Accelerating Implementation of Multilevel-strategies to Advance Long-Acting Injectables for Underserved Populations (ALAI UP Project)

Session 23008

ALAI UP

NATIONAL RYAN WHITE 2024 CONFERENCE ON HIV CARE & TREATMENT

Introduction to the ALAI UP Project

Abstract 25548

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NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT 2024

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Outline

➢ **Introduction to ALAI UP**	**Kathrine Meyers**
➢ Resource Incubator	Sarit Golub
➢ Technical Assistance and Learning Collaborative	Jenn Burdge
➢ Motivational Interviewing	Bryan Kutner
➢ Monitoring, Evaluation & Learning	Delivette Castor

Project Support

This project is supported by the Health Resources and Services Administration (HRSA) and the Minority HIV/AIDS Fund of the U.S. Department of Health and Human Services (HHS) as part of award U1S46532 totaling $7,000,000. Its contents are solely the responsibility of the presenters and do not necessarily represent the official views of HRSA.

We acknowledge and appreciate the support of our HRSA Program Officer Marlene Matosky and Clinical Advisor Britt Gayle.

Continuing Education Credit

If you would like to receive continuing education credit for this activity, please visit:

ryanwhite.cds.affinityced.com

Learning Objectives

- Describe how the process of developing written protocols that intentionally address equity considerations can mitigate against the risk that new biomedical interventions exacerbate inequities in health outcomes.
- Describe how Technical Assistance can be delivered to support development of written protocols and quality improvement efforts.
- Evaluate whether strategies presented to engage patients as active participants in their own care would be feasible to implement in their own settings.
- Define indicators for monitoring and evaluating delivery of injectables and describe the feasibility of collecting metrics on equitable delivery.

ALAI UP Introduction

- ALAI UP is a Special Project of National Significance (SPNS) funded by HRSA HIV/AIDS Bureau and Minority HIV/AIDS Fund

- ALAI UP co-develops long-acting injectable HIV treatment programs with eight clinics around the US that **prioritize the needs of underserved populations** and **intentionally implement LAI ART in ways that seek to increase equity in health outcomes**.

- ALAI UP synthesizes and disseminates lessons learned from ALAI UP Demonstration Sites to accelerate implementation of LAI ART that prioritizes the needs of underserved populations at other agencies.

ALAI UP Team

Columbia University Irving Medical Center / NewYork Presbyterian

Kerri Carnevale

Delivette Castor

Jenna Eldib

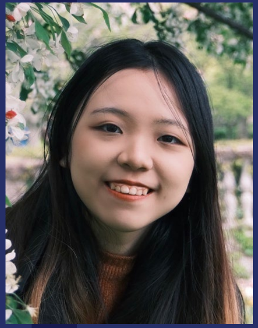
Charlie Ferrusi

Esther Huang

Ben Lane

Kathrine Meyers

Nadia Nguyen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Cody Chastain

Ana Muscarella

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College of Medicine

Bryan **Kutner**

New York City
Department of
Health and Mental Hygiene

Marilyn Blasingame

Mamta Karani

Moya Brown-Lopez

City University
Of New York
Hunter College

Liz Furuya

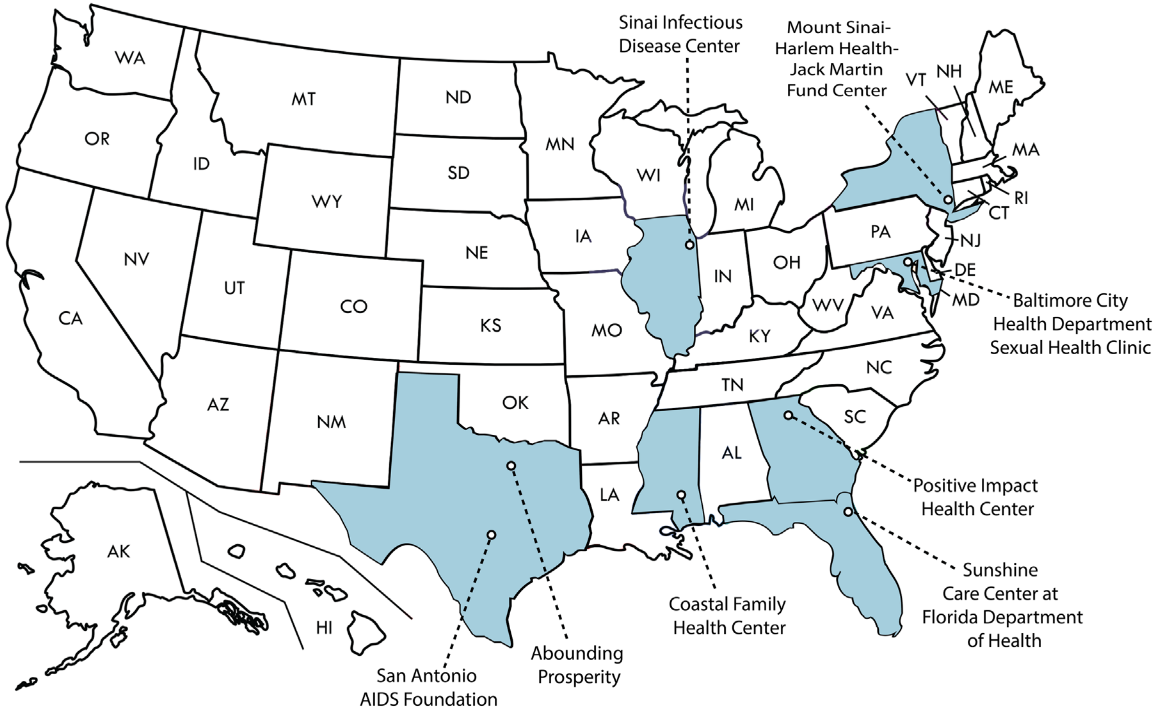
Sarit Golub

Selection Process for Demonstration Sites

- Process of site selection was designed to prioritize clinics with demonstrated commitment to underserved populations and aspiration of using injectable treatment to further equity goals.
- Applications were reviewed by teams of 3-4, including individuals with expertise in clinical medicine, behavioral science, technical assistance delivery, or implementation science and lived experience.
- Applications were scored across 7 dimensions

Rubric Dimension
History and commitment to serving under-served and excluded populations
Experienced and Motivated Project Champion and Implementation Team
Size of HIV Program and Organizational Readiness to Introduce/Scale Up LAI ART
Data Infrastructure
Continuous Quality Improvement
Motivation and Follow-Through
Generalizability and Diversity

ALAI UP Demonstration Sites


Sinai Infectious Disease Center
Mount Sinai-Harlem Health-Jack Martin Fund Center
Baltimore City Health Department Sexual Health Clinic
Positive Impact Health Center
Sunshine Care Center at Florida Department of Health
Coastal Family Health Center
Abounding Prosperity
San Antonio AIDS Foundation
WA
OR
CA
ID
NV
MT
WY
UT
AZ
CO
NM
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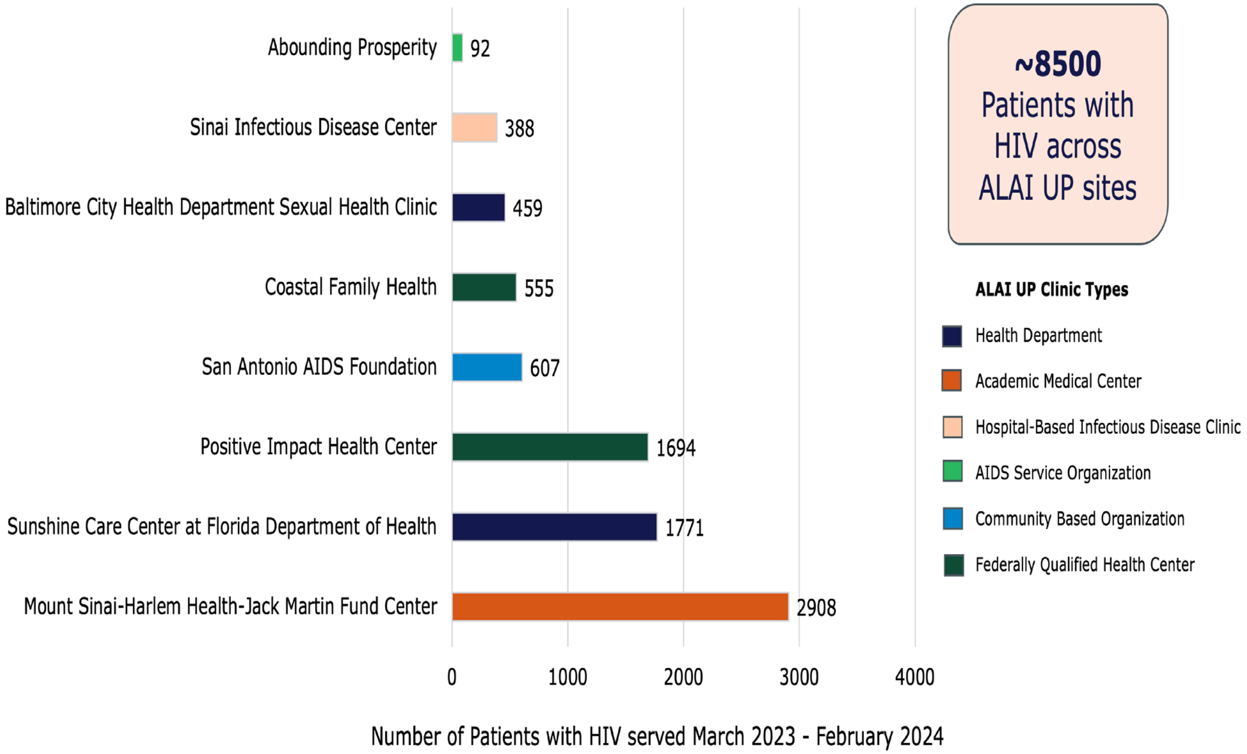

~8500
Patients with HIV across ALAI UP sites

Four ALAI UP Core Components

Resource Incubator

Technical Assistance, including Motivational Interview

Learning Collaborative

Data reports to monitor equity

- **Informed and developed on the foundation of community engagement**
- **Funded by ~$90,000 per year for three years for a total of $270,000**

Resource Incubator

Abstract 25548

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What is the Resource Incubator?

Resource Incubator

The ALAI UP RESOURCE INCUBATOR (RI) was tasked with designing a “protocol toolkit” to help sites develop and implement an equitable LAI ART program. The first generation of ALAI UP resources are specific to iCAB/RPV.

What is a Protocol?

A **formal record of the established procedure** or course of action to be adopted by people working within a particular organization or program. Clinical protocols are guidelines for **how to proceed in certain situations** and provide health acre practitioners with **parameters in which to operate.**

Protocols have four key benefits

1. Provide logistical support to staff

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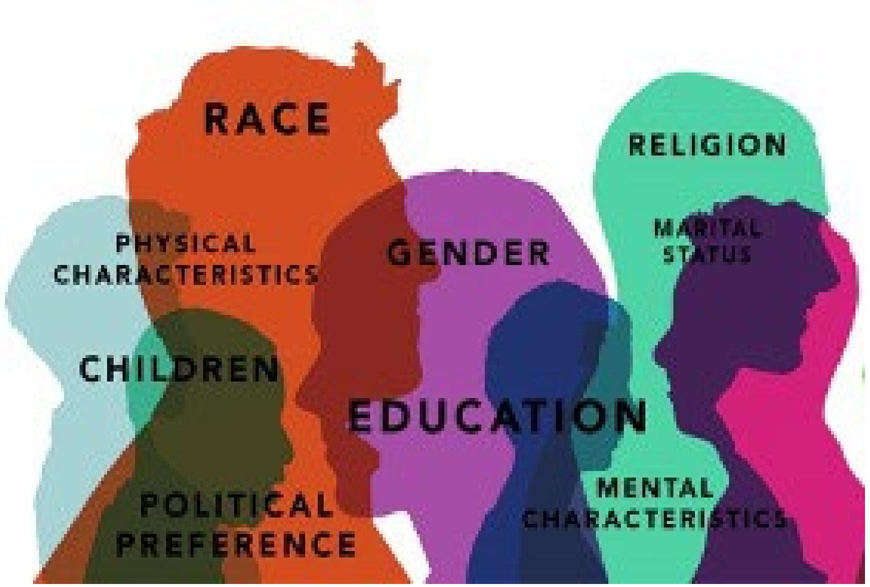
2. Promote intuitional memory and continuity

Protocols have four key benefits

1. Provide logistical support to staff
2. Promote intuitional memory and continuity
3. Ensure an intentional and consistent patient experience

Protocols have four key benefits

1. Provide logistical support to staff
2. Promote intuitional memory and continuity
3. Ensure an intentional and consistent patient experience
4. Protect individuals and organizations against unconscious bias



Traditional Barriers to Protocol Development

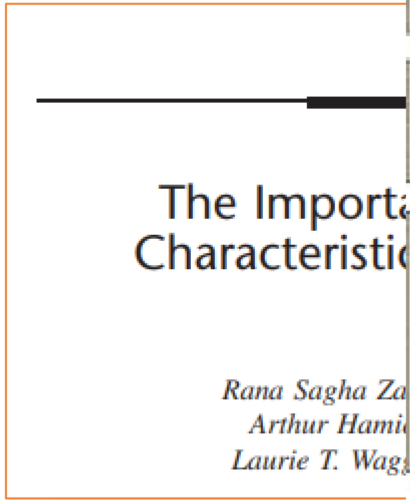
- Seemingly infinite components and scenarios
- Staring at a blank screen is brutal
- Difficult to know what audience level to write for
- **Time**

To that end, ALAI UP created a “Protocol Toolkit”

- **100+ resources inventoried**, spanning clinic implementation guides, procurement checklists, infographics, inventory management and patient tracking spreadsheets, and past BLUPrInt PrEP workshops
- Distilled the iCAB/RPV tx cascade into five **“Programmatic Building Blocks”**
- Demonstration sites piloted a beta version of the Protocol Toolkit.

RI: Guiding principles

Program implementation is a **psychological process** that is treated as a logistical one.



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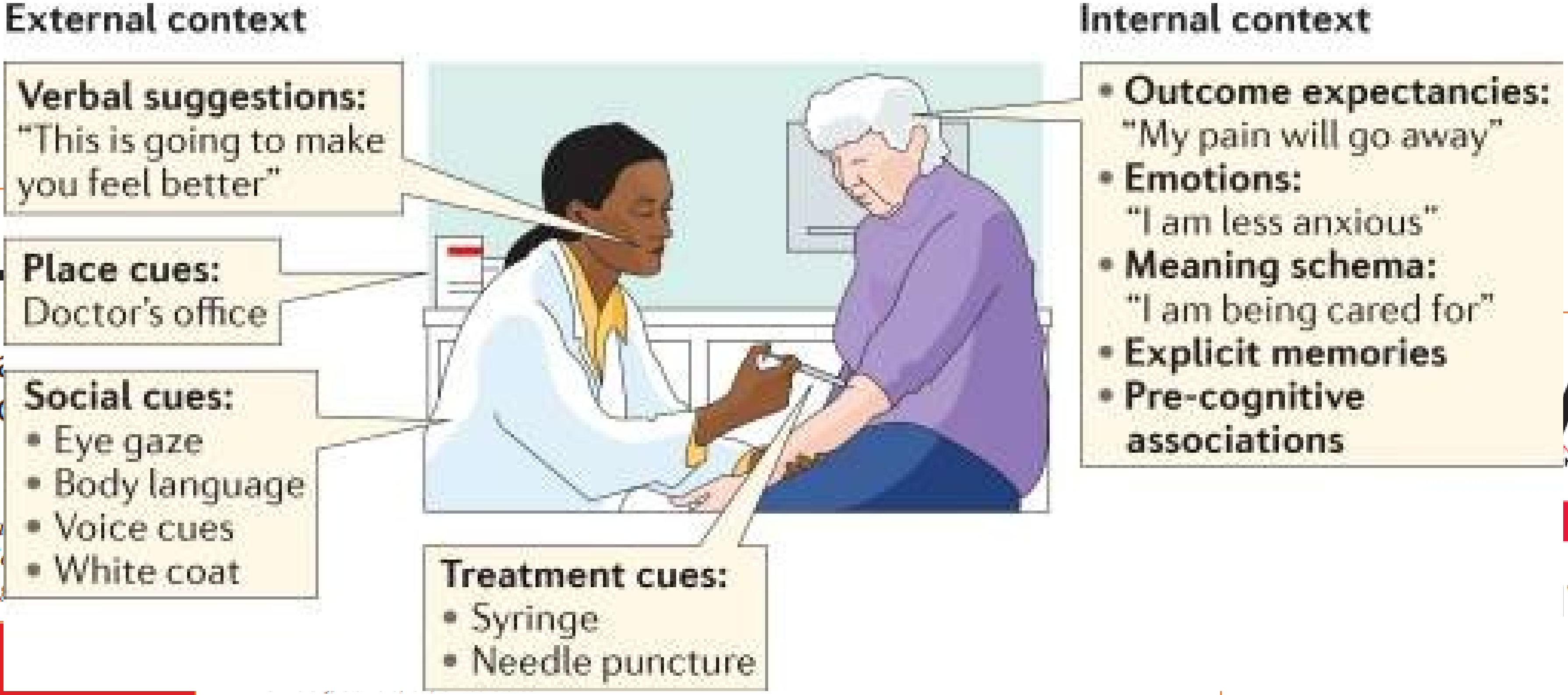
Rana Sagha Za
Arthur Hami
Laurie T. Wag



External context

Verbal suggestions:
"This is going to make you feel better"

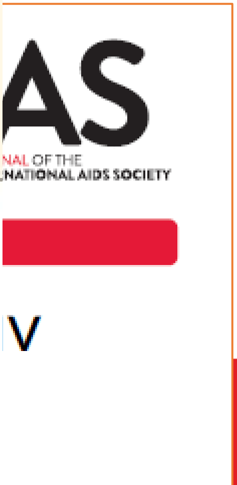
Place cues:
Doctor's office

Social cues:
- Eye gaze
- Body language
- Voice cues
- White coat

Treatment cues:
- Syringe
- Needle puncture

Internal context

- **Outcome expectancies:** "My pain will go away"
- **Emotions:** "I am less anxious"
- **Meaning schema:** "I am being cared for"
- **Explicit memories**
- **Pre-cognitive associations**



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Considering the Patient Experience

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Engaging Patients

Am I being judged for my past treatment outcomes or life circumstances?

Navigating Coverage & Cost

Does the health care system care about me?

Procurement & Storage

Is the treatment available to me when I come to the clinic?

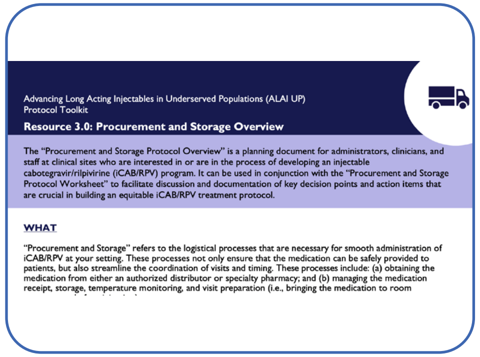
Prescribing & Administering

How uncomfortable will I be during & after the injections?

Supporting Retention

Is my provider invested in helping me stay virally suppressed, even if I have challenges?

Available Materials



Advancing Long Acting Injectables in Underserved Populations (ALAI UP)
Protocol Toolkit

Resource 3.0: Procurement and Storage Overview

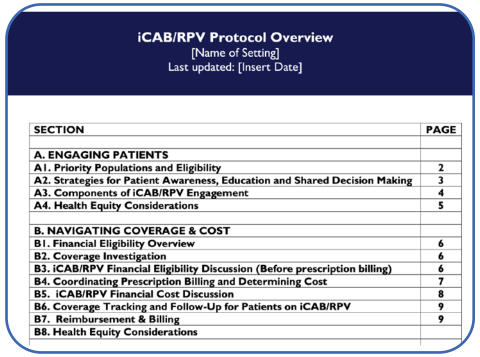
The "Procurement and Storage Protocol Overview" is a planning document for administrators, clinicians, and staff at clinical sites who are interested in or are in the process of developing an injectable cabotegravir/rilpivirine (iCAB/RPV) program. It can be used in conjunction with the "Procurement and Storage Protocol Worksheet" to facilitate discussion and documentation of key decision points and action items that are crucial in building an equitable iCAB/RPV treatment protocol.

WHAT

"Procurement and Storage" refers to the logistical processes that are necessary for smooth administration of iCAB/RPV at your setting. These processes not only ensure that the medication can be safely provided to patients, but also streamline the coordination of visits and timing. These processes include: (a) obtaining the medication from either an authorized distributor or specialty pharmacy; and (b) managing the medication receipt, storage, temperature monitoring, and visit preparation (i.e., bringing the medication to room

5 Protocol Overviews & Worksheets (1 set per bucket):

- Facilitate discussion and documentation of key decision points and action items that are crucial in building an equitable iCAB/RPV treatment protocol.



iCAB/RPV Protocol Overview
[Name of Setting]
Last updated: [Insert Date]

1 Protocol Template

- To facilitate codification of decisions into policy. Answers from the worksheets can be plugged into their corresponding placeholder in the "Protocol Template".

For more information & access to these materials

Workshop:

Applying Implementation Science to Improve Protocols and Enhance Equity: LAI Treatment as a Case Study

Sarit A. Golub, PHD, MPH

August 21 – 5:15-6:15pm

PRESENTATION 25539

TargetHIV

SCAN ME

targethiv.org/spns/alai-up

TechnicalAssistance &Learning Collaborative

Abstract 25548

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Coaching

- Bi-Monthly (or more as needed)
- Individualized Coaching Sessions
- One Consistent Coach Per Site
- Zoom, Phone and In-person Onsite
- ALAI-UP Site Champions, Provider Teams and TA Providers and Staff
- Clinical Case Advice, Data Assistance, Protocol Development and Program Quality Improvement

Community of Practice

- Bi-Monthly Communities of Practice and Learning Collaborative
- Champions Representing Each Clinic and Multiple Specialties Attend
- Topics Based on Needs Identified During Individual Monthly Coaching Sessions
- Tools, Materials, Successes and Challenges Shared via Peer-to-Peer Learning

In-Person Convening

- Yearly Three-Day In-Person Convening
- Alternating Between New York & Nashville
- Focused/Protected LAI Development Time for Clinic Champions, Providers and Staff
- Peer to Peer Presentations
- Outline workflows and Protocol Documents
- Develop Communication and Implementation Plan of New Processes to Providers and Staff

Knowledge Re-Enforcement

- LAI QuizTime Course – September 2024
- Learners Receive One Multiple Choice Question Per Day for 20 Days (Weekdays)
- Via Text or Email at the Time Chosen
- Questions Featuring Key Concepts Needed to Implement and Maintain LAI in an HIV Clinical Setting
- Additional Resources Provided
- Credit Available

Motivational Interviewing for LAI ART

Abstract 25548

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Member, Motivational Interviewing Network of Trainers (MINT)
bryan.kutner@einsteinmed.edu

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Usefulness of Motivational Interviewing (MI)

What?

12 monthly MI coaching sessions; tailored trainings provided to sites virtually, during in-person site visits,
and during two in-person Convenings

Why?

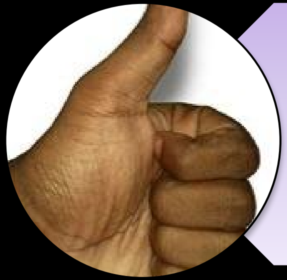
To improve understanding and to strengthen the capacity of direct-service staff to implement MI techniques in their practice
to better engage and retain LAI ART patients

Usefulness?

3.6 (June 2023 Convening); 4.0 (Oct 2023 Convening)

- "I had not planned to attend but found this session to be invaluable."
- "This will be extremely helpful during my encounters with clients."

10-minute Lightning Round



Spirit of MI

Change Talk

Reflections

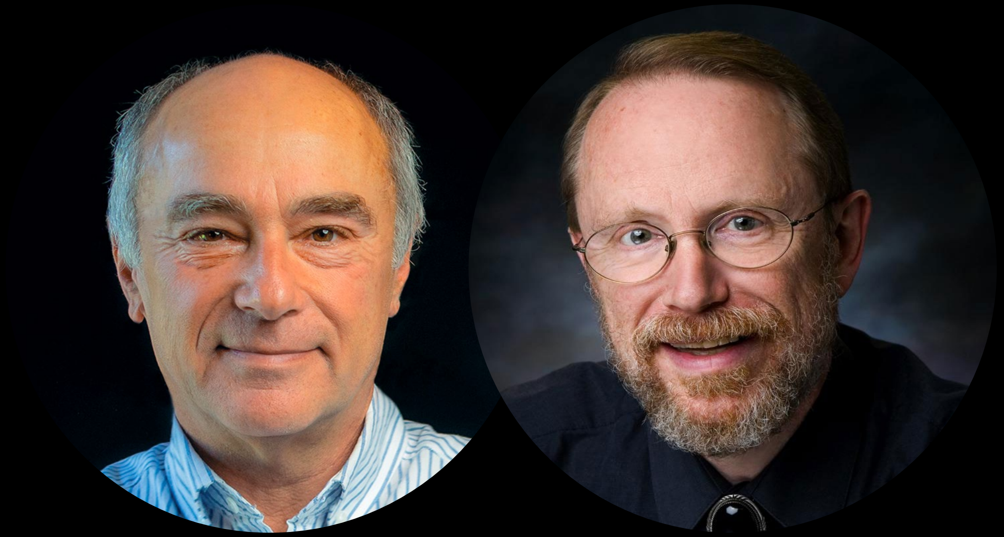
What is motivational interviewing?

Motivational interviewing is a particular way of talking with people about change and growth to strengthen their own motivation and commitment.

– Motivational Interviewing, 4th Edition

It is designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own arguments for change.

– Motivational Interviewing, 3rd Edition



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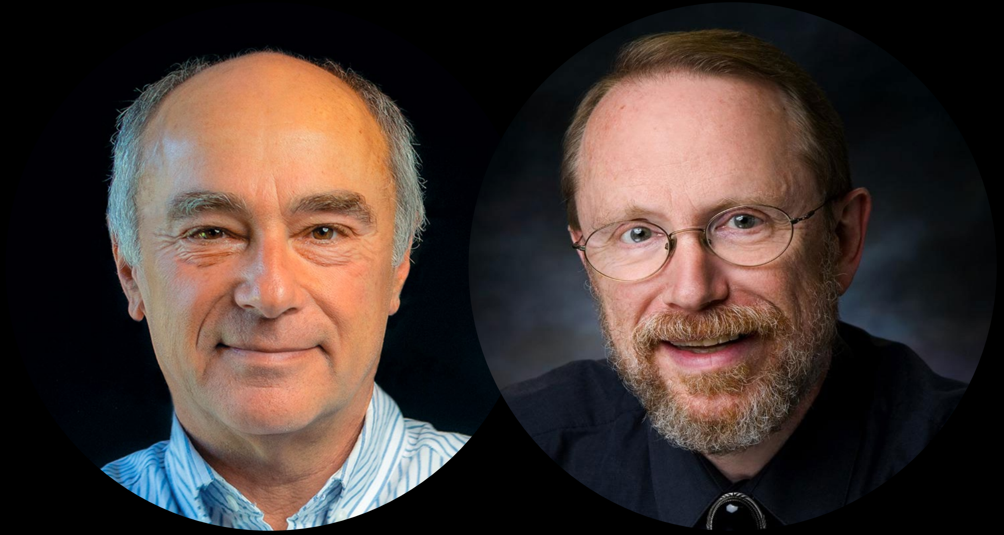


A person’s own arguments for change

Patient Change Talk

“If I don’t do something different,
I know it’ll just be more of the same…

“This could make my life so much easier…

“I know that we have to consider equity…”

Patient Sustain Talk

“But the last thing I need is somebody asking me to jump through even more hoops.”

“But why would I want to be one of the very first people to do this. I’d rather wait to see how it goes for everyone else.”

“But we shouldn’t offer this to patients if they no-show three times.”

Ambivalence if normal

The emotion that's standing in the way of your healthy change: Ambivalence

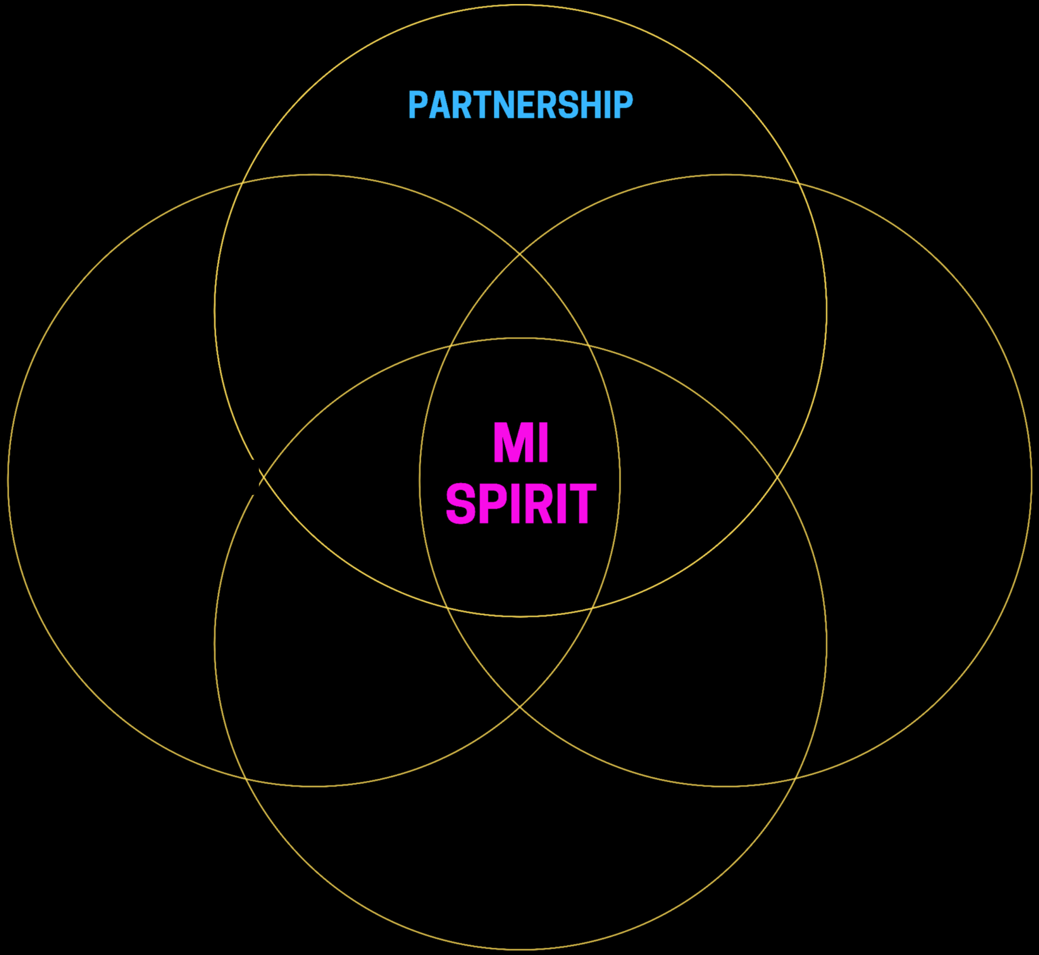
(Joanna Grochocka for The Washington Post)

January 10, 2022 at 8:00 a.m. EST

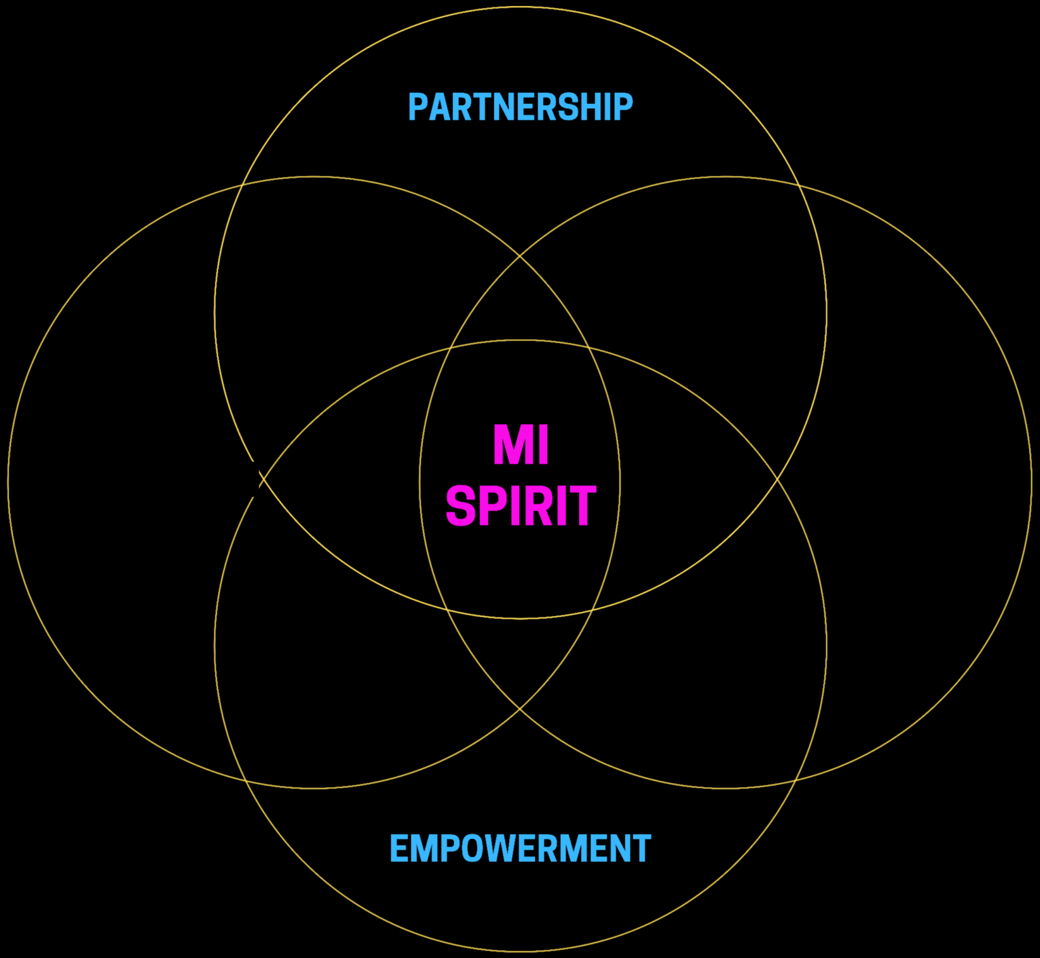
"With every change, people have some ambivalence, because change means moving out of something you're comfortable or familiar with and into something that's not familiar. It disrupts the person's life a bit."

– Carlo DiClemente,
professor emeritus in psychology
University of Maryland

Spirit of Motivational Interviewing



Spirit of Motivational Interviewing

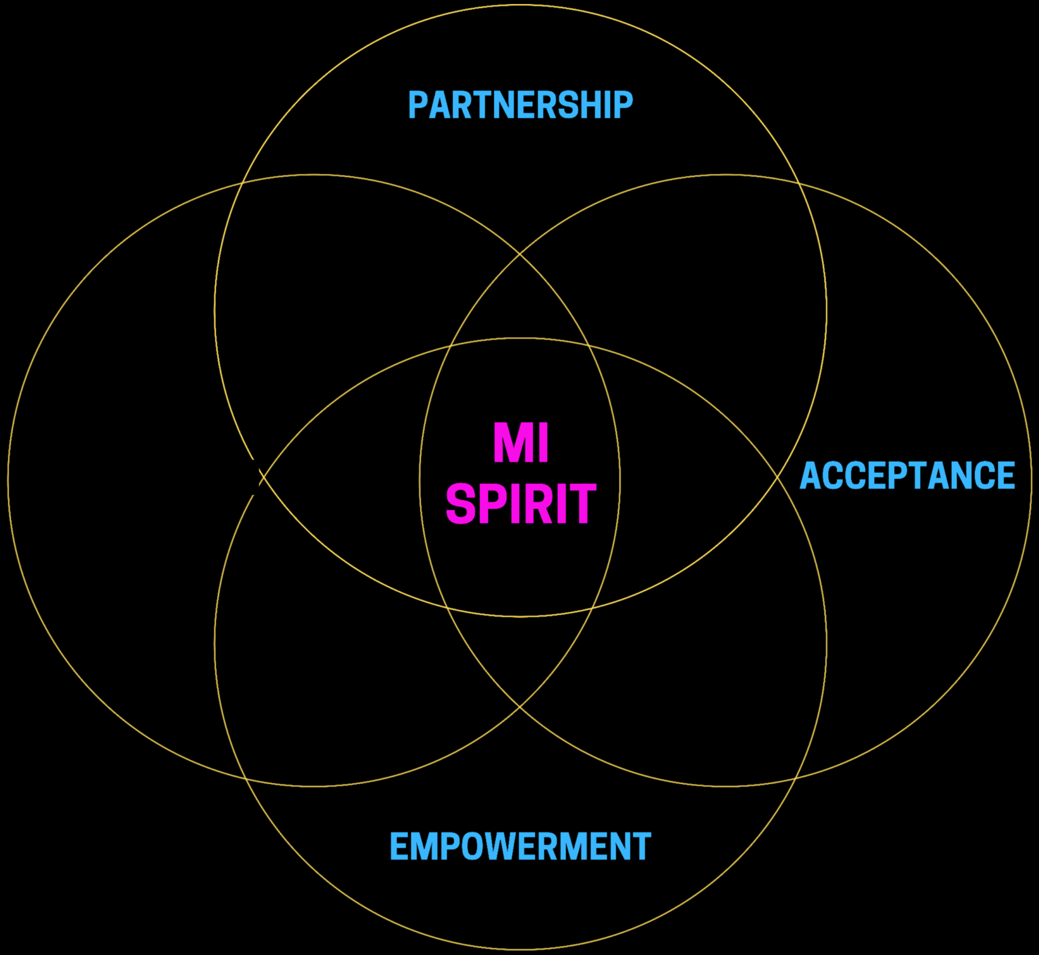


PARTNERSHIP

MI SPIRIT

EMPOWERMENT

Spirit of Motivational Interviewing



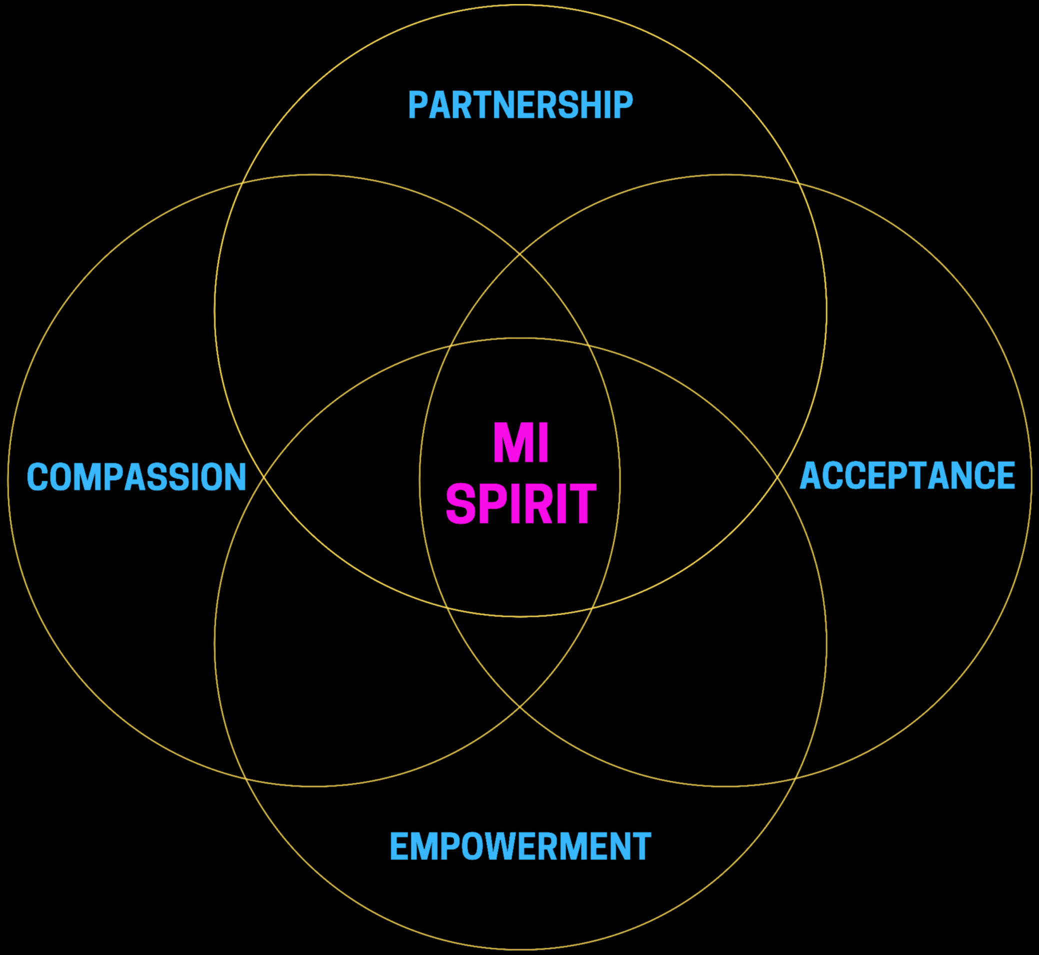
PARTNERSHIP

ACCEPTANCE

EMPOWERMENT

MI SPIRIT

Spirit of Motivational Interviewing



PARTNERSHIP

COMPASSION

MI SPIRIT

ACCEPTANCE

EMPOWERMENT

Spirit of Motivational Interviewing

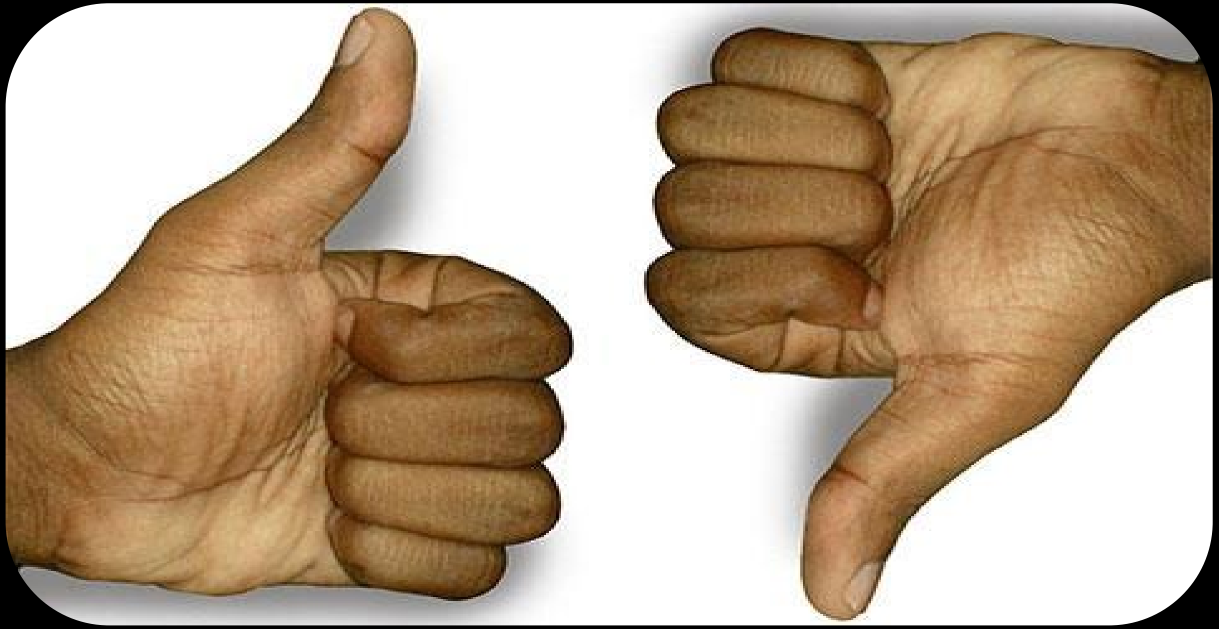
Partnership	Working with and sharing power - the interviewer functions as a partner or companion, collaborating with the person’s own expertise – “You may be right…”
Empowerment	Helping people realize and utilize their own strengths and abilities – “You have knowledge, wisdom, expertise, and my job is to get that out on the floor between us…”
Acceptance	Nonjudgmental understanding of people as they are – they retain the right not to change and the right to change the way they want, even if that isn’t what we want
Compassion	A benevolent intention toward the person’s well-being – actively promoting another person’s welfare, giving priority to their needs rather than our own needs

Spirit of Motivational Interviewing

Motivational Interviewing	Opposite Approach
Partnership	Confronting
Empowerment	Educating/Giving information
Acceptance	Emphasizing authority
Compassion	Manipulation

Recognizing MI Spirit

Is it in the spirit of MI?



Partnership, Empowerment, Acceptance, Compassion

Arthur	"I'd love to not worry about someone finding my pills. But I can't make my appointments right now, so that's a tall order, coming in that often."
Practitioner	"Coming in that often would be difficult."

Partnership, Empowerment, Acceptance, Compassion

Arthur	"I'd love to not worry about someone finding my pills. But I can't make my appointments right now, so that's a tall order, coming in that often."
Practitioner	"Coming in that often would be difficult, but you'd really like the privacy."

Partnership, Empowerment, Acceptance, Compassion

Arthur	“I’d love to not worry about someone finding my pills. But I can’t make my appointments right now, so that’s a tall order, coming in that often.”
Practitioner	“Coming in that often would be difficult, but you’d really like the privacy.”

Partnership, Empowerment, Acceptance, Compassion

Tanya (colleague)	"She's kind of the perfect person for injectables but I just don't see how we're going to get her to come in every two months. She never follows up with me when I call."
Champion	"Why not just talk to her about it? We should really be trying to help everyone."

Partnership, Empowerment, Acceptance, Compassion

Tanya (colleague)	“She’s kind of the perfect person for injectables but I just don’t see how we’re going to get her to come in every two months. She never follows up with me when I call.”
Champion	“The lack of follow through bothers you because otherwise she’s the perfect person for this.”

Partnership, Empowerment, Acceptance, Compassion

Tanya (colleague)	“She’s kind of the perfect person for injectables but I just don’t see how we’re going to get her to come in every two months. She never follows up with me when I call.”
Champion	“The lack of follow through bothers you because otherwise she’s the perfect person for this.”

Partnership, Empowerment, Acceptance, Compassion

Franco	"Why inject a med when I can pop a pill and be on my way?"
Practitioner	"The choice here is really up to you, whether to stick with what's working now or try something new. Right now, you're fine taking a pill. If you're going to consider an injectable, what would you want to know?"

Partnership, Empowerment, Acceptance, Compassion

Bob **(a colleague)**	“Getting patients on this injectable med is so much work. I don’t think it’s worth it since they’re probably not going to come back anyway.”
Practitioner	“You have to do this. It’s our responsibility and it’s part of your job.”

Partnership, Empowerment, Acceptance, Compassion

Bob (a colleague)	"Getting patients on this injectable med is so much work. I don't think it's worth it since they're probably not going to come back anyway."
Practitioner	"It's scary to think about investing all this energy and then failing anyway."

Partnership, Empowerment, Acceptance, Compassion

Bob **(a colleague)**	“Getting patients on this injectable med is so much work. I don’t think it’s worth it since they’re probably not going to come back anyway.”
Practitioner	“You’d rather that we have some assurances that people can stick with it.”

Reflections

Simple reflections
restate what was said

Complex reflections
move beyond the client's words
to present things
in a new light

Stabilizing
"You're not sure what to do here."

Forward Moving
"You're not sure, and you want to make the right decision."

Recognizing, Eliciting, Reinforcing

Motivational interviewing aims to recognize, elicit, and reinforce

change talk

It’s like seeing a wildflower in a field of grasses…Pick the flowers up, and give them back to the patient

Ambivalence is a Change Talk Cookie

Change talk often is sandwiched between sustain talk

- Our job is to pull out the center of the cookie – the change talk – and give it back to the client

We do that by recognizing, eliciting, and reinforcing change talk with O.A.R.S.

(open questions, affirmations, reflections, summaries)

Snatching Change Talk from the Cookie

Client: “Depression is a side effect? Life is hard enough without side effects. What if I start and can’t stop feeling sad – I don’t want to get depressed again.”

A. “You really don’t want to risk feeling depressed again.”

B. “You’re not sure if the risk of side effects is worth it to you.”

C. “You want some assurances that you won’t get depressed.”

Snatching Change Talk from the Cookie

Client: “Depression is a side effect? Life is hard enough without side effects. What if I start and can’t stop feeling sad – I don’t want to get depressed again.”

A. “You really don’t want to risk feeling depressed again.”

B. “You’re not sure if the risk of side effects is worth it to you.”

C. “You want some assurances that you won’t get depressed.”

Snatching Change Talk from the Cookie

Colleague: “I just don’t see how we’re going to get him to every appointment when he’s not virally suppressed right now – and the consequences would be even worse if he misses an injection. I get that we’re supposed to prioritize the folks most in need, but there’s got to be a limit to what we can do.”

A. “It’s too big of a risk.”

B. “You think we should be prioritizing other patients first.”

C. “You see that he’s really in need.”

Snatching Change Talk from the Cookie

Colleague: “I just don’t see how we’re going to get him to every appointment when he’s not virally suppressed right now – and the consequences would be even worse if he misses an injection. I get that we’re supposed to prioritize the folks most in need, but there’s got to be a limit to what we can do.”

A. “It’s too big of a risk.”

B. “You think we should be prioritizing other patients first.”

C. “You see that he’s really in need.”

Snatching Change Talk from the Cookie

Client: “This isn’t what I thought it would be. But I’m not sure I could go back to taking a pill everyday at this point.”

A. “That would be pretty tough, to go back to a pill.”
B. “Stopping now would cause a new problem for you.”
C. “You don’t know the way forward yet, but you definitely know something’s got to change here.”

Snatching Change Talk from the Cookie

Client: “This isn’t what I thought it would be. But I’m not sure I could go back to taking a pill everyday at this point.”

A. “That would be pretty tough, to go back to a pill.”
B. “Stopping now would cause a new problem for you.”
C. “You don’t know the way forward yet, but you definitely know something’s got to change here.”

Snatching Change Talk from the Cookie

Colleague: “I know we have to consider equity, but we shouldn’t offer this to patients if they no-show three times.”

A. “You think it’s too much of a risk.”
B. “You see that if we only offer it to patients who can jump through our hoops, we’re missing people who really need LAI.”
C. “We should prioritize only the people who can jump through our hoops.”

Snatching Change Talk from the Cookie

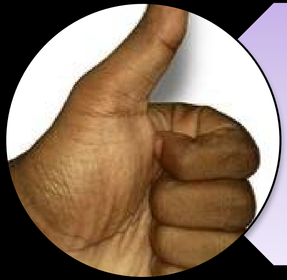
Colleague: “I know we have to consider equity, but we shouldn’t offer this to patients if they no-show three times.”

A. “You think it’s too much of a risk.”

B. “You see that if we only offer it to patients who can jump through our hoops, we’re missing people who really need LAI.”

C. “We should prioritize only the people who can jump through our hoops.”

Agenda


Spirit of MI

Change Talk

Reflections

Clinical Monitoring for Real-World Delivery of Long-Acting Injectable Antiretroviral Therapy (LAI ART)

Abstract 25548

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NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT 2024

Disclosures

Delivette Castor has no relevant financial relationships with ineligible companies to disclose.

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Outline

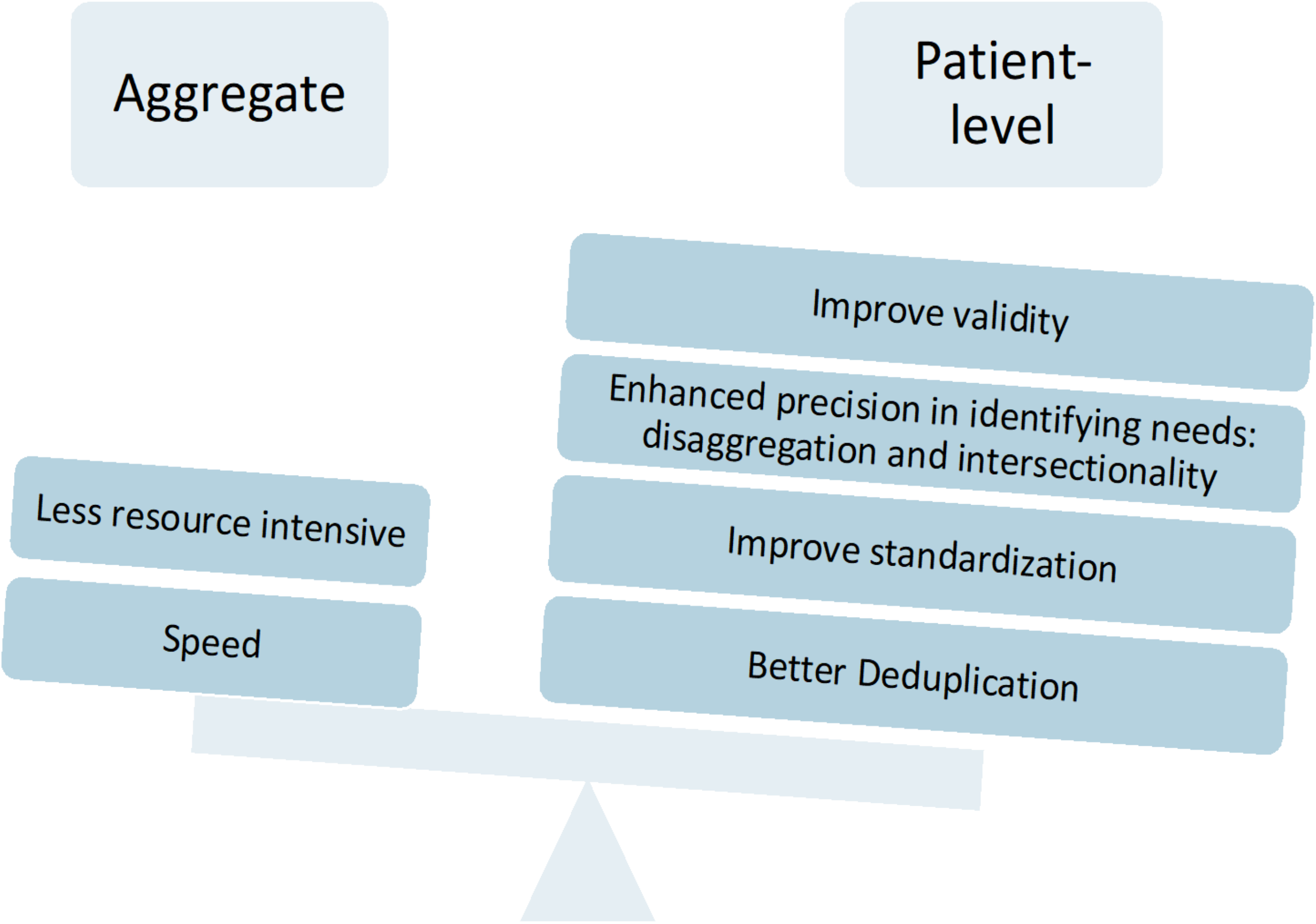
➢ Introduction to ALAI UP	Kathrine Meyers
➢ Resource Incubator	Sarit Golub
➢ Technical Assistance and Learning Collaborative	Jenn Burdge
➢ Motivational Interviewing	Bryan Kutner
➢ **Monitoring, Evaluation & Learning**	**Delivette Castor**

Rationale

- Novel products like iCAB/RPV can contribute to ending the HIV epidemic if factors influencing iCAB/RPV implementation and equitable outcomes are identified and addressed. These include:
  - Clinical, socioeconomic, or logistical factors for clients or
  - Health system factors may influence the implementation of iCAB/RPV.
- These factors influencing health inequities may vary by context.
- As iCAB/RPV is introduced into routine care, it is critical to define and operationalize: a) clinical monitoring and evaluation (M&E) metrics of iCAB/RPV delivery; b) context-specific indicators of health inequity; and c) feasibility of measuring these equity indicators to inform learning.
- Individual- rather than aggregate - level M&E data can better inform inequity in health outcomes, and describing the strengths and challenges with collecting and utilizing these data within electronic medical records is critical

In the early stage of introduction, client-level monitoring and evaluation data may provide advantages over aggregate monitoring.

Aggregate Vs. Client-Level Monitoring



Aggregate

- Less resource intensive
- Speed

Patient-level

- Improve validity
- Enhanced precision in identifying needs: disaggregation and intersectionality
- Improve standardization
- Better Deduplication

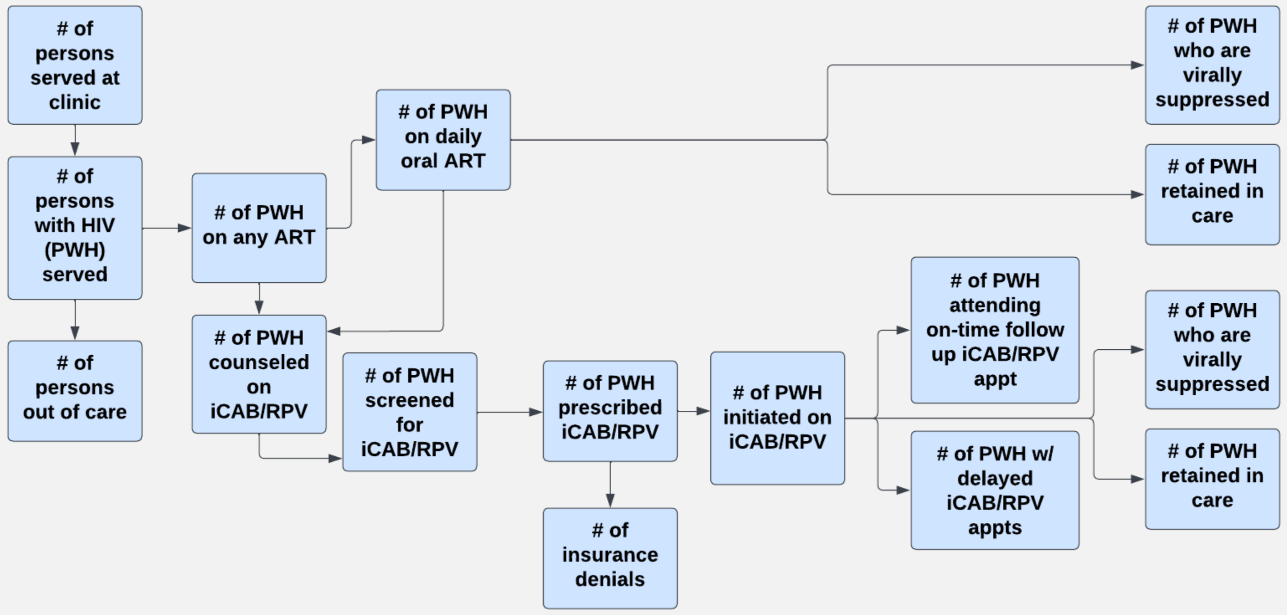
Objectives

- Client-level clinical monitoring evaluation and learning aims to:
  - Assess whether ALAI UP is achieving its goal of supporting the equitable introduction and scale-up of LAI ART.
  - Strengthen the capacity of sites to collect, report, and utilize clinical monitoring data to achieve equitable outcomes.

Approach: Clinical Monitoring

- ALAI UP program team and sites co-developed a clinical monitoring process to measure reach, equity, fidelity, and safety across based on the clinical cascade.
- Sites reported quarterly during Year 1 – initially in aggregate & then transitioning to client-level once infrastructure was developed.

iCAB/RPV Clinical Cascade



# of persons served at clinic

# of persons with HIV (PWH) served

# of persons out of care

# of PWH on any ART

# of PWH on daily oral ART

# of PWH counseled on iCAB/RPV

# of PWH screened for iCAB/RPV

# of PWH prescribed iCAB/RPV

# of insurance denials

# of PWH initiated on iCAB/RPV

# of PWH attending on-time follow up iCAB/RPV appt

# of PWH w/ delayed iCAB/RPV appts

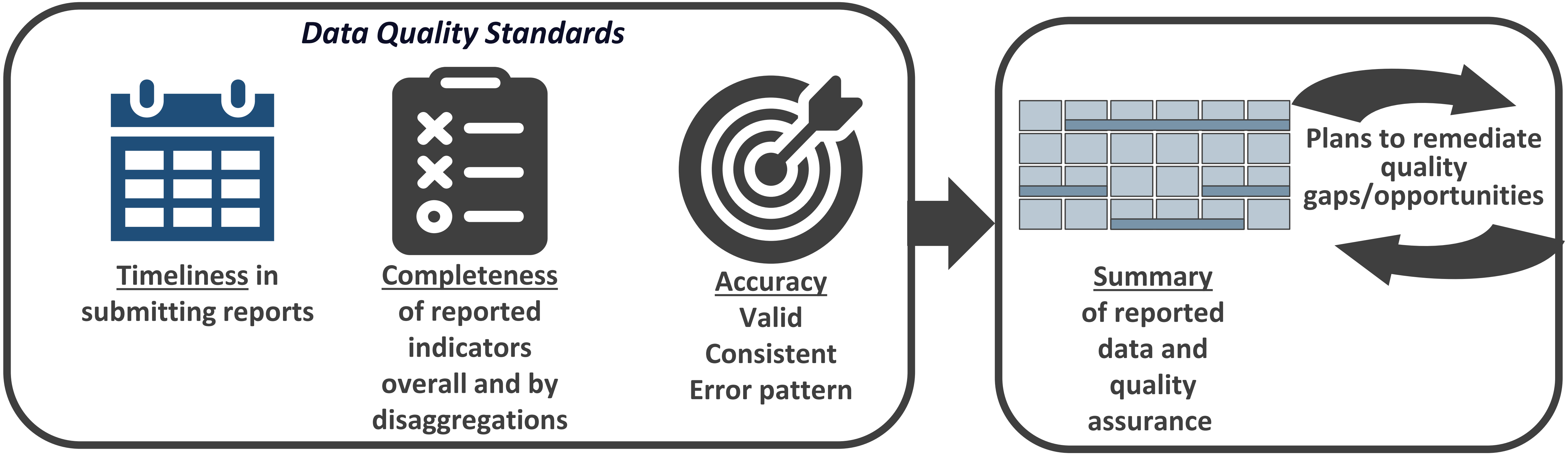
# of PWH who are virally suppressed

# of PWH retained in care

# of PWH who are virally suppressed

# of PWH retained in care

Approach: Evaluation



Data Quality Standards

Timeliness in submitting reports

Completeness of reported indicators overall and by disaggregations

Accuracy
Valid
Consistent
Error pattern

Summary of reported data and quality assurance

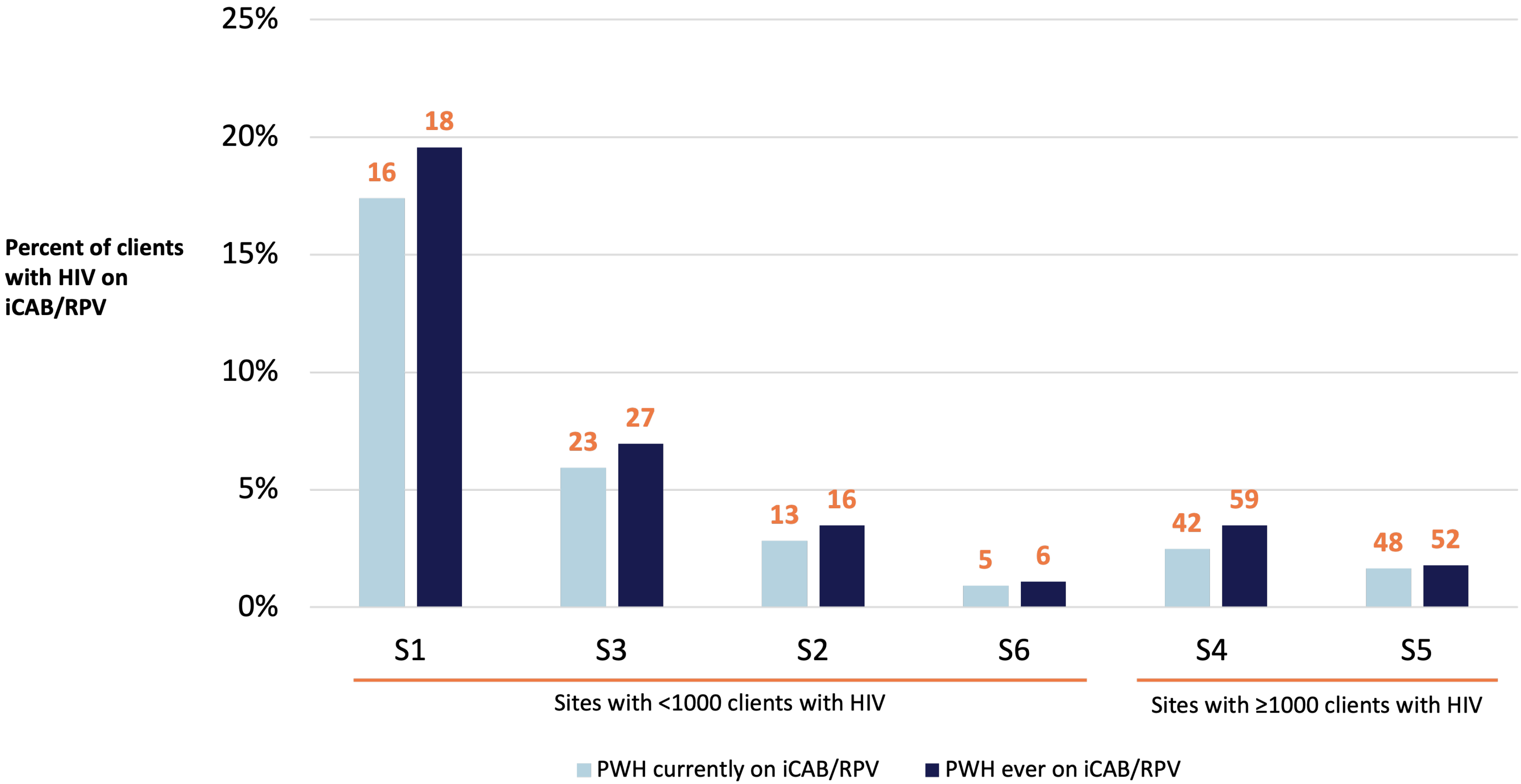
Plans to remediate quality gaps/opportunities

Data quality assessment is a standardized review of data quality by the ALAI UP M&E team to support sites in achieving data quality standards of timeliness, completeness, and accuracy in reported data. ALAI UP will coordinate with each site’s M&E point of contact(s) to verify, recount reported data, and if necessary, identify and address any data quality issues within or between sites.

Learning from one year of clinical monitoring: Summary

March 1, 2023 – February 29, 2024

Reach: Proportion of Clients with HIV who ever initiated iCAB/RPV or during Year 1 of ALAI UP



6088

Clients with HIV across 6/8 ALAI UP sites

178

(2.9%)

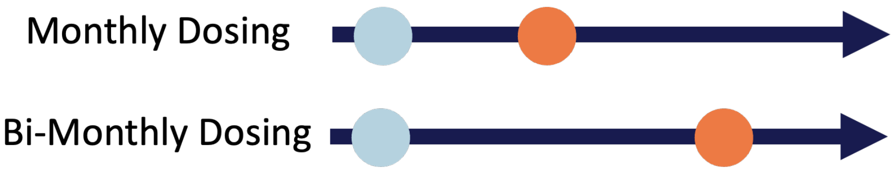
Clients with HIV ever initiated on iCAB/RPV

Clinics Range in Volume of services

Variable	S1 N (%)	**S2 N (%)**	**S3 N (%)**	**S4 N (%)**	**S5 N (%)**	**S6 N (%)**	**S7 N (%)**	**S8 N (%)**
PWH served at clinic	92	459	388	1694	2907	548	1771	101/607 reported
PWH on ART out of served	91 (99%)	454 (99%)	-	-	2756 (95%)	532 (97%)	1521 (86%)	99/101 reported
PWH ever on iCAB/RPV out of PWH served[1]	16 (17%)	13 (3%)	23 (6%)	47 (3%)	48 (2%)	5 (1%)	1 (0.1%)	0 (0%)
PWH started and on iCAB/RPV at end of Year 1 out of PWH on iCAB/RPV	15 (94%)	8 (62%)	13 (57%)	30 (64%)	-	5 (100%)	1 (100%)	0

[1] Data includes all PWH currently on iCAB/RPV as of February 29, 2024. Clients who initiated iCAB/RPV before the start of ALAI UP are included. Clients who discontinued iCAB/RPV before March 1, 2024 are excluded.

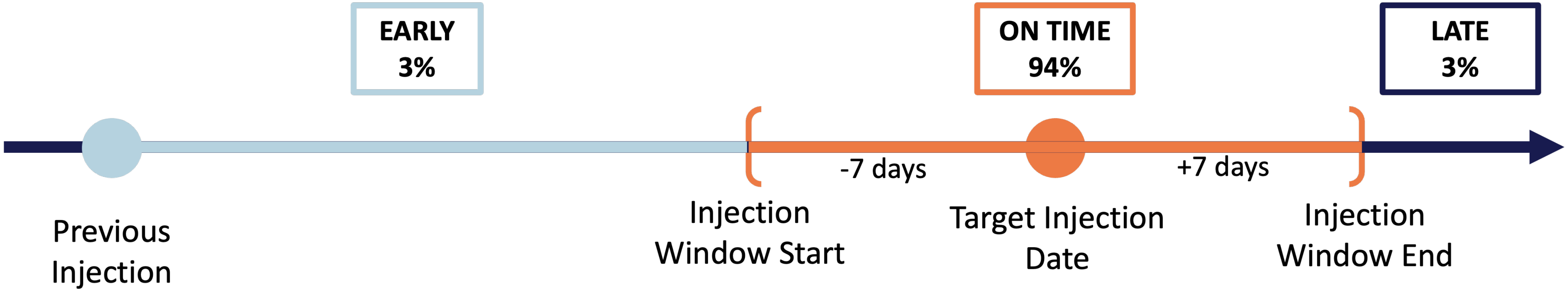
Fidelity: On-time injections among clients ever on iCAB/RPB at end of Year 1


Monthly Dosing

Bi-Monthly Dosing

614

iCAB/RPV maintenance injections delivered as of February 29, 2024


EARLY
3%

ON TIME
94%

LATE
3%

-7 days

+7 days

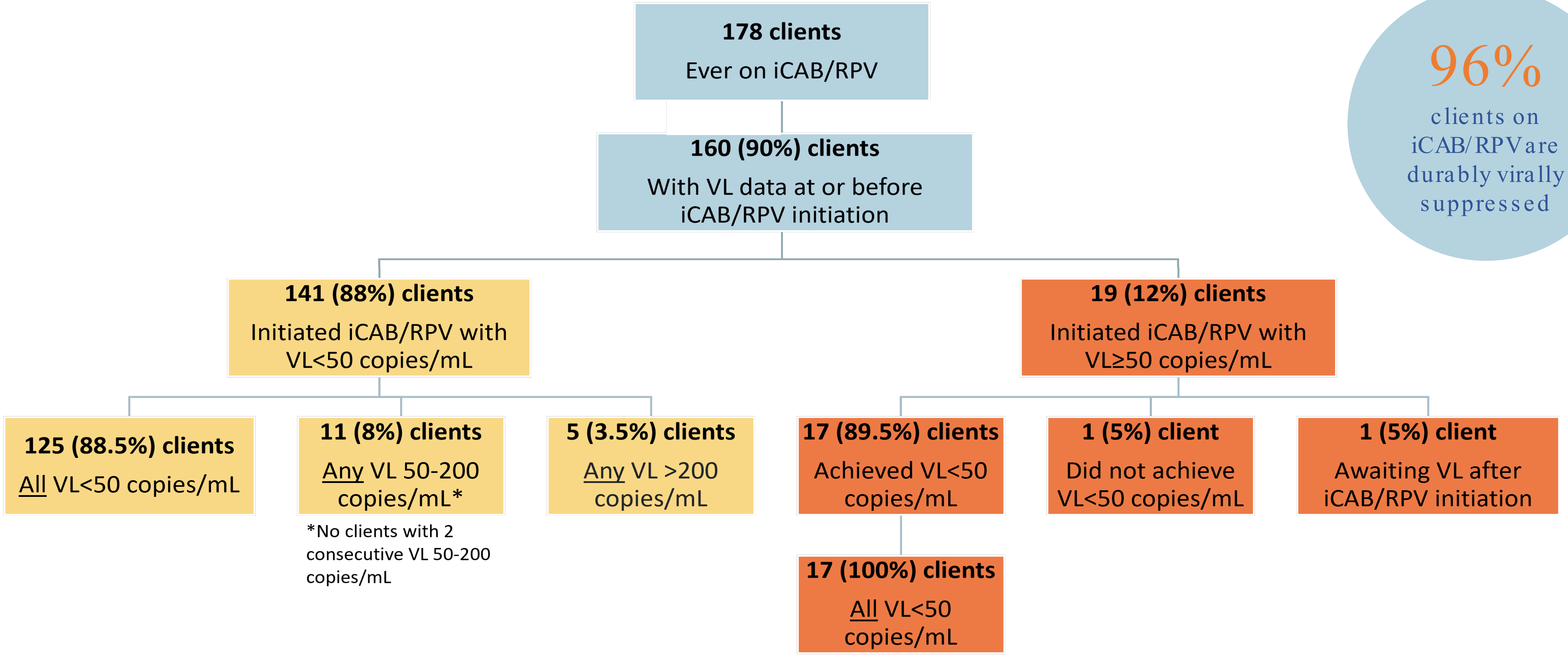
Previous Injection

Injection Window Start

Target Injection Date

Injection Window End

Safety: Viral suppression among clients ever on iCAB/RPV at end of Year 1



178 clients
Ever on iCAB/RPV

160 (90%) clients
With VL data at or before iCAB/RPV initiation

141 (88%) clients
Initiated iCAB/RPV with VL<50 copies/mL

125 (88.5%) clients
All VL<50 copies/mL

11 (8%) clients
Any VL 50-200 copies/mL*

5 (3.5%) clients
Any VL >200 copies/mL

19 (12%) clients
Initiated iCAB/RPV with VL≥50 copies/mL

17 (89.5%) clients
Achieved VL<50 copies/mL

17 (100%) clients
All VL<50 copies/mL

1 (5%) client
Did not achieve VL<50 copies/mL

1 (5%) client
Awaiting VL after iCAB/RPV initiation

*No clients with 2 consecutive VL 50-200 copies/mL

96%

clients on iCAB/RPV are durably virally suppressed

Volume of services by age

	Variable: Age	S1 N (%)	S2 N (%)	S3 N (%)	S4 N (%)	S5 N (%)	S6 N (%)	S7 N (%)	S8 N (%)
People with HIV (PWH)	Age Median, Range	28 (18, 57)	39 (18, 77)	45 (20, 91)	35 (18, 75)	55	47 (9, 80)	48 (18, 89)	35 (19, 81)
	15-19	1 (1%)	2 (0.4%)	0	3 (0.2%)	5 (0.2%)	2 (0.4%)	2 (0.1%)	3 (3%)
	20-29	51 (55%)	50 (11%)	37 (10%)	368 (22%)	112 (4%)	51 (9%)	160 (9%)	23 (23%)
	30-65	40 (44%)	383 (83%)	311 (80%)	1301 (77%)	2275 (78%)	459 (84%)	1444 (82%)	71 (70%)
	≥66	0	23 (5%)	40 (10%)	22 (1%)	508 (18%)	35 (6%)	165 (9%)	4 (4%)
PWH on any ART	Age Median, Range	28 (18, 57)	39 (18, 77)	-	-	55	47 (9, 80)	49 (18, 89)	35 (19, 81)
	15-19	1 (1%)	2 (0.4%)	-	-	4 (0.1%)	2 (0.4%)	1 (0.1%)	3 (3%)
	20-29	51 (56%)	50 (11%)	-	-	108 (4%)	48 (9%)	121 (8%)	23 (23%)
	30-65	39 (43%)	378 (83%)	-	-	2170 (79%)	446 (84%)	1253 (83%)	69 (70%)
	≥66	0	23 (5%)	-	-	472 (17%)	35 (6%)	146 (10%)	4 (4%)
PWH on iCAB/RPV[1]	Age Median, Range	30 (23, 42)	36 (22, 49)	39 (24, 91)	36 (24, 65)	43	34 (31, 58)		
	15-19	0	0	0	0	0	0	0	0
	20-29	8 (50%)	1 (8%)	1 (4%)	8 (17%)	3 (6%)	0	0	0
	30-65	8 (50%)	12 (92%)	20 (87%)	39 (83%)	43 (90%)	5 (100%)	1 (100%)	0
	≥66	0	0	2 (9%)	0	2 (4%)	0	0	0

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[1] Data includes all PWH currently on iCAB/RPV as of February 29, 2024. Clients who initiated iCAB/RPV before the start of ALAI UP are included. Clients who discontinued iCAB/RPV before March 1, 2024 are excluded.

Volume of services by gender

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	Variable: Gender Identity	S1 N (%)	S2 N (%)	S3 N (%)	S4 N (%)	S5 N (%)	S6 N (%)	S7 N (%)	S8 N (%)
People with HIV (PWH)	Cisgender Men	79 (86%)	368 (80%)	254 (65%)	1441 (85%)	1935 (67%)	400 (73%)	1110 (63%)	Not reported
	Cisgender Women	6 (7%)	74 (16%)	134 (35%)	171 (10%)	878 (30%)	141 (26%)	591 (33%)	
	Transgender Women	5 (5%)	16 (3%)	0	70 (4%)	49 (2%)	7 (1%)	24 (1%)	
	Transgender Men	0	0	0	4 (0.2%)	3 (0.3%)	0	4 (0.2%)	
	Nonbinary	0	0	0	7 (0.4%)	22 (0.8%)	0	0	
	Unknown	2 (2%)	1 (0.2%)	0	1 (0.1%)	20 (0.7%)	0	42 (2%)	
PWH on any ART	Cisgender Men	78 (85%)	365 (80%)	-	-	1854 (67%)	391 (74%)	976 (64%)	
	Cisgender Women	6 (7%)	72 (16%)	-	-	812 (30%)	134 (25%)	515 (34%)	
	Transgender Women	5 (6%)	16 (3%)	-	-	49 (2%)	7 (1%)	20 (1%)	
	Transgender Men	0	0	-	-	3 (0.1%)	0	4 (0.3%)	
	Nonbinary	0	0	-	-	20 (0.7%)	0	0	
	Unknown	2 (2%)	1 (0.2%)	-	-	18 (0.7%)	0	6 (0.4%)	
PWH on iCAB/RP[1]	Cisgender Men	14 (88%)	6 (46%)	15 (65%)	36 (76%)	35 (73%)	4 (80%)	1 (100%)	
	Cisgender Women	1 (6%)	6 (46%)	8 (35%)	6 (13%)	9 (19%)	1 (20%)	0	
	Transgender Women	0	1 (8%)	0	4 (9%)	1 (2%)	0	0	
	Transgender Men	0	0	0	0	0	0	0	
	Nonbinary	0	0	0	1 (2%)	1 (2%)	0	0	
	Unknown	1 (6%)	0	0	0	2 (4%)	0	0	

[1] Data includes all PWH currently on iCAB/RPV as of February 29, 2024. Clients who initiated iCAB/RPV before the start of ALAI UP are included. Clients who discontinued iCAB/RPV are excluded.

Volume of services by race

	Variable: Race	S1 N (%)	S2 N (%)	S3 N (%)	S4 N (%)	S5 N (%)	S6 N (%)	S7 N (%)	S8 N (%)
People with HIV (PWH)	American Indian or Alaskan Native	0	2 (0.4%)	0	8 (0.5%)	19 (0.7%)	1 (0.2%)	0	0
	Asian	2 (2%)	1 (0.2%)	4 (1%)	10 (0.6%)	41 (1%)	5 (0.9%)	21 (1%)	1 (1%)
	Black/African American	76 (83%)	371 (81%)	234 (60%)	1300 (77%)	1332 (46%)	288 (53%)	1044 (59%)	19 (19%)
	Native Hawaiian or Pacific Islander	0	0	0	1 (0.1%)	10 (0.3%)	1 (0.2%)	3 (0.2%)	0
	White	11 (12%)	29 (6%)	150 (39%)	270 (16%)	449 (15%)	242 (44%)	694 (39%)	19 (19%)
	Other	1 (1%)	52 (11%)	0	16 (0.9%)	11 (0.4%)	8 (1%)	1 (0.1%)	0
	Unknown	2 (2%)	0	0	89 (5%)	1045 (36%)	3 (0.6%)	7 (0.4%)	0
PWH on any ART	American Indian or Alaskan Native	0	2 (0.4%)	-	-	17 (0.6%)	1 (0.2%)	0	0
	Asian	2 (2%)	1 (0.2%)	-	-	39 (1%)	5 (0.9%)	17 (11%)	1 (1%)
	Black/African American	75 (82%)	367 (81%)	-	-	1257 (46%)	278 (52%)	890 (59%)	19 (19%)
	Native Hawaiian or Pacific Islander	0	0	-	-	9 (0.3%)	1 (0.2%)	1 (0.1%)	0
	White	11 (12%)	28 (9%)	-	-	424 (15%)	237 (45%)	612 (40%)	19 (19%)
	Other	1 (1%)	51 (11%)	-	-	11 (0.4%)	8 (2%)	1 (0.1%)	0
	Unknown	2 (2%)	5 (1%)	-	-	999 (36%)	2 (0.4%)	1 (0.4%)	60 (61%)
PWH on iCAB/RP[1]	American Indian or Alaskan Native	0	0	0	0	0	0	0	0
	Asian	0	0	0	0	0	0	0	0
	Black/African American	15 (94%)	9 (69%)	11 (48%)	43 (92%)	28 (58%)	3 (60%)	0	0
	Native Hawaiian or Pacific Islander	0	0	0	0	0	0	0	0
	White	0	0	12 (52%)	4 (8%)	4 (8%)	2 (40%)	1 (100%)	0
	Other	0	3 (23%)	0	0	0	0	0	0
	Unknown	1 (6%)	1 (7%)	0	0	16 (33%)	0	0	0

Volume of services by ethnicity

	Variable: Ethnicity	S1 N (%)	S2 N (%)	S3 N (%)	S4 N (%)	S5 N (%)	S6 N (%)	S7 N (%)	S8 N (%)
People with HIV (PWH)	Non-Hispanic /Latino	84 (91%)	402 (88%)	255 (66%)	1498 (88%)	1962(68%)	481 (88%)	1231 (70%)	34 (34%)
	Hispanic/Latino	8 (9%)	57 (12%)	133 (34%)	166 (10%)	945 (32%)	37 (7%)	538 (30%)	67 (66%)
	Unknown	0	0	0	30 (2%)	0	30 (5%)	2 (0.1%)	0
PWH on any ART	Non-Hispanic /Latino	83 (91%)	398 (88%)	-	-	1849 (67%)	468 (88%)	1052 (69%)	34 (34%)
	Hispanic/Latino	8 (9%)	56 (12%)	-	-	907 (33%)	36 (7%)	470 (31%)	65 (66%)
	Unknown	0	0	-	-	0	28 (5%)	0	0
People on iCAB/RPV[1]	Non-Hispanic /Latino	16 (100%)	10 (77%)	11 (48%)	46 (98%)	32 (67%)	5 (100%)	0	0
	Hispanic/Latino	0	3 (23%)	12 (52%)	1 (2%)	16 (33%)	0	1 (100%)	0
	Unknown	0	0	0	0	0	0	0	0

[1] Data includes all PWH currently on iCAB/RPV as of February 29, 2024. Clients who initiated iCAB/RPV before the start of ALAI UP are included. Clients who discontinued iCAB/RPV are excluded.

Other Social Determinants of Health Proxies to Inform Equitable Delivery

Variable	S1	S2	S3*	S4*	S5	S6	S7	S8
Employment	🟨	🟥	🟨	🟨	🟥	🟩	🟩	🟨
Housing status	🟨	🟨	🟩	🟨	🟨	🟩	🟩	🟥
Poverty level	🟨	🟨	🟩	🟩	🟥	🟩	🟩	🟥
Immigration status	🟨	🟥	🟩	🟩	🟨	🟩	🟩	🟥
Primary language	🟩	🟨	🟩	🟩	🟩	🟩	🟩	🟩
History of incarceration	🟨	🟥	🟩	🟥	🟩	🟨	🟩	🟥
Other HIV-related SDoH reported quantitatively	🟨	🟥	🟥	🟥	🟨	🟩	🟩	🟥

🟥	Data not available
🟧	Data available but not accessible
🟨	Data available and accessible but incomplete
🟩	Data available and accessible

* Data availability reflects that of people on iCAB/RPV.

Conclusion

- A relatively low (2.9%) proportion of people with HIV on ART initiated iCAB/RPV in the first year of ALAI-UP monitoring. Most of those who initiated remained on iCAB/RPV and received their injections within a seven-day window of the scheduled date.
- It was feasible for most sites to monitor and report iCAB/RPV initial and subsequent injections at the client level. Variations in EMRs and on-site data management expertise posed meaningful challenges.
- Many sites augmented their EMR with additional data collection resources to effectively monitor the clinical process and outcomes for clients on iCAB/RPV.
- Most sites reported on selected demographic variables (e.g., age, sex, gender, race, and ethnicity). ALAI-UP sites serve mostly minoritized patients, so disparities in race and ethnicity were not notable, though other demographic variation was observed (e.g., age, gender).
- ALAI Up sites identified other social determinants of health (SDoH) as proxy markers of inequity in that they want to mitigate (e.g., employment, housing, incarceration, insurance). Of the eight most commonly identified SDoH, seven sites had available and accessible client-level data on the primary language. No more than 50% of sites had client-level data available and accessible for other SDoH.

Conclusion (cont.)

- It was a challenge to define and operationalize M&E metrics for assessing the delivery and outcome of iCAB/RPV awareness-raising, client education, counseling, and eligibility. Over the first year of ALAI Up clinical monitoring, these metrics and data collection approaches have been improving.
- ALAI UP sites continue to improve data availability and accessibility of prioritized SDoH like health insurance status, insurance type and outcomes of prior approvals.
- Other markers of inequity operating above the patient level (site, jurisdiction) were not included as part of client-level monitoring and could influence equitable outcomes.
- Given the frequency of “workarounds” and other data collection sheets to augment most EMR limitations for including iCAB/RPV, simple adaptable tools for collection, reporting and summarizing LAI ART equitable outcomes is needed.

Thank you!

If you have any questions, please contact Delivette Castor (dc2022@cumc.columbia.edu).

ALAI UP

Advancing Long Acting Injectables For Underserved Populations

Accelerating Implementation of Multilevel-strategies to Advance Long-Acting Injectables for Underserved Populations (ALAI UP Project)

Session 23008

ALAI UP

NATIONAL 2024
RYAN WHITE
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ON HIV CARE & TREATMENT

Specifying Implementation Strategies to Accelerate Equitable Implementation of Long-Acting Injectable Antiretroviral Therapy

Abstract ID: 25551

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NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT 2024

Disclosures

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NATIONAL 2024 RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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ryanwhite.cds.affinityced.com

Learning objectives

- Learn how to use an implementation science tool (strategy log) to specify strategies used to overcome barriers.
- Learn strategies clinical sites have used to expand their capacity to implement LAI ART with a focus on equity.

Session outline

1. **Introduction of “Strategy Log” tool to identify strategies to overcome a specific barrier**
2. ALAI UP reported strategies across programmatic building blocks
3. Practical application of Strategy Log

“The purpose [of implementation research] is to advance strategies for integrating innovations into everyday practice.”

- Proctor, 2023

Proctor, E.K., Bunger, A.C., Lengnick-Hall, R. *et al.* Ten years of implementation outcomes research: a scoping review. *Implementation Sci* **18**, 31 (2023). https://doi.org/10.1186/s13012-023-01286-z

What are implementation strategies?

- Methods or techniques used to enhance the adoption, implementation, and sustainability of a clinical program or practice.
- ‘How to’ component of changing healthcare practice.

Proctor, E. K., Powell, B. J., & McMillen, J. C. (2013). Implementation strategies: recommendations for specifying and reporting. *Implementation science*, *8*, 1-11.

Background research

Strategies often inconsistently and poorly described

Powell *et al. Implementation Science* (2015) 10:21
DOI 10.1186/s13012-015-0209-1

IMPLEMENTATION SCIENCE

RESEARCH **Open Access**

A refined compilation of i
results from the Expert Re
Implementing Change (E

Byron J Powell[1*], Thomas J Waltz[2], Matthew J Chinman[3,4
Monica M Matthieu[6,7], Enola K Proctor[8] and JoAnn E Kirc

Abstract

Background: Identifying, developing, and testing implem
science. However, these efforts have been complicated by
descriptions of implementation strategies in the literature.
(ERIC) study aimed to refine a published compilation of i
systematically gathering input from a wide range of stake
clinical practice.

Methods: Purposive sampling was used to recruit a panel
engaged in three rounds of a modified Delphi process to
definitions. The first and second rounds involved Web-bas
strategy terms and definitions. After each round, iterative
The third round involved a live polling and consensus pro

Results: Participants identified substantial concerns with
additional strategies. Seventy-five percent of definitions fr
retained after voting. Ultimately, the expert panel reached
strategies.

Conclusions: This research advances the field by improvi
comprehensiveness of implementation strategies that can
research and practice. Future phases of ERIC will focus on
as well as ratings for each strategy's importance and feasi
strategies for hypothetical yet real-world scenarios that va
practices and the strength of contextual supports that su

Keywords: Implementation research, Implementation stra
Department of Veterans Affairs

Proctor *et al. Implementation Science* 2013, **8**:139
http://www.implementationscience.com/content/8/1/139

DEBATE **Open Access**

Implementation strategies: recommendations for specifying and reporting

Enola K Proctor[1*], Byron J Powell[1] and J Curtis McMillen[2]

Abstract

Implementation strategies have unparalleled importance in implementation science, as they constitute the 'how to' component of changing healthcare practice. Yet, implementation researchers and other stakeholders are not able to fully utilize the findings of studies focusing on implementation strategies because they are often inconsistently labelled and poorly described, are rarely justified theoretically, lack operational definitions or manuals to guide their use, and are part of 'packaged' approaches whose specific elements are poorly understood. We address the challenges of specifying and reporting implementation strategies encountered by researchers who design, conduct, and report research on implementation strategies. Specifically, we propose guidelines for naming, defining, and operationalizing implementation strategies in terms of seven dimensions: actor, the action, action targets, temporality, dose, implementation outcomes addressed, and theoretical justification. Ultimately, implementation strategies cannot be used in practice or tested in research without a full description of their components and how they should be used. As with all intervention research, their descriptions must be precise enough to enable measurement and 'reproducibility.' We propose these recommendations to improve the reporting of implementation strategies in research studies and to stimulate further identification of elements pertinent to implementation strategies that should be included in reporting guidelines for implementation strategies.

Keywords: Implementation strategies, Implementation research, Measurement, Methodology

ERIC strategies

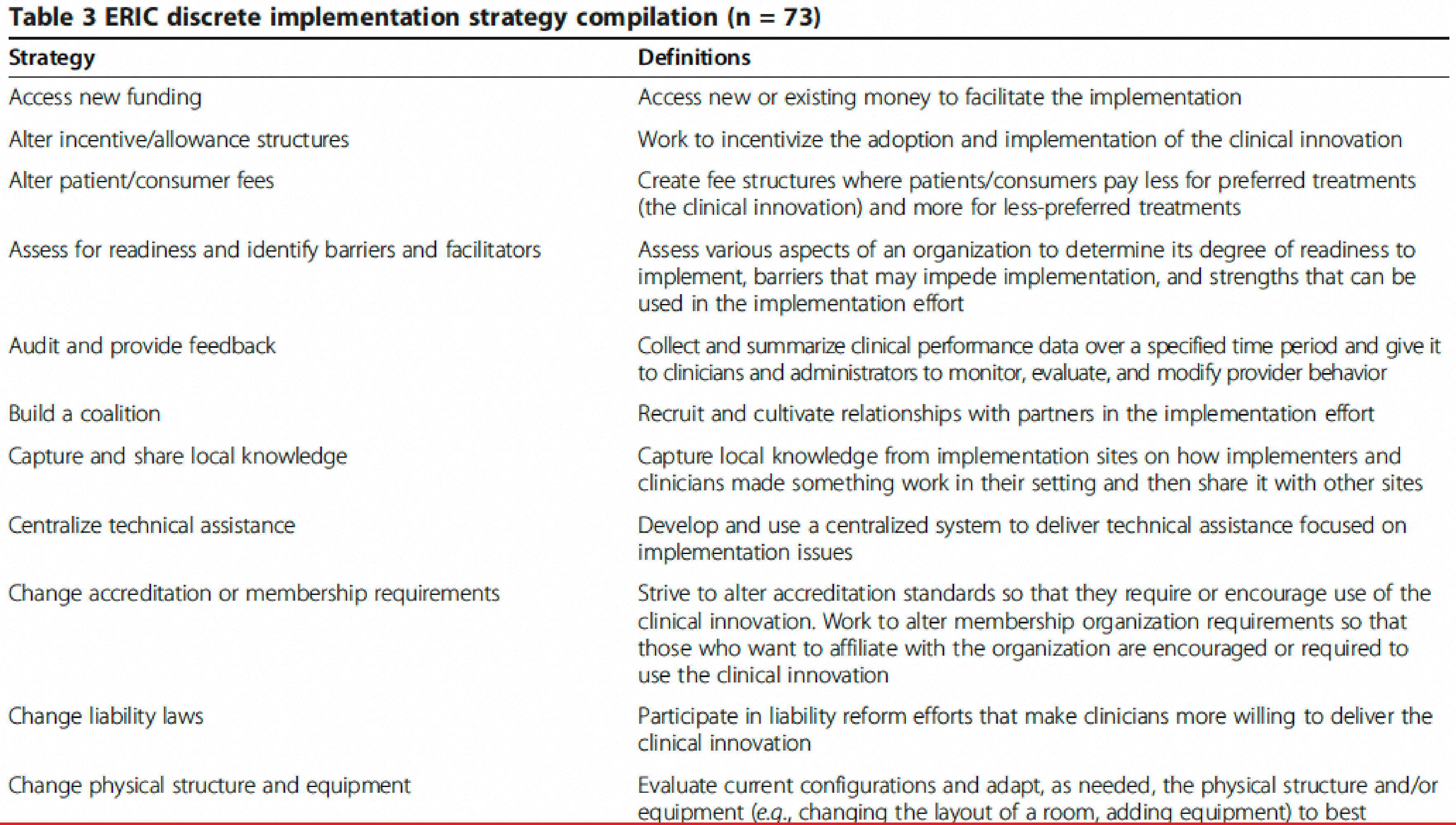
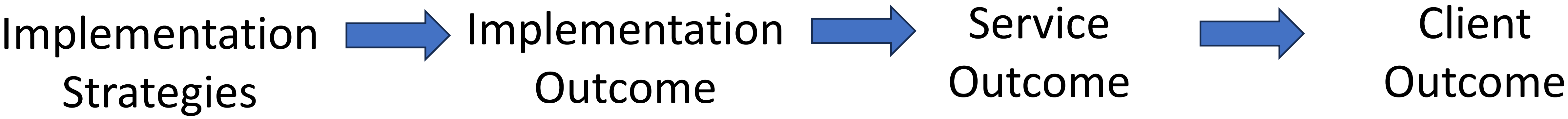


Table 3 ERIC discrete implementation strategy compilation (n = 73)

Strategy	Definitions
Access new funding	Access new or existing money to facilitate the implementation
Alter incentive/allowance structures	Work to incentivize the adoption and implementation of the clinical innovation
Alter patient/consumer fees	Create fee structures where patients/consumers pay less for preferred treatments (the clinical innovation) and more for less-preferred treatments
Assess for readiness and identify barriers and facilitators	Assess various aspects of an organization to determine its degree of readiness to implement, barriers that may impede implementation, and strengths that can be used in the implementation effort
Audit and provide feedback	Collect and summarize clinical performance data over a specified time period and give it to clinicians and administrators to monitor, evaluate, and modify provider behavior
Build a coalition	Recruit and cultivate relationships with partners in the implementation effort
Capture and share local knowledge	Capture local knowledge from implementation sites on how implementers and clinicians made something work in their setting and then share it with other sites
Centralize technical assistance	Develop and use a centralized system to deliver technical assistance focused on implementation issues
Change accreditation or membership requirements	Strive to alter accreditation standards so that they require or encourage use of the clinical innovation. Work to alter membership organization requirements so that those who want to affiliate with the organization are encouraged or required to use the clinical innovation
Change liability laws	Participate in liability reform efforts that make clinicians more willing to deliver the clinical innovation
Change physical structure and equipment	Evaluate current configurations and adapt, as needed, the physical structure and/or equipment (*e.g.*, changing the layout of a room, adding equipment) to best

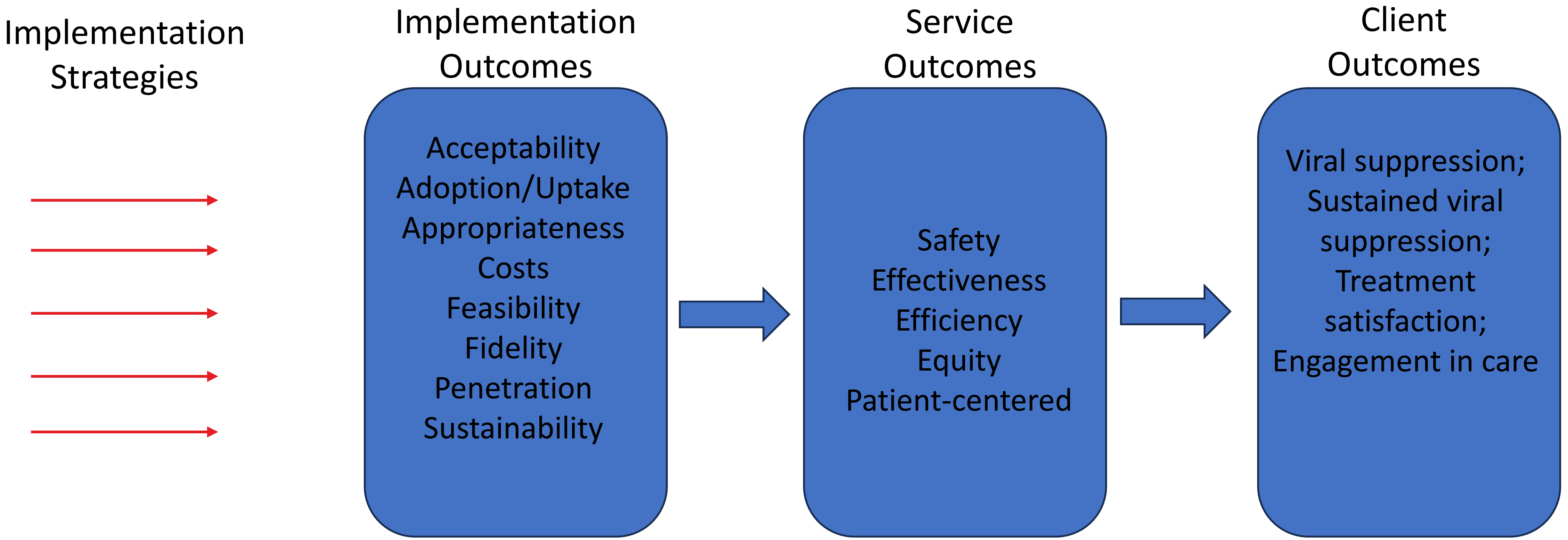
Why do we care about implementation strategies?



Implementation Strategies → Implementation Outcome → Service Outcome → Client Outcome

Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., ... & Hensley, M. (2011). Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Administration and policy in mental health and mental health services research*, *38*, 65-76.

From client outcomes to implementation outcomes



Implementation Strategies

Implementation Outcomes

- Acceptability
- Adoption/Uptake
- Appropriateness
- Costs
- Feasibility
- Fidelity
- Penetration
- Sustainability

Service Outcomes

- Safety
- Effectiveness
- Efficiency
- Equity
- Patient-centered

Client Outcomes

Viral suppression; Sustained viral suppression; Treatment satisfaction; Engagement in care

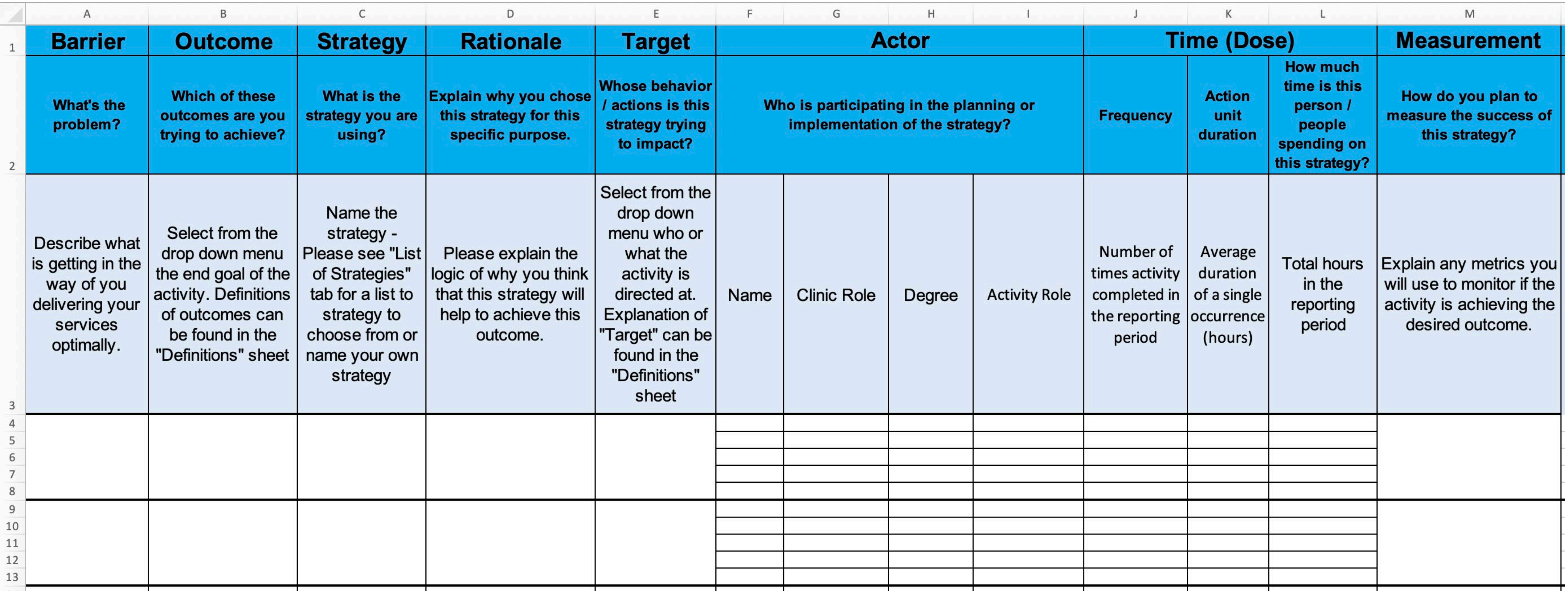
Implementation outcomes

Name	Definition
Acceptability	Perception that the intervention is agreeable or palatable
Adoption	Uptake of intervention
Appropriateness	Perception that the intervention is relevant or useful
Cost	Ability to manage the financial impact of the intervention
Feasibility	Ability for the intervention to be successfully used or carried out
Fidelity	Degree to which an intervention is used as intended
Penetration	Degree to which an intervention is effectively integrated into a setting or system
Sustainability	Extent to which an intervention is maintained over time

Before we get started

- The goal of my work has always been to bridge the gap between research and practice.
- While the frameworks and tools I am presenting are widely cited in academic research, there is limited evidence of their usefulness and acceptability in real world settings.
- I hope by the end of this presentation you see the value in specifying strategies.
- But if you don’t, I would love your honest feedback on how we can make this more relevant and helpful to your site.

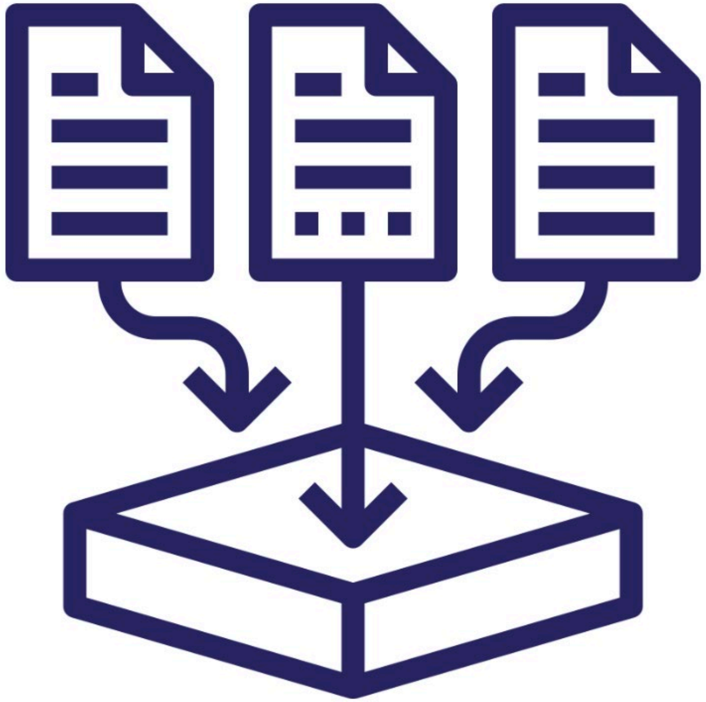
Specifying strategies



Barrier	Outcome	Strategy	Rationale	Target	Actor				Time (Dose)			Measurement
What's the problem?	Which of these outcomes are you trying to achieve?	What is the strategy you are using?	Explain why you chose this strategy for this specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
Describe what is getting in the way of you delivering your services optimally.	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	Name the strategy - Please see "List of Strategies" tab for a list to strategy to choose from or name your own strategy	Please explain the logic of why you think that this strategy will help to achieve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.

The ultimate goal

- Specifying strategies helps inform the rollout of LAI ARV services for future adopting sites
- Create a compendium of implementation strategies linked to implementation, service, and clinical outcomes to contribute to generalizable knowledge that can accelerate equity-focused implementation of iCAB/RPV (and other future long-acting agents)



Session outline

1. Introduction of “Strategy Log” tool to identify strategies to overcome a specific barrier
2. **ALAI UP reported strategies across programmatic building blocks**
3. Practical application of Strategy Log

Programmatic Building Blocks

Engaging Patients

Am I being judged for my past treatment outcomes or life circumstances?

Navigating Coverage & Cost

Does the health care system care about me?

Procurement & Storage

Is the treatment available to me when I come to the clinic?

Prescribing & Administering

How uncomfortable will I be during & after the injections?

Supporting Retention

Is my provider invested in helping me stay virally suppressed, even if I have challenges?

1. Engaging Patients

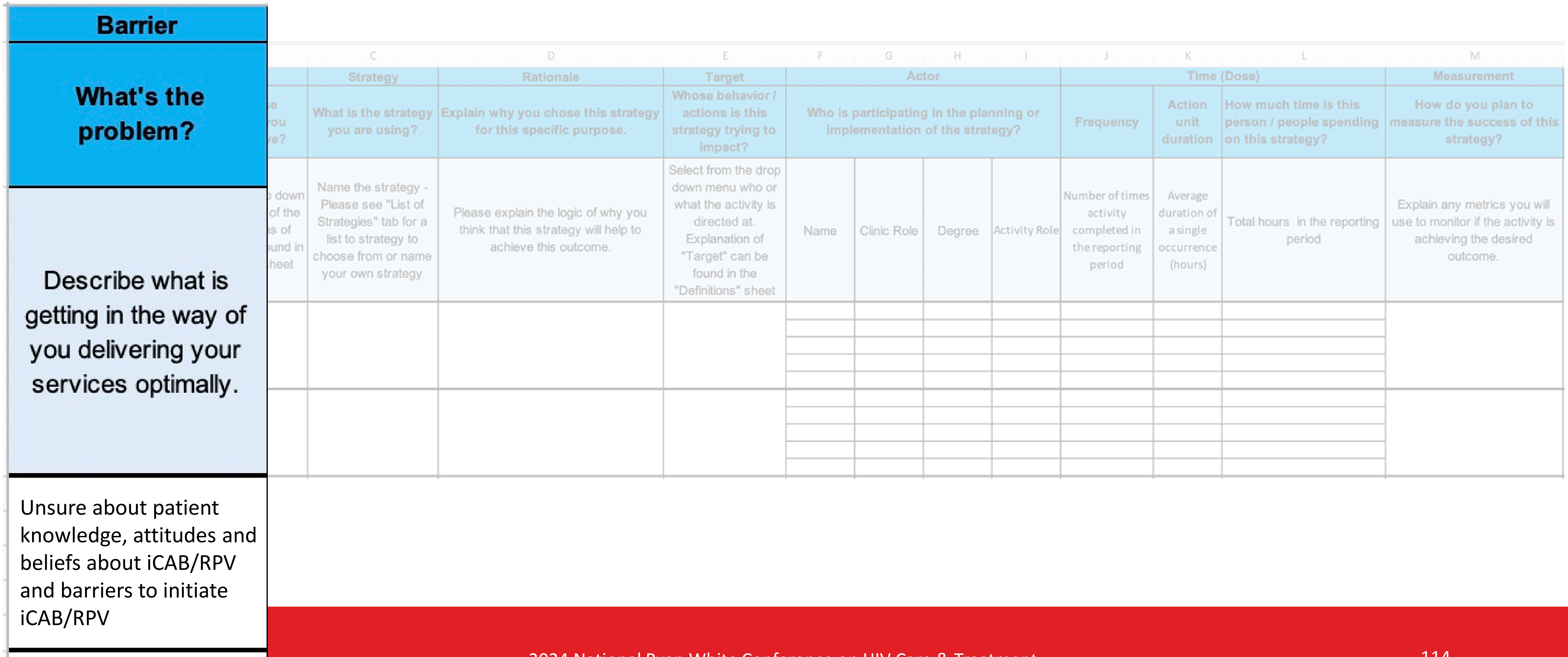
- Engaging Patients refers to the processes by which a site brings awareness of injectable cabotegravir/rilpivirine (iCAB/RPV) to patients and helps them explore this novel HIV treatment option.

Unique strategies used: n=7

Example:

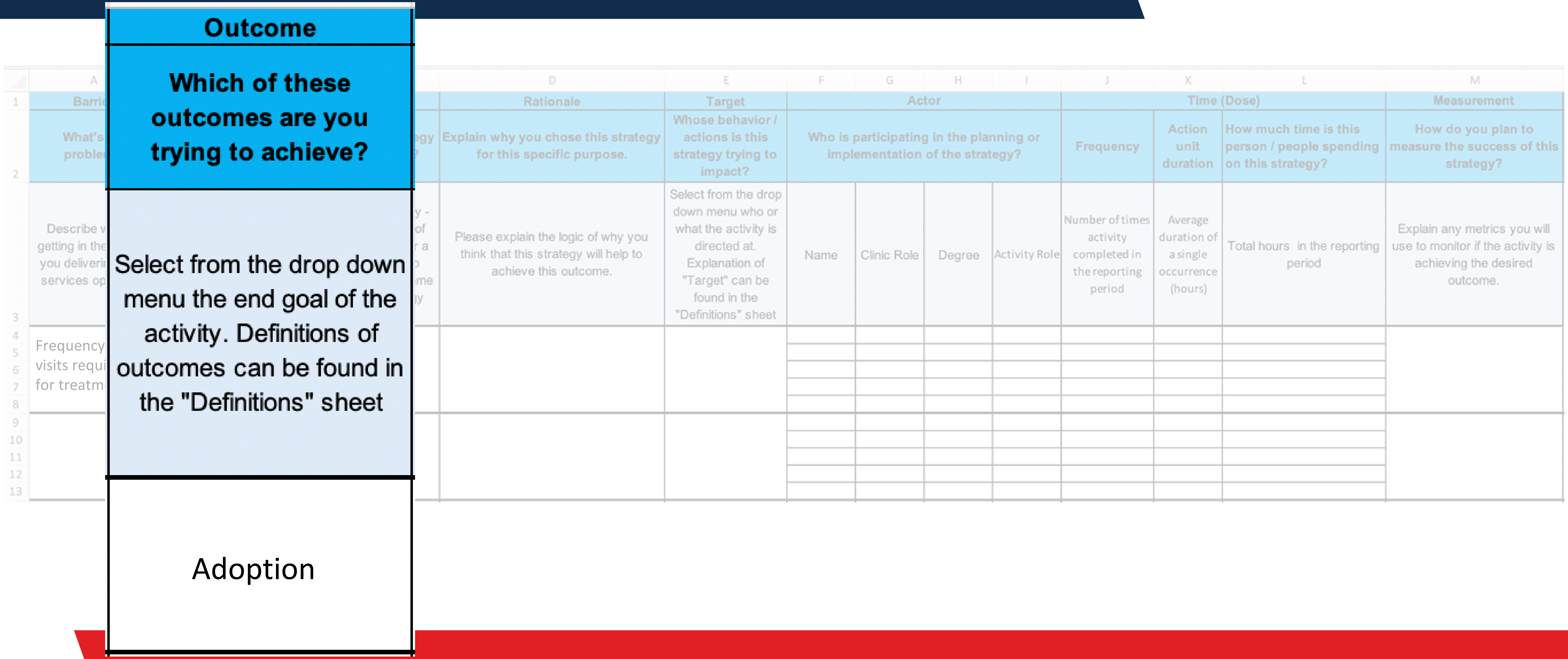
- Obtain and use patients/consumers and family feedback

1.Barrier



		C	D	E	F	G	H	I	J	K	L	M
Barrier		Strategy	Rationale	Target	Actor				Time (Dose)			Measurement
What's the problem?	e ou ve?	What is the strategy you are using?	Explain why you chose this strategy for this specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
Describe what is getting in the way of you delivering your services optimally.	down of the s of und in heet	Name the strategy - Please see "List of Strategies" tab for a list to strategy to choose from or name your own strategy	Please explain the logic of why you think that this strategy will help to achieve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
Unsure about patient knowledge, attitudes and beliefs about iCAB/RPV and barriers to initiate iCAB/RPV												

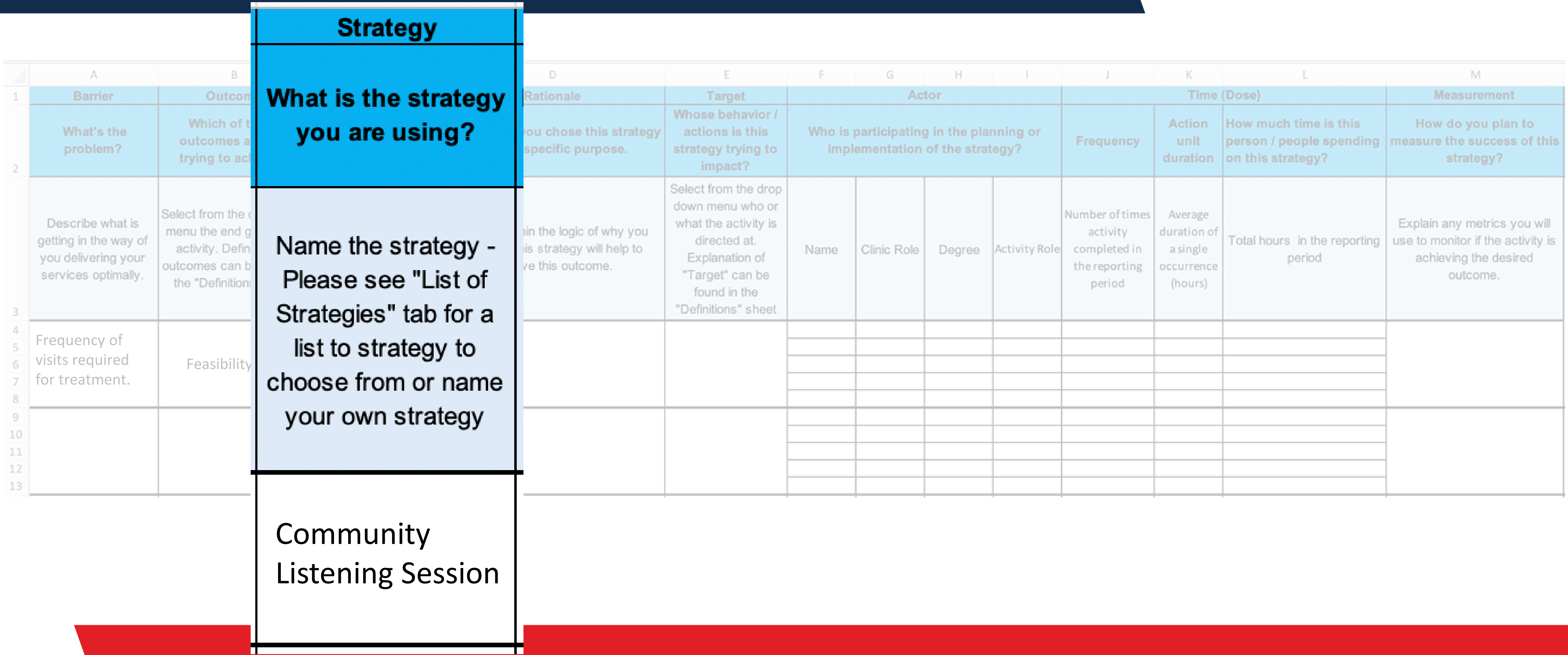
1.Implementation outcome



Outcome
Which of these outcomes are you trying to achieve?
Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet
Adoption

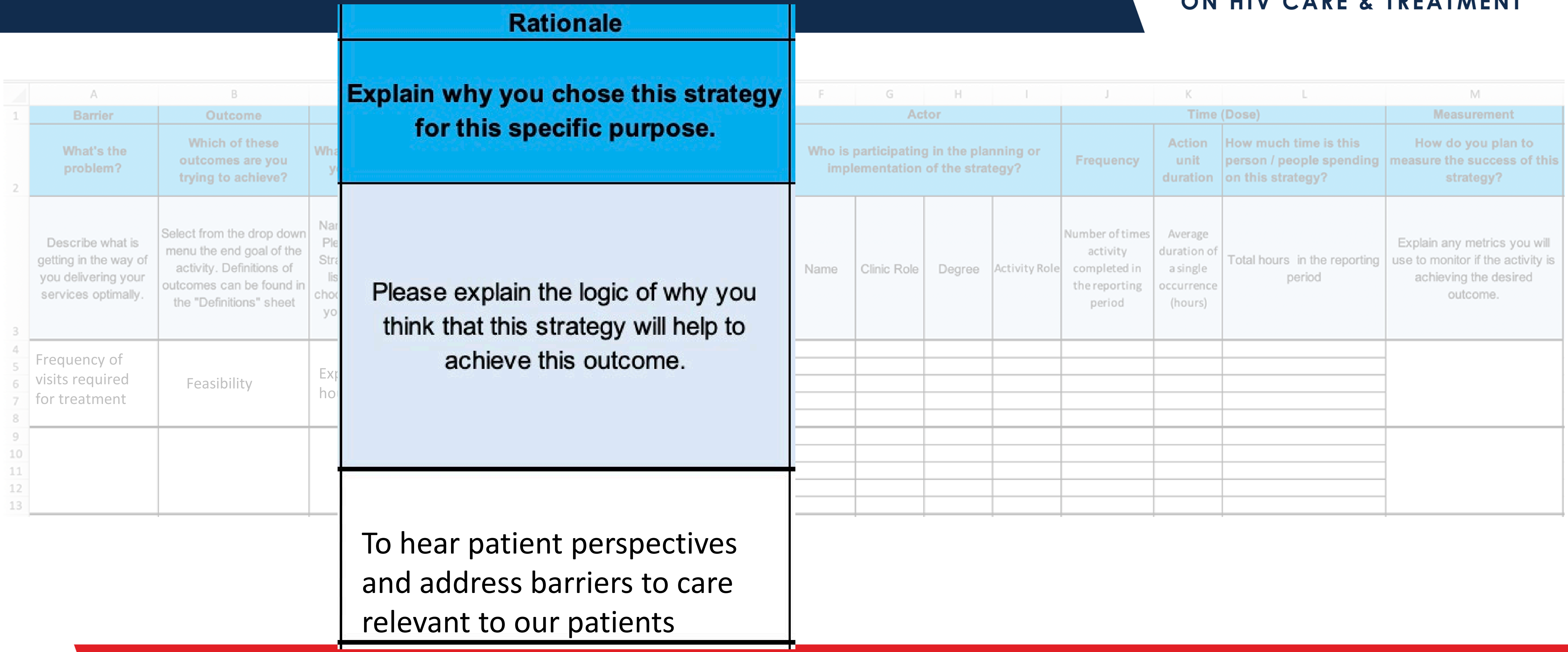
A		D	E	F	G	H	I	J	K	L	M
Barrie		Rationale	Target	Actor					Time (Dose)		Measurement
What's proble	egy ?	Explain why you chose this strategy for this specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
Describe w getting in the you deliveri services op	y - of r a o me y	Please explain the logic of why you think that this strategy will help to achieve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
Frequency visits requi for treatm											

1.Strategy name



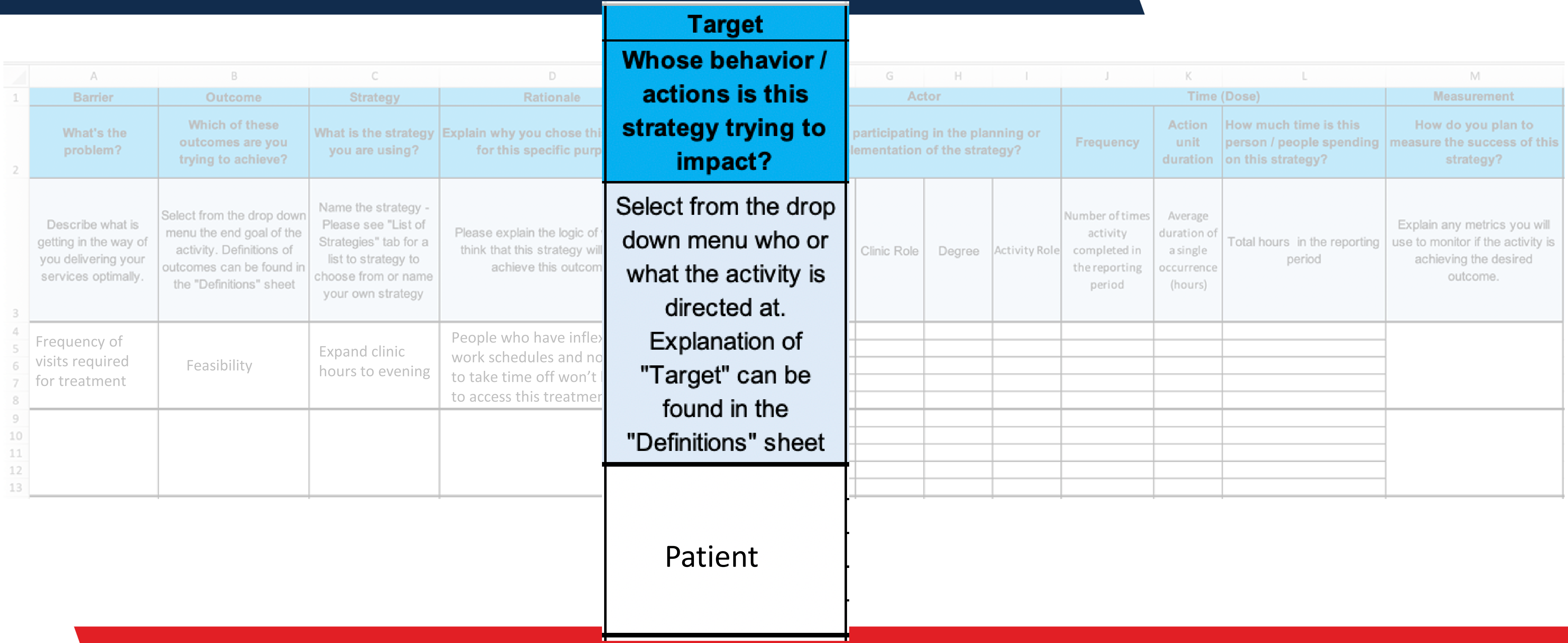
A	B	C	D	E	F	G	H	I	J	K	L	M
Barrier	Outcom	Strategy	Rationale	Target	Actor				Time (Dose)			Measurement
What's the problem?	Which of t outcomes a trying to ac	What is the strategy you are using?	ou chose this strategy specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
Describe what is getting in the way of you delivering your services optimally.	Select from the menu the end g activity. Defin outcomes can b the "Definition	Name the strategy - Please see "List of Strategies" tab for a list to strategy to choose from or name your own strategy	in the logic of why you is strategy will help to ve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
Frequency of visits required for treatment.	Feasibility	Community Listening Session										

1.Rationale



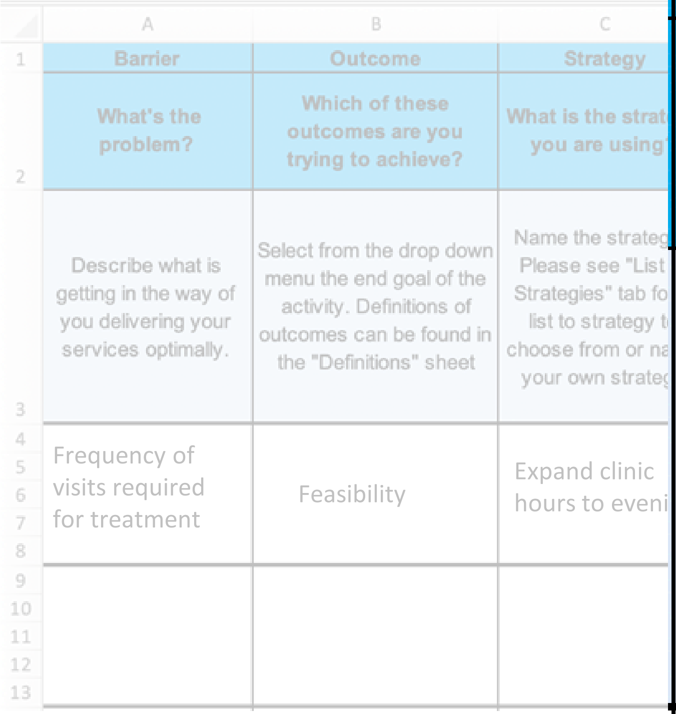
A	B			F	G	H	I	J	K	L	M
Barrier	Outcome		Rationale	Actor				Time (Dose)			Measurement
What's the problem?	Which of these outcomes are you trying to achieve?	Wha y	Explain why you chose this strategy for this specific purpose.	Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
Describe what is getting in the way of you delivering your services optimally.	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	Nar Ple Stra lis cho yo	Please explain the logic of why you think that this strategy will help to achieve this outcome.	Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
Frequency of visits required for treatment	Feasibility	Exp ho	To hear patient perspectives and address barriers to care relevant to our patients								

1.Target



	A	B	C	D		G	H	I	J	K	L	M
1	Barrier	Outcome	Strategy	Rationale	Target	Actor			Time (Dose)			Measurement
2	What's the problem?	Which of these outcomes are you trying to achieve?	What is the strategy you are using?	Explain why you chose thi for this specific purp	Whose behavior / actions is this strategy trying to impact?	participating in the planning or lementation of the strategy?			Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
3	Describe what is getting in the way of you delivering your services optimally.	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	Name the strategy - Please see "List of Strategies" tab for a list to strategy to choose from or name your own strategy	Please explain the logic of think that this strategy will achieve this outcom	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
4–8	Frequency of visits required for treatment	Feasibility	Expand clinic hours to evening	People who have inflex work schedules and no to take time off won't to access this treatmer	Patient							
9–13												

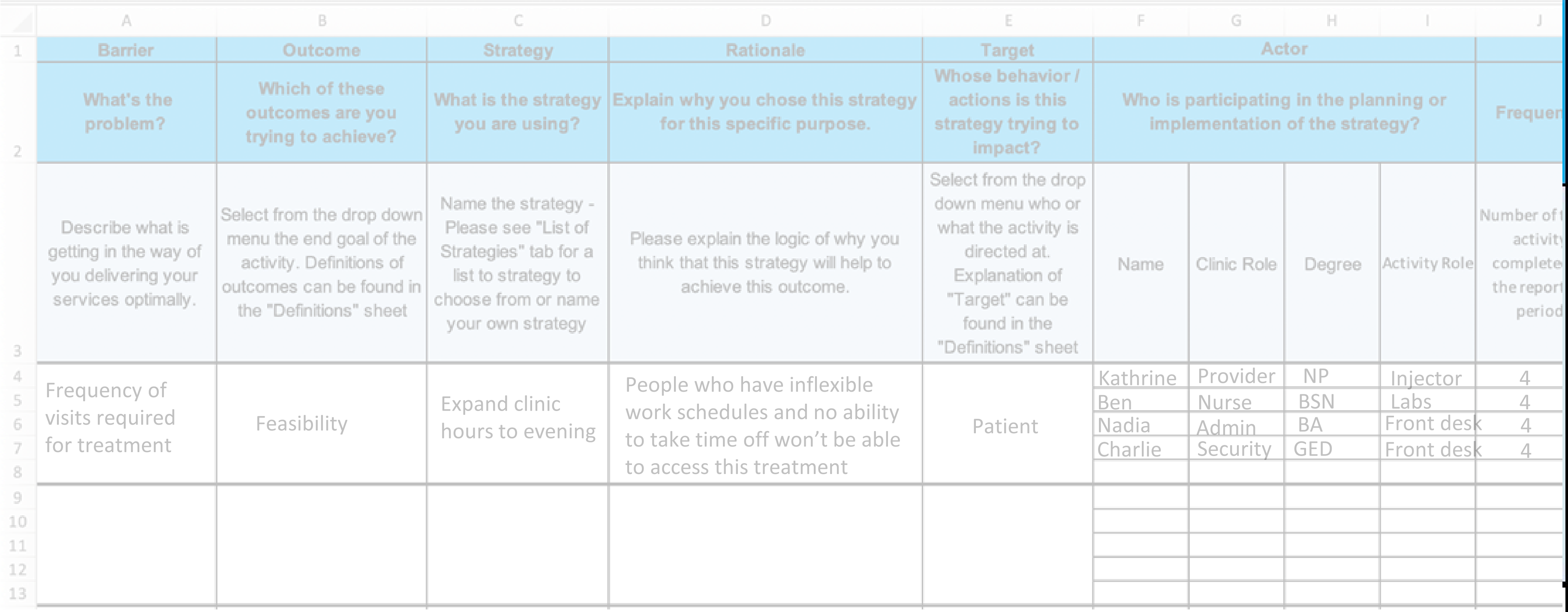
1.Actor and time



Barrier	Outcome	Strategy
What's the problem?	Which of these outcomes are you trying to achieve?	What is the strat you are using
Describe what is getting in the way of you delivering your services optimally.	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	Name the strateg Please see "List Strategies" tab fo list to strategy t choose from or na your own strateg
Frequency of visits required for treatment	Feasibility	Expand clinic hours to eveni

Actor				**Time (Dose)**		
Who is participating in the planning or implementation of the strategy?				**Frequency**	**Action unit duration**	**How much time is this person / people spending on this strategy?**
Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period
Kathrine	Director	MPH	Facilitator	2	1	2
Ben	Case Worker	MSW	Note taker	2	1	2

1.Measurement



	A	B	C	D	E	F	G	H	I	J
1	Barrier	Outcome	Strategy	Rationale	Target	Actor				
2	What's the problem?	Which of these outcomes are you trying to achieve?	What is the strategy you are using?	Explain why you chose this strategy for this specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequen
3	Describe what is getting in the way of you delivering your services optimally.	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	Name the strategy - Please see "List of Strategies" tab for a list to strategy to choose from or name your own strategy	Please explain the logic of why you think that this strategy will help to achieve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of t activity complete the report period
4	Frequency of visits required for treatment	Feasibility	Expand clinic hours to evening	People who have inflexible work schedules and no ability to take time off won't be able to access this treatment	Patient	Kathrine	Provider	NP	Injector	4
5						Ben	Nurse	BSN	Labs	4
6						Nadia	Admin	BA	Front desk	4
7						Charlie	Security	GED	Front desk	4
8										
9										
10										
11										
12										
13										

Measurement

How do you plan to measure the success of this strategy?

Explain any metrics you will use to monitor if the activity is achieving the desired outcome.

Qual: Barriers identified by patients are brought to team and leadership to discuss, and if possible, address

2. Navigating Coverage & Cost

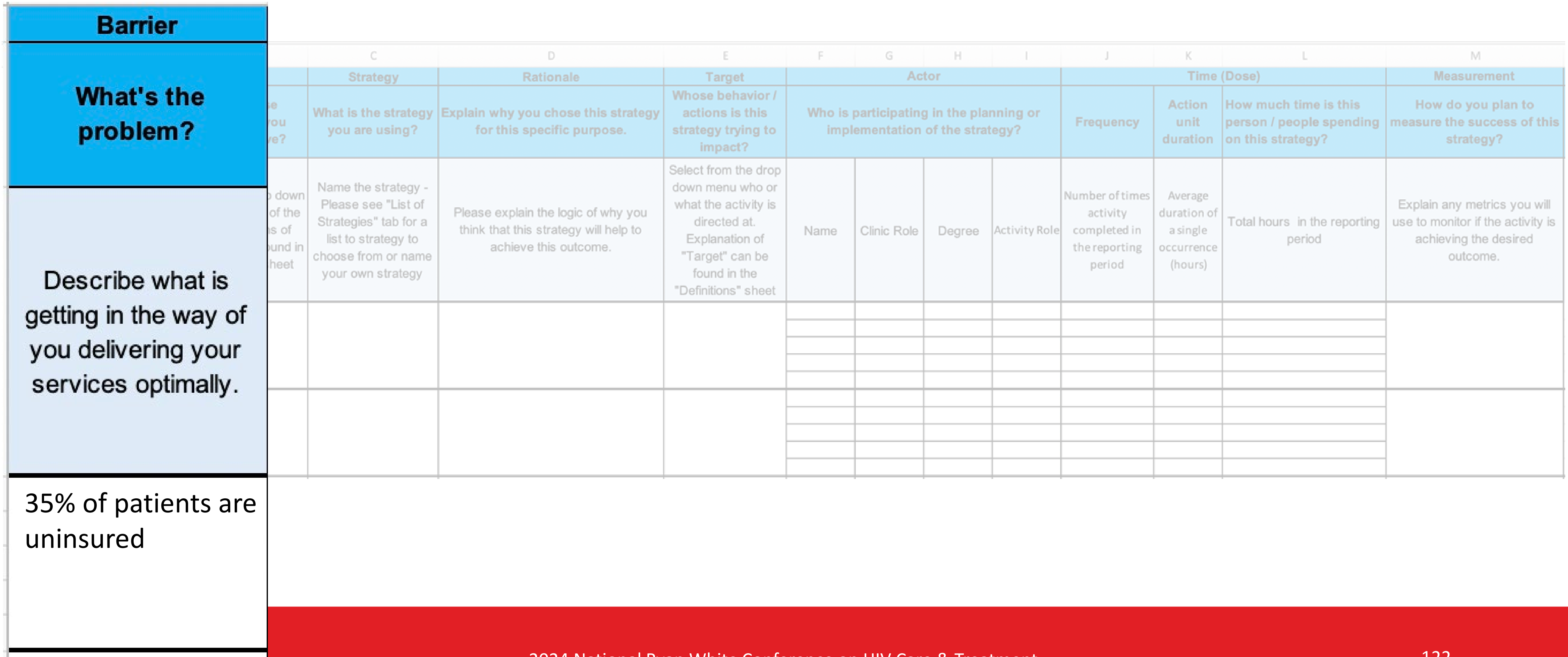
- Navigating Coverage and Cost refers to processes that cover the cost of iCAB/RPV for patients.

Unique strategies used: n=8

Example:

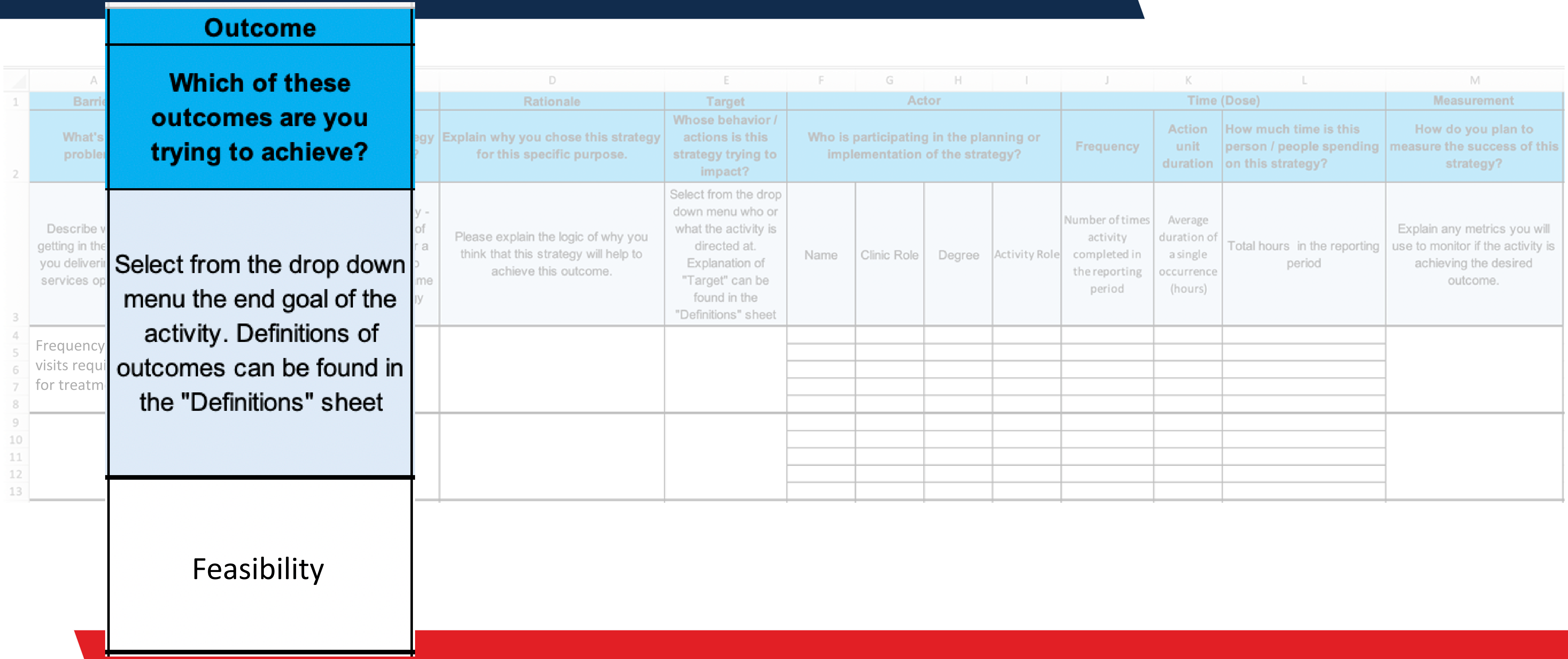
- Purchasing insurance for clients

2.Barrier



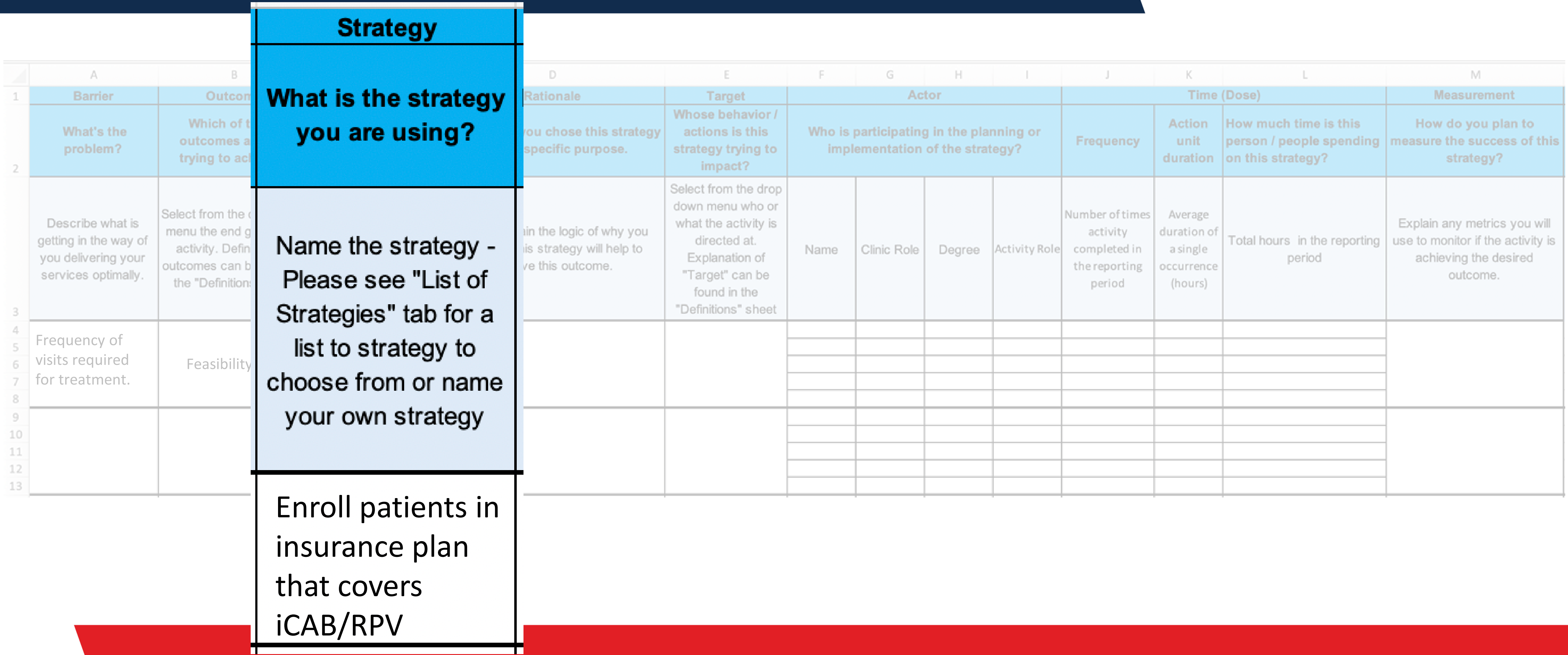
		C	D	E	F	G	H	I	J	K	L	M
Barrier		Strategy	Rationale	Target	Actor				Time (Dose)			Measurement
What's the problem?	e ou ve?	What is the strategy you are using?	Explain why you chose this strategy for this specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
Describe what is getting in the way of you delivering your services optimally.	down of the s of und in heet	Name the strategy - Please see "List of Strategies" tab for a list to strategy to choose from or name your own strategy	Please explain the logic of why you think that this strategy will help to achieve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
35% of patients are uninsured												

2.Implementation outcome



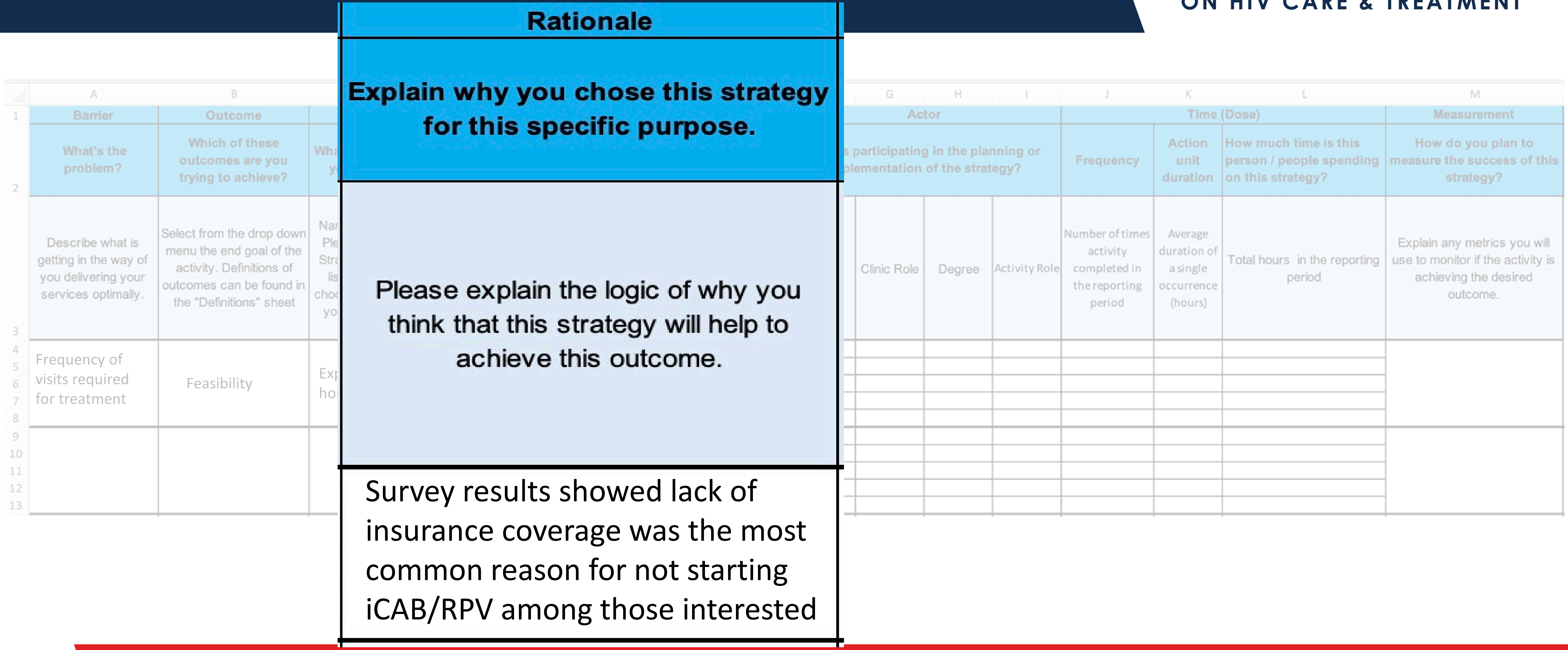
A			D	E	F	G	H	I	J	K	L	M
Barri	**Outcome**		Rationale	Target	Actor				Time (Dose)			Measurement
What's proble	**Which of these outcomes are you trying to achieve?**	egy ?	Explain why you chose this strategy for this specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
Describe w getting in the you deliveri services op	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	y - of r a o me ly	Please explain the logic of why you think that this strategy will help to achieve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
Frequency visits requi for treatm												
	Feasibility											

2.Strategy name



A	B		D	E	F	G	H	I	J	K	L	M
Barrier	Outcom	Strategy	Rationale	Target	Actor				Time (Dose)			Measurement
What's the problem?	Which of t outcomes a trying to ac	What is the strategy you are using?	ou chose this strategy specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
Describe what is getting in the way of you delivering your services optimally.	Select from the menu the end g activity. Defin outcomes can b the "Definition	Name the strategy - Please see "List of Strategies" tab for a list to strategy to choose from or name your own strategy	in the logic of why you is strategy will help to ve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
Frequency of visits required for treatment.	Feasibility	Enroll patients in insurance plan that covers iCAB/RPV										

2.Rationale



	A	B			G	H	I	J	K	L	M
1	Barrier	Outcome		Rationale	Actor			Time (Dose)			Measurement
2	What's the problem?	Which of these outcomes are you trying to achieve?	Wha y	Explain why you chose this strategy for this specific purpose.	s participating in the planning or plementation of the strategy?			Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
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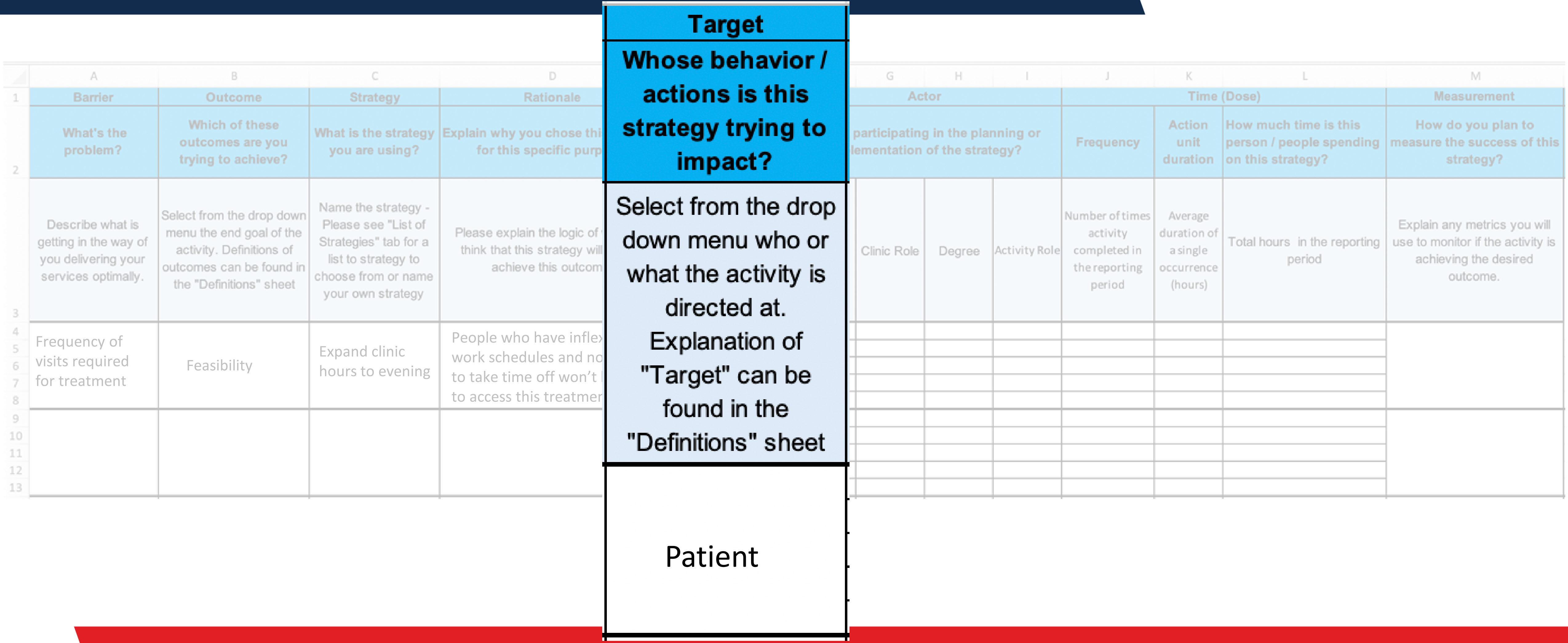
4–8	Frequency of visits required for treatment	Feasibility	Exp ho	Survey results showed lack of insurance coverage was the most common reason for not starting iCAB/RPV among those interested							
9–13											

2.Target



A	B	C	D		G	H	I	J	K	L	M
Barrier	Outcome	Strategy	Rationale	**Target**	Actor			Time (Dose)			Measurement
What's the problem?	Which of these outcomes are you trying to achieve?	What is the strategy you are using?	Explain why you chose thi for this specific purp	**Whose behavior / actions is this strategy trying to impact?**	participating in the planning or lementation of the strategy?			Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
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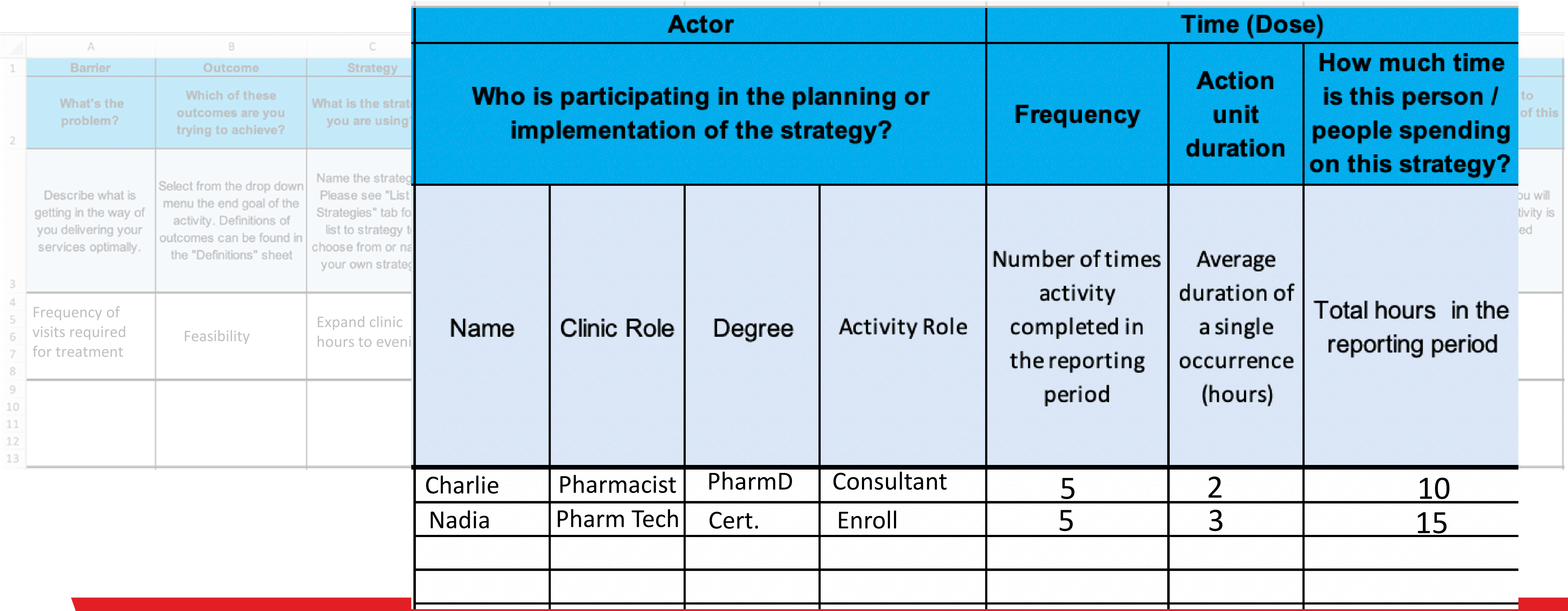
Frequency of visits required for treatment	Feasibility	Expand clinic hours to evening	People who have inflex work schedules and no to take time off won't to access this treatmen	Patient							

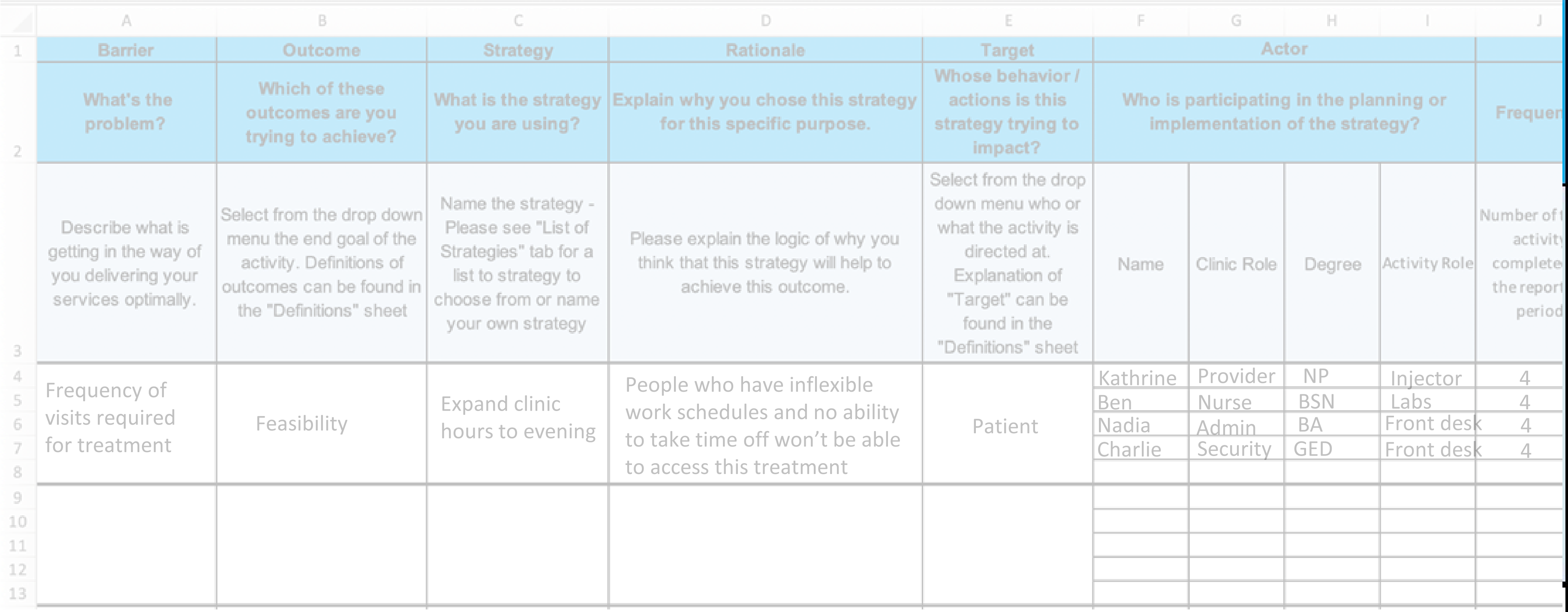
2.Actor and time



	A	B	C
1	Barrier	Outcome	Strategy
2	What's the problem?	Which of these outcomes are you trying to achieve?	What is the strat you are using
3	Describe what is getting in the way of you delivering your services optimally.	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	Name the strateg Please see "List Strategies" tab fo list to strategy t choose from or na your own strateg
4–8	Frequency of visits required for treatment	Feasibility	Expand clinic hours to eveni

Actor				Time (Dose)		
Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?
Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period
Charlie	Pharmacist	PharmD	Consultant	5	2	10
Nadia	Pharm Tech	Cert.	Enroll	5	3	15

2.Measurement



Barrier	Outcome	Strategy	Rationale	Target	Actor				
What's the problem?	Which of these outcomes are you trying to achieve?	What is the strategy you are using?	Explain why you chose this strategy for this specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequen
Describe what is getting in the way of you delivering your services optimally.	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	Name the strategy - Please see "List of Strategies" tab for a list to strategy to choose from or name your own strategy	Please explain the logic of why you think that this strategy will help to achieve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of t activity complete the report period
Frequency of visits required for treatment	Feasibility	Expand clinic hours to evening	People who have inflexible work schedules and no ability to take time off won't be able to access this treatment	Patient	Kathrine	Provider	NP	Injector	4
					Ben	Nurse	BSN	Labs	4
					Nadia	Admin	BA	Front desk	4
					Charlie	Security	GED	Front desk	4

Measurement
How do you plan to measure the success of this strategy?
Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
Number of previously uninsured patients who gained insurance and initiated iCAB/RPV

3. Procurement & Storage

- Procurement and Storage refers to the logistical tasks that are necessary for the acquisition and administration of iCAB/RPV at the site. These tasks ensure both that the medication can be safely provided to patients, but also impacts the coordination of visits and timing.

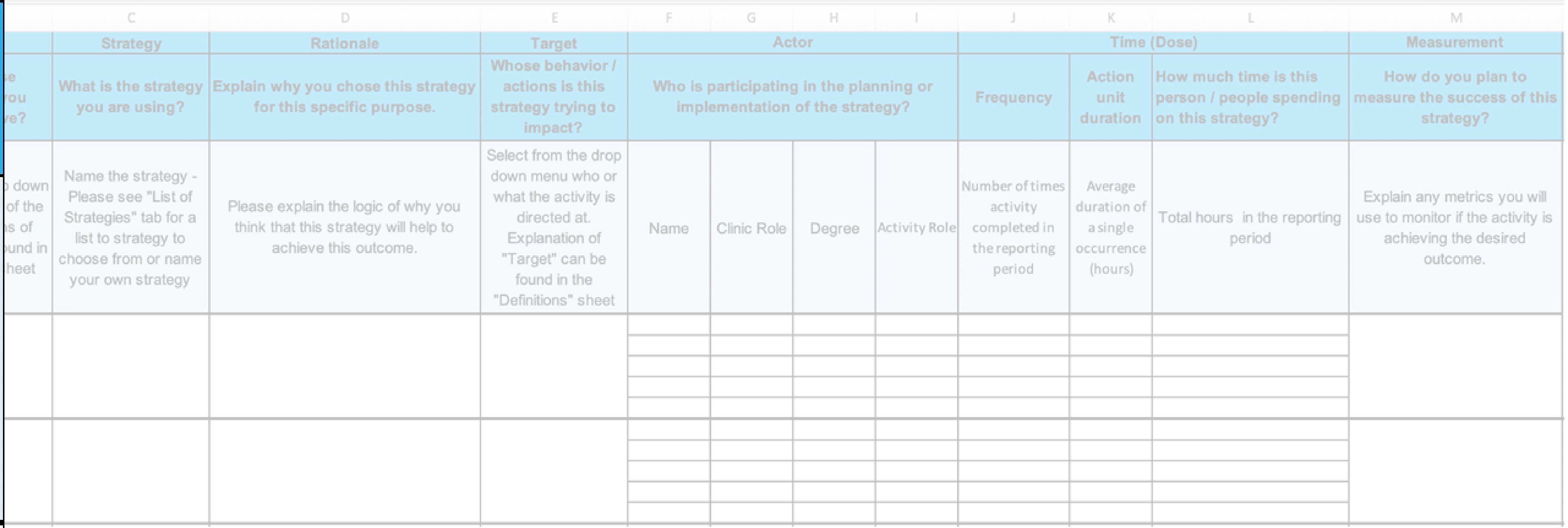
Unique strategies used: n=2

Example:

- Change physical structure and equipment

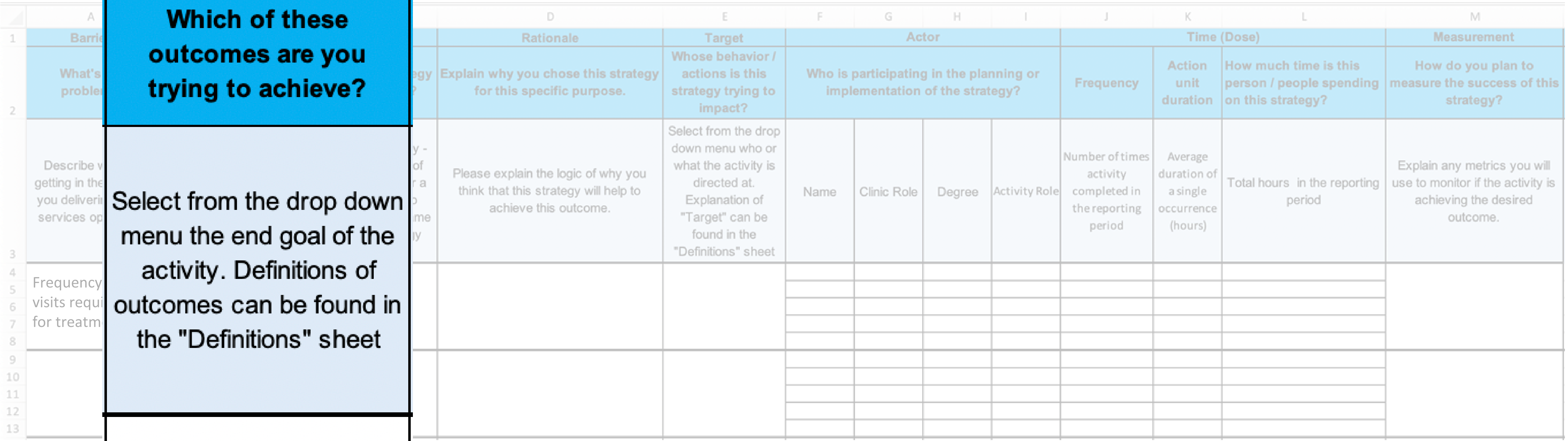
3.Barrier

Barrier
What's the problem?
Describe what is getting in the way of you delivering your services optimally.
With growth of program, deliveries of medicine are harder to track and resulted in loss of cold-chain and waste



	C	D	E	F	G	H	I	J	K	L	M
	Strategy	Rationale	Target	Actor				Time (Dose)			Measurement
e ou ve?	What is the strategy you are using?	Explain why you chose this strategy for this specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
down of the s of und in heet	Name the strategy - Please see "List of Strategies" tab for a list to strategy to choose from or name your own strategy	Please explain the logic of why you think that this strategy will help to achieve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.

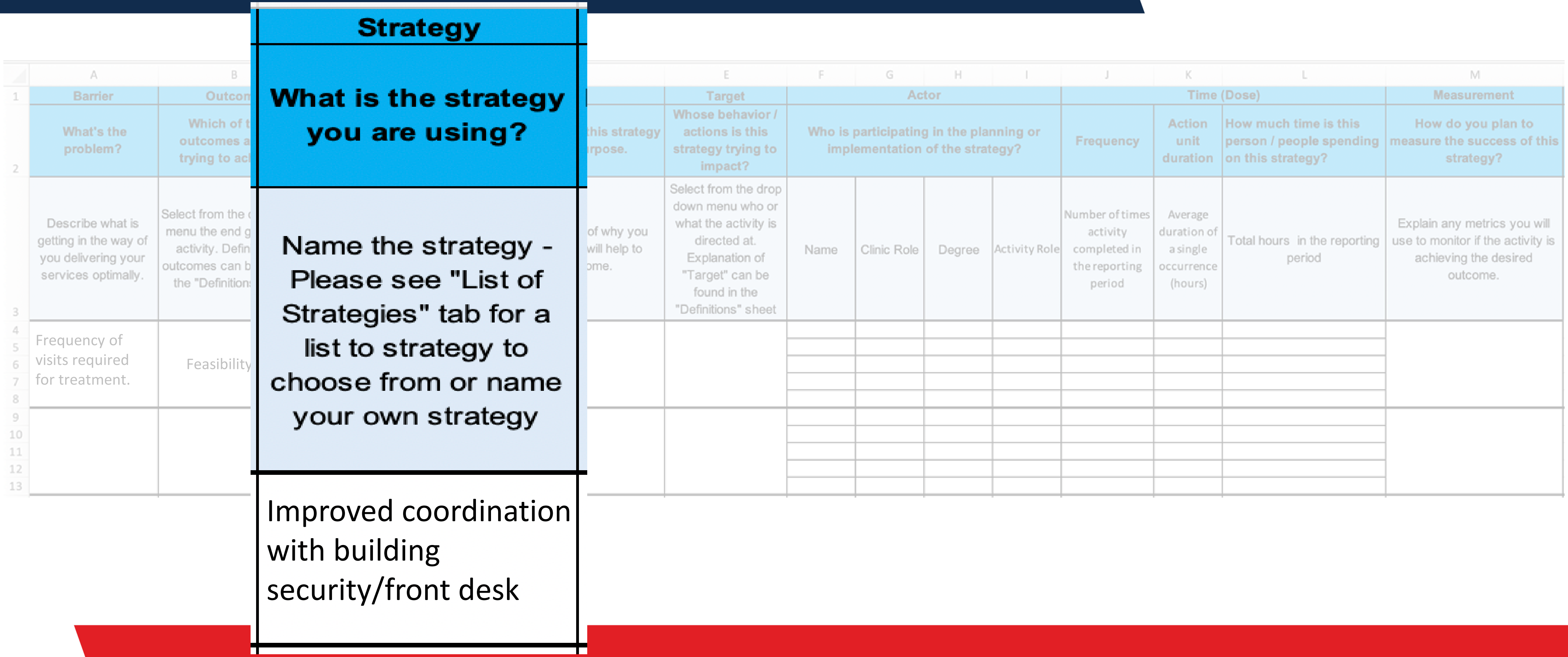
3.Implementation outcome



	A		D	E	F	G	H	I	J	K	L	M
1	Barri		Rationale	Target	Actor				Time (Dose)			Measurement
2	What's proble	egy ?	Explain why you chose this strategy for this specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
3	Describe v getting in the you deliveri services op	y - of r a o me y	Please explain the logic of why you think that this strategy will help to achieve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
4-8	Frequency visits requi for treatm											
9-13												

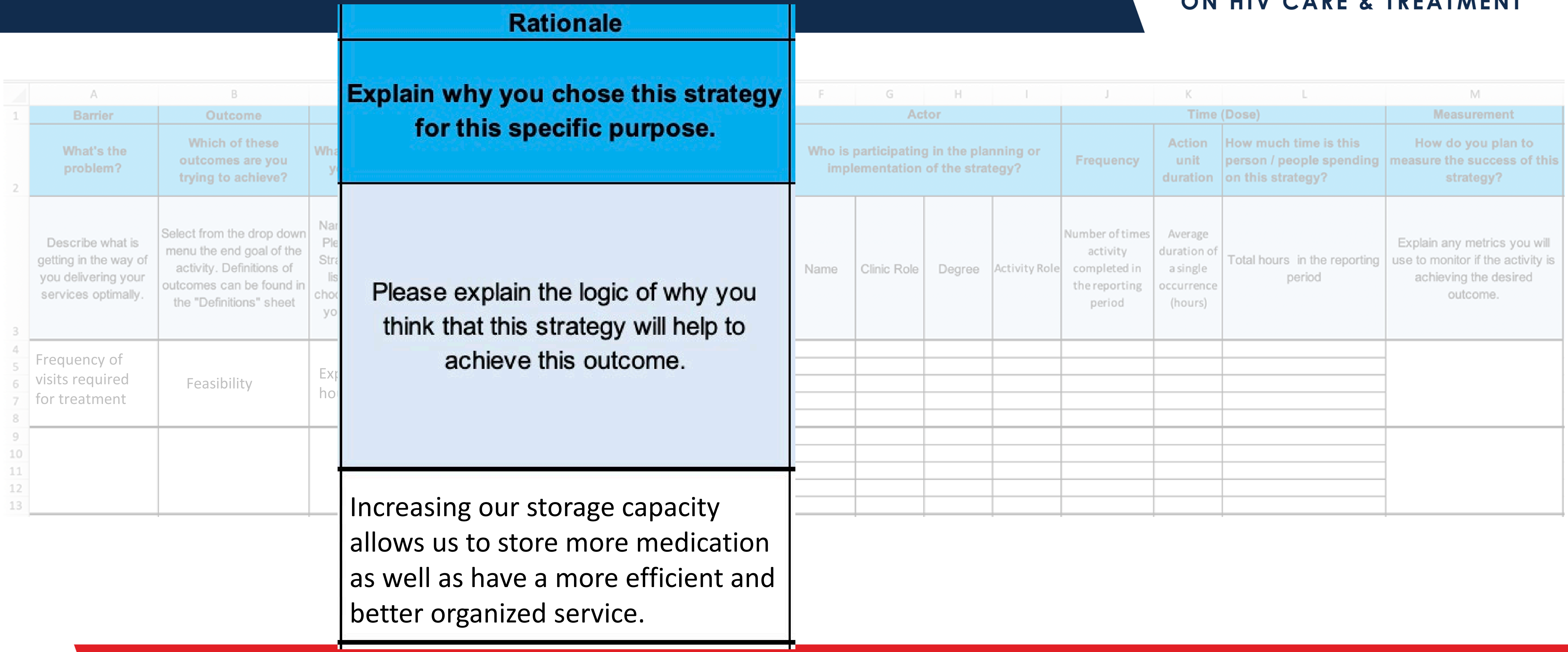
Outcome
Which of these outcomes are you trying to achieve?
Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet
Sustainment

3.Strategy name



	A	B			E	F	G	H	I	J	K	L	M
1	Barrier	Outcom	Strategy		Target	Actor				Time (Dose)			Measurement
2	What's the problem?	Which of t outcomes a trying to ac	What is the strategy you are using?	this strategy rpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
3	Describe what is getting in the way of you delivering your services optimally.	Select from the menu the end g activity. Defin outcomes can b the "Definition	Name the strategy - Please see "List of Strategies" tab for a list to strategy to choose from or name your own strategy	of why you will help to ome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
4	Frequency of visits required for treatment.	Feasibility	Improved coordination with building security/front desk										
5													
6													
7													
8													
9													
10													
11													
12													
13													

3.Rationale



Barrier	Outcome	Wha y	Actor				Time (Dose)			Measurement
What's the problem?	Which of these outcomes are you trying to achieve?		Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
Describe what is getting in the way of you delivering your services optimally.	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	Nar Ple Stra lis choc yo	Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
Frequency of visits required for treatment	Feasibility	Exp ho								

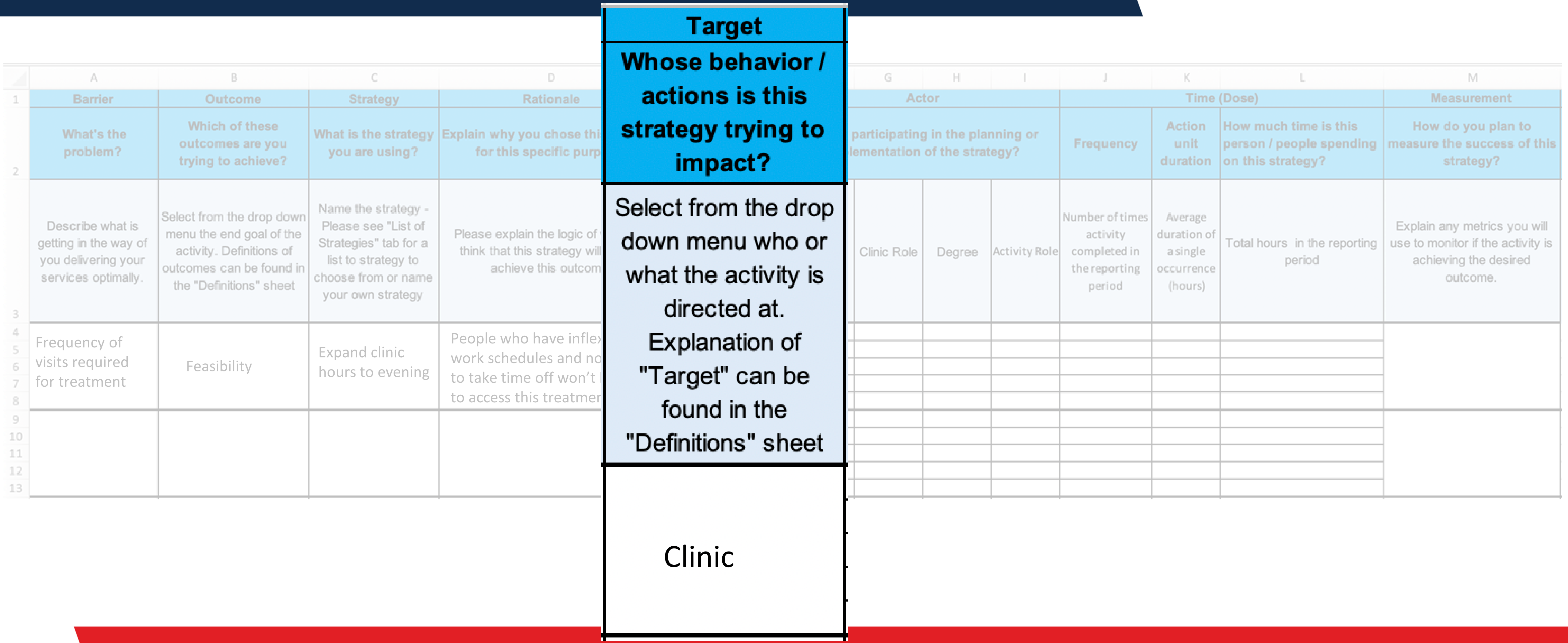
Rationale

Explain why you chose this strategy for this specific purpose.

Please explain the logic of why you think that this strategy will help to achieve this outcome.

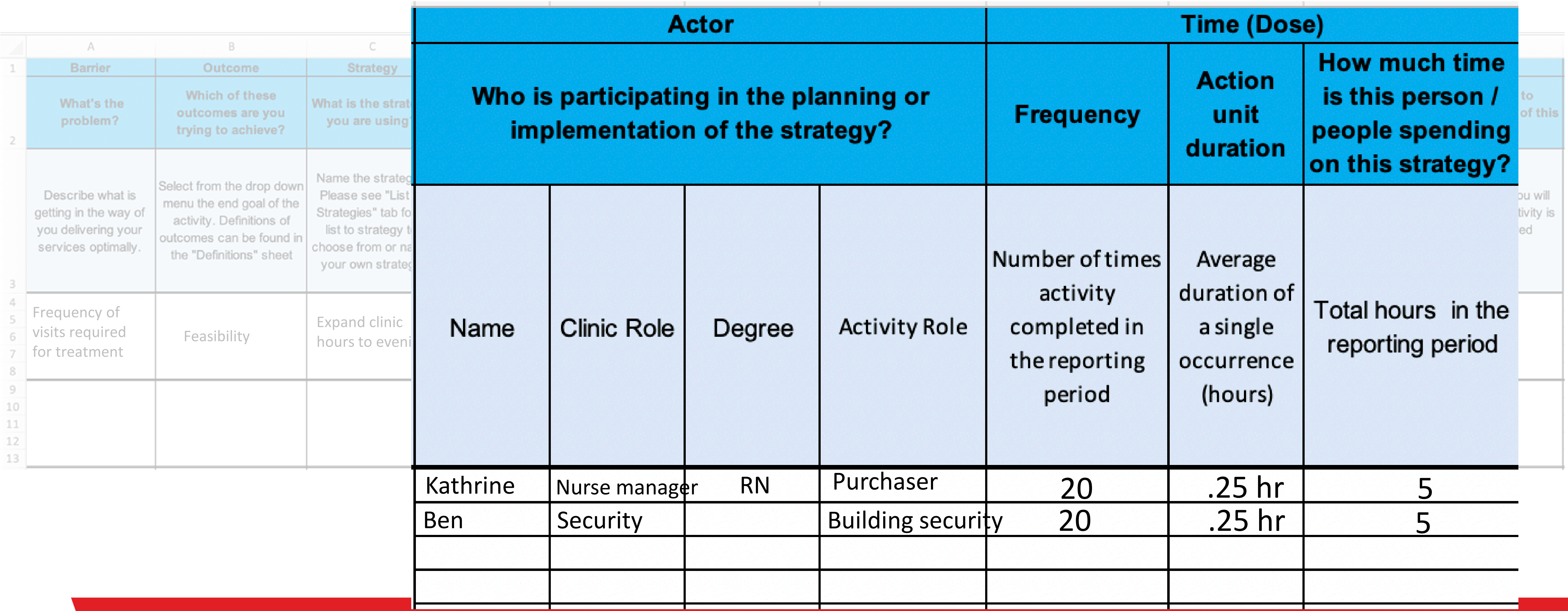
Increasing our storage capacity allows us to store more medication as well as have a more efficient and better organized service.

3.Target



	A	B	C	D		G	H	I	J	K	L	M
1	**Barrier**	**Outcome**	**Strategy**	**Rationale**	**Target**	**Actor**			**Time (Dose)**			**Measurement**
2	**What's the problem?**	**Which of these outcomes are you trying to achieve?**	**What is the strategy you are using?**	**Explain why you chose thi for this specific purp**	**Whose behavior / actions is this strategy trying to impact?**	**participating in the planning or lementation of the strategy?**			**Frequency**	**Action unit duration**	**How much time is this person / people spending on this strategy?**	**How do you plan to measure the success of this strategy?**
3	Describe what is getting in the way of you delivering your services optimally.	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	Name the strategy - Please see "List of Strategies" tab for a list to strategy to choose from or name your own strategy	Please explain the logic of think that this strategy will achieve this outcom	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
4 5 6 7 8	Frequency of visits required for treatment	Feasibility	Expand clinic hours to evening	People who have inflex work schedules and no to take time off won't l to access this treatmer	Clinic							
9 10 11 12 13												

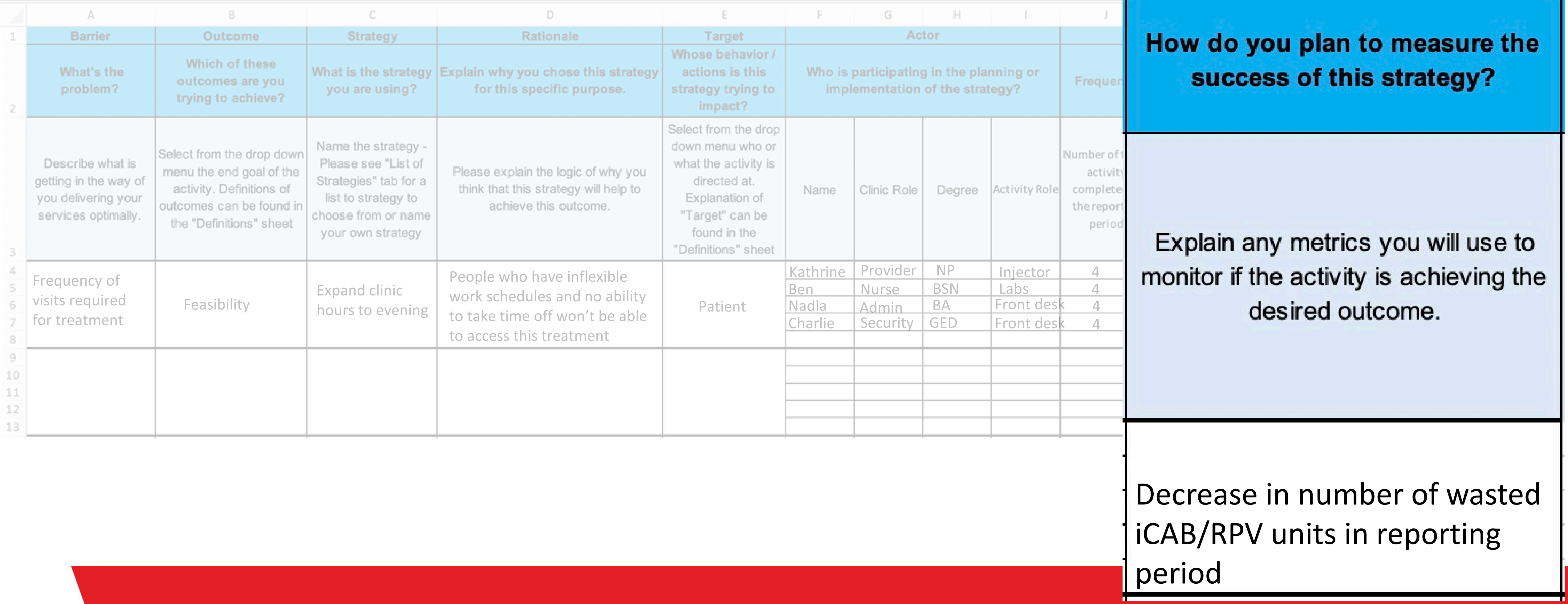
3.Actor and time



A	B	C
Barrier	Outcome	Strategy
What's the problem?	Which of these outcomes are you trying to achieve?	What is the strat you are using
Describe what is getting in the way of you delivering your services optimally.	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	Name the strateg Please see "List Strategies" tab fo list to strategy t choose from or na your own strateg
Frequency of visits required for treatment	Feasibility	Expand clinic hours to eveni

Actor				Time (Dose)		
Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?
Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period
Kathrine	Nurse manager	RN	Purchaser	20	.25 hr	5
Ben	Security		Building security	20	.25 hr	5

3.Measurement



A	B	C	D	E	F	G	H	I	J	
Barrier	Outcome	Strategy	Rationale	Target	Actor					Measurement
What's the problem?	Which of these outcomes are you trying to achieve?	What is the strategy you are using?	Explain why you chose this strategy for this specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequen	How do you plan to measure the success of this strategy?
Describe what is getting in the way of you delivering your services optimally.	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	Name the strategy - Please see "List of Strategies" tab for a list to strategy to choose from or name your own strategy	Please explain the logic of why you think that this strategy will help to achieve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of activity complete the report period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
Frequency of visits required for treatment	Feasibility	Expand clinic hours to evening	People who have inflexible work schedules and no ability to take time off won't be able to access this treatment	Patient	Kathrine	Provider	NP	Injector	4	Decrease in number of wasted iCAB/RPV units in reporting period
					Ben	Nurse	BSN	Labs	4	
					Nadia	Admin	BA	Front desk	4	
					Charlie	Security	GED	Front desk	4	

4. Prescribing & Administering

- Prescribing and Administering refers to processes done by clinical staff to provide injectable CAB/RPV to patients.

Unique strategies used: n=3

Example:

- Eligibility checklists for providers

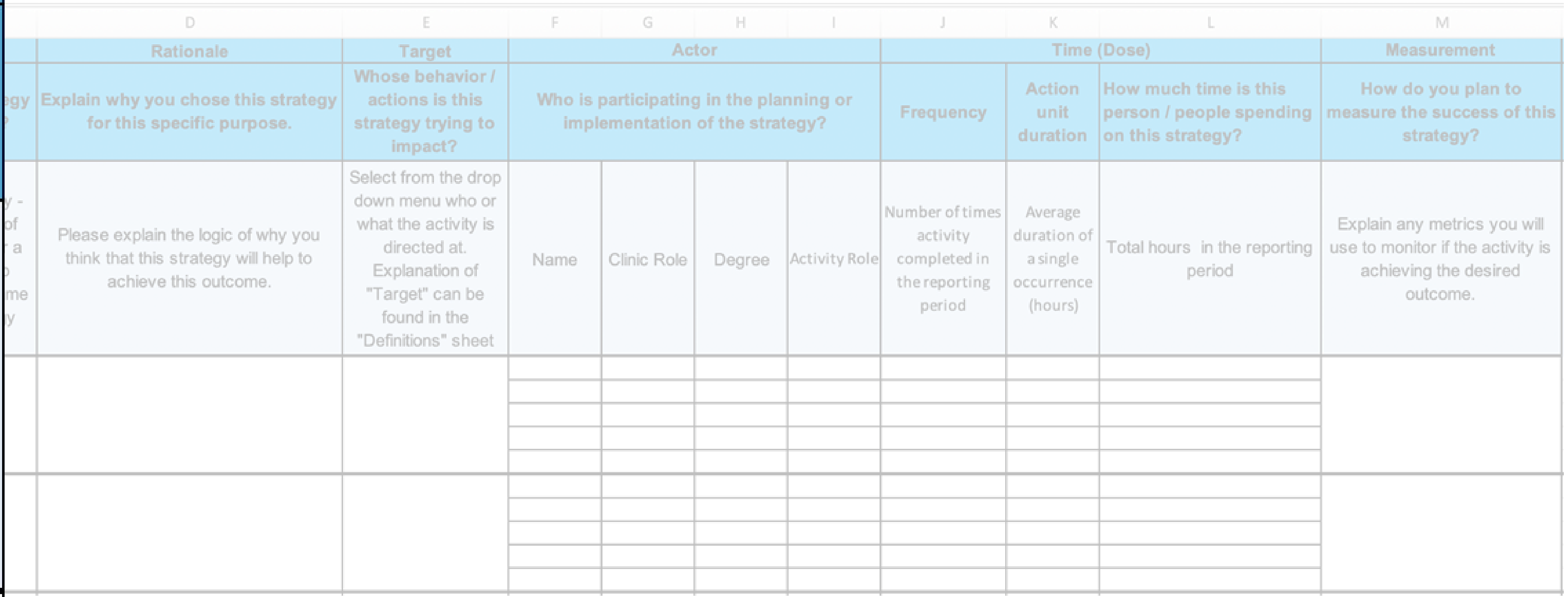
4.Barrier

Barrier

What's the problem?

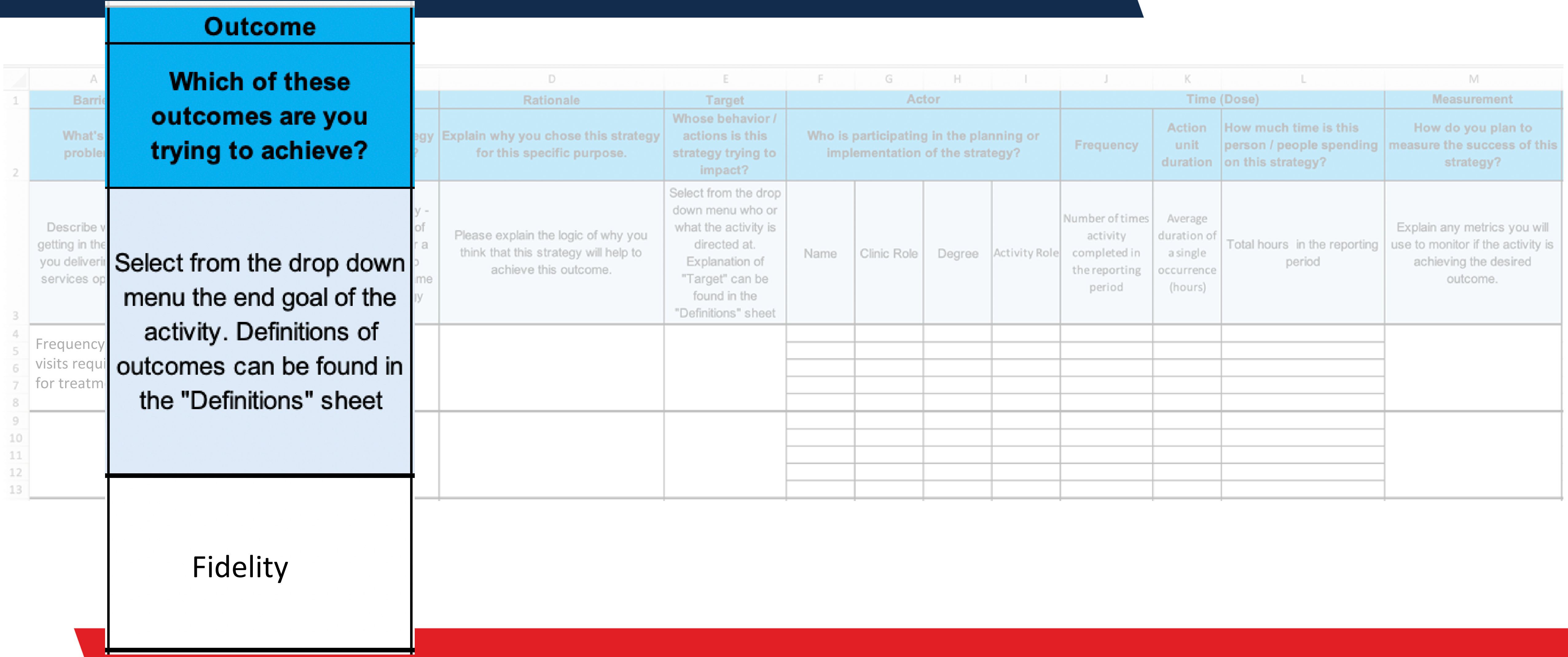
Describe what is getting in the way of you delivering your services optimally.

Provider's personal opinion about who is a ”good candidate” excludes some patients from being educated and initiated on iCAB/RPV



D	E	F	G	H	I	J	K	L	M
Rationale	Target	Actor				Time (Dose)			Measurement
Explain why you chose this strategy for this specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
Please explain the logic of why you think that this strategy will help to achieve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.

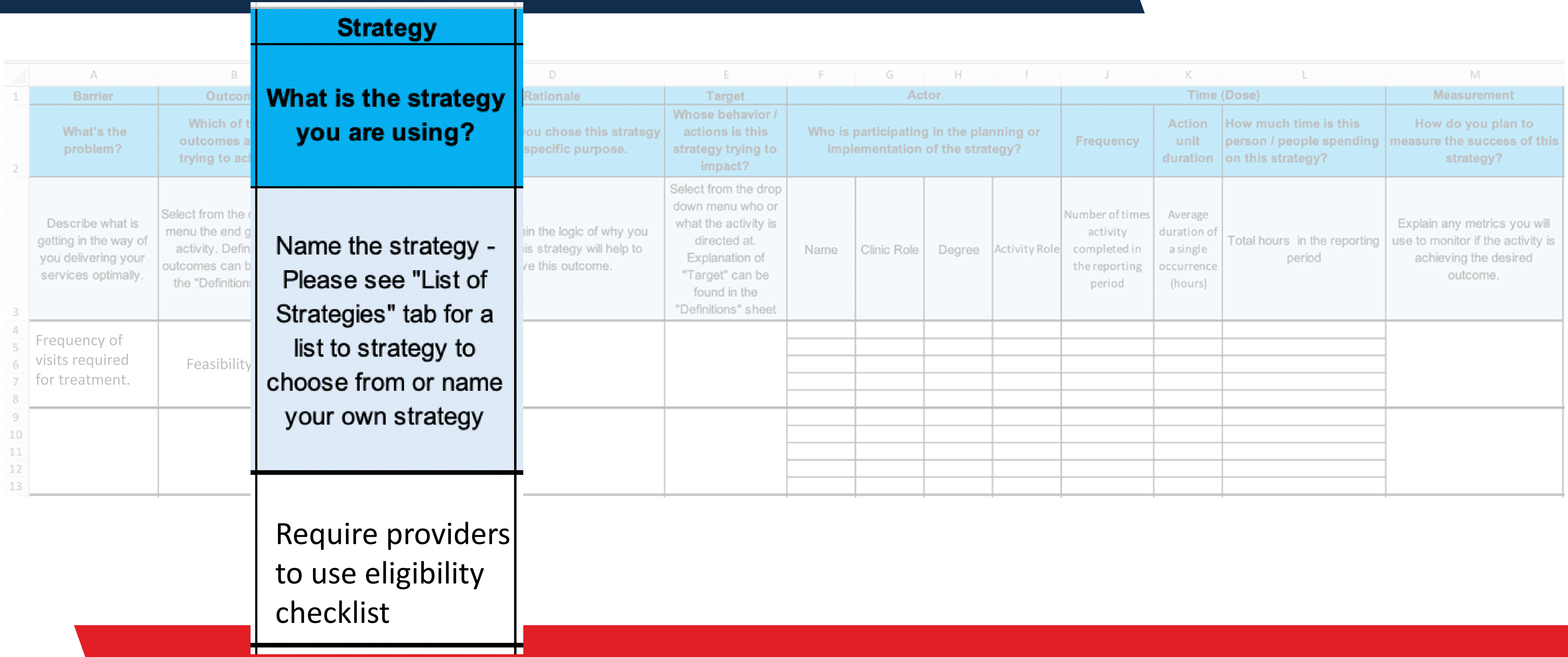
4.Implementation outcome



Outcome
Which of these outcomes are you trying to achieve?
Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet
Fidelity

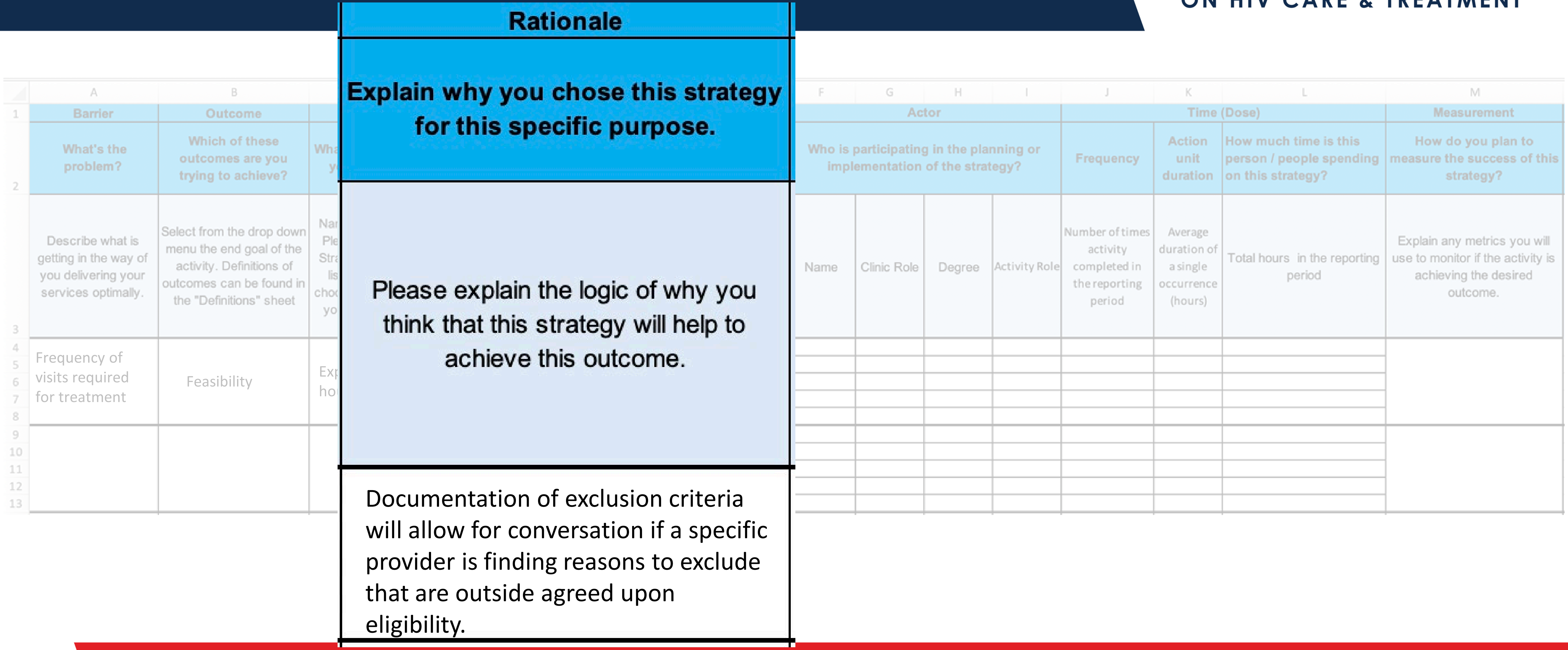
A		D	E	F	G	H	I	J	K	L	M
Barri		Rationale	Target	Actor				Time (Dose)			Measurement
What's proble	egy ?	Explain why you chose this strategy for this specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
Describe w getting in the you deliveri services op	y - of r a o me y	Please explain the logic of why you think that this strategy will help to achieve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
Frequency visits requi for treatm											

4.Strategy name



	A	B		D	E	F	G	H	I	J	K	L	M
1	Barrier	Outcom	Strategy	Rationale	Target	Actor				Time (Dose)			Measurement
2	What's the problem?	Which of t outcomes a trying to ac	What is the strategy you are using?	ou chose this strategy specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
3	Describe what is getting in the way of you delivering your services optimally.	Select from the menu the end g activity. Defin outcomes can b the "Definition	Name the strategy - Please see "List of Strategies" tab for a list to strategy to choose from or name your own strategy	in the logic of why you is strategy will help to ve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
4–8	Frequency of visits required for treatment.	Feasibility	Require providers to use eligibility checklist										
9–13													

4.Rationale



Rationale

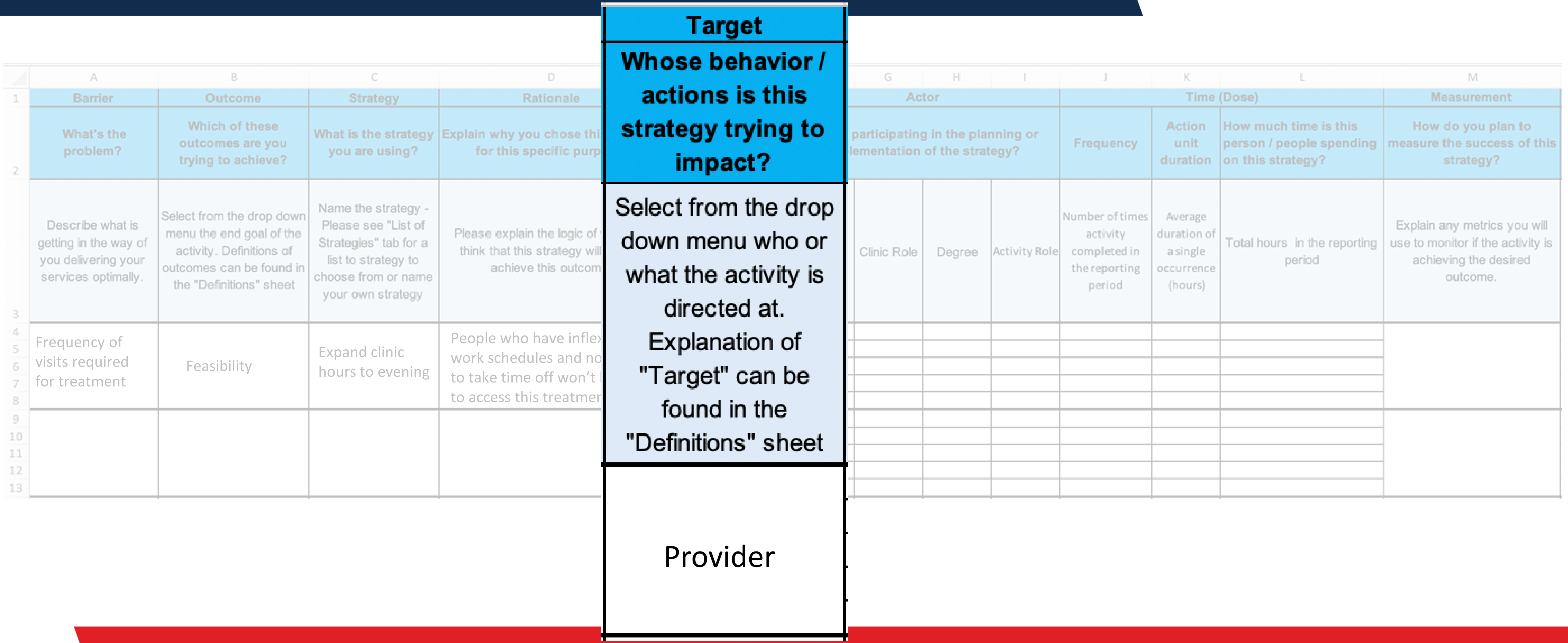
Explain why you chose this strategy for this specific purpose.

Please explain the logic of why you think that this strategy will help to achieve this outcome.

Documentation of exclusion criteria will allow for conversation if a specific provider is finding reasons to exclude that are outside agreed upon eligibility.

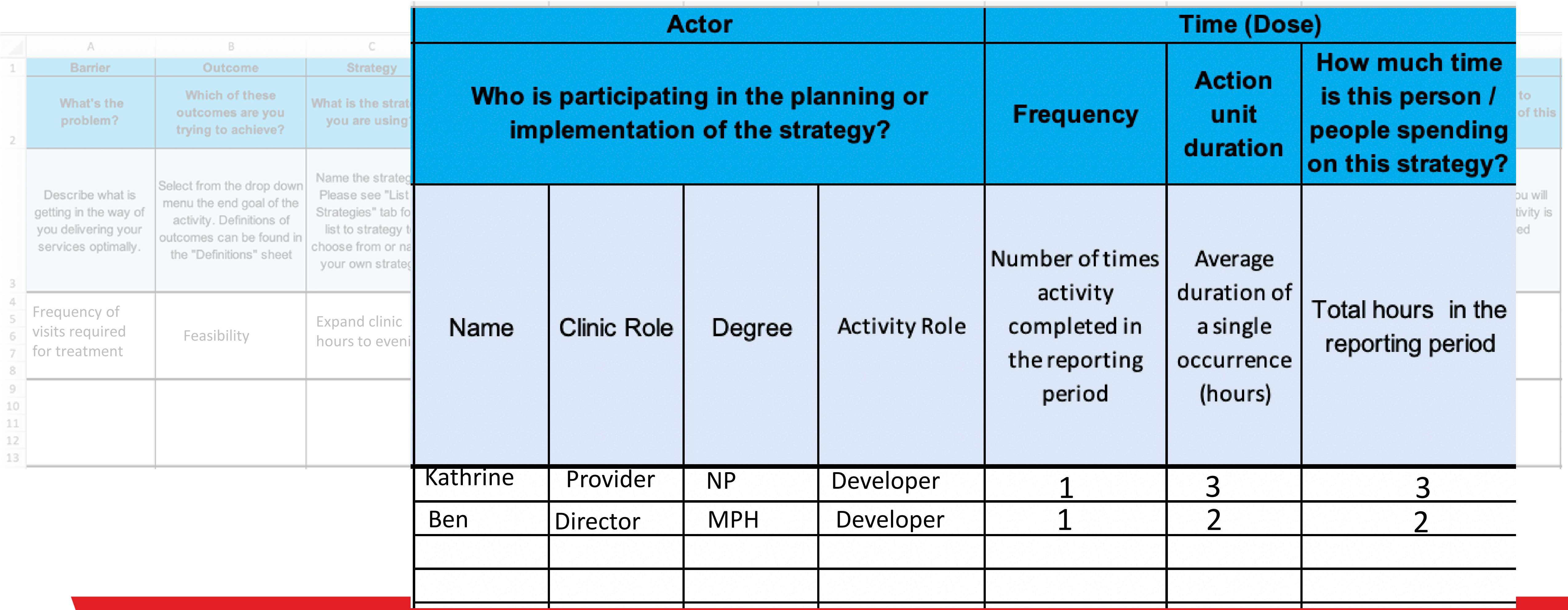
	A	B		F	G	H	I	J	K	L	M
1	Barrier	Outcome		Actor				Time (Dose)			Measurement
2	What's the problem?	Which of these outcomes are you trying to achieve?	Wha y	Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
3	Describe what is getting in the way of you delivering your services optimally.	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	Nar Ple Stra lis choc yo	Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
4	Frequency of visits required for treatment	Feasibility	Exp ho								
5											
6											
7											
8											
9											
10											
11											
12											
13											

4.Target



A	B	C	D		G	H	I	J	K	L	M
Barrier	Outcome	Strategy	Rationale	**Target**	Actor			Time (Dose)			Measurement
What's the problem?	Which of these outcomes are you trying to achieve?	What is the strategy you are using?	Explain why you chose thi for this specific purp	**Whose behavior / actions is this strategy trying to impact?**	participating in the planning or lementation of the strategy?			Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
Describe what is getting in the way of you delivering your services optimally.	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	Name the strategy - Please see "List of Strategies" tab for a list to strategy to choose from or name your own strategy	Please explain the logic of think that this strategy will achieve this outcom	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
Frequency of visits required for treatment	Feasibility	Expand clinic hours to evening	People who have inflex work schedules and no to take time off won't l to access this treatmer	Provider							

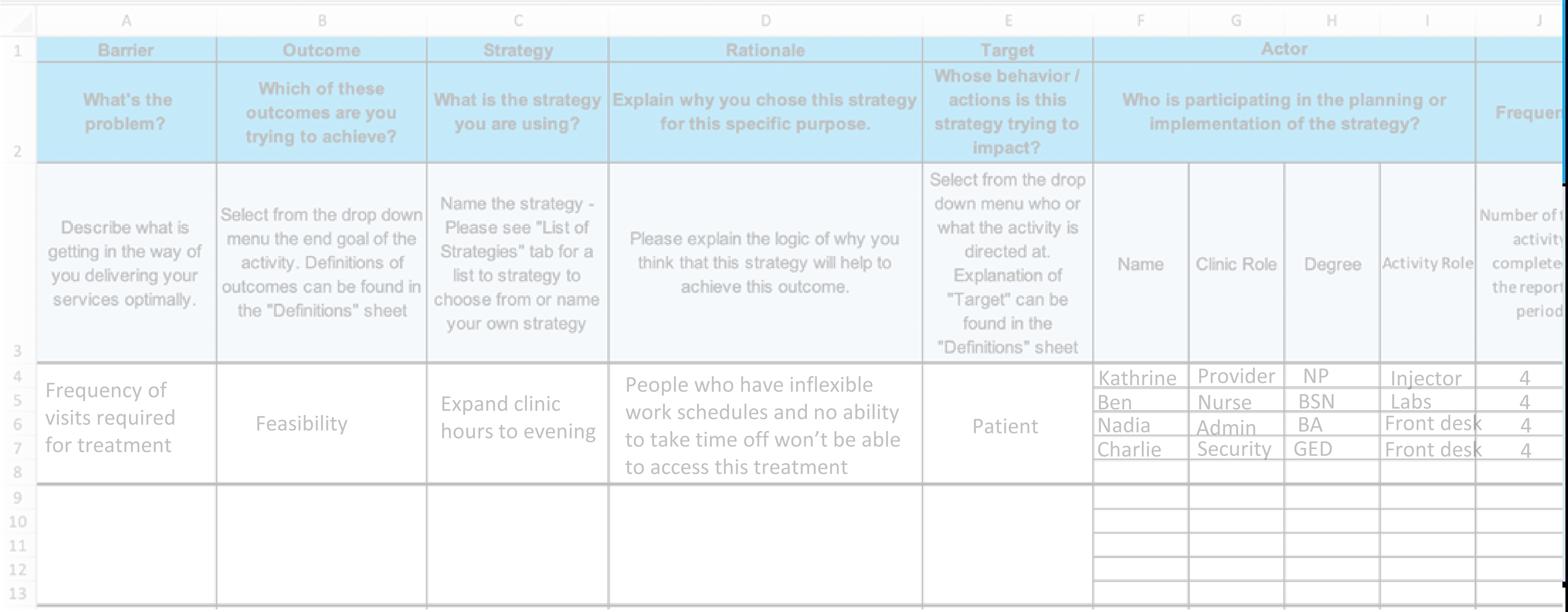
4.Actor and time



Barrier	Outcome	Strategy
What's the problem?	Which of these outcomes are you trying to achieve?	What is the strat you are using
Describe what is getting in the way of you delivering your services optimally.	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	Name the strateg Please see "List Strategies" tab fo list to strategy t choose from or na your own strateg
Frequency of visits required for treatment	Feasibility	Expand clinic hours to eveni

Actor				Time (Dose)		
Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?
Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period
Kathrine	Provider	NP	Developer	1	3	3
Ben	Director	MPH	Developer	1	2	2

4.Measurement



	A	B	C	D	E	F	G	H	I	J
1	Barrier	Outcome	Strategy	Rationale	Target	Actor				
2	What's the problem?	Which of these outcomes are you trying to achieve?	What is the strategy you are using?	Explain why you chose this strategy for this specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequen
3	Describe what is getting in the way of you delivering your services optimally.	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	Name the strategy - Please see "List of Strategies" tab for a list to strategy to choose from or name your own strategy	Please explain the logic of why you think that this strategy will help to achieve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of t activity complete the report period
4	Frequency of visits required for treatment	Feasibility	Expand clinic hours to evening	People who have inflexible work schedules and no ability to take time off won't be able to access this treatment	Patient	Kathrine	Provider	NP	Injector	4
5						Ben	Nurse	BSN	Labs	4
6						Nadia	Admin	BA	Front desk	4
7						Charlie	Security	GED	Front desk	4
8										
9										
10										
11										
12										
13										

Measurement

How do you plan to measure the success of this strategy?

Explain any metrics you will use to monitor if the activity is achieving the desired outcome.

Increase in proportion of patients screened; decrease in proportion ineligibility

5. Supporting Retention

- Supporting Retention refers to strategies that increase the likelihood of sustaining patients on iCAB/RPV and/or sustaining coverage with oral ART if they miss or discontinue injections.

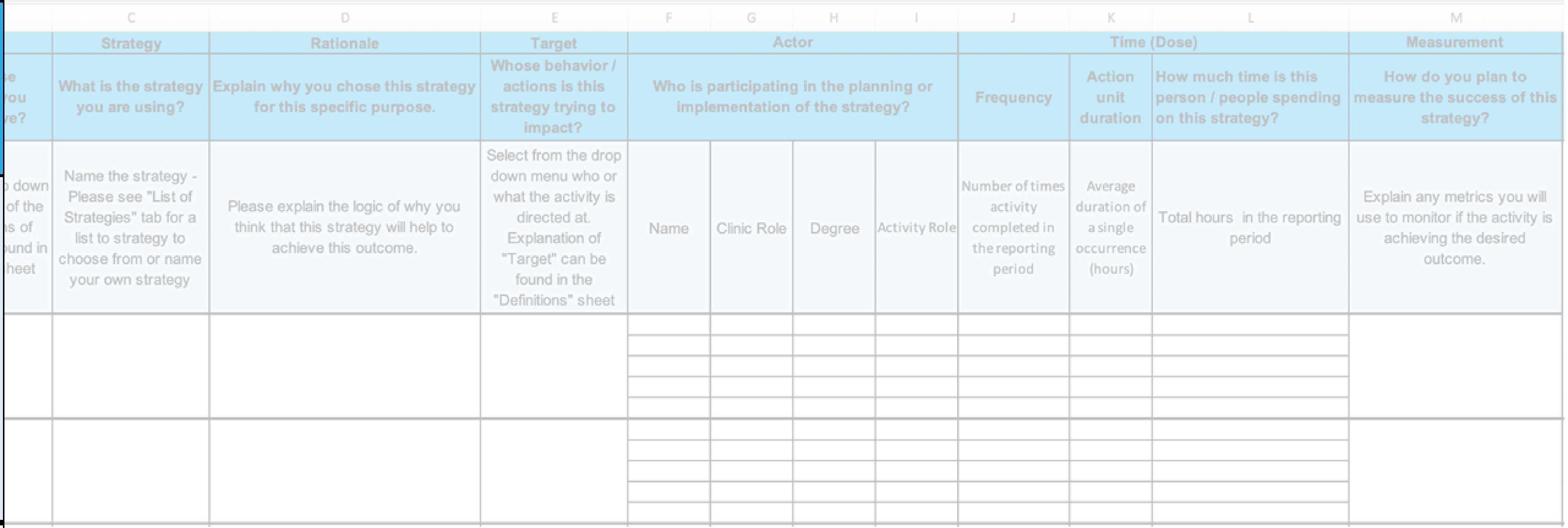
Unique strategies used: n=8

Example:

- Intervene with patients/consumers to enhance uptake and adherence

5.Barrier

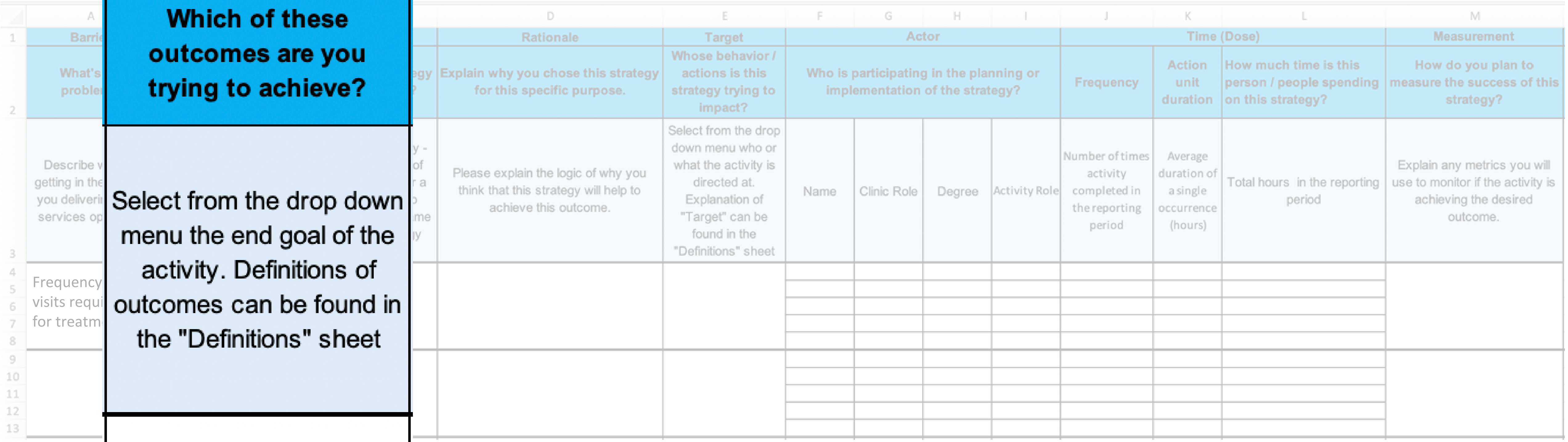
Barrier
What's the problem?
Describe what is getting in the way of you delivering your services optimally.
Frequency of visits required for treatment



	C	D	E	F	G	H	I	J	K	L	M
	Strategy	Rationale	Target	Actor				Time (Dose)			Measurement
e ou ve?	What is the strategy you are using?	Explain why you chose this strategy for this specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
down of the s of und in heet	Name the strategy - Please see "List of Strategies" tab for a list to strategy to choose from or name your own strategy	Please explain the logic of why you think that this strategy will help to achieve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.

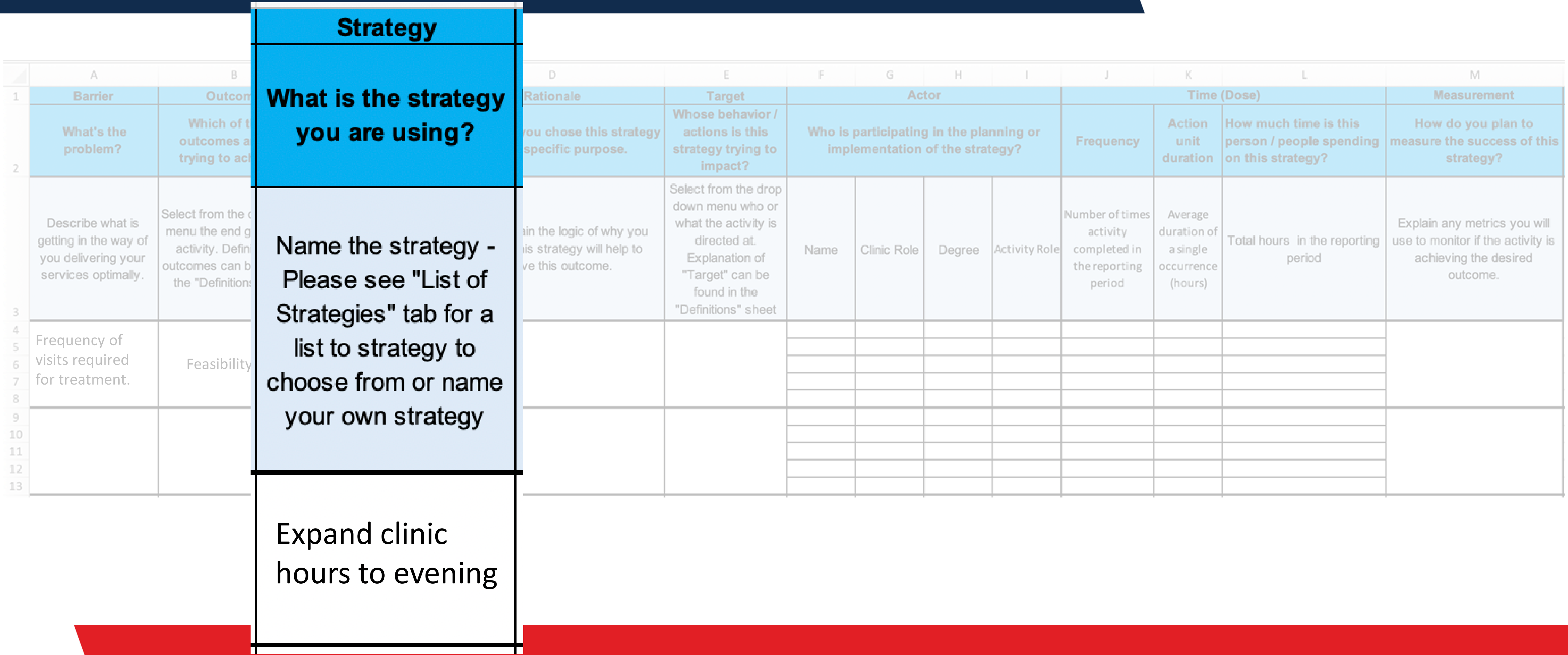
5.Implementation outcome

Outcome
Which of these outcomes are you trying to achieve?
Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet
Feasibility



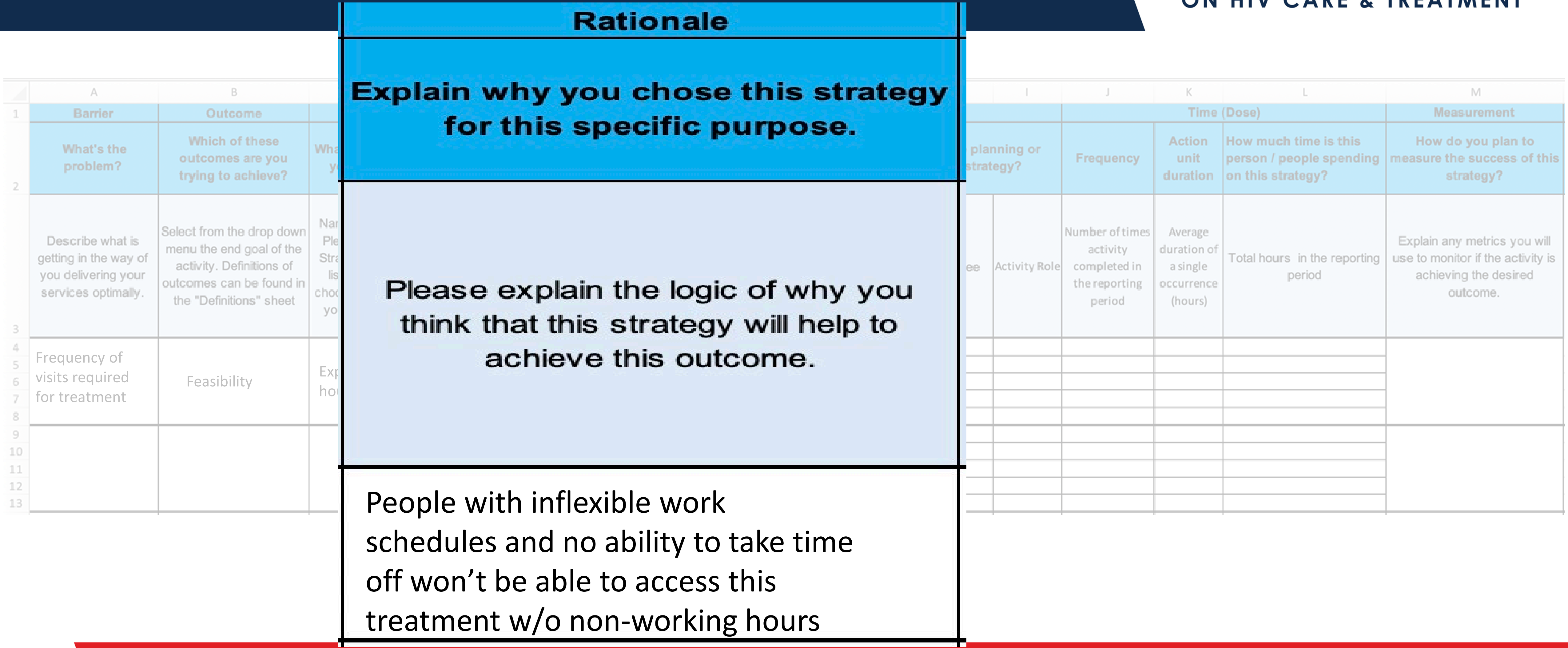
A	C	D	E	F	G	H	I	J	K	L	M
Barri		Rationale	Target	Actor				Time (Dose)			Measurement
What's proble	egy ?	Explain why you chose this strategy for this specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
Describe w getting in the you deliveri services op	y - of r a p me y	Please explain the logic of why you think that this strategy will help to achieve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
Frequency visits requi for treatm											

5.Strategy name



	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Barrier	Outcom	Strategy	Rationale	Target	Actor				Time (Dose)			Measurement
2	What's the problem?	Which of t outcomes a trying to ac	What is the strategy you are using?	ou chose this strategy specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
3	Describe what is getting in the way of you delivering your services optimally.	Select from the d menu the end g activity. Defin outcomes can b the "Definition	Name the strategy - Please see "List of Strategies" tab for a list to strategy to choose from or name your own strategy	in the logic of why you is strategy will help to ve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
4	Frequency of visits required for treatment.	Feasibility	Expand clinic hours to evening										
5													
6													
7													
8													
9													
10													
11													
12													
13													

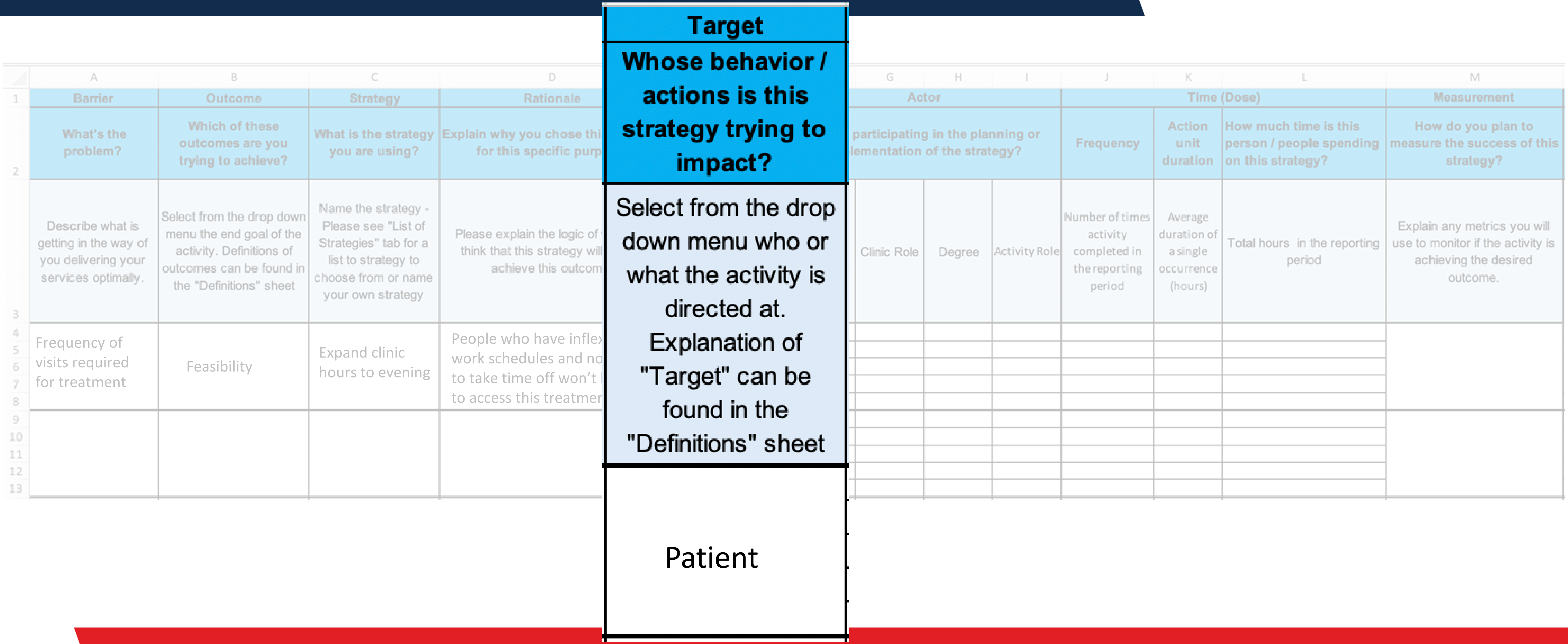
5.Rationale



	A	B			I	J	K	L	M
1	Barrier	Outcome				Time (Dose)			Measurement
2	What's the problem?	Which of these outcomes are you trying to achieve?	Wha y	planning or strategy?		Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
3	Describe what is getting in the way of you delivering your services optimally.	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	Nar Ple Stra lis choo yo	ee	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
4–8	Frequency of visits required for treatment	Feasibility	Exp ho						
9–13									

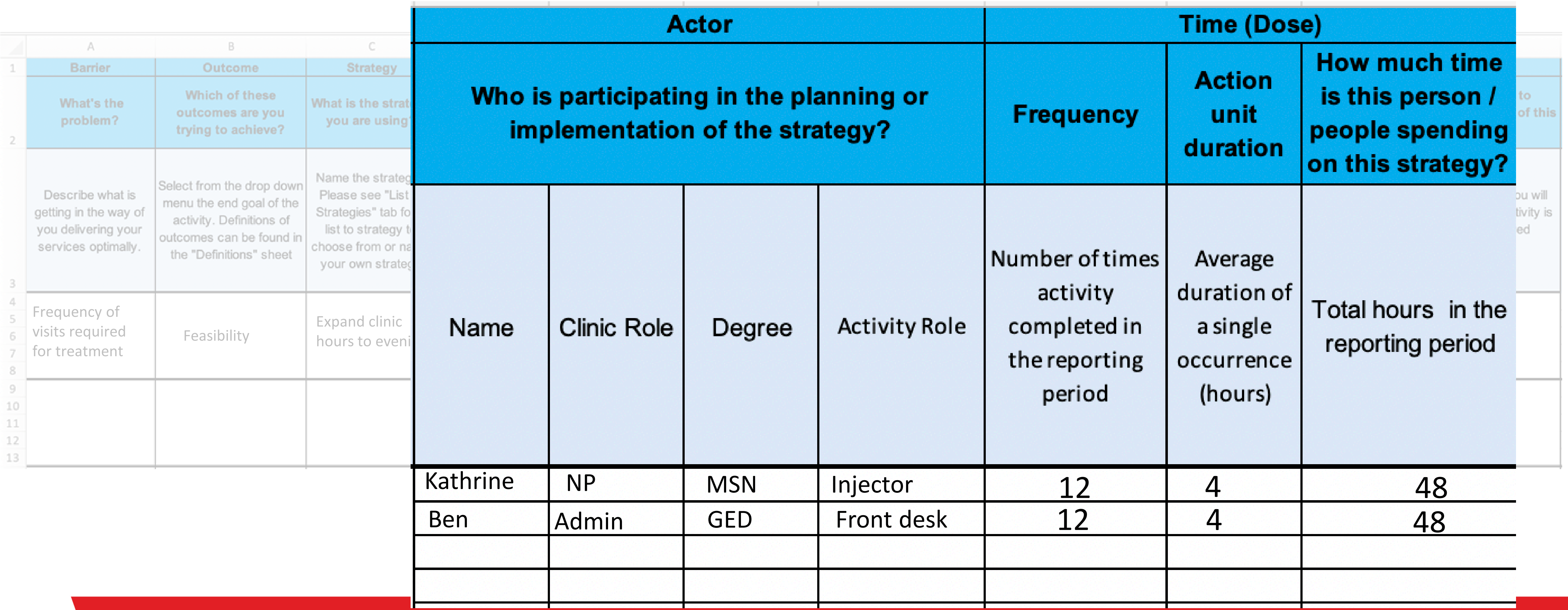
Rationale
Explain why you chose this strategy for this specific purpose.
Please explain the logic of why you think that this strategy will help to achieve this outcome.
People with inflexible work schedules and no ability to take time off won't be able to access this treatment w/o non-working hours

5.Target



	A	B	C	D		G	H	I	J	K	L	M
1	Barrier	Outcome	Strategy	Rationale	Target	Actor			Time (Dose)			Measurement
2	What's the problem?	Which of these outcomes are you trying to achieve?	What is the strategy you are using?	Explain why you chose thi for this specific purp	Whose behavior / actions is this strategy trying to impact?	participating in the planning or lementation of the strategy?			Frequency	Action unit duration	How much time is this person / people spending on this strategy?	How do you plan to measure the success of this strategy?
3	Describe what is getting in the way of you delivering your services optimally.	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	Name the strategy - Please see "List of Strategies" tab for a list to strategy to choose from or name your own strategy	Please explain the logic of think that this strategy will achieve this outcom	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period	Explain any metrics you will use to monitor if the activity is achieving the desired outcome.
4–8	Frequency of visits required for treatment	Feasibility	Expand clinic hours to evening	People who have inflex work schedules and no to take time off won't l to access this treatmer	Patient							
9–13												

5.Actor and time



A	B	C
Barrier	Outcome	Strategy
What's the problem?	Which of these outcomes are you trying to achieve?	What is the strat you are using
Describe what is getting in the way of you delivering your services optimally.	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	Name the strateg Please see "List Strategies" tab fo list to strategy t choose from or na your own strateg
Frequency of visits required for treatment	Feasibility	Expand clinic hours to eveni

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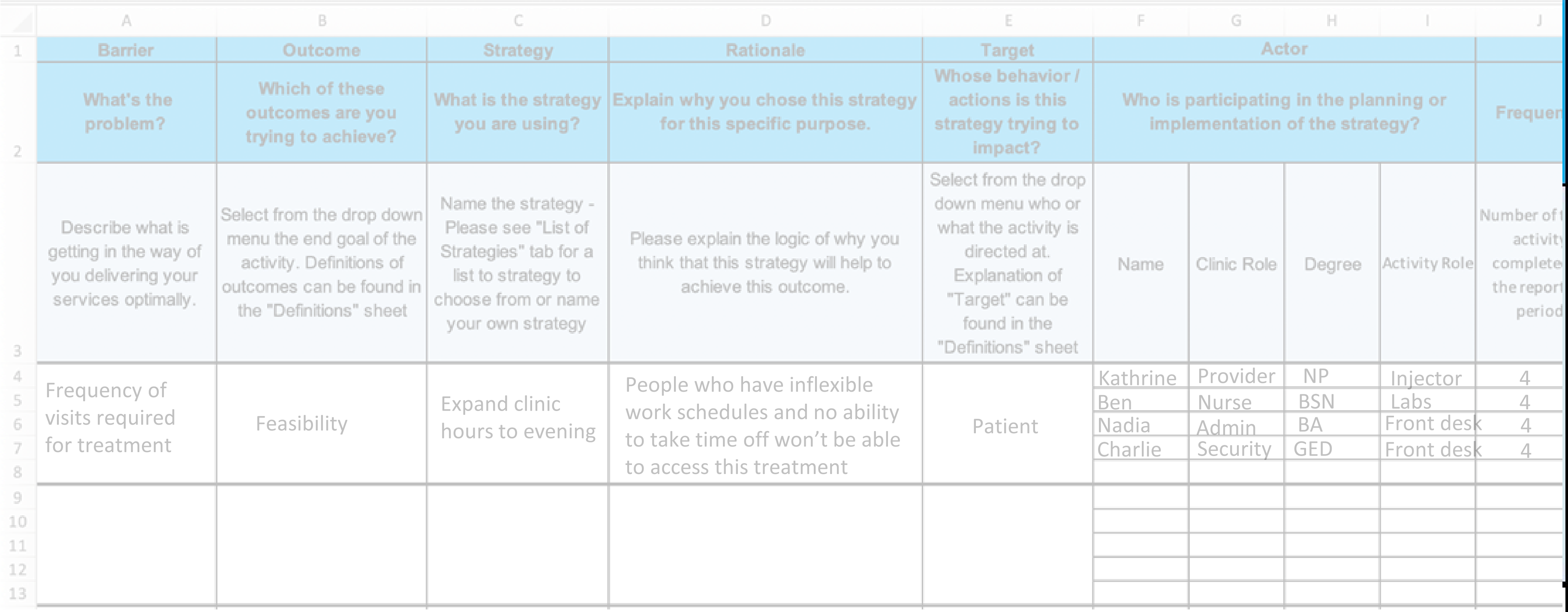
Actor				Time (Dose)		
Who is participating in the planning or implementation of the strategy?				Frequency	Action unit duration	How much time is this person / people spending on this strategy?
Name	Clinic Role	Degree	Activity Role	Number of times activity completed in the reporting period	Average duration of a single occurrence (hours)	Total hours in the reporting period
Kathrine	NP	MSN	Injector	12	4	48
Ben	Admin	GED	Front desk	12	4	48

5.Measurement



	A	B	C	D	E	F	G	H	I	J
1	Barrier	Outcome	Strategy	Rationale	Target	Actor				
2	What's the problem?	Which of these outcomes are you trying to achieve?	What is the strategy you are using?	Explain why you chose this strategy for this specific purpose.	Whose behavior / actions is this strategy trying to impact?	Who is participating in the planning or implementation of the strategy?				Frequen
3	Describe what is getting in the way of you delivering your services optimally.	Select from the drop down menu the end goal of the activity. Definitions of outcomes can be found in the "Definitions" sheet	Name the strategy - Please see "List of Strategies" tab for a list to strategy to choose from or name your own strategy	Please explain the logic of why you think that this strategy will help to achieve this outcome.	Select from the drop down menu who or what the activity is directed at. Explanation of "Target" can be found in the "Definitions" sheet	Name	Clinic Role	Degree	Activity Role	Number of activity complete the report period
4	Frequency of visits required for treatment	Feasibility	Expand clinic hours to evening	People who have inflexible work schedules and no ability to take time off won't be able to access this treatment	Patient	Kathrine	Provider	NP	Injector	4
5						Ben	Nurse	BSN	Labs	4
6						Nadia	Admin	BA	Front desk	4
7						Charlie	Security	GED	Front desk	4
8										
9										
10										
11										
12										
13										

Measurement

How do you plan to measure the success of this strategy?

Explain any metrics you will use to monitor if the activity is achieving the desired outcome.

Number of injection appts during new clinic hours; change in late or missed injections; satisfaction survey

Session outline

1. ALAI UP reported strategies across programmatic building blocks
2. Introduction of "Strategy Log" tool to identify strategies to overcome a specific barrier
3. **Practical application of Strategy Log**

Activity Instructions

- Large format version of the Strategy Log for each Component on walls
- Think about a barrier that your agency (clinical or non-clinical) is facing in starting delivery of LAI ARTs or supporting growth of an LAI ART program.
- In discussion with colleagues at your agency or someone standing next to you, fill out the strategy log.
- Reflect on the process and consider the questions displayed on the screen.

Debrief

- How useful is the strategy log?
- What new ideas, if any, did this generate for you that you might be able to take back to your agency?
- How easy or difficult will it be to use a strategy log at your site?
- What challenges do you anticipate when trying to specify implementation strategies at your site?
- Which column of the strategy log is most difficult to fill out?
- Which program component at your site requires the most strategies?