

Addressing Disparities to End the HIV Epidemic: Early Lessons Learned from the end+disparities ECHO Collaborative

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HRSA Ryan White HIV/AIDS Program Center for Quality Improvement & Innovation (CQII)

Audience Questions – Best Practices

- Flipchart I – write down 1-2 suggestions:
 - *Data Stratification: How can we best break down VL performance data to identify disparities and gaps in care?*
- Flipchart II - write down 1-2 suggestions:
 - *Using Data for QI: What strategies do you suggest to use disparity data findings for QI activities?*
- Flipchart III - write down 1-2 suggestions:
 - *QI Activities: Can you share a best practice to work toward eliminating HIV disparities?*
- Flipchart IV - write down 1-2 suggestions:
 - *Consumer Involvement: How can consumers been involved at all levels?*

Opening Remarks

Setting the Stage

- CQII Overview
- Learning Objectives
- Agenda Review
- Introductions



HRSA Ryan White HIV/AIDS Program

**CENTER FOR QUALITY
IMPROVEMENT & INNOVATION**

Picture Consent



- You allow CQII to take pictures from our training events and to post them on our websites, social media platforms, and other marketing materials for an undetermined period of time
- You have the right to revoke your consent for pictures that are publicly posted
- At no time, individual names will be used to identify you, unless you sign the appropriate release form

“Together, we continue to improve the lives of people living with HIV. The HRSA Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation (CQII) provides state-of-the-art technical assistance to Ryan White HIV/AIDS Program-funded recipients and subrecipients to measurably strengthen local clinical quality management programs in order to impact HIV health outcomes.”

Dissemination of QI Resources

- Marketing strategies to increase awareness of CQII, including an informational brochure
- Presence at national conferences, including the 2018 National Ryan White Conference
- e-Newsletters to highlight upcoming events and QI resources

Information Dissemination

Training

- Face-to-face training sessions to build capacity among providers and consumers
- Online presence of CQII on the TARGET Center website
- TA Calls to showcase recipients and QI content
- Online tutorials for providers and consumers

Training/Educational Fora

Provision of Technical Assistance

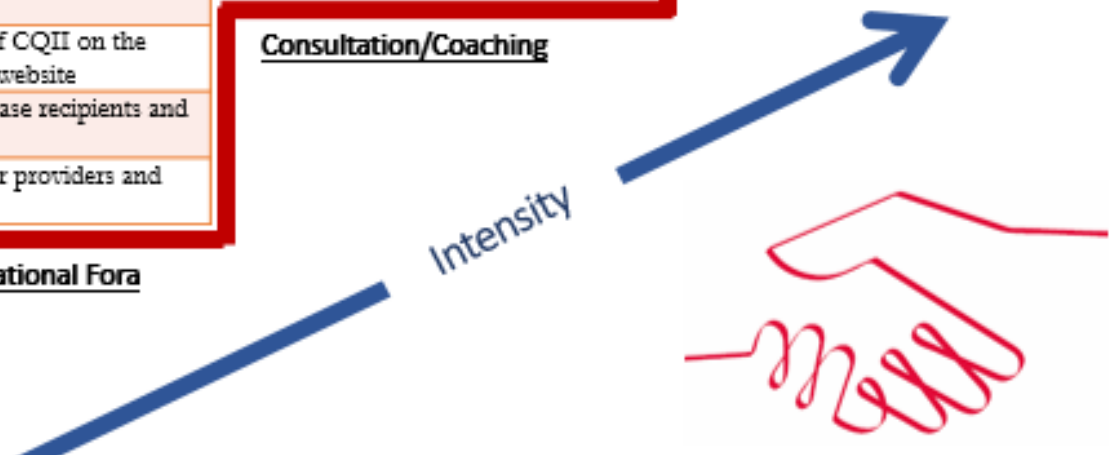
- Provision of on/off-site technical assistance by QI experts
- Functional RITA to track all relevant ongoing TA activities
- TA case conferences to learn from past TA activities

Consultation/Coaching

Communities of Learning

- One national QI collaborative with engagement of RWHAP recipients
- Annual Quality Award Program to highlight QI leaders

Communities of Learning



CQII.org | 212-417-4730

Learning Objectives

- Describe quality improvement interventions conducted by Ryan White HIV/AIDS Program recipients to end disparities in HIV care
- Identify disparities in HIV care using the CQI-developed Disparities Calculator
- Exchange ideas with other recipients on how to engage other stakeholders in local jurisdictions to end disparities

Agenda

- Setting the Stage – 15min
- end+disparities ECHO Collaborative Overview – 20min
- Affinity Groups – 5min
- Collaborative Performance Data – 5min
- Panel Discussion – 35min
- QI Resources – 5min
- CQII at the RW Conference – 5min

Introductions

Audience Questions

- Are you currently participating in the Collaborative? Yes/No
 - If yes, what is your role in the Collaborative?
 - If yes, what has been your lessons learned so far?
- What type of agency do you work for?
 - Network Agency, such as Part A, Part B
 - Provider Agency, such as Part C, Part D
- Do you actively work on reducing HIV disparities? Yes/No

Audience Questions – Best Practices

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Collaborative Overview

end
+ disparities



*Disparities affect us all.
Health equity benefits everyone.*

end+disparities Video



BLACK AND LATINA
WOMEN

Ask **OTHERS** how

Community **VIDAL**
Lower HIV Transmissions
Healthier People
Lower HIV Transmissions
Community **VITAL**
VIDAL

...le living with HIV



TOGETHER,
we can end
DISPARITIES
in HIV

Increase
CULTURAL
COMPETENCIES

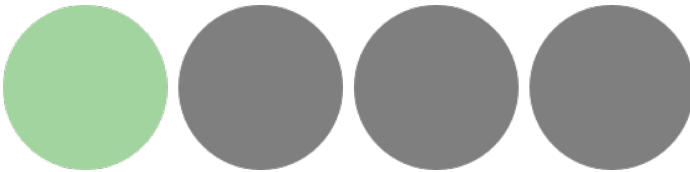


MSM of Color

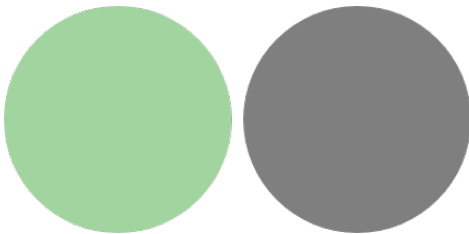
1 in 11 White MSM will be diagnosed with HIV in his lifetime



1 in 4 Hispanic MSM will be diagnosed with HIV in his lifetime

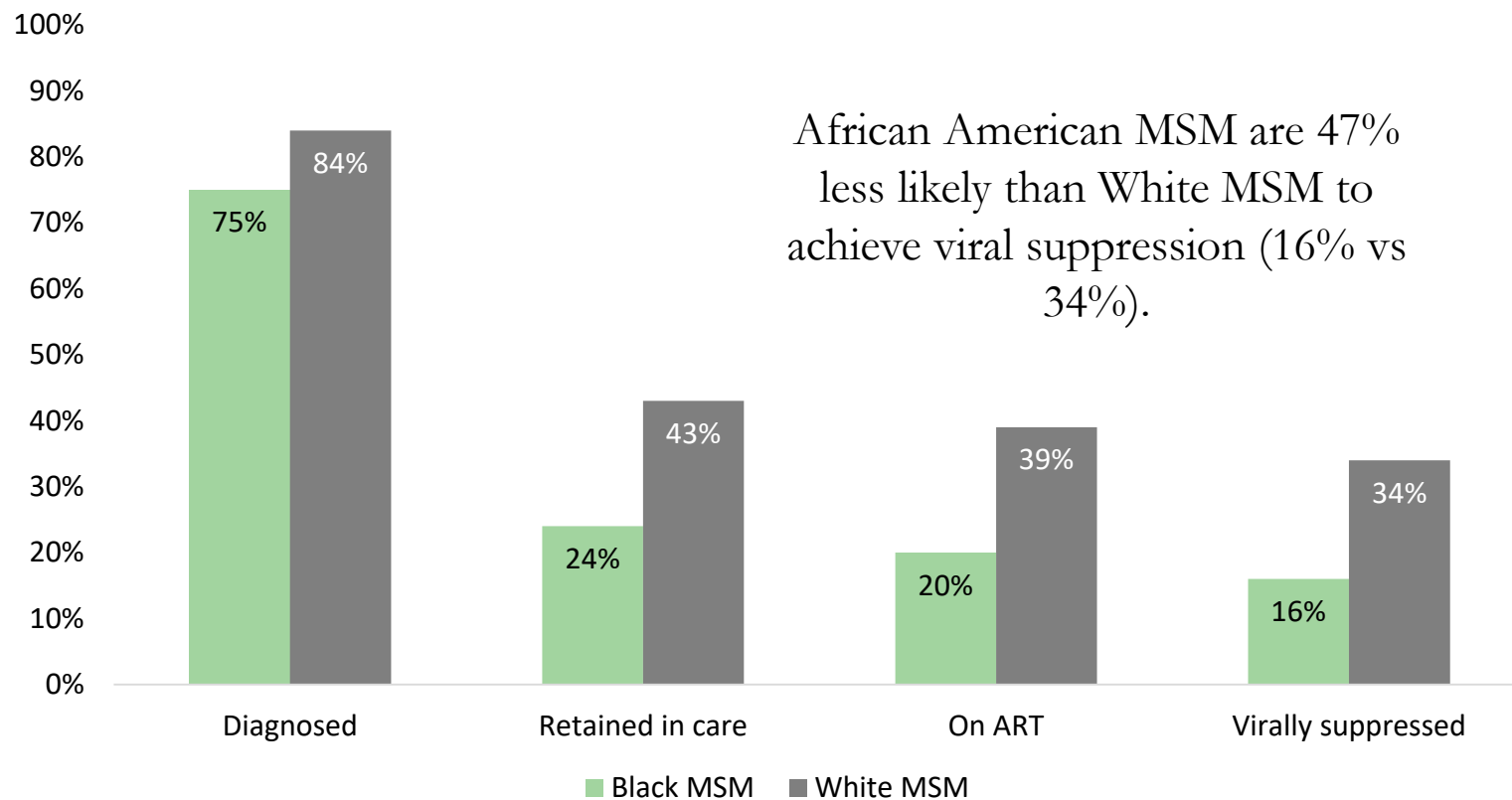


1 in 2 African American MSM will be diagnosed with HIV in his lifetime



CDC/NCHHSTP. 2016 conference on retroviruses and opportunistic infections--CROI graphics: lifetime risk of HIV diagnosis in the United States. Updated 2016 Feb 24. Available from <http://www.cdc.gov/nchhstp/newsroom/2016/croi-2016.html>

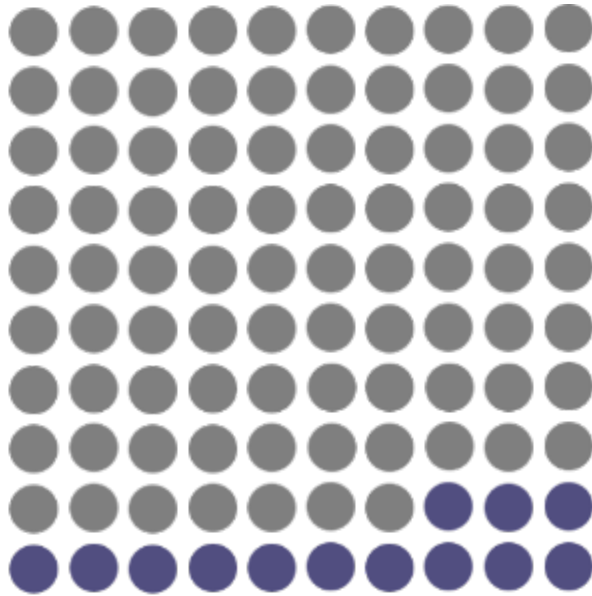
HIV Care Continuum (African American MSM vs. White MSM)



Rosenberg ES, Millett GA, Sullivan PS, del Rio C, and Curran JW. Understanding the HIV disparities between Black and White men who have sex with men in the USA using the HIV Care Continuum: a modelling study. *Lancet HIV*. 2014;1(3):e112-e118.

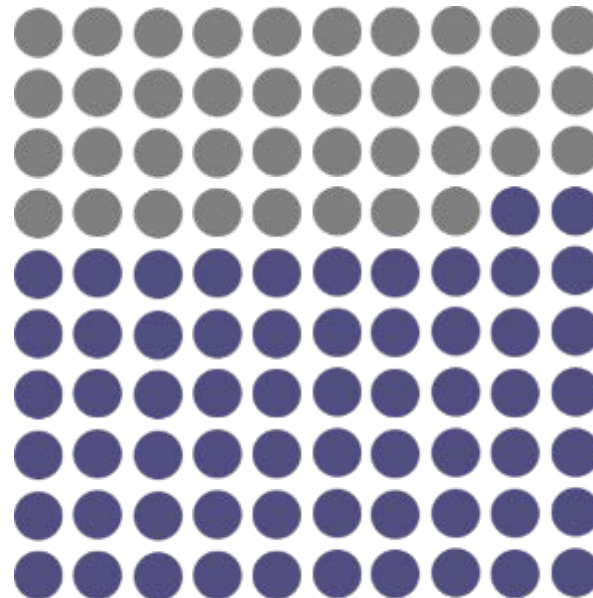
Black/African American and Latina Women

13% of the U.S. female population are African American women



U.S. Female Population

62% of new HIV infections among women occur among African American women

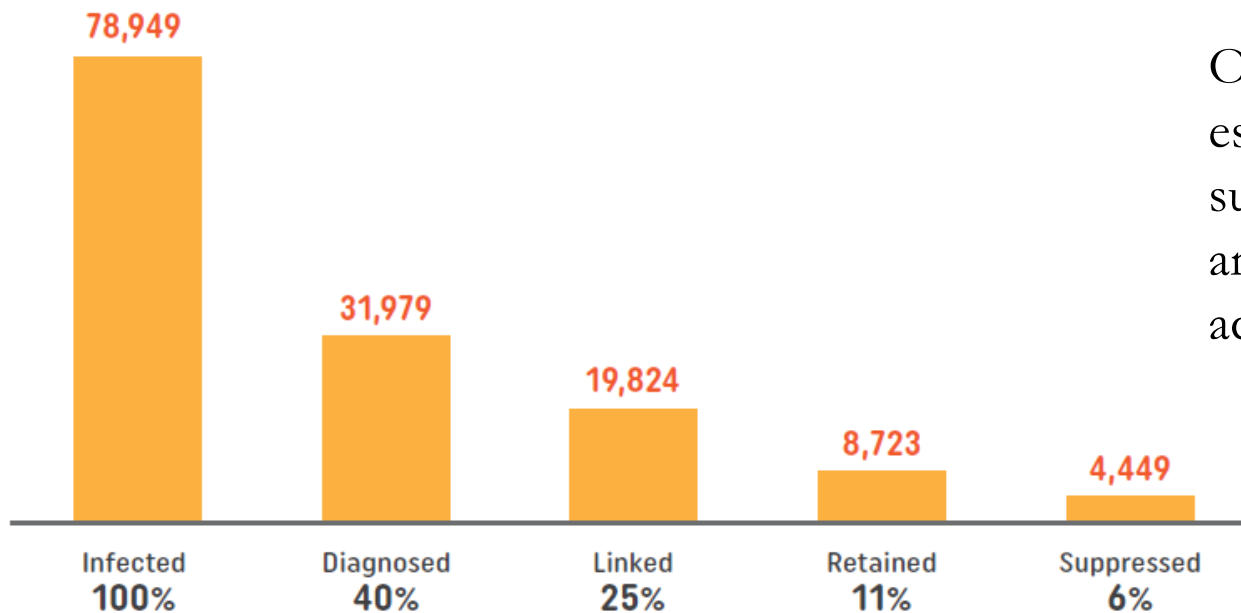


New HIV Infections

CDC. HIV/AIDS Resource Library Slide Sets: HIV surveillance in women (through 2014). Updated 2016 Feb 26. Available from <http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-women-2014.pdf>

Youth (13-24)

HIV Care Continuum in HIV-infected Youth in the United States

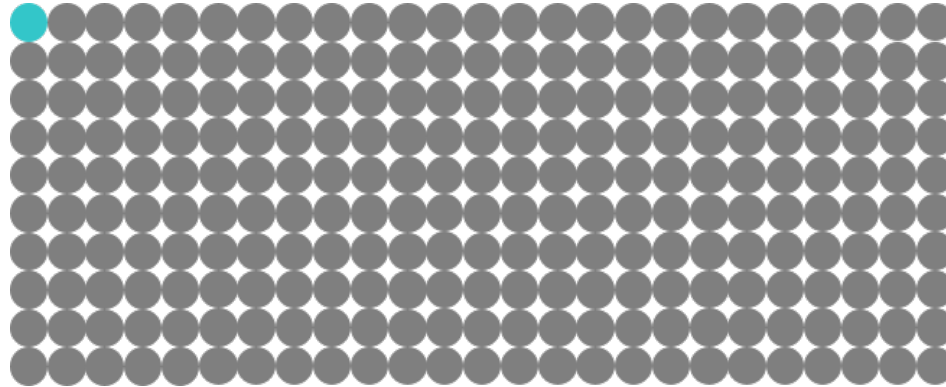


Only 6% of youth are estimated to be virally suppressed, compared to an average rate of 30% across all age groups.

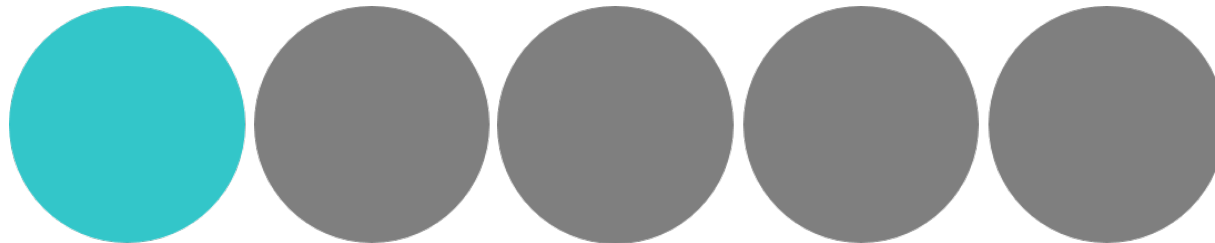
Zanoni BC and Mayer KH. The adolescent and young adult HIV cascade of care in the United States: exaggerated health disparities. *AIDS Patient Care STDS*. 2014;28(3):128-35. CDC, <http://www.cdc.gov/hiv/pdf/library/factsheets/understanding-hiv-care-continuum.pdf>

Transgender People

1 in 250 odds of having HIV as an adult of reproductive age



1 in 5 odds of having HIV as a transgender woman



Transgender People are 49 times more likely to acquire HIV than all adults

UNAIDS. Countries: United States of America—HIV and AIDS estimates (2012); CDC. HIV/AIDS: HIV among transgender people. Updated 2016 Apr 18.
Baral SD et al. Worldwide burden of HIV in transgender women: a systematic review and metaanalysis. Lancet Infect Dis. 2013;13(3):214–222.

Mission

Mission of the end+disparities ECHO Collaborative

“To promote the application of quality improvement interventions to measurably increase viral suppression rates for four disproportionately affected subpopulations of people living with HIV among Ryan White HIV/AIDS Program-funded providers.”

Collaborative Overview

MSM of Color

Youth

Transgender People

African American &
Latina Women

- ✓ Each Collaborative participant is asked to focus their improvement efforts on one identified subpopulation
- ✓ Participants join virtual special-interest groups based on shared interests, such as subpopulations (Affinity ECHO Session)
- ✓ Recipients and subrecipients partner with other local HIV providers to form regionally-based improvement groups (Regional Group)
- ✓ Learning sessions with all participants are held every five months, starting Jun 2018 and ending Sep 2019

Collaborative Goals

Goals of the end+disparities ECHO Collaborative

Reach:

- One in three Ryan White HIV/AIDS Program (RWHAP) funded-recipients across the nation actively participate in the end+disparities ECHO Collaborative
- 30% of all people living with HIV (PLWH) cared for by communities served by RWHAP are affected by participants of this Collaborative

Impact:

- Decrease the number of people living with HIV who are not virally suppressed by 25% from baseline reports at the onset of the Collaborative
- Over 5,000 additional PLWH are virally suppressed by the end of the Collaborative

Sustainability:

- 90% of regional improvement groups of Ryan White HIV/AIDS Program-funded recipients and subrecipients (Regional Groups) established at the beginning remain active six months after the end of the Collaborative (June 2020)
- 90% of active Collaborative participants have conducted, documented, and sustained their quality improvement efforts using the knowledge gained in the Collaborative

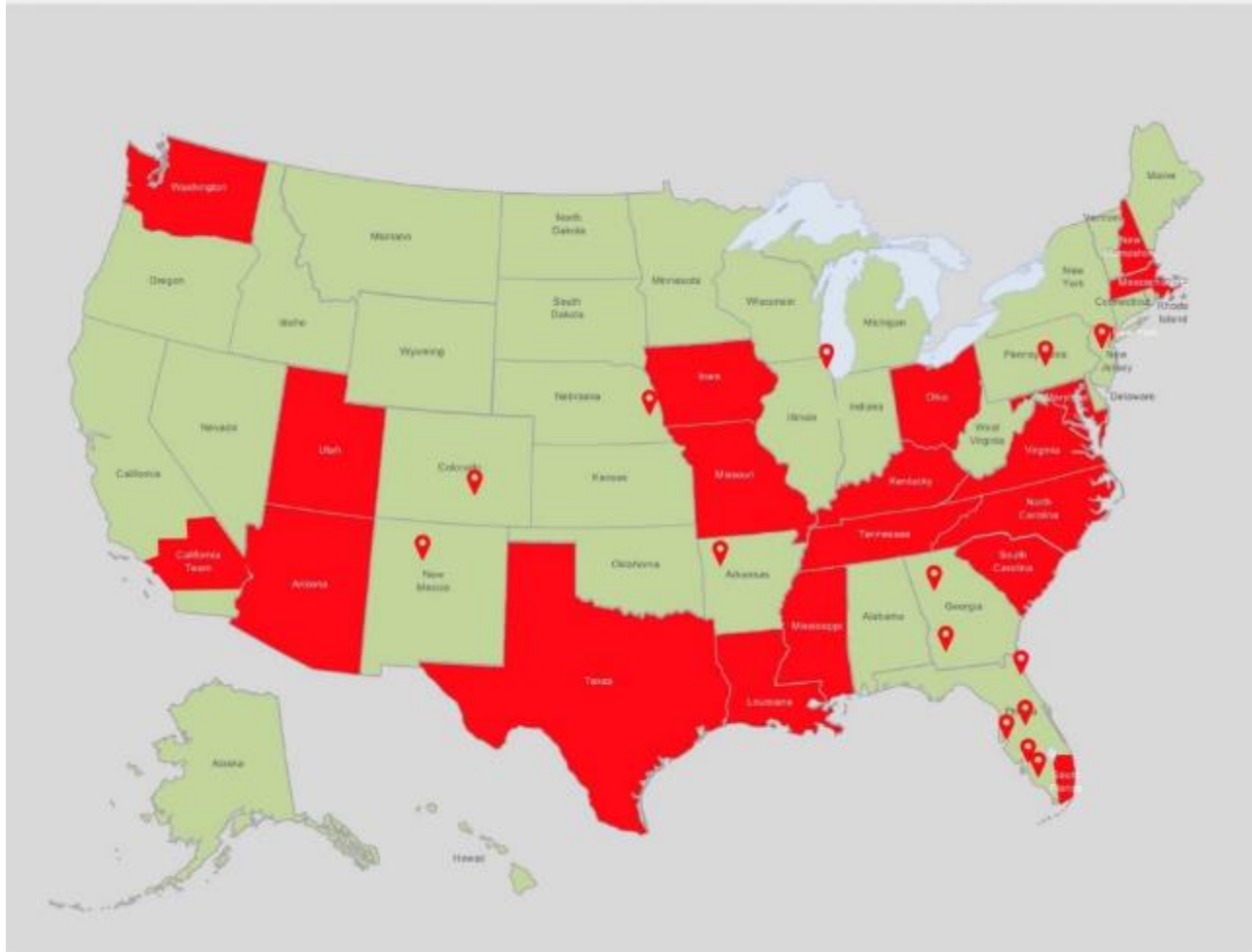
end+disparities ECHO Collaborative Participants

1. Arizona
2. California Regional Group
3. Mavericks Regional Group
4. Louisiana
5. Maryland
6. Massachusetts / New Hampshire
7. Mississippi
8. Missouri
9. New York Regional Group
10. North Carolina
11. Ohio
12. South Carolina
13. South Florida
14. Tennessee / Kentucky
15. Texas
16. Washington State
17. Washington, DC / Virginia



end+disparities ECHO Collaborative Enrollment Data: May 25, 2018

end+disparities ECHO Collaborative Participants



end+disparities ECHO Collaborative Reach

Enrollment Data

- 17 Collaborative Teams = largest HAB/NQC/CQII Collaborative Ever!
- 30/50 States/Territories are represented in the Collaborative
 - 11 States/Territories alone in the Mavericks Regional Group
- 52% of Part As (27/52) and 35% of Part Bs (18/51) participate
- Collaborative has the potential to reach an estimated 145,000 or 43% of all Ryan White patients (RSR 2016 Data) – 1 in every 2.3 RWHAP patients!
- 8 out of 15 states with the lowest viral suppression rates are participating, as well as 9 out of 15 Part As with the highest number of RWHAP clients



We Reached Our Enrollment Goal!

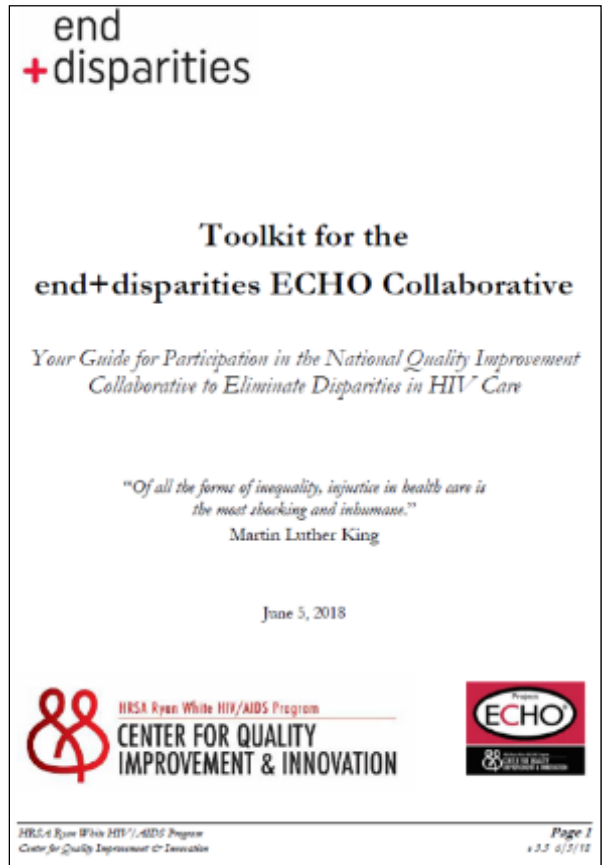
end+disparities ECHO Collaborative Enrollment Data: May 25, 2018



Learning Session 1 | Jun 13-14, 2018 Bethesda MD

Collaborative Tools

Collaborative Toolkit



I) Collaborative Overview

- ✓ Overall Collaborative Goals and Aims
- ✓ Benefits of Participation
- ✓ Overall Expectations for Participation

II) Pre-Work Activities

- ✓ Identify One Disparity Subpopulation
- ✓ Developing Aim Statements
- ✓ Regional Response Team

III) Learning Sessions

IV) Regional Groups

- ✓ Finalize the Regional Response Team
- ✓ Write a Regional Quality Management Plan and Regional Sustainability Plan
- ✓ Conduct Training Opportunities for Providers and Consumers

V) Affinity ECHO Groups

- ✓ Subpopulation-Specific Affinity ECHO Sessions
- ✓ Preparing Case Presentations

VI) Viral Suppression Performance Measurement Reporting

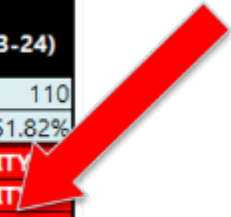
VII) Quality Improvement Intervention Submission

Disparities Calculator

- ✓ The Disparity Calculator is a MS Excel spreadsheet to automatically calculate HIV performance data and highlight the presence and severity of disparities

Viral Suppression (HAB) Overall Performance Average: 73.7%

	Transgender People	MSM of Color	African American and Latina Women	Youth (aged 13-24)
Population Sample	52	526	789	110
Pop Performance	65.38%	67.87%	82.76%	51.82%
Absolute Disparity	MAYBE DISPARITY	MAYBE DISPARITY	NO DISPARITY	YES DISPARITY
Relative Risk	NO DISPARITY	NO DISPARITY	NO DISPARITY	YES DISPARITY
Comparative Disparity	NO DISPARITY	NO DISPARITY	NO DISPARITY	YES DISPARITY
Odds Ratio	NO DISPARITY	NO DISPARITY	NO DISPARITY	YES DISPARITY
Absolute Impact	4	40	113	25



Intervention Grid

- ✓ The Intervention Grid outlines evidence-based/informed interventions to address disparities in HIV care

Populations				Focus		Categories							Intervention						
Transgender	Youth (<25 yo)	MSM of Color	AA/Lat Women	Retention	Viral Suppression	Capacity Building	Care Mgmt	Experience Eval	Health Systems	Info Systems	Outreach	Patient Focused	#	Name of Intervention	Costs	SPMG	IA/PAC	Share/LAY	OTI
X	X			X	X		X	X				X	1	SAMHSA YMSM Training	\$				X
X				X	X	X	X	X				X	2	Practice-based Evidence Seminars	\$5				X
	X			X	X	X							3	Brothers Saving Brothers (based on CDC EBI Many Men Many Voices)	\$				X
		X		X	X	X							4	New Horizons (based on CDC EBI Horizons) for young women	\$				X
X	X	X	X	X	X		X						5	Navigation Services Coupled with Client Ed and Stigma Reduction	\$				X
X				X	X							X	6	Kids Xmas Project - for kids who otherwise would not have one	\$				X
			X	X	X							X	7	Baby Shower - for poor women who otherwise would not have one	\$			X	X
X				X	X			X				X	8	Co-located Behavioral Health, Housing, and Treatment Services	\$				X
X				X	X	X		X				X	9	Transgender Linkage to Care Program	\$				X
X	X	X	X	X						X			10	Systematic Monitoring of Retention	\$		X		
X	X	X	X	X			X						11	Brief, Strengths Based Case Management	\$5		X		
X	X	X	X	X							X		12	Intensive Outreach for Those Out of Care	\$		X	X	
X	X	X	X	X								X	13	Peer or Paraprofessional Navigators	\$		X		
X	X	X	X		X		X						14	Self-reported Adherence Assessment by Patients	\$		X		
X	X	X	X	X				X					15	Pharmacy Refill Data Review by Providers	\$		X		
X	X	X	X	X					X			X	16	Switching to Once Daily Regimens	\$		X		
X	X	X	X	X								X	17	Pill Reminder Devices	\$5		X		
X	X	X	X	X	X		X						18	Specific Adherence Discussion Tools	\$5		X		
X	X	X	X	X	X								19	Group Education and Adherence Counsel	\$		X		
X	X	X	X									X	20	Offering Peer Support Services	\$5		X	X	
X	X	X	X		X		X						21	DAART for Patients with substance use disorders	\$5		X		
X	X	X										X	22	Screening/Mgmt for MH/SU Disorders	\$		X		
	X			X				X			X		23	Peer-driven Out of Care Reach	\$5			X	
	X	X	X					X				X	24	Exit Surveys and Interviews for Patients Transferring Out	\$			X	
		X					X						25	Corrections Initiative	\$5	X			
											X		26	Empowerment YMSM Project	\$	X			

Detailed Literature Review

Literature Review on HIV-Related Disparities to Implement a National Quality Improvement Initiative: end+disparities ECHO Collaborative

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane"
- Martin Luther King

A) Introduction and Background

Since the emergence of HIV/AIDS in the early 1980s, the global community has witnessed momentous innovations that have significantly changed the landscape of HIV care.²⁷ In particular, advancements in antiretroviral therapy (ART) over the last twenty years have transformed HIV/AIDS from a rapidly progressing ailment to what most consider a chronic disease.²⁸ ART causes a significant reduction in viral load in the body, with the ultimate goal of reaching undetectable levels, or "viral suppression."²⁹ ART and viral suppression also play critical roles in the prevention of HIV transmissions.

Based on three recent studies, the HIV/AIDS Director of Prevention at the Center for Disease Control (CDC) released a statement in September, 2017 declaring "people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner."³⁰ Despite the clinical success of ART in causing viral suppression, reductions in HIV-related morbidity and mortality are uneven across subpopulations of people living with HIV (PLWH) due to unequal access to care and variations in the quality of care provided.³¹

Approximately 70% of the estimated 1.2 million PLWH in the United States are not virally suppressed.³² A breakdown of the subpopulations contributing to the virally non-suppressed population paint a striking picture of disparities in HIV care since specific populations bear a disproportionate burden of HIV. At 16%, the rate of viral suppression among black men who have sex with men (MSM) is less than half the rate of viral suppression among white MSM (34%).³³ In 2014, the rate of HIV diagnoses among black women was 18 times higher than that of white women.³⁴ A study in 2013 showed that while the average suppression rate for all PLWH is

²⁷ U.S. Department of Health & Human Services. HIV.gov: Overview—a timeline of HIV/AIDS. Updated 2016. Available from <https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline>

²⁸ Olalla G, Knobel H, Carmona A, Guelar A, López-Colomé JL, and Caylá JA. Impact of adherence and highly active antiretroviral therapy on survival in HIV-infected patients. *J Acquir Immune Defic Syndr*. 2002;29(1):105-110.

²⁹ Gaig M.S. & Hoidalmy Mark & Turtizkes, D. R. & O'Brien, W. A. & Coombs, R. & Poscher, M. E. & Jacobsen, Donna & Shaw, G.M. & Richman, D.D. & Volberding, P.A. (1996). HIV viral load markers in clinical practice. *Nature medicine*. 2, 625-9. 10.1038/nm0696-625.

³⁰ <https://www.cdc.gov/hiv/library/dcl/dcl/092717.html>

³¹ Wong MD, Cunningham WE, Shapiro MF, Andersen RM, Cleary PD, Dunn N, et al.; HCSUS Consortium. Disparities in HIV treatment and physician attitudes about delaying protease inhibitors for nonadherent patients. *J Gen Intern Medicine*. 2004;19(4):366-374.

³² Bradley H, Hall HJ, Wolitiki RJ, Van Handel MM, Stone AE, LaFlam M, et al. Vital signs: HIV diagnosis, care, and treatment among persons living with HIV — United States, 2011. *MMWR*. 2014;63(47):1113-1117

³³ Rosenberg ES, Millett GA, Sullivan PS, del Rio C, and Curran JW. Understanding the HIV disparities between Black and white men who have sex with men in the USA using the HIV Care Continuum: a modelling study. *Lancet HIV*. 2014;1(3):e112-e118.

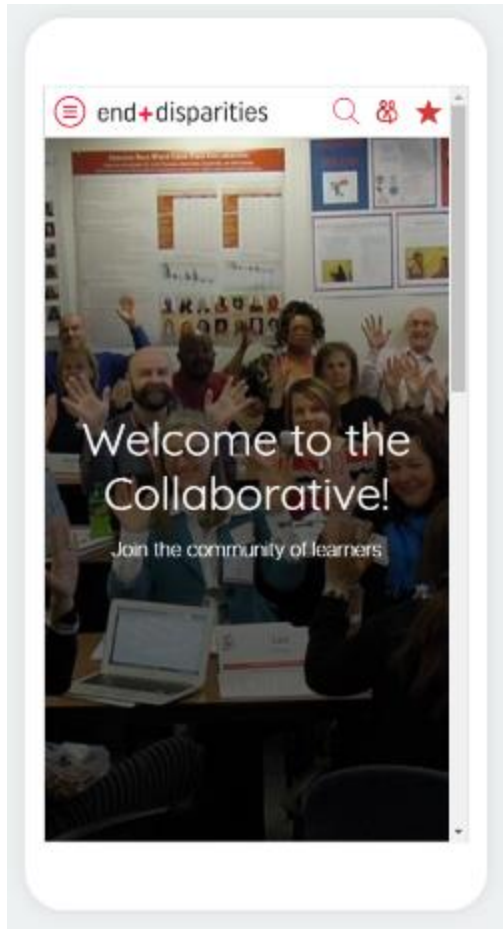
³⁴ Ivy, W., Nwagwu-Ibe, N., & Paz-Bailey, G. (2017). Reductions in HIV Diagnoses Among African American Women. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 75. doi:10.1097/qai.0000000000000400

- Review detailed literature review findings on disparities in HIV care for each subpopulation
- Download a detailed slide set with findings from the literature review
- Review the findings with staff and locally/regionally share with consumers

<https://cqii.glasscubes.com/share/s/lbq69neurq5dustcd7934v7r4>

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Mobile App for Collaborative



- ✓ Allows participants to communicate directly with other participants
- ✓ Learn more about the Collaborative and access documents
- ✓ See upcoming events and access directly through the phone
- ✓ Push notifications to alert participants of any changes or send reminders

enddisparities.CQIIApp.org

Ending disparities will end the HIV epidemic.

Affinity Groups

REGIONAL GROUP



KEY TERMS:

Community Partners: individual RWHAP recipients/subrecipients

Regional Group: regionally-based group of Community Partners

Regional Response Team: leadership of the Regional Group formed by the Regional Group's Community Partners

QI Coach: a quality improvement expert who supports Regional Group activities

Affinity ECHO Groups: groups of Community Partners who participate in content-specific meetings that focus on a disparity subpopulation or Collaborative role

Affinity Faculty: a team of experts who help build specialized capacity to target disparity subpopulations

AFFINITY ECHO GROUPS



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Zoom Platform

Use Your Camera | Use our Affinity ECHO Signs | Mute Your Line

The image shows a Zoom meeting grid with 20 participants. A 'Project ECHO' logo is visible in the top right of the grid. The bottom toolbar contains icons for Unmute, Stop Video, Invite, Participants (21), Share Screen, Chat, and Record. A 'Recording' indicator is in the top left, and 'Speaker View' and 'Exit Full Screen' are in the top right. A chat window is open at the bottom center, showing a message from Kneeshe Parkinson: 'From Kneeshe Parkinson - MO-AA... Thanks, everyone you are SUPER...'. Red arrows point from text boxes to specific UI elements: 'Mute/Unmute' points to the microphone icon, 'List of Participants' points to the Participants icon, 'Video On/Off' points to the video camera icon, and 'Chat Room' points to the Chat icon.

Recording

Speaker View Exit Full Screen

Lisa Hirschhorn Bruce Struminger, MD (ECHO I... Amy Durr Jane Caruso Valerie Al-Hachem

Amelia Khalil, HAB Lori DeLorenzo Kneeshe Parkinson/ MO-AA S... Clemens Steinbock Shanna Dell

CM...tim Zoe Osborne (CQII) Diona Walker

Aniqa Hassan TMatthews

Key... - YLWH Spokesperson Kehmisha Tracy Smith, ECHO Institute

Eric Powell
From Kneeshe Parkinson - MO-AA...
Thanks, everyone you are SUPER...

Unmute Stop Video Invite Participants 21 Share Screen Chat Record Leave Meeting

Mute/Unmute

List of Participants

Video On/Off

Chat Room

Typical Agenda

- Welcome & Introductions
- Didactic Presentation by a Content Expert
- Case Presentation by a Community Partner
- Group Discussion
- Next Meeting Details

 *Together, let's improve and eliminate HIV disparities*

Affinity Group Participation

Participation

- Over 200 individuals successfully participated in the first Affinity ECHO Sessions in July 2018 focusing on four identified HIV subpopulations.

end+disparities ECHO Collaborative Data: July 31, 2018

Affinity Case Presentation Template

Presented By: **[insert name and email here]**

Organization: **[insert agency here]**

Area of Focus: **[system challenge or intervention/best
practice]**

Affinity Group: **[insert subpopulation here]**

Date: **[insert date here]**

Background: Caseload and Viral Suppression Data and Aim

Caseload:

- Subpopulation ($\%$ of HIV patients receiving HIV outpatient ambulatory health services in the selected subpopulation in past 12 months): **49**
- HIV Caseload ($\%$ of all HIV patients receiving HIV outpatient ambulatory health services in past 12 months): **350**

Performance Data (please use the most recently available performance data):

- Viral suppression rate for Subpopulation: **51%** **Aim: 80%**
- Viral suppression rate for entire HIV Caseload: **75%** **Aim: 80%**

Key Causes: What are the main reasons that lead to a detectable viral load in your chosen subpopulation?

- No show rate high; retention rate low
- Don't have reliable contact information
- Stigma
- Lots of staff turn-over, and staffing issues lead to staff being uncomfortable working with this population
- Schedules are packed; difficult for new and return patients to access care



Asks:

What questions do you need addressed today?

- What other ideas do you have for us to increase retention for this subpopulation?
- What other ideas do you have to reduce stigma?
- What type of training have you done with staff to help them work with this subpopulation?

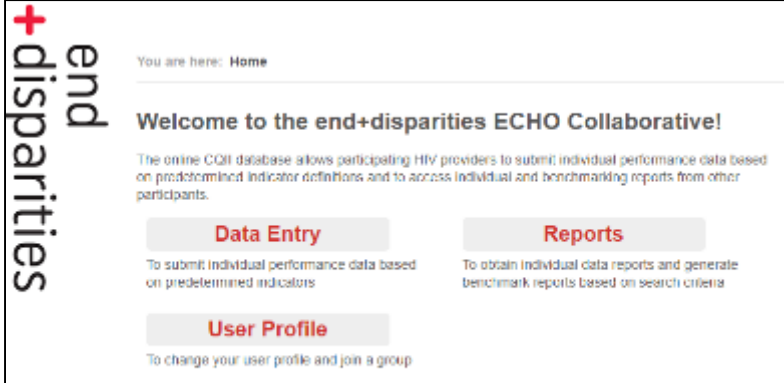
Lessons Learned and Recommendations: What did you learn?

- It is tough getting started, but we found it really helpful to meet as a team, review our data for the MSM of Color subpopulation and figure out our root causes. This really helped us to create some change ideas that might actually work! No we just need to get going on our plan.



Performance Data

end+disparities Database



end+disparities

You are here: [Home](#)

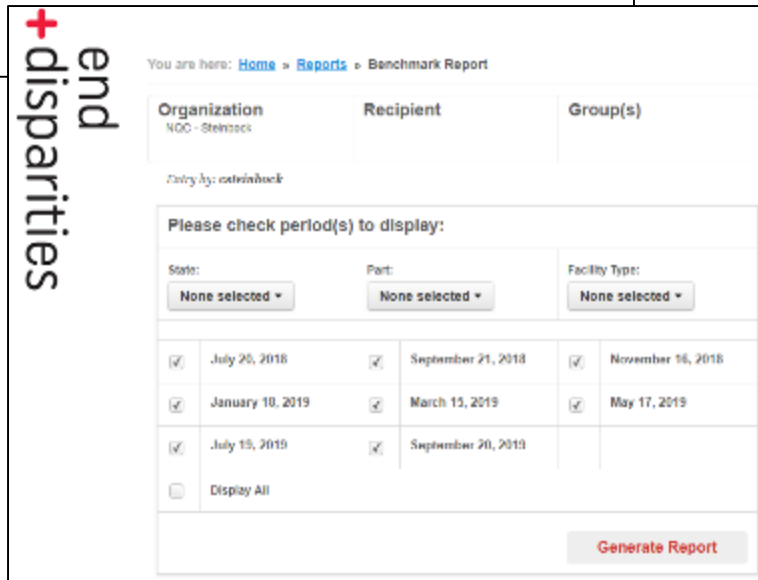
Welcome to the end+disparities ECHO Collaborative!

The online COI database allows participating HIV providers to submit individual performance data based on predetermined indicator definitions and to access individual and benchmarking reports from other participants.

Data Entry
To submit individual performance data based on predetermined indicators

Reports
To obtain individual data reports and generate benchmark reports based on search criteria

User Profile
To change your user profile and join a group



end+disparities

You are here: [Home](#) > [Reports](#) > [Benchmark Report](#)

Organization	Recipient	Group(s)
NCC - Steinsort		

Entry by: [admin@ncc](#)

Please check period(s) to display:

State: Part: Facility Type:

<input checked="" type="checkbox"/>	July 25, 2018	<input checked="" type="checkbox"/>	September 21, 2018	<input checked="" type="checkbox"/>	November 16, 2018
<input checked="" type="checkbox"/>	January 18, 2019	<input checked="" type="checkbox"/>	March 15, 2019	<input checked="" type="checkbox"/>	May 17, 2019
<input checked="" type="checkbox"/>	July 15, 2019	<input checked="" type="checkbox"/>	September 20, 2019		
<input type="checkbox"/>	Display All				

[Generate Report](#)

- ✓ Features of the end+disparities Database:
 - ✓ Easy to use online application
 - ✓ Immediately trends entered performance data over time
 - ✓ Group Regional Groups to produce regional performance scores
 - ✓ Benchmarking function compares all submissions by Collaborative participants
 - ✓ The Response Team Data Liaison and the assigned Coach have access

end+disparities Benchmark Report

end+disparities

end+disparities ECHO Collaborative: July 2018 Benchmark Report

Table - July 2018 (as of Sep 4, 2018):

Viral Suppression Rates:	Submissions	Den	Num	VS %
Total Caseload	105	130,159	108,660	83.5%
Top 10% viral suppression rate: 92.3%, highest VS rate = 96.2%				
Affinity Groups:	Submissions	Den	Num	VS %
Black/African American/Latina Women	35	8,415	7,087	84.2%
MSM of Color	52	14,197	11,453	80.7%
Transgender	24	593	458	77.2%
Youth	41	2,914	2,138	73.4%
Regional Group (RG):	Submissions	Den	Num	VS %
Arizona RG	5	13,297	11,584	87.1%
California RG	5	6,454	5,686	88.1%
Louisiana RG	5	4,385	3,639	83.0%
Maryland RG	4	13,399	10,364	77.3%
Massachusetts/New Hampshire RG	8	2,264	2,037	90.0%
Mavericks: GA, IA, NE, NJ, NM, PA, UT	8	7,585	6,447	85.0%
Mississippi RG	4	2,827	2,324	82.2%
Missouri RG	8	6,113	5,381	88.0%
New York RG	5	6,558	5,547	84.6%
North Carolina RG	12	13,727	11,612	84.6%
Ohio RG	12	12,815	9,943	80.7%
South Carolina RG	4	1,502	1,301	86.6%
South Florida RG	5	12,979	10,877	83.8%
Tennessee / Kentucky RG	2	1,118	971	86.9%
Texas RG	10	15,215	12,089	79.5%
Washington State RG	4	5,193	4,570	88.0%
Washington, DC / Virginia RG	4	5,228	4,288	82.0%
Grand Total	105	130,159	108,660	83.5%

Data Cycle 1:
July 20, 2018

Review Period:
May 1, 2017 –
April 30, 2018

of Submissions:
105

of Patients:
130,159

Key Findings:

- The average Collaborative viral suppression rate is 83.5% (n=130,159); HIV subpopulations: Black/African American and Latina Women: 84.2%; MSM of Color: 80.7%; Transgender: 77.2%; Youth: 73.4%.
- Based on the baseline viral suppression rate of 83.5%, the overall goal is to reach 87.6% by the end of the Collaborative (decreasing the individuals who are not virally suppressed by 25%).
- By reaching the 87.6% Collaborative goal, we hope to have 5,375 PLWH additionally virally suppressed by the end of the Collaborative.



- ✓ The average Collaborative viral suppression rate is 83.5% (n=130,159); HIV subpopulations: Black/African American and Latina Women: 84.2%; MSM of Color: 80.7%; Transgender: 77.2%; Youth: 73.4%
- ✓ The overall goal is to reach 87.6% by the end of the Collaborative (decreasing the individuals who are not virally suppressed by 25%) and to have 5,375 PLWH additionally virally suppressed by the end of the Collaborative

Panel Discussion

Panel Discussion - Panelists

- Aaron O'Brien
- Adam Thompson
- Chinoso Ukachukwu
- Jose Delao
- Justin Britanik
- Julia Schlueter

Panel Discussion – Key Questions

- How have participants used and benefited from the Collaborative tools?
- What are the experiences so far in collecting and using the Collaborative performance data for quality improvement?
- What are some lessons learned to bring RWHAP recipients/subrecipients together in Regional Groups?
- How has the participation in Affinity Groups benefitted participants in addressing disparities?
- How have consumers been involved at all levels in the Collaborative?
- What is the role of the QI Coaches in the Collaborative?

Panel Discussion – Optional Questions

- Capturing QI intervention/PDSA Cycle information
- Intersectionality between Affinity Sessions and Regional Groups
- Affinity Presentations – What have you done with the recommendations?
- Running virtual Learning Sessions
- Response Team structures and feedback
- How can we structure the communication flow (method, frequency, etc.) to keep everyone informed while not overwhelming participants?

Thank You



Aha! Moments

Highlights & Aha! Moments

- What have been some of your personal highlights or Aha! Moments from today's session?

QI Resources

Choosing Health for Life

New York State Department of Health AIDS Institute
Health Resources and Services Administration (HRSA) Bureau



Escoja la salud para vivir

New York State Department of Health AIDS Institute
Health Resources and Services Administration (HRSA) Bureau



HIVQUAL Workbook

Guide for Quality Improvement in HIV Care
New York State Department of Health AIDS Institute
Health Resources and Services Administration (HRSA) Bureau



Patient Satisfaction Survey for HIV Ambulatory Care

New York State Department of Health AIDS Institute



Building Capacity of Statewide Quality Management Programs

NQC Guide for Ryan White RWQMS Program Part B Screenings
New York State Department of Health AIDS Institute
Health Resources and Services Administration (HRSA) Bureau

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The Game Guide

Interactive Exercises for Trainers to Teach Quality Improvement in HIV Care

New York State Department of Health AIDS Institute
Health Resources and Services Administration (HRSA) Bureau

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Making Sure HIV Patient Self-Management Works

A Training Workbook for HIV Care Providers
New York State Department of Health AIDS Institute
Health Resources and Services Administration (HRSA) Bureau

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Measuring Clinical Performance:

A Guide for HIV Health Care Providers
New York State Department of Health AIDS Institute
Health Resources and Services Administration (HRSA) Bureau



HIVQUAL Group Learning Guide

Interactive Quality Improvement Exercises for HIV Health Care Providers
New York State Department of Health AIDS Institute
Health Resources and Services Administration (HRSA) Bureau



A Guide to Consumer Involvement

Improving the Quality of Ambulatory HIV Programs
New York State Department of Health AIDS Institute
Health Resources and Services Administration (HRSA) Bureau



NQC Training-of-Trainers Guide

Facilitator Manual to Train HIV Providers on Quality Management
New York State Department of Health AIDS Institute
Health Resources and Services Administration (HRSA) Bureau

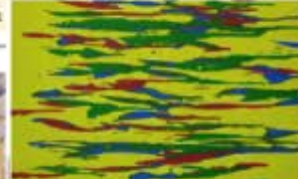
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Guideline-based Quality Indicators for HIV Care

New York State Department of Health AIDS Institute
Health Resources and Services Administration (HRSA) Bureau

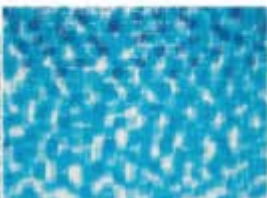
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Partnering with Subcontractors to Improve HIV Care

National Quality Center Guide for HIV Providers
New York State Department of Health AIDS Institute
Health Resources and Services Administration (HRSA) Bureau

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Making Sure Your HIV Care is the Best It Can Be

A Consumer Quality of Care Training Workshop
New York State Department of Health AIDS Institute
Health Resources and Services Administration (HRSA) Bureau

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Cross-Part Quality Management Guide

Using Collaboration across Ryan White Funding Streams to Improve HIV Care
New York State Department of Health AIDS Institute
Health Resources and Services Administration (HRSA) Bureau

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Planning and Implementing a Successful Learning Collaborative

Guide to Build Capacity for Quality Improvement in HIV Care
New York State Department of Health AIDS Institute
Health Resources and Services Administration (HRSA) Bureau

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NQC Training of Quality Leaders Guide

Facilitator Manual to Build Capacity of HIV Providers to Lead Quality Management Activities
New York State Department of Health AIDS Institute
Health Resources and Services Administration (HRSA) Bureau

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Strategies to Implement Your HIV Quality Improvement Activities

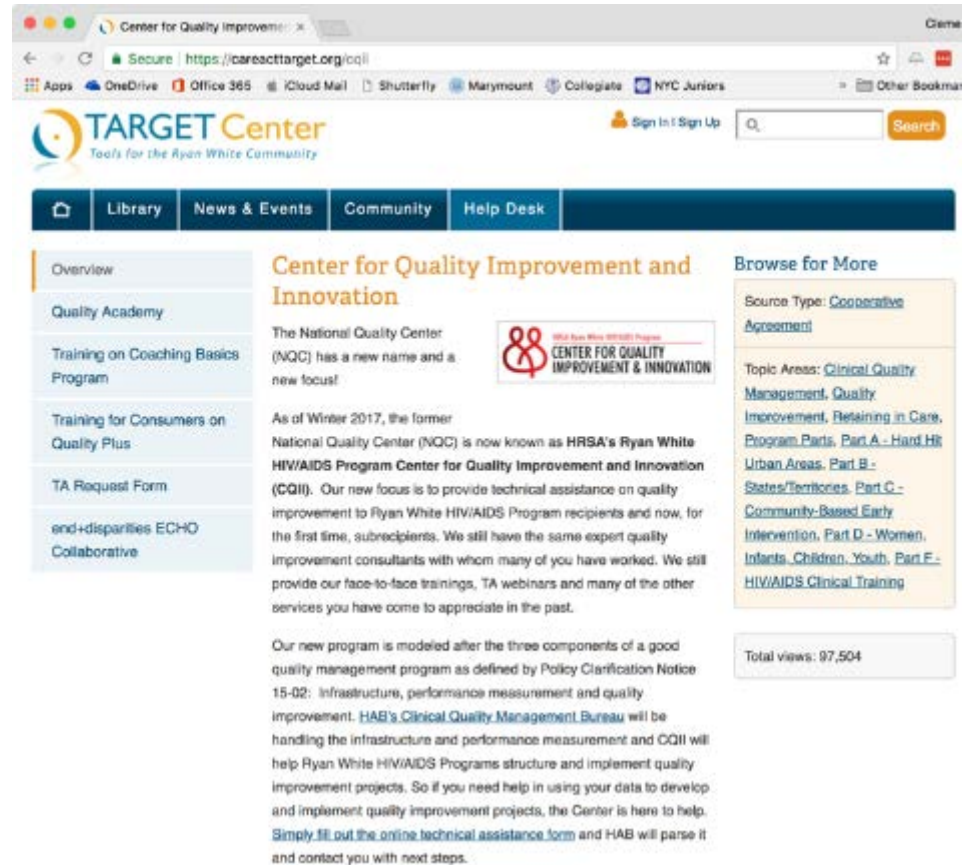
New York State Department of Health AIDS Institute
Health Resources and Services Administration (HRSA) Bureau

NATIONAL QUALITY CENTER

CQII Website

- ✓ CQII QI resources are available on the TARGET Center website
- ✓ Detailed description of and access to CQII services, including Quality Academy
- ✓ Access to TA Request Form
- ✓ CQII training materials
- ✓ Overview of end+disparities ECHO Collaborative

CQII.org



The screenshot shows a web browser displaying the website for the Center for Quality Improvement and Innovation. The URL is <https://careacttarget.org/cqii>. The page features a navigation menu with options: Library, News & Events, Community, and Help Desk. The main content area is titled "Center for Quality Improvement and Innovation" and includes a sub-header "The National Quality Center (NQC) has a new name and a new focus!". Below this, there is a paragraph explaining the rebranding: "As of Winter 2017, the former National Quality Center (NQC) is now known as HRSA's Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation (CQII). Our new focus is to provide technical assistance on quality improvement to Ryan White HIV/AIDS Program recipients and now, for the first time, subrecipients. We still have the same expert quality improvement consultants with whom many of you have worked. We still provide our face-to-face trainings, TA webinars and many of the other services you have come to appreciate in the past." A sidebar on the left lists various resources: Overview, Quality Academy, Training on Coaching Basics Program, Training for Consumers on Quality Plus, TA Request Form, and end+disparities ECHO Collaborative. A "Browse for More" section on the right lists related topics such as "Clinical Quality Management, Quality Improvement, Retaining in Care, Program Parts, Part A - Hard Hit Urban Areas, Part B - States/Territories, Part C - Community-Based Early Intervention, Part D - Women, Infants, Children, Youth, Part E - HIV/AIDS Clinical Training". The total views for the page are listed as 97,504.

Quality Academy

- ✓ In January 2007, online training course on quality improvement was launched
- ✓ Expansion of Quality Academy in 2009 (English and Spanish)
- ✓ Consists of 32 interactive tutorials, offering more than 800 training minutes and all presentation slides and notes are available for download
- ✓ Most designed to last 15-20 mins
- ✓ Over 35,000 tutorials have been taken
- ✓ Developed a Consumers in Quality section of the Academy with consumer tutorials

CAREActTarget.org/library/quality-academy

One a Day...



Technical Assistance Calls

- ✓ Monthly 60-minute webinars guided by a quality expert
- ✓ All calls include best practices from fellow RWHAP recipients
- ✓ A web-conference platform encourages interactions with presenters
- ✓ PowerPoint slides and live chat fora allow participants to network with each other
- ✓ Webinars are recorded for later playback

One Hour a Month...



On-Site Technical Assistance

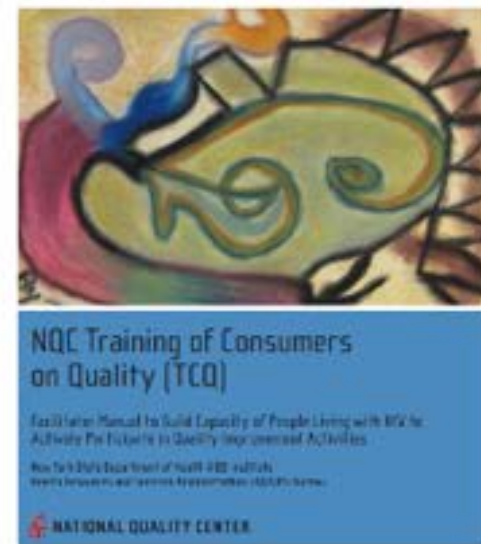
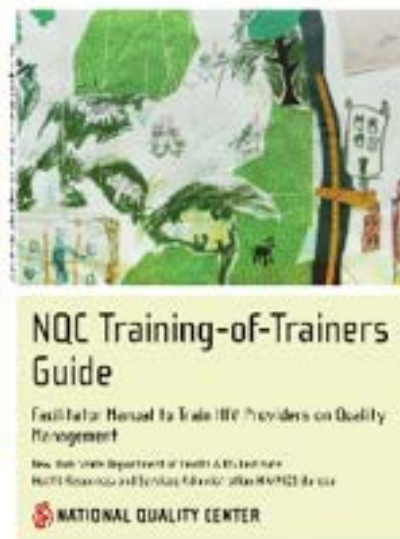
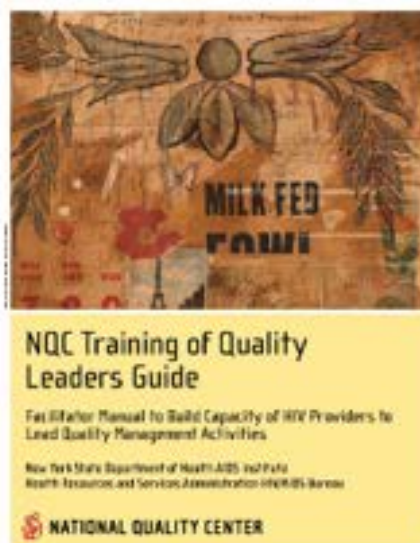
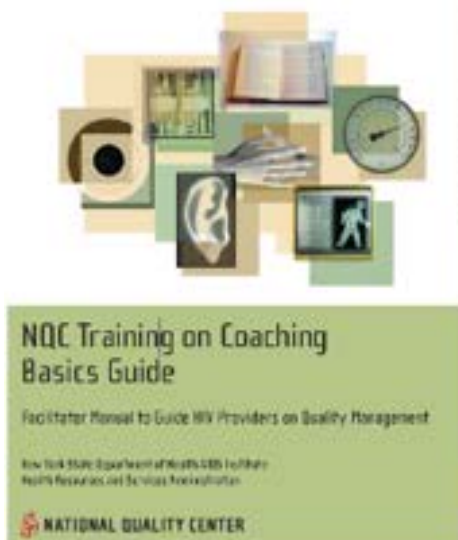
- ✓ On-site/off-site short-term technical assistance (TA) is provided to recipients
- ✓ TA is designed to help recipients implement effective clinical quality management programs
- ✓ TA Request Form is available for completion by recipients
- ✓ Submission of TA Request Form to HAB for review and approval
- ✓ CQII focus on quality improvement

CAREActTarget.org/cqm-ta-request



Advanced Training Programs

- ✓ Training-of-Trainers (TOT) Program
- ✓ Training of Quality Leaders (TQL) Program
- ✓ Training on Coaching Basics (TCB) Program
- ✓ Training of Consumers on Quality (TCQPlus) Program



CQII at the RW Conference

CQII Activities at the
2018 National Ryan White Conference
on HIV Care and Treatment

December 11 – December 14,



HRSA Ryan White HIV/AIDS Program

**CENTER FOR QUALITY
IMPROVEMENT & INNOVATION**

*CQII is excited to offer a variety
of learning opportunities for you
during the RW Conference.*

Think big and start small.



CQII.org | 212-417-4730

Tuesday December 11	Wednesday December 12	Thursday December 13	Friday December 14
11:30 AM - 1:00 PM Exhibit Hall	7:30 AM - 5:30 PM Exhibit Hall	7:30 AM - 5:30 PM Exhibit Hall	7:30 AM - 12:00 PM Exhibit Hall
	10:30 AM - 12:00 PM Quality Improvement 101: I Am New to Clinical Quality Management - Where Do I Start? - National Harbor 2	10:30 AM - 12:00 PM Advanced QI Tools to Improve Your Clinical Quality Management Program: Learn from Lean and Statistics - National Harbor 10	8:30 AM - 10:00 AM Addressing Disparities to End the HIV Epidemic: Lessons Learned from end +disparities Initiatives - Chesapeake E
	5:30 PM - 7:00 PM CQII Auxiliary Meeting - Chesapeake J/K/L	1:30 PM - 3:00 PM Bringing the Patient Voice to the Improvement Table: Strategies to Meaningfully Engage Consumers - Chesapeake 10/11/12	
		4:00 PM - 5:30 PM Creating a Culture of Quality Improvement: Aligning Improvements Across Subrecipients and RWHAP Parts - Maryland A 1/2/3	



HRSA Ryan White HIV/AIDS Program

CENTER FOR QUALITY IMPROVEMENT & INNOVATION

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Need to find CQII after
the conference? It's easy.

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Learn More

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