

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 graphic. To the right of the graphic, 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

# Enhance Your MAI Program: Exploring the Cross Section of Data and Evaluation System ID: 12966 Workshop

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# Session Overview:

- As work moves towards envisioning NHAS 2020 goals, it is imperative to prioritize and address Minority AIDS Initiative programs' role. Through coordinated data queries aimed at a 'deep dive' into the Care Continuum, Parkland HIV Services developed a dedicated MAI program to impact minority clients' ability to achieve similar outcomes as the Department as a whole.
- Thoughtful data management can enhance care coordination for people living with HIV, help organizations set priorities, and address health disparities.
- This session will discuss strategies for medium to large healthcare organizations to 1) use data to drive care continuum evaluation of health disparities 2) Create focused activities to address identified disparities and 3) leverage the data to support a cross functional team towards enhancement of the Minority AIDS Initiative program. This session will include best practices, templates & project tracking for using data to create and monitor targeted activities.

# Session Objectives:

- Use data to drive care continuum evaluation of health disparities in a large volume, urban hospital setting
- Create focused activities to address identified disparities
- Understand how to leverage data to support a cross functional team

# MAI FUNDING HISTORY

- 1999 – “CBC Initiative”
  - \$166 Million “targeted funds to address HIV/AIDS in the African American and Latinx Communities” across 7 Federal Agencies (\$36 million to Ryan White)
- 2000 – Program expanded to include Asian Americans, American Indians, Native Hawaiians & Pacific Islanders\*

Race/Ethnicity	% of US Population 2001	% of New HIV Cases 2001
White	69.0%	30.7%
Latinx	13.0%	19.0%
African American	12.7%	48.7%
Asian/Pacific Islander	4.0%	1.0%
American Indian/Alaska Native	0.9%	0.45%

\*Sources: U.S. Census Bureau, Population Division, Table US-EST 2001-ASRO-04 — National Population Estimates — Characteristics; Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report (Year-end 2001 Edition), Volume 13, Number 2. found on <http://www.nmac.org/pdf/extending%20the%20reach%20of%20the%20ryan%20white%20care%20act.pdf>

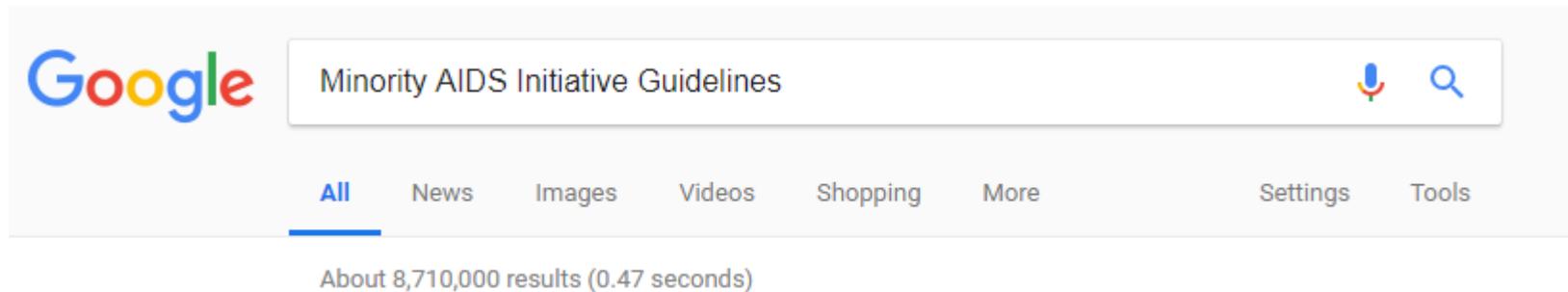
# MAI FUNDING HISTORY (continued)

- MCBO's Focus
  - Funding in the first 5 years increasingly targeted Minority Community-Based Organizations to serve targeted populations
- Funding Increases Over Time:
  - 2001 - \$22 million
  - 2017 - \$71 million
- A “targeted supplement” of Ryan White funding
- We're not the “only game in town”

# MAI “Show Me the Guidelines”

- Original Guidelines
  - To improve the skills and capacity of MCBOs
  - To eliminate racial and ethnic disparities in health status
  - To improve outcomes for racial and ethnic minorities

Go Forth and Build a Program



# MAI – The Dawn of Ideas Amid Shifting Priorities

- Not so much MCBOs Any Longer
- CBO Challenges
  - Finding & Addressing the “Why” of Disparities
  - The Treatment Cascade, or HIV Continuum
  - The Kaiser Family Foundation
  - NHAS 2010 5-Year Plan
  - NHAS Updated to 2020
  - NHAS 2017 Progress Report

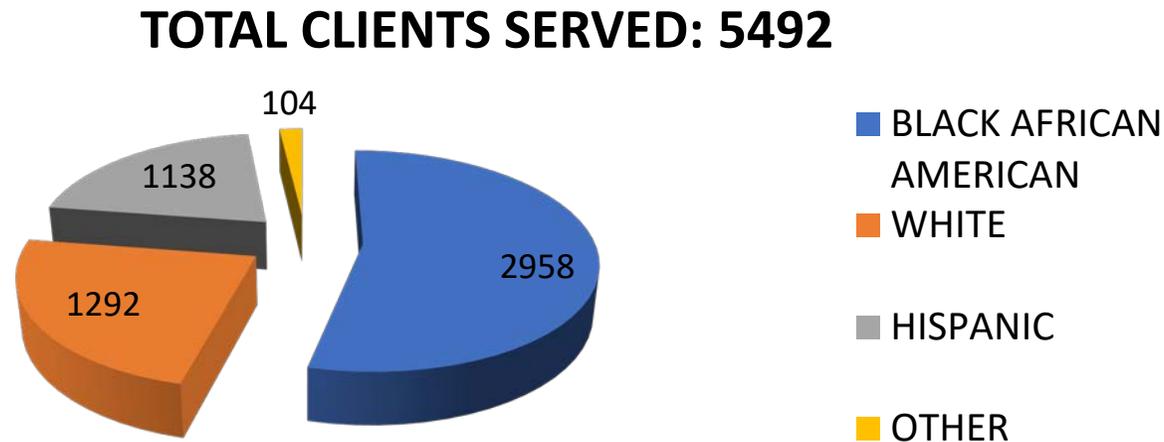


*In a large, urban HIV clinic system, how can MAI funding be utilized to drive culturally responsive (and required) programs?*

# Parkland HIV Services Program Overview

Scope: Parkland Health & Hospital System is a Large Safety Net Hospital

- Minority Majority safety net hospital
- Parkland HIV Services Department Serves 1/3 of Ryan White clients in EMA
- African American and Hispanic clients account for 75% of clients served within PHSD



# What drives MAI to be prioritized?

## NHAS 2020

### Challenge:

- **Increase Linkage to Care for new Dx <30 days to 85%**
- **Improve Viral Suppression for ALL populations to 80%**

#### PARKLAND STRATEGIC PLAN

4: POPULATION HEALTH. Accelerate clinical care improvements through:

Focusing on the highest priorities for population health  
Delivering culturally appropriate, outcomes-focused, customized care  
Integrating multidisciplinary teams

- Issues:
  - *'One size fits all'*
  - *Funding, but no clear program*
  - *Default to 'carve out' for a minority majority system*

# Letting data drive the discussion:

We began in 2016 to be able to break out our Continuum to identify disparities\*

1. New dx – **93% of new dx** impacted our Black/African American community
2. Linkage to Care – **51% linked within 30 days** vs. 89% within 90 days
3. Retention in Care– **54% of clients experiencing a gap in care** are Black/African American (**75%** of those <25)
4. Viral Load Suppression– **75% of Black/African American clients achieved viral suppression** vs 82% White & 83% Hispanic clients (only **56% of Black/African Americans** achieved suppression <25)

VL SUPPRESSION BY RACE 6.30.2016		NUM	DEN	# of additional clients with VL Suppression needed to achieve 85% goal
TOTAL	<b>79%</b>	4322	5492	346
WHITE	<b>82%</b>	1057	1292	41
HISPANIC	<b>83%</b>	948	1138	20
BLACK	<b>75%</b>	2230	2958	285
VL SUPPRESSION breakout: BLACK:AGE 6.30.2016		NUM	DEN	# of additional clients with VL Suppression needed to achieve 85% goal
13-24	<b>56%</b>	69	124	37
25-34	<b>61%</b>	436	652	119
35-44	<b>74%</b>	508	688	77
45-54	<b>78%</b>	677	867	60
55-64	<b>85%</b>	431	507	goal met
>65	<b>91%</b>	108	119	goal met

\*PHHS HIV Data Management System 7.1.2015-6.30.2016

# Prioritizing the MAI Program



From Strategy  
to Priority

- Our AIM:
  - use data to drive care continuum evaluation of health disparities
  - Create focused activities to address identified disparities and
  - Leverage the data to support a cross functional team towards enhancement of the Minority AIDS Initiative program.

# Our MAI strategy: Create a Work Plan & Project Tracker

## MAI Work Plan

- Identify Linkage to Care measures
- Identify Access to Care measures
- Set Key Activities to achieve goals
- Include RACI to build collaboration

## MAI Project Tracker

- Quarterly Meetings to mark progress
- Adjust strategy or activities
- Streamline efforts
- Ensure implementation fidelity
- Build cross functionality for teams addressing our priority populations

# Prioritizing MAI – *Work Plan and Project Tracker*

**“Plan your dive. Dive your plan”** –PADI open water manual

# MAI Work Plan

MAI Work Plan Activities										
Linkage to Care	Objective 1- By 12/31/18, PHSD will create and implement a Red Carpet program that will guarantee an ISV appointment for all newly diagnosed MAI under 35 patients within 72 hours of intake completion and weekly contacts (f2f and virtual) by the Red Carpet CM team for the first three months.									
	Key Activity	RACI (Responsible, Accountable, Consulted, Informed)								
		PHSD Management				Front Line Staff				
	Grants Program Director	Medical Director	Program Manager	Unit Manager	Medical Provider	Clinic Staff	Case Management Staff	Prevention Program Staff	Dev Associate	PIA
	1.A- Create MAI Red Carpet Team (APP, Client Advocate, Case Manager, Prevention Team)	C	C	I	I	A	A	A	A	R
1.B- Hire Initial Service Visit (ISV) APP	C	C	R	R	I	I	I	I	I	I
1.C- Training of ISV Team	R	I	R	I	R	I	R	R	A	I
1.D-*WISH LIST* Partner with CBO Community Health Worker to facilitate continuity of care by providing follow-up to those on the verge of being lost to care or patients w/ high VL	A	I	A	A	I	I	C	I	R	I

# MAI Work Plan (cont'd)

Access to Care	Objective 2- By 12/31/2018, PHSD will increase Saturday Clinic Utilization by 20%.										
	RACI (Responsible, Accountable, Consulted, Informed)										
	Key Activity	PHSD Management					Front Line Staff				
		Grants Program Director	Medical Director	Program Managers	Unit Manager	Medical Provider	Clinic Staff	CM Staff	Prevention Program Staff	Dev Associate	PIA
	A	C	I	I	R	I	I	I	I	I	
2.A- Identify Saturday Clinic Provider(s)											
2.B- Offer Saturday Clinic as an appointment option for MAI population regardless of age or gender	I	I	A	A	R	R	R	R	I	I	
2.C- Pilot Shared Medical Appointments for Saturday Clinic (options for visit topics)	I	C/A	I	I		R	R	I	I	I	
Objective 3- By 12/31/2018, PHSD will increase Patient Awareness of PrEP as a critical HIV prevention tool through counseling and/or distribution of materials to those who meet the PrEP protocol.											
RACI (Responsible, Accountable, Consulted, Informed)											
Key Activity	PHSD Management					Front Line Staff					
	Grants Program Director	Medical Director	Program Managers	Unit Manager	Medical Provider	Clinic Staff	CM Staff	Prevention Program Staff	Dev Associate	PIA	
3.A- Develop/Purchase PrEP Education Materials	A	A	A	A	I	I	I	R	R	I	
3.B- Determine baseline for # of people testing negative for HIV that meet the PrEP protocol	I	I	C	I	I	I	I	R	R/A	R	
3.C- Create a Risk Reduction Flow sheet in Epic for PrEP education	I	I	C	A/R	I	I	R	R	I	I	
3.D- Distribute PrEP materials to HIV negative individuals receiving testing services	I	I	A	I	I	I	I	R	I	I	
3.E- Compile a list of PrEP providers in the Dallas metro area	C	C	C	C	I	I	C	C	A/R	I	
3.F- Establish MOU with PrEP provider to refer at-risk MAI patients testing negative for HIV	A	I	A	I	I	I	I	I	I	I	

# MAI Project Tracker- Rationale

- Build capacity to monitor priority work
- Think 'upstream' of the continuum
- Create actionable data
- Enhance monitoring Capacity

# MAI Project Tracker

- Newly Diagnosed
- Demographics
- Care Coordination Team
- # of contacts within 1<sup>st</sup> 3 months
- Goal met?
- Rapid Intake-ISV Utilized?
- Saturday Clinic Utilized?
- Linked to care within 30 days

# MAI Project Tracker (cont'd)

- Ongoing Care in the Continuum- Demographics & data points from Newly Dx table plus...
- # of Medical Provider Changes in a year
- Patient Newly Diagnosed?
- # of Cancelled appointments- Patient
- # of Cancelled appointments- clinic
- Show Rate
- Saturday Clinic Utilized?
- Viral Load

# Prioritizing MAI - *Results & Lessons Learned*

“Plan your dive. Dive your plan” –PADI open water manual

# Results: Checking back in Letting data drive the discussion-

We began in 2016 to be able to break out our Continuum to identify disparities– Midway through 2018\*--

1. New dx –**new dx still impact** our Black/African American community at 90% of new dx
2. Linkage to Care – **63%** of those with new dx now linked within 30 days vs. **89%** within 90 days
3. Retention in Care– **23%** of Black/African American clients still experience a gap in care (but reduced gap to **34%** of those <25)
4. Viral Load Suppression– **78%** of Black African American clients vs **84%** White & **86%** Hispanic clients achieved viral load suppression (improving efforts with **71%** achieving suppression <25)

VL SUPPRESSION BY RACE 6.30.2016		6.30.2018	# of additional clients with VL Suppression needed to achieve 85% goal
TOTAL	79%	<b>81%</b>	<del>346</del> now 219
WHITE	82%	<b>84%</b>	<del>41</del> now 9
HISPANIC	83%	<b>86%</b>	goal met
BLACK	 <b>75%</b>	<b>78%</b>	<del>285</del> now 230
VL SUPPRESSION breakout: BLACK:AGE 6.30.2016		6.30.2018	# of additional clients with VL Suppression needed to achieve 85% goal
13-24	 <b>56%</b>	<b>61%</b>	<del>37</del> now 27
25-34	 <b>61%</b>	<b>72%</b>	<del>119</del> now 91
35-44	<b>74%</b>	<b>76%</b>	<del>77</del> now 67
45-54	<b>78%</b>	<b>81%</b>	<del>60</del> now 36
55-64	<b>85%</b>	<b>85%</b>	goal met
>65	<b>91%</b>	<b>92%</b>	goal met

\*PHHS HIV Data Management System 7.1.2017-6.30.2018

# Prioritizing MAI- Lessons Learned

- We are still building Capacity & Culturally Responsive Care
  - Among staff- a series of trainings, including Motivational Interviewing- aimed to engage providers and build awareness of our clients' diverse needs
  - Empower consumers- TCQPlus & BLOC
  - Leverage data via a Dashboard
- Lessons learned- MAI '2.0' has allowed
  - Cohesive planning, from application to evaluation
  - Purposeful planning as there are measureable objectives (we can 'see the work')
  - Clients to know about initiatives that help them achieve great outcomes (clients don't need data, they need initiative– this makes our mission, vision, purpose be 'seen')

# Conclusion-Q&A



Our work continues

- SPNS Grant- focusing on MSM <35
- Saturday clinic
- Warmer MOUs & interagency handoffs
- PrEP clinic initiative

Any questions?

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