

HRSA Moves Forward with Technical Assistance and Training

USCA2015 - September 11, 2015



Content

RWHAP provides capacity building TA/Training.

Learn about services/resources that your agency can use on:

- Clinician training
- New models of care
- Clinical quality management
- Health literacy
- Data
- ADAP support



Presenters

- Harold Philips, HAB
- Bruce Agins, NQC
- Omoro Omoighe, NASTAD
- Ann Lefert, NASTAD
- Rene Esler, JSI
- Beth Hurley, Cicatelli
- Nicole Mandel, UCSF



Learning Objectives

Identify technical assistance products and services available to the Ryan White grantee and provider community

Know how to find technical assistance and capacity building tools and resources to use in your respective programs

Understand how to request additional technical assistance when needed



HRSA/HAB TA Resources

Affordable Care Act
General
Project Officers, HRSA Contact Center and “TAC”
AETCs
Data
SPNS



HRSA/HAB TA Resources: **ACA**

Affordable Care Enrollment (ACE) Project
John Snow, Inc.



Engaging Insurance Plans Under the ACA
Cicatelli Associates



ASO Service Models
Fenway Community Health



HRSA/HAB TA Resources: **General**

TARGET Center Website (UCSF)



National Quality Center (HRI/NYSDOH)



Fiscal Management (HealthHIV)



ADAP TA (NASTAD)



Engaging MSM in Care (NASTAD)



Health Literacy Project (John Snow, Inc.)



HRSA/HAB TA Resources: **HRSA**

HRSA Project Officers

HRSA Contact Center: HCC
(Verizon/Teletech)

National TA Contract: TAC
(Management Strategists Consulting Group)



HRSA/HAB TA Resources: **AETCs**

AETC Training Centers

Jewel Bazilio-Bellegarde

AETC National Coordinating Resource Center (NCRC)

Dieunita Gamliel

AETC Clinical Consultation Center (CCC)

Andrea Knox

AETC Telehealth Training Center Program (TTCP)

Jewel Bazilio-Bellegarde



HRSA/HAB TA Resources: **Data Support**

RWHAP Data Support (WRMA/CSR)

Data and Reporting TA: DART (CAI)

CAREWare Help Desk (JPROG)



HRSA/HAB TA Resources: **SPNS**

Special Projects of National Significance (SPNS)

Adan Cajina

Integrating HIV Innovative Practices (IHIP)

Melinda Tinsley



HRSA/HAB TA Resources: **Using Them**

- HAB has a host of TA resources available to assist grantees
- Become familiar with these resources
- Ask any questions you may have
- Let us know any TA needs or gaps you identify
- Thank-you!



Learn More/Additional Resources

TARGET Center Help Desk

Drop Down Menu for TA Providers

<https://careacttarget.org/content/ta-providers>



Contact

Harold Phillips

Director

HRSA/HAB Office of HIV Training and Capacity Development

301-443-8109

HPhillips@hrsa.gov



National Quality Center (NQC) Improvement/ Management Technical Assistance Center Cooperative Agreement

The NQC provides training and technical assistance to Ryan White HIV/AIDS Program recipients and funded providers to improve the quality of care and services and respond to and implement quality management legislative mandates

HRSA Cooperative Agreement #U28HA04132

Overview

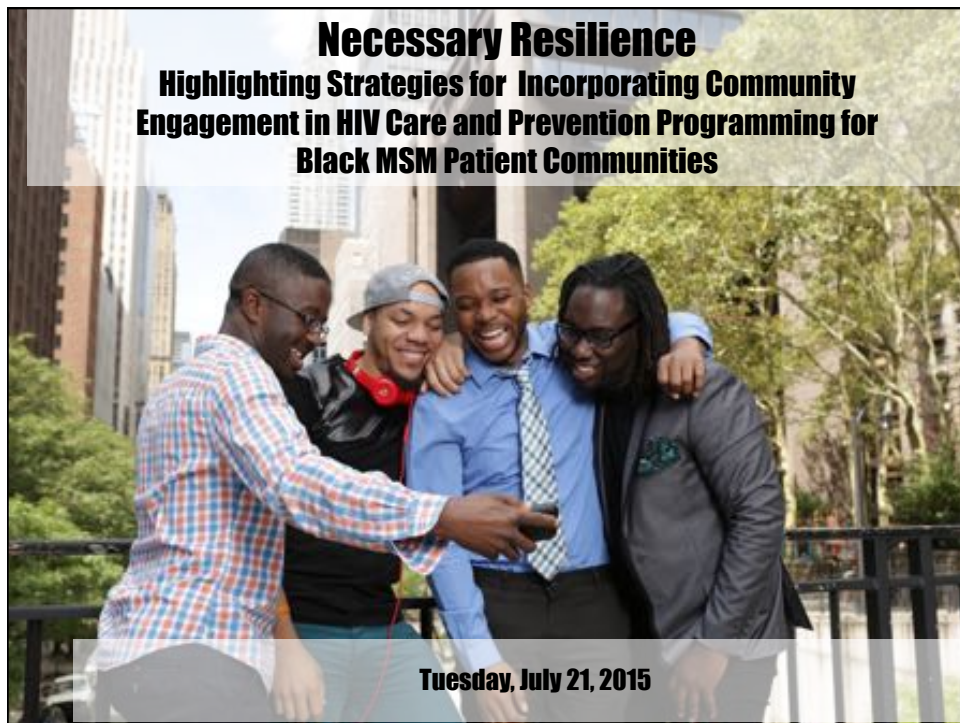
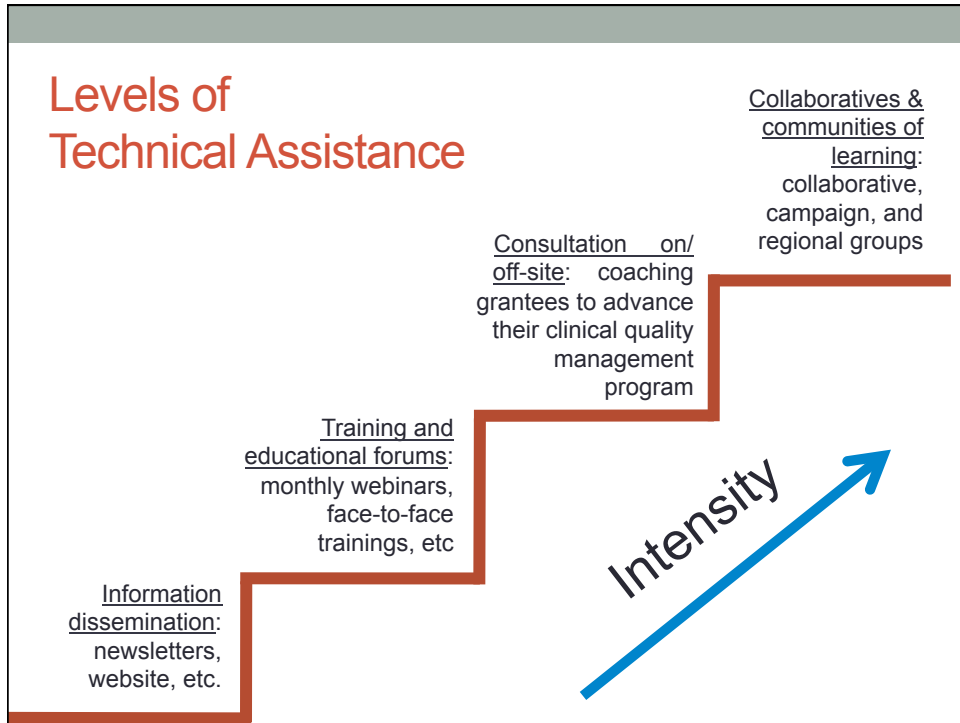
Type: Cooperative agreement

Project period: September 2004 – June 2017

Current budget period: July 2015-June 2016

Grantee: Health Research, Inc./NYS Dept. of Health (AIDS Institute)

Annual budget: \$2,185,000.00




**Omoro Omoighe, Associate Director, Center for Engaging
Black MSM Across the Care Continuum (CEBACC), Health
Equity/Health Care Access, NASTAD**

**Byron Mason, Research Partnerships Director, Center for
AIDS Prevention Studies (CAPS) - University of California,
San Francisco**




**Center for Engaging Black MSM
Across the Care Continuum
NASTAD
(CEBACC)**



'Our lives begin to end the day we become silent about what matters' - MLK



Are public health stakeholders providing strategies for care engagement that are informed by Black MSM patient communities?

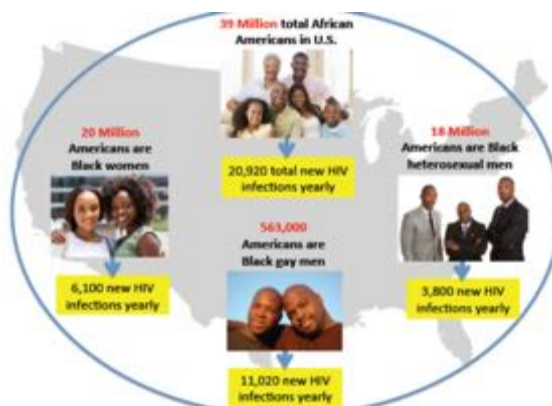
I don't have a license yet. But, thanks?



YOU GET A CAR!



Estimated HIV Incidence in the United States 2007 – 2010



0.2% of the US population/ comprise 23% of new infections

* HIV and the Black Community: Do #Black (Gay) Lives Matter? AmFar Issue Brief - February 2015



CEBACC 2014 Literature Review Focus



- **Interventions for HIV screening, linkage and retention for positive Black MSM**
 - **less emphasis on prevention, behavioral modification**
- Peer reviewed studies/articles published between 2008 – 2014
 - *Multiple study designs considered
- Primary Study population – Black MSM residing in the US



CEBACC 2014 Literature Review




PubMed
Medline Plus
JSTOR
Google Scholar
OAJSE

1st level
Black
MSM

2nd level
Black
Males




3rd level
Blacks

African American,
Black, MSM,
MSMW, Patient,
Provider,
Patient/Provider,
Bisexual HIV
Care, Intervention,
Program

CEBACC 2014 Literature Review Findings – BMSM

Category	Percentage
Barriers	65%
Disparities	20%
Prevention	8%
Care Access Across the Cascade	7%
Interventions (Total)	15%

U.S. Public Health Response and Addressing Social Determinants of Health

- Lancelot, July 2013
- **A systematic review of HIV interventions for black men who have sex with men (MSM)**
 - 12 completed studies of interventions for black MSM
 - 8 out of 12 interventions aimed to reduce HIV risky behaviors among Black MSM patients
 - 4 studies focused on care interventions for Black MSM living with HIV
- Many Men, Many Voices – 3 MV - Behavioral Modifications - 3MV uses *small group education and interaction to increase knowledge and change attitudes and behaviors related to HIV/STD risk among black MSM.*

Singular Approach



CEBACC



Center for Engaging Black MSM Across the Care Continuum (CEBACC)



Patient/Provider Relationship

- Bi – directional opportunities to address the communication gap
- Black MSM patients and health care providers must be willing to educate and inform one another
- Successful care engagement is a partnership!



Behavioral Clinical Community Advisory Panel



Patrick Wilson



Sheldon Fields



Michael Mugavero



Orlando Harris



David Malebranche



Christopher Watson



Mitchell Wharton

Clinicians

Researchers

Policy Experts

NOT PICTURED
 Dr. Leo Moore; Dr. Quintin Robinson; Leandro Mena; Elijah Robinson;
 Daniel Driffin; Greg Millett; Kali Lindsey; Anton Bizzell





BCCAP Care Model Rating Tool



4
Excellent

3
Good

2
Adequate

1
Poor

OVERALL DESIGN & APPROACH	
a. How well does this model/program address the needs specified (e.g., social determinants/barriers existing in the built environment, care access)?	
b. How well does the design enhance the program's effectiveness? How well do the activities support the overall goal(s) of the model/program?	
c. How innovative is the program/model?	
d. How well does the model/program address long-term outcomes/goals?	
SCORE FOR IMPACT ON CARE CONTINUUM	
<i>(Answer a & b ONLY for care continuum models)</i>	
a. How well does this program/model address linkage, retention, and/or viral suppression?	
b. What is the potential of the program for moving BMSM toward viral suppression?	
<i>(Answer c & d ONLY for prevention/bar-before-the-bar models)</i>	
c. How well does the model/program address HIV prevention and HIV testing?	
d. What is the potential of the program for preventing HIV among BMSM?	
DATA & EVALUATION	
a. How rigorously has the program been evaluated (i.e., use of quasi-experimental design, pre-post, cohort, qualitative data, etc.)?	
b. Given the timeline for implementation, what is the potential impact for meaningful change in addressing different stages of the care continuum?	
c. What is the quality of the data available to evaluate the model/program for efficacy?	
d. How strong is the framework/plan to evaluate the model/program (whether or not it has been formally examined for efficacy)?	
SCALABILITY & TRANSFERABILITY	
a. How well does this program/model engage BMSM OR how easily is the program/model transferable to other subpopulations of BMSM?	
b. How easily can the model/program be implemented in different settings (i.e., to reach the largest number of BMSM)?	
DISSEMINATION	
a. How capable is the program/model in reaching a significant number of BMSM (i.e., nationally or within a particular community/geographic area)?	
b. How well has this model/program been taken up/adapted (i.e., uptake) by the target population?	
COST & SUSTAINABILITY	

Care Model Inventory

Care Model	Institution Funded	Budget	Funder
CRUSH (Alameda County, CA)	Academic/CBOs	\$1,000,000	California HIV/AIDS Research Project/ UCSF (State)
Connect to Protect/SMILE (Memphis, TN)	CBOs/Hospitals/Local Health Department	\$300,000	National Institute Health/NICHD ATN (Federal)
Howard Brown/Broadway Youth Center (Chicago, IL)	ASO	\$500,000	HRSA Ryan White Part D (Federal)/
Project Silk (Pittsburgh, PA)	Academic/CBO	\$467,000	CDC (Federal)
Linkage To Care (L2C) (Indianapolis, IN)	ASO	\$400,000	AIDS United (Federal)
Us Helping Us – Ties that Bond (Washington, DC)	CBO	\$300,000	CDC (Federal)
Retention Through Enhanced Personal Contact (REPC)	ASO/CBO (multisite)	\$241,565	CDC/HRSA (Federal)
CLEAR Program (Norfolk, VA)		\$83,000	
Project Healthy Living: ManDate (Washington, DC)	Local host house (varies)	\$60,000	NASTAD, DC HAHSTA, Gilead
SMILE - Fenway Institute (Boston, MA)	FQHC	\$55,000	Adolescent Trials Network (Federal)
AIDS Foundation Chicago HIV-VIP Program (Chicago, IL)	NGO	\$14,500	CDC (Federal)

What's Working? Characteristics of selected care models

- Care is client - centered
- Care is client- driven
- Assets based vs. Deficits based
- Program design addresses health systems/targets multiple stakeholders
- Promise for maximum utilization by Black MSM
- Significant impact on HIV care across one or more strata of the care cascade, including prevention
- Program is currently ongoing



What's Working? CEBACC Key Concepts

- **Intersectionality** – Black, gay, male, youth
- **Community Engagement** - Designed closely with the target population – e.g. CRUSH
- **Leveraging Partnerships** – linking black MSM patients with support services, strong referral networks for partner services, (mental health/ substance use, employment) – C2P
- **Innovations + Refreshing Traditional Strategies** - recreational space AND affiliation with medical clinic, support and counseling groups: Project Silk, UHU Ties that Bond, Kaiser Speakout 25 under 25



What's Working? CEBACC Key Concepts

- Prioritizes patients' immediate concerns, needs and **desires**
- Patient navigation, case management, individualized attention
- Not rushing patients into first appointment – readiness check
- Assisting black MSM patients with additional structural and psycho-social barriers to care (mental health/substance use, employment)
- Programs meet clients where they are at



CRUSH – Connecting Resources for Urban Sexual Health

SERVICES FOR YOU

IMPROVE YOUR SEXUAL HAPPINESS WITH OUR SERVICES

GET PrEP, PEP, ARVs, HIV & STD Testing

More than anything, we care for you at CRUSH. You'll feel welcome, your questions answered, and discover resources that truly help you to make better decisions about your sex life.

PrEP (pre-exposure prophylaxis) Help reduce your chances of HIV transmission by up to 95% when you take a single pill each day. PrEP is available to our research study participants; learn more on our [PrEP page](#).

PEP (post-exposure prophylaxis) An emergency prescription that helps prevent HIV transmission when it's started soon after you're exposed.

ARVs (antiretroviral medications) Keep you healthy if you're HIV positive and you take them daily and combine with regular healthcare.

HIV testing Specialized testing that detects the HIV virus as early as one week after exposure, with online results available within two weeks.

STD testing & treatment Routine, comprehensive screening, treatment, education about chlamydia, gonorrhea, syphilis, hepatitis B, herpes, & more.

Connection to Care Sexual health planning and support for newly diagnosed clients and those returning for care after a lapse.

Make An Appointment to get our services or to learn more.

CEBACC

HRSA U.S. Department of Health and Human Services
Health Resources and Services Administration

NASTAD NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

CEBACC CME/CNU Development

1. Describe health care challenges for black MSM
2. Address misinformation, knowledge gaps, and ignorance among provider communities
3. Develop skills in offering high quality and nuanced culturally appropriate sexual health services

CEBACC

HRSA U.S. Department of Health and Human Services
Health Resources and Services Administration

NASTAD NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

CME/CNU Development



Dr. David Malebranche
STD/STI Screenings



Dr. Leo Moore
Sexual Health Intake
History



Dr. Quintin Robinson
Vaccinations



Part B/AIDS Drug Assistance Program Training and Technical Assistance Cooperative Agreement

Ann Lefert, Senior Director, Prevention/Care
Program & Policy
USCA



NASTAD and HRSA Cooperative Agreement: Ryan White Part B and ADAP TA

- NASTAD has been funded by HRSA/HAB to provide TA to Ryan White Part B/ADAPs from July 2014 - June 2017
- Provide TA to Part B/ADAPs to strengthen capacity to implement and administer insurance purchasing programs
- Provide TA to ADAPs to implement an effective ADAP financial forecasting model
- Assist Part B/ADAPs in conducting analysis and evaluation of health plans and identifying barriers to access
- Provide TA to Part B/ADAPs to leverage data to improve health outcomes across the HIV Care Continuum (i.e., data to care), including building and enhancing comprehensive systems of care



NASTAD and HRSA Cooperative Agreement: Ryan White Part B and ADAP TA

- Assist Part B/ADAPs in implementing and participating in integrated planning processes
- Assist Part B/ADAPs in implementing effective cost-containment strategies and preventing the use of waiting lists, including participating in the 340B program, CMS data sharing, and other data sharing
- Assist ADAPs in their efforts to "get the best price" and explore opportunities to negotiate or gain access to discounts on high utilization, non-HIV-specific drugs
- Provide on-going mentorship and peer-to-peer training and educational opportunities



NASTAD and HRSA Cooperative Agreement: Ryan White Part B and ADAP TA

NASTAD Staff:

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- Amanda Bowes
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THANK YOU!



In It Together: National Health Literacy Project for Black MSM

Presented by:
Rene Esler, Project Director, John Snow,
Inc.



In It Together
NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSM



PROJECT SPECIFICS



In It Together
NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSM

PROJECT AIM

Improve health outcomes along the HIV care continuum by developing health literate organizations and promoting health literacy as a component of culturally appropriate service delivery.



PROJECT INFORMATION

Contract issued by: Health Resources and Services Administration, HIV/AIDS Bureau, Division of State HIV/AIDS Programs

HRSA Program Officer: Magnus Azuine, PhD

Period of Performance: September 17, 2014- September 16, 2016

Implementing organization: John Snow, Inc.

JSI Partner: Black AIDS Institute



HOW WILL IT WORK?

100 community members from 25 states participate in a 8-part online training course to become health literacy trainers.

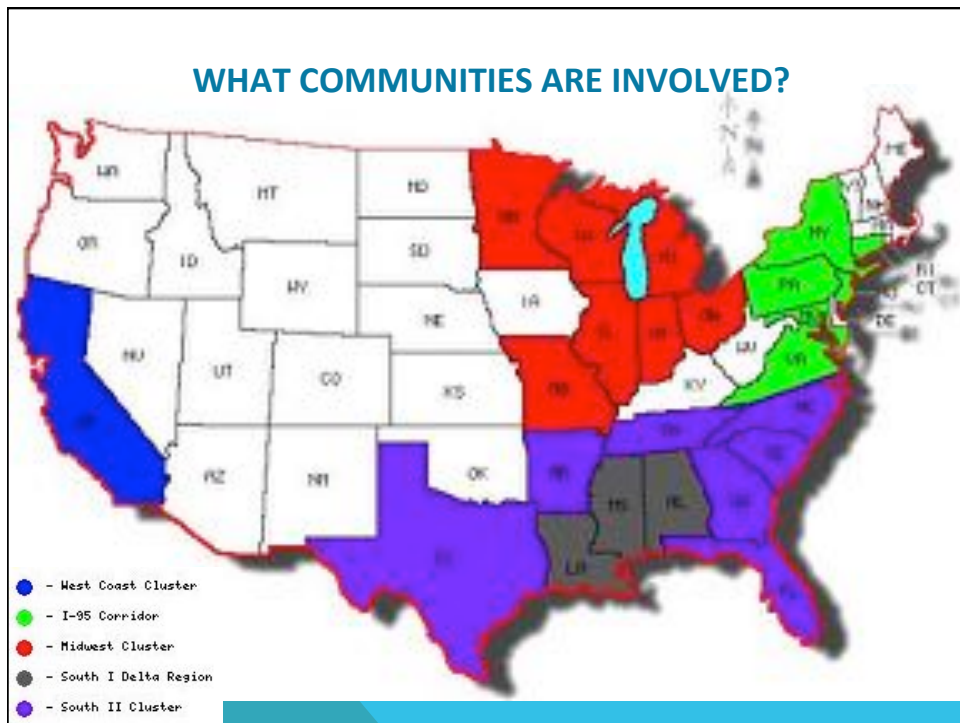


→

Trainers provide health literacy training and materials to organizations in their community that serve HIV-positive black MSM.



In It Together
NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSM



WHAT COMMUNITIES ARE INVOLVED?

- **West Coast Cluster** - California (San Francisco, Los Angeles, Oakland)
- **I-95 Corridor** - New York (New York City), New Jersey (Newark, Jersey City), Connecticut (Hartford), Maryland (Baltimore), Pennsylvania (Philadelphia), Washington DC (Washington DC), Virginia (Richmond, Norfolk)
- **Midwest Cluster** – Illinois (Chicago), Michigan (Detroit), Ohio (Cleveland), Wisconsin (Milwaukee), Indiana (Indianapolis), Minnesota (Minneapolis), Missouri (St. Louis, Kansas City)
- **South I Delta Region Cluster** – Louisiana (New Orleans, Baton Rouge). Alabama (Birmingham), Mississippi (Jackson, North Mississippi Delta region)
- **South II Cluster** – Florida (Miami), Georgia (Atlanta), Texas (Houston), Arkansas (Little Rock, Western Delta region), Tennessee (Memphis, West Memphis), North Carolina (Raleigh, Charlotte), South Carolina (Columbia)



WHAT WILL THE TRAINING ADDRESS?

Training topics include:

- Guiding principles of health literacy
- Factors that may affect the health literacy of Black MSM
- Attributes of a health literate organization
- Strategies to improve interpersonal communication
- Strategies to improve written instruction and material
- Tools and techniques to promote health literacy
- Technology and health literacy



WHAT MAKES THIS TRAINING UNIQUE?

- ✓ Health literacy trainers are from the community
 - ✓ 75% are black MSM
- ✓ Online ToT format provides flexible scheduling for trainers
- ✓ Health literacy training will be provided to any interested health organization located in the target community
- ✓ Continuing Nursing Education credit (CNEs) will be offered



In It Together
NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSM



TECHNICAL ASSISTANCE
**TOOLS AND
RESOURCES**



In It Together
NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSM

TECHNICAL ASSISTANCE FOR HEALTH LITERACY TRAINERS

Customized technical assistance includes:

- Online training rehearsal space
- Presentation feedback and assistance
- Regional support structure
- Training debriefs

Robust learning opportunities include:

- Micro trainings
- Monthly roundup calls
- Facilitated online forums



In It Together
NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSN

TOOLS AND RESOURCES FOR HEALTH PROFESSIONALS

Training:

- In-person, onsite health literacy training provided by a skilled, dedicated community member
- Downloadable 'Training of Trainers' material for health literacy advocates within an organization
- Guide to additional online resources

Material:

- Brochures and poster that promote health literacy as a component of culturally appropriate service delivery



In It Together
NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSN

TIMELINE

Training of Trainers (ToT): October- December, 2015

Community Trainings: January- September, 2016

Technical Assistance: January- September, 2016

A full-body photograph of a smiling man with short dark hair, wearing a light blue button-down shirt and dark jeans. He is standing with his hands on his hips against a plain white background.

MORE INFORMATION

Rene Esler
rene_esler@jsi.com
404-460-4792
www.jsi.com

The logo for 'In It Together' is repeated at the bottom right of the slide, featuring the same icon of two hands shaking over a smartphone, the text 'In It Together', and 'NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSN' below it.

- DART – Data and Reporting TA

USCA
September 11th, 2015

Workshop 8: HRSA Moves Forward with TA and Training



Learning Objectives

- Identify DART focus areas
- Describe how DART can help with ADR and RSR submissions
- Describe data reporting improvements
- Locate TA resources and identify how to request assistance



ADR & RSR Data Submissions

- Help grantees and providers know what to do or where to start to ensure on-time submissions
 - Determine if systems currently collect required data
 - Develop strategies for creating the XML file
 - Data extraction and conversion
 - Use of an RSR-Ready System
 - Creation of the encrypted Unique Client Identifier (eUCI)
- Methods of Technical Assistance (TA)
 - Webinar series
 - Materials on the TARGET Center
 - Email blasts
 - Individualized TA



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Data Quality & Completeness

- Understanding and analyzing Completeness Reports
- Communicating data quality issues and supporting them in making improvements
- Developing tools to help providers analyze their own data prior to submission



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Your Data Count!

- RSR and ADR Data are used to publically report information about the Ryan White Program
 - HAB
 - Congress
 - HIV/AIDS community
 - The public
- RSR and ADR data should accurately reflect grantees program activities



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Quality of Data Versus Quality of Care

Quality Data

=

Grantee data reflects
their program activities

Quality Care

=

Grantee program is
doing what it should be
doing

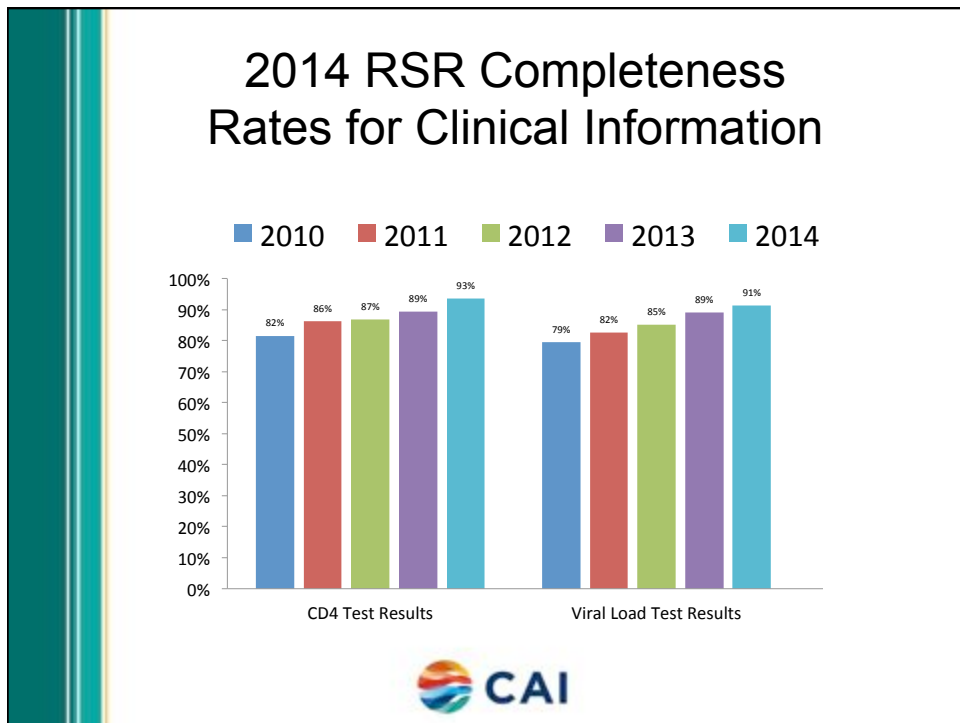
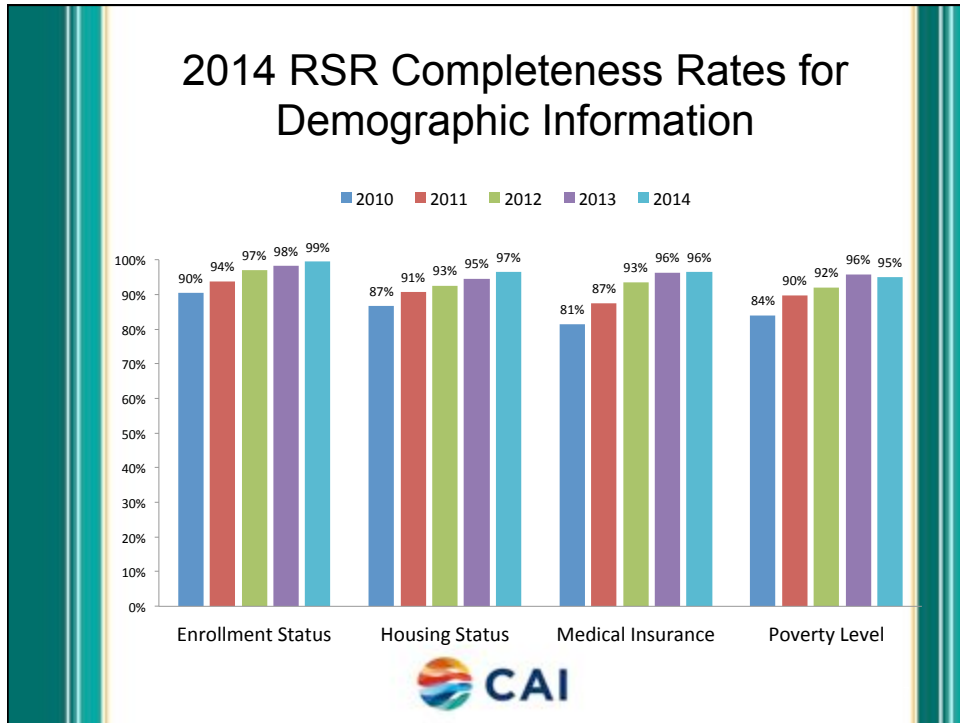


RSR and ADR Data Should Accurately Reflect
Your Program Activities



Incomplete or Inaccurate Data
Don't Allow Stakeholders to See
the Good Work You Do





TA Resources on TARGET

Webinar series

- View Webcast Archives
<https://careacttarget.org/content/webinar-and-call-archives>
 - Topics Include RSR, ADR, and other topics, e.g. Data Security
 - Recording, Q&A summary & final slide deck on TARGET
- Register for upcoming data webinars
<https://careacttarget.org/library/fall-2015-data-webcast-series>
 - 7 RSR-focused webinars coming this fall
 - RSR: The Basics (September 16th, 2-3pm EST)



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In Focus Documents

Brief 1-2 page documents on topics including:

- RSR in Focus:
 - RSR Data - Are They Complete? Are They Right? Do They Reflect Your Program?
 - Using Your Electronic Health Record (EHR) to Capture and Report RSR Data
 - Understanding the Eligible Scope Requirements for 2015 Data
- ADR in Focus:
 - Reporting Health Insurance Status in the ADR for 2014
 - Understanding Client-Level XML Import Rules for Merging Records
 - Data Quality



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January 2015 **RSR in Focus**

Understanding the Eligible Scope Requirement for 2015 Data

Starting with the 2015 calendar year data collection period, providers will report data on all clients who received services eligible for Ryan White HIV/AIDS Program (RWHAP) funding regardless of the actual funding used to pay for those services. This is a change from previous RSR reporting periods for which providers reported data on only clients who received services paid for by Ryan White funding.

Can I still report funded scope?

No, in March of 2016 providers must report clients who received services eligible for Ryan White funding in calendar year 2015. You no longer need to filter and report only clients receiving Ryan White-funded services. Contact Data Support with questions at 888-640-9356.

Why the change?

The RWHAP has always been a payer of last resort, covering care for individuals who are uninsured or under insured. The RWHAP also increases the capacity and quality of care for all HIV positive clients receiving services at RWHAP funded sites. At this time, HAB is shifting to eligible scope (defined below) in order to better capture the impact the RWHAP has for all people living with HIV in the country receiving services at RWHAP funded sites.

Eligible Scope reporting allows HAB to better understand the full scope of services that people seeking care from Ryan White providers receive. Eligible scope also supports the continued collection of clinical data, which is essential for measuring client health outcomes and progress toward achieving the National HIV/AIDS

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Instructional Videos

RSR Training Video Series

<https://careacttarget.org/library/rsr-training-video-series>

- Fundamental concepts behind the RSR for new and experienced grantees;
- 7 video series including topics such as:
 - How Can I Use My Completeness Report to Improve Data Quality?
 - The eUCI and You
 - Who Reports What for the RSR: Overview of Grantee-Provider Relationships
 - Data Quality: Why it Matters
 - RSR from 30,000 Feet: A Great Place to Start!
 - Choosing a Software System to Create the RSR Client-Level XML File
 - RSR Client Report E-Learn Module

 CAI

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Accessing Technical Assistance

1. DART email
Data.TA@caiglobal.org
2. Subscribe to email updates (RSR and ADR)
<https://careacttarget.org/dart/subscribe>
3. TARGET Center Resources
<https://careacttarget.org/dart>



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Thank you!

Contact the DART Team

Data.TA@caiglobal.org

Beth Hurley, MPH
bhurley@caiglobal.org
212.594.7741 x235



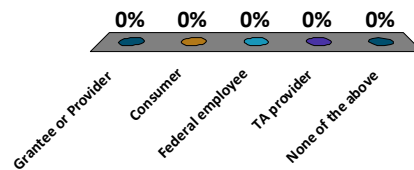
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Ryan White HIV/AIDS Program Online TA Resources

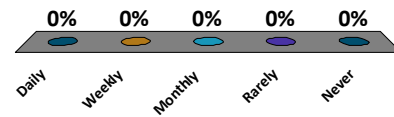
My relationship with the Ryan White HIV/AIDS Program is:

- A. Grantee or provider
- B. Consumer
- C. Federal employee
- D. TA provider
- E. None of the above



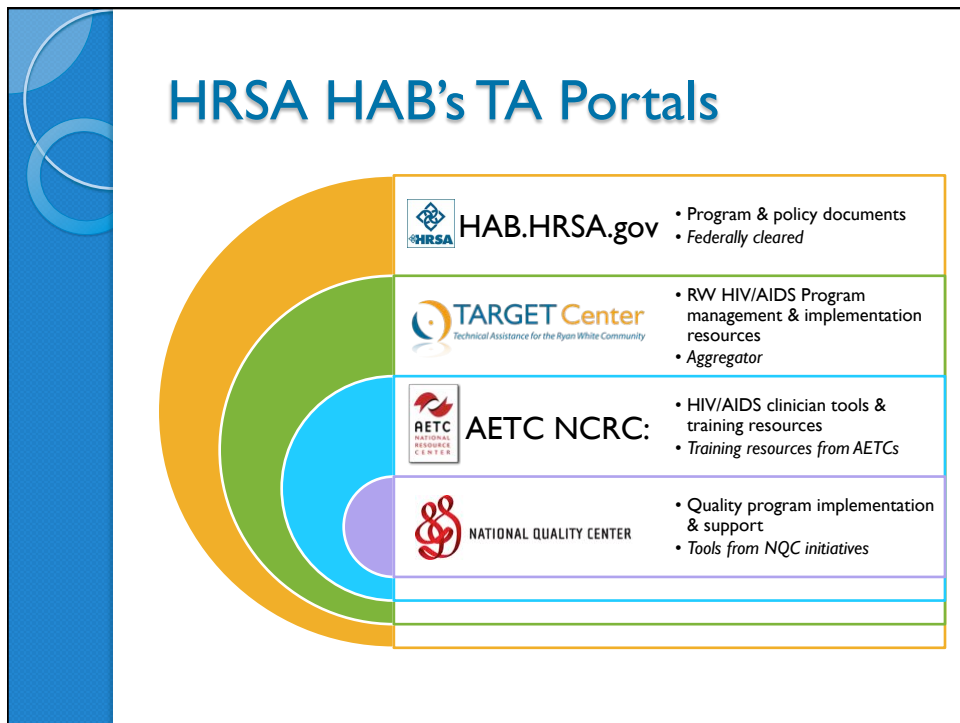
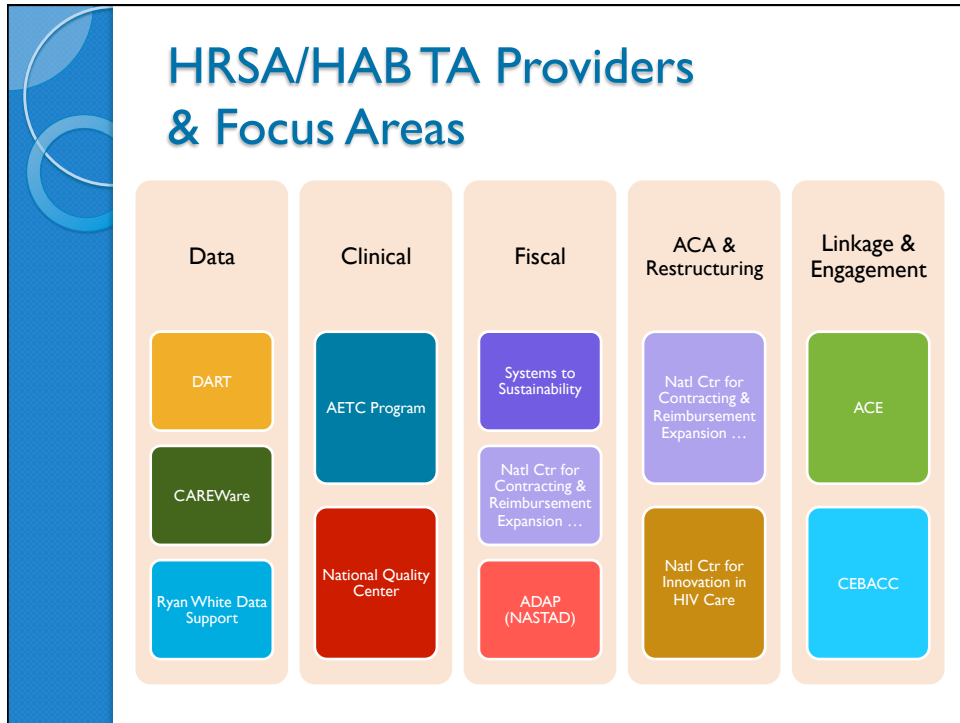
I go online to find TA and training information

- A. Daily
- B. Weekly
- C. Monthly
- D. Rarely
- E. Never



Learning Objectives

- Understand the range of online resources available to RWHAP Grantees
- Get ideas for when you might use RWHAP TA resources
- Learn how to stay informed about new resources and events



U.S. Department of Health and Human Services
HRSA Health Resources and Services Administration
 HIV/AIDS Programs

www.hrsa.gov

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 A-Z Index | Questions?

About Deliver HIV/AIDS Care Get Help Manage Your Grant Data News & Publications Global HIV/AIDS ACA

Getting Help

Find a Ryan White medical care provider in your area.

[Learn More](#)

1 2 3 4

Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program provides HIV-related services in the United States for those who do not have sufficient health care coverage or financial resources for coping with HIV disease. The program fills gaps in care not met by other payers.

About Ryan White
 Ryan and his Mom helped educate the Nation about HIV/AIDS.

About the Program

HIV/AIDS Services

Find HIV/AIDS Medical Care

Get Help
 Ryan White services are for people with HIV/AIDS who need care but can't afford it. Find a Ryan White HIV/AIDS Program.

How to Deliver Care
 High quality HIV/AIDS care happens according to Guidelines/Protocols. Programs use quality improvement methods.

News

HRSA awards \$2.2 billion in grants for HIV/AIDS care and medications (10/29/2014)

HRSA awards \$0.5 billion in Affordable Care Act funds to enhance HIV services in community health centers (09/18/2014)

Ryan White & the Affordable Care Act: What You Need to Know

HAB Bi-Weekly

My Dashboard & Profile | Sign Out | Search

TARGET Center
 Ready for the Ryan White Community

Supporting HIV care through education and innovation

Resource Library News and Events Ryan White Community Help Desk

Find a Grantee

Locate Grantees by City, State, or Part

Featured Topics

Data & Reporting
 Manuals, training, and help with the RSR, ACB, CAREWare, online Forums, and more.

Engagement Approaches
 Learn more about innovative client-centered care in OIG Health settings, 3rd Linkage, and Engaging Hard-to-Reach Populations.

Fiscal Management
 TA and training to build the fiscal health of agencies.

Health Care & System Reform
 Adapt your program to the ACA-driven health care landscape with help from HRSA's TA Center for ASOs and CBOs. Use the enrollment tools from the ACE TA Center to ensure that your clients make the transition.

New on TARGET News Events

HRSA & USCA: Moving Closer and Forward
 TARGET Center: 07/30/2015 (Blog Post)

Get Covered for a Healthy Life - Consumer Omb
 ACE TA Center: 07/22/2015 (Resource: Tools and Job Aids)

Making the Most of Your Coverage - Consumer Guide
 ACE TA Center: 07/22/2015 (Resource: Tools and Job Aids)

HRSA on 25 Years of the Ryan White HIV/AIDS Program
 HRSA HIV/AIDS Bureau: 07/30/2015 (News Article)

National HIV/AIDS Strategy Updated to 2020
 Office of National AIDS Policy: 07/30/2015 (News Article)

News from NQC: X-Part, Subcontractors and Consumers
 National Quality Center: 07/22/2015 (News Article)

HRSA Funds New National AETC
 TARGET Center: 07/22/2015 (News Article)

HRSA Tweak & USCA2015
 07/21/2015 (News Article)

Regional AETC FOA Update
 HRSA HIV/AIDS Bureau: 07/07/2015 (News Article)

Individualized Technical Assistance from the National Center for Innovation in HIV Care
 (Basic page)

Successful on Results of Ryan White Services
 Multnomah County Health Department: 07/29/2015 (Resource: Tools and Job Aids)

Basics of Health Coverage Enrollment for Ryan White HIV/AIDS Program Clients
 ACE TA Center: 07/22/2015 (Resource: Webinars and Training)

Guía de referencia rápida en lenguaje sencillo para inscripción en seguros de salud
 ACE TA Center: 07/22/2015 (Resource: Tools and Job Aids)

Plain Language Glossary of Health Care Enrollment Terms: English/Spanish

Online resources to support programs delivering Ryan White HIV/AIDS care

Did you know?

Two out of three Americans with HIV who are in medical care get that care through Ryan White providers.
 See more: HRSA and CDC

Our community is now online. Visit the RW Forums for jobs, tips, and input.

for Clinicians

10 YEARS
of **LEADING INNOVATIONS**
NATIONAL QUALITY CENTER **JOIN US**

ABOUT NQC | REQUEST TA | CONTACT US | SEARCH | UPCOMING EVENTS

Home

NQC is celebrating 10 years of leading innovations in quality improvement across the Ryan White community to advance HIV care.

QUALITY IMPROVEMENT RESOURCES
Helpful tools to assist in your quality improvement efforts

NQC ACTIVITIES
Technical assistance offerings and endeavors developed and supported by NQC

HAPPY BIRTHDAY NQC!
10 YEARS of **LEADING INNOVATIONS**

TELL US HOW NQC HAS HELPED YOU *"Our quality assurance has been increased ten-fold. Thank you for helping us to be the best that we can be."*
YOURS IN THE FIGHT TO COMBAT HIV/AIDS, JEFF ALLEN

CELEBRATING NQC: 2004-2014

2006 | 2007

AETC NATIONAL RESOURCE CENTER Supporting HIV Education for Health Care Professionals Search website

Home | About | Directory | Calendar | Resource Library | ShareSpot | AETC Community

Learn how the AETCs support the National HIV/AIDS Strategy by building clinician capacity and expertise along the HIV Care Continuum throughout the United States.

ShareSpot

Addressing the Gaps in the HIV Care Continuum for Women Living with HIV and their Partners: Recommendations for the National HIV/AIDS Strategy July 29, 2015

Integrating Mental Health and Substance Use Services into HIV Primary Care June 24, 2015

HIV Telehealth Education for Providers in Rural and Medically Underserved Areas of Kentucky May 26, 2015

Some Thoughts on Building Capacity for the AETC Practice Transformation Projects

Highlights

Hepatitis C Online July 30, 2015

Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents: Training Slide Sets July 29, 2015

Integrating Chronic Care and Business Strategies in the Safety Net: A Practice Coaching Manual July 29, 2015

National HIV/AIDS Strategy recommendation letter from Expert Panel & Stakeholders groups on reproductive health & preconception care for PLWH July 29, 2015

Patient-Centered Medical Home Resource Center July 29, 2015

August

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9	10	11	12	13	14	15
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National Medical Association Annual Convention & Scientific Assembly August 1, 2015 to August 5, 2015

2015 American Psychological Association Annual Conference August 6, 2015 to August 9, 2015

2015 National Conference on Health Communication, Marketing, and Media August 11, 2015 to August 13, 2015

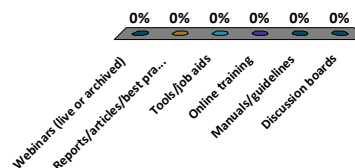
Examining Hepatitis C Treatment Access: What Nurses Need to Know

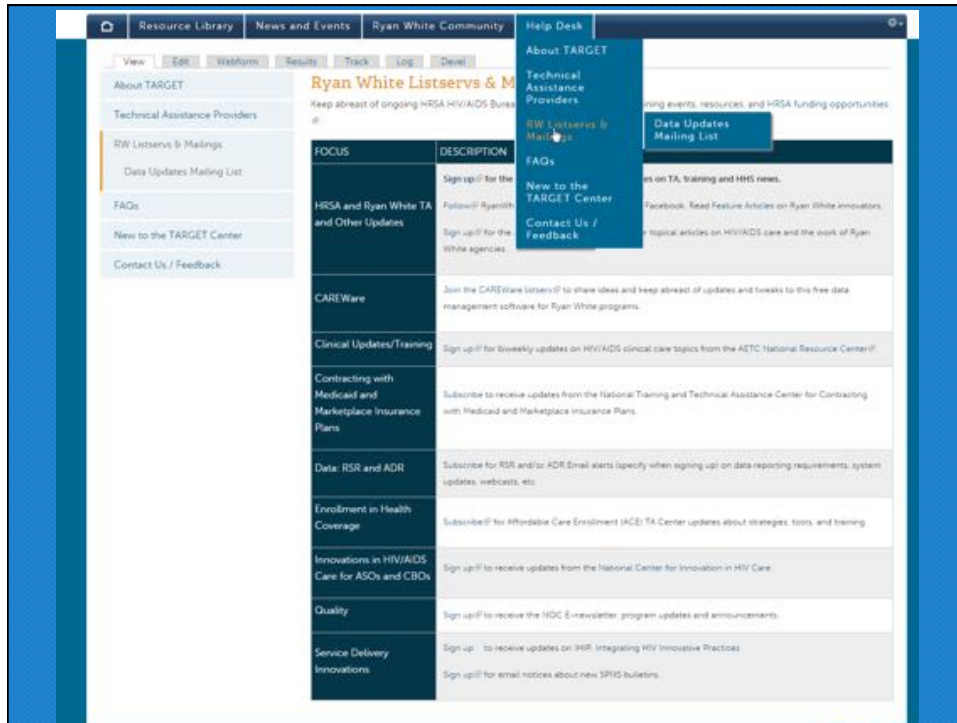
What does online TA look like?

Format	Uses
Webinars & online training	Self education & staff training
Best practices, reports	Ideas & models for new & improved programs
Tools, job aids	Reference, improved consistency & quality
Manuals, guidelines	Reference
Discussion boards	Peer-to-peer support

The online TA I am most likely to use in my work is...

- A. Webinars (live or archived) & Online training
- B. Reports/articles/best practices
- C. Tools/job aids
- D. Manuals/guidelines
- E. Discussion boards





Thank You

<https://careacttarget.org>

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