



Toolkit for the Impact Now Collaborative

Your Guide for Participation in this Initiative to Maximize the
National Impact on Improved Health Outcomes

New York State Department of Health AIDS Institute
For Health Resources and Services Administration HIV/AIDS Bureau



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Toolkit for the Impact Now Collaborative

Developed by the
HRSA Ryan White HIV/AIDS Program
Center for Quality Improvement & Innovation

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Toolkit for the Impact Now Collaborative: Your Guide for Participation in this Initiative to Maximize the National Impact on Improved Health Outcomes

Cover Art: “United Colors of HIV, 2012” by Fabián H. Ríos Rubino a.k.a. blitiri - HIV-positive artist

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I) Collaborative Overview

Executive Summary

The *Impact Now Collaborative*, a national quality improvement initiative, aims to maximize the national viral suppression rates by targeting those Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients across all RWHAP-funding streams that have the potential to make the highest impact by raising their viral suppression levels to the national viral suppression mean and beyond. In close collaboration with HRSA, up to 30 RWHAP providers (recipients and subrecipients) will be selected for participation, ensuring that adequate support is provided for each team while also having a meaningful impact on the national viral suppression rate. The *Impact Now Collaborative* aims to increase the annual number of virally suppressed patients with HIV from the current average of 9,000 newly suppressed patients served by RWHAP recipients/subrecipients to 13,000 in 2024. In other words, 1 in 3 RWHAP patients will be newly virally suppressed as a result of the *Impact Now Collaborative*.

The 18-month long *Impact Now Collaborative* is managed by the HRSA RWHAP Center for Quality Improvement & Innovation (CQII) in partnership with the HRSA HIV/AIDS Bureau (HAB). CQII builds on the work of the create+equity Collaborative, which previously engaged RWHAP recipients from Jan 2021 through Jun 2022. The underlying framework for the *Impact Now Collaborative* combines the experiences of past CQII collaboratives and includes two models of learning, including the Institute of Healthcare Improvement's Breakthrough Series model, along with elements of the Project ECHO (Extension for Community Health Outcomes) model.

Overall Mission of the Impact Now Collaborative

"To promote the application of quality improvement methodologies and tools to measurably increase viral suppression rates for people with HIV served by Ryan White HIV/AIDS Program-funded providers that have the highest potential national impact. 1 in 3 RWHAP patients will be newly virally suppressed as a result of the Impact Now Collaborative."

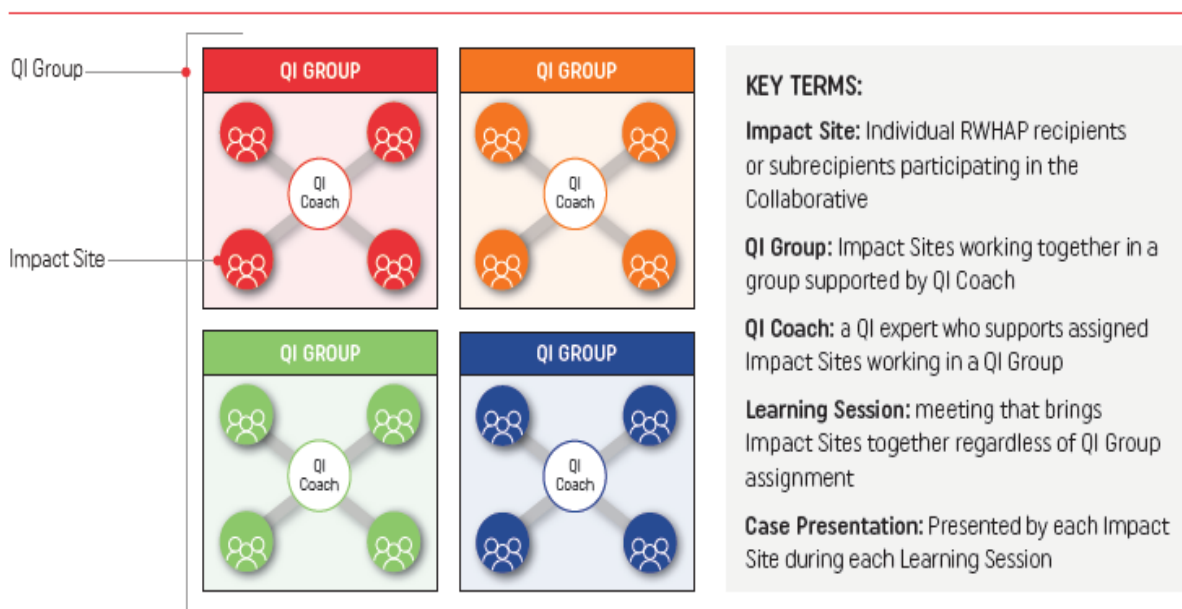
Up to 30 RWHAP recipients or subrecipients are invited to participate in this collaborative. To determine these RWHAP providers (recipients or subrecipients), the HIV caseloads and viral suppression rates of all RWHAP-funded grant recipients across the United States have been analyzed using available 2020 RSR data in advance of the initiative. Based on these findings, CQII partners with HAB to invite the RWHAP recipients/subrecipient teams to participate. Each team participating in the *Impact Now Collaborative*, called **Impact Site**, is asked to focus their local improvement efforts to raise their viral suppression levels to the national viral suppression mean and beyond. Individual improvement targets will be established by CQII for each Impact Site (# of patients who are additionally suppressed by the end of the collaborative) at the onset of the collaborative by moving the site's viral suppression rate to the national mean or 5% from the baseline viral suppression rate, whatever is higher.

Upon enrollment, each Impact Site is expected to form a local multidisciplinary **quality improvement (QI) team** that includes internal care team members, people with HIV, and others who support the QI team to reach the aims of the collaborative. The goal of the QI team is to

improve the underlying systems of care, implement evidence-informed interventions, routinely monitor viral suppression rates, and actively participate in *Impact Now Collaborative* offerings.

To facilitate peer learning and exchange, all Impact Sites are asked to join their assigned virtual **QI Group Sessions**. Up to 5 Impact Sites join each QI Group. These groups are led by nationally recognized expert QI Coaches who provide support and technical assistance collectively during the QI Group Sessions and individually to each site.

In addition, all Impact Sites meet during **Learning Sessions**, which allow for routine meeting points for all participants to share their progress made and promote peer learning and exchanges. Each Impact Site will be asked to present Case Presentations during each Learning Session using the provided slide template.



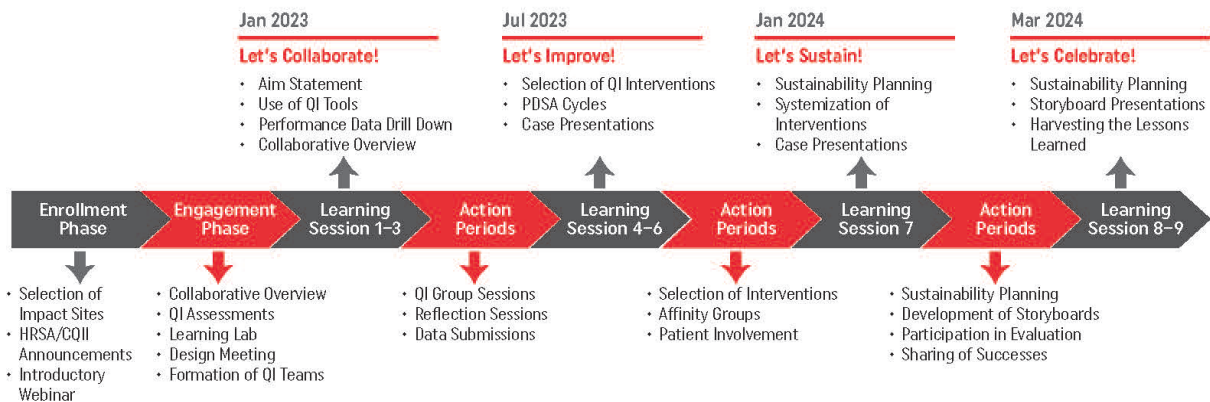
A variety of QI tools and resources will be shared with participating sites, including an extensive list of evidence-informed interventions and emerging strategies (**Impact Now Change Packages**). These Change Packages, consisting of the interventions and associated manuals, are accessible to all participants.

Recognizing the critical role persons with HIV have in improving HIV care, CQII has meaningfully engaged individuals with lived experiences in all aspects of planning and implementing this initiative, including representation on the collaborative planning group. Each Impact Site is expected to have at least one person with HIV serving on their local QI team to provide guidance based on their lived experience and insights of internal HIV care processes. To support their role on QI teams and provide an opportunity to network with other peers, CQII holds monthly peer-led virtual sessions (**HIV Affinity Group**).

To fully prepare selected Impact Sites for upcoming collaborative activities (the first Learning Session is scheduled for Jan 2023), each QI team completes prework tasks between Aug 2022 to Dec 2022. The extended length of this phase allows participants to align themselves with the goals

and expectations of the collaborative. During the **Engagement Phase**, it will be critical to establish open communications and joint commitments to improve HIV care by building trusting relationships between CQII staff, QI Coaches, and participating agencies. Prework activities include the completion of a clinical quality management assessment (to assess their QI staffing capacities, technical abilities, and data system competencies to meet the collaborative goals), participation in a Learning Lab (virtual QI training programs that are designed for different QI experience levels or activities), and potential participation in a Design Meeting (Nov 7th, 2022) to generate momentum for the upcoming collaborative and review the expectations and time commitments. By the end of the Engagement Phase, each Impact Site is expected to have a functional QI Team in place and a draft of their individualized Aim Statements.

The virtual QI Group Sessions are held twice a month (60 min each), while the 1-day Learning Sessions are held every other month starting Jan 2023. Interspersed between Learning Sessions are **Action Periods** which will consist of: routine submissions of viral suppression data (every 2 months); Reflection Sessions (every 2 months) to document the site-specific QI activities, successes, and challenges; and Leadership Calls (every quarter) to engage senior agency leaders in a dialogue to further support participant improvement. Ideally, the first and final Learning Session will take place in person in Rockville, MD. The routine involvement of HRSA Project Officers is vital to the success of this collaborative. Routine updates are provided by CQII to inform them on the progress by participants. Senior leaders and Project Officers are invited to join the Learning Sessions.



Learn More | *One-Page Collaborative Flyer*
HRSA HIV/AIDS Bureau Invitation Letter
Impact Now Change Package

Justification for Impact Now Collaborative

RWHAP-funded grant recipients have impressively advanced the health outcomes of people with HIV across the United States. The overall viral suppression rate increased from 84.9% in 2016 to 89.4% in 2020, reducing the number of patients who are unsuppressed from 51,934 to 37,899 over

the same time period. Based on the 2020 RSR data, the average decrease of the total number of suppressed patients between 2016-2020 was 3,971 people with HIV per year.

In order to have an immediate national impact, CQII proposes to target sites that (a) are performing below the average viral suppression rate of 89.4% based on 2020 RSR data; and (b) would yield the highest number of newly suppressed patients if they could reach the individual site's target viral suppression rate. The target viral suppression rate set for any participating site is either 89.4% or an improvement of 5 percentage points, depending on which will be a higher result based on a site's baseline viral suppression rate. For instance, a site with a current viral suppression rate of 80% would be expected to reach 89.4%; a site with a rate of 88% would be expected to reach 93%.

The key to the *Impact Now Collaborative* is selective recruitment, targeting those RWHAP recipients/subrecipients for participation with the highest potential to make a national and measurable impact. The national initiative works with sites that have already succeeded in enrolling large numbers of unsuppressed patients into care, but whose viral suppression rates still leave room for meaningful improvement. Selected sites offer the strongest potential for an immediate nationwide impact. Increasing the viral suppression rates of 30 participating sites to reach their viral suppression targets has the potential to raise the national viral suppression rate to 90.3% and result in 4,009 additional people with HIV becoming virally suppressed.

Past CQII collaboratives often relied on RWHAP recipients/subrecipients' self-selecting to participate, but this approach does not necessarily tend to attract sites with the biggest room for improvement. Data on the 90 sites participating in the recent create+equity Collaborative showed that those sites started slightly above average in their viral suppression level and already had favorable rates of improvement, with an average viral suppression rate of 89.6%, compared to 88.9% for other sites. As viral suppression rates increase, the above-average sites will have less and less room for improvement, so self-selection is less and less likely to generate large national impacts. The *Impact Now Collaborative* has the potential to surpass the number of newly suppressed patients achieved during the CQII end+disparities ECHO Collaborative (2,700 across 90 sites) with up to 30 Impact Sites. Focusing on a smaller number of sites with the highest potential for a national impact also allows for more individualized technical assistance and coaching.

A more detailed report has been developed based on the analysis of caseloads and viral suppression rates for all RWHAP recipients and subrecipients using the 2020 RSR data to determine the target sites and their number of patients that could plausibly be moved from virally unsuppressed to virally suppressed if a given provider could raise its viral suppression rate to the national viral suppression level of 89.4% and beyond.



[Learn More](#) | *2020 RSR Data Report Analysis Report*

Collaborative Framework

The underlying collaborative framework for the *Impact Now Collaborative* bridges the Institute for Healthcare Improvement (IHI) Breakthrough Series model with its emphasis on learning sessions and in-between action periods to carry out local improvement activities and the Extension for

Community Health Outcomes (ECHO) model with its focus on virtual case presentations and peer sharing/learning. This hybrid framework facilitates virtual access to subject matter expertise and learning exchanges among participants using videoconferencing technologies. This community of practice model promotes an “all teach, all learn, all improve” paradigm¹ and increases opportunities to meet while reducing in-person meeting barriers.

IHI Breakthrough Series Model. IHI developed the Breakthrough Series in 1994 to help health care organizations make “breakthrough” improvements in quality while reducing costs.² QI collaboratives are an evidence-based methodology that creates learning communities designed to achieve rapid scale-up of improvement across health care facilities. Since 2004, CQII, formerly known as the National Quality Center (NQC), has managed 8 national collaboratives in partnership with HAB using the Breakthrough Series model. The following elements were applied to all CQII-sponsored collaboratives, consistent with the IHI model:³ 10 to 200 recipient teams of similar needs participate; collaboratives last between 12 to 24 months; one- to two-day learning sessions are held every 2-5 months; action periods between learning sessions are used to carry out tests of change; reporting of standardized HAB-endorsed measures; teams are supported by QI experts.

ECHO Model. Project ECHO was originally developed by the University of New Mexico in 2003.⁴ ECHO sessions use videoconferencing to deliver medical education and care management in an effective and cost-saving model.⁵ The ECHO model has been used to address a variety of health issues and has been used previously to improve HIV care in the United States.⁶ The Project ECHO Model has been modified to expand the concept of QI collaboratives for this initiative by asking each Impact Site to present Case Presentations focusing on their QI processes and improvement projects during each Learning Session.

These unique experiences with national collaboratives resulted in two written publications by CQII and the New York State Department of Health:

- [Planning and Implementing a Successful Learning Collaborative](#)⁷ - This Guide provides an overview of how to plan and implement an HIV collaborative and is based on previous experiences by the National Quality Center (NQC).
- [Guide to Conducting a Virtual Quality Improvement Collaborative-Lessons Learned from the end+disparities ECHO Collaborative](#)⁸ – This Guide outlines key steps in implementing a virtual learning collaborative focused on clinical ambulatory care settings and tips for coordinating a successful virtual community of practice.

In Dec 2019, CQII concluded its end+disparities ECHO Collaborative, which was the largest national HIV collaborative to measurably increase viral suppression rates in populations disproportionately affected by HIV: men who have sex with men of color, Black/African American

¹ Nembhard IM. All teach, all learn, all improve?: The role of interorganizational learning in quality improvement collaboratives. *Health Care Manage Rev* 2012 Apr-Jun; 37(2): 154-64.

² Institute for Healthcare Improvement. The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. 2003. Available at <http://www.ihl.org/IHI/Results/WhitePapers>.

³ Baker, GR., Collaborating for Improvement: The IHI's Breakthrough Series. *New Med*. 1997;1:5-8.

⁴ Struminger B, Arora S. Building virtual communities of practice for health. *Lancet* 2017 Aug 12; 390(10095): 632-634.

⁵ Zhou C. The impact of Project ECHO on participant and patient outcomes: a systematic review. *Academic Medicine*. 2016; 91:1439–1461.

⁶ Wood BR, Unruh K, Martinez-Paz N, Annesse M, Ramers CB, Harrington RD. Impact of a telehealth program that delivers remote consultation and longitudinal mentorship to community HIV providers. *Open Forum Infectious Diseases* 2016 Jun 20; 3(3): ofw123. doi: 10.1093/ofid/ofw123.

⁷ Planning and Implementing a Successful Learning Collaborative. NYSDOH and HIV/AIDS Bureau. Sep 2008. <https://targetshiv.org/library/planning-and-implementing-a-successful-learning-collaborative-guide-build-capacity-quality>.

⁸ Guide to Conducting a Virtual Quality Improvement Collaborative. Center for Quality Improvement & Innovation (CQII). Jun 2020. <https://targetshiv.org/sites/default/files/support/CQII-BestPracticesGuide-Final%20%281%29.pdf>.

and Latina women, youth aged 13 to 24 years, and transgender people. Approximately, 35% of all RWHAP recipients were engaged in this initiative. Throughout the 18-month collaborative, a total of 120 virtual sessions were held with over 3,400 participants, an average of 29 participants per session. A total of 90 providers reported an average of 110,780 patients, out of which 19,440 represented the targeted populations. The average viral suppression rates for agency-selected populations increased from 79.2% to 82.3% (a 3.9% increase), while the remaining caseload increased at a lower rate from 84.9% to 86.1% (a 1.4% increase). The viral suppression gap was reduced from 5.7% to 3.8%, a 33.5% reduction and improvements were found across all target populations. CQII published these results in the literature.⁹ This collaborative demonstrated the successful model of utilizing low-cost videoconferencing technologies to create virtual communities of learning.



Learn More | [Planning and Implementing a Successful Learning Collaborative](#)
[Guide for Conducting a Virtual Quality Improvement Collaborative](#)
[Published Paper on the end+disparities ECHO Collaborative](#)

Overall Impact Now Collaborative Goals

The overall aim of the *Impact Now Collaborative* is to promote the application of quality improvement methodologies and tools to measurably increase viral suppression rates for people with HIV served by RWHAP-funded providers. To maximize the national effect, this initiative targets up to 30 RWHAP providers that, based on the 2020 RSR Report, have the highest potential impact by raising the viral suppression levels to the national viral suppression mean and beyond. This number of sites will ensure that CQII has the resources needed to provide adequate support for each team while also having a meaningful impact on the national viral suppression rate. Individual improvement targets are set for each Impact Site at the beginning of the collaborative: either the national viral suppression mean or 5% from the baseline viral suppression rate, whatever is higher. The goal is to move these Impact Sites from their 2020 viral suppression rates to these targets.

The *Impact Now Collaborative* identified three goals for this national initiative.

Goals of the Impact Now Collaborative

Health Outcome:

- 4,000 people with HIV are additionally virally suppressed across all participating Impact Sites, representing an estimated 30% of all RWHAP patients who will be nationally newly virally suppressed (June 2024)

Clinical Quality Management Expectations:

- 90% of RWHAP recipients or subrecipients that actively participate in the *Impact Now Collaborative* meet key HIV/AIDS Bureau expectations for clinical quality management as outlined in the Policy Clarification Notice #15-02 (June 2024).

Quality Improvement Efforts:

- 90% of Impact Sites have successfully implemented a quality improvement project that uses a cross-functional team that includes at least one person with HIV (June 2024).

⁹ Steinbock, C, et al; Reducing Disparities, Journal of Public Health Management and Practice: April 30, 2021 - Volume - Issue - doi: 10.1097/PHH.0000000000001360.

All data related to participation in various collaborative activities are tracked by CQII and routinely updated, which include participation in QI Group Sessions, Learning Sessions, Case Presentations, data submissions, documentation of QI efforts, active Glasscubes use, and more. These data are openly shared with Impact Sites and forwarded to HAB and the CQII evaluator for inclusion in the evaluation efforts. CQII has partnered with an external evaluator at the University of California San Francisco (UCSF) to assist an impact evaluation of CQII. Three major categories of measures will be analyzed using a mixed-methods approach (both quantitative and qualitative methods) to understand the impact of the *Impact Now Collaborative*. These measures correspond to outcomes along a causal pathway from the training and capacity building that CQII provides through the improvements in HIV care and quality at the Impact Sites that benefit from CQII services. These include: (1) process measures capturing the training and support that CQII provides to Impact Sites; (2) outcome measures examining how a recipient/subrecipient responds to the information and the skills they have gained through the collaborative; and (3) impact measures assessing observed changes in patient care, patient experience, patient engagement, and health outcomes as a result of the changes made at participating Impact Sites. A written evaluation report will be issued after the formal conclusion of the collaborative (Jun 2024).

Key Definitions	
Impact Site	Learning Session
Individual RWHAP recipients or subrecipients participating in the collaborative that provide direct clinical care and have the highest national impact by raising their viral suppression levels to the national mean	In-person or virtual meeting that brings Impact Sites together with HIV/AIDS Bureau and CQII representatives, QI Coaches, and other stakeholders to develop improvement efforts and promote peer exchanges
QI Group	QI Coach
Quality Improvement (QI) Coaches are assigned to work with a group of Impact Sites; virtual QI Group meetings with Impact Sites and the QI Coach are held twice monthly	Quality Improvement (QI) expert contracted by CQII to support assigned Impact Sites; QI Coaches are nationally recognized experts who provide support and technical assistance collectively during the QI Group Sessions and individually to each site



Learn More | [Key Terminologies and Definitions](#)

Benefits of Participation for Impact Sites

Impact Sites, which are agencies participating in the *Impact Now Collaborative*, will benefit from active engagement in this national improvement initiative, as evidenced by:

- Increased capacity to conduct effective QI projects that results in measurable increases in the number of patients who are virally suppressed, and contributes to noticeable impact on the national viral suppression rate
- Strengthened clinical quality management (CQM) programs and alignment with RWHAP CQM expectations, as outlined in Policy Clarification Notice 15-02

- Increased access to expert QI Coaches, subject matter experts, and national advocates with lived experiences to advance local improvement efforts
- Routine opportunities for networking and peer exchanges with fellow collaborative participants who share similar improvement challenges across the country
- Access to evidence-informed interventions to improve viral suppression rates and proven quality improvement tools
- Increased performance measurement capacity to routinely track unsuppressed patients with HIV and increased access to national HIV benchmarking data
- Professional growth opportunities as quality improvement leaders and recognition as local quality improvement champions
- Opportunities to advocate for changes within an agency by leading from the middle to influence the decisions by the senior agency leadership

Overall Expectations for Participation

The following expectations are outlined for Impact Sites to foster a community of learners, as well as to maximize the collaborative output. Further details are provided throughout the document and next steps is provided via the monthly collaborative announcements.

Impact Site Expectations:

1. Enrollment Phase (~2-3 hours for the Enrollment Phase)
 - Participate in the Introductory Webinar or familiarize yourself with the Introductory Webinar slides to learn more about the collaborative
 - Register as a collaborative participant via the online application process
 - Review the instructions provided by CQII to participate in the collaborative
2. Engagement Phase (~10-15 hours for the Engagement Phase)
 - Participate in a call with CQII and the assigned QI Coach to gain an understanding of the expectations, resources, and meeting structures of the collaborative
 - Complete an assessment to learn more about the current infrastructural, capacity, and consumer involvement capacities and local technical assistance needs
 - Meet with your assigned QI Coach to build a trusting relationship that is built on open communications and joint commitment to improve HIV care
 - Participate in CQII's Beginner Learning Lab, which will also include components of the EBCD Learning Lab to facilitate consumer involvement
 - Potentially participate in the 1-day Design Meeting, ideally in-person, to generate momentum for the upcoming collaborative, review the expectations, and learn from past collaborative participants
 - Form an Impact Site QI Team with multi-disciplinary and cross-functional representation and HIV clients who receive medical care at the site and represent patient voices served by the site
 - Draft a local Aim Statement to outline measurable goals to increase the viral suppression rate to the national mean
 - Sign an agreement with CQII to acknowledge the expectations for participating in this collaborative and ensure senior leadership commitment
3. Collaborative Phase (~10-12 hours per month)

- Participate in the assigned QI Group Sessions twice a month and learn with your peer Impact Sites
 - Participate in Learning Sessions every other month and present a Case Presentation at each Learning Session using the provided templates
 - Submit viral suppression data every 2 months via the online Database
 - Join the Reflection Sessions every 2 months to allow CQII to document the site-specific QI activities, successes, and challenges
 - Engage senior agency leaders in a dialogue to support the participant improvement journeys during Leadership Calls every quarter
 - Conduct meaningful and impactful improvement efforts to increase the number of patients with HIV who become virally suppressed
4. Sustainability Phase (~6-10 hours per month)
- Plan for sustaining the improvement efforts beyond the end of the *Impact Now Collaborative*
 - Develop and present a Storyboard at the last Learning Session
 - Participate in overall evaluation efforts to measure the impact of this initiative
 - Share collaborative successes with other stakeholders and RWHAP recipients/ subrecipients that have not participated in the *Impact Now Collaborative*



Learn More | [Key Terminologies and Definitions](#)

Role of Recipient to Support Subrecipient in Collaborative Activities

As a recipient of a subrecipient who joined the Impact Now Collaborative, we ask that the recipient to be an active supporter and catalyst for the subrecipient's involvement in the initiative. For example, you could routinely check in with the subrecipient about their progress during monitoring calls, assist with data reporting, or potentially participate on the subrecipient's QI team. We encourage the recipient to engage with your HRSA Project Officer about your subrecipient's successes and challenges. By participating in the Impact Now Collaborative, your subrecipient(s) will be compliant with 15-02. Most importantly, provide active support, encouragement, and guidance to your subrecipient.

Opportunities for recipients to support subrecipients to reach their Impact Now Collaborative goals:

- Engage subrecipient leadership team to demonstrate the importance of this Collaborative
- Attend monthly check-in calls with the subrecipient to learn more their progress
- Join subrecipient's QI team as an active member
- Assist the subrecipient with the submitting the required data submissions
- Review data reports with the subrecipient after each data submission cycle
- Provide QI trainings to the subrecipient and the QI project team
- Include language to link participation in the Collaborative in existing contracts
- Provide routine updates to the HRSA Project Officer on subrecipient's progress
- Participate in Impact Now Leadership calls to receive updates on the progress of the Collaborative
- Highlight QI successes of the subrecipients across your network, such as by presentations

- Disseminate lessons learned to other subrecipients in your network
- Partner with Impact Coach to assist subrecipient
- Identify key staff to engage from subrecipient staff and communicate that information to Impact Coach and CQII staff

Key Collaborative Phases and Timeline

The *Impact Now Collaborative* is divided into four phases, each with a corresponding set of milestones, pictured below.

Key Collaborative Phases			
Enrollment Phase Sep - Oct 2022	Engagement Phase Oct – Jan 2023	Collaborative Phase Jan 2023 – May 2024	Sustainability Phase Nov 2023 – Jun 2024
<ul style="list-style-type: none"> • Selection of Impact Sites to Participate in the collaborative • HRSA/CQII Announcements • Introductory Webinars • Registration by Impact Sites via online application portal 	<ul style="list-style-type: none"> • Individual outreach to each Impact Now Site • Completion of QI assessments • Participation in CQII Learning Lab • Participation in Design Meeting • Formation of Impact Site QI Teams • Drafting of a local Aim Statement 	<ul style="list-style-type: none"> • Participation and case presentations at Learning Sessions • Participation in QI Group Sessions • Participation in Reflection Session • Selection of QI interventions and implementation of QI projects • Submissions of viral suppression data • Documentation of QI intervention efforts • Leadership Calls 	<ul style="list-style-type: none"> • Sustainability Planning with QI Coach • Development and presentation of Storyboard at last Learning Session • Participation in overall evaluation efforts • Sharing collaborative successes with other stakeholders

The following table summarizes the key activities of the collaborative:

Timeline for Collaborative Activities	
Design Meeting	Leadership Calls
2022: Nov 7th	2022: Dec 2023: Mar, Jun, Sep, Dec 2024: Mar, Jun
Learning Sessions	Group QI Sessions
2023: Jan (in-person), Mar, May, Jul, Sep, Nov 2024: Jan, Mar, Jun (in-person)	2023: Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec 2024: Jan, Feb, Mar, Apr, May
Viral Suppression Submission Deadlines	Reflection Calls
2023: Jan, Mar, May, Jul, Sep, Nov 2024: Jan, Mar, May	2022: Dec 2023: Feb, Apr, Jun, Aug, Oct, Dec 2024: Feb, Apr, Jun



[Learn More](#) | [One-Page Collaborative Flyer](#)

How to Reach Out for Support

To facilitate assistance for this collaborative, the following email address has been established by CQII and can be accessed by all collaborative participants:

CollaborativeSupport@CQII.org

CQII’s contact information:

HRSA Ryan White HIV/AIDS Center for Quality Improvement & Innovation (CQII)
 New York State Department of Health AIDS Institute
 90 Church Street, 13th floor
 New York, NY 10007-2919
 212.417.4730 (main)
 212.417.4684 (fax)
www.CQII.org
Info@CQII.org

If additional individualized technical assistance by RWHAP recipients or subrecipients is needed that falls outside of the collaborative work, a technical assistance request should be made to the HIV/AIDS Bureau using the Technical Assistance (TA) Request Form.



[Learn More](#) | [HRSA HIV/AIDS Bureau CQM Technical Assistance Referral Form](#)

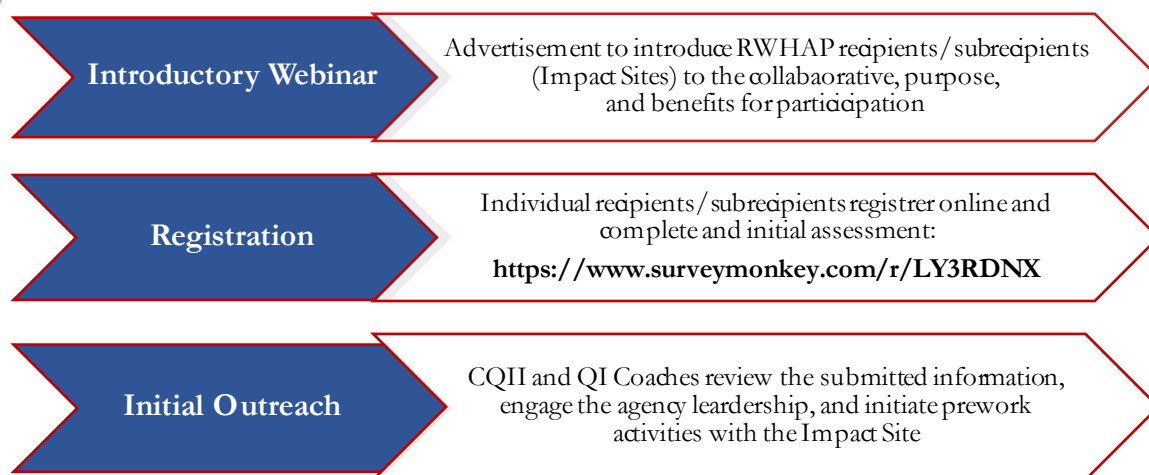
II) Enrollment Phase

In partnership with the HIV/AIDS Bureau, Impact Sites will be identified using the 2020 RSR Report. The number of initially selected sites will be capped to 30 RWHAP-funded recipients or subrecipients. The selected sites will receive invitational letters from the HIV/AIDS Bureau and encouragements by their Project Officer to join the initiative and support their participation. CQII will reach out to the agency senior leadership to ascertain the necessary commitment and support for this initiative and ask them to complete a memorandum of understanding or Partnership Agreement to formalize their participation. A standardized template will be provided by CQII.

An Introductory Webinar, a virtual Zoom session, is held in advance to introduce RWHAP recipients, subrecipients, and other stakeholders to the structure and purpose of the collaborative and encourage registration and completion of prework activities during the Engagement Phase.

An online registration portal is set up to identify the quality improvement staffing capacities, technical abilities, and data system competencies of each agency to meet the collaborative goals.

Enrollment Process



To engage prioritized sites in the collaborative, invitations by HRSA Project Officers and CQII will be sent out for scheduling an individualized outreach call with each site, including the agency senior leaders. Subsequently, the assigned QI Coach will reach out to the site to set up an initial informal exchange. These early engagement calls will help to understand the wants and needs of the Impact Sites and are relationship builders.

Next Steps

- Learn more about the collaborative and participate in the Introductory Webinar – Oct 2022
- Register your Impact Site via the [online registration form](#) – Oct 31, 2022
- Participate in a Leadership Call with CQII and QI Coaches to establish the necessary commitment – Nov/Dec 2022



Learn More | *HRSA HIV/AIDS Bureau Invitation Letter*
Partnership Agreement Template
[Link to Collaborative Registration](#)

Advice from Past Collaborative Participants

To start any improvement effort or any collaborative is not easy. The following highlights the advice from past CQII collaborative participants to fully take advantage of the collaborative offerings and setting up your improvement team for success.

- **Trust yourself and trust the process** – the entire CQII team is here to help you. They can alleviate your fears and concerns and their goal is to make everyone feel comfortable; don't fake it or be shy – ask for help and resources.
- **Be flexible and be adaptive** – sometimes things happen and don't go as planned, and that's ok; the collaborative is a long journey of discovery and learning – think big and start small!
- **Do not try to solve all the issues right away** – quality improvement emphasizes iterative learning, one step at the time and every step is a building block; it is a marathon of learning, not a sprint.
- **Take advantage of the QI trainings early on** – be sure that you understand all key QI terms and tools – if you do not, simply ask for assistance from your QI Coach, CQII, or your peers.
- **Build your collaborative team** – encourage more people from your agency to get involved and participate in collaborative activities; delegate the responsibilities and spread the workload.
- **Make it a priority and be intentional** – block your schedule and the schedule of your team members to participate in related activities; take lots of notes and share them with others; review materials from missed meetings and prepare for upcoming activities.
- **Get the support from your system, your team, particularly from the supervisor level** – make sure the agency staff and supervisors know about this collaborative and the important work you do to improve HIV care in your agency.
- **Use the power of peer learning** – meeting like-minded individuals validates what you're trying to do; take advantage of networking with other sites, getting feedback from other participants, and listening to their improvement ideas.

CQII will hold routine introductory sessions throughout the *Impact Now Collaborative*. This ongoing onboarding process will provide an effective way to bring those who missed the initial Introductory Webinar or those are new to the initiative due to staff turnover up to speed, increase their familiarity with the goals and key activities of the initiative, and re-empathize the expectations for each Impact Site (i.e., case presentation, data submissions). Documents like the Toolkit or a glossary of acronyms and key terms will be shared with the newcomers.

Key Collaborative Contacts

The Collaborative Planning Group is a set of individuals who help to plan, develop, and implement the collaborative and are composed of HAB representatives, faculty members living with HIV, content experts, QI Coaches, and CQII staff. The Planning Group meets virtually weekly throughout the collaborative.

Key Collaborative Contacts

Planning Group Members

Andrea Mayer	CQII Staff	Andrea.mayer@health.ny.gov	212-417-4683
Amanda Norton	Consultant, CQII	altn14@gmail.com	315-529-1074
Chris Redwood	HIV/AIDS Bureau	RRedwood@hrsa.gov	301-443-2118
Christina Clarke	Consultant, CQII	cclarke@ideategroup.ca	604-365-4078
Clemens Steinbock	Director, CQII	clemens.steinbock@health.ny.gov	212-417-4730
Dennis Pearson	CQII Staff	Dennis.pearson@health.ny.gov	212-417-4768
Jane Caruso	Consultant, CQII	janecaruso2@gmail.com	267-229-9022
Julia Schlueter	Consultant, CQII	schlueter_j@wustl.edu	314-652-2444 ext. 101
Justin Britanik	Consultant, CQII	justin@cqii.org	202-642-1606
Kehmisha Reid	CQII Staff	Kehmisha.reid@health.ny.gov	212-417-4554
Lori DeLorenzo	Consultant, CQII	loridelorenzo@comcast.net	540-951-0576
Melissa Curry	Consultant, CQII	healthcoachrn@yahoo.com	412-377-3928

QI Coaches

Jamie Shank	Consultant, CQII	jamie.r.shank@gmail.com	417-844-0887
Amanda Norton	Consultant, CQII	altn14@gmail.com	315-529-1074
Adam Thompson	Consultant, CQII	adamthompson@gmail.com	864-354-8468
Jane Caruso	Consultant, CQII	janecaruso2@gmail.com	267-229-9022
Julia Schlueter	Consultant, CQII	schlueter_j@wustl.edu	314-652-2444 ext. 101
Justin Britanik	Consultant, CQII	justin@cqii.org	202-642-1606
Susan Weigl	Consultant, CQII	sweigl@yahoo.com	929-318-3318
Dennis Pearson	CQII Staff	Dennis.pearson@health.ny.gov	212-417-4768

Reflection Calls

Amanda Norton	Consultant, CQII	altn14@gmail.com	315-529-1074
Martha Cameron	Consultant, CQII	marthasichone@hotmail.com	703-623-3236
Stephanie Hedgepeth	Consultant, CQII	stephanie.hedgepeth@gmail.com	662-390-6641
Andrea Mayer	CQII Staff	Andrea.mayer@health.ny.gov	212-417-4683

HIV Affinity Group

Jeremy Hyvarinen	Consultant, CQII	jeremy@jhconsultllc.com	480-270-0497
David Moody	Consultant, CQII	davidjosephmoody@gmail.com	202-528-3812
Melissa Curry	Consultant, CQII	healthcoachrn@yahoo.com	412-377-3928
Kehmisha Reid	CQII Staff	kehmisha.reid@health.ny.gov	212-417-4554

Leadership Calls and Project Officer Updates

Rose Conner	Consultant, CQII	roseconner298@gmail.com	602-525-4035
Tonya Green	Consultant, CQII	tgreen@semrhi.com	601-606-6406

Kathleen Clanon	Consultant, CQII	kathleen.clanon@acgov.org	510-612-5548
Melissa Curry	Consultant, CQII	healthcoachrn@yahoo.com	412-377-3928
Andrea Mayer	CQII Staff	Andrea.Mayer@health.ny.gov	212-417-4683
Support Team			
Shaymey Gonzalez	CQII Staff	Shaymey.Gonzalez@health.ny.gov	212-417-4730
Michelle Pendill	CQII Staff	Michelle.pendill@health.ny.gov	917-816-7052

Key Technologies

The following tested virtual communication technologies are used throughout the collaborative. Training will be provided to participants where needed.

Zoom – Virtual communication technologies play a key role in this collaborative and are being used throughout all collaborative activities, including QI Group Sessions and virtual Learning Sessions. Participants are expected to have access to a webcam. The *Impact Now Collaborative* utilizes Zoom, which is an online video conferencing software that is compatible with a variety of different operating systems, including OS, Android, Windows, and telephone services, is HIPAA compliant, enables up to 500 participants to join. Please refer to the [Zoom Set Guide](#) for further instructions on how to use Zoom for this collaborative.

Glasscubes – A password-protected online forum (called Glasscubes and accessible at **CQII.Glasscubes.com**) has been created for registered users of the *Impact Now Collaborative* to share QI resources and to maintain a library of documents relevant to this initiative. This site reinforces the virtual learning community and provides a platform for discussion of recent QI Group Sessions, posting of collaborative resources, listing of previously recorded sessions, etc.

Website – CQII will have a dedicated area on the TargetHIV.org website for this collaborative. Key collaborative resources are available to participants and non-participants. The URL to access these resources is TargetHIV.org/COII.

Constant Contact – Monthly announcement letters, which include data reports, upcoming events, deadlines, and QI Group Session dates, are communicated to participants via this communication platform. It is also used for special announcements, such as to promote QI trainings and upcoming Learning Sessions. In case Constant Contact is blocked by some users, other alternatives will be explored.

Next Steps

- Log-in into Glasscubes and check out the collaborative resources there – Nov 2022
- Become familiar with Zoom, the virtual communication platform for this collaborative, and use your web camera – Jan 2023



Learn More | [Zoom Set Up Guide](#)
[Glasscubes Workspace](#)
[Impact Now Collaborative Website Link](#)

Frequently Asked Questions	
Can I participate in my QI Group but not in the Learning Sessions?	Can I choose which collaborative activities we want to participate in and which not?
No. The expectations for the collaborative include your participation in both activities; this will allow you to better reach the goals of the collaborative.	No. All Impact Sites are expected to participate in all collaborative activities and complete their assignments (QI Groups, data submissions, etc.); the collaborative is based on the premise – ‘all teach, all learn, all improve.’
Can participation in the collaborative help me to meet the HIV/AIDS Bureau’s clinical quality management expectations?	Who should I talk to get individual advice about my participation in the collaborative?
Yes. The successful participation in the collaborative will certainly help you and your Impact Site to meet the HIV/AIDS Bureau’s clinical quality management (CQM) expectations.	You can email us at CollaborativeSupport@CQII.org , reach out to your assigned QI Coach, or schedule a call with CQII staff to help you.

III) Engagement Phase

During the Engagement Phase (Oct – Dec 2022), each participating Impact Site is expected to complete their assigned prework tasks to prepare them for fully participating in the collaborative. The following table lists these expectations; all tools and resources are described at the end of the document and can be accessed there.

Engagement Phase Activities and Resources			
Enrollment Phase			
Activity	Objective	Tool/Resource	Due Date
Learn about the Collaborative	To understand the overarching goals, benefits, and expectations of the collaborative To learn about the <i>Impact Now Collaborative</i> framework	<ul style="list-style-type: none"> • Introductory Webinar Slides • Collaborative Flyer • Website • Collaborative Toolkit 	Oct-Nov 2022
Participate in Introductory Webinar	To learn about the expectations and meeting structures of the collaborative To hear directly from HRSA about their commitment to the goals of this collaborative	<ul style="list-style-type: none"> • Collaborative Flyer • Collaborative Toolkit 	Oct-Nov 2022
Participate in Initial Leadership Call with CQII and Project Officer	To gain an understanding of the expectations, resources, and meeting structures of the collaborative To learn more about individual improvement needs and address immediate technical assistance needs To gain leadership commitment for participation in the collaborative	<ul style="list-style-type: none"> • Collaborative Flyer • Collaborative Toolkit • CQII Contact Information 	Nov-Dec 2022
Complete Capacity Assessments	To learn more about the current infrastructural, capacity, and consumer involvement capacities and local technical assistance needs To better understand what data systems are used to track local performance data To ascertain access to webcams and experience with virtual platforms	<ul style="list-style-type: none"> • Assessment Surveys and Forms • QI Coach and QI Group Meetings 	Nov-Dec 2022
Participate in CQII's Beginner Learning Lab [see below – A]	To build quality improvement capacity among Impact Sites staff and people with HIV To prepare the local QI team to take advantage of the offerings this collaborative provides	<ul style="list-style-type: none"> • CQII Learning Labs • Introductory Webinar Slides 	TBD
Meet with QI Coach and QI Group	To connect with the assigned QI Coach and meet with other teams that are part of the same QI Group To build a trusting relationship that is built on open communications and joint commitment to improve HIV care.	<ul style="list-style-type: none"> • QI Coach • QI Group Sessions 	Nov-Dec 2022

	To review collaborative assignments with QI Coach for feedback and input		
Participate in the 1-day Design Meeting [see below – B]	To co-produce the upcoming collaborative, review the expectations, and learn from past collaborative participants To meet other Impact Sites and start networking and exchanges	<ul style="list-style-type: none"> • Introductory Webinar Slides • Design Meeting Materials and Recordings 	Nov 2022
Form an Impact Site QI Team [see below – C]	To set-up a local QI team with multi-disciplinary and cross-functional representation and HIV clients who receive medical care at the site and represent voices served by the site	<ul style="list-style-type: none"> • Introductory Webinar Slides • Contact Information Template • QI Coach and QI Group Meetings 	Oct-Dec 2022
Draft an Impact Site Aim Statement [see below – D]	To outline measurable goals to increase the viral suppression rate to the national mean To set individual Impact Site-specific improvement goals To track improvement progress over time	<ul style="list-style-type: none"> • Impact Site Aim Statement Template/Sample • QI Coach and QI Group Meetings 	Dec-Jan 2023
Run first Data Report and Set up HIV Registry of Unsuppressed Patients	To familiarize team with viral suppression indicator definition and reporting requirements To identify active patients who are not virally suppressed	<ul style="list-style-type: none"> • Collaborative Toolkit 	Jan 2023
Prepare for the first Learning Session	To take advantage of the first in-person Learning Session	<ul style="list-style-type: none"> • Collaborative Toolkit • Getting Ready for Learning Session with your QI Group Coach 	Jan 2023

A) Participating in CQII Learning Lab

Building upon CQII’s successful in-person advanced QI training programs, CQII has expanded its training modalities by launching a virtual QI training program, called *QI Learning Lab*, which is comprised of five independent courses, including a Beginner QI Learning Lab. Each Lab is offered independently every four months on a pre-determined annual schedule, will last 3-months, and consists of six 90-min virtual sessions every two weeks.

Each Impact Site will be asked to select 1-3 individuals who will benefit from participating in the Beginner Learning Lab. Candidates for this training might include staff or people with HIV on the Impact Site QI Team, local quality management committee members, or other internal stakeholders who could benefit from this training offering. This training course will be dedicated to participants in this collaborative and provide another opportunity for networking.

CQII Beginner Learning Lab

Purpose	Deliverables	Target Audiences
<ul style="list-style-type: none"> - To familiarize individuals with the basic concepts and practices of quality improvement - To assist participants in understanding performance data - To develop a simple QI project using presented QI tools 	<ul style="list-style-type: none"> - Increased individual QI capacity - Formation of an agency-specific QI team - A completed basic QI project using facility-level performance data or provided HIV data sets 	Providers or people with HIV new to QI; individuals need a refresher; agencies with low viral suppression rates; and referrals by HAB/CQII

CQII currently offers multiple QI Learning Labs in addition to the Beginner QI Learning Lab: Intermediate QI, Advanced QI, Experience-Based Co-Design in QI, and Coaching QI. Participants in the *Impact Now Collaborative* will be offered training spots in these Labs, further expanding the QI capacity of staff and people with HIV depending on interest and need.

CQII Learning Labs

Purpose	Deliverables	Target Audiences
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Intermediate QI Learning Lab

<ul style="list-style-type: none"> - To strengthen a working QI knowledge to implement an agency-specific QI project - To implement a multidisciplinary QI project that benefits their facility and clients 	<ul style="list-style-type: none"> - A completed QI project that focuses on the gaps along the HIV care continuum and is relevant for the agency - A data drill using facility-level performance data - A completed storyboard of the QI project 	Providers or people with HIV with a basic understanding of QI; familiarity with the Model for Improvement and PDSA Cycles; and routine access to their own performance data for their QI project
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Advanced QI Learning Lab

<ul style="list-style-type: none"> - To reinforce the implementation of robust QI projects with clear documentation of measurable improvements that result in improved health outcomes - To increase the in-depth understanding of advanced QI methodologies and tools - To building effective QI leaders in the community with advanced QI skills 	<ul style="list-style-type: none"> - A completed QI project that utilizes key foundational tools, such as the A3 tool, SIPOC diagram - Effective use of advanced QI tools, such as Value Stream Maps and Voice of the Customer Techniques to identify areas for improvement - A gap analysis by analyzing collected data and how these results compare to an ideal state - A completed QI storyboard with a focus on dissemination of results and sustainability 	Providers or people with HIV with strong QI proficiency; responsibility for the implementation of local QI projects; and past successful experience in applying QI principles and methodology to improving patient care
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Coaching QI Learning Lab

<ul style="list-style-type: none"> - To build expertise in managing communities of learning (i.e., collaboratives, regional groups, cross-agency QI partnerships) - To enhance the participants' expertise in coaching other HIV providers across a network or subcontractors 	<ul style="list-style-type: none"> - A completed coaching 360 and self-assessment and a personalized improvement plan to outline individual QI goals - A work plan for an upcoming or existing community of learning (e.g., collaborative, regional group, cross-agency QI partnership) - Completion of virtual/in-person QI exercises to build QI capacity among staff and people with HIV 	Providers or people with HIV with demonstrated high QI proficiencies; past experiences in successfully managing QI projects; familiarity of working with HIV providers across a network (i.e., Part A, Part B) or region (i.e., Regional Group); ideally, participants have extensive QI coaching experiences
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Experience-based Co-Design (EBCD) QI Learning Lab

<ul style="list-style-type: none"> - To build capacity among RWHAP staff and people with HIV to utilize a modified experience-based co-design methodology to 	<ul style="list-style-type: none"> - An equal number of interviews between staff and client stakeholders 	Training teams that are comprised of people with HIV and providers in the same agency that has a foundation of working
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<p>understand and improve the experience of HIV care and services, by both those who provide care and receive care</p>	<ul style="list-style-type: none"> - Identification of “touchpoints” within the experience of the process area of focus - At least one workshop using the modified-EBCD methodology - One QI initiative based on the needed improvement of a touchpoint - Evidence of a more equitable and inclusive QI method using modified EBCD 	<p>with people with HIV around QI; past TCQPlus graduates; and referrals by HAB/CQII</p>
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Learn More | [CQII Learning Lab](#)

B) Participating in the Design Meeting

Selected Impact Sites are invited to join the 1-day Design Meeting on November 7, 2022 in Rockville, MD. Senior HRSA representatives are scheduled to be present at the meeting to demonstrate the federal commitment for this national initiative. The purpose of this meeting is to review the expectations and time commitments and build relationships with QI Coaches, faculty, and participants. Project Officers are also invited to attend.

HIV providers who have successfully participated in previous collaboratives will present their improvement stories and provide testimonials how agencies participating in the *Impact Now Collaborative* can achieve similar results. These sites will also be invited to act as mentors for collaborative participants; each mentor is assigned to a QI Coaching Group based on their familiarity with the barriers experienced by Impact Sites.

Each QI Group will meet for the first time before Learning Session 1 (Jan 2023) to build the necessary rapport, review expectations, address any common barriers, and guide activities. Zoom links will be provided to each QI Coach and QI Group.

For additional support, QI Coaches meet with individual teams for further support. This can be accomplished by the designation of office hours for one or two additional hours per month.

Next Steps

- Set-up your local improvement team and meet your assigned QI Group Coach – Nov-Dec 2022
- Participate in initial QI Group meeting – Nov-Dec 2022
- Prepare for the first Learning Session – Jan 2023

C) Forming a Local Quality Improvement Team

The success of this collaborative is dependent on the success of each Impact Site and its improvement efforts. As a result, each site is expected to establish a local QI team. The collective efforts of all local teams have the most potential for a measurable impact across the country.

Local QI teams, the Impact Site-specific vehicles of improvement activities, meld together the skills, experiences, and insights of different staff. Successful teams have clear aims to guide their activities, the necessary resources to complete the local improvement work, support by senior leaders, the willingness of team members to learn from each other and maintain open communication with other local HIV providers, staff, and people with HIV. These teams are most effective when they are well connected and integrated into the agency's CQM committee.

Each Impact Site QI team will vary in size and composition. Effective team functioning becomes everyone's responsibility. Each team also needs a leader who understands the improvement process, members who are familiar with the process to be improved, and a liaison to report their activities to the collaborative. Consider the following expectations for the inclusion of members on your local QI team:

- Ensure that all key functions and stakeholders are represented, including internal/external stakeholders
- Include a person with HIV on the team and meaningfully involve them in the improvement process
- Involve an agency leadership representative on the QI team
- Include representation from the clinical quality management (CQM) committee
- Include a network representative (e.g., Part A or Part B staff) on the QI team, if the Impact Site receives other Ryan White funding

The QI leader or co-leaders serves as the driving force to build effective relationships between team members and ensures everyone understands the team's assignments and how the local Impact Site efforts connect with other local and regional improvement efforts. The leader ensures team members know each other and recognize how members can complement each other through their expertise and perspectives. The leader/co-leaders represent the Impact Site and communicate with the collaborative representatives.

Once the local QI team is established, each team starts their own improvement journey with the milestones as outlined early; see [Milestones for Collaborative Participants](#) for more details.

Next Steps

- Complete the assessments to learn more about your needs – Oct/Nov 2022
- Initially meet with assigned QI Coach – Nov-Dec 2022
- Participate in CQII Learning Lab – TBD
- Set-up your local improvement team at your agency – Oct/Nov 2022
- Set local improvement goals by writing an Impact Site Aim Statement – Oct/Nov 2022
- Collect initial performance data – Jan 2023



Learn More | [Impact Site Aim Statement Template and Samples](#)
[Link to Assessment Surveys](#)
[CQII Learning Lab](#)

D) Drafting an Impact Site Aim Statement

Each local Impact Site is asked to write an **Impact Site Aim Statement** to define their direction and scope of their improvement work to be reached at the end of the collaborative (Jun 2024) and to strategize about key tasks and timelines ahead of them. The first draft of the Aim Statement is due in December 2022, one month before Learning Session 1. The Impact Site-specific QI team reviews its own performance data and the input by the staff and people with HIV served by the Impact Site.

An Aim Statement serves as a local blueprint. Developing an aim statement is important to clarify and focus the Impact Site direction and scope of work. It also creates a standard document for communicating what the improvement work in the collaborative will be, what it intends to accomplish when it is likely to be completed, and who is responsible for its implementation. An Aim Statement typically includes:

Problem Statement

- Use concrete terms—terms that clearly describe the problem to be addressed
- Include quantitative data that indicate the current level of performance
- Be relevant to HIV care and services provided by the Impact Site

Improvement Goals

- Use clearly defined SMART goals that are specific, measurable, assignable, realistic, and time-related
- Set the goals and then continue making changes until the level is reached at which the effort expended is too great for the gain

Below are links to locate the Impact Site Aim Statement Template and a completed sample. The aim statement may evolve and change over time as new information and data results become available or additional knowledge is gained. Consider the aim statement as a ‘living document.’

The assigned QI Coach can provide further assistance in reviewing the draft Aim Statement and share best practices during the QI Group calls.



Learn More | [Impact Site Aim Statement Template and Sample](#)
[HIVQUAL Workbook](#)

Next Steps

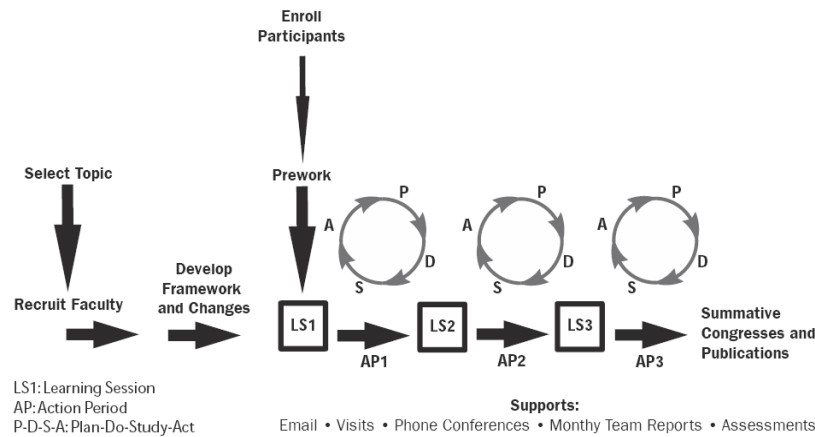
- Obtain access to and familiarize yourself with Impact Site Aim Statement Template and completed samples – Nov 2022
- Develop a draft Impact Site Aim Statement with your local improvement team and upload to Glasscubes – Dec 2022
- Prepare for the first Learning Session held in Jan 2023 to present your Aim Statement – Jan 2023

IV) Learning Sessions

Peer learning presents a vital opportunity for HIV providers to draw on the quality management expertise of fellow providers and is a powerful mechanism for accelerating improvement efforts.¹⁰ Collaborative learning¹¹ is a proven way to address the ever-increasing complexities of gaining knowledge and expertise in health care, as well as the application of this knowledge in real-world situations. Quality improvement collaboratives use evidence-based frameworks to create learning communities that are designed to achieve rapid scale-up of improvement across health care facilities.

The Institute of Healthcare Improvement (IHI) developed the Breakthrough Series model in 1994 to help health care organizations make “breakthrough” improvements in quality while reducing costs.¹² The Breakthrough Series model is based on the following premise: sound science exists, but much of this science lies fallow and unused in daily work. There is a gap between what providers know and should do, versus what providers actually do.^{13 14} The Breakthrough Series model has been successfully applied nationally by NQC/CQII in eight national collaboratives since 2004.

Breakthrough Series Model



Following the IHI Breakthrough Series model, the Learning Sessions allow for routine meeting points for participants, while the action periods between Learning Sessions are used by participants to carry out their local improvement activities, routinely report standardized collaborative measures, and participate in the twice-a-month QI Group Sessions.

The Learning Sessions for the *Impact Now Collaborative* are designed to bring all participants together with HAB and CQII staff, QI Coaches, Planning Group, faculty members, and other representatives to receive guidance and develop improvement plans for action. These Learning Sessions will take place every other month beginning in Jan 2023. The first and last Learning Sessions are planned to be held in-person, and all Impact Sites are invited to actively participate and are encouraged to bring their entire QI team.

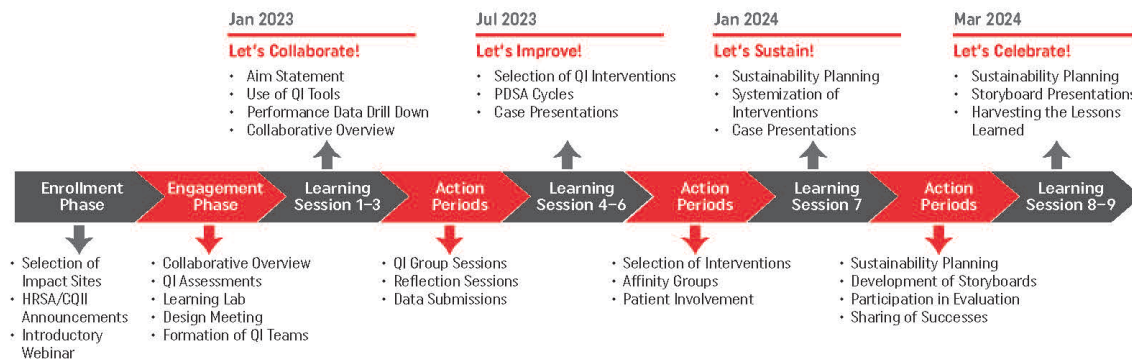
¹⁰ Dudgeon D, Knott C, Chapman C Et al. Development, Implementation, and Process Evaluation of a Regional Palliative Care Quality Improvement Project. *J Pain Symptom Manage*. 2009; 38: 483-95.

¹¹ Bruffee, K., *Collaborative Learning*. Baltimore. The Johns Hopkins University Press. 1993.

¹² Institute for Healthcare Improvement. *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement*. 2003. Available at <http://www.ihl.org/IHI/Results/WhitePapers>.

¹³ Baker GR: Collaborating for improvement: The Institute for Healthcare Improvement's Breakthrough Series. *New Med* 1:5–8, 1997.

¹⁴ Plsek PE: Collaborating across organizational boundaries to improve the quality of care. *Am J Infect Control* 25:85–95, 1997.



The following templated agenda and target participants are suggested for each of the Learning Sessions that will occur between Jan 2023 and Jun 2024 to promote peer learning and exchanges.

Learning Session Agenda Template	
Agenda	Participants
<ul style="list-style-type: none"> • Welcome, Opening Remarks, and Introductions • Update of Collaborative: Performance Data, QI Interventions Updates, Next Steps • Plenary Topics and Voices of People with HIV • QI Exercise • Case Presentations by Impact Now Site (use Zoom breakout functionality) • Offers and Requests • Team Action Planning and Report Back • Aha Moments and Evaluation 	<ul style="list-style-type: none"> • Representatives from each Impact Now Site • HIV/AIDS Bureau Representatives and Project Officers • Senior Leadership of Impact Sites • QI Coaches and Faculty Members • CQII Staff • Plenary Speakers

Learning Sessions are held every other month during the active phase of the collaborative; nine in total. The first and last Learning Sessions are held in-person in Rockville, MD while other Learning Sessions are conducted virtually using Zoom, the same virtual platform as for the QI Group Sessions. Each virtual session spans 4-5 hours. A central virtual “room” holds all participants for plenary sessions, while smaller breakout sessions – a Zoom functionality – are used to increase interactivity among participants and allow participants to present their case presentations.

To promote the attendance at in-person Learning Sessions, CQII will reimburse participants for travel expenditures and arrange lodging if no other financial support is available.

Learning Session Overview			
Learning Session	Date	Case Presentation Focus	Meeting Details
Let's Collaborate! Getting Ready to Participate in the Collaborative			
Learning Session 1	Jan 2023	Aim Statement and QI Team Formation	1-Day; Rockville, MD
Learning Session 2	Mar 2023	Performance Data and Data Drill Down	1-Day; Virtual
Learning Session 3	May 2023	QI Tools to Understand Root Causes	1-Day; Virtual
Let's Improve! Implementing Your Interventions to Increase Viral Suppression			
Learning Session 4	Jul 2023	QI Interventions and Change Ideas	1-Day; Virtual
Learning Session 5	Sep 2023	PDSA Cycle Improvements	1-Day; Virtual
Learning Session 6	Nov 2023	PDSA Cycle Improvements	1-Day; Virtual
Let's Sustain! Planning Ahead Beyond the Collaborative			
Learning Session 7	Jan 2024	Sustainability Planning and Systemization	1-Day; Virtual
Let's Celebrate! Sharing Collaborative Successes and Learning What Worked			
Learning Session 8	Mar 2024	QI Storyboard Presentations	1-Day; Virtual
Learning Session 9	Jun 2024	Harvesting the Lessons Learned	2-Day; Rockville, MD

Case Presentations at Learning Sessions

Each Impact Site is expected to present one Case Presentation during each Learning Session through the course of the collaborative. Case Presentations are 10-15-minutes long presentations, in which Impact Sites reflect on their agency’s improvement journey. They are designed to promote peer sharing, build capacity, learning in real-life situations, and help Impact Sites receive feedback on their improvement work. These presentations allow for each Impact Site to receive individualized advice based on the unique needs of their Impact Site and to address the diversities and complexities of issues faced by participants.

Topics for the Case Presentations are predetermined, see Learning Session Overview above. To assist Impact Sites in developing their Case Presentations a standardized Case Presentation Slide Template is provided, which includes “asks” from fellow peer providers and faculty.

To prepare presenters, the assigned QI Coach will assist by reviewing the Case Presentations in advance of the Learning Sessions and work directly with those who are afraid of public speaking by sharing samples (previous recorded sessions) along with the templates. The following suggested timeline is for Impact Sites to prepare for and follow-up on their Case Presentation.

Case Presentation Timeline	
Timeline	Action
2 weeks before Case Presentation	<p>Impact Site: Send a draft of the Case Presentation slides to the QI Coach and Shaymey.Gonzalez@health.ny.gov for review and feedback</p> <p>QI Coach: Review slides against the provided template, ensure no personal health information (PHI) is used, and collect additional feedback from faculty members, if necessary</p>

1 week before Case Presentation	Impact Site: Receive slides in response to comments from CQII, Affinity Faculty, and QI Coach and send updated slides to Coordinator
Day of Case Presentation	Impact Site: Present Case Presentation; take notes about recommendations and feedback by faculty and peer participants Tech Support: Document all recommendations from the faculty and participants and share after the Learning Session

The following table outlines the content focus areas for each Case Presentation at the upcoming Learning Sessions.

Case Presentation Template

Learning Session	Title	Slides
LS 1 Jan 2023	Aim Statement and QI Team Formation	<ul style="list-style-type: none"> - Overview (Presenter, Site Location, QI Coach, Contact) - Viral Suppression Data So Far and Overall Aims - Aim Statement with Problem Statement and Measurable Goals - QI Team Formation, Membership, Patient with HIV - Asks from Faculty and Peers
LS 2 Mar 2023	Performance Data and Data Drill Down	<ul style="list-style-type: none"> - Overview (Presenter, Site Location, QI Coach, Contact) - Viral Suppression Data So Far and Overall Aims - Findings from Data Drill Down - Lessons Learned: Setting up Unsuppressed Patient Registry - Asks from Faculty and Peers
LS 3 May 2023	Root Cause Analysis	<ul style="list-style-type: none"> - Overview (Presenter, Site Location, QI Coach, Contact) - Viral Suppression Data So Far and Overall Aims - Underlying Root Causes - Lessons Learned: Using QI Tools - Asks from Faculty and Peers
LS 4 Jul 2023	QI Interventions and Change Ideas	<ul style="list-style-type: none"> - Overview (Presenter, Site Location, QI Coach, Contact) - Viral Suppression Data So Far and Overall Aims - Selection of QI Interventions and Change Ideas - Lessons Learned: Selecting Interventions and Improvement Ideas - Asks from Faculty and Peers
LS 5 Sep 2023	PDSA Cycle Improvements	<ul style="list-style-type: none"> - Overview (Presenter, Site Location, QI Coach, Contact) - Viral Suppression Data So Far and Overall Aims - PDSA Cycle Ideas and Implementation Plans - Lessons Learned: Selecting and Implementing PDSA Cycles - Asks from Faculty and Peers
LS 6 Nov 2023	PDSA Cycle Improvements	<ul style="list-style-type: none"> - Overview (Presenter, Site Location, QI Coach, Contact) - Viral Suppression Data So Far and Overall Aims - PDSA Cycle Ideas and Implementation Plans - Lessons Learned: Selecting and Implementing PDSA Cycles - Asks from Faculty and Peers
LS 7 Jan 2024	Sustainability Planning and Systemization	<ul style="list-style-type: none"> - Overview (Presenter, Site Location, QI Coach, Contact) - Viral Suppression Data So Far and Overall Aims - Plans to Systematize and Sustain Improvement Gains - Lessons Learned: Sustainability Planning - Asks from Faculty and Peers
LS 8 Mar 2024	QI Storyboard Presentations about the	<ul style="list-style-type: none"> - Headline; Overview (Presenter, Site Location, QI Coach, Contact); Engagement in the collaborative; Problem Statement; Aim

	Collaborative QI Journey	Statement; Performance Measurement; Root Causes; Interventions; Spread and Sustainability; Engagement of Staff and People with HIV; Lessons Learned
LS 9 Jun 2024	Harvesting the Lessons Learned: What Worked? What Others Can Learn from the Experience?	<ul style="list-style-type: none"> - Sign-up/Registration and Engagement Process - QI Group Sessions, Coaching and Technical Assistance - Learning Sessions and Case Presentations - Reporting of Performance Data and Reflection Calls - Change Package and Intervention Toolkits - Roles-Specific Affinity Group and Sessions

QI Storyboards

A storyboard is a graphical representation of key aspects of an ongoing or completed QI project, which usually includes the improvement goals, performance data over time, interventions used, and lessons learned. They are an effective way of communicating results of a QI project throughout the agency and can be displayed on clinic walls, emailed to staff and senior leaders, included in an organization-wide newsletter, posted on the agency website, etc.

Each Impact Site is expected to present one **QI Storyboard** at Learning Session 8 (Mar 2024) to capture and display their QI projects. A template has been developed and is available to Impact Sites, as well as past examples. The Impact Site QI Storyboards are shared with their assigned QI Coaches for feedback. It is the goal that all Impact Sites post their QI Storyboard in their agency and present it to all staff and their senior agency leadership.



Learn More | *Case Presentation Template*
Storyboard Template
create+equity Collaborative Storyboards

Key Definitions

Case Presentation	Storyboard
Presented by each Impact Site during Learnings Sessions throughout the collaborative to promote peer sharing; a standardized case presentation slide template is provided	A visual display of key aspects of a QI project to inform others about the goals of the improvement efforts, performance data over time, interventions used, and lessons learned; a slide template and past storyboards are available
Change Package	Driver Diagram
A listing of evidence-informed interventions and emerging practices that are useful in developing specific ideas for changes that lead to improvement	A graphic display of drivers (factors) that are predicted to have major impacts on achieving the preferred outcome (aim); Primary Drivers are the major factors driving the aim and Secondary Drivers are the detailed activities and structures that make up the Primary Drivers

Use of Web Cameras

It is critical that each participant in the collaborative, including Impact Sites, Faculty members, and CQII staff, join the virtual Learning Sessions using a web camera. Seeing the various participants on the screen helps to maximize the opportunity to create a virtual community of learners. Here are a few scenarios that can prevent a participant from using a webcam and how to overcome them:

Barriers and Potential Solutions to Using a Webcam	
I don't have a webcam.	I have a webcam on my computer/laptop, but I don't know how to get it to work.
CQII will provide you with a webcam, if needed, for the duration of the collaborative so that you can virtually join the Learning Sessions. Simply send CQII an email and we will send one webcam per Impact Site with the understanding that the camera is returned at the end of the collaborative.	First, contact your IT department and ask them to help you. It is an expectation for this collaborative to join our virtual Learning Sessions and to use a webcam. CQII will try to assist you to the best of our abilities to help us.
I use a webcam, but it is not working with Zoom.	We are not allowed to install webcams on my computer.
First, check out the Zoom website at www.support.zoom.us to address the problem. Contact CQII and we will try to troubleshoot the issue with the help of our IT colleagues at Project ECHO at the University of New Mexico.	Try the following options: - use a laptop with a camera - arrange to meet as a group/team in a location where a webcam is available - meet with colleagues who have working cameras - use your mobile device, including your phone If no other options exist, dial-in by using the provided phone number and meeting code since we do not want you to miss the important sessions.



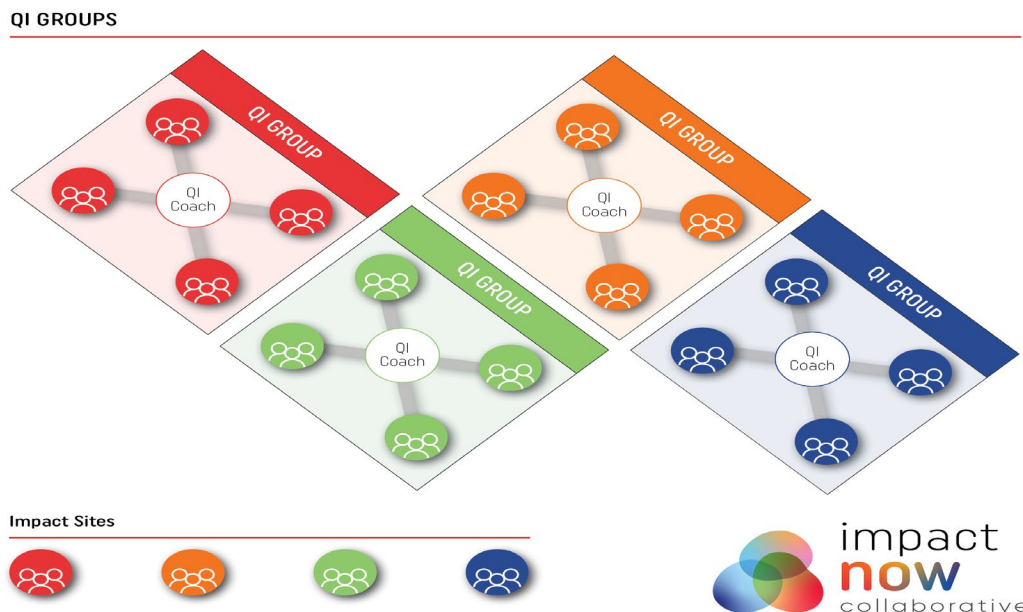
Learn More | [Planning and Implementing a Successful Learning Collaborative](#)
[Guide for Conducting a Virtual Quality Improvement Collaborative](#)

Next Steps

- Ensure that your webcam is working and join our virtual sessions – Nov 2022
- Determine who on your team will attend the first Learning Session – Jan 2023

V) QI Coaching Model and QI Groups

QI Coaches will play a principal role throughout the *Impact Now Collaborative* to provide ongoing support and technical assistance. They are assigned to participating Impact Sites and provide direct coaching to meet the objectives as outlined in each site’s individualized Aim Statements. The goal of this coaching model is to individually focus on guiding participants through each step of their QI project, ensuring that the sites address the underlying root causes that negatively impact their viral suppression rates, support them in reaching all collaborative milestones as outlined in the Toolkit, and be a consistent companion and champion on their improvement journey. QI Coaches are expected to virtually meet with their assigned group of participating agencies in the twice a month QI Group Sessions and to meet with each team for additional and individualized technical assistance and support each month.



QI Coaches are nationally recognized quality improvement experts contracted by CQII and CQII staff with extensive expertise in quality improvement and experience with coaching sites that participate in learning collaboratives.

To help foster peer learning with your fellow QI Group members, the contact information of collaborative participants is shared.

The QI Coach provides support via the following meeting structures:

- **QI Group Session:** QI Coaches virtually meet with their assigned group of participating Impact Sites (QI Groups) twice a month for one hour. These joint Zoom sessions are complementary to the Learning Sessions to review expectations, address any common barriers, and guide activities.

- **Individual QI Coaching Sessions:** In addition, QI Coaches meet with individual teams for additional support. This can be accomplished by the designation of office hours for teams to join or setting up routine individualized monthly time slots with each Site.

To promote peer learning and address common barriers, Impact Sites are assigned to QI Groups using the following criteria:

- Findings from the initial QM Assessments
- Caseload of the Impact Site
- Agency type, such as hospital, FQHC, Health Department
- Geographic location
- Population of focus
- Selection of the chosen intervention

QI Coaches provide support to their group of assigned teams through the following activities:

- Routinely engage the QI Group to ensure that each Impact Site is connected and supported throughout the collaborative, including individual Zoom sessions, office hours for sites to join
- Facilitate the completion of the essential collaborative milestones: development of a QI team, drafting an Aim Statement, meeting QI project milestones, development of a local cause and effect diagram, selection of interventions, etc.
- Guide their QI Group on performance data submission and QI intervention prioritization and selection process
- Assist with the development of Case Presentations, an expectation at each Learning Session for each participating team, as well as QI Storyboards for later in the collaborative
- Provide actionable feedback after Viral Suppression Data submissions and Case Presentations

Monthly QI Coaching Focus Areas

The *Impact Now Collaborative* has established key monthly focus areas for QI Coaches to work on with their assigned Impact Sites during the QI Group Sessions. Since sites advance at a somewhat independent pace, the QI Coaches will balance the monthly focus areas to allow flexibility for both early adopters that may be ready to move quickly with support and also give extra attention to those who need more support. The following table highlights those areas for each month. Standardized presentations and tools are being shared with QI Coaches to ensure standardization across all QI Groups.

Monthly QI Coaching Focus (First Six Months)

December 2022

The QI Coach initiates virtual QI Groups sessions with their assigned teams to

- establish monthly meeting schedule for the QI Group
- review the collaborative's expectations for participants
- focus on guiding participants in their performance measure extraction and determination of the subpopulation of focus

- review the multidisciplinary QI team composition, with emphasis on the need for a person with experience with receiving HIV care and external service providers on the team
- review each QI team’s improvement goals with the group
- setting up a patient registry with patients who are unsuppressed

January 2023

The QI Group Session focuses on

- a guided discussion on the development of an Aim Statement
- sharing of Aim Statements with the QI Coach for review and feedback and prepare for Learning Session
- conducting a data drill down on patients who are not virally suppressed
- preparation of QI Group members for Learning Session 1

February 2023

The QI Group Session focus is on

- support of the QI Group through Learning Session 1 activities by the QI Coach
- reviewing data collection and performance measurement expectations
- reviewing benchmark reports with the QI Group

March 2023

The QI Group Session focus is on

- review data submissions from Impact Sites
- development of the cause and effect diagram and associated root causes
- Develop a Driver Diagrams
- preparation of QI Group members for Learning Session 2

April 2023

The QI Group Session focus is on

- preparing sites for the Learning Session 2 QI Tool Case Presentation
- support of the QI Group through Learning Session 2 activities by the QI Coach
- focus on other QI tools to understand root causes
- ensure that all reporting deadlines are met

May 2023

The QI Group Session focus is on

- look at barriers to routinely collect performance data
- set up a patient roster of those who are virally unsuppressed
- perform data drill downs and
- preparation of QI Group members for Learning Session 3

The QI Group plays an important role in collecting the various data elements from Impact Sites and reviewing the data results. Each Impact Site is expected to submit data for standardized measures every other month starting Mar 2023. These data are then compiled in a benchmark report one month after the submission deadline, which tracks performance data over time.

QI Coach Contact Information

Adam Thompson	Consultant, CQII	adamthompson@gmail.com	864-354-8468
Amanda Norton	Consultant, CQII	altn14@gmail.com	315-529-1074
Jamie Shank	Consultant, CQII	jamie.r.shank@gmail.com	417-844-0887
Jane Caruso	Consultant, CQII	jane caruso2@gmail.com	267-229-9022

Julia Schlueter	Consultant, CQII	schlueter_j@wustl.edu	314-652-2444 ext. 101
Justin Britanik	Consultant, CQII	justin@cqi.org	202-642-1606
Susan Weigl	Consultant, CQII	sweigl@yahoo.com	929-318-3318
Dennis Pearson	CQII Staff	Dennis.pearson@health.ny.gov	212-417-4768

To centrally support QI Coaches, CQII hosts monthly joint calls with all QI Coaches to share experiences and receive updates from CQII about upcoming milestones and recent benchmark reports and findings.

If additional individualized technical assistance (TA) by RWHAP recipients or subrecipients is needed that falls outside of the collaborative work, a TA request should be made to the HIV/AIDS Bureau using the TA Request Form.

Next Steps

- Request a webcam from CQII if you do not have one – Nov 2022
- Establish monthly meeting schedule for your QI Group – Dec 2022
- Support the QI Group Coach by volunteering to assist with meeting logistics, agenda items, and data collection and analysis – Jan 2023

Role of Mentor Sites

CQII will explore a mentorship role of RWHAP recipients that have successfully participated in past CQII collaboratives. Examples of the potential involvement of sites that have robust QI activities in place might include:

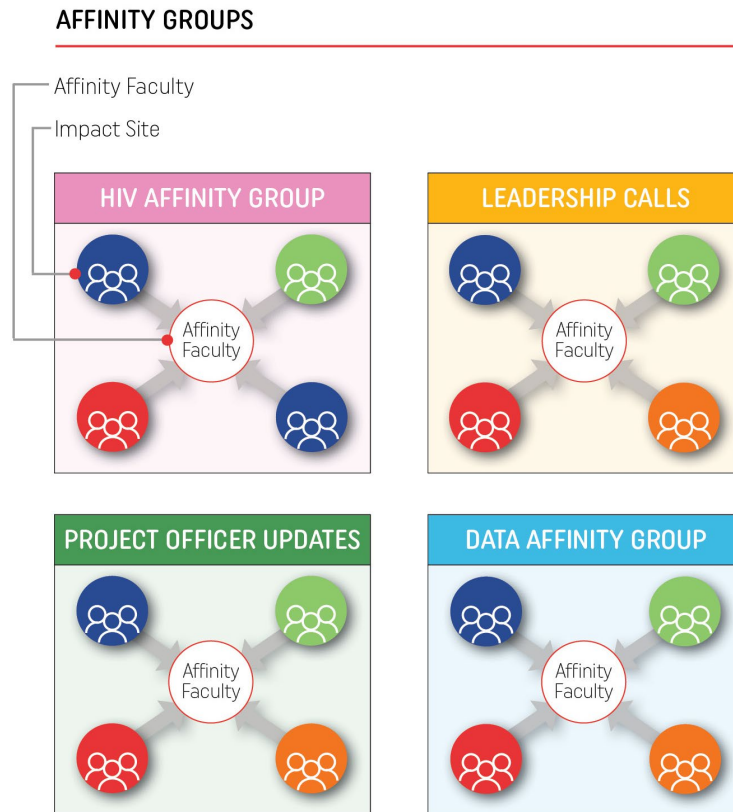
- Participation in Design Meeting to present their own struggles, show sites that it is possible to improve, share what went wrong, what to avoid, what they wish they knew when they first started, and share their lessons learned
- Case Presentations at Learning Sessions
- Assistance during the Engagement Phase
- One mentor site assigned to each QI Group
- Development of a twinning model or mentor/mentee model to provide technical assistance



Learn More | [HIVQUAL Workbook – Step 1](#)
[HRSA HIV/AIDS Bureau CQM Technical Assistance Referral Form](#)
[Participant Contact Information](#)

VI) Role-Specific Affinity Groups

Targeted individuals at Impact Sites from across the country are invited to join role-specific Affinity Groups and attend the corresponding sessions using the Zoom platform. These Affinity Groups support those who have similar roles in the collaborative.



Unlike subpopulation-specific Affinity Groups in the previous create+equity Collaborative, role-specific Affinity Groups are designed to provide support to individuals involved in specific activities associated with their role in the collaborative. These sessions do not follow the ECHO model.

Role-Specific Affinity Groups			
<i>Affinity Group</i>	<i>Function</i>	<i>Participants</i>	<i>Frequency</i>
HIV Affinity Group	<ul style="list-style-type: none"> • Support the needs of people with HIV within the collaborative • Allow HIV advocates to network and share their perspectives • Build their capacity for quality improvement 	People with HIV on QI Teams CQII Facilitators	Monthly
Leadership Group	<ul style="list-style-type: none"> • Routine involvement of agency senior leaders • Inform them on the progress by collaborative participants 	Impact Senior Leaders CQII Facilitators	Quarterly

	<ul style="list-style-type: none"> Engage them to further support the Impact Site improvement journeys 		
HRSA Project Officer Updates	<ul style="list-style-type: none"> Inform them on the progress by collaborative participants and upcoming milestones Provide guiding questions to support Impact Site during monitoring calls Answer any site-specific questions 	Impact Senior Leaders CQII Facilitators	Every Other Month
Data Affinity Group	<ul style="list-style-type: none"> Support data submissions by the participants Provide opportunities for peer sharing Answer technical questions related to data submissions 	Data Managers CQII Facilitators	Month Before Every Submission

HIV Affinity Group

The involvement of people with HIV is a critical component of quality improvement. They play a vital role in local, regional, and national improvement efforts. Individuals with lived experiences have assumed key roles in the planning and implementation of this collaborative, as members of the planning group and faculty members.

The *Impact Now Collaborative* expects each participating agency to have at least one consumer on their local quality improvement project. Opportunities for building capacity among people with HIV to promote consumer involvement in quality improvement activities will be provided by CQII (e.g., Experience-based Co-Design (EBCD) Learning Lab).

Designated CQII faculty, which include individuals with lived experiences, will hold monthly Zoom sessions to support the needs of people with HIV within the collaborative. They will allow HIV advocates to network, share their perspectives, and build their capacity for quality improvement.

Leadership Group

Senior leaders need to be involved from the onset of this collaborative (e.g., Design Meeting) to articulate their commitment for this initiative. All senior leaders will be asked to sign a Partnership Agreement to demonstrate their commitment of resources and support for their Impact Sites. During Learning Sessions, specific breakout sessions will be set up to discuss their successes and challenges to support the teams.

On a quarterly basis, assigned CQII faculty members will hold routine virtual Zoom sessions to engage agency senior leaders, inform them on the progress by collaborative participants, and further seek how they can support their Impact Sites.

During the Engagement Phase, each Impact Site will be asked to submit a list of 1-2 senior leaders in their organization. To best determine these important stakeholders, the following criteria for senior leaders are provided:

- Build will and organizational sponsorship for the improvement initiative
- Assist the team leader in connecting the team’s work to organizational priorities
- Work with the local team to get the resources it needs (e.g., support from IT, HR, finance)
- Remove barriers to improvement and reach agreement on the aim for the team’s work

- Keeping abreast of the progress of the team and develop a strategy to spread the work of the improvement team
- Communicate the team's progress to the management team
- Promote continuous improvement initiatives, internally and externally

Project Officer Updates

CQII faculty will invite Project Officers every other month to inform them on the collaborative progress and engage them in a dialogue what they are hearing from sites and the additional help sites have told them they need. Early on, their input on frequency, how they want to be informed on their sites, and how to share info will be gathered. These virtual Zoom Sessions provide brief updates on upcoming milestones and provide guiding questions to support Impact Site during the monitoring calls with them.

Facilitator Contact Information			
HIV Affinity Group			
Jeremy Hyvarinen	Consultant, CQII	jeremy@jhconsultllc.com	480-270-0497
David Moody	Consultant, CQII	davidjosephmoody@gmail.com	202-528-3812
Melissa Curry	Consultant, CQII	healthcoachrn@yahoo.com	412-377-3928
Kehmisha Reid	Manager, CQII	kehmisha.reid@health.ny.gov	212-417-4554
Leadership Group			
Rose Conner	Consultant, CQII	roseconner298@gmail.com	602-525-4035
Tonya Green	Consultant, CQII	tgreen@semrhi.com	601-606-6406
Kathleen Clanon	Consultant, CQII	kathleen.clanon@acgov.org	510-612-5548
Melissa Curry	Consultant, CQII	healthcoachrn@yahoo.com	412-377-3928
Andrea Mayer	Manager, CQII	Andrea.Mayer@health.ny.gov	212-417-4683
HRSA Project Officer Updates			
Andrea Mayer	Manager, CQII	Andrea.mayer@health.ny.gov	212-417-4683
Rose Conner	Consultant, CQII	roseconner298@gmail.com	602-525-4035
Tonya Green	Consultant, CQII	tgreen@semrhi.com	601-606-6406
Melissa Curry	Consultant, CQII	healthcoachrn@yahoo.com	412-377-3928
Andrea Mayer	Manager, CQII	Andrea.Mayer@health.ny.gov	212-417-4683
Data Group			
Stephen Weinberg	Eval Specialist, CQII	stephen.weinberg2@health.ny.gov	518-474-7238
Dennis Pearson	Manager, CQII	Dennis.pearson@health.ny.gov	212-417-4768
Clemens Steinbock	Director, CQII	clemens.steinbock@health.ny.gov	212-417-4730

VII) Viral Suppression Performance Measurement Reporting

The *Impact Now Collaborative* is about improving care for people with HIV who are not virally suppressed. Measurement plays an important role throughout the initiative to track such progress and utilize this data to drive improvements. Measurement of viral suppression data helps Impact Sites to evaluate the impact of changes made to improve the quality and systems of care. Remember that measurement should be designed to accelerate improvement, not slow it down.

Routine performance measurement reporting by Impact Site centers on one standardized measure. Each participating Impact Site is expected to submit their performance data every other month via the online Database beginning in Mar 2023 ([see Data Reporting Table](#)).

The collaborative has adopted the HAB viral suppression measure definition (National Quality Forum #: 2082) as the overall viral suppression measure: percentage of patients, regardless of age, with a diagnosis of HIV with an HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.¹⁵

Performance Measure: HIV Viral Load Suppression
National Quality Forum #: 2082

Description: Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year.

Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Patient Exclusions: None

Viral Suppression Performance Indicator Definition

- Entire Caseload Viral Suppression Measure (National Quality Forum #: 2082)
- Denominator 1: # of HIV pts, regardless of age, payor source, RWHAP eligibility, with at least one medical visit with a provider with prescribing privileges in the 12-month measurement year
 - Numerator 1: # of HIV pts with a viral load less than 200 copies/mL at last viral load test during the measurement year

Data Reporting Timeline

The following Table outlines the due dates (the third Friday in each reporting month) to submit the viral suppression data and corresponding 12-month measurement periods for each reporting cycle:

¹⁵ <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/coremeasures.pdf>

Report Due Dates	12-Month Measurement Period
Jan 20, 2023	Dec 1, 2021 – Nov 28, 2022
Mar 17, 2023	Feb 1, 2022 – Jan 31, 2023
May 19, 2023	Apr 1, 2022 – Mar 31, 2023
Jul 21, 2023	Jun 1, 2022 – May 31, 2023
Sep 15, 2023	Aug 1, 2022 – Jul 31, 2023
Nov 17, 2023	Oct 1, 2022 – Sep 31, 2023
Jan 19, 2024	Dec 1, 2022 – Nov 28, 2023
Mar 15, 2024	Feb 1, 2023 – Jan 31, 2024
May 17, 2024	Apr 1, 2023 – Mar 31, 2024
Jun 21, 2024	Jun 1, 2023 – May 31, 2024

Impact Now Database

All data submissions are made to an online collaborative database called the **Impact Now Database**, built upon the existing create+equity Collaborative database. Each Impact Site submitting performance data is instructed to set-up a user account (one per Impact Site) to avoid double entry by the same Impact Site and report the numerator and denominator data ([see Performance Indicator Definition Table](#)).

Here are a few features of the online database:

- Easy to use platform that has been newly programmed for this initiative
- Immediately trends entered viral suppression performance over time
- Allows grouping of all Impact Sites to produce a single performance score
- The benchmarking functionality compares all submissions by participants in the collaborative, top 10% performers across all submissions, and stratification by Part, state, or facility type
- Gives your assigned QI Coach access to review statewide and individual local performance data, and the ability to download the data for further analysis

Each user of the database has routine access to their own performance data reports and trends over time, local benchmark reports, and other national benchmarking reports. The QI Coach is given the appropriate access in the online database to look at performance data across the QI Group.

Data Drill Downs

Drill down is an analytical capability to shift from an aggregated data report to a more detailed and granular view within the same dataset. It enables Impact Sites to explore specific information using predefined data hierarchies. Conducting data drill downs using the list of patients who are not virally suppressed allow sites to understand the reasons they are not reaching optimal health outcomes.

Each Impact Site is asked to set up a registry of patients who are not virally suppressed and conduct a data drill down using suggested categories, such as substance use, mental health, housing, age, etc. The results helps sites to prioritize the most relevant interventions and improvement strategies.

Benchmark Report

Each collaborative participant submits their viral suppression data every two months during the collaborative. A benchmark report is generated and distributed to all participants, which includes the number of sites submitting, the total number of patients and their corresponding aggregate viral suppression rates, as well as tables and raw data. Key findings and indicator definitions are also included in each report and shared in the collaborative announcements and can also be found on Glasscubes.

Next Steps

- Become familiar with the indicator definition and reporting expectations – Nov 2022
- Mark the reporting deadlines in your calendar – Dec 2022
- Set up accounts in the Database – Dec 2022
- Get ready for first data collection cycle – Dec 2022
- Set up a registry of patients who are not virally suppressed at the Impact Site – Jan 2023

Frequently Asked Questions

Can I use my account from the create+equity Collaborative?	Should I sign-up multiple people from our Impact Site?
No. We have created a new database with several new features. You will need to simply set up a new account, one per Impact Site.	No. We ask you to set up one account per Impact Site to avoid double entry and reporting.
Can I learn from the experiences of other data managers?	How do I know that my performance data were ‘acceptable’?
Please join our Data Affinity Group that provides a forum for sharing and networking with other data managers who participate in the collaborative.	If you submit your performance data, run a report which will help you and your QI Coach to confirm its accuracy and comparison with other participants.
Patients are seen by multiple medical providers over time. Are we expected to un-duplicate these patients across agencies when reporting?	What happens if my performance is lower than expected?
No. We do not expect you to un-duplicate individual patients’ data across agencies even though patients may have received services at more than one location.	The collaborative aims to improve HIV care, promote peer-learning and to improve the data collection process. Lower than expected performance scores provide learning opportunities.
I have additional questions. Whom should I ask?	
Any technical assistance questions by agencies regarding the performance measures and reporting cycle should be directed first to the designated QI Coach or email CQII.	



Learn More | [Impact Now Database Indicator Definition Document](#)

VIII) Quality Improvement Interventions and Documentations

The ability to develop, test, and implement changes is essential for any Impact Site that wants to continuously improve. To facilitate the process of selecting interventions by Impact Sites participating in the *Impact Now Collaborative*, CQII has developed in partnership with IHI Change Packages: a listing of interventions for adoption by Impact Sites to reach their individualized aims.

Driver Diagrams

The Driver Diagram presents a graphic framework on the drivers (factors) that have been identified by the experts and stakeholders to have major impacts on achieving the preferred outcome (aim). *Primary Drivers* are the major factors driving the aim. The *Secondary Drivers* are the detailed activities and structures that make up the Primary Drivers. The interventions listed further in Change Packages are specific ideas that can be tested to determine if improvements are achieved.

To facilitate the initiation of improvement efforts by Impact Sites, the QI Coach will introduce the Driver Diagram concept during QI Group Sessions and ask each Impact Site to develop one. This will help the conceptualization of change ideas that allow participants to increase the number of patients who are additionally suppressed by the end of the collaborative by moving the site's viral suppression rate to the national mean.



Learn More | [Housing Affinity Group Driver Diagram](#)
[Substance Use Affinity Group Driver Diagram](#)
[Mental Health Affinity Group Driver Diagram](#)
[Age Across the Lifespan Affinity Group Driver Diagram](#)

Change Package

A change concept is a general notion or approach that is useful in developing specific ideas for changes that lead to improvement. Creatively combining these change concepts with knowledge about specific subjects can help generate ideas for tests of change.¹⁶ An extensive list of evidence-informed interventions and emerging practices has been gathered by IHI by reviewing existing work and the literature, as well as conducting interviews with key stakeholders. In addition, IHI and CQII have developed a set of intervention manuals that could not be found in the literature and have been updated them with best practices by participants in the create+equity Collaborative.

CQII and IHI have put together a Change Package to facilitate the selection and uptake of evidence-informed interventions and emerging practices to reach the *Impact Now Collaborative* goals. Impact Sites are asked to select those interventions for replication during the collaborative that are most relevant to meet the goals of their Aim Statement. Each Impact Site should review the Change Package and prioritize those that are most relevant for their organization. Plan-Do-Study-Act (PDSA) Cycles are used throughout the collaborative to test a change or group of changes on a small scale to see if they result in improvement. If they do, the tests are expanded and gradually incorporated using larger and larger samples until the data demonstrate measurable confidence that the changes should be adopted more widely.

¹⁶ Langley GJ, Nolan KM, Nolan TW, Norman CL, Provost LP. [The Improvement Guide](#). San Francisco, California: Jossey-Bass Publishers, Inc.; 2009

Interventions for Use in the Impact Now Collaborative

Outreach and Access to HIV Care

- Optimal Linkage and Referral (Active Referral Intervention)
- Uber Health (or similar) Transportation Services
- Walk-In Availability and Open Access to Care
- Project Connect: E2i
- Screening, Brief Intervention, and Referral to Treatment (SBIRT): E2i
- Test and Treat

Peer Support and Self-Management

- Patient Navigator Model (SPNS Project)
- Patient Self Care Plans
- The Undetectables Program
- U=U Education Initiatives
- Use of Peer Navigators

Coordination of HIV Care

- Case Conferencing to Support ART Adherence
- Collaborative Care Model
- Staff Training on Motivational Interviewing Skills, Strategies, and Tools
- Training on Continuous Improvement
- Waiting Room Milieu Manager
- Leveraging Electronic Health Records to Collect and Integrate Outcomes-Based Data in Care

Addressing Social Determinants of Health

- Implement Harm Reduction Principles for Healthcare Settings
- Low-Threshold Buprenorphine Treatment
- Improving Access to Mental Health Care
- Cognitive Behavioral Therapy for Adherence and Depression (CBT-AD)

Adherence to HIV Care

- Staff Training on Motivational Interviewing Skills, Strategies, and Tools
- Tele-Health to Increase ART Adherence
- Reaching VS in Youth
- Positive Links
- Project ACCEPT



Learn More | [Impact Now Change Package](#)

Reflection Sessions

To document the Impact Site-specific quality improvement activities, successes, and challenges, the *Impact Now Collaborative* conducts virtual Reflection Sessions every other month. Assigned CQII members facilitate these calls to interview Impact Site participants using a prepared set of questions.

Multiple call options will be made available to allow for greater scheduling flexibility and increased participation. A centralized and standardized process and forms are used to document the individual improvement journeys. CQII has successfully introduced this model in a recent pilot project.

These Reflection Sessions allow sites to verbalize their journey (rather than submit a written report), provide responses to pre-determined questions, and provide feedback on what is/isn't working in the collaborative for them. CQII will document those discussions, archive them on Glasscubes, and make them widely available to the sites, the QI Coaches, and the HIV/AIDS Bureau.

Reflection Sessions

Reflection Session	Timing	Sample Questions
Reflection Session 1	Dec 2022	Why did you join this collaborative? What was your motivation? What are your personal and agency goals for participation in this collaborative? How is your current capacity for quality improvement? What are your immediate QI and technical assistance needs to fully participate in the collaborative? Do you have any concerns regarding participating in the collaborative? Did you connect with your QI Coach?
Reflection Session 2	Feb 2023	Are the goals in the Aim Statement measurable, relevant, and actionable? Was the Aim Statement developed using a team approach? Do you need further assistance with further developing your Aim Statement? What are the takeaway messages from Learning Session 1? What are the key action items you developed during Learning Session 1? What are your TA needs moving forward?
Reflection Session 3	Apr 2023	Does your QI team include all key stakeholders? Is a person with HIV on your QI team? What steps have you taken to include people with HIV in your improvement efforts? What are root causes in your cause and effect diagram? What are the key lessons learned in your Driver Diagram you developed? What are your TA needs moving forward?
Reflection Session 4	Jun 2023	Do you have barriers to collect performance data? How can we overcome them? What are the key findings in reviewing your recent data results? Did you set up a patient roster of those who are virally unsuppressed? What did you learn from your data drill downs? What did you learn after reviewing the benchmark reports? What are your TA needs moving forward?
Reflection Session 5	Aug 2023	What QI tools did you use and implement? What was the outcome and lessons learned? What did you learn to apply to your QI project? Who was involved in the development? Did you use a team approach to create them? With whom and where did you share the results of using the QI tools? What are your TA needs moving forward?
Reflection Session 6	Oct 2023	Did the QI team develop a Driver Diagram? What did you learn? What QI intervention(s) did you select? Why? Who was involved in the process? How are the interventions you selected aligned with your Aim Statement? What recommendations provided by others did you utilize? Why, why not? What improvements did you make to improve the viral suppression rates? What are your TA needs moving forward?
Reflection Session 7	Dec 2023	How do you assess the capacity of your QI team to use the PDSA Cycles? What specific small tests of change did you test? What were the results? Did those changes impact your improvement goals? What improvements did you make to improve the viral suppression rates? What are your TA needs moving forward?

Reflection Session 8	Feb 2024	Do you have steps in place to plan for sustainability? How did you systemize your improvements made so far? What improvements did you make to improve the viral suppression rates? What are your TA needs moving forward?
Reflection Session 9	Apr 2024	What did you learn about putting together the QI Storyboard about your QI journey? Who was involved in the development? With whom and where did you share it? Did you show the Storyboard to all their staff and/or patients? What improvements did you make to improve the viral suppression rates? What are your TA needs moving forward?
Reflection Session 10	Jun 2024	What was most helpful to you or your agency to participate in the collaborative? What provided value for you or your agency during the initial collaborative phase? What do you wish you would have known at the beginning of the collaborative? What advice would you give to someone if it was their first learning collaborative? How can we better prepare/support them?

IX) Appendix

Key Terminologies and Definitions

Key Terms	Description
Benchmarking Report	Viral suppression data are collected and submitted to allow comparisons across Impact Sites; these benchmarking reports are immediately available in the online Impact Now Database; a detailed benchmark report is issued by CQII within one month after the submission deadline for Impact Sites
Case Presentation	Presented by each Impact Site during Learning Sessions throughout the collaborative to promote peer sharing; a standardized case presentation templates and slide set are provided
Case Presentation Template	A Case Presentation template has been created to help Impact Sites prepare for their Case Presentations, which includes all required elements; several completed samples are available from past collaboratives
Change Package	A listing of evidence-informed interventions and emerging practices that are useful in developing specific ideas for changes that lead to improvement
Collaborative Benchmark Reports	Benchmark reports are released after every data submission deadline by CQII; it provides information on the progress toward meeting the collaborative aims and how the data performance results compare to the overall collaborative goals
Collaborative Toolkit	This is a document for all participants in the collaborative that details the roles, expectations, and submission details of the collaborative; it outlines to participants and faculty how to approach each specified task in the collaborative and the corresponding resources
Content Expert	Individuals with significant content; individuals may include medical professionals, quality improvement experts, or individuals with HIV to ensure the consumer perspective is included in all discussions
Data Affinity Group	A role-specific Affinity Group that is designed for those who report performance data for Impact Sites to understand data measurement details and help with data reporting technologies
Driver Diagram	A graphic display of drivers (factors) that have been identified by the experts to have major impacts on achieving the preferred outcome (aim); Primary Drivers are the major factors driving the outcome and Secondary Drivers are the detailed activities and structures that makeup the Primary Drivers
Glasscubes	A password-protected file sharing platform used to share and submit documents for the collaborative aside from viral suppression data and intervention data, which are done through the online database
Impact Now Collaborative Website	The externally facing website for this collaborative allows Impact Sites and non-participating HIV providers and consumers access to resources and tools of the collaborative
Impact Now Database	An online database where Impact Sites submit their viral suppression data; this database produces the benchmarking reports
Impact Now One-Page Flyer	A one-page pdf document to introduce the overall <i>Impact Now Collaborative</i> framework and to explain key terms used during the collaborative
Impact Site	Individual RWHAP recipients or subrecipients participating in the <i>Impact Now Collaborative</i> that provide direct clinical care; each Impact Sites is asked to focus their local improvement efforts to raise their viral suppression levels to the national viral suppression mean
Impact Site Aim Statement	A document, developed by each Impact Site, describing the current status quo and what each Impact Site intends to measurably accomplish at the end of their improvement work; it clarifies and focuses the team's direction and scope of work

Impact Site Enrollment	Individual RWHAP recipients or subrecipients enroll online using the provided link as Impact Sites to participate in the collaborative
HIV Affinity Group	A role-specific Affinity Group dedicated to people with HIV, consumer advocates, or consumer liaisons to ensure that the voice of individuals with lived experiences is heard and that relevant feedback can be incorporated into all aspects of the collaborative
HIVQUAL Workbook	A quality improvement (QI) guide to learn more about basic QI concepts and their application in HIV programs [https://targethiv.org/library/hivqual-workbook-0]
HRSA HIV/AIDS Bureau Invitation Letter	A letter by senior HIV/AIDS Bureau leadership to introduce the <i>Impact Now Collaborative</i> to RWHAP recipients and subrecipients
Introduction Session	A webinar held by CQII staff and senior HRSA leadership to introduce the collaborative to participants; session materials include a recording of the session, as well as the slides and corresponding documents
Learning Session	In-person or virtual meeting that brings Impact Sites together with HIV/AIDS Bureau and CQII representatives, QI Coaches, faculty, and other representatives to develop improvement efforts and promote peer exchanges
NQC Part B Guide	A guide by the National Quality Center (NQC), which shares the best-practices from participating RWHAP-funded Part B programs in previous NQC collaboratives [https://targethiv.org/library/building-capacity-statewide-quality-management-programs-nqc-guide-ryan-white-hiv-aids-program]
NQC Subcontractor Guide	A guide by the National Quality Center, which shares best-practices from RWHAP recipients to work with subcontracted agencies to improve HIV care and services [https://targethiv.org/library/partnering-subcontractors-improve-hiv-care]
Planning and Implementing a Successful Learning Collaborative Guide	A guide by the New York State Department of Health to outline the necessary steps to set up and support a quality improvement collaborative [https://targethiv.org/sites/default/files/file-upload/resources/Plan_Implement_Learning_Collaborative_2008.pdf]
Pework Assignments	Assignments during the Engagement Phase (Jul – Dec 2022) designed to prepare participants for the first Learning Session (Jan 2023); these include: familiarization with collaborative tools, the establishment of local QI team, drafting of aim statement, etc.
QI Coach	Quality Improvement (QI) expert contracted by CQII to support assigned Impact Sites and provide individualized technical assistance
QI Group	QI Coaches are assigned to work with a group of Impact Sites; virtual QI Group meetings with Impact Sites and the QI Coach are held twice a month
QI Intervention	A change in some aspect of the system or process with the goal of increasing the quality of care of clients and improving health outcomes
Storyboard	A visual display of key aspects of a QI project to inform others about the goals of the improvement efforts, performance data over time, interventions used, and lessons learned; a slide template and past storyboards are available
Technical Assistance Referral Form	A link to the TargetHIV website to request technical assistance for clinical quality management by HRSA beyond what is provided during the collaborative
Viral Suppression Data	Every other month, each Impact Site submits their viral suppression data (HAB viral suppression measure definition: National Quality Forum #: 2082) for all people with HIV receiving HIV care (entire HIV caseload)