

# Using Regional Groups and Peer Learning to Improve HIV Care

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# Program Progression

**10+ YEARS**  
of **LEADING**  
**INNOVATIONS**

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*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

Information Dissemination:  
monthly newsletters,  
websites, publications,  
exhibits, QI awards

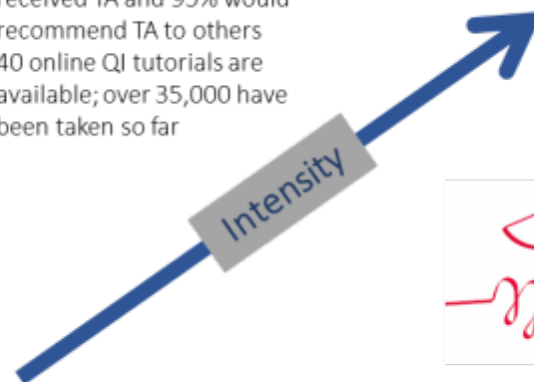
- over 90% of the 587 RWHAP recipients accessed NQC services
- ~1,300 individuals (61% of recipients) graduated from 45 three-day advanced trainings

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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# What are Regional Groups?

*Wondering how your peers deal with the quality improvement problems you are facing? Looking for local access to others committed to improving HIV care? HIVQUAL Regional Groups can help make these connections.*

- Regional Groups (RGs) are peer learning networks facilitated by NQC
- RGs aim to accelerate implementation of QI efforts within the context of local complexities and characteristics
- RGs assist RWHAP recipients in meeting HRSA's quality management requirements
- In the longer term, Regional Groups build sustainable peer learning fora

# What are Regional Groups?

While each Regional Group is tailored to their respective needs and styles, they have the following common characteristics:

- To involve regional Ryan White recipients of all RWHAP funding streams
- To meet 2 to 4 times a year, either in person or virtually (face-to-face meetings typically last 4 hours while virtual meetings last 1-2 hours)
- To be supported by NQC coaches and local quality champions
- To collaborate on jointly agreed quality improvement projects
- To review comparative data reports among group members
- To share interventions that have resulted in improvements

*“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed it is the only thing that ever has.” – Margaret Mead*

# NQC History with Regional Groups

- The HIVQUAL Project started Regional Groups nationally as a way to increase local opportunities for recipients to improve HIV care and strengthen clinical quality management programs
- There are currently 25 Regional Groups throughout the U.S.
- About 257 RWAHP recipients (and more than 700 individuals) participate in Regional Groups, representing more than 43% of all RWHAP recipients
- The Regional Group model has been widely accepted by the Ryan White HIV/AIDS Program community as an important catalyst for quality improvement
- Regional Group participants demonstrate statistically significant improvements on key performance measures

# HIVQUAL Regional Map

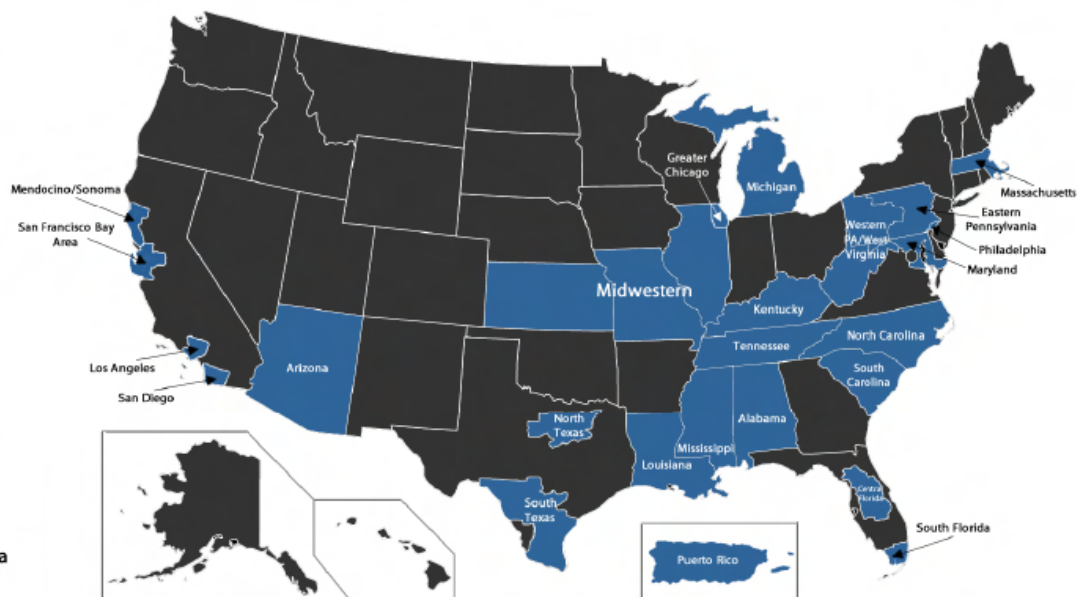
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## HIVQUAL Regional Group Map

Alabama  
Arizona  
Central Florida  
Eastern Pennsylvania  
Greater Chicago  
Kentucky  
Los Angeles  
Louisiana  
Maryland  
Massachusetts  
Mendocino/Sonoma  
Michigan  
Midwestern  
Mississippi  
North Carolina  
North Texas  
Philadelphia  
Puerto Rico  
San Diego  
San Francisco Bay Area  
San Francisco Bay Area  
South Carolina  
South Florida  
South Texas  
Tennessee  
Western Pennsylvania/West Virginia



# Evaluation Methodology

- To evaluate the extent to which RGs achieve their intended goals, including:
  - Enhance the capacity for QI through peer learning and peer sharing
  - Improve HIV care at the agency level and advance local QM programs
  - Jointly meet HIV/AIDS Bureau CQM expectations and requirements
  - Improve the care coordination care and ability of local providers to work together
  - Align local improvement activities with state/national priorities
- Data sources:
  - Key informant interviews
  - RG participation surveys (completed by NQC staff and RG coaches)
  - in+care data submissions
  - OA data



# Results

## Uptake of Regional Groups

- As of the end of 2013, Regional Groups are supported in 9 out of 10 HRSA-defined Public Health Service regions
- Overview of Regional Groups for the calendar years of 2012-2013

	2012	2013
# of active RGs	24	25
# of unduplicated Members in RGs	178	257
% of unduplicated Recipients in RGs	30%	44%
Average # of Members/per RG	7.4	10.3



# Results

## Organizational Assessment Findings

- RG members who attended 100% of RG meetings in 2013 (n=89, 57%) showed higher mean scores on 9 of 11 OA categories
- For RG members engaged for 4+ years (n=87) vs less than 4 years (n=71):
  - Mean score for G1 (monitor patient outcomes) was significantly higher for RG members engaged for 4+ years
  - Number of recipients scoring 3 or higher on C1 (performance data for QI), D1 (implement QI initiatives), and G1 (monitor patient outcomes) significantly higher for RG members engaged for 4+ years than those engaged <4 years

# Results

## Organizational Assessment Findings

- Among RG members with at least 1 OA as of 2013 (n = 158), the mean and standard deviation (SD), percent scoring 3 or higher for most recent OA

OA category	RG members engaging in 3+ RG activities in 2013 (n=91) †		RG members engaging in < 3 RG activities in 2013 (n=67) †	
	Mean (SD)	% ≥3	Mean (SD)	% ≥3
A1: Senior leadership	<b>3.42 (1.07)</b>	76.92%	<b>2.88 (0.99)</b>	68.66%
A2: Quality committee	3.12 (1.26)	<b>75.82%</b>	2.73 (1.58)	<b>61.19%</b>
A3: Quality plan	2.78 (1.38)	50.55%	2.63 (1.45)	47.76%
B1: Staff engagement in QI	<b>2.78 (1.15)</b>	<b>57.14%</b>	<b>2.22 (1.06)</b>	<b>37.31%</b>
B2: Staff satisfaction	2.36 (1.81)	45.05%	1.96 (1.81)	37.31%
C1: Performance data for QI	3.45 (1.18)	75.82%	3.10 (1.35)	68.66%
D1: Implement QI Initiatives	<b>3.00 (1.16)</b>	<b>67.03%</b>	<b>2.34 (1.40)</b>	<b>49.25%</b>
E1: Consumer Engagement	2.98 (1.13)	73.63%	2.87 (1.38)	68.66%
F1: Evaluation of HIV Program	2.51 (1.38)	43.96%	2.12 (1.50)	37.31%
G1: Monitor Patient Outcomes	<b>2.95 (1.24)</b>	<b>68.13%</b>	<b>2.22 (1.28)</b>	<b>47.76%</b>
G2: Measure Disparities	1.60 (1.44)	32.97%	1.25 (1.43)	20.90%

# Results

## **Outcomes of in+care Performance Measures (Dec 2011-Dec 2013)**

- Gap Measure: RG members had a statistically significant lower percentage of clients with a gap in care compared to non-RG members
- Medical Frequency: RG members had a statistically significant higher percentage of clients with medical visits in each 6-month period compared to non-RG members
- Viral Load Suppression: RG members had a higher percentage of clients with viral suppression compared to non-RG members

# Results

## Qualitative Findings

- Improvement in quality of relationship across Part funding
- Support systems (“camaraderie”) is a highly valued outcome of participation in Regional Group activities
- Participants notice an increase in quality of patient care at the clinic level
- Participation in Regional Group activities promote participants’ role as quality leaders in their home agency

# Implications

- RG members are seeing an improvement in quality of patient care
- Cross-Part participation in RGs helps to drive RG activities based on local needs that align with state/local priorities
- RG members see an increase in provider collaboration through RG activities
- Participants have a better understanding of HRSA and national priorities
- Regional Groups are effective opportunities to share regional solutions to national public health priorities

# Final Thought

- If you are not currently involved in a RG, look for one in your area and join!
- If you are involved, sign up to be a leader or Co-chair for an existing RG
- If you are a RG leader or Co-chair, mentor others

# Contact Us

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