**end+disparities ECHO Collaborative Group Enrollment Form**

Thank you for your interest in joining our Collaborative. This initiative is a community of learning designed to facilitate local, and regional improvement efforts among Ryan White HIV/AIDS Program (RWHAP)-funded providers to focus on increasing viral suppression performance rates within specific disparately affected subpopulations of people living with HIV/AIDS (PLWH) including youth, transgender people, MSM of color, and African American and Latina women.

During the initial group enrollment process, we want to ascertain the interest in regional improvement groups. These groups play an important role in engaging local RWHAP recipients and subrecipients throughout this 18-month Collaborative. We are currently planning to have up to ten Regional Groups participate.

Please complete the following online form for your selected group. Regardless of the number of participants in the Regional Group, only one form needs to be completed per group.

If you have any questions, please contact us at 212-417-4730 or info@enddisparities.org.

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**A) About Your Group**

Regional Group name:

Your existing group name (if different from above):

Is your group based on an existing or previous regional quality improvement team?

* Yes
  + HIVQUAL Regional Group
  + H4C Collaborative
  + D.C. Cross-Part Collaborative
  + Cross-Part Collaborative
  + TGA Initiative
  + Low Incidence Part B Collaborative
  + Part B Collaborative
* No
* Other, please specify
* Don’t know

Please list all potential RWHAP recipients in your group:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Organization | City | State | Contact Person | Email | Phone | RWHAP Part |
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**B) About the Individual Submitting the Group Enrollment Form**

Your name:

Name of RWHAP recipient:

Name of organization if different from recipient name:

Address:

City:

State:

Zip:

Email:

Phone:

If your group is already in existence, what is your current role on the team? (Check all that apply)

* Team leader
* Group member
* Data liaison
* Consumer representative
* Communication/documentation liaison
* Other, please specify
* Not applicable

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**C) Previous Regional Group Experiences**

How do you rate the Regional Group’s level of experience in quality improvement across team members?

* None
* Beginner
* Intermediate
* Proficient
* Expert
* Don’t know

How would you rate your group’s level of experience working together?

* Very experienced
* Experienced
* Less experienced
* Not experienced
* Don’t know

How would you rate your group’s experience with meeting virtually to exchange quality improvement efforts (e.g. webinars, ECHO, virtual case presentations)?

* Very experienced
* Experienced
* Less experienced
* Not experienced
* Don’t know

Has the group used webcams for virtual communications? (Not having a webcam will not prevent your group’s participation in the collaborative.)

* All the time
* Frequent
* Sometimes
* Occasional
* Never

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**D) Conclusion**

Thank you for putting your group forward to be considered for the upcoming end+disparities ECHO Collaborative. We will contact you and your team in the comings weeks to follow-up and plan the next steps.

If you have questions on any aspect of this Collaborative, please contact us at 212-417-4730 or info@enddisparities.org.