary care the only non-Ryan White funded provider listed was NYU Langone.

Barriers that make it difficult for clients to access services

Throughout the survey, providers were asked to explain the main barriers they felt made it difficult for clients to access services.

- Housing instability was identified by 84.62% of the respondents as the number one barrier that makes it difficult for clients to access services.
- The second most often cited barrier was transportation.
- Clients worrying about others finding out that they are positive and fearing that they will be deported tied for third place as the most often cited barriers.

- Eligibility concerns, lack of awareness about services, stigma, substance use, and food insecurity were also listed as main barriers to accessing care.

Barriers that make it difficult for providers to deliver services

In addition to the barriers that exist for consumers to access care, barriers/limitations also exist that make it difficult for providers to deliver services. The main barriers are as follows:

- The first and foremost barrier as reported by providers is client comorbidity. Providers reported client co-morbidities such as substance use, mental health, chronic conditions due to aging make it difficult to deliver services (58.33%).
- Immigration concerns of clients (50%)
- Client eligibility (41.67%)
- Locating clients who are out of care (41.67%)
- Lack of funding (33.33%)
- Limited literacy, health literacy (25%)
- Transportation (25%)
- Limitations on insurances accepted by agency and other providers (25%)

Work conflicts were also cited, including medical appointments that are often cancelled because of work conflicts/issues. One provider commented that stigma about a positive diagnosis prevents consumers from seeking treatment. Mental health, substance abuse, and chronic conditions related to aging were also mentioned.

Impact of Funding

When asked about the impact of funding issues in terms of cuts or restrictions, most providers did not report any issues. Of the providers that listed funding issues, the following information was shared:

- Due to recent RFA qualifications, the program lost PrEP, RAP, and specialized care funding which will impact patients and at-risk individuals (*not Part A related*).
- Early Intervention programs have been impacted.
- One agency recently cut EFA due to changes in distribution. The new model would have limited the number of staff they had that could function under this grant. This would ultimately impact their ability to deliver the service.
- Requests for services sometimes exceed eligibility for services. A client's fixed income and expenses create an ongoing 'emergency need". Programs are unable to subsidize the needs, but long-term programs do not fill the gaps.
- Lack of funds prevents offering more groups/supportive services.

Services to the non-English speakers

A major focus of the EMA is to provide culturally and linguistically responsive services to meet the needs the region's HIV/AIDS clients. When queried on how they serve non English Speaking clients funded subrecipients responded as follows:

- Use Bilingual staff hired by the agency (100%)
- Use interpreter telephone lines (84.62%)

- Have forms and materials in appropriate languages (84.62%)
- Post notices and signs in different languages (76.92%)
- Contracted translation services (53.85%)
- Use interpreter telephone line (53.85%)
- Use volunteer interpreter service (53.85%)
- Use TTY services (for the hard of hearing) (53.85%)
- Use of pictographs (30.77%)

In the comment section of this question, one provider was looking into Pocket Talk, a HIPAA complaint translation tool 72 languages with 95% proficiency.

Additional Part A fundable services needed by clients

A list of Part A funded services was provided and subrecipients were asked to check all additional Part A services that are needed. The most cited are listed below in rank order.

- Housing services topped the list at (80%).
- Food bank/Home delivered meals (60%)
- Case Management (non-medical) 40%
- Child care Services (30%)
- Home Health Care and Substance (outpatient) were both at 20%

At 10%

- Health Insurance
- Home and Community based health services
- Linguistic services
- Respite Care
- Treatment Adherence

Gaps in care

Providers were asked if there are any other gaps in care that they would like to highlight. Following is a highlight of some of the responses:

- Continue to find the vulnerable populations: homeless, immigrants, and the trans community.
- Retention in care after clients are released from correctional facilities; failure to continue mental health treatment and substance abuse relapses are major contributors.
- Language barriers, housing
- High caseloads, additional funding is needed to hire more staff.
- Clients cite difficulty finding care in their network or area.
- Housing instability is a major barrier to care.
- Access to dental care

Early Identification of Individuals with HIV/AIDS:|

The National HIV/AIDS strategy places special emphasis on Early Identification of Individuals (EIIHA) with HIV/AIDS. EIS has been shown to impact viral load

suppression. Agencies are implementing the following to identify individuals with HIV/AIDS and bring them into care:

- Outreach- Mobile outreach teams are doing HIV and STI testing in the community. The teams provide education, condoms, and risk reduction. Community outreach and prevention services through Regional Prevention & Supportive Services Initiative (RPSSI).
- Clients are asked about their status and health coverage is discussed as part of the offered legal services, in addition to assistance with Medicaid, Medicare, medical debt and related services.
- "Opt out" HIV testing is being implemented in Emergency Departments and programs promote ongoing testing.
- Offering case management, counseling, advocacy, support groups and other related programming.

Improving Retention In Care

New York state estimates that 18% of PLWH on Long Island are not in care. Providers responded with some programs and practices that are effective in improving retention in care are:

- Ryan White, Regional Prevention & Support Services Initiative (RPSSI)
- Case management, education
- Transportation to get clients to their medical appointments,
- Weekly client contact; wellness calls, home visits
- Retention and Adherence program, clinic has developed a dashboard that connects emergency room departments and alerts the team when a patient with HIV is identified as well as the viral load and if the patient is not in care. This information helps to connect patients to care.

Another suggestion was using Department of Health as a resource to locate out of care individuals. Outreach and testing events, social media campaigns, reducing eligibility restrictions, using evidence based best practices for medical case management, were suggested by providers as tools to get people into care.

Ways the Planning Council can help to coordinate Services with other providers

- Keep informing providers of our services.
- Have more provider meetings with the agency and case workers to help them understand the guidelines.
- Streamline eligibility documentation. Hold virtual training to enable all to participate and not just administrative staff.
- The ability to share patients eligibility information easily.

Analysis of the quality of services provided assists with exploring different methods when addressing challenging situations between agencies and continued recruitment of members who represent the variety of critical services were also mentioned.

Trainings Needed from the Ryan White Part A program

The last question of the survey asked providers what training, assistance, or support from the Ryan White program would be most helpful to your agency's capacity to serve PLWH or improve service coordination and client outcomes?

Responses are listed below:

- More support for mental health and nutrition as programs continue to grow to meet the needs of clients. More resources are needed.
- Provider sub-committee
- Linkage to community case management
- Better onboarding by Grants to assist new staff in understanding the expectations of the grants and their importance.
- "Priority meetings" with other MCM programs
- Schedule virtual staff trainings to update on changes with HRSA guidelines and program requirements. Keep providers informed about EMA trends and collected data.
- Provide alternative training options, such as building capacity and help staff develop skills sets to address challenging situations with clients and/or providers.
- Trainings on working with the elderly population would be of great benefit and help to expand knowledge base. Especially helpful as we have many long-term survivors and this population is aging.
- In-person meetings allow interaction between agency staff would assist in improving service coordination.

CONCLUSION:

The views of the participating providers expressed throughout this survey afford us the opportunity to consider ways to improve the current system. Aside from funding allocation, which is the main goal of the PSRA process, we need to know what HIV-related services are needed and to identify any barriers to care. As stated earlier, the National HIV/AIDS strategy places special emphasis on Early Identification of Individuals (EIIHA) with HIV/AIDS because this has been shown to reduce transmission. It is important to provide education and information, and to reduce the spread of HIV/AIDS in the region. Education, testing, and prevention are key. Using best practices to improve collaboration and better coordinate service delivery is beneficial. It is imperative that we review and evaluate the recommendations on how to best coordinate services to better serve the clients.