VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Using Practice Transformation to Respond to the Ending the Epidemic (EHE) Initiative

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Introduction and Background

Learning Outcomes

1. Discuss the process and procedures for PT intervention
2. Identify the successes of 3 PT clinical sites around Ending the HIV Epidemic framework
3. Describe opportunities and challenges to achieving PT goals in a clinical site

Session Outline

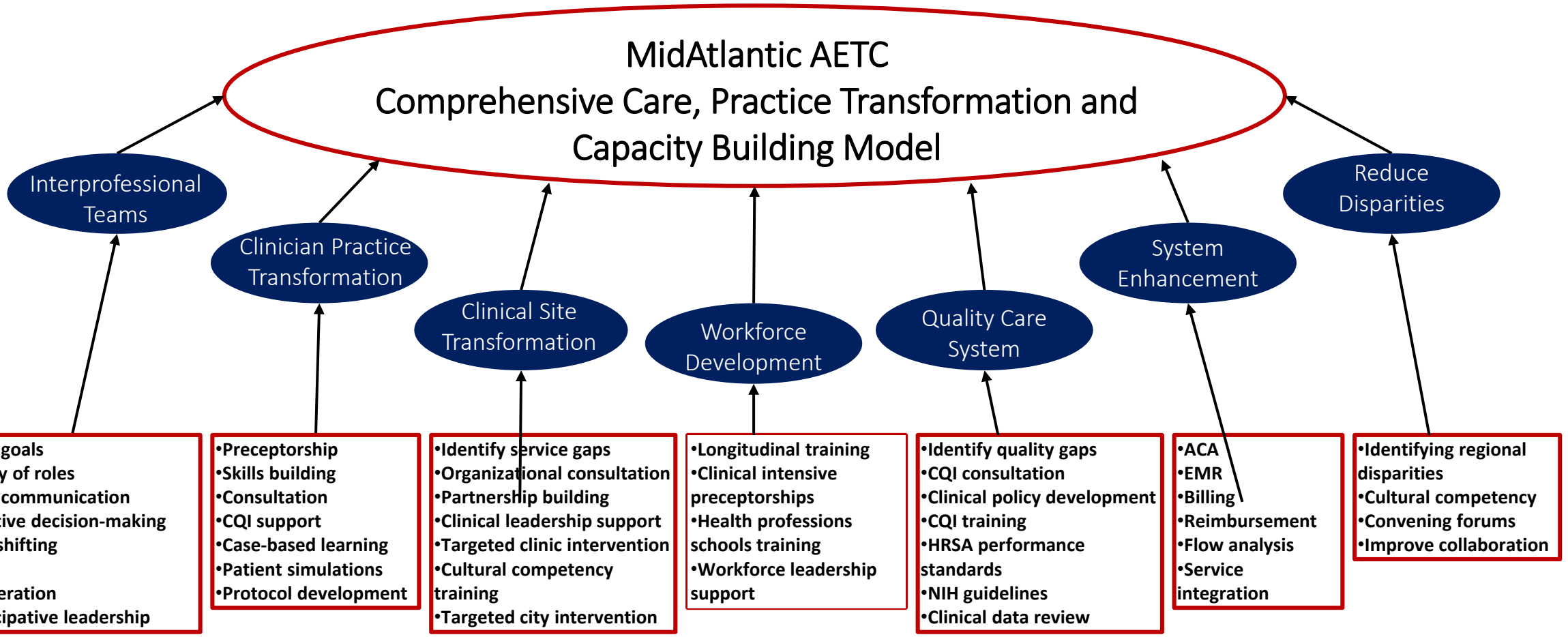
- Linda Rose Frank, PhD, MSN, ACRN, FAAN – Intro to the MAAETC PT Project
- Susan Winters, MPH, CPH – Overview of MAAETC Practice Transformation
- Kristin Walker, RN, MSN, CNM – Diagnose: Testing
- Hazel Jones Parker, DNP, FNP-BC, AACRN, AAHIVS – Treat: Linkage & ART
- Marilyn Blasingame, MPH – Prevent: PrEP
- Summary and Questions

Prologue for Practice Transformation

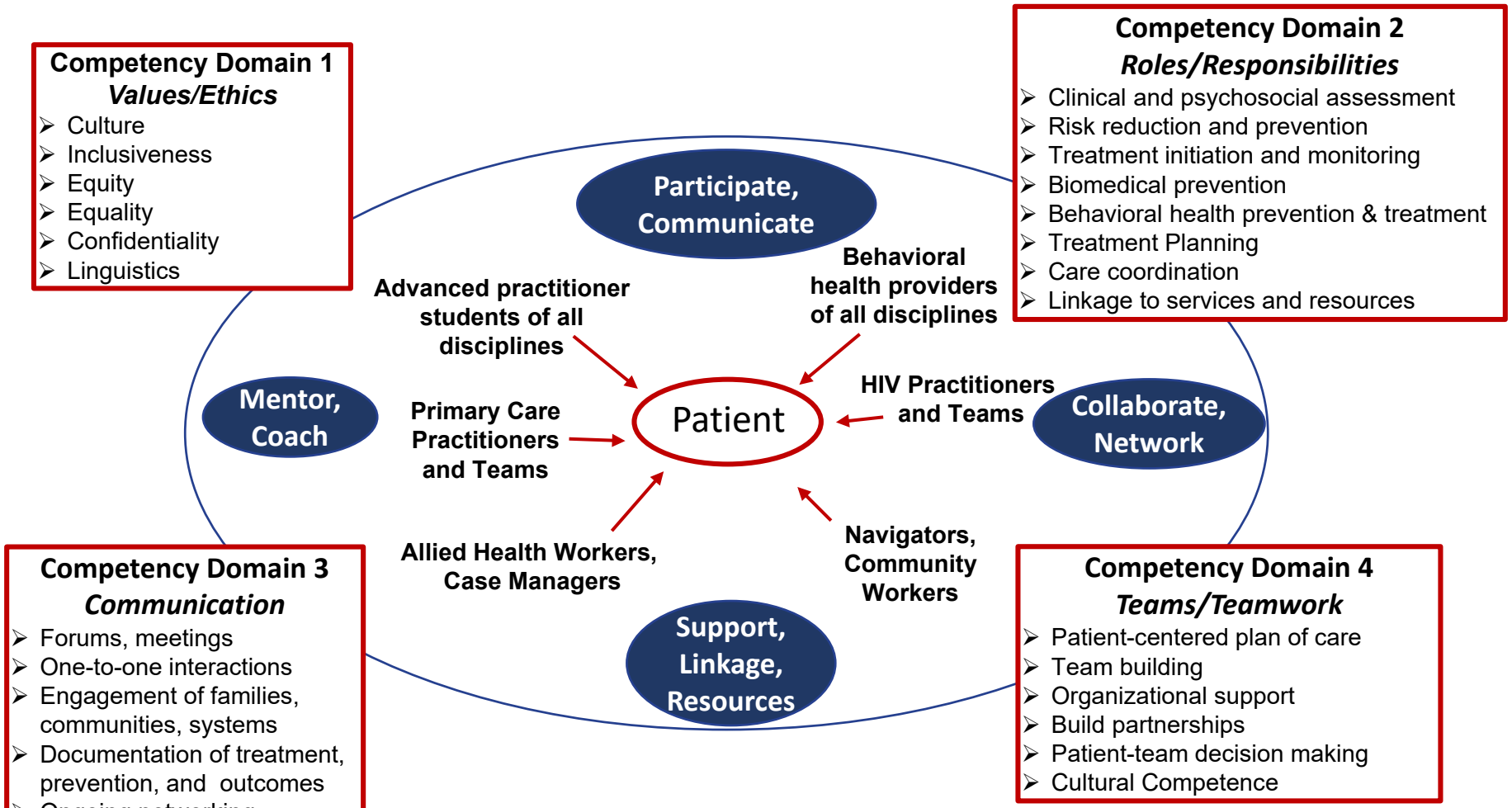
- 2002 Institute for Health Care Improvement (IHI) Initiative
  - Resulting in model for quality training
- MAAETC Expansion of Medical Services Sites
  - Required in the FOA for the AETC in 2004
  - Each LPS targeted specific clinics beginning in 2005
  - Have long term relationships with clinics and programs in our region
  - Built experience and lessons learned
- Telehealth AETC Appalachian Project (TAAP)
  - Outreach to community health centers and clinics in Appalachia
  - Build experience and lessons learned

Organizational Structure

MAAETC Comprehensive Care, Practice Transformation, and Capacity Building Model



MAAETC Interprofessional Collaborative Practice Model



Ending the HIV Epidemic: A Plan for America and the MidAtlantic AETC

Ending the HIV Epidemic: A Plan for America is a nationwide initiative by the Centers for Disease Control and Prevention (**CDC**), the National Institutes of Health (**NIH**), and the Health Resources and Services Administration (**HRSA**) that involves four "pillars" for intervention: **Diagnose**, **Treat**, **Prevent**, and **Respond**. At the MidAtlantic AIDS Education and Training Center (MAAETC)[1], we are committed to this plan. We work to share resources, gain input, develop innovative approaches, and coordinate these efforts among our regional stakeholders, government agencies, community based organizations, other federal training centers, health departments, and the Department of Health and Human Services.

Diagnose

Diagnose HIV as early as possible

Link to HIV Testing

- Provide training and clinical consultation on how to integrate routine HIV testing into primary care
- Train health care teams on HIV testing
- Consult on clinic workflow and staffing to facilitate more HIV testing
- Convene discussions to reduce HIV stigma to improve engagement in care
- Train on HIV testing for women and pregnant women
- Provide technical assistance on HIV testing technology and laboratory issues
- Train on approaches to "rapid treatment" once a person is identified with HIV infection
- Provide technical assistance on confidentiality, testing laws and regulations

Treat

Treat HIV quickly and effectively

Linkage to HIV Treatment

- Provide education on updated clinical guidelines through training, webinars, and consultation
- Translate latest clinical findings and best practices for implementation in practice, including models of interprofessional practice
- Educate providers on treatment of substance misuse/use and psychiatric disorders that impact retention in HIV care
- Educate providers on HIV care for special populations, including pregnant women and prevention of perinatal transmission
- Provide preceptorships for clinicians for intensive learning on clinical management of HIV and co-morbidities
- Link clinicians to HIV treatment consultation services at AETC National Clinician Consultation Center (NCCC) and clinical experts at regional MidAtlantic AETC sites
- Facilitate systems change for more responsive care for persons with HIV

Prevent

Prevent new HIV Transmissions

Link to PrEP and Behavioral Health Services

- Educate clinicians and teams on post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP)
- Provide ongoing PrEP and PEP consultation for novice providers
- Develop and diffuse innovative models for providing PrEP and PEP in a range of settings, including innovative funding methods
- Provide training on protocols and best practices to increase HIV, hepatitis, and STI screening for improved clinical monitoring
- Train clinicians and teams on treatment approaches to substance use prevention and treatment, including harm reduction strategies
- Educate clinicians on the research finding that "undetectable equals untransmittable" (U=U)
- Link clinicians to the PrEP and PEP warmlines and consultation at the AETC National Clinician Consultation Center (NCCC)

Respond

Respond quickly to clusters of new cases

Workforce Development Outbreak Response

- Provide prompt and targeted response for training and consultation in areas and regions to address local and regional shifts in HIV, Hepatitis, and substance use epidemiology
- Conduct outreach to clinical sites, hospitals, and FQHCs in CDC and HRSA targeted areas to increase testing, treatment, and other services
- Engage community leadership as well as state and local health departments to prevent individual and cluster outbreaks of HIV cases through targeted training and dissemination of proven behavioral and biomedical prevention approaches
- Develop tailored approaches through provider, clinic, community, and system interventions to improve health system capacity to prevent and respond to outbreaks

www.maaetc.org/ demic/overview

MidAtlantic AIDS Education and Training Center

AETC AIDS Education & Training Center Program MidAtlantic

University of Pittsburgh

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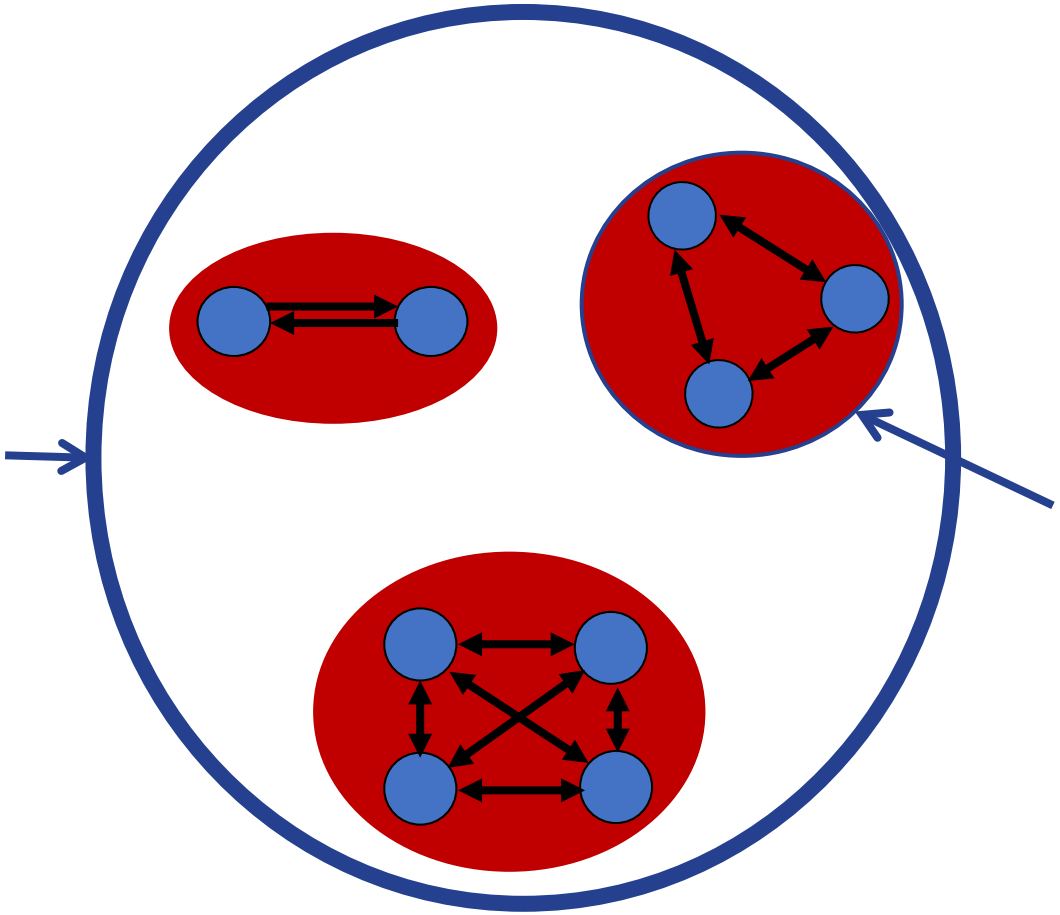
MAAETC Participant Communities of Practice

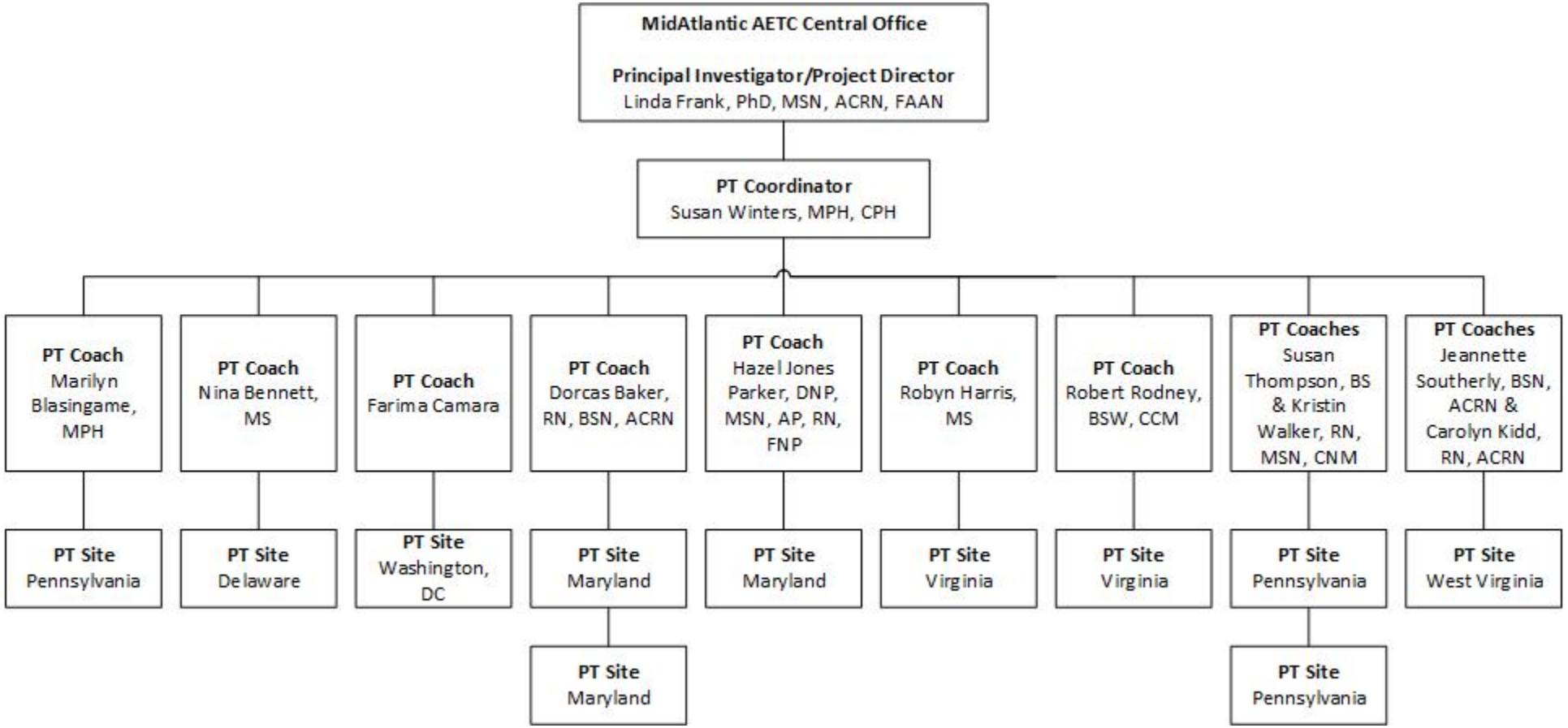
MAAETC participant network becomes a community of practice (CoP) through our LEAAP (Learning Education & Practice Portal)



Participants can be grouped by common interest to make small communities of practice within LEAPP's forums and pages.

DEFINITION of CoP:
Wenger et al. (2002) define *'CoPs as a group of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting regularly'.*

PT Organizational Chart



Susan Winters, MPH, CPH

MAAETC Practice Transformation

HRSA Goals & Requirements

AETC & PT Project Goals

- The AETC Program goals are to:
  - Increase the size and strengthen the skills of the current and novice HIV clinical workforce in the United States.
  - Improve outcomes along the HIV care continuum, including diagnosis, linkage to care, retention, and viral suppression, in alignment with the National HIV/AIDS Strategy, through training and technical assistance.
  - Reduce HIV transmission and incidence of new infections by improving the rates of viral load suppression and retention in care of PLWH through training and technical assistance.
- The purpose of the PT project is to transform clinical practice in alignment with the National HIV/AIDS Strategy as measured by progress along the HIV care continuum.

Clinical Site Requirements

- At least three (3) RWHAP-funded Part A and/or Part B subrecipients, and at least three (3) health center programs
- HRSA-funded health centers must meet the eligibility criteria listed below at the time of application:

1) Do not receive operational funding solely under the HRSA HAB Ryan White HIV/AIDS Part C Early Intervention Services Program, either directly or as a subrecipient.

2) Did not receive initial (new start) New Access Point Health Center Program funding in FY 2018 or FY 2019.

3) Have fewer than five Conditions of Award related to Heath Center Program requirements in 60-day phase of Progressive Action, no Conditions of Award in 30-day phase of Progressive Action, not in default status.

4) Use an EHR system at all service sites.

5) Serve at least 30 percent of total patients who are members of racial/ethnic minority groups, as evidenced by 2016 Uniform Data System (UDS) data.

6) Are within a 30-mile radius of a primary care health professional shortage area

Overall PT Project Plan

Identify clinics to participate

- Using qualifying criteria determined by HRSA

Assess clinics

- Coordinators & Coach visit each site

Develop plan for PT goals and activities

- Jointly developed between clinic, coach, coordinator, PI

Obtain letters of agreement

Identify a clinic champion

Conduct training and provide technical assistance

- In-person & web-based

Conduct ongoing evaluation

PT Evaluation Plan

Tool Name	Who completes the tool?	When is the tool completed
Event Record (ER)	Faculty leading the training event for the following training modalities: • Didactic presentations • Interactive presentations • Community of practice • Clinical preceptorships • Clinical consultation longer than 15 minutes in duration • Coaching for organization capacity building	After each event for all training modalities, except coaching For coaching on organizational capacity building, once per calendar month per participating clinic
Participant Information Form (PIF)	Providers participating in PT Project	Once every 12 months
PT Organizational Assessment (PT-OA)	PT Coach and PT Clinic Leadership Team	At start of the PT Project and once every 12 months thereafter
PT Performance Measures (PT-PM) Baseline and Follow-Up	PT Clinic Leadership Team	At start of the PT Project (baseline) and once every 12 months (annual follow-up)
PT Provider Assessment (PT-PA)	Staff/providers at participating PT clinics	At start of the PT Project and once every 12 months thereafter
PT Clinic Progress & Status Update Form (PT-PSU)	PT Coach	Annually, or at scheduled or unscheduled completion of PT Project activities

Overview of Clinics*

State	RP	Clinic City & State	Part A	Part B	Part C	FQHC	PCMH	Classification
PA	101-PGH	Pittsburgh, PA				X	X	CHC
DC	102-DC	Washington, DC	X	X	X			RW
DE	103-DE	Southern DE				X	X	CHC
MD	104-UMB	Silver Spring, MD	X	X				RW
MD	105-JHU	Baltimore, MD				X	X	CHC
MD	105-JHU	Eastern Shore MD	X	X		X	X	RW
VA	106-INOV	Alexandria, VA	X	X		X		RW/CHC
PA	107-PHIL	Reading, PA				X	X	CHC
PA	107-PHIL	Philadelphia, PA	X			X	X	CHC
VA	108-VCU	Western VA		X	X	X		RW/CHC
WV	109-WV	Southern WV				X	X	CHC

* In order to protect the identity of clinics, they are listed only be general location.

Kristin Walker, RN, MSN, CNM

Diagnose: Testing

Diagnose: Testing

Clinical Site Overview

- Location: Philadelphia, Pennsylvania
- Type: FQHC, Ryan White funded
  - 5 urban locations, including “Fast Family Care”
  - Primary care and multiple services
- Population served:
  - > 90% non-white or Hispanic any race
  - 7% unstably housed
  - 9% with substance use disorder
  - 1 in 5 diagnosed with a mental health disorder
  - Low prevalence of identified HIV

Diagnose: Testing

Goals

- Increase HIV testing rate
- Change the approach to HIV testing from Opt/in to Opt/out
- Adopt routine universal HIV testing guidelines

Diagnose: Testing

Approach

- Reviewing current testing rate and tracking data for change
- Setting goal: increase by 20%
- Remove Offer/Question – Change to Statement approach
- Assisting staff with appropriate scripting and preparation to discuss HIV testing with clients
- Create tracking (i2i) for patients who decline the test and follow up at regular intervals

Diagnose: Testing

Outcomes to date

- Percentage of patients ages 13-64 years tested for HIV: 40.6% (baseline: 2018-2019)
- COVID-19 interruption

Diagnose: Testing

Lessons Learned

- Review data frequently
- Involve entire team and equip them with tools to discuss
- Train and follow up often – staffing changes
- Be flexible in approach

Hazel Jones Parker, DNP, FNP-BC, AACRN, AAHIVS

Treat: Linkage and ART

Treat: Linkage and ART

Clinical Site Overview

Type of site: Health Department (Ryan White)

Location: Maryland

- HIV clinic division is part of a larger Health Department that treats TB, STD's etc
- African and Hispanic immigrant population
- Multiple languages spoken including French, Spanish, Ahmaric
- Most clients are initially underserved but receive insurance while at HD and are then transitioned to primary care providers/HIV Specialist
- Clients have access to case management and medical services in various combinations
- Length of time clients receive services through health department ranges from 3 months to several years

Treat: Linkage and ART

Goals (PDSA Model)

- Previous Goal: Development of an effective referral tracking system to offer a solution to the barriers of successful linkage to care.
- Intervention: Data was used to develop and implement a standardized referral tracking system specific to the clinic. The case management staff was educated on the use of the new referral tracking system and provided with the newly developed written workflow and referral tracking system documentation template.
- Conclusion: Post-intervention determined that 83% of the referrals for linkage to care had complete EMR documentation and followed discharge protocol
- New Problem: Linkage-to-care templates in the electronic medical record (EMR) are not being closed out appropriately at discharge for HIV patients aged 18 and older in a HIV health clinic.
- Anticipated Goal: To increase the linkage to care template completion and the number of charts closed out appropriately.

Treat: Linkage and ART

Intervention Coaching Approach:

- Reminder fliers (for questions to ask at first visit PCP or at the first appt. at MC) placed in common areas
- Reminder software popup added to the clinic desktop

Weeks	Procedure
1	• Retrospective EMR audits initiated (will be ongoing) • Printed reminder flyer prototype and pre-intervention staff questionnaire
2	• Meet with clinic staff and discuss a project goal and timeline • The pre-intervention questionnaire will be administered to the clinic staff
3- 4	• IT will install Reminder software at all desktops utilized by clinical staff • Printed flyers posted and reminder software launched
5-13	• Clinic operates under intervention plan and is monitored
14	• Post-intervention staff questionnaire given; EMR audits continue

Treat: Linkage and ART

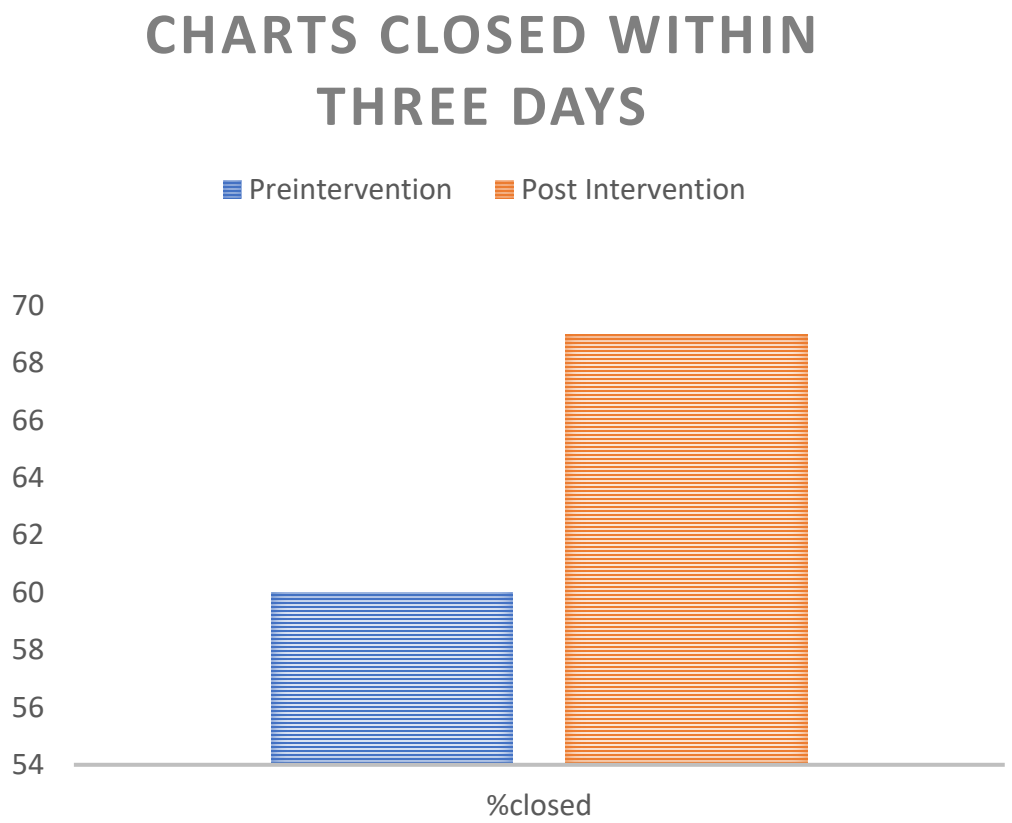


Figure 1: Percentage of EMR's closed within 3 days pre and post intervention (p>0.05)

Treat: Linkage and ART

Lessons Learned

- Reminders have been successfully used in the hospital and HIV clinic settings in the past
- There was a connection between reminders and template completion. A small increase (9%) was noted post intervention in the linkage to care template completion
- Pre and Post case managers surveys revealed the main issue is remembering to complete the template not needing more time to get templates completed
- Customized reminders may also be helpful for other tasks such as eligibility and patient reassessments
- Quality Improvement project need continuous review and updates by an assigned QI team.

Marilyn Blasingame, MPH

Prevent: PrEP

Prevent: PrEP Initiation

Clinical Site overview

- State: Delaware
- Type: FQHC: Federally Qualified Community Health Center (FQCHC), Certified as a Primary Care Medical Home (PCMH) by the Joint Commission and holds the Joint Commissions Gold Seal of Approval.
- Population served: This health center provides comprehensive healthcare services to meet the needs of individuals of all ages, from birth to senior citizen. They serve a large Hispanic, Spanish speaking population.

Prevent: PrEP Initiation

- Goals:
  1. Increase HIV Opt-Out screening per DE law.
  2. Implement point of care HIV testing, including medical assistants as primary tester.
  3. Provide training, technical assistance and consultation.
  4. Implement Pre-Exposure Prophylaxis (PrEP).

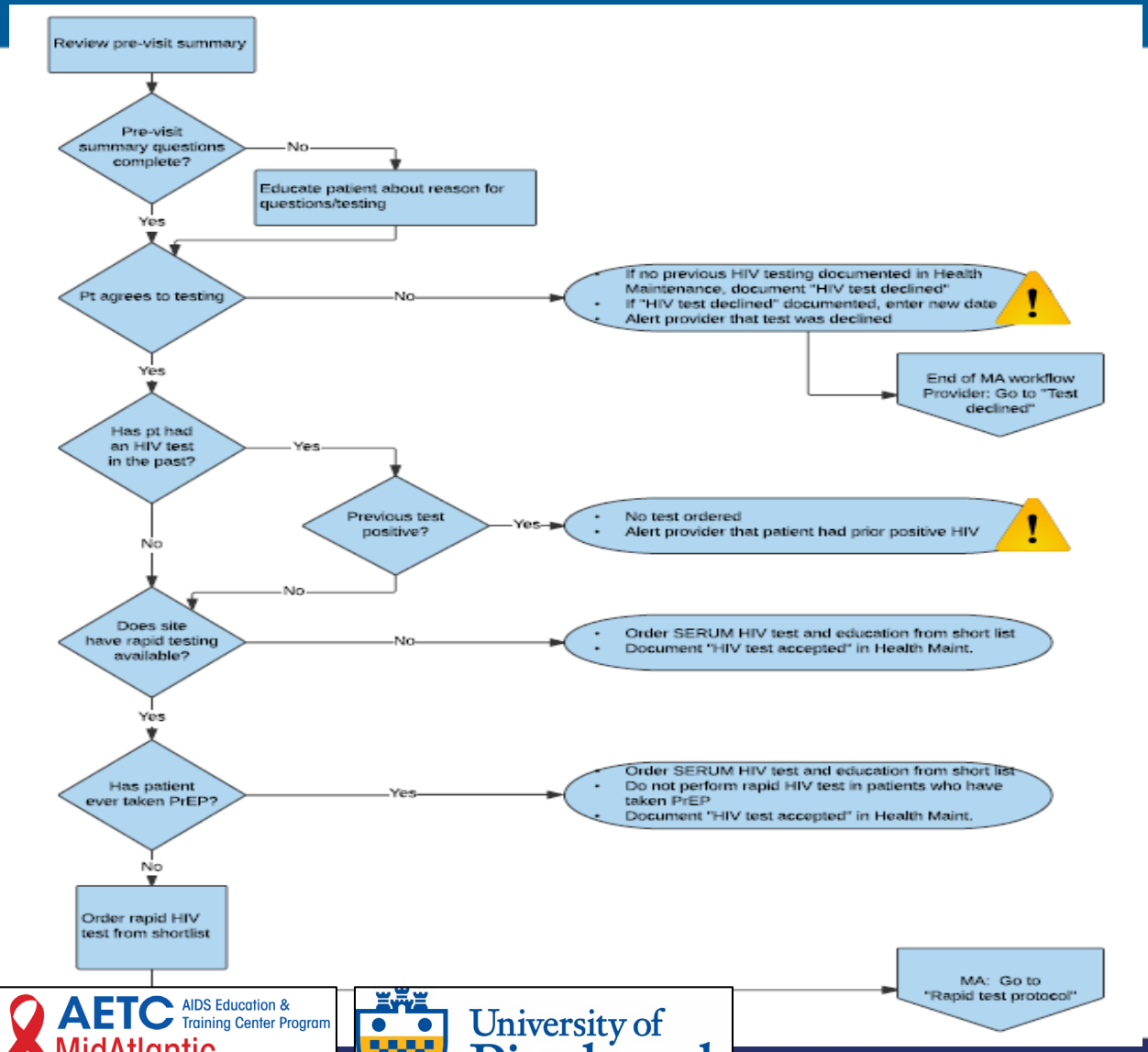
- Key findings from initial assessment:
  - Implement point-of-care HIV screening at the site, including medical assistants as primary testers.
  - Increase HIV Opt-Out HIV screening per DE law.
  - Need for training and technical assistance to implement Pre Exposure Prophylaxis (PrEP).

Prevent: PrEP Initiation

Approach

- Identifying Clinic Champion (Nurse Practitioner)
- Development of HIV Testing Protocol—essential in initiating PrEP Services
  - Focused on current workflow to maximize output while not taking more provider time → change in clinic culture
  - Initiated by MA, rapid test performed by nurse or serum test ordered by provider.
  - Opportunities to discuss PrEP as an option for HIV prevention

Prevent: PrEP Initiation



Outcomes to Date

- Providers and clinic staff trained on HIV Testing Protocol, PrEP
- In first month, 898 HIV tests completed
  - 445 serum
  - 453 rapid point of care tests

Prevent: PrEP Initiation

Lessons Learned

- Initiating PrEP Programs in Community Health Center Settings
  - Success is driven by clinic champions
  - Initial workflow change: Routine HIV Testing
  - Practice Transformation is possible with well-defined goal setting

Summary

Lessons Learned & Best Practices for Coaches

Organizational

- Understanding FQHCs and Ryan White Part A/B organizations' legislative and reporting requirements
  - Need for Board approval
- Clinic environment ("culture") is different, so systems are going to be different
- Working with clinic leadership, champions and "influentials"
- Documenting communication with leadership
- Challenges of staffing: full time vs. part time within clinic setting impacting progression

Clinical

- Patient populations vary in needs, approaches
- PT intervention must be individualized at clinical sites
- Documentation regarding data changes on targeted goals (linkage, prevention, organizational, treatment, etc.)
- Documentation of clinic culture change (increased documentation, communications, coordination, team work, etc.)
- Identification of themes, observations, findings that may be anecdotal
- Supports, practices, procedures to provide feedback to care providers on what's working and what's not is an essential ongoing process (CQI)
- Need for task shifting following review of workflow
- Emergence of a real, "community of practice"
- Continuous feedback loop between the AETC and the targeted clinic.

Lessons Learned & Best Practices for Working with Clinical Sites

Coaching Structures and Processes

- Standardized internal processes ensure frequent Coach-Coordinator communication
- Consistent assessment, evaluation and documentation methods
  - Evaluation instruments
  - Acuity forms
  - Goal setting forms
- Engagement of content and process experts as needed

Coach functioning

- Coach “community of practice” for ongoing support, technical assistance between and among coaches
- Maintaining flexibility in work with clinics
- Incorporating equity, inclusion and cultural humility principles
- Understanding AETC role as consultant

Contact Information

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Questions?