



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

Addressing Disparities Using Quality Improvement to Make Measurable Differences: Experiences from the end+disparities ECHO Collaborative

Shannon Morris

Jamie Roques

Mulamba Lunda

Marcee Kerr

Jennifer Lee



Agenda



- Introductions – 5 min
- end+disparities ECHO Collaborative – 15 min
- MSM of Color Affinity Experience – 10 min
- BAAL Women’s Affinity Experience – 10 min
- Youth Affinity Experience – 10 min
- Transgender Affinity Experience – 10 min
- CQII Resources + More Information – 5 min
- Panel Discussion, Q&A, Closing – 25 min

Learning Objectives



- At the end of this session, participants will:
 - Describe quality improvement interventions conducted by Ryan White HIV/AIDS Program recipients to work toward ending disparities in HIV care
 - Identify disparities in HIV care using the CQII-developed Disparities Calculator
 - Exchange ideas with other recipients on how to engage other stakeholders in local jurisdictions to end disparities



The end+disparities ECHO Collaborative

Jennifer Lee, MPH, PhD

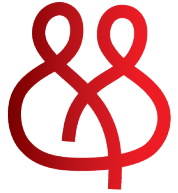
Jennifer.Lee@health.ny.gov

Manager of Special Programs

Center for Quality Improvement & Innovation (CQII)

end
+ disparities





HRSA Ryan White HIV/AIDS Program

**CENTER FOR QUALITY
IMPROVEMENT & INNOVATION**

Center for Quality Improvement & Innovation (CQII)

- Funded by the HRSA HIV/AIDS Bureau [#U28HA37644]
- Timeframe: July 1, 2020 to June 30, 2024 (4 years)
- New York State Department of Health AIDS Institute
Center for Program Development, Implementation, Research and Evaluation (CPDIRE)

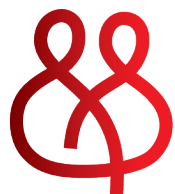
“Together, we continue to improve the lives of people with HIV across the United States. CQII provides state-of-the-art technical assistance and training to Ryan White-funded recipients and subrecipients that measurably strengthen local clinical quality management programs and improve patient care, health outcomes, and patient satisfaction.”



Technical Assistance Levels



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HRSA Ryan White HIV/AIDS Program

CENTER FOR QUALITY IMPROVEMENT & INNOVATION

Communities of Learning

National QI collaboratives with engagement of RWHAP recipients
Annual Quality Award Program to highlight QI leaders

Provision of Technical Assistance

Provision of on/off-site technical assistance
Access to nationally recognized QI content and PWH experts
Tracking all ongoing TA engagements and activities

Communities of Learning

QI Trainings

Face-to-face training sessions to build capacity among providers and PWH
National TA Calls to showcase recipients and QI content
Online tutorials for providers and PWH to learn about QI

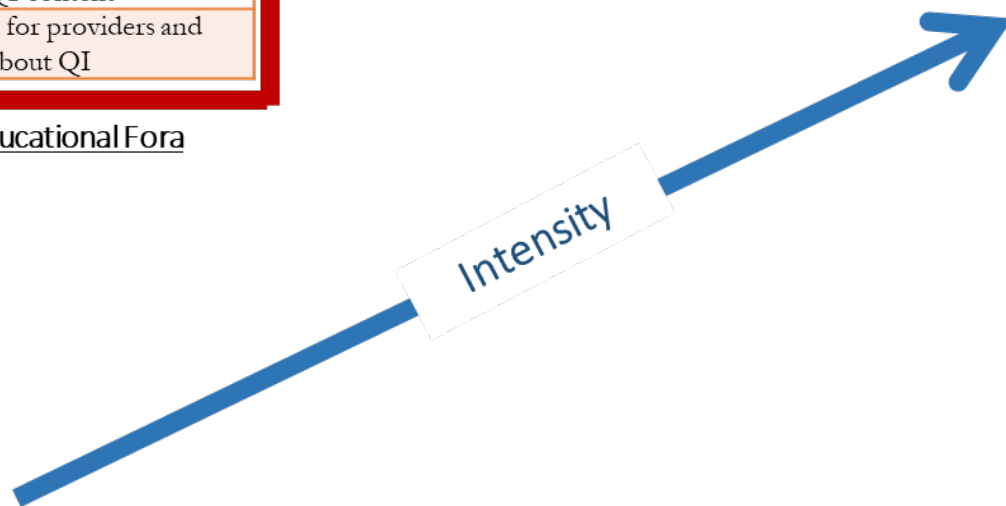
Consultation/Coaching

Dissemination of QI Resources

Online presence of CQII on the TargetHIV website
Presence at national conferences, including the 2020 National Ryan White Conference
National announcements to highlight upcoming events and QI resources

Training/Educational Fora

Information Dissemination



CQII.org | 212-417-4730

Overview of ECHO Collaborative



- The **end+disparities ECHO Collaborative**, a national quality improvement initiative with participation by Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients across all Parts
- The Collaborative focuses on reducing disparities by increasing viral suppression rates in four disproportionately affected subpopulations of people living with HIV (PLWH):
 - **MSM of Color, Black/African American and Latina Women, Transgender People, and Youth (13-24)**

Collaborative Goals



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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

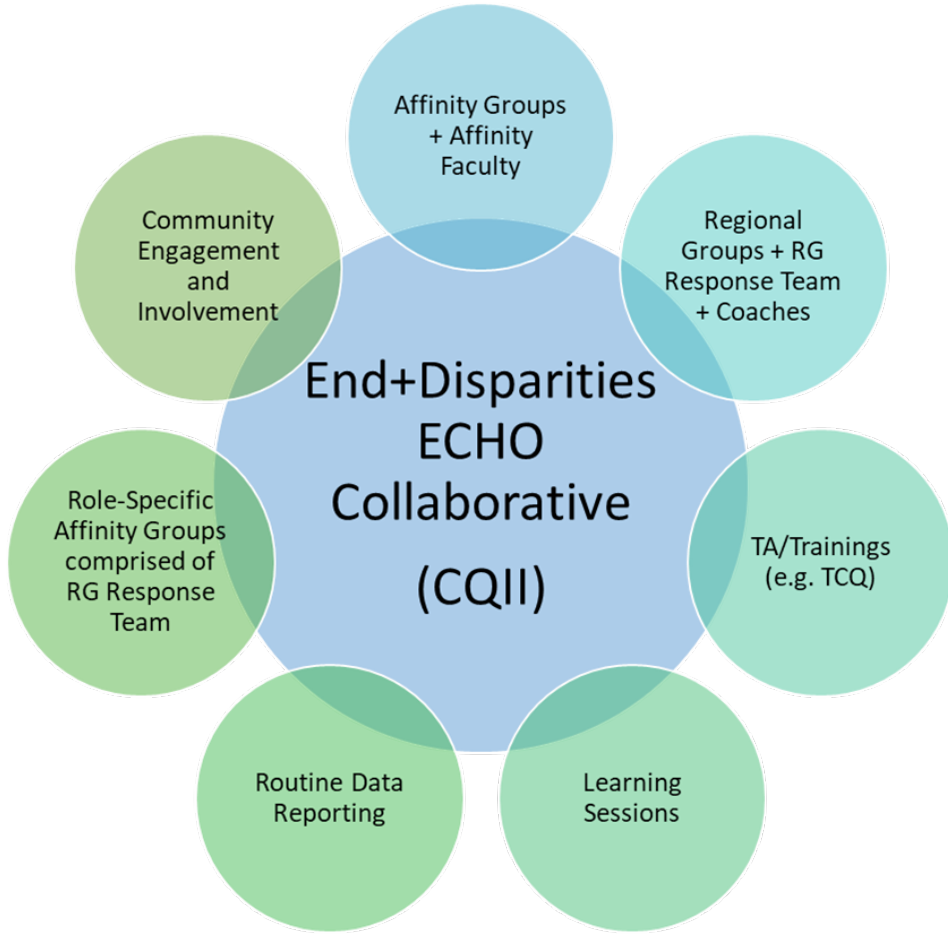
Introductory end+disparities Video



<https://youtu.be/BVCdLNza3sU>

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

Key Components of the end+disparities ECHO Collaborative



Collaborative Overview



MSM of Color

Youth

Transgender People

Black/African American
and 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



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Affinity Groups + Case Presentations

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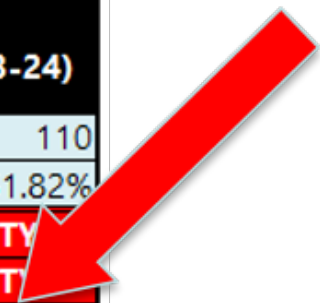


Disparities Calculator



- ✓ 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



Case Presentations



- We developed a Case Presentation Template for participants focusing on quality improvement
- Each agency participating in the Collaborative was asked to present one Case Presentation, and a Follow-up Presentation after 6 months
- Lesson Learned:
 - Include 'Asks' – what do I need from our peer providers?
 - Keep it simple
 - Use data where needed in the presentation
 - Ensure that you focus on a few items for recommendations

Case Presentation Template



Background:

Caseload and Viral Suppression Data and Aims

Caseload:

- Subpopulation (# of HIV patients receiving HIV outpatient ambulatory health services in the selected subpopulation in past 12 months): **[Insert number]**
- HIV Caseload (# of all HIV patients receiving HIV outpatient ambulatory health services in past 12 months): **[Insert number]**

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

- Viral suppression rate for Subpopulation: **[Insert rate]** Aim: **[Insert rate]**
- Viral suppression rate for entire HIV Caseload: **[Insert rate]** Aim: **[Insert rate]**

Ask:

What improvement ideas can move my quality improvement project forward?

[What is your main ask that will help you to measurably increase viral suppression for your identified subpopulation? Please phrase the ask as a question and consider requests for specific tools to address a problem, specific advice, best practices.]

- **[Insert your agency's ask here. Please be as precise as possible.]**

Data from end+disparities Database:

Viral Suppression Data Submissions:

	Jul 18	Sep 18	Nov 18	Jan 19	Mar 19	May 19	Jul 19	Sep 19
Entire Caseload								
[Subpopulation]								

Change Ideas:

What quality improvement interventions are you planning to test going forward?

[What improvement ideas are planning? What was the rationale for selecting them?]

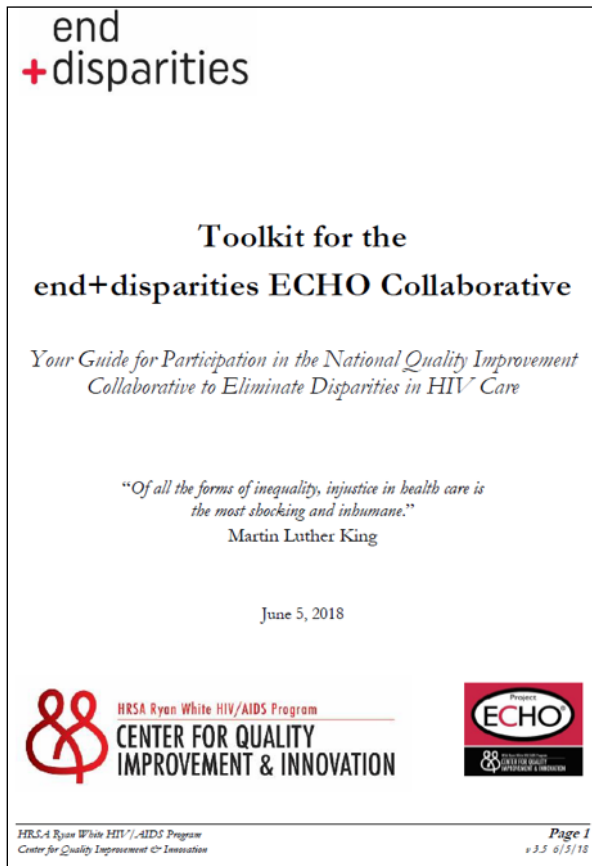
- **[Share change ideas that you are planning on testing]**

Collaborative Tools

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+ disparities



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 PWH

V) Affinity ECHO Groups

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

VI) Viral Suppression Performance Measurement Reporting

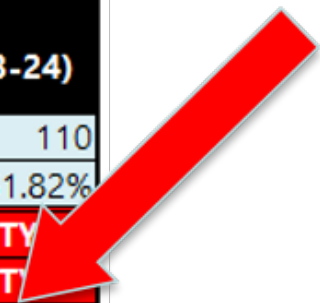
VII) Quality Improvement Intervention Submission

Disparities Calculator (2)



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

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Change Ideas to Reduce HIV Disparities



Change Idea Description	Basic Needs and Peer Support?	Community Engagement and Education?	Staff Competency and Comfort?	Improvement Measure?	Medication and Treatment Retention?	Representative Staff?	Health Delivery System and Process Change?	Welcoming and Encouraging Environment?	Subpopulation focused?
Used cause and effect diagram exercise to investigate subpopulation's needs									
Used driver diagram exercise to investigate subpopulation's needs									
Add LGBT+ competency of staff as quality measure				Y				Y	Y
Conduct LGBT competency training for all staff regardless of prior knowledge or comfort			Y					Y	Y
Conduct stigma and its relation with HIV and LGBTQ community training			Y					Y	Y
Intake forms and questions updated to be more inclusive based on LGBTQ+ identities							Y	Y	Y
Incorporate inclusive signage in the clinic								Y	Y
Compile comprehensive list of national, statewide, and regional resources and referrals, medical, legal, and religious for LGBT+ folks	Y		Y						Y
Market open positions to LGBT community		Y				Y			Y
Have basic needs been met? (transportation, housing, dental, food, hygiene, mental health) as health care measure	Y			Y					
Identify those clients not already listed as transgender or gender fluid on datasets and update in EMR							Y		Y
Staff trained on completing SOGI form on EMR software (epic)			Y				Y		Y
Conduct survey for staff on attitudes and knowledge for care of transgender persons			Y						Y
Utilize training modules from lbgqthealtheducation			Y					Y	Y
All staff display preferred pronouns on badges								Y	Y
Last name of patient in waiting area is called instead of first name							Y	Y	
Have intake staff inquire patient about preferred name and pronouns							Y	Y	Y
Attendance at Transgender Health Summit			Y						Y
Trauma Informed Care to training all staff			Y					Y	

- Compendium of change ideas that have been tested or implemented by or suggested to participants of the end+disparities ECHO Collaborative
- Data sources: Community Partner Reporting Forms, Case Presentations and recommendations, calls with selected agencies by CQII staff, interviews by SUNY evaluators
- Listing of change ideas by HIV subpopulation, content category, agency and contact name, data source, implemented/in progress/recommended
- 577 change ideas by 63 Community Partners sorted across 12 categories, four Affinity Groups, and 17 Regional Groups

Signs for Virtual Sessions

Our Affinity ECHO Signs

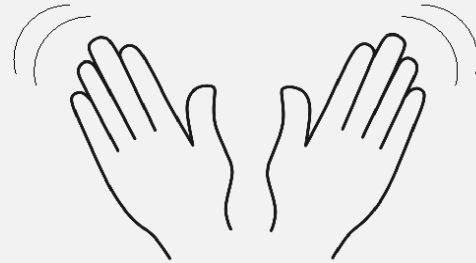
Use Them to Communicate Virtually

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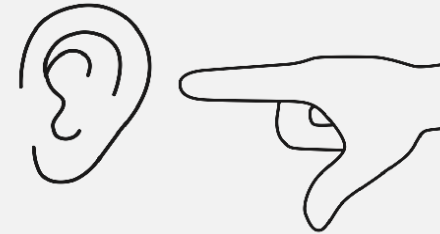
Applause

I enjoy and/or support what you are saying



Can't Hear You

Please unmute your line



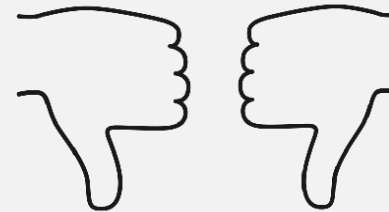
Want to Share

I have a question or want to speak next



Technical Problem

I need some technical support

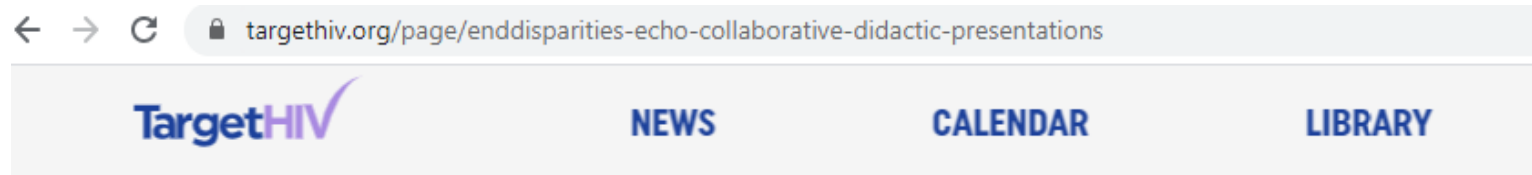


If you need help, email CQII at CollaborativeSupport@CQII.org or call 212-417-4730.

- ✓ A password-protected online platform open to all Collaborative participants for document sharing
- Features include:
 - share QI resources
 - maintain a library of documents
 - report aim statements
 - report QI interventions
- Each Regional Group can manage their own Glasscubes workspace and post documents relevant to their local work

<https://cqii.glasscubes.com/share/s/lbq69neurq5dustcd7934v7r40>

- ✓ Didactic presentations from our Affinity ECHO Sessions are uploaded for download on the TargetHIV website [CQII.org]



Home » Center for Quality Improvement and Innovation Home » end+disparities ECHO Collaborative

end+disparities ECHO Collaborative Didactic Presentations



Collaborative Reach

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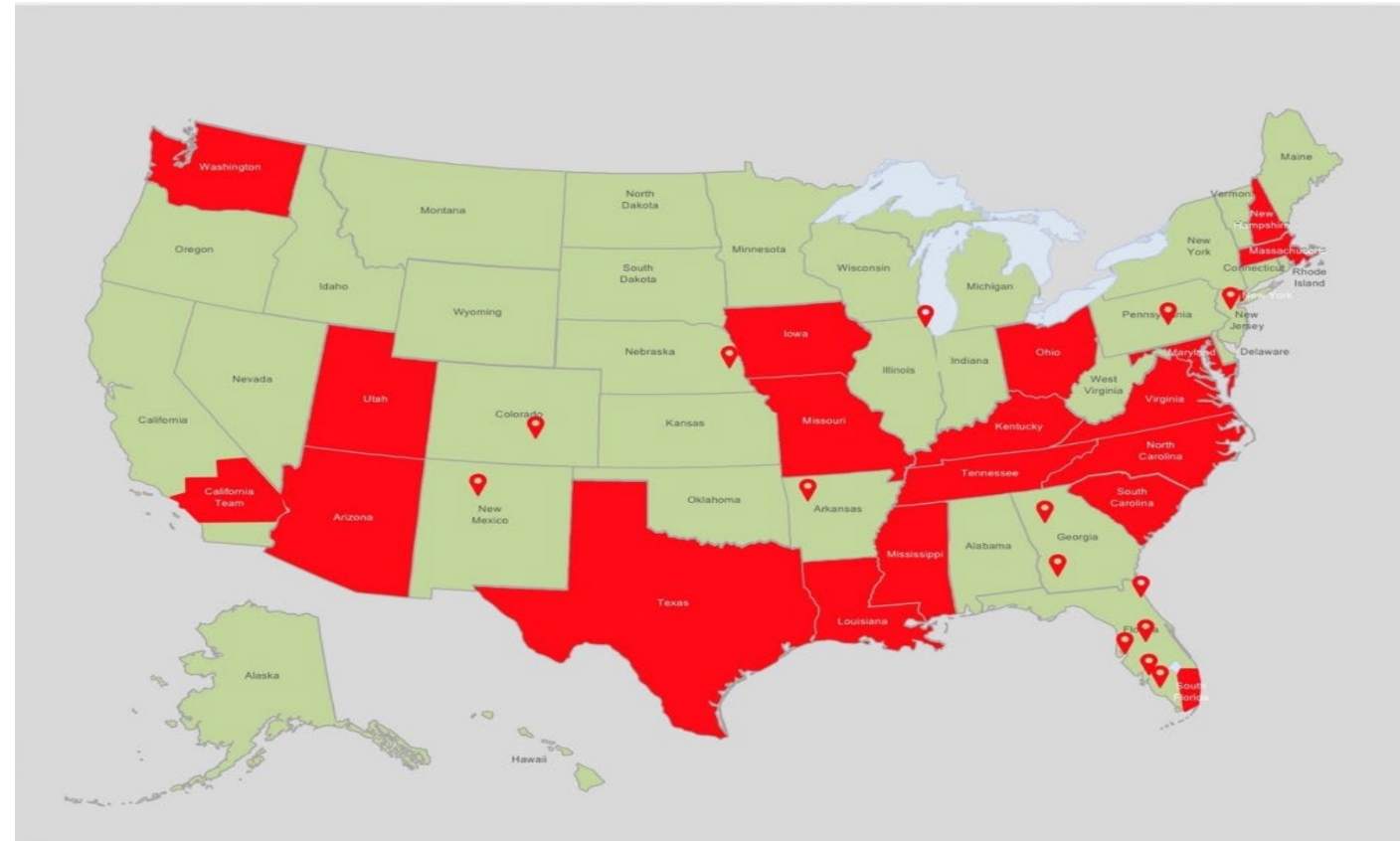


end+disparities ECHO Collaborative Teams



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



Regional Groups



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Community Partners

30 YEARS

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Learning Sessions



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Affinity Groups via Zoom



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Collaborative Impact

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Viral Suppression (Jul 2018 – Dec 2019)

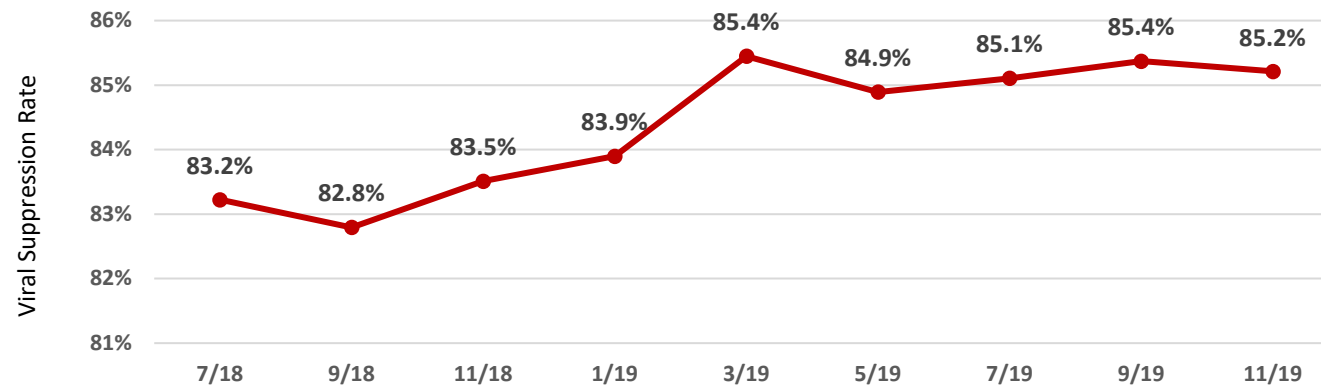


What Were the Data Telling Us? Overall Viral Suppression Data Submissions (Jun 18, 2020)

Overall Viral Suppression (VS) Rates

<i>Data Cycle</i>	<i>Denominator</i>	<i>Numerator</i>	<i>VS %</i>
Jul-18	137,826	114,703	83.2%
Sep-18	131,374	108,769	82.8%
Nov-18	121,230	101,239	83.5%
Jan-19	126,942	106,500	83.9%
Mar-19	127,457	108,909	85.4%
May-19	118,394	100,508	84.9%
Jul-19	117,714	100,182	85.1%
Sep-19	118,123	100,843	85.4%
Nov-19	118,343	100,842	85.2%

‘The overall viral suppression rate increased from 83.2% (Jul 2018) to 85.2% (Nov 2019) decreasing the number of people with HIV who are not virally suppressed by 12%.’



<i># of Submissions</i>	<i># of RW Sites (n=144)</i>	<i>%</i>
9	63	44%
8	30	21%
7	7	5%
6	5	3%
5	3	2%
4	4	3%
3	5	3%
2	8	6%
1	19	13%

Viral Suppression (Jul 2018 – Dec 2019)

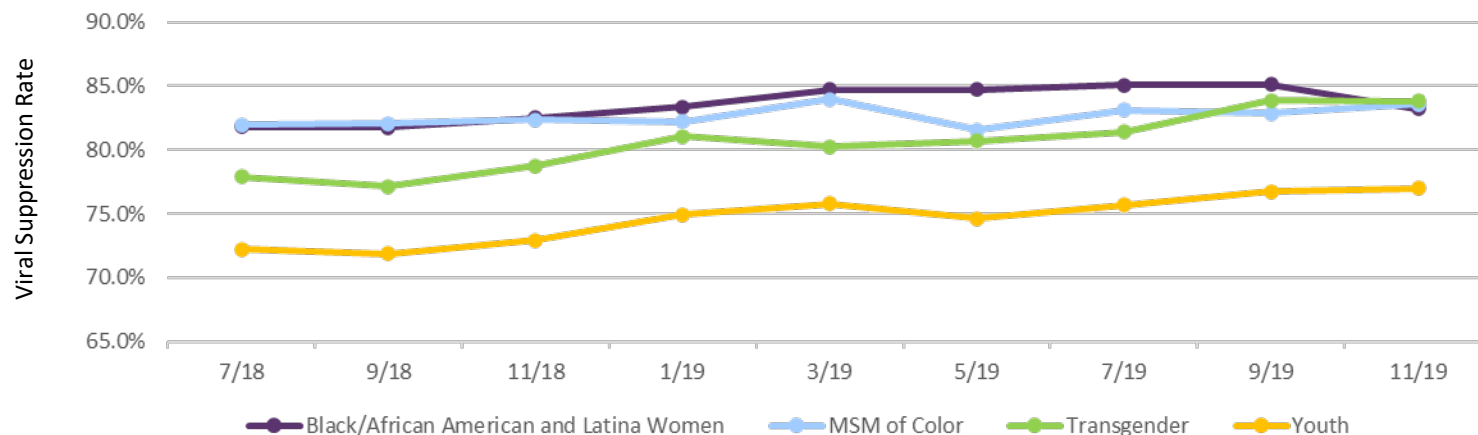
(2)



What Were the Data Telling Us? Cross-Sectional Data Submissions (Jun 18, 2020)

	<i>B/AA Latina Women</i>	<i>MSM of Color</i>	<i>Transgender</i>	<i>Youth</i>
Jul-18	81.8%	82.0%	77.9%	72.2%
Sep-18	81.8%	82.0%	77.1%	71.8%
Nov-18	82.5%	82.4%	78.7%	72.9%
Jan-19	83.4%	82.2%	81.1%	74.9%
Mar-19	84.7%	84.0%	80.3%	75.8%
May-19	84.7%	81.5%	80.7%	74.6%
Jul-19	85.1%	83.1%	81.4%	75.7%
Sep-19	85.1%	82.9%	83.8%	76.7%
Nov-19	83.2%	83.6%	83.8%	77.0%

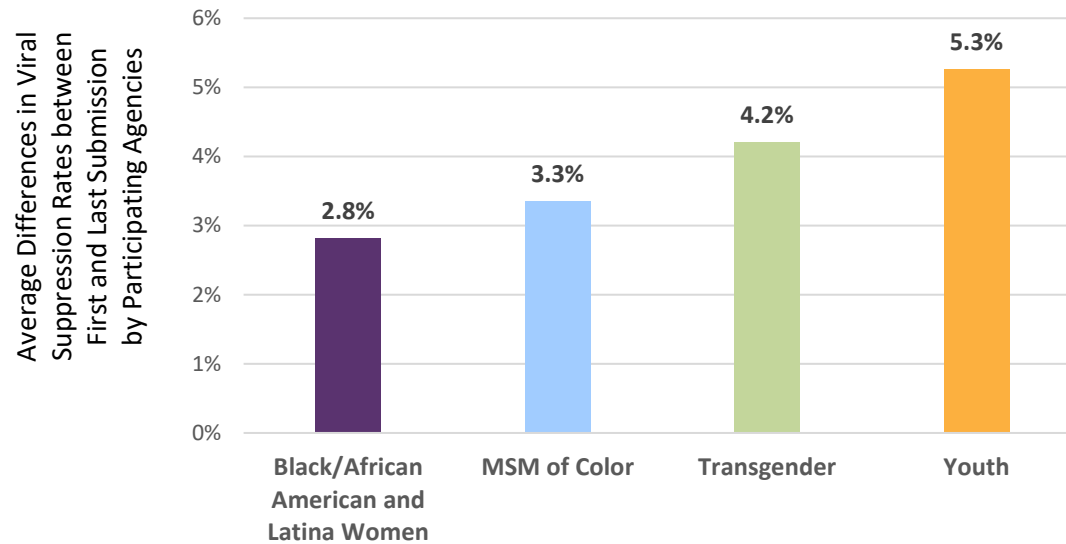
‘Between July 2018 and November 2019, the subpopulation viral suppression rates increased on average 3.4%, specifically Black/AA Latina Women from 81.8% to 83.2%; MSM of Color from 82.0% to 83.6%; Transgender from 77.9% to 83.8%; and Youth from 72.2% to 77.0%.’



Viral Suppression (Jul 2018 – Dec 2019) (3)



Were We Improving? Difference between First and Last Submission for Each HIV Subpopulation (Jan 9, 2020)

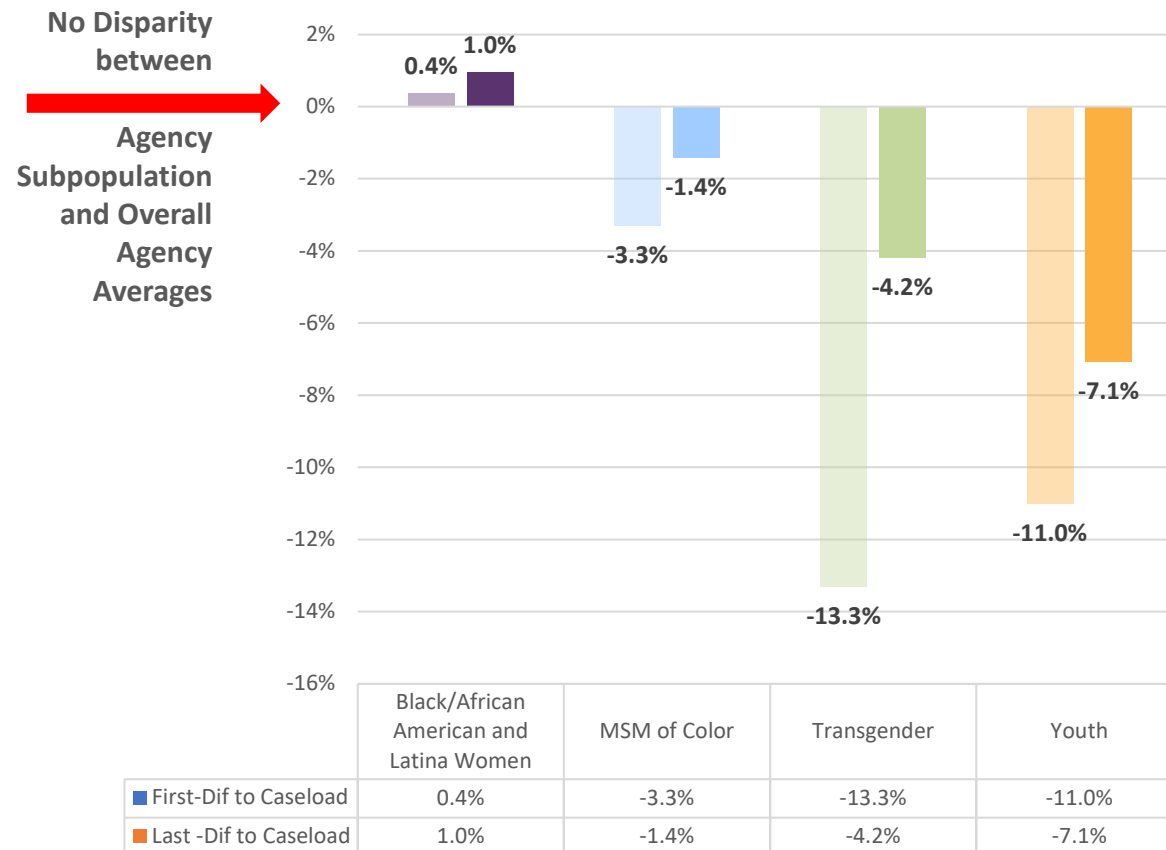


'Gains in viral suppression rates were found across all HIV subpopulations (on average 3.9%) when comparing the first and last agency viral suppression data submissions.'

Viral Suppression (Jul 2018 – Dec 2019)

(4)

Were We Closing the Gap? Changes in Agency Subpopulation vs Overall Agency VS Rates (Jan 9, 2020)



'The gap between HIV subpopulation and overall viral suppression rates was reduced for all four groups, on average by 3.9%, between July 2018 and November 2019.'

# of Waves Difference	# of Sites (n=118)	%
9	62	53%
8	29	24%
7	4	3%
6	6	5%
5	4	3%
4	2	2%
3	5	43%
1	7	6%

Avenue 360 Health and Wellness Houston, TX

Dr. Shannon Morris, DNP, FNP-C

smorris@avenue360.org

MSM Affinity Group

end + disparities

Affinity Group:
MSM of Color

Regional Group:
Texas

Collaborative Engagement



MSM of Color Affinity Group

Bi-monthly Participation in Affinity Sessions
Affinity Case Presentation July 2019



Texas Regional Group

Community Partner Liaison
Monthly Regional Group Meetings

Problem/Background

MSM of Color in Houston have lower viral suppression rates in comparison to other sub-populations and have the greatest impact per client

	%	Viral Suppression Rate	Client Count
Entire HIV Caseload	74.96%	74.96%	555/715
MSM of Color	57.34%	57.34%	408/715
Other MSM	73.83%	73.83%	307/417
Other MSM of Color	74.63%	74.63%	281/376
Other MSM of Color (MSM of Color)	67.78%	67.78%	227/335
Other MSM of Color (MSM of Color)	70.11%	70.11%	209/298
Other MSM of Color (MSM of Color)	73.13%	73.13%	198/271

Client Name	Age	Gender	Race	MSM of Color	Viral Suppression Rate
Client 1	45	M	Black	Yes	75%
Client 2	38	M	Black	Yes	60%
Client 3	52	M	Black	Yes	80%
Client 4	41	M	Black	Yes	70%
Client 5	35	M	Black	Yes	65%

Selection of Interventions

- Peer Support Group – In recruitment phase
- “U be U Campaign” to recognize and celebrate obtaining viral load suppression- ongoing



end+disparities ECHO Collaborative

Learning Session 4 – September 24-25, 2019
5600 Fishers Lane, Rockville, MD

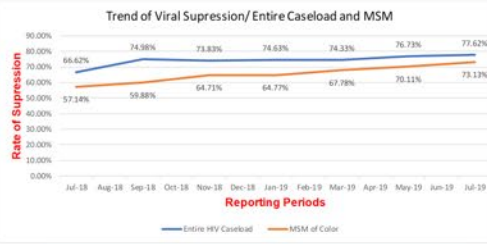


Avenue 360 Health and Wellness

Houston, Texas

Deborah Marino, Rubab Aziz, Kareem Alobaidi, Emely Mejia, Shannon Morris, Diane Arms, Marisol Mendoza, Jorge Monsivais, Oscar Perez

U be U Campaign Makes a Difference for MSM of Color in Houston, TX



Total Caseload: 555/715
Subpopulation: 117/160
Goal: 80% Viral Suppression Rate



Root Causes - Current State



U be U Campaign for MSM of Color



Meet Our ECHO QI Team



Tests of Change/Implementation

Month/Year	Describe your Strategies	Responsible/Assigned Individual(s)
Jun 2018	Create an improvement team dedicated to this QI project Compile a Fishbone diagram related to barriers of achieving viral suppression	Director of Quality, Director of Nursing, Director of Behavioral Health, Medical Assistant (QA Champion for patient engagement), Director of Health Promotions, Case Management, Data Analyst Team
Jul 2018	Begin data collection and drill down Complete agency Aim Statement Survey clinicians on the topic "Viral Suppression"	Director of Quality, Director of Health Promotions, Case Management
Aug 2018	Survey patients on barriers to viral suppression Peer Support Group for MSM in progress	Data Analysts, Health Promotions, Case Management
Sep 2018	Identify patients not virally suppressed, create contact list, begin outreach efforts	Director of Quality, Director of Nursing, Director of Behavioral Health, Medical Assistant (QA Champion for patient engagement), Director of Health Promotions, Case Management, Data Analyst Team
Oct 2018	Meet with Texas HIV Community Liaison to secure Gilead support for peer group	Director of Quality, Data Analyst Team
Nov 2018	ECHO Learning Session Q2	Director of Quality, Data Analyst Team
Dec 2018	Regional group meeting, Potential campaign to increase viral suppression discussed with funding from HRSA	Director of Quality, Case Management
Jan 2019	Peer Group Recruitment	QA Champion, Case Management
Feb 2019	Peer Group Recruitment	QA Champion, Case Management
Mar 2019	Peer Group Recruitment implemented U be U campaign	QA Champion, Case Management, Director of Behavioral Health, Medical Assistant (QA Champion for patient engagement), Director of Health Promotions, Case Management, Data Analyst Team
Jul 2019	Identify patients not virally suppressed and test viral load test data for follow-up and U be U campaign promotion	HIV providers, QA Champion, Data Analyst Team, Case Management



Aim Statement

- By Oct 2018 at least 95% of Black MSM who are out of care in the past 6 months will have an attempted outreach contact
- By Jan 2019 at least 50% of patients identified as out of care will be linked back into care
- By Dec 2019 Black MSM will have a 25% increase in viral load suppression
- By Dec 2019, the identified disparity subpopulation will have the same average viral suppression rate of the entire HIV caseload; no measurable disparity will be detected for this population
- By Dec 2019, at least 80% of all patients living with HIV served by the agency will be virally suppressed compared to the baseline of 72% in June 2018, thus meeting the national HIV/AIDS Strategy goal

Spread and Sustainability

- Quarterly PDSA to monitor viral suppression
- Continuous monitoring of data entry and data errors
- Care team management to address SDOH and eliminating barriers
- Maintain a list of patients not virally suppressed for case management engagement

Engagement of Staff and Consumers

Infectious Disease Service Line Team Members



Dr. Juan Garza, MD, Emely Mejia, Lucero Saldana, Sharon Jones, NP-C

Lessons Learned

- Social determinants of health and competing priorities remains the biggest barriers for achieving viral suppression
- WATCH YOUR DATA! We had a backlog in data entry that impacted our May results. Once identified and corrected viral suppression rates improved not only for our agency but our local EMA as well

Avenue 360 Health and Wellness
Houston, Texas
Part A, B, D
Total Caseload: 715

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Open Health Care Clinic Re-engagement into HIV Care A Quality Improvement Project

Jamie Roques, MPA, MPH, APRN

jamie.roques@ohcc.org

Black, African American, Latina Women's Affinity Group

QI Project Background



- HIV Gaps in Care is a HAB measure that we have identified as an area needing improvement
- The goal is <20%; when we began this project, we were at 22% for the entire HIV population
- The team is testing several interventions with this cohort in addition to the Black/African American and Latina Women subpopulation
- Viral suppression is a key indicator of HIV healthcare, so we are tracking the viral suppression rate of those who have re-engaged into care

Project Team



Team Lead	
Name	Position/Title
Jamie Roques, MPA, MPH, APRN	Director of Nursing, Team Lead

Data Team	
Name	Position/Title
Jason Kraemer, RN, BSN	Nurse Manager, Quality Improvement
Suzanne Metoyer	Ryan White Program Manager
La'Shantlen Russ, MPA	Quality Manager
William Spatafora, MPA	Quality Data Analyst
Shelley Warrington, RN, BSN	RN

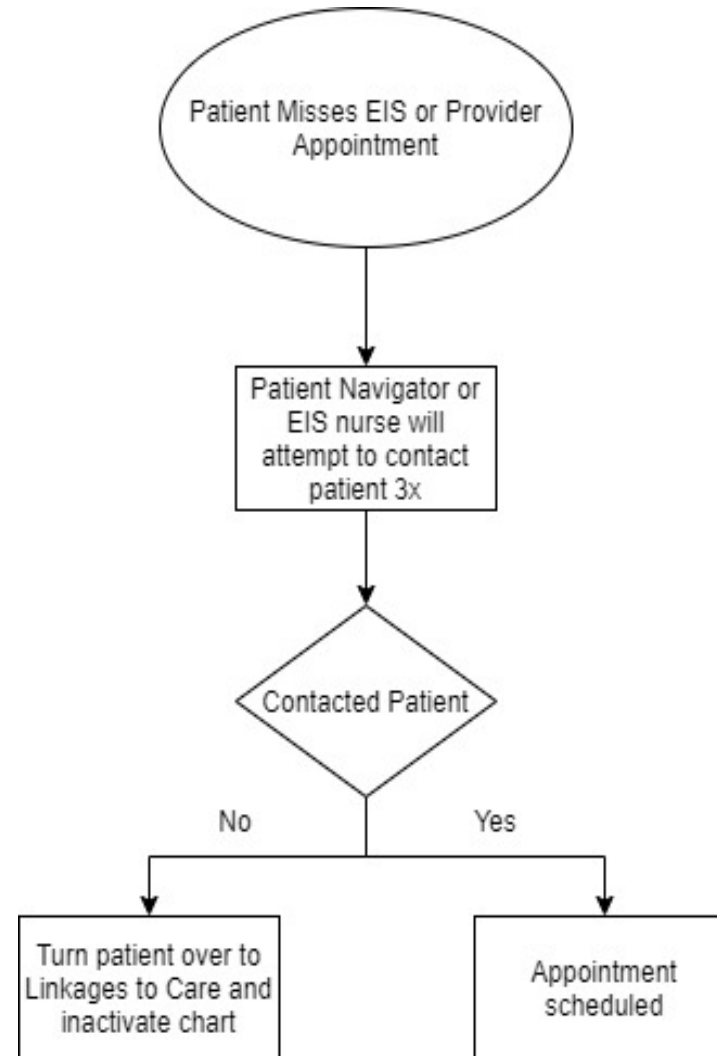
Re-Engagement Team	
Name	Position/Title
Bettina Boone, MPH	Health Models Coordinator
Eugene Collins	Director of Community Services
Tasia Clayton, RN, BSN	PrEP/PEP RN Case Manager
Meta Smith-Davis	Asst Director of Community Services
Maraneth Graugnard, RN, BSN	RN Community Services
Mary Heintz, RN, BSN	RN Case Manager

Project Goal

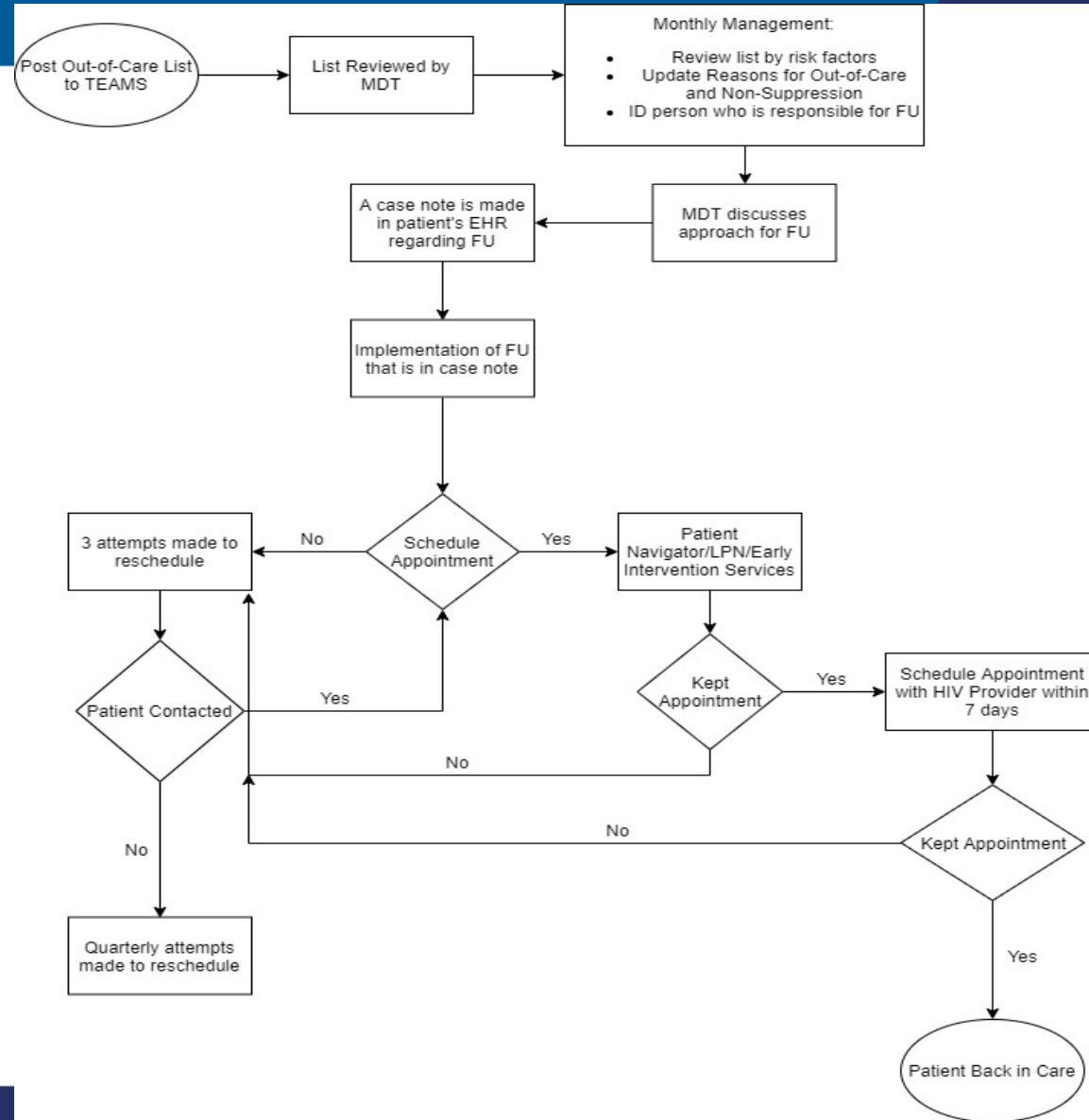


- Reduce gap in care from 22% to below 10% by reducing:
 - The number of out of care PLWH and the number of Black/African American and Latina Women out of care from May 2019 to December 2020 by 50%
 - Data source:
 - Number of OHCC *Out of Care* reconciled list
- Increase:
 - The number of PLWH re-engaged in care by 50%
 - The number of BAAL women re-engaged in care by 50%

Previous Re-engagement Process Map



New Re-engagement Process Map



Measure Definitions



- Gap in Care - percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year
- Out of Care - percentage of HIV+ patients with no HIV clinical encounter (includes medical visit & labs) in the last 6 months
- Returned to Care - percentage of patients with first returning medical visit with an HIV provider
- Viral Suppression - less than 200 copies/mL at last medical visit

Patients living with HIV that meet the following criteria:

- Moved out of service area
- In care elsewhere
- Death
- Other (incarceration, nursing home, etc.)

OHCC HIV Out of Care Population Characteristics



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Patient Sex	N	%
F	64	30.77%
M	144	69.23%
Grand Total	208	100.00%

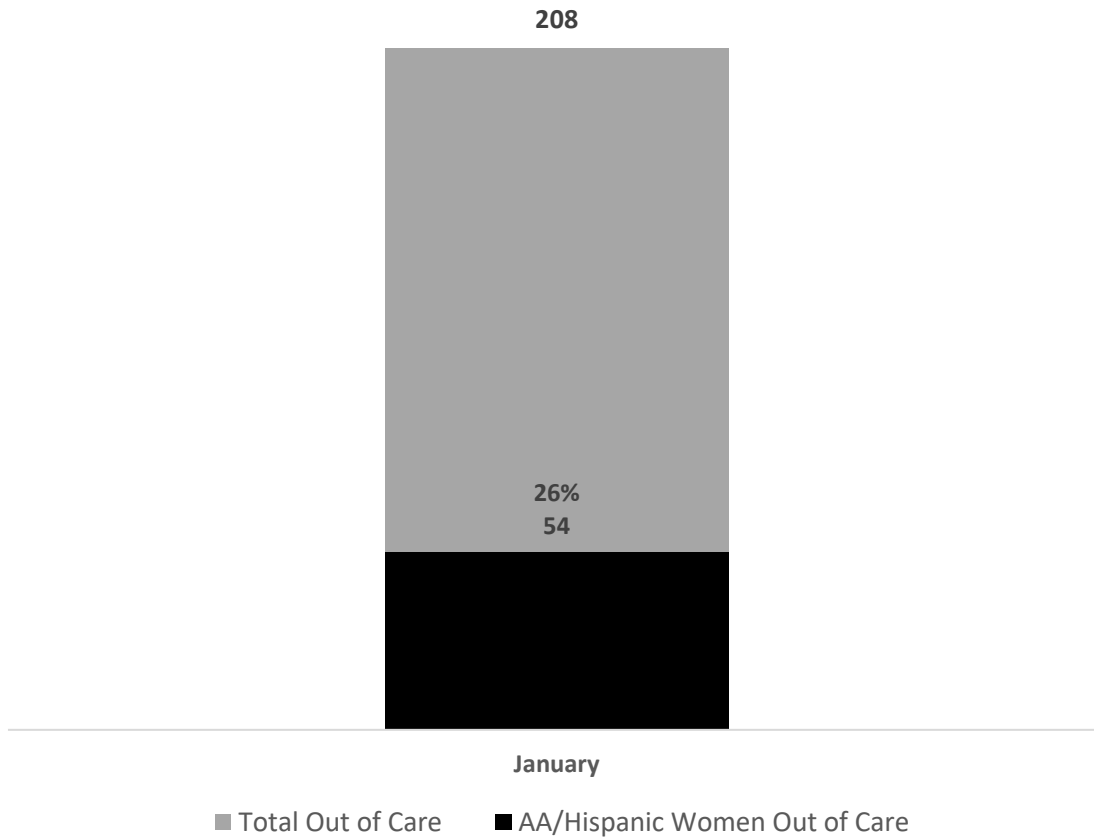
Race	N	%
Female		
Black or African American	52	25.00%
White	12	5.77%
Male	6	
Black or African American	103	49.52%
White	41	19.71%
Grand Total	208	100.00%

Patient Sexual Orientation	N	%
Bisexual	5	2.40%
Don't know	53	25.48%
Lesbian, gay or homosexual	53	25.48%
Straight or heterosexual	97	46.63%
Grand Total	208	100.00%

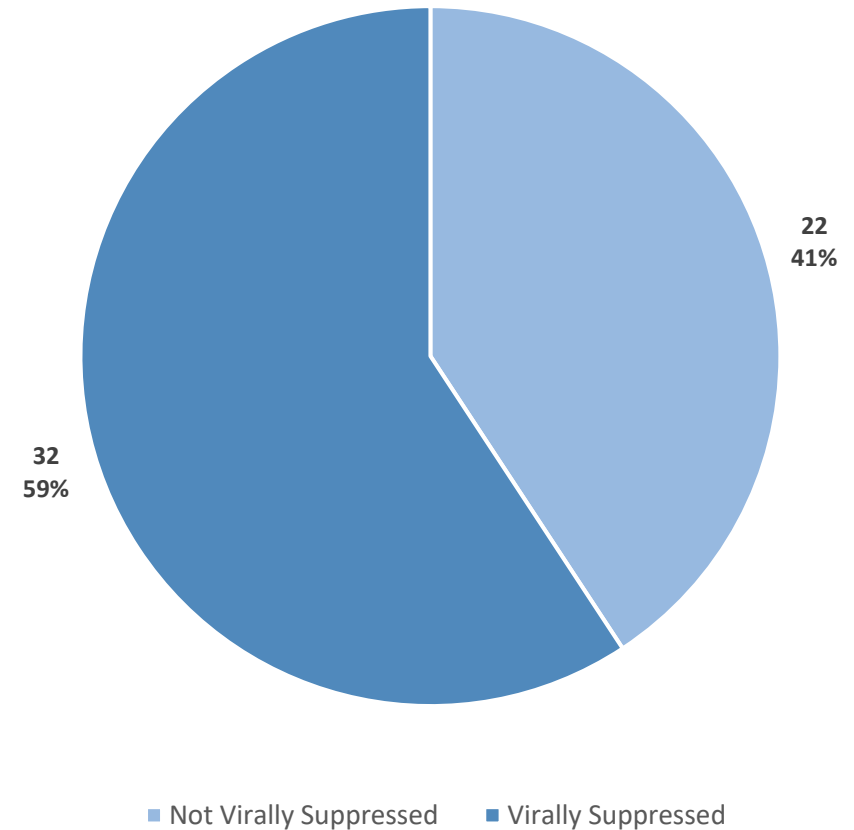
BAAL Women Out of Care Distribution & Viral Suppression



BAAL Women Distribution Among HIV Out of Care



Viral Suppression Among BAAL Women Patients Out of Care

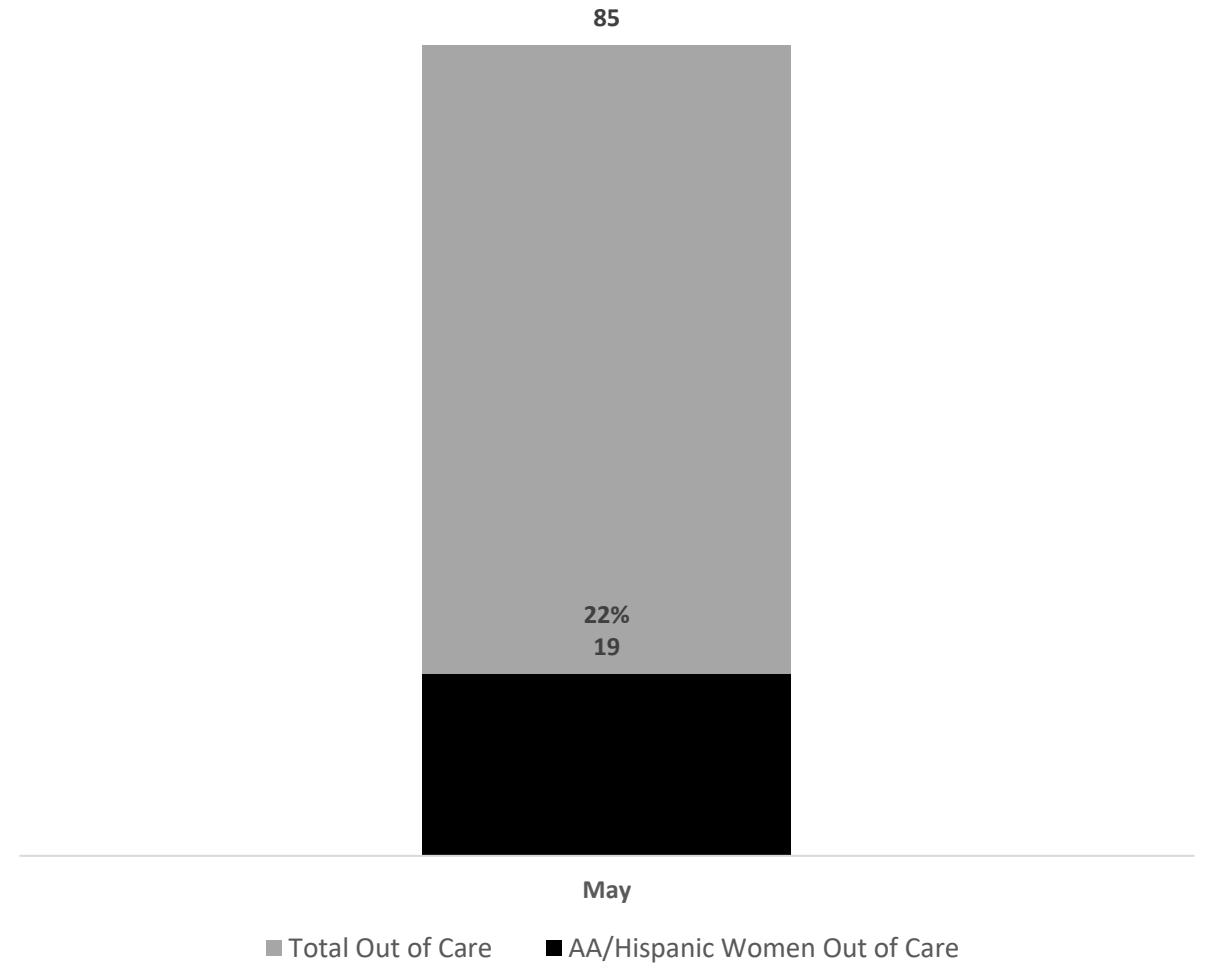
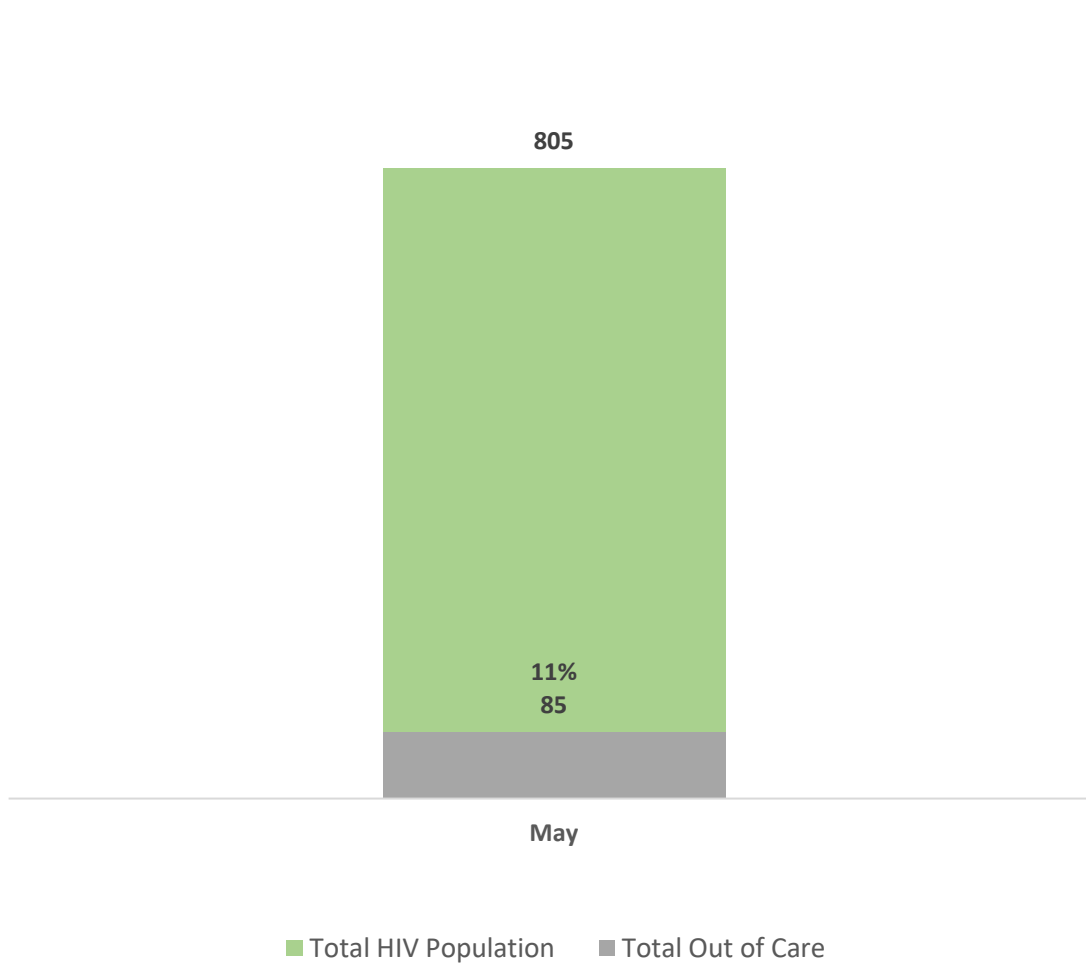


State Surveillance Out of Care Baseline Data



State Surveillance Matched HIV Patients Out of Care

BAAL Women Distribution Among HIV Out of Care



Outcomes of New Processes



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Patient Status	N	%
Back In Care	10	11.76%
Moved Out of Service Area	9	10.59%
In Care Elsewhere	7	8.24%
Other	3	3.53%
Out of Care	56	65.88%
Grand Total	85	100.00%

Overall Outcomes BAAL Women



August:

- 19/86 (22%) were identified as Black/African American and Latina Women who are out of care
- Of the initial 19 Black/African American and Latina Women on the out of care list
 - 10 (52%) were successfully re-introduced back into care
 - 6 (32%) were identified as In Care Elsewhere, Relocated Out of Service or Other
 - 3 (16%) remain out of care



Eau Claire Cooperative Health Center, Inc. Columbia, SC

Mulamba Lunda, MPH, LMSW

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Youth Affinity Group



Reflections from Participation in Youth Affinity Group



- Regional group focus (power in numbers)
- Peer sharing / Peer learning
- Shared goal(s) / ideas with the same bottom line
- Collaboration
- Virtual meetings

Reflections from Participation in Youth Affinity Group Continued...



- Data
- Bio-Psycho-Social assessment
- Open supportive environment (emotional and physical)
- Youth corner
- Carry the torch / Pass on the torch

The power of RE:

- brings different results
- fresh perspective
- no fear in Repetition
- practice makes perfect
- exchange ideas/share
- disseminate information

Lessons Learned Along the Way....



- Technology
- Small numbers, big impact
- Consider developmental stages
- Targeted efforts, start small and build on
- Consider young people first not last all the time
- Re-assurance / positive affirmations

Thank you!



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end+disparities ECHO Collaborative

Tales of a Part A Recipient

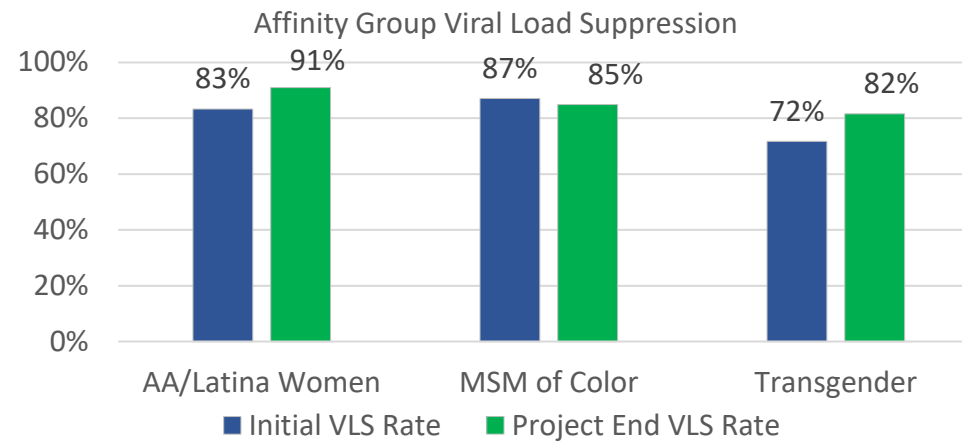
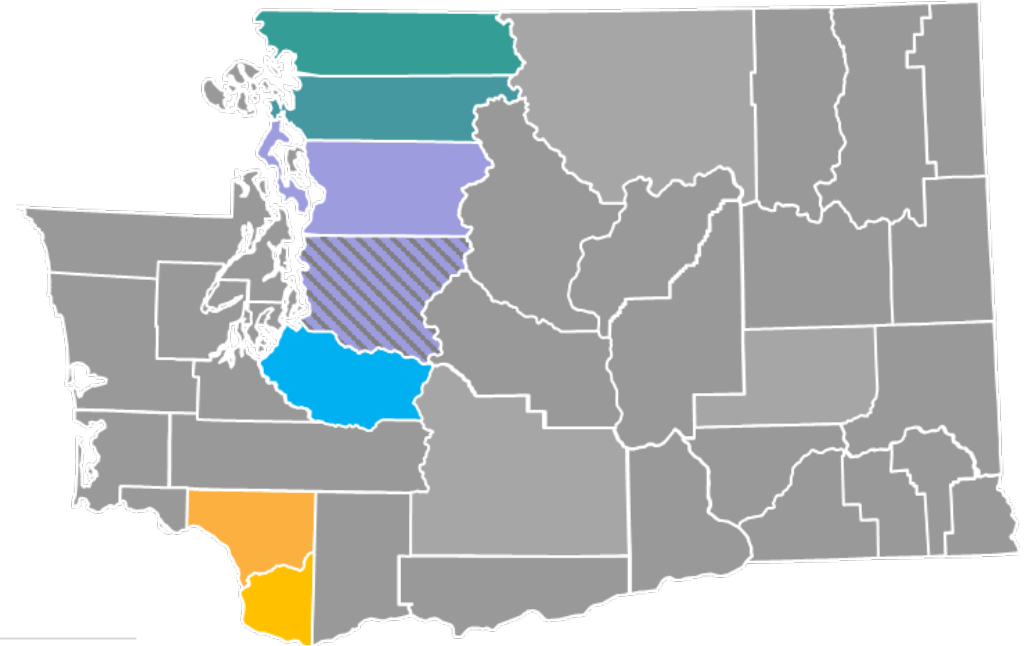
Marcee Kerr

marceek@uw.edu

Transgender Affinity Group

Cascadia Regional Group

- Bailey Boushay House
- Cascade AIDS Project
- Community Health Centers – Tacoma
- Harborview Medical Center
- Lifelong
- Public Health – Seattle & King County (Part A)
- WA State Dept. of Health (Part B)



Transgender Affinity Group



- Small Affinity Group
 - Small group size (10) allowed more opportunity for everyone to participate and for more in-depth discussion
- Cascadia Region Represent!
 - 3 providers from our regional group participated in this affinity group
- Topics most often discussed - Data Collection Challenges and Stigma
 - Current methods tend to underreport TG/GNC individuals and make it difficult to identify disparities when they exist
 - Stigma – need I say more.
- Having faculty with lived experience participate in the sessions was essential
- QI tools and resources shared during the collaborative were extremely helpful

A few of my favorite things...

DMAIC Model

Plan			Do	Study	Act
Define	Measure	Analyze	Improve		Control
Identify and Prioritize Opportunities <ul style="list-style-type: none"> • SWOT analysis • Force Field Analysis • Value Stream Map • Voice of the Customer Techniques/focus group Develop Project Goals <ul style="list-style-type: none"> • AIM Statement or Project Charter 	Describe Current Process <ul style="list-style-type: none"> • Flow Chart • Swim Lane Map • Spaghetti Map Collect Data on Current Process <ul style="list-style-type: none"> • Control Chart • Run Chart • Checksheet • Histogram • Scatter Diagram • Pareto Chart • Radar Chart 	Identify Root Causes <ul style="list-style-type: none"> • Cause and Effect Analysis (Fishbone) • 5 Whys • Affinity Diagram Identify Improvements <ul style="list-style-type: none"> • Solution and Effect Analysis • 5 How's • Driver Diagram Develop Improvement Theory <ul style="list-style-type: none"> • Ranking and Voting • Decision Matrix/Priority Matrix • SIPOC Diagram • FMEA 	Develop Action Plan <ul style="list-style-type: none"> • Implementation Plan • Gantt Chart Display New Outcomes <ul style="list-style-type: none"> • Kanban Board • Performance Measures • Before/After Analysis Collect Data on Improved Process <ul style="list-style-type: none"> • Checksheet • Run Chart • Histogram • Control Chart • Scatter Diagram • Pareto Chart • Radar Chart Describe Improved Process <ul style="list-style-type: none"> • Flow Chart • Swim Lane Map • Value Stream Map • Spaghetti Map 	Adopt <ul style="list-style-type: none"> • Control Plan • Standard Work • Poka-Yoke • Visual Measures • Storyboard Adapt <ul style="list-style-type: none"> • “Revisit Do/Improve” tools Abandon <ul style="list-style-type: none"> • Revisit “Plan/”Measure and Analyze” tools 	

Technical Assistance in Action



- Local provider (also a member of the transgender affinity group) asked for help with their QI project
- Challenge
 - Stuck in interview phase and QI project was losing momentum
 - Unable to identify the “hold-up”
- Collaborative/regional group format allowed the local provider immediate access to in-person, one-on-one coaching and technical assistance
- Changes were made to that phase of the project based on the coaching session and the project was able to get back on track

Positive Impacts of the end+disparities ECHO Collaborative



- Viral suppression rates for the transgender population who accessed services from end+disparities ECHO Collaborative participants improved 10% over the project period, from 72% to 82%
- Increased Sharing of Resources and Best Practices
- Regional Group sustainability



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CQII Resources + Information

end
+ disparities



CQII Website



- ✓ Detailed description of and access to CQII services, including Quality Academy
- ✓ CQII QI resources are available, including guides, didactic presentations, past recordings
- ✓ Access to TA Request Form
- ✓ Access point to CQII trainings
- ✓ Overview of end+disparities ECHO Collaborative

CQII.org

Tools for HRSA's Ryan White HIV/AIDS Program

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NEWS CALENDAR LIBRARY COMMUNITY HELP

Home » Help » Technical Assistance Directory » Center for Quality Improvement and Innovation

Center for Quality Improvement and Innovation

HRSA's Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation (CQII) provides technical assistance on quality improvement to Ryan White HIV/AIDS Program recipients. CQII (formerly the National Quality Center-NQC) has the expert quality improvement consultants with whom many of you have worked. CQII provides face-to-face trainings, TA webinars, and many of the other services you have come to appreciate.

CQII has a plethora of resources to assist you in meeting your quality improvement requirements. Our publications are available on line for download as well as the full range of Quality Academy and Consumer Academy tutorials. [View our online resources.](#)

CQII's program is modeled after the three components of a good quality management program. Which is defined by Policy Clarification Notice 15-02: Infrastructure, performance measurement, and quality improvement. [HAB's Clinical Quality Management Bureau](#) is handling the infrastructure and performance measurement. CQII helps Ryan White HIV/AIDS Programs structure and implement quality improvement projects. The Center is here to help you use your data and implement quality improvement projects. Simply fill out the [online technical assistance form](#) and HAB will contact you with next steps.

Resources

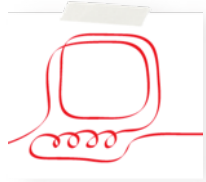
Resources formerly found on the on the NQC website have been transferred to the [Clinical Quality Management webpage](#) of this site.

Center for Quality Improvement and Innovation Home

- end+disparities ECHO Collaborative
- Publications
- Quality Academy
- Quality Consumer Academy
- Quality Improvement Webinars
- Ryan White Conference
- Training for Consumers on Quality Plus
- Training of Trainers
- Training on Coaching Basics
- Training of Quality Leaders
- Technical Assistance Request Form
- Email Newsletter Subscription Form

Contact Information

Quality Academy

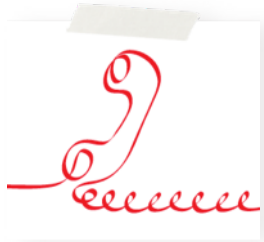


- ✓ Online, asynchronous training course on quality improvement for different QI competencies and audiences (providers and PWH)
- ✓ Close to 40 interactive tutorials (15-20 mins each) are available at no cost, offering more than 800 training minutes; all presentation slides and notes are available for download
- ✓ Created in 2007 and expanded in 2009 (English and Spanish); over 35,000 tutorials have been taken so far
- ✓ Developed a new PWH in Quality section of the Quality Academy with PWH tutorials

CQII.org



Technical Assistance Calls



- ✓ Monthly 60-minute national webinars are guided by quality experts and RWHAP recipients to share emerging practices and opportunities for peer learning
- ✓ Zoom platform encourages interactions with presenters using chat room and polling functionalities
- ✓ Slide presentations, handouts, webinar recordings are available for later download at CQII website

CQII.org

One Hour a Month...



Advanced Training Programs



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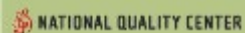
- ✓ Training-of-Trainings (TOT) Program
- ✓ Training of Quality Leaders (TQL) Program
- ✓ Training on Coaching Basics (TCB) Program
- ✓ Training of Consumers on Quality (TCQPlus) Program



NQC Training on Coaching Basics Guide

Facilitator Manual to Guide HIV Providers on Quality Management

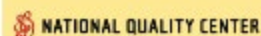
New York State Department of Health AIDS Institute
Health Resources and Services Administration



NQC Training of Quality Leaders Guide

Facilitator Manual to Build Capacity of HIV Providers to Lead Quality Management Activities

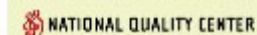
New York State Department of Health AIDS Institute
Health Resources and Services Administration



NQC Training-of-Trainers Guide

Facilitator Manual to Train HIV Providers on Quality Management

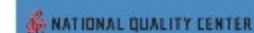
New York State Department of Health AIDS Institute
Health Resources and Services Administration



NQC Training of Consumers on Quality (TCQ)

Facilitator Manual to Build Capacity of People Living with HIV to Actively Participate in Quality Improvement Activities

New York State Department of Health AIDS Institute
Health Resources and Services Administration





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CQII at the RW Conference

Other CQI Workshops



- Engaging People with HIV in Quality Improvement: Best Practices to Meaningfully Engage and Involve PWH
 - Wednesday, August 12 at 12:45 p.m. – 2:15 p.m.
- QI 101 Institute: Clinical Quality Management
 - Thursday, August 13 at 4:30 p.m.-5:30 p.m.
- Advanced Quality Management: Learn about QI Tools and How to Best Track and Measure Your QI Project
 - Thursday, August 13 at 12:45 p.m. - 2:15 p.m.
- Addressing Disparities Using Quality Improvement to Make Measurable
- Differences: Experiences from the end+disparities ECHO Collaborative
 - Friday, August 14 at 11:00 a.m.-12:30 p.m.
- TargetHIV Panel: Resources and Technical Assistance by the CQII
 - Friday, August 14 at 12:45 p.m.-2:15 p.m.



Contact Information



Contact Information

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Thank you!!



Ending disparities will end the HIV epidemic.

Thank you to all of the community partners, community members, and the Ryan White QI community for their achievements and work on the end+disparities ECHO Collaborative!!!



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Panel Discussion / Q&A

end
+ disparities



Discussion Questions



- Collecting accurate and complete health data for the transgender population is stymied by out of date and inadequate data collection methods based on binary gender roles. How can we use an equity lens to address this issue and ensure that TG/GNC individuals' health disparities are more accurately represented and identifiable?
- Are there ways we can expand the reach of a collaborative to further equitable access to health care in general and HIV care specifically?
- How do you use the surveillance data sent by the state health dept in this process?
- How did you engage the multi-disciplinary team to participate?
- How can QI practices/methods impact youth retention and engagement in HIV care?