BACKGROUND

The HIV Health Improvement Affinity Group was a one-year activity co-led by federal agencies with participation from public health department and Medicaid agency staff in 19 states. The goal was to develop and implement state action plans that would lead to increased viral suppression and improve health outcomes for persons living with HIV enrolled in Medicaid. Federal agency partners, in partnership with the National Academy for State Health Policy (NASHP), supported states by providing opportunities for peer-to-peer exchange through in person meetings, learning calls and other resources, such as webinars, a website, and individualized technical assistance. The evaluation focused on the processes and short-term outcomes associated with participation in the group.

COLLABORATION

Developing joint action plans spurred collaboration between state Medicaid and public health partners that resulted in newly formed or strengthened relationships. Participants anticipated that these relationships would continue to flourish.

KNOWLEDGE

Participants gained knowledge in a wide range of areas including: organizational culture, priorities, and policies of the partner agency; HIV prevention programs and funding at the federal level; strengths and limitations of the different data sets; data interpretation and value sets to help develop and validate data specifications; provider engagement strategies and quality improvement initiatives.

The overall average rating for relationships with collaborative partners increased over time.

The graph shows the following ratings:
- Before joining HHIAG: 2.9
- At conclusion of HHIAG: 3.6
- Anticipated future collaboration: 3.9


"Agencies operate differently and so it was kind of a translation type exercise to work together with HIV to be able to communicate to the Medicaid Health Plans in a way that they will digest information and seek to do something action oriented around it."

- Medicaid Agency respondent
OUTCOMES

Outcomes ranged from forming and strengthening data sharing agreements to data sharing and quality improvement initiatives and policy changes.

- **13 of the 19 states** made data sharing agreements between state Medicaid/CHIP and state public health departments.
- **12 of the 13 states** successfully matched data or streamlined the data matching process.
- **8 of the 12 states** generated an HIV care continuum for state Medicaid/CHIP beneficiaries.
- **6 of the 8 states** began quality improvement initiatives.

LESSONS LEARNED

The HIV Health Improvement Affinity Group structure kept states on track while strong federal leadership support helped them dedicate time and resources needed to move state objectives forward.

The HIV Health Improvement Affinity Group demonstrated a model in which key federal agencies set mutual objectives, shared expertise and resources, and provided a learning environment for states to develop new structural relationships leading to operational efficiency and, ultimately, improved population health outcomes.

I think some of the examples we see from other jurisdictions allows us to reference those and say, “Look what so and so is doing. Look what Louisiana is doing, look what Rhode Island is doing.” It normatizes some of the changes that we’re proposing which on the surface – look, I wouldn’t say exactly groundbreaking but certainly we’re moving the system beyond where the historic limits that we have been operating under.

- *State Public Health Department respondent*

We mirrored what we were asking the state teams to do, which is work across their agencies, respective agencies or even governments.

- *Federal Agency respondent*

MORE INFO

For a copy of the report or more information on the HIV Affinity Group, please visit the National Academy for State Health Policy’s “Toolkit: State Strategies to Improve Health Outcomes for People Living with HIV” website.