

Data Communities of Practice: Use, Quality and Action

Brief Session Description

The goal of this session is to provide learners with a range of models for the development and operation of data communities of practice.

Objectives:

1. Participants will describe how prescription refill data is shared with the state and local health department to intervene with PLWH who failed to pick up ART prescriptions.
2. Participants will learn how to identify best practices for collaboration with grant recipients and sub-recipients to collectively report more accurate and complete data
3. Participants will be able to describe the Learner Education and Practice Portal (LEAPP) that provides a platform for data, evaluation, and quality management.

Link-Up Rx

Satrise Tillman

Linkage Specialist, Detroit Health Department

Alexa Jones

PharmD, MedCart Specialty Pharmacy

Leanne Savola

HIV/STD Director, Detroit Health Department

Link-Up Rx

- Sped up Data to Care
- Uses prescription refill information to identify PLWH who have not picked up their antiretroviral therapy (ART) and supports them in getting their medication
- In our traditional Data to Care program a PLWH needs to be out of care for at least 15 months, or never started care, before they are contacted by Link-Up Detroit
- Link-Up Rx allows us to reach out to individuals after only two weeks of possibly being without medication

Planning

- 2017
 - April- CDC released funding opportunity for Data to Care Rx
 - May- Detroit & Michigan Health Departments formed a workgroup
 - Decided not to apply, Michigan will fund
 - June-July- Initial discussions with pharmacists
 - August- Large pharmacists meeting
 - Shortened the intervention timeline suggested by CDC
 - September-December- Developed draft protocol
- 2018
 - January-June- collected community feedback and IRB approval and baseline data at pharmacy
 - July- started Link-Up Rx

Program Model

Time lapsed after failed ART pick up

Week 1

- Pharmacist reaches out to client

Week 2

- Pharmacist contacts prescriber
- Prescriber attempts outreach

Week 3

- Pharmacist shares information with DHD
- DHD attempts outreach

Program Goals

- Increase viral suppression amongst PLWH
- Increase level of involvement of pharmacists in the current care model

Pharmacy Partner



- Pharmacist and patient care coordinators strive to help HIV patients stay in care by collaborating with the patient's entire healthcare team, as well as the health department

Outreach Attempts

- 1st attempt- if client is reached or not it is documented in a progress note
- 2nd attempt within 48 hours- documentation of outcome
- If 3rd attempt fails, contact prescriber immediately by fax, phone or both
 - Document in progress note “HIV Health Department Outreach”

Documentation

New Note (F4) **Progress Note History (F6)** Billing Note History Care Plan Interventions (F9)

Filter: User Date To F/U Date To

P	Date / Time	Entered By	Subject	F/U Date	F/U Assig
	07/31/2018 12:49:21 PM	Cierra Lindsey	HIV - HEALTH DEPT OUTREACH		Cierra Li
	07/26/2018 11:10:13 AM	Cierra Lindsey	4) Third Scheduling Attempt - PHYSICIAN CONTACTED		
	07/24/2018 03:14:20 PM	Jordan Potter	9) REFILL REQUEST 2	07/26/2018	Jordan P
	07/24/2018 01:55:43 PM	Krista Davison	Discontinued Rx # 2047693 via Prescription File		
	07/23/2018 03:23:13 PM	Delories Brown	3) Second Scheduling Attempt		
	07/18/2018 12:01:55 PM	Jordan Potter	8) REFILL REQUEST 1	07/20/2018	Jordan P

Im for pt and faxed 3 attempts sheet to the dr

Software Used & Reporting

- CPR+
- CareTend reporting system has reports to track adherence, dispensation, billing, etc.
- Weekly, pull report of all progress notes for the appropriate time frame
- Filter for “HIV Health Department Outreach”
- Use orders report to Vlookup correct ART and demographic fields
- Send reports to MDHHS surveillance

Reporting

Specialty Pharmacy)

08/02/2018 x Dispense (5002) 6/10/2018 -> 6/30/2018 Turnaround Time Detail (ab_1002) 07/01/2018 -> 07/31/2018 Average Turnaround Report

Tasks Layouts MDHHS NEW ORDERS REPORT Time Periods Last 30 Day

Drop Filter Fields Here

Order Therapy	Ordered Date	Ordered (Month)	Patient City	Patient State	Active	DC'd
▼ HIV	2017/07/03	07 - July	Detroit	MI		
	2017/07/05	07 - July	Detroit	MI		2
	2017/07/07	07 - July	Detroit	MI		
	2017/07/10	07 - July	Detroit	MI		
	2017/07/11	07 - July	Detroit	MI		
	2017/07/13	07 - July	Detroit	MI		1
	2017/07/14	07 - July	Detroit	MI		
			Remus	MI		1
			Shepherd	MI		
	07 - July Total					1
	2017/07/17	07 - July	Alpena	MI		1
			Franklin	MI		
	07 - July Total					1
	2017/07/18	07 - July	Detroit	MI		
			Pinkney	MI		1
	07 - July Total					1
	2017/07/21	07 - July	Detroit	MI		
	2017/07/25	07 - July	Detroit	MI		
	2017/07/26	07 - July	Detroit	MI		
	2017/07/28	07 - July	Detroit	MI		
	2017/07/31	07 - July	Detroit	MI		
	2018/07/02	07 - July	Bloomfield Hills	MI		
			Detroit	MI		13
			Traverse City	MI		3
	07 - July Total					16
	2018/07/03	07 - July	Detroit	MI		22
	2018/07/05	07 - July	Detroit	MI		7

Progress Notes July 2018 - Microsoft Excel

Home Insert Page Layout Formulas Data Review View Design

Clipboard Font Alignment Number Styles Cells

Security Warning Automatic update of links has been disabled Options...

MRN	Therapy	Date	Insurance	Entered By	Note Subject	Note Body
2673	6812 ABX, ANTI	07/02/2018	Medicaid Mic	Alexa Muccioli	HIV - HEALTH DEPT OUTREACH	OUT OF CARE; PATIENT MAY NEED HELP WITH UNIFIED;
3232	5790 ABX, ANXIE	07/02/2018	Blue Cross C	Alexa Muccioli	HIV - HEALTH DEPT OUTREACH	OUT OF CARE
4513	7541 ANTIVIRL	07/03/2018	Meridian Hea	Alexa Muccioli	HIV - HEALTH DEPT OUTREACH	out of care
4549	8242 ABX, ANTIF	07/05/2018	Catalyst Rx	Jordan Potter	HIV - HEALTH DEPT OUTREACH	Sent fax to Lindsey
4554	6423 BP, HIV, H	07/05/2018	Medicaid Mic	Jordan Potter	HIV - HEALTH DEPT OUTREACH	Sent fax to Lindsey
4679	8407 ABX, ANTIF	07/09/2018	Aetna Better	Jordan Potter	HIV - HEALTH DEPT OUTREACH	Sent fax to Lindsey Kinslinger at Health Department
5097	10096 HIV	07/10/2018	Medicaid Mic	Bethany Hill	HIV - HEALTH DEPT OUTREACH	have not filled for a while.
5789	9986 ABX, AZOL	07/10/2018	Medicaid Mic	Bethany Hill	HIV - HEALTH DEPT OUTREACH	we are having trouble contacting, MD is also having trouble contacting.
5857	10179 HIV	07/10/2018	Medicaid Mic	Bethany Hill	HIV - HEALTH DEPT OUTREACH	last fill 3/20-18 can not get ahold of patient, Dr. Benson aware
6588	2676 ALLERGY	07/16/2018	Medicaid Mic	Delories Brown	HIV - HEALTH DEPT OUTREACH	patients phone is off cant inform patient that is ins is office sent fax to dr offi
7276	8638 ABX, GI, HI	07/16/2018	Medicaid Mic	Alexa Muccioli	HIV - HEALTH DEPT OUTREACH	
7609	10632 HIV	07/19/2018	Medicaid Mic	Bethany Hill	HIV - HEALTH DEPT OUTREACH	Upon returning RX to stock I called patient one last time with no answer.LM
7811	1671 DIAGNOST	07/19/2018	Blue Cross C	Bethany Hill	HIV - HEALTH DEPT OUTREACH	tried to call again, phone is not in service (phone is off according to previous
7947	1548 ANTIVIRL	07/23/2018	Meridian Hea	Jordan Potter	HIV - HEALTH DEPT OUTREACH	we have not heard back from MD at this time.
9020	7290 ABX, ANTI	07/25/2018	Meridian Hea	Jordan Potter	HIV - HEALTH DEPT OUTREACH	Havent heard back from prescriber after 48 hours.
9527	8735 HIV	07/30/2018	Medicaid Mic	Jordan Potter	HIV - HEALTH DEPT OUTREACH	We havent received any new information of how to reach the patient since m
9797	10105 HIV, OTC	07/30/2018	Pcs Advance	Jordan Potter	HIV - HEALTH DEPT OUTREACH	Have not heard back in regards to how to contact the patient.
10264						
10265	#####					
10266						
10267						
10268						
10269						

Barriers

- Patient autonomy vs. patient care
- Developing documentation skills
- Reaching patients by phone
- Courier services or shipping issues

Information Shared Weekly

- MedCart to Michigan Department of Health & Human Services (MDHHS) Surveillance
 - Name of pharmacy contact & phone #
 - Client last & first name
 - Sex at birth, current gender
 - DOB
 - Phone #
 - Address & email
 - Prescribing physician & if prescriber was notified
 - ART prescription, start date, is this first ART prescribed (Y/N/Unk), last pick up
 - Notes

Additional Information Included

- MDHHS Surveillance to DHD
 - State HIV #
 - Diagnosis date
 - Location of diagnosis
 - Last known CD4 count, date and location of draw
 - Last known viral load, date and location of draw
 - Updated phone # & address (if available)
 - Other

Searching for MedCart's Clients

- Documented in CAREWare
- Same methods as traditional Data to Care
 - TLO
 - Three calls & texts are attempted to working phone #
 - Contact made to medical & other RW providers who have served client in the last two years

Successful Contact

- Verify DOB
- Introduce new program in partnership with MedCart
- Discuss client needs
- Ask how many days of meds they have left
- Assist client with identified needs
 - Insurance, case management, medical appointment, etc.
- Share new contact with MedCart
- Investigation is open for 3 weeks and/or 3 phone call/text attempts before being closed out as unable to locate

Report Back to MDHHS & MedCart

- Phone call to MedCart done immediately because client can often talk right then
- Document outcome in CAREWare
- Case Report forms with updated contact info faxed to MDHHS weekly

Preliminary Results & Lessons Learned

Contact

- Satrise Tillman– Linkage Specialist, Detroit Health Department
tillmansdetrw@gmail.com, 313-876-4954
- Alexa Jones - PharmD, MedCart Specialty Pharmacy
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Getting to Zero: Improving the Quality of Ryan White Services Report Data: The New York City Experience

Julia Cohen

City Research Scientist, New York City Department of Health & Mental Hygiene

The Ryan White Services Report

An annual calendar year report submitted by Ryan White (RW) grant recipients and sub-recipients to the Health Resources and Services Administration (HRSA).

- Consists of a Recipient, Provider and Client Report
- Includes client-level demographic, service and clinical data
- Reports clients eligible for Ryan White services based on HIV status, income and housing status

Recipient Report

Provider Report

Client Report

HRSA Benchmarks for the RSR

HRSA establishes annual benchmarks to measure:

- Completeness of demographics and clinical data to monitor eligibility for Ryan White services and to facilitate improvement on data completeness.
- Quality of reported clinical data
- These benchmarks can change from year to year.
- Feedback on benchmarks happens several months following report submission.

Examples of Benchmarks

- **Less than 10% missing values** for six client-level data elements: Federal poverty level (income); Health insurance status; Housing status; Viral load; Antiretroviral therapy; HIV Risk Factors
- **Less than 50% 'No' or missing values** for mental health screening and/or substance use screening; **less than 90% 'No' or missing values** for PCP prophylaxis and Hepatitis B Vaccination

The NY EMA and the 2017 RSR

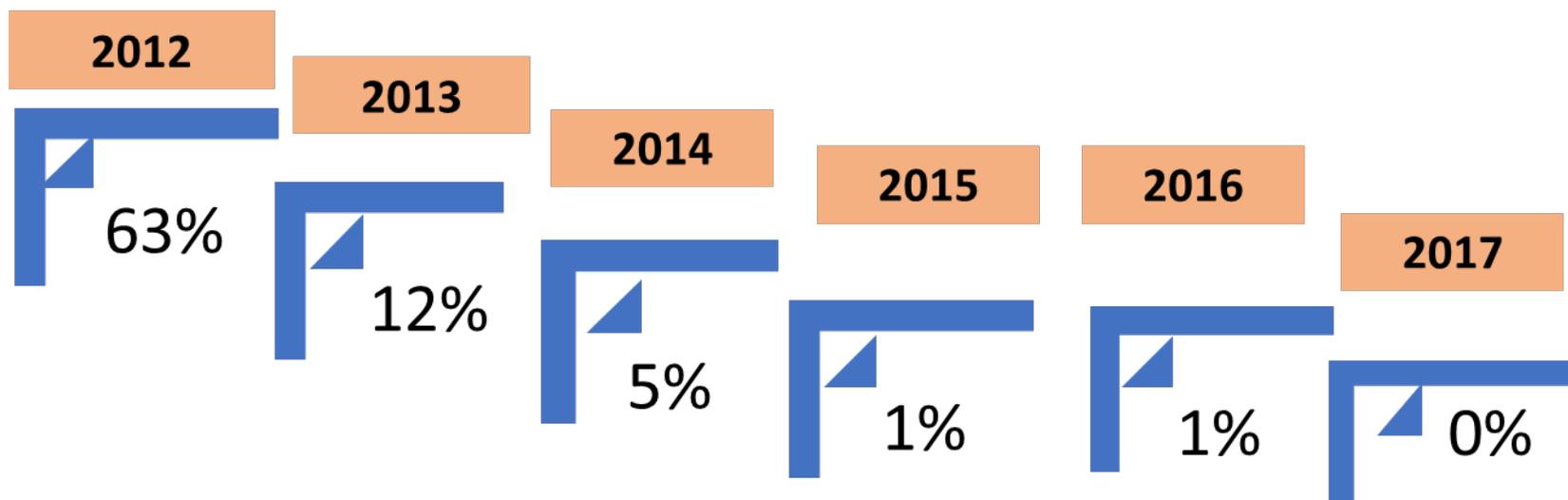
As shown on the following map, the New York Eligible Metropolitan Area (NY EMA) includes the 5 counties of NYC, and Rockland, Putnam, and Westchester counties.



- **89** agencies submitted Ryan White Services Report (RSR) data under the NYC DOHMH Ryan White Part A (RWPA) grant
- **40,178** unduplicated clients were reported by our grant sub-recipients for Ryan White Parts B, C & D contracts. Of these, roughly half, or 20,257 clients, were reported under Part A.

RSR Data Completeness 2012-2017

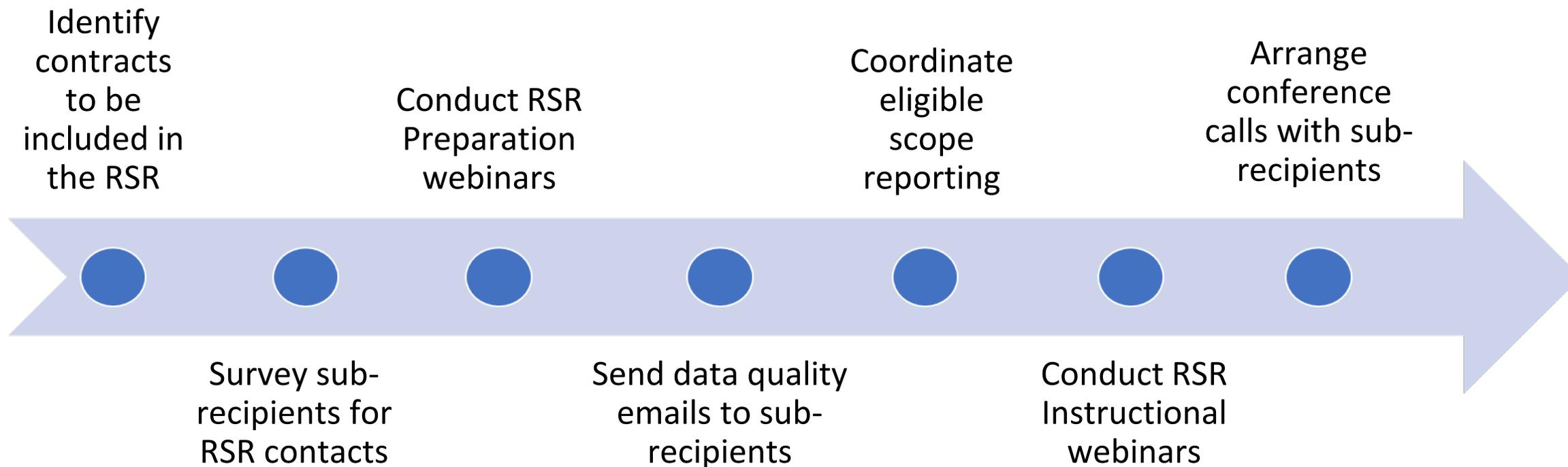
Cascading table showing percentage of Providers with less than 90% completeness for HIV/AIDS Bureau (HAB)'s six targeted data elements:



NY EMA: Optimizing the RSR Process

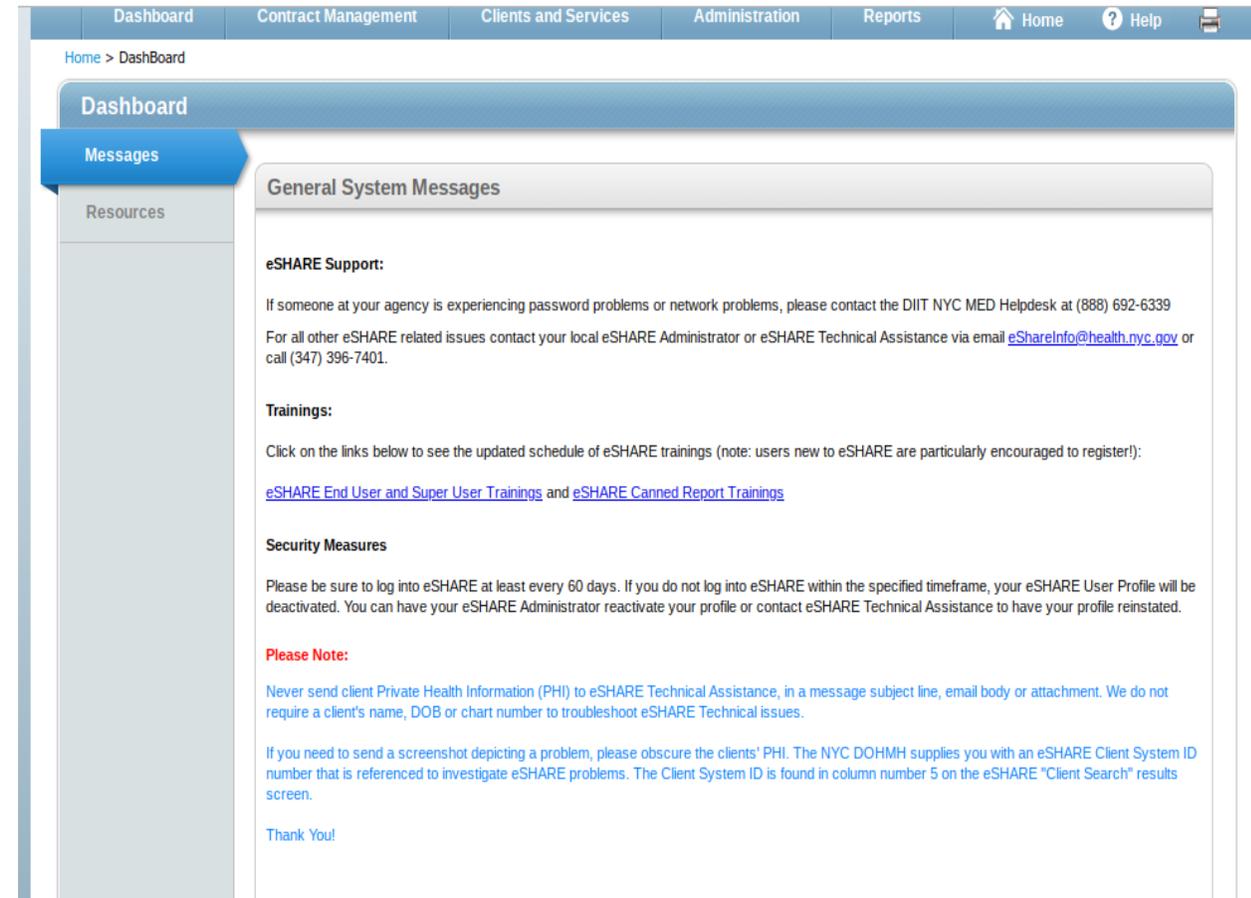
- Use an RSR-ready system for data collection and monitoring
- Use available tools to enhance the reporting process
- Monitor completeness and quality of data using RSR Reports and e-mail communications
- Provide up to date information to grant sub-recipients on RSR changes and policies
- Collaborate with other RW funding Parts
- Maintain a working relationship with HRSA's technical support teams

Timeline for RSR Preparations



The NY EMA eSHARE System

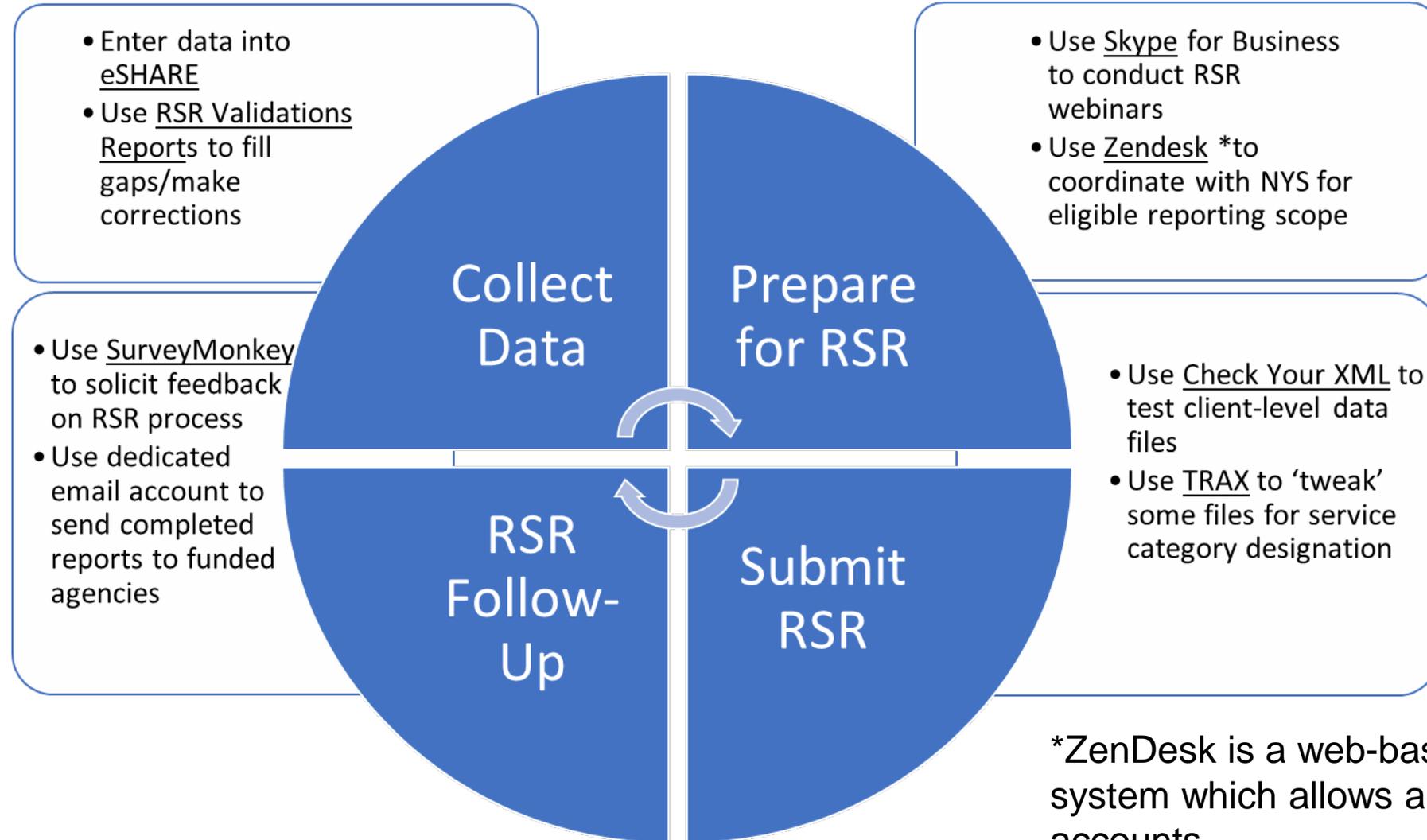
- The NY EMA uses eSHARE (Electronic System for HIV/AIDS Reporting and Evaluation), a certified RSR-ready system, to collect and report RSR data.
 - eSHARE includes an RSR validations report to check for missing data
 - eSHARE produces an .XML file of RSR-ready data
 - eSHARE can be modified to accommodate changes to reporting requirements



Tools Used in the RSR Process

- [eSHARE](#) – data collection system for RSR data, also creates XML file
- [Zendesk](#) – e-mail ticketing system – collaboration with New York State Department of Health
- [TRAX](#) – HRSA program to create customized XML files of RSR data
- [Check Your XML](#) – feature in the HAB RSR Web application to upload test files
- [SurveyMonkey](#) – survey program to solicit feedback on RSR process
- [Skype for Business](#) – for webinars on RSR, both before and after RSR submission

How the NY EMA Makes Use of Available Tools



*ZenDesk is a web-based email ticketing system which allows agents to share accounts

RSR Resources within eSHARE

The screenshot displays the eSHARE web application interface. At the top left is the 'e.share' logo and the text 'Electronic System for HIV/AIDS Reporting & Evaluation'. To the right, there is a 'NYC Health' logo, a 'WELCOME Julia Cohen BHIV' message, and a 'Logout' button. A navigation bar contains links for 'Dashboard', 'Contract Management', 'Clients and Services', 'Administration', 'Reports', 'Home', and 'Help'. Below the navigation bar, the breadcrumb 'Home > DashBoard' is visible. The main content area is titled 'Dashboard' and features a sidebar with 'Messages' and 'Resources' (the latter is highlighted). The 'Resources' section is expanded to show a list of links under the heading 'Ryan White Services Report (RSR)'. The links include: '2017 RSR Validations List', '2017 RSR Timeline', '2017 RSR Instruction Manual', 'Importing RSR client-level data into MS Excel', 'Obtaining a Login to the RSR Web-Based System', 'Guide to the RSR Report in eSHARE', 'RSR Frequently Asked Questions', 'Check your XML Instructions', and 'RSR Data Dictionary'.

Links to RSR documents are available to sub-recipients on the eSHARE Dashboard and include step-by-step instructions to create the RSR Provider and Client Report.

A Frequently Asked Questions (FAQs) document includes information for sub-recipients on how to report under multiple funding streams.

The RSR Report

The RSR Validations Report uses HRSA RSR validations to identify client records in eSHARE that have missing or 'unknown' values for RSR data elements

e-share Electronic System for HIV/AIDS Reporting & Evaluation

NYC Health WELCOME Julia Cohen BHIV Logout

Dashboard Contract Management Clients and Services Administration Reports Home Help

RSR Report

Select Reporting Period:

Select Agency:

From: 01/01/2017 To: 12/31/2017

System Assigned ID	Enrollment Service Category	Enrollment Date + Form Type + Form Date	Issue Type	Field	Issue Description + State
AHJ001295998	EIN	09/19/2013 Intake Assessment 09/19/2013	Unknown or missing demographics	Insurance Type	Missing Medical Insurance Warning
AHJ001295998	N/A	Common Demographics	Unknown or missing demographics	Ethnicity	Unknown or missing Hispanic subgroup Alert
AZZ0001584335	MHV	01/15/2017 Intake Assessment 06/13/2017	Unknown or missing demographics	HIV Risk Factor	Missing HIV risk factor(s) Alert
AZZ0001584335	N/A	Common Demographics	Unknown or missing demographics	Ethnicity	Unknown or Missing Ethnicity Alert
AZZ0001584335	N/A	Common Demographics	Unknown or missing demographics	Race	Unknown or Missing Race Alert
AZZ0001585370	HRM	07/18/2017 Re-Assessment 08/28/2017	Unknown or missing demographics	What is your current living situation?	Missing Housing Status Alert
AZZ0001585375	HRM	07/18/2017 Intake Assessment 07/18/2017	Unknown or missing demographics	HIV Risk Factor	Missing HIV risk factor(s) Alert

ZenDesk Email Platform

 Reply  Reply All  Forward



Wed 9/26/2018 4:22 PM

[REDACTED] (AIDS Institute, NYS DOH) <support@aiosdrsr.zendesk.com>

[AIDS Institute, NYS DOH] Update: Housing Works--2018 Interim RSR Extract Request by the AIDS Institute

To

Cc: Dmitry Koptsev; Julia Cohen

Retention Policy DOHMHRetentionPolicy (8 years)

Expires 9/24/2026

Action Items

+ Get more

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails. If it looks suspicious, send it as an attachment to spamemail@health.nyc.gov

- Please type your reply above this line -##

You are registered as a CC on this support request (872). Reply to this email to add a comment to the request.



[REDACTED] (AIDS Institute, NYS DOH)

Sep 26, 4:21 PM EDT

Hi. Thanks for submitting your RSR Extract, However, we noticed that your Part B Funded Service categories are being excluded. We are looking determine what the correct funding should be for your 'Housing LGBT' program. We should have this sorted out tomorrow so we'll wait on return your RSR Completeness Reports until then. We'll be in touch.

ZenDesk is a Help Desk Email platform which allows multiple agents to respond to queries from RSR grant sub-recipients.

Since approximately one third Part B funded agencies in the NY EMA also have Part A funding, this platform facilitates coordinated RSR messaging to agencies.

The TRAX Application from HRSA



The TRAX application is a free downloadable program from HRSA, which uses Excel spreadsheet templates of RSR data to create an RSR-ready XML file.

The NY EMA uses TRAX in cases where service categories need to be manually adjusted for the RSR.

Check Your XML Feature

RSR Check Your XML

▼ eShare

Report ID: 50413	Status: Working	Data
Report Period: Check Your XML	Last Modified Date: 10/27/2016 2:46:59 PM	Last I
Access Mode: ReadWrite	Client Count: 71	Lock

Check your RSR Client-Level Data XML and Data Quality Page

This page will allow you to upload a RSR client-level data XML file to ensure that it conforms to the schema. When your XML file is successfully processed, you can view any alerts, warnings, or errors that are in the the arrow to the left of the ID number to see the Validation Report, Upload Confirmation Report, and Data Completeness Report for each individual file that was successfully processed. To see the Validation Report, select the links in the left navigation menu.

Please note:

- This information will not be submitted to HRSA. You will still have to upload your XML in your RSR Provider Report. This site simply allows you to check the structure of your XML file and the quality of your data.
- This feature only works with RSR client-level data XML files that conform to the RSR Client-Level Data XML Schema Definitions. The most recent RSR XML Schema Definitions are available on the [Target C](#)
- You will be unable to upload files larger than 29MB. If your client-level data XML file is larger than 29MB, please zip your file before upload. [Create Compressed Zip File](#)
- Changes to the file status in the Upload History Table are not automatically displayed. To view real-time updates to the Upload History Table, you must manually refresh this browser window.
- You will receive an email confirmation after you have successfully uploaded a client-level data XML file.
- All files are deleted 30 days after they are processed.

Client Upload

Select the client records that you would like to upload. You will receive an email confirmation after your records are successfully processed.

Choose File No file chosen

Upload File Cancel

This feature allows **grant recipients** and sub-recipients to upload a test file of client-level data to check for quality and completeness using an Upload Completeness Report.

Screenshot of RSR Check Your XML web page

Recipient/Sub-Recipient Support

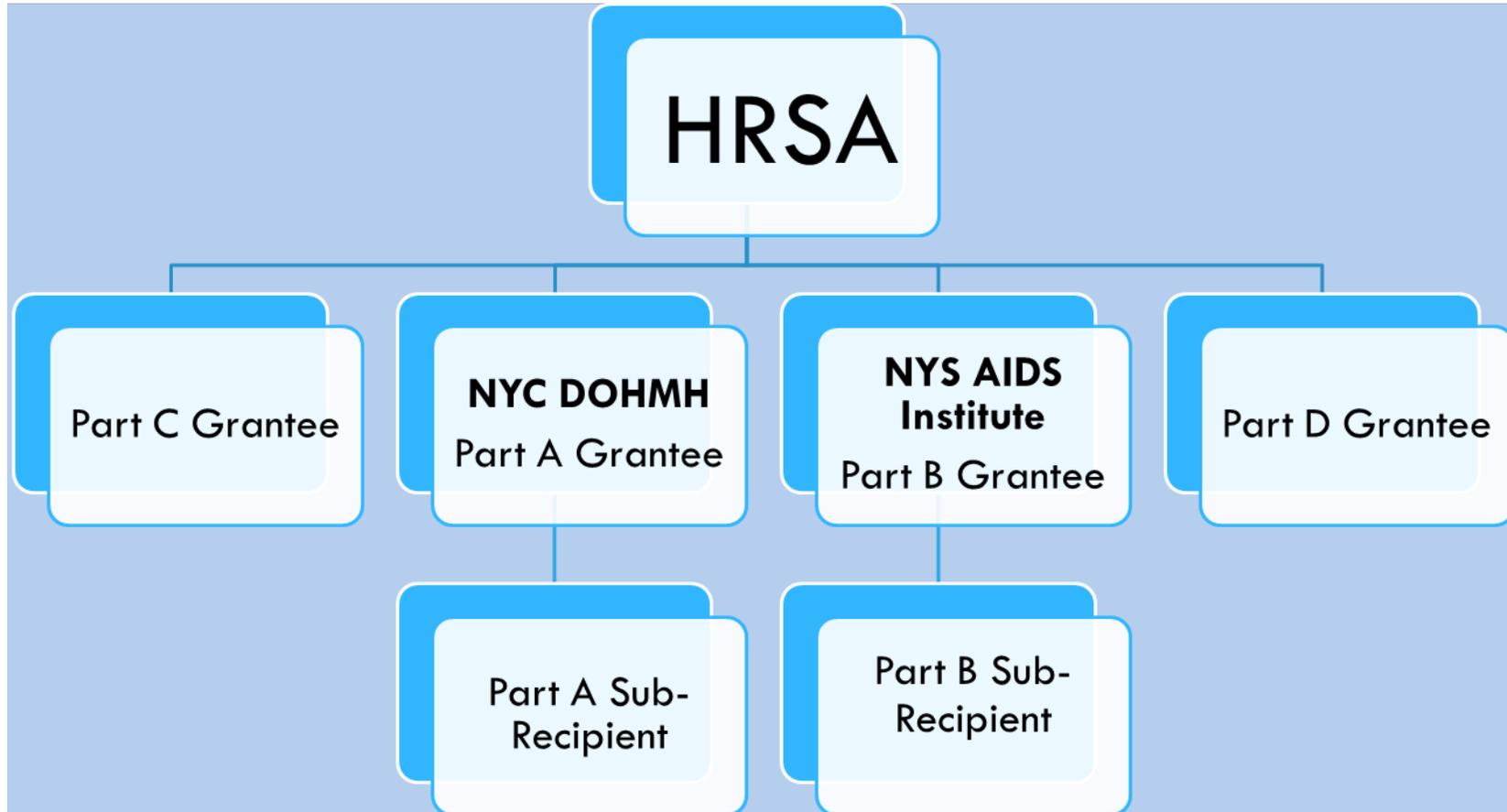
- Identify 2 RSR contacts at each funded organization
- Hold RSR Preparation and Instructional Webinars
- Disseminate provider-level spreadsheets with data issues including:
 - HIV diagnosis year
 - Household income
 - Enrollment issues
- Communicate using an e-mail account specifically for RSR issues: (eshareRSR@health.nyc.gov – ‘eSHARE Data Review’)
- Conduct conference calls to discuss reporting issues and clinical data

Why Collaboration with other Funding Parts?

- ‘Treat’ the ‘Whole’ RSR!
- Benchmarks include ALL funding Parts
- Eligible scope of services requires collaboration
- Allows for sharing of best practices
- Facilitates consistency of reported data

The NY EMA RSR

Lots of Moving Parts!



NY EMA and HRSA Technical Support

- Submit formal comments through the Federal Register on proposed RSR changes and data collection practices
- Assist technical assistance teams with testing of website updates
- Provide feedback on RSR process to technical assistance teams on an annual basis
- Seek clarification on RSR data collection policies to communicate to sub-grantees
- Participate in all RSR webinars in order to keep abreast of RSR changes

NY EMA and RSR Feedback

- **Communicate RSR results** to grant recipients/sub-recipients
 - RSR Handout with aggregate data/completeness rates
 - Official feedback from RW Data TA team on benchmarks
- **Follow-Up Webinar** to present RSR results and go over process
- **Send RSR report packages** to grant recipients/sub-recipients
- **Survey recipients/sub-recipients** on RSR process and make adjustments to process accordingly

Important Takeaways

**Ensure your data
collection system is
RSR-ready**

**Keep up to date on
RSR changes**

**Collaborate with
other funding parts**

**Utilize tools at your
disposal**

**Communicate with sub-
recipients and recipients**

Acknowledgements

Jacinthe Thomas, MPH, Care & Treatment Program, Bureau of HIV/AIDS Prevention and Control, New York City Department of Health & Mental Hygiene

Kalani Thaler, MPH, Evaluation Specialist, Care & Treatment Program, Bureau of HIV/AIDS Prevention and Control, New York City Department of Health & Mental Hygiene

Larry Spiegel, Director, Office of Data Systems Development & Reporting, New York State Department of Health-AIDS Institute

Elizabeth Coombs, Mission Analytics Group, San Francisco, CA

Questions or Comments?

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Learner Education and Practice Portal[©] LEAPP Technology

Linda Rose Frank, PhD, MSN, ACRN, FAAN

Professor of Public Health, Medicine and Nursing

Principal Investigator, MidAtlantic AETC

Learning Objectives

Participants will be able to describe the Learner Education and Practice Portal (LEAPP) that provides a platform for data, evaluation, and quality management.

Description

The creation of a community of practice and means of reaching clinicians, clinics, and communities, convening learners, and tracking related data is essential to improving HIV care. The MidAtlantic AETC developed and licensed the Learner Education and Practice Portal (LEAPP) through the Innovation Institute at the University of Pittsburgh and will be described.

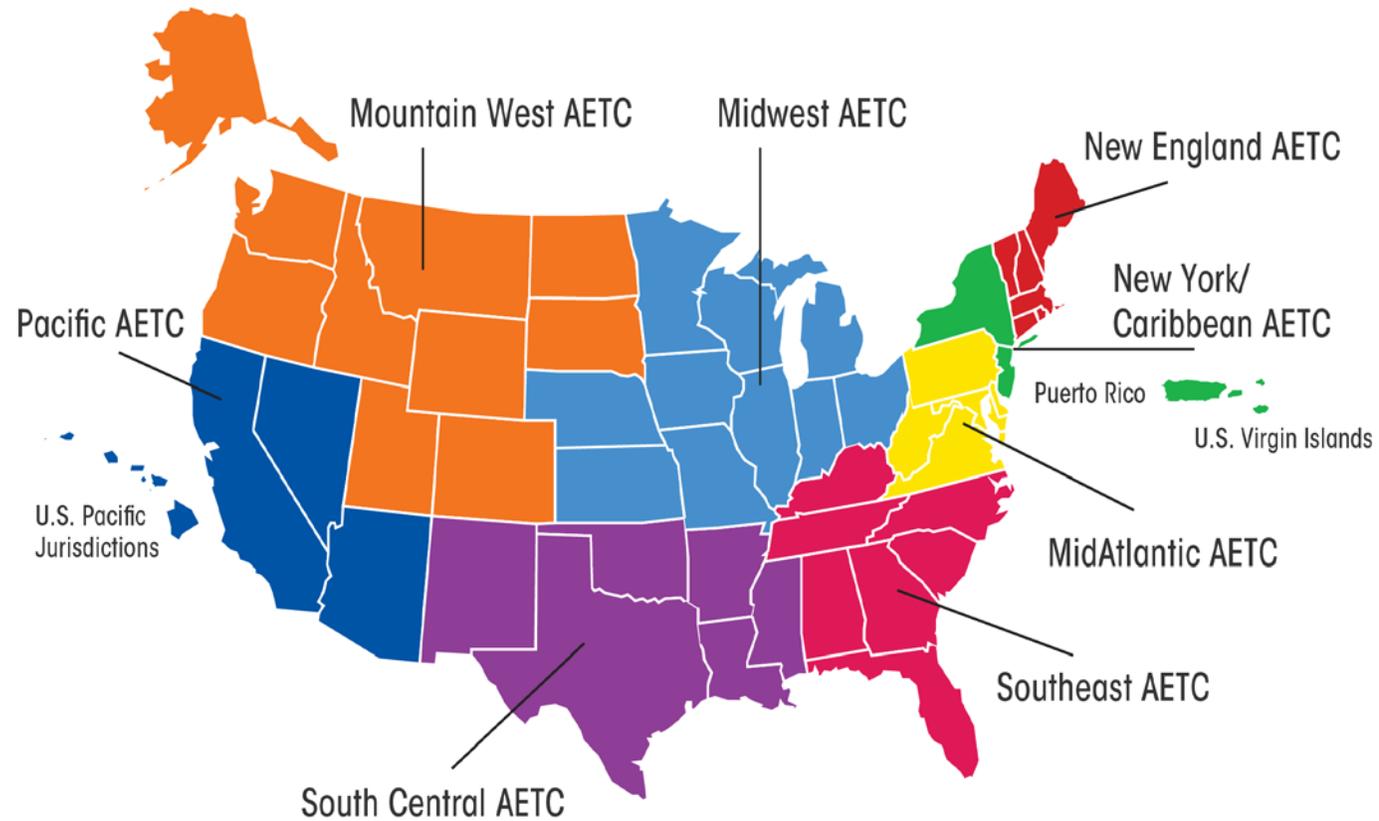


Rationale for Approach



Linda Rose Frank, PhD, MSN, ACRN, FAAN
Professor of Public Health, Medicine and Nursing
Principal Investigator, MAAETC

AIDS Education and Training Center Nationwide Network

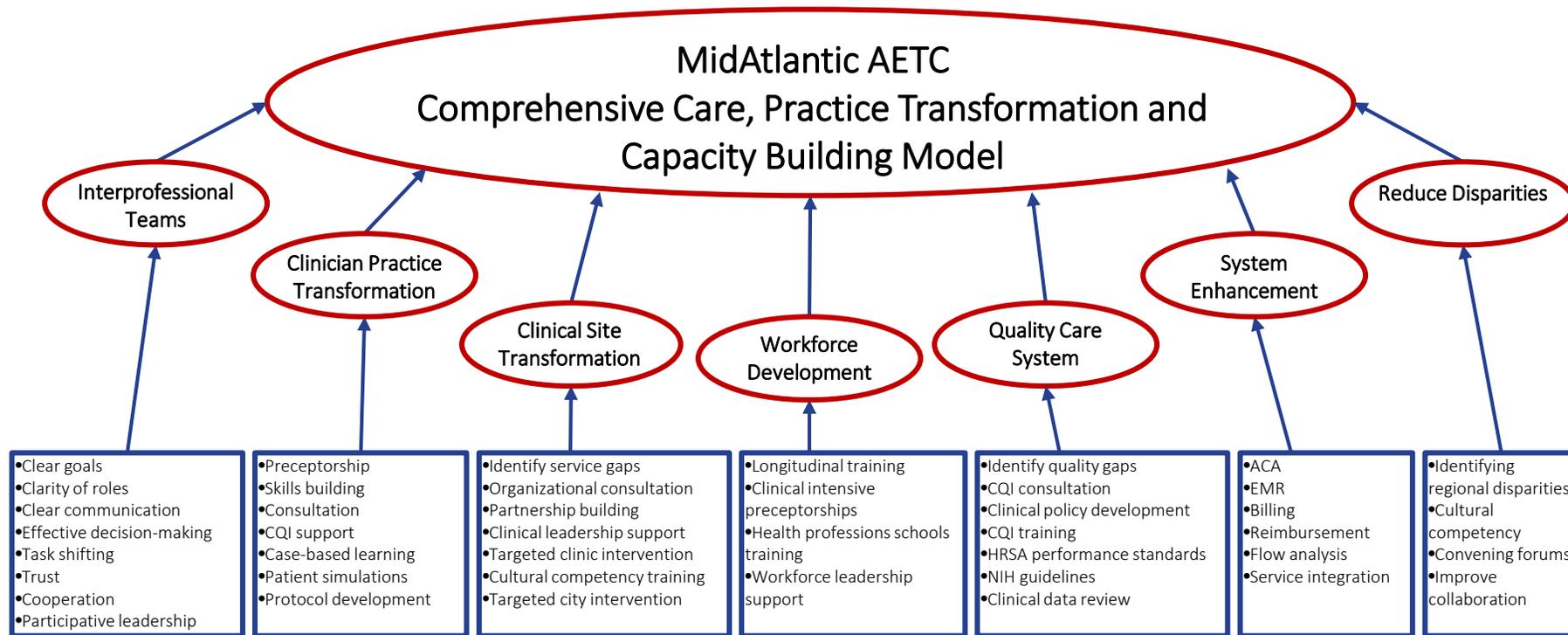


Map of National AETC Network 1

MidAtlantic AETC Scope of Work

- The MidAtlantic AETC offers a range of training and consultation services.
 - **Core Training:** Didactic and Interactive Training Programs
 - **Communities of Practice:** Ongoing assistance and planning
 - **Clinical Preceptorships**
 - **Clinical Consultation:** National and Local Expert Resources
 - **Coaching for Organization Capacity Building:** Technical Assistance
- Practice Transformation Project
- Interprofessional Education Project
- Minority AIDS Initiative

MidAtlantic AIDS Education & Training Center Model for Capacity Building



© L. Frank, University of Pittsburgh, 2010

Learner Education and Practice Portal[©]

Authors: Professor Linda R. Frank, PhD, MSN, ACRN, FAAN, and Matthew Garofalo, MBA, MS-MIS

The LEAPP system was specifically created to support the unique needs of the AIDS Education and Training Centers. LEAPP provides a centralized web presence to facilitate the interaction of trainees with educational programming of the AETCs and support recruitment of trainees, tracking of user activity, data collection, and facilitates collaboration among educational partners.

LEAPP is focused on increasing education of health care professionals and members of the health care professional teams. The emphasis is on education about HIV and HIV-related healthcare. LEAPP hosts more than 20,000 users.

Branding helped reinforce the web development goals

- Centralize experience around learners
- Education should be practical and fit into a learner's practice
- Many different learners can interact via 1 portal, thereby building a community of practice

A product of the MidAtlantic AIDS Education and Training Center, LEAPP is offered as a licensed software as a service (SaaS) of the University of Pittsburgh by the Innovation Institute to participating regional offices of AIDS Education and Training Centers or similar programs.



Importance of LEAPP Branding

© University of Pittsburgh



Learner – All learners are encouraged to participate in programs both “in real time”, distance based, or “on-site”

Education – The focus of education includes a range of interventions aimed at improving knowledge, skills, and changing practices through lectures, preceptorships, consultations and tailored to individual needs.

Practice – The focus is on building the knowledge, skill and capacity of health professionals in HIV and related disorders thereby influencing the way they practice.

Portal – A portal implies a single place that to go to find information and are networked and supported in a “community of practice” at the health discipline or clinic level, between health professionals, and among clinics, institutions, and programs

HRSA Defined Community of Practice

Communities of practice definition from 2017-2018 data manual

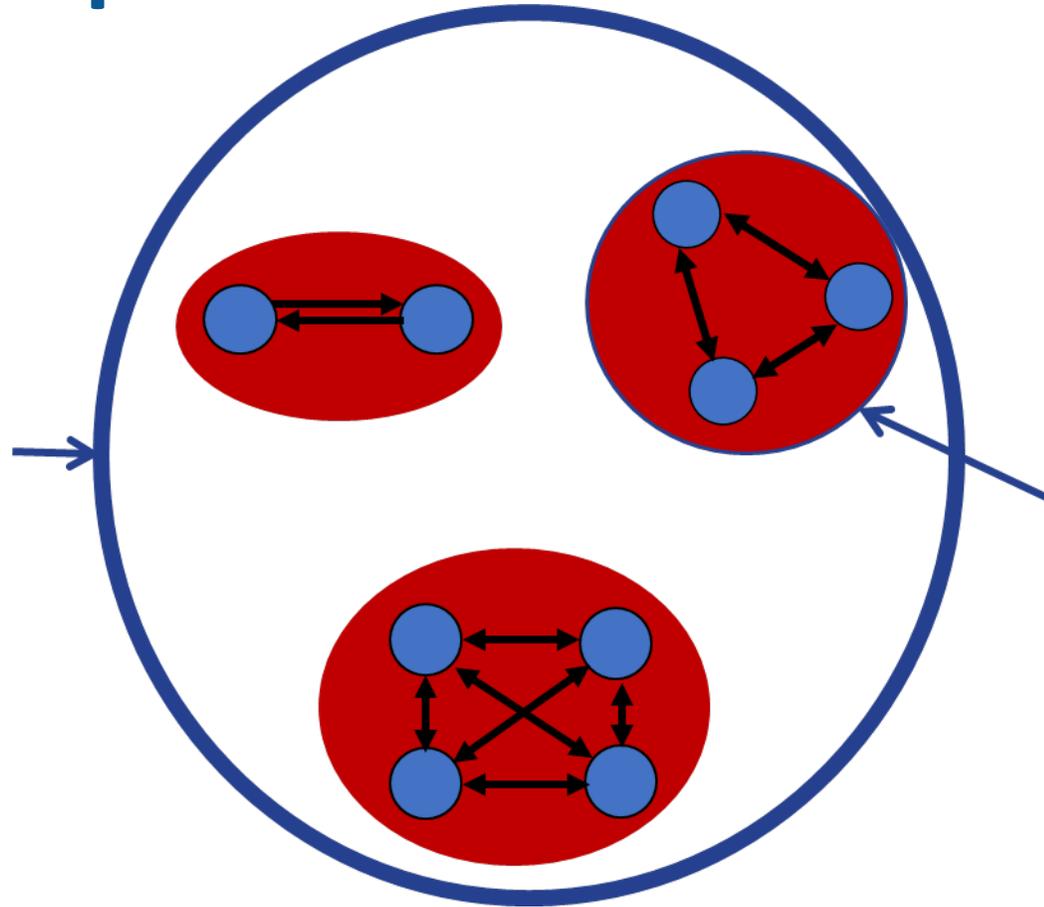
“Communities of Practice consist of a group of people who share knowledge to develop a shared practice. A community of practice may use different modalities or interventions to obtain a shared outcome.”

Defining Communities of Practice - continued

A CoP can be viewed as a unique combination of three fundamental elements:

1. a **domain of knowledge**, which defines a set of issues, creates a common ground and a sense of common identity;
2. a **community of people** who foster interactions and relationships based on mutual respect and trust, and who care about this domain; and
3. a **shared practice** they are developing with a set of frameworks, ideas, tools, information, styles, language, stories, and documents that community members share, and with that they can be effective in their domain (Mittendorff et al. 2006).

MidAtlantic AIDS Education & Training Center Participant Communities of Practice



MAAETC participant network becomes a community of practice (CoP) through our LEAAP (Learning Education & Practice Portal)

Participants can be grouped by common interest to make small communities of practice within LEAPP's forums and pages.

DEFINITION of CoP:
Wenger et al. (2002) define 'CoPs as a group of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting regularly'.

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LEAPP Operations

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LEAPP works with most devices and browsers



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**Currently more than
23,500 health
professionals registered
on LEAPP**



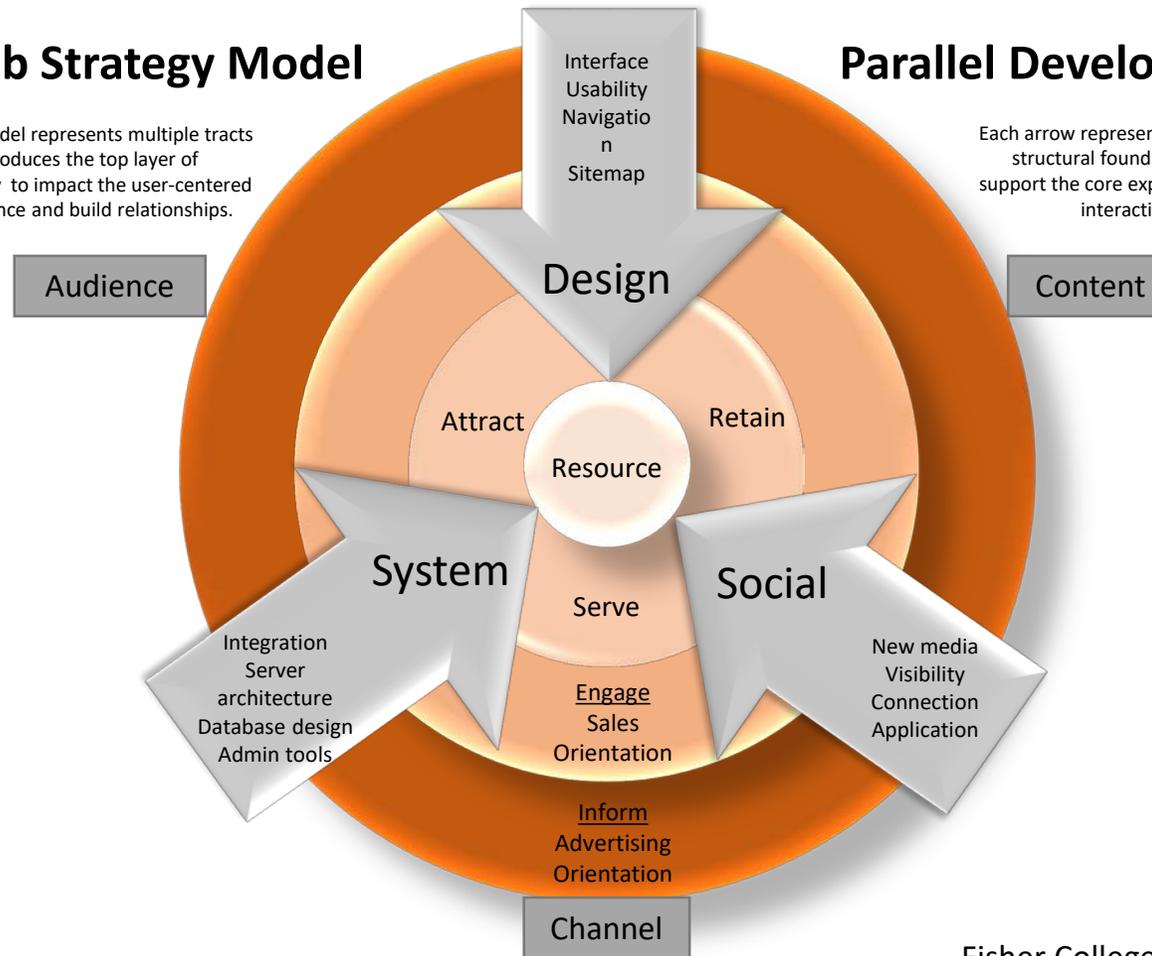
Design: Structure Based On Web Analytics

Web Strategy Model

This model represents multiple tracts and introduces the top layer of strategy to impact the user-centered experience and build relationships.

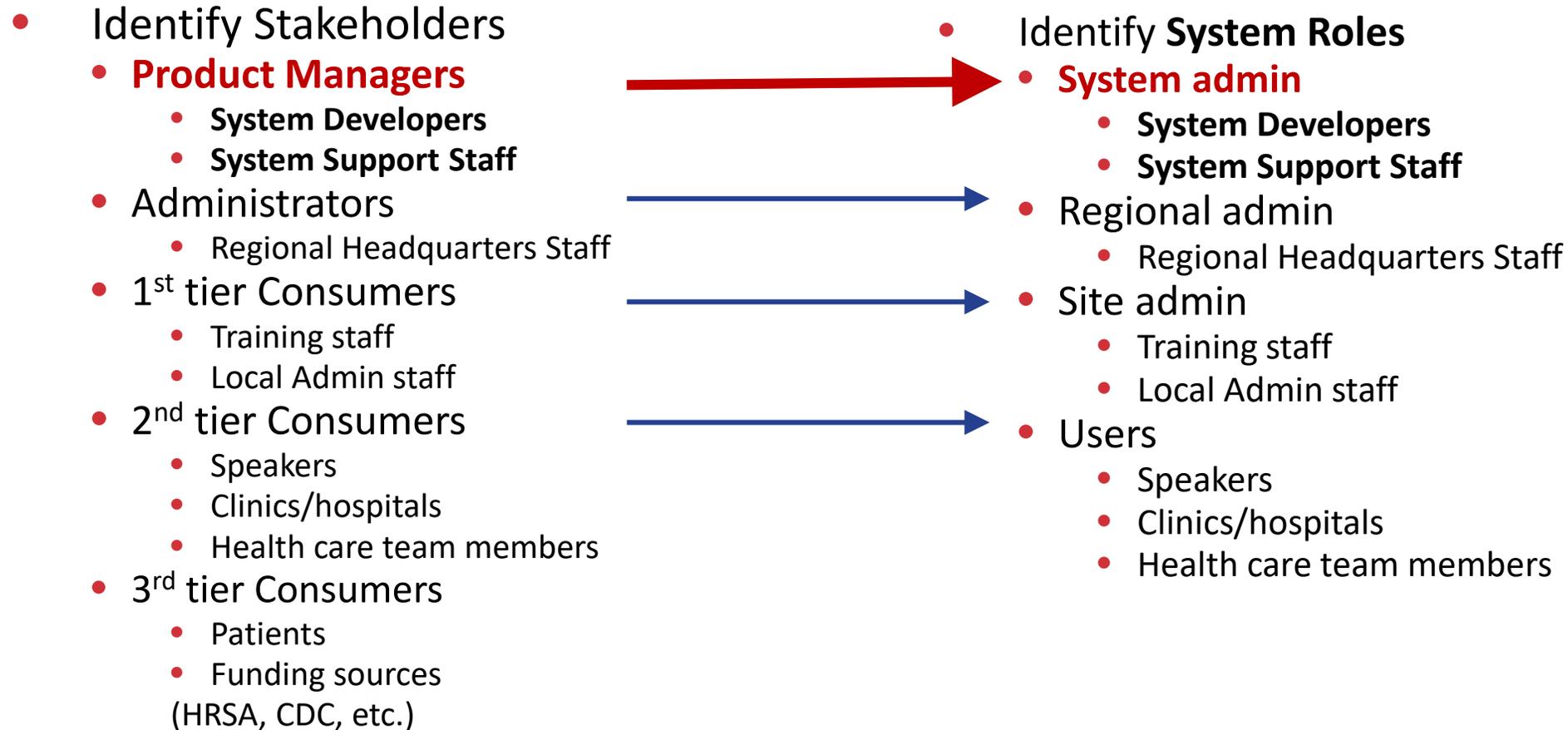
Parallel Development

Each arrow represents a piece of the structural foundation needed to support the core experience for web interaction and function.



Fisher College of Business

LEAPP Stakeholders



Modalities and LEAPP Features

All training modalities can be provided both in-person and virtually

- Didactic trainings
- Interactive trainings
- Provide clinical consultation
- Provide preceptorships
- Coaching for organizational capacity building

Support provided through LEAPP online and through entry of paper forms

- Registration for trainings
- Profile tracking of activities
- Surveying of change and intent to change practice
- Online resource sharing through pages and forums
- Privacy/access controls

Network Capacity Does Not Equal Network Utilization

The true value of a network is not capacity but utilization

Active users create more interactions across the network

- User who adds value to the system
- Creation of content increases utilization
 - Use of Forums and Resource dropbox
- Staff can find and share speakers

Interest, familiarity, user/client experience, value and etc. can all influence the success of the network

Metcalfe's Law: Value of network is a function of its size; it = $n*(n-1)$, where n is the number of members of the network.

Data on LEAPP

- User Activity Data
- User Contact Data
- Event/Activity Tracking Data - PIF/ER Data
- Help Ticket Data
- Content/Resource Data - Web Analytics (via Google

LEAPP Event Creation Features

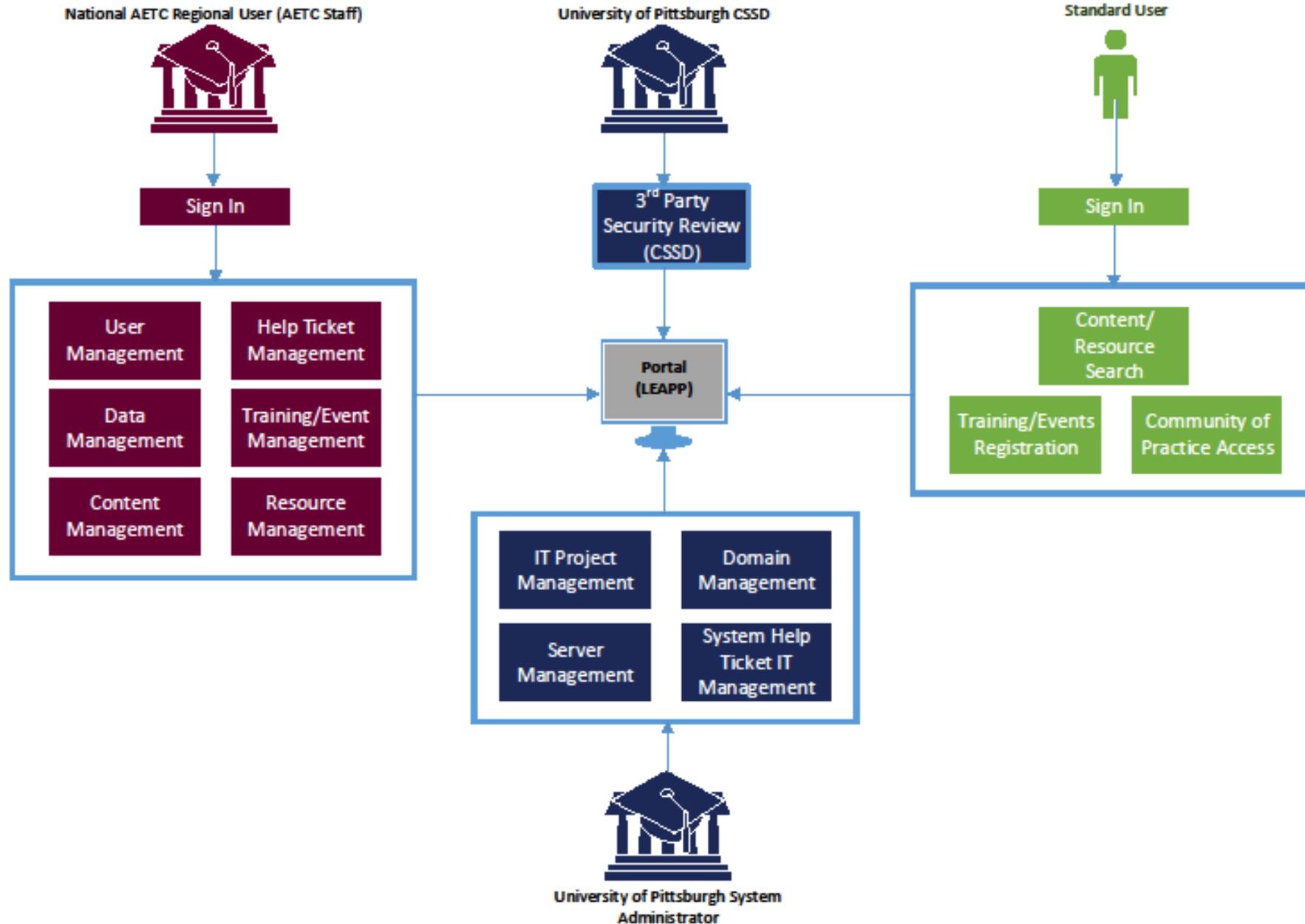
- Requiring fields
- Segmenting features
- Easy duplication
- Usability features
- Adding editors

LEAPP Software

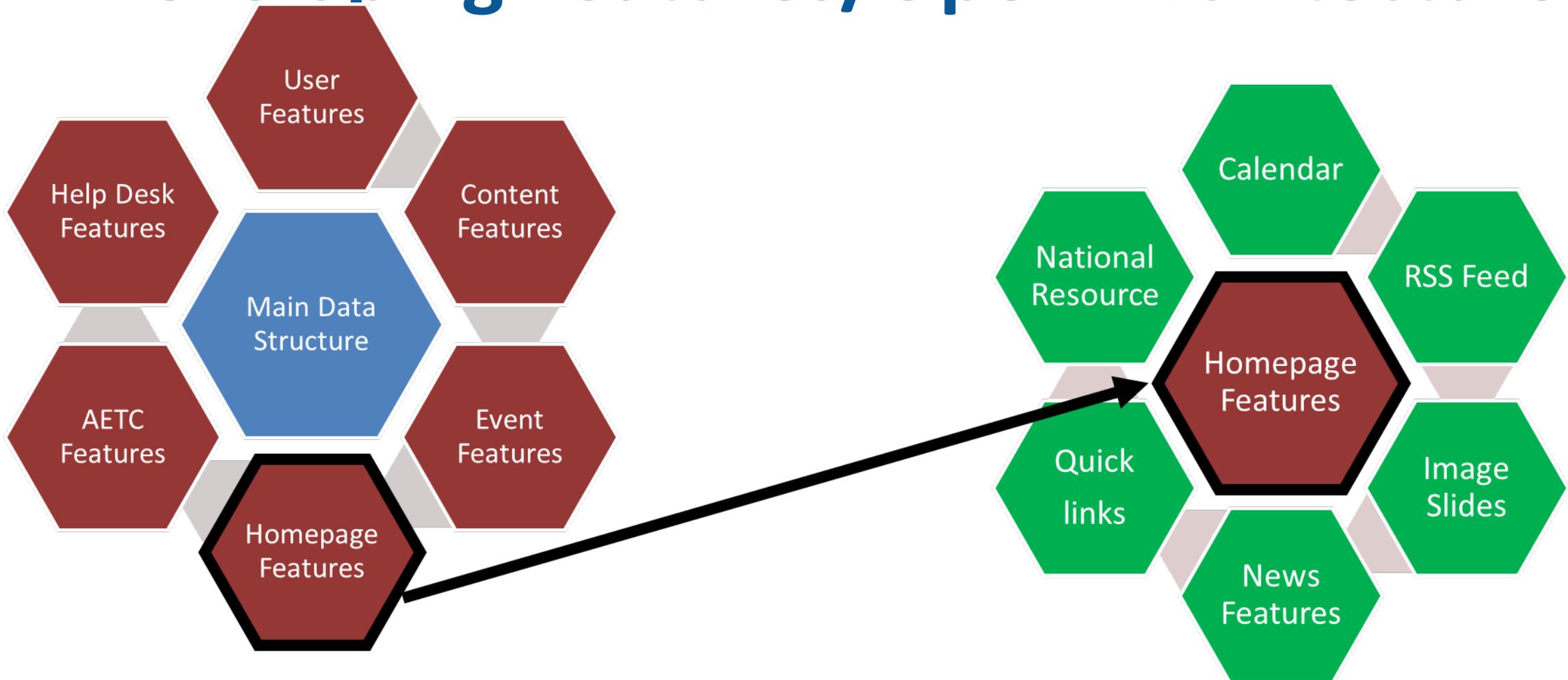
- **Software as a Service (SaaS)**
 - Allows us to create websites for other AETCs with the same specs
 - Data is unique, but framework is consistent
 - New dynamic features allow user AETCs to customize their experience
 - New features are cost-shared and pushed across system
 - Shared users allow for a single login



LEAPP Support Structure



Developing Features/Open-Architecture



Centralized Computing

The primary benefits of computing have been three:

1. Improved speed and accuracy for some tasks
2. Qualitative improvements in operations
3. Increased capabilities for performing structured but complex tasks

Additional benefits

- Cost-savings with shared costs in both support and product development
- Business process development
- SEO
- Google Analytics

Questions or Comments?

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