

# Resource Round-up: Effective Care Engagement Interventions

**Nicolé Mandel**

*Project Director, TargetHIV*

**Jennifer Moore**

*HRSA HIV/AIDS Bureau*

# Session Goals

- Introduce attendees to T/TA resources that they can use to improve engagement and retention in their programs
- Show how to find these resources online at [TargetHIV.org](https://www.TargetHIV.org)
- Provide opportunity for RWHAP staff to meet T/TA staff and discuss how these resources might support their work

# Who is Here?

- How long have you worked in your position?
  - Less than 1 year
  - 2-5 years
  - 6-10
  - 11-20
  - 21+

# Session Outline: Part 1 – Presentations

- Access, Care, and Engagement (ACE) TA Center and In It Together: Health Literacy Projects – Mira Levinson
- HRSA Ryan White HIV/AIDS Program Center for Quality Improvement & Innovation (CQII) – Clemens Steinbock
- Integrating HIV Innovative Practices (IHIP) – Sarah Cook-Raymond
- Dissemination of Evidence-Informed Interventions (DEII) – Jane Fox
- HIV/HCV Coinfection Provider Resources – John Nelson
- HisHealth.org and WellVersed.org – Terrance Moore & Milanes Morejon

# Session Outline: Part 2 – Consultations

- 2-3 10 minute “lightning round” small group sessions with TA project representatives
- Think about a situation where you could use support
- Network with TA providers and peers

# Welcome

## CALENDAR

[VIEW MORE >](#)

**OCT 15** **National Latinx AIDS Awareness Day**  
Monday, October 15, 2018 (All day) (Online, National)  
Event type: [Awareness Day](#)

**OCT 24** **Everything You Want to Know About Financial Assistance for 2019 Health Plans**  
Wednesday, October 24, 2018 - 2:00pm to 3:30pm  
(Online, National)  
Event type: [Webinar / Teleconference](#)

**OCT 17** **Preparing for 2018 RSR Submission-Understanding Reporting Changes**  
Wednesday, October 17, 2018 - 2:00pm to 3:00pm  
(Online, National)  
Event type: [Webinar / Teleconference](#)

**OCT 25** **Aligning Local Getting to Zero and Ending the Epidemic Initiatives and Integrated HIV Prevention and Care Plans**  
Thursday, October 25, 2018 - 2:00pm to 3:00pm (Online, National)  
Event type: [Webinar / Teleconference](#)

## EXPLORE TRAINING AND TA PROJECTS

Browse these specialized collections of resources from recent HRSA Ryan White HIV/AIDS Program training and technical assistance projects.



# Technical Assistance Directory

The Ryan White HIV/AIDS Program offers training and technical assistance (T/TA) to support recipients in key areas. T/TA takes many forms; the most common are tools, webinars, and manuals found in the [TargetHIV Library](#). Some T/TA providers provide phone and email-based assistance and consultation and others manage regional and national learning collaboratives.

This directory of T/TA projects is organized by primary topic area. The HIV care continuum projects are mostly aimed at dissemination of evidence-informed interventions to improve engagement and retention of PLWH in care.

[+ Expand all](#)

+ Program & Grant Management

+ Clinical Quality Management

+ Data & Reporting

+ Health Care Reform

- Health Literacy

### In It Together Health Literacy Project

Improving the capacity of health departments and community-based organizations to deliver health-literate HIV services.

+ Hepatitis

+ HIV Care Continuum

+ Housing & Homelessness

+ Medical & Support Services

+ Part B - AIDS Drug Assistance Program (ADAP)

+ Part F - Global HIV/AIDS Programs

+ People Living with HIV & Community Involvement

+ Planning

27 training and technical assistance programs

## Stay Informed

Subscribe to Ryan White HIV/AIDS Program technical assistance e-newsletters and announcement lists.

[SUBSCRIBE](#)

## Contact Us/Feedback

We will respond within two working days.

[ASK ONLINE](#)

[Home](#) » [Library](#) » [HIV Care Continuum](#)

# HIV Care Continuum

The HIV Care Continuum is a representation of the extent to which individuals living with HIV are diagnosed, engaged in care and benefiting from antiretroviral therapy in terms of full viral suppression (undetectable lab values).

The value of the continuum in managing the HIV epidemic is compelling: individuals engaged in care can manage HIV as a chronic condition and simultaneously reduce the risk of transmitting the virus to others.



HIV Care Continuum, HIV.gov<sup>®</sup>

## SUBTOPICS

<a href="#">Prevention</a>	<a href="#">HIV Testing &amp; Diagnosis</a>	<a href="#">Linking to Care</a>	<a href="#">Retaining in Care</a>
<a href="#">Antiretroviral Treatment</a>	<a href="#">Achieving Viral Suppression</a>		

## RESOURCES 31

Resource Type

- Any -

### ✓ Guidelines and Manuals

#### Clinical Care Guides: Populations and Conditions

February 2018

Clinical care guides for various populations (based upon their racial, ethnic, and gender characteristics) and specific conditions.

- [Guiding Principles for Programs Serving HIV Positive Substance Users](#)
- [Transgender HIV/AIDS Health Services Best Practices Guidelines](#)

#### Dissemination of Evidence-Informed Interventions

Dissemination of Evidence Informed-Interventions Project

November 2017

Evidence-informed HIV Care And Treatment Intervention (CATI) packages.

### ✓ Webinars and Training

#### HRSA HAB Building Futures: Supporting Youth Living with HIV

HRSA HIV/AIDS Bureau (HAB)

September 2018

Guide to best practices for enhancing services to youth living with HIV to better outcomes in both retention and viral suppression.

### Technical Assistance

#### AETC National Coordinating Resource Center

National center for HIV/AIDS clinical education resources and training.

#### Care Continuum Learning Collaborative

Peer-to-peer collaboration among RWHAP Part A jurisdictions to strengthen the HIV Care Continuum.

#### Center for Quality Improvement and Innovation

TA/training for Ryan White agencies to improve the quality of HIV/AIDS care they provide.

#### Clinician Consultation Center

Hepatitis C Management - HIV/AIDS Management - Perinatal HIV/AIDS - Pre-Exposure Prophylaxis (PrEP) - Post-Exposure Prophylaxis - Substance Use

#### Community Health Workers

Increase the utilization of community health workers (CHW) to strengthen the health care workforce and improve access to health care and health outcomes for racial and ethnic minority people living with HIV (PLWH).

#### Dissemination of Evidence-Informed Interventions

Production of four adapted linkage and retention interventions from prior SPNS and the Secretary's Minority AIDS Initiative Fund initiatives to improve health outcomes along the HIV Care Continuum.

#### In It Together

Improving the capacity of health departments and community-based organizations to deliver health-literate HIV services.

#### Integrating HIV Innovative Practices

Adaptation of HRSA/HAB SPNS program insights into practical resources.

#### Regional AIDS Education and Training Centers

The AETC Program offers clinician education and tailored capacity-building assistance.

#### Using Evidence-Informed Interventions to Improve Health Outcomes among PLWH

Implementation of evidence-informed interventions to reduce HIV-related health disparities and improve health outcomes (retention in care, treatment adherence, viral suppression).

### Upcoming Events

#### National Latinx AIDS Awareness Day

Monday, October 15, 2018 (All day)

[Home](#) » [Help](#) » [Technical Assistance Directory](#) » [ACE TA Center](#)

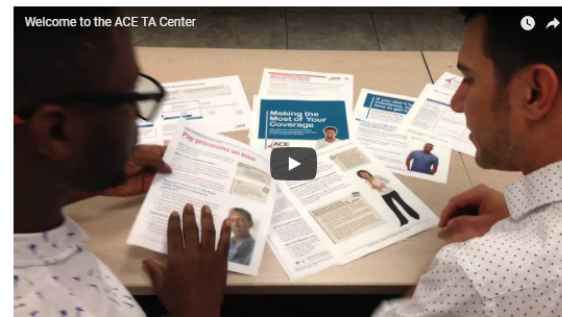
# ACE TA Center

The ACE TA Center aims to help Ryan White HIV/AIDS Program recipients and subrecipients support their clients, especially people of color, to navigate the health care environment through enrollment in health coverage and improved health literacy.

Check out our [guide for preparing for 2019 Open Enrollment](#).

## TA and Training Services

Many RWHAP clients are eligible for new health coverage options, including Medicaid and Marketplace plans. The ACE TA Center provides practical tools and resources to support engagement, education, enrollment, and renewal activities. Our technical assistance and training is responsive to recipient and subrecipient needs and informed by culturally competent best practices. The ACE TA Center is a cooperative agreement between JSI Research & Training Institute, Inc. (JSI)<sup>®</sup> and the Health Resources and Services Administration, HIV/AIDS Bureau<sup>®</sup>.



### Learn More About ACE

- View all [ACE TA Center enrollment tools and resources](#).
- View [archived webinars and presentation slides](#).
- Learn about [best practices for engaging and enrolling clients in health coverage](#).
- Find tools to help you [use data to track your organization's enrollment efforts](#).
- Subscribe to receive [ACE TA Center email updates](#)<sup>®</sup>.

### Browse for More

Topic Areas:

[Health Care Reform](#), [Agency Readiness](#), [Assessing Plans for RWHAP Clients & ADAP](#), [Enrolling & Accessing ACA Health Coverage](#), [Enrollment Resources for Consumers](#), [Planning & ACA](#), [Key Populations](#), [Cultural Competency](#), [Health Literacy](#), [People Living with HIV & Community Involvement](#), [Health Education](#), [Eligibility](#)



#### ACE TA Center Home

[Tools and Resources](#)

[Webinars](#)

[Best Practices](#)

[Using Data to Track Enrollment](#)

[Needs Assessment](#)

[Subscribe](#)

[In It Together Health Literacy Project](#)

### Contact Information

#### Project Contacts:

##### Mira Levinson

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##### Elizabeth Costello

Communications Manager, ACE TA Center  
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[acetacenter@jsi.com](mailto:acetacenter@jsi.com)  
617.482.9485

#### HRSA Contacts:

##### Kibibi Matthews-Brown

[kmatthews-brown@hrsa.gov](mailto:kmatthews-brown@hrsa.gov)

#### Funding:

Funding Mechanism: Cooperative Agreement

Recipient Organization: JSI

Grant number: U69HA30143

Project Period: 7/1/2016 - 6/30/2019

[SUBSCRIBE FOR UPDATES](#)






# The Access, Care, and Engagement Technical Assistance Center

**Mira Levinson**

*JSI Research & Training Institute (JSI)*



# The Access, Care, & Engagement TA Center

Logo	Project Name	Objective
 The logo for the ACE TA Center features a stylized graphic of three curved lines in red, orange, and blue, resembling a person or a flame, positioned to the left of the text "ACE" in a large, bold, black font. Below "ACE" is the text "TA CENTER" in a smaller, black, sans-serif font.	ACE TA Center	Support access, enrollment, and retention in health coverage
 The logo for "In It Together" for Black MSM features a graphic of two hands, one brown and one white, shaking. Below the graphic is the text "In It Together" in a bold, black font, with "IMPROVING HEALTH LITERACY FOR BLACK MSM" in a smaller font underneath.	In It Together: Improving Health Literacy for Black MSM	Build providers' organizational health literacy and capacity to incorporate health literate approaches into the provision of care for Black gay, bisexual, same-gender-loving and other men who have sex with men
 The logo for "In It Together" for All features a graphic of two stylized faces, one blue and one green, inside a speech bubble. Below the graphic is the text "In It Together" in a bold, black font, with "IMPROVING HEALTH LITERACY FOR ALL" in a smaller font underneath.	In It Together: Improving Health Literacy for All	Build the capacity of these health professionals to serve a diverse spectrum of people living with and at risk for HIV

# Who can benefit

## ***In It Together: Improving Health Literacy for Black MSM***

Health professionals serving Black/African American gay, bisexual, same-gender-loving men, and other men who have sex with men (MSM)



## ***In It Together: Improving Health Literacy for All***

Health professionals serving a diverse spectrum of people living with HIV



## **ACE TA Center**

HIV program staff, including case managers

RWHAP leaders and managers

RWHAP clients

Navigators and other in-person assisters that help enroll PLWH



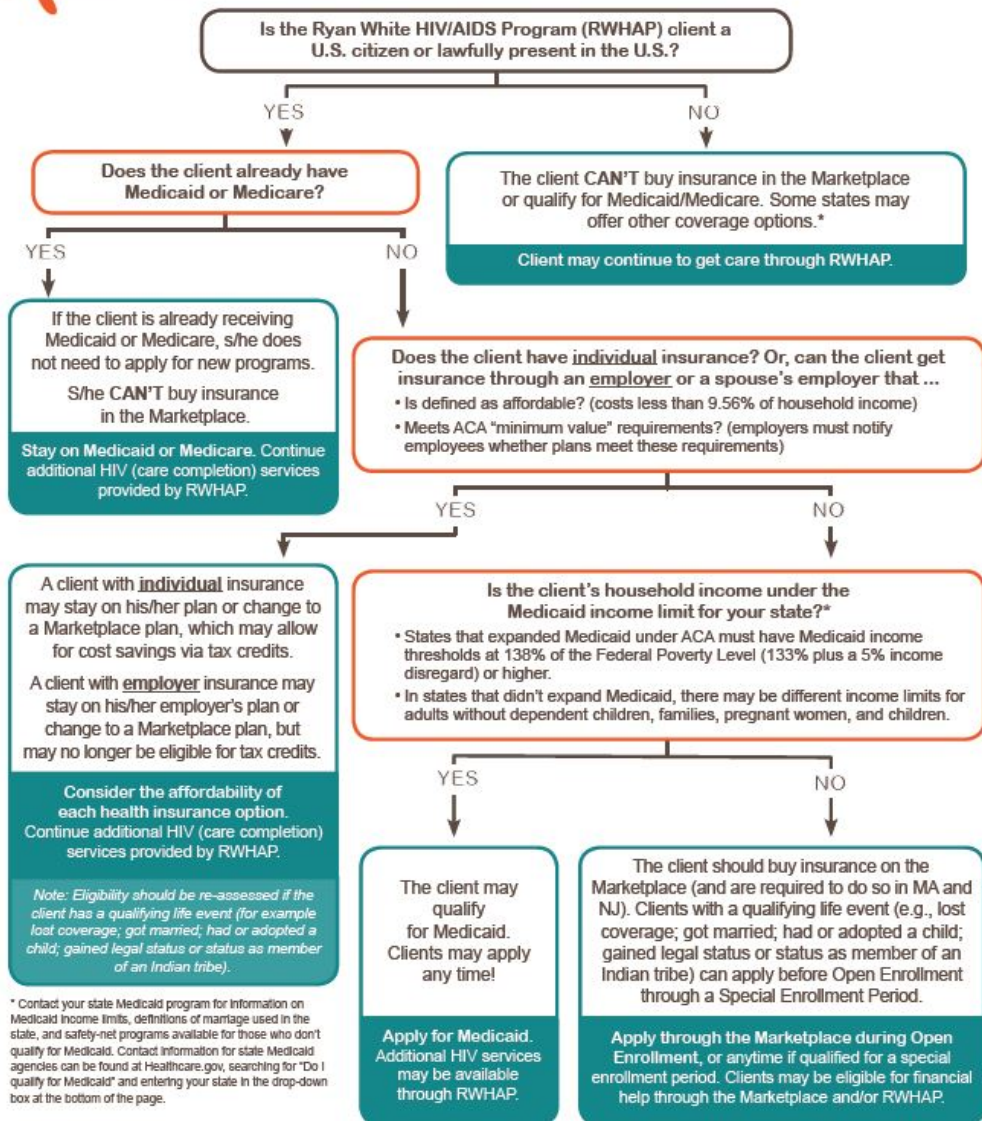
# ACE TA Center webinars

- Planning ahead for Open Enrollment 2019 (7/18/18)
- Basics of Health Coverage Enrollment for New Staff (8/22/18)
- Tips and Resources for Enrollment Assistants to Help Enroll People Living with HIV in Health Coverage (9/26/18)
- Everything You Want to Know about Financial Assistance for 2019 Health Plans (10/24/18)
- Helping Clients Understand Tax Filing and Health Coverage (March 2019 – date TBD)
- Archived webinars: [Targethiv.org/ace/webinars](https://targethiv.org/ace/webinars)



# Eligibility Decision Tree

Use this tool to decide if a RWHAP client should enroll in the Marketplace, with Medicaid, or neither. See how ADAP fits with other coverage. Revised August 2018.



\* Contact your state Medicaid program for information on Medicaid income limits, definitions of marriage used in the state, and safety-net programs available for those who don't qualify for Medicaid. Contact information for state Medicaid agencies can be found at [Healthcare.gov](http://Healthcare.gov), searching for "Do I qualify for Medicaid" and entering your state in the drop-down box at the bottom of the page.



# Account Tune-Ups: Getting Ready for Marketplace Open Enrollment

An Account Tune-Up is an activity to help make sure your clients are ready to enroll in 2019 Marketplace health coverage.

## There are four main steps in an Account Tune-Up:

### 1. Check paperwork, accounts, and payments.

It's important that clients' insurance payments and Marketplace accounts are up-to-date.

- ☑ Review insurance documents and identify any outstanding payments or credits.
- ☑ Help clients organize insurance and Marketplace paperwork.
- ☑ Make sure clients are up-to-date on Marketplace accounts and payments.

### 2. Review finances.

A client's income and tax filing history help determine eligibility for financial assistance through the Marketplace.

- ☑ Make sure the client is up-to-date on Premium Tax Credits (APTCs) and other federal taxes so that they remain eligible for this financial assistance.
- ☑ Help clients estimate their income and report any changes to the Marketplace.

### 3. Confirm enrollment in the Ryan White HIV/AIDS Program (RWHAP), including ADAP.

Many RWHAP/ADAPs provide financial assistance to help eligible clients pay for their health coverage, but clients need to keep their paperwork up-to-date.

- ☑ Confirm eligibility and enrollment in ADAP or other RWHAP-supported premium and cost-sharing assistance.
- ☑ Re-certify a client's RWHAP/ADAP enrollment if the paperwork is due during the Open Enrollment period.

### 4. Help clients prepare for enrollment and schedule enrollment appointments.

Clients should understand their coverage options and be confident they are enrolling into a plan that best fits their health and financial needs.

- ☑ Know what plans are being offered in their area.
- ☑ Help clients identify their coverage priorities including medication access and continuity with preferred providers.
- ☑ Dedicate time to educate clients on the importance of health coverage and answer questions.
- ☑ Schedule enrollment appointments.

Tools for Open Enrollment

# I'm new to supporting people living with HIV.

## How do I help them enroll in health coverage?



### Listen to consumers' needs and concerns.

Consumers are concerned about affordability and continued access to medications and current providers.

- People living with HIV need health care providers who understand their needs and life experiences.
- People living with HIV may have other health concerns, such as Hepatitis B or C, mental health issues, or substance use.



### Show compassion & cultural sensitivity.

People living with HIV may not want to disclose their HIV status to an enrollment assister.

- They may be uncomfortable sharing personal information. Let consumers know your conversations are judgment-free and confidential.
- Many consumers, particularly people of color, have experienced stigma and discrimination in the past. Some may fear negative attitudes and prejudice.



### Encourage continuity of care.

This means seeing the same provider regularly and maintaining a consistent supply of medication.

- Help consumers find a plan that includes their current provider, if available. Often they have developed a trusting relationship.
- Let them know they don't have to start over with someone new, and their information will be confidential.



### The Ryan White Program provides HIV care and support.

Its AIDS Drug Assistance Program (ADAP) also provides access to critical medications.

- Most low-income people have been able to get free or low-cost HIV care, medications, and support services through the Ryan White Program.
- The Ryan White Program only covers HIV-related services and strongly encourages eligible clients to enroll in comprehensive health coverage.



### Understand why continuous medication coverage is essential.

It can help people living with HIV live a healthy life.

- Taking HIV medication every day helps lower the level of HIV in your blood.
- People with less HIV in their blood are much less likely to get sick or pass HIV to others.



### Know how to contact your state's Ryan White Program and ADAP.

The Ryan White Program helps all consumers -- insured, underinsured, and uninsured.

- In many cases, Ryan White Program funds can be used to buy health insurance or pay for premiums and out-of-pocket expenses.
- The Ryan White Program in your state, including ADAP, can provide HIV medications to consumers who are uninsured or have a gap in insurance coverage.



### Help consumers find plans that cover their HIV drugs.

Without coverage, medications can cost hundreds of dollars per month.

- Consumers work closely with their doctor to find the HIV treatment plan that works best for them.
- Some health plans may not cover certain HIV drugs or combinations or may require increased cost-sharing for certain HIV drugs.



### Explain insurance terms and benefits.

Many people living with HIV are new to health insurance.

- An estimated 30% of people living with HIV have never had insurance, compared with 15% of the general population.
- Before the ACA, some people were denied insurance coverage or charged more because of a pre-existing condition.
- Explain insurance terms and concepts in plain language.

# Tools for Enrollment Assisters

# Stay Covered All Year Long

Now that you've enrolled in health insurance, make sure you keep it.

Health insurance is important because it covers all your health needs, such as HIV medications and care, free preventive care, hospital stays, and substance use and mental health services. This guide covers what you need to do to stay covered throughout the year.

Pay premiums on time ..... 2

Report income and household changes ..... 4

What to do if you lose coverage ..... 6

## TIP

Even if you have health insurance, stay in touch with your Ryan White Program case manager. S/he can help make sure you stay enrolled in ADAP and have access to financial help for insurance and Ryan White Program services like transportation and housing support.



# Special Enrollment Periods

Can I enroll in a Marketplace health insurance plan outside of Open Enrollment?

Sometimes you experience a big life change that also changes your health coverage needs—like having a child, losing your job, or losing your health coverage. Usually Open Enrollment is the only time you can sign up for a new health insurance plan through the Health Insurance Marketplace. But if you have a big life change—or “life event”—you may qualify for a **Special Enrollment Period**.

## Tools for Consumers

A Special Enrollment Period lets you enroll in a new health plan or change your plan outside of Open Enrollment. You may also qualify for a Special Enrollment Period if something happened during Open Enrollment that prevented you from getting the right coverage. This is called a “**special circumstance**.” See the full list of life events and special circumstances on the next two pages.

## TIP

If you think you may be eligible for a Special Enrollment Period, or if you have any changes to your income, household size, or health coverage, you should report this information as soon as possible. Talk with an enrollment assister or Ryan White Program case manager, or contact the Marketplace Call Center at 1-800-318-2596.



My health insurance works for me.

**I thought I couldn't afford coverage, but the Ryan White Program helps pay my monthly health insurance premium.**

**HIV-positive? Find a health insurance plan that works for YOU.**

You can get in-person help to fill out the application and find out if you're eligible.  
**You may qualify for financial help.**



The ACE TA Center helps Ryan White HIV/AIDS Program providers to enroll diverse clients in health insurance.

*The persons shown in photographs on this website/food/resource are models and are being used for illustrative purposes only.*

**We can help.**

Ask us about health insurance today.

My health insurance works for me.

**My plan won't be offered next year.**

**I got help finding a plan that still covers my medications.**



My health insurance works for me.

**My plan was going to cost more next year.**

**I got help finding an affordable new plan.**

**HIV-positive? Find a health insurance plan that works for YOU.**

You can get in-person help to fill out the application and find out if you're eligible.  
**You may qualify for financial help.**



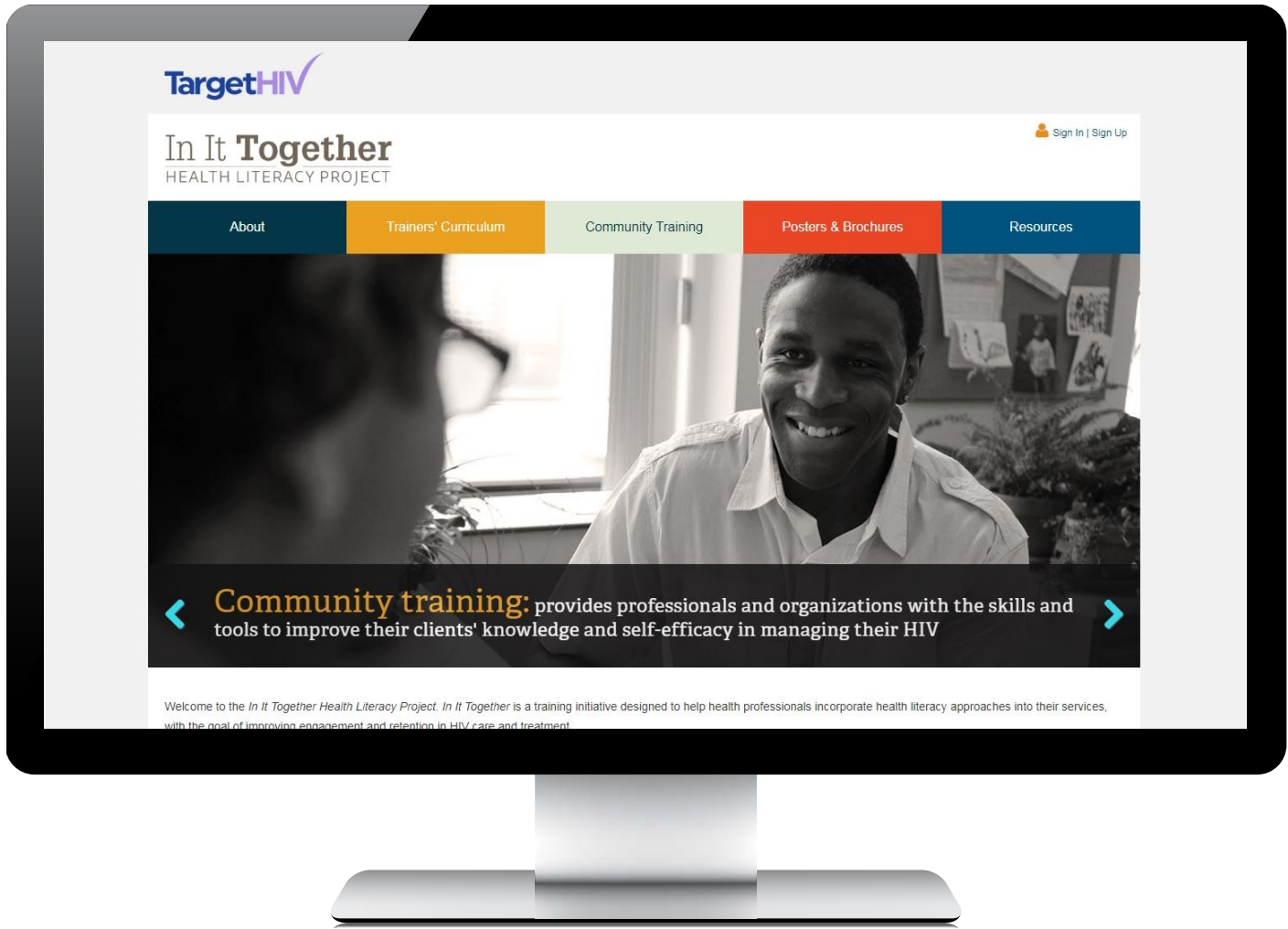
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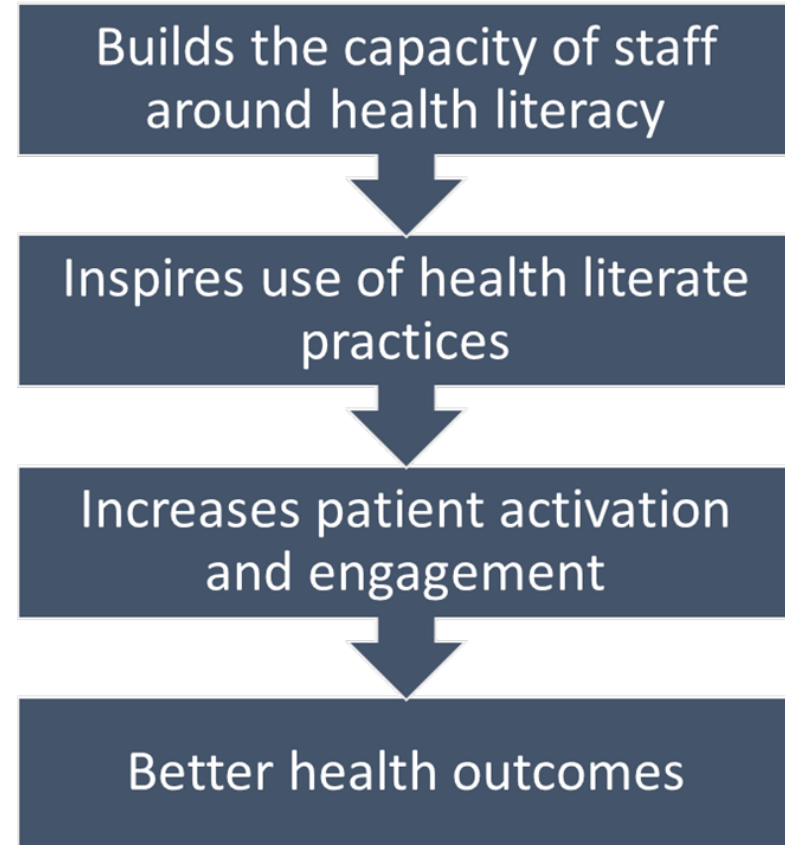
[hivhealthliteracy.targethiv.org](http://hivhealthliteracy.targethiv.org)





# How In It Together benefits health care organizations

**Addressing health literacy addresses health equity**



# Stay in touch!

[hivhealthliteracy.targethiv.org](http://hivhealthliteracy.targethiv.org)

Request a training, download tools and resources, and more...

Contact Us:

[hivhealthliteracy@jsi.com](mailto:hivhealthliteracy@jsi.com)

[targethiv.org/ace](http://targethiv.org/ace)

Sign up for our mailing list, download tools and resources, and more...

Contact Us:

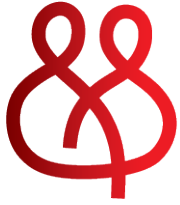
[acetacenter@jsi.com](mailto:acetacenter@jsi.com)



# HRSA Ryan White HIV/AIDS Program Center for Quality Improvement & Innovation (CQII)

**Clemens Steinbock**

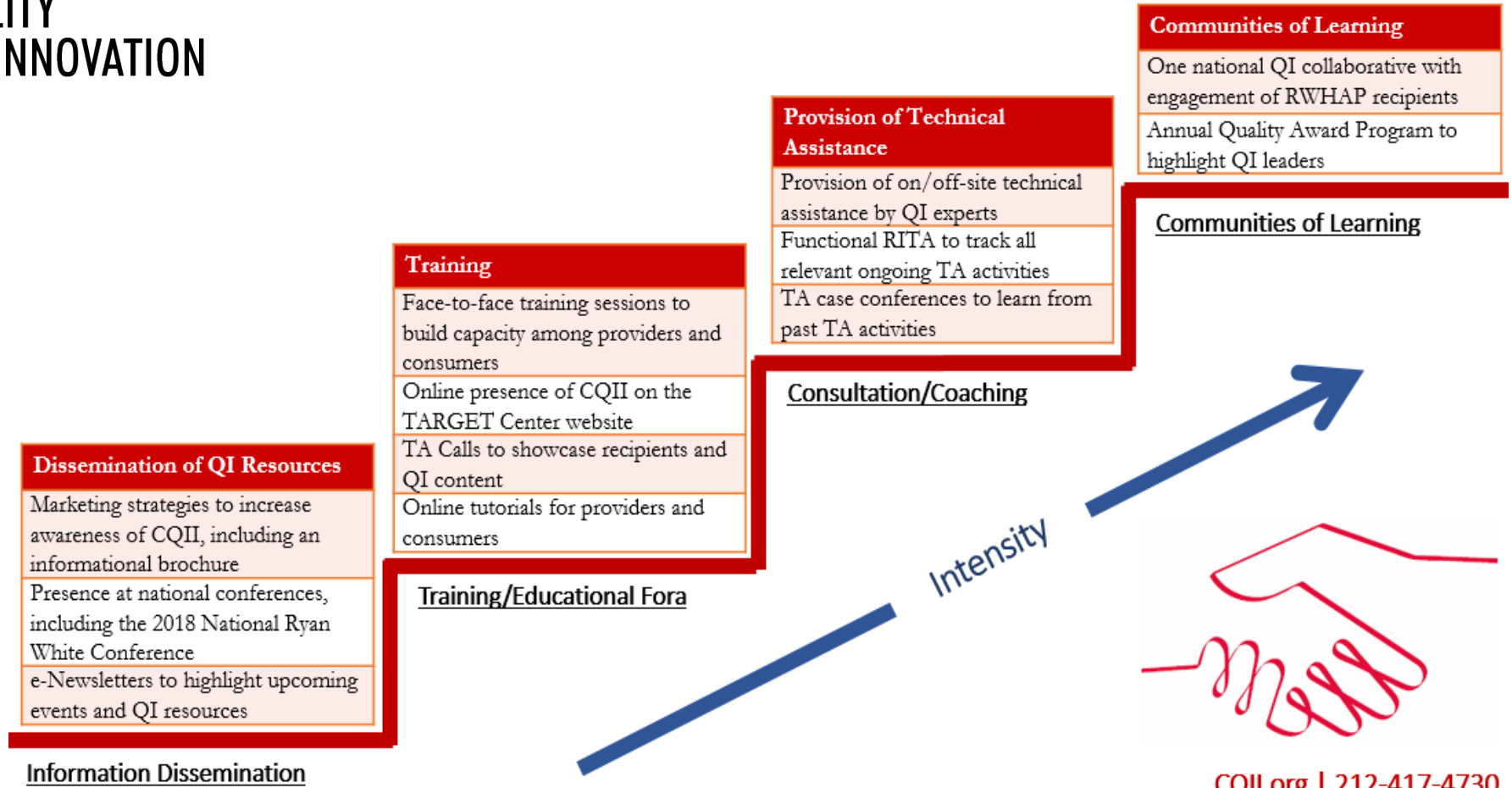
*Project Director*



HRSA Ryan White HIV/AIDS Program

# CENTER FOR QUALITY IMPROVEMENT & INNOVATION

*“Together, we continue to improve the lives of people living with HIV. The CQII provides state-of-the-art technical assistance to RWHAP-funded recipients and subrecipients to measurably strengthen local clinical quality management programs in order to impact HIV health outcomes.”*



CQII.org | 212-417-4730

# Collaborative Overview

end  
+ disparities



# Collaborative Topics and Organization

MSM of Color

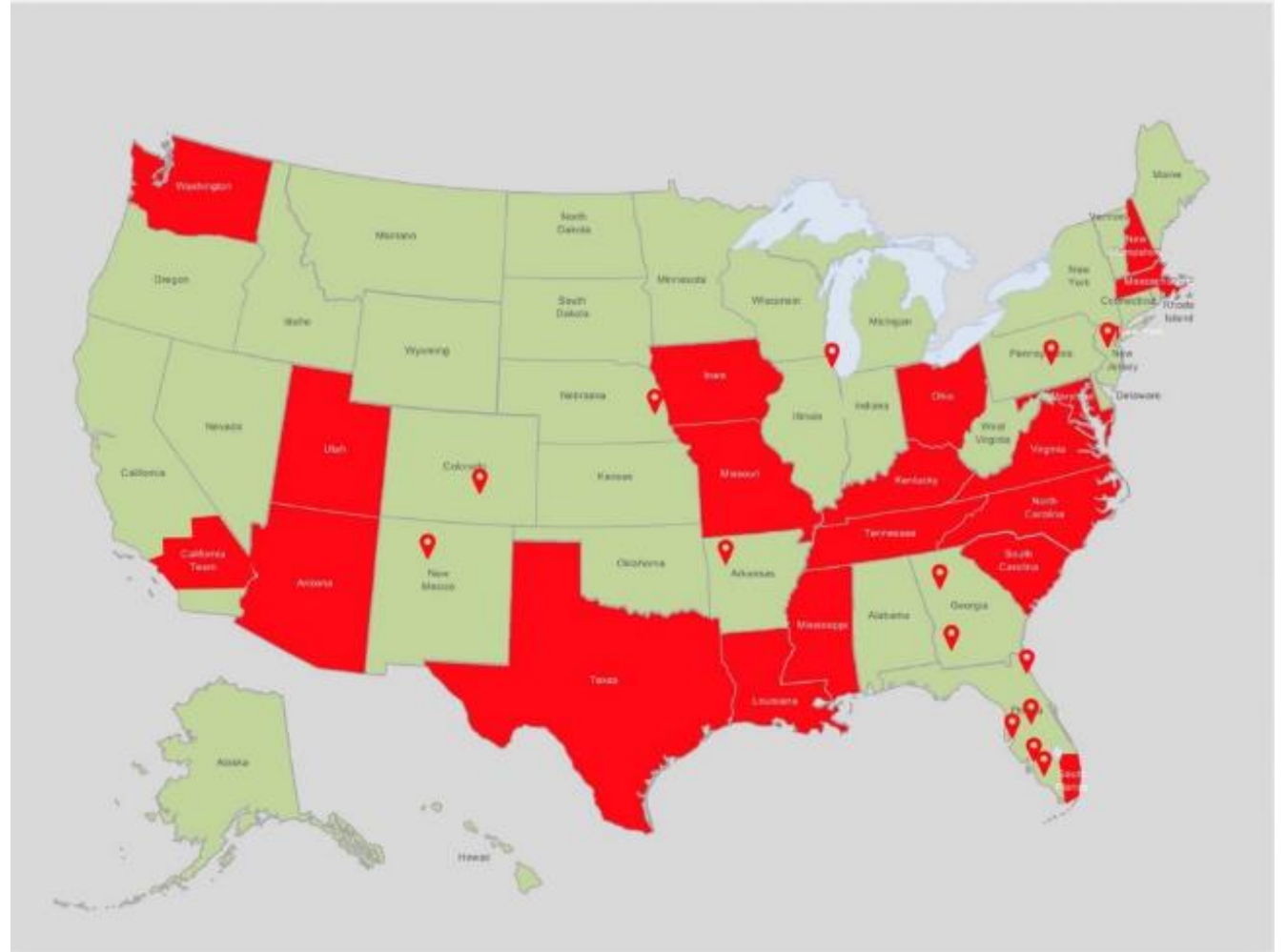
Youth

Transgender People

African American &  
Latina Women

- ✓ Each Collaborative participant is asked to focus their improvement efforts on one identified subpopulation
- ✓ Participants join virtual special-interest groups based on shared interests, such as subpopulations (Affinity ECHO Session)
- ✓ Recipients and subrecipients partner with other local HIV providers to form regionally-based improvement groups (Regional Group)
- ✓ Learning sessions with all participants are held every five months, starting Jun 2018 and ending Sep 2019

# end+disparities ECHO Collaborative Participants



# Disparities Calculator

- ✓ The Disparity Calculator is a MS Excel spreadsheet that automatically calculates HIV performance data and highlights the presence and severity of disparities

Viral Suppression (HAB) Overall Performance Average: 73.7%				
	Transgender People	MSM of Color	African American and Latina Women	Youth (aged 13-24)
Population Sample	52	526	789	110
Pop Performance	65.38%	67.87%	82.76%	51.82%
Absolute Disparity	MAYBE DISPARITY	MAYBE DISPARITY	NO DISPARITY	YES DISPARITY
Relative Risk	NO DISPARITY	NO DISPARITY	NO DISPARITY	YES DISPARITY
Comparative Disparity	NO DISPARITY	NO DISPARITY	NO DISPARITY	YES DISPARITY
Odds Ratio	NO DISPARITY	NO DISPARITY	NO DISPARITY	YES DISPARITY
Absolute Impact	4	40	113	25



Choosing Health for Life  
New Quality Center



Escape to Salud para vivir  
Escapando de la vida



HIVQUAL  
Workbook  
Guide for Quality Improvement in HIV Care  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



Patient Satisfaction  
Survey for HIV  
Ambulatory Care  
New York State Department of Health  
AIDS Institute



Building Capacity of Statewide  
Quality Management Programs  
NQC Guide for Ryan White RWANQS Program  
Part B Strategies  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



The Game Guide  
Interactive Exercises for Trainers to Teach Quality  
Improvement in HIV Care  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



Making Sure HIV Patient  
Self-Management Works  
A Training Workbook for HIV Care Providers  
Facilitator Guide for Workshop Facilitator  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau

NATIONAL QUALITY CENTER

Measuring Clinical  
Performance:  
A Guide for HIV Health Care Providers  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



HIVQUAL  
Group Learning Guide  
Interactive Quality Improvement Exercises for  
HIV Health Care Providers  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



A Guide to Consumer  
Involvement  
Improving the Quality of Ambulatory HIV Programs  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau

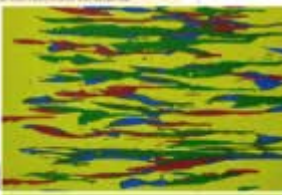


NQC Training-of-Trainers  
Guide  
Facilitator Manual to Train HIV Providers on Quality  
Management  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



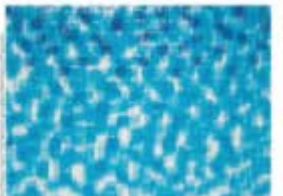
Guideline-based Quality  
Indicators for HIV Care  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau

NATIONAL QUALITY CENTER



Partnering with Subcontractors  
to Improve HIV Care  
National Quality Center Guide for HIV Providers  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau

NATIONAL QUALITY CENTER



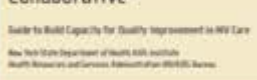
Making Sure Your HIV  
Care is the Best It Can Be  
A Consumer Quality of Care Training Workshop  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau

NATIONAL QUALITY CENTER

Cross-Part Quality  
Management Guide  
Using Collaboratives across Ryan White  
Funding Streams to Improve HIV Care  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau  
National Quality Center



Planning and Implementing  
a Successful Learning  
Collaborative  
Guide to Build Capacity for Quality Improvement in HIV Care  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



NQC Training of Quality  
Leaders Guide  
Facilitator Manual to Build Capacity of HIV Providers to  
Lead Quality Management Activities  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau

NATIONAL QUALITY CENTER



Strategies to Implement  
Your HIV Quality  
Improvement Activities  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau

NATIONAL QUALITY CENTER

# Quality Academy

- ✓ Online training course on quality with 32 modules
- ✓ Most designed to last 15-20 minutes
- ✓ All presentation slides and notes available for download
- ✓ Over 35,000 tutorials have been taken
- ✓ Consumers in Quality section of the Academy includes consumer tutorials

One a Day...



[TargetHIV.org/library/quality-academy](http://TargetHIV.org/library/quality-academy)

# On-Site Technical Assistance

- ✓ On-site/off-site short-term TA available
- ✓ Designed to help recipients implement effective clinical quality management programs
- ✓ Request form is available for completion by recipients
- ✓ Requests are submitted to HAB for review and approval
- ✓ CQII focus on quality improvement

[TargetHIV.org/cqm-ta-request](http://TargetHIV.org/cqm-ta-request)

On-Site Technical Assistance



"One size fits all." Fine for baseball caps, not for technical assistance.

# Contact CQII

212-417-4730 (phone)

212-417-4684 (fax)

Info@CQII.org

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



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 U28HA30791 and the HRSA Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation for \$1.5M. This information or content and conclusions are those of the author and should not be construed at the official position or policy or, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

# Integrating HIV Innovative Practices (IHIP)

**Sarah Cook-Raymond, MA**

*President & CEO, Impact Marketing + Communications*

# What is SPNS? What is IHIP?

- The **Special Projects of National Significance** (SPNS) Program is funded under Part F of the Ryan White HIV/AIDS Program and housed in the Division of Training and Capacity Development (DTCD).
- SPNS funds and studies innovative, replicable models of care that address high-priority and emerging areas of need.
- The **Integrating HIV Innovative Practices** (IHIP) Project supports uptake, replication, and awareness of SPNS-funded evidence-informed interventions.

# Evidence-Informed Interventions Advancing Clients along the HIV Care Continuum



## Advancing the HIV Care Continuum

SPNS has funded initiatives along the steps of the **HIV Care Continuum** including projects focused on:



**populations not in care**



**outreach**



**linkage to care**

**medication adherence & viral suppression**



**retention/ re-engagement**

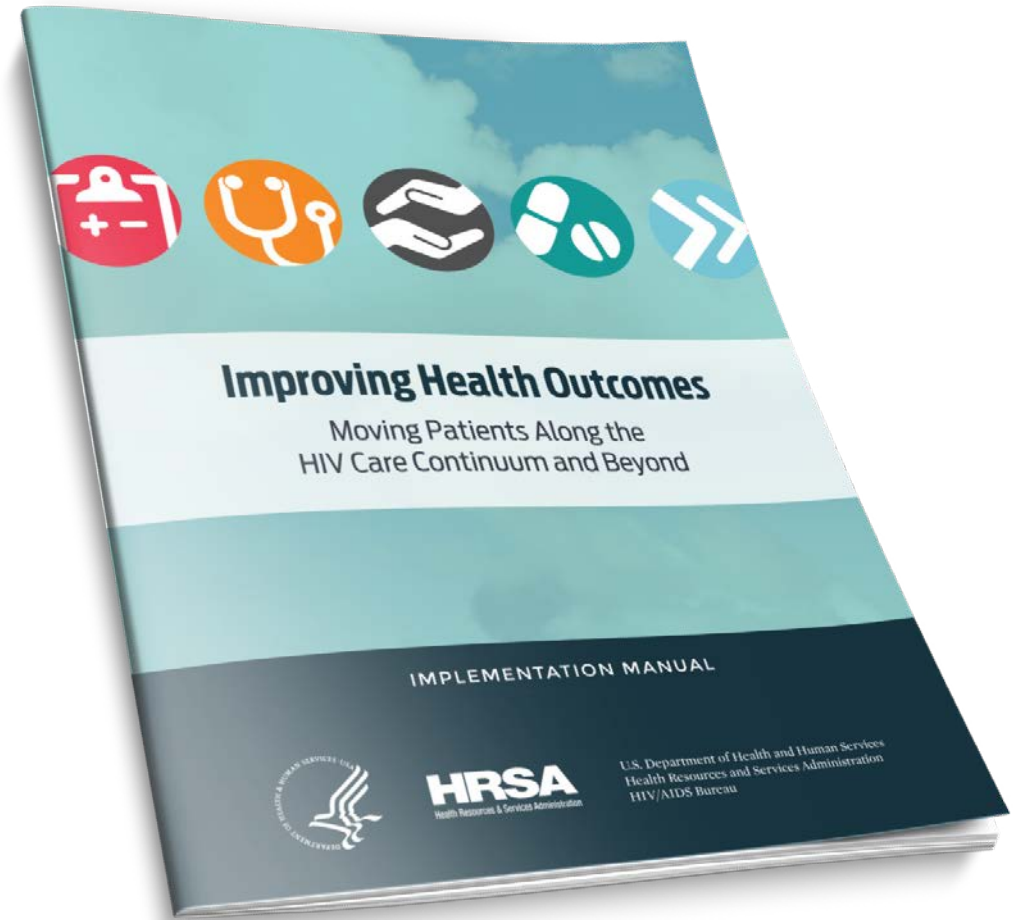
# Evidence-Informed Interventions on Key Target Populations & Issue Areas

## Including:

- **Engaging hard-to-reach populations** (including strategies, such as outreach, in-reach, and motivational interviewing)
- **Buprenorphine opioid treatment**
- **Correctional health** interventions (including jail linkage, care coordination to promote HIV medication access upon release, and correctional telehealth with an HIV)
- **Hepatitis C coinfection**
- **System linkages** (including social networks of care, disease intervention specialists, active referral)
- **Oral health care**
- **Women of color & transgender women of color**
- **Homeless, multiply diagnosed populations**



# IHIP Resources Manuals, Curricula, Monographs



# IHIP Resources

## Case studies & Intervention guides



# IHIP Resources

## Pocket guides & Fact sheets



# Technical Assistance

- Technical assistance webinars with implementing sites and TA experts
- A dedicated TA help desk to submit implementation questions at [SPNS@hrsa.gov](mailto:SPNS@hrsa.gov)



# Access IHIP Resources @ TargetHIV

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



# Interventions that work!

Subscribe to our listserv



[View this mail online](#)



The iHiP Listserv

## Summer Webinar Series Now Available Online!

Missed one of this summer's webinars? Want to revisit something insightful that you heard? All four webinars are now available online at the Integrating HIV Innovative Practices (IHIP) page on HRSA's newly relaunched TA resource center, [TargetHIV](#). There, you'll find webinar recordings, copies of the presenter's slides, transcripts, and links to IHIP's full array of available intervention guides.

This summer series highlighted new strategies to help clients with HIV, with a special focus on transgender women of color and clients facing complex challenges like homelessness, substance use disorders, and/or mental health disorders. They include:



### Effective Approaches to Engaging HIV-positive Homeless Populations

HHOME— Homeless HIV Health Outreach & Mobile Engagement  
NC Reach (North Carolina Rurally Engaging & Assisting Clients with HIV)

[See the webinar here](#)

### Interventions that Work for Multiply Diagnosed HIV-positive Homeless Populations

Health, Hope, and Recovery (HHR)  
Operation Link

[See the webinar here](#)



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**IMPACT**

MARKETING + COMMUNICATIONS

# Dissemination of Evidence- Informed Interventions (DEII)



Jane Fox, MPH

*Abt Associates*



# Dissemination of Evidence-Informed Interventions (DEII)

- Five-year Cooperative Agreement with HRSA/HAB Special Projects of National Significance (SPNS)
- Two sites funded to work together
  - Implementation and Technical Assistance Center (ITAC) – AIDS United (2015-2019)
  - Dissemination and Evaluation Center (DEC) – Boston University (2015-2020)
- Replicates four adaptations of previously-implemented SPNS initiatives

DISSEMINATION OF  
**EVIDENCE-**   
**INFORMED.**   
INTERVENTIONS

# Interventions

## Transitional Care Coordination

From Jail Intake to Community  
HIV Primary Care

DISSEMINATION OF  
**EVIDENCE-  
INFORMED.**  
INTERVENTIONS

Peer Linkage and  
Re-Engagement of HIV-Positive  
Women of Color

DISSEMINATION OF  
**EVIDENCE-  
INFORMED.**  
INTERVENTIONS

Integrating Buprenorphine  
Treatment for Opioid Use  
Disorder in HIV Primary Care

DISSEMINATION OF  
**EVIDENCE-  
INFORMED.**  
INTERVENTIONS

Enhanced Patient Navigation  
for HIV-Positive  
Women of Color

DISSEMINATION OF  
**EVIDENCE-  
INFORMED.**  
INTERVENTIONS

# DEI Available Resources

- Intervention Summary
  - Literature
  - Theoretical Basis
  - Components and Activities
  - Staffing Requirements
  - Programmatic Requirements
  - Cost

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

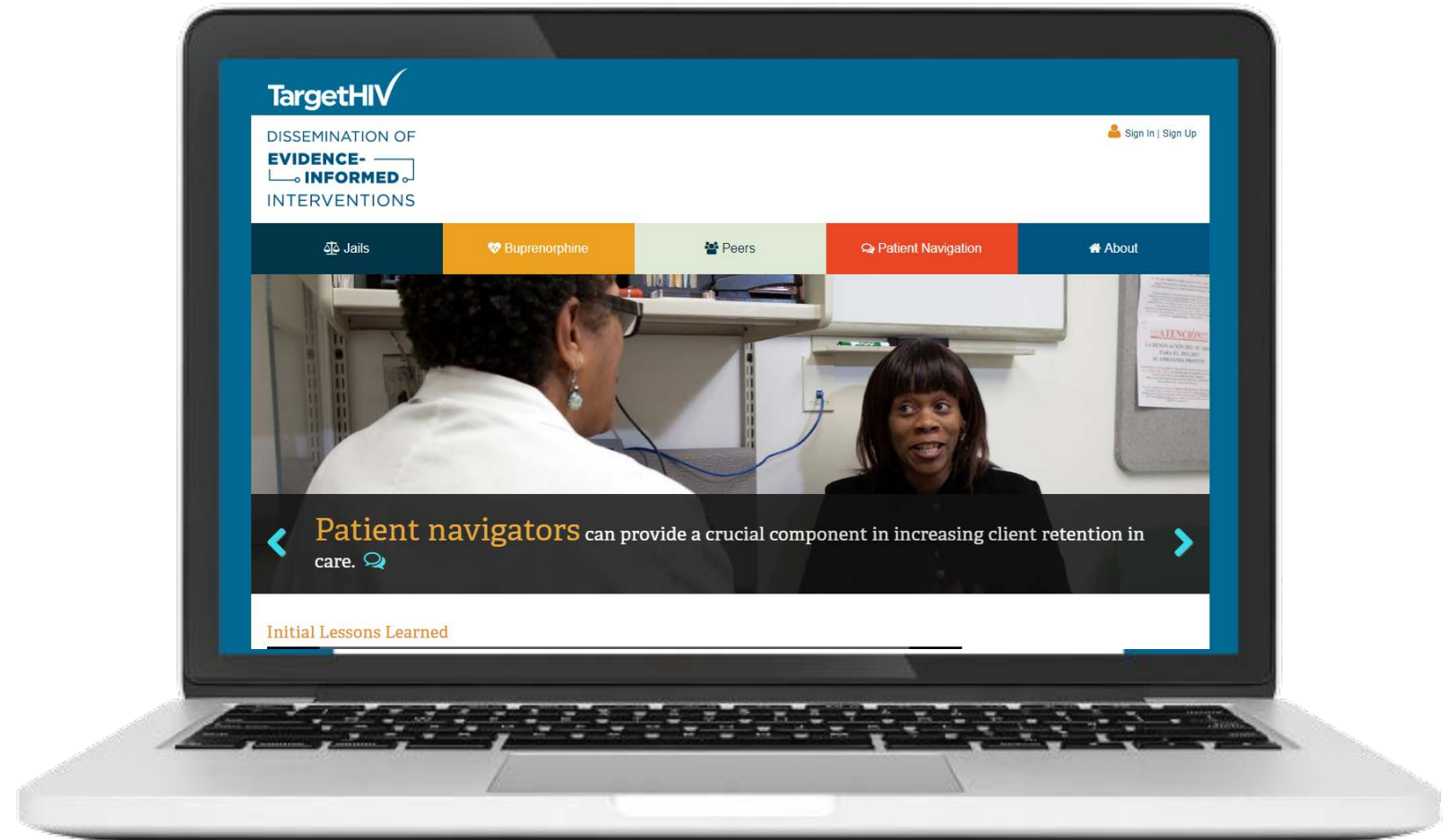
DISSEMINATION OF  
**EVIDENCE-**  
**INFORMED.**  
INTERVENTIONS

# DEI Resources Available for Download

PDF versions of:

- Intervention Summary
- Intervention Manual
- TA Agenda
- Training Manuals

DISSEMINATION OF  
**EVIDENCE-**  
**INFORMED**  
INTERVENTIONS



# Looking Ahead: Care and Treatment Interventions (CATIs)

- Continue monitoring implementation at sites and multi-site outcomes evaluation through June 2019
- Analyze data and summarize patient outcome and implementation findings
- Update adapted interventions
- Release final interventions as CATIs (2020)



# HIV/HCV Coinfection – Provider Resources

**John Nelson, PhD, CPNP**

*Program Director, AETC National Coordinating Resource Center*

*François-Xavier Bagnoud Center, Rutgers School of Nursing*

# The Project and the AETC NCRC Role

- ❖ Supports the HRSA HAB project: **Jurisdictional Approach to Curing Hepatitis C among HIV/HCV Coinfected People of Color** (NASTAD, RAND Corp.)
- ❖ NCRC coordinated development of a **national online curriculum on HIV/HCV coinfection**
  - ❖ HIV/HCV experts from the 5 regional AETCs associated with the Part A and B jurisdictional sites: MidAtlantic AETC, New England AETC, Northeast/Caribbean AETC, South Central AETC, and Southeast AETC
- ❖ NCRC manages CE credits, dissemination, and promotion

# Core Competencies

❖ HIV/HCV expert team identified 6 core competencies which are the basis of each of the 6 modules:

- Epidemiology
- Prevention
- Screening, Testing, and Diagnosis
- HCV Treatment
- Recommendations for Subpopulations of HIV/HCV Co-infected Persons
- Addressing Barriers for Co-infected People of Color



# *HIV/HCV Co-infection: An AETC National Curriculum*

- ❖ Can be used for free self-directed learning, continuing education units, and by faculty and trainers to educate healthcare providers and health profession students
- ❖ Launched online July 2017 at: [AIDSETC.org/hivhcv](https://AIDSETC.org/hivhcv)



# Passport to Cure



## Pharmacy Information:

\_\_\_\_\_

\_\_\_\_\_

## Clinic Information:

\_\_\_\_\_

\_\_\_\_\_

## Clinical Team:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## What are my HIV medication(s)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## What are my other medication(s)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## What is coinfection?

Coinfection is when a person living with HIV (PLWH) is also infected with the hepatitis C virus (HCV).

HM/HCV coinfection is a common scenario because of shared risk factors of the virus.

HM/HCV coinfection increases the risk of liver disease, organ failure and other serious health issues.

Treatment of HCV in PLWH should be a priority.

## What kind of HCV do I have? (circled below)

There are 7 different HCV genotypes (types). A genotype is the strain of the virus you have in your body.

You have genotype: 1a, 1b, 2, 3, 4, 5, 6

## What stage of liver disease do I have?

- Mild Fibrosis (Stage 1)     Cirrhosis (Stage 4)
- Moderate Fibrosis (Stage 2)     Decompensated Cirrhosis (Stage 3)
- Bridging Fibrosis (Stage 3)

## What is my HCV load after starting HCV meds?

0-4 Weeks \_\_\_\_\_

12 Weeks \_\_\_\_\_


24 Weeks \_\_\_\_\_


## What was my last HIV viral load and CD4?

VL \_\_\_\_\_ Date \_\_\_\_\_


CD4 \_\_\_\_\_ Date \_\_\_\_\_


## Which HCV medications am I on?


Harvoni™ (ledipasvir/sofosbuvir) 90mg/400mg  
1 tablet by mouth daily 


Mavyret™ (glecaprevir/pibrentasvir) 100mg/40mg  
3 tablets by mouth daily with food 


Epclusa® (sofosbuvir/velpatasvir) 400mg/100mg  
1 tablet by mouth daily 


Sovaldi™ (sofosbuvir) 400mg  
1 tablet by mouth daily 


Technivie™ (ambitavir/paritaprevir/ritonavir)  
12.5mg/75mg/50mg  
2 tablets once daily in AM with a meal 


Copegus® (ribavirin) 200mg  
\_\_\_\_\_ tablets twice per day with food 

Daklinz™ (daclatasvir) 1 tablet by mouth daily  
 90mg     60mg     30mg 

Zepatier™ (elbasvir/grazoprevir) 50mg/100mg  
1 tablet by mouth daily 

Olysio™ (simeprevir) 150mg  
1 capsule by mouth daily with food 

Viekira Pak™ (ambitavir/paritaprevir/ritonavir)  
12.5mg/75mg/50mg  
2 tablets once daily (AM)  
(+ dasabuvir) 250mg 1 tablet twice daily (AM & PM) 

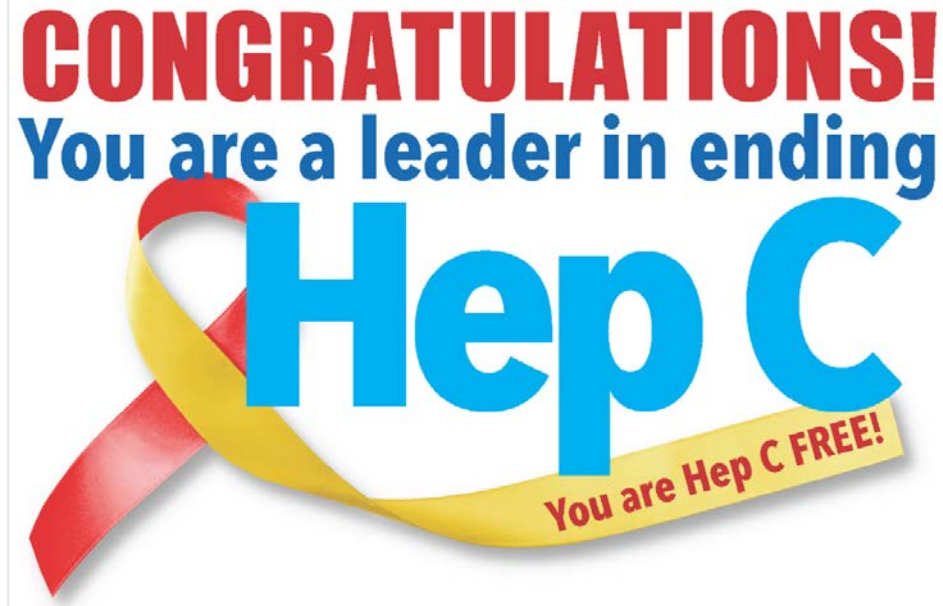
Viekira XR™ (ambitavir/paritaprevir/ritonavir/dasabuvir) 8.33mg/30mg/33.33mg/200mg  
3 tablets once daily with a meal 

## How long is the treatment?

8 weeks     12 weeks     16 weeks     \_\_\_\_\_ weeks

This report was prepared by the HIV Research and Education Center (HREC) at the AIDS Memorial Resource Center, 1000 15th Street, Suite 1000, San Francisco, CA 94103. For more information, please contact the HREC at (415) 774-2000. © 2018 AIDS Memorial Resource Center. All rights reserved.

# Congratulations Postcard



## Re-infection can occur IF YOU ARE NOT CAREFUL. To avoid re-infection and to stay healthy, it is important that you:

- ✓ **DO** continue to see your healthcare provider(s) on a regular basis and discuss risks for re-infection (i.e. new sexual partner or recent drug use)
- ✓ **DO** continue taking your HIV medications
- ✓ **DO** continue seeing your mental health or substance use recovery providers
- ✓ **DO** use condoms for anal and vaginal sex to avoid infection with hepatitis C or sexually transmitted infections
- ✓ **DO NOT** share needles, syringes, straws, or other equipment to inject or sniff drugs
- ✓ **DO NOT** share another person's razors or toothbrushes since they may spread hepatitis C
- ✓ **DO NOT** get a tattoo and/or piercing from an unregulated person or place (the ink and/or needles may be contaminated with hepatitis C)



This project is/was supported by the Health Resources and Services Administration (HRSA) of the U. S. Department of Health and Human Services (HHS) under grant number U10HA28686, AIDS Education and Training Center Program for \$1,500,000.00. 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. Rev May 2018

# Provider Awareness



# Provider Screening & Treatment Reminders



## Hepatitis C Screening & Treatment Recommendations for People Living with HIV (PLWH)\*



### Testing

#### Antibody Test

- Tests if person was ever exposed to hepatitis C virus (HCV)
- If positive, the person has been infected in the past
- If positive, a HCV RNA test is needed to check for current infection

#### HCV RNA Test (Viral Load or PCR)

- Tests the level of HCV currently in the blood
- If HCV is detectable, the person is currently infected

#### Genotype Test

- Knowing the HCV genotype(s) of the infected person helps to identify the best direct-acting antivirals (DAAs) to prescribe



### Screening<sup>1,2</sup>

#### Screen all PLWH for HCV antibody at initial intake or if pregnant

- If positive, screen for HCV RNA

#### For PLWH with known positive prior HCV antibody test, screen for HCV RNA if

- Possible recent infection (e.g., elevated ALT of unknown origin)
- CD4 count <100 cells/mm<sup>3</sup>
- Previously HCV infected and/or treated

#### For PLWH with known negative HCV antibody test, repeat test annually if:

- Injection and/or intranasal drug use
- History of incarceration
- A man having sex with men
- Exposure to others' blood




### Treatment<sup>1,2</sup>

- HCV treatment is safe, easy, and effective oral medications for 8-12 weeks, with few side effects
- HCV treatment regimens are available for all HCV genotypes and persons on all HIV ART regimens
- HCV treatment should be offered to all co-infected PLWH regardless of active drug use and/or non-suppressed HIV viral load
- If treatment is delayed, liver disease progression should be monitored
- Persons with evidence of active HBV infection (HBsAg) should be further evaluated and treated with ART that includes agents with anti-HIV and HBV activities

# Infographic


## Myths about Treating Substance Users with Hepatitis C Virus (HCV)

In various settings, people with active substance use disorder(s) have *been cured* of HCV and have low rates of reinfection.<sup>1,2,3</sup> The following are common misconceptions about providing HCV treatment to people with substance use disorder(s):



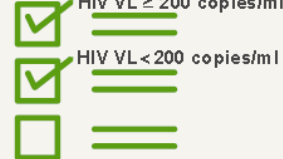
**Myth:** Since active substance users cannot be treated for HCV, screen patients for drug and alcohol use to determine eligibility for HCV treatment.

**Reality:** Drug and alcohol use testing does not provide information about eligibility for HCV treatment. The purpose of screening for substance use disorders is to determine who would benefit from treatment and harm reduction support for those conditions.<sup>4</sup>




**Myth:** People who inject drugs are at high risk of HCV reinfection.

**Reality:** Data suggest reinfection is rare in people who inject drugs who clear HCV with therapy, even if they continue to inject drugs.<sup>5</sup>



**Myth:** People who use substances must have an undetectable HIV viral load before they are treated for HCV.

**Reality:** HIV viral suppression is not a requirement for HCV treatment in coinfecting persons.<sup>7</sup>



**Myth:** Providing HCV treatment to people who use substances is not cost effective.

**Reality:** Completion of HCV treatment even among a modest number of people who use substances is cost effective.<sup>8,9</sup>

Find clinical resources related to HIV/HCV prevention, care, and treatment here: <https://aidsetc.org/hivhcv>

Infographic references: <https://aidsetc.org/hivhcv>



# THANK YOU!

John Nelson

[nelsonj3@sn.rutgers.edu](mailto:nelsonj3@sn.rutgers.edu)

[AIDSETC.org/hivhcv](http://AIDSETC.org/hivhcv) (curriculum and resource page)

# Strategies for Improving Care & Access for Black Men Who Have Sex With Men

**Terrance Moore**

*Acting Executive Director, NASTAD*



# His Health

- Accredited, free and self-paced online learning platform
- Forms part of the Center for Engaging Black MSM Across the Care Continuum (CEBACC)—an online resource created in partnership with HRSA’s HIV/AIDS Bureau
- Resource inventory for HIV/AIDS and other healthcare providers—physicians, nurses, physician assistants, health centers, health departments, and non-clinical care teams serving Black MSM patients (especially youth aged 13-24)

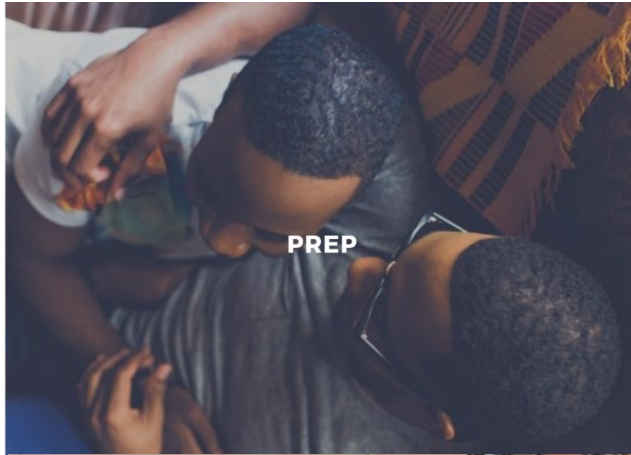


**HIS HEALTH**  
Grow strong together.

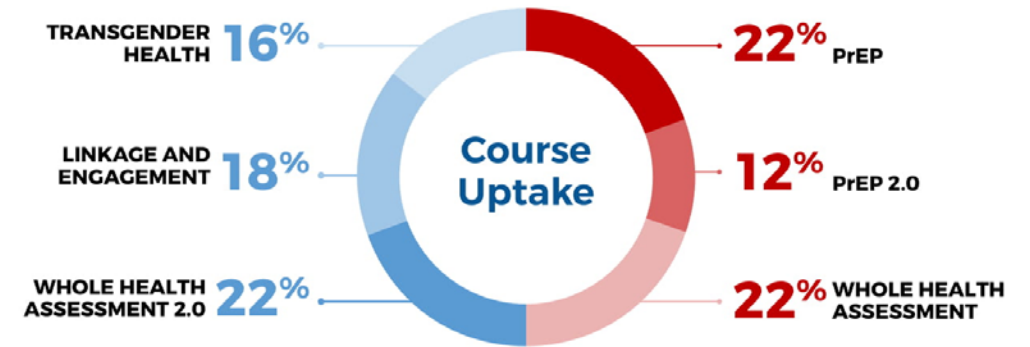
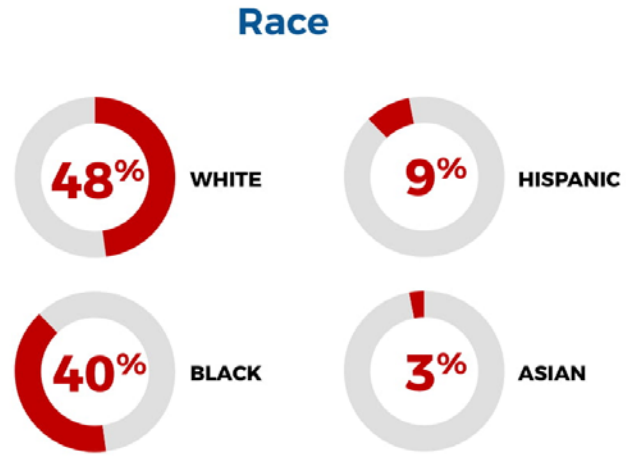
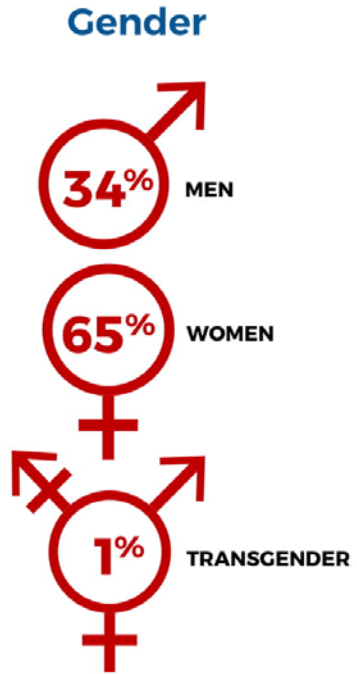
# His Health Resources

<i>His Health Care Model Inventory</i>	<i>His Health Continuing Education</i>	<i>His Health Webinar Series</i>
<b>13</b> efficacious social and clinical programs that accelerate HIV prevention and care access programs for Black MSM	<b>6</b> CME/CNU courses on: <ul style="list-style-type: none"><li>• STD/STI screenings</li><li>• Vaccinations</li><li>• Mental health</li><li>• PrEP access &amp; uptake</li><li>• Linkage to care</li><li>• Transgender health in a culturally competent sexual-health model</li></ul>	<b>16</b> webinars led by master program facilitators discussing: <ul style="list-style-type: none"><li>• Historical medical mistrust</li><li>• Motivational interviewing</li><li>• PrEP provision in non-clinical spaces</li><li>• Linkage to care</li></ul>

# Continuing Education Courses



# Evaluation

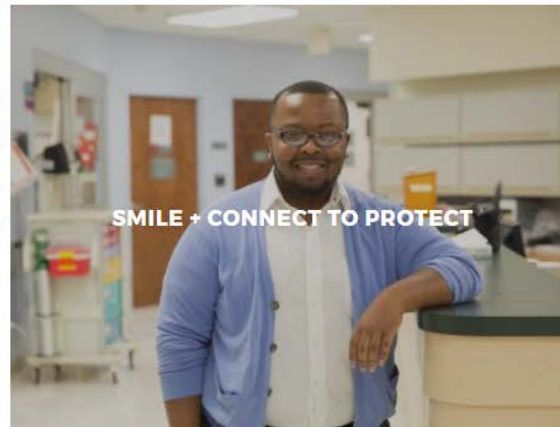


470 PARTICIPANTS

“I will now look at Black MSM health from a holistic approach to better understand other things that may be going on in their lives aside from their sexual behaviors”

# Discover Innovation

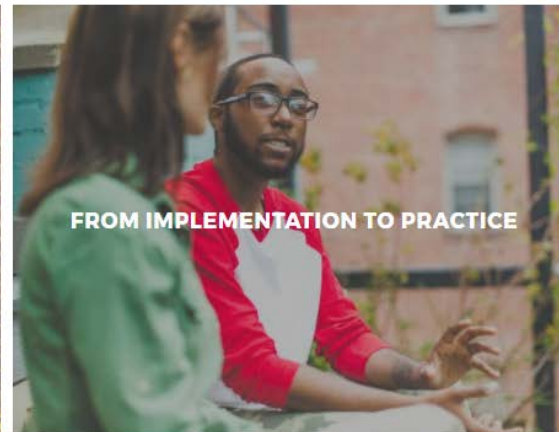
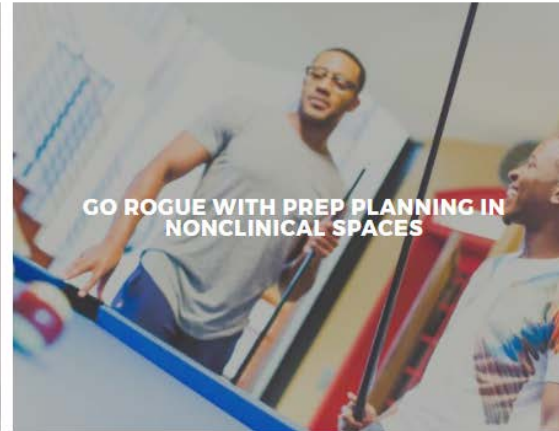
## Featured Models



# Training Series

PROGRAM DEVELOPMENT

APPLY



# Well Versed

- An online community that bridges the communication gap by connecting Black gay men
- Key features include “[The Real Authentic Words](#)” web series, a collection of conversations among Black gay men from a variety of backgrounds and experiences
- Additional videos of [patient and provider perspectives](#)
- First-of-its-kind [directory](#) of culturally competent healthcare providers for Black men



# Social Media Platforms



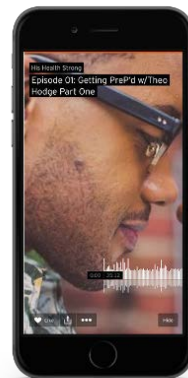
@HisHealth



@HisHealth



@HisHealthStrong





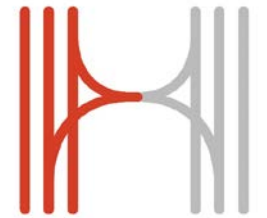


## Contact

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