 NATIONAL

2016

# RYAN WHITE

CONFERENCE ON HIV CARE & TREATMENT



**AUG**  
23-26

**FORWARD MOMENTUM:** Accelerating Access.  
Optimizing Care. Transforming Public Health.

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Dear Colleague:

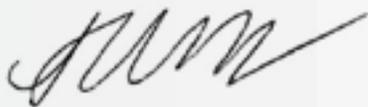
On behalf of the Health Resources and Services Administration's HIV/AIDS Bureau, I would like to welcome you to the 2016 National Ryan White Conference on HIV Care and Treatment. Our theme this year is **"Forward Momentum: Accelerating Access. Optimizing Care. Transforming Public Health."**—fitting as the Ryan White HIV/AIDS Programs enters the next quarter century of providing comprehensive HIV care and treatment services to people living with HIV in the United States. This year's theme also aligns with the program's commitment to the National HIV/AIDS Strategy: Updated to 2020, which is intended to decrease HIV infections and provide unfettered access to high-quality, life-extending HIV care and treatment without stigma and discrimination.

The Health Resources and Services Administration's HIV/AIDS Bureau hosts this conference every two years, providing grantees, consumers, stakeholders, and health care professionals with essential knowledge, training, and technical assistance. The conference provides a forum to share best practice models and strategies that will help us facilitate a coordinated national response designed to reduce new HIV infections and HIV-related health disparities. This conference is the largest gathering of HIV/AIDS health care providers, grantees, consumers, and stakeholders in the United States.

This meeting has several objectives, including identifying strategies to enhance grantees' knowledge of programmatic and fiscal requirements of the Ryan White HIV/AIDS Program. In addition, we are excited to present keynote sessions and workshops that address a wide array of issues related to providing high-quality models of health care focused on lifesaving and life-extending services. We encourage grantees to network among themselves and to find areas of collaboration whenever appropriate. Your attendance at this biennial conference is vital to the success of this program, so please share your ideas and knowledge with one another.

We hope you'll find this conference to be a rewarding and productive exchange of valuable knowledge and information. Thank you for your commitment to providing care and treatment to people living with HIV.

Sincerely,



Laura Cheever, MD, ScM  
Associate Administrator, HIV/AIDS Bureau



Dear Attendee:

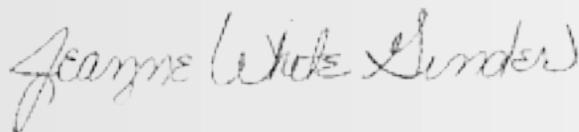
Welcome to the 2016 National Ryan White Conference on HIV Care and Treatment! The theme of this conference is "Forward Momentum: Accelerating Access. Optimizing Care. Transforming Public Health."

Forward momentum is what occurred in 1990 when Ryan White was very sick in the hospital. I received a call from Senator Ted Kennedy asking if they could name this new bill The Ryan White Care Act. I said yes, never knowing how enormous this bill would become. Ryan passed away soon after. Several weeks later, Senator Kennedy and Senator Orrin Hatch contacted me about Senate hearings. At first, I said no; emotionally, I was a mess. I said, "I'm afraid I would hurt the cause more than help." Senator Kennedy told me, "Please do this on behalf of all people living with AIDS. We have a chance now to make a difference while Ryan's death is on everyone's minds. We have people caring about people with AIDS. It's important we do this now." Senator Hatch said, "We have 25 senators lined up to hear from you, and all we want you to do is to be a mom and tell us what it's like to watch your son live and die from AIDS." Senator Hatch persisted by saying, "Jeanne, we need your voice!" At that time, people were afraid to speak publicly about AIDS, as there was so much stigma and discrimination related to it.

Forward momentum is still happening today. Our voices are still necessary as we continue to educate the public about HIV/AIDS. People still don't believe it will happen to them. We need to erase stigma and discrimination. The South, in particular, has had challenges in addressing the disease, and that's why the numbers remain high there. People are still afraid to test and go public with their HIV status in the South, for fear of stigma and discrimination – much the same as Ryan and I experienced firsthand back in the 1980s. I feel love and have many thanks for all of the hard work and dedicated people who brought us to where we are today. Let's make our voices LOUD again.

Last year, on August 18, 2015, we commemorated the 25th Anniversary of the Ryan White CARE Act. As Ryan used to say, "Let's treat it (AIDS) like a disease, and not a dirty word!" I know that's what the attendees at this conference do on a daily basis, and I want to thank you for your continued work in supporting and caring for people living with HIV/AIDS.

Sincerely,

A handwritten signature in cursive script that reads "Jeanne White Ginder". The ink is dark and the signature is fluid and personal.

Jeanne White Ginder

# CONFERENCE THEMES & GOALS

Ryan White is the name of a boy and a program – and a metaphor for good deeds. His story should be retold.

Ryan was a courageous Indiana teenager who fought AIDS-related discrimination and helped educate the nation about the disease. He was diagnosed with AIDS at age 13. Ryan and his mother Jeanne White Ginder fought for his right to attend school, gaining international attention. Ryan testified before national panels and was the subject of countless news stories, television shows, and magazine covers. His visibility and humility moved the nation to a better place. Ryan White died on April 8, 1990, at the age of 18, just a few months before Congress passed the AIDS bill that bears his name – the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. The legislation has been reauthorized four times since – 1996, 2000, 2006, and in 2009, as the Ryan White HIV/AIDS Treatment Extension Act of 2009.

Ryan's mother, Jeanne White Ginder, continues his work, as does the program named after him, providing hope and a legacy of care for people living with HIV/AIDS.

This year's conference continues to build on that legacy.

The theme of the 2016 National Ryan White Conference on HIV Care and Treatment is *"Forward Momentum: Accelerating Access."*

*Optimizing Care. Transforming Public Health.*" It recognizes the Ryan White HIV/AIDS Program's unwavering commitment to the National HIV/AIDS Strategy: Updated to 2020.

The Strategy strives to:

- decrease new HIV infections,
- reduce HIV-related health disparities, and
- improve access to HIV care and treatment without stigma and discrimination.

Sponsored and funded by the Health Resources and Services Administration's HIV/AIDS Bureau, the National Ryan White Conference on HIV Care and Treatment is a biennial event that delivers program and policy updates, training, and technical assistance to Ryan White HIV/AIDS Program recipients, people living with HIV, stakeholders, and health care and service delivery providers.

Attendees from across the country come together to:

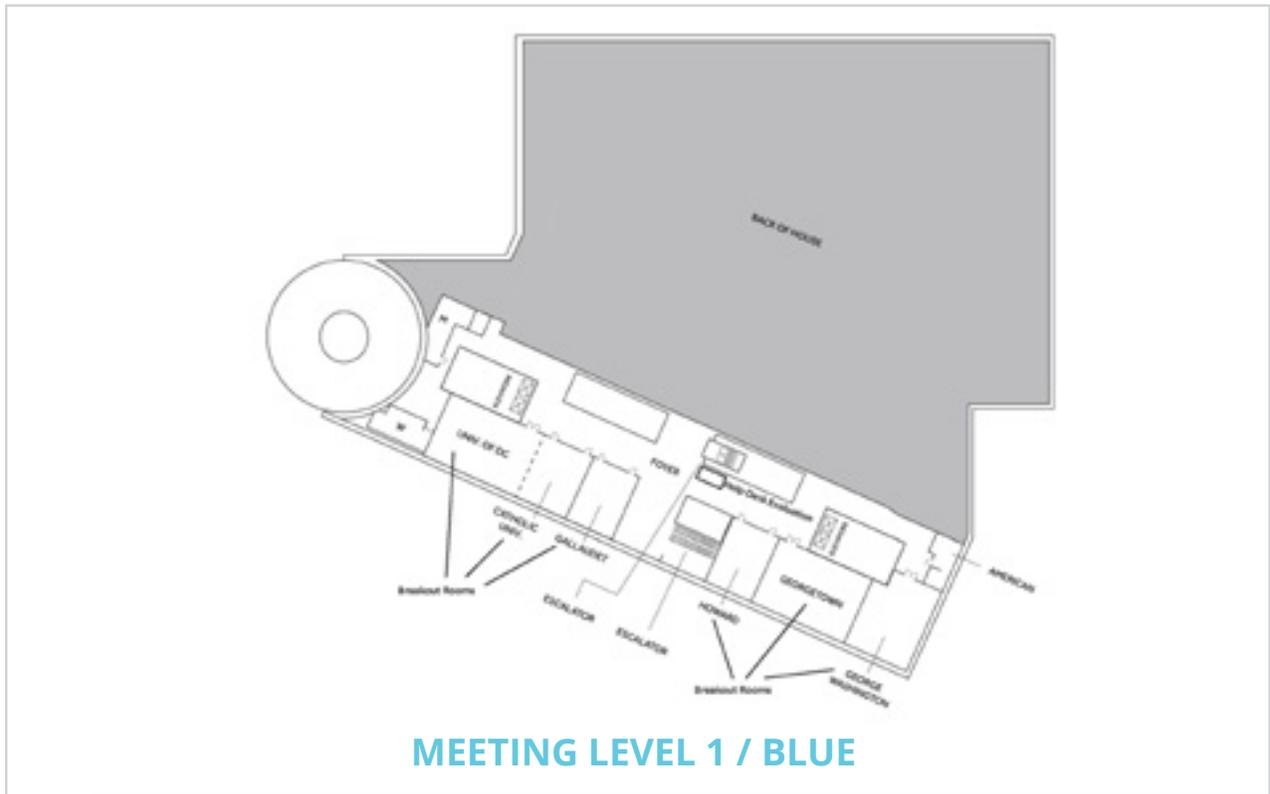
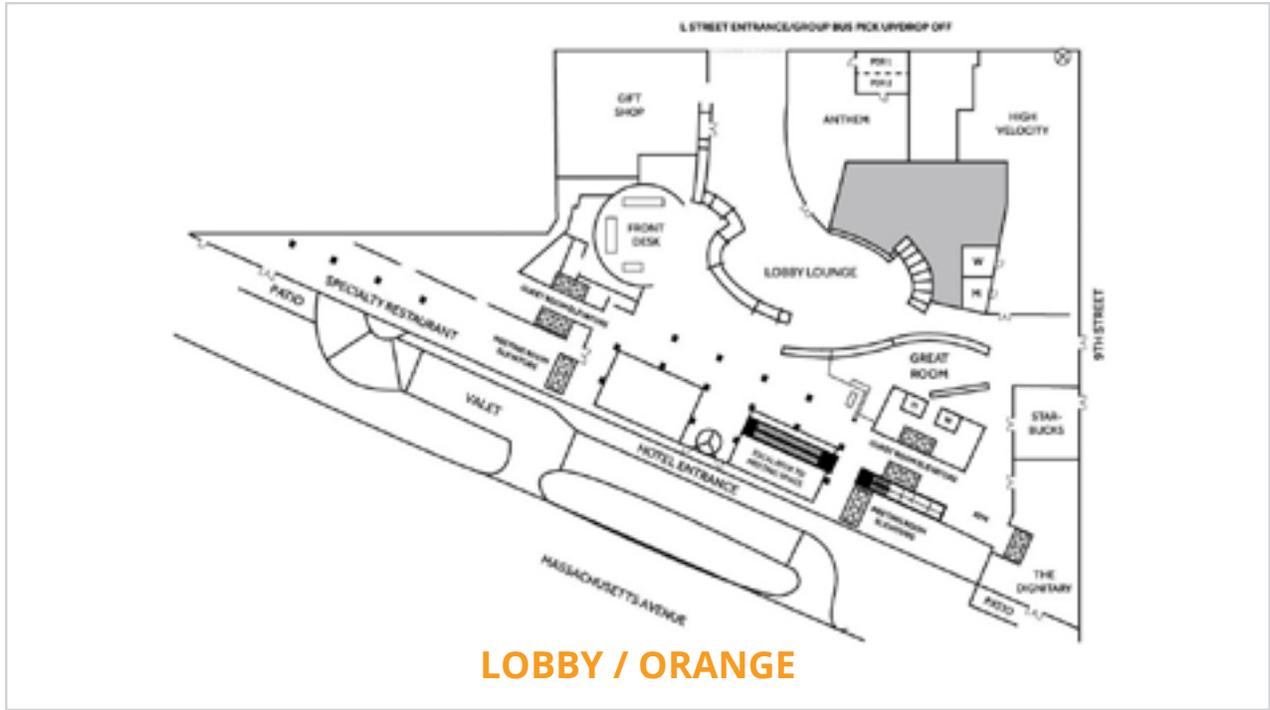
- learn the latest advancements in HIV care and treatment from leaders in the field,
- identify strategies to enhance recipients' programmatic and fiscal knowledge,
- offer opportunities for collaboration, and
- share best practices.

Within this program book, you'll find information about key locations throughout the hotel; helpful resources for navigating the venue and the event; special services available; meeting schedules, agendas and speaker biographies; continuing education resources; dining options and getting around; and much more.

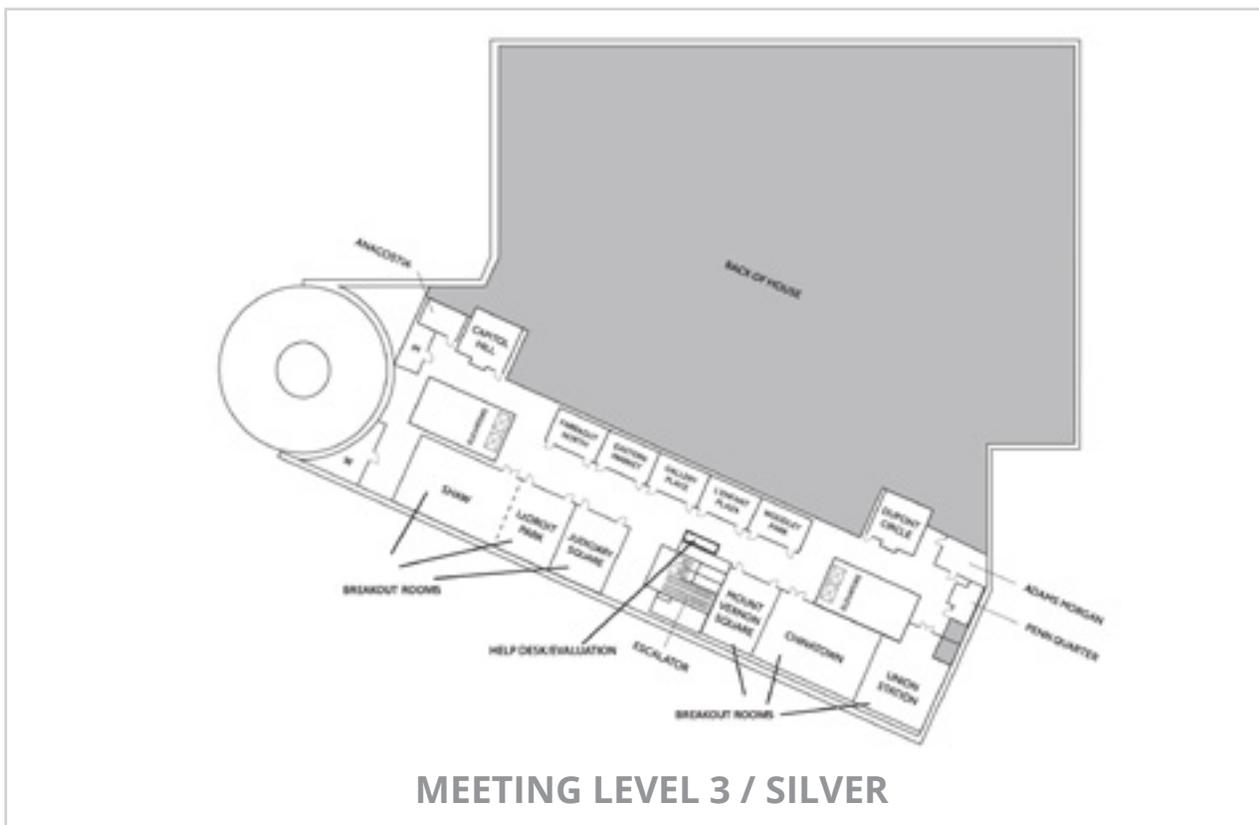
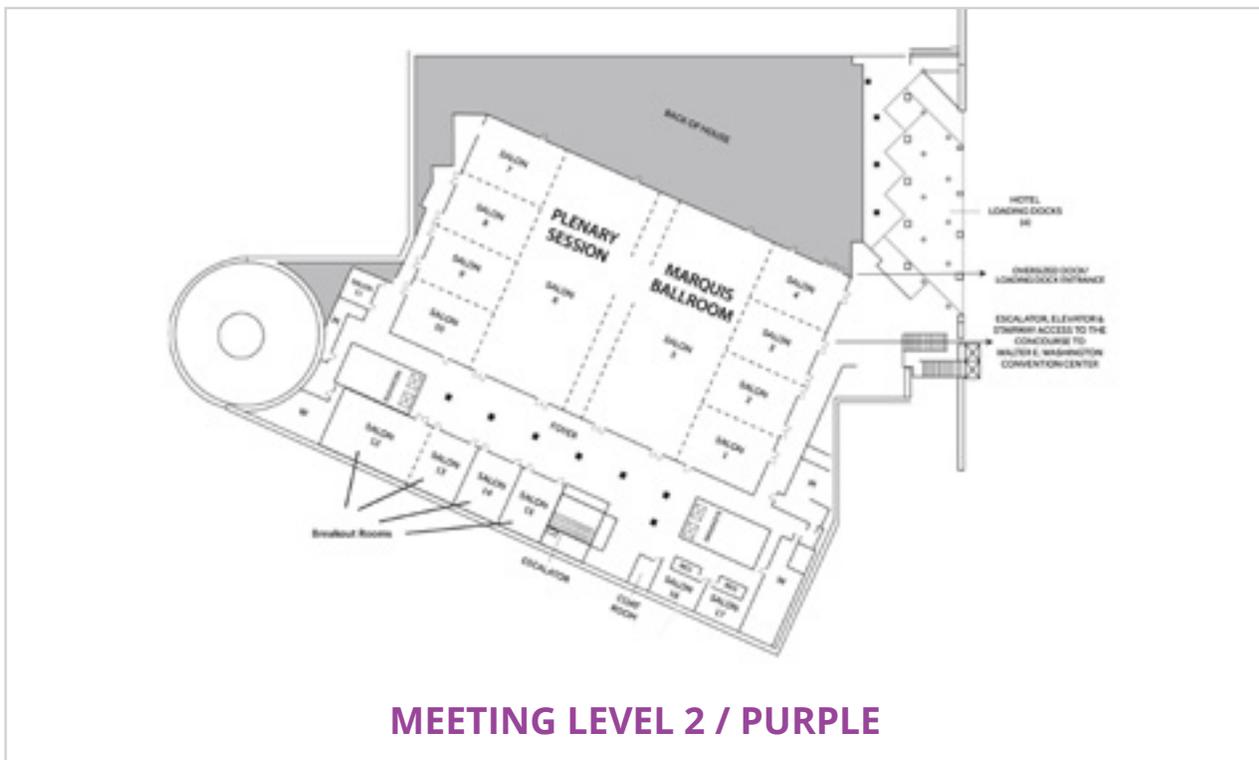
We hope you'll find the week's activities informative and productive.



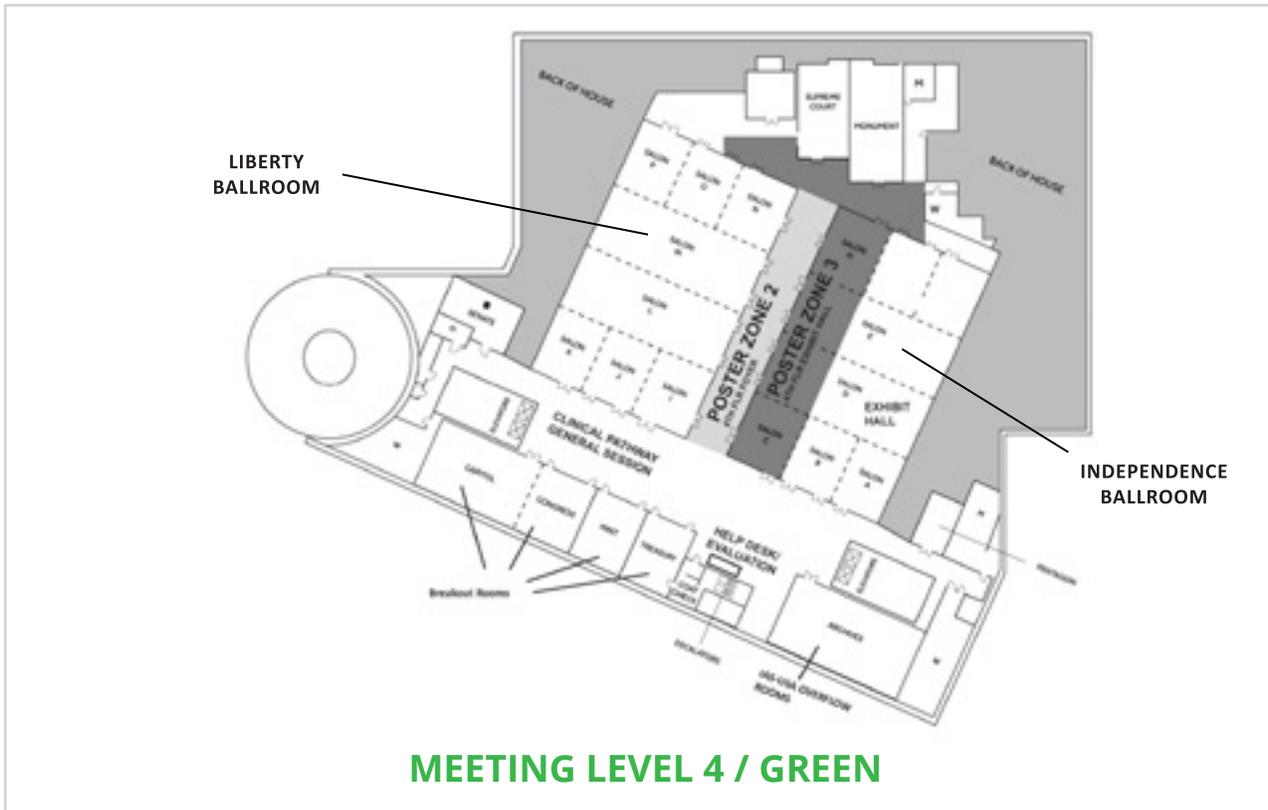
# KEY LOCATIONS



# KEY LOCATIONS



# KEY LOCATIONS



# KEY LOCATIONS

## REGISTRATION

The registration area for the 2016 National Ryan White Conference on HIV Care and Treatment is located on the Mezzanine/Red Level. All attendees, including plenary speakers, workshop and poster presenters, exhibitors, and HAB staff, will check in at registration and collect a printed badge and lanyard. It will be important to keep your badge on you at all times. Please note that participants in the Clinical Pathway track also use the main registration area. There is not a separate check-in process for this track.

Registration hours are:

- Monday: 3:00 PM – 7:00 PM
- Tuesday: 7:00 AM – 5:30 PM
- Wednesday: 7:00 AM – 5:30 PM
- Thursday: 7:00 AM – 5:30 PM
- Friday: 7:00 AM – 12:00 PM

## HELP DESKS

The primary Help Desk is located on the Mezzanine/Red Level. There will be satellite Help Desks located on each meeting floor. Visit any one of the Help Desks if you have questions or need information about special services. Help Desk volunteers are specially trained to help you solve onsite problems and to help maximize your experience at Ryan White 2016.

Help Desk hours are:

- Monday: 3:00 PM – 7:00 PM
- Tuesday: 7:00 AM – 5:30 PM
- Wednesday: 7:00 AM – 5:30 PM
- Thursday: 7:00 AM – 5:30 PM
- Friday: 7:00 AM – 2:00 PM

## EXHIBIT HALL

The Exhibit Hall is located on Meeting Level Four/Green Level in the Independence Ballroom. In the Exhibit Hall you'll find national and community-based organizations as well as private-sector companies. The Exhibit Hall also is home to the conference's Federal Village, where government agencies will exhibit. Throughout the meeting, please visit the Exhibit Hall, where you'll also find areas to lounge, meet with colleagues, and recharge your electronic devices. Please see the Exhibitors section of the program book for Exhibit Hall hours, as well as a list and description of all exhibitors.

## CONTINUING EDUCATION & MEETING EVALUATION STATIONS

Take advantage of this opportunity to earn continuing education (CE) credit valuable to your professional discipline. If you would like to receive CE credit for the workshops you attend, please be sure to complete your online session evaluations. Laptop stations are available on Meeting Levels One/Blue, Two/Purple, Three/Silver, and Four/Green. At these stations, you'll be able to log your CE sessions, as well as complete conference evaluations. **Please note that the Clinical Pathway track uses a different continuing education process than the overall conference.** For more information on obtaining continuing education credit or completing meeting evaluations, visit the Continuing Education/Meeting Evaluation section of the program book.

# KEY LOCATIONS

## RESPITE ROOM

In room 2060 on the Mezzanine/Red Level there is a Consumer Respite Room that provides HIV-positive attendees with a quiet place to rest, store medication or get a drink. The room is **not** locked, however, so consumers should be advised to not leave valuables unattended. There will be a HAB staff volunteer assigned to the room to help and guide attendees as needed. The room will be open during conference hours.

## LACTATION ROOM

A lactation area will be available on the Mezzanine/Red Level in Room 2054 to support nursing mothers. The room will be open during conference hours and is equipped with a refrigerator and a sink. Nursing mothers will need to provide their own pump. All Lactation Room users are expected to clean up after each use and allow enough time within a visit to clean spills and dispose of trash properly.

## SPECIAL SERVICES

Among the goals of the 2016 National Ryan White Conference on HIV Care and Treatment is to ensure that all event attendees have complete and unfettered access to all of the event's meetings, activities, tools, and materials. During the registration process, attendees were asked to provide conference planners with information about any special onsite needs they may have. If you were unable to make a special-needs request prior to arriving at the conference, please visit any of the Help Desks, and a volunteer will do his or her best to accommodate your request. Sign-language interpreters will be available during conference hours Tuesday-Friday.

## GENDER-NEUTRAL RESTROOMS

Clearly marked gender-neutral restrooms are located on Meeting Levels Two/Purple and Four/Green.

# FOOD OPTIONS

Meals will not be provided during the 2016 National Ryan White Conference on HIV Care and Treatment. But there are plenty of options nearby to grab a quick bite, a cup of coffee, or a leisurely evening meal. The word is out: Washington, D.C., is a foodie destination. The city recently was selected by Bon Appétit magazine as the publication's choice for Best Restaurant City of the Year.

The hotel and nearby neighborhoods offer a broad range of dining options. In the Marriott Marquis, Anthem serves seasonal cuisine in bright, friendly surroundings. Or stop at the Dignitary, a whiskey bar offering food, and a range of local and regional bourbons and handcrafted cocktails served by experienced mixologists. If you're a sports fan, head to High Velocity, an interactive, high-tech sports bar with more than 40 large flat-screen HDTVs, free Wi-Fi and 48 beers on tap ranging from imports to local microbrews. The Lobby Bar offers a more low-key option; bask in the natural light flowing in from the glass ceiling overhead and enjoy signature cocktails and locally sourced small bites. A Starbucks is on premises, in addition to one across the street at the Washington Convention Center, and there are plenty of other good coffee shops nearby as well, including La Colombe at 900 6th St. NW; Chinatown Coffee Company at 475 H St. NW at 5th St., or Compass Coffee at 650 F St. NW at 7th St.

In addition, to provide conference-goers with a unique taste of D.C., food trucks will be available outside the L Street exit (at the rear) of the hotel during program lunch breaks (12:00-1:30 PM) on Wednesday and Thursday. The trucks available (which are subject to change) during the conference offer a range of lunch options for purchase.

## WEDNESDAY, AUGUST 24

- ChixnStix (chicken and fries)
- Four Guys (sandwiches and salads)
- Halal Kitchen (kabobs)
- Midnight Confections (cupcakes)

## THURSDAY, AUGUST 25

- Ahhh Wah Gwaan (Jamaican)
- Crepe Love (crepes)
- DC Pollo (Peruvian)
- Habebe Truck (kabob)

For more information on convenient dining options near the Marriott Marquis, visit [www.ryanwhite2016.org/dining](http://www.ryanwhite2016.org/dining) for links to nearby restaurants in different categories. Also please visit any Help Desk for advice or recommendations on where to eat.

## TRAVEL/METRO

The Marriott Marquis is convenient to multiple stops on Washington, D.C.'s Metrorail system.

The closest stops are Mt. Vernon Square 7th St./ Convention Center (Green and Yellow Lines), which is across 9<sup>th</sup> street underneath the convention center, and Gallery Place/Chinatown, which is a half mile from the hotel. Three of Metrorail's six transit lines stop at Gallery Place/ Chinatown (Red, Yellow and Green). To reach the Blue, Orange, or Silver lines, from Gallery Place take the Red line going in the direction of Shady Grove and get off at the first stop, Metro Center.

Maps of the Metrorail system are available at all Metrorail stations and at [www.wmata.com](http://www.wmata.com). You also can plan your rides on Metrorail by typing your starting point and destination into the Metrorail website's Trip Planner. WMATA also has an extensive bus system; the website will acquaint you with its routes as well.

The hotel **does not** offer shuttle service to any of the region's three major airports: Ronald Reagan National Airport (DCA), 4.6 miles; Washington Dulles International Airport (IAD), 21.6 miles; or Baltimore/Washington National Thurgood Marshall Airport (BWI), 31.7 miles. Metro's Yellow and Blue lines serve Ronald

Reagan National Airport. Amtrak and MARC trains serve BWI from Union Station in Washington, D.C. One-way fares to BWI from Union Station are approximately \$7. Shuttle buses at the airport's train station take passengers directly to the airport terminal. Union Station is connected to Metro's Red line. To Dulles International Airport, Metro offers the Silver Line Express Bus, which provides a connection between the Dulles Main Terminal and the Silver line's Wiehle-Reston East Metrorail station, about 15 minutes away from the deposit. The bus service is \$5 each way (cash or credit card only; SmartTrip Cards not accepted).

Be advised that the Metro system has been undergoing significant renovation (an extensive project called SafeTrack). Be sure to visit [www.wmata.com](http://www.wmata.com) in advance of your trip to learn about any possible service alerts/disruptions for your route.

Of course, taxis are easily available at the hotel. If you need advice on getting around, don't hesitate to stop at one of the Help Desks for information. The hotel's concierge also can help with travel arrangements.

# CONTINUING EDUCATION/ MEETING EVALUATION

Continuing education (CE) and evaluation services for the 2016 National Ryan White Conference on HIV Care and Treatment are provided by Professional Education Services Group.

Educational sessions are intended for nurses, dentists, dietitians, health educators, social workers, and other health care professionals with a specific interest in identifying strategies that have been developed over the past 25 years of the Ryan White HIV/AIDS Program to improve systems of HIV/AIDS care and increase program recipients' knowledge of program and fiscal requirements.

## CONTINUING EDUCATION INFORMATION

Professional Education Services Group, an accredited provider of continuing education, and HRSA have planned and implemented this conference in accordance with all applicable accrediting bodies' standards and policies.

CE Sessions have been accredited for the disciplines listed below:

- **Physicians:** Accreditation Council for Continuing Medical Education (ACCME); AMA PPRA Category 1 Credit
- **Nurses:** American Nurses Credentialing Center (ANCC)
- **Dentists:** American Dental Association CERP (ADA CERP)
- **Dietitians:** Commission on Dietetic Registration

- **Health Educators:** National Commission for Health Education Credentialing (NCHEC)
- **Social Workers:** National Association of Social Workers (NASW)
- **Health Care Administrators:** American College of Healthcare Executives (ACHE)

All other health care professionals completing this continuing education activity will be issued a Statement of Participation. Please consult your accrediting organization or licensing board for their acceptance of this CE activity.

## DISCLOSURE STATEMENT

It is the policy of Professional Education Services Group that the faculty and all staff with the potential to influence content will disclose real or apparent conflicts of interest relating to the topics of their educational activity. Additionally, disclosure will be made of any intended discussions of unlabeled/unapproved uses of drugs or devices. Speakers/authors are required to prepare fair and balanced presentations that are objective and are based in scientific fact. Full disclosure will be provided to learners onsite at the 2016 National Ryan White Conference on HIV Care and Treatment.

PESG, LRG, and HSRA staff have no relevant financial relationships to disclose.

## COMMERCIAL SUPPORT

Commercial support was not received in association with this educational conference. This continuing education activity is provided through a Joint-Providership Agreement between the conference contractor, LRG, and Professional Education Services Group (PESG) in conjunction with HRSA for this event. This activity will provide continuing education for nurses, pharmacists and pharmacy technicians, respiratory therapists, and social workers. All other health care professionals

# CONTINUING EDUCATION/ MEETING EVALUATION

completing this continuing education activity will be issued a Certificate of Participation. Please consult your accrediting organization or licensing board for their acceptance of this CE activity.

## ACCREDITATION STATEMENTS

### Physicians

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Professional Education Services Group and the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCOE). Professional Education Services Group is accredited by the ACCME to provide continuing medical education for physicians. This activity has been approved for a maximum of 12.0 hours of AMA PRA Category 1 Credits™. Physicians should only claim credit to the extent of their participation.

### Nurses

Nurse CE is provided for this program through collaboration between DCOE and Professional Education Services Group. Professional Education Services Group is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC). This activity provides a maximum of 12.0 contact hours of nurse CE credit.

### Dentists

This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between PESG, HSRA, and LRG. PESG is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association

to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual activities or instructions, nor does it imply accordance of credit hours by boards of dentistry. PDE designates this activity for 12.0 hours of continuing education credits.

### Dietitians

PESG is a Continuing Professional Education (CPE) Accredited Provider with the Commission on Dietetic Registration (CDR). CDR Credentialed Practitioners will receive 12.0 Continuing Professional Education units (CPEUs) for completion of this activity/material.

### Health Educators

Sponsored by Professional Education Services Group, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to 12.0 total Category I contact education contact hours.

### Social Workers

This Program is approved by The National Association of Social Workers for 12.0 Social Work continuing education contact hours.

### Health Care Administrators Category II Credit (American College of Healthcare Executives)

Professional Education Services Group is authorized to award 12.0 hours of pre-approved ACHE Qualified Education credit (non-ACHE) for this program toward advancement, or recertification in the American College of Healthcare Executives. Participants in this

# CONTINUING EDUCATION/ MEETING EVALUATION

program wishing to have the continuing education hours applied toward ACE Qualified Education credit should indicate their attendance when submitting application to the American College of Healthcare Executives for advancement or recertification.

## Other Professionals

Other professionals participating in this activity may obtain a General Participation Certificate indicating participation and the number of hours of continuing education credit.

## CONFERENCE EVALUATION INFORMATION

All conference evaluations and workshop evaluations are available online. You may visit any of the computer kiosks provided for evaluations while at the meeting. If you prefer to complete the evaluations from your personal laptop or PDA, please visit <http://ryanwhite.cds.pesgce.com> to complete your evaluation.

## How to Evaluate Conference Sessions and Receive Your CE Transcript and Certificate of Completion

Certificates will only be distributed online. To receive a Certificate of Completion or CE Certificates, you must complete the online evaluation. Participants will be able to complete individual session evaluations at PESG's Web site for the 2016 National Ryan White Conference on HIV Care & Treatment: <http://ryanwhite.cds.pesgce.com>. An overall conference evaluation must be completed to obtain CE credits or print a non-CE Transcript. If you have ever completed an evaluation with another one of PESG's clients, then your login credentials will be on file. If not,

attendees will need to register new accounts for CE evaluations. If you signed into the 2016 Ryan White Abstract System you must register a new account for CE evaluations. The system will be available to evaluate sessions and claim your CE credit until September 10, 2016.

## How to Earn CE Credit

1. Go to: <http://ryanwhite.cds.pesgce.com>
2. Select the activity: 2016 National Ryan White Conference on HIV Care and Treatment
3. This will take you to the log in page if you are not already logged into the system. Enter your e-mail address and password from previous sign-ins. If you are not already registered, you will be prompted to complete the information necessary to do so. Select "I Forgot My Pass Phrase" if you need to reset the password you set up.
4. Verify, correct, or add your information.
5. If you wish to also obtain the Certificate of Completion, select "Certificate of Completion" in the professional information section of the signup/verification page.
6. Proceed and complete evaluations for the sessions you attended.
7. Upon completing the required overall conference evaluation, you can print your CE Certificate. Your CE record will also be stored here for later retrieval.
8. The website is open for completing your evaluation for 14 days.
9. After the website has closed, you can return to the site at any time to print your certificate, but you will not be able to add any evaluations.

# CONTINUING EDUCATION/ MEETING EVALUATION

## How to Evaluate Non-CE Sessions

1. Go to the following URL:  
<http://ryanwhite.cds.pesgce.com>
2. Select the activity: 2016 National Ryan White Conference on HIV Care and Treatment (Non-CE)
3. This will take you to the log in page if you are not already logged into the system. Enter your e-mail address and password from previous sign-ins. If you are not already registered, you will be prompted to complete the information necessary to do so. Select "I Forgot My Pass Phrase" if you need to reset the password you set up.
4. Verify, correct, or add your information.
5. If you wish to also obtain the Certificate of Completion, select "Certificate of Completion" in the professional information section of the signup/verification page.
6. Proceed and complete evaluations for the sessions you attended.
7. Upon completing the required overall conference evaluation, you can print your non-CE Transcript. Your non-CE record will also be stored here for later retrieval.
8. The website is open for completing your evaluation for 14 days.
9. After the website has closed, you can come back to the site at any time to print your certificate, but you will not be able to add any evaluations.

## How to Obtain the Certificate of Completion Only

1. Go to:  
<http://ryanwhite.cds.pesgce.com>
2. Select the activity: Overall Conference Certificate of Completion Only
3. This will take you to the log in page if you are not already logged into the system. Enter your e-mail address and password from previous sign-ins. If you are not already registered, you

- will be prompted to complete the information necessary to do so. Select "I Forgot My Pass Phrase" if you need to reset the password you set up.
4. Verify, correct, or add your information.
  5. Proceed and complete the overall conference evaluation, after which you can print your Certificate of Completion. Your record will also be stored here for later retrieval.
  6. The website is open for completing your evaluation for 14 days.
  7. After the website has closed, you can come back to the site at any time to print your certificate.

## CLINICAL PATHWAY TRACK CONTINUING MEDICAL EDUCATION (CME), NURSING AND PHARMACY CREDITS

This CME activity is sponsored by the International Antiviral Society-USA (IAS-USA). The continuing education credits for the Clinical Pathway track are obtained via a different system than the rest of the Ryan White 2016 conference. Please ask IAS-USA staff onsite if you have any questions about the CME process for this program.

IAS-USA is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The IAS-USA designates this live activity for a maximum of 14.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

# CONTINUING EDUCATION/ MEETING EVALUATION

## **Nursing Credits**

Educational Review Systems is an approved provider of continuing nursing education by the Alabama State Nursing Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Provider # 5-115. This program is approved for 14.25 hours of continuing nursing education.

Educational Review Systems is also approved for nursing continuing education by the state of California, the state of Florida and the District of Columbia.

## **Pharmacy Credits**

Educational Review Systems is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. This program is approved for 14.25 hour (1.425 CEUs) of continuing pharmacy education credit. Proof of participation will be posted to your NABP CPE profile within 4 to 6 weeks to participants who have successfully completed the post-test. Participants must participate in the entire presentation and complete the course evaluation to receive continuing pharmacy education credit.

UAN # Day 1 0761-9999-16-202-L02-P,  
Day 2 0761-9999-16-203-L02-P, Day 3  
0761-9999-16-204-L02-P

## **CLAIMING CONTINUING EDUCATION CREDITS OR A CERTIFICATE OF PARTICIPATION**

1. At the end of the Clinical Pathway track, all attendees will receive a final e-mail with the overall Clinical Pathway track evaluation.
2. Complete and submit the final evaluation form.
3. After the evaluation form submission, you will be redirected to the online claim form on the IAS-USA website. Sign in to your IAS-USA account and click "Log in." If you do not already have an IAS-USA account, please follow the instructions below to create an account.
4. Once logged in, click on "Request your certificate."

If you are a physician, you will need to enter the total hours you attended and click "Submit."

To determine the number of CME credits or CE hours that you can claim, calculate your time spent attending the Clinical Pathway track, including plenary sessions and workshops. For example, if you attended 2 plenary talks (8:30 AM to 9:30 AM) and 1 workshop (4:00 PM to 5:00 PM), you would have a total of 2 hours to apply toward CME credits or CE credits for that day. At the end of the Clinical Pathway track, please add the total hours you attended for your certificate. The total number of CME or CE credits can be found in the Clinical Pathway track e-syllabus or here.

# CONTINUING EDUCATION/ MEETING EVALUATION

5. If you are a nonphysician, click “Submit” to claim your Certificate of Participation.
6. Click “Print your Certificate.” This certificate is also available for you to print from your IAS–USA account under My Certificates.

## **CME Credits**

CME-accredited providers are required to document the number of CME credits that each registered physician intends to claim for a CME activity.

## **Pharmacy and Nursing Credits**

The information of those claiming pharmacy credits will be sent to Educational Review Systems following the Clinical Pathway track. Your credits will post to your account within 60 days of the completion of the Clinical Pathway track.

Please note: to claim pharmacy credit, you must provide your NABP CPE# and your date of birth. Please update your account on the IAS–USA website.

## **To create an IAS–USA account**

1. Click on Create new account
2. Complete the required information
3. Click on the “Create new account” button at the bottom of the page
4. You will receive an e-mail with a link to validate your account. If you did not receive the validation e-mail, please e-mail [registration@iasusa.org](mailto:registration@iasusa.org) or call the IAS–USA office at 415-544-9400.
5. A CME hour worksheet can be found here: <http://www.iasusa.org/sites/default/files/2016-clinical-pathway-track-cme-worksheet.pdf>

# CONFERENCE WORKSHOP TRACKS

The backbone of the 2016 National Ryan White Conference on HIV Care and Treatment is a robust schedule of oral presentations and posters. In keeping with the theme for this year's conference—"Forward Momentum: Accelerating Access. Optimizing Care. Transforming Public Health."—six new session tracks will serve as the basis for this year's workshop and poster sessions.

## CLINICAL PATHWAY

This track, which is conducted by the International Antiviral Society-USA (IAS-USA), is exclusively designated for experienced clinical decision-makers and key medical care teams who treat people living with HIV. This track will provide state-of-the-art workshops and presentations on research and comprehensive care and treatment of HIV. Please note that the Clinical Pathway track will be held Tuesday through Thursday during the National Conference, and separate registration was required prior to attending this track's general sessions and workshops.

## DATA TO CARE

This track will examine the collection and use of program and surveillance data to achieve the National HIV/AIDS Strategy: Updated to 2020 goals and to improve the health outcomes of people living with HIV (PLWH).

## EMERGING ISSUES

This track will examine critical, emergent issues important to the delivery of high-quality, comprehensive HIV care and treatment and to the achievement of the National HIV/AIDS Strategy: Updated to 2020 goals. Specific examples of the track content are: jurisdictional approaches to ending the HIV epidemic; implementation of pre-exposure prophylaxis (PrEP) services; use of social media; population specific interventions for youth, black gay

men who have sex with men, transgender individuals and pregnant women; integration of HIV care, primary care, and behavioral health; trauma informed care models; and structural interventions such as housing and employment.

## HEALTH CARE LANDSCAPE

This track will examine the changing health care landscape, including health policy issues, workforce capacity development, and outreach and enrollment initiatives to engage PLWH in health care coverage.

## INNOVATIVE PRACTICES

This track will describe and demonstrate innovative programmatic approaches to improve health outcomes for PLWH and to achieve the National HIV/AIDS Strategy: Updated to 2020 goals. Specific examples of the track content are: using learning collaborative models to improve health outcomes; collaboration across Ryan White HIV/AIDS Program (RWHAP) parts and community partners such as community health centers; strategies for linkage and retention; replication of Special Projects of National Significance program models; and data utilization for improving health outcomes for people living with HIV.

## QUALITY MANAGEMENT

This track will examine mechanisms and best clinical quality management practices to measure and improve patient care, health outcomes, and patient satisfaction in order to progress the RWHAP and National HIV/AIDS Strategy: Updated to 2020 goals and objectives for HIV care and treatment.

# AGENDA AT A GLANCE

## MONDAY, AUGUST 22

Registration & Help Desk  
3:00 PM-7:00 PM

## TUESDAY, AUGUST 23

Registration & Help Desk  
7:00 AM-5:30 PM

Program-Specific Meetings  
8:30 AM-11:30 AM

Lunch on Your Own/Exhibit  
Hall & Poster Sessions  
11:30 AM-1:00 PM

Program-Specific Meetings  
1:00 PM-2:30 PM

Plenary Session  
(Marquis Ballroom)  
3:00 PM-4:30 PM

## WEDNESDAY, AUGUST 24

Registration & Help Desk  
7:00 AM-5:30 PM

Plenary Session  
(Marquis Ballroom)  
8:30 AM-10:00 AM

Break/Exhibit Hall & Poster  
Sessions  
10:00 AM-10:30 AM

Breakout Sessions  
10:30 AM-12:00 PM

Lunch on Your Own/Exhibit  
Hall & Poster Sessions  
12:00 PM-1:30 PM

Breakout Sessions  
1:30 PM-3:00 PM

Break/Exhibit Hall & Poster  
Sessions  
3:00 PM-3:30 PM

Breakout Sessions  
3:30 PM-5:00 PM

## THURSDAY, AUGUST 25

Registration & Help Desk  
7:00 AM-5:30 PM

Plenary Session  
(Marquis Ballroom)  
8:30 AM-10:00 AM

Break/Exhibit Hall & Poster  
Sessions  
10:00 AM-10:30 AM

Breakout Sessions  
10:30 AM-12:00 PM

Lunch on Your Own/Exhibit  
Hall & Poster Sessions  
12:00 PM-1:30 PM

Breakout Sessions  
1:30 PM-3:00 PM

Break/Exhibit Hall & Poster  
Sessions  
3:00 PM-3:30 PM

Breakout Sessions  
3:30 PM-5:00 PM

## FRIDAY, AUGUST 26

Registration & Help Desk  
7:00 AM-12:00 PM

Breakout Session  
8:00 AM-9:30 AM

Break/Exhibit Hall & Poster  
Sessions  
9:30 AM-10:00 AM

Breakout Sessions  
10:00 AM-11:30 AM

Break/Exhibit Hall & Poster  
Sessions  
11:30 AM-11:45 AM

Closing Plenary Session  
(Marquis Ballroom)  
11:45 AM-12:45 PM

Conference Adjourns

# CLINICAL PATHWAY AGENDA

TUESDAY, AUGUST 23 – THURSDAY, AUGUST 25

## TUESDAY, AUGUST 23

**General Session: Liberty  
Ballroom (Level Four/Green)**

**9:00 AM-9:15 AM**  
**Welcome and Introductions**

**9:15 AM-9:45 AM**  
**Overview of the Ryan White  
HIV/AIDS Program**

Laura W. Cheever, MD, ScM  
Associate Administrator, Chief  
Medical Officer HIV/AIDS Bureau  
Health Resources and Services  
Administration  
Rockville, Md.

**9:45 AM-9:55 AM**  
**Question-and-Answer  
Period**

**9:55 AM-10:25 AM**  
**HIV Cures and  
Immunotherapy: New  
Horizons**

Daniel C. Douek, MD, MRCP, PhD  
Chief of Human Immunology  
Section Vaccine Research Center  
National Institute of Allergy and  
Infectious Diseases  
Bethesda, Md.

**10:25 AM-10:35 AM**  
**Question-and-Answer  
Period**

**10:35 AM-11:05 AM**  
**State-of-the-Art in  
Antiretroviral Therapy:  
Optimal Initial Regimens in  
2016**

Rajesh Tim Gandhi, MD  
Associate Professor of Medicine  
Harvard Medical School  
Boston, Mass.

**11:05 AM-11:15 AM**  
**Question-and-Answer  
Period**

**11:15 AM-12:50 PM**  
**Lunch on Your Own**

**12:50 PM-1:50 PM**  
**Antiretroviral Therapy:  
Cases From the Clinic(ians):  
A Case-Based, Panel  
Discussion**

Michael S. Saag, MD  
Professor of Medicine, Associate  
Dean for Global Health, School  
of Medicine  
University of Alabama at  
Birmingham  
Birmingham, Ala.

**1:50 PM-2:00 PM**  
**Question-and-Answer  
Period**

**2:00 PM-2:30 PM**  
**Practical Management of  
Transgender Patients at  
Risk for HIV**

Tonia C. Poteat, PhD, MPH, PA-C  
Assistant Professor  
Johns Hopkins Bloomberg  
School of Public Health  
Baltimore, Md.

**2:30 PM-2:40 PM**  
**Question-and-Answer  
Period**

# CLINICAL PATHWAY AGENDA

TUESDAY, AUGUST 23 – THURSDAY, AUGUST 25

**2:40 PM-3:00 PM**  
Break

**5:00 PM-6:00 PM**  
Four Small-Group Focused  
Concurrent Workshops:

**Changes and Opportunities  
in Recent Medicaid and  
Medicare Regulations**

*Treasury (Level Four/Green)*

Kerri Cornejo, MPH  
Office of Planning, Analysis, and  
Evaluation  
Health Resources and Services  
Administration  
Rockville, Md.

Rita Vandivort-Warren, MSW  
Public Health Analyst  
Health Resources Services  
Administration,  
Washington, D.C.

**Case Scenarios: Initiating  
Antiretroviral Therapy**

*Archives (Level Four/Green)*

Rajesh Tim Gandhi, MD  
Associate Professor of Medicine  
Harvard Medical School  
Boston, Mass.

**Clinical Management of  
Transgender Women with  
HIV Infection**

*Capitol (Level Four/Green)*

Tonia C. Poteat, PhD, PA-C  
Assistant Professor  
Johns Hopkins Bloomberg  
School of Public Health  
Baltimore, Md.

**Managing HIV Infection in  
Adolescents:  
Transitioning From  
Adolescents to Adults**

*Congress (Level Four/Green)*

Donna C. Futterman, MD  
Professor of Clinical Pediatrics  
Albert Einstein College of  
Medicine  
Bronx, New York

**WEDNESDAY,  
AUGUST 24**

**General Session: Liberty  
Ballroom (Level Four/Green)**

**10:15 AM-10:45 AM**  
**What's All the Fuss About  
the Microbiome?**

E. Turner Overton, MD  
Associate Professor of Medicine  
University of Alabama at  
Birmingham  
Birmingham, Ala.

**10:45 AM-10:55 AM**  
**Question-and-Answer  
Period**

**10:55 AM-11:25 AM**  
**"Everything" You Need to  
Know About Pre-exposure  
Prophylaxis and Post-  
exposure Prophylaxis in 30  
Minutes**

Raphael J. Landovitz, MD, MSc  
Associate Professor of Medicine  
University of California Los  
Angeles  
Los Angeles, Calif.

**11:25 AM-11:35 AM**  
**Question-and-Answer  
Period**

**11:35 AM-12:05 PM**  
**Perplexed by Your Patients?  
Mental Health Screening  
May Have the Answer**

Francine Cournos, MD  
Professor of Clinical Psychiatry  
Columbia University  
New York, N.Y.

**12:05 PM-12:15 PM**  
**Question-and-Answer  
Period**

**12:15 PM-1:30 PM**  
**Lunch on Your Own**

# CLINICAL PATHWAY AGENDA

TUESDAY, AUGUST 23 – THURSDAY, AUGUST 25

**1:30 PM-2:00 PM**

## **Future Directions: Investigational Approaches to Antiretroviral Therapy**

Joseph J. Eron Jr., MD  
Professor of Medicine  
University of North Carolina at  
Chapel Hill  
Chapel Hill, N.C.

**2:00 PM-2:10 PM**

## **Question-and-Answer Period**

**2:10 PM-2:40 PM**

## **Hepatitis C Virus: HIV/HCV Coinfection**

Debika Bhattacharya, MD, MS  
Associate Clinical Professor of  
Medicine  
University of California Los  
Angeles School of Medicine  
Los Angeles, Calif.

**2:40 PM-2:50 PM**

## **Question-and-Answer Period**

**2:50 PM-3:10 PM**

## **Break**

**3:10 PM-4:10 PM**

## **Four Small-Group Focused Concurrent Workshops**

## **Antiretroviral Therapy: Managing Failure**

*Archives (Level Four/Green)*

David H. Spach, MD  
Professor of Medicine  
University of Washington  
Seattle, Wash.

## **Treatment for Hepatitis C Virus (HCV) Infection**

*Treasury (Level Four/Green)*

Debika Bhattacharya, MD, MS  
Associate Clinical Professor of  
Medicine  
University of California Los  
Angeles School of Medicine  
Los Angeles, Calif.

## **Making Pre-exposure Prophylaxis Available in the Clinic: Considerations and Pathways Forward**

*Capitol (Level Four/Green)*

Raphael J. Landovitz, MD, MSc  
Associate Professor of Medicine  
University of California Los  
Angeles  
Los Angeles, Calif.

## **Preconception Care and Management of Pregnancy in Women With HIV- Infection**

*Capitol (Level Four/Green)*

Erika Z. Aaron, MSN, ANP, CRNP,  
Assistant Professor of Medicine  
Drexel University College of  
Medicine, Philadelphia, Pa.

**THURSDAY,  
AUGUST 25**

## **General Session: Liberty Balroom (Level Four/Green)**

**10:15 AM-10:45 AM**

## **Sexually Transmitted Infections and HIV Infection: Epidemiology, Management, and Interventions**

Connie L. Celum MD, MPH  
Professor, Department of  
Medicine Adjunct Professor  
of Epidemiology University of  
Washington  
Seattle, Wash.

**10:45 AM-10:55 AM**

## **Question-and-Answer Period**

**10:55 AM-11:25 AM**

## **HIV Testing: What's New? What's Next?**

Bernard M. Branson, MD  
Principal Consultant  
Scientific Affairs, LLC  
Atlanta, Ga.

**11:25 AM-11:35 AM**

## **Question-and-Answer Period**

# CLINICAL PATHWAY AGENDA

TUESDAY, AUGUST 23 – THURSDAY, AUGUST 25

**11:35 AM-12:05 PM**  
**Strategies for Linkage and Engagement in HIV Care**

Julie C. Dombrowski, MD, MPH  
Assistant Professor, Division of Allergy & Infectious Diseases  
University of Washington  
Seattle, Wash.

**12:15 PM-1:30 PM**  
**Lunch on Your Own**

**1:30 PM-2:30 PM**  
**Conundrums From The Clinic: A Grab Bag, Case-Based, Panel Discussion**

David H. Spach, MD  
Professor of Medicine  
University of Washington  
Seattle, Wash.

**2:30 PM-2:40 PM**  
**Question-and-Answer Period**

**2:40 PM-3:10 PM**  
**State-of-the-Art Prevention and Management of Hepatitis B Virus Infection**

Kenneth E. Sherman, MD, PhD  
Gould Professor of Medicine, Director, Division of Digestive Diseases  
University of Cincinnati College of Medicine  
Cincinnati, Ohio

**3:10 PM-3:20 PM**  
**Question-and-Answer Period**

**3:00 PM-3:20 PM**  
**Break**

**3:40 PM-4:40 PM**  
**Four Small-Group Focused Concurrent Workshops**

**Antiretroviral Therapy: Switching in the Setting of Effective Suppression**

*Archives (Level Four/Green)*

Michael S. Saag, MD  
Professor of Medicine, Associate Dean for Global Health, School of Medicine  
University of Alabama at Birmingham  
Birmingham, Ala.

**Review of Issues in Liver Disease for the Nonhepatologist**

*Capitol (Level Four/Green)*

Kenneth E. Sherman, MD, PhD  
Gould Professor of Medicine, Director, Division of Digestive Diseases  
University of Cincinnati College of Medicine  
Cincinnati, Ohio

**Challenges in Managing HIV Infection in Rural Environments**

*Capitol (Level Four/Green)*

Michelle D. Collins-Ogle, MD  
Director, Infectious Diseases  
Warren-Vance Community Health Center, Inc  
Henderson, North Carolina

**Opioids and HIV: From Pain Management to Addiction Treatment**

*Treasury (Level Four/Green)*

Chinazo Cunningham, MD, MS  
Professor of Medicine  
Albert Einstein College of Medicine  
Bronx, N.Y.

# PLENARY SCHEDULE

## Tuesday, August 23, 2016

**3:00 PM-4:30 PM**

*Marriott Marquis Ballroom*

The opening plenary session for the 2016 National Ryan White Conference on Care and Treatment will focus on the scientific and programmatic advancements in HIV care and treatment and the role of the Ryan White HIV/AIDS Program in achieving the goals of the National HIV/AIDS Strategy. Presenters also will discuss the federal government's response to the HIV epidemic.

Speakers will include:

- Secretary Sylvia Burwell, U.S. Department of Health and Human Services
- Dr. Amy Lansky, Director, White House Office of National AIDS Policy
- Dr. Laura Cheever, Associate Administrator and Chief Medical Officer, Health Resources and Services Administration, HIV/AIDS Bureau
- Jim Macrae, Acting Administrator, Health Resources and Services Administration
- Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Diseases

## Wednesday, August 24, 2016

**8:30 AM-10:00 AM**

*Marriott Marquis Ballroom*

This plenary session focuses on how social determinants of health impact the HIV care and treatment system and how the Ryan White HIV/AIDS Program has a role in achieving health equity for all people living with HIV. Presenters will provide an overview of health equity, specific examples of policy and programmatic work to address health equity issues, and a personal perspective on the importance of health equity to achieving maximal health outcomes.

Speakers will include:

- Heather Hauck, MSW, LICSW, Deputy Associate Administrator, Health Resources and Services Administration, HIV/AIDS Bureau
- Brian Smedley, PhD, Co-founder and Executive Director, National Collaborative for Health Equity
- DeAnn Gruber, PhD, LCSW, Program Director, Office of Public Health, STD/HIV Program, State of Louisiana Department of Health and Hospitals
- David Holtgrave, PhD, Chair, Department of Health, Behavior, and Society, Johns Hopkins University, Bloomberg School of Public Health and Co-Chair of PACHA
- Gina Brown, MSW, Coordinator, New Orleans Regional AIDS Planning Council.

## Thursday, August 25, 2016

**8:30 AM-10:00 AM**

*Marriott Marquis Ballroom*

This plenary will highlight innovative initiatives and models for HIV programs and service delivery. Presenters will provide an overview of HIV prevention and care and treatment initiatives and collaborations and specific examples of programmatic work to improve health outcomes for people living with HIV.

Speakers will include:

- Harold Phillips, Director, Health Resources and Services Administration, HIV/AIDS Bureau, Office of Training and Capacity Development
- Jonathan Mermin (RADM, USPHS), Director, CDC National Center on HIV, Viral Hepatitis, STD, and Tuberculosis Prevention
- Diana Jordan, RN, MS, ACRN, Director, Division of Disease Prevention, Virginia Department of Health
- Kimberly Butler Willis, MPH, Director, Ryan White Wellness Center, Roper St. Francis Health Care
- Mario Pérez, Director, Division of HIV and STD Programs, Los Angeles County

## Closing Plenary Session

**Friday, August 26, 2016**

**11:45 AM-12:45 PM**

*Marriott Marquis Ballroom*

This plenary will draw the conference to a close. HIV/AIDS Bureau leadership will summarize conference highlights and thank participants for their engagement over the past four days.

Speakers will include:

- Dr. Laura Cheever, Associate Administrator and Chief Medical Officer, HIV/AIDS Bureau, Health Resources and Services Administration
- RADM Sylvia Trent Adams, PhD, RN, FAAN, Deputy Surgeon General

# PLENARY SPEAKERS



## Gina Brown

Gina Brown, MSW, is the planning council coordinator at the New Orleans Regional AIDS Planning Council. Ms. Brown has worked in the field of HIV for 12 years and has been living with HIV for 20 years. She graduated

magna cum laude from Southern University at New Orleans, with a bachelor of social work and a minor in history in 2011 and received her master's degree in 2012. Ms. Brown is the past-vice president of the School of Social Works' service organization, and historian of Psi Phi SUNO's chapter of Phi Alpha Social Work Honors Society. She has served on numerous boards and committees. Ms. Brown is a public speaker and community advocate. Ms. Brown truly believes in service work and has made it her life's mission to help the broader community gain a higher level of health literacy.



## Secretary Sylvia Burwell

Sylvia Mathews Burwell was sworn in as the 22nd Secretary of U.S. Department of Health & Human Services (HHS) on June 9, 2014.

A results-driven manager, Secretary Burwell has led large and complex organizations across the public and private sectors.

Secretary Burwell oversees more than 77,000 employees in work that touches the lives of Americans at every age, from every background, in every part of our country. She is committed to the mission of ensuring that every American has access to the building blocks of healthy and productive lives.

Secretary Burwell has called for the department to operate under three guiding tenets: to deliver results on a wide range of complex issues, to strengthen the relationships that drive progress, and to build strong teams with the talent and focus needed to deliver impact for the American people.

Most recently, Burwell served as director of the Office of Management and Budget (OMB), where she worked closely with Congress to help return to a more orderly budget and appropriations process that brought needed stability to the economy and middle-class families. She led the administration's efforts to deliver a smarter, more innovative and more accountable government. She oversaw the development of the president's second-term Management Agenda, including efforts to expedite high-impact permitting projects, drive efficiencies and improve customer service. Additionally, she worked to ensure that our regulatory system protects the health and safety of Americans, while promoting economic growth, job creation, and innovation.

Prior to serving in the administration, Burwell served as president of the Walmart Foundation in Bentonville, Ark., where she led efforts to fight hunger in America, empower women around the world, and leverage Walmart's presence in local communities to reach millions of people. During her tenure, the foundation surpassed \$1 billion in total giving.

Before joining the foundation in 2012, she was president of the Global Development Program at the Bill & Melinda Gates Foundation in Seattle, where she spent 10 years working on some of the world's most pressing challenges, from vaccinations to children's health to agricultural development. She also served as the foundation's first chief operating officer.

# PLENARY SPEAKERS

During the Clinton Administration, Burwell served as deputy director of OMB, deputy chief of staff to the president, chief of staff to the secretary of the Treasury, and staff director of the National Economic Council.

Prior to joining the Clinton Administration, Burwell worked for McKinsey & Company. She has served on the boards of the Council on Foreign Relations, MetLife, and the University of Washington Medical Center, among other organizations.

Secretary Burwell received an A.B. from Harvard University and a B.A. from Oxford University, where she was a Rhodes Scholar.



## Laura Cheever

Laura Cheever, MD, ScM, is the associate administrator and chief medical officer for the HIV/AIDS Bureau of the Health Resources and Services Administration (HRSA). Dr. Cheever previously served as the

deputy associate administrator and chief medical officer of the HIV/AIDS Bureau, responsible for leading the Ryan White HIV/AIDS Program and HRSA's programming for the President's Emergency Plan for AIDS Relief. She has also provided national leadership for HIV/AIDS care and treatment, including the development of federal guidelines for HIV care. Dr. Cheever joined HRSA in 1999 as the chief of the HIV Education Branch where she was responsible for providing HIV/AIDS clinical education and training for the nation's health care providers. Before joining HRSA, Dr. Cheever was an assistant professor of medicine at Johns Hopkins University. She is committed to serving the HIV population and volunteers at the Moore Clinic for HIV Care at the Johns Hopkins University

Hospital. Dr. Cheever received her medical degree from Brown University and is board certified in infectious diseases.



## Anthony Fauci

Anthony Fauci, MD, was appointed director of the National Institute of Allergy and Infectious Diseases (NIAID) in 1984. He oversees an extensive research portfolio of basic and applied research to prevent,

diagnose, and treat established infectious diseases such as HIV/AIDS, respiratory infections, diarrheal diseases, tuberculosis and malaria as well as emerging diseases such as Ebola and Zika. NIAID also supports research on transplantation and immune-related illnesses, including autoimmune disorders, asthma and allergies. The NIAID budget for fiscal year 2016 is approximately \$4.6 billion. Dr. Fauci has advised five presidents and the U.S. Department of Health and Human Services on HIV/AIDS and many other domestic and global health issues. He was one of the principal architects of the President's Emergency Plan for AIDS Relief (PEPFAR), a program that has saved millions of lives throughout the developing world.

Dr. Fauci also is the long-time chief of the NIAID Laboratory of Immunoregulation. He has made many contributions to basic and clinical research on the pathogenesis and treatment of immune-mediated and infectious diseases. He helped pioneer the field of human immunoregulation by making important basic scientific observations that underpin the current understanding of the regulation of the human immune response. In addition, Dr. Fauci widely is recognized for delineating the precise ways that immunosuppressive agents modulate the human immune response. He developed effective

# PLENARY SPEAKERS

therapies for formerly fatal inflammatory and immune-mediated diseases such as polyarteritis nodosa, granulomatosis with polyangiitis (formerly Wegener's granulomatosis), and lymphomatoid granulomatosis. A 1985 Stanford University Arthritis Center Survey of the American Rheumatism Association membership ranked Dr. Fauci's work on the treatment of polyarteritis nodosa and granulomatosis with polyangiitis among the most important advances in patient management in rheumatology over the previous 20 years.

Dr. Fauci has made seminal contributions to the understanding of how HIV destroys the body's defenses leading to its susceptibility to deadly infections. Further, he has been instrumental in developing treatments that enable people with HIV to live long and active lives. He continues to devote much of his research on the immunopathogenic mechanisms of HIV infection and the scope of the body's immune responses to HIV.

In 2003, an Institute for Scientific Information study indicated that in the 20-year period from 1983 to 2002, Dr. Fauci was the 13th most-cited scientist among the 2.5 million to 3 million authors in all disciplines throughout the world who published articles in scientific journals during that time frame. In a 2016 analysis of Google Scholar citations, he ranked as the 18th most highly cited researcher of all time.

Dr. Fauci has delivered major lectures all over the world and is the recipient of numerous prestigious awards, including the Presidential Medal of Freedom (the highest honor given to a civilian by the president of the United States), the National Medal of Science, the George M. Kober Medal of the Association of American Physicians, the Mary Woodard Lasker Award for Public Service, the Albany Medical Center Prize in Medicine and Biomedical Research, the Robert

Koch Gold Medal, the Prince Mahidol Award, and the Canada Gairdner Global Health Award. He also has received 43 honorary doctoral degrees from universities in the United States and abroad. Dr. Fauci is a member of the National Academy of Sciences, the American Academy of Arts and Sciences, the Institute of Medicine, and the American Philosophical Society, as well as other professional societies including the American College of Physicians, The American Society for Clinical Investigation, the Association of American Physicians, the Infectious Diseases Society of America, The American Association of Immunologists, and the American Academy of Allergy, Asthma & Immunology. He serves on the editorial boards of many scientific journals; as an editor of *Harrison's Principles of Internal Medicine*; and as author, coauthor, or editor of more than 1,280 scientific publications, including several textbooks.



## DeAnn Gruber

DeAnn Gruber, PhD, LCSW, is the administrative director of the Louisiana Office of Public Health, STD/HIV Program. Dr. Gruber's experience includes more than 20 years in the HIV/AIDS field and her areas of expertise include program

management/administration, planning and evaluation, and resource development and grant writing. She was the program evaluator for the Centers for Disease Control and Prevention-funded ARTAS II project that analyzed the effectiveness of a strengths-based case management model with newly diagnosed persons with HIV in Baton Rouge and their success in accessing medical care.

# PLENARY SPEAKERS



## Heather Hauck

Heather Hauck, MSM, LICSW, is the deputy associate administrator of the HIV/AIDS Bureau (HAB) at the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (HHS).

She was the director of the Division of State HIV/AIDS Program (DSHAP) in HAB. HAB provides leadership and resources to assure access to and retention in high quality, integrated care and treatment services for vulnerable people living with HIV and their families. Ms. Hauck was the director of the Maryland Department of Health and Mental Hygiene, Infectious Disease and Environmental Health Administration.



## David Holtgrave

The research of David Holtgrave, PhD, has focused on the effectiveness and cost-effectiveness of a variety of HIV prevention and care interventions (including the provision of housing as a structural HIV/AIDS

intervention), and the relationship of the findings of these studies to HIV prevention policy making. He has served on an Institute of Medicine panel charged with recommending methods to improve the public financing and delivery of HIV care in the United States. He also served as the director of the Division of HIV/AIDS Prevention — Intervention Research & Support at the Centers for Disease Control and Prevention. In addition, Dr. Holtgrave has investigated the relationship among social capital measures, infectious disease rates and risk behavior prevalence. He has worked extensively on HIV prevention community planning, and served as a member of the Wisconsin HIV Prevention

Community Planning group. He also served as a member and vice-chair of the Presidential Advisory Council on HIV/AIDS.

Dr. Holtgrave also participated in economic evaluations of interventions designed to reduce smoking behaviors.



## Diana Jordan

Diana Jordan, RN, MS, has more than 29 years of experience providing high quality health care services with a focus on HIV/STDs prevention and treatment. She has worked in acute care, public health, community-

based and ambulatory outpatient settings serving clients, educating health care professionals, and managing systems of care. She currently serves as the director of the Division of Disease Prevention at the Virginia Department of Health. She is responsible for overseeing multiple statewide programs and services related to the surveillance, prevention, testing and treatment of HIV/AIDS, STDs and viral hepatitis.



## Amy Lansky

Amy Lansky, PhD, MPH, is director of the Office of National AIDS Policy. In this role, she is the president's lead advisor on domestic HIV/AIDS and is responsible for overseeing implementation of the National HIV/AIDS

Strategy and guiding the administration's HIV/AIDS policies across federal agencies.

Previously, Dr. Lansky was a senior policy advisor to the Office of National Drug Control Policy and Office of National AIDS Policy where she ensured

# PLENARY SPEAKERS

coordination on issues of substance abuse and HIV infection, and co-authored the National HIV/AIDS Strategy: Updated to 2020. Prior to joining the White House, Dr. Lansky served as the deputy director for surveillance, epidemiology, and laboratory science in the Centers for Disease Control and Prevention's Division of HIV/AIDS Prevention where she provided scientific direction and oversight for HIV surveillance activities, epidemiologic studies and clinical trials, and laboratory research.

Dr. Lansky holds doctoral and master's degrees in public health from the University of North Carolina at Chapel Hill, and a bachelor's degree in political science from Swarthmore College.



## Jim Macrae

Jim Macrae became acting administrator for the U.S. Department of Health and Human Services' (HHS) Health Resources and Services Administration (HRSA) in April 2015.

Previously, as head of the Bureau of Primary Health Care (BPHC), Macrae managed a \$5 billion budget that supports the health care safety net for many underserved people across the country. Most of these funds support more than 9,000 health center sites. Located in communities nationwide, these sites provide comprehensive, culturally competent, quality primary health care to nearly 23 million people.

Macrae also served as associate administrator for HRSA's Office of Performance Review (OPR) from 2000 to 2006, where he oversaw the work of staff in regional divisions across the country. OPR was the agency's focal point for reviewing and improving the performance of HRSA-supported programs in states and communities.

Prior to his years at OPR, Macrae served in several capacities within BPHC from 1992 to 2000. As 'director of the Office of State and National Partnerships, he worked with national and state associations across the country to increase access, reduce disparities in health outcomes and improve the delivery of health services to underserved populations.

Before joining HRSA in 1992, Macrae was a presidential management intern at HHS, where he worked on the Medicare and Medicaid programs as well as in the department's Office of Planning and Evaluation.

Macrae has received numerous awards, including the Hubert H. Humphrey Award for Service to America (2015), the HRSA Administrators Award for Equal Opportunity Achievement (2014), the Presidential Meritorious Executive Rank Award (2010), HRSA Administrator's Award for Excellence (2005), Special Citations for Outstanding Individual (1996) and Group Performance (1996, 1999, 2001, 2008, 2009, 2010, and 2012), the National Health Service Corps Recognition Award (1998), and the BPHC Special Recognition Award for Leadership (1994).

Macrae earned his bachelor of arts degree in sociology from Illinois Wesleyan University, a master's degree in sociology from Duke University, and a master's degree in public policy from Harvard University.



## Jonathan H. Mermin

Jonathan Mermin, MD, MPH (RADM, USPHS), is the director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP).

# PLENARY SPEAKERS

From 2009-2013, Dr. Mermin served as director of the Division of HIV/AIDS Prevention, NCHHSTP. Under his leadership, the division spearheaded a new approach to HIV prevention, called High Impact Prevention, that aligned funding with epidemiology and ensured program and research activities had the greatest effect on reducing incidence and improving health equity. Dr. Mermin also served as director of CDC-Kenya and HHS Public Health Attaché for the U.S. embassy from 2006-2009, where he oversaw the Centers for Disease Control and Prevention's (CDC) largest country office, implementing programs and research involving a broad range of infectious diseases, including HIV, malaria, tuberculosis and emerging infections. From 1999-2006, he was director of CDC-Uganda where he oversaw CDC's HIV prevention and care programs, including implementation of the first antiretroviral treatment program funded by CDC outside of the United States, and the development of a basic care package that was incorporated into President's Emergency Plan for AIDS Relief and World Health Organization guidelines.

Dr. Mermin began his career at CDC in 1995 as an Epidemic Intelligence Service officer with the Foodborne and Diarrheal Diseases Branch. He completed an internal medicine residency at San Francisco General Hospital and a preventive medicine residency at CDC and the California Department of Health Services. He is a graduate of Harvard College and Stanford University School of Medicine, and received his master's degree in public health from Emory University. He has co-authored more than 150 scientific articles. He serves as an adjunct professor at Emory University School of Public Health.



## Harold Phillips

Harold Phillips is the director for the U.S. Department of Health and Human Services Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB), Office of Training and Capacity Development, which administers the Ryan White Program's AIDS Education and Training Center Program, Special Projects of National Significance and the President's Emergency Plan for AIDS Relief. His work spans more than 20 years in the field of HIV/AIDS and includes past positions as the deputy director of the Ryan White Part B and AIDS Drugs Assistance Program at HAB, director of technical assistance and training at the National Minority AIDS Council, and eight years as an independent consultant working with Ryan White grantees to strengthen health care systems and provide workforce training, planning, policy and program development. His expertise includes work on disparities in access to health care for key and priority populations. Mr. Phillips served on the CDC/HRSA AIDS Advisory Committee from 2003-2010. He has a master's degree in urban and regional planning from the University of North Carolina at Chapel Hill and an undergraduate degree from Kalamazoo College in Michigan.



## Mario J. Pérez

As director of the Los Angeles County Department of Public Health Division of HIV and STD Programs (DHSP), Mario Pérez is responsible for guiding the work of more than 320 employees and managing the annual investment of more than \$105 million in local, state and federal resources that support the delivery

# PLENARY SPEAKERS

of HIV and STD services through nearly 80 county partner organizations. He is a leader on state, local, and national HIV policy issues, serving as a past member of the Presidential Advisory Council on HIV and AIDS, the board of directors of the National Minority AIDS Council, a member of the National Council of STD Directors, a new member of the AIDS United Public Policy Committee and a member of the Los Angeles County Commission on HIV. Mr. Pérez began providing HIV education and awareness services in 1990 while a student at the University of California, Berkeley. Over the last 20 years, he has testified before Congress, the Los Angeles County Board of Supervisors and the Los Angeles City Council to address a range of HIV/AIDS issues, including the need for scientifically proven interventions, adequate resources and increased accountability. Mr. Pérez has received recognition for his leadership in the fight against HIV/AIDS from more than a dozen local organizations and more than a dozen state and local elected officials. He was born, raised and lives in Los Angeles. He earned a bachelor's degree in biology from UC Berkeley and a master of public health degree from the University of California, Los Angeles.



## **Brian D. Smedley**

Brian D. Smedley, PhD, is co-founder and executive director of the National Collaborative for Health Equity, an organization that seeks to foster partnerships to advance health equity.

From 2008 to 2014, Dr.

Smedley was vice president and director of the Health Policy Institute of the Joint Center for Political and Economic Studies in Washington, D.C. Dr. Smedley is a well-known thought leader in health equity whose publications include numerous journal articles, book chapters, and essays. Dr. Smedley also is a frequent speaker at health equity

and policy conferences across the country. As executive director of the National Collaborative, Dr. Smedley directs several large projects, including Place Matters, an effort to build the capacity of leaders around the country to address social, economic, and environmental determinants of health and health inequities, and other projects to assess the impact of the Affordable Care Act on health inequities. Dr. Smedley serves as co-principal investigator and supports the project's Washington-based activities.

Besides serving as professor and department chair, he is co-director of the Center for Implementation Research in the Johns Hopkins Bloomberg School of Public Health, and is the interim director of the Lerner Center for Public Health Promotion.



## **Sylvia Trent-Adams**

As Deputy Surgeon General, Rear Admiral (RADM) Sylvia Trent-Adams advises and supports the surgeon general regarding operations of the U.S. Public Health Service (USPHS) Commissioned Corps and in communicating the

best available scientific information to advance the health of the nation. She has served as the chief nurse officer of the USPHS since November 2013. In this role, she advises the Office of the Surgeon General and the U.S. Department of Health and Human Services (HHS) on the recruitment, assignment, deployment, retention, and career development of Corps nurse professionals.

RADM Trent-Adams has held various positions in HHS, working to improve access to care for poor and underserved communities. As a clinician and administrator, she has had a direct impact on building systems of care to improve public health for marginalized populations domestically and internationally.

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Prior to joining the Office of the Surgeon General, Trent-Adams was the deputy associate administrator for the HIV/AIDS Bureau, Health Resources and Services Administration. She assisted in managing the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program). The \$2.3 billion program funds medical care, treatment, referrals and support services for uninsured and underserved people living with HIV disease as well as training for health care professionals.

She began her career in the Commissioned Corps of the USPHS in 1992. She has published numerous articles, participated in research studies, and presented to a variety of domestic and international organizations and professional groups. Prior to joining the USPHS, Trent-Adams was a nurse officer in the U.S. Army. She also served as a research nurse at the University of Maryland. RADM Trent-Adams also completed two internships in the U.S. Senate where she focused on the prospective payment system for skilled nursing facilities and scope of practice for nurses and psychologists. She has served as guest lecturer at the University of Maryland and Hampton University. Her clinical practice was in trauma, oncology, community health, and infectious disease. She currently serves as the chair of the Federal Public Health Nurse Leadership Council, and the Federal Nursing Service Council.

RADM Trent-Adams received her bachelor of science in nursing from Hampton University, a master's degree in nursing and health policy from the University of Maryland, Baltimore, and a doctorate in philosophy from the University of Maryland, Baltimore County. She became a fellow in the American Academy of Nursing in 2014.



## **Kimberly Butler Willis**

Kimberly Butler Willis is the director of the Roper St. Francis Ryan White Wellness Center in Charleston, S.C. She received a bachelor of science degree in exercise science and a master's of public

health in health promotion, education and behavior from the University of South Carolina, and is near completion of her doctoral studies. She has been active in the field of sexual health education and community health, and has been a certified health education specialist for nearly 10 years. As director of the wellness center, Ms. Willis works with a team to provide comprehensive medical care for adults living with HIV/AIDS in the Lowcountry of South Carolina. As a native of a small, rural town outside of Charleston, Ms. Willis is passionate about her work and committed to fighting for equal health opportunities for her community.

# WORKSHOPS

TUES, AUGUST 23

## TUESDAY, AUGUST 23, 2016

### PLENARY SESSION 3:30 PM - 4:30 PM

Meeting Room: Marriott Marquis Ballroom  
(Level 2/Purple)

This plenary session will focus on the scientific and programmatic advancements in HIV care and treatment and the role of the Ryan White HIV/AIDS Program in achieving the goals of the National HIV/AIDS Strategy. Presenters will also discuss the federal government's response to the HIV epidemic.

Speakers:

- Secretary Sylvia Burwell, U.S. Department of Health and Human Services
- Dr. Amy Lansky, Director, White House Office of National AIDS Policy
- Dr. Laura Cheever, Associate Administrator and Chief Medical Officer, HIV/AIDS Bureau, Health Resources and Services Administration
- Jim Macrae, Acting Administrator, Health Resources and Services Administration
- Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Diseases, National Institutes of Health

## WEDNESDAY, AUGUST 24, 2016

### PLENARY SESSION 8:30 AM - 10:30 AM

Meeting Room: Marriott Marquis Ballroom (Level 2/Purple)

This session focuses on how social determinants of health impact the HIV care and treatment system and how the RWHAP has a role in achieving health

equity for all people living with HIV. Presenters will provide an overview of health equity, specific examples of policy and programmatic work to address health equity issues, and a personal perspective on the importance of health equity on achieving maximal health outcomes.

Speakers include:

- Heather Hauck, MSW, LICSW, Deputy Associate Administrator, HIV/AIDS Bureau, Health Resources and Services Administration
- Brian Smedley, PhD, Co-founder and Executive Director, National Collaborative for Health Equity
- DeAnn Gruber, PhD, LCSW, Program Director, Office of Public Health, STD/HIV Program, Louisiana Department of Health and Hospitals
- David Holtgrave, PhD, Chair, Department of Health, Behavior, and Society, Johns Hopkins University, Bloomberg School of Public Health and Co-Chair of PACHA
- Gina Brown, MSW, Coordinator, New Orleans Regional AIDS Planning Council

### CONCURRENT SESSIONS, SERIES A 10:30 AM - 12:00 PM

**Session ID: 4002**

*Track: Quality Management*

**Session Title: The Improvement Journey:  
From Beginning to Continued Improvement**

Meeting Room: Treasury (Level 4/Green)

Continuing Education: No

Learning Objectives:

- Explain the importance of consumers as equal partners in the recipients' clinical quality management programs.

- Describe how to prioritize indicators for a system-wide quality initiative, engage providers and consumers in quality management initiatives and design an effective health campaign.
- Describe several models of consumer involvement in quality management activities.

**Description:** The National Quality Center provides technical assistance (TA) to over 90 percent of all Ryan White HIV/AIDS Program (RWHAP) recipients and has established itself as the premier TA center for clinical quality management (CQM). This workshop will discuss three key subjects to assist RWHAP recipients in building a sustainable quality management program: basic principles and practice of quality improvement, using data to inform improvements, and sustaining the program and conducting effective evaluations. Basic information on the practice of quality improvement will be introduced and will give attendees the opportunity to discuss their application with the presenters. The performance measurement piece will build on the HAB presentation on Policy Clarification Notice 15-02 concerning the requirements for a clinical quality management program. Real-world examples will be introduced to elucidate key concepts. The workshop then moves into the importance of using data to improve and how to conduct successful PDSA Cycles. These cycles are key to introducing change to an organization in an organized fashion. Lastly, we discuss strengthening the clinical quality management program, including how to manage effective CQM committees, assess the current program using standardized tools, and how to write/routinely update QM plans and corresponding work plans. Attendees are introduced to a validated OA tool and taught how to apply it using a case study.

Presenters:

- Lori DeLorenzo
- Michael Hager
- Susan Thorner
- Nanette Magnani
- Clemens Steinbock

**Session ID: 4026**

*Track: Health Care Landscape*

**Session Title: Building HIV Capacity in Primary Care and Integrating HIV Care Within Federally Qualified Health Centers**

Meeting Room: Dupont Circle (**Level 3/Silver**)

Continuing Education: No

Learning Objectives:

- Describe the role of the MATEC Scholars Program in addressing the shortage in HIV care providers in primary care.
- Identify foundational steps to establishing and evaluating an FQHC-based HIV Medicine rotation for Family Medicine trainees, and identify potential opportunities and challenges that may arise when initiating an HIV training experience for Primary Care residents training within an FQHC setting.
- Discuss the lessons learned from two models of collaboration and integration between RWHAP and FQHCs.

**Description:** Rapidly evolving HIV treatment paradigms, the aging out of existing providers, and the fact that persons living with HIV/AIDS (PLWHA) have longer and healthier lives, mandate the need to maximize future workforce capacity to care for PLWHA. Potential strategies to address HIV workforce capacity within the Primary Care-centered health care system include engaging new clinical providers in the HIV workforce and

# WORKSHOPS

WED, AUGUST 24  
10:30 AM - 12:00 PM

improving integration of HIV care with existing primary care infrastructure. Simultaneously, the Patient Protection and Affordable Care Act is giving millions of Americans new access to health insurance, emphasizing primary care settings as the focus of care for most chronic conditions, and giving Federally Qualified Health Centers (FQHCs) a key role in providing needed primary care capacity. Therefore, increasing the number of qualified HIV clinicians within such primary care settings may be an effective strategy to meet the future health access needs of PLWHA. In this session, we will review two distinct approaches to bringing new providers into the HIV primary care workforce and explore the challenges and opportunities of integrating Ryan White HIV/AIDS Programs (RWHAP) into FQHCs. The session includes a presentation on a community-based mentorship program to train new HIV providers and a presentation on an FQHC-based HIV rotation for Family Medicine residents. These are followed by a panel discussion from leaders of four FQHCS participating in the Special Projects of National Significance Workforce Development Initiative, discussing the opportunities and challenges of integrating RWHAP and FQHC programs.

Moderator/Presenter: Steven Bromer

Presenters:

- Jeannette Aldous
- Malinda Boehler
- Steven Bromer
- Bill Hoelscher
- Ricardo Rivero
- Zack Sharp
- María Luisa Zúñiga
- Danielle Lazar

**Session ID: 6182**

*Track: Health Care Landscape*

**Session Title: An Examination of Quality Improvement Methodology and Health Insurance Access in a Low-Incidence State**

Meeting Room: Silver Linden (**Mezzanine/Red**)

Continuing Education: Yes

Level: Beginner/Intermediate/Advanced

Learning Objectives:

- Identify a minimum of two PDSA cycle models for achieving improvement in insurance payment error rate and cycle time.
- Describe a minimum of three strategies for raising the visibility of and advancing Ryan White Care Program priorities among clinical providers and marketplace carriers.
- Describe methodology for monitoring, assessing and tracking invoice error rate and type through the utilization of quality improvement tools.

**Description:** In this session, participants will hear about a state-level collaborative quality improvement (QI) effort to increase efficiencies in Affordable Care Act marketplace and Ryan White Care Program (RWCP) coverage for people living with HIV in New Hampshire. In 2015, the NH RWCP assembled a QI team tasked with assessing and addressing issues of coordination with marketplace carriers and clinical providers. The assessment process identified multiple systemic failures, resulting in coverage delays and billing errors. Through a series of PDSA (Plan, Do, Study, Act) cycles, the team tested methods for increasing efficiencies, such as direct onsite educational sessions with provider billing offices and the development and dissemination of billing guidance materials. Results identified were: (1) a decrease in the billing error rate from 51 percent to 24 percent; (2) more than 41 hours of staff time

saved annually; and (3) 80 percent of providers receiving an educational visit, which indicated an increase in their knowledge of billing and coverage policies and procedures. As a result of this QI process, the RWCP team identified additional coverage needs for clients. Examples of these are: (1) The RWCP staff worked with the contracted Pharmacy Benefit Manager to resolve challenges related to mail-order requirements, resulting in increased consistencies in critical medication access; (2) In late 2015, the RWCP expanded coverage of health insurance premiums to include Medicare Supplementary plans, resulting in increased parity of coverage for all clients; and (3) The RWCP identified a marketplace carrier with a statewide provider network to ensure coverage regardless of geographic location.

Presenters:

- Kirsten Durzy
- Sarah McPhee
- Christopher Cullinan

**Session ID: 6332**

*Track: Emerging Issues*

**Session Title: Transnational Practices and Engagement in Care: Lessons from the SPNS Latino Access Initiative**

Meeting Room: Capitol (Level 4/Green)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Define what is meant by transnationalism and describe what influences transnational practices.
- Apply knowledge gained in this workshop to successfully integrate transnational goals into an ongoing intervention, intervention development, or clinical practice.

- Demonstrate the ability to integrate transnationalism into intervention delivery and evaluation through tools including navigator notes and logs, ETAC transnational framework, and CHS transnational checklist.

**Description:** Transnationalism refers to living and operating across national boundaries and is considered non-linear and fluid. For migrants this process can involve maintaining connections with home communities while establishing themselves in places of settlement. As part of the HRSA/SPNS Culturally Appropriate Interventions of Outreach, Access and Retention among Latino(a) Populations, three geographically diverse sites developed novel interventions incorporating transnationalism to engage and retain participants in HIV care. Two sites developed individual, one-on-one patient navigator interventions targeting men and women of Mexican origin; one site developed cultural competency training for providers delivering health care to justice-involved Puerto Ricans living in New York and transitioning from jail to the community. The patient navigator interventions are being implemented in two very different settings: small, disperse cities and towns across the state of North Carolina and a large urban county including the city of Chicago. In both sites, the patient's life story provides a foundation for collaborative reflection about transnational influences on health beliefs, stigma, gender roles, and engagement in health care. The patient navigators focus on critical transnational factors such as social support networks in the United States and countries of origin, mobility and employment, and stigma related to disclosure, among others. The third site, located in New York City, is training jail and community providers on culturally appropriate patient engagement and service delivery. They also are matching Puerto Rican patients transitioning to the community with Puerto Rican care coordinators and have partnered with a Puerto Rican-based community organization to secure care transition over the "air bridge" between New York and Puerto Rico.

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Presenters:

- Lisa Hightow-Weidman
- Janet Wiersema
- Pamela Vergara-Rodriguez

**Session ID: 6345**

*Track: Innovative Practices*

**Session Title: Phenomenal Woman! Peer to Peer Psychosocial Group**

Meeting Room: Catholic University (**Level 1/Blue**)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Identify an exciting new model that integrates peer support into the medical care setting.
- Identify how to adapt core components of the presented peer-to-peer psychosocial group model to different populations.
- Recognize ways to use this peer-to-peer group model for quality improvement projects.

**Description:** This highly effective and cost-efficient peer-to-peer group model was developed for and by HIV-positive women. The core elements of the model are adaptable to serve all vulnerable populations. PWPPPG was developed from a gap in services identified by clients and support staff; it addresses needs specific to women living with HIV in a safe, supportive and confidential environment. The peer-to-peer group model uses a hybrid of adapted core components from the evidence-based 12-Step recovery program, Narcotics Anonymous, and best practices from our program's models. The 12 steps are used to guide peer participants to a healthier "me" through the integration of HRSA's performance measures into the group setting. For example, peer participants

who attend HIV outpatient/ ambulatory care medical appointments, have mental/oral health screenings, obtain viral load suppression, etc., and provide verification through a "health passport" during each group session are given charms as performance measure acknowledgements for improved health outcomes. This is similar to acknowledgements for sobriety-time in the Narcotics Anonymous 12-step realm, which uses key chains. The intended audience for this workshop is consumers, peer leaders, directors, program coordinators, and other frontline staff. This workshop is a highly interactive session that will invoke creativity in engaging consumers to play a vital role in your organization's, quest to enhance health outcomes via adapting the core components to the PWPPPG model.

Presenters:

- Danielle Warren-Dias
- Myrna Millet-Saez

**Session ID: 6380**

*Track: Emerging Issues*

**Session Title: Retaining Multiply Diagnosed, Homeless HIV Positive Individuals in Medical Care, Behavioral Health, and Case Management**

Meeting Room: LeDroit Park (**Level 3/Silver**)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Describe challenges experienced by HIV positive individuals with mental health and/or substance use disorders who are homeless or unstably housed.

- Articulate effective strategies to engage and retain HIV positive individuals with mental health and/or substance use disorders who are homeless or unstably housed in medical care and treatment.
- Discuss appropriate interventions and strategies to address client needs and challenges as described in selected case vignettes.

Presenters:

- Luis Moreno
- Benjamin Callaway

**Description:** The HRSA/SPNS Initiative, “Building a Medical Home for Multiply Diagnosed HIV-positive Homeless Populations” aims to achieve the NHAS goals of retention in care, viral suppression and improving housing stability for people living with HIV and who are experiencing homelessness or unstable housing. The Health, Hope, and Recovery (HHR) program of AIDS Arms in Dallas provides intensive case management utilizing evidence-based strategies to engage HIV-positive individuals with mental health and/or substance use disorders, and who are homeless, in HIV medical care. These individuals are difficult to reach and face significant challenges and barriers to engaging with and being retained in HIV medical care, behavioral health care and/or social services. This presentation will review specific strategies and tools that have shown promise with engaging and retaining clients in care, including motivational interviewing, cognitive behavioral therapy and solution-focused therapy, strengths-based counseling, and harm reduction, as well as the provision of emergency housing. It will discuss strategies for transitioning high-acuity clients from intensive care coordination to standard of care. It also will explore the role of community partners in helping to serve complex needs of this population and address sustainability. The presentation will provide outcomes data on retention in care and

housing status for HHR clients. The presentation will conclude with an interactive and experiential process that engages the audience in discussing case studies of clients with complex needs and potential strategies to promote desired outcomes.

**Session ID: 6393**

*Track: Health Care Landscape*

**Session Title: Closing Gaps in the Continuum By Employing Certified HIV Peer Navigators**

Meeting Room: Scarlet Oak (**Mezzanine/Red**)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Recall the NYS AIDS Institute and New York Ryan White Part A EMA’s efforts to support the development of a peer workforce to address gaps in the care continuum.
- Increase knowledge of NYS AIDS Institute’s work on peer certification to inform local, jurisdictional peer certification efforts.
- Increase understanding of best practices to support the development of a peer workforce through procurement, training, and technical assistance.

**Description:** The New York State (NYS) Blueprint for Ending the Epidemic recommended that the NYS AIDS Institute (NYS AI) develop a process for certification of peer workers. Peer-delivered services are an important component in meeting the NYS goal of ending the AIDS epidemic. It is anticipated that peer workers will play a critical role in increasing linkage and retention in care for people with HIV/AIDS (PLWHA) and HCV. The NYS Peer Certification effort standardizes training and will increase recognition of peer workers throughout the care and support service system with future plans for Medicaid reimbursement. In alignment with the NYS Peer Certification efforts,

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the NYC Part A program has incorporated HIV Peer Navigators in Ryan White service models to support engagement of PLWHA in care and treatment while also addressing income as a social determinant of health for PLWHA. Use of peer workers in the program supports effective helping relationships through the employment of trained staff with common experiences to foster trust and support linkage and retention in care and viral load suppression. The NYS AI will share its peer certification development process, established competencies, code of ethics, practicum, and training requirements while the NYC RW Part A program will review service models incorporating peer workers, training requirements, tips on RFP language, contracting, and technical assistance to ensure adequate support of a peer workforce. Through this panel discussion, other jurisdictions that are interested in supporting a peer workforce will learn best practices to incorporate peer staff in their local health care systems.

Presenters:

- Graham Harriman
- Cassandra Kahl

**Session ID: 6421**

*Track: Innovative Practices*

## **Session Title: Use of Multiple Communication Strategies for Stakeholder Engagement**

Meeting Room: University of District of Columbia  
(Level 1/Blue)

Continuing Education: No

Level: Intermediate

Learning Objectives:

- Facilitate interactive activities to explain HAB/HHS measure definitions.
- Adapt communication methods to engage stakeholders effectively.

- Identify communication barriers with providers, consumers, or other community partners.

**Description:** Jill Weber, Jenna Kivanc, and Amanda Hurley are part of the Portland TGA Part A Grantee team. They have more than 20 combined years of experience in administering and providing Ryan White services/programs. As research analysts, Jill and Jenna are responsible for oversight of data management, and collection/reporting of clinical outcomes and performance measures. Amanda is the Part A contract monitor and works closely with providers to ensure that programs remain in compliance. The team has worked to provide more data to inform program design and to improve communication with stakeholders. The Part A Portland TGA Grantee team has found dynamic ways to interact and effectively communicate with providers and the Planning Council. These communication tactics include a Ryan White contractor website, webinars in how to use CAREWare, and popular education techniques used to explain performance measures. This session will describe the various strategies used that have improved stakeholder relations and have increased the use of data to inform program planning. Improvements that have been noted as a result of these communication strategies include: decreased administrative burden for providers and grantees, increased knowledge of HRSA performance measures, increased understanding of HRSA reporting requirements, and improved access to data about Ryan White clients that has helped contractors improve their programs. This session will include an interactive data training activity that can be adapted to meet the needs of individual grantees.

Presenters:

- Amanda Hurley
- Jenna Kivanc
- Jill Weber

**Session ID: 6463**

*Track: Innovative Practices*

**Session Title: Putting Care Before Competition: SC Works Together for NHAS Success**

Meeting Room: Gallaudet **(Level 1/Blue)**

Continuing Education: No

Level: Intermediate

Learning Objectives:

- “Build It and They Will Come”–Participants will learn replicable techniques used in South Carolina to develop statewide initiatives that support targeted NHAS improvement.
- “Show Me the Money”–Participants will learn replicable strategies from the SC RW Part B Program to: 1) vigorously pursue ACA enrollment and 2) leverage care and treatment cost-savings to fill unmet need gaps statewide, across programs and Ryan White funding parts. Participants will also learn how 340B spending compliance ensures sustainable resources for NHAS initiatives and service expansion needs identified through the SCSN and integrated planning process. Participants will learn replicable strategies to expand provider capacity through technology enhancements by awarded funds from ADAP.
- ADAPting for Treatment Success — Participants will learn replicable strategies from the SC ADAP to expand access to treatment, to address the enhanced care needs of PLWH who are on ART, and to coordinate systems of client-centered solutions among ADAP.

**Description:** The SC Ryan White Part B Program demonstrates its use of four innovative strategies that shifted the HIV/AIDS Care System 340B programs from a competitive to a collaborative

footing in order to achieve the funding levels necessary to support statewide improvements for National HIV/AIDS Strategy (NHAS) success. The session will describe how to establish a system of funding for NHAS Interventions such as: 1) An outreach workforce that is linked to Data to Care and the In+Care Campaign; 2) Specialized medical case management for PLWH as they re-engage in care; 3) Peer treatment adherence and peer training to promote retention in care and therapy; and 4) Viral hepatitis expansion for PLWH through the ADAP. Program directors, managers and coordinators will hear about South Carolina’s innovative approach to “vigorously pursuing” health insurance coverage, which set the stage for fiscal collaboration and enabled the state to channel millions of dollars to address unmet needs across RW-Parts A-F. Participants will learn quality strategies to enhance performance outcomes of new and existing interventions by using existing data systems to avail useful information to providers when it is needed most – just prior to point of service. Participants will leave with replicable methods of innovation, as South Carolina shares its four (4) successful strategies during the interactive session topics: 1) Build It and They Will Come; 2) Show Me the Money; 3) ADAPting for Treatment Success; and 4) The Proof Is in the Pre-visit.

Presenters:

- Roshan McDaniel
- Christal Davis
- Birddie Felkel

**Session ID: 6469**

*Track: Quality Management*

**Session Title: The DCHAP Clinical Site Visit Review for Recipients and Clinical Reviewers: Tools and Tips**

Meeting Room: Shaw **(Level 3/Silver)**

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Continuing Education: Yes

Level: Advanced

Learning Objectives:

- Discuss at least one of the requirements to be a RWHAP Part C and D clinical site visit reviewer.
- Discuss at least three items that will be reviewed during the RWHAP Part C and D clinical site visit review and verbalize the rationale behind those items.
- Name and identify at least three resources to prepare for the RWHAP Part C and D clinical site visit review.

**Description:** Are you interested in becoming a Ryan White HIV/AIDS Program (RWHAP) Part C and/or D clinical site visit reviewer? Do you want to know what the clinical review at your site will entail? If so, this very engaging and interactive session is for you! The session will be tailored to RWHAP Part C and D recipients and aspiring clinical site visit reviewers. The session will provide a better understanding of the clinical portion of the site visit review. Clinical site visit tools will be shared and resources will be provided to support the clinical and clinical quality management program. Guidance and suggestions will be provided on how to ensure your program is up to date and, if not, where to find additional assistance.

Presenter:

- Carrie Jeffries

**Session ID: 6528**

*Track: Emerging Issues*

**Session Title: Leveraging Federal Ryan White HIV/AIDS Program and Housing Funds and Services**

Meeting Room: Judiciary Square (**Level 3/Silver**)

Continuing Education: Yes

Level: Intermediate

Learning Objective:

- List the ways that coordinating health and housing care systems improve health outcomes for persons living with HIV/AIDS (PLWH).

**Description:** Studies consistently find homelessness and housing instability are directly linked to higher viral loads and failure to achieve or sustain viral suppression, even after controlling other factors known to impact treatment effectiveness, such as substance use and mental health needs. In order to ensure that PLWH achieve maximum health outcomes, health care, and housing services systems must find unique strategies to fund a collaborative system of care for people experiencing housing instability. During this workshop, federal employees from HRSA's HIV/AIDS Bureau and HUD's Office of AIDS Housing will discuss how each program can support housing and housing support services as well as the ways each program can work together to bridge gaps in care. The bulk of the session will focus on Ryan White HIV/AIDS Program (RWHAP) and Housing Opportunities for Persons with AIDS (HOPWA) recipients who have developed unique funding strategies to augment health care and housing programs targeting PLWH. The recipients will discuss their innovative strategy for leveraging health care and housing funding, highlight solutions to commonly experienced barriers, and initiate dialogue with attendees interested in implementing new strategies.

Moderator/Presenter: Amy Griffin

Presenters:

- Rita Flegel
- Benjamin Ayers
- Harold Phillips
- Kate Briddell
- Gilo Thomas
- Mary Marr

- Amy Palilonis
- Jennifer Pepper
- Nahid Suleiman

**Session ID: 6529**

*Track: Emerging Issues*

**Session Title: Everybody Loves a Good Story: Using Digital Media to Capture and Share Patient Stories**

Meeting Room: Capitol Hill **(Level 3/Silver)**

Continuing Education: Yes

Level: Beginner

Learning Objectives:

- Describe two types of digital storytelling used.
- Discuss some of the successes and challenges in producing the digital media products presented.
- Describe basic elements needed to design digital media products.

**Description:** Digital storytelling is powerful methodology to document patient stories to inspire, influence, inform, move, and engage others in efforts related to providing care and services to PLWH. This workshop will showcase digital media products of two SPNS-funded agencies working with PLWH who are homeless or unstably housed. Presenters will share their processes in designing and creating their digital media products, their experiences in working with PLWH on these stories, successes and challenges encountered, and how they plan to use and disseminate their digital media products. Health, Hope and Recovery (HHR) at AIDS Arms in Dallas employs care coordinators to deliver a high-intensity patient navigation intervention. HHR is developing narrated photo stories to explore the patients' experience completing the HHR intervention and achieving stability. The stories

developed by HHR include commentary from an interventionist to highlight the various strategies and techniques used to increase housing stability and linkage to and retention in care. Community exCHANGE: "People Living with ..." is the second season of the Asian & Pacific Islander Wellness Center podcast. This season's stories explore the intersectionality of stigma and the experiences of PLWH, racism, transphobia, mental health issues, substance use, and more. A group activity will be included to assist other agencies in drafting a basic plan on how to design and create digital media product for their agency.

Presenters:

- Jane Fox
- Janell Tryon
- Nicole Chisolm

**Session ID: 6575**

*Track: Healthcare Landscape*

**Session Title: Identifying and Assessing Business Model Adoption for HIV Program Sustainability**

Meeting Room: Dogwood **(Mezzanine/Red)**

Level: Intermediate/Advanced

Learning Objectives:

- Understand the need to assess organizational and program sustainability in the changing HIV and healthcare landscape
- Identify existing opportunities to implement new business models for HIV program sustainability
- Describe existing tools for assessing organizational capacity, internal and external opportunities and threats, and assumed risk to determine business model adoption

**Description:** The new HIV care delivery model in the US, impacted by the ACA and private market

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reforms, is driving public funding reallocations resulting in cuts to ASO/CBOs and their publicly funded HIV prevention services. National health policy developments stemming from the National HIV/AIDS Strategy, Healthy People 2020, and CDC's and HRSA's Strategic Plans, among others, also are driving rapid change in service delivery, payment reform and technology utilization at the local level. The intersecting complexities of healthcare reform and HIV require implementation of new business models to enhance organizational fiscal management, revenue diversification and generation, and partnership development to sustain HIV services within ASO/CBOs. Leaders of these organizations are not adequately equipped to respond to the changing landscape, but are charged with ensuring the sustainability of their organization. This 90-minute workshop will address how ASO/CBO leaders can assess organizational capacity and risk in implementing sustainable business models within their organizations. As ASO/CBOs are weighing opportunities to integrate third-party billing, expand clinical services in HIV or other disease states, and/or become a medical provider or medical home, there are various factors that must be assessed to identify the practicality of those endeavors. The workshop will discuss several business model opportunities and walk participants through the utilization of an assessment tool that addresses organizational capacity, internal and external opportunities and threats, and assumed risk in order to determine the most beneficial business model for their organization. Presenters: Marissa Tonelli

## **Session ID: 6643**

*Track: Quality Management*

## **Session Title: Addressing the Opportunities and Challenges Afforded by Program Income and Pharmaceutical Rebates**

Meeting Room: Marquis Salon 14 (Level 2/Purple)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Describe RWHAP Policy Clarification Notices (PCN) 15-03 and 15-04 related to RWHAP-related program income and pharmaceutical rebates.
- Understand of how to use the program guidance in RWHAP PCNs 15-03 and 15-04 in program implementation.
- Share strategies to appropriately use RWHAP-related program income and rebates in a manner consistent with RWHAP PCNs 15-03 and 15-04.

**Description:** The HIV/AIDS Bureau has released several policy notices: 15-03: Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income and 15-04: Utilization and Reporting of Pharmaceutical Rebates, to provide further clarification on how program income and pharmaceutical rebates must be reported and used. Changes in the health care system have resulted in many RWHAP recipients and providers receiving program income due to an increased number of clients becoming eligible for services paid for by other payers. Some recipients and subrecipients have developed processes and mechanisms to expend their program income and rebate dollars in an efficient, effective, and scalable manner while recognizing that program income and pharmaceutical rebate dollars may vary from year to year. This interactive session will provide additional guidance related to policy clarification notices 15-03 and 15-04 and will provide participants with an opportunity to share their own strategies for appropriately planning for and expending program income and pharmaceutical rebates.

Presenters:

- Connie Jorstad

- Holly Berilla
- Glenn Clark
- Michelle Li

**Session ID: 6654**

*Track: Innovative Practices*

**Session Title: Strengthening/Improving the HIV Care Continuum within Ryan White HIV/AIDS Program Part A Jurisdictions**

Meeting Room: George Washington University  
(Level 1/Blue)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Understand how RWHAP Part A jurisdictions are applying the HIV care continuum framework to their HIV prevention and care activities.
- Give examples of specific HIV care continuum improvement domains that can be pursued within or across jurisdictions.
- Identify the approaches/techniques involved in a national learning collaborative model.

**Description:** In response to the 2015 National HIV/AIDS Strategy, Goal 2, HRSA/HAB has funded a national project engaging Ryan White HIV/AIDS Program (RWHAP) Part A recipients in an interactive process to address the HIV epidemic in their respective jurisdictions using the HIV Care Continuum framework. This effort is consistent with other HAB priorities related to data utilization/integration, and evidence-informed intervention dissemination and implementation with specific populations. Eighty percent of RWHAP Part A recipients participated in the first phase to identify domains of interest: Data Access and Coordination, Using Data to Inform Evidence-based/informed Approaches, Identifying

and Implementing Targeted Evidence-based/informed Interventions, Linkage to Care and Affordable Care Act (ACA)-Related Changes to HIV Care Systems. The ultimate goal of the project is to help Part A jurisdictions develop tailored, innovative approaches to 1) improvement in the HIV care continuum outcomes; 2) apply data-driven, evidence-based strategies for improving population health and specific HIV outcomes across systems of care; and 3) scale-up interventions to improve HIV outcomes by stimulating action across city/county health departments. The first learning collaborative will be launched in July 2016. A virtual platform supports regular interactive meetings, multi-directional file sharing, synchronous and asynchronous communication, organized training and technical assistance, and peer-to-peer learning. A mixed method evaluation of success will be conducted through key informant interviews/discussions, data analysis, and post-collaboration activities. Proximal outcomes measures may include: new data sharing agreements, improvement in linkage activities, and implementation of new strategies and new cross-jurisdictional/system level activities.

Moderator/Presenter: Monique Richards

Presenter:

- Steven Young

**Session ID: 6657**

*Track: Data to Care*

**Session Title: Examining Ryan White Program Funding: Is the Money Following the Epidemic?**

Meeting Room: Marquis Salon 13 (Level 2/Purple)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

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- Understand the congressional appropriations process and current funding status for the Ryan White HIV/AIDS Program.
- Learn where the Ryan White Program funding is being distributed by each program part and how much each state/territory is receiving per HIV case count.
- Learn how current supplemental funding is being distributed and discuss ideas on how to distribute funding to areas with unmet need.

**Description:** One of the National HIV/AIDS Strategy's goals is to bring more people living with HIV into care and treatment and retain them in care in order to achieve viral suppression. The Ryan White HIV/AIDS Program (RWHAP) is critical to achieving this goal. The strategy also discusses the importance of the need for funding to follow the epidemic. In order to achieve the strategy's goals, the RWHAP must continue to be funded and its grant awards should be following the epidemic. This workshop will examine recent funding for each part of the Ryan White Program, including the president's budget and congressional action, along with an update on the fiscal year 2017 appropriations process. Second, a nationwide analysis of where current Ryan White Program funding is distributed by part will be presented along with an analysis of the funding in relation to the number of HIV/AIDS cases in each state. Third, analysis will be presented on the distribution of Part B Base and ADAP Supplemental Funding along with ideas on how funding can better be distributed to those areas with unmet need. Audience members will be able to react to the data presented, offer their views on how well Ryan White Program grants are being distributed under the current law, and suggest changes that could be made in the future.

Moderator: Carl Schmid

Presenters:

- Natalie Kean
- Nick Taylor

**Session ID: 6660**

*Track: Emerging Issues*

**Session Title: 101: Strengthening the Health Care Delivery System through Planning**

Meeting Room: Magnolia (**Mezzanine/Red**)

Continuing Education: Yes

Level: Basic/Intermediate

Learning Objectives:

- Identify the key components of the planning cycle and how it is used to achieve NHAS goals.
- Apply Parity, Inclusion and Representation, and data-driven decision-making in planning.
- Use planning to develop approaches that lead to a reduction in health disparities.

**Description:** Good planning is imperative for effective decision-making to develop systems of prevention and care that are responsive to the needs of persons at risk for HIV infection and PLWH. Planning is a multi-step process and is the most essential role of a planning body. A strong planning process allows the planning body to develop a course for effectively meeting the service delivery needs of PLWH and for achieving a comprehensive system of care. Duties of a planning body include setting priorities and allocating resources, developing and completing a needs assessment, comprehensive planning, evaluating the effectiveness of care strategies, developing service standards, and quality management. It is important to establish infrastructure for planning bodies to create an environment where all equally participate and carry out planning tasks or duties in the planning process.

Moderator/Presenter: Amelia Khalil

Presenters:

- Lennwood Green
- Frances Hodge
- Gary Cook
- Hila Berl
- Emily McKay

**Session ID: 6669**

*Track: Health Care Landscape*

**Session Title: Improving Continuum of Care Outcomes in the American Indian/ Alaska Native population**

Meeting Room: Cherry Blossom **(Mezzanine/Red)**

Continuing Education: Yes

Level: Beginner

Learning Objectives:

- Define HIV/AIDS epidemiology and trends among AI/AN persons.
- Identify and prioritize barriers and opportunities to linkage to care for AI/AN patients.
- Improve linkage to care and customer service for AI/AN patients.

**Description:** The Indian Health Service (IHS) is a federal agency under HHS that is the primary health care provider to American Indian/ Alaska Native (AI/AN) populations. IHS serves approximately 2 million American patients across 35 states. The IHS system is composed of hospitals and a large network of rural primary health clinics. While in absolute numbers the number of AI/AN patients with HIV are relatively low, gaps in care exist. According to CDC, survival rates of AI/AN after an AIDS diagnosis are among the lowest of any race/ethnicity. However, some states have recently reported that AI/AN have excellent linkage to care, suggesting that linkages to care

for AI/AN patients are highly variable by state. This panel discussion will present field-based examples of successes and challenges that IHS and Ryan White programs have had when collaborating on continuity of care for patients in Indian Country with special attention to the practicalities of working with rural HIV+ populations. This panel is ideal for any participants who are seeking to work closer with AI/AN populations in their state.

Moderator/Presenter: Theresa Friend

Presenter:

- Candace Webb

**Session ID: 6686**

*Track: Emerging Issues*

**Session Title: The Modernization of Case Management: Lessons from the Road and on the Ground**

Meeting Room: Georgetown **(Level 1/Blue)**

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Learn about best practices in case management of HIV.
- Conceptualize the role of training in the development of case management capacity.
- Learn how the Iowa Part B grantee has utilized training and structural changes to ensure clients/patients are getting the level and quality of services they need.

**Description:** Case management is one of the most critical pieces of any HIV service delivery system. A case manager is the gatekeeper to resources and referrals, a teacher of HIV health literacy, a builder of motivation to change, and a therapeutic ear hearing stories of stigma, discrimination, trauma, addiction, homelessness and other intense issues. The ability of a case manager to meet diverse roles is a key determinant of health outcomes.

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Finding best practices in case management has been difficult since it evolved, and continues to evolve, differently around the country. This workshop examines intersecting efforts to identify best practices in case management. The first perspective comes from the Iowa Department of Public Health (IDPH), which recently has taken on a complete overhaul of its case management system, instituting a comprehensive tiered approach. The second is from a training and quality perspective as the nonprofit Coldspring Center has searched for a way to partner with grantees and providers to improve the capacity of case management services across the country. These searches for best practices connected five years ago when IDPH brought Coldspring Center staff to Des Moines for a medical case management certificate program. This workshop brings together the lessons learned by both parties and how training and capacity building has been positioned to improve outcomes. Learn how grantees can combine research, training, and systems thinking to modernize case management to meet the evolving health care challenges in this time of uncertainty and change.

Moderator/Presenter: Matt Bennett

Presenter:

- Holly Hanson

## Session ID: 6702

*Track: Innovative Practices*

### Session Title: Engaging Community Leaders at the Intersection of Advances in HIV/AIDS care & Persistent Racial Disparities

Meeting Room: Howard University (Level 1/Blue)

Continuing Education: Yes

Level: Beginner

Learning Objectives:

- Describe the CBPR approach to addressing HIV/AIDS disparities.

- Report on the successes and challenges of engaging community leaders around HIV/AIDS.
- Identify the roles of community leaders in shaping the response to HIV/AIDS disparities experienced by communities of color.

**Description:** This workshop assesses the role of the grantee and other stakeholders in reducing the impact of HIV/AIDS in disproportionately affected populations of color. Racial disparities persist across the treatment cascade. Addressing racial disparities in HIV/AIDS is implicit in the responsibilities of the grantee, planning council and community leaders. Our main objective is presenting efforts through systems assessments, workgroup formulation, key-informant interviews, and strategic planning. We employ principles of community-based participatory research (CBPR) to form three distinct workgroups made up of community leaders, including HIV prevention and care staff. The objectives are to analyze two main systems activities: community engagement with the Ryan White Planning Council and culturally specific gaps in the provision of care and prevention services.

Presenter:

- Thuan Micah Tran
- Elton Naswood

## Session ID: 6745

*Track: Emerging Issues*

### Session Title: Current and Future Trends in HIV Housing Policy

Meeting Room: Union Station (Level 3/Silver)

Continuing Education: Yes

Level: Advanced

Learning Objectives:

- Overview of current national policy efforts related to the expansion of housing resources for persons living with HIV/AIDS.
- Discuss examples of local strategies to increase and better coordinate housing with Ryan White and Medicaid.
- Provide community-level examples of policy and advocacy strategies to increase housing resources.

**Description:** The National AIDS Housing Coalition (NAHC) works to sustain and increase the array of housing options for persons living with HIV/AIDS. NAHC accomplishes this work through policy analysis and advocacy, research dissemination, and capacity development. With the implementation of ACA and the accompanying expansion of Medicaid, the systems of care supporting individuals living with HIV/AIDS are changing. There is increased recognition supported by a body of peer-reviewed research demonstrating housing as an effective structural intervention critical to HIV prevention, increased access to care, increased maintenance of care, and improved health outcomes. NAHC has hosted the Housing and HIV Research Summit for eight years, bringing together researchers, practitioners, and policy-makers to develop evidence-based housing practices and their positive effects on treatment outcomes. Key to these housing efforts is the Housing Opportunities for Persons with AIDS (HOPWA) Program. HOPWA is critical to connecting the multiple systems that constitute the array of services accessed by persons living with HIV/AIDS including health care, affordable housing, employment, behavior health, and education. This session will focus on key policy and program initiatives not only to expand and improve the HOPWA program (i.e., HOPWA modernization) but other affordable housing resources. The session also will discuss efforts to expand housing resources through Medicaid and other health care providers, discuss current

strategies to create effective housing systems integrated with Ryan White, and provide best practices and strategies to enhance local housing advocacy efforts to better connect with health and other systems of care.

Moderator/Presenter: Russell Bennett

**Presenters:**

- Russell Bennett
- Kathy Hiers
- Shawn Lang

**Session ID: 6767**

*Track: Data to Care*

**Session Title: Methods to Generate a Local Estimate of the Prevalence of HIV/AIDS Including those Undiagnosed in Massachusetts**

Meeting Room: Marquis Salon 12 **(Level 2/Purple)**

Continuing Education: Yes

Level: Advanced

Learning Objectives:

- Learn about different methods of estimating undiagnosed HIV infected population.
- Outline the variations of prevalence using different methods.
- Communicate different strategies of estimating prevalence.

**Description:** Community advocates expressed concerns that nationally published estimates of HIV prevalence in Massachusetts overestimated the undiagnosed population; however no systematic evidence was available to test these concerns. We reviewed the literature for methods that would allow use of local data as parameters for simple models to estimate the number of people living with HIV/AIDS (PLWHA). We selected four methods based on data available locally.

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These were: 1) the "multi-parameter evidence synthesis" method developed by the Working Group on Estimation of HIV Prevalence in Europe, which uses seroprevalence by risk group; 2) the Fellows et al. method to estimate the undiagnosed fraction of HIV cases, developed in Seattle; 3) the CDC "back calculation" method, based on HIV surveillance data with SAS and R code made available by CDC; and 4) the Lodwick et al. "modified London" method to estimate HIV infected persons with need for treatment based on CD4+ T-cell count at diagnosis. We adapted these methods using local publicly funded HIV testing data and HIV surveillance data. Through these methods, we estimated 22,500-33,200 PLWHA, including those who were undiagnosed. Three of the methods yielded similar values ranging from 22,500-24,500, with the CDC method yielding 33,200 individuals. Local data applied to more than one method can provide a range of values that enable a more realistic estimate of undiagnosed HIV-positive individuals to guide HIV prevention program activities.

Presenter:

- Betsey John

## Session ID: 6782

*Track: Innovative Practices*

### Session Title: How to Implement a Highly Compliant, Centralized Eligibility System

Meeting Room: Mount Vernon Square  
(Level 3/Silver)

Continuing Education: Yes

Level: Advanced

Learning Objectives:

- Review and identify at least one centralized eligibility intervention that could be implemented in the local jurisdiction.

- Discuss political strategies for implementing streamlined eligibility systems in multi-jurisdiction areas.
- Gain a high-level understanding of technology resources that support higher eligibility compliance rates and decreased RSR reporting burden.

**Description:** "The burden of eligibility paperwork!" wailed thousands of clients and hundreds of Ryan White providers from across the country. How can we accelerate access when our eligibility systems are bogged down in red tape, varying eligibility due dates, and errors? The Phoenix EMA has been testing and implementing centralized eligibility models since 2007 when it was revealed that an average of 37 percent of all applications were fully compliant. In a review of 2015 data, 99 percent of the 692 eligibility checks were compliant. During the 2015 RSR reporting cycle, only 12 of 4,143 clients had missing data. This session will present four centralized eligibility solutions that support NHAS goals to increase access to care and achieve a more coordinated response. The solutions range in complexity from a single eligibility reviewer located in the Ryan White Part A Office to a statewide Ryan White eligibility status that can be generated and accepted by both Ryan White Part A and ADAP staff. Throughout the session, participants will access contract language and detailed implementation tools, and discuss data system requirements for central eligibility models. Participants will review automated logic checks that support high compliance and completion of required data. Panelists will present political strategies for implementing centralized eligibility when relationships are tense and how eligibility data was integrated into the clinical quality improvement framework. Most importantly, this session will present how multiple programs and recipients came together to meet compliance requirements leading to a PATIENT FIRST cross-part eligibility system. *-Participants are asked to*

*bring their cell phones to vote during the session.*

Moderator/Presenter: Carmen Batista

Presenter:

- Rose Conner

## Session ID: 8008

*Track: Health Care Landscape*

### Session Title: Forward Momentum, HRSA Implementation of the National HIV/AIDS Strategy: Updated to 2020

Meeting Room: Georgetown (Level 1/Blue)

Continuing Education: No

**Description:** This panel will explore the Health Resources and Services Administration's response to the National HIV/AIDS Strategy: Updated to 2020 (NHAS 2020) and discuss progress-to-date on 2016 commitments and beyond. Included in this panel are discussions from HRSA staff about how they are carefully focusing existing work and tailoring new activities for the NHAS 2020. Participants can expect to learn about HRSA key action items, progress to date, and key challenges and successes to its implementation of NHAS 2020.

Moderators:

- Tanchica Terry

Presenters:

- Laura Cheever
- Amy Lansky
- Antigone Dempsey

## CONCURRENT SESSIONS, SERIES B 1:30 PM - 3:00 PM

### Session ID: 4011

*Track: Emerging Issues*

### Session Title: Emergency Preparedness Planning for Ryan White Programs

Meeting Room: Marquis Salon 15 (Level 2/Purple)

Continuing Education: Yes

Learning Objectives:

- Describe basic components of an emergency preparedness plan.
- Identify resources for developing an emergency preparedness plan.
- Determine next steps for developing and implementing an emergency preparedness plan in your Ryan White program or agency.

**Description:** This session will provide an opportunity to learn, share, and discuss emergency preparedness planning in the context of Ryan White programs. The workshop will open with small-group discussion related to personal and professional experience with emergency planning and response. Next, Ryan White-funded programs from the New York City Department of Health and Mental Hygiene and the Oregon AIDS Drugs Assistance Program will provide examples of emergency preparedness activities, including assessment of emergency preparedness among sub-recipients, contractual interventions, components of an emergency preparedness plan, communication with stakeholders, and resources to consider when developing a plan. The session will conclude with an opportunity to develop and share action steps with other participants.

Presenters:

- Rachel Davis
- Christy Hudson
- Beau Mitts

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## Session ID: 4033

*Track: Innovative Practices*

### Session Title: Implementing Tobacco Cessation Strategies for PLWH

Meeting Room: Capitol Hill (Level 3/Silver)

Continuing Education: No

Learning Objectives:

- Examine data related to prevalence and health outcomes from tobacco use among PLWH.
- Implement evidence-based tools for tobacco cessation, including medication use, counseling services, and promotional materials.
- Motivate readiness for tobacco cessation strategies for both clients and organizations.

**Description:** Compared to the general population, people living with HIV and AIDS (PLWH) have higher rates of tobacco abuse, decreased rates of treatment utilization, decreased quit rates, and increased risk of morbidity from tobacco-related diseases. Improved cessation strategies involve efficient and proactive opt-out smoking cessation strategies embedded in all aspects of the care continuum. This smoking cessation workshop will review literature for smoking cessation, use of a validated and recently published cessation algorithm tool for PLWH, and results of various implementation strategies among three different Ryan White programs. Audience participation and activities will include breakout groups, case studies, and role play/simulation. The workshop will begin with breakout groups that will discuss current practices and barriers to cessation implementation and delivery in the participants' clinics. Breakout groups at the end will discuss cases that are representative of clinical quandaries and brainstorm ideas to implement

into programs to improve cessation delivery. Case studies will help to identify HIV/AIDS-related issues and medication and cost issues and offer ways to break down barriers related to delivery of cessation interventions. Role play/simulation activities will foster and improve smoking cessation counseling techniques and provide the opportunity to practice using the algorithm tool to promote cessation.

Presenters:

- Madelyne Ann Bean
- Lauren Richey
- Amber Casey
- Stephen Hile
- Linda Drach
- Jonathan Livingston

## Session ID: 6294

*Track: Emerging Issues*

### Session Title: PLWH Listening Session with the HAB Associate Administrator

Meeting Room: Chinatown (Level 3/Silver)

Continuing Education: No

Level: Intermediate

Learning Objectives:

- The HAB associate administrator will hear concerns and issues from PLWH.
- PLWH will have opportunity to interact with the HAB associate administrator.
- PLWH will hear about some of the activities that HAB is working on in support of PLWH.

**Description:** This session will offer HAB Associate Administrator Dr. Laura Cheever, the opportunity to hear directly from the people living with HIV (PLWH) who are attending the conference. Please come and share your views of how the Ryan White HIV/AIDS Program is working in your

community and what the HIV/AIDS Bureau could do to improve Ryan White services. Dr. Cheever will highlight recent HAB activities that focus on the support of PLWH. Questions and answers will be entertained. *(Please note: This is a closed session, open to PLWH participation only).*

Moderator:

- Helen Rovito

### Session ID: 6360

*Track: Innovative Practices*

#### Session Title: Education Buffet for Consumers and Council Members

Meeting Room: Gallaudet (Level 1/Blue)

Continuing Education: No

Learning Objectives:

- Create educational opportunities for potential council and CPG members that increase membership on local planning bodies.
- Develop educational opportunities for council members to help members feel better informed and result in increased member participation and retention.
- Develop educational opportunities that empower PLWHA to access HIV-related services, navigate a variety of payer systems and advocate for themselves within the system.

**Description:** Planning is an acquired skill that has to be learned and practiced. In order to recruit and train Council members, especially consumers, the Houston EMA provides education before and after individuals are appointed to the planning council. One result is excellent retention rates among Houston Council members. The presentation is divided into three sections: **I: Project LEAP:** This comprehensive training program builds skills and confidence to encourage PLWHA to become

active participants in the Houston Ryan White Planning Council (RWPC) and/or the Community Prevention Group (CPG). **II: Education Buffet for Council Members:** Council members need, and want, ongoing education so that they are engaged and equipped to participate in the annual Ryan White (RW) planning process. This portion of the presentation will describe educational opportunities that can be laced throughout all council, committee, and workgroup meetings.

Presenters:

- Carin Martin
- Isis Torrente
- Steven Vargas
- Victoria Williams

### Session ID: 6464

*Track: Health Care Landscape*

#### Session Title: Impact of the Affordable Care Act on the Ryan White HIV/AIDS Program

Meeting Room: Scarlet Oak (Mezzanine/Red)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Compare how the evolving health care landscape differentially impacted Ryan White HIV/AIDS Program clients and providers in Medicaid expansion states and non-Medicaid expansion states.
- Discuss the important role of the Ryan White HIV/AIDS Program in the evolving health care landscape.
- Understand the range services provided for different client profiles and the drivers of longer and shorter outpatient ambulatory medical care (OAMC) service times.

**Description:** Medicaid expansion and access to qualified health plans changed health care

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coverage options for many Ryan White HIV/AIDS Program (RWHAP) clients. This workshop will describe changes in RWHAP clients' health care coverage and clinical outcomes after the implementation of the Affordable Care Act. The presentation will highlight the findings from two projects, HRSA HIV/AIDS Bureau's analysis of national Ryan White Services Report (RSR) data, and HRSA's special study on the effect of the ACA on RWHAP service providers and clients. The session will include an interactive discussion with session attendees regarding how ACA has affected service provision in their communities/jurisdictions. Using RSR data from 2012 to 2014, the percentage of uninsured RWHAP clients decreased by 6.1 points in Medicaid expansion states and did not change in nonexpansion states. The percentage of RWHAP clients covered by Medicaid increased by 3.9 points in Medicaid expansion states and decreased by 4.2 points in nonexpansion states. Nationally, the proportion of virally suppressed clients increased over time (2012: 75.0 percent, 2014: 81.4 percent); across all analysis years, viral suppression was approximately 2 percentage points higher in Medicaid expansion states (2012: 76.6 percent, 2014: 82.7 percent) than in nonexpansion states (2012: 73.4 percent, 2014: 80.4 percent). The study of OAMC services illustrated the wide range of services that comprise the OAMC visit. Sites identified an essential set of RWHAP services; however, the level of intensity varied greatly with client visits that varied in length from 15 minutes to four hours, depending on the client's medical and psychological needs.

#### Presenters:

- Michael Costa
- Robert Mills
- Liza Solomon
- Pamela Klein
- Antigone Dempsey

#### Session ID: 6487

*Track: Emerging Issues*

#### Session Title: Building a Linkage and Retention Collaborative Learning Network to Impact Patient Outcomes

Meeting Room: Congress (**Level 4/Green**)

Continuing Education: Yes

Level: Beginner/Intermediate/Advanced

Learning Objectives:

- Review the background data and impact of linkage and retention in care on the HIV/AIDS care continuum and client outcomes.
- Analyze the process of building a linkage and retention collaborative learning network, tools developed, and the impact on linkage rates.
- Generate a plan on how you would like to develop a linkage and retention learning collaborative and/or apply the strategies shared.

**Description:** In this interactive workshop, participants will learn about our experience with building a linkage and retention network, share strategies for improving engagement in care, and have a chance to apply what is learned to their own work. Engagement in care remains the biggest gap in the national HIV care continuum, with only about 40 percent of people living with HIV/AIDS engaged in care. Data suggest that people not engaged in care are more likely to die and account for an estimated 92 percent of new infections. In 2012, recognizing the steep drop-off in engagement in care, the local RW A/C grantees and AETC in Oakland, Calif., brought together a representative group of community workers, case managers, public health, and clinic administrators to tackle this problem. The East Bay linkage and retention network identified a

need to develop network-wide protocols and tools, share resources, and learn skills in client-centered techniques. Together we implemented an updated online contact list, cross-site warm handoff protocol, linkage and retention protocols, completed a literature review on the best practices for improving linkage and retention, and conducted trainings on supporting clients with mental health, substance abuse, and housing challenges. Linkage-to-care rates in Alameda County increased from 70 percent in 2012 to 73 percent in 2013, and among RW Part C clinics the rates increased from 83 percent in 2014 to 94 percent in 2015. This evidence suggests that building a collaborative learning network has a significant impact on implementing community standards in client-centered care and outcomes along the HIV care continuum.

Presenters:

- Sophy Wong
- Megan Crowley

## Session ID: 6531

*Track: Emerging Issues*

### Session Title: Using Design and Information Architecture to Improve Awareness, Access and Enrollment in HIV Care Services

Meeting Room: Treasury (Level 4/Green)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Increase awareness of how graphic design, information architecture and its principles can impact outcomes along the HIV care continuum.
- Enhance understanding of the role websites play in creating and supporting the service delivery system for providers and people living with HIV.

- Provide tools, techniques including new and existing best practices to improve the web presence of the Ryan White/HIV Programs.

**Description:** Numerous Ryan White HIV/AIDS Programs (RWHAP) throughout the country have a digital presence through their website. A common practice for these planning bodies is to only use their sites as a means to post minutes, agendas and necessary documents, satisfying the federal legislative requirements under RWHAP. Often these websites are a missed opportunity to strengthen and support the service delivery system and people living with HIV (PLWH). The impact a well-designed site can have is far-reaching and instrumental in a program's mission to align itself to the National HIV/AIDS Strategy to achieve an AIDS-free generation by 2020. By utilizing best practice principles of graphic design, information architecture, plain writing and clear communications, health literacy, and health education, RWHAP websites can be a significant digital tool used to engage and empower consumers, support providers, and involve stakeholders in the community. The work done to enhance the website for the Las Vegas Transitional Grant Area (TGA) uses plain language and best practice principles of information architecture and graphic design to create a web experience that serves a number of populations — those unaware of their status, the newly diagnosed, those engaged in HIV care, service providers, and planning council members. Information on HIV testing, health literacy, RWHAP eligibility, provider locations has created a virtual model of early intervention services demystifying the care experience for PLWH living or relocating to the TGA which has one of the fastest growth rates in the country.

Presenters:

- Alisha Barrett
- Daniel Truesdale

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## Session ID: 6565

*Track: Quality Management*

### Session Title: Implementing a Clinical Quality Management Program that Meets Ryan White HIV/AIDS Program Expectations

Meeting Room: University of District of Columbia  
(Level 1/Blue)

Continuing Education: Yes

Level: Beginner/Intermediate/Advanced

Learning Objectives:

- Provide a solid foundation about Ryan White HIV/AIDS Program clinical quality management expectations.
- Share participants' experiences with the implementation of clinical quality management activities.
- Focus on exchanging ideas and solutions regarding clinical quality management infrastructure, performance measurement and quality improvement.

**Description:** Clinical quality management is a legislative requirement for all Ryan White HIV/AIDS Program Parts A-D. A clinical quality management program can be instrumental in improving client health outcomes, decreasing gaps along the HIV care continuum, and advancing National HIV/AIDS Strategy 2020 goals. The workshop goals are two-fold: 1) to provide a solid foundation about Ryan White HIV/AIDS Program clinical quality management expectations; and 2) to share participants experiences with the implementation of clinical quality management activities. The workshop will balance between presentation and small group discussions. Program experts will provide an overview of Ryan White HIV/AIDS Program clinical quality management expectations for Parts A-D (based on Ryan White HIV/AIDS Program policy clarification notice 15-02). Facilitated breakout

groups, organized by Ryan White HIV/AIDS Program Part, will focus on exchanging ideas and solutions regarding clinical quality management infrastructure, performance measurement, and quality improvement. Participants will leave with tools and resources to continue to improve their clinical quality management programs, including National Quality Center tools, to engage consumers in clinical quality management and guide them in partnering with subcontractors.

Presenter:

- Emily Chew

## Session ID: 6599

*Track: Emerging Issues*

### Session Title: Office of HIV/AIDS Housing Update 2016

Meeting Room: LeDroit Park (Level 3/Silver)

Continuing Education: No

Level: Beginner

Learning Objectives:

- Describe the purpose, goals and activities of the HOPWA program.
- Identify HUD's role in meeting the goals of the National HIV/AIDS Strategy.
- Describe three of HUD's major HIV/AIDS housing-related initiatives.

**Description:** The U.S. Department of Housing and Urban Development's (HUD) Office of HIV/AIDS Housing manages the Housing Opportunities for Persons with AIDS (HOPWA) program, the only federal program dedicated to the housing needs of persons living with HIV/AIDS (PLWHA). Under HOPWA, HUD makes grants to cities, states, and nonprofit organizations for projects that provide housing and supportive services to low-income PLWHA and their families. The first part of the workshop will provide an overview of HOPWA, including the purpose

and major goals of the program, the types of housing and services funded under the program, program beneficiary demographics, and program outcomes. The second part of the workshop will provide an overview of HUD's role in meeting the goals of the National HIV/AIDS Strategy with a focus on three major HUD/HOPWA initiatives: HUD's ongoing efforts to modernize the HOPWA program, including the funding formula; HUD's partnership with the U.S. Department of Justice on a demonstration initiative focused on improving coordination between HIV housing and service providers and domestic violence, dating violence, sexual assault, and stalking service providers; and HUD's partnership with the National AIDS Housing Coalition on the HIV Housing Care Continuum initiative, which seeks to increase the capacity of HOPWA grantees to demonstrate the impact of housing on HIV care and treatment outcomes.

Presenters:

- Benjamin Ayers
- Rita Flegel
- Amy Palilonis

**Session ID: 6639**

*Track: Health Care Landscape*

**Session Title: Establishing Winnable Communities of Readiness via Literacy, Conversation and HIV Client-Centered Care**

Meeting Room: Dogwood **(Mezzanine/Red)**

Continuing Education: Yes

Level: Beginner

Learning Objectives:

- Outline and explore inputs and outputs for an innovative process to enroll and engage PLWH in expanded health care coverage to increase positive health care outcomes for PLWH and the overall health care system.

- Consider a systems approach (from a technical advisor workshop presenter) to increase the health literacy of the RWHAP care and treatment system, health care providers and clients regarding use of the health care system.
- Explore and actively engage with a workshop presenter focusing on a client perspective, the role of self determination, and broad support for people living with HIV to remain engaged in comprehensive care, including support for treatment adherence.

**Description:** It is predicted that advances in biomedical, behavioral, and structural strategies to prevent and control HIV will significantly lead to better health outcomes for people living with HIV (PLWH) in the United States. However, assessing and engaging best practices for outreach and enrollment and health literacy for PLWH is a critical pathway to achievement of the National HIV/AIDS Strategy (NHAS) goals and objectives. This informative workshop session explores opportunities for RWHAP recipients to learn methods to increase their capacity and capability to enroll and engage PLWH in expanded health coverage, and to increase the health literacy of the RWHAP care and treatment system, including health care providers and clients. The chief aims of the session are to present a unique interactive approach and to learn firsthand to various disciplines serving within the changing health care landscape (consumers, clinicians, administrators, counselors, navigators, planning councils, networks, etc.). Session features include dynamic perspectives from an HIV consumer and executive director along with a technical advisor to health departments and Ryan White recipients nationally discussing the partnership(s) and program implementation required to fully facilitate and proactively engage PLWHs in the post-ACA-health-serving environments. A blended approach that

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incorporates tailored TA planning for RWHAP recipients and community providers by way of communities of conversation, and peer-facilitated support will be introduced and highlighted.

Moderator/Presenter: Melanie Ogletton

Presenters:

- Ron Simmons
- Jacqueline Coleman
- Sandra Houston

## Session ID: 6649

*Track: Quality Management*

### Session Title: Lessons Learned from the H4C Collaborative: What Other States Can Learn from this Improvement Initiative

Meeting Room: Catholic University (Level 1/Blue)

Continuing Education: No

Level: Advanced

Learning Objectives:

- Identify key infrastructure elements that regional teams of recipients need to put together to jointly improve HIV care.
- List effective strategies that have reduced gaps along the HIV Care Continuum and led to measurable improvements in viral load suppression.
- Define successful approaches to developing a cohort of individuals who are not virally suppressed.

**Description:** The National Quality Center (NQC) provides technical assistance (TA) to more than 90 percent of all Ryan White HIV/AIDS Program (RWHAP) recipients and has established itself as the premier TA center for clinical quality management (CQM). In 2014, NQC and HAB launched a new cross-part collaborative aimed at improving recipient performance along the HIV Care Continuum. This initiative, called HIV Cross-

Part Care Continuum Collaborative (H4C), involved all RWHAP recipients from five states: Arizona, Missouri, Mississippi, New Jersey, and Ohio. The goals were to build regional CQM capacity to close gaps across the HIV care continuum and to implement joint QI activities to coordinate HIV services seamlessly across all parts. Each quantitative and qualitative collaborative goal was achieved (e.g., all states had key CQM infrastructure components in place, including the establishment of written statewide QM plans and local statewide response teams; viral load suppression increased from 74.2 percent to 79.2 percent and the last data submission cycle included 79 agencies across five states with over 31,000 patients). In this workshop, H4C participants will share lessons learned, tools, and resources from this successful collaborative. Specifically, H4C participants will share their individual and statewide improvement activities and discuss how they measured performance using a viral nonsuppression cohort and HIV Care Continua at several levels. Attendees receive a CD-ROM with all relevant NQC publications and tools developed by H4C participants.

Moderator/Presenter: Clemens Steinbock

Presenters:

- Kawanis Collins
- Lori DeLorenzo
- Lea Dooley
- Theresa Fox
- Michael Hager
- Julia Schlueter

**Session ID: 6674**

*Track: Innovative Practices*

**Session Title: Shaping the HIV Workforce: Lessons Learned from Task-Shifting in Sub-Saharan Africa and the United States**

Meeting Room: Howard University **(Level 1/Blue)**

Continuing Education: Yes

Level: Beginner

Learning Objectives:

- Learn strategies used for task-shifting in the HIV workforce in the United States and Sub-Saharan Africa.
- Learn the successes and challenges of task-shifting in the United States and Sub-Saharan Africa.
- Identify key components of task-shifting programs for implementation in their clinics or jurisdictions.

**Description:** The scale-up of HIV care and treatment services in the United States and Sub-Saharan Africa has challenged the health workforce capacity to provide high quality care to people living with HIV (PLWH). Task-shifting is one cost-effective strategy to address this challenge. We will examine successes and challenges with implementation of task-shifting by specific HRSA-supported providers and training programs in the United States (funded by the Ryan White HIV/AIDS Program) and Sub-Saharan Africa (supported by the president's Emergency Plan for AIDS Relief, or PEPFAR). In the United States, HRSA-funded clinics have increased the capacity of a diverse group of nonphysician HIV providers over time. In Sub-Saharan Africa, HRSA-supported programs have strategically developed sustainable health workforce plans by using task-shifting for areas of high need and to increase the time for clinical engagement with patients. The use of task-shifting in U.S. programs remains

more limited than in Sub-Saharan Africa due to local and national laws, health professional culture, and health care system policies and strategies, including a public health approach to treatment regimen selection globally. Scope of practice limitations, recruitment and retention of staff, maintenance of current HIV knowledge, and integration of nonphysician providers into health care teams remain challenges. Globally, HRSA has created enabling environments to support task shifting by providing training and technical assistance at the appropriate levels of the health system (planning, regulatory, training, etc.) to enable community health workers, other paraprofessionals and/or peer navigators to play a key role in diffusing and reinforcing prevention, care, and treatment principles.

Moderator/Presenter: Rupali Doshi

Presenter:

- Philippe Chiliade
- Wayne Steward
- Steve Bromer
- Liz Rolon
- Carl Henn
- Mie Okamura
- Judy Khanyola

**Session ID: 6680**

*Track: Innovative Practices*

**Session Title: Planning to the Outcome: Coordination of EIS with Competing Providers**

Meeting Room: Georgetown **(Level 1/Blue)**

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

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- Increase understanding of how coordination among providers improves an EMA's EIS capacity.
- Describe a process for creating a 24/7 EIS coverage activity for an expanded testing site.
- Identify opportunities within their areas to increase capacity through more effective coordination of EIS activities with their important community partners.

**Description:** This workshop will highlight new innovative practices within the Detroit Part A EMA to coordinate EIS to better engage newly diagnosed individuals and individuals at risk for falling out of care. EIS processes have been reconfigured away from single-agency activities to form a "community" of providers who coordinate with points of entry to increase access for all PLWH in the EMA. As an outcome of this innovation, EIS staff from all agencies have shared training, tools, processes, outcomes and quality assurance support. The outcomes of this innovative community approach to EIS are:

- Increased capacity to get PLWH into clinics the same day of initial contact.
- Significant connectivity with STD/DIS/PS staff.
- Coordination with Part B EIS activities.
- The development of shared staffing models, including 24/7 coverage of a testing program in a large urban hospital emergency department.

Presenters:

- Mark Peterson

**Session ID: 6703**

*Track: Emerging Issues*

**Session Title: Mobilizing Your Community Partners to Reduce New HIV Transmissions: A New Model for PrEP**

Meeting Room: Judiciary Square (**Level 3/Silver**)

Continuing Education: Yes

Level: Beginner

Learning Objectives:

- Create ideas to mobilize diverse community partners to establish a low-cost PrEP clinic for the uninsured.
- Research and identify possible funding sources.
- Learn practices for clinic procedures and identification and resolution of possible challenges.

**Description:** Despite efforts to disseminate sexual health information to at-risk populations, new infections for HIV remain high. New infection rates in central Florida are among the highest in the nation. An effective strategy to reduce new infections is to provide pre-exposure prophylaxis, otherwise known as PrEP, to people who may be concerned about their risk for HIV infection. The PrEP medical protocol involves prescribing a once-daily pill to help at-risk individuals protect themselves from HIV infection. This session, provided by Two Spirit Health Services, Inc., an LGBT primary care/medical clinic, and Hope & Help, Inc., a Ryan White Part A service provider of case management and supportive services, will discuss the development of our innovative low-cost PrEP program, how we identified and mobilized key stakeholders, identified and accessed funding to support the clinic, and our clinical and administrative challenges during operations, and how we sought to overcome them. Our PrEP clinic collaborative focused

principally on low-income, uninsured and underinsured MSM in central Florida and is the only program of its kind in the region.

Moderator/Presenter: David Baker-Hargrove

Presenter:

- Lindsay Kincaide

**Session ID: 6726**

*Track: Emerging Issues*

**Session Title: Housing and Health: Integration for Improved Health**

Meeting Room: Mount Vernon Square  
(Level 3/Silver)

Continuing Education: Yes

Level: Advanced

Learning Objectives:

- Demonstrate housing as a key social intervention for improving health and well-being for persons living with HIV/AIDS.
- Explain best practices and strategies to improve housing and health integration for improved health outcomes.
- Discuss future trends and strategies to improve housing and health coordination.

**Description:** It is estimated that nearly 50 percent of persons living with HIV/AIDS will have a housing crisis in their lifetime. Further housing often is cited as a top need in community needs assessments for persons living with HIV/AIDS. Research, however, has demonstrated housing as a proven structural intervention for improving access to care, maintenance of care, and health outcomes along the care continuum. Additionally, stable, affordable housing also is a strong predictor of increased well-being, employment, and education attainment. Housing is recognized as a critical structural intervention in the National HIV/AIDS Strategy as necessary for HIV prevention and care. The session will be an interactive

session providing an overview of practice and research related to housing as a proven structural intervention while also providing practical organization- and community-level examples of efforts to better integrate housing and health care systems, including HOPWA and Ryan White. Often these systems do not work in tandem. This session will provide examples of community integration efforts, including: building local HIV housing care, cascades to demonstrate the effectiveness of current systems of care, improve current systems of care, and advocate for better system integration; providing local examples of housing and health integration including the use of Medicaid funding, integrated case management, and program coordination; and giving insights on future trends and promising practices to expand housing options for persons living with HIV/AIDS.

Moderator/Presenter: Russell Bennett

Presenters:

- Crystal Pope
- Katie Pittenger

**Session ID: 6748**

*Track: Emerging Issues*

**Session Title: Supporting Planning Councils/ Planning Bodies in Improving HIV Services: Staff Sharing Session**

Meeting Room: Marquis Salon 12 (Level 2/Purple)

Continuing Education: No

Level: Beginner/Intermediate

Learning Objectives:

- Describe at least three common challenges facing planning councils (PCs) and planning bodies (PBs) and three innovative strategies that have been used successfully to increase PC/PB capacity to strengthen HIV services and improve performance on the HIV care continuum.

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- Identify at least one strategy or model to strengthen their PC/PB and at least one other colleague they can contact for advice and support.
- Identify strategies for increasing peer communications throughout the year.

**Description:** Ryan White Part A and Part B PCs and PBs play a key role in determining use of funds, shaping the system of care, and — through diverse membership and a strong consumer role — improving performance along the HIV care continuum. However, their responsibilities have become more complex for many reasons, among them advances in prevention and care, Affordable Care Act implementation, integrated planning, challenges in data access, and funding limitations. The staff supporting these PCs and PBs at the metropolitan and state levels face considerable challenges in helping planning groups meet their often complex responsibilities — some of them legislatively required. A 2016 assessment of PCs and PBs indicated that staff need opportunities to share information and ideas with their peers. The session will provide a forum for identifying challenges and discussing specific ways in which staff are helping PCs and PBs improve the system of HIV services and performance on the HIV care continuum under current legislation and guidelines. It will explore the often innovative ways in which staff are addressing changes and challenges. Participants in the session will help determine which topics will be addressed in depth, which are expected to include: member orientation and training, leadership development, obtaining and use of data including HIV care continuum and quality improvement findings, and the PC- and PB-recipient collaboration. PC and PB support staff, including resource people from Part A planning councils and Part B planning bodies, will share challenges and effective strategies for addressing them. The format will be a facilitated discussion and may include small-group work.

Presenters:

- Hila Berl
- Emily McKay

**Session ID: 6783**

*Track: Health Care Landscape*

**Session Title: Getting Ready for Open Enrollment**

Meeting Room: Cherry Blossom **(Mezzanine/Red)**

Continuing Education: Yes

Level: Beginner

Learning Objectives:

- Use data to plan for, document and monitor health coverage enrollment activities.
- Train staff to engage and enroll people living with HIV in health coverage.
- Train staff to help clients maintain and use health coverage after they have enrolled.

**Description:** Open Enrollment for 2017 marketplace health insurance plans begins on November 1, 2016. Programs and staff should start preparing now to engage unenrolled and newly eligible clients and to support clients who enrolled in previous years to compare options and find an affordable, quality plan for 2017. In this interactive workshop, the HRSA-supported ACE TA Center will provide recipient and subrecipient organizations with a roadmap to prepare for the 2017 Open Enrollment Period. The ACE TA Center has been helping RWHAP staff to enroll and retain their clients in health coverage since 2013. ACE TA Center staff will share best practices, practical strategies, and tools and resources to train new and existing staff to (1) determine coverage eligibility, understand financial assistance options, and handle renewals and redeterminations; (2) use data to plan for and monitor Open Enrollment activities; and (3) support clients to use and

maintain their coverage after they've enrolled. Participants will learn how to best support clients who are currently enrolled in a 2016 marketplace plan to reassess available plans for 2017, given changes to clients' needs, plan options, and eligibility for financial assistance. To support clients who have not yet enrolled, participants will learn strategies to address common questions and concerns about health insurance. Through hands-on activities such as audience polling and interactive case studies, participants will practice these strategies and learn how to use ACE TA Center tools with their clients. Participants will also learn about a web-based self-assessment to help them determine their organization's readiness for enrollment.

Presenters:

- Juli Powers
- Mira Levinson
- Elizabeth Costello

**Session ID: 6790**

*Track: Emerging Issues*

**Session Title: Securing Your Oxygen Mask First! Unspoken Cultural Norms Influencing Quality HIV/AIDS Care for Women of Color**

Meeting Room: Union Station (**Level 3/Silver**)

Continuing Education: Yes

Level: Intermediate/Advanced

Learning Objectives:

- Describe evidence-informed interventions and data requirements to explore the pre-existing stigma and perception.
- Recognize how unspoken cultural norms can influence how this population accesses, understands and seeks care.

- Identify ways to better tailor interventions to improve their patients' health outcomes that address their social coping mechanisms and mental health concerns that serve as individual and structural barriers to treatment and care.

**Description:** LGBT people experience significant health disparities, including increased tobacco and drug use, increased risk of HIV, and lower life expectancy. A recent CDC report shows the overall rate of HIV infection is declining, yet the risk of HIV infection remains very high among racial and ethnic minority men who have sex with men (MSM) insofar that one in two black MSM and one in four Latino MSM will be diagnosed with HIV in their lifetime. Furthermore, MSM represent approximately 90 percent of new HIV cases among 13-19 year olds. The Substance Abuse and Mental Health Services Administration awarded a supplement to the Pacific Southwest Addiction Technology Transfer Center to create the Center of Excellence on Racial and Ethnic Minority Young Men Who Have Sex with Men and Other Lesbian, Gay, Bisexual, and Transgender Populations (YMSM+LBGT CoE). This 60-minute interactive workshop, designed for clinicians and case managers, will illustrate how the evidence-based practice of motivational interviewing (MI) can be used to identify and strengthen intrinsic motivation to change behaviors such as high-risk sexual activity, as well as substance use and HIV treatment adherence. Participants will receive a concise overview of MI essentials and have opportunities to strategize and practice effective MI techniques focused on a specific change goal. Prior knowledge of MI is helpful but is not a requirement for participation in this workshop.

Presenter:

- Natalie A. Solomon-Brimage

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## Session ID: 6807

*Track: Health Care Landscape*

### Session Title: The Identity Crisis of the Medical Case Manager

Meeting Room: Magnolia (**Mezzanine/Red**)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Define and identify points of medical case management involvement along the NHAS 2020 and HIV continuum of care.
- Identify the various roles of the medical case manager and their effects on the delivery of HIV care.
- Discuss ways of developing a supportive environment and effective supervision of the multiple roles of HIV medical case managers.

**Description:** Medical case management is an essential component in addressing the goals in the National HIV/AIDS Strategy: Updated to 2020 and the HIV/AIDS continuum of care. Medical case managers often serve as the link to care for people living with HIV (PLWH), support the retention and adherence to treatment, and provide numerous support services for the most vulnerable clients. Continuing changes in HIV care service delivery require medical case managers to serve in multiple roles in the lives of PLWH, ranging from insurance agents to medical liaisons; thus medical case management activities continue to evolve in order to best serve and support PLWH. This interactive presentation will provide a brief overview and definition of medical case management in a Ryan White setting, discuss the integration and benefits of case management in a clinical setting, identify the current and foreseeable future roles of medical case managers, and

discuss supervision and support for medical case management teams. This presentation will be targeted to case managers, direct care providers and supervisors/administrators.

Presenter:

- Amy Downs

## Session ID: 6927

*Track: Data to Care*

### Session Title: From Data Sharing to Incentivizing a Viral Suppression Performance Measure: Collaborating with Medicaid in Louisiana

Meeting Room: Marquis Salon 13 (**Level 2/Purple**)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Learn methods utilized to strengthen collaboration with a state Medicaid office.
- Understand data-sharing methods and analyses to determine viral suppression performance measure.
- Identify benefits of collaborating with Medicaid to improve linkage to care and viral suppression rates.

**Description:** Beginning in 2013, collaboration between the Louisiana Office of Public Health (OPH) and Bureau of Health Services Financing (BHSF) significantly increased. As a result, a data-sharing agreement was executed, allowing the agencies to exchange Medicaid and public health data. Approximately one-third of PLWH in Louisiana are enrolled in Medicaid and in order to improve outcomes among Medicaid recipients, an incentive-based performance measure for HIV viral load suppression was included in the 2015 contracts with the five Medicaid managed care organizations (MCOs). Medicaid claims data from October 2014 to September 2015 were linked

to HIV surveillance data. Viral suppression was calculated separately for each plan for PLWH who had an HIV-related claim. Individual-level data were provided to each MCO to determine if they met the viral suppression target set by Medicaid. Each quarter, OPH receives a new Medicaid file for the previous 12 months. There were 5,288 persons enrolled in Medicaid with an HIV-related claim and matched to a case in the HIV surveillance database; 3,467 of these PLWH (65.6 percent) were virally suppressed. Linking Medicaid claims data and HIV surveillance data allows the MCOs to better monitor HIV-related outcomes among their enrollees and identify and implement effective strategies to improve linkage to care and viral suppression. Also, based on these data, there is justification to increase the viral suppression target. Finally, as a new Medicaid expansion state (June 2016), this existing collaboration with Medicaid will be instrumental to continue monitoring viral suppression data as more PLWH are enrolled in Medicaid.

Presenter:

- DeAnn Gruber

**Session ID: 6942**

*Track: Emerging Issues*

**Session Title: Enhancing Care Continuum Outcomes for Youth Living with HIV: An Innovative Multi-Agency Collaboration**

Meeting Room: Shaw (Level 3/Silver)

Continuing Education: Yes

Level: Beginner

Learning Objectives:

- Identify the roles played by different agencies and organizations in promoting health outcomes for youth living with HIV.
- Describe interviewing techniques that may facilitate better communication between program staff and HIV-positive youth.

- List three examples of innovative programs to enhance care continuum outcomes for youth with HIV.

**Description:** Three agencies (NIH, CDC, and HRSA) joined efforts to develop and implement an innovative approach to improving care continuum outcomes for youth living with HIV (YLWH). The goals of this collaboration, conducted in two phases as SMILE (structural enhancements to the strategic multi-site initiative for identification, linkage, and engagement-to-care) and subsequently PEACOC (Project for the Enhancement and Alignment of the Continuum of Care for HIV-Infected Youth), were to improve the identification of YLWH; better link, engage, and retain them in medical care; and identify and address structural and community-level barriers to testing, linkage, and retention. In SMILE, NICHD’s Adolescent Medicine Trials Network (ATN) collaborated with CDC to facilitate agreements between ATN clinical sites and CDC Health Department grantees. Established through memoranda of understanding, these agreements were designed to facilitate linkage of newly identified YLWH to youth-friendly clinics with adolescent HIV expertise. This collaborative process was continued and enhanced through PEACOC, in which four HRSA Ryan White HIV/AIDS Program (RWHAP) Part D recipients located in cities with ATN sites were funded through the Secretary’s Minority AIDS Initiative Fund to implement enhanced activities for minority YLWH. Linkage-to-care workers at RWHAP and ATN sites were trained in motivational interviewing to address issues of cultural competence and increase uptake of linkage offers. In addition, RWHAP sites joined ATN sites in community coalitions (Connect-to-Protect) designed to identify and remediate structural barriers to linkage and retention. Presentations will include multi-agency perspectives on collaboration, illustration of the motivational interviewing and Connect-to-Protect

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interventions, and selected examples of lessons learned and program successes.

Moderator/Presenter: Carrie Jeffries

Presenters:

- Linda Koenig
- Sonia Lee
- Dennis Fortenberry

## Session ID: 6975

*Track: Innovative Practices*

### Session Title: Food is Medicine: Integrating Nutrition in a Ryan White Clinic

Meeting Room: George Washington University  
(Level 1/Blue)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Define the scope of medical nutrition therapy for persons living with HIV/AIDS.
- Discuss the importance of internal and external partnerships in developing an integrated nutrition program.
- Describe the effectiveness of nutritional services on HIV-related health outcomes.

**Description:** Access to adequate food supplies and receipt of medically appropriate nutrition services are vitally important for people living with HIV/AIDS. By providing a registered dietitian to conduct individualized medical nutrition therapy as well as group education, PLWHA can have improved health outcomes as well as better access to fresh produce and healthy, shelf-stable foods. This workshop describes the development and implementation of a comprehensive nutrition program within a Ryan White clinic.

Presenters:

- Andrew Moore

- Jussara Madrid

## Session ID: 8001

*Track: Health Care Landscape*

### Session Title: The Core Medical Services Waiver Standard: Part A Waiver Requests Trends and Analysis

Meeting Room: Marquis Salon 14 (Level 2/Purple)

Continuing Education: No

Learning Objectives:

- Understand the history of core medical services waiver standard implementation and the documentation requirements of the current waiver standard.
- Understand recipient waivers who requested and received approval for Part A core medical waiver request, 2013-2015 and core medical services to support service funding allocations in approved waiver requests.
- Understand service gaps to be covered in approved waiver requests and considerations for future core medical services standard revisions.

**Description:** Beginning in 2006, the Ryan White Program legislation required that Part A, Part B, and Part C grant recipients allocate and expend at least 75% of service funds on core medical services. The legislation defined core medical services and provided a waiver to this requirement if recipients could demonstrate that core medical services are available and accessible to all eligible clients in their state, jurisdiction or service area, and there is no current waiting or anticipated ADAP waiting list in their state. The current waiver standard was established in 2013 in response to a need to clarify documentation requirements, implementation of the Affordable Care Act which provides more coverage for core medical services, and to provide more flexibility for submitting a core medical

service waiver request. Since the establishment of the current waiver standard, the number of core medical waiver requests from Part A jurisdictions have increased steadily and reached a high of 13 in FY 2015. This session will present findings from an analysis of the Part A core medical services waiver request received and approved from 2013 to present. Specific trends in the number of requests received and approved, proposed service funding allocation ratios from waiver approvals, and support service gaps to be covered from waiver approvals will be described and discussed.

Presenter:

- Gary Cook

## CONCURRENT SESSIONS, SERIES C 3:30PM - 5:00PM

### Session ID: 4001

*Track: Innovative Practices*

#### Session Title: Interventions to Increase Routine, Opt-Out HIV Testing in Community Health Centers and Emergency Departments

Meeting Room: George Washington University  
(Level 1/Blue)

Continuing Education: No

Learning Objectives:

- Review the importance of routine opt-out HIV testing for identifying and linking people living with HIV/AIDS to care.
- Analyze the relative impact of a variety of practice-changing HIV testing interventions in health care settings, including modifications to the electronic health record (EHR).
- Identify interventions that participants can use to change provider and clinic-level habits around HIV testing and promote a culture for routine, opt-out testing.

**Description:** This session will provide an overview of two different routine HIV testing initiatives in large metropolitan areas, summarizing lessons learned from programs at an emergency department and five community health centers. Interventions included: institutional policy change, implementation of electronic health record (EHR) modifications and data reports, clinic work flow changes, and provider training.

In the emergency department example, the implementation of a policy for routine, opt-out testing, combined with an EHR report to prompt HIV testing for eligible patients resulted in the testing of 8,007 patients, and the identification of 60 HIV cases during the first year, including 4 acute infections. 75 percent of identified patients were linked to HIV medical care. In the community health center example, the implementation of multiple interventions resulted in the delivery of over 77,760 HIV across five health centers over the course of 30 months. Sixty-four HIV cases were identified, 89 percent of which have been linked to care.

Presenters will describe their experiences implementing the interventions described above and offer recommendations for institutions considering implementing routine, opt-out HIV testing. They will also lead a group discussion to help participants identify action steps to bring back to their workplaces.

Presenters:

- Catherine Holdsworth
- Sophy Wong

### Session ID: 4029

*Track: Emerging Issues*

#### Session Title: Integrating HIV Care into Primary Care Settings: Two Paths to Improving the HIV Continuum

Meeting Room: Dupont Circle (Level 3/Silver)

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Continuing Education: No

Learning Objectives:

- Describe the current HIV care continuum and how primary care integration of HIV care can fill the gaps.
- Describe two different models for primary care integration of HIV services.
- Describe challenges to ensuring ongoing high-quality care and tools to resolve these challenges.

**Description:** The changing HIV landscape creates a growing need for sophisticated HIV care to be integrated into primary care services focusing on health promotion and prevention. Greater Lawrence Family Health Center (GLFHC) is a family medicine-based FQHC that has successfully implemented a new model of HIV care to address this need while improving the HIV care continuum. Community Health Center, Inc. is the largest FQHC in Connecticut, using innovative technology, like Project ECHO, to train primary care providers in comprehensive HIV management and ongoing quality improvement. These two models of care provide patients with better access to care and consistently monitored clinical interventions.

Presenters:

- Christopher Bositis
- Marwan Haddad
- Kathleen Harding
- Sandra Silva
- Donna Rivera

**Session ID: 4034**

*Track: Quality Management*

**Session Title: Fostering the Clinical Quality Management Program Using Quality Improvement Practices**

Meeting Room: Dogwood (**Mezzanine/Red**)

Continuing Education: No

Learning Objectives:

- Foster the growth of the clinical quality management program in subrecipients.
- Recognize the elements and action steps to foster a network-wide culture of quality.
- Understand the role of data with subrecipients and how to best to coach subrecipients to improve.

**Description:** The National Quality Center provides technical assistance (TA) to all Ryan White HIV/AIDS Program (RWHAP) recipients. Recipients are often challenged to engage subrecipients in their CQM programs, conduct local quality improvement (QI) activities, and align them with the recipient CQM program to meet HAB expectations. In addition, subrecipients may not be as familiar with using data to construct the basics of their clinical quality management program. This session focuses on concrete ways to implement a robust and sustainable CQM program across a network of subrecipients and the use of data to inform improvement decisions. Various tools and publications will be presented to assist attendees in evaluating the clinical quality management program. The workshop will also discuss the use of data and its presentation to a wide audience.

Presenters:

- Clemens Steinbock
- Jenna Kivanc

**Session ID: 4048**

*Track: Emerging Issues*

**Session Title: Transgender People and Antiretrovirals across the Care and Prevention Continuum**

Meeting Room: Union Station (**Level 3/Silver**)

Continuing Education: No

Learning Objectives:

- Understand how transgender women could benefit from PrEP, and be able to address concerns about feminizing hormones and PrEP.
- Participants will gain insight into the unique challenges many transgender people face as they attempt to navigate their way through the complex world of ADAP formularies, provider competency and sensitivity, coverage assessment, and data collection.
- Understand structural and systemic changes required to ensure transgender people's access to antiretroviral medications across the continuum of care and prevention.

**Description:** Clinical trials have demonstrated PrEP's effectiveness among MSM, heterosexuals and PWID. Transgender women have been included in some PrEP trials, but only as a small minority of participants. Until a 2015 analysis of transgender data from the iPrEx and OLE studies, it was not clear whether PrEP is effective in transgender women. Questions about interactions between hormones and PrEP have been raised. Some transgender women have pondered whether they should await further research before using PrEP. Well-designed research is needed to demonstrate PrEP's effectiveness in transgender women and to better understand hormone effects on the ability of PrEP to concentrate in rectal tissue. Normative public health bodies should issue clear guidance for transgender women regarding PrEP that acknowledge remaining gaps in knowledge. Medical providers caring for transgender patients should discuss PrEP as an option that they should consider. NASTAD has developed a toolkit intended for providers and AIDS Drug Assistance Programs (ADAPs) to advance awareness of transgender health issues, assist in the development of core competencies around treatment and care considerations for

transgender patients, increase clinical outcomes, and highlight public and private insurance considerations. NASTAD will showcase Crossroads: ADAP Considerations for Transgender Health, highlighting three areas for ADAP staff and providers to consider in ensuring trans-inclusive care and treatment options: (1) insurance purchasing and coverage, (2) ADAP formulary navigation, and (3) collection of sexual orientation and gender identify data.

Presenters:

- Sean Cahill
- Joe Caldwell
- JoAnne Keatley

**Session ID: 5942**

*Track: Emerging Issues*

**Session Title: Implementing and Evaluating a Peer Enhanced Navigation Intervention: Results from a Randomized Control Trial**

Meeting Room: Magnolia (**Mezzanine/Red**)

Continuing Education: No

Level: Intermediate

Learning Objectives:

- Describe the peer intervention designed to re-engage and retain people of color living with HIV/AIDS.
- Identify potential facilitators and barriers to implementing a peer enhanced navigation model.
- Describe the impact and patient outcomes resulting from the implementation of the peer enhanced navigation model at the three clinic sites.

**Description:** Two of the four key goals of the National HIV/AIDS Strategy are to increase access to care to improve health outcomes for PLWH and reduce HIV-related disparities and health

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inequities. Racial and ethnic minorities with comorbidities of mental health and/or substance use disorders as well as housing needs are at particularly high risk of non-engagement in HIV care. The SPNS Minority AIDS Initiative, funded to Boston University School of Public Health, was a two-year randomized control trial examining the use of peers to re-engage and retain persons of color living with HIV in HIV primary care who were not engaged in HIV care in three urban clinics, located in Brooklyn, N.Y., Miami, and San Juan, Puerto Rico. All project peers received standardized training. Peer tasks included: outreach to out-of-care PLWHA, link those newly diagnosed in care, conduct standardized educational sessions, and provide emotional and practical support. This session will include a detailed description of the intervention model including supporting materials developed (intervention implementation manual and comprehensive training curricula for peers and supervisors), a description of the implementation of the model at the PATH Center at the Brooklyn Hospital Center, the data collection methods and patient outcome findings from the multi-site evaluation and a discussion on how the intervention can be replicated at other RW provider agencies.

Presenters:

- Jane Fox
- Janet Goldberg

**Session ID: 6320**

*Track: Health Care Landscape*

**Session Title: Understanding Essential Community Provider Requirements of the ACA and Implications for Ryan White Programs**

Meeting Room: Silver Linden (**Mezzanine/Red**)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Define essential community provider categories and provider types and understand the implications of the requirements to Ryan White programs.
- Discuss a collaborative, multi-Ryan White grantee approach to supporting inclusion of Ryan White clinics as Essential Community Providers in marketplace insurance plans.
- Identify learning lessons and best practices for addressing ECP issues.

**Description:** Ryan White grantees have worked hard to ensure PLWHA have gained access to health care coverage under the Affordable Care Act. Many of these individuals have received their care for years from safety net providers, such as community health centers and Ryan White medical providers. Recognizing the important role these providers play in promoting continuity of care as people transition between programs when their income changes, Congress established general requirements to ensure that these providers have the opportunity to participate in the qualified health plans that are offered through the marketplaces. These safety net clinics, Ryan White providers and hospitals are referred to as essential community providers (ECP), and the ACA specifically requires that qualified health plans available through the federal or state insurance marketplaces to include Ryan White providers based on certain criteria. This panel presentation reviews the definition of ECP, examines the federal and state rules that govern the extent to which plans must include Ryan White providers in their networks, discusses the particular importance of these rules to ensure PLWHA have access to care, and identifies the variation from state to state.

Presenters:

- Rose Conner

- Cheri Tomlinson
- Carmen Batista
- Amy Killelea

**Session ID: 6382**

*Track: Innovative Practices*

**Session Title: Using the Learning Collaborative Model to Craft and Test Systems-Level Linkage to Care Interventions**

Meeting Room: Tulip **(Mezzanine/Red)**

Continuing Education: No

Level: Intermediate

Learning Objectives:

- Identify the major components of the Learning Collaborative model.
- Describe a range of successful strategies to link and retain clients in care.
- Discuss challenges faced, lessons learned and the impact of the respective interventions.

**Description:** This interactive workshop will explore how the Learning Collaborative model was used to develop and implement systems-level interventions across three states as part of the SPNS's Linkages and Access to Care for Populations at High Risk of HIV Infection initiative. The components of the Learning Collaborative will be discussed, along with strategies for engaging participants, testing out new interventions, and lessons learned. Participants will examine select interventions and explore how they were used to generate new ideas and avenues for collaboration, thereby extending the reach and impact of the original scope. Massachusetts will discuss a standardized system for assessing client acuity of need for all funded medical case management providers and a mechanism for communicating HIV laboratory data and patient follow-up between

the health department and medical providers. New York will examine the key elements and benefits of early peer support and factors that led to full adoption by the demonstration sites and expansion to other agencies. Virginia will explore a care coordination intervention that facilitates expedited access to medication and medical care for persons living with HIV who have recently been released from correctional facilities, resulting in documented improvements in retention and viral suppression rates and expansion of the model to local and regional jails. Data showing the impact of the interventions will be presented along with challenges faced and lessons learned. Implementation manuals and protocols for each intervention will be shared so that others can apply the learning to their setting.

Moderator/Presenter: Lori DeLorenzo

Presenters:

- Anne Rhodes
- Steven Sawicki
- Sophie Lewis

**Session ID: 6397**

*Track: Health Care Landscape*

**Session Title: ADAPs' Optimization of Client Health Outcomes in an Evolving Health Care Landscape**

Meeting Room: Scarlet Oak **(Mezzanine/Red)**

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Understand the continuum ADAP client engagement and its interplay with the broader HIV care continuum.
- Observe ways in which ADAPs have expanded their programs by capitalizing on the creation of ACA marketplaces and Medicaid expansion.

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- Recognize how ADAPs work in concert with other payers (e.g., Medicaid, Medicare) to reduce health inequities among key populations (e.g., Non-Hispanic, Black/African American).

**Description:** As a long-standing activity conducted by the National Alliance of State & Territorial AIDS Directors (NASTAD), the National AIDS Drug Assistance Program (ADAP) Monitoring Project documents key trends over time among ADAPs nationally. In recent years, the National ADAP Monitoring Project has illustrated the adaptations and growth ADAPs have undergone in response to the implementation of the Affordable Care Act (ACA) and the National HIV/AIDS Strategy. This presentation includes the most recent data available and emphasizes the impact the creation of ACA marketplaces and Medicaid expansion continue to have on ADAPs, how ADAPs have improved health outcomes among the clients they serve, and the ways in which ADAPs contribute toward efforts to reduce health inequities.

Presenter:

- Amanda Bowes

**Session ID: 6428**

*Track: Emerging Issues*

**Session Title: Understanding and Addressing the Multiple Dimensions of Stigma to Promote Engagement in HIV Care**

Meeting Room: Marquis Salon 14 (Level 2/Purple)

Continuing Education: Yes

Level: Beginner

Learning Objectives:

- Increase knowledge related to the various dimensions of stigma.
- Learn about strategies to measure stigma.

- Discuss strategies that can be used to address stigma at the individual, community, and systems levels in order to promote linkage and engagement in HIV care.

**Description:** For people living with HIV/AIDS (PLWHA) addressing stigma is critical to promoting engagement in HIV care and achieving viral suppression. PLWHA who are homeless may experience stigma from multiple dimensions. A recent study of PLWHA who are homeless reported that approximately two-thirds experience stigma from people they know due to HIV, one-third felt they were treated worse than people who have a stable place to live, one-quarter experienced stigma due to substance use, and one out of five felt they were treated poorly due to a mental health or emotional problem. The Health Resources and Services Administration, HIV/AIDS Bureau through its Special Projects of National Significance is working to address these effects of stigma through building patient-centered medical homes for multiply diagnosed HIV-positive homeless and unstably housed populations. A key service delivery strategy is the use of patient navigators and care coordinators to engage and retain HIV homeless and unstably housed individuals in care and assist with obtaining stable housing. This workshop will describe the methods used to assess stigma, review initial results, and describe some strategies that can be used to help clients and providers in addressing stigma and building resilience.

Moderator/Presenter: Serena Rajabiun

Presenters:

- Manisha Maskay
- Ruthanne Marcus
- Lisa McKeithan

**Session ID: 6511**

*Track: Innovative Practices*

**Session Title: Using Medical Nutrition Therapy Innovative Practices in HIV Clinical Care to Improve Health Outcomes**

Meeting Room: University of District of Columbia  
(Level 1/Blue)

Continuing Education: Yes

Level: Beginner

Learning Objectives:

- Justify implementation of medical nutrition therapy in Ryan White HIV/AIDS Program-funded clinical settings using RWHAP legislation, guidance, and evidence-based guidelines.
- Use essential tools to facilitate medical nutrition therapy for people living with HIV/AIDS in the clinical setting.
- Model innovative MNT and food security program to increase their clients' retention in HIV clinical care and treatment.

**Description:** People living with HIV/AIDS (PLWH) may struggle with malnutrition, nutrition-related complications and food insecurity. Medical nutrition therapy (MNT), added as a core medical service to the Ryan White HIV/AIDS Treatment Modernization Act of 2006, remains a core medical service in the Ryan White HIV/AIDS Treatment Extension Act of 2009. MNT, provided by the registered dietitian (RD), and food security helps to improve PLWHs' immune function and overall well-being. The RD's role is critical in HIV/AIDS care. This panel of three highly experienced RDs will provide participants with a brief history of MNT in the Ryan White HIV/AIDS Program (RWHAP) and up-to-date, evidence-based recommendations and peer-reviewed tools to facilitate medical nutrition therapy and optimize food security for PLWH in the outpatient clinical

setting. Application of MNT access and tools to improve patients' retention in care and success in treatment will be demonstrated by the innovative and acclaimed Palm Beach County RWHAP-funded MNT program, using affordable foods in HIV ambulatory outpatient medical clinics. Participants will engage in free discussions to spread best practices of medical nutrition therapy and food security programs, which will include promotion of networking among nutrition experts and RWHAP recipient staff and identify questions that remain as barriers.

Moderator: Kathleen Edelman

Presenters:

- Shana Bayder

**Session ID: 6574**

*Track: Quality Management*

**Session Title: Service Standards: What Are They; Why Are They Important, and How Are They Integral to RWHAP Functions?**

Meeting Room: Marquis Salon 15 (Level 2/  
Purple)

Continuing Education: No

Level: Beginner/Intermediate/Advanced

Learning Objectives:

- Describe the purpose of service standards.
- Identify the components that comprise a service standard.
- List the steps in a successful process to develop and update service standards.

**Description:** Service standards, also known as standards of care, outline the elements and expectations a Ryan White HIV/AIDS Program service provider follows when implementing a specific service category. The purpose of service standards is to ensure that all Ryan White HIV/AIDS Program service providers offer the same fundamental components of the given

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service category across a service area. Service standards establish the minimal level of service or care that a Ryan White HIV/AIDS Program-funded agency or provider may offer within a state, territory, or jurisdiction. This workshop will provide a broad orientation to service standards. Attendees will become familiar with the essential components of service standards and strategies for developing service standards for all funded services; and will understand how service standards should be used in monitoring, developing subrecipient agreements, and as the basis of their clinical quality management programs to ensure that clients achieve maximal health outcomes. A panel of recipients will present on their processes to develop, update, and monitor service standards. The workshop will balance between presentation of materials, sharing of recipient experiences, and brainstorming solutions.

Presenters:

- Emily Chew
- Marlene Matosky
- Susan Robilotto

**Session ID: 6596**

*Track: Data to Care*

**Session Title: Using Early Intervention Services to Maximize Coordination Between Surveillance and Care**

Meeting Room: Marquis Salon 12 (Level 2/Purple)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Learn about using HIV surveillance data to improve data to care activities to link out-of-care people back into care.

- Discover how Ryan White funds are being used to support using data to drive linkage to care activities by communicable disease investigators (CDIs).
- Learn about specific roles and responsibilities of CDIs and other staff who implement Data to Care.

**Description:** In California in 2014, 29 percent of diagnosed people living with HIV (PLWH) were out of care and 43 percent were not virally suppressed, leading to poorer clinical outcomes and increased risk of HIV transmission. In March 2016 the California Office of AIDS (OA) started releasing monthly county-level lists of out of care and non-virally suppressed PLWH based on HIV surveillance data (out-of-care lists). Five pilot local health departments are using the lists to find and re-engage PLWH in care. Lists are prioritized to facilitate effective use of limited staff time; high-priority groups include PLWH diagnosed in the last year but not linked to care; and PLWH out of care for more than a year and not virally suppressed. OA is monitoring linkage to care rates at each pilot location to identify best practices for effective use of the out-of-care lists. OA will present an overview of processes to develop the out-of-care lists, describe statewide barriers to implementing outreach activities based on the out-of-care lists, and describe the process for ongoing monitoring. The County of San Diego Public Health Services program will provide local perspectives on how the out-of-care lists are being used. Presentations will highlight challenges experienced and best practices.

Moderator/Presenter: Kama Brockmann

Presenter:

- Lauren Brookshire

**Session ID: 6629**

*Track: Emerging Issues*

**Session Title: Strategies to Improve Viral Load Suppression in Hardest-to-Reach Patients**

Meeting Room: Judiciary Square (**Level 3/Silver**)

Continuing Education: Yes

Level: Beginner

Learning Objectives:

- Describe the H4C closed cohort viral load suppression project purpose and results.
- List three strategies for helping hardest-to-reach patients achieve viral load suppression.
- Identify two tools or resources they might use in their own programs.

**Description:** The session will consist of two parts. The first half will showcase three Ohio Part C programs and their closed cohort viral load suppression project in conjunction with the HRSA/ NQC Cross-Part Care Continuum Collaborative (H4C). In the first year of the intervention, the programs helped between 47 percent and 69 percent of the patients who were virally unsuppressed at the start of the project (the “closed cohort”) become suppressed. One clinic focused primarily on medical visit adherence, another on intensive wraparound services, especially mental health and substance abuse, and a third piloted one-on-one motivational interviewing adherence work. The second half of the workshop will consist of a different panel (including patient navigators) that will take a more in-depth look at that third program’s intervention and its work. The original pilot was small in scale, informal, and without standard documentation. The MI sessions were conducted by staff, patients were chosen by staff preference, and staff could decide whether to use patient navigators to assist. Subsequent to

that, they received an Ohio Department of Health Innovations in Quality grant and developed a more formal intervention that was peer led, supported by more motivational interviewing training, and used a digital package created by staff and peers that included MI prompts, short videos, documentation forms, adherence surveys and other tools. Both sets of panelists will discuss successes and challenges, share tools/resources and answer questions.

Presenters:

- Brigid Kennedy
- Michelle Kucia
- Kate Bennett
- Gerald Wolfe
- Iris Almos

**Session ID: 6644**

*Track: Health Care Landscape*

**Session Title: Aligning RWHAP Policy with the Health Care Landscape: A Review of Select Policy Clarification Notices**

Meeting Room: Shaw (**Level 3/Silver**)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Review the RWHAP policy clarification notices related to the Affordable Care Act.
- Describe the challenges that the policy clarification notices seek to address.
- Share how the policy clarification notices have helped participants expand clients’ access to health care and health care coverage.

**Description:** The Ryan White HIV/AIDS Treatment Extension Act of 2009 was enacted before the Affordable Care Act changed the health care landscape. As the health care landscape

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has changed, the HIV/AIDS Bureau (HAB) has continually assessed how these changes will intersect with the RWHAP program legislation. HAB has released seven policy clarification notices to help recipients abide by the legislative requirements of the RWHAP while maximizing the opportunities of the Affordable Care Act (ACA). RWHAP recipients have gone through two open enrollment seasons and have rendered operational several HAB policy clarification notices related to the ACA. This interactive session will consider how these policy clarification notices anticipated and addressed challenges as the ACA was implemented, review these notices, and discuss how they remain relevant now that the ACA has been implemented. Participants will be encouraged to share their experiences in operationalizing these policies and share ongoing challenges that might be overcome with further policy clarification or technical assistance.

Presenters:

- Connie Jorstad
- Theresa Jumento
- Holly Berilla

**Session ID: 6681**

*Track: Innovative Practices*

**Session Title: Restructuring the AIDS Education and Training Centers Program**

Meeting Room: Catholic University (Level 1/Blue)

Continuing Education: No

Level: Beginner

Learning Objective:

- Understand the process used to solicit stakeholder input, include new trends in HIV and adult learning, redefine the primary target audience, create a new national coordinating center and new regional configuration, and determine funding for each region.

**Description:** This panel presentation will review the HRSA HIV/AIDS Bureau (HAB) restructuring of the AETC Program in 2014-2015. We will discuss the process used to solicit stakeholder input, including new trends in HIV, redefine the primary target audience, create a new national coordinating center and new regional configuration, and determine funding for each regional award recipient. The AETC Program provides training and technical assistance to improve HIV prevention, care, and treatment. There is a special emphasis on training for minority/minority-serving health care professionals. The National HIV/AIDS Strategy, released in 2010, necessitated a critical review of the training needs of the HIV workforce in the United States. Literature review and internal/external stakeholder input revealed common themes, including a need to demonstrate program impact on the transformation of practice by prioritizing interprofessional education, centralized development of HIV provider competencies and curriculum, increased use of telehealth, and alignment with the National HIV/AIDS Strategy with specific foci on the training needs of novice and expert HIV providers. We prepared a communications strategy for the roll out of the FOA. We used an evidence-based approach that included epidemiology and health services and workforce data to determine the regional configurations and funding amounts. Leadership buy-in was key to the process. Stakeholders included multiple bureaus and offices within HRSA, AETC award recipients, consumers, providers, and educators. Resources included publicly available epidemiologic data and

the HRSA Data Warehouse. HAB used quantitative and qualitative data to make significant changes in the AETC structure and budgets. This discussion will provide lessons learned to programs that may be considering changes to their professional training programs.

Moderator/Presenter: Andrea Knox

Presenters:

- Rupali Doshi
- Jewel Bazilio-Bellegarde
- Sherrilyn Crooks

**Session ID: 6682**

*Track: Quality Management*

**Session Title: Health and Adherence-Related Quality Management (QM): Considerations for AIDS Drug Assistance Programs (ADAPs)**

Meeting Room: LeDroit Park (Level 3/Silver)

Continuing Education: No

Level: Intermediate/Advanced

Learning Objectives:

- Describe how an ADAP's Quality Management (QM) program can send powerful messages to its community about ADAP's role in supporting health and adherence.
- Identify strategies to involve provider stakeholders in developing health and adherence-related QM approaches, and integrate into the state's QM Plan.
- Identify strategies and data exchange options to align ADAP performance measurement and quality improvement (QI) initiatives with clinical sites.

**Description:** AIDS Drug Assistance Programs (ADAPs) are established under Ryan White legislation to provide access to HIV medications

for clients who cannot afford them. Access is one key goal of ADAPs, reinforced by the legislation that requires states to “provide therapeutics to treat HIV/AIDS” and “facilitate access to treatments for such individuals; and document the progress made in making therapeutics ... available to individuals eligible for assistance.” However, ADAPs are uniquely positioned to create quality management programs that use performance measures to additionally demonstrate the health impact of providing medication access to persons living with HIV/AIDS (PLWHA), and to implement health and adherence-related QI activities, highlighting the importance of ADAP services in the coordinated effort to effectively treat and prevent HIV disease. With renewed attention and efforts toward linkage and retention to care, supported by the National HIV/AIDS Strategy, use of care continuums, and the accepted evidence that HIV transmission can be reduced through the benefits of effective treatment, it is essential that states consider ways to implement measures that address health and adherence outcomes of ADAP services, and implement activities that improve those outcomes. ADAPs can establish a process to identify and develop health and adherence-related performance measures (and related performance improvement activities) to illustrate and enhance the success of ADAP services. This process takes time, and it is well worth the effort to invest in the infrastructure and stakeholder support to sustain it. State examples, including Massachusetts, will be highlighted.

Presenters:

- Steven Bailey
- Ann Lefert
- Britten Pund
- Annette Rockwell

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## Session ID: 6752

Track: *Emerging Issues*

### Session Title: Radical Health Care: Fighting Transphobia, Providing Trans-Affirming HIV Care

Meeting Room: Mount Vernon Square  
(Level 3/Silver)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Intersecting medical and psychosocial factors that frequently impede access to care and retention in care among transgender women of color living with HIV.
- Discrete programmatic elements that contributed to successful HIV care for this population
- Preliminary mixed-method intervention outcomes

**Description:** Nationwide, transgender women, particularly those of color, experience worse outcomes at each stage of the HIV care continuum compared to the general population. These disparities are driven by the disproportionately high risk of homelessness, poverty, inadequate employment access, trauma, and substance use. These associations between psychosocial and medical factors required an innovative model of care to address this population's exceptionally high acuity. In 2013, the San Francisco Department of Public Health and the Asian & Pacific Islander Wellness Center created the TransAccess Project to improve HIV outcomes among transwomen of color. Integrating psychosocial services, TransAccess offers an open-access model of HIV care, strategically located in a trans-affirming community-based organization. TransAccess expands upon traditional standards of health care, addressing the microcosm of the patient experience as well as the socio-political

environment from which these health disparities emerge. TransAccess has reached 70 HIV-positive transwomen of color in San Francisco. At baseline, 22 percent were within the top 2-5 percent of medical-service utilizers in San Francisco. Compared to the national average of 30 percent virally suppressed, 72 percent of TransAccess clients are virologically suppressed.

Presenters:

- Janell Tryon
- Royce Lin
- Kate Franza

## Session ID: 6754

Track: *Emerging Issues*

### Session Title: Housing Data: An Interdisciplinary Approach to Improved Health Outcomes for PLWHA

Meeting Room: Georgetown (Level 1/Blue)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Distinguish concrete ways to improve housing-related data collected through the SNA and client focus groups, as well as steps for meaningful analysis.
- Describe new ways to assess the housing stability of PLWH in caseloads or across communities.
- Discuss how housing stability impacts positive health outcomes.
- Describe specific ways to use HIV housing data to advocate for PLWH locally in their communities.

**Description:** Recent HIV/AIDS housing research finds positive relationships between stable housing and improved health-related outcomes. In New Orleans, an interdisciplinary team of

providers, regional planning body members, advocates, clients, and technical assistance providers worked in partnership to examine key housing indicators over time to better understand the local housing and support needs of PLWHA. The coalition helped form a valid basis for assessing the current system of housing interventions within the larger system of care. These research efforts scrutinized the housing and services questions on the RW needs assessment and revised the survey to include only those housing questions tied to meaningful analysis on measuring housing stability for PLWHA. Between 2013 and 2016, selected SNA data elements and a series of consumer focus groups provided robust information on factors related to housing stability including history of homelessness, substance use, mental health, housing affordability, and accessibility for PLWHA. In alignment with Goal 4 of the National HIV/AIDS Strategy: Updated to 2020, the longitudinal analysis was leveraged to develop local policies on the use of federal funds to coordinate services and address the social determinants of health that are known impediments to achieving viral suppression for many clients. The impact of these efforts includes new housing programs with increased access for PLWHA. Additionally, improvements in clinical health measures have also been seen for clients stabilized through this permanent housing programming. These data-driven collaborative efforts are well documented for New Orleans and can be replicated to improve HIV systems of care in other communities.

Moderator: Fran Lawless

Presenters:

- Crystal Pope
- Brandi Bowen
- Alice Riener
- Katie Pittenger

**Session ID: 6757**

*Track: Innovative Practices*

**Session Title: Transforming Overwhelming into Possible: Innovative Models by HIV Pharmacies**

Meeting Room: Gallaudet (**Level 1/Blue**)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Assessment of a pharmacy's readiness for successful HIV patient-centered culturally competent care — as pharmacy staff, as clinicians, as RWHAP planners, and/or as clients.
- Describe at least three key components of successful patient-centered, culturally-competent HIV pharmacy services that seem both feasible and desirable.
- Identify and describe at least two to three tools provided in the workshop that can help participants maintain and improve their HIV pharmacy services.

**Description:** People living with HIV (PLWH) across the country, especially PLWH with low literacy, low insurance literacy and/or limited English proficiency, are facing numerous challenges in adherence to treatment. New models of care highlight patient-centered, team-based care and link payment to the achievement of positive clinical outcomes. As the awareness of the importance of cultural competence grows, incorporating patient-centered culturally sensitive approaches becomes a critical need. This workshop will identify and explore key factors in successful patient-centered, culturally-competent pharmacy services. It will convey the experiences of two experienced practitioners: a clinical infectious diseases pharmacy supervisor and a business manager at a community

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specialty pharmacy. The session will address such aspects of patient-centered care as adherence management, patient education, and medication adverse effect counseling, proactive patient outreach for prescription refill and renewal, benefits investigation, financial assistance, etc. The session will also investigate creative ways of dealing with language barriers, as well as cultural beliefs and behaviors toward health and illness. In addition to the individual experiences of the pharmacy practitioners, the session will present the best practices and findings by the American College of Clinical Pharmacy (ACCP) and the American Pharmacists Association (APhA).

Presenters:

- Hila Berl
- Alton Condra
- Catherine Knochel

## Session ID: 6762

*Track: Innovative Practices*

### Session Title: Linkage and Retention in HIV Care: One Size Does NOT Fit All!

Meeting Room: Howard University (Level 1/Blue)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Recognize the importance of tailoring strategies for retention in care for people living with HIV.
- Identify at least three retention strategies that would be effective for a particular target population.
- Understand benefits and drawbacks of at least five different retention strategies.

**Description:** This 90-minute workshop will highlight a range of effective community-based services to support linkage and retention in care

for people living with HIV. While linkage has received attention for years, evidence-based strategies for improving retention in care are sorely needed. Average retention rates continue to be low throughout the United States, impacting viral suppression rates, risk of transmission, and overall quality of life for people living with HIV. Ranging from a high-touch, women-focused linkage-and-retention program in Oakland, Calif., to intensive case management in the face of stigma in rural Georgia to a “one-stop shop” model in Queens, N.Y., in this workshop representatives from five different organizations will present information on why their programs are designed the way they are and why they work so well. Each presenter will take 10 minutes to present data on program demographics and evidence of effectiveness, explain the particular strategies used, and discuss what makes their programs unique and tailored to their populations. Twenty minutes will then be spent highlighting various program elements, their benefits and drawbacks, and walking through a series of brief group activities. Designed to help participants determine the best ways to apply the information learned to their own settings and target populations, activities will include an interactive review of case studies as well as handouts that prompt participants to identify their clients’ biggest retention challenges and to strategize methods to effectively support retention. The remaining 20 minutes will be reserved for participant questions.

Moderator/Presenter: Shelley Facente

Presenters:

- Kristina Wong
- Robert Candage
- Rosemary Lopez
- Johnny Rogers
- DornuBari John-Miller

**Session ID: 6926**

*Track: Innovative Practices*

**Session Title: Translation and Replication of SPNS Models: Moving Hard-to-Reach Clients along the HIV Care Continuum**

Meeting Room: Chinatown (Level 3/Silver)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Identify resources developed to support the implementation and replication of successful models of HIV care.
- Describe two models for preparing HIV-positive incarcerated individuals for release and linking them to care.
- Describe two models for addressing comorbid HCV infection among people living with HIV/AIDS.

**Description:** The Health Resources and Services Administration (HRSA) supports the implementation and replication of successful models of HIV care through Integrating HIV Innovative Practices (IHIP) tools and resources gathered from evidence-informed Special Projects of National Significance (SPNS) interventions, and the provision of technical assistance support. IHIP tools, resources, and capacity building activities equip HIV service providers with knowledge of tested approaches for improving the delivery of HIV care. This workshop will highlight innovative SPNS models featured in an implementation manual designed to facilitate replication of successful models. The manual — and this session — provide comprehensive steps for replicating the intervention models, potential challenges, and lessons learned. We will feature state health department linkage-to-care and medication-access models for incarcerated

and recently released individuals. One model uses video conferencing between HIV-positive incarcerated individuals and a community-based case manager to prepare the incarcerated individuals for release; another model focuses on care coordination to ensure uninterrupted access to HIV medications and medical care after release. Other featured models expand hepatitis C (HCV) treatment for HIV-HCV coinfecting patients in both ACA Medicaid expansion and nonexpansion states by colocating care in a primary care setting. Program staff integral to the implementation of the SPNS models, including those from the Virginia Department of Health, the Louisiana Department of Health & Hospitals, Washington University, and the University of California, San Francisco, will describe their intervention models, the staffing, and resource capacity required for implementation and steps necessary for replication. Presenters will also discuss challenges encountered and describe the sustainability of their models.

Moderator/Presenter: Sarah Cook-Raymond

Presenters:

- Shelly Kowalczyk
- Karissa Page
- Tawnya Brown
- Lauren Yerkes

**Session ID: 6943**

*Track: Data to Care*

**Session Title: The Whoosh: Innovative Data Exchange to Save Time and Improve Care in Hawaii, Boston and Rikers Island**

Meeting Room: Marquis Salon 13 (Level 2/Purple)

Continuing Education: Yes

Level: Intermediate/Advanced

Learning Objectives:

# WORKSHOPS

WED, AUGUST 24  
3:30PM - 5:00PM

- Understand how a paradigm of health information exchange can free up time better spent on client care and quality improvement.
- Describe how to adopt and adapt strategies and tools to implement web-based resources to achieve federal compliance and improved quality management.
- Understand the pitfalls and benefits of implementing health information exchange, including the adoption of federal Office of the National Coordinator (ONC) standards.

**Description:** Three case studies from diverse regions illustrate the importance, barriers, successes and lessons learned in successful data exchange that transformed federal reporting into an efficient process for quality improvement. The Hawaii Department of Health, the Boston Eligible Metropolitan Area (EMA), and NYC Health + Hospitals share their diverse perspectives as a State Part B recipient, an EMA, and a large multi-funded provider, respectively. Leveraging resources, from HRSA Special Projects of National Significance (SPNS), the State of Hawaii will present its statewide RSR- and ADR-ready eCOMPAS system, including how they securely share its Part C clinic's data with the statewide network, providing information for case managers, quality managers, and the State's ADAP program. This system provides more than 300 million data elements to case managers while saving 6,000 hours per year across state agencies. The Boston EMA presents its case study for publishing open data standards to allow sub-recipients to upload electronic medical record data for RSR reporting, program compliance, and quality management, eliminating double-data entry burden of 600,000 data elements each year. Utilizing multiple SPNS projects, including replication activities in Puerto Rico, the NYC Health + Hospitals Warm Transitions program presents its outcomes and lessons learned from its data exchange program

coined "The Whoosh," which has transferred more than 2 million data elements in just one year, saving time and improving service coordination. Distilling lessons learned across these diverse regions and projects, overall principles of effective collaboration, communication, and systems coordination are presented to inform the growing trend for data exchange across the nation.

Moderator/Presenter: Jesse Thomas

Presenters:

- Alison Jordan
- Ray Higa
- Eric Thai
- Benjamin Penningroth

**Session ID: 8009**

*Track: Emerging Issues*

**Session Title: U.S. Counties' Vulnerability to Rapid Dissemination of HIV/HCV Infections Among Persons who Inject Drugs**

Meeting Room: Cherry Blossom (**Mezzanine/Red**)

Continuing Education: No

Level: Beginner

Learning Objectives:

- Describe the factors associated with acute hepatitis C infection rates in the United States from 2012 through 2013.
- Increase provider awareness of the geographic areas identified as vulnerable to rapid spread of human immunodeficiency virus (HIV), if introduced, and new or continuing high rates of hepatitis C virus (HCV) infections among persons who inject drugs and the HIV infection proximity in these areas.

- Describe three actions that state and local health departments can do to better understand their local vulnerability to rapid spread of HIV or HCV infections among persons who inject drugs.

**Description:** A recent HIV outbreak in a rural network of persons who inject drugs (PWID) underscored the intersection of the expanding epidemics of opioid abuse, injection drug use (IDU), and associated increases in HCV infections. We sought to identify U.S. communities that are especially vulnerable to rapid spread of IDU-associated HIV, if introduced, and new or continuing high rates of HCV infections.

We conducted a multi-step analysis to identify which indicator variables were highly associated with IDU. We then used these indicator values to calculate vulnerability scores for each county to identify which were most vulnerable.

We used confirmed cases of acute HCV infection reported to the National Notifiable Disease Surveillance System, 2012-2013, as a proxy outcome for IDU, and 15 county-level indicators available nationally in Poisson regression models to identify indicators associated with higher county acute HCV infection rates. Using these indicators, we calculated composite index scores to rank each county's vulnerability. A parsimonious set of six indicators were associated with acute HCV infection rates (proxy for IDU): drug overdose deaths, prescription opioid sales, per capita income, white, non-Hispanic race/ethnicity, unemployment, and buprenorphine prescribing potential by waiver. Based on these indicators, we identified 220 counties in 26 states within the 95th percentile of most vulnerable. Our analysis highlights U.S. counties that are potentially vulnerable to HIV and HCV infections among PWID in the context of the national opioid epidemic. State and local health departments will need to further explore vulnerability and target interventions to prevent transmission.

Presenter:

- Michelle Van Handel

**Session ID: 8010**

*Track: Emerging Issues*

**Session Title: 201: Strengthening the Health Care Delivery System through Planning**

Meeting Room: Capitol Hill (Level 3/Silver)

Continuing Education: Yes

Learning Objectives:

- Identify the key components of the planning cycle and how it is used to achieve NHAS goals.
- Apply Parity, Inclusion and Representation (PIR) and data-driven decision-making in planning.
- Use planning to develop approaches that lead to a reduction in health disparities.

**Description:** HIV community planning in the United States has used the principles of parity, inclusion and representation (PIR) to support stakeholder engagement. These principles can be essential in meeting the goals of the National HIV/AIDS Strategy in a changing health care landscape. With the appropriate infrastructure and representation in place, the planning bodies will have clear and direct input on the goals and data-driven decision-making activities surrounding national and local HIV issues.

Presenters:

- Gary Cook
- Lennwood Green
- Frances Hodge
- Amelia Khalil
- Emily McKay

# WORKSHOPS

THURS, AUGUST 25  
10:30 AM - 12:00 PM

## THURSDAY, AUGUST 25, 2016

### PLENARY SESSION

Meeting Room: Marriott Marquis Ballroom  
(Level 2/Purple)

This plenary will highlight innovative initiative and models for HIV programs and service delivery. Presenters will provide an overview of HIV prevention and care and treatment initiatives and collaborations and specific examples of programmatic work to improve health outcomes for people living with HIV.

#### Speakers:

- Harold Phillips, Director, Office of Training and Capacity Development, HIV/AIDS Bureau, Health Resources and Services Administration
- Jonathan Mermin MD, MPH (RADM, USPHS), Director, National Center on HIV, Viral Hepatitis, STD, and Tuberculosis Prevention, Centers for Disease Control and Prevention
- Diana Jordan, RN, MS, Director, Division of Disease Prevention, Virginia Department of Health
- Kimberly Butler Willis, MPH, Director, Ryan White Wellness Center, Roper St. Francis Health Care
- Mario Perez, Director, Division of HIV and STD Programs, Los Angeles County

### CONCURRENT SESSIONS, SERIES D 10:30 AM - 12:00 PM

#### Session ID: 4022

*Track: Innovative Practices*

#### Session Title: Planning for the Ryan White Care Continuum: Prevention, Care and the Councils

Meeting Room: Howard University (Level 1/Blue)

Continuing Education: No

#### Learning Objectives:

- Describe the roles of local health departments, Ryan White grantees and local planning bodies in HIV integrated planning, creating a comprehensive work plan and maximizing collaboration efforts.
- Discuss experiences in initiating an integrated planning process, structuring planning bodies, best practices and lessons learned to coordinate a response to the HIV epidemic.

**Description:** This workshop will focus on the successes of Broward County HIV Health Services Council (HIVPC), the Broward County HIV Prevention Planning Council (BCHPPC), and the Metropolitan Washington Regional Ryan White Planning Council in redesigning and revamping the manner in which these bodies plan for prevention and care services in their respective jurisdictions. In Broward County, the planning groups aligned their planning efforts to ensure integrated HIV prevention, care, and treatment funding and services. Integration work products, processes, and methods will be shared in order to highlight best practices and display recommendations for implementation. Collective Impact Methodology (CIM) was the process chosen by the Part A Program and DOH-Broward, creating a mechanism by which the complex

issues of achieving a coordinated response to the HIV epidemic could be addressed. In Washington, a new structure was developed that governs the planning body: a community co-chair (elected from and by the body) and a government co-chair (hired by the Department of Health). The decision to reconstitute the planning council was made to enhance the council's capacity to plan for the care and support services of people living with HIV/AIDS in the eligible metropolitan area. This workshop will provide the audience with information on the rationale for the changes in planning models and planning structures and the steps and processes that were taken to achieve the change. This includes providing details on the time required, key stakeholders, key staff, roles and responsibilities, and a status update on how this change has improved the work of the planning bodies.

Presenters:

- Lamont Clark
- Shaundelyn Emerson
- Ebony Fortune
- Ka'leef Morse
- Robert Sandrock

### Session ID: 4023

*Track: Quality Management*

#### Session Title: Using Regional Groups to Effect Positive Change in HIV Care

Meeting Room: University of District of Columbia  
(Level 1/Blue)

Continuing Education: No

**Description:** This session will offer three presentations on how regional groups effectively make positive changes in a cooperating group of Ryan White HIV/AIDS Program recipients. The National Quality Center (NQC) currently facilitates and/or participates in 28 regional

groups throughout the United States. These groups provide a powerful mechanism for local peer learning. About 257 RWHAP recipients participate in NQC regional groups, representing 43 percent (257 out of 587) of all recipients, the most widely used ongoing QI initiative for RWHAP recipients. Regional group participants demonstrate statistically significant improvements on key performance measures, including increased viral load suppression, and show greater improvements compared to agencies that do not participate in regional groups. The South Carolina Regional QI Team has operated a regional group since 2006. Since that time the group has fostered an expanded peer learning environment, incorporated consumers into the group and moved toward focusing on disparity. South Carolina brings the invaluable experience of the 10-year evolution of its regional group and the success and challenges, it has faced along the way. North Carolina will also be discussing how its regional group has made a statewide impact. Participants in this workshop will gain a full understanding of the importance and positive benefits of regional groups.

Presenters:

- Mulamba Lunda
- Clemens Steinbock
- Theresa Rubin
- Pam McKnight
- Scott Parker
- Amy Heine

### Session ID: 4025

*Track: Emerging Issues*

#### Session Title: Strategies to Improve Engagement in Community HIV Care for People who are Releasing from Prison

Meeting Room: Union Station (Level 3/Silver)

# WORKSHOPS

THURS, AUGUST 25  
10:30 AM - 12:00 PM

Continuing Education: No

**Description:** This session will review Wisconsin's patient navigation program and Louisiana's videoconferencing intervention for HIV-positive persons discharging from prison within their respective state prison systems. The Wisconsin AIDS/HIV Program and Louisiana STD/HIV Program are participants in the Systems Linkages and Access to Care for Populations at High Risk of HIV Infection initiative, which is funded by the Special Projects of National Significance program of the U.S. Health Resources and Services Administration. The projects involve implementing a novel intervention aimed at improving retention in HIV care after patients are released from prison back to the community. This session will include a presentation on the implementation of each intervention and experiences working in correctional systems. Presenters will discuss data collection using CAREWare, state surveillance systems, and electronic health records, and provide quantitative analyses and preliminary findings assessing the interventions.

Presenters:

- Karli Hochstatter
- Karissa Page

## Session ID: 4036

*Track: Innovative Practices*

### **Session Title: Innovative Pharmacy Collaboration: Playing a Role in Viral Suppression and Retention in Care**

Meeting Room: George Washington University  
(Level 1/Blue)

Continuing Education: No

Learning Objectives:

- Identify resources for starting an onsite pharmacy and summarize the impact it can have on patient care outcomes.

- List the differences between a 340B pharmacy and a traditional pharmacy.
- Identify collaborative strategies to build capacity, encourage ART adherence and improve viral load suppression.

**Description:** The eight FQHC look-alike facilities of the Philadelphia Department of Public Health (PDPH) provide safety net primary care and pharmacy services to more than 1,000 PLWH. To address gaps in ART adherence and viral load suppression, PDPH, with support from a RWHP capacity development grant, convened a clinician-pharmacy collaborative with input from advanced practice pharmacists and community pharmacy representatives, the local AETC performance site and PDPH personnel to provide tailored, technical assistance, evaluation, and other activities over a one-year period. The University of Toledo Medical Center (UTMC) Ryan White Clinic has an on site 340B pharmacy that provides "high touch" services to patients, including medication therapy management, vaccinations, counseling and pill boxes. In addition to its financial support for the Ryan White program, patients who use the pharmacy have lower viral loads and higher visit and lab compliance than those who do not. Both Philadelphia and UTMC have used different pharmacy models to care for their patients and have evaluated the influence of those models on patient care outcomes. In this session, we will discuss the impact of these pharmacy models on patient care outcomes, the key planning items needed when starting an on-site 340B pharmacy, and available resources to programs. Additionally, we will focus on the interplay between pharmacies, benefits, patient behaviors, and prescription fills. Both programs will then take questions on their pharmacy models, patient outcomes, and clinical services offered.

Presenters:

- Lindsey Eitniew

- Helena Kwakwa
- Joan Duggan
- Nicole Hamons

**Session ID: 4043**

*Track: Health Care Landscape*

**Session Title: Creating New Opportunities for Delivering HIV Prevention, Care, and Management Services to Insured Populations**

Meeting Room: Magnolia **(Mezzanine/Red)**

Continuing Education: No

Learning Objectives:

- Trainees will be able to identify three ways that the ACA promotes HIV prevention and disease care management services.
- Trainees will become familiar with common components of disease care management.
- Trainees will acquire an understanding of how they can collaborate with other HIV providers to address insurance contracting and billing challenges.

**Description:** The HIV care continuum is rapidly evolving and offers new opportunities for integrating HIV prevention, management, and treatment. The broader health care insurance system also can promote integration and payment for these services. Expanded insurance enrollment, ACA preventive service provisions, and recent changes in Medicaid and Medicare policies offer new opportunities for HIV programs. Insurers seek effective disease case management (DCM) models to promote wellness, avoid unnecessary costs, and address disparities in access. Part 1 of this session addresses specific ways that HIV programs can be paid for HIV outreach, biomedical and behavioral prevention, testing, linkage, and DCM. Tips are offered for becoming familiar with prevention and DCM

services paid by insurers. We discuss ways that HIV providers can advocate for insurance payments for preventive services provided by medical case managers and other workers. We highlight strategies for educating Medicaid and Medicare policymakers, commercial insurers, and health care systems about how HIV providers can offer evidence-based, cost-effective, and high-quality services. We offer strategies for HIV providers to collaborate in insurance contracting and billing. Part 2 of the session focuses on DCM methods that can be adopted by medical case managers. Newly emerging roles for medical case managers on health care teams are highlighted. Patient case studies highlight the complexity of DCM clients and ways to address their clinical and psychosocial needs. Do you want to learn about practical ways to expand HIV services to insured populations? This is the session for you.

Presenter:

- Julia Hidalgo

**Session ID: 4047**

*Track: Emerging Issues*

**Session Title: Engaging Transgender Women of Color Living with HIV into Health Care: Lessons from Nine SPNS Projects**

Meeting Room: Mount Vernon Square

**(Level 3/Silver)**

Continuing Education: No

Learning Objectives:

- Describe HIV-related health disparities among transgender women of color.
- List innovative approaches that CBOs and health care organizations can use to link and retain transgender women of color into HIV care and complementary clinical services.

# WORKSHOPS

THURS, AUGUST 25  
10:30 AM - 12:00 PM

- Identify innovative strategies to successfully engage young transgender women and adolescents of color living with HIV into health care.

**Description:** Transgender women of color experience significant HIV disparities. HRSA's Special Programs of National Significance (SPNS) funded nine demonstration sites – consisting of five clinics and four community-based organizations – to implement interventions to improve engagement in health care among transgender women of color living with HIV. During this interactive session conference participants will hear updates and lessons learned from this ongoing national project. The session will begin with an overview and history of the initiative, a description of the nine demonstration sites, and the Evaluation and Technical Assistance Center will present baseline data describing the participants in the national evaluation as well as demographic, structural, and psychosocial variables associated with engagement in HIV care. Two panels will provide opportunities for the community-based organizations and clinical providers to highlight important lessons learned and emerging best practices in the implementation and delivery of each intervention and to describe how their programming addresses different stages of the HIV continuum of care. Additionally, one clinical site that focused on adolescent and young adult transgender women of color will present its preliminary local evaluation data. Topics addressed may include: creating and sustaining successful CBO-clinical collaborations, how non-clinical providers can implement and support novel approaches to link and retain transgender women of color into HIV care and complementary clinical services, utilizing peer navigators in organizations with clinical services to reach trans women of color living with HIV, the role of CBOs in advocating for high-quality trans-related and HIV health care, and how to

promote treatment adherence.

Presenters:

- Jeffrey Birnbaum
- Kelly Ducheny
- Frank Galvan
- JoAnne Keatley
- Royce Lin
- Luis Molano
- Tooru Nemoto
- Josie Paul
- Cathy Reback
- Greg Rebchook
- Tiffany Woods

**Session ID: 6213**

*Track: Emerging Issues*

**Session Title: Living with HIV in Rural U.S. Jurisdictions: Effects of Stigma on HIV Care Continuum Outcomes**

Meeting Room: LeDroit Park (**Level 3/Silver**)

Continuing Education: Yes

Learning Objectives:

- Recognize the differences in HIV care continuum outcomes for persons living with HIV (PLWH) in rural and non-rural jurisdictions of the United States.
- Identify types of stigma experienced by PLWH in rural jurisdictions of the United States.
- Discuss ways to decrease organizational stigma for PLWH accessing health care in rural jurisdictions of the United States.

**Description:** Despite efforts to decrease new HIV infections and to increase HIV testing, diagnosis, care linkage, care retention, and viral suppression among persons living with HIV in the United States

and its territories, significant disparities exist for those living in rural areas. Studies have shown that HIV testing, care retention and viral suppression are significantly less likely to happen for persons living in rural areas of the country. In addition to physical barriers (i.e., distance to HIV care provider or HIV testing site), the stigma associated with HIV infection and HIV-related risk behaviors also has been identified as preventing persons at-risk and living with HIV from engaging in health care. As a result, significantly more persons living with HIV in rural areas are diagnosed late in the HIV-disease process compared to similar persons in urban settings. The AETC Program Rural Health Committee proposes to present the following: results of a study done by the AETC Program Rural Health Committee in collaboration with the CDC comparing outcomes of persons from rural and non-rural jurisdictions; a short video of interviews with health care providers working with HIV-infected people from rural communities regarding the effects of stigma on accessing health care and of persons living with or at-risk of HIV living in rural areas answering how stigma has affected their experiences in getting health care; and a discussion of reducing stigma to increase engagement of persons living with or at-risk of HIV infection in rural communities.

Moderator: John Nelson

Presenters:

- Anna Kinder
- Donna Sweet
- Theresa Bramel

**Session ID: 6295**

*Track: Emerging Issues*

**Session Title: Transforming Health an Inside Job: Using Motivational Interviewing to Build Health Momentum**

Meeting Room: Marquis Salon 14 (Level 2/Purple)

Continuing Education: No

Level: Intermediate/Advanced

Learning Objectives:

- State the difference between directional and directive counseling.
- Demonstrate the process of focusing and the mutual.
- List at least four discord evoking MI incongruent styles of interaction.

**Description:** LGBT people experience significant health disparities, including increased tobacco and drug use, increased risk of HIV, and lower life expectancy. A recent CDC report shows the overall rate of HIV infection is declining, yet the risk of HIV infection remains very high among racial and ethnic minority men who have sex with men (MSM) insofar that one in two black MSM and one in four Latino MSM will be diagnosed with HIV in their lifetime. Furthermore, MSM represent approximately 90 percent of new HIV cases among 13-19 year olds. The Substance Abuse and Mental Health Services Administration awarded a supplement to the Pacific Southwest Addiction Technology Transfer Center to create the Center of Excellence on Racial and Ethnic Minority Young Men Who Have Sex with Men and Other Lesbian, Gay, Bisexual, and Transgender Populations (YMSM+LBGT CoE). This 60-minute interactive workshop, designed for clinicians and case managers, will illustrate how the evidence based practice of motivational interviewing (MI) can be used to identify and strengthen intrinsic motivation to change behaviors such as high-risk sexual activity, as well as substance use and HIV treatment adherence. Participants will receive a concise overview of MI essentials and have opportunities to strategize and practice effective MI techniques focused on a specific change goal. Prior knowledge of MI is helpful but is not a requirement for participation in this workshop.

Moderator/Presenter:

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THURS, AUGUST 25  
10:30 AM - 12:00 PM

- Paul Warren

## Session ID: 6446

*Track: Data to Care*

### Session Title: Clinic-Based Retention in Care: Description, Outcomes, and Lessons Learned

Meeting Room: Silver Linden (Level 2/Purple)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Understand how to create and use out-of-care lists in various clinic settings.
- Describe key qualitative and quantitative findings of this intervention, and how they can be used to inform future implementation of similar protocols.
- Assess an organization's capacity to develop retention efforts.

**Description:** As part of the Systems Linkages Initiative, the NC LINK Project developed a clinic-based protocol that five Ryan White clinics used to retain people living with HIV (PLWH) in care. This session will explore the outcomes and lessons learned, and include an interactive program assessment for interested sites to determine necessary resources to implement the retention protocol. Intervention sites used electronic medical records to generate lists of PLWH without care in more than six to nine months and employed letters, phone calls, and database searches to contact and reschedule patients. Activity data were collected in CAREWare and used along with surveillance data to assess clinical outcomes. Individual site visits were conducted after the intervention period to assess successes, discuss lessons learned, and ensure future sustainability of the protocol. For patients who were found by the clinics, 58 percent returned to care within 90 days, 75 percent

within 180 days, and 55 percent were retained in care with two visits more than 90 days apart in the follow-up year; and 51 percent had evidence of VLs within 180 days. Initial implementation led to very long lists that gradually shortened over time. After at least 12 months of implementation, staff time ranged from four to 20 hours per week for client follow-up and one to five hours per month for data management and list generation. Staff buy-in, the time period by which out-of-care status was determined, and when to initiate the protocol varied per site. Implementing the protocol led to systematic changes in intervention sites' retention efforts and the implementation of additional interventions such as "no-show" policies and increased focus on case management for new patients.

Presenters:

- Jenna Donovan
- Evelyn Quinlivan

## Session ID: 6509

*Track: Emerging Issues*

### Session Title: Systems Linkages Institute 101: Systems Linkages and Access to Care: A Special Projects of National Significance (SPNS) Initiative

Meeting Room: Marquis Salon 13 (Level 2/Purple)

Continuing Education: No

Learning Objectives:

- Describe the different interventions implemented under the Systems Linkages and Access to Care Initiative.
- Identify the barriers and facilitators to implementing the interventions.
- Evaluate the benefits provided by two distinct interventions used to facilitate engagement and re-engagement in HIV care.

**Description:** In 2011, HRSA's Special Projects of National Significance launched the Systems Linkages and Access to Care for Populations at High Risk of HIV Infection Initiative. Six state health departments were funded to develop and implement HIV testing, linkage-to-care, and re-engagement/retention-in-care interventions. The principal goals of this initiative were to develop new or improve existing systems that effectively integrated previously siloed public health sectors serving people at risk or living with HIV. Health department representatives partnered with collaborators located in a variety of settings such as correctional facilities, HIV testing agencies, community-based agencies, and HIV clinics. In this session, we will characterize the interventions, describe the essential factors shaping the implementation of these interventions, and present two case studies. Louisiana's videoconferencing intervention provided an opportunity for patients discharging from correctional facilities to meet virtually with a case manager in the community they planned to be released to, to learn about the social supports offered through case management, and the importance of being engaged in HIV care. Wisconsin's Linkage to Care Specialists intervention provided intensive, short-term case management and patient navigation for people living with HIV who were newly diagnosed, recently released from incarceration, or sporadically engaged in medical care. Specialists focused on increasing care engagement while working to address additional barriers such as housing, insurance, and mental health. As qualitative researchers involved in this important initiative, our work has been instrumental in explaining the factors leading to the successful implementation of these interventions. The results will be described in this session.

Moderator/Presenter: Kimberly Koester

Presenters:

- Michelle Broaddus
- Katie Lass

**Session ID: 6601**

*Track: Health Care Landscape*

**Session Title: Valuing Medicaid Participation in Louisiana Ryan White Quality Initiatives in the wake of Medicaid Expansion**

Meeting Room: Dogwood (Level 2/Purple)

Continuing Education: No

Level: Intermediate

Learning Objectives:

- Describe strategies for engaging Medicaid managed care plan staff in Ryan White cross-part quality groups.
- Identify how Ryan White quality groups can partner with Medicaid managed care plans to reach out to providers and advocate for policies that benefit people living with HIV.
- List examples of how Medicaid plans can contribute to Ryan White quality groups by clarifying payer perspectives, policies and priorities.

**Description:** The Louisiana HIV Clinical Quality Group (LHQG) was organized in 2014 as a cross-part Ryan White quality group inclusive of non-Ryan White-funded private clinical partners and Medicaid managed care representatives. After a data-sharing agreement was reached between Louisiana Medicaid and the Louisiana Office of Public Health, STD/HIV Program leadership extended an invitation to Medicaid managed care organizations to participate in the LHQG in anticipation of Medicaid expansion. Subsequently, in January 2016, the newly elected governor announced that Louisiana will expand Medicaid. This landmark decision resulted in increasingly active participation in the LHQG

# WORKSHOPS

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10:30 AM - 12:00 PM

from local Medicaid managed care plans that anticipate record enrollment of people living with HIV. As Medicaid expansion is imminent, the establishment of this collaborative relationship better positions both parties to work through the challenges related to HIV care quality. The objectives of this panel discussion are to: 1) generate discussion with other states concerning the mutual benefits of recruiting and engaging active Medicaid representation in Ryan White cross-part quality groups; and 2) brainstorm and/or share experiences through which these partnerships could be further leveraged to improve care quality for people living with HIV as they move toward Medicaid coverage. Examples of bidirectional resource sharing and peer learning on topics such as: the HIV care continuum, re-engagement into care, tracking PrEP utilization, HIV/STD comorbidity, incentivizing STI screening and more will be shared. Experiences and ideas from workshop participants will also be solicited.

Moderator/Presenter: Adrienne Warren

Presenters:

- Seema Gai
- Raymond Poliquit

**Session ID: 6664**

*Track: Health Care Landscape*

**Session Title: Fiscal Responsiveness and Accountability in a Time of Change**

Meeting Room: Dupont Circle (**Level 3/Silver**)

Continuing Education: Yes

Learning Objectives:

- Identify the authoritative source documents for the legislative and programmatic requirements governing the Ryan White program.

- Identify how the HRSA/HAB policy clarification notices affect recipient and subrecipient programs.
- Develop and implement monitoring systems that test recipient or subrecipient compliance with RWHAP legislative and programmatic requirements.

**Description:** Ryan White HIV/AIDS Program grant recipients are responsible for ensuring that funds are spent in accordance with the legislative and programmatic requirements of the RWHAP. Fiscal management systems help grant recipients comply with legislative, policy, and grants management requirements and manage program income, expenses, and third-party contracting and reimbursement. Grant recipients must consider how the new and revised fiscally related HRSA/HAB policy clarification notices may affect recipient and subrecipient programs. Of significant importance is the Uniform Guidance. Ensuring that key fiscal activities comply with the Uniform Guidance is essential for developing effective internal recipient accounting processes, and in providing fiscal oversight to subrecipients. The impact of changes to reporting requirements, including the allowable and unallowable costs, reallocation of certain line items to different cost categories, and salary limitations affect agencies' fiscal health. A strong understanding of budget management strategies is central to avoiding pitfalls and penalties, such as restricted drawdown, conditions of awards, and delayed approval of budgets.

Moderators:

- Amelia Khalil
- Lawrence Momodu
- Monique Worrell

Presenter:

- Mae Rupert
- Julia (Lolita) Cervera

## Session ID: 6749

*Track: Innovative Practices*

### Session Title: Workflow Mapping as a Tool for Organizational Change

Meeting Room: Catholic University **(Level 1/Blue)**

Continuing Education: No

Learning Objectives:

- Describe the workflow mapping process.
- Verbalize the do's and don'ts related to the workflow mapping process.
- Describe the workflow mapping as a tool for organizational change.

**Description:** The Cook County Health and Hospitals System (CCHHS) Ruth M. Rothstein CORE Center in Chicago embarked on the path to implement the Patient Centered Medical Home (PCMH) model in 2012. As part of a practice transformative model SPNS grant, workflow mapping was implemented as a tool to identify processes within the organization/systems to facilitate and enhance the implementation of a PCMH model. The goals are to improve service delivery and implement the organizational changes to: enhance access and continuity of care, improve team-based care, implement population health management, establish care plans and self-care management and support, track and coordinate care, and improve CQI measures and processes. The overall goal is to improve the patient experience. In this workshop, workflow mapping will be described as a tool for practice transformation within a large urban public health clinic within a large bureaucracy. Implementation challenges and successes will be discussed presented as well an opportunity for small group discussions.

Moderator/Presenter: Marisol Gonzalez Drido

Presenter:

- Allison Precht

## Session ID: 6984

*Track: Data to Care*

### Session Title: SPNS: Fusing All Parts Data, My CareContinuum Dashboard, Low Health Literacy Patient Portal

Meeting Room: Scarlet Oak **(Level 2/Purple)**

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- See how a paradigm of merging disparate data sources across funding silos can be accomplished to improve quality of care.
- Describe how to replicate or adapt strategies and tools to implement novel approaches to impacting the outcomes along the care continuum.
- Understand the pitfalls and benefits of implementing health information exchange, including the adoption of federal Office of the National Coordinator (ONC) standards.

**Description:** Part I. HRSA Special Projects of National Significance is supporting an innovative project led by the City of Paterson (N.J.) Department of Health and Human Services to electronically exchange and merge Parts A, B, C, and D data for the construction of an interactive, web-based HIV Care Continuum dashboard to support funded providers with planning and quality improvement activities. The novel initiative represents the culmination of the first-ever state-city collaboration and a Part A-Part C/D partnership to securely exchange health information. The stories, methodologies, and lessons learned of deriving and sustaining the win-win collaborations will be presented. Part II. The initiative further allows low-health-literate consumers to access their care coordination information via a patient portal tethered to the enhanced health information

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exchange, helping to empower and engage consumers in their own health care decisions. The story of how this award-winning patient portal was designed, replicated, and adapted from another SPNS project is presented as replication is a key objective and valuable outcome of the HRSA SPNS program. Findings, obstacles, success stories, lessons learned, and principles are disseminated from this SPNS initiative from multiple perspectives in an interactive session. This session also will provide follow-up information to the well-received 2012 presentation where a HRSA SPNS Health Information Technology project helped support major positive outcomes such as a 44 percent improvement in medical visit retention, a 28 percent improvement of medication adherence, a 107 percent improvement in syphilis screening, and a 38.6 percent improvement in viral load suppression.

Presenters:

- Milagros Izquierdo
- Jesse Thomas
- Patricia Virga
- Peter Gordon

## Session ID: 6994

*Track: Emerging Issues*

### Session Title: Beyond the Prison Walls: Re-linkage and Retention 2.0

Meeting Room: Shaw (Level 3/Silver)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Identify effective ways in linking inmates to care post-release.
- Emphasize the importance of collaboration between clinical and support staff in enhancing the continuum of care.

- Discuss post-release patient outcomes.

**Description:** Correctional facilities represent a crucial component in the continuum of care for people living with HIV/AIDS. Thus re-engagement to care post-release from correction facilities is of prime significance in achieving or maintaining viral suppression and in preventing further spread of infection into the larger community. We describe the individual-level re-entry and risk-reduction program for HIV, STDs, and hepatitis from the prison system to the community. We targeted two correctional facilities in Delaware County, Pa., and a halfway house that also serves as a drug and alcohol treatment center. Prior to release, our outreach project staff members go these sites to conduct pre-release medical and social support needs assessment. Following release, those who contact our project staff for medical needs are scheduled for medical visits within 24 hours. Our medical facility serves as a one-stop shop for HIV, STD, and hepatitis treatment care and behavioral health care. Clients also are assigned to case managers who assist them with resettlement. Between January 2015 and March 2016, 27 former inmates remained in care. The mean age for the linked cohort was 44. The majority was male (86 percent). Currently more than 65 percent have achieved viral suppression with improved CD4 counts and are in treatment for chemical dependency. Our program underscores the importance of a hand-held navigation approach with social services support post-incarceration as an effective intervention in reducing risk, enhancing the HIV continuum of care, and integration into the larger society.

Moderator/Presenter: James Ealy

Presenters:

- Rahab Wahome
- Regina Ubaldi-Rosen

**Session ID: 6998**

*Track: Emerging Issues*

**Session Title: Establishing and Sustaining HIV Care and Treatment in Communities Vulnerable to Large Increases in HIV/HCV**

Meeting Room: Treasury **(Level 4/Green)**

Continuing Education: Yes

Learning Objectives:

- Better identify the conditions for vulnerability to an HIV and HCV outbreak related to injection drug use, particularly in suburban and rural communities.
- Organize opportunities and formulate plans for identifying and responding to an increase in HIV and HCV among people who inject drugs, particularly in suburban and rural areas that lack existing HIV prevention, care, and treatment capacity.
- Identify approaches to building and sustaining HIV care and treatment services within communities where there are limited or no existing infrastructure, resources and capacity.

**Description:** In January 2015, a disease intervention specialist identified 11 new cases of HIV linked to a rural community in Scott County, Ind., where there had only been three new infections in 2014. As of April 20, 2016, more than 190 new HIV infections have been diagnosed, of which more than 90 percent are co-infected with HCV. The outbreak was tied to the injection of prescription opiates within a dense and intergenerational needle sharing network. In a community with one primary care provider and very limited experience and resources to support HIV medical care, support services and prevention efforts, there were significant gaps to address during the emergency response, and in the years to come. These circumstances,

and those that precipitated the HIV outbreak (i.e., injection drug use), are not unique to Scott County. Recognizing similarities, four health districts in southwest Virginia took action to prepare for identifying and responding to a regional HIV outbreak. In April 2016, the health districts and state health department organized a tabletop HIV outbreak exercise with community partners to discuss procedures, capabilities and readiness to recognize and respond to a large number of HIV cases. As a result, efforts are being undertaken to establish local HIV capacity, such as through implementation of telemedicine and enhanced linkage to care services. The workshop will examine issues of vulnerability to HIV and HCV among people who inject drugs, particularly in suburban and rural areas that lack sufficient HIV care and treatment, and approaches to building this capacity within communities.

Moderator: Gretchen Weiss

Presenters:

- LaNisha Childs
- Kimberly Scott
- Tammie Woodson

**Session ID: 7015**

*Track: Emerging Issues*

**Session Title: Best Practices for Providing Substance Use Disorder Treatment and HIV-Related Services to Minority YMSM**

Meeting Room: Congress **(Level 4/Green)**

Continuing Education: Yes

Learning Objectives:

- Increase understanding of the specialized needs of YMSM enrolled in SUD treatment and HIV services and the particular challenges that exist in engaging and keeping them in services.

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- Increase the number of YMSM clients engaged in SUD treatment and HIV services through enhanced recruitment, retention and aftercare skills.
- Empower participants to share new knowledge and skills gained from the presentation with colleagues at their home agency.

**Description:** According to the latest CDC data, among all gay and bisexual men, black gay and bisexual men accounted for 10,600 (36 percent) of the estimated new HIV infections in 2010. The largest number of new infections among black gay and bisexual men (4,800, or 45 percent) occurred in those aged 13 to 24. From 2008 to 2010, new infections increased 20 percent among young black gay and bisexual men aged 13 to 24. Additionally, among all gay and bisexual men, Hispanic/Latino gay and bisexual men accounted for 6,700 (22 percent) estimated new HIV infections in 2010. The largest number of new infections among Hispanic/Latino gay and bisexual men (3,300, or 39 percent) occurred in those aged 25 to 34. SAMHSA has developed a grant program targeted specifically toward addressing the HIV-related needs of minority YMSM enrolled in substance use disorder (SUD) treatment. In this session, grantees will describe the best practices they are using to meet the needs of the target population; and how those are facilitating HIV testing, referral to HIV medical care and monitoring adherence to HIV medical treatment. They will also address challenges in recruiting, retaining, and providing aftercare for clients, and the lessons they have learned for not only successfully recruiting clients, but retaining them in treatment. Following individual grantee presentations, a moderated discussion with the audience will be held,

with the goal of arming participants with tools they can take back to their communities to address the needs of minority YMSM.

Moderator/Presenter: Edwin Craft

Presenters:

- Lindsay Slay
- Wendell Glenn
- Ashley Martell

**Session ID: 7036**

*Track: Emerging Issues*

**Session Title: Women and Girls: Taking on Behavioral Health, HIV and Hepatitis for Better Health Outcomes**

Meeting Room: Marquis Salon 15 **(Level 2/Purple)**

Continuing Education: Yes

Learning Objectives:

- Discuss the feasibility of integrating IPV and trauma into your programmatic activities.
- Recognize MAT's role to engage the opioid crisis.
- Establish neighborhood awareness of available complementary services for holistic treatment of the whole person.

**Description:** Whether at home or abroad, women and girls are feeling the lopsided effects of HIV. Put another way, nearly 1,000 young women are newly infected with HIV daily. Trauma and intimate partner violence (IPV) are but numerous factors driving this epidemic. Here in the United States, black women and Latinas are disproportionately affected by IPV and HIV; representing 40.4 percent of reported lifetime IPV and 80 percent of new HIV infections. SAMHSA is undertaking a multi-faceted approach to engage behavioral health issues, the substance abuse, violence, HIV/AIDS syndemic, and the opioid (e.g., prescriptions, heroin) epidemic. Targeted Capacity Expansion

(TCE-HIV and TCE-HIV: Minority Women) program recipients are delivering culturally competent and effective behavioral health treatment within communities that are living with or who are at risk for HIV/AIDS. Likewise, Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) program recipients are scaling-up comprehensive, coordinated care and evidence-based MAT and recovery support services to communities in need. The TCE-HIV: Minority Women program has enabled more than 1,600 high-risk negative clients maintain their sero-negativity as a trauma-informed approach facilitated net reductions such as injection drug use (IDU) (32.0 percent) and depression (24.0 percent). Likewise, TCE-HIV grantees in fiscal year 2012 facilitated risky behavior reductions such as IDU (57.1 percent) for 5,581 clients. MAT-PDOA anticipated client outcomes include reduced prescription opioid misuse. Innovative behavioral health programs that develop and implement integrated behavioral health and HIV care plans for clients can connect those who test positive to life-saving care and treatment. Furthermore, high-impact care coordination involves a process viewpoint that is mindful of the whole person as they are engaged throughout their own care delivery. Thus, high-risk populations are able to have their HIV under control, live clean lives, change risky behaviors, and navigate their journey along the pathway of recovery.

Presenters:

- Alton King
- Sherrye McManus
- Lara Stepleman

**Session ID: 8000**

*Track: Emerging Issues*

**Session Title: Philadelphia Integrative Behavioral Health Initiative: Improved Retention in HIV/AIDS Care**

Meeting Room: Judiciary Square (**Level 3/Silver**)

Continuing Education: No

Learning Objectives:

- Describe successful integration of behavioral health into HIV specialty care with a colocated, integrated behavioral health specialist.
- Identify effective strategies for retention in HIV medical care.
- Discuss sustaining behavioral health care services with a variety of funding sources.

**Description:** Based on the Primary Care Behavioral Health (PCBH) model, the Philadelphia Integrative Health Initiative was developed in response to SAMHSA’s Minority AIDS Initiative Targeted Capacity Expansion: Integrated Behavioral Health/Primary Care Network Cooperative Agreements in 2012–2014. Objectives included improved retention in care, increased rates of viral suppression and reduced behavioral health and HIV-related health disparities. This program integrated and colocated services, using six behavioral health consultants (BHCs), either psychologists or licensed clinical social workers, and one “mobile” BHC, including nine clinical settings that are housed in six of Philadelphia’s largest HIV treatment programs. The intervention targeted clients with HIV/AIDS that were determined to have behavioral health needs based on a preliminary assessment, and were enrolled in BHC services between Jan. 1, 2012 and March 31, 2013. Pre- and post-intervention rates of retention in care (evidence of two or more medical visits at least 90 days apart in a one-year

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measurement period), receipt of ART (prescription of ART during the measurement period), and viral suppression (HIV-1 RNA more than 200 copies per milliliter closest to the end of the measurement period) were compared. The BHC services for PLWHA resulted in improvements in retention in care and ART use. These activities are reflected in NHAS Step 2.A.2, ensuring linkages to HIV medical care and improving retention to care for people living with HIV.

Moderator/Presenter: Ilze Ruditis

Presenters:

- Bryce Carter
- Emerson Evans
- Lisa Kaplowitz
- David Martin

## Sessions ID: 8005

*Track: Innovative Practices*

### Session Title: Partnerships for Care (P4C): Data to Care Approaches through Primary Care-Public Health Partnerships

Meeting Room: Gallaudet (Level 1/Blue)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Increase understanding of the Data to Care strategy and its utilization by CDC-funded health departments and HRSA-funded health centers under the Partnerships for Care (P4C) project.
- Understand opportunities and challenges in Data to Care implementation.
- Discuss the benefits of primary care public health partnerships for improving outcomes across the HIV care continuum.

**Description:** Partnerships for Care (P4C) is a three-year, multi-agency project funded

through the Secretary's Minority AIDS Initiative Fund and the Community Health Center Fund established by section 10503 of the Affordable Care Act. The goals of the project are to build sustainable partnerships among CDC-funded state health departments and HRSA-funded health centers to support expanded HIV service delivery in communities highly affected by HIV, especially among racial/ethnic minorities. Health departments and health centers are working together to increase the identification of undiagnosed HIV infection, integrate HIV services into primary care, enhance the use of surveillance and electronic health record data to improve linkage to and retention in care, and improve HIV outcomes along the continuum of care for people living with HIV. These activities support and build upon Data to Care, a public health strategy that aims to use HIV surveillance data to improve outcomes across the HIV care continuum. Under P4C, Data to Care implementation has included data systems enhancements for improved reach and usability, development and implementation of data-sharing agreements and protocols for case conferencing, field investigations and linkage or re-engagement in care, operationalizing statutes and policies for bi-directional exchange of data, and a continuous quality improvement approach to identifying and sharing best practices. P4C grantees are working to identify emerging, promising and sustainable P4C-funded activities post-project within and across states. This presentation will describe the P4C project, review P4C approaches to Data to Care implementation, identify approaches to mitigate challenges and offer considerations for future work.

Moderator/Presenter:

- Rene Sterling
- Andrew Margolis

Presenters:

- M. Maximillion Wilson

- Sophie Lewis
- Rachel Malloy
- Hannah Rettler
- Marilyn Morales

## Session ID: 8006

*Track: Health Care Landscape*

### Session Title: Medicaid/CHIP Managed Care and Medicare MACRA Rules: What's New and Relevant for HIV Stakeholders?

Meeting Room: Chinatown (Level 3/Silver)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Attendees will leave the session with an understanding of the managed care and quality changes coming to Medicaid, CHIP, and Medicare.
- Attendees will leave the session with insight into how these changes will affect the HIV community.
- Attendees will leave the session with recommendations for action to ensure that the design and implementation of federal and state policies support access to high-quality care and treatment for people living with HIV.

**Description:** Staff from HRSA's Office of Policy Analysis will provide an overview of two recent rules from the Centers for Medicare and Medicaid Services (CMS). The Medicaid and CHIP Managed Care Final Rule issued by CMS in April 2016 aligns Medicaid and CHIP managed care with other health coverage programs, modernizes how states purchase managed care and strengthens consumer protections. It is the first major update to Medicaid and CHIP managed care regulations in more than a decade. The Medicare Quality Payment Program Proposed Rule, also issued by

CMS in April 2016, would implement key parts of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). MACRA provides a new framework for paying clinicians under Medicare for the value and quality of care they provide. Session attendees will learn about the objectives of these new rules and the changes coming to Medicare, Medicaid, and CHIP – especially coverage, beneficiary protections, payment, quality, and opportunities for stakeholder engagement. The session will also delve into the components of these rules most relevant to HIV providers, advocates, and people living with HIV. The session will alert stakeholders to important considerations and opportunities for the RWHAP and HIV care and treatment.

Presenters:

- Rita Vandivort-Warren
- Kerri Cornejo

## Session ID: B1

*Beacon Session*

### Session Title: Conversations with PLWH Leaders

Meeting Room: Capitol (Level 4/Green)

Continuing Education: No

**Description:** This panel will include leaders who are living with HIV. These leaders work in government, nonprofit and private sectors to address the HIV epidemic in the United States and globally. The panelists will engage in a dialogue that highlights their personal experiences and stories as public leaders: What decision-making process led them to share their HIV publicly? What have they learned? What do they wish they knew then that they know now? What have they learned as a leader from deciding to be public with their HIV?

Moderator: Antigone Dempsey

Presenters:

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- Douglas Brooks
- Grissel Granados
- Lennwood Green
- Venton Jones
- Murray Penner
- Harold Phillips

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### Session ID: 4008

*Track: Innovative Practices*

#### **Session Title: Increasing Access to Biomedical HIV Prevention: Incorporating PrEP and PEP through TA, Consultation and Training**

Meeting Room: George Washington University  
(Level 1/Blue)

Continuing Education: Yes

Learning Objectives:

- State the three best approaches to integrating PrEP and PEP services in Ryan White Program and other health care settings to increase access for populations most at risk for HIV.
- Identify when and how patients undergoing HIV post-exposure evaluations may be counseled on PrEP eligibility and initiation.
- Describe two methods to reach the most at-risk populations in order to address disparities in PrEP uptake.

**Description:** The success of PrEP as a new biomedical HIV-prevention option raises important issues of awareness and access. This is even more critical for populations and regions that are disproportionately affected by an evolving HIV epidemic, disparities in

outcomes, workforce shortages, and funding changes. Additionally, the National HIV/AIDS Strategy calls for a more coordinated response to the HIV epidemic, underscoring the need to integrate HIV prevention and care services more fully across varied program models and funding streams. Community-based, collaborative efforts to implement PrEP services can also help overcome disparities and address patient/provider knowledge and engagement. The purpose of this session is to highlight efforts the Pacific AETC and National Clinician Consultation Center have undertaken to help increase PrEP awareness and capacity among primary care providers and others who serve individuals potentially eligible for PrEP. This workshop is targeted to individuals/programs interested in implementing high-quality PrEP and HIV prevention services within their communities and will also introduce participants to novel resources for supporting PrEP uptake.

Presenters:

- Mona Bernstein
- Steven Bromer
- Carolyn Chu
- Ronald Goldschmidt

### Session ID: 4009

*Track: Quality Management*

#### **Session Title: Innovative Approaches to Drive Successful Quality Improvement**

Meeting Room: University of District of Columbia  
(Level 1/Blue)

Continuing Education: No

Learning Objectives:

- Learn LEAN visual tools to pull data out of hidden files and turn it into visual, daily metrics.
- Understand the essential components and flow of a CQI process using innovative tools.

- Learn how to breathe new life into their quality programs and improvement processes.

**Description:** This workshop will highlight three unique programs that have used out-of-the-box approaches to transform their quality programs. Facilitators from Siouxland Community Health Center in Iowa will present new tools such as a “huddle board” that can be used as a visual management tool to discuss and measure daily metrics and an A3 problem-solving form that will help participants to develop their own ways to manage their quality improvement efforts. All tools are based on LEAN health care. An example of a successful improvement project using these tools will be presented. A facilitator from GMHC will present a novel, comprehensive, continuous quality improvement process, including effective problem identification scope, conducting data-driven root cause analysis, creating an action and monitoring plan, and evaluating progress adjusting as needed. New tools will be introduced, such as the Ishikawa diagram, Seven Whys, and interview techniques that support deep analysis. The Connecticut group will discuss the Clinical Microsystem Model as a quality assessment/improvement tool. The discussion will include a description of the Microsystem, which is a small, functional, frontline unit that uses a specific set of tools to evaluate the patient population, those working in the unit, the processes used, and the patterns that characterize the functioning of the unit with the goal to improve patient outcomes through critical analysis. Throughout this workshop, the three programs will emphasize how focusing on big picture measurable outcomes can transform an agency into a data-driven, self-reflective, and innovative environment

Presenters:

- Hannah Hirschland
- Darla Peterson

- Natasha Ritchison
- Kathleen Harding

**Session ID: 4013**

*Track: Emerging Issues*

**Session Title: Mentor Program Development and Implementation for HIV-Infected Youth and Young Adults**

Meeting Room: Dupont Circle (Level 3/Silver)

Continuing Education: Yes

Learning Objectives:

- Identify four components of an HIV mentor training program and expectation for mentor performance.
- Identify the benefits to the mentors and the mentees of participation in the program.
- Identify the issues arising from a clinical supervision program involving mentors and mentees and best practices to address them.

**Description:** HIV-infected youth and young adults are likely beneficiaries of skills management group interventions, given their suboptimal medication adherence, lack of basic information about HIV, and the need to manage their health care on their own as they transition to adult venues of care. Incorporating peer mentoring into skills management group intervention provides the benefits of social support shown to contribute to improved adherence and self-efficacy. This session describes the development and implementation of a training program for youth peer clients in an urban clinical adolescent HIV program. The training program also included bi-weekly group supervision from a clinical psychologist totaling 20 hours to help support mentors in their role and to learn more about the complex issues facing HIV-infected mentors and their infected mentees. Post-training, mentors assisted in the implementation of an 11-session skills

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management group intervention in summer 2015 involving 15 youth, reminding mentees to attend sessions (“engaging mentees in the program”), and facilitating small mentee groups. The first presentation will describe program evaluation results including mentor satisfaction with and utility of the training as well as participant satisfaction with their mentors and the social support they provided. The second presentation will report on the themes arising from the clinical supervision process and recommended best practices. The workshop concludes with the implications for mentor program development in the clinical setting and the issues that need to be addressed in their implementation.

Presenters:

- Susan Abramowitz
- Mathew Hirsch

## Session ID: 4016

*Track: Health Care Landscape*

### Session Title: HIV Service Provision in the ACA Era: Impact on Providers and Local Planning

Meeting Room: Magnolia (Level 2/Purple)

Continuing Education: No

Learning Objectives:

- Learn about how the ACA has changed the landscape in which HIV care is delivered and be able to identify the major coverage reforms and provisions under the law that underpin these changes.
- Identify methods and strategies to prioritize and allocate resources, ensuring the Ryan White HIV/AIDS Program remains payer of last resort.

- Learn about how Ryan White grant recipients (both those at the programmatic and clinical level) have adapted to changes in the health care delivery landscape.

**Description:** New coverage opportunities and non-discrimination provisions under the Affordable Care Act (ACA) mean that people with HIV have greater access to health insurance than at any time in the past. This session explores how Ryan White grant recipients (and sub-recipients) have prepared for and implemented changes to service provision and resource allocation to ensure the needs of HIV+ individuals are met. The first presentation in this session will examine how clinical environments are adapting to the new health care landscape under the law. Findings presented are drawn from key stakeholder interviews conducted with high-level clinical and administrative personnel in HIV care settings from five states (CA, NY, FL, GA, TX). The second presentation provides an in-depth local perspective, examining how Broward County, Florida’s Part A program used a high functioning and coordinated planning process to anticipate effects of the ACA. Doing so allowed effective prioritization and allocation of resources to ensure the availability of quality comprehensive services to low income and uninsured HIV+ residents. Both presentations explore how Ryan White grant recipients are addressing key issues facing their programs in the ACA era, including Medicaid expansion and the ACA coverage gap, workforce capacity, building internal and client level insurance literacy, contracting with carriers, impact of coverage changes on bottom line, and compliance with Ryan White’s payer of last resort requirement.

Presenters:

- Lindsey Dawson
- William Card
- Brithney Johnson

## Session ID: 4021

*Track: Emerging Issues*

### Session Title: Linking Mexican and Mexican-American MSM to HIV care through culturally innovative program design

Meeting Room: Catholic University (Level 1/Blue)

Continuing Education: No

Learning Objectives:

- Define transnationalism and describe influences on transnational practices.
- Apply knowledge gained in this workshop to successfully integrate transnational goals into an ongoing intervention, intervention in development, or clinical practice.
- Demonstrate the ability to integrate transnationalism into intervention delivery and evaluation through tools including navigator notes and logs and the transnational framework checklist used in the SPNS initiative.

**Description:** Transnationalism refers to the varied means by which migrants and other individuals with ties outside the mainland United States maintain connections with their place of origin. As part of the HRSA/SPNS Culturally-Appropriate Interventions of Outreach, Access, and Retention among Latino(a) Populations (2013-2018), each of the sites included in this panel developed novel interventions incorporating transnationalism to link and engage participants in care. Three sites are featured in this presentation, all focusing on linking or re-linking HIV-positive Mexican migrants or Mexican-identified people with HIV care. The AIDS Foundation Chicago site used formative research to develop a social marketing campaign featuring the popular loteria game with messages about accessing general and HIV-specific health care regardless of immigration or insurance status. This site placed social marketing materials

on bus lines as well as in digital media, accessing hook-up apps and Spanish language webpages to encourage linkage to care. In Texas, AIDS Arms' Viviendo Valiente program uses multi-layered approaches to link individuals to medical care. At the individual level, the Promotores de Salud initiative uses the evidence-based Anti-Retroviral Treatment and Access to Services intervention to link newly diagnosed and/or out-of-care individuals. A promotor then maintains ongoing contact based on the client's acuity and needs. Intervention encounters are Mexican-centric with the promotor assessing, reviewing and addressing the clients' transnational practices. In Los Angeles County, Calif., Fuerza Positiva employs multiple strategies to identify and engage clients to improve linkage and retention in care. Both messaging and engagement activities incorporate a transnational framework to acknowledge the barriers that clients experience when accessing the HIV service delivery system.

Moderator: Janet Myers

Presenters:

- Brendan O'Connell
- Amy Johnson
- Martha Guerrero
- Jeff Bailey

## Session ID: 4024

*Track: Emerging Issues*

### Session Title: Planning Council Strategies for Integration of HIV Prevention and Care

Meeting Room: Union Station (Level 3/Silver)

Continuing Education: No

Learning Objectives:

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- Discuss how to integrate diverse planning bodies into a cohesive set of work groups including discussing the process for integrating concurrent working groups into the formulation of a complete product (integrated plan of care).
- Discuss how to integrate diverse planning bodies into a single planning group that serves its population in an efficient and effective manner while maintaining the requirement and objective of both groups.
- Recognize how collaboration on development of the integrated plan and in combining councils can be used to create structures and processes for ongoing collaboration, both between prevention and care and across Ryan White Program parts and community partners.

**Description:** The workshop will highlight two different approaches for using planning councils to integrate HIV prevention and care services, including the combining of care and prevention councils into one council serving both, and how two statewide and one TGA planning council worked together to complete an integrated HIV prevention and care plan. The Memphis TGA will focus on how it used its planning bodies (prevention and care) to provide the structure and creation of one combined council that focuses on HIV prevention and care and the subsequent outcomes of that combined council. The Indianapolis TGA will focus on the role of the three planning bodies (Part A, Part B, and prevention) in the creation and implementation of the integrated HIV prevention and care plan for the state of Indiana and how these processes lend themselves to future collaborations. Lessons learned and recommendations for future integrative planning groups will be presented, with special emphasis on how other states can use their various planning bodies, consumers, and recipient staff to ensure access to needed resources for decision-making and facilitate ongoing timely,

efficient collaborative planning, and decision-making by prevention and care.

Presenters:

- Parrish Oglesby
- Michael Wallace
- Jennifer Myers

**Session ID: 4027**

*Track: Quality Management*

**Session Title: Quality Matters: Comprehensive Systematic Approaches to Quality Management**

Meeting Room: Gallaudet (**Level 1/Blue**)

Continuing Education: No

**Description:** This presentation will discuss the critical role quality management plays in ensuring that services delivered to clients are improving their health outcomes. Participants will learn about using multiple mechanisms and strategies to conduct QI activities and techniques for capacity building at the provider and system level and for people living with HIV/AIDS. This session will also highlight successes and areas for improvement while working across multiple systems. The early years of the Memphis Ryan White TGA were fraught with problems, including poor continuity of staff, a general lack of interest in quality management and quality improvement on the part of HIV care providers, and a lack of focus and collaboration on quality improvement projects. However, with improved data collections and analysis, comprehensive education, and extensive motivational techniques, the TGA has created a sustainable and innovative quality management program. The New Orleans EMA has implemented several efforts to improve services and health outcomes. To implement QI projects, several activities were implemented to improve provider capacity-using tools such as the fishbone diagram and the storyboard. Broward

County EMA's Clinical Quality Management (CQM) Program has been nationally recognized for its use of an integrated data software system to collect client-level demographic and epidemiologic characteristics, intake and eligibility data, detailed procedure-level service units, clinical outcomes, and an invoice and payment system, as well as synchronized, real-time care coordination of more than 7,500 clients annually.

Presenters:

- Vatsana Chanthala
- Shaundelyn Emerson
- Charles Kolesar
- Amy Newton

**Session ID: 4030**

*Track: Health Care Landscape*

**Session Title: Building, Improving, and Innovating to Overcome Obstacles in the Southern United States**

Meeting Room: Cherry Blossom **(Level 2/Purple)**

Continuing Education: No

Learning Objective:

- Allow shared learning and the establishment of networks that may be perpetuated beyond the limits of the conference.

**Description:** This session will demonstrate three key components for Ryan White programs to thrive in the southern United States: being innovative, being willing to improve, and building relationships. In the first presentation, the Louisiana Ryan White Part B ADAP Program will share a case study in program improvement through broad changes designed to promote HIV-related health outcomes and insured rates while operating in a non-Medicaid expansion and ACA-resistant southern state. The ADAP evolved from a fragmented to unified enrollment

process, transitioned to a pharmacy benefits manager for increased pharmacy network access and improved client data management, and overhauled the program's overall design to better meet evolving client needs. The second presentation will consist of a panel with representatives from Mississippi, Arkansas, and Tennessee, moderated by the Ryan White Part A Program of the Memphis TGA. The Memphis TGA consists of eight counties across three states: Tennessee, Arkansas, and Mississippi. Each state has unique opportunities and challenges in providing a continuum of care for individuals living with HIV. For example, Arkansas has expanded Medicaid, while Tennessee and Mississippi are left out of Medicaid expansion. The Memphis Ryan White Part A Program has worked diligently to support a network of collaboration across the three states to ensure high-quality care. These collaborations can be seen throughout the TGA in Memphis's approach to grant making, prevention and care planning, and the delivery of services. This session will highlight some of the successes and challenges of working across the different states.

Presenters:

- Megan Wright
- Jennifer Pepper
- Harold Clayton
- Tonya King
- James Stewart

**Session ID: 4037**

*Track: Quality Management*

**Session Title: Impacting the Cascade: Approaches to Drilling Down Data and Evidence-Informed Interventions**

Meeting Room: Howard University **(Level 1/Blue)**

Continuing Education: No

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## Learning Objectives:

- Articulate two approaches to drilling down clinical data to identify subpopulations of patients by disparity and by patient level reasons.
- Describe some of the tools, terms and resources available to conduct a disparities analysis and a simple cross-sectional disparities analysis.
- Define a) reasons for non suppression; b) evidence informed interventions to increase VL suppression; and c) how to sustain gains through several RWPs' experiences.

**Description:** With the goal of meeting the 2020 National HIV/AIDS Strategy Objectives, Ryan White Programs across the country are increasingly focusing their quality improvement initiatives on achieving high rates of VL suppression. Two distinct approaches to analyzing the percentage of non-suppressed patients, using the data for improvement, and sustaining results are presented by RWPs representing the National Quality Center's Regional Groups of RWPs in Arizona, Chicago, eastern Pennsylvania, Massachusetts, and Mississippi. The RWPs represent patient caseloads from 125 to 4,000 from community health centers and hospital clinics, located in urban, rural, and small cities in the Midwest, Northeast, South, and Southwest. Results have been impressive. Members from these groups will present their data, findings, interventions and results in a panel format:

- Arizona (El Rio CHC, Maricopa Integrated Health System): Demonstration of a cross-sectional formula to identify statistically significant disparities in large RWPs and for a Regional Group.

- Mississippi (Coastal FHC, Delta RMC, GLF Magnolia MC, Southeast MS Rural Health Initiative, University of Mississippi Medical Center): Identifying patient level reasons for nonsuppression, targeting interventions, and results.
- Chicago (Howard Brown HC): Care coordination to integrate behavioral health and HIV care to facilitate VL suppression.
- Eastern PA (Family First HC, St. Luke's University HN, Pinnacle Health Systems): Targeting a sub-population to increase retention and suppression and continual improvement and sustaining gains over time.
- Massachusetts (Greater New Bedford, Holyoke Health Center): Continual improvement and sustaining gains over time.

## Presenters:

- Paul Cassidy
- Eric Moore
- Tara Radke
- Kelly Sellers
- Shannon McElroy
- Kawanis Collins
- Meagan Ellzey
- Tonya Green
- Nanette Magnani
- Rebecca Geiser
- Katey Ruppert
- Chad Neal
- Ashley Smith

**Session ID: 4040**

*Track: Innovative Practices*

**Session Title: Innovative Models Driving Improvements Across the HIV Care Continuum**

Meeting Room: Georgetown **(Level 1/Blue)**

Continuing Education: No

Learning Objectives:

- Describe two models for improving HIV core performance measures.
- Identify key personnel for implementation of models/interventions.
- Explain methods for tracking and measuring quality improvement outcomes.

**Description:** The Cooper Health System Early Intervention Program (EIP) Clinical Navigation Model has been demonstrated to be an effective approach for identifying newly diagnosed and lost-to-care HIV-positive patients and linking/re-engaging those patients to care. There are two HIV clinical navigators, the nurse navigator, who remains on site in the clinic and outreach clinical navigator who works collaboratively with community partners out in the field. This model drives patients into care through internal and external communication channels between our program staff, health departments, community-based organizations, and federally qualified health centers (FQHC). This model has demonstrated improvements in performance measurements across the HIV continuum. MassCARE, a Massachusetts Ryan White Part D-funded program, implemented Project CAATCH (Consumer Access and Adherence to Care for HIV) in 2014 to increase viral load suppression and retention rates among HIV-positive women and transitioning youth. An intervention was designed using peers and the delivery of a series of educational sessions, plus

supportive services for the enrolled patients. The model was implemented across four community health center sites in the state and initially targeted for intervention were the 25 percent to 30 percent of clients not meeting one or both of the measures (viral load suppression and retention) who were most difficult to engage or re-engage in care, requiring intensive outreach efforts. Project CAATCH has demonstrated significant improvement in the HIV care continuum for both performance measures. For the upcoming grant year we will expand the model to include all newly enrolled MassCARE consumers at the community sites.

Presenters:

- Sandra Broughton
- Pamela Gorman

**Session ID: 4044**

*Track: Emerging Issues*

**Session Title: Changing the Narrative for Women & Girls - Treatment, Recovery & More**

Meeting Room: Silver Linden **(Mezzanine/Red)**

Continuing Education: No

Learning Objectives:

- Recognize how the SAVA syndemic affects your clients.
- Discuss innovative approaches to engage women where they are at and to move them forward (e.g., TCE-HIV, NORA's Recovery Support Service Model).
- Understand how Recovery Support Services can assist at-risk populations.

**Description:** Innovation. Perseverance. Dedication. Adaptation. These are but a few words that describe behavioral health programs that help clients to be treated for their substance use or co-occurring disorder, obtain and/or

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sustain their recovery, and enjoy a renewed/reinvigorated life of their choosing. Creative interventions will be discussed that canvas the entire U.S. and several of its dependent areas around the globe. Communities of color are the focus for these programs, where many experience the adverse effects of discrimination and the social determinants of health. Utilizing a trauma-informed model of care is a lynchpin whereby many clients adopt a recovery lifestyle, address the impact of violence and trauma in their lives, build up their knowledge and readiness to engage in safer sex practices, empowered to make informed decisions about their behavioral health, and receive culturally appropriate, women, and family-centered services. HIV and viral hepatitis services are provided and/or referred to under a robust care coordination framework (including to other complimentary services – e.g., housing, life skills training) whereby the whole person is being treated and not their individual parts.

Presenters:

- Alton J. King
- Anita Bradley

**Session ID: 6467**

*Track: Innovative Practices*

**Session Title: The Building Blocks of Primary Care and the HIV Care Continuum**

Meeting Room: Tulip (**Mezzanine/Red**)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Identify 2-3 key findings from the baseline multi-site organizational assessment in the SPNS Workforce initiative.
- Name the four foundational Building Blocks and discuss two ways they relate to the outcomes of the HIV care continuum

- Use the Building Blocks of Primary Care Assessment (BBPCA) tool to identify one organizational challenge and map it to the HIV care continuum

**Description:** Revitalization and reinvestment in the nation's primary care infrastructure is central to the implementation of the Affordable Care Act. The Building Blocks of Primary Care is one of the leading evidence-based models helping to transform the care system toward more patient-centered, effective and efficient care models. In the same timeframe, the nation's response to the AIDS epidemic has increasingly adopted the framework of the care continuum to address current challenges. These two congruent foci have created unique spaces for productive interaction between Primary Care and the HIV care system. In this interactive workshop, participants will learn how the Building Blocks of Primary Care can provide a conceptual framework for addressing the challenges characterized by the Care Continuum. After a brief introduction to the Building Blocks model, data from the SPNS Workforce initiative will be presented highlighting several key lessons from the Building Blocks of Primary Care Assessment (BBPCA), which was completed at baseline with each of the 15 RWHAP-funded sites participating in this initiative. Next, using two Practice Transformation Sites from the Pacific AIDS Education and Training Center as case studies, the participants will use data from these sites' BBPCA to identify areas for improvement. In the case studies, participants will have the opportunity to discuss how the BBPCA can help identify potential barriers to sustainable change and create a roadmap for successful improvements. The participants will assess the most strategic area to focus resources for improvement and identify at least one next step for practice improvement.

Presenters:

- Steven Bromer
- Wayne Steward

**Session ID: 6621**

*Track: Emerging Issues*

**Session Title: Pregnant, HIV-Positive and Lost to Care**

Meeting Room: Congress **(Level 4/Green)**

Continuing Education: No

Learning Objectives:

- Identify emerging issues in caring for HIV-positive pregnant women.
- Identify strategies to engage HIV-positive pregnant women into care.
- Identify stakeholders and develop collaborative models to retain HIV-positive pregnant women in HIV and OB care.

**Description:** Reducing the number of new infections is one of the four goals that the National HIV/AIDS Strategy emphasizes to guide the response to the HIV epidemic. Thousands of women living with HIV in the United States give birth annually, and the majority of children diagnosed with HIV became positive through perinatal transmission. This session will include a qualitative report of emerging issues and innovative approaches to caring for pregnant women with HIV at the Brooklyn Hospital Center's PATH Center. Our patients live in an urban setting, live at or below the poverty line, and face high rates of unstable housing and co-occurring disorders, often influencing treatment adherence. Women who find out they are HIV positive during pregnancy can provide challenges to retention in prenatal and HIV care while they come to terms with their diagnosis and its implications. Women living with HIV through perinatal transmission often have psychosocial barriers to medication adherence and are becoming pregnant at higher rates as they reach childbearing age. Patients with poor treatment adherence require rigorous and innovative approaches to engage them in care

and to ensure they achieve viral suppression. The approaches include clinic-, hospital-, city-, and state-level interventions, such as text message reminders for medication adherence, peer outreach escort services, hospital multidisciplinary rounds with OB and pediatric departments, and NYCDOH outreach efforts. This presentation will include an overview of emerging issues, challenging case studies, successful innovative approaches, Q&A, and replication strategies for other RW provider agencies.

Moderator/Presenter: Grace Appert

Presenter:

- Jolene Bastas

**Session ID: 6632**

*Track: Emerging Issues*

**Session Title: New York Links: A Communitywide Response Contributing to End the Epidemic in New York State**

Meeting Room: Treasury **(Level 4/Green)**

Continuing Education: Yes

Learning Objectives:

- Understand a dynamic structure and approach to create regionally specific systems focused on reducing the gaps found within the HIV care continuum, contributing toward New York state's goal to end the HIV epidemic by 2020.
- Learn how regional surveillance data, along with agency-specific data (including electronic medical records systems) and quality improvement methodology, are used to inform interventions and collaboration to improve public health and individual health outcomes, inclusive of populations disproportionately impacted by HIV/AIDS.

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- Hear individual perspectives from a panel of NYLinks partners about the achievements, benefits, and unique strategies to mobilize individual communitywide responses/networks to impact health outcomes toward ending the HIV epidemic in across the state.

**Description:** With a vision to reduce HIV-related morbidity/mortality and corresponding community viral burden, the AIDS Institute designed NYLinks based on principles of quality improvement (QI) and data driving improvement. Focused on individual and public health outcomes, including linkage, retention, and viral load suppression, through involvement of community representatives and consumers, local public health entities, clinical, and supportive service providers, including populations disproportionately impacted by HIV/AIDS and local leadership, NYLinks facilitates the use of surveillance data, along with agency-specific data (including electronic medical records systems) to analyze health outcomes, inform implementation strategies, and drive locally specific improvement goals. Areas for collaboration focus on decreasing the gaps and disparities reflected in local and facility-level HIV treatment cascades. We will share this dynamic model through short presentations by three agencies that participated in this QI initiative, demonstrating their interventions and results. In addition, we will share key strategies used to empower local partners to take up ownership within region-led systems as part of this statewide initiative to end the HIV epidemic. An HIV clinical provider, non-clinical provider, local county/city health department employee, and a consumer will highlight achievements and challenges to building community ownership of the initiative and applying QI across the continuum of care in their respective agencies and regions.

Presenters:

- Susan Weigl
- Kimberly Smith
- Jennifer Knight
- Rebecca Green
- Dawn Trotter

**Session ID: 6720**

*Track: Emerging Issues*

**Session Title: Combating Discrimination Against People with HIV/AIDS**

Meeting Room: Marquis Salon 13 **(Level 2/Purple)**

Continuing Education: Yes

Learning Objectives:

- Define discrimination against persons with HIV/AIDS in employment, housing, and the provision of public and private services.
- Determine what to do if someone has been illegally discriminated against based on HIV/AIDS.
- Provide a brief introduction to LGBTI protections.

**Description:** The Civil Rights Division of the Department of Justice (DOJ) enforces federal civil rights laws, which make discrimination illegal against persons with HIV/AIDS in employment, housing, and the provision of public and private services. This presentation will describe frequent forms of discrimination, what to do if someone has been illegally discriminated against, and where to get additional information to empower clients with HIV to advocate for themselves or to get recourse when faced with discrimination. The presentation also will cover recent DOJ enforcement actions and current investigations on behalf of individuals with HIV/AIDS.

Moderator/Presenter: Elisabeth Oppenheimer

Presenter:

- Elizabeth Redpath

**Session ID: 6832**

*Track: Emerging Issues*

**Session Title: Intensive Case Management: Working with HIV Positive Adolescents and Young Adults**

Meeting Room: Marquis Salon 14 (Level 2/Purple)

Continuing Education: Yes

Learning Objectives:

- Case management tools to engage youth in medical care
- Skills to engage youth in supportive services
- Best practices to retain youth in the continuum of care

**Description:** At the University of California, San Diego Mother Child Adolescent HIV Program, we face weekly new diagnoses of high school and college age youth. The proximity to the Mexican border has a significant impact on the number of positive youth from these border towns. The interactive panel will include youth from our program sharing their stories, experiences linking to care, and their perspective on the integral role of intensive case management in the cascade of HIV care. Our youth are the voices of the community and have taught service providers the need for all psychosocial issues to be supported simultaneously to achieve viral suppression. The viral suppression rate for our youth is 93 percent.

Moderator: Anthony Johnson

Presenter:

- Gila Cohen

**Session ID: 6923**

*Track: Data to Care*

**Session Title: Understanding Ryan White Services (RSR) Data Validations**

Meeting Room: Shaw (Level 3/Silver)

Continuing Education: No

Level: Intermediate

Learning Objectives:

- Define the three outcomes that occur when data that violate a system data validation check are submitted.
- Identify the system data validation checks that may obstruct the submission of their 2016 Ryan White Services Report (RSR) data or will require additional followup.
- Correctly respond to triggered data validations (i.e., data revision, comment explaining data, etc.).

**Description:** This session provides an in-depth look at how to understand and address system-generated data validations on the RSR. In completing the RSR each year, recipients and sub-recipients may receive errors, warnings, and alerts that indicate a potential data quality issue in their report and/or client-level data. Validation messages are designed to assist users in resolving issues before they submit the report, but interpreting data validation messages and knowing how to respond to them often are a source of confusion for many users. This session will teach participants to distinguish the type of data validations they may receive; identify which data validations will prevent submission or require followup; and respond to validations if appropriate. Particular attention will be paid to common issues with data validation messages experienced by users on the 2015 RSR with a focus on instructing participants on how to best address these issues in future submissions.

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Presenter:

- Hilary Mitchell
- Felicia White

**Session ID: 6987**

*Track: Health Care Landscape*

## **Session Title: Meeting and Understanding the Eligible Scope Reporting Requirement**

Meeting Room: Dogwood **(Level 2/Purple)**

Continuing Education: No

Level: Intermediate

Learning Objectives:

- Understand the full eligible scope reporting requirements.
- Understand common challenges Ryan White recipients and subrecipients face when meeting the eligible scope requirements.
- Know five strategies they can implement to meet the eligible scope reporting requirements.

**Description:** The implementation of the eligible scope reporting requirement by HAB in 2015 has presented a variety of challenges and opportunities to recipients and subrecipients. These challenges include additional data entry, addressing consent for clients not enrolled in the Ryan White HIV/AIDS Program (RWHAP), and understanding reporting requirements for privately funded provider care. This session is designed to address these and other challenges through a balanced technical assistance approach, interactive learning activities that will allow recipients and subrecipients to answer de-identified technical assistance questions that have been presented to technical assistance contractors over the 2015 calendar year and an engaging Q & A session that will provide answers from a knowledgeable professional.

Recipients and subrecipients will also be offered strategies that agencies around the country are using to meet the reporting requirement. While the eligible scope reporting requirement can be straightforward for many programs, there are nuances that affect programs and present problems. This session will provide tailored guidance to recipients and subrecipients that will address unique and common program circumstances. It will also facilitate the building of an inter-cooperative network of providers who have faced similar setbacks in meeting this new reporting requirement.

Moderator/Presenter: Michael Grier

**Session ID: 7002**

*Track: Emerging Issues*

## **Session Title: Optimizing HIV Health Outcomes: Integration of Mental Health Treatment into HIV Medical Care**

Meeting Room: Capitol **(Level 4/Green)**

Continuing Education: Yes

Learning Objectives:

- Articulate prevalence rates of mental health disorders among people living with HIV and the impact on HIV health outcomes.
- Describe strategies to integrate mental health disorder treatment into HIV medical care.
- Suggest ways to measure and report client outcomes related to treatment adherence and viral suppression.

**Description:** Mental illness and substance abuse (MI/SA) can negatively impact the care that HIV-positive individuals receive as well as their health outcomes. They may not be prescribed HIV medications due to medical provider concerns about mental health stability. They may be unable to navigate the health care system and have difficulty staying in care or adhering to treatment.

The literature indicates that MI in HIV-positive individuals ranges from 30 to 63 percent. Based on AIDS Arms' experience, 50 percent of HIV-positive individuals seeking care screen positive on the Substance Abuse and Mental Illness Symptoms Screener. Studies show that only 26 percent of triply diagnosed adults receive mental health services and 15 percent receive substance abuse services. Providing integrated models of care for HIV positive individuals dually diagnosed with MI/SA can help achieve viral suppression and improved health outcomes. In this session, presenters will: review the importance of integrated models of care in helping to achieve the updated 2020 NHAS goals; discuss the development and implementation of the AIDS Arms Behavioral Health Program, which provides onsite integrated behavioral health care for HIV positive individuals dually diagnosed with MI/SA and who are receiving outpatient HIV medical care; explore the challenges and potential pitfalls related to program implementation; and provide client outcomes related to MI and HIV treatment adherence as well as viral suppression for those engaged in behavioral health care compared to the overall clinic population. They also will facilitate interactive discussions based on case vignettes.

Moderator: Benjamin Callaway

Presenter:

- Manisha Maskay

## Session ID: 7007

*Track: Emerging Issues*

### Session Title: Challenges in the Integrated Care of Patients with HIV Illness and Substance Use Disorders

Meeting Room: Judiciary Square (Level 3/Silver)

Continuing Education: No

Learning Objectives:

- Describe how the three conditions of HIV illness, psychiatric disorders and substance use disorders are intertwined.
- Understand the importance and the components of an integrated care in the management of "triple diagnosis."
- Identify the barriers to integrated care and strategies to address them.

**Description:** Integrated care combines HIV primary care with psychiatric and substance use services to provide a single coordinated approach, rather than fragmented, leading to a negative impact on HIV outcomes. It addresses the various clinical complexities — whether mental health, substance abuse, and/or HIV care — associated with having multiple needs and conditions, in a holistic, evidence-based, and humanistic approach. Patients with "triple diagnosis" (psychiatric and substance use disorders co-occurring with HIV) often have higher levels of distress and physical impairment compared to individuals with no diagnosis, or a psychiatric or a substance use disorder alone. Not only does having a psychiatric disorder or substance abuse problem affect adherence to antiretroviral regimens when occurring alone, but when they co-occur they lead to decreased adherence. For those who are consistent with their medication regimens, the HIV antiretroviral regimens themselves often precipitate or worsen psychiatric symptoms, inhibiting positive health outcomes. These issues underscore the need for early diagnosis and treatment in order to reduce psychiatric illness and substance use, slow HIV disease progression and decrease mortality. There is a "triple stigmatization" associated with having HIV, a psychiatric illness and a substance use disorder. Stigma results in the extreme marginalization of this population and further reduces self-esteem, often potentially delaying or undermining treatment. Clinicians

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treating triple diagnosis should view it as a unified diagnosis comprised of three intertwined condition. Successful care of individuals with triple diagnosis requires integrated treatment: a holistic approach provided by an interdisciplinary, culturally sensitive clinical team, who share a coordinated treatment plan.

Moderator/Presenter: Antoine Douaihy

## Session ID: 7068

*Track: Emerging Issues*

### **Session Title: Employment as a Treatment that Works: Vocational Rehabilitation and Workforce Development within the HIV/AIDS Health Care Continuum**

Meeting Room: Mount Vernon Square  
(Level 3/Silver)

Continuing Education: Yes

Level: Advanced

Learning Objectives:

- Understand why employment is included within the NHAS health care continuum.
- Identify an array of workforce development initiatives pursuant to one or more program-specific funding streams encompassed within the Workforce Innovation and Opportunity Act (WIOA) that are applicable to diverse PLWHA populations.
- Identify action steps to increase the rate of participation by PLWHA within WIOA's workforce development system, and the quality of the employment outcomes facilitated by this comprehensive system's core programs, including vocational rehabilitation (VR) and supported employment (SE).

**Description:** The Office of Disability Employment Policy (ODEP) and the Rehabilitative Services Administration (RSA) have facilitated employment opportunities for PLWHA since the pandemic's onset. RSA sponsored the first training manual for workforce development professionals working with PLWHA in 1988. It considered the medical, cultural, social, legal, psychological, and economic implications of HIV/AIDS, and how these factors relate to VR and SE. Likewise, in 1990, RSA awarded demonstration grants to HIV/AIDS organizations to develop innovative VR services, including Multitasking Systems (MTS) of New York. Linda Laubenstein (1947–1992), MTS's principal founder, anecdotally noted that patients who continued working appeared to live longer and seemed less susceptible to depression than those who ceased employment. A study of AIDS progression and employment outcomes for 385 MTS consumers served between March 1989 and April 1992 is central to this panel's presentation. ODEP, in coordination with HUD in 2014, developed and implemented Getting to Work, an online capacity-building curriculum for HIV/AIDS organizations considering inclusion of employment within health care service continuums. This presentation will include a synopsis of NHAS-related VR, SE and related workforce development programs within the WIOA administered by the departments of Labor and Education, and Getting to Work highlights about innovative HIV/AIDS workforce programs, including MTS. It likewise will reference current VR and SE regulations for the national state VR/SE services programs, HIV/AIDS employment policies, and SSDI/SSI work incentive programs.

Moderator/Presenter: Mark Misrok

Presenters:

- Sandy DeRobertis
- Meredith DeDona

## Session ID: 8004

*Track: Emerging Issues*

### Session Title: Integrating HIV and Hepatitis Care into Behavioral Health Care — SAMHSA's MAI Continuum of Care Pilot (MAI-CoC)

Meeting Room: Marquis Salon15 (Level 2/Purple)

Continuing Education: Yes

Learning Objectives:

- Describe integrated care models for HIV and hepatitis screening, testing and care in behavioral health care settings.
- Identify internal and external partnerships required for integrated care, including prevention and treatment.
- Discuss advantages and strategies working in integrated behavioral health and medical services.

**Description:** SAMHSA's Minority AIDS Initiative Continuum of Care (MAI-CoC) Pilot integrates screening and medical care for HIV and hepatitis with substance use and mental disorder treatment and prevention, and assists clients with HIV to maintain behavioral health treatment adherence, and achieve and maintain more optimal health. Projects also support ongoing prevention services, testing and education. With projects located in 34 behavioral health care settings, this presentation will provide an overview of the MAI-CoC program, and examples of progress in three grantee projects in different geographic settings — Denver, Atlanta, and Baltimore. Presenters include Ryan White providers working closely in treatment settings whose primary focus is on mental illness and substance use disorder treatment. Managers, clinicians, and planners will learn about current collaborations, integration models, including HIV and hepatitis testing, care and linkages, NHAS

Step 2.A.2, and ensuring linkages to HIV medical care improving retention to care for people living with HIV is addressed in these activities.

Moderator/Presenter: Ilze Ruditis

Presenters:

- Judith Ellis
- Stephen Carrington
- Lisa Kaplowitz
- Seth Himelhoch
- Moneta Sinclair

## Session ID: 8007

*Track: Emerging Issues*

### Prioritizing Pre-Exposure Prophylaxis within the HRSA

Meeting Room: LeDroit Park (Level 3/Silver)

Continuing Education: No

**Description:** This panel will describe the Health Resources and Services Administration's (HRSA) response to one of the National HIV/AIDS Strategy: Updated to 2020 priority items and powerful HIV prevention tools, Pre-Exposure Prophylaxis (PrEP). Included in this panel are presentations from HRSA staff across bureaus on program opportunities and limitations, key guidance and grant recipient models of PrEP implementation. Participants can expect to learn about HRSA key action items, progress to date and key challenges and successes to its implementation of NHAS 2020. This panel discussion is especially important to ensure that the stakeholder communities understand HRSA's role, involvement and limitations in providing support of PrEP uptake across the country.

Moderator: Antigone Dempsey

Presenters:

- Heather Hauck
- Rene Sterling

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- Tanchica Terry

## Session ID: 8011

*Track: Emerging Issues*

### Session Title: 301: Strengthening the Health Care Delivery System through Planning

Meeting Room: Scarlet Oak (Level 2/Purple)

Continuing Education: Yes

Learning Objectives:

- Identify the key components of the planning cycle and how it is used to achieve NHAS goals.
- Apply Parity, Inclusion and Representation and data-driven decision-making in planning.
- Use the planning to develop approaches which lead to a reduction in health disparities.

**Description:** Data-driven decision-making can be used to develop comprehensive, community driven approaches to reduce health disparities within HIV communities.

Presenters:

- Gary Cook
- Lennwood Green
- Frances Hodge
- Amelia Khalil
- Hila Berl
- Emily McKay

## Session ID: 8012

*Track: Emerging Issues*

### Session Title: The Center for Engaging Black MSM Across the Care Continuum (CEBACC): Operationalizing Practice and Innovation to Strategize Provider Engagement to Elevate the Standard of Care for Black Gay/Bisexual Men in HIV Prevention, Care and Treatment

Meeting Room: Tulip (Level 2/Purple)

Continuing Education: No

Learning Objectives:

- Learn efficacious communication strategies to engage health care professionals in practicing cultural competency and cultural humility.
- Identify assets-based directives for empowering health care providers to assess critical gaps in training.
- Discover strengths and challenges unearthed during the development and implementation process of building the CEBACC resource.

**Description:** HIV-positive black men who have sex with men (MSM) may experience significant structural and psychosocial barriers that occlude access, engagement, and retention into quality health care. While numerous behavioral and clinical research studies emphasize existing racial disparities in HIV health outcomes as compared to MSM from other racial and ethnic groups, few studies seek to identify promising strategies for successful care engagement designed specifically for black MSM that leverage training opportunities among health care provider workforces. In addition to discovery of unique clinical challenges and psychosocial barriers that inhibit successful HIV care and treatment, the National Alliance of State and Territorial AIDS Directors (NASTAD) highlights the process for

developing an online resource center designed to enhance engagement of black MSM in HIV prevention and care management by targeting health care providers and myriad public health stakeholders who function as operators and facilitators to health care. During the CBEACC development phase (July 2014 to July 2016), clinical primary and HIV care practitioners (i.e., physicians, nurse practitioners, and physician assistants) from several states participated in approximately 30 key informant interviews and 10 focus groups. Providers shared their clinical experiences working with black gay and bisexual patient communities including strategies and innovative program features implemented to better engage black MSM in care within their respective care settings. These settings include community-based health organizations (CBOs), health departments, and privately and publicly funded health clinics. NASTAD conducted user testing, including e-user profile developments, continuing medical education critical review and analysis, and creative conceptualization to develop targeted social media campaigns, video and imagery to better reach patient and provider communities. Taking an assets-based approach, NASTAD leveraged the CEBACC to develop two targeted online platforms, HisHealth.org, focused on engaging provider audiences through dissemination of continuing education units and models of care, and WellVersed.org, a user-friendly website designed to help black MSM patients maximize their time before, during and after their patient visit. Engaging both providers and black MSM patients in judgement-free, bilateral communications via a number of technological strata bears great promise in improving the health care experience, and thusly, the HIV health care outcomes of same-gender loving black male patient communities.

Presenters:

- Omoro Omoighe
- Xavier Robinson

- Heather Faison
- Sherilyn Ferdinand

## CONCURRENT SESSIONS, SERIES F 3:30 PM - 5:00 PM

**Session ID: 4003**

*Track: Quality Management*

### **Session Title: Addressing Disparities Through Multiple Modalities**

Meeting Room: Howard University (**Level 1/Blue**)

Continuing Education: No

Learning Objectives:

- Examine disparities among the National HIV/AIDS Strategy subpopulations.
- Use two tools to address disparities along the continuum.
- Review two improvement efforts by recipients to reduce disparities.

**Description:** The National Quality Center (NQC) and Callen-Lorde Community Health Center will facilitate this workshop. The NQC provides technical assistance to Ryan White HIV/AIDS Program recipients throughout the United States and its territories. Callen-Lorde Community Health Center is New York City's leading health care facility dedicated to meeting the needs of LGBTQ people and those living with HIV/AIDS. The workshop will first focus on the HIV/AIDS Strategy goals for reducing disparities and how to address them at different points along the HIV care continuum. The discussion will then center on drilling down your data and examining where disparities exist. From there, we will discuss tools that can be used to build your agency-level treatment cascade and engage staff in addressing disparities. These tools include the NQC-developed disparities calculator and the clinical quality management plan. We will discuss ways to

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share your improvement projects with your peers and the lessons learned by the presenters as they have pursued addressing disparities.

Presenters:

- Isaac Evans-Frantz
- Michael Hager
- Natasha Goykhberg

**Session ID: 4005**

*Track: Health Care Landscape*

**Session Title: Global HIV Capacity Development: Mapping to the HIV Care Continuum and Building Nurse Capacity**

Meeting Room: Magnolia **(Level 2/Purple)**

Continuing Education: No

Learning Objectives:

- Recognize the relationship between HIV epidemic control and global clinical capacity development efforts.
- Describe the three components of the UNAIDS 90-90-90 strategy for getting to zero.
- Consider how to apply lessons learned from the experience of HRSA Global Program implementing partners to domestic HIV epidemic control.

**Description:** Presenters will discuss HIV workforce capacity development accomplished as HRSA HAB Global Program implementing partners under the president's Emergency Plan for AIDS Relief (PEPFAR). The International Training and Education Center for Health (I-TECH) at the University of Washington, in collaboration with the University of California, San Francisco, and ICAP at Columbia University will discuss their HIV capacity building work in Africa, Asia, Eastern Europe and the Caribbean. I-TECH will discuss their health system strengthening activities mapped to the HIV Care Continuum. ICAP will

discuss their Global Nurse Capacity Building Program in the context of the global shortage of HIV nurses. This program aims to expand, enhance, and sustain the quantity, quality, and relevance of the nursing and midwifery workforce to realize an AIDS-free generation.

Presenters:

- Ann Downer
- Michael Reyes
- Judy Khanyola

**Session ID: 4006**

*Track: Emerging Issues*

**Session Title: Using a Bilingual Telenovela to Educate Communities and Providers, Including U.S./Mexico Border Promotores**

Meeting Room: Dupont Circle **(Level 3/Silver)**

Continuing Education: Yes

Learning Objectives:

- Demonstrate the effectiveness of using the Sin Vergüenza telenovela for igniting conversation in Latino communities around HIV treatment, HIV-related stigma and shame, and treatment adherence through the use of educational entertainment.
- Learn ways to implement the telenovela in health care settings that targets Latino and other underserved communities.
- Evaluate the use of Sin Vergüenza to educate the community and train providers, including U.S./Mexico border promotores.

**Description:** Latinos account for 23 percent of persons living with HIV in the United States, including 42 percent in Los Angeles County, Calif. Startlingly, less than half of Latinos living with HIV are receiving medication to treat their HIV infection. Stigma and shame continue to be the greatest obstacles for persons living with HIV to seek medical treatment and adhere to treatment.

Culturally competent educational materials are essential to help engage in conversations and increase awareness on high-impact prevention efforts, such as PrEP and Treatment as Prevention for these communities. Through the telenovela format, providers also are able to address difficult testing and continuity of HIV care discussions that can help identify, link and keep these hard-to-reach populations in continuous, high-quality HIV care. AltaMed's English and Spanish telenovela web series, Sin Vergüenza (Without Shame), was developed to address the impact HIV has on the Latino community. Now in its second season, Sin Vergüenza highlights the importance of testing and accessing HIV medical treatment and support for coping with a diagnosis. The session will highlight the benefits of using the telenovela as a tool to reach a broad Latino audience and address the disparities that exist for those living with HIV or at risk of becoming infected. The session also will describe how the telenovela series will be used as an educational tool in a curriculum being developed by the U.S./Mexico Border AETC Steering Team and the U.S./Mexico Border Health Commission to train border promotores.

Presenters:

- Pedro Coronado
- Thomas Donohoe
- Nicole Mandel
- Natalie Sanchez

**Session ID: 4010**

*Track: Innovative Practices*

**Session Title: Expanding the Role of ADAP to Improve Health Outcomes**

Meeting Room: George Washington University  
(Level 3/Silver)

Continuing Education: Yes

Learning Objectives:

- Participants will be able to describe lessons learned in the implementation of the Hawaii ADAP HCV screening project.
- The learner will be able to identify the significance between peer learning and collaboration for improving outreach efforts and be able to identify new strategies for outreach engagement.
- The learner will be able to recognize the value of using ADAP funding and program support to improve health outcomes for clients.

**Description:** New and innovative initiatives are needed to help move the needle in modern HIV health care. ADAP has become a mechanism to help battle health disparities and reduce the transmission of disease outside the traditional role of providing medications. In this session, participants will learn about two advanced, forward-thinking programs set to reduce coinfections and improve health outcomes of the HIV community. Hepatitis C virus (HCV) is a significant comorbidity among persons living with HIV (PLWH). Rates of liver disease and liver-related death from HCV are three times higher in co-infected individuals as compared to mono-infected individuals. HCV screening rates may be affected by provider and patient perception of risk, cost of screening, and other factors. The Hawaii ADAP began offering HCV screening to ADAP-enrolled clients in hopes this screening effort would increase identification and treatment of HCV. Literature provides evidence that community health workers (CHW) skilled in motivational interviewing and quality management can help retain patients in care and adherent to antiretrovirals. Pennsylvania focused on enrolling lost-to-care individuals into ADAP and linking them to Ryan White core medical services. We will demonstrate how CHW and hot-spotting played a significant role in streamlining operations, creating new processes and providing CHW with

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the skills to empower others to re-engage them into medical care. This session will review the results of the HCV screening effort, including costs and number of new HCV infections identified, as well as showcase successes and challenges of multi-agency participation in the creation of a community health worker program.

Presenters:

- Timothy McCormick
- Richard Smith

## Session ID: 4012

*Track: Emerging Issues*

### Session Title: Housing as Health Care: Improving Health Outcomes through Mobile Care and Housing Support Services

Meeting Room: Union Station (Level 3/Silver)

Continuing Education: No

Learning Objectives:

- Learn about the importance of addressing the needs of people living with HIV who are homeless or unstably housed in order to improve their improve health outcomes.
- Understand what is needed in terms of funding, infrastructure and staff to successfully implement and sustain housing and mobile care programs.
- Gain tools and best practices for program provision, stakeholder collaboration and community resource navigation.

**Description:** This session will provide three innovative approaches for addressing the diverse needs of people living with HIV (PLWH) who are facing chronic homelessness or housing instability. These approaches include: a multidisciplinary team-based intervention providing mobile care to multiply-diagnosed, chronically homeless PLWH in San Francisco; a program that provides HIV-positive clients with complex housing issues,

specialized intensive case management services in the Greater Hartford Transitional Grant Area; and a partial-rent subsidy program intended to improve viral suppression among PLWH of color in California. These Ryan White initiatives will highlight what is needed to coordinate with other community resources, maximize funding, and implement the programs. Ultimately, this workshop will provide participants with the short- and long-term effects that housing support and mobile HIV care can have on health outcomes, while discussing the potential for improving and expanding these services within the three jurisdictions and across the country.

Presenters:

- Melanie Alvarez
- Juan Garcia
- Liz Hall
- Tamarra Jones
- Janell Tryon

## Session ID: 4018

*Track: Innovative Practices*

### Session Title: Approaches to Practice Transformation to Improve Care Along the HIV Care Continuum

Meeting Room: Georgetown (Level 3/Silver)

Continuing Education: No

Learning Objectives:

- Discuss the processes for practice transformation within clinical care sites based on two separate models.
- Identify methods for developing interprofessional practice to improve clinical care and behavioral health integration within the HIV care continuum.

- Discuss opportunities and challenges of practice transformation, best practices and implications for future funding and interventions.

**Description:** Increased access to care, improved health outcomes and reduced HIV-related disparities are important objectives of the National HIV/AIDS Strategy and are supported by the Affordable Care Act (ACA). The ACA, through expanded insurance access and encouragement of health care delivery system transformation, aims to serve more people and achieve better health outcomes. The Special Projects of National Significance (SPNS) program launched the “System-level Workforce Capacity Building Initiative” and the national AIDS Education and Training Centers Program (AETC) launched a new “Practice Transformation” initiative within the AETCs nationwide. These projects are funded by Ryan White, Part F. This session will provide information and approaches used by these two types of projects to develop, evaluate and disseminate practice transformation models (PTM) that accelerate access to HIV care, optimize care delivery to serve a growing population of PLWH and expand HIV- prevention strategies.

Presenters:

- Linda Frank
- Mila Gonzalez Davila
- Susan Olender
- Tina Penrose
- Jesse Thomas
- Susan Winters

**Session ID: 4019**

*Track: Health Care Landscape*

**Session Title: Making the Most of Your Patient-Centered Medical Home: Guidance and Best Practices**

Meeting Room: Cherry Blossom **(Level 2/Purple)**

Continuing Education: No

Learning Objectives:

- Identify approaches to establishing a RW PCMH to deliver multidisciplinary, team-based, quality HIV care.
- Identify strategies to enhance access to HIV care by implementing a call center using existing staff.
- Identify effective interventions to engage and retain patients and achieve viral load suppression in a RW PCMH.

**Description:** The National HIV/AIDS Strategy 2020 calls for comprehensive, coordinated, patient-centered care for people living with HIV. Building a Patient-Centered Medical Home (PCMH) is essential to facilitate access to, engagement with, and retention in HIV care. Recommendations to Ryan White grantees considering PCMH certification will be shared by one site’s achievement/recertification of NCQA PCMH Level 3. Key program components for a successful application include a robust electronic medical record, a foundational quality improvement program, team-based care, project plan, and commitment to sustain change. Patient-centered care requires enhanced access to care. A second site implemented a call center by using a workforce capacity development intervention. The site redeployed existing staff into new roles, increasing capacity from two to six agents (a 300 percent increase) to meet the call volume and decrease daytime voicemails, thereby increasing access to care. Research has shown a significant association between early retention in care and

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viral load suppression among patients receiving HIV medical care. A third site will present the best practices of their HIV Medical Home model in achieving and maintaining high viral suppression rates, which rose from 79 percent in 2011 to 91 percent in 2016. Operating within a Level 3 PCMH federally qualified health center (FQHC), this site has attained a comprehensive and coordinated level of service delivery that has translated to a high retention in care. Innovative, evidenced-based interventions used in this PCMH include data-driven outreach, multidisciplinary care team communication, case management with adherence support, patient navigator, and structured monitoring of viral load and medical visit frequency.

Presenters:

- Sneha Jacob
- Deborah McMahon
- Allison Precht

## Session ID: 4020

*Track: Emerging Issues*

### Session Title: Including Mental Health Services in HIV Primary Care Challenges and Needs

Meeting Room: Marquis Salon 14 (Level 2/Purple)

Continuing Education: No

**Description:** This workshop highlights a toolkit for integrating mental health care into HIV care and the implementation of an empirically guided and comprehensive mental health bio-psychosocial assessment program (BAP). Developed by the AETC Program Mental Health Committee, the toolkit provides assistance in making changes to HIV programs seeking to expand behavioral health services. Behavioral health factors are instrumental in primary HIV prevention, HIV testing, and HIV treatment outcomes. The BAP assessed HIV-infected youth 6–24 years of age for cognitive function, depression, anxiety, social

support, sex, and drug risk behaviors in four sessions from 2008–2015. Understanding best practices for HIV and mental health treatment and coordination and continuing to develop a workforce to implement those best practices are critical to maintaining quality in our expanding care system. The Affordable Care Act is creating historic new incentives to coordinate primary care, mental health care and addiction services previously lacking. Strategies to improve client participation in ongoing mental health screening and assessment, as well as discrepancies and changes in mental health metrics over time, will be explored. This workshop will present the evidence base of best practices for HIV and mental health care integration as a platform from which pragmatic, focused program planning and future training can be developed and implemented.

Presenters:

- Jennifer Lewis
- John Nelson
- Francine Cournos
- Susan Abramowitz

## Session ID: 4031

*Track: Emerging Issues*

### Session Title: Confronting the Opioid Epidemic: The HRSA Response

Meeting Room: Dogwood (Level 2/Purple)

Continuing Education: Yes

Learning Objectives:

- Explain the impact of the opioid epidemic and its implications for HIV/AIDS.
- Identify how HRSA and the Ryan White HIV/AIDS Program community can respond to opioid misuse and outline strategies for community preparedness in high-risk communities.

- Describe the Midwest AETC's response to the HIV outbreak in Indiana.

**Description:** In February 2015, the Indiana State Department of Health announced an HIV outbreak in southeastern Indiana. At the time, there were 26 confirmed and four preliminary cases of HIV infection. This outbreak, related to the opioid epidemic, continued until there were 188 confirmed HIV infections in a town of just 4,295 people. According to the CDC, the rate of overdose deaths involving opioids has nearly quadrupled since 1999. The president has made clear that addressing this epidemic is a priority for his administration, and as a result, HHS and HRSA are working to expand access to treatment, prevent overdose deaths, and increase community prevention strategies. The first half of this workshop will emphasize how opioid use affects the provision of HIV care services, address HRSA's participation in addressing this crisis and detail ways recipients can leverage resources in the event of an outbreak. The second half will focus on the HIV outbreak in Indiana and how MATEC-Indiana assisted in the response by identifying and coordinating resources as well as their continued role in building community capacity. MATEC-Indiana also will explore how other AETCs might help prepare for or prevent future outbreaks in rural communities.

Moderator: Cara Alexander

Presenters:

- Malinda Boehler
- Amy Griffin
- Karen Curd
- Karen Wade
- Glenn Clark

**Session ID: 4045**

*Track: Data to Care*

**Session Title: Initiatives to Improve Data Accuracy, Completeness and Timeliness across the HIV Care Continuum**

Meeting Room: Catholic University (**Level 1/Blue**)

Continuing Education: Yes

Learning Objectives:

- Assess data gaps in a jurisdictional HIV Continuum of Care.
- Identify data sources to improve Care Continuum measures.
- Identify interventions/methods to improve Care Continuum measures.

**Description:** This session will explore initiatives from HRSA and jurisdictions that aim to improve surveillance and other data utilized for HIV Continuum of Care and for Data to Care efforts at a local and jurisdictional level. It will include presentations from HRSA on health information technology projects funded through the Special Projects of National Significance (SPNS), and presentations from three jurisdictions on how they have utilized and improved their state HIV data systems so that data are more timely, accurate and complete. Virginia will present on the development of their Care Markers database, while North Carolina will present on the data system utilized for engaging out of care clients across the state and Louisiana will present improvements to their HIV Surveillance system.

Moderator:

Presenters:

- Adan Cajina
- Anne Rhodes
- Evelyn Quinlivan
- Debbie Wendell

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## Session ID: 4053

*Track: Data to Care*

### Session Title: The Collaboration of Dental and Medical Providers in Linkage, Adherence and Retention in Care

Meeting Room: Tulip (Level 2/Purple)

Continuing Education: No

Learning Objectives:

- Demonstrate along the AIDS Cascade where the oral health care team can have an impact and work collaboratively with medical professionals.
- Utilize a dental app to maximize optimal health care for PLWHA.
- Discuss oral health issues relative to HIV in the era of ARVs.

**Description:** The HIV Care Continuum (AIDS Cascade) is used as a guide to define the HIV epidemic. It is highlighted in the 2015 National AIDS Strategy, which set goals to improve the health status of persons living with HIV/AIDS (PLWHA). The focus of this session, referring to the AIDS Cascade, is to explain where the oral health care team can assist in diagnosis, linkage, adherence, and retention in medical and dental care so as to have better health outcomes and be more likely virally suppressed. Healthy People 2020 HIV-13 relates to being aware of HIV status and this can be increased if oral health care teams inquire as to HIV status, discuss CDC testing recommendations with all patients on a routine basis and can link patients to medical care/testing. Healthy People 2020 HIV-19-22 can be impacted by the oral health care team and this will be discussed using the AIDS Cascade. Knowledge of oral manifestations and their relevance is important to medical and dental providers and will be discussed. A newly developed dental app is designed to assist interdisciplinary teams to

provide cohesive and optimal care by consistently diagnosing oral health issues and providing opportunities for teams to collaborate on care. For example, improving use of this app could increase medical provider awareness of oral disease to improve the systemic health of PLWHA through referral and linkage systems. The app could impact patient and provider communication, increase knowledge and improve collaboration between interdisciplinary teams. The dental app will be demonstrated during this session. Use of the dental app to identify oral manifestations would positively impact increase optimal goals along the care continuum.

Presenters:

- Helene Bednarsh
- Anna Kinder
- Mark Schweizer

## Session ID: 6368

*Track: Emerging Issues*

### Session Title: Behavioral Health Treatment on Demand

Meeting Room: Scarlet Oak (Level 2/Purple)

Continuing Education: No

Level: Intermediate

Learning Objectives:

- Understand what mental health treatment on demand is and how to apply the principles to their own practice settings.
- Improve their knowledge of barriers to behavioral health care and develop strategies to address those barriers.

**Description:** This session will focus on using treatment on demand as a modality to address the behavioral health needs of an HIV-positive population. We will look at data from a Ryan White-funded case management program that supports how this modality can increase patient

access to behavioral health services. The session format will use a program overview that looks at behavioral health data before and after a treatment on demand model was implemented. Presenters will discuss treatment on demand as a modality, barriers to utilizing this model, and how providing treatment on demand has helped to engage clients in not only behavioral health care, but also in case management and HIV medical care. AIDS care has been able to reach hard-to-engage clients using this model, and as a result clients are open to behavioral health care and are staying in HIV medical care. Case studies will illustrate the model in practice. The target audience for this presentation will be Ryan White programs that provide behavioral health care, HIV medical clinics that are considering how behavioral health care might improve their patients' outcomes, and case management agencies that are considering how to provide more comprehensive support services to their clients.

Moderator/Presenter: Jill Sabatine

Presenters:

- Jillian Murphree
- Jill Sabatine

**Session ID: 6424**

*Track: Emerging Issues*

**Session Title: Homeless Institute 101: Providing Care to People Who are Homeless or Unstably Housed: Barriers and Facilitators to Achieving the NAS Goals**

Meeting Room: Gallaudet (Level 1/Blue)

Continuing Education: No

Learning Objectives:

- Describe the needs of people living with HIV/AIDS who are experiencing homelessness or unstable housing and the unique challenges in achieving retention in care and viral suppression.
- Learn strategies to address the challenges at the patient, provider, and system levels.
- Develop strategies to build staff skills and create external partnerships to facilitate care and services.

**Description:** Data from the national Ryan White Program estimated that more than 16 percent of people living with HIV/AIDS have temporary or unstable housing situations. This is critical to address because those with unstable housing also are less likely to be retained in medical care and virally suppressed. The HRSA/SPNS Initiative, "Building a Medical Home for Multiply Diagnosed HIV-positive Homeless Populations," is aimed at achieving the National AIDS Strategy (NAS) goals of retention in care and viral suppression and improving housing stability for people living with HIV who are experiencing homelessness or unstable housing. HRSA funded nine sites and an evaluation center to implement and evaluate innovative models that would address client- and system-level barriers to HIV care and treatment and housing stability. Through this initiative, approximately 1,000 PLWHA who experience homelessness or are unstably housed have been served in this initiative. In this workshop, presenters will describe the specific co-morbidities such as substance use, mental health disorders, stigma, barriers to care and treatment, and unmet medical and psychosocial needs faced by their clients. Presenters also will share strategies such as developing staff and stakeholder skills to address the needs of PLWHA who experience homelessness and unstable housing and reduce barriers to care, treatment, and stable housing.

Moderator/Presenter: Serena Rajabiun

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Presenters:

- Deborah Borne
- Lisa McKeithan
- Luis Moreno

**Session ID: 6474**

*Track: Emerging Issues*

## **Session Title: Integrating HIV Prevention and Care Plans and Planning: Moving Forward**

Meeting Room: Marquis Salon 14 **(Level 2/Purple)**

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Describe innovative practices that support collaboration and coordination to develop integrated HIV prevention and care plans.
- Identify trends and examples of integrated HIV prevention and care planning.
- Discuss how to operationalize integrated HIV prevention and care plans into HIV prevention and care service delivery systems.

**Description:** The National HIV/AIDS Strategy and the White House HIV Care Continuum Initiative have bolstered integration of HIV prevention and care efforts and fostered new approaches to addressing barriers to HIV testing, care, and treatment. To better support the integration of HIV prevention and care service delivery, the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA HAB) and the Centers for Disease Control and Prevention's Division of HIV/AIDS Prevention (CDC DHAP) created a framework for a single guidance for CDC HIV Prevention recipients and HRSA-funded Ryan White HIV/AIDS Program Part A and B recipients to develop integrated HIV prevention and care plans within their jurisdictions to improve outcomes along the HIV

Care Continuum. The plans reflect a jurisdictional discussion of existing resources, needs and gaps in HIV prevention and care services, including key features on how HIV prevention and care services, interventions, and strategies are being delivered and used in states and cities across the United States. This presentation will review key features of the CDC/HRSA integrated HIV prevention and care plan guidance, describe innovative practices that support collaboration and coordination among diverse HIV prevention and care stakeholders in the development of plans, identify trends and examples of integrated HIV prevention and care planning processes, and discuss strategies for operationalizing plans into HIV prevention and care service delivery systems.

Moderator/Presenter:

- Michael Goldrosen

Presenters:

- Candace Webb
- Amelia Khalil
- June Mayfield
- Erica Dunbar

**Session ID: 6514**

*Track: Emerging Issues*

## **Session Title: Getting to Work: Expanding Employment and Housing in a Changing HIV Epidemic**

Meeting Room: Marquis Salon 15 **(Level 2/Purple)**

Continuing Education: No

Learning Objectives:

- Describe how changes in the HIV/AIDS epidemic in the United States and advances in treatment have impacted employment-related service needs for people living with HIV/AIDS.

- Discuss the correlation between employment and the potential for improved health.
- Identify a range of components included in employment services, as well as promising strategies for delivering employment services.

**Description:** HIV/AIDS service providers historically have not provided access to employment programs for individuals living with HIV/AIDS because until recently, side effects of medications and the debilitating nature of the disease prevented individuals living with HIV/AIDS from participating in employment. HIV/AIDS service providers therefore implemented service models focused on reliance on local and federal resources for housing, food, clothing, and medical care. However, recent advances in treatment and care provide an opportunity for individuals living with HIV/AIDS to return or enter into the workforce. Housing and employment have been shown to increase health outcomes, improve quality of life, and reduce social service costs. In light of this, HUD's Office of HIV/AIDS Housing conducted a pilot initiative to evaluate if HIV/AIDS service providers could successfully provide access to employment programs and if beneficiaries could successfully enter or reintegrate into the workforce system. The initiative was a success and led to a partnership with the departments of Labor and Justice to develop the Getting to Work curriculum. The curriculum is designed to educate grantees and service providers on employment and HIV/AIDS issues. Topics covered include: the changing epidemic, connections between employment and health, the impact of advances in treatment on employment-related service needs, the impact of employment on benefits, how to best deliver employment services, and how to identify/engage with partners to provide employment services. This is an effective tool as a long-term strategy for stretching grant funds

and serving additional households as well as preventing the spread of HIV.

Moderator/Presenter: Benjamin Ayers

Presenter:

- Meredith DeDona

**Session ID: 6548**

*Track: Data to Care*

**Session Title: Using Technology to Coordinate HIV Prevention, Care & Treatment Services**

Meeting Room: Mount Vernon Square  
(Level 3/Silver)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Understand how to use an integrated management information system (MIS) for the coordination of care across multiple-funded services to monitor and improve clients' clinical health outcomes and integrating performance measure data into decision-making.
- Understand how multiple funders collaborate and interact to ensure continuity of HIV prevention, care, and treatment services in Broward County, Fla.
- Understanding how the Ryan White Part A Program is using an MIS to address challenges via data sharing agreements with multiple funders of HIV prevention, care, and treatment services.

**Description:** The Broward County Ryan White Part A Program Office uses an integrated data software system known as Provide Enterprise (PE) developed by Groupware Technologies, Inc. PE is a web-based relational, integrated data system used to collect client-level demographic and epidemiologic characteristics, intake and

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eligibility data, detailed procedure-level service units, and clinical outcomes, and serve as an invoice and payment system. Broward County receives funding for Ryan White Parts A-F, HOPWA and Prevention. This presentation will discuss how the county uses technology across a network of funders to collect data that are subsequently used for electronic reporting as well as synchronized real-time care coordination in reporting across the county. The use of PE has increased awareness among funders about their contributions to the improving health outcomes and the importance of care coordination for clients receiving HIV prevention, care, and treatment services in Broward County. Collaboration among state and local health department colleagues from HIV surveillance, HIV prevention, Ryan White HIV/AIDS Programs, and other public health stakeholders, including private entities, to identify the main data sources and data systems is essential. Data sharing among funders presents a challenge to ensuring clients' needs are addressed consistently across the care continuum. With many clients receiving services from various funding sources, data sharing is critical in providing clients with complete and efficient services. Limitations in data sharing among state and local entities compromise the program's ability to be fully informed. Integrated data systems are critical in promoting effective linkage of newly identified HIV-positive individuals to ensure linkage to outpatient/ambulatory medical care centers.

Presenter:

- Shaundelyn Emerson
- Leonard Jones
- Leonard Jones

**Session ID: 6668**

*Track: Health Care Landscape*

**Session Title: Retreat for Progress: Ryan White Part B and C Program Collaboration, Integration, and Sustainability**

Meeting Room: Silver Linden (**Level 2/Purple**)

Continuing Education: Yes

Level: Advanced

Learning Objectives:

- Define the message and involve stakeholders. Participants will glean information on how to get buy-in from stakeholders to shift their programs, and planning, to work toward a common goal.
- Coordinate planning across Part B and C grantees. Participants will learn strategies to align Part B and C program activities to effectively use resources and further program development.
- Find sustainable solutions to addressing change. Participants will learn how to break down common grantee challenges and identify ways to generate improvement.

**Description:** As with many states, Iowa is at a critical juncture in addressing HIV. Significant changes in the health care environment, combined with studies that demonstrate the utility of treatment as prevention, have significantly altered the way in which state and local programs deliver prevention, care, and treatment services. Beginning in 2014, Iowa began a specific, targeted process of convening Ryan White Part C clinics that also receive a Ryan White Part B subaward to strategically address how to move forward to most effectively reach a goal of an AIDS-free generation. Over the course of five in-person meetings and much work in between, these co-housed grantees worked to answer the questions: where are we now, where are we going, and how do we get

there? This model sought to create a safe space of open dialogue about how individuals' programs can best be configured to provide care across the continuum for people living with HIV. Participants were provided opportunities to leave their daily obligations, get to the root of frustrations and determine realistic solutions. Those solutions have come in the form of changes that range from simple to sweeping. This session will provide an overview of the process to come together and a roadmap to move forward.

Presenters:

- Holly Hanson
- Elizabeth McChesney
- Britten Pund
- Gregory Gross
- Tricia Kroll
- Darla Peterson

**Session ID: 6753**

*Track: Emerging Issues*

**Session Title: After the Plan: Tools for Ongoing Cross-Part/Prevention-Care Collaborative Planning**

Meeting Room: Judiciary Square (**Level 3/Silver**)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Self-assess their RWHAP planning body's current prevention-care and cross-part collaborative community planning and its readiness for enhanced collaboration.
- Describe at least two kinds of enhanced collaborative planning that seem feasible and desirable for their planning body and program.

- Identify and describe at least two to three tools provided in the workshop that can help in continuing and expanding their collaborative prevention-care planning.

**Description:** Ryan White Part A and Part B programs and HIV prevention programs will be submitting new, five-year comprehensive plans to the HIV/AIDS Bureau (HAB) and the Centers for Disease Control and Prevention (CDC) at the end of September 2016. Many will be submitting integrated HIV prevention-care plans. Some plans will address Part B and HIV prevention, some Part A and HIV prevention, and others will include Part A and Part B programs as well as prevention and care (for example, the state plans for Maryland and Indiana). One of the greatest benefits of collaboration on the integrated plan is the opportunity created for ongoing collaborative planning. This workshop will identify and explore types of collaboration between prevention and care planning bodies, and share tools (including written templates and procedures) to support them. It will address ways of building on relationships and experiences from joint integrated planning, and include ongoing collaboration that is cross-part as well as across prevention and care. HRSA has identified six types of collaborative planning. Besides development of an integrated prevention and care plan, they include information sharing, cross-representation, integrated information gathering and/or data analysis or other joint projects and activities, an integrated committee of a larger planning body, and a unified prevention-care planning body. The session will focus on joint activities, use of integrated committees or work groups, and conditions that facilitate establishing a unified planning body. Participants will complete a written self-assessment on current and planned collaboration, and discussion will be integrated into the presentations.

Presenters:

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- Emily McKay
- Hila Berl

## Session ID: 6814

*Track: Emerging Issues*

### Session Title: Incarceration, Sexual Victimization, Reintegration and the HIV Care Continuum

Meeting Room: Marquis Salon 13 (Level 2/Purple)

Continuing Education: Yes

Learning Objectives:

- Learn about different prevention and testing models currently implemented in prisons and jails.
- Understand efforts to reduce sexual victimization and trauma in prisons and jails through implementation of Prison Rape Elimination Act standards.
- Learn about specific, evidence-based corrections-related continuity-of-care models.

**Description:** One-and-a-half percent of U.S. prisoners are living with HIV, four times the rate of the general population. Each year approximately 17 percent of PLWH in the United States spend at least some time in jail or prison. Many people in prison and jail struggle with mental illness and substance use. We will describe the intersecting epidemics of HIV and incarceration, and review prevention and testing efforts taking place in the correctional setting. We will describe efforts to reduce sexual victimization and trauma in prisons and jails through the Prison Rape Elimination Act, with particular attention to gay and bisexual men who are 11 times more likely to be raped in prison than heterosexual men. We also will address sexual victimization and trauma with transgender women. Race, complexion, younger age, and smaller physical size also are

risk factors for sexual victimization in prisons. For PLWH, we also will describe models to increase treatment adherence in prisons and jails where HIV stigma is a barrier to treatment adherence. We also will discuss HIV and HCV screening, and the importance of screening upon release. We will then focus on different models of continuity of care (i.e., discharge and transitional planning and case management) for PLWH returning to the community. Finally, we will review an evidence-based model currently being implemented in prisons and jails around the country and internationally to improve continuity-of-care, support social reintegration, and reduce recidivism.

Presenters:

- Sean Cahill
- Barry Zack

## Session ID: 6956

*Track: Innovative Practices*

### Session Title: Using the ECHO Model for HIV Education and Improving Health Outcomes

Meeting Room: Shaw (Level 3/Silver)

Continuing Education: Yes

Learning Objectives:

- Discuss how the project ECHO model has been used for HIV clinical education.
- Compare how the New Mexico AETC/South Central AETC and the Mountain West AETC have used the ECHO model.
- Identify at least one way in which the project ECHO model could be used to for practice transformation and improve HIV care in your community.

**Description:** Project ECHO (Extension for Community Healthcare Outcomes) is a replicable model to build care capacity on the ground and share best practice care for underserved people

around the world. Developed by the University of New Mexico (UNM) Health Sciences Center, this model delivers complex specialty medical care to rural providers through innovative technology. The New Mexico AIDS Education and Training Center (AETC), at UNM, under the South Central AETC and the Mountain West AETC at the University of Washington, have successfully used this low-cost, high-impact model to build HIV capacity and education across their respective regions. Using case-based learning to connect expert interdisciplinary teams with regional providers, particularly in rural areas, ECHO engages clinicians in a long-term learning environment that empowers them to care for difficult patients. Unlike traditional telemedicine, in which the specialist assumes care of the patient, ECHO builds capacity in the field, where the clinician retains responsibility for managing the patient. This allows clients to stay in their home communities and receive high-quality, complex HIV care, addressing challenges that rural America faces in accessing care. Participants from federally qualified health centers and other clinics will transform their HIV practice with ECHO. Not only does regular access to specialty care continuously develop a provider's knowledge base, the peer learning network built by ECHO reinforces the relationships between providers facing similar challenges across a region. This session will discuss successes with the model and explore new possibilities for expanding ECHO to care for people living with HIV.

Presenters:

- Tracy Jungwirth
- Natalia Martinez-Paz

**Session ID: 7005**

*Track: Emerging Issues*

**Session Title: Addressing Employment Needs: Providing a Roadmap to Achieve Employment-Related National HIV/AIDS Strategy Goals**

Meeting Room: Capitol Hill (Level 3/Silver)

Continuing Education: Yes

Learning Objectives:

- Cite research findings related to the employment needs of PLHIV and the impact of employment as a social determinant of health.
- Address/explain individual and administrative barriers to developing and linking to employment services.
- Use a toolkit of resources, strategies and networks to facilitate successful linkage to employment services.

**Description:** The updated NHAS identifies employment as a key social determinant of health and recommends promoting linkage to employment services as an important response to achieve its goals. This workshop will include a review of research findings related to the unmet vocational needs of people living with HIV as well as evidence related to the role of employment as a social determinant of health. The director of GMHC's employment programs will provide a personal and professional perspective on the challenges that PLHIV face connecting with employment services and effective strategies for addressing these challenges. Finally, the president of the National Working Positive Coalition will provide a roadmap of widely available community-level employment-related resources and supports, and a review of strategies to facilitate effective linkage to employment services.

Presenters:

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- Liza Conyers
- Mark Misrok
- April Watkins

## Session ID: 7014

*Track: Emerging Issues*

### Session Title: Promoting Health Literacy through Clear Communication: Implications for People Living with HIV

Meeting Room: Dogwood (**Mezzanine/Red**)

Continuing Education: Yes

Learning Objectives:

- Identify potential gaps in promoting health literacy.
- Describe key elements of clear communication.
- Explore best practices for promoting health literacy.

**Description:** The importance of health literacy is universally acknowledged. Promoting health literacy must be intentional and ongoing and evolve to meet a person's changing health care needs. It must include navigation of the health care system as well as health insurance and financial components. Health literacy is crucial for a person to move successfully through the HIV care continuum, achieve viral suppression, optimize health outcomes and reduce risk of transmission. The National Action Plan to Improve Health Literacy (2010) emphasized the importance of clear communication and the use of plain language as a strategy for promoting health literacy. Unfortunately, practitioners in the field and society in general have not paid adequate attention to the guidance provided by this and other strategy documents. Clinicians continue to use complex language and jargon, consumers obtain much of their health-related information from the internet or television and

are embarrassed to ask questions when they have not adequately understood the information they receive, and the feedback loop using the 'teach back method' is not completed. In this session, the presenter will address: a) the importance of health literacy in helping achieve the updated 2020 NHAS goals; b) existing gaps in promoting health literacy among people living with HIV; c) best practices related to use of plain language and clear communication techniques to improve and sustain health literacy; and d) tailoring techniques to meet specific cultural/age related needs of diverse populations. In addition, strategies and tools to promote health literacy will be used as part of an interactive exercise.

Presenter:

- Manisha Maskay

## FRIDAY, AUGUST 26, 2016

### CONCURRENT SESSIONS, SERIES G 8:00 AM - 9:30 AM

## Session ID: 4028

*Track: Emerging Issues*

### Session Title: Engagement and Retention Strategies for Populations with Unique Needs: Women, African-Born and Caribbean-Born Communities

Meeting Room: Marquis Salon 14 (**Level 2/Purple**)

Continuing Education: No

Learning Objectives:

- Learn non-traditional strategies to engage women and African and Caribbean communities.
- Learn methods to address HIV testing for women and in an African and Caribbean cultural context.

- Facilitate linkage to medical care and retention in care for women and for African and Caribbean communities.

**Description:** Women contribute substantially to the domestic HIV epidemic, as do the African-born and Caribbean-born. We present two programs effectively engaging these communities in HIV testing, clinical and support services. In Oakland, Calif., Women Organized to Respond to Life-threatening Disease (WORLD) has developed outreach programs linking local women to HIV testing, care and services. WORLD also targets women previously diagnosed with HIV who have trouble accessing care or have fallen out of care, linking them to primary care and support services. In Philadelphia, the African Diaspora Health Initiative (ADHI) collaborates with local African and Caribbean communities to engage them in HIV testing and care using a community-based model of Clinics Without Walls. Both organizations conduct outreach to their respective target populations, linking them to HIV testing and prevention services, and as necessary to HIV primary care. Between 2011 and 2015, 4,152 African and Caribbean immigrants were served by ADHI, half of them female. More than 90 percent of those testing positive were linked to care. Best practices for engaging the African and Caribbean communities include close collaboration with community leaders and offering bundled screening in Clinics Without Walls. Together these two projects offer successful models of engagement in HIV testing and care for disenfranchised women, and for integrating immigrant African and Caribbean communities from areas reporting high prevalence of HIV.

Presenters:

- Denise Jones
- Helena Kwakwa

**Session ID: 4039**

*Track: Innovative Practices*

**Session Title: What, Why, and How: Health Literate Strategies to Improve Black MSM Engagement in Care**

Meeting Room: George Washington University  
**(Level 1/Blue)**

Continuing Education: No

Learning Objectives:

- Apply health-literate approaches to improve your communication.
- Understand why health-literate organizations are important to black MSM.

**Description:** CDC's recent estimate that one in two black MSM will get HIV in his lifetime underscores how critical it is for black MSM to find, understand and use HIV prevention, care and treatment information. The ability to find, understand, and use health information is called health literacy. In It Together: National Health Literacy Project for Black MSM is designed to improve health outcomes along the HIV care continuum by developing health-literate organizations and promoting health literacy as a component of culturally appropriate service delivery. Participants in this workshop will take part in a community training that provides rich information on why health literacy is important to HIV treatment and care, how health literacy affects health outcomes of black MSM, how culture affects black MSM's engagement in care, how spoken and written communication techniques can improve health literacy, and what actions organizations can take to become health-literate health care organizations. Participants will practice approaches that encourage and improve health-literate conversations between health professionals and black MSM, such as the Universal Precautions approach, the "teach back

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method” and Ask Me 3™ technique. Additionally, participants will work together to identify barriers to health literacy in their communities and suggest ways in which organizations can introduce or strengthen health-literate conversations and services.

Presenters:

- Rene Esler
- Devin Hursey
- Nathan Townsend
- Eddie Wiley

## Session ID: 4049

*Track: Innovative Practices*

### Session Title: Developing, Implementing, and Sustaining Effective Patient Navigation Models: Experiences from the Philadelphia and Wisconsin Health Departments

Meeting Room: Georgetown (Level 1/Blue)

Continuing Education: No

Learning Objectives:

- Describe the benefits of patient navigation programs that are designed to improve linkage, retention, and viral suppression.
- Define key elements of effective patient navigation programs.
- Discuss strategies for sustaining navigation programs.

**Description:** The Philadelphia and Wisconsin health departments will describe their experiences in developing and implementing HIV-specific patient navigation programs to improve engagement in care and viral suppression. The session will cover lessons learned during the development and implementation of patient navigation programs, qualitative and quantitative program outcomes, and fiscal and programmatic plans to sustain the novel programs.

Presenters:

- Mayla Jackson
- Mari Ruetten
- Casey Schumann

## Session ID: 4050

*Track: Emerging Issues*

### Session Title: Novel Public Health Approaches to Enhance Engagement in Care

Meeting Room: Union Station (Level 3/Silver)

Continuing Education: No

Learning Objectives:

- Describe benefits and barriers of a unique linkage to care specialist positions for clients.
- Compare and contrast linkage to care specialists with other case managers or systems representatives.
- Identify ways to optimize surveillance data for use in identifying out-of-care patients.

**Description:** This session will focus on two different state-level interventions: the first using a newly created position called “linkage to care specialists” to increase engagement in care for high-risk HIV-positive populations, and the second using HIV surveillance data to identify patients who may have fallen out of care. Qualitative data from specialists and clients in Wisconsin were collected during the pilot and implementation phases of the program to assess initial areas of improvement and perspectives on its effectiveness. The unique nature of the position allowed specialists to address clients’ multiple needs, and to form relationships that provided clients motivation to maintain good health. Massachusetts’s pilot project used surveillance laboratory data to identify out-of-care individuals at participating facilities and communicate

this to clinical staff. These staff then would review medical records to confirm whether the patients were in fact out of care, and notify HIV surveillance. Reviewing care status with clinical staff was found to be essential in confirming patients' true care status.

Presenters:

- Michelle Broaddus
- John Christian Hague

**Session ID: 4051**

*Track: Innovative Practices*

**Session Title: The Southern Strategy for HIV Testing, Linkage, and Retention in Care; Don't Miss Your Shot!**

Meeting Room: Howard University **(Level 1/Blue)**

Continuing Education: No

Learning Objectives:

- Describe successful strategies for implementing rapid HIV testing/linkage-to-care at high-risk venues.
- List the steps necessary to successfully integrate patient navigation into prevention and primary care departments.
- Implement tailored strategies to improve retention in indigent, under-resourced communities.

**Description:** The 2020 goals from the National HIV/AIDS Strategy emphasize increased linkage to care in less than 30 days, prevention efforts in high-risk, hard-to-reach populations, and establishing systems that support retention in care to achieve viral suppression. First, we will cover our implementation of HIV testing services in local high-risk bars, consulates, courthouses, methadone clinics, and discuss how we incorporated rapid routine testing in health care settings. By using a rapid/rapid testing algorithm, we have expedited linkage to care. We have been able to link the vast majority of newly

diagnosed clients within 30 days, thereby reaching the NHAS 2020 goals. In addition, by creating a position solely dedicated to patient navigation, we saw a dramatic increase in linkage to care over the last four years. The next challenge in the continuum of care is retaining patients once they have been linked. The presence of HIV in the rural South presents unique opportunities to initiate retention programs tailored for these under-resourced communities. At a rural clinic in North Carolina, three retention interventions were implemented and measured at 12 and 24 months. All three retention measures were successful and sustainable 24 months after implementation, suggesting that tailored and structured intervention is associated with improved viral suppression. Qualitative examination of testing, linkage to care, and retention from the perspective of providers in the South, both rural and urban, can provide nuanced insight into strengths and limitations of community-based organizations to inform improvement efforts. These issues are explored in Louisiana and North Carolina with applicability to neighboring deep Southern states.

Presenters:

- Katherine Conner
- Michelle Ogle
- Joseph Olsen

**Session ID: 6157**

*Track: Innovative Practices*

**Moving Research Findings into Ryan White Practice: Adapting to the Real World**

Meeting Room: Scarlet Oak **(Mezzanine/Red)**

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Participants will be able to describe the goals of the overall initiative.

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- Participants will be able to discuss the four adapted interventions.
- Participants will be able to describe elements in their own agency that would support or challenge the integration of a new intervention.

**Description:** Increasing access to care and reducing HIV-related disparities are two of the foundational goals of the HIV/AIDS strategy. Over the years, the Ryan White Program has demonstrated high rates of retention and viral suppression among clients served, and several SPNS initiatives have focused on developing innovative models to improve access to and retention in HIV care while reducing health inequities for vulnerable HIV-positive populations. Findings and best practices from these initiatives, while published, have not been frequently incorporated into practice by HIV provider organizations. Successful dissemination and replication of these previously-proven SPNS interventions focused on improving linkage to and retention in HIV primary care are key in improving health outcomes along the HIV care continuum. This workshop will provide an overview of a unique SPNS collaboration between AIDS United and Boston University to fund, implement and evaluate the replication of four adapted interventions: peer linkage and re-engagement of HIV+ women of color; enhanced patient navigation for HIV-positive women of color; integrating of buprenorphine treatment in HIV care; and transitional care coordination with jails. Presenters will discuss the four adapted interventions, identification, and funding of performance sites distributed across all regions of the country, development of the implementation-science-based national evaluation, and the preliminary stages of training and technical assistance for selected sites. A group-level activity will be included to assist sites in assessing agency readiness and factors that would promote or

impede the adoption, adaptation and integration of a similar new intervention in their settings.

Moderator: Johanna Goderre Jones

Presenters:

- Jane Fox
- Erin Nortrup

**Session ID: 6204**

*Track: Health Care Landscape*

**Session Title: Intersection of Ryan White Services and the Affordable Care Act: Changes and Challenges**

Meeting Room: Dogwood (**Mezzanine/Red**)

Continuing Education: Yes

Level: Beginner

Learning Objectives:

- Demonstrate the benefits and challenges to developing new models of HIV service delivery.
- Describe lessons learned about CommunityLinks.
- Identify concepts and action steps to inform organizations regarding service and financing transformation.

**Description:** The AIDS Foundation of Chicago (AFC) has proudly served the HIV community for decades. To continue to reach our clients and expand services, AFC prioritized “repackaging” how and what services we deliver – not only for Ryan White but also HIV prevention, CDC and other funded services. Taking into account the changing health care landscape, we assessed our programs as potential service lines focusing on managed care organizations – most notably Medicaid. In 2014, AFC launched an innovative third party payer program, CommunityLinks, to transform existing community-based HIV services into business products that could be marketed to

health insurance plans.

Presenter:

- Kathy Gorosh

**Session ID: 6336**

*Track: Innovative Practices*

**Session Title: High-Intensity Technical Assistance and Problem Solving with State and Local Health Departments**

Meeting Room: Cherry Blossom **(Mezzanine/Red)**

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Recognize how integrated programming leads to measureable program change.
- Discuss how strengths-based assessments facilitate achievable goal-setting.
- Identify ways in which the HI-TAPS model may be applicable for agency-wide program change.

**Description:** NASTAD draws on the experience of its vast national network and brings it to bear on program administration challenges identified by NASTAD members (i.e., state AIDS directors and their staff). This peer-based model for delivery of technical assistance (TA) is central to NASTAD's approach to problem solving for program improvement. Highly-Intensive Technical Assistance and Problem Solving (HI-TAPS) represents NASTAD's Prevention and Health Equity programmatic approach to address health department infrastructure, policy development, communication and information exchange, partnerships, and services to advance the goals of the NHAS during this time of significant change. Much in the same way that agencies are asking care and prevention programs to integrate and work in tandem, HI-TAPS is designed to bring together all parts of HIV programs, and collectively decide the

best ways to maximize sustainability and health outcomes. Health departments have identified key program areas on which to focus change efforts, all consisting of reimagining the role of prevention and care programs in alignment with contextual changes in the jurisdiction. Early process data from HI-TAPS indicates that health department-led, strengths-based change produces results. Evidence includes new partnerships and altered internal communication processes. NASTAD has developed HI-TAPS action plans with participating jurisdictions that are working across prevention, care, and surveillance programs to modernize their care delivery systems and internal health department structures. Progress toward health department change goals are monitored and evaluated via subsequent in-person follow-up meetings where action plans are discussed and revised based on incremental change that occurs between visits.

Moderator/Presenter:

- Blake Rowley

**Session ID: 6410**

*Track: Emerging Issues*

**Session Title: Systems Linkages Institute 201: Systems Linkages and Access to Care: A Special Projects of National Significance (SPNS) Initiative**

Meeting Room: Tulip **(Mezzanine/Red)**

Continuing Education: No

Level: Intermediate

Learning Objectives:

- Identify why a balance between depth and breadth is crucial in a statewide response to close the HIV care continuum gaps.
- Understand the design and outcomes of systems-level interventions deployed in three states.

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- Characterize the kinds of patients and needs best served by interventions that aim for breadth over depth versus interventions that aim for depth over breadth.

**Description:** Major policy initiatives have set ambitious goals for enhancing engagement in care among people living with HIV. The Systems Linkages and Access to Care Initiative, a Special Project of National Significance (SPNS), developed and evaluated interventions to improve states' coordinated response to HIV. Completely closing care continuum gaps will require deployment of strategies that balance breadth and depth. Broad interventions can address the majority of the engagement in care gaps through the delivery of limited services that ensure most clients link to care. But in-depth interventions are necessary to close the smaller portion of the gap due to clients with complex needs. In this session, we will highlight the importance of this balance by discussing the outcomes of interventions differing in breadth and depth. North Carolina's State Bridge Counseling program aims for breadth by improving linkages to care, achieved through the provision of time-limited services to newly diagnosed individuals and clients who are lost to care (in services six to nine months earlier, but now cannot be located by the clinic). Virginia has implemented an intervention to facilitate care coordination after release from incarceration. This program has been successful because it aims for more depth but less breadth by focusing enhanced attention on a subset of clients known to face greater challenges re-engaging in HIV services. Finally, Massachusetts implemented a navigator program led by nurse-peer dyads. It strives for depth, by focusing on the unique challenges to retention in care that are experienced by individuals with a high acuity of need.

Moderator/Presenter: Wayne Steward

Presenters:

- Jenna Donovan

- Anne Rhodes
- Wayne Steward
- Sophie Lewis

**Session ID: 6425**

*Track: Emerging Issues*

**Session Title: Homeless Institute 201: Using Interdisciplinary Teams to Provide Care to People Living with HIV/AIDS who Are Homeless or Unstably Housed**

Meeting Room: Marquis Salon 15 (Level 2/Purple)

Continuing Education: No

Level: Intermediate

Learning Objectives:

- Describe the needs of people living with HIV/AIDS who are experiencing homelessness or unstable housing and the unique challenges in achieving retention in care and viral suppression.
- Learn strategies to address the challenges at the patient, provider and system levels.
- Develop strategies to build staff skills and create external partnerships to facilitate care and services.

**Description:** Providing care and treatment to people who are experiencing homelessness or unstable housing requires an interdisciplinary team working across medical, behavioral health, housing and other social support systems. Nine sites participating in the HRSA/SPNS Initiative, "Building a Medical Home for Multiply Diagnosed HIV-positive Homeless Populations," have established teams of care coordinators and patient navigators, medical providers, mental health and substance use treatment providers, and housing providers to address the unmet needs of their clients. In this workshop, four sites will describe their models for building a medical home that is unique for PLWHA who are homeless or unstably housed. Sites will describe

the staff roles and responsibilities, protocols, resources, and tools on how staff members outreach and engage PLWHA who are homeless or unstably housed, assess and identify patient needs, provide medical, psychiatric care and other support services, and make and complete referrals so patients are linked, retained in care, virally suppressed, and stably housed. Presenters also will share the systems developed and implemented for internal and external partnerships with hospitals, rehabilitation centers, medical specialists, housing, and other service providers to care for PLWHA who are homeless or unstably housed.

Moderator: Carole Hohl

Presenters:

- Deborah Borne
- Amelia Broadnax
- Matt Feaster
- Kendall Guthrie

## Session ID: 6460

*Track: Innovative Practices*

### Session Title: "Meet Them Where They Are": Best Practices in Minority Outreach

Meeting Room: Magnolia (**Mezzanine/Red**)

Continuing Education: No

Level: Beginner

Learning Objectives:

- Provide HIV education to minority communities and encourage HIV negative consumers to remain negative by promoting the use of Pre-Exposure Prophylaxis.
- Improve treatment of people living with HIV and identify, link, and re-engage HIV positives lost to care.

- Provide education on opioid and illicit drug addiction as it relates to the spread of HIV infection and its link to injecting drugs and the sharing of needles.

**Description:** The purpose of this workshop is to help participants come up with creative approaches to HIV minority outreach. The primary vision of the National HIV/AIDS Strategy is to reduce stigma and make quality HIV medical care accessible to Americans regardless of age, race, gender, sexual orientation, or socio-economic status. According to the Centers for Disease Control and Prevention, the African-American community carries the highest burden of HIV among all other racial and ethnic groups. Factors fueling the HIV epidemic in communities of color in northwest Ohio include stigma, fear, religious beliefs, socio-economic status, and abuse of prescription opioids. Due to stricter opioid regulations and, consequently, greater difficulty in acquiring opioids legally, Ohio has become a hotspot for illicit intravenous drug use. Amid state efforts to regulate opioids, heroin use has increased and many areas are experiencing surging outbreaks of HIV infection in the intravenous- drug-using population. The University of Toledo Ryan White Program has used a number of strategies to educate, offer testing to, and improve the health outcomes of those living with HIV infection among communities of color. These unique strategies have served to effectively link newly diagnosed and those lost to HIV medical care. These strategies have also served as an effective way to raise awareness, promote testing and education within hard-to-reach communities.

Presenters:

- Monawaldai (Moni) Featchurs
- Kennyetta White
- Mary Jay

**Session ID: 6518**

*Track: Quality Management*

**Session Title: Using Data Quality Managers to Improve the Integration of Parts B & C**

Meeting Room: Marquis Salon 13 (Level 2/Purple)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Describe the challenges agencies funded for both Ryan White Parts B and C have identified, and identify the need for the data quality managers.
- Summarize the work that has been done thus far by the data quality managers.
- Examine and assess the implications of using this model in the participants' programs.

**Description:** In 2015, the Iowa Ryan White Part B Program funded three new data quality manager positions that were located at each of the dually funded Part B and C agencies in Iowa. In the new era of health care, a challenge identified by these dually funded agencies was the integration of not only the Part B and C programs, but their associated data systems as well. The data quality manager position was created to help improve service delivery through increased coordination and collaboration between Parts B and C. This is achieved by the data quality managers using a variety of quality management (QM) and quality improvement (QI) tools, including the PDSA cycle, building QM infrastructure, flowcharting, implementing QI projects, etc. To address the integration of data systems, the data quality managers are tasked with developing an export of data from the Part C electronic health records into CAREWare, which is used to house Part B and C service data. This will eliminate duplicate data entry, allowing case managers and other

programmatic and clinical staff more time to focus on clients and service delivery. This presentation will provide a background on the challenges identified by the dually funded agencies that led to a need for the data quality managers, how the solution was developed, and the work that data quality managers have been done thus far. This model can be adopted by other states to improve service delivery and address programmatic and data system challenges.

Presenters:

- Katie Herting
- Holly Hanson

**Session ID: 6645**

*Track: Health Care Landscape*

**Session Title: Allowable Uses of RWHAP Funds: A Closer Look at the Updated Service Categories**

Meeting Room: Gallaudet (Level 1/Blue)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Understand policy clarification notice 16-02 RWHAP Services: Eligible Individuals and Allowable Uses of Funds category definitions.
- Apply the RWHAP policy clarification notice 16-02 service category clarifications in program implementation.
- Understand where to find the RWHAP policy clarification notice 16-02 and supporting materials.

**Description:** Over the past 12 months, the HIV/AIDS Bureau has released several policy clarification notices relating to issues in Ryan White HIV/AIDS Program implementation. One of these notices is 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals

and Allowable Uses of Funds. This notice defines, describes, and offers guidance on the core medical services and the support service categories for which recipients may use their program funds. HAB has received more than 100 questions from recipients and subrecipients related to this policy clarification notice. The session will provide an opportunity for focused discussion about the service categories that have received the most number of questions asked. The service categories being addressed are: PrEP coverage, early intervention coverage and requirements and coverage of copays and antiretrovirals. The session will provide further program guidance on these service categories and will respond to additional questions that arise during this interactive session.

Presenters:

- Tarsha Cavanaugh
- Monique Hitch
- Mark Pepler

**Session ID: 6691**

*Track: Innovative Practices*

**Session Title: Building Effective Linkage and Reengagement Services: Lessons Learned From the HIV Care Collaborative**

Meeting Room: University of District of Columbia  
(Level 1/Blue)

Continuing Education: No

Level: Beginner

Learning Objectives:

- Become familiar with common components of linkage and re-engagement methods and program design.
- Identify at least three key components of effective linkage and reengagement programs.

- Learn at least three new skills in continuous QI methods to improve linkage and reengagement services.

**Description:** The NHAS stresses effective linkage and reengagement services to ensure rapid clinical assessment, access to ARVs, and reduce community viral load. There is a growing need to adopt replicable, evidence-based interventions in designing new programs and improving existing ones. This interactive workshop is based on a national HAB-funded assessment of linkage best practices and the three-year HIV Care Collaborative (HCC) undertaken in public health settings in Atlanta, Houston, and Philadelphia. In this session, we present the HCC intervention model and lessons learned in its implementation. Key skills and personal attributes of workers are identified, based on the work of industrial psychologists. Methods to recruit workers with these attributes, their training needs and supervision strategies are discussed. Ways to assess barriers to linkage and re-engagement, effective referral methods and direct intervention strategies are highlighted. Common barriers to care and ways to overcome them are presented. Successful methods for integrating workers in clinical care teams are highlighted. Strategies for documenting services provided are offered. We describe quality improvement (QI) techniques to measure worker performance, ways to analyze process and clinical outcomes data related to linkage and re-engagement, and design of worker-initiated QI projects to test new processes. Tools for reviewing linkage clients' charts for supervision and QI are described. Case studies are offered throughout the session to give workshop participants an interactive opportunity to apply new techniques gained in the workshop. This session is designed for funders, program managers, QI staff, and front-line workers who are interested in designing effective linkage and reengagement services.

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Presenter:

- Julia Hidalgo

**Session ID: 6746**

*Track: Emerging Issues*

**Session Title: Engaging RWHAP Consumers in Planning and Needs Assessment**

Meeting Room: Catholic University (**Level 1/Blue**)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Describe at least one challenge experienced and one strategy from their planning council/planning body (PC/PB) that can be used for enhancing consumer engagement in planning bodies, committees and needs assessment activities.
- Identify at least two strategies and models used to enhance the involvement of RWHAP consumers as members of PCs and PBs and consumer committees that may be appropriate for use in their program.
- Describe at least three innovative strategies for obtaining input on consumer service needs, gaps and barriers that do not involve typical consumer surveys or focus groups.

**Description:** This interactive workshop will engage participants in sharing and exploring promising initiatives and strategies for engaging consumers of Ryan White HIV/AIDS Program (RWHAP) services at a time of change. There will be a brief presentation of key findings from the DMHAP-supported assessment of PCs and PBs regarding how the changing HIV/AIDS service environment and the varied health and employment status of PLWH are affecting Ryan White consumer participation as planning body members and committee members, and as sources of input regarding service needs, gaps, and barriers. The

group will be asked to identify key challenges they face, and then selected resource people and members of the audience and participants will briefly describe their innovative and effective strategies and initiatives, including difficulties and lessons learned. Approaches that seem widely applicable will be discussed in more depth, with suggestions for refinement and sharing of hints for successful implementation. The intent is to offer approaches that Part A and Part B planning bodies can use to strengthen their community planning activities and ensure ongoing, active consumer input and participation as planning body members and leaders. In addition, the audience and participants will learn about use of new and innovative models for improving consumer responsiveness to needs assessment and obtaining useful information for decision-making about service priorities, allocations, and service strategies.

Presenters:

- Emily McKay
- Hila Berl

**Session ID: 6760**

*Track: Emerging Issues*

**Session Title: Optimizing Care for Youth Living with HIV: The Larkin Street Youth Services Model**

Meeting Room: Dogwood (**Mezzanine/Red**)

Continuing Education: No

Level: Beginner

Learning Objectives:

- Understand how Larkin Street's innovative youth-centered, low-barrier, one-stop service model addresses NHAS goals 1, 2 and 3.

- Learn techniques and best practices around rapid HIV treatment initiation and achieving virologic suppression in this special population.
- Share their own experiences in working with similar populations and learn from other programs' best practices.

**Description:** The Assisted Care/Aftercare (ACAC) Program at Larkin Street Youth Services in San Francisco was the first of its kind in the nation, serving homeless youth through an integrated service model that combines health, support and housing services in a one-stop location. ACAC clients primarily are people of color (79 percent), MSM (95 percent), sex workers (51 percent), PWID (44 percent), and transgender or gender non-conforming (10-20 percent). ACAC recognizes the unique needs of these special populations. Its innovative model works to reduce HIV-related health disparities and inequities, increase access and care to improve health outcomes for PLWH, and reduce new infections. Recognizing the importance of increased and accelerated access to HIV treatment and care, ACAC has become the “youth rapid hub” in San Francisco, receiving referrals for all new youth diagnoses. Once in care, ACAC sees improved health outcomes — 73 percent of youth are on ARVs, and 90 percent of clients housed in our licensed facility for more than 60 days achieve good to excellent medication adherence. All clients in our transitional housing program self-manage their medications, and 75 percent of our program population was virologically suppressed in December 2015. ACAC's developmentally appropriate, holistic approach has supported 81 percent of clients to remain housed or exit to stable housing. This workshop will detail ACAC's successful model that supports youth throughout the care continuum, from diagnosis through viral suppression and stabilization. The one-stop program reduces barriers to care such as stigma, housing instability

and access to services. Participants will learn how our ACAC care model optimizes health outcomes.

Moderator/Presenter: Adam Leonard

Presenter:

- Jazmine Mincey

**Session ID: 6779**

*Track: Emerging Issues*

**Session Title: Building a Successful Linkage to Continuum of Care Program for Latinos**

Meeting Room: Capitol **(Level 4/Green)**

Continuing Education: No

Level: Beginner/Intermediate

Learning Objectives:

- Explain how community health clinics, hospitals and correctional facilities can help link those identified as HIV-positive into HIV care services.
- Discuss three strategies for engaging and growing community partnerships that strengthen their ability to identify target populations.
- Design strategies to overcome barriers to engagement in HIV care.

**Description:** For individuals with HIV to fully benefit from combination antiretroviral therapy, they need to know that they are infected, be engaged in ongoing regular HIV care, and receive and adhere to effective antiretroviral therapy. Deficits in the spectrum of engagement in HIV care include late HIV diagnosis, suboptimal linkage to and retention in HIV care, insufficient use of antiretroviral therapy, and suboptimal adherence to therapy. A complex interplay of factors — structural, economic, environmental, and cultural — make Latinos more vulnerable to HIV infection, more likely to test due to illness, and less likely to test as part of routine preventive care. These

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issues can include discrimination, poverty, low health literacy, stigma, homophobia, and limited access to care. Stigma related to an HIV diagnosis also may cause people to avoid getting tested or avoid medical care after diagnosis because their HIV infection may become known and lead to rejection by family, friends, and co-workers. This coupled with the distance from health facilities, lack of specialized HIV care specialists, inadequate transportation, and substance abuse and/or mental health issues can forestall or delay entry into care. This workshop will examine data from September 2012 through 2016, barriers to care, and strategies that were developed to build a link to continuum of care programs. This program has linked more than 400 Latinos into HIV care since mid-2012. Their service area covers 3,643 square miles across three counties on the U.S.-Mexico border. This session is intended for those working with newly diagnosed individuals or those who have dropped out of care.

Moderator/Presenter: Pedro Coronado

## Session ID: 6784

*Track: Health Care Landscape*

### Session Title: The Connection Between Tax Filing and Health Coverage—What Does It Mean for Ryan White Programs?

Meeting Room: Silver Linden (Mezzanine/Red)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Understand what clients need to do at tax time, based on their type of health coverage.
- Understand the requirement to file and reconcile taxes to be eligible for tax credits next year.

- Learn examples of Ryan White Program processes to address overpayment or underpayment of the premium tax credit when the Ryan White Program provided premium assistance.

**Description:** Taxes may not be fun, but through the Affordable Care Act they now play an important role in helping make health coverage more affordable. During tax time, consumers must provide proof of health coverage and reconcile premium tax credits if they received financial support through the marketplace. Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients are responding by helping clients understand what to do at tax time. This session will provide an overview of how health coverage and taxes are connected and provide detailed information on what clients need to do at tax time, depending on their health coverage type, including tools and resources for clients and case managers. The session will specifically address how to navigate the premium tax credit reconciliation process, how RWHAP insurance assistance programs are coordinating with the premium tax credit reconciliation process and related HRSA policies. This includes examples of jurisdictions' processes to pursue any excess premium tax credit a client receives from the IRS upon submission of the client's tax return or to assist clients with money owed to the IRS as a result of an overpayment of premium tax credits throughout the year. This interactive session will use case examples, tool demonstrations, and facilitated discussions with participants to ensure participants gain a clear understanding of how to guide clients through the tax filing and reconciliation processes as well as HRSA policy requirements related to underpayment or overpayment when premium assistance has been provided.

Presenters:

- Elizabeth Costello

- Stewart Landers
- Sean Dickson

**Session ID: 6799**

*Track: Emerging Issues*

**Session Title: Leadership in Action: Strategies to Promote Public Leadership for PLWH**

Meeting Room: Dupont Circle (Level 3/Silver)

Continuing Education: No

Level: Beginner/Intermediate/Advanced

Learning Objectives:

- Identify existing strategies for PLWH leadership development.
- Describe barriers and gaps in PLWH leadership development.
- Identify strategies to improve gaps in PLWH leadership development.

**Description:** The Ryan White HIV/AIDS Program (RWHAP) is responsible for providing HIV-related services to People Living with HIV (PLWH) and their families through cities, states, and local community-based organizations. The NHAS Updated to 2020 calls on all of us to reduce stigma and discrimination experienced by PLWH, and to promote public leadership of PLWH, specifically identifying important actions we all can take. HAB convened a one-day, in-person consultation/meeting with experts to better understand and identify existing strategies that promote the public leadership of PLWH, address the barriers and gaps in the public leadership of PLWH and explore strategies to improve these gaps. This facilitated discussion results in suggested strategies or actions for HAB to take toward addressing the gaps in the public leadership of PLWH. There are unique challenges to engaging PLWH in public leadership opportunities and strategies from work conducted outside of the field of HIV informs the RWHAP's current approach to serving PLWH and involving them in a leadership capacity.

Moderator/Presenter: Amelia Khalil

Presenters:

- Antigone Dempsey
- Jesse Milan
- Candace Webb

**Session ID: 6818**

*Track: Emerging Issues*

**Session Title: Women Services Rock @ GMHC: Keeping Clients Engaged and Virally Suppressed**

Meeting Room: Mount Vernon Square (Level 3/Silver)

Continuing Education: Yes

Level: Beginner

Learning Objectives:

- How to leverage strengths of staff to best meet the specific needs of clients.
- How to create a staffing structure that actively engages clients about the importance of treatment and adherence while efficiently collecting clinical data.
- How to make performance indicators a meaningful part of everyday work.

**Description:** Women In Action (WIA) is a harm reduction recovery (HRR) program with a target population of HIV-positive women who have a history of substance use and abuse. Many of the women also have experienced incest, domestic violence, rape, and/or abandonment issues. From 2013 to 2015, WIA performed better on all quality indicators such as documenting viral load and CD4 labs, documenting primary care engagement, and linkage to substance use services within three months of reporting high-risk substance use than the averages of New York City HRR programs. More than 90 percent of clients in this program in 2015 had undetectable viral loads. Staff employs

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several strategies to achieve these excellent outcomes: clients are assessed and matched to a counselor who best fits their specific needs; a counseling assistant coordinates clinical data collection for all clients; counseling assistants meet clients monthly to ensure engagement with their primary care doctors, review lab results, discuss medication adherence, and coordinate appointments; and counselors ensure the data that are collected inform clients' service plans. An additional strength is that this is a program designed by women for women. Program staff is comprised exclusively of women of color, native New Yorkers, women in recovery from substance use disorders and/or women living with HIV. Staff share their lived experiences as part of their interventions with clients and convey the message that they can relate to what clients are experiencing and provide a model example of what is possible with support and hard work.

Moderator/Presenter: Glynis Simmons

Presenter:

- Hannah Hirschland

## Session ID: 6880

*Track: Health Care Landscape*

### Session Title: The Super Circular: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75

Meeting Room: LeDroit Park (Level 3/Silver)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Participants will gain a thorough knowledge of the HHS Uniform Guidance.
- Participants will increase their awareness of changes in administrative requirements.

- Participants will improve their understanding and use of new vocabulary.

**Description:** This interactive 90-minute workshop is provided by the HIV/AIDS Bureau (HAB) and will include an overview of the structure and effective dates of 45 CFR Part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (the "HHS Uniform Guidance") and changes of note for HAB grant and cooperative agreement recipients. The presentation will cover the subparts of 45 CFR 75 and provide insight on the rationale for the changes. The presenter will focus on the most important changes to 45 CFR 75 and discuss changes in vocabulary, procurement thresholds, indirect costs, subrecipient monitoring and select items of cost, and audit requirements. Participants will have an opportunity to engage in a game (<https://getkahoot.com/>) to test their knowledge of 45 CFR Part 75 interactively. The game is played with a mobile telephone, laptop, or iPad.

Presenters:

- Frances Hodge
- Jan Joyce
- Monique Worrell

## Session ID: 6891

*Track: Emerging Issues*

### Session Title: Training the Next Generation of Spanish-Speaking HIV Physicians: Experiences from a Minority AIDS Initiative (MAI) Project

Meeting Room: Marquis Salon 12 (Level 2/Purple)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Explain how Spanish speakers have unique health disparities and needs that impact use of HIV services.

- Discuss the important role Spanish-speaking family medicine physicians can play in impacting the HIV epidemic.
- Consider developing HIV testing and PrEP programs locally for Spanish-speaking physicians.

**Description:** Research has shown that patient-physician language discordance can impact not only comprehension but adherence to medical care. Monolingual Spanish-speaking people who are at risk of HIV infection or are living with HIV often prefer to speak Spanish with their medical providers. Despite this need, many primary care and HIV clinics do not have access to Spanish-speaking HIV-trained physicians. In urban areas like Los Angeles, the second largest city in the nation, Spanish as the first language is the number one predictor for late HIV testing (an AIDS diagnosis within one month of HIV test results). Over the past four years, an MAI project of the Pacific AIDS Education and Training Center and the UCLA Department of Family Medicine's International Medical Graduate (FM IMG) program has trained Spanish-speaking physicians on HIV-related topics, including HIV treatment and care, retention, pre-exposure prophylaxis (PrEP), and HIV/HCV screening/referral. The MAI program simultaneously informs trainees of their HIV-related roles as Spanish-speaking physicians in underserved communities. More than 90 HIV-trained, Spanish-speaking FM IMG physicians have been matched to family medicine residencies in underserved communities of California. Their training included interactive workshops and clinical rotations at Ryan White and other HIV specialty clinics. As a result of this MAI program, two family medicine residency programs serving predominantly Spanish-speaking patients are conducting routine HIV screening, and one IMG program graduate is pursuing specialty work in HIV. This workshop will discuss the important role of Spanish-speaking family medicine residents in identifying, linking and retaining HIV patients in care.

Presenter:

- Thomas Donohoe

**Session ID: 6992**

*Track: Emerging Issues*

**Session Title: Addressing HIV and PrEP Stigmas Impacting LGBT Health**

Meeting Room: Chinatown (Level 3/Silver)

Continuing Education: No

Level: Intermediate

Learning Objectives:

- Describe how HIV and PrEP stigmas can act as barriers to care.
- Explore the current landscape of HIV and PrEP stigmas in LGBT health care.
- Identify culturally appropriate models and practices that address HIV and PrEP stigmas for integration in Ryan White settings.

**Description:** In a survey of members of the National Coalition for LGBT Health, respondents cited HIV and pre-exposure prophylaxis (PrEP) stigmas encountered by LGBT individuals within health care settings and the impact on health outcomes as a top concern. The need for culturally appropriate training that improves provider engagement with LGBT individuals, including people living with HIV (PLWH), also was noted by a majority of participants. Stigma, whether real or perceived, can lead to non-adherence to antiretroviral treatments and limited use of HIV prevention services. One in two black men who have sex with men (MSM) and one in four Latino MSM is estimated to be infected with HIV in their lifetime. Twenty-eight percent of transgender women are HIV-positive. Twenty percent of PLWH reported being denied necessary care. Furthermore, only 26 percent of gay and bisexual men know about PrEP. To address this issue, the Coalition and the Pozitively Healthy Coalition

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developed culturally appropriate trainings on stigmatization for clinical providers and a stigma awareness campaign to increase knowledge and improve the health outcomes of LGBT individuals. The workshop will cover current information on the role of stigma in accessing care, HIV incidence, PrEP usage, and best practices for increasing and implementing culturally appropriate care. Presentations, resource sharing to address HIV and PrEP stigmas, and group discussions based on case studies will be used to enhance knowledge and skills building. Participants will engage in a role-playing scenario to identify HIV and PrEP stigmas and ways to address stigma in health care settings.

Presenters:

- Brian Hujdich
- Ryan Meyer
- Rebecca Vargas-Jackson
- Michael Shankle
- Dawn Maker

## Session ID: 8003

*Track: Quality Management*

### Session Title: HIV Viral Suppression in State Medicaid Programs

Meeting Room: Judiciary Square (Level 3/Silver)

Continuing Education: Yes

Learning Objectives:

- Participants will be able to describe the Medicaid Quality Reporting Program, including the HIV measures in the program.
- Participants will be able to identify state Medicaid programs that have submitted HIV viral suppression data and methods used to collect performance measure data.

- Participants will be able to explain the business case for working with Medicaid and HIV surveillance colleagues to collect and report HIV viral suppression data.

**Description:** The Affordable Care Act requires the development, reporting, and publishing of a core set of measures for Medicaid-eligible adults. State Medicaid programs choose which measures to report. The 2016 measure set consists of 28 measures, which have been selected to reflect the diverse populations served by Medicaid. One of the measures included in that set is National Quality Forum 2082: HIV Viral Load Suppression. The most recent HHS Secretary's Annual Report on the Quality of Health Care for Adults Enrolled in Medicaid reported that very few states have elected to report data for the HIV viral suppression measure. This low participation rate is notable because the HIV viral suppression measure is one of the few measures that track a clinical outcome in the Medicaid Adult Core Set. This workshop will provide an overview of the Medicaid Quality Measurement Program, discuss state approaches to reporting data on HIV viral suppression, and identify opportunities for state HIV prevention (including surveillance) and Ryan White HIV/AIDS Program Part B programs to engage and make the business case with their Medicaid colleagues to report on and improve HIV viral suppression.

Presenters:

- Marlene Matosky
- Josh Hardy
- Abigail Viall

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### Session ID: 4004

*Track: Quality Management*

### Session Title: Lessons Learned from Fostering Consumer Involvement in Quality Management Activities

Meeting Room: George Washington University  
(Level 1/Blue)

Continuing Education: Yes

Learning Objectives:

- Explain the importance of consumers as equal partners in the recipients' clinical quality management programs.
- Describe how to prioritize indicators for a system-wide quality initiative, engage providers and consumers in quality management initiatives and design an effective health campaign.
- Describe several models of consumer involvement in quality management activities.

**Description:** As greater emphasis is placed on decision-making between providers and health care users, the need to promote meaningful consumer participation in the implementation of CQM activities is clearly identified. This workshop showcases the importance of involving consumers as stakeholders in CQM programs and successful strategies to meaningfully engaging them as equal improvement partners. In this session, many dimensions of consumer involvement will be described using real world examples. NQC developed its first-ever Training of Consumers on Quality (TCQ) Program, a rigorous face-to-face training session for consumers receiving RWHAP services, to build their capacity to be active partners in the planning and implementation of quality improvement (QI) efforts at the clinical and

system levels. So far, 10 trainings with more than 200 consumers have been held across the United States. Orange County, Calif., will describe its quality initiative campaign that was developed by providers and consumers. The resulting innovative marketing materials were shown to be effective in improving retention in medical care. Middlesex-Somerset-Hunterdon (N.J.) Part A Program will present its model for the Part A Consumer Quality Workgroup, emphasizing consumer recruitment and decision-making power in quality management activities. Missouri's Part D Program will discuss its consumer ladder. Virginia's Part B program will describe consumer engagement using the Peer Educator training program. Finally, the Washington Cross Part Collaborative will describe A4Q or Advocates for Quality. This group of consumers trains the recipients of Ryan White services on what comprehensive HIV care should be according to the Health and Human Services (HHS) guidelines for the treatment of HIV.

Presenters:

- Safere Diawara
- Theresa Fox
- Mindy He
- Kneeshe Parkinson
- Ricardo Salcido
- Daniel Tietz

### Session ID: 4007

*Track: Emerging Issues*

### Session ID: National, State and Local Responses to Addressing Hepatitis C among People Living with HIV

Meeting Room: Dupont Circle (Level 3/Silver)

Continuing Education: Yes

Learning Objectives:

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- Learn why HIV/HCV coinfection is an important health care and public health issue to address.
- Learn how the Ryan White HIV/AIDS Program is addressing HIV/HCV coinfection.
- Identify strategies to reduce barriers to HCV treatment among people living with HIV, including AIDS Drug Assistance Programs.

**Description:** Approximately one-quarter of people living with HIV (PLWH) are coinfecting with hepatitis C (HCV). People with HIV/HCV coinfection have higher liver-related morbidity and mortality even when their HIV infection is well controlled, and liver disease is one of the most common causes of non-AIDS deaths among PLWH. New directly acting antiviral (DAA) HCV medications represent a watershed opportunity to cure HCV, including among those coinfecting with HIV. Despite these advances, only a small percentage of HIV/HCV coinfecting people have received treatment. Identified barriers to increased treatment uptake include the high cost of these newer treatments, a lack of providers trained and willing to treat HCV, and health care systems that do not support treatment and follow-up of HCV. Additional work is needed to expand treatment of HCV among individuals who are coinfecting with HIV/HCV. This presentation will review Ryan White HIV/AIDS Program activities that have addressed hepatitis C among PLWH as well as future approaches to expand treatment. Because increasing numbers of AIDS Drug Assistance Programs (ADAPs) have chosen to add DAAs to their formularies only to be met with low uptake, barriers and successful strategies for maximizing DAA utilization among ADAP clients will be reviewed. Finally, the experience of an urban Ryan White clinic in treating HCV among PLWH will be presented using illustrative actual patient cases to spark discussion regarding strategies for clinicians working to treat HCV in their patients.

Presenters:

- Amanda Bowes
- Rupali Doshi
- Sarah McBeth

**Session ID: 4015**

*Track: Health Care Landscape*

**Session Title: Three Approaches for Transforming Practice to Optimize HIV Care: the SPNS Workforce Capacity Building Initiative**

Meeting Room: Howard University (**Level 1/Blue**)

Continuing Education: No

Level: Intermediate

Learning Objectives:

- Understand the dynamics contributing to HIV workforce challenges and why practice transformations are needed
- Describe the strategies for transforming practice through the expansion of the HIV care workforce, enhanced “sharing the care,” and improved patient engagement.
- Identify barriers and facilitators to successful practice transformations that expand the HIV care workforce, enhance “sharing the care,” and improving patient engagement.

**Description:** As the demand for HIV care continues to rise, the number of HIV specialists may soon decline, particularly as a first generation of HIV providers retires. It is critical to identify strategies that ensure the healthcare workforce continues to meet the needs of all HIV patients. The Special Projects of National Significance (SPNS) program has launched the System-level Workforce Capacity Building Initiative to develop and evaluate practice transformations that enhance access to HIV care and optimize the efficiency of its delivery. The initiative’s 15 demonstration projects are tackling the challenges of workforce

capacity using a variety of approaches, each of which fits into one of three categories. The first seeks to optimize outcomes through workforce expansion by training primary care providers in community healthcare settings to deliver HIV services and by enhancing their coordination with HIV specialists. The second approach enhances access and quality of care by “sharing the care,” or more efficiently distributing work among clinical team members. It increases the responsibilities placed upon mid-level providers and clinical staff so that they are able to address patients’ routine and non-HIV care needs. The third transformation approach strives to improve how patients engage with services, specifically by promoting receipt of routine and preventive care in order to reduce acute and emergency care needs. The goal is to strengthen patients’ HIV self-management skills and improve their communication with providers. In this session, we will describe each of the three transformation approaches and identify best practices for successful implementation.

Moderator/Presenter: Wayne Steward

Presenters:

- Ann Avery
- David Bradley
- Marisol Gonzalez Drigo
- Camilo Guevara
- Valerie Kirby
- Lissette Maestre
- Deborah McMahan
- Wayne Steward
- Alison Jordan
- Christian Ramers
- Susan Olender
- Catalina Sol
- Allan Rodriguez

**Session ID: 4035**

*Track: Quality Management*

**Session Title: Leveraging Existing Data Systems to Improve the Quality of HIV Care: Two Innovative Approaches**

Meeting Room: Catholic University (**Level 1/Blue**)

Continuing Education: No

Learning Objectives:

- Understand how the New York State HIV Quality of Care program uses an organizational assessment to help facilities improve and develop capacity for quality management, and how this new domain, which encourages the use of facility level HIV care cascade.
- From both a community health center and a large metropolitan hospital clinic located in New York City learn how to develop and use facility level cascades to improve HIV care and outcomes. Understand the barriers and challenges they experienced during this process, and how they overcame obstacles.
- From a non-urban AIDS service organization in rural Alabama learn how to use quality management practices to enhance and track retention in care, to monitor viral suppression, and to compare adherence, retention and viral load suppression across at risk population.

**Description:** HIV treatment cascades are a powerful public health tool to visualize the number of individuals with HIV in the United States (a state, city, community) that is engaged at various stages in the continuum of care, providing an organizing framework on how to end the HIV epidemic. In the state of New York, the HIV Quality of Care Clinical, and Consumer Advisory committees developed an assessment tool that challenges organizations to use their facility level

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data to develop and use HIV treatment cascades for quality improvement. This assessment tool will be shared alongside facility-level cascade presentations from two agencies, demonstrating how the tool guides organizations in effectively utilizing care engagement and VLS status information to improve patient and public health outcomes. Effective strategies and challenges in developing and implementing a facility-level HIV cascade will be highlighted. In rural Alabama, Health Services Center (HSC), is a Ryan White-funded, non-profit AIDS service organization, founded in 1987 as a grassroots organization of consumers and physicians. HSC has been fortunate to receive Ryan White supplementary funding for staff training in motivational interviewing related to adherence and intensive case management for linkage and retention in care for at risk populations. Using these strategies, HSC continues to show steady improvement in linkage to care for newly diagnosed PLWHA, retention in care, persons receiving ART, and viral load suppression. All measures are well above national averages despite the challenges faced by patients in this low resource, underserved area. We will include linkage, retention and adherence strategies and present programmatic data.

Presenters:

- Rebecca Green
- Sonia Preston
- Bruce Agins
- Randi Scott
- Lisa Reid
- Susan Weigl

## Session ID: 4041

*Track: Innovative Practices*

### Session Title: Promoting Perinatal HIV Service Coordination: Inside Your Program and Beyond

Meeting Room: Cherry Blossom (**Mezzanine/Red**)

Continuing Education: No

Learning Objectives:

- Highlight gaps in the perinatal HIV prevention cascade, including post-partum retention in care.
- Discuss individualized care coordination and treatment strategies for HIV-infected pregnant woman and their infants.
- Illustrate the role of perinatal HIV service coordination within Ryan White networks with the goal of eliminating perinatal HIV transmission among Ryan White Part B, C, and D and public health partners.

**Description:** Effective planning, support services, and coordination of care can limit risk of HIV transmission and improve retention in care of both mother and baby during the perinatal period and after delivery. Participants will engage in case-based discussion to highlight potential gaps in the perinatal HIV prevention cascade with attention paid to resources currently available in individual programs. We will then explore cross-program strategies to provide perinatal HIV service coordination among Ryan White networks to eliminate perinatal HIV infection.

Presenters:

- Mary-Margaret Andrews
- Margery Donovan
- Mary Edinger
- Nicole Leedy
- Timothy Mok

- Florence Momplaisir
- JoNell Potter

**Session ID: 4042**

*Track: Emerging Issues*

**Session Title: The Trauma-Informed R-Evolution in Motion: Using Trauma-Informed Principals to Address Social Determinants of Health at Federal, State and Local Levels**

Meeting Room: Union Station (**Level 3/Silver**)

Continuing Education: No

Level: Intermediate

Learning Objectives:

- Increase knowledge and awareness of the impact of a trauma history on human development and the critical role on health outcomes, including for people living with HIV.
- Increase understanding of the trauma-informed paradigm and what leaders can do to integrate it into their state and local programs and community centers.
- Concrete examples of how programs and targeted interventions can promote healing and growth by reviewing Iowa's response to how trauma aligns with federal initiatives and the National HIV/AIDS Strategy.

**Description:** Recent research on the brain and trauma gives us an entirely new paradigm to conceptualize the impact of trauma on the human mind. Understanding how trauma impacts brain development puts harmful behaviors and destructive thinking patterns in context and gives us a roadmap for promoting healing and growth. This training presents the trauma-informed paradigm in a practical context, giving learners a theoretical basis and tools to apply immediately to their healing work. Learners can minimize re-

traumatization while creating healing relationships and environments that help individuals to regain control of their lives. Next, the workshop will examine how the Iowa Part B Program put into practice trauma-informed care within the state health department, its sub-recipients and its sub-recipients' entire organizations. In addition, to assess the impact of trauma on Iowans living with HIV, questions were summed to get an adverse childhood experience score on Iowa's 2016 comprehensive consumer needs assessment. The results were staggering and showed significant impact of traumatic childhood events for PLWH compared to the general population for all eight types of child abuse and household dysfunction. Finally, a multidisciplinary leadership team from the state health department, including domestic violence, tobacco, substance abuse, health promotion, cancer, HIV, and family health will be showcased to demonstrate recent activities of a workgroup designed to ensure trauma-informed excellence is present in programs across the state health department.

Presenters:

- Matt Bennett
- Holly Hanson
- Elizabeth McChesney

**Session ID: 4052**

*Track: Emerging Issues*

**Session Title: UCARE4Life and Bijou: Utilizing Mobile and Online Methods in the Improvement of Health Outcomes in HIV-Positive Youth**

Meeting Room: Mount Vernon Square (**Level 3/Silver**)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

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- Identify at least two improvements seen among UCARE4Life intervention participants.
- Identify two ways that relevant innovative and gamified technology-based platforms, such as Bijou, can better the health outcomes of HIV-positive YMSM.
- Articulate a better understanding of how the use of technology-based strategies and platforms among youth may be applicable in their practice settings.

**Description:** Limited economic resources and a range of sociocultural factors increase exposure to traumatic events among African American women that are associated with increased vulnerability to HIV. The objective of this presentation is to describe the implementation of a trauma-informed HIV prevention and vocational development intervention for African American Women Living with HIV/AIDS and report initial findings from a formal program evaluation of this intervention. This study used grounded theory methods to provide evidence-based support for this intervention and to illustrate the relationship among key components of the intervention that explain program success. Presenters will review the background and development of Common Threads intervention that also includes a discussion of the trauma-informed framework, examine the state of research related to integrated vocational and HIV prevention intervention, present findings on a pilot study of the Common Threads program, and discuss the implications of these results and future directions to improve health and vocational outcomes for African American women living with HIV.

Presenters:

- Carrie Jeffries
- Helene Kirschke-Schwartz
- Renata Thompson

**Session ID: 6059**

*Track: Innovative Practices*

## **Session Title: Mind, Body, Self: an integration of Mindfulness Based Stress Reduction and Chronic Disease Self-Management**

Meeting Room: Georgetown (**Level 1/Blue**)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Describe how patient training in MBSR and CDSMP can positively impact health outcomes.
- Articulate the rationale for providing both interventions as components of patient self-management training.
- Discuss the key practices/tools taught in each intervention and practical strategies for program replication.

**Description:** Despite advances in clinical management of HIV care, our patients have continued to struggle with appointment attendance and treatment adherence. In response, we have introduced a patient self-management program with two synergistic components: Mindfulness Based Stress Reduction (MBSR) and Chronic Disease Self-Management Program (CDSMP). MBSR (developed in 1979) and CDSMP (developed in 1991) are evidence-based interventions that have been extensively researched, demonstrating their effectiveness at improving health outcomes. Both interventions teach patients concrete tools to help them manage daily stressors, including chronic diseases. These practices teach patients how to develop a different relationship with the mind, body, and self. Each intervention offers patients the opportunity to learn new skills that they practice on their own between sessions during which

they obtain feedback and guidance from trained facilitators. Although the principles that guide MBSR and CDSMP are different, the goal of each intervention is to enable participants to develop sustainable practices and become fully engaged in self management. Preliminary results of an evaluation of retention and viral load suppression rates that compared patients who completed both interventions with those who partially completed one or both and those who have not participated in either will be presented. Join us for an interactive session during which we will practice selected elements of each intervention and discuss lessons learned during implementation, which may be useful for replication. While interesting to a broad audience, this session may be most useful for those involved in program development, patient retention, treatment adherence, mental health, and case management.

Presenters:

- Katelin Thomas
- Genevieve Dauble

**Session ID: 6164**

*Track: Emerging Issues*

**Session Title: International Adoption and Pediatric HIV: The Changing Demographics and Needs**

Meeting Room: University of District of Columbia  
**(Level 1/Blue)**

Continuing Education: Yes

Level: Beginner/Intermediate

Learning Objectives:

- Describe the changing demographics of pediatric HIV.
- Identify the specific medical evaluation of a child with HIV who is internationally adopted.

- Recognize the significant psychosocial impact of institutionalization and trauma on language, cognition and behavior and identify resources.

**Description:** As perinatal transmission of HIV decreases domestically, the number of internationally adopted children with HIV is increasing in pediatric HIV/AIDS programs in the United States. These children present with unique medical and psychosocial needs requiring a comprehensive evaluation based on best practice recommendations from pediatric HIV care and adoption medicine. In addition, the psychosocial impact of trauma, loss, and institutionalization cannot be minimized and must be addressed. Pediatric HIV/AIDS programs are in a unique position to screen and address concerns of HIV-infected, internationally adopted children for the following reasons: infectious diseases are among the most common medical diagnoses identified in international adoptees after arrival, HIV care typically involves frequent visits for monitoring of antiretroviral response allowing multiple opportunities to address the medical, complex psychosocial and parenting concerns of the adopted child, HIV care typically is provided in tertiary settings allowing for referral to subspecialists in the medical and developmental care of children, and most programs provide intense nursing and social work case management services to address the comprehensive, overall care needs of the HIV-infected child. Through use of case studies, we will describe the process of pre-adoption evaluation of medical records and pre-travel consultation with prospective adoptive parents, and outline the medical and psychosocial evaluations recommended post-adoption. Resources for guidelines, recommendations, referrals, and intervention strategies will be provided for medical evaluation, immunization review, language acquisition, adoptive parenting guidance, attachment, developmental screening, and educational advocacy as part of the ongoing

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care of these children and families.

Presenters:

- Teresa Courville
- Julie Haining

**Session ID: 6214**

*Track: Data to Care*

## **Session Title: Forward Momentum: Accelerating Access to Care and Improving Quality through Centralized Data System**

Meeting Room: Chinatown (**Level 3/Silver**)

Continuing Education: Yes

Level: Advanced

Learning Objectives:

- Recognize the importance of having a central server system for HIV care and support services.
- Recognize the importance of incorporating data in quality management programs and priority setting and resource allocation processes.
- Recognize the importance of standardizing processes for data collection and how this reduces barriers and increases client satisfaction.

**Description:** The presenter will describe how for nearly nine years Connecticut has been able to successfully implement and sustain a centralized CAREWare data system for all 50 of its Ryan White-funded sites. During this session, the audience will understand how the centralized system has improved service delivery, eliminated service duplication and aids in the work done at the Connecticut HIV Planning Consortium, a joint advisory planning body for the state's HIV prevention and care programs and services. The central server system has afforded Connecticut the ability to collect and analyze eight years of domainwide performance measurement data

that are used to support all QM and QI projects across the state. The data also are pertinent to the priority setting and resource allocation process for all Ryan White-funded programs. The audience also will learn how streamlined care in the state has become. This includes explaining how the use of standardized user agreements, client release of information, and consent forms have decreased barriers. Connecticut is using about 90 percent of CAREWare functionality including the HL7 function, which allows for importing lab data for a number of Ryan White-funded medical sites. Connecticut hopes to be fully paperless utilizing the CAREWare system.

Presenter:

- Peta-Gaye Nembhard

**Session ID: 6348**

*Track: Innovative Practices*

## **Session Title: Using Performance-Based Contract Reimbursement to Promote Accountability, Data Quality, and Ensure Payer of Last Resort**

Meeting Room: Shaw (**Level 3/Silver**)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Define the crucial elements of performance-based reimbursement.
- Describe how to use tools to develop payment points and rates.
- Describe how to develop feedback loops with providers and planning bodies to improve service provision and spending.

**Description:** Performance-based reimbursement allows grant recipients to spend program funds based on services delivered, not strictly on agency staffing costs, thereby ensuring that resources are committed to the needs of people living with HIV. This workshop

will explain how federal data reporting requirements offer a strategic opportunity to align reimbursement with programmatic and fiscal accountability while also improving data quality. Grant recipients can translate client-level records entered into payment points that provide the grantee and subcontractor with a feedback loop that is useful for managing programmatic fidelity, monitoring programmatic and fiscal targets and data reporting. Grantees can use performance-based/fee-for-service to ensure payer of last resort in a time of a changing health care landscape and expanding Medicaid and Insurance coverage. Presenters will share best practices based on their experience moving nearly 100 contractors across nine service categories to performance-based reimbursement. They will also share imperatives for organizational change necessary to implement performance-based reimbursement, general strengths and limitations of the methodology, technical assistance required for all parties, considerations for monitoring and compliance, and issues to consider before and during a transition to performance-based reimbursement.

Presenters:

- Amber Casey
- Beau Mitts

**Session ID: 6373**

*Track: Emerging Issues*

**Session Title: Systems Linkages Institute 301: Systems Linkages and Access to Care: A Special Projects of National Significance Initiative**

Meeting Room: Magnolia **(Mezzanine/Red)**

Continuing Education: No

Level: Advanced

Learning Objectives:

- Identify the cross-state methods and final result of the Systems Linkages Initiative.

- Understand which types of interventions were associated with improved care continuum outcomes.
- Characterize the level of effort required to achieve desired outcomes and the implications of these findings for policy formation and program planning.

**Description:** The Special Projects of National Significance Program’s Systems Linkages and Access to Care for Populations at High Risk of HIV Infection initiative is a multistate demonstration project and evaluation of innovative models of linkage to and retention in HIV care. The initiative funded six demonstration states (Louisiana, Massachusetts, New York, North Carolina, Virginia, and Wisconsin) for five years to design, implement, and evaluate innovative strategies to integrate different components of their public health systems including surveillance, counseling and testing, and treatment to create new and effective systems of linkages and retention in care for hard-to-reach populations who have never been in care, have fallen out of care, or are at-risk for falling out of care. Populations of interest included those persons at high risk for and/or are infected with HIV but are unaware of their HIV status; were aware of their HIV infection but have never been referred to care; or were aware but have refused referral to care. This session will present the main outcomes of the initiative in terms of the collective impact of the states’ interventions on the HIV care continuum outcomes of linkage, engagement, and viral suppression. We also will present data on the types and amounts of intervention services delivered and what the “threshold” effects of intervention delivery are relative to continuum outcomes. Findings indicate that there was considerable diversity in cost and outcomes across states. In general, patient characteristics influenced the degree to which interventions were successful in linking and re-engaging patients.

Moderator/Presenter: Steve Morin

# WORKSHOPS

FRI, AUGUST 25  
10:00 AM - 11:30 AM

Presenters:

- Edwin Charlebois
- Janet Myers

**Session ID: 6426**

*Track: Emerging Issues*

**Session Title: Homeless Institute 301: Leveraging Resources to Sustain Programs for HIV Care and Housing for People Living with HIV**

Meeting Room: Marquis Salon 14 (Level 2/Purple)

Continuing Education: No

Level: Advanced

Learning Objectives:

- Learn strategies to use Ryan White, Medicaid, and other public and private funding to obtain integrated health care and housing services.
- Identify opportunities to build the skills of agency staff and stakeholders to provide care, treatment, and housing support.
- Generate other resources that can sustain medical homes and housing for persons living with HIV who are homeless or unstably housed.

**Description:** Creating and sustaining programs into a seamless network of services to address the medical and psychosocial needs for PLWHA who are homeless/unstably housed requires a network of stakeholders such as health, behavioral health, housing, and other community providers. Ryan White programs must start early and be creative to foster and sustain those relationships. Sites participating in the HRSA/SPNS Initiative, "Building a Medical Home for Multiply Diagnosed HIV-positive Homeless Populations," will share their strategies and lessons learned from working with stakeholders to build a system level of care and obtain housing for PLWHA who are homeless or

unstably housed. Strategies to be discussed will include: using Part A dollars to increase access to housing and support services, training staff to be certified navigators, using Medicaid dollars to pay for services, and working with HUD partners and private landlords to find and secure safe, affordable housing.

Moderator/Presenter: Jane Fox

Presenters:

- Jodi Davich
- Sharon Joslin
- Manisha Maskay
- Nancy Miertschin

**Session ID: 6500**

*Track: Innovative Practices*

**Session Title: Framework: Plan to End the HIV Epidemic in the District of Columbia**

Meeting Room: Capitol Hill (Level 3/Silver)

Continuing Education: No

Level: Beginner/Intermediate

Learning Objectives:

- Participants will be able to identify and explain the plan development phases and strategies for achieving results.
- Participants will learn strategies for engaging community partners during the development process.
- Participants will be able to identify limitations on District of Columbia policy, statute, regulations and reporting around HIV.

**Description:** According to the latest available surveillance data, the number of newly diagnosed HIV cases in the nation's capital has dropped for seven consecutive years. This presentation follows the evolution of the District of Columbia's response to HIV and shares the development

of a framework designed to further reduce the epidemic. Through a public-private partnership, the Washington Department of Health and Appleseed Center for Law and Justice, developed the 90-90-90-50 by 2020 Plan. The plan has four goals: 90 percent of people with HIV aware of their status, 90 percent of people who are living with the virus maintain treatment, 90 percent of people with HIV have an undetectable viral load, and 50 percent reduction in the number of new diagnoses in Washington, by 2020.

Presenter:

- Lena Lago

**Session ID: 6581**

*Track: Emerging Issues*

**Session Title: Creating a Culture of Wellness in a Rural Health Care Setting for Patients who are HIV-Positive**

Meeting Room: Marquis Salon 13 (Level 2/Purple)

Continuing Education: No

Level: Beginner/Intermediate

Learning Objectives:

- Discuss the medical home model and how Positive Life and NC REACH have integrated care.
- Discuss strategies to work in partnership with patients to assure all medical and non-medical needs are met.
- Inform other service providers who work with rural populations.

**Description:** For more than 29 years, the Positive Life program at CommWell Health (CWH) has been actively involved in the fight against HIV and AIDS in southeastern North Carolina. CWH's mission is to compassionately deliver quality medical, dental, and behavioral health services for all. The Positive Life program is an innovative medical home that provides care to a diverse population

of underserved communities that include LGBT, the formerly incarcerated, immigrants, and homeless people. Services offered within the program include infectious disease clinic, medical case management, HIV testing and prevention, NC REACH (a demonstration project funded by HRSA's Special Projects of National Significance Initiative), hepatitis C therapy, PrEp, adherence support, HIV support group, peer support, and transportation. The integration of these services within one medical home and the patient-centered health home (PCHH) team effectiveness has fostered and cultivated a culture of health and wellness. Additionally, the medical home model of care at CWH has resulted in improvements in population health and a growing satisfaction among patients and clinicians. This presentation will convey the social determinants at play for this population and disseminate knowledge about the distinct challenges faced by clients in rural North Carolina and our strategies for addressing them. Moreover, we will review how the PCHH model in a rural health care setting has improved the quality of care for patients and facilitated engagement and retention in care. The panel will discuss and inform other service providers who work with rural populations of the value of a medical home.

Moderator/Presenter: Lisa McKeithan

Presenters:

- Mirna Allende
- Stephanie Atkinson
- Albrea Crowder
- Karen Daniels
- Makondo Shimukowa

# WORKSHOPS

FRI, AUGUST 25  
10:00 AM - 11:30 AM

## Session ID: 6773

*Track: Emerging Issues*

### Session Title: Building Health-Literate Organizations and Health Insurance Literacy to Support People Living with HIV

Meeting Room: Marquis Salon 15 (Level 2/Purple)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Define health literacy and explain how health-literate organizations can support PLWH.
- Describe the 10 attributes of a health-literate organization.
- Demonstrate how to use ACE TA Center tools to improve health insurance literacy among clients.

**Description:** A health-literate organization makes it easier for people living with HIV to navigate, understand, and use information and services to take care of their health. For people living with HIV enrolled in expanded health insurance options under the Affordable Care Act, the benefits of coverage depend, in part, on their ability to navigate the coverage environment and use their insurance. Therefore, it is crucial for health-literate organizations to take action to help improve their clients' health insurance literacy. This workshop will broadly review how the Institute of Medicine's (IOM) "Ten Attributes of Health Literate Health Care Organizations" supports people living with HIV. Participants will engage in interactive activities, including polling, case studies, and role playing, to learn how to apply two of the IOM attributes that focus on health insurance literacy. The session also will highlight tools and resources to help improve clients' health insurance literacy, including a discussion guide for case managers to talk with clients about enrollment, a glossary

of health insurance terms in plain language, and a series of consumer resources that answer common questions that clients have about enrolling in health insurance, help newly enrolled clients get started using their insurance, and help clients understand what they need to do to keep their insurance throughout the year.

Presenters:

- Elizabeth Costello
- Mira Levinson
- Rene Esler

## Session ID: 6929

*Track: Innovative Practices*

### Session Title: Expanding Access to HIV Screening and HIV/AIDS Care at 10 Community Health Centers in Indianapolis and Indiana

Meeting Room: LeDroit Park (Level 3/Silver)

Continuing Education: No

Level: Intermediate

Learning Objectives:

- Describe the Eskenazi Health HIV Expansion Project, from planning through implementation.
- Discuss data representing strengths, challenges and opportunities associated with the project.
- Explain how other health systems might increase access to HIV care using similar strategies.

**Description:** In November 2014,, the Health Foundation of Greater Indianapolis awarded a \$1 million grant to Eskenazi Health to expand access to HIV/AIDS care. Eskenazi Health used this grant to implement routine HIV screening at 10 Eskenazi Health Center locations and to expand access to HIV care by assembling, training, and credentialing a traveling team dedicated solely to providing HIV care beyond the main campus of the hospital. From

November 1, 2014 to March 31, 2016, Eskenazi Health screened nearly 7,000 patients for HIV, identified 10 new cases of HIV infection, and created eight new access points for HIV/AIDS care, using an innovative model that brings expert HIV care to neighborhood health centers. This care is provided by a small group of clinicians called the Traveling HIV Care Team. This team consists of a nurse practitioner, a clinical pharmacist, and an HIV care coordinator. Based on a predetermined schedule, this team travels between multiple sites providing HIV care that is offered in collaboration with the team's primary care medical home. The team carries mobile phones that make them accessible to patients and providers as they travel about the city. This presentation will discuss how Eskenazi Health implemented this programming and how others might replicate this work without the need for \$1 million in startup funds, including the team's experiences with reimbursement for HIV screening.

Presenters:

- Malinda Boehler
- Thomas Kleyn
- Nancy Miles Olmstead

**Session ID: 6971**

*Track: Innovative Practices*

**Session Title: Elder Sexual: Addressing a Forgotten Age Group in HIV Prevention & Linkage to Care**

Meeting Room: Tulip (**Mezzanine/Red**)

Continuing Education: Yes

Level: Beginner

Learning Objectives:

- Identify at least three effective engagement strategies to address challenges in engaging individuals over 40 years of age.
- Write a linkage to care protocol that uses holistic, strength-based approach.

- Identify at least three strategies to increase HIV testing in individuals over 40 years of age.

**Description:** In 2013, 8,575 (18 percent) of new infections were seen in Americans age 50 years and older (CDC, 2015). More alarming, individuals in this age bracket are being diagnosed at later stages of the disease. GMHC's Early Intervention Program (EIP) targets individuals over the age of 40 and seeks to provide meaningful HIV testing, linkage to care, and prevention services to this underserved population. In the 2014-2015 contract year, 557 high-risk individuals, over the age of 40, were tested, 12 (2.2 percent seropositivity) with positive results. Of the 12 individuals who tested positive, 11 (91.7 percent) were successfully linked to care. In contract year 2015-2016, of the 575 individuals who were tested, five had positive results. All were linked to care. Since March 1, 2016, we have tested 81 individuals, four of whom tested positive, which represents a seropositivity rate of 4.9 percent. Three of the four who tested positive have been linked to care thus far. GMHC's Early Intervention Program was deemed a high-performing testing program by our funder, Public Health Solutions, as a result of our linkage to care strategies. Moreover, GMHC's seropositivity rate is higher than the NYCDOMH seropositivity rate of approximately 1 percent. GMHC believes that our programmatic success is based largely on our highly effective linkage to care program, which seeks to assist individuals who test positive in addressing barriers to care by providing them with holistic, strength-based wrap around services that validates the client and their experiences and can be replicated by other CBOS.

Moderator/Presenter: Lynnette Ford

# WORKSHOPS

FRI, AUGUST 25  
10:00 AM - 11:30 AM

## Session ID: 6993

*Track: Innovative Practices*

### Session Title: Using Multilingual, Audio-Assisted Web & Mobile Evidence-Based Needs Assessments to Plan, Fund and Actuate Care Services

Meeting Room: Dogwood (**Mezzanine/Red**)

Continuing Education: Yes

Level: Advanced

Learning Objectives:

- See how a paradigm of improved data collection strengthens grant applications, provides answers to community planning bodies, illuminates counterintuitive insights important for the description of barriers.
- Describe how to adopt and adapt strategies and tools to deliver web-based technology to the community and planning bodies while overcoming real and perceived digital divides.
- Understand the challenges and benefits of an innovative program for mobile/web-based, audio-assisted, multilingual needs assessments and client satisfaction surveys.

**Description:** Building upon 2012's well-received panel on how three regions used a web-based needs assessments for in-care and out-of-care populations, while saving money and producing better data, this panel presentation will demonstrate how such strategies have been implemented by four different grant types in three different regional geographies: Iowa's Part B recipients, the Minneapolis-St. Paul Transitional Grant Area Part A program, the Minnesota Part B program, and North Carolina's Access Network of Care Collaborative (which includes 5 Part C and 2 Part D grantees). Each program will detail how it used an online, evidence-based approach to improving its response to the epidemic by

analyzing needs and barriers to reducing HIV incidence, increasing access to care, optimizing health outcomes, reducing HIV-related health disparities, and strengthening competitiveness for scarce financial resources. Across these three diverse regions, 2,041 consumers have been surveyed, in two languages across 1,913 municipalities, producing more than 2.8 million data elements in real-time and resulting in approximately 1,750 staff hours and more than 26,000 pages of paper saved.

Presenters:

- Michael McNeill
- Jesse Thomas
- Jonathan Hanft
- Holly Hanson
- Patrick Tschida

## Session ID: 6995

*Track: Emerging Issues*

### Session Title: Redefining Cultural Competence for MSM of Color through System Transformation

Meeting Room: Judiciary Square (**Level 3/Silver**)

Continuing Education: Yes

Level: Intermediate

Objectives:

- Understand how low cultural competence within health care organizations negatively impacts the health of MSM of color.
- Adapt culturally appropriate mechanisms and procedures that are responsive and accepting of MSM of color.
- Identify strategies that address system transformation within health departments, ASOs and CBOs by redefining cultural competence.

**Description:** Research continues to show the

increased rates of HIV among men who have sex with men (MSM) of color. If current HIV diagnoses rates persist, about one in two black MSM and one in four Latino MSM in the United States will be diagnosed with HIV during their lifetime, according to the Centers for Disease Control and Prevention. HIV is but one disease or condition among many, including STIs, mental health issues, hepatitis C, and substance use, that drive, amplify, impact, and ultimately undermine the health outcomes of MSM of color. This syndemic is fueled further by interrelated social determinants of health where the nexus of stigma, homophobia, and racism are demonstrated via the lack of culturally competent prevention and care systems that marginalize MSM of color. Our health care system views cultural competence as existing or not, and disregards the nuanced spectrum in between, leaving MSM of color unengaged or not retained in care. HealthHIV provides training and technical assistance to health departments, ASOs/CBOs, and ultimately MSM of color, on HIV prevention and care, as well as comprehensive behavioral health and social services through a new national curriculum. This experience informs the most timely approaches to MSM of color-specific HIV prevention and care, and encompasses the entire system. This workshop addresses the expanded role of cultural competence and appropriateness within organizations to maximize health outcomes.

Moderator/Presenter: Dana Cropper-Williams

Presenters:

- Michael Shankle
- Dawn Maker
- Darwin Thompson

**Session ID: 7030**

*Track: Emerging Issues*

**Session Title: Program Evaluation of a Trauma-Informed HIV Prevention and Vocational Development Intervention for African American Women**

Meeting Room: Scarlet Oak (**Mezzanine/Red**)

Continuing Education: Yes

Level: Intermediate

Learning Objectives:

- Recognize the infusion of a trauma-informed framework in the design of the Common Threads intervention for African American women living with HIV.
- Describe evidence-based results of a grounded theory program evaluation of the Common Threads intervention.
- Identify key strategies and direction to improve the health and vocational development outcomes for African American women with HIV.

**Description:** Limited economic resources and a range of sociocultural factors increase exposure to traumatic events among African American women that are associated with increased vulnerability to HIV. The objective of this presentation is to describe the implementation of a trauma-informed HIV prevention and vocational development intervention for African American women Living with HIV/AIDS and report initial findings from a formal program evaluation of this intervention. This study used grounded theory methods to provide evidence-based support for this intervention and to illustrate the relationship among key components of the intervention that explain program success. Presenters will review the background and development of Common Threads intervention that also includes a discussion of the trauma-informed framework,

# WORKSHOPS

FRI, AUGUST 25  
10:00 AM - 11:30 AM

examine the state of research related to integrated vocational and HIV prevention intervention, present findings on a pilot study of the Common Threads program, and discuss the implications of these results and future directions to improve health and vocational outcomes for African American women living with HIV.

Presenters:

- Liza Conyers
- Vanessa Johnson
- Hsiao-YIng Chang

## Session ID: 7037

*Track: Innovative Practices*

### Session Title: Peer Services: Positive Impacts on Peers and Patients

Meeting Room: Gallaudet (Level 1/Blue)

Continuing Education: No

Level: Intermediate

Learning Objectives:

- Understand how the peer program helped peers to increase their confidence levels.
- Recognize how the connection with patients has helped peers breakdown their walls.
- Value the observations that peers have about HIV patient care, which may differ from other staff members' perspectives.

**Description:** Through this presentation, participants will hear from peers about the program and the impact it has had on them and the patients they serve. Peers are defined as staff who have a "shared living experience" with the patients they serve. The Brooklyn Hospital's PATH Center has integrated peer services into our health care model. PATH's peers conduct HIV testing, facilitate support groups, provide new patient welcome services, provide linkage-to-care activities, and provide leadership for

the Consumer Advisory Board. PATH has part-time and full-time positions available to enable flexibility, and provides peer trainings internally and through collaboration with other agencies. Prior to starting a peer program, policies must be in place that acknowledge peers as staff, including privacy training. The site must be multicultural, family friendly, have a culture of patient-focused care, and be "peer positive." The dynamic connection between a peer and a patient helps break down certain barriers with respect to patient care. The ability to connect positively has shown peers that they can impact their community through educating about HIV prevention, treatment, and retention. The peer program has supported peers in raising their curiosity and their willingness to speak about the evolution of HIV treatment. As peers they recognize their importance as a role model to others living with HIV. This reciprocated support system between patients and peers has molded a foundation for positive outcomes on both ends. The opportunity to help patients empowers peers to make a difference in their own lives.

Moderator/Presenter: Janet Goldberg

Presenters:

- Lisa Khaleque
- Shaquana Simpson

## Session ID: B2

*Beacon Session*

### Session Title: Jurisdictional Strategies to End AIDS/Frameworks for "Getting to Zero"

Meeting Room: Marquis Salon 12 (Level 2/Purple)

Continuing Education: No

Learning Objectives:

- Identify various approaches taken by jurisdictions to pull together a plan for ending the HIV epidemic and getting to zero new infections.
- Analyze components of the “getting to zero” toolbox for applicability in their professional setting.
- Discuss and choose among approaches to evaluating progress and using various available metrics.
- Dr. Laura Cheever, Associate Administrator and Chief Medical Officer, HIV/AIDS Bureau, Health Resources and Services Administration
- RADM Sylvia Trent-Adams, PhD, RN, FAAN, Deputy Surgeon General

**Description:** This panel will consist of representatives from jurisdictions that have released strategies for ending the HIV epidemic. The representatives will present the components of their strategies; steps taken to develop and release the strategies; engagement of stakeholders in promoting and evaluating the strategies; and charting progress of implementing and achieving the intended outcomes.

Moderator: Steven Young

Presenters:

- Demetre Daskalakis
- Johanne Morne
- Lance Toma
- Jeffrey Cheek
- Richard Aleshire

## CLOSING PLENARY SESSION

Meeting Room: Marriott Marquis Ballroom  
(Level 2/Purple)

This plenary will draw the conference to a close. HIV/AIDS Bureau leadership will summarize conference highlights and thank participants for their engagement over the past four days.

Speakers:

# POSTER PRESENTATIONS

## MEZZANINE POSTER ZONE 1

### ZONE 1 POSTERS:

- 1-48 Innovative Practices
- 49-71 Health Care Landscape



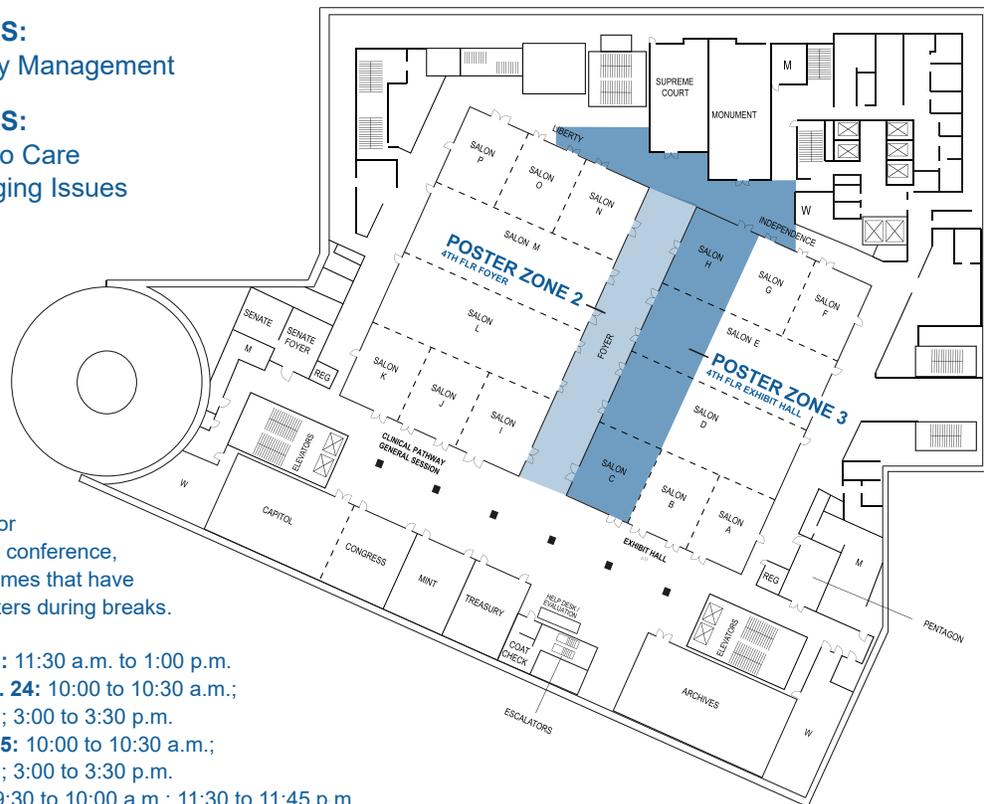
## MEETING LEVEL 4 POSTER ZONES 2 + 3

### ZONE 2 POSTERS:

- 72-103 Quality Management

### ZONE 3 POSTERS:

- 104-128 Data to Care
- 129-154 Emerging Issues



## Poster Session Hours:

Posters are available for viewing throughout the conference, but there are specific times that have been set aside for posters during breaks.

- **Tuesday, Aug. 23:** 11:30 a.m. to 1:00 p.m.
- **Wednesday, Aug. 24:** 10:00 to 10:30 a.m.; 12:00 to 1:30 p.m.; 3:00 to 3:30 p.m.
- **Thursday, Aug. 25:** 10:00 to 10:30 a.m.; 12:00 to 1:30 p.m.; 3:00 to 3:30 p.m.
- **Friday, Aug. 26:** 9:30 to 10:00 a.m.; 11:30 to 11:45 p.m.

## POSTER PRESENTATIONS BY TRACK INNOVATIVE PRACTICES

- P1** Use of an Outreach Coordinator to Re-engage and Retain Patients with HIV in Care
- P2** Positive Peers: Stakeholder Engagement Informs App Development for 13- to 34- Year-Olds Living with HIV
- P3** Promoting the 2020 National HIV/AIDS Strategy in Southern West Virginia
- P4** Promoting Cultural Responsiveness Among HIV Providers in North Carolina
- P5** Portland TGA HIV Services Planning Council Annual Planning Process
- P6** Project STOP: The Syphilis to PrEP Cascade
- P7** The Process and Utility of Conducting a Formative Assessment Prior to Implementing an Intervention
- P8** Implementation of Group Prenatal Care for HIV-Positive Minority Women in an Urban University Hospital
- P9** Evaluating an Innovative Collaborative Model to Build Statewide Improvements in HIV Linkage and Retention
- P10** Lessons Learned from a Peer-Led Chronic Conditions Self-Management Training and Mentorship Project
- P11** A Sex Trafficking Intervention Initiative with Transwomen in New York City
- P12** Adherence to Antiretroviral Therapy Among Clients of Wisconsin's Linkage to Care Intervention: A Qualitative Exploration
- P13** Improving CBDPP Training and Service Through Client Input
- P14** *Poster withdrew prior to start of conference*
- P15** Developing an Integrated HIV Surveillance, Prevention and Care Plan Using Community Participatory Model: Puerto Rico
- P16** Feasibility of Shared Decision Making in People Living with HIV/AIDS
- P17** Rapid HIV Testing in a Dental School Clinic
- P18** Nursing Education for an AIDS-Free Generation: Evaluating an Option B+ E-Learning Module
- P19** Peer Advocacy: Breaking Down Barriers to Care
- P20** Utilizing Social Networking to Increase HIV Testing and Awareness
- P21** Impact of Perinatal HIV Case Management on HIV Care Continuum Outcomes for Pregnant and Postpartum WLWH, Philadelphia 2005–2013
- P22** Utilizing a Practice-Based Approach to Impact the HIV Care Continuum in Rhode Island

# POSTER PRESENTATIONS

- P23** Using a Low-Cost Framework to Improve the Retention of HIV Patients in Care
- P24** HUD's Use of Housing as a Structural Intervention to End the AIDS Epidemic
- P25** Implementation of Collaborative Care for Depression in an Urban HIV Clinic
- P26** AIDS Free Pittsburgh — An Allegheny County Initiative: Eliminating AIDS and Reducing HIV Infection
- P27** The Clinician Consultation Center Substance Use Warmline: A New Resource for HIV Primary Care
- P28** Impact of Clinical HIV Pharmacist Medication Education Visits on Antiretroviral Adherence
- P29** Providing HCV Therapy to PLWH in Settings of Limited Resources: The Puerto Rico Experience
- P30** Effect of a Patient-Centered Medical Home on Viral Suppression
- P31** Strategies and Performance Trends for a Decentralized HIV Part C Program in Rural Northern Maine
- P32** Prevention Programs as the First Step to Comprehensive Care
- P33** Innovative Nutritional Assessment and Intervention in a Primary Care HIV Clinic
- P34** Patient-Centered Clinical Pharmacy Services: Promoting Appropriate Utilization of Over-the-Counter Products: Focus on Natural Supplements
- P35** The Effectiveness of Social Network Strategies for HIV Screening in a Multi-Site, State-Funded Testing Initiative
- P36** Modified Oral Health Care Model to Increase the Pool of Dental Providers and Client Engagement
- P37** Recent Best Practices — HIV Care Continuum-Related Program Improvements
- P38** Patient Retention — Best Practices
- P39** The Pathway to an Integrated Primary and HIV Specialty Care Model
- P40** Changing HIV Testing Habits at Community Health Centers: Effective Strategies for Sustaining Change
- P41** Building Nurses' Capacity to Provide Comprehensive Care to MSM: Collaboration Between NECA, CAI, and GNYANAC
- P42** Implementation of ePRO Assessments to Improve Clinical Care Among PLWHA in Underserved Populations
- P43** Baseline Characteristics and Retention Rates in HIV Patients Participating in and Declining Patient Advocacy Navigation
- P44** Helping Clients Overcome Stigma in a Rural-Based Peer Coach Program
- P45** Cooper EIP Patient-Centered Education Model to Improve Treatment Adherence and Chronic Disease Self-Management

- P46** Using Social Media and Mobile Technology to Improve HIV Health Outcomes Among Young HIV-Positive Populations
- P47** Using Social Media to Improve HIV Care Linkage, Retention, and Health Outcomes Among Young MSM
- P48** Optimizing HIV Care Engagement Among Postpartum HIV-Infected Women in Atlanta, Georgia: A Multidisciplinary Approach

## HEALTH CARE LANDSCAPE

- P49** SPNS Projects and AETCs Fostering Practice Transformation in Health Centers: First Steps
- P50** Using Needs Assessment to Guide Improvement of the HIV Care Continuum
- P51** Linkage and Retention Intervention Adoption Without Funding: What Motivates HIV Agencies to Adopt SPNS Interventions
- P52** Examining the Need for Increased HIV Testing at Community-Oriented Primary Care Clinics in Dallas
- P53** Evaluation of a Nonprescription Syringe Sale Webinar for California Community Pharmacists
- P54** *Poster withdrew prior to start of conference*
- P55** Assessing RWHAP Core Medical Providers' Capacity for Contracting and Reimbursement Expansion with Insurance Plans
- P56** Screen. Engage. Treat. Train (SETT): Building HIV Capacity Today and for Tomorrow
- P57** District of Columbia AIDS Drug Assistance Program: Then and Now
- P58** Virginia AIDS Drug Assistance Program: A Systemic Change Agent
- P59** Insurance Coverage and Rapid HIV Test Results: Implications for HIV Screening Under the ACA
- P60** Variability in Fibrosis Evaluation Methods in Patients with Chronic Hepatitis C in a Community Health Center
- P61** Using Agency-Wide Goals to Unify Strategy Across an Organization and with the National HIV/AIDS Strategy
- P62** The Impact of Comprehensive Ryan White Services on HIV Outcomes
- P63** Findings from a Needs Assessment of Faculty Participating in the AETC Interprofessional Education Program
- P64** AIDS Education and Training Center Program Outcome Findings Along the HIV Care Continuum
- P65** University of New Mexico Truman Health Services: A Place Called Home
- P66** Growing Excitement: New Strategies for Interprofessional Education on HIV Primary Care

# POSTER PRESENTATIONS

- P67** Determinants of ADAP-Facilitated Health Insurance Enrollment, and Impact on Targeted HIV Health Outcomes
- P68** The Impact of Housing on HIV Care Among Virginia Ryan White Clients
- P69** The ACA and Burden of High Cost Sharing on Access to HIV Medications for PLWHA
- P70** Interprofessional Education and Practice-Focused on Oral and Maxillofacial Disease
- P71** Healthvana Social Media Intervention to Improve Engagement and Retention of PLWHA in Chicago, Illinois

## QUALITY MANAGEMENT

- P72** Line of Sight Toward Viral Suppression
- P73** Data Sharing Between Institutional Electronic Health Records and CAREWare — Bridging the Chasm
- P74** Ending the HIV Epidemic by 2020: The Importance of Supportive Services Over Medical Visit Frequency
- P75** Comparison of Intervention Times with Patient Re-engagement in Mississippi Ryan White-Funded Clinics
- P76** Impacting Health Outcomes Through a Statewide Ryan White Quality Management Collaborative Approach
- P77** Value of Medications Error Reporting in the Ambulatory Care HIV Setting
- P78** An AETC Training Continuum: Strengthening Collaborative Best Practices Between the Newark EMA and NECA AETC
- P79** A Model for Successful Community-Based Dental Partnership Programs
- P80** Developing Quality Data Dashboards — AHF's Journey
- P81** Using Client Responses to Drive Quality Improvement Initiatives
- P82** HPV Screening in HIV-Positive Women Under 30: What Are We Missing?
- P83** Incentivized Care Coordination Services Improve Cervical Cancer Screening Rates Among Urban, HIV-Infected Women
- P84** Maximizing Viral Load Suppression: Prolonging Life and Enhancing Quality of Life for HIV-Infected Clients
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- P152** Trauma Informed Excellence: A Paradigm Shift to Reach Positive Health Outcomes
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- P154** Pennsylvania Minority AIDS Initiative: An ADAP Collaboration Through Quality Management and Innovation

## **P1 - Use of an Outreach Coordinator to Re-engage and Retain Patients with HIV in Care**

*Location: Zone 1*

**Author(s):** Madelyne Bean, Linda Scott, Lauren Richey

**Abstract Number:** 6180

At the Medical University of South Carolina's Ryan White Clinic, we classified and contacted out-of-care patients and used an outreach coordinator to reengage the out-of-care patients back into care. In this poster, we present our linkage and retention in care results.

## **P2 - Positive Peers: Stakeholder Engagement Informs App Development for 13- to 34- Year-Olds Living with HIV**

*Location: Zone 1*

**Abstract Number:** 6338

Positive Peers is a mobile application aimed at engaging young people in HIV care while creating a private, stigma-free, and supportive community. Creatively engaging young people living with HIV in the app's development makes it innovative in both content and design. The application features self-management tools, social networking and information.

## **P3 - Promoting the 2020 National HIV/AIDS Strategy in Southern West Virginia**

*Location: Zone 1*

**Author(s):** Christine Teague

**Abstract Number:** 6352

For more than 15 years, the Charleston Area Medical Center (CAMC) Ryan White Part C Program has grown to address the HIV epidemic in southern West Virginia. Applying the 2020 National HIV/AIDS Strategy as a road map, the CAMC Ryan White Program highlights an interdisciplinary medical home model, rapid testing, retention and PrEP. Care continuum statistics for 2014 and 2015 are presented.

## **P4 - Promoting Cultural Responsiveness Among HIV Providers in North Carolina**

*Location: Zone 1*

**Author(s):** Christina Taylor, Nicole Beckwith, Douglas K. Griffin; Jacquelyn Clymore

**Abstract Number:** 6357

An overview of the Culturally Competent Care training series, a curriculum designed to increase cultural competence and responsiveness in health care and social service settings. Presentation includes evaluation outcomes and potential impact on linkage, retention and re-engagement in HIV care.

## **P5 - Portland TGA HIV Services Planning Council Annual Planning Process**

*Location: Zone 1*

**Author(s):** Tom Cherry, Alison Frye, Jenna Kivanc, Margy Robinson

**Abstract Number:** 6418

This poster graphically demonstrates the Priorities Setting and Resource Allocation (PSRA) process developed in the Portland, Oregon, TGA. The poster also provides examples of the annual calendar and the scorecards used to share summary information regarding utilization, funding, and outcomes.

## **P6 - Project STOP: The Syphilis to PrEP Cascade**

*Location: Zone 1*

**Author(s):** Daniel Davidson, Krystn Wagner, Marianne Buchelli, AC Demidont, Sarah Calabrese, Ramon Rodriguez Santana

**Abstract Number:** 6494

Using information from the STD disease investigation program to identify Connecticut residents with an HIV-positive sexual partner or a recent syphilis infection, Project Syphilis to PrEP (Project STOP) is a state health department model for linking individuals at high risk of HIV infection to PrEP education and medical services.

## **P7 - The Process and Utility of Conducting a Formative Assessment Prior to Implementing an Intervention**

*Location: Zone 1*

**Abstract Number:** 6508

## **P8 - Implementation of Group Prenatal Care for HIV-Positive Minority Women in an Urban University Hospital**

*Location: Zone 1*

**Author(s):** Olga Villar-Loubet, Lunthita Duthely, Nelly Diaz-Mendez, Lindsay Smith, Sindy Jaramillo, Marisa Echenique, Barbara Messick, JoNell E. Potter

**Abstract Number:** 6547

The UM Prenatal Immunology Program, funded by Ryan White Care Act since 1990, is a comprehensive prenatal program for pregnant women living with HIV. In March 2015, a patient-centered, evidence-based model of group prenatal care, CenteringPregnancy, was modified and adapted for women living with HIV.

## **P9 - Evaluating an Innovative Collaborative Model to Build Statewide Improvements in HIV Linkage and Retention**

*Location: Zone 1*

**Abstract Number:** 6562

## **P10 - Lessons Learned from a Peer-Led Chronic Conditions Self-Management Training and Mentorship Project**

*Location: Zone 1*

**Author(s):** Justin LiGreci, John Hatchett, Casey Selwyn, Lindsay Senter, Stephanie Bogdewic

**Abstract Number:** 6585

Funded by the New York State Department of Health AIDS Institute, CAI implements the People with AIDS Leadership Training Institute (PWA LTI). Using the Stanford Chronic Disease Self-Management Program model to promote PWAs' self-management-, life- and job-related skills. The

LTI program provides training to adults, young adults, and incarcerated individuals.

## **P11 - A Sex Trafficking Intervention Initiative with Transwomen in New York City**

*Location: Zone 1*

**Author(s):** Jessica Contreras, Sabina Hirshfield, Martin J. Downing Jr., Luis Freddy Molano

**Abstract Number:** 6595

This presentation examines the New York Human Trafficking Intervention initiative, that was instituted in 2013, and a successful diversion program in Queens, New York (Community Health care Network), for transwomen who have been arrested for prostitution.

## **P12 - Adherence to Antiretroviral Therapy Among Clients of Wisconsin's Linkage to Care Intervention: A Qualitative Exploration**

*Location: Zone 1*

**Author(s):** Michelle Broaddus

**Abstract Number:** 6603

Clients of Wisconsin's Linkage to Care Specialists discussed barriers to adherence including side effects, dislike of pills, housing instability, cost or insurance difficulties, privacy concerns, and substance use. Specialists positively affected medication adherence through navigation of insurance and ADAP, communicating with medical care providers, reminders, and social support.

## **P13 - Improving CBDPP Training and Service Through Client Input**

*Location: Zone 1*

**Author(s):** Kavita Ahluwalia, Hosam Alrqi, Emily Byington, Carol Kunzel, Burton Edelstein

**Abstract Number:** 6687

Under the HRSA CBDPP grant, Columbia University College of Dental Medicine Advanced Education in General Dentistry and Dental Public Health residents treat various HIV populations.

We aim to assess clients' oral health literacy, access to oral health care and dental service utilization to improve quality of care and our programs.

**P14 - Poster withdrew prior to start of conference.**

**P15 - Developing an Integrated HIV Surveillance, Prevention and Care Plan Using Community Participatory Model: Puerto Rico**

*Location: Zone 1*

**Author(s):** Sandra Miranda, Angel L. Ortiz, Anitza Cox, Norma Delgado, Yomary Reyes, Johany Velázquez, Carmen Díaz, Ricardo Torres

**Abstract Number:** 6889

Collaboration is an essential tool to accelerate access, optimize care and improve health outcomes of people living with HIV (PLWH), based on a community participatory approach, including all Ryan White HIV/AIDS Program, Centers for Disease Control and Prevention recipients and sub-recipients, PLWH and other stakeholders, in Puerto Rico, in the submission of an Integrated State/City HIV Surveillance, Prevention, and Care Plan 2017-2021.

**P16 - Feasibility of Shared Decision Making in People Living with HIV/AIDS**

*Location: Zone 1*

**Abstract Number:** 6919

**P17 - Rapid HIV Testing in a Dental School Clinic**

*Location: Zone 1*

**Abstract Number:** 6924

**P18 - Nursing Education for an AIDS-Free Generation: Evaluating an Option B+ E-Learning Module**

*Location: Zone 1*

**Author(s):** Janel Smith, Judy Khanyola, Mie Okamura, Amina Khawja, Mary Poliwka, Gertrude

Chipungu, Paul Sakanda, Adeline Chabela, Nthabiseng Molise, Theresa Sikateyo, Jessica Rowe, Marita Murrman, Elaine Abrams, Andrea Howard, Janette Yu-Shears, Susan Michaels-Strasser

**Abstract Number:** 6955

This program evaluated the effectiveness of an e-learning module in Lesotho, Malawi, and Zambia for improvement in nursing and midwifery students' knowledge of initiating and managing antiretroviral therapy for HIV-infected pregnant and breastfeeding women and care for exposed infants according to the Option B+ approach.

**P19 - Peer Advocacy: Breaking Down Barriers to Care**

*Location: Zone 1*

**Abstract Number:** 6965

**P20 - Utilizing Social Networking to Increase HIV Testing and Awareness**

*Location: Zone 1*

**Author(s):** Eishelle Tillery

**Abstract Number:** 6996

The Leaders In Networking and Knowledge (LINK) program provides comprehensive HIV testing, and referral services through use of a social-network based recruitment strategy to 600 people annually. It targets, Black/African American, Hispanic MSM and individuals of trans experience, engaged in sex work, and their sexual partners.

**P21 - Impact of Perinatal HIV Case Management on HIV Care Continuum Outcomes for Pregnant and Postpartum WLWH, Philadelphia 2005-2013**

*Location: Zone 1*

**Abstract Number:** 6999

## **P22 - Utilizing a Practice-Based Approach to Impact the HIV Care Continuum in Rhode Island**

*Location: Zone 1*

**Author(s):** Christopher Botelho, Fizza Gillani, Joseph Garland, Erna Kojic, Aadia Rana, Daniel Zariczny

**Abstract Number:** 6979

Impacting the HIV care continuum requires a multidisciplinary approach to support consistent engagement with care. We provide our experiences of a practice-based intervention, using established resources, to improve HIV virologic suppression and reduce gaps in care at an urban HIV clinic.

## **P23 - Using a Low-Cost Framework to Improve the Retention of HIV Patients in Care**

*Location: Zone 1*

**Author(s):** Alfred Addo Larbi, Nnemdi Kamanu Elias, Freya Spielberg, Erin Athey, Nancy Murphy, Ngozi Ogbuawa

**Abstract Number:** 6939

Sustained engagement in care promotes improved adherence to antiretroviral therapy and thereby reduces viral load and promotes good health. Aware of the benefits of retention, the Infectious Disease Care Center of United Medical Center has implemented a low-cost framework intended to improve the rate of HIV patient retention.

## **P24 - HUD's Use of Housing as a Structural Intervention to End the AIDS Epidemic**

*Location: Zone 1*

**Author(s):** Amy Palilonis

**Abstract Number:** 6607

This poster provides information on the connection between housing and improved HIV care outcomes; highlights the HOPWA program's client outcomes regarding housing stability,

risk of homelessness, and access to care; and provides an overview of the U.S. Department of Housing and Urban Development (HUD)'s policy goals and major initiatives regarding HIV/AIDS housing.

## **P25 - Implementation of a Collaborative Care for Depression in an Urban HIV Clinic**

*Location: Zone 1*

**Author(s):** Ann Avery, Mallika Lavakumar, Diana Gurley

**Abstract Number:** 6527

Patients living with HIV have high reported rates of depression. Untreated depression is associated with worse HIV outcomes. The collaborative care model may improve depression care. As part of a HRSA-funded Practice Transformation Initiative, we are implementing this model in our urban HIV clinic.

## **P26 - AIDS-Free Pittsburgh — An Allegheny County Initiative: Eliminating AIDS and Reducing HIV Infection**

*Location: Zone 1*

**Author(s):** Harold Wiesenfeld, Stuart Fisk, Richard Smith, Deborah McMahon

**Abstract Number:** 6536

In Pennsylvania, Allegheny County has the second-highest county in terms of the number of new HIV diagnoses and cumulative number of PLWHA. In 2015, the Allegheny County Health Department the Allegheny Health Network (Part C), the Jewish Health Care Foundation (Part B fiscal agent), UPMC (Parts C, D, F), and regional organizations formed the AIDS Free Pittsburgh collaborative to implement the National HIV/AIDS Strategy.

## **P27 - The Clinician Consultation Center Substance Use Warmline: A New Resource for HIV Primary Care**

*Location: Zone 1*

**Author(s):** Brenda Goldhammer, Carolyn Chu, Ron H. Goldschmidt

**Abstract Number:** 6272

In collaboration with HRSA's Bureau of Primary Health Care, the National Clinician Consultation Center piloted a Substance Use Warmline in 2015–2016 to assist primary care providers in substance use evaluation and management. This poster describes how the Warmline works, who has called and what types of consultations have been provided.

### **P28 - Impact of Clinical HIV Pharmacist Medication Education Visits on Antiretroviral Adherence**

*Location: Zone 1*

**Author(s):** C. Ryan Tomlin

**Abstract Number:** 6388

Clinical pharmacist-led medication education sessions can improve antiretroviral therapy (ART) adherence by assessing a patient's readiness to start ART, providing information on HIV and its treatment, and involving the patient in the ART regimen selection.

### **P29 - Providing HCV Therapy to PLWH in Settings of Limited Resources: The Puerto Rico Experience**

*Location: Zone 1*

**Author(s):** Celeste Rodríguez

**Abstract Number:** 6568

A presentation of the hepatitis C pilot project clinical criteria developed by the Puerto Rico Department of Health and how the Ryan White Part B/ADAP Program refines the process to treat co-infected PLWH with new high cost DAA drugs when resources are limited for treatment and HCV-specialized lab assays.

### **P30 - Effect of a Patient-Centered Medical Home on Viral Suppression**

*Location: Zone 1*

**Author(s):** Marisol Gonzalez, Chester Kelly

**Abstract Number:** 6523

Targeted multidisciplinary individualized interventions improves clinical outcomes. The proportion of nonvirally suppressed patients decreased to 35 percent in a cohort of 468 patients empaneled to a Patient-Centered Medical Home (PCMH) compared to a decrease to 43 percent among a similar cohort of 468 patients not empaneled to a PCMH.

### **P31 - Strategies and Performance Trends for a Decentralized HIV Part C Program in Rural Northern Maine**

*Location: Zone 1*

**Author(s):** Erica Famous, Erin Appleby, Michael Edwards

**Abstract Number:** 7011

Successful collaboration among health and social service agencies can be used to deliver effective rural early intervention services. Support for adherence to ART delivered by traditional ASOs, infectious disease providers, and mental health counselors resulted in progressive improvements of adherence and viral suppression, with 95 percent of clients achieving viral suppression.

### **P32 - Prevention Programs as the First Step to Comprehensive Care**

*Location: Zone 1*

**Author(s):** Idiana Velez

**Abstract Number:** 6738

Community Health Center, Inc., is the largest FQHC in Connecticut with a successful prevention program rooted in a CDC multiple-session, effective behavioral intervention called CLEAR. CLEAR then serves as the cornerstone of linkage, engagement and retention in care at a rate of 100 percent.

### **P33 - Innovative Nutritional Assessment and Intervention in a Primary Care HIV Clinic**

*Location: Zone 1*

**Author(s):** Miriam Irwin, Taylor Simpson, Jeanne Spencer

**Abstract Number:** 6728

Optimal nutrition improves immune function. Unfortunately, nutritional knowledge and resources are often lacking for our patients. To address this, we conduct a biannual cooking class taught by our hospital chef and dietician. We provide participants ingredients for the demonstrated recipes, fruit-and-vegetable farm market vouchers, and filtered water pitchers.

### **P34 - Patient-Centered Clinical Pharmacy Services: Promoting Appropriate Utilization of Over-the-Counter Products, Focus on Natural Supplements**

*Location: Zone 1*

**Author(s):** Kalumi Ayala-Rivera, Ivan Melendez-Rivera

**Abstract Number:** 7025

Patients living with HIV often seek natural supplements as an adjunct to their antiretroviral therapy (ART). Integrating a pharmacist to an interprofessional HIV health care team is crucial in obtaining information regarding the use of natural supplements, identifying potential drug interactions that could possibly lead to ART failure or toxicities and provide adequate education.

### **P35 - The Effectiveness of Social Network Strategies for HIV Screening in a Multisite, State-Funded Testing Initiative**

*Location: Zone 1*

**Author(s):** Karli Hochstatter, Danielle Kahn, Jacob Dougherty, Megan Elderbrook, Casey Schumann, Mari Gasiorowicz, James Vergeront, Timothy Hess, Ryan Westergaard

**Abstract Number:** 6402

A social network testing (SNT) strategy that used peer-based referrals was implemented in Wisconsin to recruit high-risk individuals

for HIV testing. In this analysis, we compare the effectiveness of SNT to a traditional client-initiated counseling, testing and referral program and describe implementation challenges and lessons learned.

### **P36 - Modified Oral Health Care Model to Increase the Pool of Dental Providers and Client Engagement**

*Location: Zone 1*

**Author(s):** Shonita Savage, Caila Nickerson, Mark Baker, Kate Briddell

**Abstract Number:** 7022

This poster presentation will highlight how a modified service delivery model for oral health care in the Seattle Transitional Grant Area yielded both increased dental provider participation in the Ryan White Part A Program and higher use of services by Part A-eligible clients.

### **P37 - Recent Best Practices — HIV Care Continuum-Related Program Improvements**

*Location: Zone 1*

**Author(s):** Katie Himich, Jamie Dowling Tawes

**Abstract Number:** 6455

Documented improvement options to increase positive outcomes related to the HIV care continuum.

### **P38 - Patient Retention – Best Practices**

*Location: Zone 1*

**Author(s):** Katie Himich, Jamie Dowling Tawes

**Abstract Number:** 6457

Use your consumer advocates to develop positive, accepting relationships with patients, in addition to traditional medical case management, to improve retention outcomes.

### **P39 - The Pathway to an Integrated Primary and HIV Specialty Care Model**

*Location: Zone 1*

**Author(s):** Bruce Williams, Jamie Finkelstein,

Marlinda Quintana-Jefferson

**Abstract Number:** 6918

Our continuum of care comprises HIV testing, HIV treatment and primary care services. We evaluated our services with a special focus on clinical processes and health outcomes. Results indicated that our continuum facilitated identification and early diagnosis of HIV and enabled achievement of HIV and primary care health outcomes.

#### **P40 - Changing HIV Testing Habits at Community Health Centers: Effective Strategies for Sustaining Change**

*Location: Zone 1*

**Author(s):** Sophy Wong, Megan Crowley

**Abstract Number:** 6613

Five federally qualified health centers in a large metropolitan area implemented routine, opt-out HIV screening. Analysis of monthly testing data revealed that the combination of EHR tools and staff workflow training were necessary to sustain routine HIV screening. Overall testing rates improved 217 percent from baseline to year three.

#### **P41 - Building Nurses' Capacity to Provide Comprehensive Care to MSM: Collaboration between NECA, CAI, and GNYANAC**

*Location: Zone 1*

**Author(s):** Deborah Batson, Stephanie Bogdewic, Leslie Herman, Casey Selwyn, Lindsey Senter, Melanie Steilen

**Abstract Number:** 6624

This poster describes the unique collaboration of CAI, a Northeast Caribbean AETC local performance site, and the Greater New York Chapter of ANAC in developing a learning series for nurses around compassionate clinical care for the MSM population.

#### **P42 - Implementation of ePRO Assessments to Improve Clinical Care Among PLWHA in Underserved Populations**

*Location: Zone 1*

**Author(s):** Monica Godfrey

**Abstract Number:** 6614

In affiliation with the University of Washington, this study was designed to improve clinical care by addressing unidentified needs among HIV-infected patients through the use of computer-based, patient-reported outcome assessments in an effort to determine the prevalence of comorbid conditions.

#### **P43 - Baseline Characteristics and Retention Rates in HIV Patients Participating in and Declining Patient Advocacy Navigation**

*Location: Zone 1*

**Author(s):** Marysia Grzybowski, Alexandra McMillian, Barry White, Abigail Boyer, Nada Fadul

**Abstract Number:** 6967

This study describes the baseline characteristics of HIV-positive patients in eastern North Carolina during the initiation of a patient navigation (PN) project. Patients who accepted to participate in the PN were compared to those who declined participation.

#### **P44 - Helping Clients Overcome Stigma in a Rural-Based Peer Coach Program**

*Location: Zone 1*

**Author(s):** Nahuel Smith Becerra, Pamela Bickley, Rebecca Dillingham, Anna Greenlee, Vanessa Johnson, Erin Plews-Ogan, Veronica Ross, Linda Scruggs, Ashley Shoell, Gregory Townsend

**Abstract Number:** 6791

The Peer Coach Program at the University of Virginia bridges gaps in care by using peers to help at-risk patients overcome stigma and manage HIV. The program was developed to facilitate the creation of social support networks in rural populations.

## **P45 - Cooper EIP Patient-Centered Education Model to Improve Treatment Adherence and Chronic Disease Self-Management**

*Location: Zone 1*

**Author(s):** Iris Acevedo, Luz Avila, Pamela Gorman, Joshua Hatfield, Yolanda Smith, Lucy Suokhrie

**Abstract Number:** 6887

The Cooper Health System Early Intervention Program established a health education model for patient-centered education. The education intervention is the Stanford University School of Medicine, Chronic Disease Self-Management program. Key personnel lead workshops and recruit patients and employees to participate in workshops. This model has led to improved patient satisfaction and health care outcomes.

## **P46 - Using Social Media and Mobile Technology to Improve HIV Health Outcomes Among Young HIV-Positive Populations**

*Location: Zone 1*

**Author(s):** Ronald A. Brooks, Dallas Swendeman, Melissa Medich, Ramon Cervantes-Tadeo, W. Scott Comulada, Uyen Kao, Thomas Donohoe, Janet Myers

**Abstract Number:** 6481

For the SPNS Social Media Initiative, 10 demonstration sites are implementing interventions using social media and mobile technologies to engage, retain and achieve viral suppression among HIV-positive youth and young adults. The UCLA Evaluation and Technical Assistance Center designed a comprehensive typology that categorizes intervention components and their functions.

## **P47 - Using Social Media to Improve HIV Care Linkage, Retention and Health Outcomes Among Young MSM**

*Location: Zone 1*

**Author(s):** Scott D. Rhodes, Lilli Mann, Amanda E. Tanner, Katherine R. Schafer, Jorge Alonzo, Eunyoung Song, Elias Arellano, Manuel Garcia

**Abstract Number:** 6314

We used a community-based participatory research approach to develop weCare, an intervention to improve care linkage and retention and health outcomes among racially/ethnically diverse MSM, 13 to 34 years of age, with HIV. WeCare harnesses established social media that young MSM commonly use, including Facebook, text messaging, and GPS-based mobile applications.

## **P48 - Optimizing HIV Care Engagement Among Postpartum HIV-infected Women in Atlanta: A Multidisciplinary Approach**

*Location: Zone 1*

**Author(s):** Stephanie Hackett, Martina Badell, Andres Camacho, Jeronia Blue, Joy Ford, Lisa Curtin, Anandi Sheth

**Abstract Number:** 6490

Postpartum HIV care retention and viral suppression are suboptimal, which increase perinatal transmission risk during subsequent pregnancies. Using a simple, multidisciplinary, clinic-based care coordination intervention among Ryan White Part D stakeholders, we saw a statistically significant improvement in postpartum care retention and virologic suppression.

## **P49 - SPNS Projects and AETCs Fostering Practice Transformation in Health Centers: First Steps**

*Location: Zone 1*

**Author(s):** Linda Rose Frank, Tracy Conti, E. Shenouda, Gordon Liu, Samantha Faulds, Bethany Blackburn, Deborah McMahon

**Abstract Number:** 6265

The SPNS program and the AETC have effectively collaborated to provide assessment and

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educational intervention to improve the HIV care continuum to a primary care clinic in a medically underserved areas in McKeesport, Pennsylvania.

## **P50 - Using Needs Assessment to Guide Improvement of the HIV Care Continuum**

*Location: Zone 1*

**Author(s):** Ann Rompalo, Holly Hagle

**Abstract Number:** 6270

The health professionals need assessment for Region III of the USPHS was conducted by the Mid-Atlantic AETC in collaboration with the STD/HIV Training Center and the Addictions Technology Transfer Center. The results are presented that will guide the training plans for the region. Training, consultation, and technical assistance on management substance use and psychiatric illness were rated the highest in need for health care practitioners.

## **P51 - Linkage and Retention Intervention Adoption Without Funding: What Motivates HIV Agencies to Adopt SPNS Interventions**

*Location: Zone 1*

**Author(s):** Abigail Baim-Lance, Lauren Suchman, Diane Addison, Daniel Belanger, Nanette Magnani, Steve Sawicki, Clemens Steinbock, Daniel Tietz, Susan Weigl, Bruce Agins, Denis Nash

**Abstract Number:** 6561

NYLinks developed three evidence-based linkage and retention interventions for New York's HIV health care facilities. We explored why facilities agreed to voluntarily implement interventions without funding. Key drivers were nonmonetary support, such as training and data management systems development, and a reasonable degree of implementation flexibility.

## **P52 - Examining the Need for Increased HIV Testing at Community-Oriented Primary Care Clinics in Dallas, Texas**

*Location: Zone 1*

**Author(s):** Bethany DeBoer, Traneika Turner

**Abstract Number:** 6578

Despite updated HIV screening guidelines, many patients are not getting tested, and enter into HIV care later. Parkland Hospital has a network of community-oriented primary care clinics that were established to provide comprehensive medical care to underserved neighborhoods. We examined the need for increased HIV testing at these sites.

## **P53 - Evaluation of a Nonprescription Syringe Sale Webinar for California Community Pharmacists**

*Location: Zone 1*

**Author(s):** Linda Chen, Kirsten Balano, Alessandra Ross, Valerie Rose

**Abstract Number:** 6586

Community pharmacists can play a large role in expanding syringe access by providing needles and syringes for sale without a prescription. However, barriers exist. This poster presents research that analyzes the effectiveness of an educational webinar targeting community pharmacists regarding nonprescription syringe sales.

**P54 - Poster withdrew prior to start of conference.**

## **P55 - Assessing RWHAP Core Medical Providers' Capacity for Contracting and Reimbursement Expansion (CRE) with Insurance Plans**

*Location: Zone 1*

**Author(s):** Beth Hurley, Dawn Middleton, Lindsay Senter, Deborah Isenberg, Casey Selwyn

**Abstract Number:** 6281

CRE conducted an assessment to determine providers' capacity in contracting with and billing Medicaid and marketplace insurance plans. Results revealed many strengths, including committed leadership, existing systems for contracting and billing and strong capacity in

outreach and enrollment. The assessment results shaped CRE's the design and delivery of TA.

**P56 - Screen. Engage. Treat. Train (SETT): Building HIV Capacity Today and for Tomorrow**

*Location: Zone 1*

**Author(s):** Deborah McMahon, Linda Frank, Tracey Conti, Emeil Shenouda, Gordon Liu

**Abstract Number:** 6478

SETT addresses the care continuum by building HIV care capacity at a primary care practice in a medically underserved community, and trains the next generation of HIV providers in partnership with a Part C site and MAAETC to reduce community HIV viral load and address the shortage of HIV providers.

**P57 - District of Columbia AIDS Drug Assistance Program (ADAP): Then and Now**

*Location: Zone 1*

**Author(s):** Bethlehem Tadesse, Nelly Otieno

**Abstract Number:** 6991

D.C. ADAP revised several established care and delivery processes to meet Ryan White legislative and HRSA guidance. Training was conducted for case managers to ensure accurate and complete application submission. Using real-time enrollment data, ADAP has been able to examine trends and report on better process outcomes that resulted from streamlining its processes.

**P58 - Virginia AIDS Drug Assistance Program (ADAP): A Systemic Change Agent**

*Location: Zone 1*

**Author(s):** Steven Bailey, Carrie Rhodes

**Abstract Number:** 6054

Virginia ADAP continually supports Affordable Care Act insurance enrollment during the specified open enrollment period, increasing access to health care and medications for previously uninsured persons with HIV/AIDS. ADAP staff worked in collaboration with HIV clinic

staff and community organizations to overcome challenges associated with the health coverage paradigm change.

**P59 - Insurance Coverage and Rapid HIV Test Results: Implications for HIV Screening Under the ACA**

*Location: Zone 1*

**Author(s):** Cedrina Calder, Mary Mbaba, Celia Maxwell, Tammey Naab, Kwame Tuffuor

**Abstract Number:** 6968

The Affordable Care Act seeks to decrease the number of uninsured Americans, partially by expanding Medicaid coverage to individuals with incomes of up to 138 percent of the federal poverty level. The expansion of Medicaid in the District of Columbia may further the opportunity for HIV screening.

**P60 - Variability in Fibrosis Evaluation Methods in Patients with Chronic Hepatitis C in a Community Health Center**

*Location: Zone 1*

**Author(s):** H. Anyimadu, Gary F. Spinner, Bryan Gallego

**Abstract Number:** 6822

Evaluation of liver fibrosis is important before treating patients with chronic hepatitis C because it helps predict liver-related morbidity, mortality and complications of portal hypertension. Noninvasive methods to estimate fibrosis replaces liver biopsy. Using three noninvasive tests of liver fibrosis, we found variability in results with some discordance. We suggest two methods and the importance of clinical exam to accurately stage disease.

**P61 - Using Agency-Wide Goals to Unify Strategy Across an Organization and with the National HIV/AIDS Strategy**

*Location: Zone 1*

**Author(s):** Hannah Hirschland

**Abstract Number:** 7343

With the release of the National HIV/AIDS Strategy, AIDS service organizations have the opportunity to revisit and re-energize their own strategies to align with the national plan. GMHC developed a core set of agency goals and a comprehensive monitoring strategy to mark progress.

**P62 - The Impact of Comprehensive Ryan White Services on HIV Outcomes**

*Location: Zone 1*

**Author(s):** Rose Bono, Karen Diepstra, April Kimmel, Sonam Patel, Anne Rhodes

**Abstract Number:** 6706

This study examined the impact of three distinct RW service categories — core, support, and medication assistance — on retention and viral suppression. The results suggest receipt of a package of Ryan White-funded services improves viral suppression and that the full scope of services may be needed to address gaps in the continuum.

**P63 - Findings from a Needs Assessment of Faculty Participating in the AETC Interprofessional Education Program (IEP)**

*Location: Zone 1*

**Author(s):** Sally Stephens, Liz Worthy, Mi-Suk Kang Dufour, Janet Myers

**Abstract Number:** 6775

Summarizes findings from a needs assessment conducted to better understand the needs of faculty participating in the AETC Interprofessional Education project, with emphasis on their current teaching and confidence in teaching of HIV-focused IPE and current level of HIV IPE content incorporation in their course(s) and clinical experiences.

**P64 - AIDS Education and Training Center (AETC) Program Outcome Findings along the HIV Care Continuum**

*Location: Zone 1*

**Author(s):** Sally Stephens, Liz Worthy, Mi-Suk Kang Dufour, Janet Myers

**Abstract Number:** 7989

Summarizes outcome evaluation findings from a six-week follow-up survey of AETC trainees attending skills building trainings. We report on the effectiveness of AETC training in funding year 2014–2015 (July 1, 2014, to August 31, 2015) on increasing knowledge, improving skills, and implementing newly acquired skills as a result of training.

**P65 - University of New Mexico Truman Health Services: A Place Called Home**

*Location: Zone 1*

**Author(s):** Bruce Williams, Jamie Finkelstein, Marlinda Quintana-Jefferson

**Abstract Number:** 6700

The Patient-Centered Medical Home model has transformed the health care landscape across the nation. The benefits of this model align with the National HIV/AIDS Strategy. Our coordinated and seamless system of primary and HIV specialty care resulted in improved patient's health outcomes and decreased rates of health disparities.

**P66 - Growing Excitement: New Strategies for Interprofessional Education on HIV Primary Care**

*Location: Zone 1*

**Author(s):** Paul Cook, Marla Corwin, Samantha Meiring, Laurie Conratt

**Abstract Number:** 6203

Health professional education is the best time to prepare clinicians for interprofessional HIV primary care. We recruited 110 primary care faculty, most with no HIV care experience, for

one-to-one mentoring and group training. With these faculty, we presented case examples, HIV content, interprofessional care principles, and practicum opportunities to students.

## **P67 - Determinants of ADAP-Facilitated Health Insurance Enrollment, and Impact on Targeted HIV Health Outcomes**

*Location: Zone 1*

**Author(s):** Renae Furl, Elizabeth Lyden, Susan Swindells, Shinobu Watanabe-Galloway

**Abstract Number:** 6821

We evaluated the impact of ADAP-facilitated health insurance enrollment in Nebraska and factors that influenced enrollment. Insurance enrollment was associated with improved health outcomes, including a significant association with undetectable viremia ( $p < .0001$ ). Minority populations and unstably housed individuals were at increased risk of not enrolling in insurance programs.

## **P68 - The Impact of Housing on HIV Care Among Virginia Ryan White Clients**

*Location: Zone 1*

**Author(s):** Mary Browder, Kathryn Gilmore, Sonam Patel, Anne Rhodes, Kimberly Scott

**Abstract Number:** 6558

A higher number of Ryan White (RW) clients in Virginia with stable housing were virally suppressed (92 percent), compared to those with unstable housing (76 percent) in 2014, suggesting that housing may impact HIV outcomes. This analysis examines the relationships among housing status, HIV outcomes and RW services in 2015.

## **P69 - The ACA and Burden of High Cost Sharing on Access to HIV Medications for PLWHA**

*Location: Zone 1*

**Author(s):** Yasamean Zamani-Hank

**Abstract Number:** 6628

The out-of-pocket costs for HIV medications were calculated for ACA marketplace plans offered to residents in Detroit, Michigan. In 2016, 70 percent of insurance carriers decreased the number of HIV medications placed on higher cost-sharing tiers from 2015. High medication costs undermine health care access for PLWHA and interrupt medication adherence. These results demonstrate the need for increased transparency of discriminatory plan benefit designs which negatively impact PLWHA.

## **P70 - Interprofessional Education and Practice Focused on Oral and Maxillofacial Disease**

*Location: Zone 1*

**Author(s):** Kishore Shetty

**Abstract Number:** 7016

This is an innovative pilot program that strategically combines interprofessional education and interprofessional practice, expanding proven models of patient centered care in the diagnosis and management of oral and maxillofacial diseases in the HIV-positive patient.

## **P71 - Healthvana Social Media Intervention to Improve Engagement and Retention of PLWHA in Chicago**

*Location: Zone 1*

**Author(s):** James Zuniga, Kristin Keglovitz Baker, Gregory Phillips II

**Abstract Number:** 6302

Mobile platforms and apps can be used to improve medication adherence and retention rates among populations at greater risk of being lost to followup. Mobile technology in conjunction with other services can prove to be instrumental in removing many barriers to care that underserved and at risk populations experience.

## **P72 - Line of Sight Toward Viral Suppression**

*Location: Zone 2*

**Author(s):** Amanda Hurley, Marisa McLaughlin

**Abstract Number:** 6177

Providers created a line-of-sight diagram for each service category and were able to discuss how their work impacted the TGA and HIV Care Cascade. This poster shows the single line of sight toward viral suppression for all service categories within the Portland, Oregon, TGA. Subsequent quality management activities focused on improving medical engagement performance measures.

### **P73 - Data Sharing Between Institutional Electronic Health Records and CAREWare — Bridging the Chasm**

*Location: Zone 2*

**Author(s):** Ayesha Mirza, Nizar Maraqa, Alma Biba, Kendall Guthrie, Mobeen H. Rathore

**Abstract Number:** 6313

Integration of CAREWare with the institutional electronic health record (EHR) system is critical for quality improvement. The University of Florida Center for HIV/AIDS Research, Education and Service (UF CARES) reviewed retention-in-care strategies using system EHR and CAREWare. Findings point to the need of streamlining information systems to avoid duplicate data entry and improve patient quality of care.

### **P74 - Ending the HIV Epidemic by 2020: The Importance of Supportive Services Over Medical Visit Frequency**

*Location: Zone 2*

**Author(s):** Shaw-Ree Chen, Mary Jones, William Schaefer, Ashley Zuppelli, William Valenti

**Abstract Number:** 6341

Despite growth in our HIV patient population in the last four years, the percentage of patients virally suppressed rose by 7 percent even as medical visit frequency decreased 10 percent. This poster examines potential factors behind these changes, and presents a QI project aimed

at improving viral suppression rates to greater than 90 percent.

### **P75 - Comparison of Intervention Times with Patient Re-engagement in Mississippi Ryan White Funded Clinics**

*Location: Zone 2*

**Author(s):** James D. Stewart, Jacinda Roach, Kendra Johnson

**Abstract Number:** 6385

Retention in HIV care is a noted problem in Mississippi due to high levels of poverty and stigma. A pilot study was completed in Ryan White Part B-funded provider sites to determine the effectiveness of using established standards for reengagement through the intervention of social workers and DIS. Interventions included phone calls, home visits, and mailing of certified letters. Interventions occurred immediately after patients missed treatment or follow-up appointments. Patient demographics, interventions, and viral loads were tracked for a period of one year using CAREWare. The reengagement rate of patients receiving the interventions was significantly higher than sites not employing the intervention. Analysis was conducted to determine the relationship between the time of the intervention and the patient's viral load. Results demonstrate that aggressive retention interventions are effective and worthy of future study in Mississippi.

### **P76 - Impacting Health Outcomes Through a Statewide Ryan White Quality Management Collaborative Approach**

*Location: Zone 2*

**Author(s):** Safere Diawara

**Abstract Number:** 6477

Virginia Ryan White (RW) HIV/AIDS Program Part B grantee strengths: The quality management program through the development of collaborative model and capacity building efforts

including 14 RW grantees and 50 sub-recipients. It sets out to improve HIV Continuum of Care measures by engaging participants in quality improvement projects and sharing best practices.

## **P77 - Value of Medications Error Reporting in the Ambulatory Care HIV Setting**

*Location: Zone 2*

**Author(s):** Linda Chen, Sheri VanOsdol, Kirsten Balano

**Abstract Number:** 6592

Little has been publicly reported regarding medication errors occurring in the outpatient setting. By not identifying, analyzing, and addressing these errors, systems remain flawed and errors repeat. This poster presents data from a voluntary medication error reporting system in a primary care clinic for an HIV-seropositive population.

## **P78 - An AETC Training Continuum: Strengthening Collaborative Best Practices Between the Newark EMA and NECA AETC**

*Location: Zone 2*

**Author(s):** Peter Oates, Ketlen Alsbrook, Heidi Haiken, Laura Bogert, Michelle Thompson, Daria Boccher-Lattimore

**Abstract Number:** 6610

In order to make an impact on the HIV/AIDS epidemic, the Northeast/Caribbean AIDS Education and Training Center Regional Partner site located at the François-Xavier Bagnoud Center at the Rutgers School of Nursing collaborated with the Newark Eligible Metropolitan Area on new and innovative ways to improve quality of care by sustained meaningful partnerships and opportunities.

## **P79 - A Model for Successful Community-Based Dental Partnership Programs**

*Location: Zone 2*

**Author(s):** Amy Hisiger, Dana Cernigliaro, Tara

Radke, Neal Demby

**Abstract Number:** 6739

NYU Lutheran Family Health Centers partners with El Rio Community Health Services for the Ryan White Part F Community Based Dental Partnership (CBDP) Program to provide dental treatment to HIV/AIDS patients in Tucson, Arizona. Based on an extremely successful HRSA site visit, this retrospective program analysis will focus on examining keys aspects of operating a successful CBDP program.

## **P80 - Developing Quality Data Dashboards — AHF's Journey**

*Location: Zone 2*

**Author(s):** Amelia Gonzalez, Julie Booth, Clemente Estrella

**Abstract Number:** 6911

The strategy used by AIDS Health Care Foundation (AHF) to provide a data monitoring tool for its Ryan White funded facilities is explored. Theoretical framework, implementation strategy, and lessons learned are reviewed.

## **P81 - Using Client Responses to Drive Quality Improvement Initiatives**

*Location: Zone 2*

**Abstract Number:** 7020

## **P82 - HPV Screening in HIV-Positive Women Under 30: What Are We Missing?**

*Location: Zone 2*

**Author(s):** Andrea Jurgrau, Whitney Ale

**Abstract Number:** 6962

Before 2015, the extent of HPV screening for HIV-positive women was unclear. We routinely screened for HPV. For women under the age of 30 this is no longer recommended. We assessed the burden of HPV disease by chart review, on 140 pap-eligible women followed in our Part D cohort 2014-2016, to see if new guidelines yielded modified outcomes.

## **P83 - Incentivized Care Coordination Services Improve Cervical Cancer Screening Rates Among Urban HIV-Infected Women**

*Location: Zone 2*

**Author(s):** Anna Haywood, Rondalya DeShields, Shobha Swaminathan, Debra Chew, Michelle DallaPiazza

**Abstract Number:** 7000

We assessed the impact of intensive care coordination and incentives on cervical cancer screening rates among HIV-infected women presenting for care.

## **P84 - Maximizing Viral Load Suppression: Prolonging Life and Enhancing Quality of Life for HIV Infected Clients**

*Location: Zone 2*

**Abstract Number:** 6449

The purpose of this project is to get as many clients as possible to an undetectable viral load ( $\leq 40$ ) level. Keeping viral load levels as low as possible for as long as possible decreases long-term complications, stops the progression from HIV to AIDS, and maximizes immune reconstitution.

## **P85 - Patients with Medicaid or Older Less Likely to Decrease Viral Loads and Stay in Care**

*Location: Zone 2*

**Author(s):** Debbie Y Mohammed, Raymund Sison, Prerak Shukla, Jihad Slim

**Abstract Number:** 6764

We implemented a clinic-wide intervention from March 2014 to February 2016 for patients with HVL  $\geq 1,000$  copies. Of 595 patients, 331 (56 percent) became suppressed. Higher proportions with HVL or not retained were between the ages of 41 and 50, or 51 and 60, or had Medicaid. These patients need additional targeted interventions to keep them in care and decrease HVL.

## **P86 - Improving Mammogram Completion Outcomes in Women with HIV**

*Location: Zone 2*

**Author(s):** Helen Ferlazzo, Fran Stein, Mary Tyson

**Abstract Number:** 6264

VNACJ CHC is a small Ryan White Part C program of 145 patients with a very disenfranchised population in Asbury Park, an urban/suburban area of Monmouth County, New Jersey. The grant originally was written for the out-of-care and hard-to-reach populations. These patients required extensive and intensive medical case management. A PDSA project initiated in 2014–2015 to track and improve mammogram completion rates by using dedicated nurse navigator along with the entire HIV team.

## **P87 - From Good to Great: Strategies to Enhance Viral Load Suppression in a Southern Ryan White Clinic**

*Location: Zone 2*

**Author(s):** Melissa Stuntz, Shannon Stephenson, Brooke Weaver, Austin Sizemore

**Abstract Number:** 6626

HIV viral load suppression has positive implications for both individual and public health. Chattanooga Cares, a free-standing Ryan White clinic, describes how implementing new initiatives, including daily huddles, transportation services, an onsite market, and a peer program have increased viral load suppression from 70 percent to 87 percent.

## **P88 - Performance Improvement: Reducing Wait Time and Increasing Access to Care for People Living with HIV/AIDS**

*Location: Zone 2*

**Author(s):** Eric Ellison, Samantha Hypes, Sherry Inskeep, Andrea Ropp, Karen Rubin, Jean Tidd, Kelly Wesp, Debbie Ziccardi

**Abstract Number:** 6462

Outcomes are presented from a performance improvement team examining medical case management at Equitas Health in Ohio. The team conducted a series of PDSA cycles to improve the consistency of practices, increase efficiency in work flow and documentation and reduce the wait time for new patients across 13 locations.

### **P89 - Increased Percentage of Newly Diagnosed Persons Linked to HIV Medical Care Through Onsite Rapid Testing**

*Location: Zone 2*

**Author(s):** Andrew Coco, Jim Bond

**Abstract Number:** 6944

Description of a prospective, observational study of the association between onsite rapid HIV testing and timeliness and long-term linkage into care.

### **P90 - Back to Basics: Using Quality Improvement Methodology to Impact Retention**

*Location: Zone 2*

**Author(s):** Phyllis Ballard, Middy Estabrook, Maria Freshman, Ericka Hayes, Elizabeth Neuf, Kelly Nolan, Julia Schlueter

**Abstract Number:** 6304

The Washington University Pediatric HIV Clinic implemented two quality improvement activities that impacted retention among patients. The gap measure decreased from 21 percent (2013) to 10 percent (2015). The medical visit frequency measure improved from 71 percent (2013) to 76 percent (2015). Improvements were attained by returning to the basic principles of quality improvement.

### **P91 - Improving the Ryan White Services Report through a Data Improvement Project**

*Location: Zone 2*

**Author(s):** Luau P. Montealegre

**Abstract Number:** 6695

The Washington, D.C., EMA reviewed its 2011 RSR submissions. The Completeness Report identified high rates of unknown and missing data elements that contribute to the measurement of patient outcomes. A data improvement project (DIP) was undertaken to improve data quality and timeliness. After the DIP, improvements were noted.

### **P92 - Laying a Strong Foundation in Support of HIV Quality Care**

*Location: Zone 2*

**Author(s):** Daniel Astorga, Tamra Williams, Marlinda Quintana-Jefferson, Hazel Erickson

**Abstract Number:** 6930

The aim of this study was to examine quality of care in the context of organizational structure, processes and outcomes. Applied the Donabedian (2005) conceptual framework to assess quality performance across three domains: structure, process (treatment), and health outcomes. Our quality outcomes were associated with a strong organizational structure.

### **P93 - A Strategy to Support the Successful Integration of Preconception Care in an HIV Care Setting**

*Location: Zone 2*

**Author(s):** Laura Bogert, Mary Jo Hoyt, Joanne Phillips, Noa'a Shimoni

**Abstract Number:** 6186

This poster describes outcomes of a project that engaged an HIV primary care clinic in a strategic planning project to support integration of preconception and HIV care services. Standardized preconception care quality indicators and staff perceptions about the process of implementation of services were assessed at baseline and at 12 months.

## **P94 - Quality Management Through a Collaborative Learning Process: Virginia Ryan White Part B Peer Review**

*Location: Zone 2*

**Author(s):** Michelle Shearer, D'Juan Waller, Suzanne Lavoie, Safere Diawara

**Abstract Number:** 6560

The Virginia Ryan White Part B (RWB) peer-review team works in collaboration with more than 30 subcontractors receiving RWB funding. The standardized process developed serves to assist in identifying strengths and challenges. Challenges drive quality-improvement projects, and strengths allow agencies to highlight their quality-improvement efforts.

## **P95 - Antiretroviral Therapy (ART) Regimen Changes During Pregnancy: Do HIV-Positive Women Tolerate ART Well?**

*Location: Zone 2*

**Author(s):** Katie L. Axford, Lisa E. Dumkow, Nnaemeka E. Egwuatu, Minerva A. Galang, C. Ryan Tomlin, Lauren Wolf

**Abstract Number:** 6937

A retrospective cohort study of HIV-positive pregnant patients receiving ART at a single adult HIV clinic is assessed to determine the incidence of ART regimen change and the reason for change between different ART in HIV-positive pregnant women.

## **P96 - The Role of Quality Improvement in Improving Viral Load Suppression: A Missouri Case Study**

*Location: Zone 2*

**Author(s):** Obianuju Okoye, Christine Smith, Jamie Shank, Julia Schlueter, Sally Neville, Katie Wolf, Megan Unnerstall, Meg Ebersoldt, Lauri Massey, Kneeshe Parkinson, Barbara Boshard

**Abstract Number:** 6337

This is a Missouri study of a sample of 3,962 Ryan White (RW) patients across the state. Missouri

increased viral load suppression (VLS) rates from 80.7 percent in December 2013 to 85 percent in December 2015. Additionally, 545 nonsuppressed RW patients who enrolled in a closed cohort study achieved VLS.

## **P97 - 2015 Viral Load Suppression Project: A Multidisciplinary Team Approach in Addressing Potential Barriers to ART Adherence**

*Location: Zone 2*

**Author(s):** Oumar Gaye, Mayla Jackson, Helena Kwakwa

**Abstract Number:** 6974

The Philadelphia Department of Public Health (PDPH) initiated a project to raise viral load suppression (VLS) among HIV patients from 75 percent to 80 percent. PDPH's HIV CQI team identified challenges for unsuppressed patients. Efforts that included patient navigation, pharmacy staff training, and tracking of patient SPBP coverage raised VLS rates to 79.75 percent.

## **P98 - Coordination of Care for HIV-Positive Pregnant Client to Prevent Perinatal Transmission**

*Location: Zone 2*

**Author(s):** Pamposh Kaul, Krista Andrews, Lois Bull, Corinne Lehmann, Melody Lunney, Jan Stockton, Caroline Yorio

**Abstract Number:** 6260

A formalized process of care coordination was designed to prevent vertical transmission of HIV from mother to infant, incorporating communication and service coordination across multiple settings, including community clinics, physicians' offices, and rural hospitals, to improve access to expert care for the HIV-positive pregnant woman.

## **P99 - Consumer Advisory Boards, Engagement and Impact on the Gap in Care**

*Location: Zone 2*

**Author(s):** Piper Duarte, Gregg Gunter

**Abstract Number:** 6759

Consumers play an integral role in addressing the Gap in Care measure. Parkland's HIV Consumer Advisory Board (CAB) distributed Patient Satisfaction Surveys to create a 2015 consumer education series with emphasis on health literacy and technology empowerment. CAB outreach improved the gap in care and diversified the board.

## **P100 - How Is Your Cervix? Incentives for a Better Screening**

*Location: Zone 2*

**Author(s):** Ivan Melendez-Rivera, Sylvia Rodriguez

**Abstract Number:** 7043

Annual cervical screening is still the best tool for cancer detection. Cultural and individual aspects can interfere with screening. Discover simple, patient centered initiative, not identified by that root cause analysis, to increase the screening rate.

## **P101 - The Ohio Quality Crusaders**

*Location: Zone 2*

**Author(s):** Kate Bennett, Kate Burnett Bruckman, Lea Dooley, Brigid Kennedy, Katherine Kerr

**Abstract Number:** 6824

Ohio participated in the H4C collaborative and was able to create a statewide cross-parts quality management plan, analyze bimonthly data reporting using a data dashboard, host trainings and conferences specifically for consumers, and achieve viral load suppression in a closed cohort of previously unsuppressed patients.

## **P102 - Predicting Risk of STIs Among Transgender Females in New York City**

*Location: Zone 2*

**Author(s):** Tyler B. Evans, Satoko Kanahara, Freddy Molano,

**Abstract Number:** 6769

This was a retrospective study primarily intended to explore differences in the prevalence of gonorrhea, chlamydia, and syphilis between black non-Hispanic and nonblack Hispanic transgender (TG) patients, as well as analyze differences between those engaged in sex work. As these STIs increase the risk of HIV, understanding these population disparities is highly germane to population health in TG care.

## **P103 - Sharing Technical Assistance and Training Online — and Evaluating Our Success: TARGET Center**

*Location: Zone 2*

**Author(s):** Nicolé Mandel, Jayson Jaynes, Alan Gambrell, Mary Salome, Nancy Warren, Michael Reyes

**Abstract Number:** 6800

Technical assistance and training for the Ryan White HIV/AIDS Program is centralized under the TARGET Center ([targethiv.org](http://targethiv.org)). The project team uses a continuous quality improvement approach to identify problems and make improvements. This poster outlines the kind of evaluation questions that different stakeholders have and how best to answer them.

## **P104 - Mixed Methods Process Evaluation of SPNS Interventions Implemented by HIV Agencies Participating in NYLinks**

*Location: Zone 3*

**Author(s):** Diane Addison, Abigail Baim-Lance, Lauren Suchman, Benjamin Katz, Kelly Piersanti, Carol-Ann Swain, Clemens Steinbock, Steven Sawicki, Bruce Agins, Denis Nash

**Abstract Number:** 6567

For the SPNS System Linkages and Access to Care Initiative, New York Links agencies implemented three interventions to improve linkage to and

retention in HIV care: peer support, appointment procedures, antiretroviral treatment, and access to services. Using mixed methods, we explored challenges and enabling factors influencing implementation processes.

## **P105 - Data Packages Created Collaboratively with Consumers and Providers Improve Local HIV Decision Making**

*Location: Zone 3*

**Author(s):** Carol-Ann Swain, Steven Sawicki, Diane Addison, Ben Katz, Kelly Piersanti, Denis Nash, Clemens Steinbock, Bruce Agins

**Abstract Number:** 6640

Interaction with the end-user supports better understanding and use of data. However, dissemination of state and national HIV data products rarely includes input from these stakeholders. Our objective was to package HIV data to meet the needs of HIV-related services organizations in New York State using a participatory process.

## **P106 - Utilizing HIV Surveillance Data to Reach Out-of-Care Persons: The Virginia Data-to-Care Project**

*Location: Zone 3*

**Author(s):** Amanda Saia, Lauren Yerkes, Fatima Elamin, Susan Carr, Celestine Buyu, Tammie Woodson, Kimberly Scott, Mary Browder, Anne Rhodes

**Abstract Number:** 6690

This poster details the Virginia Department of Health's statewide implementation of the Data to Care initiative, and offers recommendations and lessons learned for other jurisdictions considering implementing Data to Care.

## **P107 - Developing Surveillance System to Identify and Re-engage PLWH Who Have Fallen Out of Medical Care**

*Location: Zone 3*

**Author(s):** Veronica Calvin, Melissa Morrison, Shanell McGoy, Carolyn Wester, Tonya King

**Abstract Number:** 6798

Tennessee Department of Health's Care and Prevention in the United States demonstration project used HIV surveillance data to equip disease intervention specialist case managers to identify and locate known persons living with HIV in Tennessee who have been out of care for more than one year and to facilitate their re-engagement into HIV care.

## **P108 - Improved Outcomes in HIV Care with Patient Navigation in Rural Central Virginia**

*Location: Zone 3*

**Author(s):** Johanna Brown, Mary Ellen Bryant

**Abstract Number:** 6976

Through the addition of patient navigators, our program has seen an improvement in outcomes for persons living with HIV.

## **P109 - Out of Care by Medical Visits Does Not Mean Out of Virologic Suppression: A Look at Churners**

*Location: Zone 3*

**Author(s):** Michelle Kucia, Barbara Gripshover

**Abstract Number:** 7029

Many patients out of care by medical visit measures remain virologically suppressed on medication. Eighty-one percent of 73 patients out of care in 2014 who subsequently returned have undetectable HIV RNA levels on their most recent tests. Those not suppressed at baseline are most likely to remain so and warrant more attention.

## **P110 - Using Cloud-Based Data Solutions to Better Understand and Address Factors Related to HIV Viral Suppression**

*Location: Zone 3*

**Author(s):** Ben Penningroth, Eric Thai

**Abstract Number:** 7344

This poster contains a demographic overview

of Part A Boston EMA clients and an exploration of a logistic regression model that examines factors associated with viral suppression. It also details the next steps the Boston Public Health Commission will take to continue advancing data to care in the Boston EMA.

## **P111 - Quality Management Strategies to Improve Tracking of Health Putcomes for Ryan White Case Management**

*Location: Zone 3*

**Author(s):** Charlotte Detournay, Joel Ritsema, Alanna Berdanier

**Abstract Number:** 7001

To provide an overview of methods and visual presentation of the dashboard implemented at the AIDS Foundation of Chicago to track, monitor, and report on core case-management standards. By improving transparency in our methods and more consistent tracking of performance measures, documentation and quality of services will significantly improve.

## **P112 - Implementing Local Data to Care: Using HIV Surveillance Data to Inform Partner Services in Alameda County, California**

*Location: Zone 3*

**Author(s):** Neena Murgai, Janet Tang

**Abstract Number:** 7353

The objective of this poster is to describe Alameda County's implementation of Data to Care to support partner services. Prevention and Care Engagement (also known as PACE) — a locally designed database — was developed to identify newly diagnosed cases using the Enhanced HIV/AIDS Reporting System and local lab surveillance database and to document services over time.

## **P113 - Leveraging Electronic Health Record Data to Complement an HIV Surveillance Registry**

*Location: Zone 3*

**Author(s):** Jennifer Cukrovany, Brenda Moncur, Joseph Kerwin, Travis O'Donnell, Bridget J. Anderson, Lou C. Smith, Yunshu Li, Rebecca Hoen, Annalisa Wilde, Thomas Moore, Thomas Check

**Abstract Number:** 6604

The New York State Department of Health has partnered with Healthix, a health information exchange, to receive member level data on all HIV-diagnosed patients. This project demonstrates the great potential and challenges in the automated use of electronic health record data to enhance HIV surveillance and Data-to-Care activities.

## **P114 - Reducing Waste — Information Sharing**

*Location: Zone 3*

**Author(s):** Katie Himich, Jamie Dowling Tawes

**Abstract Number:** 6454

Take advantage of CAREWare's capabilities to streamline programmatic processes, improve efficiency and decrease administrative burdens.

## **P115 - AIDS Education and Training Centers Increase the Volume and Diversity of the HIV Workforce**

*Location: Zone 3*

**Author(s):** Mi-Suk, Kang Dufour, Janet Myers

**Abstract Number:** 6620

Summarizes findings from analysis that examined the extent to which the AIDS Education and Training Centers (AETCs) increased the number and racial/ethnic diversity of HIV MPs. We used AETC data and compared it to American Community Survey data to determine the AETC training participation rate by professional group and race/ethnicity.

## **P116 - Trends in Racial/Ethnic Disparities in Antiretroviral Therapy Prescription and Viral Suppression — United States, 2009–2013**

*Location: Zone 3*

**Author(s):** Linda Beer, Heather Bradley, Christopher H. Johnson, Brooke Hoots, Christine L. Mattson, R. Luke Shouse

**Abstract Number:** 6179

We used surveillance data from the Medical Monitoring Project to estimate trends — overall and among MSM — in racial/ethnic disparities in ART prescription and viral suppression among HIV-positive adults receiving medical care in the United States from 2009 to 2013.

## **P117 - Antiretroviral Therapy and Viral Suppression by Jurisdiction, Medical Monitoring Project — 2009-2013**

*Location: Zone 3*

**Author(s):** Heather Bradley, Joseph Prejean, R. Luke Shouse, Sandra Stockwell

**Abstract Number:** 6770

This poster presents the prevalence of antiretroviral therapy prescription and sustained viral suppression among HIV-positive adults receiving medical care in the United States from 2009 to 2013 by jurisdiction using data from the Medical Monitoring Project.

## **P118 - Practical Adherence Measure — Helping the Patient Understand and Control Adherence**

*Location: Zone 3*

**Author(s):** Romano Baroni, Ivan Melendez-Rivera

**Abstract Number:** 6946

Pill counting is one of the more accurate methods of measuring medication adherence, but percent determination always takes time. This poster looks at integrating a spreadsheet as a tool to help speed up compliance calculation and its implication in adherence counseling intervention.

## **P119 - Using CAREWare to Identify Insuppressed People Living with HIV/AIDS, by Care and Antiretroviral Status in the District of Columbia**

*Location: Zone 3*

**Author(s):** Lena Lago, Justin Britanik

**Abstract Number:** 6497

Despite significant scaleup of HIV programs across Washington, D.C., suboptimal engagement in care and treatment remains an issue among certain populations. There was a need for real-time identification of populations, in the Ryan White system, with unsuppressed HIV viremia and non-compliance to HIV treatment.

## **P120 - Improved Housing and HIV-Related Outcomes Among Multiple Diagnosed Homeless Patients with HIV After Intensive Case-Management Intervention**

*Location: Zone 3*

**Author(s):** Siavash Pasalar, Jessica Davila, Charlene Flash, Nancy Miertschin, Robert Betancourt, Yasmeen Quadri, and Thomas Giordano

**Abstract Number:** 6778

## **P121 - “In Da House” –Transgender Women Outreach Initiative**

*Location: Zone 3*

**Author(s):** Ivan Melendez-Rivera, Teodoro Colon, Raul Correa

**Abstract Number:** 6941

Effective intervention model aimed at the transgender community. The intervention facilitates access to HIV prevention, early HIV diagnosis and link to care by providing a home environment that is safe and free of discrimination. This model can be easily duplicated and flexible enough to adapt for different populations.

## **P122 - Patient Adherence to Antiretroviral Medications Among Patients Using HIV-Specialized Pharmacy and Traditional Pharmacy Settings**

*Location: Zone 3*

**Author(s):** John G. Hou, Heather Kirkham, Glen Pietrandoni, Ambrose Delpino

**Abstract Number:** 6925

HIV-specialized pharmacies have staff with advanced disease state education and provide face-to face proactive patient services. Our study determined that patients with HIV who receive service of antiretroviral medications from HIV-specialized pharmacies have higher medication adherence rates. Pharmacists are uniquely valuable for patients with HIV.

## **P123 - Drilling Down Data: Barriers to Care for Black Women with Unsuppressed Viral Loads**

*Location: Zone 3*

**Author(s):** Amy Newton, Kelsey Holloman

**Abstract Number:** 6705

In Broward County, Florida, black women have poorer health outcomes, including lower percentages of viral suppression, than women of other races/ethnicities. This project aims to assess the extent to which a given medical or social service barrier makes it difficult for black women to obtain medical care and achieve viral suppression.

## **P124 - Drilling Down Data: Impact of Service Utilization on Viral Suppression for Black MSM**

*Location: Zone 3*

**Author(s):** Amy Newton, Kelsey Holloman

**Abstract Number:** 6980

In Broward County, Florida, black MSM experience poorer health outcomes, including lower percentages of viral suppression, compared to MSM of other races/ethnicities. This study aims to identify medical and support services that

benefit black MSM by analyzing viral suppression and utilization data for the Ryan White Part A program.

## **P125 - Sexual Orientation and Gender Identity Data Collection (SOGI) — Best Practices**

*Location: Zone 3*

**Author(s):** Douglas Janssen, Kasey Harding-Wheeler

**Abstract Number:** 6269

The poster describes in detail the process developed for the collection of comprehensive SOGI data at the largest FQHC in Connecticut. This includes several PDSA cycles, data collection, provider and patient surveys to assess process and, ultimately, a playbook for use by all staff. The SOGI data collection is an integral tool for providers to use in during visits with patients and the data collection also allowed us to refer to patients by their preferred names and pronouns from the moment they call in for appointments.

## **P126 - Structuring an Electronic Medical Record (EMR) Tracking System for HIV Testing**

*Location: Zone 3*

**Author(s):** Janet Goldberg, Lisa Khaleque

**Abstract Number:** 6551

Utilizing the EMR system to help track HIV tests and troubleshoot clinic flow issues when it comes to routinizing HIV testing in hospitals.

## **P127 - “Call Me, Maybe”: An Interprofessional Approach to Retention in HIV/AIDS Care**

*Location: Zone 3*

**Author(s):** Samantha Faulds, Liza Caringi, Lauren Baumann, Cameron Mager, Tamara Robinson, Bethany Blackburn, Linda Despines

**Abstract Number:** 6451

According to the HIV Care Continuum, only 39 percent of patients receive HIV medical care. The Gaps in Medical Visits HIV/AIDS Bureau measure was used to assess the status of patient

engagement in an urban outpatient program. A high-touch approach toward engagement in care was initiated and monitored.

## **P128 - Utilizing an Integrated Data System for HIV Prevention, Surveillance, and Care**

*Location: Zone 3*

**Author(s):** Gordana Cokrljic, Lindsey VanderBusch

**Abstract Number:** 6933

This poster describes the creation and implementation of an integrated data system for the collection and retention of HIV prevention, HIV surveillance, and Ryan White Part B data into a web-based system. This system allows for case managers, DIS and surveillance coordinators to have access to the most complete and up-to-date information on an individual living with HIV/AIDS.

## **P129 - Red Cord Initiative — A Community-Based HIV Continuum of Care for Those Engaged in Prostitution**

*Location: Zone 3*

**Author(s):** Alison Johnson

**Abstract Number:** 6564

Red Cord Initiative is a diversion and social services program for those engaged in prostitution aimed at providing practical and emotional support to improve their quality of life and positive health behaviors. The program addresses the individual, social, and structural determinants of HIV among those selling sex for money and those purchasing sex. Clients receive high-quality, comprehensive HIV care, treatment and wellness maintenance through the coordination of social support and other ancillary services.

## **P130 - Testing, Risk Practices, and Barriers to Care in MSM in Rural Louisiana**

*Location: Zone 3*

**Author(s):** Nicholas Van Sickels, Paula Seal, Christopher LaCross, Alexandra Abrams-Downey

**Abstract Number:** 6766

Rural populations have unique barriers with respect to HIV prevention and testing. In this study, we sought to describe behavioral practices, HIV testing frequency, and pursued community input into creating solutions.

## **P131 - How Primary Care and Preventive Medical Services Are Provided in Ryan White-Funded Medical Care Settings**

*Location: Zone 3*

**Author(s):** Imogen Fua, Ellie Coombs

**Abstract Number:** 6827

People living with HIV (PLWH) are living longer and fuller lives and likely to develop common health problems that also affect both the general and aging population. This poster presents preliminary findings from a study conducted by HRSA's HIV/AIDS Bureau to examine the provision of primary care and preventive services to PLWH in Ryan White HIV/AIDS Program-funded clinics.

## **P132 - Integrated HIV and STD Prevention and Care in Detroit, Michigan**

*Location: Zone 3*

**Author(s):** Elizabeth Secord, Christopher Finch, Jerry Burns, Brian McClatchey, Christine Heumann, Patrick Yankee, Dawn Lukomski

**Abstract Number:** 6950

In Detroit, Centers for Disease Control and Prevention and Ryan White Program funds support test counselors, clinicians, non-medical case managers and disease intervention specialists in an integrated system that screens and enrolls STD clinic clients into antiretroviral treatment or antiretroviral prevention.

## **P133 - The Importance of Case Management in Making an Impact on Transgender Consumers**

*Location: Zone 3*

**Author(s):** Maria Lorenzo

**Abstract Number:** 7034

Case management can be a high-impact tool in the engagement of the transgender population, especially those who have previously experienced stigma or discrimination. CHCI has developed tools and interventions that target high-level case management to those patients who need it the most and provide opportunities for those patients to represent our patient population on boards and committees within the agency.

### **P134 - Promoting Adherence to Post Exposure Prophylaxis Following Sexual Assault in Children and Adolescents: What Works?**

*Location: Zone 3*

**Author(s):** Kristen Lamberjack, Alexandria Lux, Linda Crim

**Abstract Number:** 7035

Post-exposure prophylaxis (PEP) is a treatment strategy to reduce HIV infection after sexual assault. The FACES program implemented a seven-day starter pack in the emergency department with the remaining 28-day provided at the first visit. We sought to assess the impact of this change on completion rates and attendance to care.

### **P135 - HIV Knowledge Among HIV-Infected Young Men Who Have Sex with Men in NYC Jails**

*Location: Zone 3*

**Author(s):** Janet Wiersema, Anthony J. Santella, Press Canady, Neha Qureshi, Alison O. Jordan

**Abstract Number:** 7342

Jail-based patient care coordinators in NYC implemented an adapted evidence-based intervention, personalized cognitive counseling, to reduce high-risk sexual behavior among 30 young (20–29 years of age) minority (African-American and Latino) HIV-infected MSM in 2014 and 2015. Average participant knowledge increased from pre- to post-intervention from 15.2 to 16.5 correct responses (out of 18 questions,  $p=0.035$ ).

**P136 - Poster withdrew prior to conference.**

### **P137 - Knowledge and Perceptions of HIV Among South Asian Americans and the Impact on Community Uptake of HIV Testing**

*Location: Zone 3*

**Author(s):** Sneha Jacob, Sheenu Chandwani, Amoli Joshi, Devangi Shukla, Sunanda Gaur

**Abstract Number:** 8061

According to the Centers for Disease Control and Prevention, HIV testing rates are significantly low among Asians. We examined the attitudes, knowledge, and barriers related to HIV testing among 665 South Asian Americans. The frequency of HIV testing was found to be considerably low in this community and was strongly influenced by inaccurate perceptions about HIV and lack of physician recommendation.

### **P138 - Hepatitis C Treatment in HIV Patients in a Multisite Community Health Center Setting**

*Location: Zone 3*

**Author(s):** Christine Kerr, Kaai Yee

**Abstract Number:** 6437

Limited data exists on treatment of patients coinfecting with hepatitis C and HIV in the community health setting. We recommend a multidisciplinary approach, geared towards case management and training in HCV insurance approval process and internal/external appeals.

### **P139 - Behavioral Health's Role in the Continuum of Care for At-Risk Minority Populations**

*Location: Zone 3*

**Author(s):** Alton King

**Abstract Number:** 6951

SAMHSA's TCE-HIV program is ever evolving to address facilitators of new HIV infections and hurdles to viral suppression. From substance use disorders to intimate partner violence, program recipients are changing the lives of clients daily

through novel approaches such as trauma-informed care and robust care coordination.

## **P140 - Challenges Associated with Adapting an HIV Prevention Intervention for Young HIV Positive MSM in the Jail Setting**

*Location: Zone 3*

**Author(s):** Press Canady, Allison Dansby, Alison O. Jordan, Anthony J. Santella, Janet Wiersema

**Abstract Number:** 7329

This poster explains how the Correctional Health Services team at Rikers Island in New York City adapted an HIV-prevention intervention for incarcerated people living with HIV.

## **P141 - Dolutegravir Use in an HIV-Positive Renal Transplant Patient**

*Location: Zone 3*

**Author(s):** Patricia Fulco, Crystal Leibrand

**Abstract Number:** 6785

Recent data support the success of solid organ transplants in HIV patients on suppressive ART. Dolutegravir is not a cytochrome P450 substrate, inhibitor or inducer and would prevent immunosuppressive drug-drug interactions. We report on two HIV-positive patients who received kidney transplants and were successfully transitioned to ART regimens containing dolutegravir.

## **P142 - HIV Outcomes for Foreign-Born Patients**

*Location: Zone 3*

**Author(s):** Christine Pack, Arti Barnes, Henry Pacheco

**Abstract Number:** 6371

The purpose of this study was to explore how the health care system can better address HIV management to non-U.S.-born patients living with HIV in the United States. This was done by determining which countries of origin have the best and worst HIV outcomes in the Dallas, Texas, area.

## **P143 - Addressing the Forgotten Age Group: People Who Are 40+**

*Location: Zone 3*

**Author(s):** Eishelle Tillery

**Abstract Number:** 7334

GMHC changed its target population after seeing a growing trend in the Early Intervention Program, which targeted individuals over the age of 50 and it is now focusing on individuals older than 40. Changing the target population has allowed GMHC's Geffen Center to provide testing for a population that is often overlooked.

## **P144 - Engagement in Care Among Transgender Women of Color Living with HIV**

*Location: Zone 3*

**Author(s):** JoAnne Keatley, Greg Rebchook, Starley Shade, Deepalika Chakravarty, Cathy Reback, Jeffrey Birnbaum, Robert Contreras, Judy Perloff, Kelly Ducheny

**Abstract Number:** 6736

Transgender women of color (TWOC) experience significant HIV disparities. Preliminary 12-month follow up data collected at nine SPNS-funded sites (N=158) revealed that TransLatinas were less likely to receive HIV care than other TWOC. Health care empowerment and receiving support in seeking care were associated with an increased likelihood of receiving care.

## **P145 - HIV-Risk Perception and Openness to PrEP Among Black African, Caribbean, and U.S. Women**

*Location: Zone 3*

**Author(s):** Sophia Bessias, Helena Kwakwa, Natasha Mvula, Donielle Sturgis, Gina Walton

**Abstract Number:** 6972

An examination of HIV risk perception and openness to PrEP among black women in Philadelphia, Pennsylvania, from Africa, the Caribbean, and the United States. High/moderate participant-perceived risk was rare, particularly

among African/Caribbean (AC) women. A smaller percentage of AC women than U.S. women were open to PrEP. Data reflects the challenges of assessing HIV risk among women.

## **P146 - Early Experience with Treating Hepatitis C Co-Infection with DAA in a Southern Part C RW Clinic**

*Location: Zone 3*

**Author(s):** Melissa Stuntz, Shannon Stephenson, Brooke Weaver, Austin Sizemore

**Abstract Number:** 6627

Directly acting antivirals have revolutionized the treatment of hepatitis C. Those coinfecting with HIV have increased morbidity and mortality related to hepatitis C. Chattanooga Cares, a free standing Ryan White clinic in Chattanooga, Tennessee, describes its efforts to overcome barriers and successfully treat hepatitis C in these patients over the last year.

## **P147 - Community Needle Kiosk: A Pilot Program**

*Location: Zone 3*

**Author(s):** Rachel Moloney

**Abstract Number:** 8060

An outdoor needle kiosk located at a community health center in Boston, Massachusetts, and why it is important.

## **P148 - Housing and Clinical HIV Outcomes in the Ryan White HIV/AIDS Program**

*Location: Zone 3*

**Author(s):** Rupali Doshi, Amy Griffin, John Milberg

**Abstract Number:** 6928

Lack of stable housing places people living with HIV at risk of poor retention in care and death. We analyzed demographics, service use, retention in care, and viral suppression by housing status (stable, temporary, and unstable), among clients in the Ryan White Services Report.

## **P149 - Branches, Twigs, and Leaves: Michigan's Innovative Approach to Integrated HIV Prevention and Care Planning**

*Location: Zone 3*

**Author(s):** Yasamean Zamani-Hank

**Abstract Number:** 6427

The Michigan Department of Health and Human Services convened a Statewide Integrated Planning Summit in April 2016. Ninety stakeholders representing diverse areas of expertise were invited. The mind-mapping approach was used to catalyze multidisciplinary collaboration and develop innovative strategies to achieve the NHAS goals and improve health outcomes for People Living with HIV/AIDS.

## **P150 - Real World Hepatitis C Treatment Outcomes in Dallas, Texas**

*Location: Zone 3*

**Author(s):** Patrick Clay, Jason Gillman, Jialiang Liu, Deanna Rogers, Lauren Rogers, Gary Sinclair, Sumihiro Suzuki, Gene Voskuhl

**Abstract Number:** 6208

A retrospective chart review was conducted of patients with HIV/HCV co-infection who initiated HCV treatment in Dallas, Texas. Over a two-year period, 96 percent of patients successfully completed therapy and 83 percent of patients achieved SVR-12. Funding sources were reviewed as well as programmatic approaches to facilitate treatment uptake.

## **P151 - Enhancing HIV Care for Rural Areas in the Midst of an Opioid Epidemic: Interventions of the Mid-Atlantic AETC**

*Location: Zone 3*

**Author(s):** Linda Frank, Matt Garafalo, Jeannette Southerly, Johanna McKee, Leigh Guarinello

**Abstract Number:** 6303

The Mid-Atlantic AETC has developed interventions to reach rural areas of the USPHS Region III to address not only the HIV epidemic

but co-epidemics of hepatitis C and substance use. The multifaceted approach includes interprofessional education along with education, consultation, and technical assistance to address these co-epidemics.

by using hot-spotting and quality management techniques. CHWs can play a significant role in streamlining operations and creating new processes that empower clients, while addressing personal and systematic barriers.

## **P152 - Trauma Informed Excellence: A Paradigm Shift to Reach Positive Health Outcomes**

*Location: Zone 3*

**Author(s):** Brooke Bender, Bettina Harmon

**Abstract Number:** 6802

The Trauma Informed Excellence (TIE) model and training program was developed to align with SAMHSA and HRSA's emphasis on creating trauma informed organizations, and uses research from the fields of neurobiology, leadership, genetics, and psychology. The goal: Create services in which those who have experienced trauma reach positive health outcomes.

## **P153 - Implementing Trauma Informed HIV Care Services**

*Location: Zone 3*

**Author(s):** Christy Hudson

**Abstract Number:** 6150

The experience of trauma throughout the life span is very common among People Living with HIV/AIDS. This poster highlights how trauma-informed care has been used by the Part B grantee in Oregon.

## **P154 - Pennsylvania Minority AIDS Initiative: An ADAP Collaboration through Quality Management and Innovation**

*Location: Zone 3*

**Author(s):** Kyle Fait, Deborah Murdoch, Richard Smith

**Abstract Number:** 6716

This initiative demonstrates how community health workers (CHW) can support retain in care

Want to sharpen your social media skills to use in your HIV programs? Whether you are new or experienced, visit the Lab. No appointment needed! HRSA and AIDS.gov staff are ready to answer your questions and provide customized technical assistance (TA) on using social media to help engage clients and partners in your HIV prevention, care, and treatment work. Come by to talk about your communication work or just to charge your devices.



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# SOCIAL MEDIA LAB

WITH AIDS.GOV AND HRSA

LOCATED IN  
EXHIBIT HALL,  
FEDERAL VILLAGE

Wednesday, August 24 &  
Thursday, August 25  
10am-5pm

# EXHIBITORS

## EXHIBIT HALL TIMES

The Exhibit Hall will open on Tuesday, August 23, at 11:30 AM and will be open during conference hours until Friday, August 26, at 12:45 PM.

Special times have been allocated in the conference schedule to encourage exhibit hall attendance.

### Tuesday, August 23

- 11:30 AM-1:00 PM

### Wednesday, August 24

- 10:00 AM-10:30 AM
- 12:00 PM-1:30 PM
- 3:00 PM-3:30 PM

### Thursday, August 25

- 10:00 AM-10:30 AM
- 12:00 PM-1:30 PM
- 3:00 PM-3:30 PM

### Friday, August 26

- 9:30 AM-10:00 AM
- 11:30 AM-11:45 AM

## DON'T MISS THE SOCIAL MEDIA LAB WITH AIDS.GOV AND HRSA

### Wednesday, August 24

- 10:00 AM-5:00 PM

### Thursday, August 25

- 10:00 AM-5:00 PM

### Location: Federal Village

Want to sharpen your social media skills to use in your HIV programs? Whether you are new or experienced, visit the Social Media Lab. No appointment needed! HRSA and AIDS.gov staff are ready to answer your questions and provide customized technical assistance on using social media to help engage clients and partners in your HIV prevention, care, and treatment work. Come by to talk about your communication work and charge your devices.

## EXHIBITOR LISTING

### AIDS Education and Training Center (AETC) National Coordinating Resource Center

[www.aidsetc.org](http://www.aidsetc.org)

FXB Center

65 Bergen St., 8th Floor

Newark, NJ 07101

Primary Contact: Judy Collins

Contact Email: [collinj3@sn.rutgers.edu](mailto:collinj3@sn.rutgers.edu)

973-972-5528

The AETC National Coordinating Resource Center (NCRC) provides access to education, capacity-building assistance, and other training resources for the AETC Program of eight regional centers, three national centers, and five health profession training programs. Additionally, the AETC NCRC coordinates AETC network communities of practice to support the program mission of offering timely, high-quality, state-of-the-science

information to health care professionals working with existing and emerging populations affected by HIV. The AETC Program is part of the Ryan White HIV/AIDS Program.

## **AIDS United**

[www.aidsunited.org](http://www.aidsunited.org)

Primary Contact: Cody Barnett

Contact Email: [cbarnett@aidsunited.org](mailto:cbarnett@aidsunited.org)

202-408-4848, ext. 271

AIDS United's mission is to end the AIDS epidemic in the United States. We seek to fulfill our mission through strategic grantmaking, capacity building, policy/advocacy, technical assistance and formative research.

## **A.J. Boggs & Company**

[www.ajboggs.com](http://www.ajboggs.com)

4660 S. Hagadorn Rd., Suite 290

East Lansing, MI 48823

Primary Contact: Clarke Anderson

Contact Email: [jca@ajboggs.com](mailto:jca@ajboggs.com)

517-253-0051

A.J. Boggs and Company's IXN Division brings more than 11 years of experience in hosting CAREWare services to Ryan White Programs. We currently manage CAREWare services for customers in 12 jurisdictions and are consistently adding new clients to our portfolio. Currently, we are in the final stages of working alongside CDPH to develop a CAREWare Dashboard Reporting System ([www.lifia.org](http://www.lifia.org)), which is a self-enrollment portal for ADAP registration and eligibility. Through [lifia.org](http://lifia.org) we are able to improve reporting performance for case management and clinical services from the CAREWare database by helping with process improvement. The summary report and services report are similar to the standard HRSA Ryan White HIV/AIDS Program services report with the ability to drill down and

see a list of the clients who are part of each summary count. This dashboard technology will make the information in the CAREWare database more accessible, intuitively summarized and graphically powerful.

## **American Academy of HIV Medicine**

[www.AAHIVM.org](http://www.AAHIVM.org)

1705 DeSales St. NW, Suite 700

Washington, DC 20036

Primary Contact: Jim Friedman

Contact Email: [jfriedman@aahivm.org](mailto:jfriedman@aahivm.org)

202-659-0699, ext. 19

The American Academy of HIV Medicine is a professional organization that supports the HIV practitioner and promotes accessible, quality care for all Americans living with HIV disease. Our membership of HIV practitioners and credentialed HIV specialists, HIV experts, and HIV pharmacists provide direct care to more than three-fourths of HIV patients in the United States. AAHIVM believes in giving HIV frontline practitioners the support, resources and educational opportunities they need for providing optimal care for those living with HIV disease. The academy's provider credentialing program is the only one of its kind in the United States, offering clinicians the ability to become certified as an HIV Specialist (AAHIVS), HIV Expert (AAHIVE), or HIV Pharmacist (AAHIVP).

## **American Academy of Physician Assistants**

[www.aapa.org](http://www.aapa.org)

2318 Mill Rd., Suite 1300

Alexandria, VA 22314

Primary Contact: Eric Peterson

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571-319-4407

Founded in 1968, the American Academy of Physician Assistants (AAPA) is the national

# EXHIBITORS

professional society for physician assistants (PAs). It represents a profession of over 108,500 certified PAs across all medical and surgical specialties in all 50 states, the District of Columbia, the majority of the U.S. territories and the uniformed services. AAPA advocates and educates on behalf of the profession and the patients PAs serve. We work to ensure the professional growth, personal excellence and recognition of PAs. We also enhance their ability to improve the quality, accessibility and cost-effectiveness of patient-centered health care.

## **American Institutes for Research**

[www.air.org](http://www.air.org)  
1000 Thomas Jefferson Street NW  
Washington, DC 20007  
Primary Contact: Lori Agin  
Contact Email: [lagin@air.org](mailto:lagin@air.org)  
Phone Number: 404-260-1043

AIR's mission is to conduct and apply the best behavioral and social science research and evaluation toward improving people's lives, with a special emphasis on health disparities and social determinants. We design and implement innovative, evidence-based strategic communication programs that inform, educate, empower, engage, and help eliminate health disparities, to affect lasting behavior change among individuals, families, communities, organizations and systems—translating science for all. AIR has a deep understanding of HIV/AIDS prevention and treatment issues and has provided communication counsel, product development, community engagement and message dissemination services to federal and private organizations. This work includes supporting the Centers for Disease Control and Prevention's (CDC) Division of HIV/AIDS Prevention on Act Against AIDS (AAA), a multi-year, multifaceted communication effort

launched by the CDC and the White House in April 2009, and HIV Treatment Works, a national HIV education campaign under AAA that encourages people living with HIV to get in and stay in care.

## **American International Health Alliance**

[www.aiha.com](http://www.aiha.com)  
1225 Eye St. NW, Suite 205  
Washington, DC 20005  
Primary Contact: Kathryn Utan  
Contact Email: [kutan@aiha.com](mailto:kutan@aiha.com)  
202-719-1152

The American International Health Alliance (AIHA) is an international nonprofit working to advance global health through sustainable health systems strengthening (HSS) and human resources for health interventions. AIHA's vision is a world with access to quality health care for everyone, everywhere. Our mission is to strengthen health systems and workforce capacity worldwide through locally driven, peer-to-peer institutional partnerships that work to create a strong foundation for delivering comprehensive, inclusive health services. AIHA has established 175 health partnerships in 34 countries and currently manages a broad HSS portfolio that includes the PEPFAR/HRSA-funded HIV/AIDS Twinning Center and Volunteer Health Care Corps and the PEPFAR/CDC-funded Technical Assistance Support for the Strengthening of Blood Transfusion Services in Asia Project. Since 1992, AIHA has been awarded \$326 million in U.S. government grants, which we've leveraged with \$293 million in in-kind contributions of professional time and resources from partners at 210 U.S. hospitals, health systems and academic institutions.

## **Anthem/Simply Health Care Plans/Clear Health Alliance**

[www.antheminc.com](http://www.antheminc.com)

[www.clearhealthalliance.com](http://www.clearhealthalliance.com)

9250 W Flagler St., Suite 600

Miami, FL 33174

Primary Contact: Sam Quintero

Contact Email: [Squintero@clearhealthalliance.com](mailto:Squintero@clearhealthalliance.com)

305-421-1958 / 305-794-7362

As a wholly owned subsidiary of Anthem, Inc., Simply Health Care Plans, Inc. and its Clear Health Alliance plan are part of an organization that is the nation's leading provider of health care solutions for state-sponsored programs. Currently operating in 20 states, we serve more than 6 million people in Medicaid and other state-sponsored programs through local affiliate health plans. This deep national experience includes over 25 years of development and implementation of innovative programs that draw upon the latest best practices in such areas as local provider networks, service coordination, care management, specialized populations, and value-based purchasing, customized to meet state-specific needs. Clear Health Alliance is a Medicaid Specialty Plan for people living with HIV/AIDS. Clear Health Alliance is a health plan for people receiving Medicaid benefits who are living with HIV/AIDS. Members of the plan can see highly trained HIV/AIDS doctors and service providers. Clear Health Alliance also helps members access community services to help them stay well.

## **CAI (Cicatelli Associates Inc.)**

[www.caiglobal.org](http://www.caiglobal.org)

505 8th Ave., Suite 1900

New York, NY 10018

Primary Contact: Beth Hurley

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212-594-7741, ext. 235

CAI is a leading, mission-driven organization dedicated to improving the health and well-being of underserved populations in the United States and internationally. The passion and commitment of our diverse, professional staff inspires positive change for a more equitable world. Our global perspective and mission drives us to identify and confront emerging issues facing vulnerable communities, regardless of location.

## **Coldspring Center for Social and Health Innovation**

[www.coldspringcenter.org](http://www.coldspringcenter.org)

P.O. Box 18292

Denver, CO 80218

Primary Contact: Brooke Bender

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303-960-6033

Coldspring Center is a nonprofit passionate about furthering the art and science of healing. We provide expert training, facilitation, technical assistance and quality improvement solutions. Our team brings decades of experience working with the clinical, programmatic and administrative aspects of Ryan White and HIV service delivery. Coldspring Center works with Part A, B, C and D grantees and direct service providers and delivers quality improvement coaching and training, evaluation, and in-person and online training in Trauma Informed Care, Motivational Interviewing, and Medical Case Management.

## **ContextMedia:Health**

[www.contextmediainc.com](http://www.contextmediainc.com)

330 N. Wabash Ave., Suite 2500

Chicago, IL 60611

Primary Contact: Jeanette Wochinski

Contact Email: [jeanette.wochinski@contextmediainc.com](mailto:jeanette.wochinski@contextmediainc.com)

309-940-2111

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ContextMedia:Health is the largest and most innovative provider of digital education solutions at the point of care. ContextMedia:Health delivers hyper-targeted patient education to waiting and exam rooms, impacting over 12 million patient visits monthly. Recently, ContextMedia:Health introduced Patient Wi-Fi and the Digital Exam Room Wallboard, which guarantee patients access to relevant health information during resolution moments of their treatment. The Digital Exam Room Wallboard features an interactive physician mode, which provides technology to educate patients with 3-D responsive anatomical diagrams that physicians can mark to illustrate aspects of patient illness and communicate treatment information to improve retention.

## **Coordinated Care Network**

[www.coordinatedcarenetwork.com](http://www.coordinatedcarenetwork.com)  
300 Penn Center Blvd. Suite 505  
Pittsburgh, PA 15235  
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412-779-1336

CCN is a 340B Contracted Pharmacy that provides specialty mail order and custom delivery services to Ryan White Programs and their patients. CCN was formed in 1996 by a network of safety-net providers and was originally funded by the U.S. Department of Health and Human Services to build its 340B program and specialty pharmacy. CCN provides a one-on-one care representative for every patient, multi-dose packaging and 24/7 access to a CCN pharmacist. CCN Pharmacy's Adherence Program is an innovative clinical model designed to provide support and consultation to at-risk patients. Through the program, clinical pharmacists engage patients who meet retrospective risk assessment criteria and foster behavioral

change through motivational interviewing and other interventions, leading to improved clinical outcomes. All actions, interventions, results and comments are tracked by a sophisticated software system designed and developed by CCN.

## **Duke University School of Nursing**

[www.nursing.duke.edu](http://www.nursing.duke.edu)  
307 Trent Drive  
Durham, NC 27520  
Primary Contact: Nicole Fleming  
Contact Email: [nicole.fleming@duke.edu](mailto:nicole.fleming@duke.edu)  
919-684-9163

The Duke University School of Nursing offers programs of study ranging from the Accelerated Bachelor of Science in Nursing, Master of Science in Nursing, Post-Graduate Certificate in Nursing, Doctor of Nursing Practice, and PhD levels of education.

## **Epividian, Inc.**

[www.epividian.com](http://www.epividian.com)  
4819 Emperor Blvd., Suite 400  
Durham, NC 27513  
Primary Contact: Rodney Mood  
Contact Email: [Rodney.Mood@epividian.com](mailto:Rodney.Mood@epividian.com)  
919-323-8728

Epividian advances the mission of HIV treatment and research by empowering and providing novel research services for clinical practice, clinical research, academic, public health and regulatory purposes. Our unique approach combines real world clinical data throughout the medical ecosystem from clinical research to clinical application. Point-of-care observational data from the doctor-patient encounter is used to support real-world medical research. Our mission is the mission of medicine: solving complex problems to improve the health of individuals and the

public. Each participating clinic has access to Evidian's unique CHORUS™ analytics platform, a sophisticated health care analytics solution designed specifically to help clinicians treating patients with HIV and HCV. CHORUS includes additional functionality such as an automated CAREWare interface and PQRS reporting.

## **François-Xavier Bagnoud (FXB) Center**

[www.fxbcenter.org](http://www.fxbcenter.org)

65 Bergen St., 8th Floor

Newark, NJ 07101

Primary Contact: Mary Jo Hoyt

Contact Email: [hoyt@sn.rutgers.edu](mailto:hoyt@sn.rutgers.edu)

973-972-9230

The François-Xavier Bagnoud Center (FXB Center) within the Rutgers School of Nursing is a leader in the collaborative development of sustainable programs for vulnerable women, children, youth and families, including those infected/affected by HIV. One of the roles of the FXB Center is to provide technical expertise and administrative support to the CDC's Expert Panel on Reproductive Health and Preconception Care for Persons Living with HIV. Together with the expert panel, the FXB Center has developed a set of provider tools and patient education materials to support the integration of quality preconception counseling and care in HIV primary care settings. Preconception care for people living with HIV aims to promote planned pregnancies, support safer conception strategies for serodifferent or serodiscordant partner, prevent perinatal HIV transmission and optimize parental and infant health outcomes. HIV providers are positioned to address the preconception care needs of HIV-positive men and women of reproductive potential.

## **Germane Solutions**

[www.germane-solutions.com](http://www.germane-solutions.com)

10552 Success Lane

Dayton, OH 45458

Primary Contact: Marcos Alcorn

Contact Email: [malcorn@germane-solutions.com](mailto:malcorn@germane-solutions.com)

937-818-7017

Founded in 2002, Germane & Co., Inc., d.ba. Germane Solutions, is a health care and technology consulting firm that is composed of a team of top industry executives. As a leader in Health Access, Germane Solutions boasts significant engagement with federally qualified health centers, HIV/AIDS-serving organizations, behavioral health centers, public health entities, safety net organizations, patient-centered medical homes/health homes, and accountable care organizations. We focus on optimizing operations, providing quality improvement, identifying innovative processes, improving operational and fiscal performance, supporting viable health policy and offering expert planning and implementation of programs for population health. Our team is organized, detail-oriented and effective when managing client projects, as demonstrated in work conducted for Ryan White organizations throughout the country.

## **HealthHIV**

[www.HealthHIV.org](http://www.HealthHIV.org)

2000 S St. NW

Washington, DC 20009

Primary Contact: Michael Shankle

Contact Email: [michael@healthhiv.org](mailto:michael@healthhiv.org)

HealthHIV is a national 501(c) (3) nonprofit organization whose mission is to advance effective prevention, care and support for people at risk for or living with HIV through education and training, capacity building and technical assistance, advocacy and health

# EXHIBITORS

services research and evaluation. HealthHIV's Fiscal Health: Systems to Sustainability™ is an education, training, and technical assistance program that addresses the fiscal sustainability of Ryan White-funded recipients by building their organizational fiscal management capacity. This HealthHIV-led and Health Resources and Services Administration/HIV/AIDS Bureau-supported program utilizes a diverse and culturally competent team of fiscal management experts to design and implement effective trainings and technical assistance. The program focuses on HRSA fiscal and program requirements and contracts management with specifications for the states in which recipients reside.

## **HIV Medicine Association/Ryan White Medical Providers Coalition**

[www.hivma.org](http://www.hivma.org)

1300 Wilson Blvd., Suite 300  
Arlington, VA 22209

Primary Contact: Andrea Weddle

Contact Email: [aweddle@hivma.org](mailto:aweddle@hivma.org)  
703-299-0915

The HIV Medicine Association (HIVMA) is an organization of more than 5,000 clinicians and researchers whose professional focus is HIV medicine. HIVMA's mission is to promote quality in HIV care by advocating for policies that ensure a comprehensive and humane response to the AIDS pandemic informed by science and social justice. Nested within the Infectious Diseases Society of America, HIVMA's work includes creating clinical and educational tools and resources; supporting clinical training and research opportunities to build HIV workforce capacity and promoting policies and programs to improve access to HIV prevention and care. HIVMA sponsors the Ryan White Medical Providers Coalition, which provides medical providers in Ryan White-funded clinics a voice

in advocating on critical Ryan White policy and programmatic issues.

## **Johns Hopkins School of Nursing**

[www.nursing.jhu.edu](http://www.nursing.jhu.edu)

1909 McElderry St.

Baltimore, MD 21205

Primary Contact: Kelly Lowensen

Contact Email: [klowens1@jhu.edu](mailto:klowens1@jhu.edu)

410-955-7168

The Johns Hopkins University School of Nursing R.E.A.C.H. Collaboratory brings together HRSA-supported AETC programs for both pre-service (National AETC for Nurse Practitioner Education) and in-service (MidAtlantic AETC JHU Regional Partner) for HIV care as well as CDC-supported initiatives to increase Pre-Exposure Prophylaxis and HIV testing in Baltimore, Md.

## **JProg**

[www.jprog.com](http://www.jprog.com)

1215 Prytania St., Suite 235

New Orleans, LA 70130

Primary Contact: Bill Devlin

Contact Email: [billdevlin@jprog.com](mailto:billdevlin@jprog.com)

504-486-0702, ext. 428

Since 1999, jProg has been the developer of CAREWare and has run the CAREWare Help Desk. jProg is now offering a cloud-based CAREWare hosting service. jProg can migrate your current CAREWare server to a secure Amazon Web Services server that has been specifically approved for hosting PII. jProg manages all of the technical aspects that are necessary to ensure your organization has a CAREWare server that works. These services include secure backups, setting up a test server when you decide to upgrade to new CAREWare builds, and seamlessly moving those builds to production when you're ready. All hardware and software, including

operating systems and SQL server licenses, are included in the fee.

## **JSI**

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

[www.jsiwww.jsi.com](http://www.jsiwww.jsi.com)

44 Farnsworth St.

Boston, MA 02210

Primary Contact: Courtney Winger

Contact Email: [courtney\\_winger@jsi.com](mailto:courtney_winger@jsi.com)

The HRSA-supported Affordable Care Enrollment (ACE) TA Center helps Ryan White HIV/AIDS Program recipients and subrecipients enroll diverse clients, especially people of color, in health coverage. Through national and targeted efforts, the ACE TA Center has developed and distributed practical, culturally competent, timely and relevant resources that are designed to build the capacity of organizations, case managers, clinicians and consumers. ACE TA Center resources address the spectrum of health coverage challenges including engaging consumers in conversations about getting coverage, helping consumers learn to make the most of their health coverage, and managing gaps and transitions between coverage options. The ACE TA Center is a project of JSI Research & Training Institute, Inc. (JSI).

## **Management Strategists Consulting Group, LLC**

[www.mscgmv.com](http://www.mscgmv.com)

Primary Contact: Latonya Dunlow

Contact Email: [ldunlow@imstrategists.com](mailto:ldunlow@imstrategists.com)

571-334-4889

Management Strategists Consulting Group, LLC is a joint venture of Innovative Management Strategists LLC (IMS) founded by its president, Latonya Dunlow, DHA, MPH, and Management Solutions Consulting Group, Inc. (MSCG, Inc.),

founded by its president, Kelly Garry Burks, RN, MBA. The joint venture, MSCG, is certified by the U.S. Small Business Administration as an 8(a) Small Disadvantaged (SDB) and minority Women-Owned Small Business (WOSB). Our joint venture partnership comprises two highly qualified women-owned businesses that are richly experienced in public health services, technical assistance and training (TTA), policies, and regulations for the Health Resources and Services Administration (HRSA) bureaus and offices. We support the HIV/AIDS Bureau (HAB) by providing technical assistance and site visit expertise to ensure HAB grant recipients are compliant.

## **MassCARE, Massachusetts Department of Public Health**

[www.mass.gov/dph/masscare](http://www.mass.gov/dph/masscare)

250 Washington St.

Boston, MA 02108

Primary Contact: Sandra Broughton

Contact Email: [sandra.broughton@state.ma.us](mailto:sandra.broughton@state.ma.us)

617-994-9819

MassSTYLE (success through youth leadership and empowerment) is part of MassCARE, a Ryan White Part D program, and utilizes a model of "Engage, Educate and Empower." Program activities move youth from idea through product development by 1) engaging youth through site-based programs while accessing their expertise and experience 2) providing expert education and skill development to inform the messaging and producing a quality product that can 3) help empower the youth to share their message with their peers and the community. An example of this process is the recently finished product and educational/awareness music video "We Won't Quit." The youths wrote, recorded and produced an original song, then wrote, filmed and edited the final video (The music video highlights positive young people's message for their lives

# EXHIBITORS

in their own voice. The video will be shown alongside the program's publication "Moving on Positively", a guidebook for youth, Caregivers and providers on health transition materials will be available).

## **MediraRx**

[www.medirarx.com](http://www.medirarx.com)

1517 Avenue H, Suite #2

Brooklyn, NY 11230

Primary Contact: Ira Landsman

Contact Email: [ira@medirarx.com](mailto:ira@medirarx.com)

800-581-3402, ext. 104

MediraRx is a 340B Program administrator that has been helping Ryan White grantees and subgrantees including Aids Service Organizations (ASO) manage, oversee, and maximize their 340B programs since 2009. The 340B Drug Discount Program is a federal government program created in 1992 that requires drug manufacturers to provide outpatient drugs to eligible health care organizations at significantly reduced prices. MediraRx provides a wide range of services to all 340B covered entities including real-time comprehensive regulatory compliance, patient eligibility, pharmacy replenishment, program tracking and reporting. Through MediraRx's 340B innovative Ryan White pharmacy network program, organizations can work with their neighborhood pharmacies and chains to allow their patients/clients to fill prescriptions near where they live, work and receive care. Patients can also have prescriptions filled using specialty or mail order pharmacies. For those interested in learning more about the 340B program, MediraRx can help.

## **National Alliance of State and Territorial AIDS Directors (NASTAD)**

444 N. Capitol St. NW, Suite 339

Washington, DC 20001

Primary Contact: Ann Lefert

Contact Email: [alefert@nastad.org](mailto:alefert@nastad.org)

202-434-8090

Founded in 1992, National Alliance of State & Territorial AIDS Directors (NASTAD) is a nonprofit association that represents public health officials who administer HIV and hepatitis health care, prevention, education, and supportive service programs funded by state and federal governments in all 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the U.S. Pacific Islands. NASTAD also supports partner governments in Africa, Central America, and the Caribbean.

## **National Center for Innovation in HIV Care**

[www.nationalhivcenter.org](http://www.nationalhivcenter.org)

The Fenway Institute

1340 Boylston St.

Boston, MA 02215

Primary Contact: Sean Cahill

Contact Email: [scahill@fenwayhealth.org](mailto:scahill@fenwayhealth.org)

617-927-6013

The National Center for Innovation in HIV Care provides free training and technical assistance to Ryan White-funded AIDS service organizations (ASOs) and community-based organizations (CBOs) to help them navigate the changing health care landscape. Funded by HRSA/HAB, the center helps organizations develop strategies to improve their organizational sustainability as well as the treatment outcomes of their clients. Much of this is done by helping organizations explore models for developing their own medical services or partnering with other health care organizations to be a part of the provision of

these services. The center is a collaboration between The Fenway Institute, AIDS United, and the AIDS Resource Center of Wisconsin. The booth will be staffed by representatives of the center and will include tools, briefs and other resources for ASOs and CBOs interested in adapting to the changes in health care.

## **National Quality Center**

[www.nationalqualitycenter.org](http://www.nationalqualitycenter.org)

90 Church St., 13th Floor

New York, NY 10007

Primary Contact: Clemens Steinbock

Contact Email: [clemens.steinbock@health.ny.gov](mailto:clemens.steinbock@health.ny.gov)  
212-417-4730

The National Quality Center (NQC), in conjunction with HRSA HIV/AIDS Bureau, provides no-cost, state-of-the-art technical assistance for all Ryan White HIV/AIDS Program recipients to improve the quality of HIV care nationwide. NQC currently provides technical assistance to over 90 percent of all Ryan White recipients and has established itself as the premier TA center on clinical quality management. NQC provides a myriad of quality improvement services built around the core needs of HIV providers, including sharing, training and consulting.

## **NMAC**

[www.nmac.org](http://www.nmac.org)

Primary Contact: Jacqueline Coleman

Contact Email: [jcoleman@nmac.org](mailto:jcoleman@nmac.org)

202-460-1407

NMAC (formerly known as the National Minority AIDS Council) is a 501(c)(3) organization. NMAC leads with race to urgently fight for health equity and racial justice to end the HIV epidemic in the United States. Since 1987, NMAC has advanced this mission through a variety of programs and services, including: a public policy education

program, national and regional training conferences, a treatment and research program, a leadership pipeline program and numerous electronic/social media engagements and materials. NMAC's Leadership Pipeline division serves as a vehicle for developing minority leaders that strive to end the HIV epidemic in America. This division was formed in December 2014 in response to stakeholder feedback obtained via NMAC's strategic planning process. This division will promote integration of racial and social justice within NMAC's overall projects and engage new and emerging leaders with existing champions to build networks between the past, present and future response to HIV.

## **PACT - Partnership for Access to Clinical Trials**

[www.niaid.nih.gov/Volunteer/HIVandInfectious/Pages/pact.aspx](http://www.niaid.nih.gov/Volunteer/HIVandInfectious/Pages/pact.aspx)

700 King Farm Blvd., Suite 500

Rockville, MD 20850

Primary Contact: Karen Davison

Contact Email: [kdavison@mmgct.com](mailto:kdavison@mmgct.com)  
301-348-1606

The Partnership for Access to Clinical Trials program brings together Washington, D.C. metropolitan-area community-based health care providers, their patients and research clinicians from the National Institute of Allergy and Infectious Diseases at the National Institutes of Health Clinical Center in Bethesda, Md. The PACT program staff educate patients, providers and community groups about clinical research studies and advances in treatments for infectious diseases such as HIV/AIDS, hepatitis C, and tuberculosis. The focus of the program is to increase access to research for people who may be underrepresented in clinical studies. The team assists in overcoming barriers which may limit patients' participation, such as language,

# EXHIBITORS

transportation and culture.

## **Project Inform**

[www.projectinform.org](http://www.projectinform.org)

273 Ninth Street

San Francisco, CA 94103

Primary Contact: Alan McCord

Contact Email: [amccord@projectinform.org](mailto:amccord@projectinform.org)

Phone Number: 415-580-7307

Project Inform fights the HIV and hepatitis C epidemics by assuring the development of effective treatments and a cure; supporting individuals to make informed choices about their health; advocating for quality, affordable health care; and promoting medical strategies that prevent new infections.

## **RDE Systems Support Group LLC**

[www.e-compas.com](http://www.e-compas.com)

275 Paterson Ave.

Little Falls, NJ 07424

Primary Contact: Susan Shane

Contact Email: [Susan@rdesystems.com](mailto:Susan@rdesystems.com)

973-773-0244

RDE System Support Group, LLC's exhibit at the 2016 National RW Conference will include the provision of technical assistance to conference attendees on topics to include data systems and data management for quality management and improved outcomes, and RSR and ADR compliance. RDE will also disseminate findings and lessons learned from over a dozen successful SPNS projects in which it has partnered as technical advisor with Part A and Part C grantees. eCOMPAS and its second generation, e2, created by RDE, are nationally recognized, innovative, secure web-based data management and outcomes measurement systems designed specifically for the data management needs of HIV/AIDS care and treatment programs. eCOMPAS is currently in use by Ryan White

and HOPWA grantees around the nation for data collection, patient record management, inter-agency communication, federal and state reporting, collecting needs assessment and client satisfaction data, and assessing client level outcomes for their RWAP and HOPWA services.

## **REPRIEVE**

[www.reprievetrial.org](http://www.reprievetrial.org)

8757 Georgia Ave, 12th Floor

Silver Spring, MD 20910

Primary Contact: Katie Fitch

Contact Email: [kfitch@partners.org](mailto:kfitch@partners.org)

617-724-8015

People living with HIV are 50 percent to 100 percent more likely to develop heart disease — this includes heart attack and stroke — compared with people who do not have HIV. REPRIEVE, which stands for a Randomized Trial to Prevent Vascular Events in HIV, is the first large-scale randomized clinical research trial to test a strategy for heart disease prevention among people living with HIV. Specifically, REPRIEVE will test whether a daily dose of a statin (pitavastatin) reduces the risk of heart disease among HIV-infected individuals. The REPRIEVE trial will include 6,500 participants and will be conducted at approximately 100 clinical research sites in the United States and abroad. The trial is supported by the NIH's National Heart Lung and Blood Institute and the National Institute of Allergy and Infectious Diseases and is conducted through the AIDS Clinical Trials Network and many other sites approved by the NIH Division of AIDS.

## **Ryan White Clinics for 340B Access**

[www.rwc340b.org](http://www.rwc340b.org)

517 C St. NE

Washington, DC 20002

Primary Contact: Jessica Reinhart

Contact Email: [Jessica.Reinhart@aidshhealth.org](mailto:Jessica.Reinhart@aidshhealth.org)

323-203-6146

RWC-340B was organized in 2013 by a group of providers with one common goal: to preserve the benefits of the 340B program for themselves and for all private nonprofit 340B program participants that provide primary care with a particular focus on persons living with HIV/AIDS. While many of these are grantees under the Ryan White program, others might participate in the 340B program as federally qualified health centers or other provider types. Most importantly, all rely on the 340B program to do more for their patients with less funding.

## **Ryan White TARGET Center**

[www.careacttarget.org](http://www.careacttarget.org)

1700 Owens Street, Suite 316

San Francisco, CA 94158

Primary Contact: Nicolé Mandel

Contact Email: [Nicole.Mandel@ucsf.edu](mailto:Nicole.Mandel@ucsf.edu)

415-575-0502

The TARGET Center website is the central source of technical assistance (TA) and training resources for the Ryan White HIV/AIDS Program. The site is the one-stop shop for tapping into the full array of TA and training resources funded by the Health Resources and Services Administration's HIV/AIDS Bureau. Key features include a resource library, TA calendar, contact information for Ryan White recipients and TA providers, and an online Help desk. "TARGET" stands for Technical Assistance Resources, Guidance, Education & Training.

## **The Scientific Consulting Group, Inc.**

[www.scgcorp.com](http://www.scgcorp.com)

656 Quince Orchard Rd., Suite 210

Gaithersburg, MD 20878

Primary Contact: Erica Ahmed

Contact Email: [eahmed@scgcorp.com](mailto:eahmed@scgcorp.com)

301-670-4990

SCG is a woman-owned company established in 1991 that specializes in communicating scientific information that improves the quality of our lives and the environment in which we live. We adhere to seemingly simple principles — we listen to our clients' needs, develop creative approaches to meet those needs, and implement those approaches cost effectively with unsurpassed passion and dedication to excellence. SCG supports the Health Resources and Services Administration's HIV/AIDS Bureau by developing and coordinating communication and outreach activities to expand awareness and understanding of the Ryan White HIV/AIDS Program. We also provide health communication materials to RWHAP stakeholders to increase engagement with the program and address health disparities.

## **UCHAPS: Urban Coalition for HIV/AIDS Prevention Services**

[www.uchaps.org](http://www.uchaps.org)

Primary Contact: Dea Varsovczky

Contact Email: [dea@uchaps.org](mailto:dea@uchaps.org)

202-469-3454

The Urban Coalition for HIV/AIDS Prevention Services (UCHAPS) is a national collaboration of community partners and health departments, dedicated to preventing new HIV infections and reducing health disparities, morbidity and mortality. UCHAPS member jurisdictions are among the epicenters of the urban HIV epidemic and are often at the forefront of piloting new

# EXHIBITORS

intervention strategies. UCHAPS collaborates with allied organizations and federal partners to reach our common goals, and continually explores ways to improve the delivery of services by using a peer technical assistance model to exchange expertise, strategies, and solutions to common challenges.

## **University of Rochester Center for Health and Behavioral Training**

[www.chbt.org](http://www.chbt.org)

[www.urmc.rochester.edu/medicine/infectious-disease.aspx](http://www.urmc.rochester.edu/medicine/infectious-disease.aspx)

853 W. Main Street

Rochester, NY 14611

Primary Contact: Juhua Wu

Contact Email: [juhuawu@monroecounty.gov](mailto:juhuawu@monroecounty.gov)  
585-753-5376

The University of Rochester Center For Health and Behavioral Training (UR-CHBT) is a capacity building and training center within the university's Infectious Diseases Division. With over 25 years of experience providing training/ education, patient care and clinical consultation in the field of HIV and STDs, UR-CHBT is committed to its mission of providing HIV/STD/ VH prevention and care services to communities with disparities, and bridging science and practice through training and capacity building to advance HIV/STD prevention and care. CHBT-UR faculty/staff have a unique combination of clinical, behavioral, and prevention expertise in public health practice, as well as in the provision of training and technical assistance. UR-CHBT is a capacity building assistance provider funded by the CDC to provide services on HIV prevention interventions including biomedical interventions such as PrEP and PEP to state/jurisdictional health departments. UR-CHBT is also designated as a Regional Training Center and STD Center for Excellence by the AIDS Institute.

## **WRMA, Inc.**

[www.wrma.com](http://www.wrma.com)

12300 Twinbrook Pkwy., Suite 310

Rockville, MD 20852

Primary Contact: Rachel Gross

Contact Email: [rgross@wrma.com](mailto:rgross@wrma.com)

301-881-0096, ext. 243

WRMA is a woman-owned small business which has implemented hundreds of customized projects. WRMA has more than 30 years of experience and expertise in research, evaluation, performance measurement and monitoring, and data and IT analytic services. We currently have 60 employees spread across the country, with two main offices in Rockville, Md., and Arlington, Va. Our primary mission is to provide system-wide improvements in support of the delivery of programs for children and families, communities, and at-risk populations. With our team of top research social scientists, we are committed to the delivery of quality, evidence-based deliverables for our clients.

## **Federal Exhibitors**

### **Health Resources and Services Administration (HRSA)**

Office of Human Resources

### **Health Resources and Services Administration (HRSA)**

Office of Information Technology

## Health Resources and Services Administration (HRSA)

HRSA-OFAM-Division of Independent Review  
5600 Fisher Lane 10-57B  
Rockville, MD 20857  
Primary Contact: Amir Izadi  
Contact Email: [Aizadi@hrsa.gov](mailto:Aizadi@hrsa.gov)  
301-443-2744  
Secondary Contact: Jeannie Davis  
Contact Email: [jdavis@hrsa.gov](mailto:jdavis@hrsa.gov)  
301-443-4767

The purpose of the Division of Independent Review (DIR) is to plan, direct, and carry out fairly and objectively HRSA's independent review process of applications for discretionary grants and cooperative agreements. DIR's goals are to ensure that reviews comply with applicable statute, regulations and standard operating procedures, to ensure a fair, ethical and objective review of each application, and to ensure that results represent an appropriate ranking of the highest-qualified applications.

## National Library of Medicine

[www.nlm.nih.gov](http://www.nlm.nih.gov)  
6707 Democracy Plaza, Two Democracy Plaza,  
Suite 510  
Bethesda, MD 20892  
Primary Contact: Andrew Plumer  
Contact Email: [plumera@nlm.nih.gov](mailto:plumera@nlm.nih.gov)  
301-451-4451

The National Library of Medicine (NLM), one of the 27 institutes and centers of the National Institutes of Health is the world largest medical library. NLM has a variety of biomedical resources covering HIV/AIDS, including: PubMed — over 26 million citations for biomedical literature; MedlinePlus — consumer information including HIV/AIDS, STDs, TB, hepatitis and more; AIDSinfo — the federal HIV/AIDS treatment

guidelines and related materials; and AIDSsource — a portal containing information from federal and nonfederal sources on various aspects of HIV/AIDS.

## SAMHSA-HRSA Center for Integrated Health Solutions

[www.integration.SAMHSA.gov](http://www.integration.SAMHSA.gov)  
1400 K Street NW, Suite 400  
Washington, DC 20005  
Primary Contact: Laura Galbreath  
Contact Email: [laurag@thenationalcouncil.org](mailto:laurag@thenationalcouncil.org)  
202-684-7457, ext. 231

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings. CIHS provides practical resources, training and technical assistance to safety net providers across the country.

## USAID

[www.usaid.gov](http://www.usaid.gov)  
1300 Pennsylvania Ave. NW  
Washington, DC 20523  
Primary Contact: Elizabeth Kane  
Contact Email: [ekane@usaid.gov](mailto:ekane@usaid.gov)  
517-551-7336

USAID is the lead U.S. government agency that works to end extreme global poverty and enable resilient, democratic societies to realize their potential. USAID works in partnership with countries, communities, international donors, and the private sector to make smart investments that save lives. USAID's global health efforts also concentrate on addressing the dual HIV and tuberculosis (TB) epidemics by targeting

# EXHIBITORS

HIV-associated TB and reducing co-morbidity and mortality. USAID is addressing the challenges of TB and HIV by working with its partners to implement collaborative TB-HIV activities such as leading and strengthening national TB strategies and programs in countries with high rates of TB, multidrug-resistant TB, and HIV-associated TB.

## **U.S. Department of Justice, Civil Rights Division, Disability Rights Section**

[www.ada.gov/aids/](http://www.ada.gov/aids/)

Primary Contact: Elizabeth Redpath

Contact Email: [Elizabeth.redpath@usdoj.gov](mailto:Elizabeth.redpath@usdoj.gov)  
202-616-2390

The U.S. Department of Justice (DOJ) is responsible for enforcing federal laws and ensuring fair and impartial administration of justice for all Americans. DOJ's Civil Rights Division works to eradicate discrimination against people with disabilities, including those with HIV/AIDS, through enforcement of the Americans with Disabilities Act.

## **List of Organizations by Title**

AIDS Education and Training Center (AETC)  
National Coordinating Resource Center  
AIDS United  
A.J. Boggs & Company  
American Academy of HIV Medicine  
American Academy of Physician Assistants  
American Institutes for Research  
American International Health Alliance  
Anthem/Simply Health Care Plans/Clear Health Alliance  
CAI (Cicatelli Associates Inc.)  
Coldspring Center for Social and Health Innovation  
ContextMedia:Health  
Coordinated Care Network  
Duke University School of Nursing  
Epididian, Inc.

François-Xavier Bagnoud (FXB) Center  
Germane Solutions  
HealthHIV  
HIV Medicine Association/Ryan White Medical Providers Coalition  
Johns Hopkins School of Nursing  
JProg  
JSI  
Management Strategists Consulting Group, LLC  
MassCARE, Massachusetts Department of Public Health  
MediraRx  
National Alliance of State and Territorial AIDS Directors (NASTAD)  
National Center for Innovation in HIV Care  
National Quality Center  
NMAC  
PACT - Partnership for Access to Clinical Trials  
Project-Inform  
RDE Systems Support Group LLC  
REPRIEVE  
Ryan White Clinics for 340B Access  
Ryan White TARGET Center  
The Scientific Consulting Group, Inc.  
UCAPS: Urban Coalition for HIV/AIDS Prevention Services  
University of Rochester Center for Health and Behavioral Training  
WRMA, Inc.

## **Federal Exhibitors**

HRSA: Office of Human Resources  
HRSA: Office of Information Technology  
HRSA: Office of Independent Review (DIR)  
National Library of Medicine  
SAMHSA-HRSA Center for Integrated Health Solutions  
USAID  
U.S. Department of Justice, Civil Rights Division, Disability Rights Section



NATIONAL

2016

**RYAN WHITE**

CONFERENCE ON HIV CARE & TREATMENT

# WORKSHOP SESSIONS BY TRACK

**FORWARD MOMENTUM:** Accelerating Access.  
Optimizing Care. Transforming Public Health.

**AUG**  
23-26



Ryan White & Global HIV/AIDS Programs

# WORKSHOP SESSIONS BY TRACK

## BEACON SESSION

|    |  |                             |
|----|--|-----------------------------|
| B1 | Conversations with People Living with AIDS Leaders                     | Thursday, 10:30 AM-12:00 PM |
| B2 | Jurisdictional Strategies to End AIDS/Frameworks for “Getting to Zero” | Friday, 10:00 AM-11:30 AM   |

## DATA TO CARE

|      |  |                              |
|------|--|------------------------------|
| 4045 | Initiatives to Improve Data Accuracy, Completeness and Timeliness across the HIV Care Continuum                      | Thursday, 3:30 PM-5:00 PM    |
| 4053 | The Collaboration of Dental and Medical Providers in Linkage, Adherence and Retention in Care                        | Thursday, 3:30 PM-5:00 PM    |
| 6214 | Forward Momentum: Accelerating Access to Care and Improving Quality Through Centralized Data system                  | Friday, 10:00 AM-11:30 AM    |
| 6446 | Clinic-Based Retention in Care: Description, Outcomes and Lessons Learned  | Thursday, 10:30 AM-12:00 PM  |
| 6548 | Using Technology to Coordinate HIV Prevention, Care, and Treatment Services  | Thursday, 3:30 PM-5:00 PM    |
| 6596 | Using Early Intervention Services to Maximize Coordination Between Surveillance and Care                             | Wednesday, 3:30 PM-5:00 PM   |
| 6657 | Examining Ryan White Program Funding: Is the Money Following the Epidemic?   | Wednesday, 10:30 AM-12:00 PM |
| 6767 | Methods to Generate a Local Estimate of the Prevalence of HIV/AIDS Including Those Undiagnosed in Massachusetts      | Wednesday, 10:30 AM-12:00 PM |
| 6923 | Understanding Ryan White Services Data Validations   | Thursday, 1:30 PM-3:00 PM    |
| 6927 | From Data Sharing to Incentivizing a Viral Suppression Performance Measure: Collaborating with Medicaid in Louisiana | Wednesday, 1:30 PM-3:00 PM   |
| 6943 | The Whoosh: Innovative Data Exchange to Save Time and Improve Care in Hawaii, Boston, and Rikers Island              | Wednesday, 3:30 PM-5:00 PM   |
| 6984 | SPNS: Fusing All Parts data, My CareContinuum Dashboard, Low Health Literacy Patient Portal                          | Thursday, 10:30 AM-12:00 PM  |

## EMERGING ISSUES

|      |   |                           |
|------|---|---------------------------|
| 4006 | Using a Bilingual Telenovela (Sin Vergüenza) to Educate Communities and Providers, Including U.S./ Mexico Border Promotores | Thursday, 3:30 PM-5:00 PM |
| 4007 | National, State and Local Responses to Addressing Hepatitis Among People Living HIV   | Friday, 10:00 AM-11:30 AM |

# WORKSHOP SESSIONS BY TRACK

|      |  |                             |
|------|--|-----------------------------|
| 4011 | Emergency Preparedness Planning for Ryan White Programs  | Wednesday, 1:30 PM-3:00 PM  |
| 4012 | Housing as Healthcare: Improving Health Outcomes Through Mobile Care and Housing Support Services  | Thursday, 3:30 PM-5:00 PM   |
| 4013 | Mentor Program Development and Implementation for HIV-Infected Youth and Young Adults  | Thursday, 1:30 PM-3:00 PM   |
| 4020 | Including Mental Health Services in HIV Primary Care: Challenges and Needs   | Thursday, 3:30 PM-5:00 PM   |
| 4021 | Linking Mexican and Mexican-American MSM to HIV Care Through Culturally Innovative Program Design  | Thursday, 1:30 PM-3:00 PM   |
| 4024 | Planning Council Strategies for Integration of HIV Prevention and Care   | Thursday, 1:30 PM-3:00 PM   |
| 4025 | Strategies to Improve Engagement in Community HIV Care for People Who Are Releasing from Prison  | Thursday, 10:30 AM-12:00 PM |
| 4028 | Engagement and Retention Strategies for Populations with Unique Needs: Women, African-Born, and Caribbean-Born Communities                               | Friday, 8:00 AM-9:30 AM     |
| 4029 | Integrating HIV Care into Primary Care Settings: Two paths to Improving the HIV Continuum  | Wednesday, 3:30 PM-5:00 PM  |
| 4031 | Confronting the Opioid Epidemic: The HRSA Response   | Thursday, 3:30 PM-5:00 PM   |
| 4042 | The Trauma Informed R-Evolution in Motion: Using Trauma-Informed Principals to Address Social Determinants of Health at Federal, State, and Local Levels | Friday, 10:00 AM-11:30 AM   |
| 4044 | Changing the Narrative for Women and Girls: Treatment, Recovery, and More  | Thursday, 1:30 PM-3:00 PM   |
| 4047 | Engaging Transgender Women of Color Living with HIV into Healthcare: Lessons from Nine SPNS Projects   | Thursday, 10:30 AM-12:00 PM |
| 4048 | Transgender People and Antiretrovirals Across the Care and Prevention Continuum  | Wednesday, 3:30 PM-5:00 PM  |
| 4050 | Novel Public Health Approaches to Enhance Engagement in Care   | Friday, 8:00 AM-9:30 AM     |
| 4052 | UCARE4Life and Bijou: Utilizing Mobile and Online Methods in the Improvement of Health Outcomes in HIV-Positive Youth                                    | Friday, 10:00 AM-11:30 AM   |
| 5942 | Implementing and Evaluating a Peer Enhanced Navigation Intervention: Results from a Randomized Control Trial   | Wednesday, 3:30 PM-5:00 PM  |

# WORKSHOP SESSIONS BY TRACK

|      |   |                              |
|------|---|------------------------------|
| 6164 | International Adoption and Pediatric HIV: The Changing Demographics and Needs   | Friday, 10:00 AM-11:30 AM    |
| 6213 | Living with HIV in Rural U.S. Jurisdictions: Effects of Stigma on HIV Care Continuum Outcomes   | Thursday, 10:30 AM-12:00 PM  |
| 6294 | PLWH Listening Session with the HAB Associate Administrator   | Wednesday, 1:30 PM-3:00 PM   |
| 6295 | Transforming Health an Inside Job: Using Motivational Interviewing to Build Health Momentum   | Thursday, 10:30 AM-12:00 PM  |
| 6332 | Transnational Practices and Engagement in Care: Lessons from the SPNS Latino Access Initiative  | Wednesday, 10:30 AM-12:00 PM |
| 6368 | Behavioral Health Treatment on Demand   | Thursday, 3:30 PM-5:00 PM    |
| 6373 | Systems Linkages Institute 301: Systems Linkages and Access to Care: A Special Projects of National Significance Initiative             | Friday, 10:00 AM-11:30 AM    |
| 6380 | Retaining Multiply Diagnosed, Homeless HIV-Positive Individuals in Medical Care, Behavioral Health, and Case Management                 | Wednesday, 10:30 AM-12:00 PM |
| 6410 | Systems Linkages Institute 201: Systems Linkages and Access to Care: A Special Projects of National Significance Initiative             | Friday, 8:00 AM-9:30 AM      |
| 6424 | Homeless Institute 101: Providing Care to People Who Are Homeless/Unstably Housed: Barriers and Facilitators to Achieving the NAS Goals | Thursday, 3:30 PM-5:00 PM    |
| 6425 | Homeless Institute 201: Using interdisciplinary Teams to Provide Care to People Living with HIV/AIDS Who Are Homeless/Unstably Housed   | Friday, 8:00 AM-9:30 AM      |
| 6426 | Homeless Institute 301: Leveraging Resources to Sustain Programs for HIV Care and Housing for People Living with HIV                    | Friday, 10:00 AM-11:30 AM    |
| 6428 | Understanding and Addressing the Multiple Dimensions of Stigma to Promote Engagement in HIV Care  | Wednesday, 3:30 PM-5:00 PM   |
| 6474 | Integrating HIV Prevention and Care Plans and Planning: Moving Forward  | Thursday, 3:30 PM-5:00 PM    |
| 6487 | Building a Linkage and Retention Collaborative Learning Network to Impact Patient Outcomes  | Wednesday, 1:30 PM-3:00 PM   |
| 6509 | Systems Linkages Institute 101: Systems Linkages and Access to Care: A Special Projects of National Significance (SPNS) Initiative      | Thursday, 10:30 AM-12:00 PM  |

# WORKSHOP SESSIONS BY TRACK

|      |   |                              |
|------|---|------------------------------|
| 6514 | Getting to Work: Expanding Employment and Housing in a Changing HIV Epidemic                                | Thursday, 3:30 PM-5:00 PM    |
| 6528 | Leveraging Federal Ryan White HIV/AIDS Program and Housing Funds and Services                               | Wednesday, 10:30 AM-12:00 PM |
| 6529 | Everybody Loves a Good Story: Using Digital Media to Capture and Share Patient Stories                      | Wednesday, 10:30 AM-12:00 PM |
| 6531 | Using Design and Information Architecture to Improve Awareness, Access, and Enrollment in HIV Care Services | Wednesday, 1:30 PM-3:00 PM   |
| 6581 | Creating a Culture of Wellness in a Rural Healthcare Setting for Patients Who Are HIV-Positive              | Friday, 10:00 AM-11:30 AM    |
| 6599 | Office of HIV/AIDS Housing Update 2016  | Wednesday, 1:30 PM-3:00 PM   |
| 6621 | Pregnant, HIV-Positive and Lost to Care   | Thursday, 1:30 PM-3:00 PM    |
| 6629 | Strategies to Improve Viral Load Suppression in Hardest to Reach Patients                                   | Wednesday, 3:30 PM-5:00 PM   |
| 6632 | New York Links: A Communitywide Response Contributing to End the Epidemic in New York State                 | Thursday, 1:30 PM-3:00 PM    |
| 6660 | 101: Strengthening the Healthcare Delivery System Through Planning  | Wednesday, 10:30 AM-12:00 PM |
| 6686 | The Modernization of Case Management: Lessons from the Road and on the Ground                               | Wednesday, 10:30 AM-12:00 PM |
| 6703 | Mobilizing Your Community Partners to Reduce New HIV Transmissions; A New Model for PrEP                    | Wednesday, 1:30 PM-3:00 PM   |
| 6720 | Combating Discrimination Against People with HIV/AIDS   | Thursday, 1:30 PM-3:00 PM    |
| 6726 | Housing & Health: Integration for Improved Health   | Wednesday, 1:30 PM-3:00 PM   |
| 6745 | Current and Future Trends in HIV Housing Policy   | Wednesday, 10:30 AM-12:00 PM |
| 6746 | Engaging RWHAP Consumers in Planning and Needs Assessment   | Friday, 8:00 AM-9:30 AM      |
| 6748 | Supporting Planning Councils/Planning Bodies in Improving HIV Services: Staff Sharing Session               | Wednesday, 1:30 PM-3:00 PM   |
| 6752 | Radical Healthcare: Fighting Transphobia, Providing Trans-Affirming HIV Care                                | Wednesday, 3:30 PM-5:00 PM   |
| 6753 | After the Plan: Tools for Ongoing Cross-Part/Prevention-Care Collaborative Planning                         | Thursday, 3:30 PM-5:00 PM    |
| 6754 | Housing Data: An Interdisciplinary Approach to Improved Health Outcomes for People Living with HIV          | Wednesday, 3:30 PM-5:00 PM   |
| 6760 | Optimizing Care for Youth Living with HIV: The Larkin Street Youth Services Model                           | Friday, 8:00 AM-9:30 AM      |

# WORKSHOP SESSIONS BY TRACK

|      |  |                             |
|------|--|-----------------------------|
| 6773 | Building Health-Literate Organizations and Health Insurance Literacy to Support People Living with HIV               | Friday, 10:00 AM-11:30 AM   |
| 6779 | Building a Successful Linkage to Continuum of Care Program for Latinos   | Friday, 8:00 AM-9:30 AM     |
| 6790 | Securing Your Oxygen Mask First! Unspoken Cultural Norms Influencing Quality HIV/AIDS Care for Women of Color        | Wednesday, 1:30 PM-3:00 PM  |
| 6799 | Leadership in Action: Strategies to Promote Public Leadership for PLWH   | Friday, 8:00 AM-9:30 AM     |
| 6814 | Incarceration, Sexual Victimization, Reintegration, and the HIV Care Continuum                                       | Thursday, 3:30 PM-5:00 PM   |
| 6818 | A. Women Services Rock and GMHC: Keeping Clients Engaged and Virally Suppressed                                      | Friday, 8:00 AM-9:30 AM     |
| 6832 | Intensive Case Management: Working with HIV-Positive Adolescents and Young Adults                                    | Thursday, 1:30 PM-3:00 PM   |
| 6891 | Training the Next Generation of Spanish-Speaking HIV Physicians: Experiences from a Minority AIDS Initiative Project | Friday, 8:00 AM-9:30 AM     |
| 6942 | Enhancing Care Continuum Outcomes for Youth Living with HIV: An Innovative Multi-Agency Collaboration                | Wednesday, 1:30 PM-3:00 PM  |
| 6992 | Addressing HIV Stigma and its Impact on LGBT Health  | Friday, 8:00 AM-9:30 AM     |
| 6994 | Beyond the Prison Walls: Re-linkage and Retention 2.0  | Thursday, 10:30 AM-12:00 PM |
| 6995 | Redefining Cultural Competence for MSM of Color Through System Transformation  | Friday, 10:00 AM-11:30 AM   |
| 6998 | Establishing and Sustaining HIV Care and Treatment in Communities Vulnerable to Large Increases in HIV/HCV           | Thursday, 10:30 AM-12:00 PM |
| 7002 | Optimizing HIV Health Outcomes: Integration of Mental Health Treatment into HIV Medical Care                         | Thursday, 1:30 PM-3:00 PM   |
| 7005 | Addressing Employment Needs: Providing a Roadmap to Achieve Employment-Related National HIV/AIDS Strategy Goals      | Thursday, 3:30 PM-5:00 PM   |
| 7007 | Challenges in the Integrated Care of Patients with HIV illness and Substance Use Disorders                           | Thursday, 1:30 PM-3:00 PM   |
| 7014 | Promoting Health Literacy through Clear Communication: Implications for People Living with HIV                       | Thursday, 3:30 PM-5:00 PM   |
| 7015 | Best Practices for Providing Substance Use Disorder Treatment and HIV-Related Services to Minority YMSM              | Thursday, 10:30 AM-12:00 PM |

# WORKSHOP SESSIONS BY TRACK

|      |   |                              |
|------|---|------------------------------|
| 7030 | Program Evaluation of a Trauma-Informed HIV Prevention and Vocational Development Intervention for African American Women   | Friday, 10:00 AM-11:30 AM    |
| 7036 | Women and Girls: Taking on Behavioral Health, HIV, and Hepatitis for Better Health Outcomes   | Thursday, 10:30 AM-12:00 PM  |
| 7068 | Employment as a Treatment that Works: Vocational Rehabilitation and Workforce Development Within the HIV/AIDS Healthcare Continuum  | Thursday, 1:30 PM-3:00 PM    |
| 8000 | Philadelphia Integrative Behavioral Health Initiative: Improved retention in HIV/AIDS Care  | Thursday, 10:30 AM-12:00 PM  |
| 8004 | Integrating HIV and Hepatitis Care into Behavioral Health Care: AMHSA's MAI Continuum of Care Pilot   | Thursday, 1:30 PM-3:00 PM    |
| 8007 | Prioritizing Pre-Exposure Prophylaxis Within the HRSA   | Thursday, 1:30 PM-3:00 PM    |
| 8008 | Forward Momentum: HRSA Implementation of the National HIV/AIDS Strategy: Updated to 2020  | Wednesday, 10:30 AM-12:00 PM |
| 8009 | U.S. Vulnerability to Rapid Dissemination of HIV/HCV Infections Among Persons who Inject Drugs  | Wednesday, 3:30 PM-5:00 PM   |
| 8010 | 201: Strengthening the Healthcare Delivery System Through Planning  | Wednesday, 3:30 PM-5:00 PM   |
| 8011 | 301: Strengthening the Healthcare Delivery System Through Planning  | Thursday, 1:30 PM-3:00 PM    |
| 8012 | The Center for Engaging Black MSM Across the Care Continuum: Operationalizing Practice and Innovation to Strategize Provider Engagement to Elevate the Standard of Care for Black Gay/Bisexual Men in HIV Prevention, Care, and Treatment | Thursday, 1:30 PM-3:00 PM    |

## HEALTHCARE LANDSCAPE

|      |  |                              |
|------|--|------------------------------|
| 4005 | Global HIV Capacity Development: Mapping to the HIV Care Continuum and Building Nurse Capacity                   | Thursday, 3:30 PM-5:00 PM    |
| 4015 | Three Approaches for Transforming Practice to Optimize HIV Care: the SPNS Workforce Capacity Building Initiative | Friday, 10:00 AM-11:30 AM    |
| 4016 | HIV Service Provision in the ACA Era: Impact on Providers and Local Planning                                     | Thursday, 1:30 PM-3:00 PM    |
| 4019 | Making the Most of Your Patient-Centered Medical Home: Guidance and Best Practices                               | Thursday, 3:30 PM-5:00 PM    |
| 4026 | Building HIV Capacity in Primary Care and Integrating HIV Care within Federally Qualified Health Centers         | Wednesday, 10:30 AM-12:00 PM |

# WORKSHOP SESSIONS BY TRACK

|      |   |                              |
|------|---|------------------------------|
| 4030 | Building, Improving, and Innovating to Overcome Obstacles in the Southern United States                         | Thursday, 1:30 PM-3:00 PM    |
| 4043 | Creating New Opportunities for Delivering HIV Prevention, Care, and Management Services to Insured Populations  | Thursday, 10:30 AM-12:00 PM  |
| 6182 | An Examination of Quality Improvement Methodology and Health Insurance Access in a Low-Incidence State          | Wednesday, 10:30 AM-12:00 PM |
| 6204 | Intersection of Ryan White Services and the Affordable Care Act: Changes and Challenges                         | Friday, 8:00 AM-9:30 AM      |
| 6320 | Understanding Essential Community Provider Requirements of the ACA and the Implications for Ryan White Programs | Wednesday, 3:30 PM-5:00 PM   |
| 6393 | Closing Gaps in the Continuum By Employing Certified HIV Peer Navigators  | Wednesday, 10:30 AM-12:00 PM |
| 6397 | ADAPs' Optimization of Client Health Outcomes in an Evolving Health Care Landscape                              | Wednesday, 3:30 PM-5:00 PM   |
| 6464 | Impact of the Affordable Care Act on the Ryan White HIV/AIDS Program  | Wednesday, 1:30 PM-3:00 PM   |
| 6575 | Identifying and Assessing Business Model Adoption for HIV Program Sustainability                                | Wednesday, 10:30 AM-12:00 PM |
| 6601 | Valuing Medicaid Participation in Louisiana Ryan White Quality Initiatives in the Wake of Medicaid Expansion    | Thursday, 10:30 AM-12:00 PM  |
| 6639 | Establishing Winnable Communities of Readiness via Literacy, Conversation and HIV Client Centered Care.         | Wednesday, 1:30 PM-3:00 PM   |
| 6644 | Aligning RWHAP Policy with the Healthcare Landscape: A Review of Select Policy Clarification Notices            | Wednesday, 3:30 PM-5:00 PM   |
| 6645 | Allowable Uses of RWHAP Funds: A Closer Look at the Updated Service Categories                                  | Friday, 8:00 AM-9:30 AM      |
| 6664 | Fiscal Responsiveness and Accountability in a Time of Change  | Thursday, 10:30 AM-12:00 PM  |
| 6668 | Retreat for Progress: Ryan White Part B and C Program Collaboration, Integration, and Sustainability            | Thursday, 3:30 PM-5:00 PM    |
| 6669 | Improving Continuum of Care Outcomes in the American Indian/Alaska Native population                            | Wednesday, 10:30 AM-12:00 PM |
| 6783 | Getting Ready for Open Enrollment   | Wednesday, 1:30 PM-3:00 PM   |
| 6784 | The Connection Between Tax Filing and Health Coverage- What Does it Mean for Ryan White Programs?               | Friday, 8:00 AM-9:30 AM      |

# WORKSHOP SESSIONS BY TRACK

|      |  |                             |
|------|--|-----------------------------|
| 6807 | The Identity Crisis of the Medical Case Manager  | Wednesday, 1:30 PM-3:00 PM  |
| 6880 | The Super Circular: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75 | Friday, 8:00 AM-9:30 AM     |
| 6987 | Meeting and Understanding the Eligible Scope Reporting Requirement   | Thursday, 1:30 PM-3:00 PM   |
| 8001 | The Core Medical Services Waiver Standard: Part A Waiver Requests Trends and Analysis                                      | Wednesday, 1:30 PM-3:00 PM  |
| 8006 | Medicaid/CHIP Managed Care and Medicare MACRA Rules: What's New and Relevant for HIV Stakeholders?                         | Thursday, 10:30 AM-12:00 PM |

## INNOVATIVE PRACTICES

|      |  |                             |
|------|--|-----------------------------|
| 4001 | Interventions to Increase Routine, Opt-Out HIV Testing in Community Health Centers and Emergency Departments                                     | Wednesday, 3:30 PM-5:00 PM  |
| 4008 | Increasing Access to Biomedical HIV Prevention: Incorporating PrEP and PEP through TA, Consultation, and Training                                | Thursday, 1:30 PM-3:00 PM   |
| 4010 | Expanding the Role of ADAP to Improve Health Outcomes  | Thursday, 3:30 PM-5:00 PM   |
| 4018 | Approaches to Practice Transformation to Improve Care Along the HIV Care Continuum   | Thursday, 3:30 PM-5:00 PM   |
| 4022 | Planning for the Ryan White Care Continuum: Prevention, Care, and the Councils   | Thursday, 10:30 AM-12:00 PM |
| 4033 | Implementing Tobacco Cessation Strategies for People Living with HIV   | Wednesday, 1:30 PM-3:00 PM  |
| 4036 | Innovative Pharmacy Collaboration: Playing a Role in Viral Suppression and Retention in Care   | Thursday, 10:30 AM-12:00 PM |
| 4039 | What, Why, and How: Health Literate Strategies to Improve Black MSM Engagement in Care   | Friday, 8:00 AM-9:30 AM     |
| 4040 | Innovative Models driving improvements Across the HIV Care Continuum   | Thursday, 1:30 PM-3:00 PM   |
| 4041 | Promoting Perinatal HIV Care Coordination: Inside Your Program and Beyond  | Friday, 10:00 AM-11:30 AM   |
| 4049 | Developing, Implementing, and Sustaining Effective Patient Navigation Models: Experiences from the Philadelphia and Wisconsin Health Departments | Friday, 8:00 AM-9:30 AM     |

# WORKSHOP SESSIONS BY TRACK

|      |   |                              |
|------|---|------------------------------|
| 6059 | Mind, Body, Self: An Integration of Mindfulness-Based Stress Reduction and Chronic Disease Self-Management              | Friday, 10:00 AM-11:30 AM    |
| 6157 | Moving Research Findings into Ryan White Practice: Adapting to the Real World   | Friday, 8:00 AM-9:30 AM      |
| 6336 | High-Intensity Technical Assistance and Problem Solving with State and Local Health Departments                         | Friday, 8:00 AM-9:30 AM      |
| 6345 | Phenomenal Woman! Peer-to-Peer Psychosocial Group   | Wednesday, 10:30 AM-12:00 PM |
| 6348 | Using Performance-Based Contract Reimbursement to Promote Accountability, Data Quality, and Ensure Payer of Last Resort | Friday, 10:00 AM-11:30 AM    |
| 6360 | Education Buffet for Consumers and Council Members  | Wednesday, 1:30 PM-3:00 PM   |
| 6382 | Using the Learning Collaborative Model to Craft and Test Systems-Level Linkage to Care Interventions                    | Wednesday, 3:30 PM-5:00 PM   |
| 6421 | Use of Multiple Communication Strategies for Stakeholder Engagement   | Wednesday, 10:30 AM-12:00 PM |
| 6460 | "Meet Them Where They Are": Best Practices in Minority Outreach   | Friday, 8:00 AM-9:30 AM      |
| 6463 | Putting Care Before Competition: South Carolina Works Together for NHAS Success   | Wednesday, 10:30 AM-12:00 PM |
| 6467 | The Building Blocks of Primary Care and the HIV Care Continuum  | Thursday, 10:30 AM-12:00 PM  |
| 6500 | Framework: Plan to End the HIV Epidemic in D.C.   | Friday, 10:00 AM-11:30 AM    |
| 6511 | Using Medical Nutrition Therapy Innovative Practices in HIV Clinical Care to Improve Health Outcomes                    | Wednesday, 3:30 PM-5:00 PM   |
| 6654 | Strengthening/Improving the HIV Care Continuum Within Ryan White HIV/AIDS Program Part-A Jurisdictions                  | Wednesday, 10:30 AM-12:00 PM |
| 6674 | Shaping the HIV Workforce: Lessons Learned from Task-Shifting in Sub-Saharan Africa and the United States               | Wednesday, 1:30 PM-3:00 PM   |
| 6680 | Planning to the Outcome: Coordination of EIS with Competing Providers   | Wednesday, 1:30 PM-3:00 PM   |
| 6681 | Restructuring the AIDS Education and Training Centers Program   | Wednesday, 3:30 PM-5:00 PM   |

# WORKSHOP SESSIONS BY TRACK

|      |   |                              |
|------|---|------------------------------|
| 6691 | Building Effective Linkage and Reengagement Services: Lessons Learned From the HIV Care Collaborative                       | Friday, 8:00 AM-9:30 AM      |
| 6702 | Engaging Community Leaders at the Intersection of Advances in HIV/AIDS Care and Persistent Racial Disparities               | Wednesday, 10:30 AM-12:00 PM |
| 6749 | Workflow Mapping as a Tool for Organizational Change  | Thursday, 10:30 AM-12:00 PM  |
| 6757 | Transforming Overwhelming into Possible: Innovative Models by HIV Pharmacies  | Wednesday, 3:30 PM-5:00 PM   |
| 6762 | Linkage and Retention in HIV Care: One Size Does NOT Fit All!   | Wednesday, 3:30 PM-5:00 PM   |
| 6782 | How to Implement a Highly Compliant, Centralized Eligibility System   | Wednesday, 10:30 AM-12:00 PM |
| 6926 | Translation and Replication of SPNS Models: Moving Hard-to-Reach Clients Along the HIV Care Continuum                       | Wednesday, 3:30 PM-5:00 PM   |
| 6929 | Expanding Access to HIV Screening and HIV/AIDS Care at 10 Community Health Centers in Indianapolis, Indiana.                | Friday, 10:00 AM-11:30 AM    |
| 6956 | Using the ECHO Model for HIV Education and Improving Health Outcomes  | Thursday, 3:30 PM-5:00 PM    |
| 6971 | Elder Sexual: Addressing a Forgotten Age Group in HIV Prevention and Linkage to Care  | Friday, 10:00 AM-11:30 AM    |
| 6975 | Food is Medicine: Integrating Nutrition in a Ryan White Clinic  | Wednesday, 1:30 PM-3:00 PM   |
| 6993 | Using Multilingual, Audio-Assisted Web and Mobile Evidence-Based Needs Assessments to Plan, Fund, and Actuate Care Services | Friday, 10:00 AM-11:30 AM    |
| 7037 | Peer Services: Positive Impacts on Peers and Patients   | Friday, 10:00 AM-11:30 AM    |
| 8005 | Partnerships for Care: Data-to-Care Approaches Through Primary Care-Public Health Partnerships                              | Thursday, 10:30 AM-12:00 PM  |
| 4051 | The Southern Strategy for HIV Testing, Linkage, and Retention in Care: Don't Miss Your Shot!                                | Friday, 8:00 AM-9:30 AM      |

## QUALITY MANAGEMENT

|      |  |                              |
|------|--|------------------------------|
| 4002 | The Improvement Journey; From Beginning to Continued Improvement | Wednesday, 10:30 AM-12:00 PM |
| 4003 | Addressing Disparities Through Multiple Modalities               | Thursday, 3:30 PM-5:00 PM    |

# WORKSHOP SESSIONS BY TRACK

|      |  |                              |
|------|--|------------------------------|
| 4004 | Lessons Learned from Fostering Consumer Involvement in Quality Management Activities                     | Friday, 10:00 AM-11:30 AM    |
| 4009 | Innovative Approaches to Drive Successful Quality Improvement  | Thursday, 1:30 PM-3:00 PM    |
| 4023 | Using Regional Groups to Effect Positive Change in HIV Care  | Thursday, 10:30 AM-12:00 PM  |
| 4027 | Quality Matters: Comprehensive Systematic Approaches to Quality Management                               | Thursday, 1:30 PM-3:00 PM    |
| 4034 | Fostering the Clinical Quality Management Program Using Quality Improvement Practices                    | Wednesday, 3:30 PM-5:00 PM   |
| 4035 | Leveraging Existing Data Systems to Improve the Quality of HIV Care: Two Innovative Approaches           | Friday, 10:00 AM-11:30 AM    |
| 4037 | Impacting the Cascade: Approaches to Drilling Down Data and Evidence-Informed Interventions              | Thursday, 1:30 PM-3:00 PM    |
| 6469 | The DCHAP Clinical Site Visit Review for Recipients and Clinical Reviewers: Tools and Tips               | Wednesday, 10:30 AM-12:00 PM |
| 6518 | Using Data Quality Managers to Improve the Integration of Parts B and C                                  | Friday, 8:00 AM-9:30 AM      |
| 6565 | Implementing a Clinical Quality Management Program that Meets Ryan White HIV/AIDS Program Expectations   | Wednesday, 1:30 PM-3:00 PM   |
| 6574 | Service Standards: What Are They? Why Are They Important? How Are They Integral to RWHAP Functions?      | Wednesday, 3:30 PM-5:00 PM   |
| 6643 | Addressing the Opportunities and Challenges Afforded by Program Income and Pharmaceutical Rebates        | Wednesday, 10:30 AM-12:00 PM |
| 6649 | Lessons Learned from the H4C Collaborative: What Other States Can Learn from this Improvement Initiative | Wednesday, 1:30 PM-3:00 PM   |
| 6682 | Health and Adherence-related Quality Management: Considerations for AIDS Drug Assistance Programs        | Wednesday, 3:30 PM-5:00 PM   |
| 8003 | HIV Viral Suppression in State Medicaid Programs   | Friday, 8:00 AM-9:30 AM      |