


end disparities




HRS Ryan White HIV/AIDS Program
**CENTER FOR QUALITY
IMPROVEMENT & INNOVATION**

Using QI Tools to Address Disparities in HIV Care

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Protect
ECHO
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 **NEW YORK STATE** | Department of Health

Power of QI Conference
Kimmel Center, NY
November 19, 2018



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Opening Remarks

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Agenda

- Welcome – 5’ (Clemens Steinbock)
- Introductions & Agenda Review – 10’ (Julia Moss)
- Overview of end+disparities ECHO Collaborative – 20’ (Jennifer Lee)
- Reflections from Collaborative Community Partners – 15’ (Susan Weigl - NYC Part A Community Partners)
- Interactive Group Exercise: Intervention Brainstorming – 25’ (Team)
- Tools for QI – 10’ (Jennifer Lee)
- Closing – 5’ (Clemens Steinbock)



“Together, we continue to improve the lives of people living with HIV. The HRSA Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation (CQII) provides state-of-the-art technical assistance to Ryan White HIV/AIDS Program-funded recipients and subrecipients to measurably strengthen local clinical quality management programs in order to impact HIV health outcomes.”

Dissemination of QI Resources

Marketing strategies to increase awareness of CQII, including an informational brochure
Presence at national conferences, including the 2018 National Ryan White Conference
e-Newsletters to highlight upcoming events and QI resources

Information Dissemination

Training

Face-to-face training sessions to build capacity among providers and consumers
Online presence of CQII on the TARGET Center website
TA Calls to showcase recipients and QI content
Online tutorials for providers and consumers

Training/Educational Fora

Provision of Technical Assistance

Provision of on/off-site technical assistance by QI experts
Functional RITA to track all relevant ongoing TA activities
TA case conferences to learn from past TA activities

Consultation/Coaching

Communities of Learning

One national QI collaborative with engagement of RWHP recipients
Annual Quality Award Program to highlight QI leaders

Communities of Learning



CQII.org | 212-417-4730

Learning Objectives

1. Understand how to create communities of learning and QI collaboratives to impact health disparities and measurably improve viral suppression rates
2. Understand how QI methodologies are used to implement improvement interventions to impact the HIV epidemic
3. Learn the basic statistics necessary to utilize QI tools
4. Identify disparities in HIV care utilizing the CQII-developed Disparities Calculator
5. Utilize effective tools to reduce HIV disparities by identifying interventions, reporting performance data, and developing data reports to improve quality and care

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Introductions

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Getting to Know Each Other: Small-Group Sharing of QI Experiences & Goals

Background

- Collaboration across regions, organizations, and individuals has incredible potential to fuel exciting new QI interventions – and to help refine and spread existing, familiar ones
- We want to give you opportunities to collaborate with and learn from your colleagues right here and right now, through a short introductory exercise...

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Getting to Know Each Other: Small-Group Sharing of QI Experiences & Goals

Our 4-minute exercise for you:

- Please turn to someone sitting near you (ideally an individual who works **with an agency other than your own**) and introduce yourself
- Please briefly share with your partner:
 - One **QI intervention** you have been part of in the past, AND/OR...
 - One **goal** for a QI project you'd like to start in the future (your “dream” QI intervention!)
- Jot down notes on a post-it to be used in another exercise later today
- As you speak with your partner, start thinking about how you might be able to **help one another** achieve or strengthen the QI projects and goals discussed

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Partner Report-Outs

We have time for 2-3 volunteers to briefly share their partner's past QI intervention or future goal...



end+disparities Video



Collaborative Overview

end
+disparities



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Collaborative Mission Statement

Mission of the end+disparities ECHO Collaborative

“To promote the application of quality improvement interventions to measurably increase viral suppression rates for four disproportionately affected subpopulations of people living with HIV among Ryan White HIV/AIDS Program-funded providers.”

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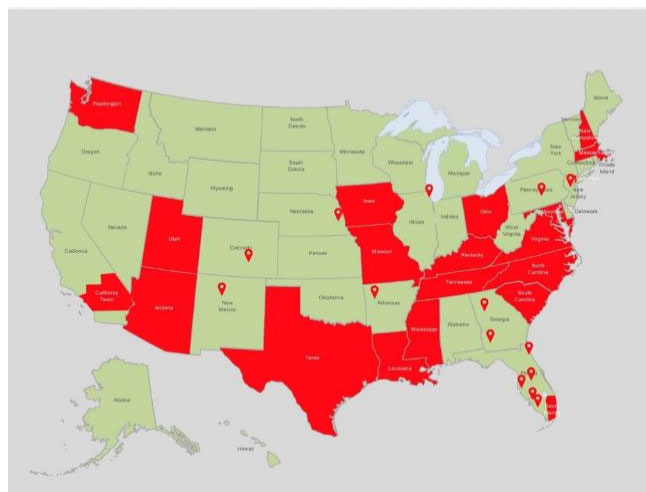
end+disparities ECHO Collaborative Participants

- | | |
|---|-------------------------------|
| 1. Arizona | 14. Tennessee / Kentucky |
| 2. California | 15. Texas |
| 3. Mavericks
(GA, NJ, IA, MD, MI, Puerto Rico, UT) | 16. Washington State |
| 1. Louisiana | 17. Washington, DC / Virginia |
| 2. Maryland | |
| 3. Massachusetts / New Hampshire | |
| 4. Mississippi | |
| 5. Missouri | |
| 6. New York | |
| 7. North Carolina | |
| 8. Ohio | |
| 9. South Carolina | |
| 10. South Florida | |



end+disparities ECHO Collaborative Enrollment Data: October 31, 2018

end+disparities ECHO Collaborative Participants



Collaborative Overview

MSM of Color	<ul style="list-style-type: none"> ✓ Each Collaborative participant is asked to focus their improvement efforts on one identified subpopulation ✓ Participants join virtual special-interest groups based on shared interests, such as subpopulations (Affinity ECHO Session) ✓ Recipients and subrecipients partner with other local HIV providers to form regionally-based improvement groups (Regional Group) ✓ Learning sessions with all participants are held every five months, starting Jun 2018 and ending Sep 2019
Youth	
Transgender People	
African American & Latina Women	

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Zoom Platform

Use Your Camera | Use our Affinity ECHO Signs | Mute Your Line


The screenshot shows a Zoom meeting grid with 21 participants. Annotations with red arrows point to specific controls:

- Mute/Unmute:** Points to the microphone icon in the bottom toolbar.
- List of Participants:** Points to the 'Participants' button in the bottom toolbar.
- Video On/Off:** Points to the video camera icon in the bottom toolbar.
- Chat Room:** Points to the 'Chat' button in the bottom toolbar.

A chat message from Eric is visible: "From Kinasha Parkinson, MD-AA S... Thanks , everyone for the SUPP..."

Typical Affinity Session Agenda

- Welcome & Introductions
- Didactic Presentation by a Content Expert
- Case Presentation by a Community Partner
- Group Discussion
- Next Meeting Details

 *Together, let's improve and eliminate HIV disparities*

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Consumer Involvement & Engagement

- Consumer representation and feedback is integrated in **ALL** aspects of our Collaborative!
- Consumer involvement is **critical** to quality improvement
- Opportunities for active and meaningful involvement of consumers/community members (those **directly** impacted by HIV) and their shared experiences are **VITAL** to the success of the Collaborative
- Their voices must be heard and you provide space for their feedback to inform your work and build their capacity for QI (see tools later on)

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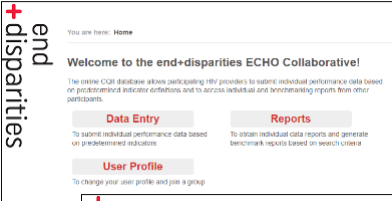
Breaking Down Data



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end+disparities Database



end+disparities

You are here: [Home](#)

Welcome to the end+disparities ECHO Collaborative!

The online CQI Database allows participating HIV providers to submit individual performance data based on predetermined indicator definitions and to access individual and benchmarking reports from other participants.

Data Entry

To submit individual performance data based on predetermined indicators

Reports

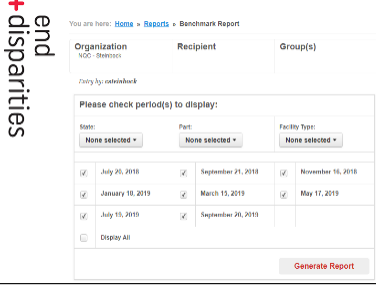
To obtain individual data reports and generate benchmark reports based on search criteria

User Profile

To change your user profile and job a group

✓ Features of the end+disparities Database:

- ✓ Easy to use online application
- ✓ Immediately trends entered performance data over time
- ✓ Group Regional Groups to produce regional performance scores
- ✓ Benchmarking function compares all submissions by Collaborative participants
- ✓ The Response Team Data Liaison and the assigned Coach have access



end+disparities

You are here: [Home](#) > [Reports](#) > [Benchmark Report](#)

Organization *OC: Bencost	Recipient	Group(s)
Filter by: undefined		
Please check period(s) to display:		
State: None selected	Part: None selected	Facility Type: None selected
<input checked="" type="checkbox"/> July 25, 2018	<input checked="" type="checkbox"/> September 25, 2018	<input checked="" type="checkbox"/> November 14, 2018
<input checked="" type="checkbox"/> January 18, 2019	<input checked="" type="checkbox"/> March 15, 2019	<input checked="" type="checkbox"/> May 17, 2019
<input checked="" type="checkbox"/> July 15, 2019	<input checked="" type="checkbox"/> September 26, 2019	
<input type="checkbox"/> Display All		
Generate Report		



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end+disparities Benchmark Report

+
end
disparities

end+disparities ECHO Collaborative: July 2018 Benchmark Report

Table - July 2018 (as of Sep 4, 2018)

Viral Suppression Rates	Submissions	Exam	Exam	VS %
Total Collected	105	130,159	208,660	83.5%
Top 10% viral suppression rate: 90.3%, highest VS rate: 96.2%				
Affinity Groups	Submissions	Exam	Exam	VS %
Black/African American/Latina Women	35	8,415	7,287	84.2%
MSM of Color	52	14,197	11,453	80.7%
Transgender	24	593	458	77.2%
Youth	41	2,934	2,138	73.4%
Region Group (RG)	Submissions	Exam	Exam	VS %
Arizona RG	5	13,297	11,584	87.1%
California RG	5	6,754	5,686	84.2%
Louisiana RG	5	4,385	3,639	83.0%
Maryland RG	4	12,809	10,354	77.3%
Massachusetts/New Hampshire RG	8	2,264	2,037	90.0%
Mavericks: GA, IA, MI, NJ, NM, PA, UT	8	7,585	6,447	85.0%
Mississippi RG	4	2,827	2,324	82.2%
Missouri RG	8	6,118	5,081	83.2%
New York RG	5	6,558	5,547	84.6%
North Carolina RG	12	13,727	11,612	84.6%
Ohio RG	12	12,315	9,985	80.7%
South Carolina RG	4	1,247	1,001	80.3%
South Florida RG	5	12,979	10,877	83.8%
Tennessee / Kentucky RG	2	1,118	971	86.9%
Texas RG	10	15,215	12,089	79.5%
Washington State RG	4	1,193	1,070	89.7%
Washington, DC / Virginia RG	4	5,228	4,280	82.0%
Grand Total	105	130,159	108,660	83.5%

Data Cycle 1:

July 20, 2018

Review Period:

Nov 1, 2017 -

April 30, 2018

of Submissions:

130,159

of Patients:

130,159

Key Findings:

- The average Collaborative viral suppression rate is 83.5% (n=130,159); HIV subpopulations: Black/African American and Latina Women: 84.2%, MSM of Color: 80.7%, Transgender: 77.2%, Youth: 73.4%.
- Based on the baseline viral suppression rate of 82.0%, the overall goal is to reach 87.6% by the end of the Collaborative (reaching the individuals who are most likely suppressed by 20%).
- By reaching the 87.6% Collaborative goal, we hope to have 13,733 PLWH additionally virally suppressed by the end of the Collaborative.



- ✓ The average Collaborative viral suppression rate is 83.5% (n=130,159)
- ✓ HIV subpopulations:
 - ✓ Black/African American and Latina Women: 84.2%
 - ✓ MSM of Color: 80.7%
 - ✓ Transgender: 77.2%
 - ✓ Youth: 73.4%
- ✓ The overall goal is to reach a viral load suppression rate of 87.6% by the end of the collaborative
- ✓ 5,375 PLWH to become virally suppressed (Sept 2019)

end+disparities ECHO Collaborative Data: September 4, 2018



Reflections from Collaborative Community Partners



The New York Knockouts Knocking Out Disparities in New York State!

Community Partners

- Brooklyn Hospital PATH
- Brightpoint Health
- Mount Sinai – Jack Martin Clinic
- Northwell Health – Northshore University Hospital
- Wyckoff Heights Medical Center

All participating agencies receive RWCA – Part A, Part B, Part C,
&/or Part F

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The New York Knockouts Structure

- Response Team – Leadership – w/ Roles and Responsibilities
 - Team Leader
 - Consumer Liaison
 - Data and Quality Improvement Liaison
 - Public Relations Alignment Officer
 - Secretary/Recorder
- Monthly Meeting (Virtual) of Full Group
 - Focus: QI Momentum, Support & Statewide Spread
- Bi-Monthly Data Reporting Into National Database & Analysis
- Quarterly Community Partner QI Project Reporting
- Quarterly Response Team Reporting Nationally

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New York Disparities in HIV Outcomes

- In 2016, approximately **43,000** of the estimated 121,900 people living with HIV in New York State remained virally unsuppressed. **31,000** of these unsuppressed individuals reside in New York City.
- The statewide viral load suppression rate among persons living with HIV was **65%**.
- Comparatively, the viral load suppression rate among **MSM of color (58%)**, **youth aged 13-24 (33%)**, and **minority women (61%)** was **staggeringly lower**.*

*https://www.health.ny.gov/diseases/aids/general/statistics/cascade_reports/docs/cascade_of_care_2016.pdf | 25



The New York Knockouts ECHO Baseline Data (July 2018)

- 7,656 total HIV+ patients served across 5 agencies
- Subpopulations of focus:
 - ❖ African American & Latina women (4 agencies)
 - ❖ Youth ages 13-24 years (1 agency)
- Baseline Average VL suppression = 78% (6,038/7656)
 - ❖ Range from 63% to 93%
 - ❖ 852 patients needed to reach goal of 90% average suppression

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The New York Knockouts Goals

- Increase participation in the collaborative by at least 2 agencies by November 30, 2018
- Each agency will host one consumer training regarding the collaborative and progress toward our collective goals
- NY Knockouts will share best practices and lessons learned during the ECHO project with NYS providers and PLWH
- At least 50% of all participating agencies will reach their individual improvement goals
- NY Knockouts will improve their aggregated viral load suppression rate from **78% to 90%**

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Why Participate in the ECHO Collaborative?

Benefits of Participation

- Lots of professional development and new skills including: QI resources, project leadership, presentation skills, data tracking, and reporting skills
- Regional and national support network of providers with shared or similar goals
- New ideas for supporting youth, women, and other patients in their health goals
- Recognition from program/grant funders who are aware of and supportive of organization's participation

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Affinity Case Presentation

EXAMPLE

Organization: Wyckoff Heights Medical Center

Area of Focus: Increasing Retention Rates Amongst Consumers Aged 13-24

Affinity Group: Youth

Date: July 10th, 2018



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Department of Health



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Background: Caseload and Viral Suppression Data and Aim

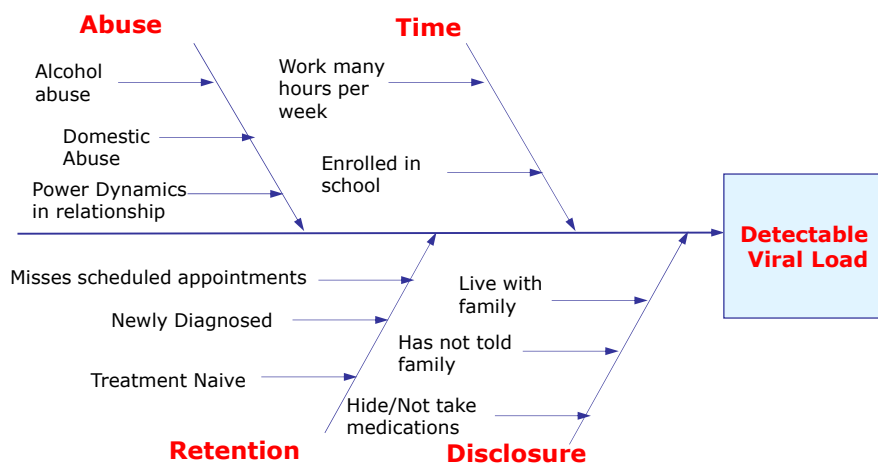
Caseload:

- Subpopulation Caseload (# of 18-24-year-old PLWH receiving HIV health services in past 12 months) = **27**
- HIV Caseload (# of PLWH receiving HIV health services in past 12 months) = **687**

Performance Data

- Baseline viral suppression rate for youth = **67%**
Aim: Increase VLS of our young patients from 67% to 80% by December 2019
- Baseline viral suppression rate for entire HIV Caseload = **85%**
Aim: Increase clinic-wide VLS rate from 85% to 90% by December 2019

Key Causes: What are the main reasons that lead to a detectable viral load in your chosen subpopulation?



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Results & Outcomes: What worked and what didn't? What is your data telling you?

- **Planned interventions include:**
 - ✓ Peer Educator “buddy system” for recently diagnosed youth
 - ✓ Young PLWH will be partnered with a team member for support with minimizing treatment/retention barriers & care coordination
 - ✓ We are looking for more input on strategies that have worked with other organizations

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Consumer Involvement: How have you been actively engaging consumers in your QI efforts?

- Peer Educators who identify with the target group are involved in planning of strategies and interventions to engage young patients.
- We present QI updates at the monthly Consumer Advisory Board (CAB) and the departmental CQI meetings where one consumer is present
- We plan to outreach to all young patients ages 18-24 and receive their feedback about what makes it easy and what makes it difficult to stay in care

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Asks: What questions do you need addressed to today in order to move forward?

- What other ideas do you have for us to increase retention for this subpopulation?
- What ways have you used to engage this subpopulation in care and Part A supportive services?

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Questions?

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Knocking Out Disparities

Small Group Exercise

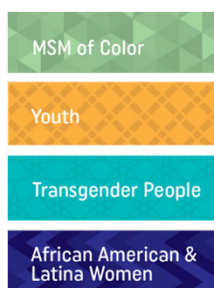
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Interventions to Improve VLS in Priority Populations

Goal:

Learn about promising* improvement interventions to improve viral suppression for each of the priority populations of the ECHO Collaborative



* Promising – showing signs of future success. For instance – higher rates of engagement and/or viral suppression are noted, or the strategy addresses common challenge/barrier for the population in new/innovative way

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Instructions

- Use a post-it note to jot-down a promising intervention that you have worked on or plan to implement toward the goal of improving outcomes in one of the four populations (**3 mins**)
- Join a CQII/ECHO facilitator at the flip-chart for the population that your intervention targets
- In rapid succession - each person/team will share their intervention and what makes it “promising”, posting their intervention (“post-it”) on the flip chart (**8 mins TOTAL to share as many as possible**)
- As a group select the intervention that seems most promising to **report back to the group (7-mins)**

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Facilitator Report Back

(4 mins Total)

- The population your group was addressing.
- One promising improvement intervention.
- Why do you think this intervention is promising*?

"Promising" - showing signs of future success. For instance – higher rates of engagement and/or virally suppression are noted, or the strategy addresses common challenge/barrier for the population in new/innovative way

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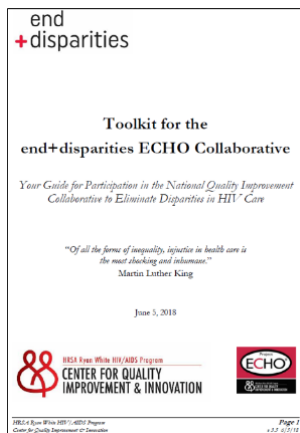


Collaborative Tools

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Collaborative Toolkit



- I) Collaborative Overview
 - ✓ Overall Collaborative Goals and Aims
 - ✓ Benefits of Participation
 - ✓ Overall Expectations for Participation
- II) Pre-Work Activities
 - ✓ Identify One Disparity Subpopulation
 - ✓ Developing Aim Statements
 - ✓ Regional Response Team
- III) Learning Sessions
- IV) Regional Groups
 - ✓ Finalize the Regional Response Team
 - ✓ Write a Regional Quality Management Plan and Regional Sustainability Plan
 - ✓ Conduct Training Opportunities for Providers and Consumers
- V) Affinity ECHO Groups
 - ✓ Subpopulation-Specific Affinity ECHO Sessions
 - ✓ Preparing Case Presentations
- VI) Viral Suppression Performance Measurement Reporting
- VII) Quality Improvement Intervention Submission

Disparities Calculator

- ✓ The Disparity Calculator is a MS Excel spreadsheet to automatically calculate HIV performance data and highlight the presence and severity of disparities

Viral Suppression (HAB) Overall Performance Average: 73.7%

	Transgender People	MSM of Color	African American and Latina Women	Youth (aged 13-24)
Population Sample	52	526	789	110
Pop Performance	65.38%	67.87%	82.76%	51.82%
Absolute Disparity	MAYBE DISPARITY	MAYBE DISPARITY	NO DISPARITY	YES DISPARITY
Relative Risk	NO DISPARITY	NO DISPARITY	NO DISPARITY	YES DISPARITY
Comparative Disparity	NO DISPARITY	NO DISPARITY	NO DISPARITY	YES DISPARITY
Odds Ratio	NO DISPARITY	NO DISPARITY	NO DISPARITY	YES DISPARITY
Absolute Impact	4	40	113	25

Intervention Grid

✓ The Intervention Grid outlines evidence-based/informed interventions to address disparities in HIV care

Intervention Grid Number (2017)	Populations	Focus	Categories						Intervention	Costs	CQI	QI	I	
			Adverse outcomes	Health disparities	Community building	Case Alignment	Engagement & Health Systems	Peer Support						Outreach
X	X	X	X	X	X	X	X	X	1	SAMHSA YMBAMP Training	\$			X
X	X	X	X	X	X	X	X	X	2	Practico-based Evidence Seminars	\$5			X
X	X	X	X	X	X	X	X	X	3	Behavioral Risk Reduction Based on CDC (Eli Lilly Allen Mary) Studies	\$			X
X	X	X	X	X	X	X	X	X	4	New Horizons (based on CDC ERH Horizons) For young women	\$			X
X	X	X	X	X	X	X	X	X	5	Navigation Services Coupled with Client Ed and Stigma Reduction	\$			X
X	X	X	X	X	X	X	X	X	6	Rich Spine Project - for men who otherwise would not have one	\$			X
X	X	X	X	X	X	X	X	X	7	Baby Shower - for poor women who otherwise would not have one	\$			X
X	X	X	X	X	X	X	X	X	8	Co-located Behavioral Health, Housing, and Treatment Services	\$			X
X	X	X	X	X	X	X	X	X	9	Transgender Linkage to Care Program	\$			X
X	X	X	X	X	X	X	X	X	10	Systematic Monitoring of Retention	\$			X
X	X	X	X	X	X	X	X	X	11	Chief, Strengths Based Case Management	\$5			X
X	X	X	X	X	X	X	X	X	12	Intensive Outreach for Those Out of Care	\$			X
X	X	X	X	X	X	X	X	X	13	Peer or Para-professional Navigation	\$			X
X	X	X	X	X	X	X	X	X	14	Self-reported Adherence Assessment by Patients	\$			X
X	X	X	X	X	X	X	X	X	15	Pharmacy Self-Data Review by Providers	\$			X
X	X	X	X	X	X	X	X	X	16	Switching to Once Daily Regimen	\$			X
X	X	X	X	X	X	X	X	X	17	PRR Reminder Devices	\$5			X
X	X	X	X	X	X	X	X	X	18	Specific Adherence Discussion Tools	\$			X
X	X	X	X	X	X	X	X	X	19	Group Education and Adherence Counsel	\$			X
X	X	X	X	X	X	X	X	X	20	Offering Peer Support Services	\$5			X
X	X	X	X	X	X	X	X	X	21	QuART for patients with substance use disorders	\$5			X
X	X	X	X	X	X	X	X	X	22	Screening/Ident for MHI/SU Disorders	\$			X
X	X	X	X	X	X	X	X	X	23	Peer-driven Out of Care Reach	\$5			X
X	X	X	X	X	X	X	X	X	24	Exit Surveys and Interviews for Patients Transferring Out	\$			X
X	X	X	X	X	X	X	X	X	25	Correction Initiative	\$5			X
X	X	X	X	X	X	X	X	X	26	Empowerment YMBAMP Project	\$			X

QI Resources



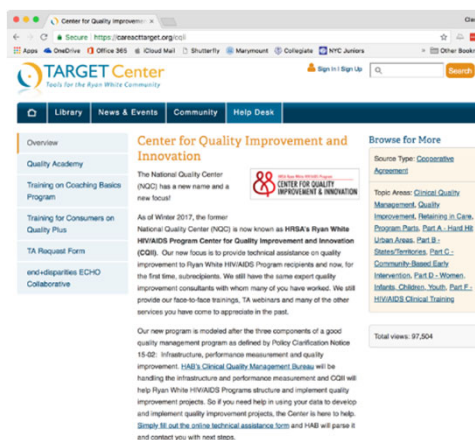
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CQII Website

- ✓ CQII QI resources are available on the TARGET Center website
- ✓ Detailed description of and access to CQII services, including Quality Academy
- ✓ Access to TA Request Form
- ✓ CQII training materials
- ✓ Overview of end+disparities ECHO Collaborative

CQII.org



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Quality Academy

- ✓ In January 2007, online training course on quality improvement was launched
- ✓ Expansion of Quality Academy in 2009 (English and Spanish)
- ✓ Consists of 32 interactive tutorials, offering more than 800 training minutes and all presentation slides and notes are available for download
- ✓ Most designed to last 15-20 mins
- ✓ Over 35,000 tutorials have been taken
- ✓ Developed a Consumers in Quality section of the Academy with consumer tutorials

CAREActTarget.org/library/quality-academy

One a Day...



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Technical Assistance Calls

- ✓ Monthly 60-minute webinars guided by a quality expert
- ✓ All calls include best practices from fellow RWHAP recipients
- ✓ A web-conference platform encourages interactions with presenters
- ✓ PowerPoint slides and live chat fora allow participants to network with each other
- ✓ Webinars are recorded for later playback

One Hour a Month...



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On-Site Technical Assistance

- ✓ On-site/off-site short-term technical assistance (TA) is provided to recipients
- ✓ TA is designed to help recipients implement effective clinical quality management programs
- ✓ TA Request Form is available for completion by recipients
- ✓ Submission of TA Request Form to HAB for review and approval
- ✓ CQII focus on quality improvement

CAREActTarget.org/cqm-ta-request



Advanced Training Programs

- ✓ Training-of-Trainers (TOT) Program
- ✓ Training of Quality Leaders (TQL) Program
- ✓ Training on Coaching Basics (TCB) Program
- ✓ Training of Consumers on Quality (TCQPlus) Program



Aha! Moments

[Redacted]

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Highlights & Aha! Moments

- What have been some of your personal highlights or Aha! Moments from today's session?

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**Learn More**

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