

The logo features a large, stylized red graphic element on the left side, resembling a thick, L-shaped bar. The year '2018' is written vertically in light blue text within the vertical part of this bar. To the right of the bar, the word 'NATIONAL' is written in light blue, uppercase letters. Below 'NATIONAL', the name 'RYAN WHITE' is written in large, bold, white, uppercase letters. Underneath 'RYAN WHITE', the text 'CONFERENCE ON HIV CARE & TREATMENT' is written in light blue, uppercase letters. The entire logo is set against a dark blue background with a vertical red bar on the far left and a horizontal red bar at the bottom.

2018 NATIONAL
RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT

Embracing Practice Transformation as a Methodology to Improve Health Outcomes Along the HIV Care Continuum – Practice Transformation Institute

Ricardo Rivero, MD, MPH; Malinda Boehler, MSW, LCSW; Karen Curd; Rachel Fogleman, CHES; Kirsten Corrigan, MHA; Cornelia Wagner, M.Ed, MBA

HRSA Funding Acknowledgement

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U10HA29293 titled AIDS Education and Training Centers Program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Disclosures

Presenter(s) has no financial interest to disclose.

This continuing education activity is managed and accredited by AffinityCE/Professional Education Services Group in cooperation with HRSA and LRG. PESG, HRSA, LRG and all accrediting organization do not support or endorse any product or service mentioned in this activity.

PESG, HRSA, and LRG staff as well as planners and reviewers have no relevant financial or nonfinancial interest to disclose.

Commercial Support was not received for this activity.

Learning Objectives

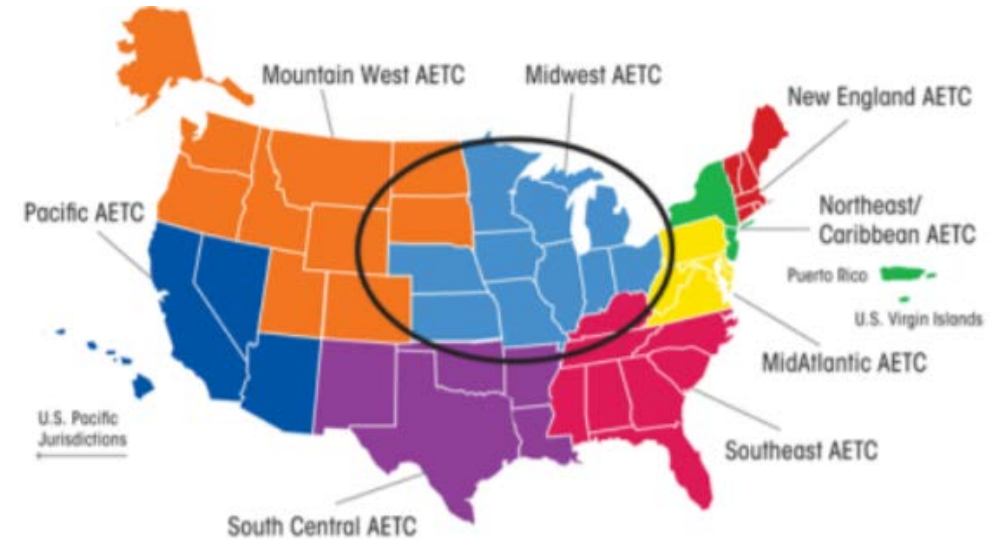
At the conclusion of this activity, the participant will be able to:

1. Discuss potential challenges inherent in practice transformation and workforce development work at federally qualified health centers.
2. Discuss methods for influencing change given constraints such as limited staff time, competing goals and priorities, and limited financial resources.
3. Identify effective strategies for developing sustainable capacity along the HIV care continuum.

MATEC: Midwest AIDS Training + Education Center

MATEC is a federally-funded training center, providing AIDS and HIV clinical training and support to health care professionals. We are part of a national network of AIDS Education and Training Centers, serving all states and territories and including four supporting national centers.

MATEC is based at the University of Illinois College of Medicine at Chicago, Department of Family Medicine. MATEC serves ten midwestern states including Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio and Wisconsin.



Our mission is to enhance the capacity of HIV clinical services and improve quality of those services for people living with HIV in our region.

...The training arm of the Ryan White Program

HIV Practice Transformation Initiative

Purpose: The MATEC HIV Practice Transformation Project seeks to expand, improve, and increase efficiency and quality of HIV care. MATEC's approach to practice transformation (PT) is concerned with fundamental systems change for clinics and agencies, understanding that the highest quality and most effective care for people living with HIV involves all parts of their care setting.

MATEC will work with clinics that have not yet integrated HIV care into their services as well as with agencies that are providing HIV care but have not yet fully integrated it into their broader services or are seeking to provide all of their services in a more patient-centered way. We will look at these goals as they align with the NHAS and the HIV Care Continuum and encourage our partner clinics to identify milestones within these measures.

Initiative Started: September 1, 2015

Funding runs for 3 years, 10 months

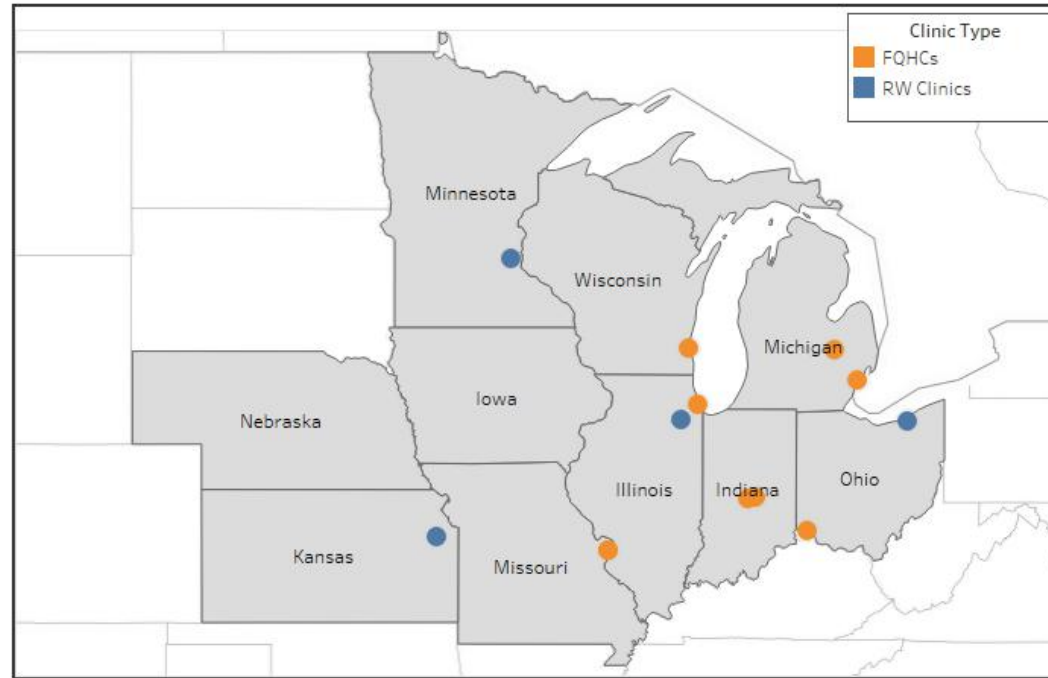
Participating Clinic Sites by State

State	PT Partnerships
Illinois	2
Indiana	2
Iowa	No eligible clinics
Kansas	1
Michigan	2
Minnesota	1
Missouri	1
Nebraska	PT relationship discontinued
Ohio	2
Wisconsin	1

- Began project with 14 PT clinics
- 10 PT clinics are original
- 5 PT relationships ended (2 prior to baseline assessment)
- 3 PT clinics recruited during project (2 at baseline; 1 within 1st year)
- 2 PT relationships ended with no new clinic recruitment

MATEC's HPTP Clinics

Map of MATEC PT Clinics



State	HPTP Clinic	Clinic Type
Illinois	Mile Square Health Center	FQHC
	Regional Care	RW Clinic
Indiana	Eskenazi Health at Grassy Creek	FQHC
	Shalom Health Care Center	FQHC
Kansas	Heartland Community Health Center	RW Clinic
Michigan	Genesee County Health Department Primary Care Clinic	FQHC
	Wayne County Health Communities	FQHC
Minnesota	Westside Community Health Center – La Clinica	RW Clinic
Missouri	Myrtle Hilliard Davis Comprehensive Health Center - A	FQHC
	Myrtle Hilliard Davis Comprehensive Health Center - B	FQHC
Ohio	Circle Health Services	RW Clinic
	McMicken Integrated Clinic	FQHC
Wisconsin	Outreach Community Health Center	FQHC

Participating Clinic Sites – Ryan White Funded

- Circle Health Services, Cleveland, OH



- Heartland Community Health Center, Lawrence, KS

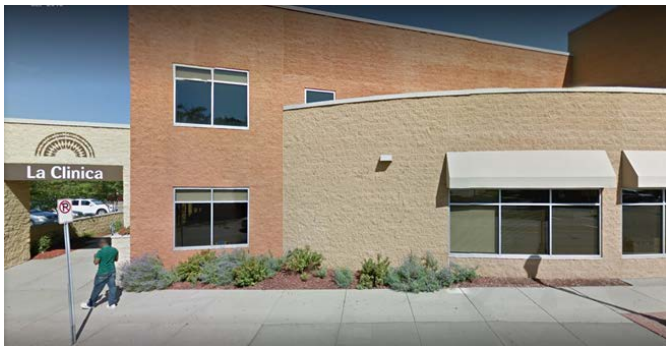


Participating Clinic Sites – Ryan White Funded

- Regional Care, Joliet, IL



- West Side Community Health Services, St Paul, MN



Participating Clinic Sites – FQHCs

- Eskenazi Health Center Grassy Creek, Indianapolis, IN



- Genesee County Health Department Primary Care Clinic, Flint, MI

Participating Clinic Sites – FQHCs

- McMicken Integrated Care Clinic, Cincinnati, OH



- Mile Square Health Center, Chicago, IL



Participating Clinic Sites – FQHCs

- Myrtle Hilliard Davis Comprehensive Health Center, St. Louis, MO



- Outreach Community Health Centers, Milwaukee, WI



Participating Clinic Sites – FQHCs

- Shalom Health Care Center, Indianapolis, IN



- Wayne County Healthy Communities, Hamtramck, MI



Approach

- Relationship Development – (Extensive and Ongoing)
 - ✓ Project Champion Identification & Engagement
 - ✓ HIV Clinic Team Building
 - ✓ Stakeholder Engagement
- Identify internal and external resources
- Practice Transformation Loop
 - ✓ Assessment
 - ✓ Establish goals with clearly defined action steps, measures, targets, timelines, and responsible parties
 - ✓ Model and support effective communication and support ongoing project management
 - ✓ Document, evaluate, and improve efficiencies and comprehensiveness of workflows
 - ✓ Develop tools to guide and document effective processes
 - ✓ Provide technical assistance and coaching to support goals
 - ✓ Develop and deliver training plans to support goals
 - ✓ Reassess, report, and repeat

Assessing Practice Changes

Regional Assessment

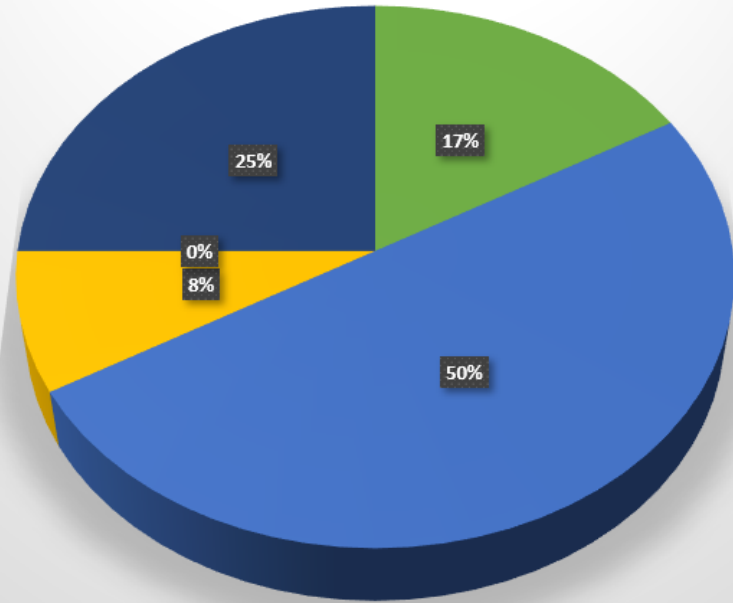
- Completion and analysis of National Evaluation Plan tools (organizational assessment, performance measures, provider assessment)
- Completion and analysis of Building Blocks of Primary Care Assessment
- Focused coach interviews
- Monthly project monitoring through Qualtrics survey
- Completion of annual clinic progress reports

Assessing Practice Changes (continued)

Site Assessment

- Completion and analysis of National Evaluation Plan tools (organizational assessment, performance measures, provider assessment)
- Completion and analysis of Building Blocks of Primary Care Assessment
- Ongoing assessment of specific project goal measures and targets
- Key internal and external informant interviews
- Clinical observation
- Monthly project review

Baseline Clinic Assessment with regard to provision of HIV services



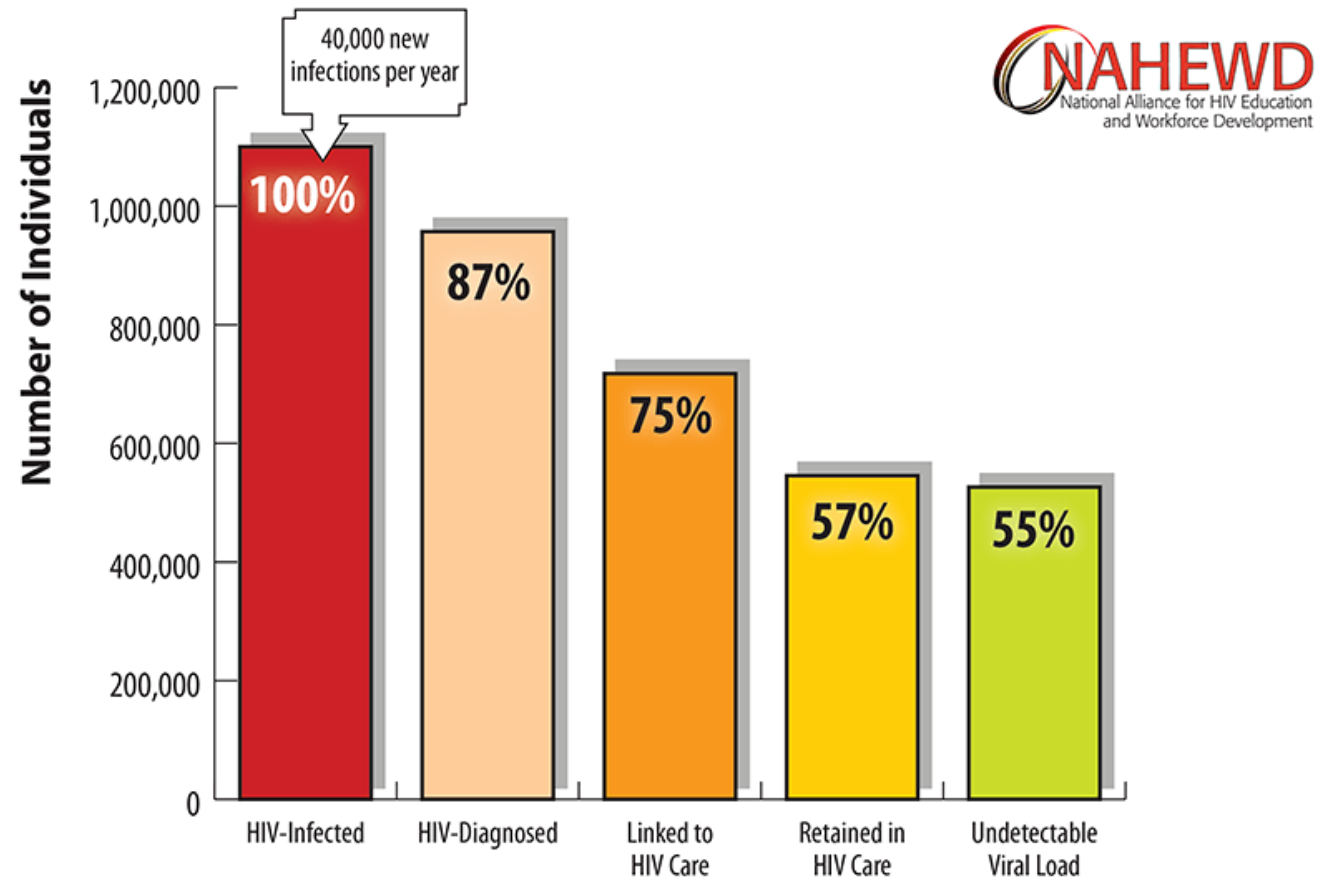
- Refers out all patients with HIV for all aspects of medical care
- Manages general medical care issues but refers patients with HIV outside of facility for HIV-specific care
- Provides basic HIV care including care of the newly diagnosed and initiation of first-line ART, and/or maintains HIV treatment started by an outside provider
- Provides intermediate HIV care management with care of newly diagnosed and/or newly identified and with limited external HIV-related referrals
- Provides advanced HIV care, including care of the newly diagnosed and/or newly identified with rare HIV-related referrals

Clinic Interventions at a Glance

- 9 Clinics with PrEP initiatives
- 2 Clinics developed protocols for perinatal transmission
- 10 Clinics implementing HIV testing initiatives
- 8 Clinics working on linkage to care initiatives
- 6 Clinics building primary care provider collaborations with HIV experts
- 8 Clinics developing capacity to provide HIV primary and specialty care
- 2 Providers AAHIVM certified
- 3 Providers participated in the MATEC clinician scholars program
- 5 Clinics participated in statewide PrEP summits
- 8 Clinics developing and implementing comprehensive policies & procedures

Practice Transformation & the HIV Care Continuum

The U.S. HIV Care Continuum



<https://aidsetc.org/topic/hiv-continuum-care>

Chart data source: [Indicator Supplement](#), In: National HIV/AIDS Strategy for the United States: Updated to 2020. December 2016.

HIV Practice Transformation Goal

“The AETC Program will implement projects to support and facilitate practice transformation in selected clinics in order to improve patient outcomes along the HIV care continuum by integrating principles of the patient-centered medical home model and integrated HIV care and behavioral health services.”

Source: <https://aidsetc.org/topic/practice-transformation>

What is a coach?

Coaching is...

“a process that enables learning and development to occur and thus performance to improve. To be a successful coach requires the knowledge and understanding of process as well as the variety of skills and techniques that are appropriate to the context in which the coaching takes place”.

Source: Eric Parsloe, [The Manager as Coach and Mentor](#) (1999). He is a respected author and Director of the Oxford School of Coaching and Mentoring.

Coaching Functions

- ✓ **Quality Improvement Catalyst:** Promotes QI activities and assists organizations to maintain momentum toward their QI goals.
- ✓ **Collaboration Builder:** Works collaboratively and helps providers build collaborative partnerships with individuals and groups of health care providers to achieve their improvement goals.
- ✓ **Strategic Thinker:** Strategically develops and organization-wide practice practice transformation program and assists providers in doing the same within their networks and agencies.
- ✓ **Capacity Builder:** Trains HIV providers to build their capacity for quality improvement and to provide care across the HIV continuum.

Source: Center for Quality Improvement and Innovation. Training on Coach Basics (TCB) Program

Coaching Functions (continued)

- ✓ **Facilitator:** Guides individuals and teams through group processes.
- ✓ **Measurement Advocate:** Develops system-wide performance measurement system reflective of the internal and external needs of an organization.
- ✓ **Objective Assessor:** Assesses individual and organizational performance, gives informative feedback and tracks progress over time.

Source: Center for Quality Improvement and Innovation. Training on Coach Basics (TCB) Program

Our Local Partners

MATEC – Illinois

University of Illinois College of Medicine at Chicago, Department of Family Medicine, Chicago, IL

Our practice coaches:

Shanett Jones, MPH, Barbara Schechtman, MPH, and Michelle Agnoli, RN, MSN, ACRN

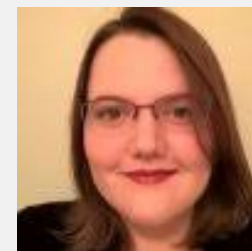


MATEC – Indiana

Eskenazi Health, Indianapolis, IN

Our practice coaches:

Malinda Boehler, MSW, LCSW; Karen Curd, Shawn Carney, and Rachel Fogleman, CHES



Our Local Partners

MATEC – Kansas

University of Kansas School of Medicine –
Wichita, KS

Our practice coach:

Susan Tusher, LMSW



MATEC – Michigan

Wayne State University, Division of Infectious
Diseases, Department of Medicine, School of
Medicine, Detroit, MI

Our practice coaches:

Meosia-Lee Turner, MHA ; Mary Rose Forsyth,
MSN, WHNP



Our Local Partners

MATEC – Minnesota

University of Minnesota, School of Public Health
Division of Epidemiology and Community
Health, Minneapolis, MN

Our practice coaches:

Emily Petran, MPH; Sarah Rybicki, MSW, MPH



MATEC – Missouri

Kansas City CARE Clinic, Kansas City, KS

Our practice coaches:

Tusday Dudley and Simone Phillips



Our Local Partners

MATEC – Ohio Cincinnati

University of Cincinnati Medical Center
Infectious Diseases Center, Cincinnati, OH

Our practice coach:

Mary Beth Donica, MD

MATEC – Ohio Columbus

University Medical Center, Division of Infectious
Diseases, Columbus, OH

Our practice coach:

Jane Russell, RN, BSN, ACRN



Our Local Partners

MATEC – Wisconsin

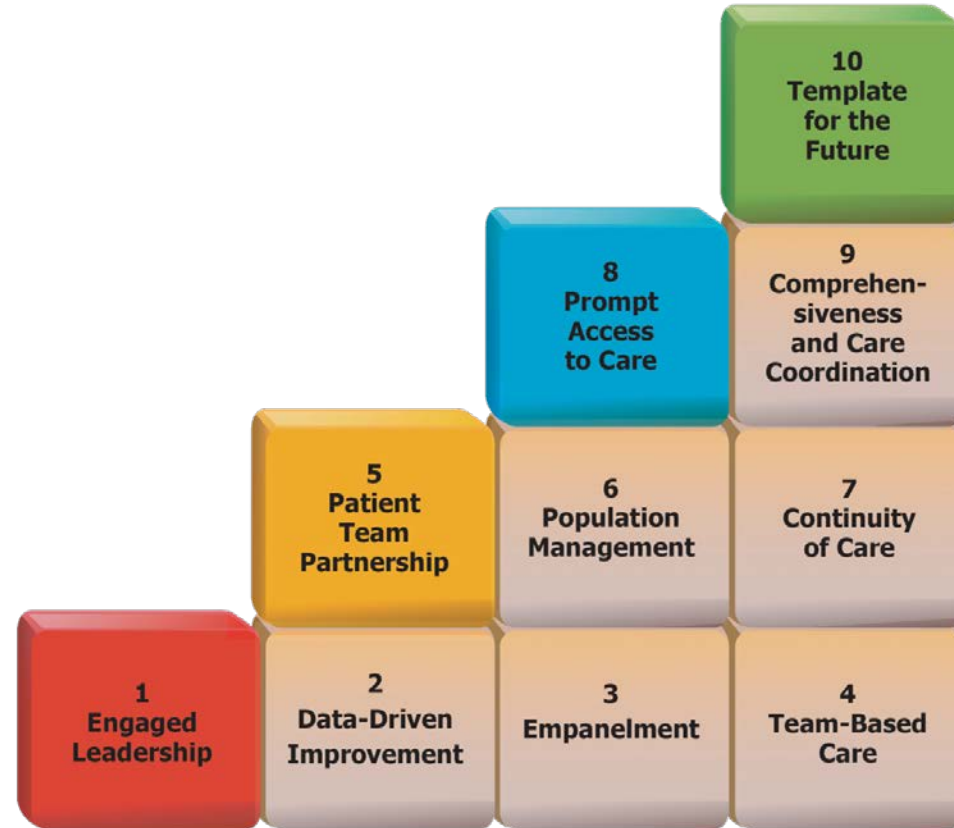
University of Wisconsin, School of Medicine and Public Health, Madison, WI

Our practice coaches:

Nancy Eberle, MPH and Chris Chapman, MA



Our Framework for Practice Transformation: 10 Building Blocks of High Performing Primary Care



© 2013 UCSF Center for Excellence in Primary Care.

Bodenheimer T., Ghorob A., et al. **The 10 Building Blocks of High Performing Primary Care**

Practice Transformation initiatives that impact all aspects of the continuum

- Relationship development (internal horizontal and vertical buy in; external stakeholders)
- Establishing clearly defined priorities, goals, and deliverables
- Developing comprehensive policies & procedures
- Reviewing and revising work flows
- Establishing clear staff roles that encourage sharing care
- Encouraging cross training and backups for critical tasks
- Team building
- Training and developing providers and staff to provide various aspects of HIV care
- Integrating EHR into care (alerts, population management)
- Addressing stigma
- Identifying and addressing barriers to care
- Using data in decision making

Potential PT interventions along the continuum

Diagnosed with HIV

- Utilizing HIV screening alerts in the EHR
- Creating or adapting consent forms for routine testing
- Technical assistance in developing testing protocols and training staff in implementation
- Developing testing marketing materials/signage

Linked to Care

- Fostering collaborative relationships and open communication between primary care providers and HIV experts
- Creating warm hand offs in referral care
- Patient navigation work flow optimization to promote timely linkage, efficient hand offs, and improve engagement in HIV care



Source: <https://www.hiv.gov/federal-response/policies-issues/hiv-aids-care-continuum>

Potential PT interventions along the continuum (continued)

Engaged or Retained in Care

- Review lapses in care to identify patients potentially lost to care
- Follow-up on patients lost to care
- Identify barriers to care and implement changes to improve retention rates
- Community resource mapping and collaborations with local ASOs to address needs of vulnerable populations

Prescribed Antiretroviral Therapy

- Link novice providers to mentorships, shadowing opportunities, and consultative relationships with expert HIV providers



Source: <https://www.hiv.gov/federal-response/policies-issues/hiv-aids-care-continuum>

Potential PT interventions along the continuum (continued)

Prescribed Antiretroviral Therapy (continued)

- Support AAHIVM credentialing
- Case reviews between primary care and HIV specialists
- Linkage to developmental resources (HIV National Curriculum, webinars, National Clinical Consultation Center)

Achieved Viral Suppression

- Case review
- Utilize adherence tools (apps, pill boxes, etc.)
- Utilize health coaches
- Implement patient support groups



Source: <https://www.hiv.gov/federal-response/policies-issues/hiv-aids-care-continuum>

The Indiana Practice Transformation Experience

HIV PT in Indiana Overview

- MATEC-Indiana is located on the campus of Eskenazi Health in Indianapolis
- MATEC Indiana Staffing
 - At start of program:
 - Two full-time staff
 - One project consultant (hourly/contract)
 - At mid-point:
 - Three full-time staff
 - One project consultant (hourly/contract)
- Two HIV PT clinics
 - Eskenazi Health Center Grassy Creek
 - Shalom Health Care Center

HIV PT in Indiana – Grassy Creek

- Identified prior to submission of AETC grant application
 - Letter of Commitment in February 2015
 - PT activities began February 2016
- Federally Qualified Health Center
 - One of ten Eskenazi Health Center locations
- Located on east side of Indianapolis
- Zip code has high viral loads and high rates of STD infection
- Project Coaches: **Malinda, Karen,** and Rachel
- Assessment/Evaluation Coach: Shawn Carney

HIV PT in Indiana - Shalom

- Identified prior to submission of AETC grant application
 - Letter of Commitment in January 2015
 - PT activities began December 2015
- Federally Qualified Health Center
 - One of two locations (second location is pediatric) with multiple school-based clinics
- Recipient of Ryan White Part A: EIS funds
- Located on west side of Indianapolis
- Zip code has high viral loads and high rates of STD infection
- Project Coach: **Rachel**, Malinda, and Karen
- Assessment/Evaluation Coach: Shawn Carney

Initial Challenges

- Concept of Practice Transformation was new
- Adapting to new projects and funding structure (overall)
- Creating realistic goals for the clinics while building relationships with them and starting a brand new project
- Aligning clinics' perception of their capacity to provide HIV services with reality
- High staff turnover at clinics
- Competing priorities in the clinics

Assessment

- Reviewed the AETC PT Baseline Organizational Assessment, Aggregate Data Reporting Tool, and Provider/Staff Survey
- Reviewed the regional Building Blocks Assessment
- Held key informant interviews with local care coordination sites, funders, and faculty who provided clinical consultation
- Conducted clinic observations and interviewed staff on successes/challenges with HIV services
- Discussed internally our own observations and experiences with the clinics

Brainstorming

Where do the clinics want to be at the end of this project, and what do they hope to gain by participating?

- Do they want to provide all HIV care to their patients?
- Do they want to increase their patient load?

What services do we think the clinics can reasonably provide by the end of this project?

What results does HRSA expect from clinics by the end of the project?

Brainstorming (continued)

What activities do we need to conduct with the clinics to help them meet HRSA's expectations?

- Outlined in the AETC PT Baseline Organizational Assessment, Aggregate Data Reporting Tool, and Site Assessment Tool
- Focused mostly on policy development and implementation

What activities do we need to conduct with the clinics to help them achieve what we think is reasonable?

- Focused mostly on training needs, relationship building, and additional data collection

What activities do we need to conduct to help the clinic achieve their goal – OR – how do we help the clinic set a more realistic goal?

- Focused mostly on acquiring supplies, team building, funding for services (billing, insurance, grants), marketing, and outreach

Brainstorming (continued)

Which activities are feasible?

- Think about staffing levels and capabilities (LP and clinic), faculty availability, budget restrictions, billing capabilities, state laws and regulations, travel, etc.

When do activities need to take place?

How will we evaluate activities to ensure they are being completed and having an impact on the clinic?

Outcomes from Brainstorming

Implement ongoing activities that give us data not provided in current assessment tools

- Key informant interviews
- Clinic observations
- Clinic team meetings
- Chart audits/reviews

Develop and implement policies for HIV services already being offered

- Policy Type: AETC PT Baseline Organizational Assessment
- Outcome Measurement: AETC PT Site Assessment Tool (aka “Stoplight Tool”)

Outcomes from Brainstorming (continued)

Strengthen HIV services already being provided

- Provide workshops for clinical staff
- Organize clinical observations
- Encourage participation in the National HIV Curriculum
- Develop cheat sheets and resource guides

Foster relationships with the local HIV network

- Traveling HIV care team
- Care coordination sites
- Ryan White Part A funder
- Disease Intervention Specialists
- Infectious disease clinics

Outcomes from Brainstorming (continued)

Improve HIV data collection and management

- Assessing the capabilities of the clinics to acquire patient data through EHR queries versus manual review
- Creation of EHR templates and smart forms

Expand services related to HIV prevention and screening

- PrEP, PEP, and STD screening and treatment (particularly gonorrhea, chlamydia, and syphilis)

Increase the number of patients accessing/requesting HIV and associated services

- Creation of population-specific brochures and posters

Provide encouragement and recognition of good work

- Write articles for clinic network internal communications
- Thank-you notes and certificates of achievement

Action Plan and Progress Chart

Project Management

Progress Updates in Action Plan

- Includes brief description on progress by activity and color-coded to identify activity progress (e.g. green = complete, yellow = in progress)

Progress Chart

- Lists activities by due date, provides comments on progress, and color-coded to identify activity progress (e.g. green = complete, yellow = in progress)

Monthly Email Updates

Monthly and Quarterly HIV PT Team Meeting

- Representatives from clinical and administrative staff
- Review progress towards completing Action Plan and discuss successes/challenges and brainstorm solutions
- Schedule activities, discuss immediate problems and solutions, etc.
- Elicit feedback on what is working or not working in the clinic
- Collaborate on future Action Plan goals and activities

Benefits of Activities

- Clinics are *actively* engaged in the project – not just participants
- Introducing new and expanding existing services
- Seeking new funding opportunities to improve and expand services
- Scheduling/requesting clinical observations (preceptorships) with faculty
- Building relationships with external entities

Successes

Both Clinics:

- Began prescribing and managing patients on PrEP in May 2018

Clinic A:

- 176% increase in HIV screenings offered from 2016 to 2017
 - Avg. 63% HIV screening ask rate in 2nd six months of 2017 vs avg. 12% ask rate in 1st 6 months of 2017
- Developed HIV-specific queries within the EHR system
- Established an HIV Committee to act as Champions across multiple disciplines (e.g. MA, RN, Clinician)
- Established case conferences between HIV Travel Team and Clinic Team to review shared patient needs

Successes

Clinic B:

- Identified two acute cases of HIV infection
- Developed a comprehensive set of HIV care policies
 - Four more policies on care and prevention in development
- Integration of HIV screening smart form and PrEP templates into EHR
- Awarded funding to develop new strategic plan focused on infectious disease, primarily HIV, STDs, and Hepatitis C
- Updated job requirements and expectations for community outreach workers to include emphasis on HIV screening

Still Some Challenges

- Low HIV volume = slow development of confidence
- Need to transform system of HIV care (system wide)
- EHR is a bigger challenge than initially thought for patient information management and data extraction
 - Multiple ways to record patient information, and not all fields allow queries for mass data extraction
- High turnover continues to make it difficult to keep staff adequately aware and trained

The MATEC Experience –

Cross cutting themes, barriers, and promising practices for movement and sustainability along the HIV care continuum

Implementation Barriers

- Leadership, clinical staff, and support staff turnover
- Provider and staff shortages
- Clinic reorganizations & restructures
- Clinic capacity to provide HIV care
- Provider interest in and perception of competence to deliver HIV care
- Lack of time to devote to practice transformation activities
- Lack of financial resources to enable change

Implementation Barriers (continued)

- Limited EHR functionality and customization potential
- Competing and changing leadership priorities and demands
- Cultural Barriers
- Patient perception and trust in clinic's competence to deliver HIV care
- Stigma (fear of HIV status disclosure, fear of HIV exposure)
- Resistance to change

Implementation Enablers

- Coach investment in clinic
- Buy-in from clinic leadership and staff
- Buy-in from external stakeholders (funders, ASOs, etc.)
- Clinical capacity and willingness to expand and/or to provide HIV care
- Caring, compassionate, and competent staff
- Adaptable framework and flexible personnel

Implementation Enablers (continued)

- On-site training specific to project goals
- Mentorships, professional shadowing opportunities, clinical rotations, case conferences for development of HIV provider champions
- Co-management opportunities with HIV experts
- Access to online curricula (National HIV and STD curriculum, webinars, etc.)
- Access to relevant and motivating external professional development opportunities (State PrEP summits, MATEC Clinician Scholars Program, conferences, HIV ECHO project, etc.)

Lessons Learned

- It is all about relationships
- Finding the balance between patience and persistence
- Importance of vertical and horizontal buy-in
- Regular meeting times foster accountability
- Clearly articulated goals, action steps, and timelines shape success
- Data objectively articulates opportunities and successes
- Fragile relationships are easily challenged
 - Project delays
 - Assessment burden
 - Staggered assessment rollout
- Early successes can be achieved by building on coach strengths

Lessons Learned (continued)

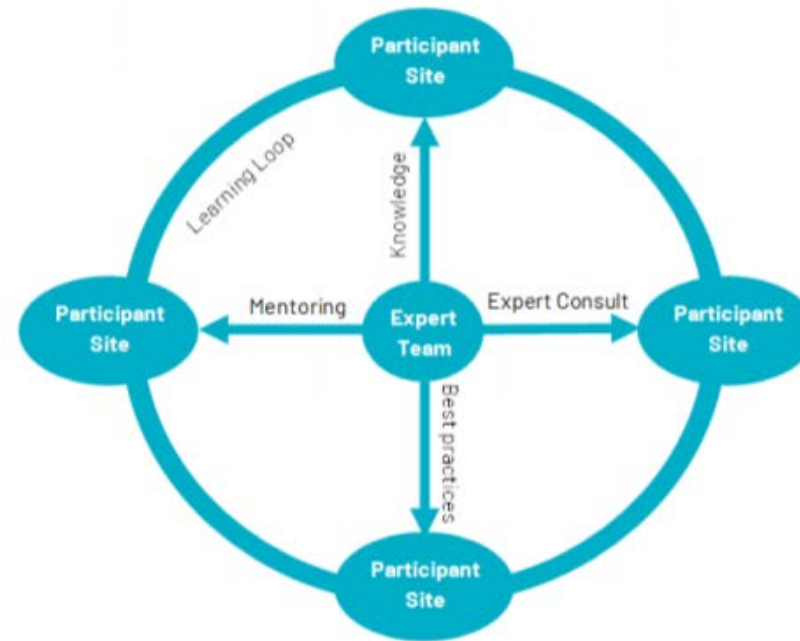
- Investment in staff training and development increases morale and project interest
- Observation often provides more insight than self-assessment
- Communication is critical
- Creativity enables continued progress despite hiccups in clinic availability
 - External key informant interviews
 - Research best practices
 - Develop policies & procedures, resource libraries, resource sheets, etc.
 - Problem solve with and assist coach colleagues – regional gains

Promising practices for movement and sustainability along the HIV care continuum



Regional HIV ECHO Project

The Midwest AIDS Training + Education Center, in collaboration with Missouri Show-Me ECHO (Extension for Community Healthcare Outcomes), is hosting an HIV ECHO. An innovative medical education model, ECHO, utilizes video conferencing to link primary care providers to expert specialty knowledge. Through participation in HIV ECHO, primary care clinicians and other members of the health care team learn evidence-based strategies to prevent, diagnose, treat, and medically manage HIV.



TOPICS

- Epidemiology of HIV in the United States
- HIV Testing
- New Diagnoses and Initial Work-up
- HIV Viral Lifecycle
- Antiretroviral Therapy
- Drug-Drug Interactions
- AIDS and Common Opportunistic Infections
- Managing Treatment Failure
- Common Co-morbidities among People Living with HIV/AIDS
- HIV Prevention
- Barriers to Care – The Bars before the Bars

Individual Professional Development Plans

- ❖ Leading with coach strengths
- ❖ Introduced as a strategy to build relationships, trust, and buy-in
- ❖ Increased morale
- ❖ Fostered team building & group think for other QI opportunities
- ❖ Investment in staff led to further self investment (credentialing, promotion, etc.)
- ❖ Training plans and transcripts exceeded subsequent funder requirements to provide and document staff training, setting the clinic up for success with an otherwise potentially daunting new requirement.

Community Resource Mapping

- Develops a collective group of resources for community support services
 - Identifies best resources to connect patients to
 - Creates a uniform pool of resources for all staff connecting patients to support services
 - Mitigates staff turnover and new staff orientation challenges
- Community collaborations
 - Allows community partners to effectively share a more accurate and extensive offering of their services
 - Opens lines of communication between clinic and community agencies
 - Fosters collaboration and opportunities for improving services provided at the clinic and community agencies
- Improves coordination and continuity of care and services for vulnerable populations

HIV Expert Collaborations

- Supportive Relationships
 - Providing mentoring and shadowing opportunities for novice providers
 - Drawing together HIV experts and primary care providers in case reviews
 - Establishing consultative contracts with HIV experts
 - Co-management model of care between primary care and HIV specialty care
- Benefits
 - Continuity of care
 - Coordination of care
 - Collaborative
 - Provides safety net for FQHC staffing vulnerabilities
 - Grows primary care provider knowledge, competence, and confidence in caring for PLWH
 - Sustainability

Leveraging the EHR for HIV screening

- Increase routine testing percentages through testing alerts
- Streamlines clinical efficiency and care coordination by quickly communicating critical patient information to providers
- Help providers differentiate between high and low-risk patients
- Promote early diagnosis and treatment
- Relatively low cost, efficient, and effective intervention
- Minimizes stigma

Other Promising Activities

- **Build reference and process foundations**
 - ✓ Comprehensive policies & procedures, defined workflows, resource libraries, tip sheets, etc.
 - ✓ Encourages consistency
 - ✓ Mitigates the effects of staff turnover.
- **Take advantage of standardized QI techniques and tools**
 - ✓ Provides a roadmap for the change process
 - ✓ Common language
 - ✓ Increases objectivity
 - ✓ Guided by evidence (measurable outcomes)
 - ✓ Encourages delivery of high quality services

Other Promising Activities (continued)

- **Leverage availability of existing high quality training & development resources (HIV National Curriculum, PrEP Summits, MATEC Clinician Scholars Program, etc.).**
 - ✓ The sum of the parts is greater than the whole. Do not recreate the wheel.
 - ✓ Maximizes efficiency
 - ✓ Increases the scope of what can be provided to partner clinics
- **Support HIV professional certification (AAHIVM, ACRN)**
 - ✓ Establishes documented accountability for quality care delivery.
 - ✓ Ensures that providers stay current with the HIV landscape
 - ✓ Demonstrates ongoing commitment to providing HIV care
 - ✓ Improves provider morale

Q&A

Obtaining CME/CE Credit

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

<http://ryanwhite.cds.pesgce.com>