Designing the Future of RWHAP Knowledge Transfer: Compilation of Best Practice Strategies and Interventions

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VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

30 YEARS

Learning Objectives

- Describe the development of the online Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) RWHAP Recipient Compilation of Best Practices Intervention Strategies (Best Practices Compilation).

- Understand the emerging strategy review criteria for identifying innovative and novel intervention strategies implemented by RWHAP grant recipients and subrecipients that have shown to improve outcomes along the HIV care continuum.

- Discuss the proposed categories, layout, and functionality of the online Best Practices Compilation.

Session Agenda

Agenda Item	Presenters
Background	Natha Bakayoko, HRSA HAB
Implementation Science for the RWHAP	Demetrios Psihopaidas, HRSA HAB
Best Practices Compilation Project Description, Focus, and Timeline Developing and Piloting the Emerging Strategies Criteria for the Best Practices Compilation Proposed Content and Functionality of Best Practices Compilation	Michele Clark and Julie Hook, JSI
Discussion	All

We want to hear from you!

- We will be doing some polling today to get your input.

- Get ready by going to e2Polls.com or have your phone ready to scan a QR Code.

Designing the Future of RHWAP Knowledge Transfer: Compilation of Best Practice Strategies and Interventions

2020 National Ryan White Conference on HIV Care and Treatment
August 11, 2020

Demetrios Psihopaidas, Senior Health Scientist

Natha Bakayoko, Public Health Analyst
HIV/AIDS Bureau (HAB), Division of Policy and Data

Vision: Healthy Communities, Healthy People

Health Resources and Services Administration (HRSA) Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities.

- Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care.

HRSA's HIV/AIDS Bureau (HAB) Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV/AIDS and their families.
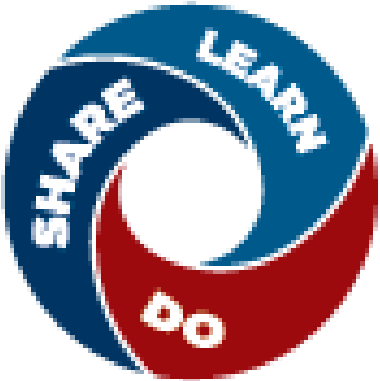
HRSA's Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.
  - More than half of people with diagnosed HIV in the United States – nearly 519,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP).

- Funds grants to states, cities/counties, and local community based organizations
  - Recipients determine service delivery and funding priorities based on local needs and planning process.

- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available.

- 87.1% of Ryan White HIV/AIDS Program clients were virally suppressed in 2018, exceeding national average of 62.7%.

Ryan White HIV/AIDS Program Best Practices Compilation

How Did We Get Here – Catalyzing our Successes

87.1% of clients virally suppressed*

Center for Engaging Black MSM Across the Care Continuum – Interventions to improve HIV related outcomes among Black MSM

Building Futures for Youth – Interventions for youth compiled in a toolkit based on best outcomes in Ryan White Services Report

Community Health Worker Initiative – Project designed to provide support to RWHAP medical provider sites that are integrating workers into HIV care teams
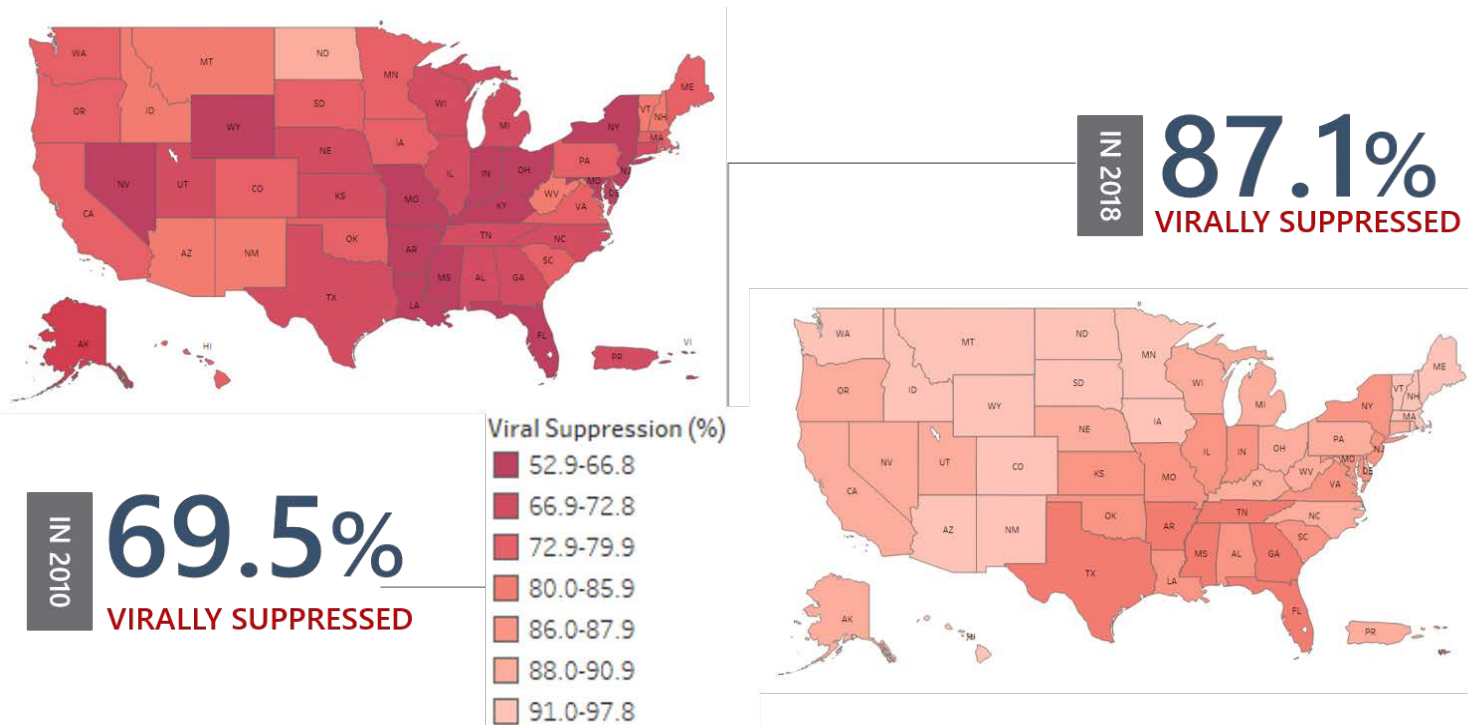
Dissemination of Evidence-Informed Outcomes Along the HIV Care Continuum (DEII) – Interventions from *Special Projects of National Significance* assessed for dissemination: peer linkage, peer navigation for Women of Color, Buprenorphine treatment, jail care

Using Evidence-Informed Interventions to Improve Health Outcomes for People with HIV – Interventions evaluated for rapid implementation: Black MSM, transgender women, behavioral health, and trauma

Evidence-Informed Approaches to Improve Health Outcomes for People with HIV – Interventions (acuity scale and data utilization efforts) targeted for people with HIV who are out of care or at risk of being out of care

Success of RWHAP

Viral Suppression among RWHAP Clients, by State, 2010 and 2018—United States and 2 Territories[a]

IN 2018 **87.1%** VIRALLY SUPPRESSED

IN 2010 **69.5%** VIRALLY SUPPRESSED

Viral Suppression (%)
- 52.9-66.8
- 66.9-72.8
- 72.9-79.9
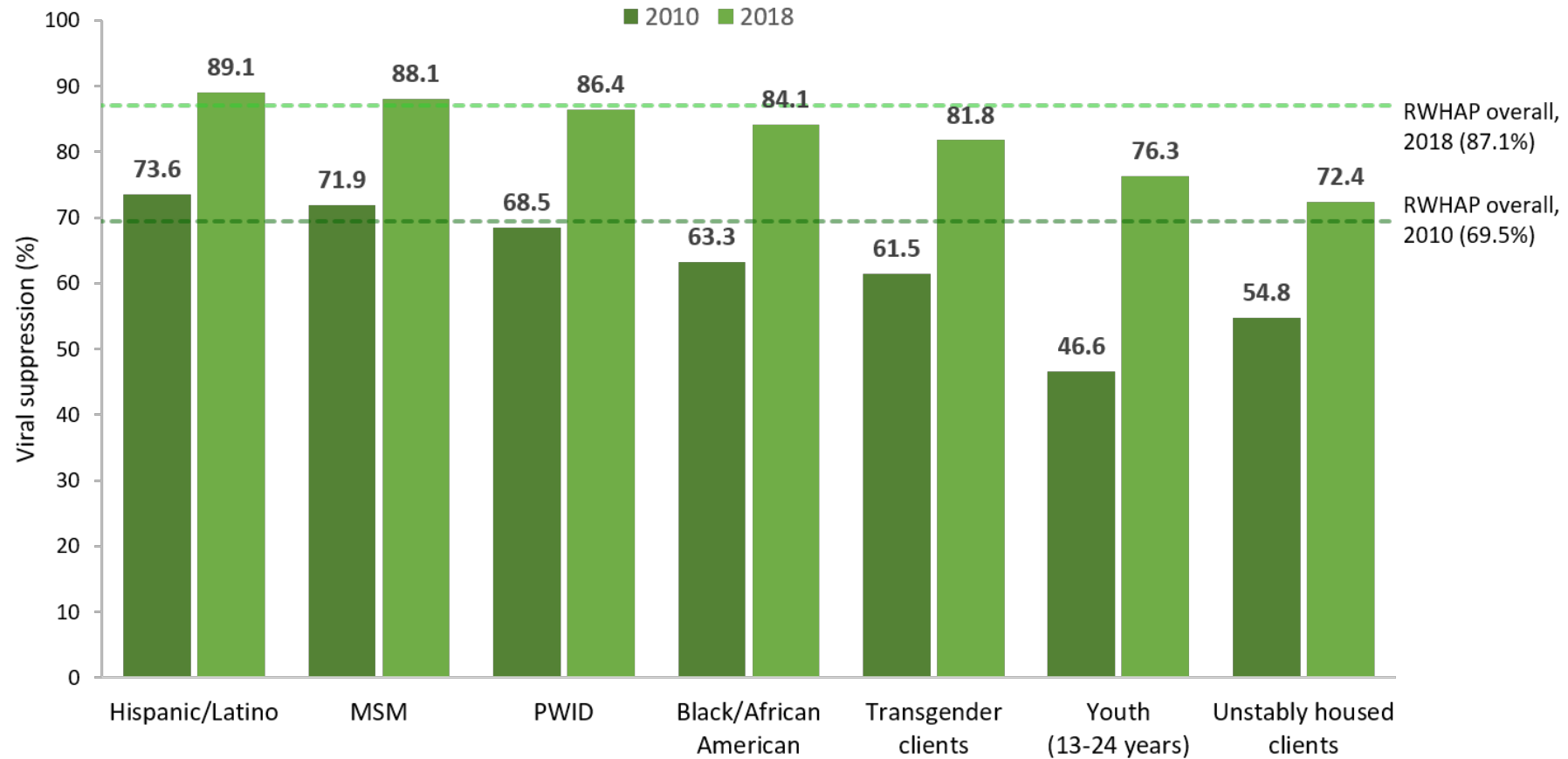- 80.0-85.9
- 86.0-87.9
- 88.0-90.9
- 91.0-97.8

Data Source: RWHAP clients: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2017. U.S. and 3 territories. Does not include AIDS Drug Assistance Program data.

Data Source: RWHAP clients: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2017. U.S. and 3 territories. Does not include AIDS Drug Assistance Program data.

Despite these successes, disparities still exist among certain subpopulations....

Viral Suppression among Priority Populations of RWHAP Clients, 2010 and 2018—United States and 3 Territories[a]

Hispanics/Latinos can be of any race.
Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.
[a] Guam, Puerto Rico, and the U.S. Virgin Islands.

Innovation in the RWHAP

- In order to eliminate these remaining disparities in the RWHAP, we need innovative intervention strategies at all levels of HIV care.

- RWHAP recipients and subrecipients have already developed and implemented innovative intervention strategies that are effectively improving client outcomes along the HIV care continuum at the local level.

- Systematically gathering and cataloguing these innovative intervention strategies for widespread dissemination would support knowledge transfer across the RWHAP.

Dissemination of Innovation

- The Best Practices Compilation is a new resource for the RWHAP that will allow programs to easily search and identify effective intervention strategies.

- By increasing the scale at which effective intervention strategies are disseminated and replicated across the RWHAP, the Best Practices Compilation will bring us closer to ending the HIV epidemic.

Implementation Science as a Framework

Definitions

Implementation science is the *use and evaluation* of specific methods and techniques for implementing *intervention strategies* with *demonstrated effectiveness* into practice, program, and policy.

Intervention strategies are activities or practices that improve outcomes along the HIV care continuum.

- ✓ May be simple tools (e.g., alcohol screening and brief intervention) or they may be complex, involving multiple components.

- ✓ May occur at any level of health care, including the system/environment, organizational, group/learning, supervisory, and individual (provider/client) levels.
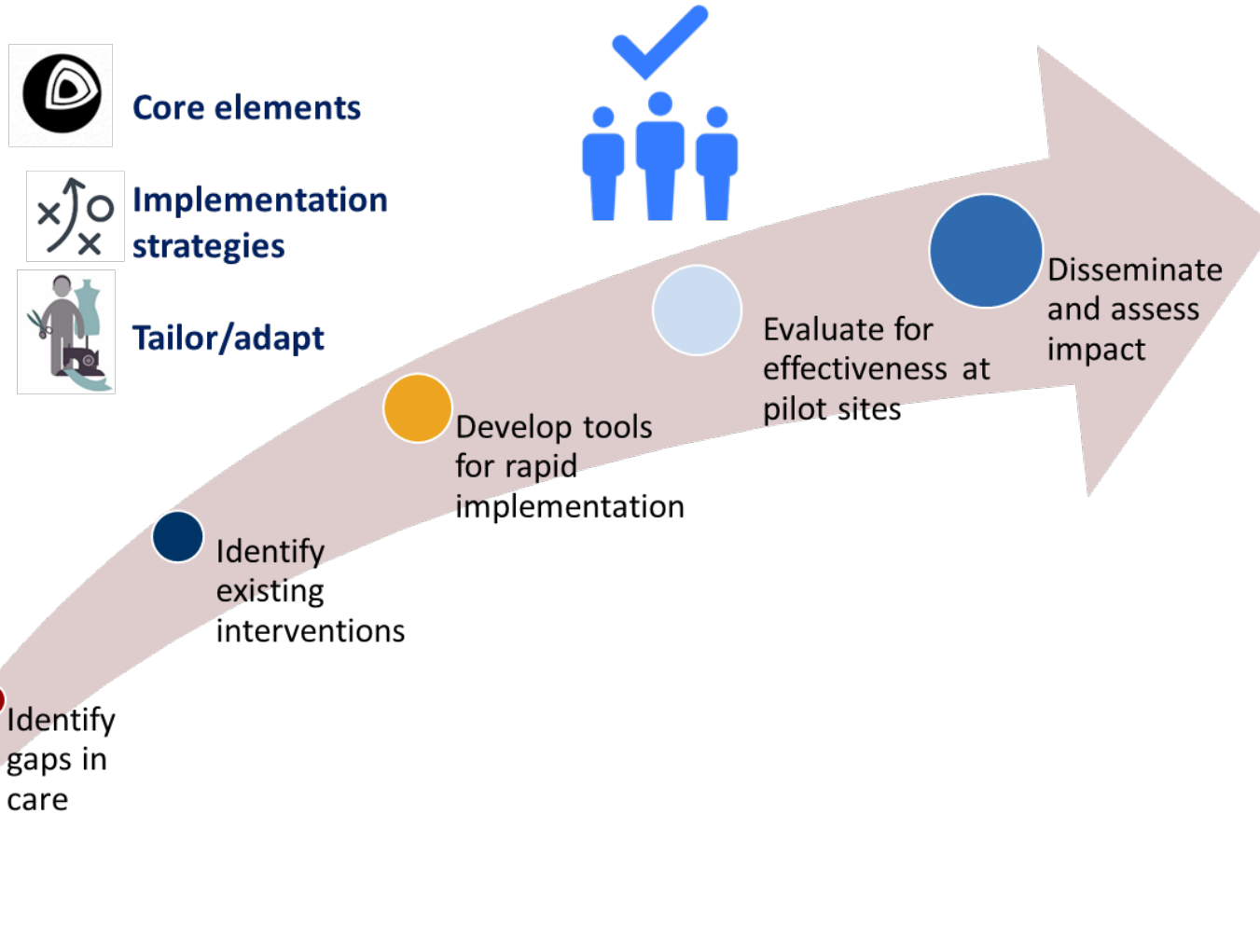
Summary of Guidelines to Assess Different Levels of Evidence

All levels must have demonstrated effectiveness at improving the care and treatment of people with HIV. Each level must also meet the following criteria:
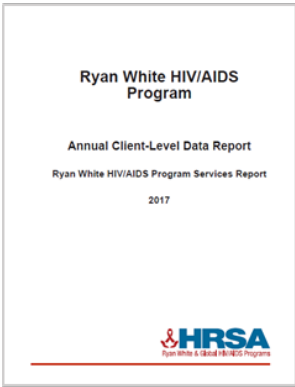
Evidence-Based Interventions	Evidence-Informed Interventions	Emerging Strategies
Published research evidence supporting these evidence supporting these interventions **meets Centers for Disease Control and Prevention (CDC) criteria for being evidence-based.**	Published research evidence **meets HRSA evidence-informed criteria but does not meet CDC criteria for evidence-based interventions. It may also meet CDC criteria for evidence informed interventions.**	Innovative strategies that address emerging priorities for improving the care and treatment of people with HIV. **Real world validity and effectiveness have been demonstrated but emerging strategies do not yet have sufficient published research evidence.**

Implementation Science for the RWHAP con't

Developing and Piloting Emerging Strategies Criteria for the Best Practices Compilation
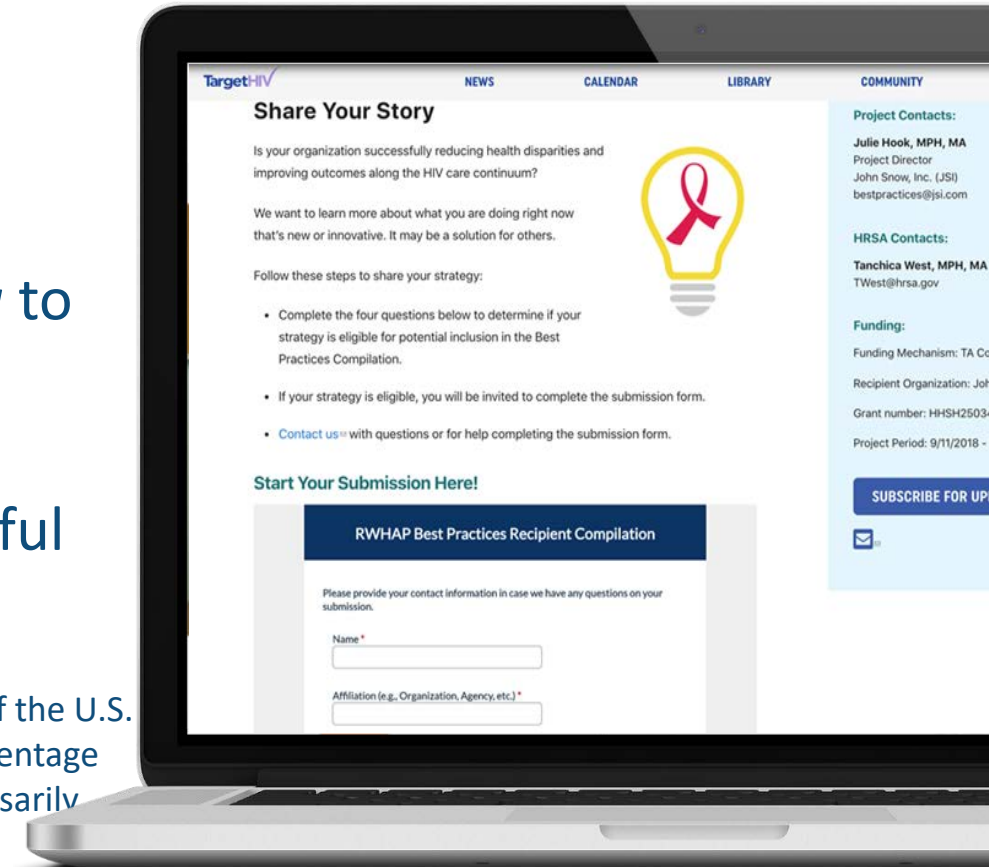
Michele Clark, DrPH, MPH | Principal Investigator
Julie Hook, MPH, MA | Project Director

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Project Description

- HRSA HAB contracted with JSI to develop a **Best Practices Compilation** of intervention strategies implemented in the RWHAP Parts A-D that demonstrate impact across the HIV care continuum.

- The project is establishing *review and scoring criteria* to select **emerging strategies** implemented by RWHAP recipients or subrecipients, and *build an online compilation* to the support peer exchange of successful intervention strategies.

Key Project Components and Timeline

YEAR 1
SEPTEMBER 2018 - AUGUST 2019

Developed emerging strategy review criteria and process

Developed draft emerging strategy submission form

Created OMB package for submission form and program feedback meeting materials

YEAR 2
SEPTEMBER 2019 - AUGUST 2020

Created emerging strategy submission form

Conduct communications/ outreach

Review emerging strategy submissions

Identify sample and conduct up to 30 program feedback meetings

Test, analyze, and **document** criteria to identify strategies from program feedback meetings

YEAR 3
SEPTEMBER 2020 - AUGUST 2021

Develop and launch online compilation of emerging strategies on TargetHIV.org

Promote and disseminate the online compilation

Monitor use of online compilation

Key Accomplishments to Date

GATHERED EXPERT INPUT
HRSA HAB, Cross HRSA Bureaus, other Federal Agencies (CDC, NIH, AHRQ, SAMHSA)

GATHERED FEEDBACK AT 2018 NRWC
Feedback at booth and during sessions

DEVELOPED DRAFTS
Drafted compilation fields, submission form, and emerging strategies review criteria for testing
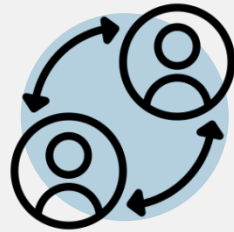
Data collection documents approved by OMB

DEVELOPED OUTREACH STRATEGY
Developed outreach and sampling strategy to identify potential programs to engage for emerging strategy submissions

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Key Accomplishments to Date

CREATE ONLINE SUBMISSION FORM

To gather submissions from programs on emerging strategies

OUTREACH AND ENGAGEMENT

Outreach and engagement strategy for review by HRSA HAB Leadership

COORDINATION WITH HRSA HAB

Conduct webinars with HRSA HAB Project Officers to identify potential emerging strategies

FORMED CRITICAL COLLABORATIONS

Formed partnership with TargetHIV.org and NASTAD

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What's Next and Where are we now?

OUTREACH TO RWHAP RECIPIENTS AND SUBRECIPIENTS
Invite RWHAP to submit emerging strategies via online submission form

REVIEW AND SCORE
Reviewers use scoring criteria to review submission for inclusion into online compilation

CONDUCT PROGRAM FEEDBACK VIRTUAL VISITS
To test review criteria

DEVELOP PROFILES
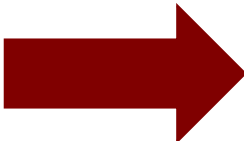Draft profiles of emerging strategies from submissions for online compilation

FINALZE CRITERA AND COMPLIATION FIELDS
Based on virtual visits, finalize emerging strategy criteria and structure for the online compilation

Project Focus

Best Practices Compilation

Phase 1: Pilot Test with a Sample Set of Emerging Strategies

Future Phases

Develop draft emerging strategies submission form, review criteria, and scoring rubric

Pilot test emerging strategies submission form and review criteria

Develop online compilation and emerging strategies profiles for peer exchange

Evidence-Based Interventions

Evidence-Informed Interventions

Different Levels of Evidence (Draft)

EMERGING STRATEGIES

- **Uses** a novel approach or implemented in a new way to improve outcomes for people with HIV.
- **Incorporates** theoretical frameworks or are based on guidelines of models with evidence of effectiveness.
- **Incorporates** key elements such as continuous QI.
- **Based on** data demonstrating need.
- **Based on** data suggesting effectiveness or positive impact based on some level of evidence.
- **Demonstrated** relevance and acceptability to RWHAP.
- **Documented** implementation feasibility and sustainability.

EVIDENCE-INFORMED INTERVENTIONS

- Has been proven effective or shown promise as a methodology, practice, or means of improving the care and treatment of people with HIV with published research evidence to this effect.
- Strong evidence bases may enter the realm of "evidence-based" criteria established by the AHRQ and CDC.
- Evidence-informed interventions may demonstrate impact and strength of evidence without meeting AHRQ, CDC, or other criteria for being evidence-based.
- Demonstrated relevance to RWHAP, with implementation strengths, study design strengths, and potential for impact.

EVIDENCE-BASED INTERVENTIONS

- Previously proven interventions of improving the care and treatment of people with HIV, with published research evidence to this effect.
- Meet AHRQ, CDC, or other criteria for being evidence-based.
- Proven effective based on findings from a prospective or quasi-prospective study design, with random allocation of participants to study arms (or a non-randomized study design with strategies to reduce potential bias).
- Demonstrated relevance to RWHAP.

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DRAFT Emerging Strategies Review Criteria

QUALITY AND RELEVANCE	QUALITY OF INFORMATION ABOUT FEASIBILITY, REPLICABILITY, and SUSTAINABILITY	QUALITY OF EVIDENCE
1. **Focus** directly or indirectly on HIV care continuum outcomes	9. **Describes** key characteristics of setting in which strategy was successfully implemented	16. **Describes** key components of evaluation plan
2. **Focus** on key populations and high priority topic areas currently identified by HRSA HAB	10. **Designed** to address specific, identified needs and characteristics of key population(s) and/or high priority topic area(s)	17. **Measures** at least one quantitative HIV care continuum outcome or other outcome associated with improvements along the HIV care continuum
3. **Focuses** on racial/ethnic disparities	11. **Availability** of resources and materials to support replication	18. **Collects** qualitative data from key stakeholders
4. **Incorporates** existing theoretical framework or uses guidelines of models with evidence of effectiveness	12. **Identifies** resource requirements for strategy implementation	19. **Demonstrates** positive findings on quantitative outcome(s)
5. **Describes** key components of the strategy	13. **Identifies** resource requirements for strategy sustainability	20. **Demonstrates** positive findings from qualitative data
6. **Innovativeness** for the RWHAP	14. **Identifies** key facilitators and barriers to implementation and sustainability	21. **Quality** improvement approach used during implementation
7. **Key population and/or focus area** based on demonstration of need	15. **Ability to integrate** into existing services and workflow	22. **Number of evaluation data** collection cycles completed
8. **Input** obtained from local clients and/or key population to inform strategy design		

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Goals of the Emerging Strategies Pilot

To collect a select sample of emerging strategies for testing the strength of the draft submission form and draft review and scoring criteria.

When a strategy or intervention meets the emerging strategies review and scoring criteria, develop content for the online compilation.

Examples of Emerging Strategies

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Draft Emerging Strategy Inclusion Criteria

How are emerging strategies defined?

For intervention strategies implemented by RWHAP recipients or subrecipients to be included as an emerging strategy, they need to meet the following criteria

Duration
Implemented in a RWHAP setting for at least 12 months or in response to a public health emergency (for example the COVID-19 pandemic)

Unpublished
Evaluation results are not yet published in a peer-reviewed journal or are not currently under review for publication by a peer-reviewed journal

Impact
Shown improvements in one or more HIV care continuum outcomes either directly or indirectly

Share
Your organization is willing to share the strategy via the TargetHIV.org website

HIV Medication and Appointment Reminders via Social Media App

Setting: Community Heath Center

Goal: Improve HIV medication and appointment adherence

Intervention: Send customized and automated reminder texts to clients

Focus population: Young men who have sex with men of color

Outcomes: Clients' self-report improved adherence

Housing Assistance

Setting: Community-based organization that provides support services

Goal: Link unstably housed clients to housing

Intervention: Medical case managers connect clients to housing units

Focus population: LGBT individuals with HIV who are unstably housed

Outcomes:

- Individuals linked to housing
- Retention in care and viral suppression

Continuing Care through Telehealth During COVID-19

Setting: Community-based organization

Goal: Provide counseling services via telehealth during COVID-19 pandemic to replace in-person services

Intervention: Telehealth video-conferencing for behavioral health counseling visits

Focus population: Clients with behavioral health needs

Outcomes:

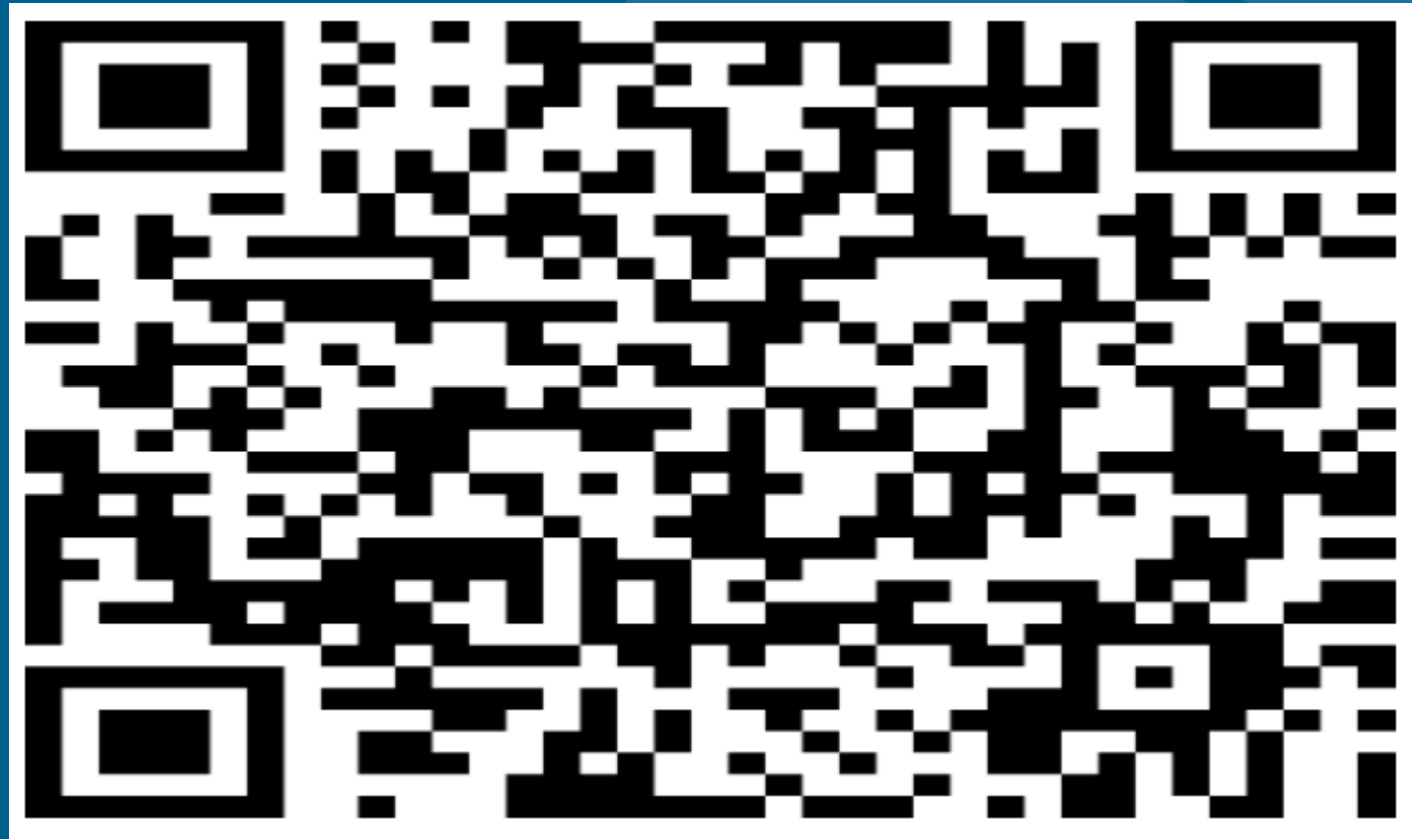- Reduction of client no-show rates to near zero

1. **What populations are you looking to find new strategies for better engaging?**

2. **What HIV care continuum outcome(s) are you trying to improve?**

3. **What innovative strategies do you want to learn about to address a challenge in providing care to people with HIV?**

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Join us on e2Polls.com

Access code: BP1

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Overview or Proposed Online Functionality and Content

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Best Practices Compilation Proposed Functionality

- Online compilation on TargetHIV.org

- Users can filter based on multiple categories of interest

- Search results will include names of strategies and short descriptions

- Users can select a strategy to review a full description and implementation resources

Proposed Content

Type of strategy or intervention

- Data utilization approach (i.e., data to care)
- Use of technology and mobile health
- Support service delivery model (e.g., mental health and substance/use opioids)
- Policies/structural interventions
- Clinical service delivery model
- Outreach and reengagement activities

Proposed Content (continued)

Focus Population

- Gay, bisexual, and other men who have sex with men (MSM)
- Black gay and bisexual men
- Black men and women
- Hispanic/Latino(a) men and women
- People who inject drugs (PWID)
- Youth ages 13 to 24 years of age
- Transgender men and women
- Persons over 50 years of age

Proposed Content (continued)

- Program setting, geographic setting, EHE jurisdiction
- Need addressed
- HIV care continuum outcome(s) impacted
- Description of emerging strategy
  - Core elements
  - Activities

Proposed Content (Continued)

- Success and evaluation outcomes
- Key components (funding, staffing, infrastructure)
  - Planning
  - Implementation
  - Sustainability
- Lessons learned
- Key resources
- Contacts

Search | Emerging Strategies

Focus Population (select all that apply) ▼

Priority Funding (select all that apply) ▼

Type of Intervention Strategy (select all that apply) ▼

Region (select all that apply) ▼

HIV Care Continuum (select all that apply) ▼

☑ Rural ☑ Suburban ☑ Urban

Search

Reset

Donated Care Program Enhances Access to Ongoing Care for Uninsured Patients

📍 City, State   ⊕ Focus Population

Intervention Type, HIV Care Continuum

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Enhanced Home Health Program by Providing Remote Monitoring and Services

📍 City, State   ⊕ Focus Population

Intervention Type, HIV Care Continuum

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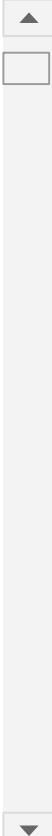
Daily Patient-Provider Data Transfer

📍 City, State   ⊕ Focus Population

Intervention Type, HIV Care Continuum

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Donated Care Program Enhances Access to Ongoing Care for Uninsured Patients

📍 City, State   ⊕ Focus Population

Emerging Strategy Profile

Name of Emerging Strategy

1–2 sentences introducing the intervention strategy and summarizing the need addressed.

Outcomes

1–2 sentences summarizing the findings related to HIV care continuum and intermediate outcome(s), from the evaluation, including year(s) of evaluation.

Core Components

4–5 sentences describing the intervention strategy implementation, including year(s) of implementation, goals, location, setting, key implementers, and core elements and activities.

Header

Strategy

Population

Setting

Contact the Innovator

Name

Position/Role

Organization

Phone Number

Email

Need Addressed

1–2 sentences describing the underlying need for the intervention strategy and how the need was identified.

Description

- 1–2 sentences describing the type of intervention strategy (service delivery model, clinical quality management, data utilization approach, use of technology or mobile health, other).
- 1–2 sentences describing the core elements and activities the intervention strategy used, and why. Explaining if the intervention strategy was developed by the program, adapted from an existing intervention, or implemented as intended using an existing intervention. Note key components in bullet point list.
- 1–2 sentences describing the population of focus.
- 1–2 sentences explaining what makes the intervention strategy innovative.

Evidence Level

- Emerging Strategy evidence level linking back to descriptions of levels

Success Story

- Funding sources
- Year strategy was first implemented
- 1–2 sentences describing the methods for collecting findings and accessing successes, including a bulleted list of steps and processes.
- 1–2 sentences describing the HIV care continuum outcome(s) and explaining the results based on the evaluation methods, including a bulleted list of findings and successes, if applicable.
- 1–2 sentences describing the category(ies) of intermediate outcome(s) and explaining the results based on the evaluation methods. Including a bulleted list of findings and successes, if applicable.

Planning and Implementation

1–2 sentences describing the key steps in the planning and development process, including a bullet point description of the following:

- Partnerships
- Infrastructure
- Involvement of people with HIV and community stakeholders
- Other key planning steps

1–2 sentences describing the resources needed to implement the intervention strategy, including bullet point descriptions of the following:

- Staffing needed to implement including staffing type and time
- Systems/supplies needed
- Description of how trained/supported implementation

1–2 sentences describing cultural competency needed by staff to successfully implement the intervention strategy. For example, demographic makeup of the staff from original implementation, language skills.

Include a sentence referring to the Resources and Tools section below for more information.

Contact the Innovator

Name

Position/Role

Organization

Phone Number

Email

Sustainability

- 1–2 sentences describing factors for sustainability
- Bullet list in the following order:
  - Challenges to sustain the intervention strategy
  - Recommendations to sustain the strategy

Lessons Learned

- 3–4 sentences describing lessons learned and recommendations for improving implementation of the intervention strategy.

Resources and Tools

Descriptions of and links to resource(s) or material(s) to support replication. Examples may include:
- Implementation manuals
- Protocols
- Policies
- Curricula
- Logic models

Other Federal Compilations

Description(s) of and links to other federal compilations that are related to this intervention strategy. For example:
- AHRQ Health Care Innovations Exchange
- CDC Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention
- Rural Health Information Hub

Contact the Innovator

Name

Position/Role

Organization

Phone Number

Email

1. What *categories or content* would be the most useful to *search* on?

2. What *categories or content* would you want *view for the search results*?

3. What *content* would be the most useful to you?

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Join us on e2Polls.com
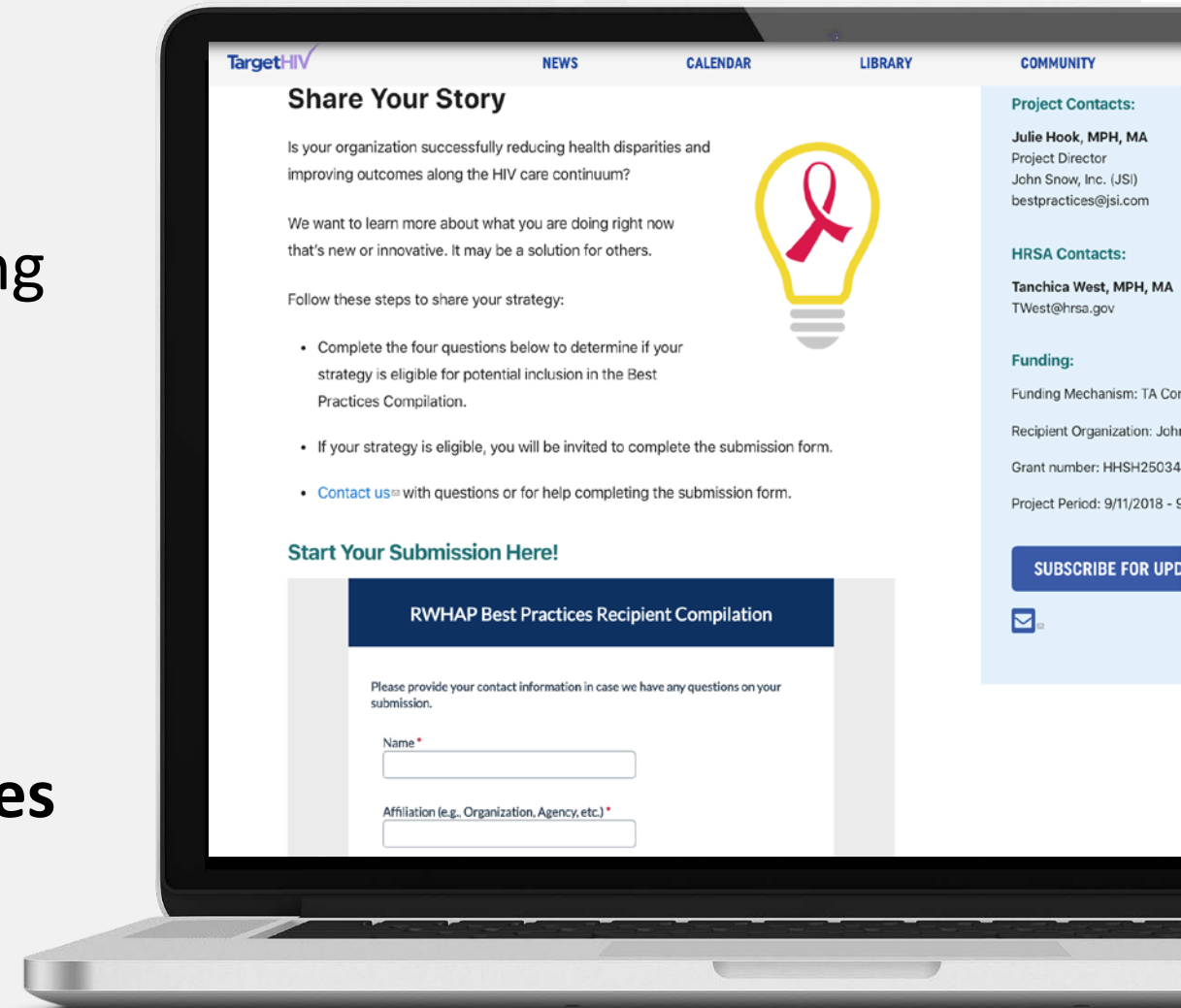
Access code: BP2

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Emerging Strategy Submission Form is Live!

Do you have an innovative and emerging strategy that your organization has put into place to address gaps that has improved care for your clients?

We want to hear from you!

Please go to **TargetHIV.org/bestpractices** to submit your emerging strategy.

Questions?

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Contact Information

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Natha Bakayoko, HRSA Pathways Intern, NBakayoko@hrsa.gov

Division of Policy and Data

HIV/AIDS Bureau (HAB)

Health Resources and Services Administration (HRSA)

JSI Best Practices Team: bestpractices@jsi.com

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