

# Moving Research Findings into Ryan White Practice

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# Disclosures

## Presenter(s)

Jane Fox, MPH and Erin Nortrup, LCSW have no financial interest to disclose.

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# Learning Objectives

At the end of this session, participants will be able to:

- Describe the goals of the overall initiative
- Identify primary objectives of each of the 4 adapted interventions
- Describe elements in their own agency that would support or challenge the integration of a new intervention



# Obtaining CME/CE Credit

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

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



# Dissemination of Evidence-Informed Interventions Overview

- Replicates four previously-implemented SPNS initiatives
- Focus on Implementation Science
- Three years of funding for performance sites
- Additional year of funding for evaluation and dissemination
- Development of four Care and Treatment Interventions (CATIs)

# Unique SPNS Initiative

- Focused on replication and Implementation Science
- Performance sites are required to follow established program models
- Two cooperative agreements
  - Evaluation and dissemination
  - Site selection and funding; training and technical assistance
- Intention to fund sites that are new recipients of SPNS funding

# AIDS United's Role

## Implementation and Technical Assistance Center (ITAC)

- Coordinates selection and funds 12 implementing sites
- Creates technical assistance agendas for each initiative and provides TA to implementing sites
- Coordinates team of content experts and faculty to provide ongoing technical assistance and support

# Boston University's Role

## Dissemination and Evaluation Center (DEC)

- Adapts each intervention based on lessons learned, evaluation data and updated science
- Develops intervention manuals for each initiative
- Coordinates national evaluation for the initiative
  - Individual health outcomes
  - Implementation Science



# Adapted Interventions

- Past HRSA SPNS or SMAIF initiatives:
  - *Enhancing Linkages for Those Newly Released from Jails* (2007-2012, known as EnhanceLink or the SPNS Jails Initiative)
  - *An Evaluation of Innovative Methods for Integrating Buprenorphine Opioid Abuse Treatment in HIV Primary Care* (2004-2009, commonly known as the Buprenorphine Initiative)
  - *Targeted HIV Outreach and Intervention Model Development and Evaluation for Underserved HIV-positive Populations Not in Care* (2001-2006, more commonly known as the SPNS Outreach Initiative)
  - The Secretary's Minority AIDS Initiative Fund (SMAIF) *Retention and Re-Engagement Project* (2011-2014, also known as the Peer Re-Engagement Project)

# Transitional Care Coordination: From Jail Intake to Community HIV Primary Care

- Intended for organizations, agencies, and individuals considering strengthening connections between community and jail health care systems to improve continuity of care for HIV-positive individuals recently released from jails.
- Designed to use care coordinators working both in and out of the jail to plan for and support PLWH care engagement post-incarceration and as they re-enter the community (up to 90 days).

# Integration Buprenorphine Treatment: For Opioid Use Disorder in HIV Primary Care

- Aligns with the medical home model allowing patients to readily access comprehensive HIV and addiction services under one roof.
- Enables providers to treat addiction along with other chronic medical conditions experienced by their patients.
- Follows principles of harm reduction, including reducing the harms of addiction.

# Enhanced Patient Navigation For Retention of Women of Color

- Utilizes patient navigators to retain HIV positive women of color (WoC) in HIV primary care experiencing at least one of the following:
  - fallen out of care for 6 months or more,
  - loosely engaged in care (have cancelled or missed appointments),
  - not virally suppressed,
  - have multiple co-morbidities.
- Goals of this 12 month structured intervention are retention and viral suppression.

# Peer Linkage and Re-engagement For Women of Color

- Intended for organizations, agencies, and clinics considering a short-term (up to 4 months) intensive peer-focused model to increase linkage of newly diagnosed and re-engagement of known HIV-positive women of color to improve health outcomes.
- Peers will work to achieve the following milestones with patients:
  - attendance to two medical care visits with a prescribing provider,
  - completion of one lab visit, and
  - completion of one visit with a case manager.

# Site Selection

- Eligibility Criteria:
  - Ryan White-funded medical provider
  - Experience with data collection and completion of the Ryan White Services Report (RSR)
  - Geographic distribution across four HHS Regions
  - Was not a funded site for original initiatives
  - Experience with IRB
- Intervention-specific eligibility criteria

# Site Selection

Process included:

- Online eligibility screening
- Additional background research on all sites that met eligibility
- Selection of sites invited to apply by HRSA, AIDS United, and Boston University
- Invited sites submitted proposals for one of the four interventions
- Performance site selection based on proposals and geographic distribution by HRSA, AIDS United, and Boston University

# Site Selection Adaptations

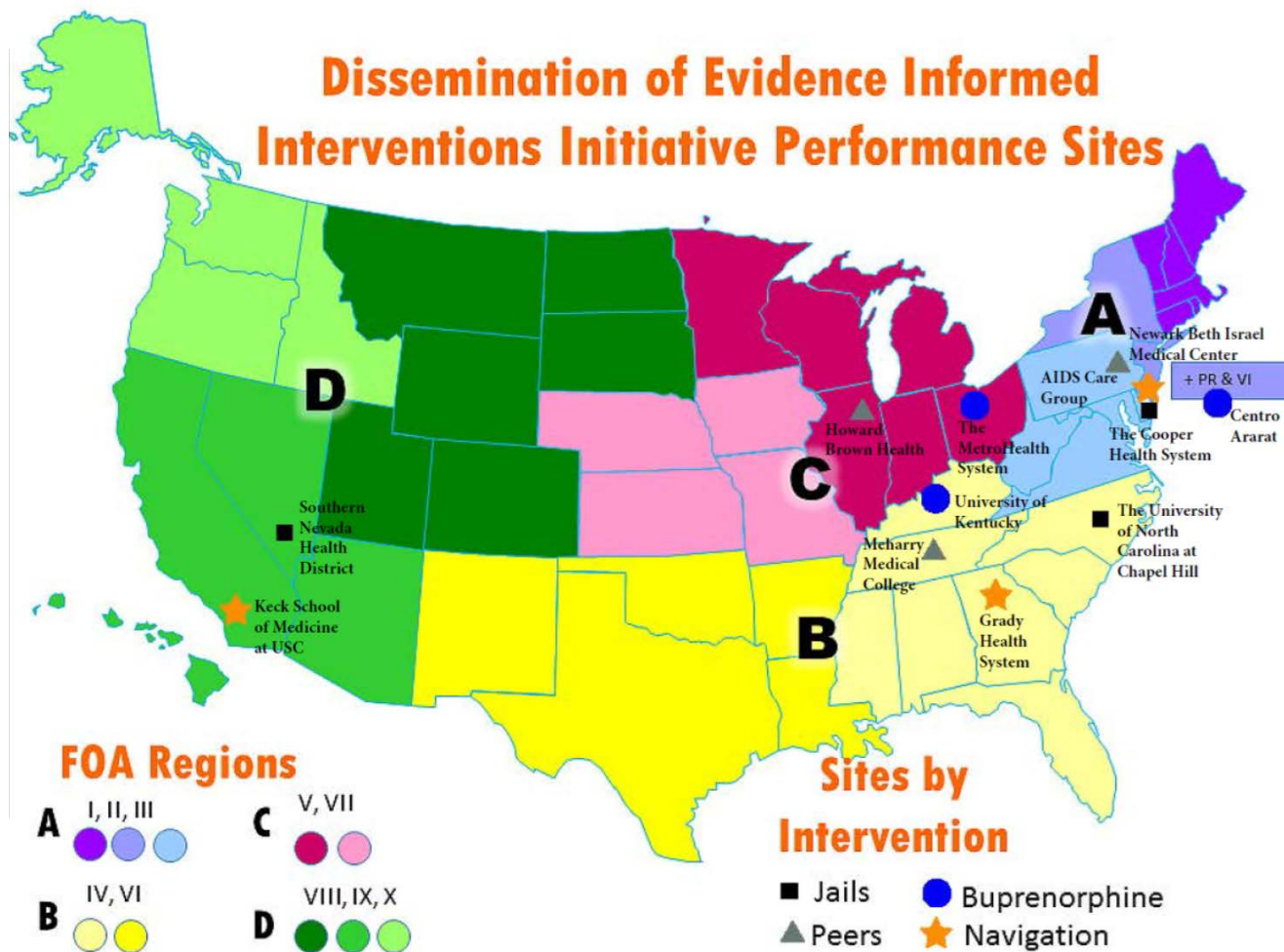
- After sites were invited for all four interventions, the Bureau of Primary Healthcare released \$94 million towards Medication-Assisted Treatment, funding three of the sites that had been invited, which rendered them ineligible to apply
- To ensure a robust slate of potential sites, AIDS United reissued the Buprenorphine opportunity as a competitive RFP



# Site Selection Adaptations

- Particular attention was given to identifying sites in the Southeast for invitation, based on disparities in HIV in that region
- Two sites that were invited to apply for the Peer intervention requested to apply for Patient Navigation instead, as it was a challenge to identify potential candidates for the peer positions who were willing to disclose their HIV status

# Dissemination of Evidence Informed Interventions Initiative Performance Sites



# Evaluation

The DEC will collect the following data collection on each of the adapted intervention cohorts:

- Implementation challenges, barriers, and successes
- Fidelity to the intervention
- Interventionist activities
- Patient outcomes
  - Clinical (visit dates, HIV lab values, ART)
  - Patient level (quality of life, satisfaction, self-efficacy)
- Cost analysis

# Multi-Pronged TA Approach

- TA Leads and content experts
- Cohort-based learning communities
- Annual convenings
- Site visits
- 1:1 tailored support

*Cohorts based on  
intervention type*

# TA Approach: Convenings

- Presentations/workshops by faculty comprised of TA experts and DEC
- Opportunities for implementing sites to share successes and challenges
- Poster presentations
- Breakout sessions
- Training in shared areas of focus
- Emphasis on relationship building

# TA Approach: Learning Communities

- Opportunities to share challenges and successes during convenings, conference calls, webinars, e-newsletter
- Intentional cultivation of a learning environment
- Sites serve as resources to one another: sharing and developing strategies that address implementation challenges

# TA Agendas

## Integrating Buprenorphine Treatment for Opioid Use Disorder in HIV Primary Care —•

DISSEMINATION OF  
**EVIDENCE-  
INFORMED**  
INTERVENTIONS

### START-UP PHASE

#### Goal 1 Preparation for Intervention Implementation

**Objective 1.1 Establish Expectations and Working Relationships with the Implementation Technical Assistance Center (ITAC), Dissemination and Evaluation Center (DEC) Intervention Leads, and Technical Assistance (TA) Content Experts**

Activity	Completion Date	Responsible Parties	Potential Barriers	TA Strategies
a) Review intervention protocol.	5/15/16	ITAC, TA Content Experts, DEC	Scheduling conflicts	Conference calls/ Webinars
b) Review and compile a list of tools to be used by intervention staff during the implementation phase, including, but not limited to: policies, protocols, and procedures.	6/15/16	ITAC, TA Content Experts, DEC	Scheduling conflicts	Conference calls/ Webinars
c) Plan the convening agenda and performance site trainings.	6/15/16	ITAC, TA Content Experts, DEC	Scheduling conflicts	Conference calls/ Webinars
d) Schedule monthly "check-in" call and/or meetings between ITAC and TA Content Experts.	6/15/16	ITAC	Scheduling conflicts	Onsite meeting/ Conference calls
e) Performance sites meet with ITAC to review implementation plan and TA Agenda.	7/1/16	ITAC	Scheduling conflicts; delay in funding agreement	Onsite meeting
f) Performance sites meet with DEC Intervention Lead and review multisite evaluation (MSE) plan; identify MSE data collection and reporting procedures; establish MSE reporting timeline; identify MSE TA needs.	7/1/16	DEC	Scheduling conflicts; delay in funding agreement	Onsite meeting
g) Establish onsite, multisite, and conference call meeting schedule between performance sites and ITAC, DEC, and TA Content Experts.	7/1/16	ITAC	Scheduling conflicts	Onsite meeting/ Conference calls

# Looking Ahead

The ultimate goal: disseminate  
four Care and Treatment  
Interventions

In years 2-5 of the project:

- Conduct multi-site evaluation
- Analyze & summarize findings
- Update adapted interventions
- Release final CATIs



# What does this take?

- ORCA
- Champions and buy-in
- Clinical supervision
- Flexible system
- Innovation in leveraging and acquiring funding

# Small Group Activity!

- Get into groups according to which of the four interventions you would be most interested in for your organization/site.
- You'll have twenty minutes to discuss the questions on the next slide.
- Please appoint a reporter to share what you discussed with the larger group.

# How could you do this?

1. Where would you find funding? (be creative, think big!)
2. How would it fit into your current system of care?
3. What partnership would be need to be created or boosted?
4. How would you cultivate internal support and buy-in and external support and buy-in from your RW White and community partners?
5. What resources can you access for training and TA in your own area?

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