

Compendium of Interventions to Mitigate HIV Disparities

The following interventions were tested and implemented by participating agencies of the end+disparities ECHO Collaborative, a national quality improvement initiative to address HIV disparities among Ryan White HIV/AIDS Program funded grant recipients (June 2018 to December 2019). The Center for Quality Improvement & Innovation (CQII) reviewed interventions that were self-reported by these agencies, including routine collaborative updates, case presentations and storyboards, and followed-up with individual sites to augment missing information. CQII prioritized these interventions based on evidence, replicability, and financial support of their interventions. The purpose of this compendium is to promote and inspire the replication of effective interventions among HIV care providers to mitigate HIV-related disparities.

The first table provides an overview of these interventions, which are explained in further detail in the second section of the document.

For further information about the end+disparities ECHO Collaborative or the interventions, please contact CQII at Info@CQII.

Intervention Overview								
Category	#	Name of Intervention	Intervention	Change Idea	Evidence of Improvement		Population	Community Partner/Agency
					Viral Suppression	Other Data		
Social Service and Peer Support	1.	Women Like Me Support Group	Established a young women's support group for pre- and post-natal recent mothers, with advising from mental health coordinator and medical director, focusing on coping with HIV and becoming new mothers	Gathered referrals from providers, and reached out to patients directly to refer them to support group program	Yes	N/A	AA/L Women	Adult Special Care Clinic
				Ensured privacy of support group participants by holding meetings in discrete settings, no signage or visual indicators				
				Provided transportation assistance to support group participants, including gas vouchers and taxi pickup service				

Education and Treatment Adherence	2.	Positive Affirmations for Youth	Sent personalized positive affirmations to youth (13-24 years) through Care+ app, as a pilot study, twice a week	Designated medical case managers and peer navigators to send virtual positive affirmations, individualized for each patient, with "I" or action statements, such as "I'm comfortable looking in the mirror" or "My happy thoughts create my happy body"	Yes	Yes	Youth (13-24 years)	Boston Medical Center Pediatrics
				Read receipts on positive affirmations sent through Care+ app as a measure of effectiveness				
				Designated patient navigator or medical case managers to send positive affirmation messages to patients they know best consistently, tracked via calendar, and decided standard frequency of messages being sent				
Basic Needs of Clients	3.	Medical Nutrition Therapy	Implemented medical nutrition therapy to patients with food insecurity	Screened patients for food insecurity through a two-question verbal survey	Yes	Yes	Youth (13-24 years)	Children's National Medical Center

				<p>Nutrition assistance was provided to those expressing food insecurity via community resources (i.e., food bank), grocery gift card vouchers, grocery bags, etc.</p> <p>Held cooking classes, which taught nutrition principles lead by RW registered dietician, and were open to patients, their parents, and their siblings</p> <p>Distributed healthy produce with recipes, \$8 worth of fresh fruits and vegetables in bags at each visit, chosen weekly by registered dietician at local grocery store</p>				
Basic Needs of Clients	4.	Uber Health Transportation Services	Provided Uber Health transportation services to patients experiencing transportation barriers	<p>Created an Uber Health account using a virtual dashboard online</p> <p>Included a tracking sheet to document client identifiers, date of service, provider name, reason for ride, cost, etc.</p> <p>Devised a short survey for both users and non-users to assess satisfaction levels and feasibility among focus population</p>	Yes	Yes		

Education and Treatment Adherence	5.	E-Pill Bottle Reminder Alarms	Utilized pill bottle reminder alarms (e-pill) for patients new to the clinic or who did not have consistent medication routine	<p>Clinic purchased pill bottle reminder devices with no cost to patient</p> <p>Provided instructions on use during clinic visits</p> <p>Determined the mode of communication with clients along with dates or frequency of check in to monitor clients' progress or troubleshoot any problems</p>	Yes	Yes	Youth (13-24 years)	Crossroads North
Clinic Flow	6.	'FACES' Medical Case Management Tri-Pod Approach	Implement new medical case management approach to patient care, tri-pod approach, allows for identification of barriers to adherence and uses psychosocial assessment, fostering collaboration among MCM team	<p>Initial informative session in November 2017</p> <p>Caseload review and assignment among medical case management team</p> <p>Documentation training</p> <p>Paired training within the pods</p> <p>Independent case management starting in March 2018</p>	Yes	N/A	Youth (13-24 years)	Nationwide Children's Hospital
Clinic Flow	7.	No-Show Follow-Up Phone Script	Created script for front office to follow up with no-shows by phone	<p>Phone script was developed based on no-show list in EMR</p> <p>In addition to following up to reschedule, phone script included an inquiry on possible transportation barriers</p>	Yes	Yes	MSM of Color	Orange County Health Care Agency

				<p>Provided transportation assistance through bus passes if necessary, after follow up no-show call</p> <p>Case management referral not needed</p>				
Education and Treatment Adherence	8.	Individual Mental Health & Substance Use Service Plans	Developed individual service plans for patients identified to have mental health or substance use co-morbidities	Based on initial chart review tool that helped identify patients not virally suppressed with co-morbidities of mental health and/or substance use issues	Yes	Yes		
Social Service and Peer Support	9.	Peer Navigator Services	Offered peer navigator services to new patients	<p>Offered peer navigator introduction to new patients normalizing peer navigation</p> <p>Designated peer navigators to make reminder calls, rather than automated calls being given</p>	Yes	N/A	MSM of Color	Roper St. Francis Healthcare Wellness Center
Clinic Flow	10.	Red Carpet Initiative	Launched “Red Carpet” initiative to expedite intake process for newly diagnosed patients.	<p>Allowed providers to choose when newly diagnosed patients were scheduled in order to more effectively intake newly diagnosed people and triage them accordingly</p> <p>Patients seen with or without labs</p>	Yes	N/A		

				<p>Combined case management and medical visits on same day to minimize number of physical visits and appointments</p> <p>Partnered with local health departments in order to expedite referral processes, part of "Red Carpet" initiative, aiming to expedite intake process for new patients</p>				
Clinic Flow	11.	Text Messaging Patient Navigators	Provided ability to text patient navigators	<p>Upon reaching out to the newly diagnosed patients, they were offered the option of receiving text messages and could verbally opt in or out</p> <p>It was explained that texts would be generic and discussions involving viral load results, medications, sensitive information, etc. would be done over the phone instead of text</p> <p>Additional costs were related to phone charges</p>	Yes	Yes	Youth (13-24 years)	Wake Forest Baptist Health
Education and	12.	U be U Campaign	Implemented U be U campaign	Provided keychains to those who achieved viral suppression	Yes	N/A	MSM of Color	Avenue 360 Health and Wellness

Treatment Adherence				<p>Regularly monitored viral suppression data to keep track of which patients were achieving suppression</p> <p>Staff communicated verbally U be U campaign by encouraging patients along their journey to viral suppression</p>				
Education and Treatment Adherence	13.	U = U Educational Initiative	Implemented U = U educational initiative	<p>Developed social media communication policy</p> <p>Disseminated 'Undetectables' comics to new and returning patients</p> <p>iPads with HIV educational videos were distributed to patients in clinic</p> <p>Flyers with U = U message were hung in clinic</p> <p>Reports of unsuppressed patients were reviewed monthly</p>	Yes	N/A	Youth (18-24 years)	University of North Carolina Infectious Disease Clinic
Education and Treatment Adherence	14.	Medication Planner Initiative	Designated a medication planner nurse to fill medication planners for patients, coordinating with doctors who prescribe; patients are to come once a week	Assessed patients for eligibility in medication planner initiative during clinic visit, assessing distance or transportation capabilities to pick up planner weekly, and assessing adherence and compliance troubles	Yes	N/A	MSM of Color	Tulane University Health Sciences Center

			to pick up medication planners	When a provider identified clients with increased viral loads due to non-compliance, they were referred to medication planner nurse				
				The Licensed Practical Nurse (LPN) met clients, educated on meds, importance of adherence/compliance, and exchanged planners				
Social Service and Peer Support	15.	CLEAR Program	Implemented Choosing Life: Empowerment! Action! Results! (CLEAR) program (proven tool), cognitive-behavioral techniques to promote health, change behavior	<p>Delivered one-on-one client-centered cognitive behavioral techniques to change behavior</p> <p>CLEAR consists of five core sessions and a wrap-up session</p> <p>Attended CDC CLEAR training and obtained the materials necessary to administer the intervention</p> <p>Held evening and weekend sessions and met clients at their homes and other locations rather than just in their office to accommodate participants' schedules</p>	Yes	N/A	MSM of Color	New Hanover Regional Medical Center

1 | WOMEN LIKE ME SUPPORT GROUP

Category: Social Service and Peer Support

Agency: Adult Special Care Clinic

Contact Name: Aubri Hickman

City: Jackson

State: Mississippi

Contact Email: ahickman@umc.edu

Subpopulation: African American and Latina Women

Contact Phone: (601) 815-1212

Regional Group: Mississippi

Evidence of Improvement: Yes

Other Data: N/A

Intervention: Established a young women's support group for pre- and post-natal recent mothers, with advising from mental health coordinator and medical director, focusing on coping with HIV and becoming new mothers.

Change Ideas:

- Gathered referrals from providers, and reached out to patients directly to refer them to support group program
- Ensured privacy of support group participants by holding meetings in discrete settings, no signage or visual indicators
- Provided transportation assistance to support group participants, gas vouchers, taxi pickup service

Intervention Description:

CenteringPregnancy is a women's peer support intervention implemented among HIV-positive women in the U.S.,¹ which has shown that participants have a lower proportion of missed appointments and no preterm births when compared with the standard care group.² The "Women Like Me" support group was established to reach young HIV-positive pre- and post-natal recent mothers coping with HIV, with advising from a mental health coordinator and medical director. This support group was expanded from a previous support group for postpartum women to also include young women ages 18-40 years who recently had young children or who expected to have children in the future. Women 40 years and older could join if they were postpartum. The support group was started in January 2019 originally with six members but has grown to 15 active members with an average attendance of 14-16 participants as of July 2019. Support group meetings were a time for exchanging experiences and included topic discussions such as mental health, safe sex/dating, self-esteem, legal aspects of being HIV-positive, disclosure of HIV status to sexual partners, birth control, intimate partner violence, and importance of viral suppression during pregnancy. Guest speakers were often invited to the meetings, such as people from the MS Urban League and MS Center for Justice. To ensure privacy of support group participants, meetings were held in discrete settings with no signage or visual indicators of the support group. Transportation assistance (i.e., gas vouchers and taxi pickup service) was provided to participants. Viral suppression for the African American and Latina women subpopulation

¹ Eppes C, Smith H, Davis V, Levison J. Improving postpartum retention in care among women living with HIV: a new approach [Abstract]. 7th edition of the International Workshop on HIV & Women, Abstract 72; 2017. Available at <http://regist2.virology-education.com/2017/7hivwomen/Abstractbook.pdf>. [Accessed May 13, 2020].

² Villar-Loubet O, Diaz-Mendez N, Smith L, Jaramillo S, Echenique M, Potter JE. Implementing and adapting a group prenatal care program for HIV-seropositive women. 2016 National Ryan White Conference on HIV Care and Treatment. 2016.

increased from 85.3% before the support group to 90.2% afterward. Viral suppression among women in the 18-40 years age group increased from 79.5% to 83.9%. Among women over 40 years, viral suppression increased from 89% to 90.6%. The support group has further grown to 20 active members at present and is now led by a participant hired by Adult Special Care Clinic as a Peer Advocate. This support group is currently expanding outside of Adult Special Care Clinic to other HIV care clinics in Jackson, MS.

<p><i>Do you have measurable data to demonstrate the effectiveness of this intervention?</i></p> <p>Yes</p>	<p><i>How effective was this intervention to increase viral suppression or reduce HIV disparities? (Scale from 1-4)</i></p> <p>4-Highly Effective</p>	<p><i>What are the start and end data points for the intervention to indicate the measurable impact?</i></p> <p>BAAL VSR = 85.3% - 90.2% - 18-40 years = 79.5% - 83.9% - ≥ 41 years =89% - 90.6%</p>	<p><i>Was this intervention tested/implemented during the Collaborative?</i></p> <p>Yes</p>
<p><i>Is this intervention replicable across other HIV subpopulations of the Collaborative?</i></p> <p>Yes</p>	<p><i>How do you rate the ease of replication of the intervention by other HIV providers? (Scale from 1-4)</i></p> <p>Don't Know</p>	<p><i>How much financial support do you estimate was necessary to test your intervention per patient? (\$-No Additional Agency Costs; \$\$-1 to 49 US Dollars; \$\$\$-50-99 US Dollars or more; \$\$\$\$-100 or more US Dollars; Don't Know)</i></p> <p>\$\$</p>	

2 | POSITIVE AFFIRMATIONS FOR YOUTH

Category: Education and Treatment Adherence

Agency: Boston Medical Center Pediatrics

Contact Name: Margaret Haffey

City: Boston

State: Massachusetts

Contact Email: margaret.haffey@bmc.org

Subpopulation: Youth

Contact Phone: (617) 414-7467

Regional Group: Massachusetts

Evidence of Improvement: Yes

Other Data: Yes

Intervention: Sent personalized positive affirmations to youth (13-24 years) through Care+ app, as a pilot study, twice a week.

Change Ideas:

- Designated medical case managers and peer navigators to send virtual positive affirmations, individualized for each patient, with "I" or action statements, such as "I'm comfortable looking in the mirror" or "My happy thoughts create my happy body"
- Read receipts on positive affirmations sent through Care+ app as a measure of effectiveness
- Designated patient navigator or medical case manager to send positive affirmation messages to patients they know best consistently, tracked via calendar, and decided standard frequency of messages being sent

Intervention Description:

This intervention sought to reach youth ages 13-24 years through messages of personalized positive affirmations sent through a HIPPA secure app (CarePlus). A Cause and Effect Diagram was used to identify possible causes to poor medication adherence in youth patients. Lack of motivation, isolation, mental health dx, an "I'm fine" attitude, denial of a negative impact on life if non-adherent, and no consequences were found. In response to these, this intervention was implemented between February 2019 until May 2019. Two medical case managers, a social worker, and a peer navigator sent messages twice a week for two 6-week phases to eight HIV-positive youth with medication adherence difficulties, as a pilot study. Sixty-eight different positive affirmation messages sent were individualized for each patient, using "I" or action statements, such as "I'm comfortable looking in the mirror" or "My happy thoughts create my happy body." Participating youth received a text message notification to check the app when a new message was delivered. The CarePlus app showed the 'read date' of each sent message. This intervention was evaluated using process measures of medication and self-esteem questions at pre-intervention, after the first 6-week phase, and at the end after the second 6-week phase. These client surveys showed a major shift in attitudes with more people feeling positively about themselves between the start of the intervention and at the 6-week mark. The medical case managers monitored when clients read the messages via the app. In the first phase of the intervention, 70 out of 84 expected messages sent were read. In the second phase, 40 out of 48 expected messages were read. Viral suppression among youth increased from 88% (46/52) to 93% (43/46) before and after the intervention, respectively.

<p><i>Do you have measurable data to demonstrate the effectiveness of this intervention?</i></p> <p>Yes</p>	<p><i>How effective was this intervention to increase viral suppression or reduce HIV disparities? (Scale from 1-4)</i></p> <p>3-Effective</p>	<p><i>What are the start and end data points for the intervention to indicate the measurable impact?</i></p> <p>Chart in "Pos Affirmation QI Project" see slides 7 and 8</p>	<p><i>Was this intervention tested/implemented during the Collaborative?</i></p> <p>Yes</p>
<p><i>Is this intervention replicable across other HIV subpopulations of the Collaborative?</i></p> <p>Yes</p>	<p><i>How do you rate the ease of replication of the intervention by other HIV providers? (Scale from 1-4)</i></p> <p>4-Very Easy to Replicate</p>	<p><i>How much financial support do you estimate was necessary to test your intervention per patient? (\$-No Additional Agency Costs; \$\$-1 to 49 US Dollars; \$\$\$-50-99 US Dollars or more; \$\$\$-100 or more US Dollars; Don't Know)</i></p> <p>-\$-No Additional Costs</p>	

3 | MEDICAL NUTRITION THERAPY

Category: Basic Needs of Clients

Agency: Children's National Medical Center

Contact Name: Kristin Winding

City: Washington, D.C. **State:** Virginia

Contact Email: kwinding@childrensnational.org

Subpopulation: Youth

Contact Phone: (202) 476-2891

Regional Group: Washington, D.C./Virginia

Evidence of Improvement: Yes

Other Data: Yes

Intervention: Implemented medical nutrition therapy to patients with food insecurity.

Change Ideas:

- Screened patients for food insecurity through a two-question verbal survey
- Nutrition assistance was provided to those expressing food insecurity via community resources (i.e., food bank), grocery gift card vouchers, grocery bags, etc.
- Held cooking classes, which taught nutrition principles lead by registered dietitian, and were open to patients, their parents, and their siblings
- Distributed healthy produce with recipes, \$8 worth of fresh fruits and vegetables in bags at each visit, chosen weekly by registered dietitian at local grocery store

Intervention Description:

The Academy of Nutrition and Dietetics supports integration of medical nutrition therapy (MNT) into routine care for people with HIV (PWH). MNT is an approach that has been found to improve the effectiveness of antiretroviral therapy (ART).³ MNT (with or without oral nutritional supplementation) has also shown to improve outcomes related to energy intake among PWH.^{4,5} Medical nutrition therapy was provided by Children's National Medical Center to youth ages 13-24 years with food insecurity through cooking classes and distribution of healthy produce bags. Screening for food insecurity was carried out using the American Academy of Pediatrics Vital Signs survey, consisting of two questions, which was administered verbally in a conversational style by Registered Dietitian at clinic visits for each patient to assess if food insecurity existed among them. Between August 2018 and August 2019, 54 out of the 206 patients screened (26%) were found to be positive for food insecurity. Responses were documented in patient EMR. Additionally, nutrition assistance was provided to those expressing food insecurity via

³ Spada C, Treitinger A, Reis M, Masokawa IY, Verdi JC, Luiz MC et al. An evaluation of antiretroviral therapy associated with alphatocopherol supplementation in HIV-infected patients. *Clinical Chemistry and Laboratory Medicine*. 2002. 40:456-459.

⁴ Rabeneck L, Palmer A, Knowles JB, Seidehamel RJ, Harris CL, Merkel KL et al. A randomized controlled trial evaluating nutrition counseling with or without oral supplementation in malnourished HIV-infected patients. *Journal of the American Dietetic Association*. 1998. 98(4):434-8.

⁵ Schwenk A, Steuck H, Kremer G. Oral supplements as adjunctive treatment to nutritional counseling in malnourished HIV-infected patients: randomized controlled trial. *Clinical Nutrition*. 1999. 18(6):371-4.

community resources (i.e. food bank), grocery gift card vouchers, and grocery bags. From September 2018 to August 2019, cooking classes were held 1-2 times per month. Produce distribution began in July 2018, which included \$8 worth of fruits and vegetables per visit, along with recipes. The produce was chosen weekly by the Registered Dietitian based on seasonality and price. Viral suppression among youth increased from 68.3% (125/183) to 71.5% (118/165) during this intervention.

<p><i>Do you have measurable data to demonstrate the effectiveness of this intervention?</i></p> <p>Yes</p>	<p><i>How effective was this intervention to increase viral suppression or reduce HIV disparities? (Scale from 1-4)</i></p> <p>3-Effective</p>	<p><i>What are the start and end data points for the intervention to indicate the measurable impact?</i></p> <p>N/A</p>	<p><i>Was this intervention tested/implemented during the Collaborative?</i></p> <p>Yes</p>
<p><i>Is this intervention replicable across other HIV subpopulations of the Collaborative?</i></p> <p>Yes</p>	<p><i>How do you rate the ease of replication of the intervention by other HIV providers? (Scale from 1-4)</i></p> <p>2-Somewhat Easy to Replicate</p>	<p><i>How much financial support do you estimate was necessary to test your intervention per patient? (\$-No Additional Agency Costs; \$\$-1 to 49 US Dollars; \$\$\$-50-99 US Dollars or more; \$\$\$-100 or more US Dollars; Don't Know)</i></p> <p>\$\$\$</p>	

4 | UBER HEALTH TRANSPORTATION SERVICES

Category: Basic Needs of Clients

Agency: Children's National Medical Center

Contact Name: Kristin Winding

City: Washington, D.C. **State:** Virginia

Contact Email: kwinding@childrensnational.org

Subpopulation: Youth

Contact Phone: (202) 476-2891

Regional Group: Washington, D.C./Virginia

Evidence of Improvement: Yes

Other Data: Yes

Intervention: Provided Uber Health transportation services to clients experiencing transportation barriers.

Change Ideas:

- Created an Uber Health account using a virtual dashboard online
- Included a tracking sheet to document client identifiers, date of service, provider name, reason for ride, cost, etc.
- Devised a short survey for both users and non-users to assess satisfaction levels and feasibility among focus population

Intervention Description:

Rideshare transportation services, such Uber Health, are a newer form of nonemergency medical transportation (NEMT),⁶ but there is some evidence to suggest that Rideshare transportation services can increase primary care appointment show rates among patients on Medicaid.⁷ Research is underway on Uber Health and HIV care outcomes. Uber Health transportation services were provided by Children's National Medical Center to youth ages 13-24 years starting in 2018. Children's National Medical Center created an Uber Health account using an online dashboard to provide Rideshare transportation services to youth experiencing transportation barriers. This intervention included a tracking sheet to document patient identifiers, date of service, provider name, reason for ride, and cost of rides. For this intervention, a short survey was devised for both users and non-users to assess satisfaction levels and feasibility among focus population. From October 2018 to December 2019, 50 youth used the Rideshare (Uber) program to attend HIV services appointments at Children's National Medical Center. The majority (91.3 %) strongly agreed with intent to use Rideshare for future appointments and were satisfied (91.3%) with their overall experience. More than half (65%) strongly agreed that Rideshare use was easy. The majority (78%) strongly agreed that they are able to attend their appointments with Rideshare and agreed (82.6%) that Rideshare allowed them to feel less stressed about attending appointments. Viral suppression among youth increased from 68.3% (125/183) to 71.5% (118/165) during this intervention.

⁶ Powers BW, Rinefort S, Jain SH. Nonemergency Medical Transportation: Delivering Care in the Era of Lyft and Uber. JAMA. 2016. 316(9).

⁷ Chaiyachati KH, Hubbard RA, Yeager A, Mugo B, Shea JA, Rosin R et al. Rideshare-Based Medical Transportation for Medicaid Patients and Primary Care Show Rates: A Difference-in-Difference Analysis of a Pilot Program. Journal of General Internal Medicine. 2018. 33(6):863–868.

<p><i>Do you have measurable data to demonstrate the effectiveness of this intervention?</i></p> <p>Yes</p>	<p><i>How effective was this intervention to increase viral suppression or reduce HIV disparities? (Scale from 1-4)</i></p> <p>Don't Know</p>	<p><i>What are the start and end data points for the intervention to indicate the measurable impact?</i></p> <p>N/A</p>	<p><i>Was this intervention tested/implemented during the Collaborative?</i></p> <p>Yes</p>
<p><i>Is this intervention replicable across other HIV subpopulations of the Collaborative?</i></p> <p>Yes</p>	<p><i>How do you rate the ease of replication of the intervention by other HIV providers? (Scale from 1-4)</i></p> <p>2-Somewhat Easy to Replicate</p>	<p><i>How much financial support do you estimate was necessary to test your intervention per patient? (\$-No Additional Agency Costs; \$\$-1 to 49 US Dollars; \$\$\$-50-99 US Dollars or more; \$\$\$-100 or more US Dollars; Don't Know)</i></p> <p>\$\$\$\$</p>	

5 | E-PILL BOTTLE REMINDER ALARMS

Category: Education and Treatment Adherence

Agency: Crossroads North

Contact Name: Chad Neal

City: Washington, D.C. **State:** Virginia

Contact Email: cneal@deltaregional.com

Subpopulation: Youth

Contact Phone: (662) 332-1398

Regional Group: Washington, D.C./Virginia

Evidence of Improvement: Yes **Other Data:** Yes

Intervention: Utilized pill bottle reminder alarms (e-pill) for patients new to the clinic or who did not have consistent medication routine.

Change Ideas:

- Clinic purchased pill bottle reminder devices with no cost to patient
- Provided instruction on use during clinic visits
- Determined the mode of communication with client along with dates or frequency of check in to monitor clients' progress or troubleshoot any problems

Intervention Description:

There is some evidence that shows that medication reminder devices improve HIV medication adherence and biomarker outcomes.^{8,9} This e-pill bottle reminder intervention served as medication reminders among youth ages 13-24 years who were new to Crossroads North or who had ineffective medication routine. These medication reminder devices (TimeCap) were provided to youth which were coupled with Gilead's 2-minute "Help Stop the Virus" video as a treatment adherence teach-back tool. Instructions were provided during clinic visits on how to use the device as well as the device features. Clinic staff also showed the patients how to set the alarm to their preferred time and addressed any concerns or questions they had. Mode of communication along with dates or frequency of check-in to monitor patients' progress were established. Seven patients reached viral suppression using the devices while two patients with the devices are currently out of care after they reached viral suppression. Patients expressed that they found the "day/time" indicator which showed when the bottle was last opened, to be more useful than using the alarm only. Viral suppression among youth increased from 53.3% (8/15) to 69.2% (9/13) for this intervention between July 2018 and December 2019.

⁸ Spratt ES, Papa CE, Mueller M, Patel S, Killeen T, Maher E et al. Using Technology to Improve Adherence to HIV Medications in Transitional Age Youth: Research Reviewed, Methods Tried, Lessons Learned. *Journal of General Medicine*. 2017. 1(1).

⁹ Haberer JE, Robbins GK, Ybarra M, Monk A, Ragland K, Weiser SD et al. Real-time electronic adherence monitoring is feasible, comparable to unannounced pill counts, and acceptable. *AIDS and Behavior*. 2012. 16(2): 375–382.

<p><i>Do you have measurable data to demonstrate the effectiveness of this intervention?</i></p> <p>Yes</p>	<p><i>How effective was this intervention to increase viral suppression or reduce HIV disparities? (Scale from 1-4)</i></p> <p>3-Effective</p>	<p><i>What are the start and end data points for the intervention to indicate the measurable impact?</i></p> <p>N/A</p>	<p><i>Was this intervention tested/implemented during the Collaborative?</i></p> <p>Yes</p>
<p><i>Is this intervention replicable across other HIV subpopulations of the Collaborative?</i></p> <p>Yes</p>	<p><i>How do you rate the ease of replication of the intervention by other HIV providers? (Scale from 1-4)</i></p> <p>4-Very Easy to Replicate</p>	<p><i>How much financial support do you estimate was necessary to test your intervention per patient? (\$-No Additional Agency Costs; \$\$-1 to 49 US Dollars; \$\$\$-50-99 US Dollars or more; \$\$\$-100 or more US Dollars; Don't Know)</i></p> <p>\$\$</p>	

6 | 'FACES' MEDICAL CASE MANAGEMENT TRI-POD APPROACH

Category: Clinic Flow

Agency: Nationwide Children's Hospital

Contact Name: Briemann Wolfe

City: Columbus

State: Ohio

Contact Email: briemann.wolfe@nationwidechildrens.org

Subpopulation: Youth

Contact Phone: (614) 722-6011

Regional Group: Ohio

Evidence of Improvement: Yes

Other Data: N/A

Intervention: Implement new medical case management approach to patient care, tri-pod approach, allows for identification of barriers to adherence and uses psychosocial assessment, fostering collaboration among medical case management team.

Change Ideas:

- Initial informative session in November 2017
- Caseload review and assignment among medical case management team
- Documentation training
- Paired training within the pods
- Independent case management starting in March 2018

Intervention Description:

A new medical case management (MCM) Tri-Pod approach was implemented through the Family AIDS Clinic Education Services (FACES) program, which provides more than 400 HIV-positive patients with comprehensive care and supportive services, since January 2018 to streamline the process of patient flow of youth ages 13-24 years and foster collaboration among the MCM team. This Tri-Pod approach to patient care allows for identification of barriers to care and assessment of 17 different functional areas by using the psychosocial assessment. This approach forms a multi-disciplinary team process where each Tri-Pod is comprised of a registered nurse (RN), a social worker (SW) and a non-medical case manager (NMCM). The RN's, SW's, and NMCM have individual caseloads with patients assigned to medical case managers (MCM) that reflect the needs of the patients while maximizing the MCM's skills. A series of activities took place between November 2017 and March 2018 to implement this intervention. These activities included an informative session (November 29, 2017), case load review and assignment amongst the team (December 1-15, 2017), Documentation training (December 16-31, 2017), paired training within the pods (January to February 2018), and independent case management (March 2018). A Cause and Effect Diagram was used to identify the causes of not achieving viral suppression. This intervention addressed the barrier of lack of support/other priorities. Viral suppression among youth was 74% in January 2018 and increased to 85% in March 2019. During the period of July 2018 to March 2019, viral suppression for youth increased while

viral suppression for the entire caseload of the FACES program (400 patients) decreased. The entire caseload remained stable throughout much of the time from July 2018 to March 2019, starting at 87% (354/409) and decreasing to 86% (351/408). Viral suppression among youth increased from 80% (50/62) to 85% (47/55) during this same period. This approach improved team work and collaboration among the FACES team, allowed the MCM to provide patient-centered care, promoted health and wellness, and assisted in removing barriers to accessing health care.

<p><i>Do you have measurable data to demonstrate the effectiveness of this intervention?</i></p> <p>Yes</p>	<p><i>How effective was this intervention to increase viral suppression or reduce HIV disparities? (Scale from 1-4)</i></p> <p>3-Effective</p>	<p><i>What are the start and end data points for the intervention to indicate the measurable impact?</i></p> <p>N/A</p>	<p><i>Was this intervention tested/implemented during the Collaborative?</i></p> <p>Yes</p>
<p><i>Is this intervention replicable across other HIV subpopulations of the Collaborative?</i></p> <p>Yes</p>	<p><i>How do you rate the ease of replication of the intervention by other HIV providers? (Scale from 1-4)</i></p> <p>3-Easy to Replicate</p>	<p><i>How much financial support do you estimate was necessary to test your intervention per patient? (\$-No Additional Agency Costs; \$\$-\$1 to 49 US Dollars; \$\$\$-50-99 US Dollars or more; \$\$\$-100 or more US Dollars; Don't Know)</i></p> <p>\$-No Additional Costs</p>	

7 | NO-SHOW FOLLOW-UP PHONE SCRIPT

Category: Clinic Flow

Agency: Orange County Health Care Agency

Contact Name: Marlon Velasco

City: Santa Ana **State:** California

Contact Email: mvelasco@ochca.com

Subpopulation: MSM of Color

Contact Phone: (714) 834-8426

Regional Group: California

Evidence of Improvement: Yes **Other Data:** Yes

Intervention: Created script for front office to follow up with no-shows by phone.

Change Ideas:

- Phone script was developed based on no-show list in EMR
- In addition to following up to reschedule, phone script included an inquiry on possible transportation barriers
- Inform those patients who are eligible for transportation assistance through outreach
- Provided transportation assistance through bus passes if necessary, after follow up no-show call
- Case management referral not needed

Intervention Description:

There is some evidence that shows that follow-up phone calls for missed appointments reduce no-show rates, which has been proven along with reminder phone calls.¹⁰ A no-show script that identified barriers to keeping appointments was developed for front office clerical staff to follow up with no-show patients 15 minutes after the appointment time to reschedule. This intervention was carried out due to no-shows being identified from a Cause and Effect Diagram as a cause of poor viral suppression among MSM of color. The phone script included asking about possible transportation barriers for patients. If transportation was found to be a barrier, a bus pass was mailed to the patients. Phone script was developed based on no-show list in EMR. This intervention helped streamline the no-show follow-up process. Among the staff making the phone calls were the eligibility staff, since they tend to have better responses from patients concerned about maintaining Ryan White HIV/AIDS Program benefits such as access to medical, food, or housing services. Those who were eligible to receive transportation assistance were informed during outreach activities. In the clinic, the overall no-show rate decreased by 2% during this intervention. In a 6-month period during

¹⁰ Adams JA, Whiteman K, McGraw S. Reducing Missed Appointments for Patients With HIV. Journal of Nursing Care Quality. 2019. 35(2):165–170.

the intervention, there was a 28.6% increase in patients attending their next follow-up appointment. Viral suppression among the youth subpopulation has increased from 87% in 2018 to 90.9% currently.

<p><i>Do you have measurable data to demonstrate the effectiveness of this intervention?</i></p> <p>Yes</p>	<p><i>How effective was this intervention to increase viral suppression or reduce HIV disparities? (Scale from 1-4)</i></p> <p>4-Highly Effective</p>	<p><i>What are the start and end data points for the intervention to indicate the measurable impact?</i></p> <p>In the clinic, the overall no-show rate has decreased by 2%</p>	<p><i>Was this intervention tested/implemented during the Collaborative?</i></p> <p>Yes</p>
<p><i>Is this intervention replicable across other HIV subpopulations of the Collaborative?</i></p> <p>Yes</p>	<p><i>How do you rate the ease of replication of the intervention by other HIV providers? (Scale from 1-4)</i></p> <p>4-Very Easy to Replicate</p>	<p><i>How much financial support do you estimate was necessary to test your intervention per patient? (\$-No Additional Agency Costs; \$\$-\$1 to 49 US Dollars; \$\$\$-50-99 US Dollars or more; \$\$\$\$-100 or more US Dollars; Don't Know)</i></p> <p>\$-No Additional Costs</p>	

8 | INDIVIDUAL MENTAL HEALTH & SUBSTANCE USE SERVICE PLANS

Category: Education and Treatment Adherence

Agency: Orange County Health Care Agency

Contact Name: Marlon Velasco

City: Santa Ana **State:** California

Contact Email: mvelasco@ochca.com

Subpopulation: MSM of Color

Contact Phone: (714) 834-8426

Regional Group: California

Evidence of Improvement: Yes **Other Data:** Yes

Intervention: Developed individual service plans for patients identified to have mental health or substance use co-morbidities.

Change Ideas:

- Based on initial chart review tool that helped identify patients not virally suppressed with co-morbidities of mental health and/or substance use issues

Intervention Description:

Individual service plans were developed for patients based on a chart review for all MSM of color who were not virally suppressed which showed common psychosocial factors among this subpopulation. When initially creating chart review tool, the research analyst saw that patients who were not virally suppressed had co-morbidities of mental health and/or substance use issues. Case managers believed this was the reason as to why patients could not achieve viral suppression. This intervention started on June 30, 2018 and went through December 2019. Eighteen out of 20 service plans were completed. Viral suppression among the youth subpopulation has increased from 87% in 2018 to 90.9% currently.

<p><i>Do you have measurable data to demonstrate the effectiveness of this intervention?</i></p> <p>Yes</p>	<p><i>How effective was this intervention to increase viral suppression or reduce HIV disparities? (Scale from 1-4)</i></p> <p>3-Effective</p>	<p><i>What are the start and end data points for the intervention to indicate the measurable impact?</i></p> <p>Started June 30, 2018 through December 2019, 18 out of 20 were completed</p>	<p><i>Was this intervention tested/implemented during the Collaborative?</i></p> <p>Yes</p>
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<i>Is this intervention replicable across other HIV subpopulations of the Collaborative?</i>	<i>How do you rate the ease of replication of the intervention by other HIV providers? (Scale from 1-4)</i>	<i>How much financial support do you estimate was necessary to test your intervention per patient? (\$-No Additional Agency Costs; \$\$-1 to 49 US Dollars; \$\$\$-50-99 US Dollars or more; \$\$\$-100 or more US Dollars; Don't Know)</i>	
Yes	3-Easy to Replicate	\$\$\$	

9 | PEER NAVIGATOR SERVICES

Category: Social Service and Peer Support

Agency: Roper St. Francis Healthcare Wellness Center

Contact Name: Aaron O'Brien

City: Charleston

State: South Carolina

Contact Email: aaron.obrien@rsfh.com

Subpopulation: MSM of Color

Contact Phone: (843) 402-1084

Regional Group: South Carolina

Evidence of Improvement: Yes

Other Data: N/A

Intervention: Offered peer navigator services to new patients.

Change Ideas:

- Offered peer navigator introduction to new patients normalizing peer navigation
- Designated peer navigators to make reminder calls, rather than automated calls being given

Intervention Description:

This intervention was implemented in response to data that the Wellness Center at Roper St. Francis Healthcare had to suggest that patients did better once they were paired with a peer navigator. This intervention allowed peer navigators to take a more central role in the new patient process. All new patients, many of whom were MSM of color, were introduced to the peer navigator, thereby normalizing peer navigation. Although some did not want to continue peer services, they still knew the peer was available. Reminder calls for appointments by peer navigators were started prior to the campaign, but still contributed to improved retention among priority populations. Viral suppression for the MSM of color subpopulation increased from 82.6% (161/195) to 91.6% (186/203) during this intervention.

<p><i>Do you have measurable data to demonstrate the effectiveness of this intervention?</i></p> <p>Yes</p>	<p><i>How effective was this intervention to increase viral suppression or reduce HIV disparities? (Scale from 1-4)</i></p> <p>4-Highly Effective</p>	<p><i>What are the start and end data points for the intervention to indicate the measurable impact?</i></p> <p>Ongoing</p>	<p><i>Was this intervention tested/implemented during the Collaborative?</i></p> <p>Yes</p>
<p><i>Is this intervention replicable across other HIV subpopulations of the Collaborative?</i></p> <p>Yes</p>	<p><i>How do you rate the ease of replication of the intervention by other HIV providers? (Scale from 1-4)</i></p> <p>4-Very Easy to Replicate</p>	<p><i>How much financial support do you estimate was necessary to test your intervention per patient? (\$-No Additional Agency Costs; \$\$-1 to 49 US Dollars; \$\$\$-50-99 US Dollars or more; \$\$\$-100 or more US Dollars; Don't Know)</i></p> <p>\$-No Additional Costs</p>	

10 | RED CARPET INITIATIVE

Category: Clinic Flow

Agency: Roper St. Francis Healthcare Wellness Center

Contact Name: Aaron O'Brien

City: Charleston **State:** South Carolina

Contact Email: aaron.obrien@rsfh.com

Subpopulation: MSM of Color

Contact Phone: (843) 402-1084

Regional Group: South Carolina

Evidence of Improvement: Yes **Other Data:** N/A

Intervention: Launched "Red Carpet" initiative to expedite the intake process for newly diagnosed patients.

Change Ideas:

- Allowed providers to choose when newly diagnosed patients were scheduled in order to more effectively intake new patients and triage them accordingly
- Patients seen with or without labs
- Combined case management and medical visits on same day to minimize number of physical visits and appointments
- Partnered with local health departments in order to expedite referral processes

Intervention Description:

Red Carpet services were launched with the aim of expediting the intake process for new patients. The Red Carpet concept was floated in March 2018 and the initiative was formalized and rolled out between April and May 2018. As part of this initiative, providers were able to choose when newly diagnosed patients were scheduled to more effectively intake new patients and triage them accordingly. This allowed providers to better manage their schedule versus the front desk making those determinations. The number of physical visits and appointments were minimized by combining case management and medical visits on the same day. In the past, patients were enrolled by case management prior to establishing medical care. Through this initiative, patients were worked into the clinic schedule while they were present if there was an available clinic slot. These newly co-located services included case management, peer navigation, and mental health, among others. Patients could be seen with or without labs as they could be ordered on the day of the first visit and be reviewed during a follow-up appointment. The Wellness Center at Roper St. Francis Healthcare partnered with local health departments to expedite the referral process. As a result of this, they obtained a very engaged health department medical director, who is quality-focused, and works closely with them to ensure rapid linkage to care. The medical director has helped improve their relationship with the health department as well. Same-day antiretroviral (ARV) medication access was initiated simultaneously. Red Carpet access and same-day ARV led to rapid viral suppression among young MSM of color within weeks rather than months. Ninety-nine percent of those started on medication were virally suppressed by the second or third visit. Viral suppression for the MSM of color subpopulation increased from 82.6% (161/195) to 91.6% (186/203) during this intervention.

<p><i>Do you have measurable data to demonstrate the effectiveness of this intervention?</i></p> <p>Yes</p>	<p><i>How effective was this intervention to increase viral suppression or reduce HIV disparities? (Scale from 1-4)</i></p> <p>4-Highly Effective</p>	<p><i>What are the start and end data points for the intervention to indicate the measurable impact?</i></p> <p>Ongoing</p>	<p><i>Was this intervention tested/implemented during the Collaborative?</i></p> <p>Yes</p>
<p><i>Is this intervention replicable across other HIV subpopulations of the Collaborative?</i></p> <p>Yes</p>	<p><i>How do you rate the ease of replication of the intervention by other HIV providers? (Scale from 1-4)</i></p> <p>3-Easy to Replicate</p>	<p><i>How much financial support do you estimate was necessary to test your intervention per patient? (\$-No Additional Agency Costs; \$\$-1 to 49 US Dollars; \$\$\$-50-99 US Dollars or more; \$\$\$-100 or more US Dollars; Don't Know)</i></p> <p>\$-No Additional Costs</p>	

11 | TEXT MESSAGING PATIENT NAVIGATORS

Category: Clinic Flow

Agency: Wake Forest Baptist Health

Contact Name: Emily Andrews

City: Winston-Salem **State:** North Carolina

Contact Email: efowler@wakehealth.edu

Subpopulation: Youth

Contact Phone: (713) 426-0027

Regional Group: North Carolina

Evidence of Improvement: Yes **Other Data:** Yes

Intervention: Provided the ability to text message patient navigators.

Change Ideas:

- Upon reaching out to the newly diagnosed patients, they were offered the option of receiving text messages and could verbally opt in or out
- It was explained that texts would be generic and discussions involving viral load, medications, sensitive information, etc. would be done over the phone instead of text
- Additional costs were related to phone charges

Intervention Description:

This intervention was implemented to provide patients with the option to be able to send and receive text messages to/from patient navigators. Prior to this intervention, a Drill Down Data was carried out by a multidisciplinary team consisting of a youth HIV provider, clinic social worker, and patient navigator. From this, the strongest barrier to achieving viral suppression was found to be navigation of the healthcare system, which this intervention addressed. Patient navigators used an iPhone that was already being used to communicate with patients by sending appointment reminders and check-ins. Upon reaching out to the newly diagnosed patients they were offered the option of receiving text messages and could verbally opt in or out. It was noted in patients' chart in the "Specialty Comments," which could only be seen by the clinic, that it is "ok to text" the patient. It was explained that texts would be generic and discussions involving viral load, medications, and other sensitive information would be done over the phone instead of text message. For example, instead of "You have an appointment with Rachel Miller, PA on 7/1/19 at 2:00 pm on the 7th floor of Janeway Tower" the text would read "See you 7/1 at 2:00." If a patient texted a clinical question, for example – "I've been having diarrhea" this would trigger a phone call to the patient by the navigator to connect to the clinic's triage nurses and reinforce proper healthcare navigation. Additional costs were related to phone charges. Eighty-seven percent of patients seen between June 2018 and December 2019 agreed to and engaged in texting. Viral suppression for their youth subpopulation increased from 75.8% (147/194) to 79.8% (154/193).

<p><i>Do you have measurable data to demonstrate the effectiveness of this intervention?</i></p> <p>Yes</p>	<p><i>How effective was this intervention to increase viral suppression or reduce HIV disparities? (Scale from 1-4)</i></p> <p>4-Highly Effective</p>	<p><i>What are the start and end data points for the intervention to indicate the measurable impact?</i></p> <p>87% of the patient seen during the ECHO collaborative agreed to and engaged in texting</p>	<p><i>Was this intervention tested/implemented during the Collaborative?</i></p> <p>Yes</p>
<p><i>Is this intervention replicable across other HIV subpopulations of the Collaborative?</i></p> <p>Yes</p>	<p><i>How do you rate the ease of replication of the intervention by other HIV providers? (Scale from 1-4)</i></p> <p>2-Somewhat Easy to Replicate</p>	<p><i>How much financial support do you estimate was necessary to test your intervention per patient? (\$-No Additional Agency Costs; \$\$-1 to 49 US Dollars; \$\$\$-50-99 US Dollars or more; \$\$\$\$-100 or more US Dollars; Don't Know)</i></p> <p>\$\$\$</p>	

12 | U BE U CAMPAIGN

Category: Education and Treatment Adherence

Agency: Avenue 360 Health and Wellness

Contact Name: Dr. Shannon Morris

City: Houston **State:** Texas

Contact Email: smorris@avenue360.org

Subpopulation: MSM of Color

Contact Phone: (713) 426-0027

Regional Group: Texas

Evidence of Improvement: Yes **Other Data:** N/A

Intervention: Implemented U be U campaign.

Change Ideas:

- Provided keychains to those who achieved viral suppression
- Displayed bulletin board in HIV treatment waiting room with cards acknowledging those patients who have achieved viral suppression
- Staff communicated verbally U be U campaign message by encouraging patients along their journey to viral suppression
- Regularly monitored viral suppression data to keep track of which patients were achieving suppression

Intervention Description:

The U be U Campaign was initiated in January 2019 to recognize and celebrate patients in achieving viral suppression. Before the campaign took off, a Cause and Effect Diagram was used to identify the possible causes of patients not achieving viral suppression. Among the barriers found were stigma (lack of acceptance) which the campaign addressed. Clinic staff who implemented this campaign were the Director of Quality, Director of Nursing, Director of Behavioral Health, Medical Assistant (QI Champion for patient engagement), Director of Health Promotions, Case Management, and Data Analysis Team. Quarterly Plan-Do-Study-Act (PDSA) cycles were conducted throughout the campaign to monitor viral suppression continuously. Staff verbally communicated the U be U campaign message by encouraging patients along their journey to viral suppression during clinic visits. Keychains were provided to those who achieved viral suppression. The 'star system' was also part of this campaign. This involved displaying cards on a bulletin board in the waiting room that acknowledged patients who had achieved viral suppression. Patients' feedback was collected qualitatively to assess the effectiveness of this campaign. From this, patients outlined that the keychains reminded them of their hard work and their journey towards achieving viral suppression. It motivated them to stay suppressed and help others become suppressed as well. Patients found this campaign to be extremely motivational and stated that seeing the positive messages on how others reached viral suppression offered up some support and made them want to have their stars on the board. Viral suppression was regularly monitored to keep track of which patients were achieving suppression. They monitored for all patients who had achieved suppression, and the ones that were "almost there." The staff also motivated the patients who were "almost there." Within two months of the campaign, the number of virally suppressed patients increased from 61.96% to 68.04%. Between July 2018 and July 2019, viral suppression increased from 57.14% to 73.13% for MSM or color. This campaign is still being implemented by Avenue 360.

<p><i>Do you have measurable data to demonstrate the effectiveness of this intervention?</i></p> <p>Yes</p>	<p><i>How effective was this intervention to increase viral suppression or reduce HIV disparities? (Scale from 1-4)</i></p> <p>4-Highly Effective</p>	<p><i>What are the start and end data points for the intervention to indicate the measurable impact?</i></p> <p>57%--> 71%</p>	<p><i>Was this intervention tested/implemented during the Collaborative?</i></p> <p>Yes</p>
<p><i>Is this intervention replicable across other HIV subpopulations of the Collaborative?</i></p> <p>Yes</p>	<p><i>How do you rate the ease of replication of the intervention by other HIV providers? (Scale from 1-4)</i></p> <p>4-Very Easy to Replicate</p>	<p><i>How much financial support do you estimate was necessary to test your intervention per patient? (\$-No Additional Agency Costs; \$\$-1 to 49 US Dollars; \$\$\$-50-99 US Dollars or more; \$\$\$-100 or more US Dollars; Don't Know)</i></p> <p>N/A</p>	

13 | U = U EDUCATIONAL INITIATIVE FOR YOUTH

Category: Education and Treatment Adherence

Agency: University of North Carolina Infectious Disease Clinic

Contact Name: Emily Duberman

City: Chapel Hill

State: North Carolina

Contact Email: duberman@med.unc.edu

Subpopulation: Youth

Contact Phone: (984) 974-0171

Regional Group: North Carolina

Evidence of Improvement: Yes

Other Data: N/A

Intervention: Implemented U = U educational initiative

Change Ideas:

- Developed social media communication policy
- Disseminated 'Undetectables' comics to new and returning patients
- iPads with HIV educational videos were distributed to patients in clinic
- Flyers with U = U message were hung in clinic
- Reports of unsuppressed patients were reviewed monthly

Intervention Description:

Undetectable = Untransmittable (U = U) means that people with HIV who have a viral load that is undetectable cannot sexually transmit HIV¹¹ which is included in the Federal HIV Treatment Guidelines.¹² The U = U educational initiative was implemented to educate youth ages 18-24 years on the U = U message. This initiative started in January 2018 and involved all clinic providers to educate new and existing patients on U = U regularly during clinic visits. A social media communication policy was developed, which was approved by the University of North Carolina (UNC) Privacy Office and rolled out in June 2019. Education on U = U was delivered through the Undetectables comics given to new and returning patients. In July 2019, iPads with HIV educational videos were distributed to patients. Flyers were also posted in the clinic with the U = U message. Monthly reports of unsuppressed patients were reviewed to monitor progress. One-hundred percent of new diagnoses since October 2018 became undetectable within 3 months. For their youth subpopulation, viral suppression steadily increased from 80% (40/50) in June 2018 to 84.8% (39/46) in June 2019.

¹¹ Rodger AJ, Cambiano V, Bruun T, Vernazza P, Collins S, Degen O et al. Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. *Lancet*. 2019. 393: 2428–38.

¹² Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. Available at <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>. Accessed May 19, 2020.

14 | MEDICATION PLANNER INITIATIVE

Category: Education and Treatment Adherence

Agency: Tulane University Health Sciences Center

Contact Name: Angela Evans

City: Alexandria

State: Louisiana

Contact Email: aevans@tulane.edu

Subpopulation: MSM of Color

Contact Phone: (318) 484-4801

Regional Group: Louisiana

Evidence of Improvement: Yes

Other Data: N/A

Intervention: Designated a medication planner nurse to fill medication planners for patients, coordinating with doctors who prescribe; patients are to come once a week to pick up medication planners.

Change Ideas:

- Assessed patients for eligibility in medication planner initiative during clinic visit, assessing distance or transportation capabilities to pick up planner weekly, and assessing adherence and compliance troubles
- When a provider identified clients with increased viral loads due to non-compliance, they were referred to medication planner nurse
- The Licensed Practical Nurse (LPN) met clients, educated on meds, importance of adherence/compliance, and exchanged planners

Intervention Description:

Patients were assessed on viral load and eligibility in the medication planner initiative during clinic visits, including assessment of distance or transportation capabilities to pick up planners weekly, and adherence and compliance barriers. When a provider identified clients with increased viral loads due to non-compliance, they were referred to the medication planner nurse. The Licensed Practical Nurse (LPN) met with clients, educated them on medications and importance of adherence/compliance, and exchanged the medication planners. During this intervention, viral suppression for the MSM of color subpopulation increased from 72.16% to 86.7% from July 2018 to November 2019, respectively.

<p><i>Do you have measurable data to demonstrate the effectiveness of this intervention?</i></p> <p>Yes</p>	<p><i>How effective was this intervention to increase viral suppression or reduce HIV disparities? (Scale from 1-4)</i></p> <p>4-Highly Effective</p>	<p><i>What are the start and end data points for the intervention to indicate the measurable impact?</i></p> <p>N/A</p>	<p><i>Was this intervention tested/implemented during the Collaborative?</i></p> <p>No</p>
<p><i>Is this intervention replicable across other HIV subpopulations of the Collaborative?</i></p> <p>Yes</p>	<p><i>How do you rate the ease of replication of the intervention by other HIV providers? (Scale from 1-4)</i></p> <p>4-Very Easy to Replicate</p>	<p><i>How much financial support do you estimate was necessary to test your intervention per patient? (\$-No Additional Agency Costs; \$\$-1 to 49 US Dollars; \$\$\$-50-99 US Dollars or more; \$\$\$\$-100 or more US Dollars; Don't Know)</i></p> <p>N/A</p>	

15 | CLEAR PROGRAM

Category: Education and Treatment Adherence

Agency: New Hanover Regional Medical Center

Contact Name: Ann Robertson

City: Wilmington **State:** North Carolina

Contact Email: ann.robertson@nhrmc.org

Subpopulation: MSM of Color

Contact Phone: 910-662-9300

Regional Group: North Carolina

Evidence of Improvement: Yes **Other Data:** N/A

Intervention: Implemented Choosing Life: Empowerment! Action! Results! (CLEAR) program (proven tool), cognitive-behavioral techniques to promote health, change behavior.

Change Ideas:

- Delivered one-on-one client-centered cognitive behavioral techniques to change behavior
- CLEAR consists of five core sessions and a wrap-up session
- Attended a CDC CLEAR training and obtained the materials necessary to administer the intervention
- Held evening and weekend sessions and met clients at their homes and other locations rather than just in their office to accommodate participants' schedules

Intervention Description:

The Choosing Life: Empowerment, Action, Results! (CLEAR) program is an evidence-based HIV prevention and health promotion intervention for people ages 16 and older living with HIV/AIDS or at high-risk for HIV.¹³ CLEAR is a client-centered program to deliver one-on-one cognitive-behavioral techniques to change behavior.¹⁴ The intervention provides clients with the skills necessary to be able to make healthy choices for their lives. The goal of the intervention is to help clients maintain health, reduce transmission of HIV and other sexually transmitted diseases, and improve their quality of life. CLEAR consists of five core skill sessions, 21 menu sessions and a wrap-up session. The five core skill sessions teach the essential cognitive and behavioral skills of the program (i.e., positive self-talk, reframing, countering against negative thoughts, relaxation). Within these core skill sessions, clients also develop a personal life goal and an individual prevention plan that direct the focus and selection of subsequent menu sessions within six domains (sexual risk, substance use risk, health care and self-care, treatment adherence,

¹³ Rotheram-Borus MJ, Swendeman D, Comulada WS, Weiss RE, Lee M, Lightfoot M. Prevention for Substance-Using HIV-Positive Young People: Telephone and In-Person Delivery. *Journal of Acquired Immune Deficiency Syndromes*. 2004. 37(2): S68–S77.

¹⁴ University of California, Los Angeles Center for Community Health Semel Institute for Neuroscience and Human Behavior. CLEAR: Choosing Life: Empowerment, Action, Results! – A one-on-one intervention with youth and adults living with HIV/AIDS or at High Risk for HIV Infection Implementation Manual.

disclosure, and HIV stigma). The Centers for Disease Control and Prevention’s (CDC’s) guidelines on Comprehensive Risk Counseling and Services (CRCS), formerly known as Prevention Case Management (PCM), has identified CLEAR as a structured intervention that may be integrated into the CRCS programs. New Hanover Regional Medical Center delivered this intervention to all of their clients (cisgender and non-Hispanic, former substance users, same gender-loving men, heterosexual men and women, African-American or White), but it positively impacted their MSM of color clients. To implement this intervention, the team attended a CDC CLEAR training and obtained the materials necessary to administer the intervention. Between January and March 2019, sessions were started with new referrals from their case managers in the largest HIV-affected county in their state (New Hanover County) but expanded to two other counties between April and June 2019. Participants’ schedules were accommodated by holding evening and weekend sessions and meeting clients at their homes and other locations rather than just in their office. Participant goals varied and included getting healthier, furthering their education, and moving into other housing. By September 2019, there were a total of 32 individuals who completed this intervention. Viral suppression for their MSM of color subpopulation increased from 81.01% to 82.11% from February 2018 through January 2020, respectively.

<i>Do you have measurable data to demonstrate the effectiveness of this intervention?</i>	<i>How effective was this intervention to increase viral suppression or reduce HIV disparities? (Scale from 1-4)</i>	<i>What are the start and end data points for the intervention to indicate the measurable impact?</i>	<i>Was this intervention tested/implemented during the Collaborative?</i>
Yes	3-Effective	2/1/18-81.01% - 1/31/20-82.11%	No
<i>Is this intervention replicable across other HIV subpopulations of the Collaborative?</i>	<i>How do you rate the ease of replication of the intervention by other HIV providers? (Scale from 1-4)</i>	<i>How much financial support do you estimate was necessary to test your intervention per patient? (\$-No Additional Agency Costs; \$\$-\$1 to 49 US Dollars; \$\$\$-50-99 US Dollars or more; \$\$\$-100 or more US Dollars; Don't Know)</i>	
Yes	3-Easy to Replicate	\$\$\$-50-99 US Dollars	