

# Ryan White National Clinical Conference HIV/AIDS Bureau (HAB) Updates

**Laura Cheever, MD, ScM**

Associate Administrator  
HIV/AIDS Bureau  
Health Resources and Services  
Administration  
Bethesda, Maryland





**HRSA**  
Health Resources & Services Administration

# Ryan White National Clinical Conference HIV/AIDS Bureau (HAB) Updates

October 3, 2021

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**Associate Administrator**  
**HIV/AIDS Bureau (HAB)**

**Vision: Healthy Communities, Healthy People**



## **Financial Relationships With Ineligible Companies (Formerly Described as Commercial Interests by the ACCME) Within the Last 2 Years**

Dr Cheever has no financial relationships with ineligible companies to disclose. (Updated 9/27/21)

# Agenda: HIV/AIDS Bureau Update

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**HIV/AIDS Bureau Update**

**Ryan White HIV/AIDS Program**

**Data Update**

**Other Program Updates**

**Ending the HIV Epidemic in the U.S.  
Activities**

*Discussion*



# HRSA's HIV/AIDS Bureau Vision and Mission

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## Vision

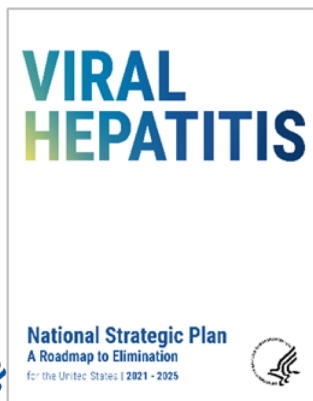
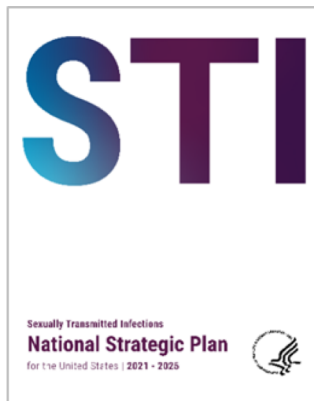
Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

## Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



# National HIV Strategy and Viral Hepatitis and STI Strategic Plans



- The *Office of National AIDS Policy* will be **revising the HIV National Strategic Plan** to reflect the current administration's priorities. The updated National HIV/AIDS Strategy is set to be released on World AIDS Day - **December 1, 2021**.
- The *Office of Infectious Disease and HIV/AIDS Policy (OIDP)* has initiated the process for **developing implementation plans for the Viral Hepatitis and STI National Strategic Plans**.
- HAB has convened an **Implementation Workgroup** to provide programs and activities in support of the goals of the National Strategic Plans.



Save the Date

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NATIONAL  
RYAN WHITE  
CONFERENCE  
ON HIV CARE & TREATMENT

*The Time Is Now: Harnessing the Power of Innovation, Health Equity, and  
Community to End the HIV Epidemic*

**August 23 – 26, 2022**



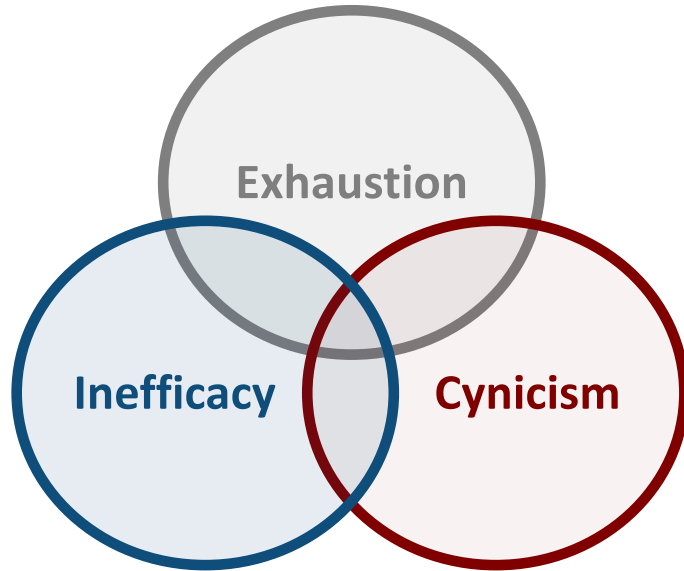
# COVID Update: Provider Burn Out





# Burnout Among the Health Workforce

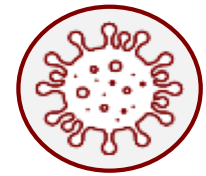
## What is burnout?



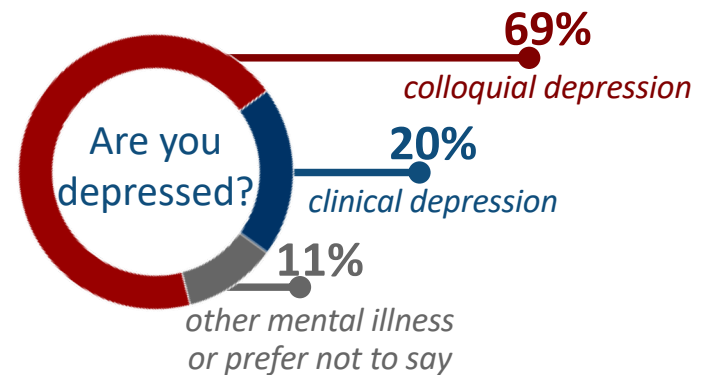
**35-54%**  
in 2019

## Rates of burnout

vs.



**76%**  
in Sept 2020



Physician Burnout & Moral Injury: The Hidden Health Care Crisis (Infographic)  
<https://nihcm.org/publications/physician-burnout-suicide-the-hidden-health-care-crisis>



# Organizational Strategies to Build Resilience, Reduce Burnout, and Promote Engagement



Acknowledge and assess the problem



Cultivate community at work



Promote flexibility and work-life integration



Harness the power of leadership



Use rewards and incentives wisely



Provide resources to promote resilience and self-care



Develop and implement targeted work unit interventions



Align values and strengthen culture



Facilitate and fund organizational science



Shanafelt, TD, and Noteworthy, JH. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. *Mayo Clinic Proceedings*, January 2017;92(1):129-146



# American Rescue Plan: Workforce Resilience



## \$103 M

American Rescue Plan

■ CLOSED SEPTEMBER 20

**Promoting Resilience and Mental Health Among the Health Professional Workforce**

**Health and Public Safety Workforce Resiliency Training**

**Health and Public Safety Workforce Resiliency Technical Assistance Center**



# Data Updates



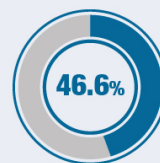
# Nearly 568,000 Clients were Served by the Ryan White HIV/AIDS Program (non-ADAP) in 2019

**SERVED** **567,803** clients in **2019**  
**MORE THAN 50%** of people with **diagnosed HIV in the United States**



**46.8%**  
of clients were **aged 50 years and older**

**73.4%**  
of clients were **racial/ethnic minorities\*\***



of clients identified as **Black/African American**



of clients identified as **Hispanic/Latino**

**60.7%**  
of clients were



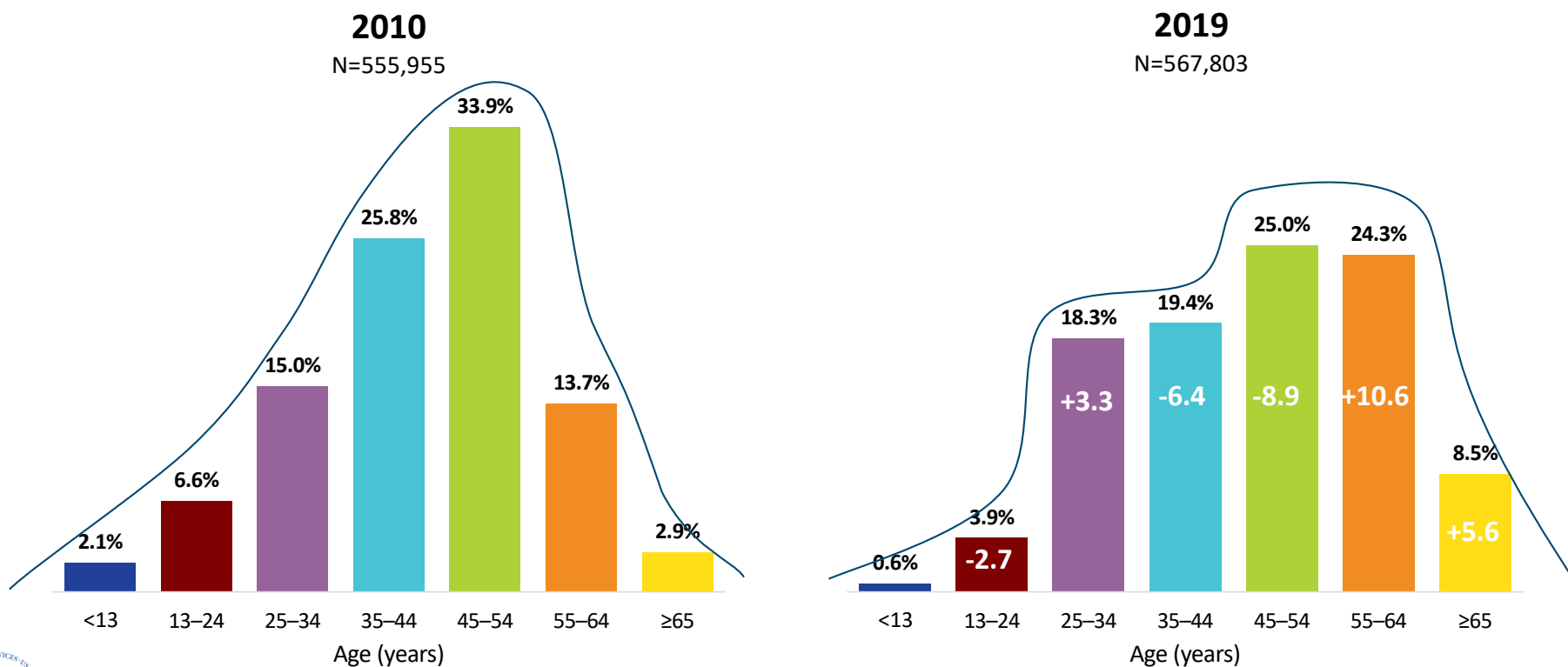
living at or below **100%** of the **Federal Poverty Level**



\* Clients self-identified as 26.6% White and less than 2% each American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and persons of multiple races. Hispanics/Latinos can be of any race.



# Ryan White HIV/AIDS Program Clients, by Age Group, 2010 and 2019— United States and 3 Territories<sup>a</sup>



<sup>a</sup>Guam, Puerto Rico, and the U.S. Virgin Islands.



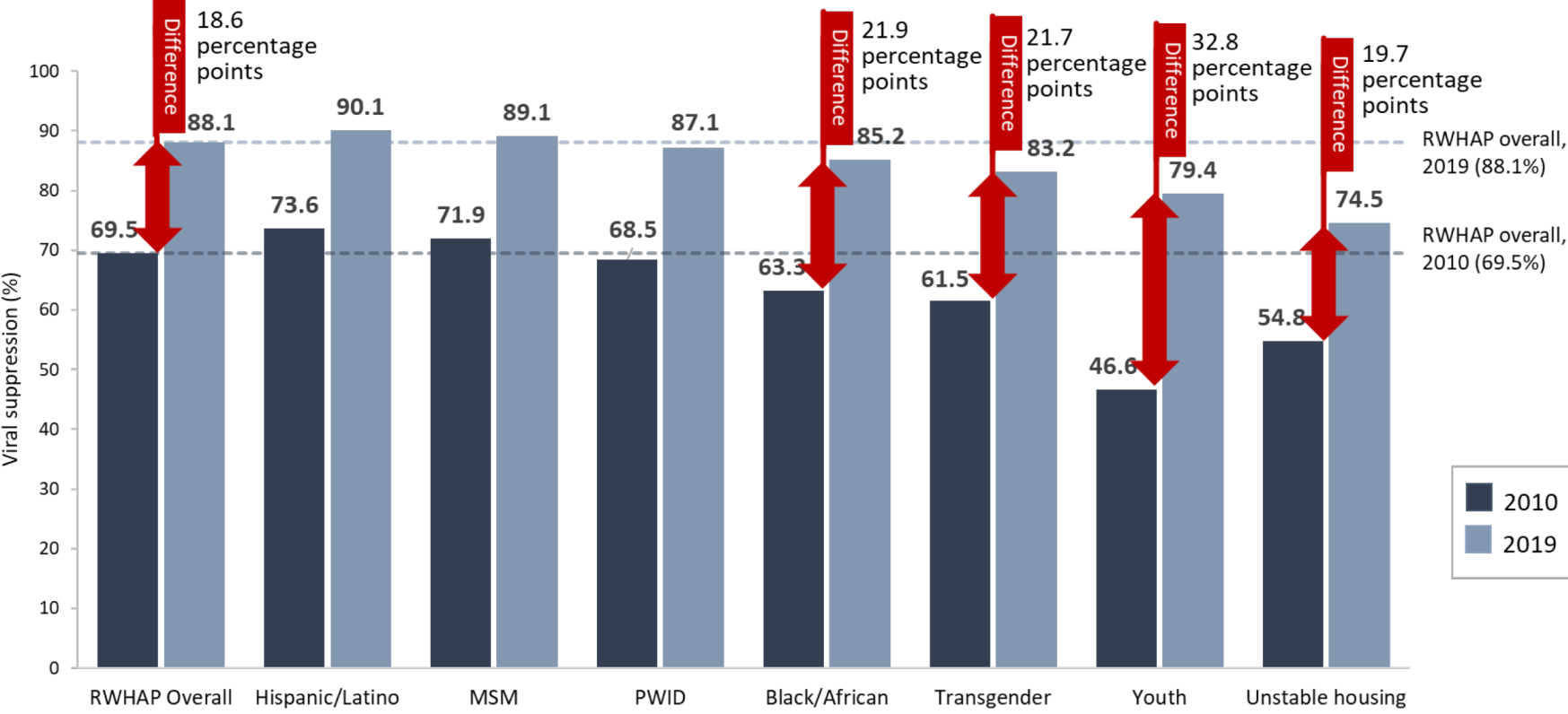


## Measuring Outcomes

Using data to address gaps and disparities



# Viral Suppression among Key Populations Served by the Ryan White HIV/AIDS Program, 2010 and 2019—United States and 3 Territories<sup>a</sup>



Hispanics/Latinos can be of any race.  
*Viral suppression:* ≥1 OAH visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.  
 Includes data from 50 States, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.



Source: HRSA. Ryan White HIV/AIDS Program Data Report (RSR) 2019. Does not include AIDS Drug Assistance Program data.



# RWHAP Compass Dashboards and Benchmarking

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- Opportunity for users to interact with and visualize RWHAP data
- Program reach, impact, outcomes
- Goal is to utilize data to improve health outcomes

# Impact of RWHAP

Select Outcome Measure: Viral Suppression  
 Retention in Care

Select Year:

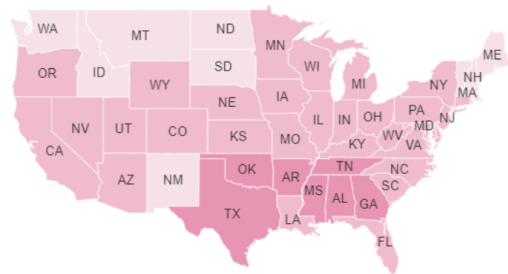
Select Jurisdiction: State or Territory  
 Metro Area

Select State/Territory:

**RESET**

## Viral Suppression Among Ryan White HIV/AIDS Program Clients Served in 2019

Hover over the map to view the number of clients and outcomes by state.

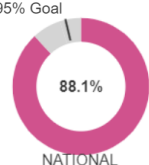


- CT
- DC
- DE
- MA
- MD
- NH
- NJ
- RI
- VT
- AK
- HI
- PR
- VI

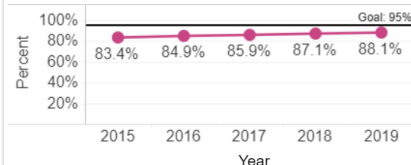
National  
**Ryan White HIV/AIDS Program Clients in the United States in 2019**  
567,803  
[Examine Client Characteristics](#)

### Viral Suppression Among RWHAP Clients in 2019

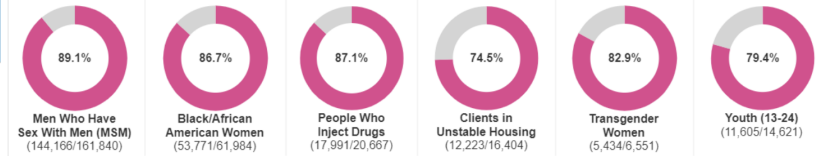
In 2019, **88.1%** (326,204/370,119) of Ryan White HIV/AIDS Program clients in the United States reached Viral Suppression.



### Viral Suppression Among RWHAP Clients by Year



## Viral Suppression Among Ryan White HIV/AIDS Program Priority Populations in 2019



# Benchmarking Performance by Jurisdiction

## Select Outcome Measure

- Viral Suppression
- Retention in Care

## Select Year

2019

## Select Jurisdiction

- State or Territory
- Metro Area

## Select State/Territory

Alabama

RESET

### Performance Summary, 2019

#### All Clients

100% of clients  
5,717/5,717

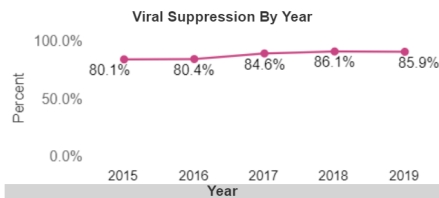
#### About Standardized Performance

HRSA HAB's performance benchmarking methodology allows the calculation of expected outcome measure values based on a jurisdiction's client mix. This can then be compared to national averages, allowing a snapshot understanding of whether a jurisdiction is performing above or below expected results. [Learn more about this methodology in the Standardized Performance Fact Sheet.](#)

#### Resources

Standardized performance is below average for the population served. Resources are available to help improve outcomes.

[REVIEW RESOURCES](#)



#### Standardized Performance



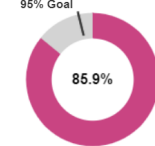
Standardized performance is below average. It is in the 1st quintile compared to national performance.

#### Performance Trend



Viral Suppression has remained stable compared to the previous year.

#### Viral Suppression, 2019



#### National Goal



Viral Suppression did not meet the national goal.

<b>All Clients</b> <b>100%</b> of clients 5,717/5,717 1 ~ X <a href="#">SHOW ABOVE</a>	<b>Black/African American Women</b> <b>23%</b> of clients 1,319/5,717 1 ~ X <a href="#">SHOW ABOVE</a>	<b>MSM</b> <b>42%</b> of clients 2,396/5,717 1 ~ X <a href="#">SHOW ABOVE</a>	<b>MSM (Black)</b> <b>26%</b> of clients 1,491/5,717 2 ~ X <a href="#">SHOW ABOVE</a>	<b>MSM (Hispanic)</b> <b>1%</b> of clients 71/5,717 4 ~ X <a href="#">SHOW ABOVE</a>
<b>People Aged 50 and Older</b> <b>35%</b> of clients 2,001/5,717 1 ~ X <a href="#">SHOW ABOVE</a>	<b>People Who Inject Drugs</b> <b>4%</b> of clients 241/5,717 1 ~ X <a href="#">SHOW ABOVE</a>	<b>People with Unstable Housing</b> <b>3%</b> of clients 189/5,717 3 ~ X <a href="#">SHOW ABOVE</a>	<b>Transgender Women</b> <b>1%</b> of clients 83/5,717 1 ~ X <a href="#">SHOW ABOVE</a>	<b>Youth (13-24)</b> <b>7%</b> of clients 401/5,717 1 ~ X <a href="#">SHOW ABOVE</a>



# Additional Resources

Access the RWHAP Compass Dashboard:

<https://data.hrsa.gov/topics/hiv-aids/compass-dashboard>

Support materials:

- User Guide
- Standardized Performance Fact Sheet

[TargetHIV.org/RWHAPCompass](http://TargetHIV.org/RWHAPCompass)

Send questions and feedback:

[RWHAPCompass@icfnext.com](mailto:RWHAPCompass@icfnext.com)

**HRSA**  
Ryan White HIV/AIDS Program

**COMPASS**

### Standardized Performance

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) funds grants to states, cities, counties, and local community-based organizations to provide HIV medical care, treatment, and essential support services for low-income people with HIV.

Recipients funded by the RWHAP differ in many important aspects, including the characteristics of the clients they serve. The RWHAP Compass Dashboard provides standardized performance tools to support jurisdictional comparison and evaluation.

**The RWHAP Compass Dashboard** is an interactive tool to help visualize the trends, impacts, and outcomes of the RWHAP. The dashboard supports data utilization to understand outcomes and inform planning and decision making.

**Standardized performance** allows for fair comparison of jurisdictions that may serve different populations.

#### STEP 1: Assign Range

Standardized Performance is reported as a quartile to demonstrate where a score falls within the range of all jurisdictions.

**Standardized Performance Scores for All Jurisdictions**

Average from Lowest to Highest

Grouped into 5 Quartiles

First Quartile (Lowest) Second Quartile Third Quartile Fourth Quartile Fifth Quartile (Highest)

First Quartile Second Quartile Third Quartile Fourth Quartile Fifth Quartile

100% 75% 50% 25% 0%

#### STEP 2: Standardized Outcome Measure

A statistical model is applied to the observed outcome measure (rate suppression or retention in care) that adjusts for key client characteristics.

**Observed Outcome Measure** → **Standardized Outcome Measure**

Age, Health Care Coverage, Housing Status, Gender

The Observed Outcome Measure is calculated based on data reported through the RWHAP Service Report.

The Standardized Outcome Measure is the expected rate given the age, gender, housing status, and health care coverage of the clients in this jurisdiction.

These four variables were chosen based on consultation with a panel of technical experts and previous work by the Centers for Medicare & Medicaid Services (CMS).

#### STEP 3: Standardized Performance Score

The observed outcome measure is compared to the standardized outcome measure to calculate the standardized performance score.

**Observed Outcome Measure** = **Standardized Outcome Measure** = **Standardized Performance Score**

A jurisdiction with a score greater than one is performing better than expected, given the client population they serve.

A jurisdiction with a score less than one is not meeting their expected performance, given the client population they serve.

#### Technical Notes

The standardized performance score is generated from Ryan White HIV/AIDS Program Services Report (RSR) data for states or metropolitan areas by using the unique list of clients per state or metropolitan area. The same model and variables are used for both the state and metropolitan area calculations.

**DATA USED**

The data source for these calculations is the RWHAP Services Report and does not include AIDS Drug Assistance Program data. The standardized outcomes methodology uses demographic and outcome data from RWHAP-eligible clients with HIV with at least one outpatient

ambulatory visit.

**MODEL**

The statistical model used to generate standardized performance was based on the previous CMS model, but adjusted to fit the RWHAP setting. It is a hierarchical, two-level model with client fixed effects and provider random effects. Client and provider effects were selected by HHS and the technical expert panel.

\*Sources: H.M. Naranjo, B.L. Galloway, D.H. Martin, J.A. Park, A.S. Wang, Y. Wang, Wang, Y. Wang, 2019. Risk Adjustment Models for HIV and HF 30 Day Mortality. Manuscript prepared by Centers for Medicare & Medicaid Services. Under supervision (08/08/19) 01/20/2020.



# Ryan White HIV/AIDS Program Updates



# Engaging People with HIV through Organizational Capacity Development & Leadership Training

## ESCALATE

Ending Stigma through Collaboration And  
Lifting All To Empowerment

### Aims to:

- Reduce stigma for people with HIV on multiple levels throughout the health care delivery system
- Focus on implementing stigma-reducing approaches
- Support organizational readiness to employ people with HIV in RWHAP recipient/subrecipient organizations

## ELEVATE

Engage Leadership through Employment,  
Validation & Advancing Transformation & Equity

### Aims to:

- Increase leadership, representation, and engagement of people with HIV in RWHAP activities
- Develop skills and support knowledge transfer through peer coaching for people with HIV
- Support organizational readiness to employ people with HIV in RWHAP recipient/subrecipient organizations

Visit the [ESCALATE](#) and [ELEVATE](#) sites of TargetHIV for additional project details and updates.



# RWHAP Best Practices Compilation



**How is your organization innovating to reduce health disparities along the HIV Care Continuum?**

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) is looking for innovative and promising strategies for its new compilation of best practices.

The compilation is part of HRSA HAB effort to catalogue and display best practices implemented successfully in Ryan White HIV/AIDS Program health care and treatment settings.

**Do you have a novel approach or promising innovation to share?**

Please submit it online:  
[TargetHIV.org/bestpractices](https://www.targethiv.org/bestpractices)



# RWHAP Best Practices Compilation, cont.

## Best Practices Compilation

The Best Practices Compilation gathers and disseminates intervention strategies that have been implemented in RWHAP funded settings and improve outcomes along the HIV care continuum. Explore the Compilation to find inspiration and new ideas for improving the care of people with HIV. [Submit your innovation today for possible inclusion](#) in the Compilation!

### Keyword Search

SEARCH

RESET



### Filters

Evidence Level ?

Choose

Focus Population ?

Choose

HIV Care Continuum ?

Choose





# Ending the HIV Epidemic in the U.S. Activities



# Achieving the Ending the HIV Epidemic in the U.S. Goals

## People with HIV in care

- Improve viral suppression rates
- Decrease disparities

## People newly diagnosed with HIV

- Enhance linkage to care
- Enhance engagement in care

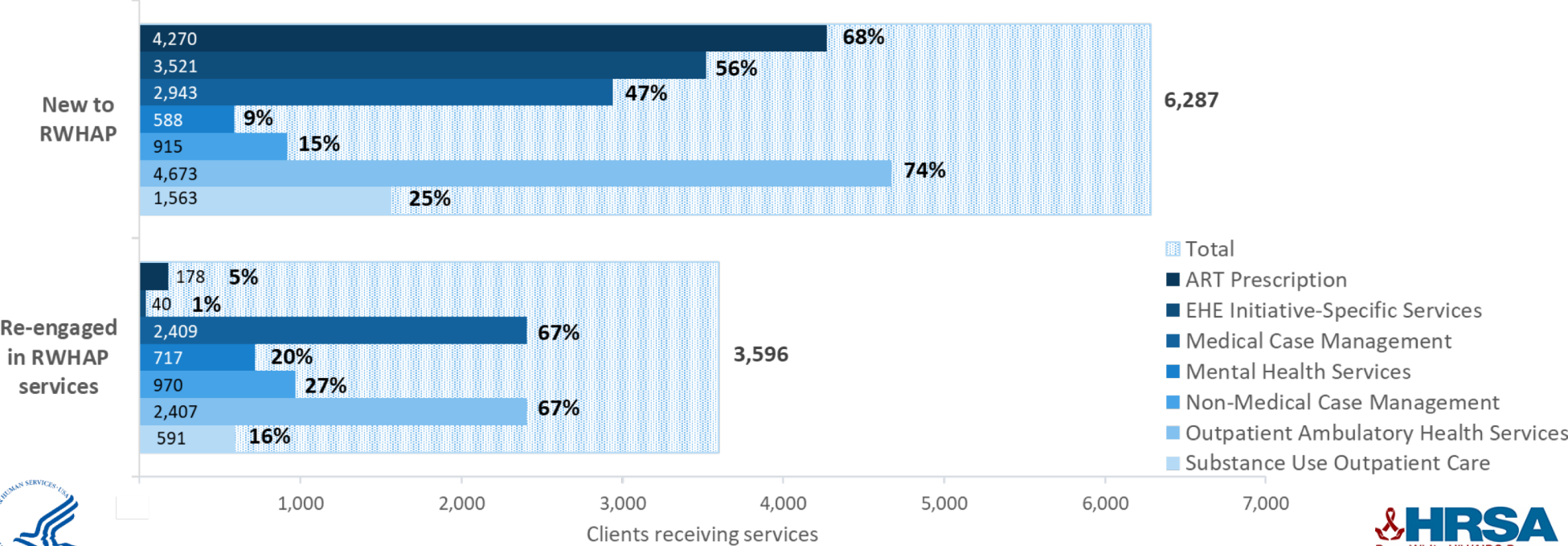
## People with HIV out of care

- Expand re-engagement in care
- Improve retention in care



# Clients receiving RWHAP and Ending the HIV Epidemic Initiative Services, and ART Prescription, March–August 2020

RWHAP EHE-funded providers submitted data to the EHE Triannual Module for the first reporting period [March through August 2020]. These data<sup>a</sup> represent clients that received services, of whom **nearly 6,300** were new to RWHAP and an additional **3,600** were re-engaged<sup>b</sup> in RWHAP services.



<sup>a</sup> Unpublished data, HIV/AIDS Bureau, March through August 2020. Clients may have received multiple services and appear in each category of services received.

<sup>b</sup> Estimated based on reported numbers of total clients served, new clients, and existing clients.

# New and Ongoing Initiatives to Support EHE

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## ■ Expanding Interventions

- Improving Care and Treatment Coordination: Focusing on Black Women with HIV
- Building Capacity to Implement Rapid Antiretroviral (ART) Initiation for Improved Care Engagement
- Ryan White HIV/AIDS Program Best Practice Compilation

## ■ Developing Capacity

- Enhancing Engagement of People with HIV through Organizational Capacity Development and Leadership Training
- Reducing Stigma at Systems, Organizational, and Individual Client Levels in the Ryan White HIV/AIDS Program

## ■ Increasing Data Utilization

- Ryan White HIV/AIDS Program Data Dashboard

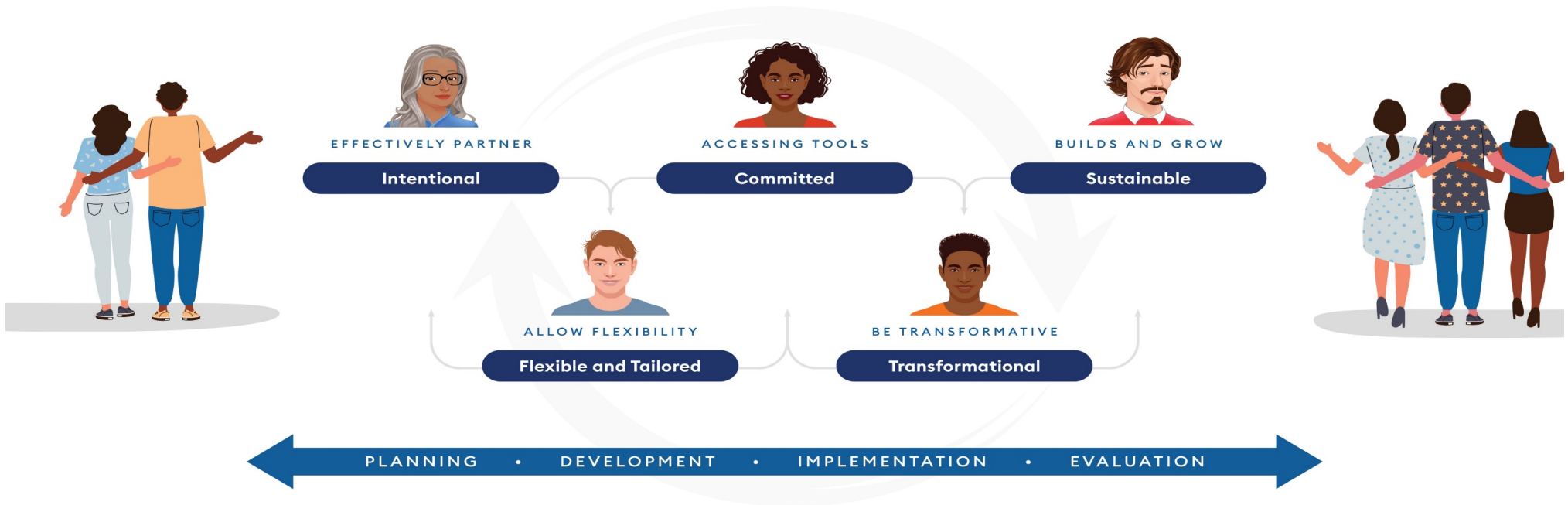


# Community Engagement Framework: Where We Are Today



## Community Engagement Guiding Principles

“voices of the community from beginning to end”



## Listening Sessions at This Conference

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- **Give your feedback to the HIV/AIDS Bureau during Workshop breakouts**
  - **Monday, October 4, and Wednesday, October 6**
  - **12:45-1:45 PM Pacific/ 1:45-2:45 PM Mountain/  
2:45-3:45 PM Central/ 3:45-4:45 PM Eastern**



# Contact Information

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**Laura Cheever, MD, ScM**

**Associate Administrator**

**HIV/AIDS Bureau (HAB)**

**Health Resources and Services Administration (HRSA)**

**Email: [Lcheever@hrsa.gov](mailto:Lcheever@hrsa.gov)**

**Phone: 301-443-1993**

**Web: [hab.hrsa.gov](http://hab.hrsa.gov)**



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# Question-and-Answer Session

 **2021** Ryan White  
HIV/AIDS Program  
CLINICAL CONFERENCE