

# Addressing Disparities in HIV Care to Reach Zero Infections

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# 10+ YEARS of LEADING INNOVATIONS

NATIONAL QUALITY CENTER



JOIN US.

*Together, we can make a difference in the lives of people with HIV. NQC provides assistance to RWHAP recipients to improve HIV care since gaps in HIV care still exist and advances are uneven across HIV populations.*

## Training and Educational Fora:

monthly webinars,  
advanced trainings,  
online QI tutorials

- over 90% of the 587 RWHAP recipients accessed NQC services
- ~1,300 individuals (61% of recipients) graduated from 45 three-day advanced trainings

## Information

### Dissemination:

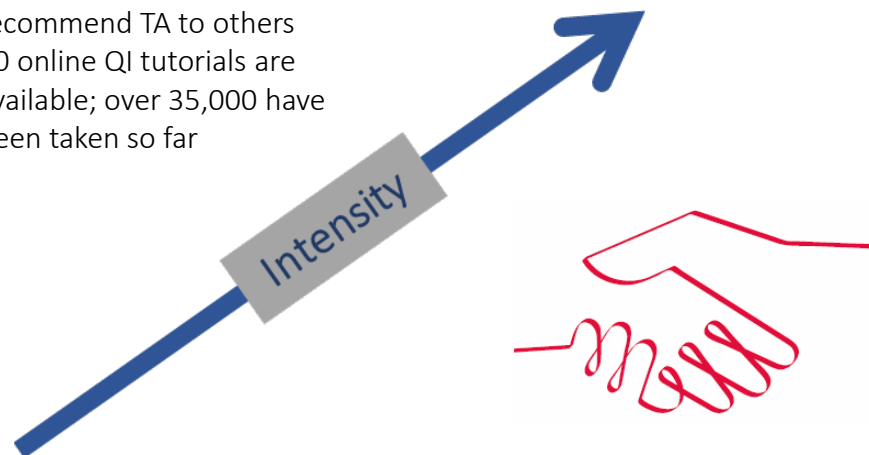
monthly newsletters,  
websites, publications,  
exhibits, QI awards

Consultation: On/off-site coaching of recipients to advance their clinical quality management programs

- 40% of RWHAP recipients received TA and 95% would recommend TA to others
- 40 online QI tutorials are available; over 35,000 have been taken so far

Communities of Learning: collaborative, QI campaign, Regional Groups

- 250 recipients (or over 700 individuals) participated in 25 Regional Groups
- 51% of all recipients joined the largest HIV QI campaign; viral suppression increased from 70% to 76%, a statistically significant improvement



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*“It takes no compromise to give people their rights. It takes no money to respect the individual. It takes no political deal to give people freedom. It takes no survey to remove repression.”*

- Harvey Milk



# Learning Objectives

- Examine disparities among the National HIV/AIDS Strategy subpopulations
- Use two tools to address disparities along the Continuum (quality management plan and disparities calculator)
- Review two improvement efforts by recipients to reduce disparities in HIV care



# What is a Health Disparity?

*“Differences in health outcomes or health determinants observed between populations”*

– Center for Disease Control (CDC)



# What is a Health Disparity?

*“A population is a health disparity population if there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population.”*

– Minority Health and Health Disparities  
Research and Education Act,  
United States Public Law 106-525  
(2000)

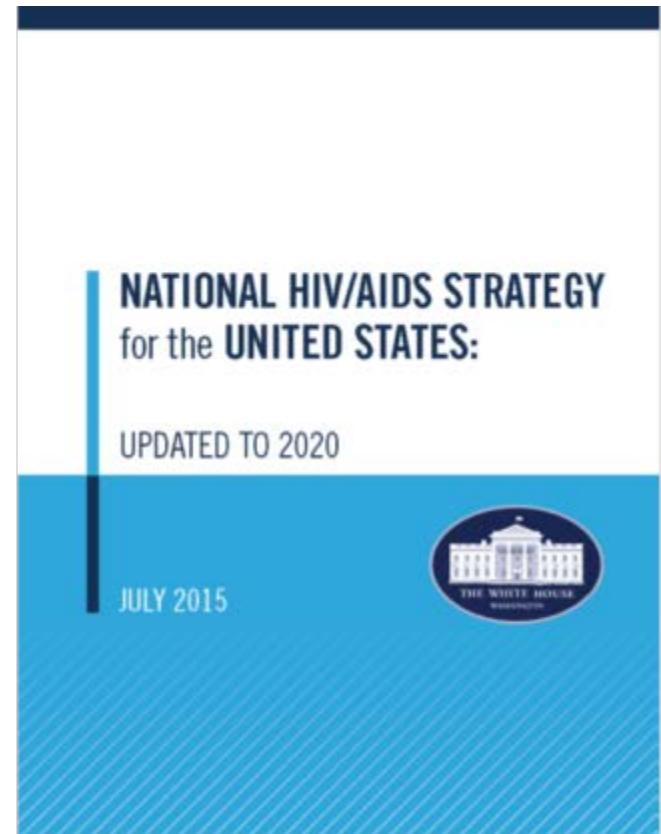




# National HIV/AIDS Strategy - 2015

## VISION

The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.



*Office of National AIDS Policy, National HIV/AIDS Strategy. July 2015.*

# National HIV/AIDS Strategy - 2015

## Step 3.A Reduce HIV-related disparities in communities at high risk for HIV infection

- 3.A.1 Expand services to reduce HIV-related disparities experienced by gay and bisexual men (especially young Black gay and bisexual men), Black women, and persons living in the Southern United States
- 3.A.2 Support engagement in care for groups with low levels of viral suppression, including youth and persons who inject drugs



*Office of National AIDS Policy, National HIV/AIDS Strategy. July 2015.*



*“It is time to refocus, reinforce, and repeat the message that health disparities exist and that health equity benefits everyone.”*

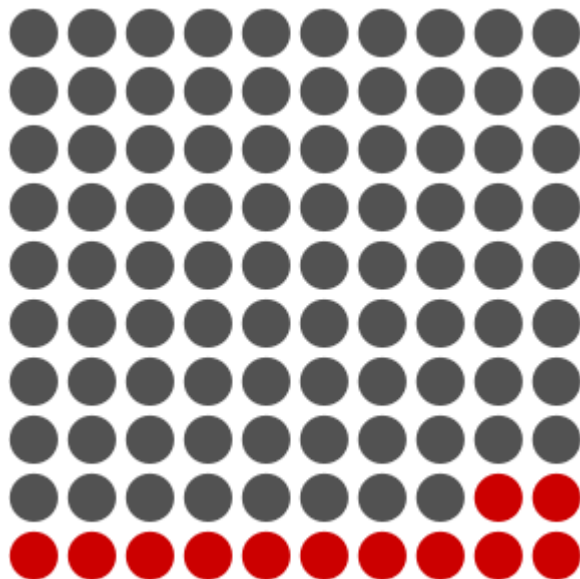
- Kathleen Sebelius





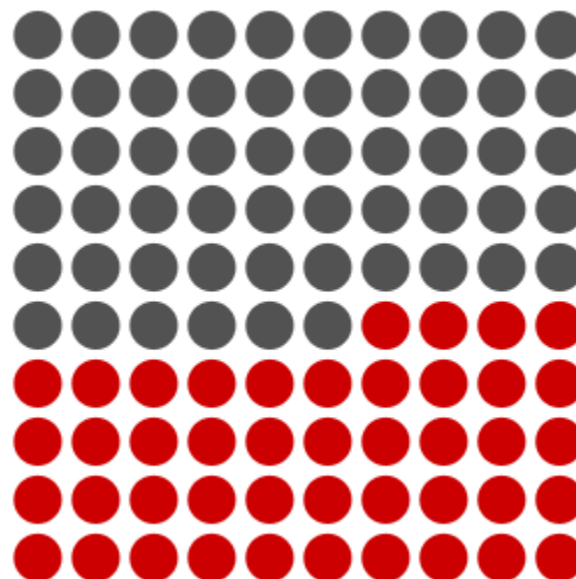
# HIV Disparities at a Glance

**12%** of the U.S.  
population is  
African-American



U.S. Population

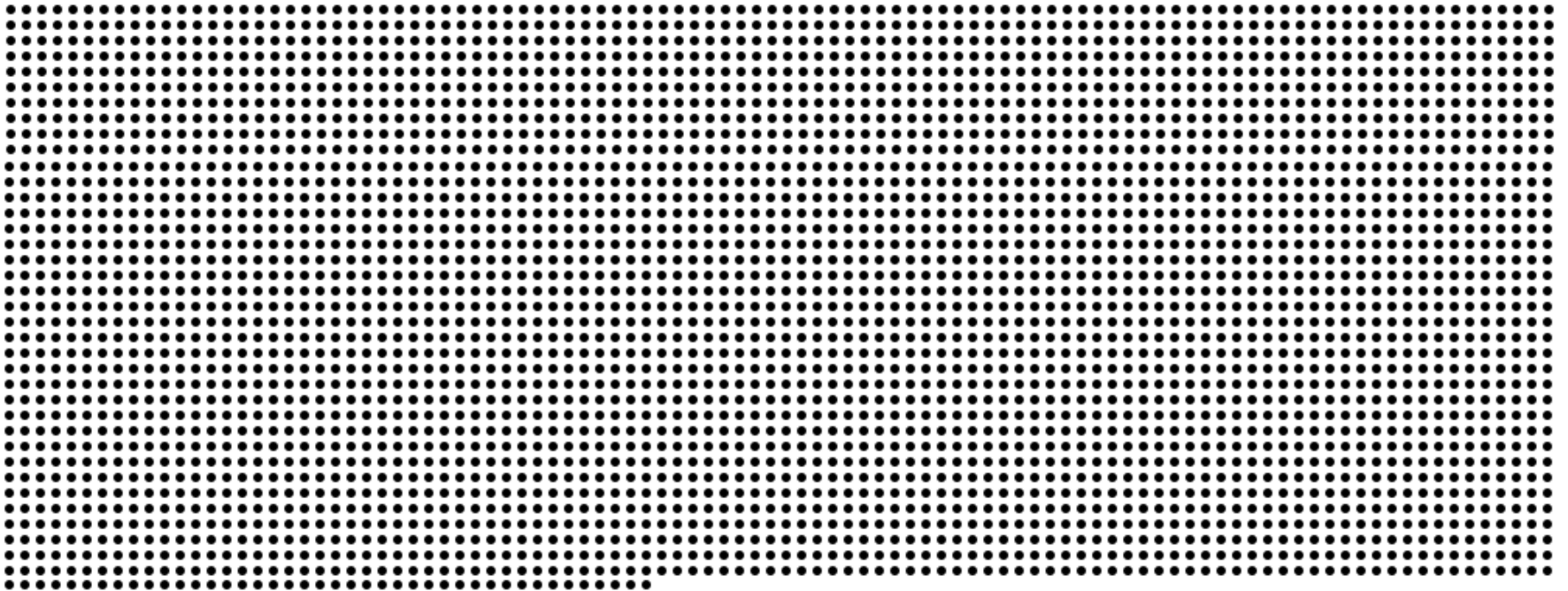
**44%** of new HIV  
diagnoses are among  
African-Americans



New HIV Diagnoses

<http://www.cdc.gov/hiv/group/raciaethnic/africanamericans/index.html>

# Black lives lost to HIV/AIDS in 2013...



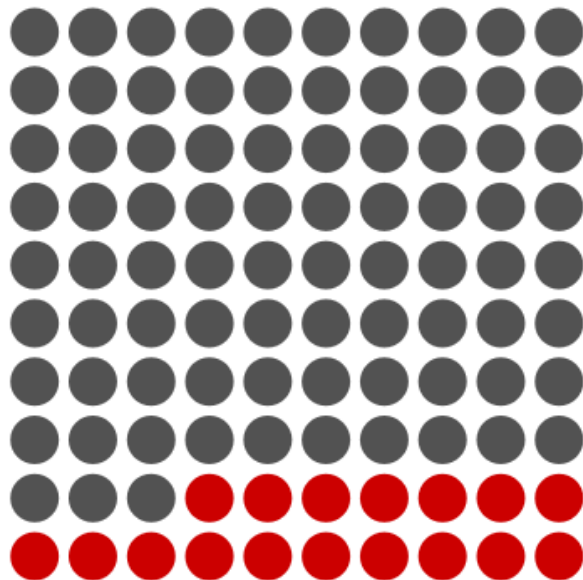
...account for 54% of total deaths due to the disease.

<http://www.cdc.gov/hiv/group/raciaethnic/africanamericans/index.html>



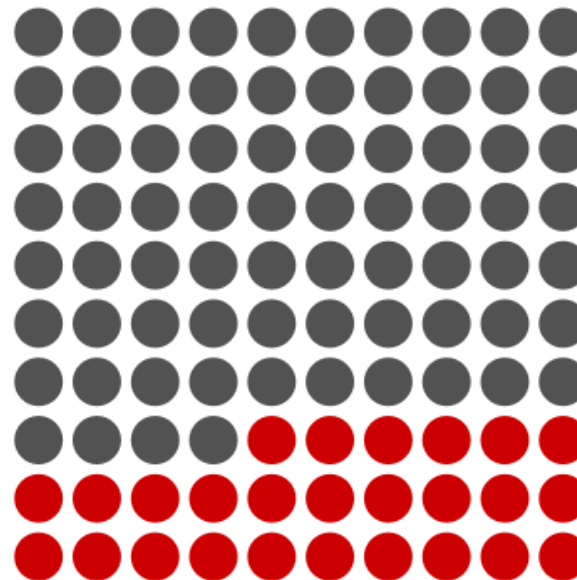
# HIV Disparities at a Glance

**17%** of the U.S.  
population is at the  
age of 13-24



U.S. Population

**26%** of new HIV  
infections are among  
young persons



New HIV Infections

*Office of National AIDS Policy, National HIV/AIDS Strategy. July 2015  
<http://www.census.gov/popclock/>*

# What is a Health Disparity?

## ➤ Supreme Court of the United States and Disparate Impact

- Disparate Impact examines Effect instead of Intent
- Applies to employment, housing, and other discrimination cases
- Statistical tests built on decades of precedents



# How do we assess *EFFECT*?

- We **DO NOT** use our instincts, gut, or passions
- We use statistics to identify where true disparities lie in health outcomes (aka evidence-based)





DEAR MATH,

I'M NOT A THERAPIST.  
SOLVE YOUR OWN PROBLEMS.

*Dear Math,  
I Love you  $\infty$*

# DC EMA Data:

Is there a disparity? Where is the disparity?

	Viral Load Suppression (HAB)			Medical Visit Frequency (HAB)		
	Numerator	Denominator	%	Numerator	Denominator	%
<b>TOTAL</b>	<b>6256</b>	<b>8304</b>	<b>75.34%</b>	<b>3199</b>	<b>6570</b>	<b>48.69%</b>
<b>Transgender People</b>	149	227	65.64%	72	173	41.62%
<b>MSM of Color</b>	1273	1681	75.73%	672	1341	50.11%
<b>Persons Earning &lt; 100% FPL</b>	3883	5184	74.90%	1678	4103	40.90%
<b>Youth (aged 13-24)</b>	261	434	60.14%	74	198	37.37%



## NQC Disparity Calculation Tools

# Tabs in the Workbook

## ➤ Instructions

- Descriptions of each tab and instructions for how to enter data

## ➤ Stats Basics

- Refresher on statistics and terminology used in the calculator

## ➤ Data Entry

- The SINGLE place to enter data in the calculator

## ➤ Summaries

- Dashboard of final calculation results for quick sharing

## ➤ Analyses

- Background statistical values that inform the summary dashboard for sharing with leaders and decision makers



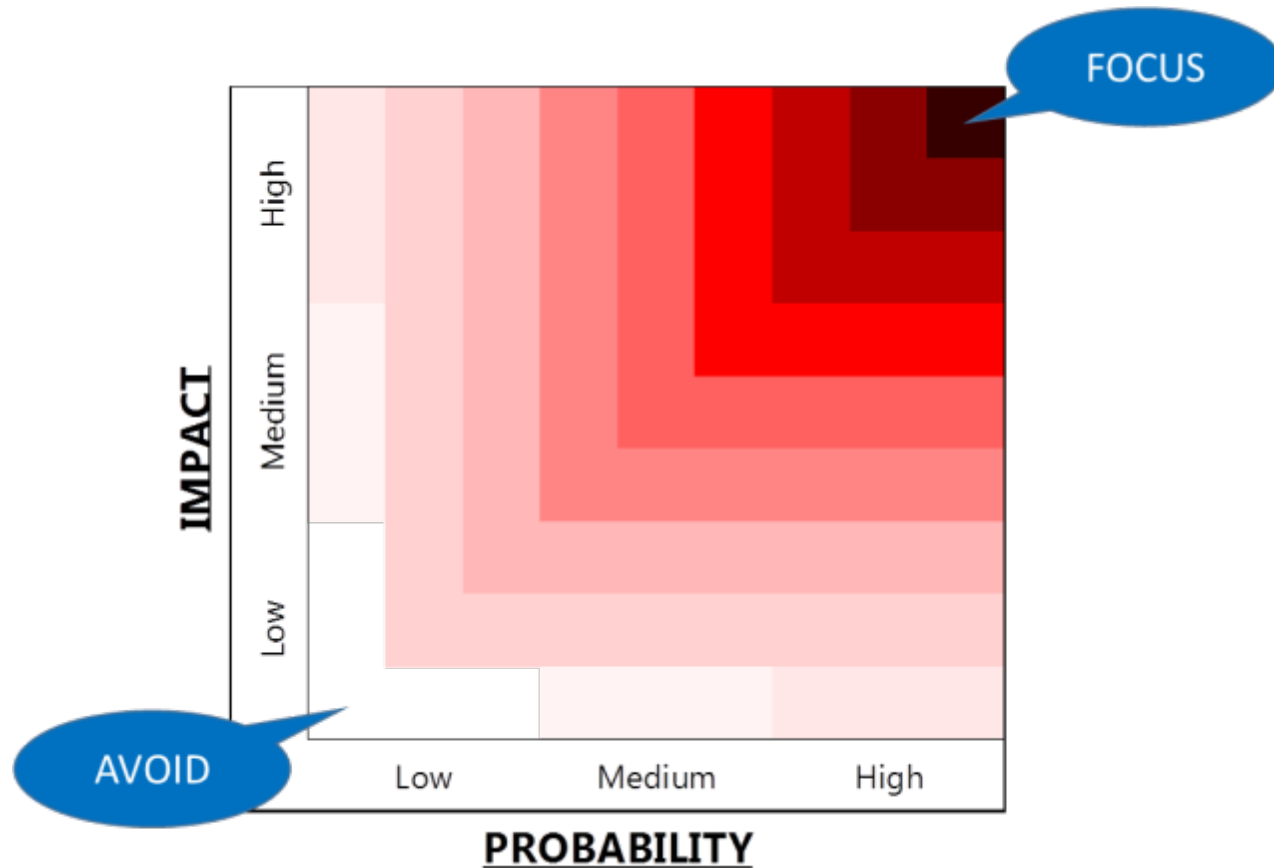
*“The essence of global health equity is the idea that something so precious as health might be viewed as a right.”*

- Paul Farmer





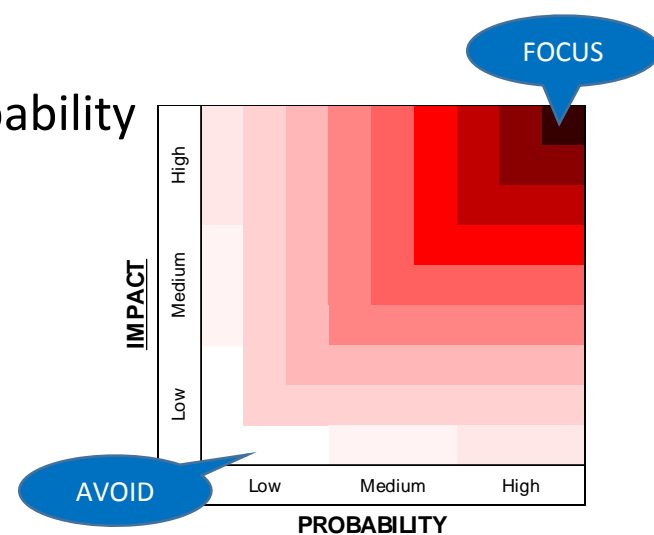
# Determining Priorities for Disparities





# Intersecting Probability and Impact

- We have limited time and resources and need to be focused in our activities
- Which group in our assessment had the greatest number of SIGNIFICANT results across probability methods?
- Which group in our assessment had the greatest number of lives that can be improved?
- Often times the most probable and the highest impact groups are not going to be the same. A decision is made whether the impact or the probability is more important.
- Using the graphic to the right, focus your energy where there is the deepest red. Avoid spending your energy where there is white in the graphic to the right



# NQC Disparity Calculator Workbook Demonstration



# Next Steps After Population Selection

- Write an aim statement to charter your commitment to reduce disparities for your selected population
- Continue to track progress over time using this calculator to ensure that disparities are closing
- Share your progress in working with your selected population on [www.nqcsharelab.org](http://www.nqcsharelab.org) to spread your work!



# NQC ShareLab Demonstration



# Question & Answer



Additional disparities calculation and QI resources are available [www.NationalQualityCenter.org](http://www.NationalQualityCenter.org) or email [Michael@NationalQualityCenter.org](mailto:Michael@NationalQualityCenter.org)

*Ending disparities will end the HIV epidemic.*





NQC Activities at the  
2016 National Ryan White Conference  
August 23 – August 26, 2016  
Washington, DC



National Quality Center.  
Improving HIV care.

*NQC is excited to offer a variety  
of learning opportunities for you  
during the RW Conference.*

*Think big and start small.*



Tuesday August 23	Wednesday August 24	Thursday August 25	Friday August 26
11:30 AM - 1:00 PM Exhibit Hall	10:00 AM - 10:30 AM Exhibit Hall	10:00 AM - 10:30 AM Exhibit Hall	9:30 AM - 10:00 AM Exhibit Hall
	10:00 AM - 11:30 AM Regional Groups Networking and Peer Sharing Session	10:30 AM - 12:00 PM Using Regional Groups to Effect Positive Change in HIV Care	10:00 AM - 11:30 AM Lessons Learned from Fostering Consumer Involvement in Quality Management Activities
	10:30 AM - 12:00 PM The Improvement Journey: From Beginning to Continued Improvement	12:00 PM - 1:30 PM; 3:00 PM - 3:30 PM Exhibit Hall	11:30 AM - 11:45 AM Exhibit Hall
	12:00 PM - 1:30 PM Exhibit Hall	3:30 PM - 5:00 PM Addressing Disparities Through Multiple Modalities	
	1:30 PM - 3:00 PM Lessons Learned from the H4C Collaborative: What Other States Can Learn from this Improvement Initiative	3:30 PM - 5:00 PM Fostering the Clinical Quality Management Program Using Quality Improvement Practices	
	3:00 PM - 3:30 PM Exhibit Hall	5:00 PM - 6:00 PM HIV Cross-Part Care Continuum Collaborative Networking and Peer Sharing Session	

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**JOIN US.**

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Need to find NQC after the conference? It's easy.

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