Creating Equity Using Quality Improvement to Make a Measurable Difference: Interventions from the create+equity Collaborative

Clemens Steinbock, MBA

Lisa Reid, MSW

Michelle Pendill, MPH

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NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Disclosures

Clemens Steinbock, Lisa Reid, and Michelle Pendill have no relevant financial interests to disclose.

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CQII Overview

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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

Center for Quality Improvement & Innovation (CQII)

- Funded by the HRSA HIV/AIDS Bureau [#U28HA37644]
- Timeframe: July 1, 2020 to June 30, 2024 (4 years)
- New York State Department of Health AIDS Institute
  Center for Program Development, Implementation, Research and Evaluation (CPDIRE)

"Together, we continue to improve the lives of people with HIV across the United States. CQII provides state-of-the-art technical assistance and training to Ryan White-funded recipients and subrecipients that measurably strengthen local clinical quality management programs and improve patient care, health outcomes, and patient satisfaction."

Technical Assistance Levels

HRSA Ryan White HIV/AIDS Program

CENTER FOR QUALITY IMPROVEMENT & INNOVATION

Dissemination of QI Resources
Online presence of CQII on the TargetHIV website
Presence at national conferences, including the 2020 National Ryan White Conference
National announcements to highlight upcoming events and QI resources

Information Dissemination

QI Trainings
Face-to-face training sessions to build capacity among providers and patients
National TA Calls to showcase recipients and QI content
Online tutorials for providers and patients to learn about QI

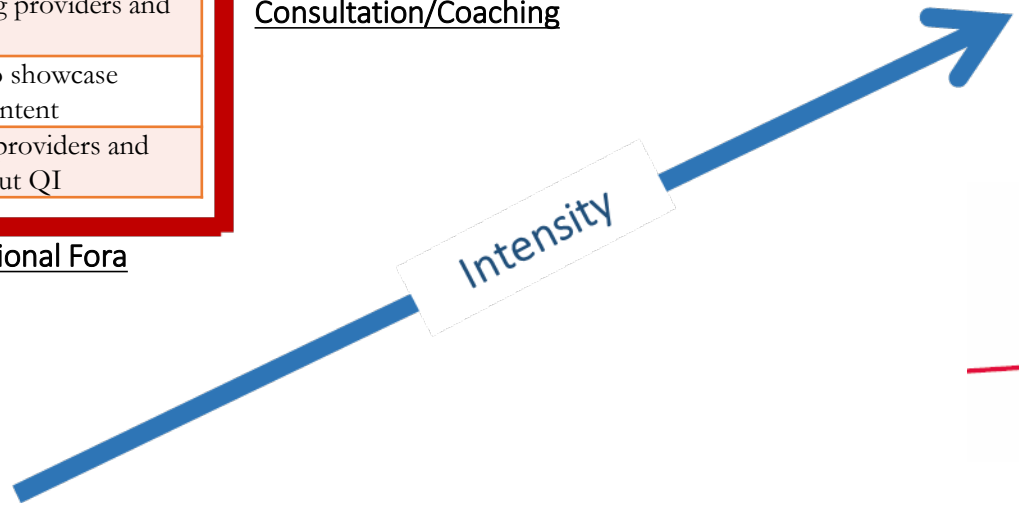
Training/Educational Fora

Provision of Technical Assistance
Provision of on/off-site technical assistance
Access to nationally recognized QI content and lived experience experts
Tracking all ongoing TA engagements and activities

Consultation/Coaching

Communities of Learning
National QI collaboratives with engagement of RWHAP recipients
Annual Quality Award Program to highlight QI leaders

Communities of Learning



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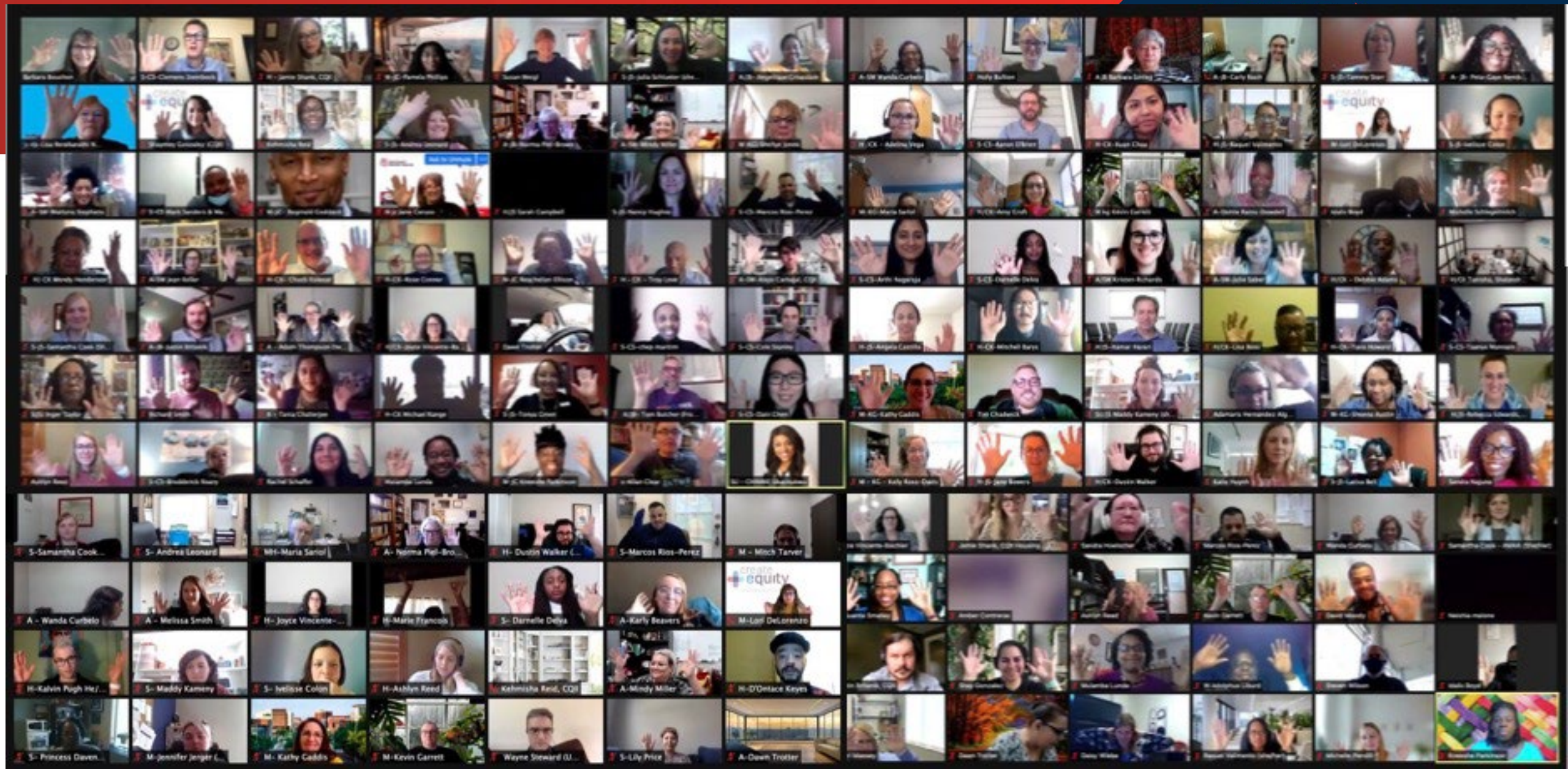
Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Describe quality improvement interventions conducted by Ryan White HIV/AIDS Program recipients/subrecipients to work toward ending disparities in HIV care
2. Identify evidenced-informed interventions that assist busy HIV providers to mitigate HIV disparities
3. Exchange ideas with other recipients/subrecipients on how to engage other stakeholders in local jurisdictions to create equity in HIV care


S-Samantha Cook...
S- Andrea Leonard
MH-Maria Sariol
A- Norma Piel-Bro...
H- Dustin Walker (...
S-Marcos Rios-Perez
M - Mitch Tarver
A - Wanda Carbelo
A - Melissa Smith
H- Joyce Vincente-...
H-Marie Francois
S- Danielle Delva
A-Karly Beavers
M-Lori DeLorenzo
H-Kalvin Pugh He/...
S- Maddy Kameny
S- Iveliasse Colon
H-Ashlyn Reed
Kehmisha Reid, CQI
A-Mindy Miller
H-D'Ontace Keyes
S- Princess Daven...
M-Jennifer Jenger (...
M- Kathy Gaddis
M-Kevin Garrett
Wayne Steward (U...
S-Lily Price
A-Dawn Trotter

Dream Team!

- CQII Staff: Jim Tesoriero, Clemens Steinbock Chuck Kolesar, Jennifer Lee, Andrea Mayer, Kehmisha Reid, Kevin Garrett, Thomas O'Grady, Stephen Weinberg, Aria Chitturi, Michelle Pendill, Zainab Khan, Alejo Carbajal, Gabriel Pietrzak, Shaymey Gonzalez, Maanasa Mendu, Ilana Miller, Marina Tian, Alyssa Juntilla
- QI Coaches and Affinity Faculty: Adam Thompson, Allan Clear, Barbara Boushon, Chinnie Ukachukwu, D'Ontace Keyes, David Moody, Dawn Trotter, Dottie Dowdell, Alex Keuroghlian, Brian Wood, Cole Stanely, Kathleen Clanon, Jamie Shank, Jane Caruso, Julia Schlueter, Justin Britanik, Jeremy Hyvarinen, Kneeshe Parkinson, Lori DeLorenzo, Mulamba Lunda, Nanette Brey Magnani, Rose Conner, Tania Chatterjee, Susan Weigl
- HRSA Staff: Laura Cheever, Antigone Dempsey, Tracy Matthews, Marlene Matosky, Chris Redwood

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What Is the Collaborative All About?

create equity collaborative

"My hope for the affinity group is learn from one another best practices to support providers improve systems for clients to achieve viral load suppression"

Learn Best Practices from My Peers

"I hope to increase the VS rate of Texas through developing a few sustainable interventions that can be adopted throughout the state to help us toward our overall goal of ending the HIV epidemic"

Utilize Evidence-Informed Interventions

"We hope to make a positive and lasting difference in our client population"

Impacting My HIV Community

"My hope is to make lasting connections with other partners across the country"

Collaborate and Foster Connections

Mission of the create+equity Collaborative

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"To promote the application of quality improvement interventions to measurably increase viral suppression rates for people with HIV experiencing the impact of social determinants of health related to housing instabilities, substance use, mental health, and age across Ryan White HIV/AIDS Program-funded recipients and subrecipients."

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Collaborative Resources

create equity collaborative

create+equity Resources 1

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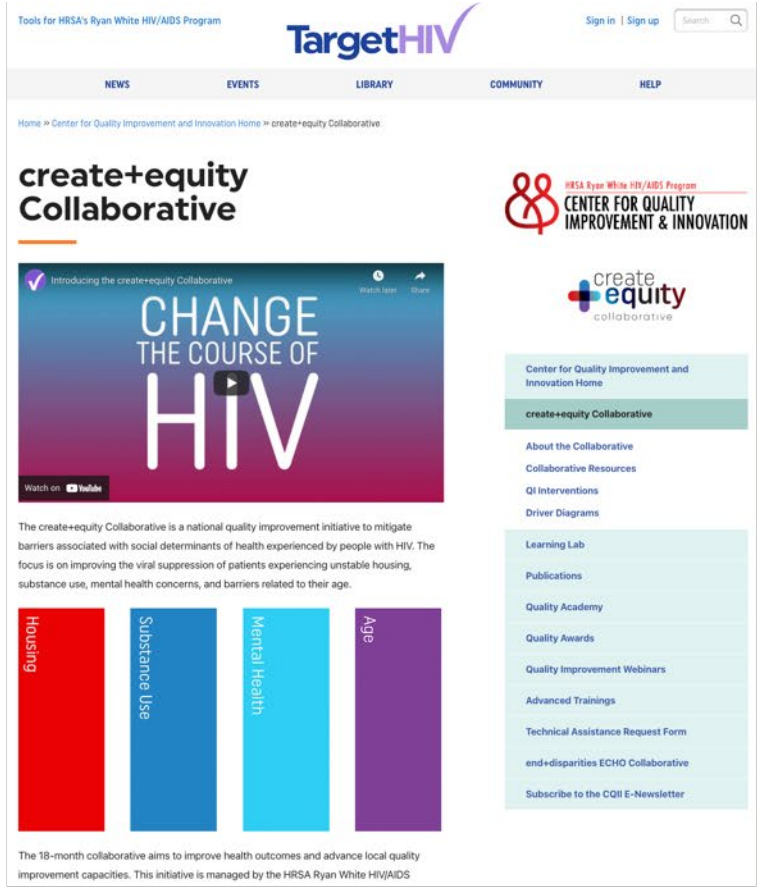
Collaborative Videos



Collaborative Website

create+equity Resources 2

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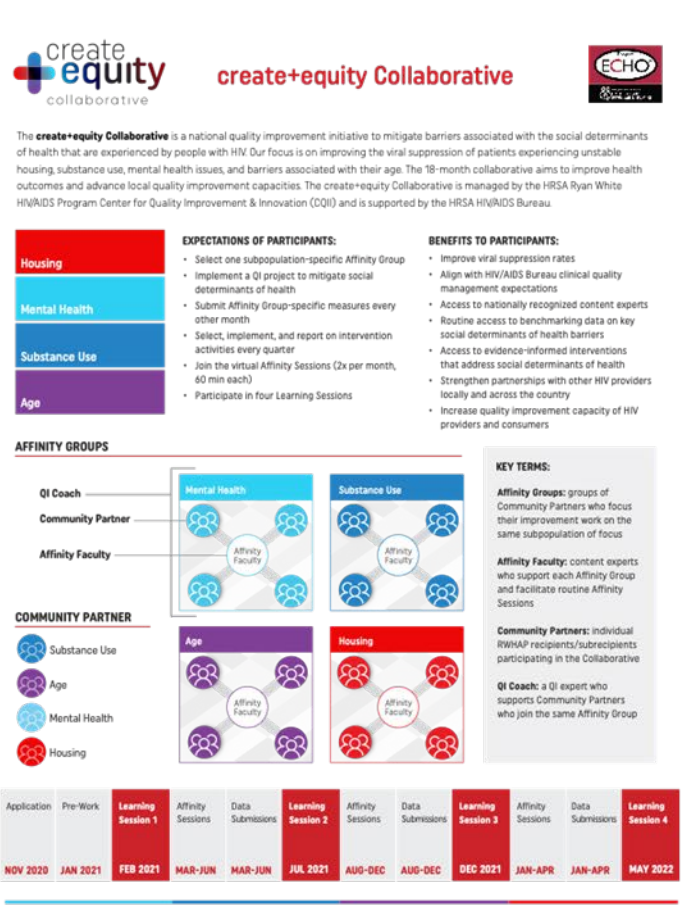
create equity collaborative

create+equity Collaborative

ECHO

The **create+equity Collaborative** is a national quality improvement initiative to mitigate barriers associated with the social determinants of health that are experienced by people with HIV. Our focus is on improving the viral suppression of patients experiencing unstable housing, substance use, mental health issues, and barriers associated with their age. The 18-month collaborative aims to improve health outcomes and advance local quality improvement capacities. The create+equity Collaborative is managed by the HRSA Ryan White HIV/AIDS Program Center for Quality Improvement & Innovation (CQII) and is supported by the HRSA HIV/AIDS Bureau.

Housing
Mental Health
Substance Use
Age

EXPECTATIONS OF PARTICIPANTS:

- Select one subpopulation-specific Affinity Group
- Implement a QI project to mitigate social determinants of health
- Submit Affinity Group-specific measures every other month
- Select, implement, and report on intervention activities every quarter
- Join the virtual Affinity Sessions (2x per month, 60 min each)
- Participate in four Learning Sessions

BENEFITS TO PARTICIPANTS:

- Improve viral suppression rates
- Align with HIV/AIDS Bureau clinical quality management expectations
- Access to nationally recognized content experts
- Routine access to benchmarking data on key social determinants of health barriers
- Access to evidence-informed interventions that address social determinants of health
- Strengthen partnerships with other HIV providers locally and across the country
- Increase quality improvement capacity of HIV providers and consumers

AFFINITY GROUPS

QI Coach
Community Partner
Affinity Faculty

Mental Health
Substance Use
Age
Housing

COMMUNITY PARTNER

Substance Use
Age
Mental Health
Housing

KEY TERMS:

Affinity Groups: groups of Community Partners who focus their improvement work on the same subpopulation of focus

Affinity Faculty: content experts who support each Affinity Group and facilitate routine Affinity Sessions

Community Partners: individual RWHAP recipients/subrecipients participating in the Collaborative

QI Coach: a QI expert who supports Community Partners who join the same Affinity Group

Application	Pre-Work	Learning Session 1	Affinity Sessions	Data Submissions	Learning Session 2	Affinity Sessions	Data Submissions	Learning Session 3	Affinity Sessions	Data Submissions	Learning Session 4
NOV 2020	JAN 2021	FEB 2021	MAR-JUN	MAR-JUN	JUL 2021	AUG-DEC	AUG-DEC	DEC 2021	JAN-APR	JAN-APR	MAY 2022

Collaborative Flyer


Toolkit for the create+equity Collaborative

Your Guide for Participation in the National Quality Improvement Collaborative to Mitigate Social Determinants of Health in HIV Care

New York State Department of Health AIDS Institute
Health Resources and Services Administration HIV/AIDS Bureau

CENTER FOR QUALITY IMPROVEMENT & INNOVATION

WWW.CQII.ORG

Collaborative Toolkit


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CENTER FOR QUALITY IMPROVEMENT & INNOVATION

Literature Review on Social Determinants of Health to Implement a National Quality Improvement Initiative: create+equity Collaborative

Introduction and Background

Since the emergence of HIV/AIDS in the early 1980s, the global community has witnessed momentous innovations that have significantly changed the landscape of HIV care.[1] In particular, advancements in antiretroviral therapy (ART) over the last twenty years have transformed HIV/AIDS from a rapidly progressing ailment to what most consider a chronic disease,[2] offering a significantly increased life expectancy for people with HIV (PWH).[3] ART and medication adherence can lead to a significant reduction in viral load in the body, with the ultimate goal of reaching undetectable levels (viral suppression).[4] ART and viral suppression also play critical roles in the prevention of HIV transmissions. Recent studies demonstrate that persons achieving an undetectable viral load are unable to transmit HIV sexually, or treatment as prevention (HIV undetectable means untransmittable [U=U]).[5, 6] Despite the clinical success of ART in viral suppression, reductions in HIV-related morbidity and mortality disproportionately impact specific subpopulations of PWH as a result of unequal access to care and variations in the quality of care provided.[7]

In alignment with national public health priorities and Ending the HIV Epidemic goals nationally, the Center for Quality Improvement & Innovation (CQII) in close collaboration with the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau proposes to address social determinants of health as the key focus of its next national quality improvement collaborative, called create+equity Collaborative. Building upon the impact of its end+disparities ECHO Collaborative, in+care Campaign, and HIV Cross-Part Care Continuum Collaborative (H4C), CQII works toward reducing HIV-related disparities in key communities to ensure that all PWH are virally suppressed and achieve optimal health outcomes.

A new 18-month quality improvement learning collaborative will kick-off in January 2021 and focuses on reducing disparities in HIV care by addressing social determinants of health. The aim of this national initiative, managed by CQII, is to increase viral suppression rates in four subpopulations of PWH experiencing challenges with: housing instabilities, mental health, substance use, and age. The collaborative engages Ryan White HIVAIDS Program (RWHAP)-

[1] U.S. Department of Health & Human Services. HIV.gov: Overview—a timeline of HIV/AIDS. Updated 2016. Available from https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline.
[2] Olalla G, Knobel H, Carmona A, Guelar A, López-Colomés JL, and Caylà JA. Impact of adherence and highly active antiretroviral therapy on survival in HIV-infected patients. *J Acquir Immune Defic Syndr*. 2002;30(1):105-110.
[3] Wandeler G, Johnson LF, Egger M. Trends in life expectancy of HIV-positive adults on ART across the globe: comparisons with general population. Current Opinion in HIV and AIDS 2016; 11(5): 492-500.
[4] Saag, M.S. & Holodniy, Mark & Kuritzkes, D.R. & O'Brien, W.A. & Coombs, R & Poscher, M.E. & Jacobsen, Donna & Shaw, G.M. & Richman, D.D. & Volberding, P.A.. (1996). HIV viral load markers in clinical practice. Nature medicine. 2. 625-9. 10.1038/nm0696-625.
[5] Alison J Rodger, Valentina Cambiano, Tina Bruun, et all. Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. Lancet 2019; 393: 2428–38.
[6] Eisinger RW, Dieffenbach CW, Fauci AS. HIV viral load and transmissibility of HIV infection: undetectable equals untransmittable. JAMA 2019 Feb 5; 321(5): 451-452. doi: 10.1001/jama.2018.21167.
[7] Wong MD, Cunningham WE, Shapiro MF, Andersen RM, Clearly PD, Duan N, et al.; HCSUS Consortium. Disparities in HIV treatment and physician attitudes about delaying protease inhibitors for nonadherent patients. *J Gen Intern Medicine*. 2004;19(4):366–374.

CQII Literature Review on Social Determinants of Health - January 11, 2021 Page 1

Literature Review

create+equity Resources 3

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What is Equity and Social Determinants of Health?

Building Trust and Respect between Patients-Providers

Impact of Racial Inequities

The Impact of the Collaborative

Collaborative Videos:
https://targethiv.org/cqii/about-cec

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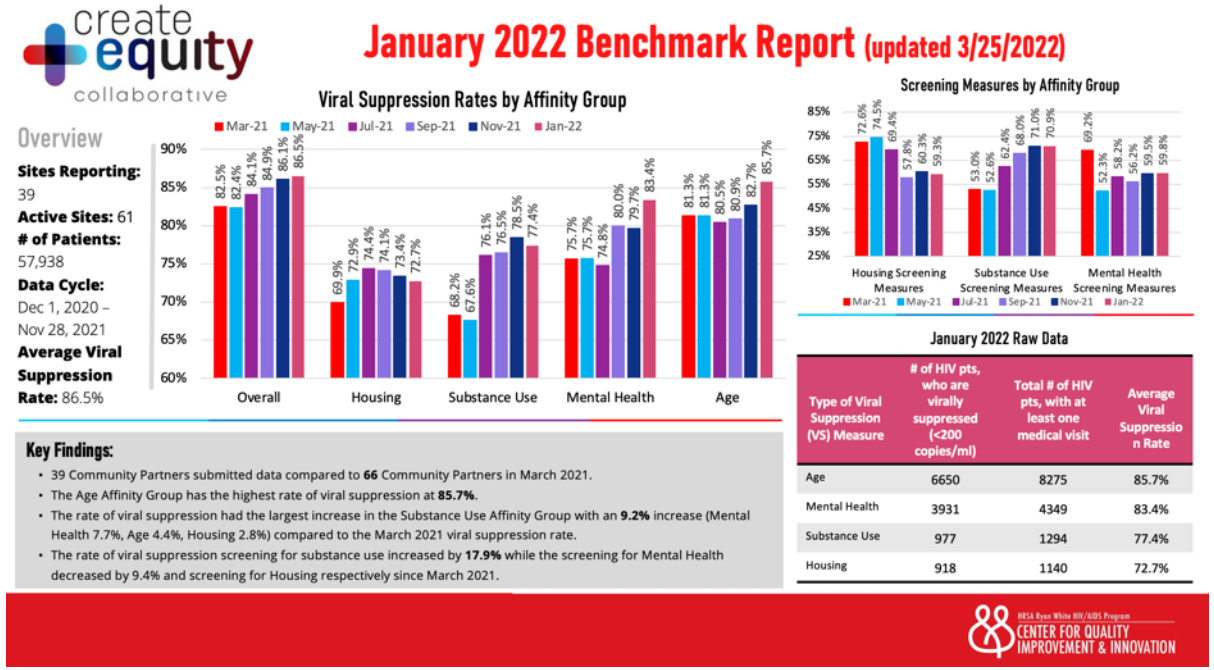
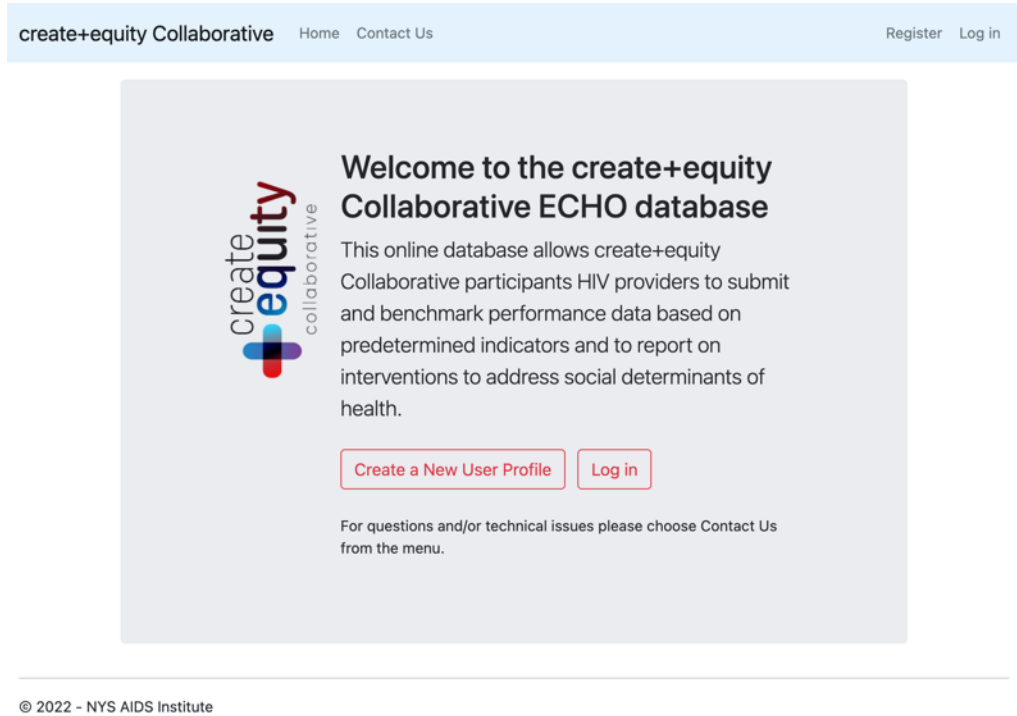
Benchmark Reports



Create+equity Database



Driver Diagrams

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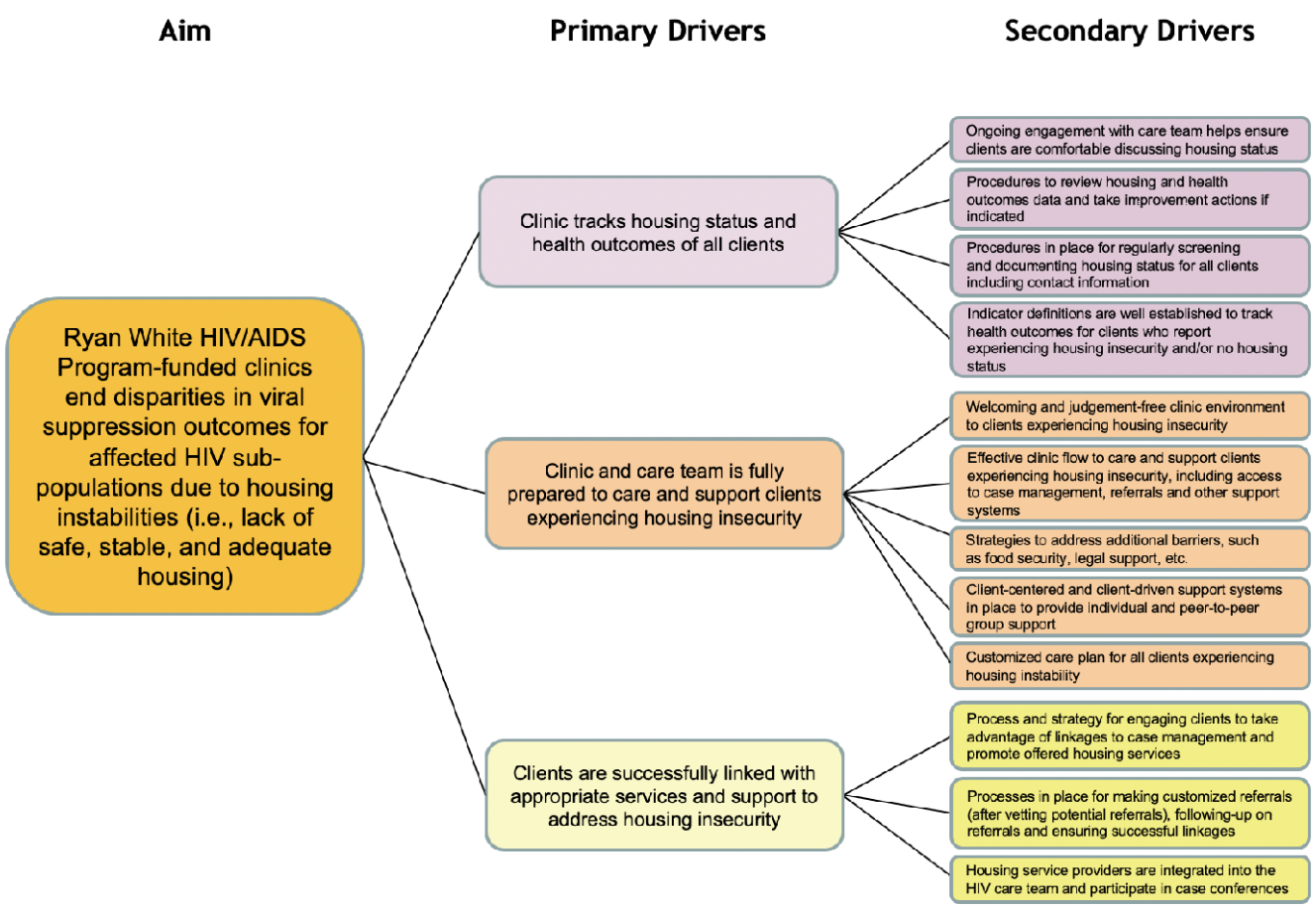
Driver Diagrams



Change Packets for Each Affinity Group

Dimension: Housing

This Intervention Links to the Following Secondary Drivers:

- Effective clinic flow to care and support clients experiencing housing insecurity, including access to case management, referrals and other support systems
- Strategies to address additional barriers, such as food security, legal support, etc.

Level of Evidence: Well-Defined Interventions with an evidence-base

Patient Navigator Model (SPNS Project)

Summary:

This model, tested and evaluated as part of a Special Projects for National Significance (SPNS) project, is a time-limited (generally 12 months) service delivery process that helps people with HIV (PWH) to obtain timely HIV-related care to optimize their health.

The target populations are:

1. Newly diagnosed PWH
2. PWH who have fallen out of care for six months or longer
3. PWH who have never received care
4. PWH who are at risk of being lost-to-care

It may be particularly useful to patients experiencing homelessness and who require more intensive supports.

Core Components

The model includes 5 Steps:

1. **Client Referred to Patient Navigation Services** - After a positive test result, the client is referred to VDH's Patient Navigation intervention via a Disease Intervention Specialist (DIS) or to another community partner. During this step, the client completes a Coordination of Care and Services Agreement (CCSA), which provides his or her consent to receive Patient Navigation services and share information with designated providers.
2. **Client Intake** - The Patient Navigator conducts an assessment of the client's barriers to accessing and staying in care. The assessment is not limited to one interaction; a full assessment may take weeks or even months. During this step, the Patient Navigator and client work hand-in-hand to develop a linkage-to-care plan, which addresses the client's barriers to care and strategies to address these barriers.
3. **Routine Client Encounters** - Once connected to care, the Patient Navigator and client work together on a retention plan, which outlines challenges or barriers that have been resolved and outstanding

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Interventions

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Case Conferencing

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- Case Conferencing allows a multi-disciplinary team to review patients (either select patients or all patients), understand their challenges and assets, and develop customized strategies to stay in ongoing HIV care and improve viral suppression rates.
- Successful case conferencing strategies typically contain the following components:
  - Regularly scheduled and standardized
  - Development and recording of strategy and next steps that are consistently revisited and reviewed in subsequent case conferences
  - Diversity of positions and roles within the room (case management, peers, pharmacy, etc.)
  - 3 – 4 cases per session, not longer than an hour
  - Aligns with existing workflow and is valued by staff

Optimal Linkage and Referral

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- Active Referral involves successful linkage of people with HIV to primary care as well as other services and supports. This may include newly diagnosed individuals, persons previously diagnosed who have never been linked to care, or persons who have fallen out of care and are being re-linked.
- Active Referral addresses several key areas that have been found to improve linkage and re-engagement in care, including:
  - Removal of structural barriers
  - Increased social support services
  - Use of peers, client navigation, and care coordination
  - A culturally responsive approach
  - Appointment scheduling and follow up
  - Timely and active referrals post-diagnosis
  - Integrated one-stop-shop care delivery

The Undetectables Program

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- The Undetectables Program is a stepped approach to ART adherence for people with HIV who have mental health issues, substance use issues, and/or are experiencing homelessness.
- The original implementation of the Undetectables Program consisted of the following core components:
  - Stepped approach to ART adherence
  - Individual-level ART adherence planning and support
    - Case Conferencing, motivational interviewing and assistance, and behavioral health assessments and referrals
  - $100 gift card incentive for quarterly lab result showing undetectable viral load, up to 4 per year
  - Cognitive behavioral therapy adherence support groups
  - Adherence devices such as pill-boxing and text/daily medication reminders
  - Directly observed ART therapy (DOT) – formal and informal

Uber Health & Transportation Services

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- Lack of transportation has been consistently associated with sub-optimal ART adherence. Uber Health and similar medical transportation services can be an effective strategy for patients experiencing transportation barriers.
- Core components:
  - Setting up and managing medical transportation using Uber Health or similar transportation/ride sharing services
    - Create an online account; train clinic staff on how to use the service; use a tracking sheet to document client identifiers, date of service, provider name, reason for ride, etc.; Assess level of satisfaction with transportation services
    - Book ride on-demand for a future appointment for a patient; provide trip details to patient and confirm

Walk-In Availability & Open Access

- Walk-in availability of and open access to Ryan White HIV/AIDS Program-funded clinics allow clients to come for services at a time that is convenient for them and be seen by appropriate providers within a reasonable period during normal business hours
- An effective walk-in availability and open access strategy would likely include the following:
  - Regular communication with patients about walk-in availability and open access options (including explicit mention during visits and in written communications)
  - Setting an aim for being able to see any/all walk-in patients within 30 minutes of arrival
  - Identifying the characteristics of walk-in patients to better meet their needs
  - Identifying "surge" times for walk-ins and designing an accompany workflow/system so that staff can call for additional support, if needed
  - Use continuous improvement methods to track progress

And many more!

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- Collaborative Care Model
- Cognitive Behavioral Therapy for Adherence and Depression
- Harm Reduction Implementation
- Patient Self-Care Plans
- Telehealth
- Patient Navigator Model (SPNS Project)
- Staff Training on Motivational Interviewing Skills, Strategies and Tools
- U=U Education Initiatives
- Training on Continuous Improvement
- Trauma-Informed Approaches Improving Care for People with HIV
- Use of Peer Navigators
- Waiting Room Milieu Manager

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Collaborative Reach 1

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Collaborative Reach 2

- 83 Community Partners across 28 States & Territories, representing at least 94 individual agencies enrolled
- 222,000 HIV patients served by all Community Partners
- Potential impact: 49,803 HIV patients are identified by Community Partners as their targeted Affinity Group subpopulations
- As of June 2022, 60 Community Partners are active

Affinity Group	Number of Teams
Housing	20
Mental Health	21
Substance Use	15
Age	27
Total	83

create+equity Application Data, Feb 2021 and Apr 2022

Map of Participating Agencies

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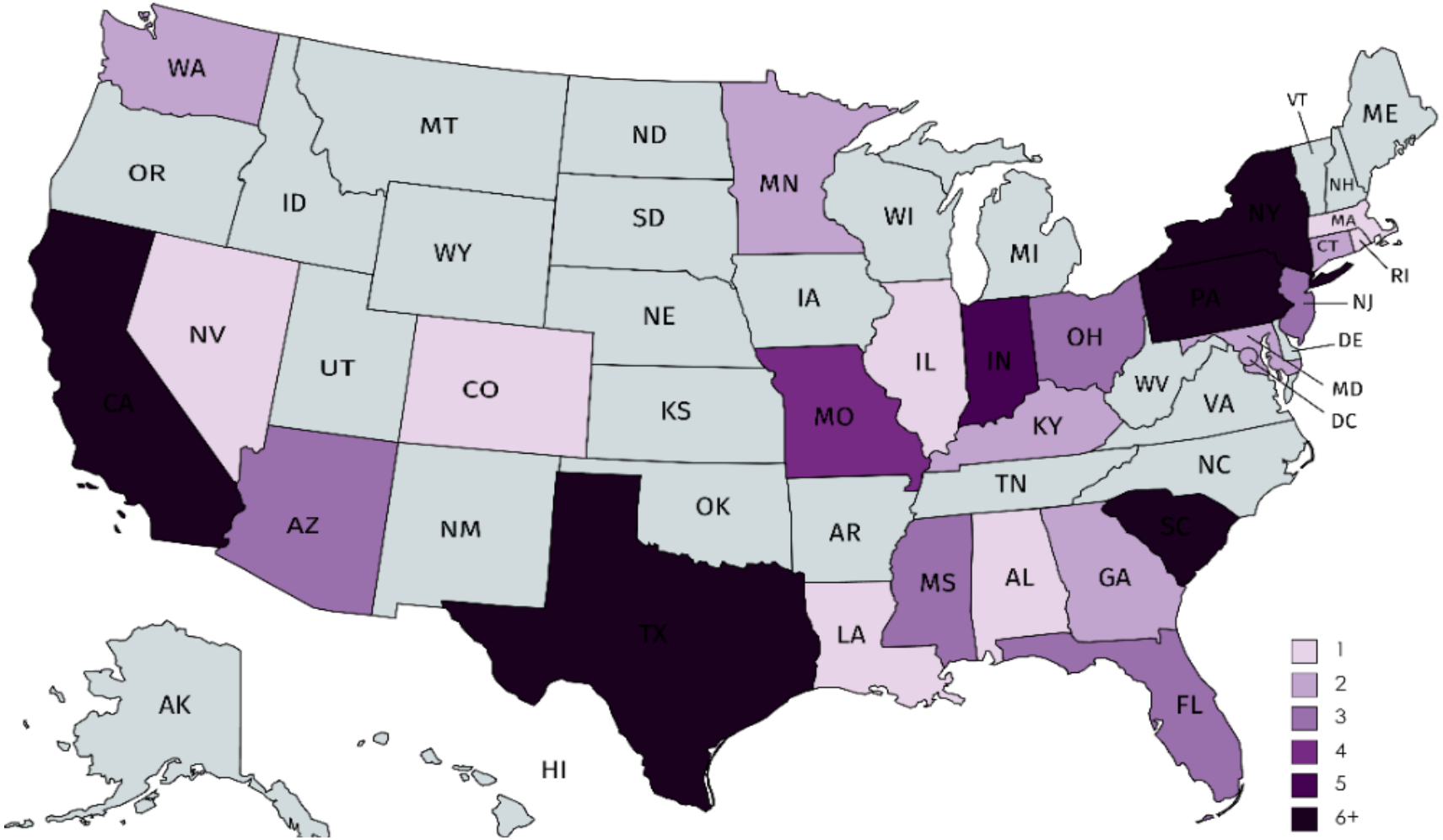

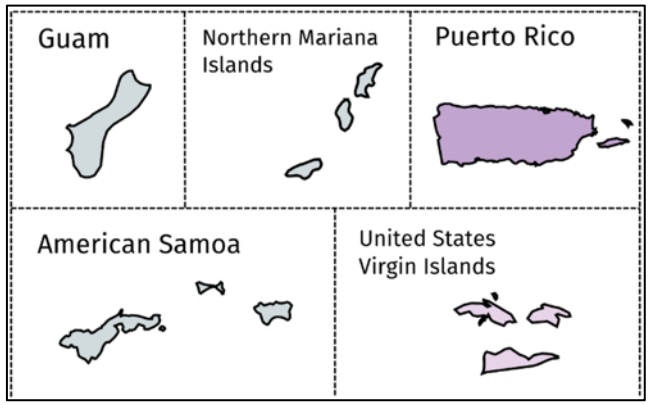

States with 3 or more agencies:
TX has 10
CA has 9
PA has 8
NY has 6
SC has 6
IN has 5
FL has 3
MO has 4
NJ has 3
OH 3

Collaborative Activities (Jan 2021 – Jun 2022)

Engagement Activity	Sessions	Participants
Orientation Session	1	261
Informal Affinity Sessions	4	242
Informal QI Coaching Meeting	6	120
Learning Sessions	4	720
Affinity Sessions	94	3476
QI Sessions	75	671
Data Submissions	7	407
Case Presentations	83	101

- Orientation Session – Jan 13, 2021
- Informal Affinity Sessions – Feb 2021
- Informal QI Coaching Meeting – Jan/Feb 2021
- Learning Sessions – Feb 21, Jun 21, Dec 21, May 22
- Affinity Sessions – Mar 21 – June 22
- QI Sessions - Mar 21 – Mar 22
- Data Submissions – 21: Mar, May, Jul, Sep, Nov; 22: Jan, Mar, May
- Case Presentations - Mar 2021 – Jun 2022

- *We are tracking over 640 participants across 83 Ryan White HIV/AIDS Program recipients*
- *87% of Community Partners participated in prework activities*
- *442 unduplicated individuals participated in Affinity Sessions; on average 7.9 sessions per individual*

Affinity Session (Mar 2021 – Jun 2022)

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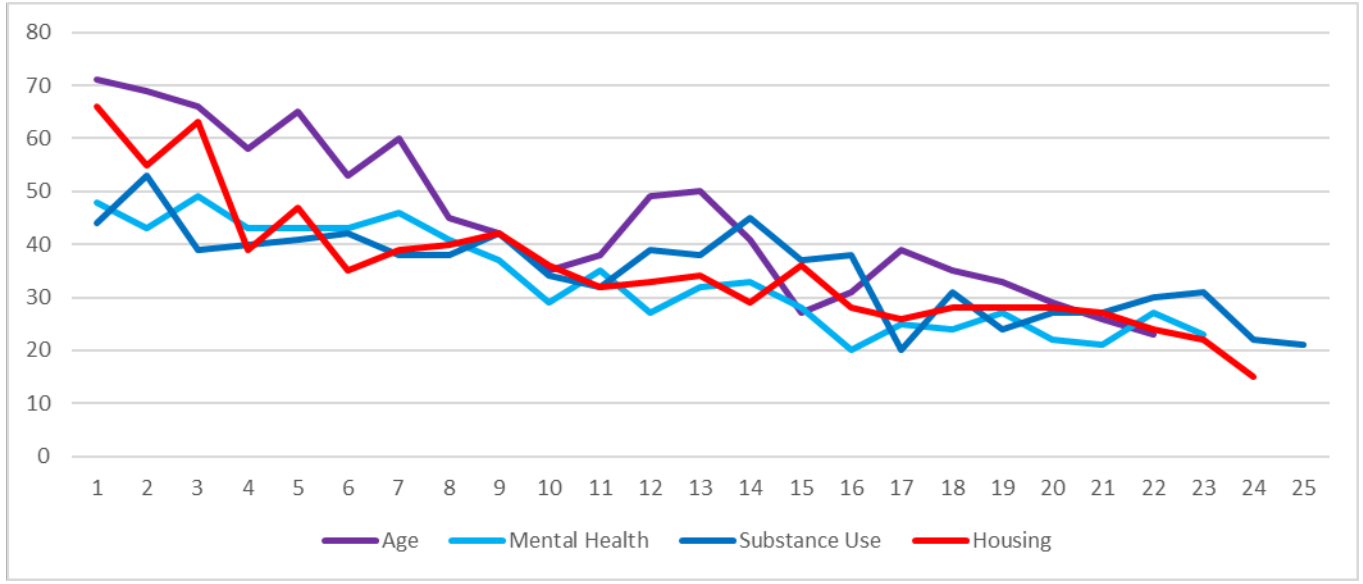
Were Participants Engaged? Participation in Subpopulation Affinity Groups (Jun 11, 2022)

Affinity Sessions	*# of Sessions*	*# of Participants*	*Average #*
Age	22	985	44.8
Housing	24	852	35.5
Mental Health	23	766	33.3
Substance Use	25	873	34.9
Total	94	3476	37.0

Since March 2021, a total of 94 Affinity Sessions were held with over 3,476 participants, an average of 37 participants per Affinity Session.



Participation/Data Submissions	**end disparities**	**create equity**
Affinity Session Participation, 11 Months	64.2%	62.7%
Affinity Session Participation, 18 Months	49.6%	-
6 Data Submissions	79.9%	73.0%
9 Data Submissions	76.8%	-

Collaborative Goals (Mar 2021 – Jun 2022)

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*Did the **Collaborative** Reach RWHAP Providers Across the Country?*

Goals	Progress
Reach: • **One in six** Ryan White HIV/AIDS Program-funded recipients across the United States actively participate in the create+equity Collaborative	**Reach:** • **14% (83 out of 567) of all RWHAP recipients** funded under Part A/Part B/Part C/Part D were participating in the create+equity Collaborative • **95,100 people with HIV or 27%** of all RWHAP patients receiving medical care (367,900) were reached with this Collaborative; 1 in every 4 RWHAP patients (RSR 2020 Data) • **1 in 13 persons with HIV in the U.S.** were reached by the Collaborative (95,100 out of 1.1 million)

Quote – Sense of Community 1

I really enjoy the collaboration [...] across the country. So, really, it's that sense of community, I think. And the shared learning that we are able to do from each other. I think that's my favorite part.

Viral Suppression (Mar 2021 – Jun 2022) 1

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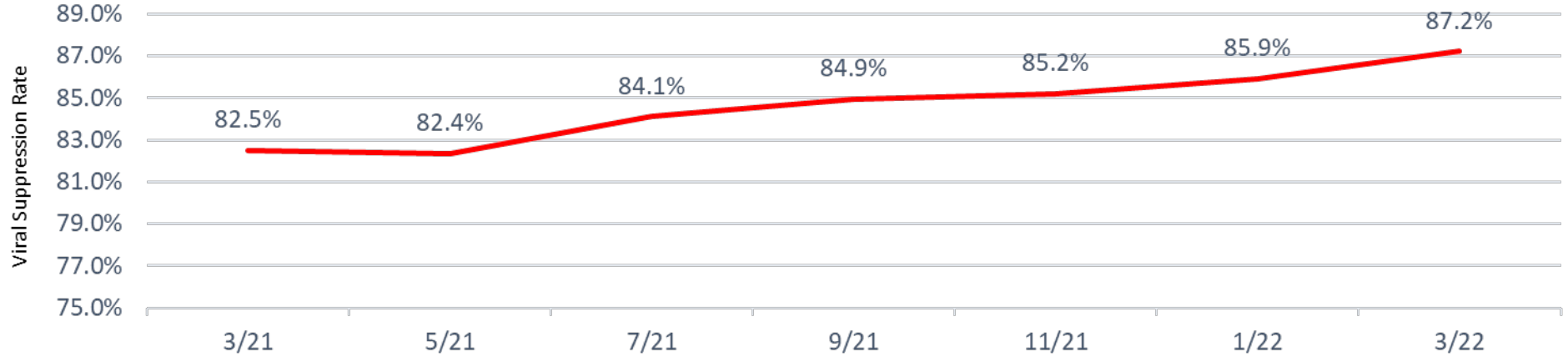
What Were the Data Telling Us? Overall Viral Suppression Data Submissions (Apr 10, 2022)

Overall Viral Suppression (VS) Rates

Data Cycle	*Denominator*	*Numerator*	*VS %*
Mar-21	**95,071**	**75,795**	**82.5%**
May-21	89,023	70,320	82.4%
Jul-21	73,328	58,968	84.1%
Sep-21	68,529	55,143	84.9%
Nov-21	70,958	57,370	85.2%
Jan-22	66,806	54,405	85.9%
Mar-22	**38,648**	**33,613**	**87.2%**

The overall viral suppression rate increased from 82.5% (Mar 2021) to 87.2% (Mar 2022) decreasing the number of people with HIV who are not virally suppressed by 27%.

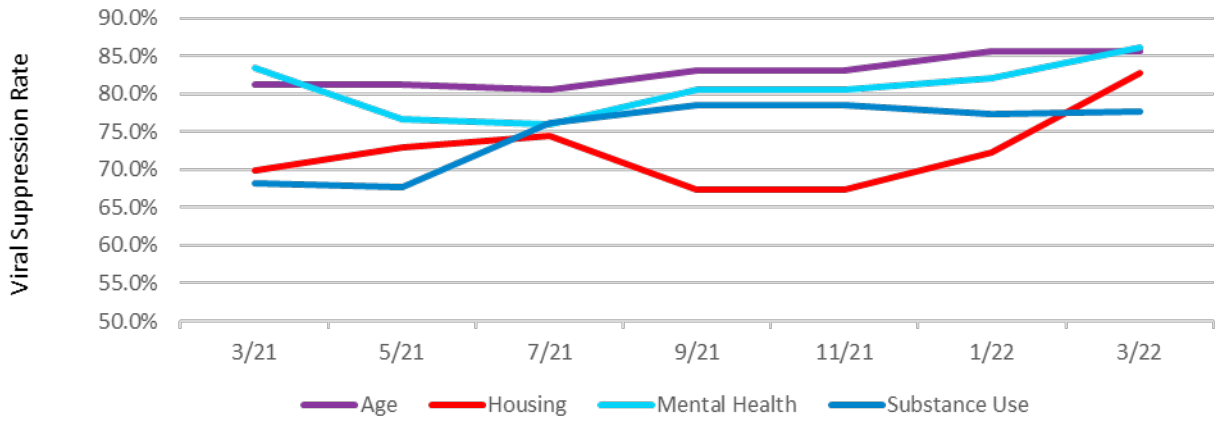


Viral Suppression (Mar 2021 – Jun 2022) 2

What Were the Data Telling Us? Cross-Sectional Data Submissions (Apr 10, 2022)

Date	*Age*	*Housing*	*Mental Health*	*Substance Use*
Mar-21	**81.3%**	**69.9%**	**83.5%**	**68.2%**
May-21	81.3%	72.9%	76.6%	67.6%
Jul-21	80.5%	74.4%	75.9%	76.1%
Sep-21	83.1%	67.3%	80.5%	78.5%
Nov-21	83.1%	67.3%	80.5%	78.5%
Jan-22	85.6%	72.2%	82.1%	77.4%
Mar-22	**85.6%**	**82.8%**	**86.1%**	**77.7%**

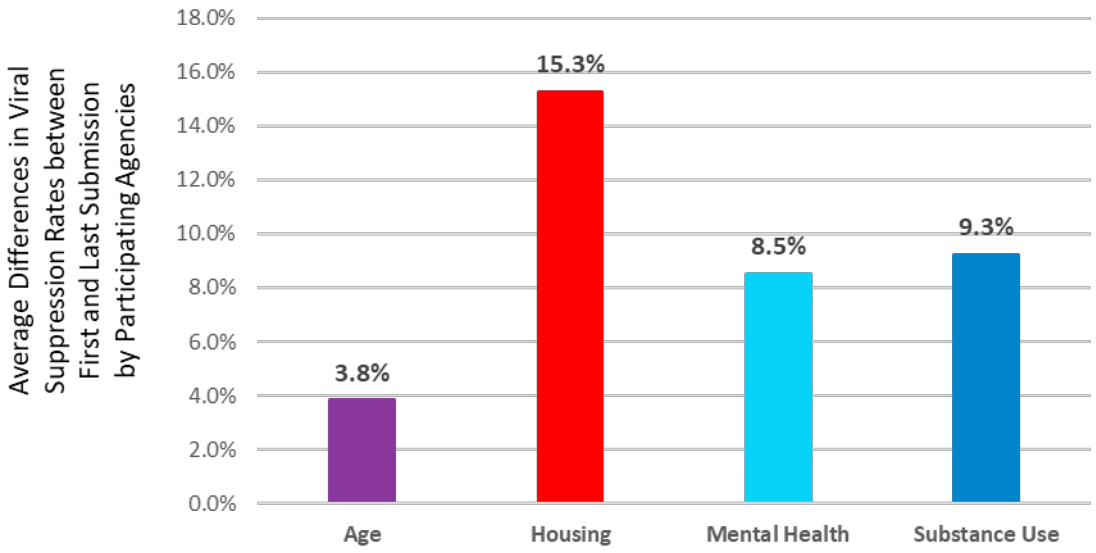
Between March 2021 and March 2022, the subpopulation viral suppression rates increased on average 6.5%, specifically Age by 4.3%; Housing by 12.9%; Mental Health by 2.6%%; and Substance Use by 9.5%.



Date	*Age*	*Housing*	*Mental Health*	*Substance Use*	*Total*
Mar-21	10,427	2,813	5,192	1,868	20,300
May-21	9,433	2,827	7,592	1,779	21,631
Jul-21	9,036	1,697	6,307	1,475	18,515
Sep-21	9,537	937	6,160	1,504	18,138
Nov-21	9,544	1,189	4,743	1,427	16,903
Jan-22	8,655	1,156	4,400	1,294	15,505
Mar-22	7,366	1,144	4,727	1,081	14,318
	63,998	11,763	39,121	10,428	125,310

Viral Suppression (Mar 2021 – Jun 2022) 3

Were We Improving? Difference between First and Last Submission for Each HIV Subpopulation (April 10,2022)



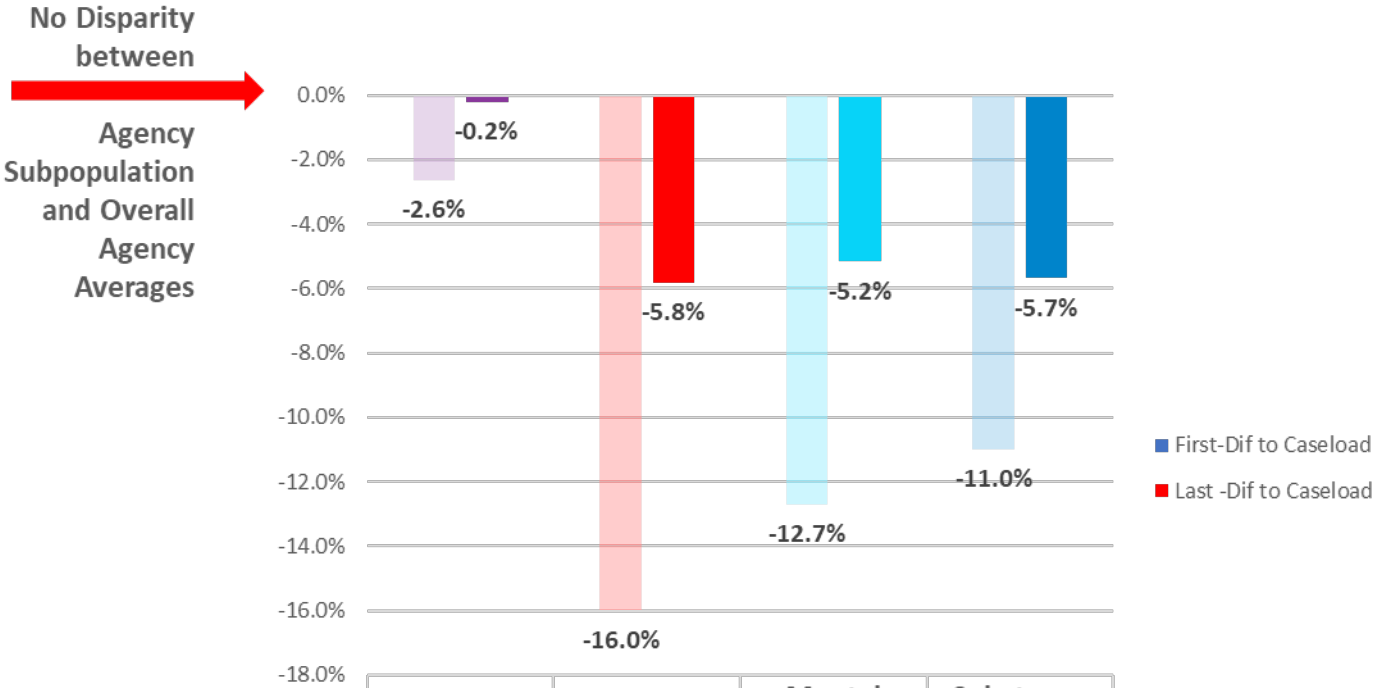
Gains in viral suppression rates were found across all HIV subpopulations (on average 7.7%) when comparing the first and last agency viral suppression data submissions.

	# of Sites	*First Data (%)*	*Last Data (%)*	*Difference*	*# of Patients*
Age	20	81.4%	85.2%	3.8%	8,756
Housing	7	67.8%	83.1%	15.3%	1,167
Mental Health	9	77.0%	85.6%	8.5%	4,732
Substance Use	12	70.8%	80.0%	9.3%	1,695
Total	*48*	*75.9%*	*83.7%*	*7.7%*	16,350

Viral Suppression (Mar 2021 – Jun 2022) 4

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Were We Closing the Gap? Changes in Agency Subpopulation vs Overall Agency VS Rates (April 10,2022)



	Age	Housing	Mental Health	Substance Use
First-Dif to Caseload	-2.6%	-16.0%	-12.7%	-11.0%
Last -Dif to Caseload	-0.2%	-5.8%	-5.2%	-5.7%

The gap between HIV subpopulation and overall viral suppression rates was reduced for all four groups, on average by 6.4%, between March 2021 and March 2022.

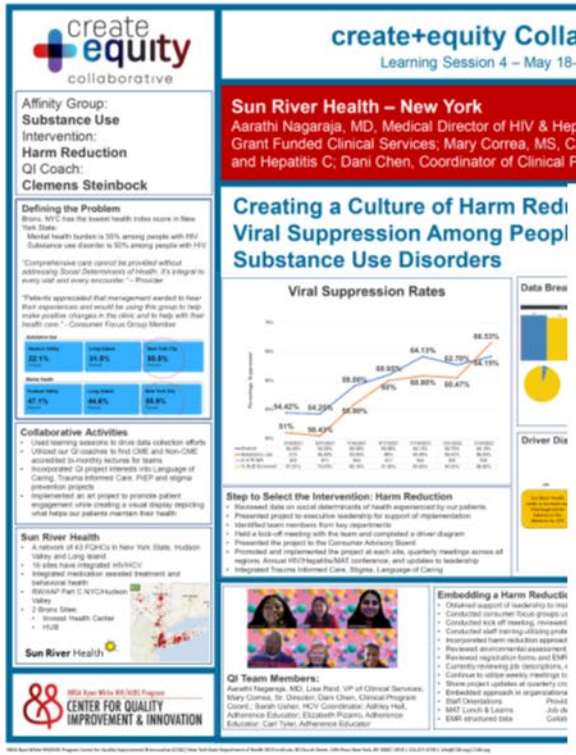
Quote – Sense of Community 2

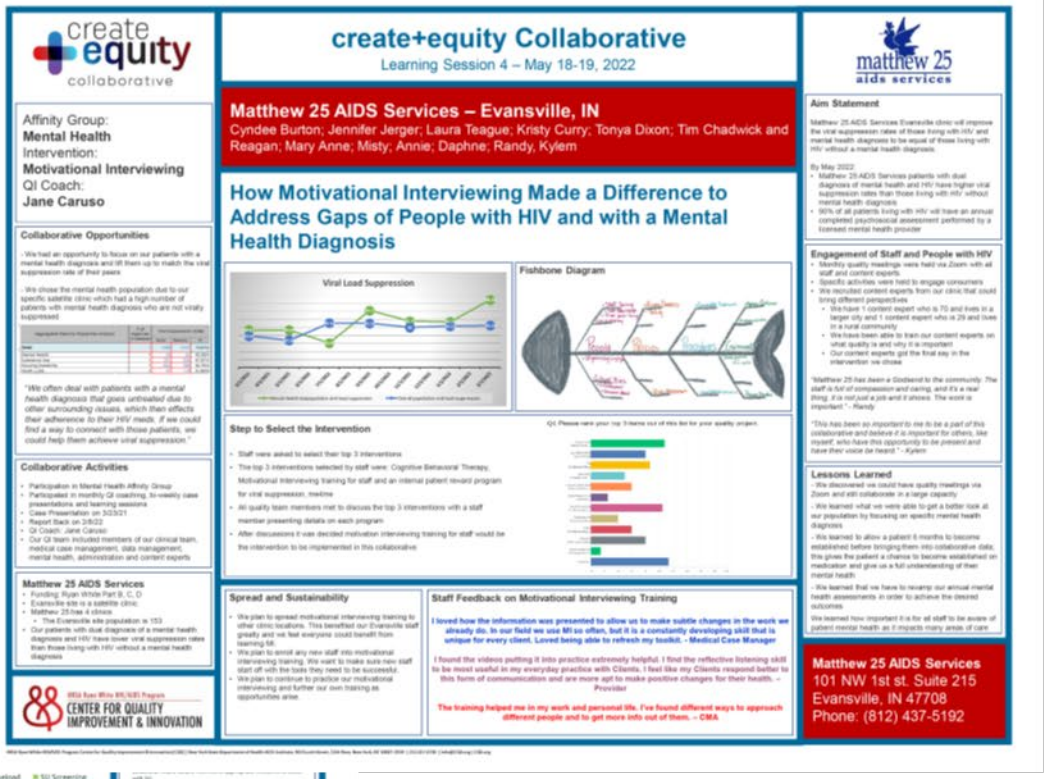
I think that sense of community and you don't have to do this by yourself. You've got lots of support. [...] But they also expect a lot of you. [...] You're going to be called. You have to be paying attention. That's really good. Then just the mixture of people... There's so many diverse voices that come together as part of these collaboratives, and that's priceless, really.

create+equity Collaborative Evaluation Preliminary Qualitative Findings – Year 1; University of California San Francisco; Sep 2021

Storyboards 1

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT





create+equity Collaborative

Learning Session 4 – May 18-19, 2022

Affinity Group:
Substance Use
Intervention:
Harm Reduction
QI Coach:
Clemens Steinbock

Sun River Health – New York

Aarathi Nagaraja, MD, Medical Director of HIV & Hepatitis C; Lisa Reid, LCSW, VP of Grant Funded Clinical Services; Mary Correa, MS, CASAC, Senior Director, Genesis and Hepatitis C; Dani Chen, Coordinator of Clinical Programs

Creating a Culture of Harm Reduction to Improve Viral Suppression Among People with HIV with Substance Use Disorders

Defining the Problem

Bronx, NYC has the lowest health index score in New York State:
- Mental health burden is 55% among people with HIV
- Substance use disorder is 50% among people with HIV

"Comprehensive care cannot be provided without addressing Social Determinants of Health. It's integral to every visit and every encounter." – Provider

"Patients appreciated that management wanted to hear their experiences and would be using this group to help make positive changes in the clinic and to help with their health care." - Consumer Focus Group Member

Collaborative Activities

- Used learning sessions to drive data collection efforts
- Utilized our QI coaches to find CME and Non-CME accredited bi-monthly lectures for teams
- Incorporated QI project interests into Language of Caring, Trauma Informed Care, PrEP and stigma prevention projects
- Implemented an art project to promote patient engagement while creating a visual display depicting what helps our patients maintain their health

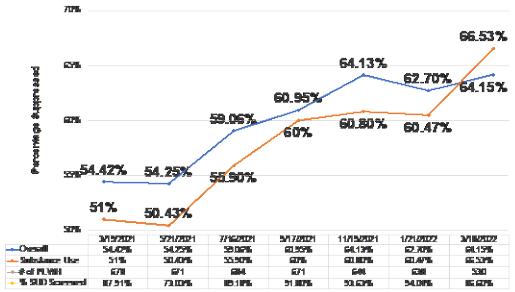
Sun River Health

- A network of 43 FQHCs in New York State, Hudson Valley and Long Island
- 16 sites have integrated HIV/HCV
- Integrated medication assisted treatment and behavioral health
- RWHAP Part C NYC/Hudson Valley
- 2 Bronx Sites:
  - Inwood Health Center
  - HUB

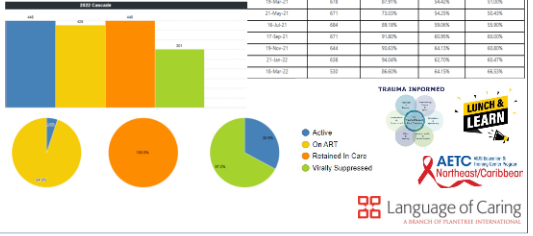
Sun River Health

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

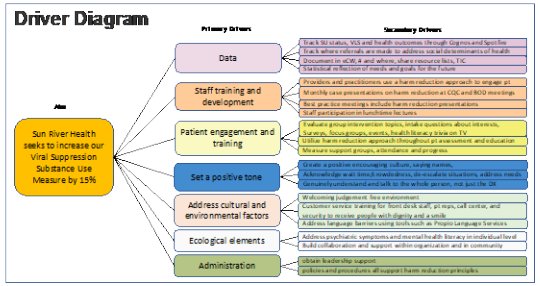
Viral Suppression Rates



Data Breakdown



Driver Diagram



Step to Select the Intervention: Harm Reduction

- Reviewed data on social determinants of health experienced by our patients
- Presented project to executive leadership for support of implementation
- Identified team members from key departments
- Held a kick-off meeting with the team and completed a driver diagram
- Presented the project to the Consumer Advisory Board
- Promoted and implemented the project at each site, quarterly meetings across all regions, Annual HIV/Hepatitis/MAT conference, and updates to leadership
- Integrated Trauma Informed Care, Stigma, Language of Caring

QI Team Members:

Aarathi Nagaraja, MD; Lisa Reid, VP of Clinical Services; Mary Correa, Sr. Director; Dani Chen, Clinical Program Coord.; Sarah Usher, HCV Coordinator; Ashley Hall, Adherence Educator; Elizabeth Pizarro, Adherence Educator; Carl Tyler, Adherence Educator

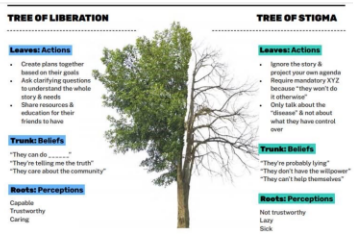
Embedding a Harm Reduction Approach in Primary Care Setting:

- Obtained support of leadership to implement intervention
- Conducted consumer focus groups using intervention process measures to obtain feedback
- Conducted kick off meeting, reviewed harm reduction principles and overall project
- Conducted staff training utilizing professional development orgs and evidence-based interventions
- Incorporated harm reduction approach into clinical staff orientation and ongoing training
- Reviewed environmental assessment, signage, waiting room, flow
- Reviewed registration forms and EMR templates, case conference language
- Currently reviewing job descriptions, interviewing process, documentation
- Continue to utilize weekly meetings to share updates, training
- Share project updates at quarterly cross-regional quality meetings, Annual Genesis Conference
- Embedded approach in organizational structures:
  - Staff Orientations
  - MAT Lunch & Learns
  - EMR structured data
  - Provider Grand Rounds
  - Job descriptions – staff expectations
  - Collaborated with other Sun River projects
  - Annual conference
  - Case conference language

Sun River Health

Aim Statement

By Jun 2022, increase the viral suppression rate for patients with substance use disorders by 15% by integrating harm reduction approach into primary care, prescribe antiretroviral (ART) and retain those patients in care by above 90-95%.



Consumer Involvement

- Invited peers to kick off training to learn about project and participate in the completion of the driver diagram – peers were very engaged
- Presented project to Consumer Advisory Board and provided quarterly updates
- Completed annual surveys on quality of services
- Attended psychosocial education groups on harm reduction, prevention
- Peers attend monthly QI meetings, Affinity Group meetings, NYLinks trainings increasing knowledge of quality improvement
- Peer facilitated art group to promote patient engagement
- Peers co-facilitated focus groups to obtain consumer feedback

Lessons Learned

- Culture change takes time and collaboration
- Discuss regularly with consumer group for feedback
- Be flexible and ready to integrate project activities and findings into new initiatives
- Maintain a schedule of meetings to keep the team focus when competing projects emerge
- Cheerleaders are critical to maintain momentum
- Social determinants of health continue to be the greatest barrier & require macro level change
- Embed approach in organizational structures – training, documentation – for sustainability
- Awareness and knowledge promotes a harm reduction lens among staff
- QI projects are hard work but build unity!

Sun River Health
Aarathi Nagaraja,
Anagaraja@sunriver.org
Lisa Reid, lreid@sunriver.org
Caseload: ~670
Subpopulation: ~330

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Affinity Group Report Back

Lisa Reid, VP of Grant Funded Clinical Services
Elizabeth Pizarro, Peer Adherence Educator

Sun River Health

New York State

create equity collaborative

Embedding Harm Reduction Approach in Health Care Settings

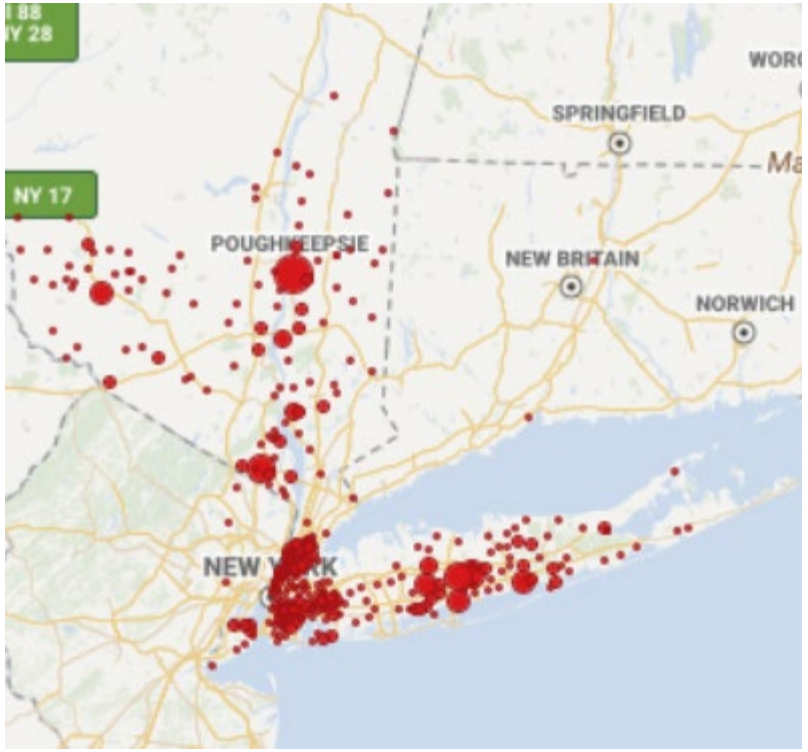
Substance Use Affinity Group

June 21, 2022

Sun River Health, FQHC, NY

- Sun River Health is a network of 43 FQHCs in New York State, throughout NYC, Hudson Valley and Long Island

  - 16 sites have integrated HIV/HCV housed with Primary care, women's health, MAT and mental health care.
  - RWHAP Part C NYC/Hudson Valley
  - CQII Project focused on 2 sites, in the Bronx
    Inwood Health Center and HUB, Approximately 600 patients
    located 5 miles (about 20 min subway ride)
  - Densely populated, high rates of poverty, substance use disorder, mental illness and homelessness
  - Intervention - integrated model harm reduction approach



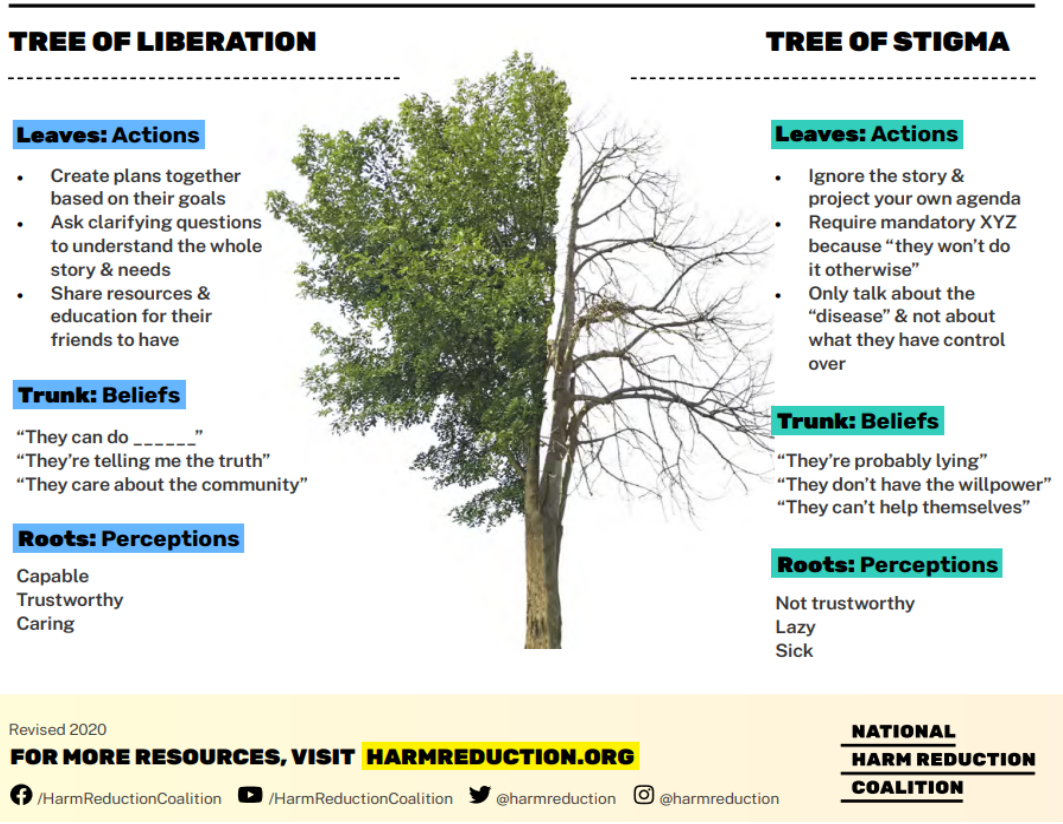
Defining the Problem

- Bronx, NYC has the lowest health index score for New York State.
- Substance Use Disorder is 50% among PLWH
- Mental Health burden is 55% among PLWH
- Impacting viral suppression and retention

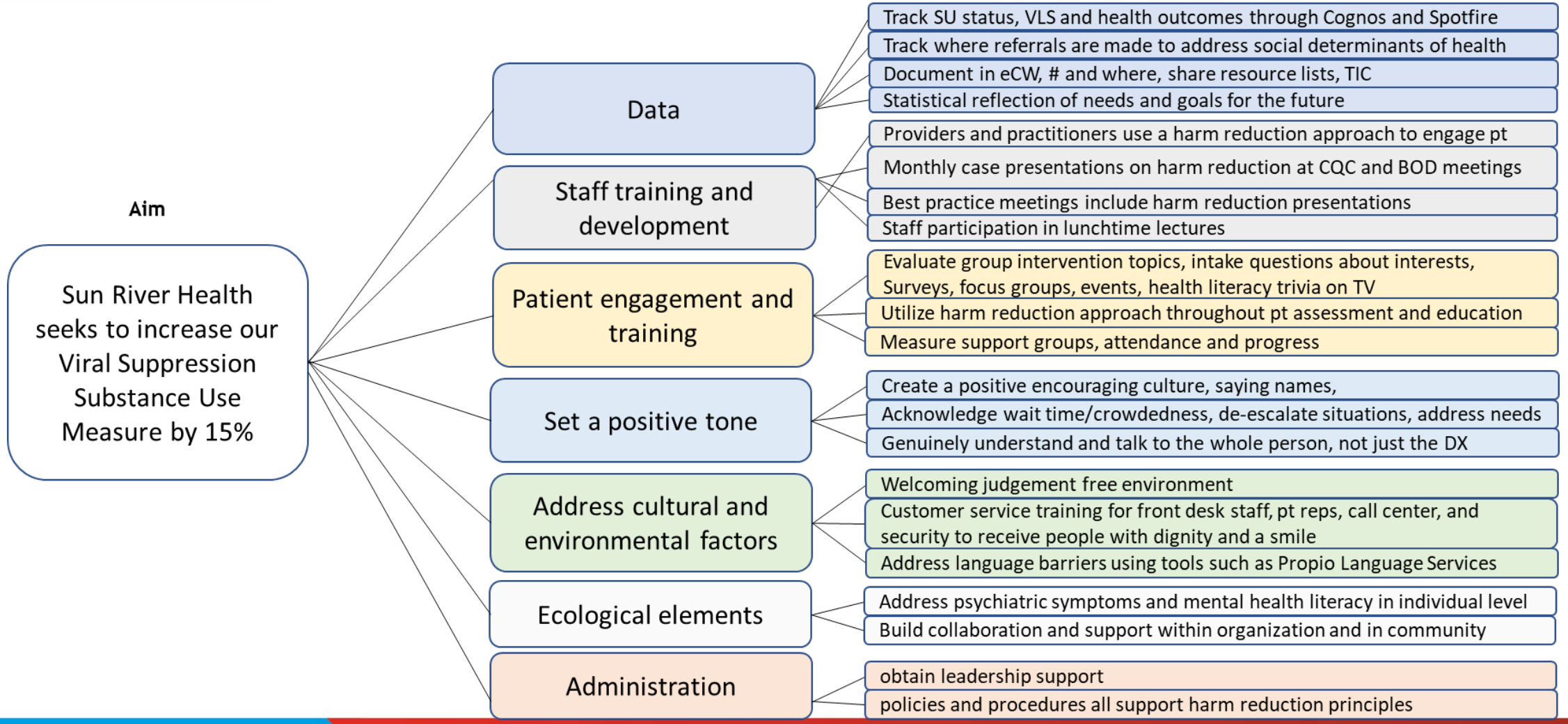
Embedding a Harm Reduction Approach in Health Care Settings

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

- Sun River Health seeks to increase our Viral Suppression for those with Substance Use Measure by 10-15% by integrating harm reduction approach into primary care
- Prescribe ART and Retain those in care by above 90-95%
- Harm reduction core elements of humanism, pragmatism, individualism, autonomy, Incrementalism, Accountability without termination, aligned with organizational mission.



Root Causes – Driver Diagram



Examples of Harm Reduction Principles at Work!

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

- A rather wide and large net was cast during implementation of harm reduction trainings, to reflect multiple facets and levels of patient interactions.
- It helped to build in some redundancy in trainings so that it speaks to all interactions.
- Examples of integration of principles of harm reduction at work:
  - **Humanism:** Language of Caring and de-escalation trainings for all staff.
  - **Pragmatism: C**ase conferences discussions centered around behavior and change expectations
  - **Individualism:** Integrated care approaches with Health Homes, RW MCM, ADHC, RAP, Mental Health
  - **Autonomy, Incrementalism, Accountability without termination:** Reflected in our prescription, retention, integration work, shared decision making.

CQII Guidance in our Project

- We used the learning sessions to
  Drive our data collection and initiative
- Utilized our QI coaches to find CME and Non-CME
  accredited lectures for teams held bi-monthly.
- Incorporated CQII project interests into
  Trauma Informed Care and stigma prevention projects.
- Incorporated case presentation suggestion to implement an art project to promote patient engagement while creating a visual display depicting the messages by patients through various art mediums what helps them maintain their health and viral load suppression.

“Healing through Art” 1

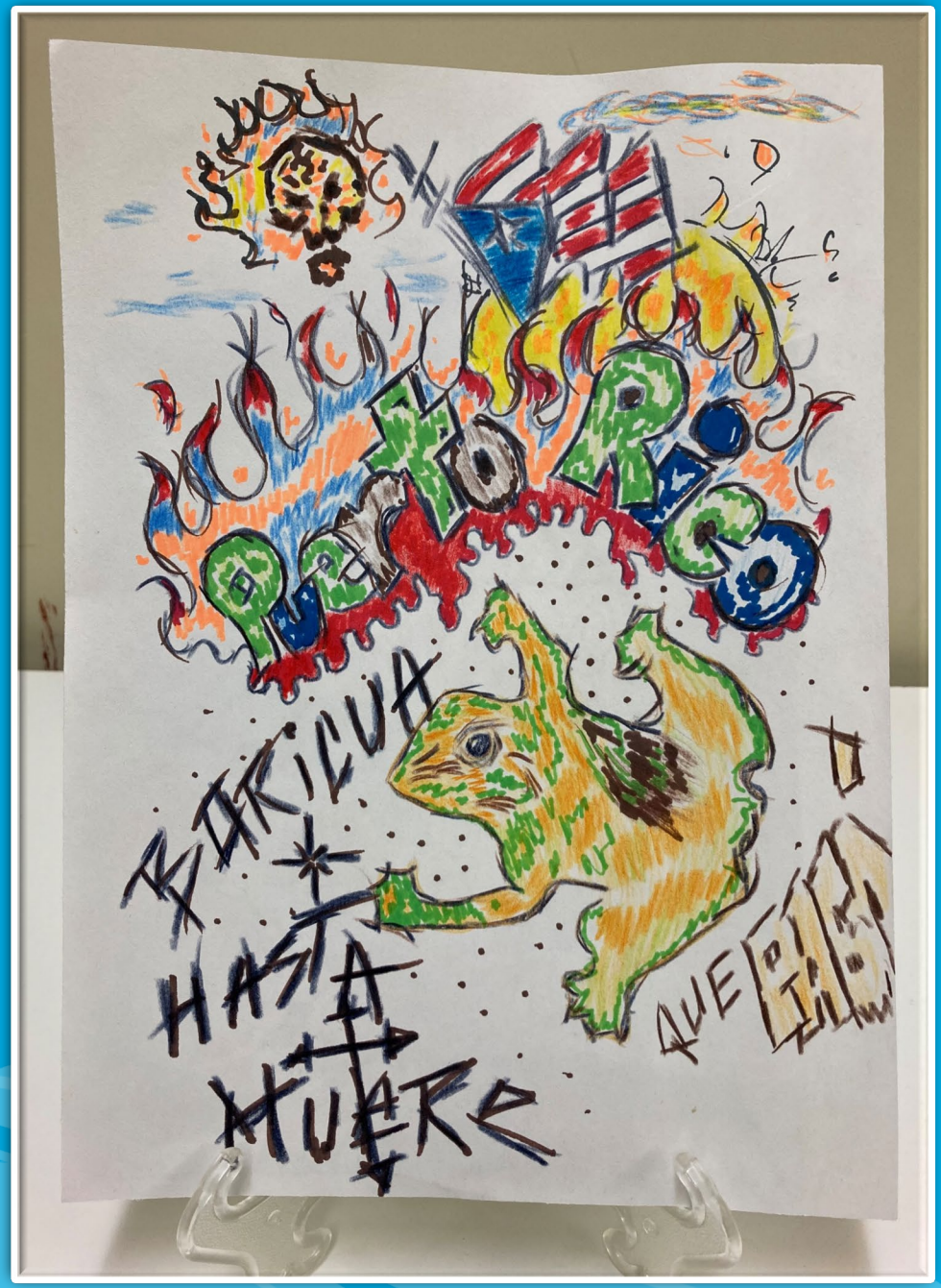
Elizabeth, Peer Adherence Educator

“Healing through Art” 2

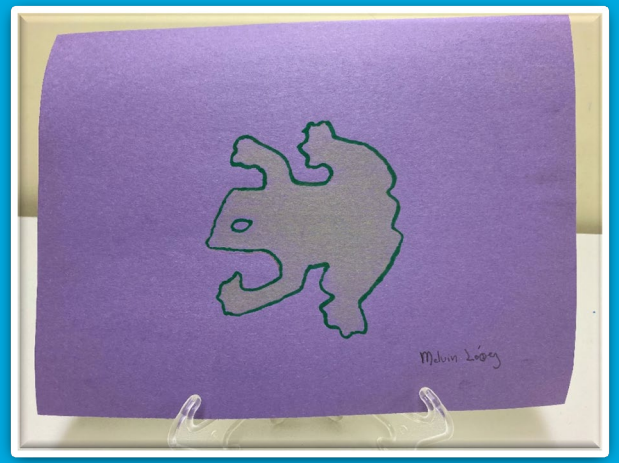
“Perfectly Imperfect”

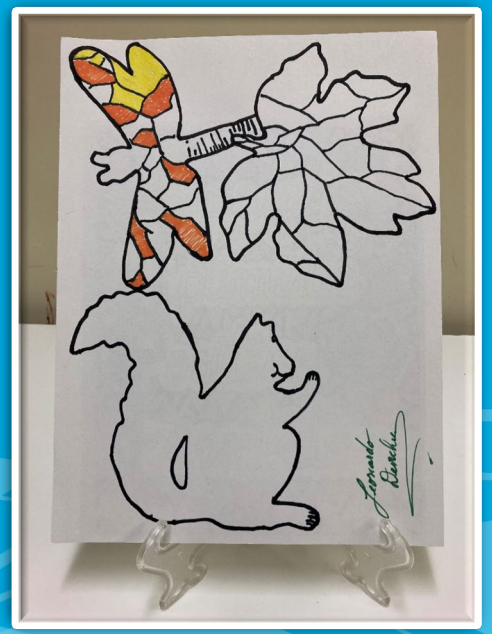
By: Elizabeth

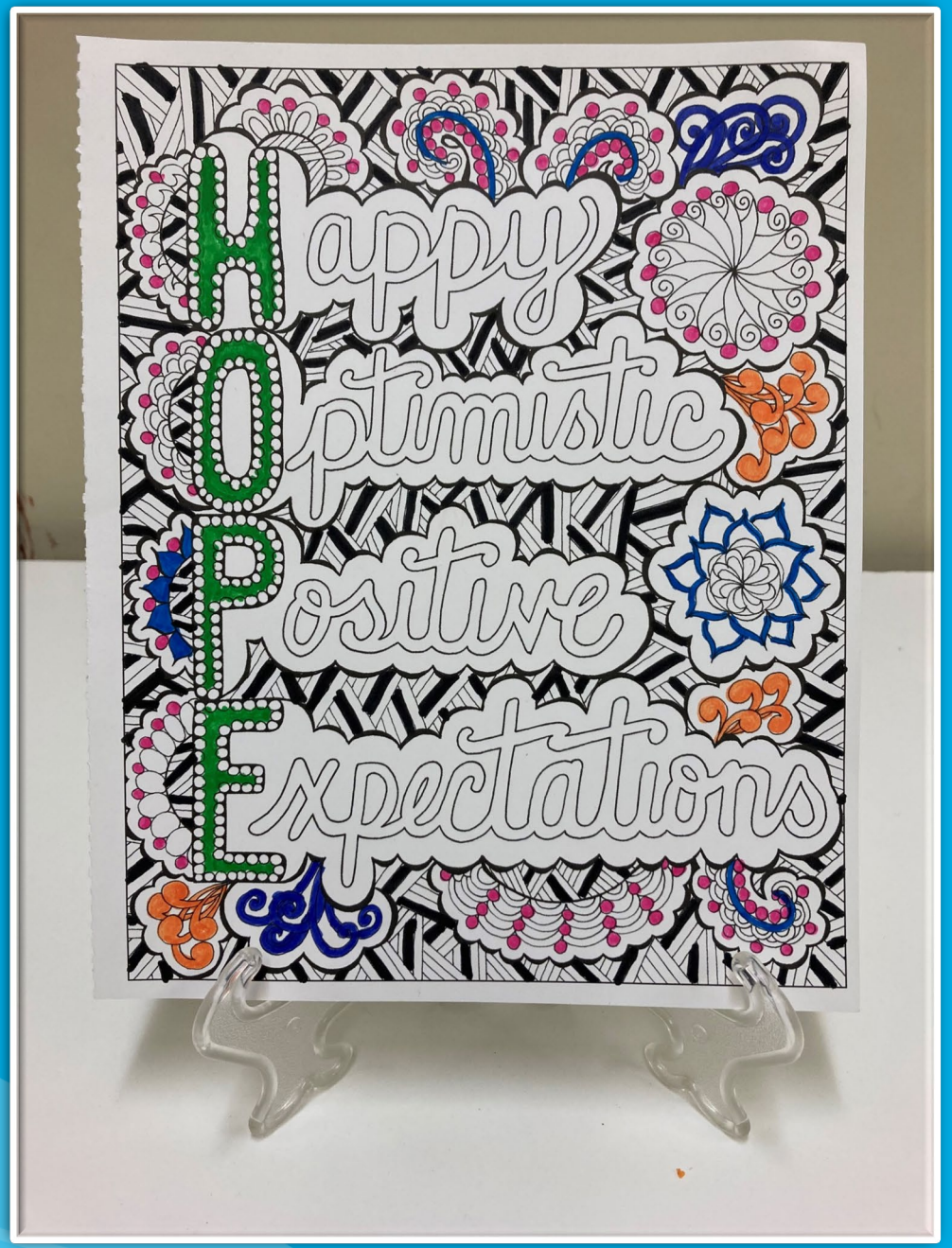
Healing through Art 3



Healing through Art 4







“Healing through Art” 5

Ann Taylor, Participant

ADHC Serenity Room

Where Freedom of Self Expression Begins

Healing Through Art

04/07/2022

Spreading the Project to the Hudson alley and Long Island

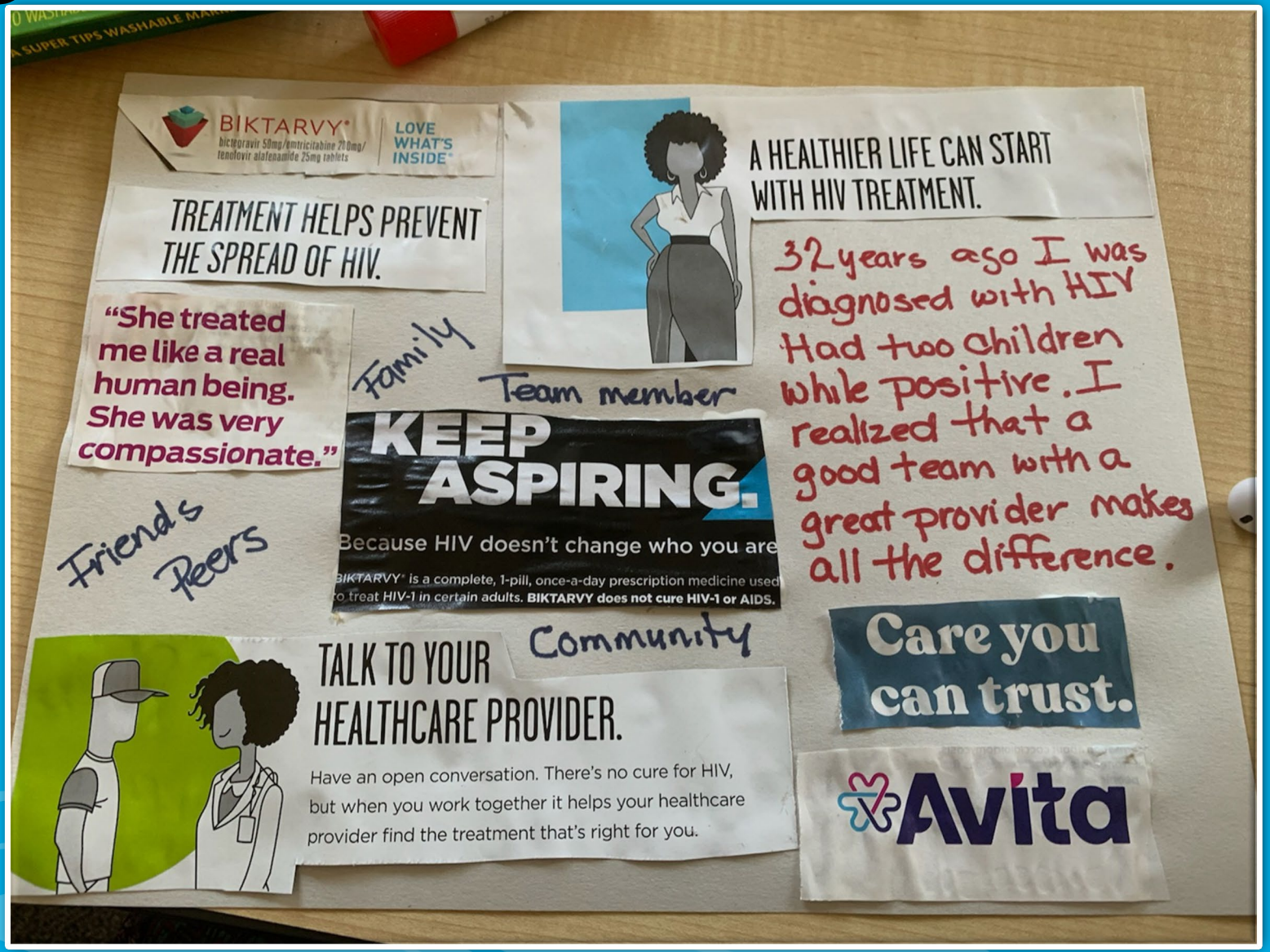
Monticello artwork

Healing Through Art

04/07/2022

Healing through Art 6

Healing through Art 7



Implementation for Sustainability

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

- Embedding Harm Reduction Principles into All Aspects of the Health Center:
  - Focused on organizational system change for sustainability
  - Health Center and executive leadership were trained in harm reduction through harm reduction, Language of Caring and De-escalation trainings.
  - Developed a Clinical staff orientation including HIV, PrEP, HCV, harm reduction and Naloxone training.
  - Incorporated harm reduction into the ongoing assessment and staff training, annual Genesis Conference, CME trainings.
  - Harm reduction is built into structured data, templates – medical and cm visits, case conference..
  - Added harm reduction to the support staff training plan.
  - Schwartz rounds, Planetree retreats – self care for employees that celebrate, rejuvenate, and empower us to continue this work.
    - Celebrates both small and large successes.
    - Department recognition Zooms by executive leadership.
  - Patient experience surveys ask about sensitivity during the visit to stigma, trauma, mental health and substance use.
  - Workflow continues to be examined and adjusted.
  - Developing resource lists for services, toolkits.
  - Installed new signage post merger. Additional signage needs identified.

Language of Caring
A BRANCH OF PLANETREE INTERNATIONAL

AETC AIDS Education & Training Center Program Northeast/Caribbean

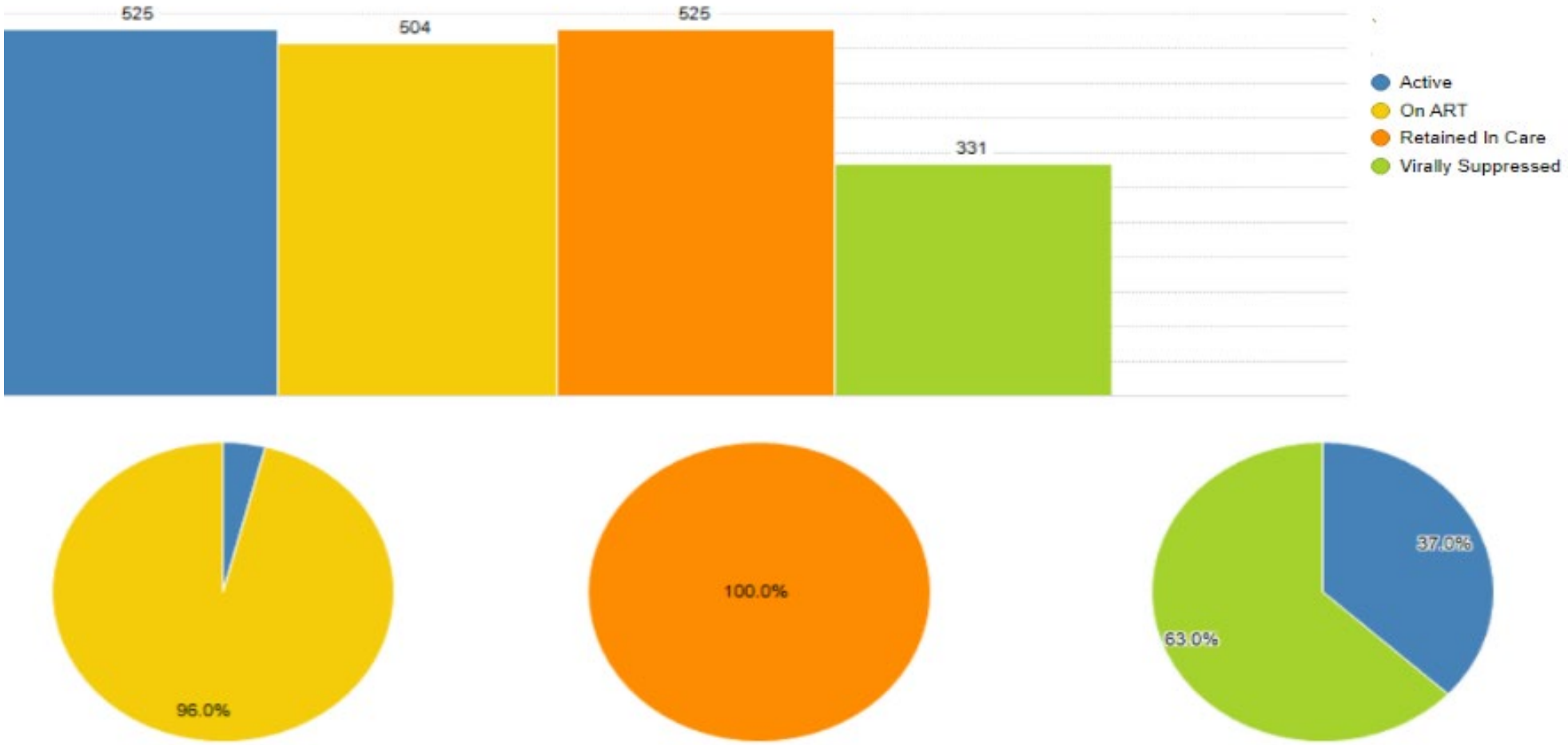
Challenges and Barriers

- Change takes time, to see change, we must be change.
- Staff turn over due to the current pandemic
- Constantly adjusting to changes is workflow and procedure due as we respond to the pandemic
- Competing interests in team and health center, and organization
- Many systems changes due to the merger
- So important to take a moment to reflect on the importance of integrating this into daily care

Patient Feedback

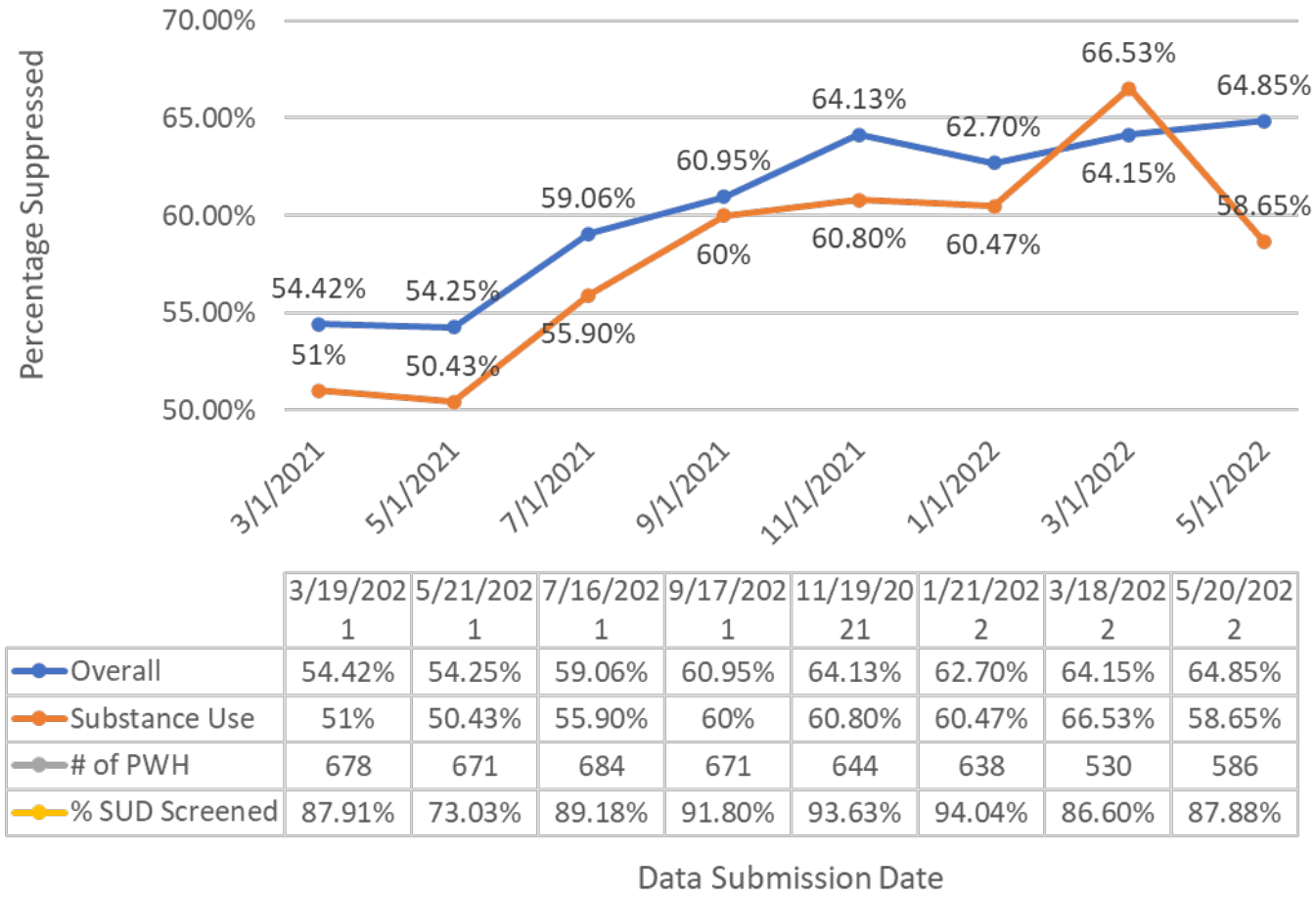
People with HIV Engagement	FOCUS Group Comments
Invited peers to kick off training to learn about project and participate in the completion of the driver diagram. Peers were very engaged.	Feel comfortable discussing health issues, substance use, and sexual health with their providers. Feel respected, not judged, providers do encourage harm reduction, listen to patient concerns. Sometimes feel stigmatized by security.
Presented project to CAB and provided quarterly updates	Front desk and clinical staff could benefit from customer service and communication training, sensitivity training.
Attended psychosocial education groups on harm reduction, prevention	HUB patients: available appts. Within 1-2 weeks, no long waits. Inwood: available appts. but long wait time.
Completed annual surveys on quality of services	Providers acknowledge patient progress, even small steps.
Peers co-facilitated focus groups to obtain patient feedback	Patients feel responsible for decisions about treatment and are not fearful of being “fired”.
Peer facilitated art group to promote patient engagement..	Providers recognize their unique needs, listen to them. Patients feel able to change providers if they chose.
Peers attend monthly QI meetings, Affinity Group meetings, NY Links trainings increasing knowledge of QI.	Requested education groups, more MH appts, and a waiting room away from children, hold meet and greet with new MD and management, conduct “secret shopper” appointments to check quality.
	Appreciated that Management wanted to hear their experiences and would be using this group to help make positive changes in the clinic and to help with their health care.

Viral Suppression Cascade; Increased by 10% from Baseline



Viral Suppression Rate Over Time

Date	Overall	Substance Use	# of PWH	% SUD Screened
3/19/2021	54.42%	51%	678	87.91%
5/21/2021	54.25%	50.43%	671	73.03%
7/16/2021	59.06%	55.90%	684	89.18%
9/17/2021	60.95%	60%	671	91.80%
11/19/2021	64.13%	60.80%	644	93.63%
1/21/2022	62.70%	60.47%	638	94.04%
3/18/2022	64.15%	66.53%	530	86.60%
5/20/2022	64.85%	58.65%	586	87.88%



	3/19/2021	5/21/2021	7/16/2021	9/17/2021	11/19/2021	1/21/2022	3/18/2022	5/20/2022
Overall	54.42%	54.25%	59.06%	60.95%	64.13%	62.70%	64.15%	64.85%
Substance Use	51%	50.43%	55.90%	60%	60.80%	60.47%	66.53%	58.65%
# of PWH	678	671	684	671	644	638	530	586
% SUD Screened	87.91%	73.03%	89.18%	91.80%	93.63%	94.04%	86.60%	87.88%

Lessons Learned

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

- Culture change takes time and collaboration
  - Use multiple sources to integrate approach
  - Discuss regularly with people with lived experience group for feedback
  - Be flexible and ready to integrate project into new initiatives
  - Maintain a schedule of meetings to keep the team focus when competing projects emerge
  - Leadership support is essential
  - Cheerleaders are critical to maintain momentum
  - Social determinants of health continue to be the greatest barrier & require macro level change & interagency collaboration
  - Embed approach in organizational structures – training, documentation – for sustainability
  - Awareness and knowledge promotes a harm reduction lens among staff
- QI projects are hard work but build unity and improve care!

QI Team

Aarathi Nagaraja, Medical Director of HIV 7 Hepatitis C
Anagaraja@sunriver.org

Lisa Reid, LCSW , VP of Grant Funded Clinical Services
lreid@sunriver.org

Mary Correa, MS, CASAC, Senior Director, Genesis and Hepatitis C
mcorrea@sunriver.org

Dani Chen, Coordinator of Clinical Programs
dchen@sunriver.org

RAP Team
Carmen Rodriguez, Treatment Adherence Coordinator
Elizabeth Pizarro, Peer Adherence Educator
Ashley Hall, Peer Adherence Educator

Hep C Team
Sarah Usher, Hep C Program Coordinator
Medesa Garrett, Hep C Program Coordinator
Alex Ortiz, Linkage to Care Specialist
Carl Tyler, Peer Adherence Educator

PrEP Team
Mechelle Jones, PrEP Specialist
Cynthia Miha, Peer Adherence Educator

Sun River Health

Thank you

Creating equity will end the HIV epidemic.

CQII at the RW Conference

Other CQII Workshops

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

- Advanced QI: Advanced QI Tools to Improve Your Clinical Quality Management Program: Learn from Lean and Statistics [ID#: 20467]
  - August 25th, 3:30pm – 5:00pm ET
- Patient Involvement in QI: Engaging People with HIV in Quality Improvement: Best Practices to Meaningfully Engage and Involve Patients [ID#: 20468]
  - August 25th, 3:30pm – 5:00pm ET
- PROMS/PREMS: Incorporating the Patient Voices in Quality Improvement: PROMS and PREMS – An Emerging QI Topic [ID#: 20003]
  - August 25th, 3:30pm – 5:00pm ET
- Creating Equity Using Quality Improvement to Make a Measurable Difference: Interventions from the create+equity Collaborative [ID#: 20469]
  - August 25th, 11.15am – 12:45pm ET

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Contact Information

Clemens M. Steinböck, MBA
Director
New York State Department of Health
AIDS Institute
90 Church Street, 13th floor
New York, NY 10007-2919
212.417.4730
Clemens.Steinbock@health.ny.gov

Lisa Reid, MSW
VP of Grant Funded Clinical Services
Hudson River HealthCare
75 Washington Street
Poughkeepsie, NY 12601
914.924.4923
lreid@sunriver.org

Michelle Pendill, MPH
Public Health Specialist
New York State Department of Health
AIDS Institute
90 Church Street, 13th floor
New York, NY 10007-2919
Michelle.Pendill@health.ny.gov

create equity collaborative

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