

# end+disparities ECHO Collaborative Regional Group Assessment Tool

Name of Regional Group:	
Date of Completion:	

#### Purpose of the end+disparities Collaborative Regional Group Assessment Tool

Sustained improvement activities across a specific geographic area require the Regional group's collective attention to ensure that the regional HIV-specific quality management structures, processes, and functions support measurement and improvement activities by local HIV providers. Development, implementation, and spread of sustainable quality improvement (QI) throughout a geographic region require an organizational commitment to quality management by all HIV providers.

The end+disparities ECHO Collaborative Regional Group Assessment Tool has been developed to assess the regional infrastructure for clinical quality management (CQM) by examining key domains, including: cross-Part infrastructure; communication strategies; cross-Part quality management plan; HIV performance measurement; QI projects; and training and technical assistance. Each domain is scored from 0 (no competency) to 5 (maximum competency) with a score of 3 representing an acceptable level of regional collaboration and alignment. The score 2 and score 4 (with no written descriptions) should be used when the regional performance is between scores 1 and 3, and respectively between scores 3 and 5.

Because the intent is to identify and assess the range and sophistication of existing end+disparities ECHO Collaboration efforts, all participating HIV agencies across the region should be ideally invited to participate in the assessment process, including subcontractors. Those individuals who have access to region-wide information about Collaborative efforts are in an ideal position to share their input. Results of the assessment should be openly communicated to agencies, key stakeholders, and consumers.

	Regional Quality Management Infrastructure					
A.1. Is the	A.1. Is there an HIV-specific quality management infrastructure in place to engage all					
Ryan Wh	ite HI	V/AIDS Progran	n agencies within	your region?		
Score	Score 0 Score 1 Score 2 Score 3 Score 4 Score 5					Score 5
Score 0	No quality structure is in place to oversee planning, assessment and implementation of quality					tation of quality
	improvement activities across Parts.					
Score 1	Only a loose quality structure is in place; a few agencies of different Parts are involved;			involved;		
	knowledge of quality structure among agencies is limited.					
Score 2						
Score 3	Stro	Strong representation of agencies in the end+disparities ECHO Collaborative quality program;				quality program;
	recip	pients across all Par	rts are represented	in the HIV qualit	y structure; a Regio	onal Response
	Tear	n is in place; perfo	rmance data result	s are shared; cons	umer voices are in	tegrated.



Score 4						
Score 5	the q ident qualit traine qualit	uality infrastructivified and individuty improvement and on quality impty impty improvement and an armonical control of the co	gencies (recipients a are and planned acti- als are assigned; ad- activities across the provement tools and activities and are ince- eviewed and updated	equate resources a region; members methodologies; c corporated into the	nd responsibilities are available to init of the quality struc consumers are activ	are clearly iate and sustain ture are routinely rely involved in
Commen	ıt:					
			ion strategies in p			
Score		Score 1	Score 2	Score 3	Score 4	Score 5
Score 0			rategies are in place ovement activities a		k from all RWHA	P agencies and to
Score 1			ormed about end+d		Collaborative activi	ties as needed.
Score 2		<del>`</del>				
Score 3	activi inclu	ities in the region	egies are in place to ; regular updates are asked to provide fe s.	e sent out to agen	cies; agencies of all	Parts are
Score 4						
Score 5	qualiti subre regul- team (such const	ty improvement secipients) in the rarly informed about is assigned to require as email, mail, in tumers; feedback	chensive communicates are routing successes are routing region; all recipients out end+disparities gularly communicate atternet, etc.) are identified agencies is used the sof agencies are of	ely shared with all and subrecipients ECHO Collabora with agencies; mutified to community of strengthen the control of the con	agencies (recipien s in the region acro ative activities; an in- aultiple communica- nicate with agencie collaborative effort	ts and oss all Parts are ndividual or a ution channels s and/or
	compre	hensive quality	management plar	written to guide	e the end+dispar	ities ECHO
Score		Score 1	Score 2	Score 3	Score 4	Score 5
Score	U	Score 1	Score 2	Score 3	30016 4	Score 3
Score 0	Ther	e is no or minim	 al written quality pla	n in place to envi	sion and maide the	end+disparities
ocore 0	ECH	O Collaborative	activities; if any in $\epsilon$		~	-
	day o	perations.				



Score 1	There is only a loosely outlined written quality management plan to envision and guide
	end+disparities ECHO Collaborative activities.
Score 2	
Score 3	A written cross-Part quality management plan is developed describing the quality infrastructure, performance measurement, indication of leadership and goals; the quality plan is shared with agencies across the region; the quality plan is reviewed and revised; some areas
	of detail and integration are not present.
Score 4	
Score 5	A comprehensive and detailed HIV-specific, region-wide end+disparities ECHO Collaborative management plan is in place, with a clear indication of responsibilities and accountability across all RWHAP agencies within the region, committee infrastructure, outline of performance measurement strategies, and elaboration of processes for ongoing evaluation and assessment; engagement of key stakeholders is described; the quality plan is reviewed and revised at least annually; quality plan fits within the framework of other regional quality improvement activities; agencies and key consumer group(s) within the region are aware of the plan and are involved in reviewing and updating the plan; a work plan is in place to detail the implementation of the written plan.

		F	Regional Performa	ance Measureme	nt	
			al suppression col nmunity partners			V care and
Score	Score 0 Score 1 Score 2 Score 3 Score 4				Score 4	Score 5
Score 0	perfe Colla	ormance data for p	mance or outcome participating comm ance data are collec	unity partners; no	end+disparities E	CCHO
Score 1	Only those measures are selected that are minimally required by external parties; no process took place to annually review end+disparities ECHO Collaborative measures and their definitions; methods to collect data are not described; some data are collected but not fully utilized; no process established to share data or existing processes only used for punitive					
Score 2		* *		01	•	*
Score 3	Measures include appropriate clinical measures, such as viral suppression, to assess performance across all participating community partners; measurement information is shared with agencies across the region; a system to measure key quality aspects among agencies of all parts is established; data are collected, analyzed, and routinely disseminated to providers; data are collected from most agencies within the region; steps are taken to coordinate the data collection efforts across parts.					
Score 4						



Score 5	The quality is measured by clinical and system measures; performance data, including disparity
	data are included from all RWHAP agencies in the region; measures are annually reviewed,
	prioritized, and aligned with region-wide quality goals; all measures are operationally defined,
	and augmented with specific targets or target ranges; stratification of performance data is
	included in the analyses to detect disparities; results and findings are routinely shared with
	agencies and/or consumers to inform and foster quality improvement activities; data collection
	activities are streamlined to avoid duplicative efforts across community participants; a detailed
	data collection plan across agencies is developed and periodically updated.
Commen	ut:

Score 0 Score 1 Score 2 Score 3	No regional improven Goals for the regional unaware of these goals goals are only based o	improvement effor			
Score 2	Goals for the regional unaware of these goals	improvement effor			
	0	0	without participation		
Score 3		1			
Score 4	within the region; a reand external requirement routinely review and u	ents; some agencies			
Score 5	Relevant improvemen within the region; goal communicated across HIV care and include incorporate consumer	Is are set for quality all participating con system's measures;	projects and performmunity partners in	rmance measures, n the region; goals	and actively are relevant to
•	oint quality improvements	- / ` /	ducted with the er	ngagement of Ry Score 4	an White



NA	The Regional Group does not have an infrastructure to support the planning and implementation of a QI project; the Response Team rarely checks in and discusses with the RWHAP agencies about the need to request technical assistance.
Score 0	The Regional Group is in the process of discussing the Regional Group quality improvement priorities; the Response Team has checked in and discussed with agencies the need to request technical assistance from the Regional Group, CQII, or HRSA/HAB.
Score 1	The Regional Group has discussed regional improvement goals; the Regional Group has developed a regional Aim Statement; baseline measurements have been envisioned.
Score 2	RWHAP agencies have collected the necessary baseline quality improvement data; agencies identified key causes based on results of a root cause analysis of the problem; quality improvements have begun.
Score 3	At least 75% of regional Community Partners have been engaged in the Regional Group improvement initiative and have selected interventions that are an outgrowth of their identified key causes; a plan for testing interventions has been created with initial steps completed for testing and measuring at least one PDSA Cycle by Community Partners; QI project updates have been shared with the Response Team; the Response Team checks with Community Partners who have not shared their progress.
Score 4	At least 75% of regional Community Partners have implemented multiple PDSA Cycles, documented their improvement interventions, and measured their tests of change; Community Partners have shared their improvement interventions and results at RG meetings; modest improvement has been reported.
Score 5	At least 85% of regional Community Partners have been engaged in the regional improvement initiative and have, partly or fully, achieved their individual Aim Statements - if agencies have yet to achieve their stated Aim Statement, they have continued to repeat the quality improvement process of testing small tests of change; the Regional Group has aggregated data to show a trend of improvement; effective interventions have been spread to other agencies; plans are in place to sustain success at individual agencies.

		improvement tra	Capacity Building ining and technic cross the region as	cal assistance or	quality improve	ment offered to
Score	0	Score 1	Score 2	Score 3	Score 4	Score 5
Score 0	No quality improvement training and/or technical assistance on quality improvement are offered to provider agencies nor consumers across the region.					
Score 1	Limited process in place to train providers or consumers on quality improvement across agencies; limited technical assistance is available to build capacity for quality improvement.					
Score 2						
Score 3	parts	Capacity to train agencies is available; opportunities routinely exist to train agencies across parts; quality improvement trainings are offered to consumers; invitations to quality improvement trainings are shared across agencies; peer learning network opportunities exist.				



Score 4	
Score 5	A formal, region-wide approach is in place to train agencies and all participating community partners; a formal, region-wide consumer training program is in place; an annual training schedule is developed based on needs assessment findings including input by agencies and consumers; QI resources are shared regionally (i.e., Glasscubes); process in place to triage technical assistance requests from individual provider agencies; technical assistance on quality improvement is provided by quality improvement experts or peer providers; routine sharing of best practices across agencies.
Commen	t: