

Transforming the Capacity Builders

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22

NATIONAL
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

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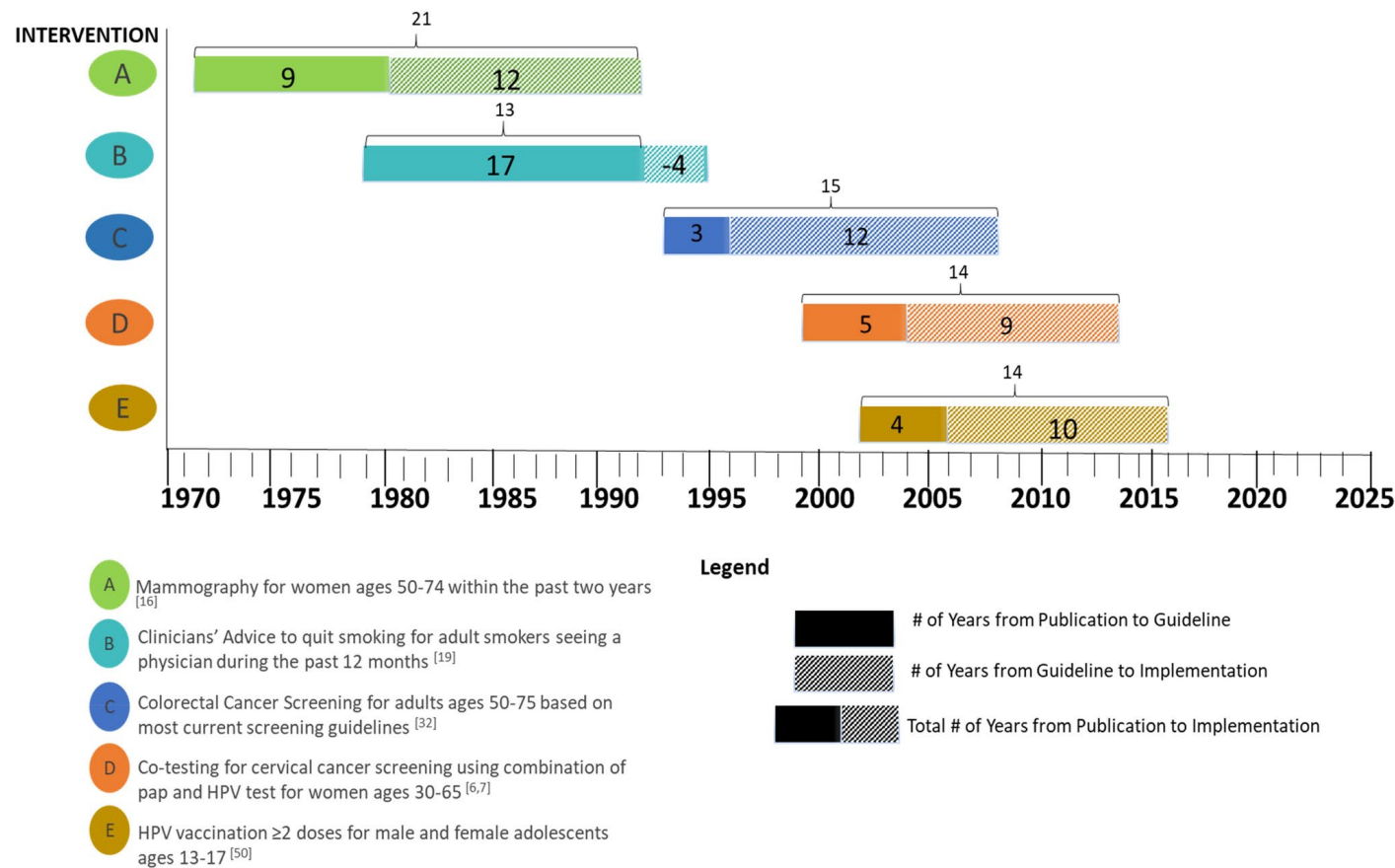
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Objectives

- Review a replicable and scalable model for practice transformation, Leveraging Evidence to Address Disparities (“LEAD”)
- Identify key components of an interactive, virtual training for practice transformation coaches and tools used for practice transformation activities
- Discuss engagement strategies for and experience of RWHAP clinical sites and FQHCs in practice transformation

Our Mission

Evidence to Practice Gap



- A Mammography for women ages 50-74 within the past two years ^[16]
- B Clinicians' Advice to quit smoking for adult smokers seeing a physician during the past 12 months ^[19]
- C Colorectal Cancer Screening for adults ages 50-75 based on most current screening guidelines ^[32]
- D Co-testing for cervical cancer screening using combination of pap and HPV test for women ages 30-65 ^[6,7]
- E HPV vaccination ≥2 doses for male and female adolescents ages 13-17 ^[50]

Note: References cited in the legend reflect sources of data on uptake

- Time from publication to guideline ranged from 3 to 17 years
- Time from guideline to implementation ranged from 4 to 12 years
- Time from publication to implementation ranged from 13 to 21 years, averaging 15 years.

Implementation Science

Implementation Science is the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services

- **Do the Right Things**
 - Orientation of *implementation science*
 - Implementing evidence-based practices
- **Do Things Right**
 - Orientation of *quality improvement*
 - Making sure the practices are done thoroughly, efficiently and reliably

Implementation & Improvement Projects

- *Improvement projects* usually begin with a **specific problem**
- *Implementation projects* usually begin with **an evidence-based practice**

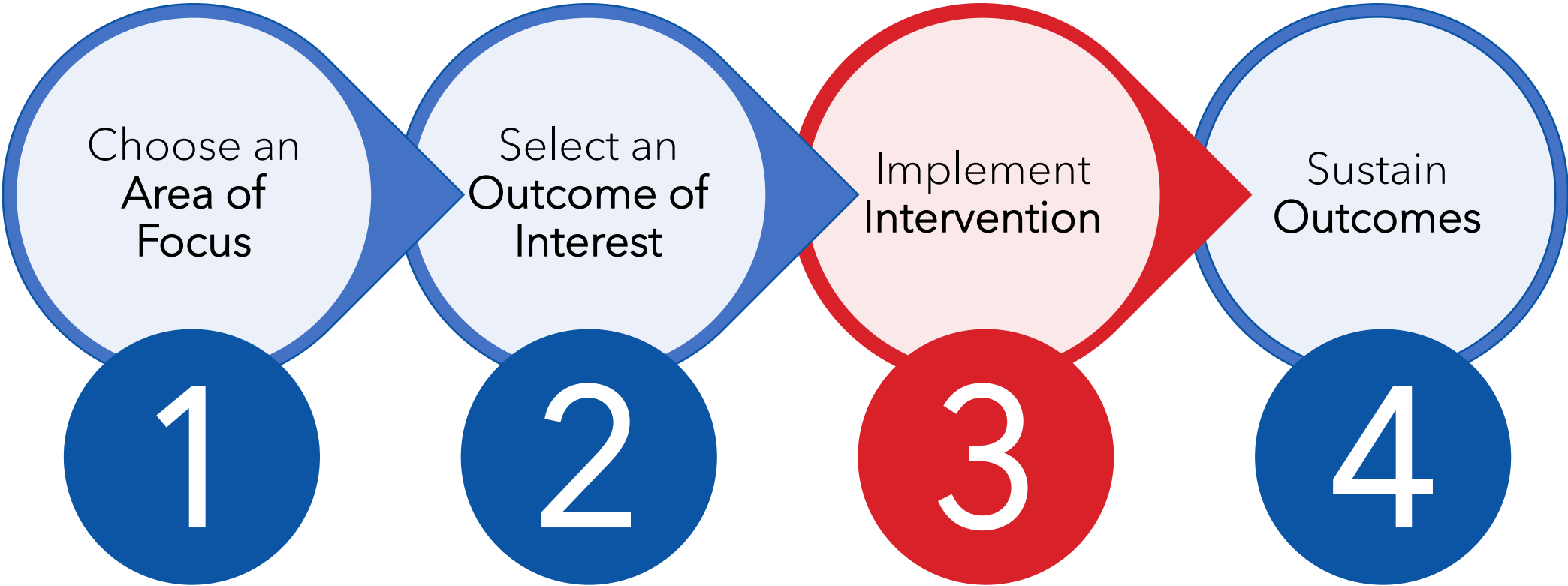
Leveraging Evidence to Address Disparities (LEAD)

NECA AIDS Education & Training Center Practice Transformation Model

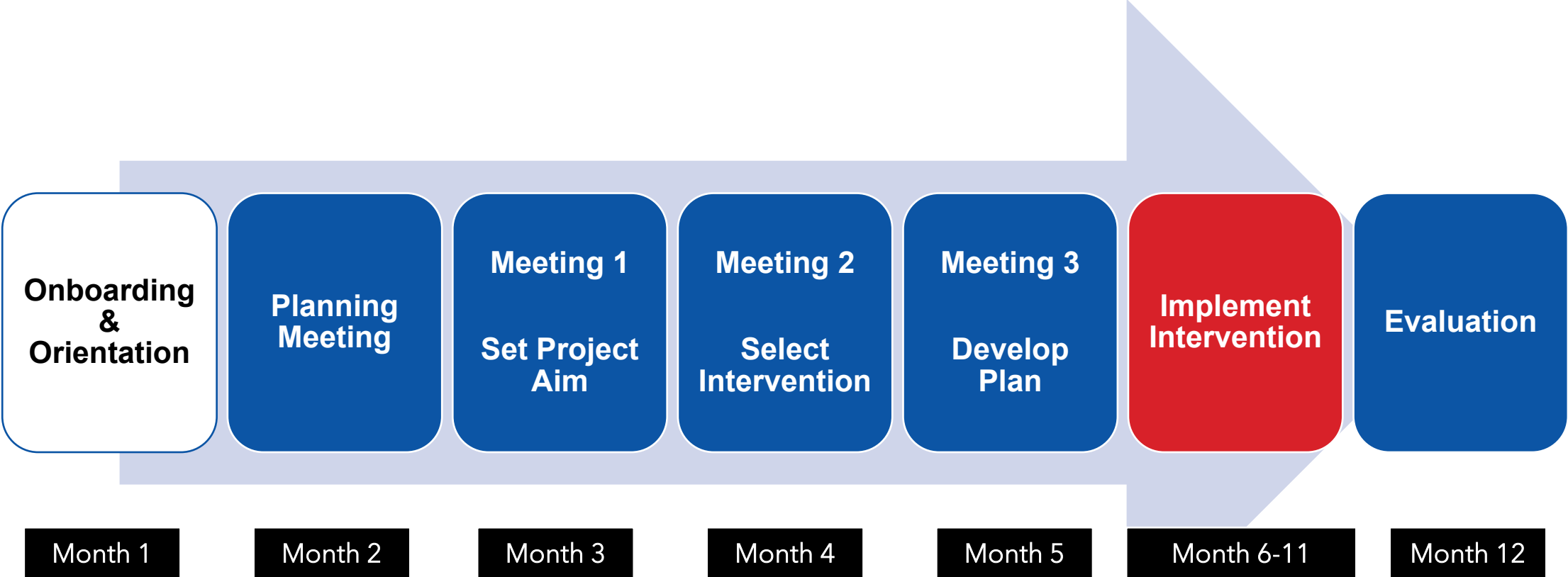
Purpose

The purpose of L.E.A.D. is to leverage evidence and best practice from Ryan White HIV/AIDS Programs to inform and improve efforts to end the HIV epidemic in our local communities.

The L.E.A.D. Process



L.E.A.D. Timeline

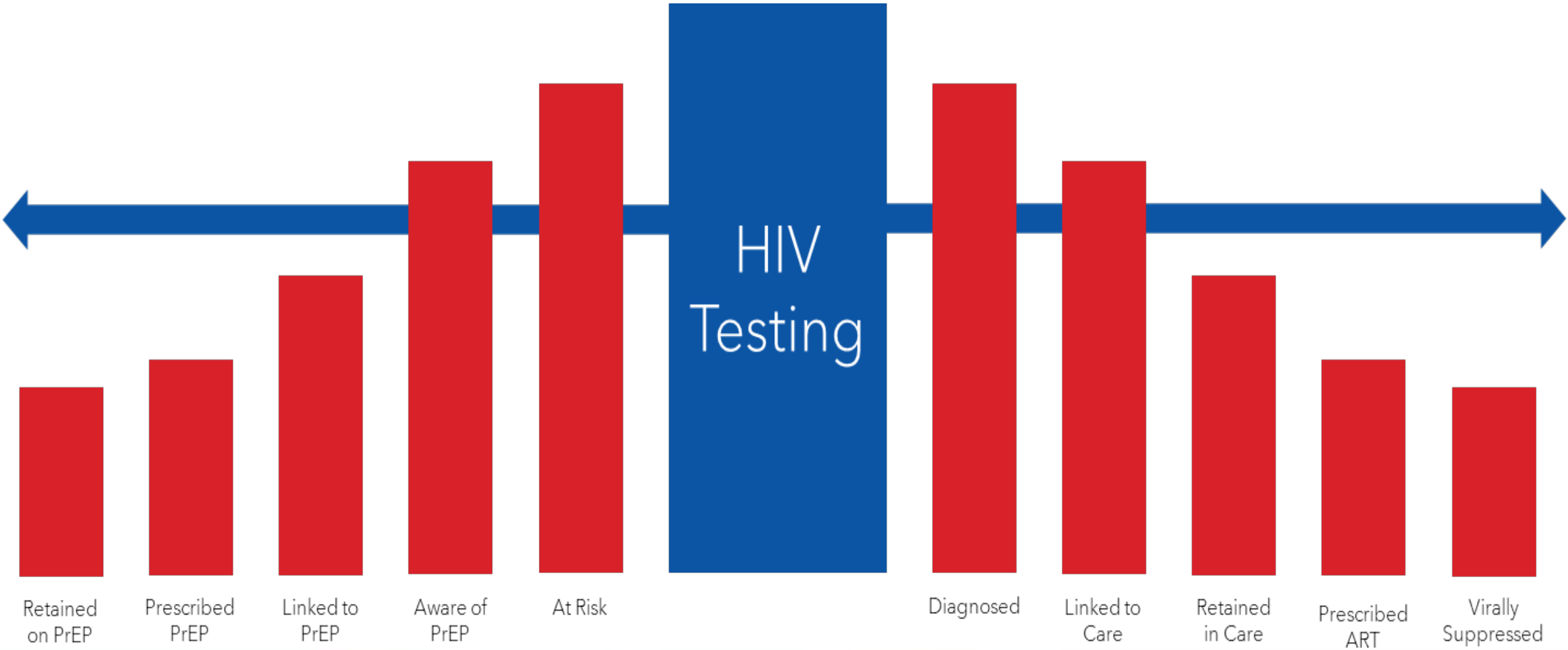


Choose an Area of Focus

- During the agency onboarding, NECA AETC L.E.A.D. Leadership will meet with Agency Leadership to:
 - Review the Agency-AETC Letter of Agreement (LOA)
 - Review Agency Assessment Tools
 - Identify the Agency Team Leader
 - Select an **Area of Focus**
 1. Screening and Assessment
 2. Linkage
 3. Engagement

1

The Status Neutral Continuum



Areas of Focus Examples

1. Screening and Assessment

- HIV Screening and Testing
- STI Screening
- BH Screening (MH & SUD)
- Oral Health Primary Care Screening and Assessment

2. Linkage to Care

- Linkage to PrEP, Primary HIV Care (including BH, Oral Health, etc.)

3. Engagement to Care

- Retention in Primary HIV Care, PrEP, MAT
- Viral Load Suppression

Select an Outcome of Interest

- During the planning meeting, agencies will select an **Outcome of Interest** – a measure to monitor and then sustain their project success
- Leveraging routinely reported HIV prevention, care, and treatment indicators agencies are asked to identify an outcome reflective of their area of interest; for example:
 - Percentage of Newly Diagnosed Linked to Care in 30 days
 - Positivity Rate for HIV Screening/Testing
 - Patient Retention in PrEP
 - STI Screening Rates
 - Viral Load Suppression Rate

Planning

	Meeting 1 Set Aim	Meeting 2 Select Intervention	Meeting 3 Develop Plan
What	<ol style="list-style-type: none">1. Identify Organizational Strengths, Gaps, and Opportunities2. Develop Aim Statement	<ol style="list-style-type: none">1. Examine Current Workflow2. Identify Barriers/ Facilitators3. Select Intervention	<ol style="list-style-type: none">1. Develop Tailored Agency Implementation Plan
Who	Practice Facilitator LEAD Agency Team	Practice Facilitator LEAD Agency Team	Practice Facilitator LEAD Agency Team
Outcome	Agency Aim Statement	Agency Intervention	Agency Implementation Plan

Implementation includes

1. Selecting an **Evidence-based, Evidence-Informed Intervention** or **Emerging Strategy**
2. Developing or Adapting an Implementation Plan
3. Implementing the intervention

Continuum of Evidence



HRSA Definitions

Emerging Strategies	Evidence-Informed Interventions
Demonstrated effectiveness at improving the care and treatment of Persons with HIV	Demonstrated effectiveness at improving the care and treatment of Persons with HIV
Innovative strategies that address emerging priorities for improving care and treatment of people with HIV.	Published research evidence meets HRSA evidence-informed criteria but does not meet CDC criteria for evidence-based interventions.
Real world validity and effectiveness have been demonstrated, but emerging strategies do not yet have sufficient published research evidence.	It may also meet CDC criteria for evidence-informed interventions

Sustain Outcomes

- Continued Implementation of Tailored Agency Plan
- Review of Project Successes/Challenges
 - Adjustments to Agency Plan as needed
- Finalize Quality Assurance/Sustainability Plan

12-Month Evaluation Meeting

- Celebrate Agency Project
- Agency Project Practice Facilitator Storyboard
- Review of required Agency Assessments
- Identify additional **Area of Focus** and/or **Outcome of Interest**

Agency Supports

Practice Facilitation

Practice Facilitation is a multicomponent implementation strategy used to improve the capacity for practices to address care quality and implementation gaps

Practice Facilitators are specially trained individuals who work with primary care practices to make meaningful changes designed to improve patients' outcomes.

Practice Facilitation, Implementation, & Improvement

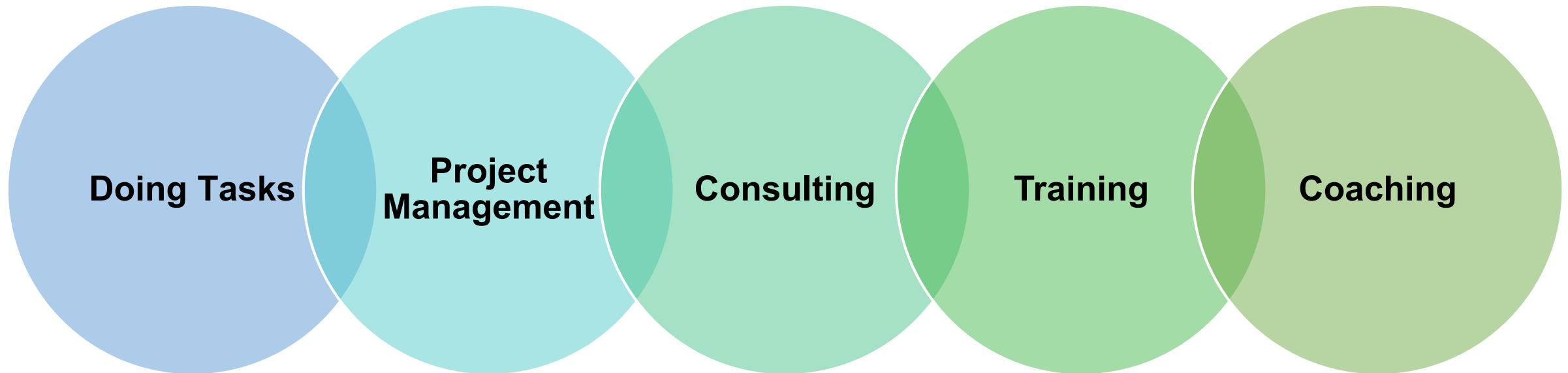
- The role of a practice facilitator is to support agencies in the implementation of evidence-based practices and/or improvement of existing processes
 - Implementation begins with an evidence-based practice which needs to be tailored and adapted to the specific healthcare environment
 - Improvement begins with investigation of a specific problem and investigates to determine the needed solution
- Practice facilitators use a similar set of tools to better understand the **contextual factors** at the agency level in both implementation & improvement
 - These tools can help to tailor or adapt evidence-based practices or to investigate existing processes for improvement opportunities

The Health Care Context

- Key factors differentiate healthcare from other industries; adoption of project management strategies must be adapted to account for the contextual factors differing healthcare from manufacturing
- Contextual factors include:
 - Duplicate Processes
 - Multiple Decision-Points
 - Multi-Person Tasks
 - Documentation & Checklists
 - Policies and Regulations
 - **Patients, Family, & Caregivers**

Practice Facilitator Activities

Increasing team responsibility for providing content & managing the process



Practice Facilitator Activities

- **Doing Tasks:** doing a specific technical task such as data entry, report generation, etc.
- **Project Management:** offering expertise in managing a process for a practice team and could involve planning, leading, or facilitating a meeting
- **Consulting:** offering expertise or providing direct answers or guidance to the practice
- **Training:** offering content or practice expertise via an educational model and in a structured way
- **Coaching:** guiding a team or individual to use their own content or process expertise to solve problems and make progress

Practice Facilitation Supports

- Drafting and Development of Tailored Agency Implementation Plan
- Facilitation of Agency Team Meetings
 - Structured, Scalable, and Adaptable Model of Change
- Drafting and Development of Agency Implementation Materials and Documents
- Providing Meeting Summaries and Development of Synthesis Reports from Discovery Activities
- Creation of Agency Storyboard for Stakeholder Showcasing
- Analyze and Synthesize Project Data for Staff
- Preferred Access to all NE/CA AETC offerings including Conferences

Implementation Facilitation

- Implementation of the Tailored Agency Plan
 - **Agency and Provider Training and Capacity Building**
 - Tailored Didactic and Interactive Presentations/Workshops
 - Preceptorships for Skill and Competency Development
 - Technical Assistance – **Intervention/Practice Tailoring/Adaptations**
 - Establishing Performance Measurement, Process Workflow
- **Monthly L.E.A.D. Agency Call** with Practice Facilitator and Agency Team Leader/Team
- **9-Month Project Status Update** with Agency Team
 - Planning for Sustainability

Implementation Support

- Implementing changes utilizes staff time and effort, requires additional training and capacity building, and can involve new tools and resources.
- To support L.E.A.D. projects, the NE/CA AETC will offer each L.E.A.D. agency up to **\$10,000** in project support.
- The funds must support the L.E.A.D. project directly and must adhere to Ryan White HIV/AIDS Program Part F funding guidance and all funds must be spent in the fiscal year allocated
- Funding is available for each year of project participation

Practice Facilitator Training

Training & Capacity Building

- Originally an in-person training event to be held March 12, 2020
- Revised as a *virtual training* with 8 modules
 - Each module included a case study assignment to apply the knowledge, skills, and tools from the training
 - AETC PT Staff presented their case study assignments at the beginning of the next module
- **Topics:** Situation Analysis, Aim Statements, Process & Journey Mapping, Cause & Effect Diagrams, Ideation & Prioritization, the Model for Improvement, Measurement Trees, Documenting Projects
- Developed by Susan Weigl & Adam Thompson (Regional Coaches)

Situation Analysis



Practice Transformation Network The S.W.O.T. Analysis

May 12, 2020
NE/CA AETC Virtual Coach Training

S.W.O.T.

- Strengths** • Internal characteristics of the organization that allow it to meet the clients' needs
- Weaknesses** • Internal challenges that hinder the ability of the organization to operate efficiently
- Opportunities** • External events that the organization can take advantage of to operate more effectively
- Threats** • External events that may negatively affect the ability of the organization to perform effectively



Aim Statements



Practice Transformation Network Aim Statements

May 26, 2020
NE/CAETC Virtual Coach Training

(2)

Aims for Healthcare Improvement

- Safe
- Effective
- Patient-Centered
- Timely
- Efficient
- Equitable



(14)

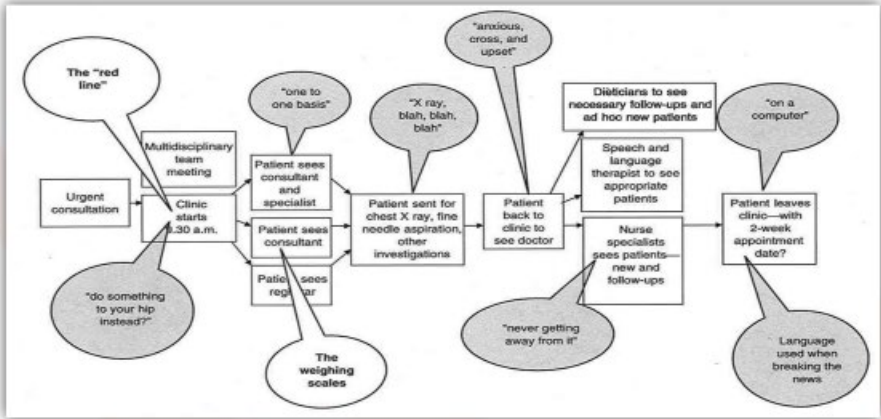
Process & Journey Mapping



Practice Transformation Network Process and Journey Mapping

June 9, 2020
 NE/CAETC Virtual Coach Training

Integrated Process and Journey Map

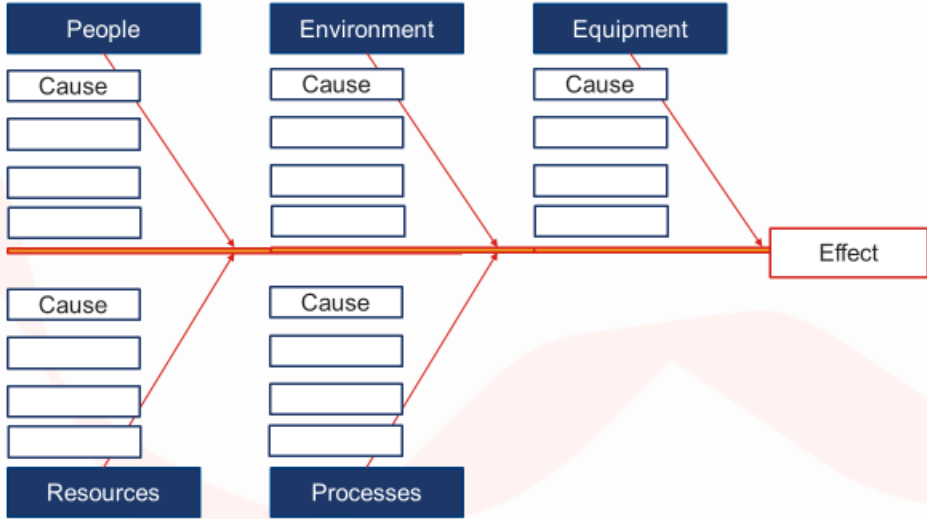


Cause & Effect Diagrams



Practice Transformation Network Cause and Effect Diagrams

June 9, 2020
 NE/CA AETC Virtual Coach Training



Ideation & Prioritization



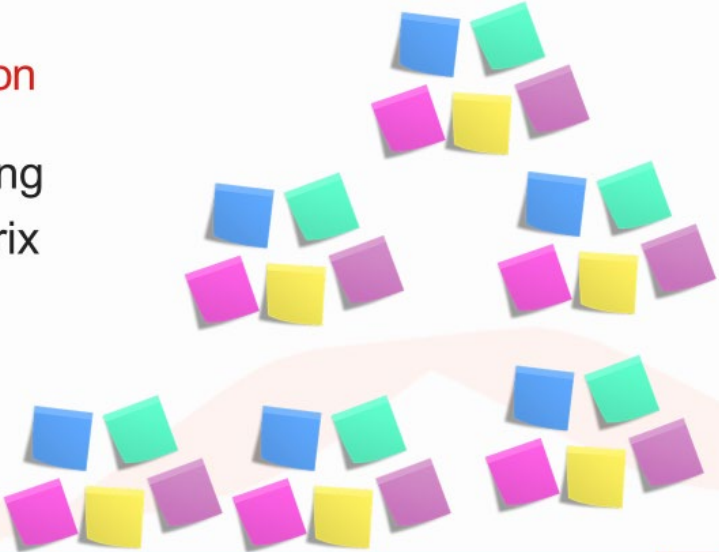
Practice Transformation Network Cause and Effect Review & Ideation and Prioritization

July 7, 2020
NE/CAAETC Virtual Coach Training

[1]

Tools for Ideation

- 1. Brainstorming
- 2. Priority Matrix



[17]

The Model for Improvement

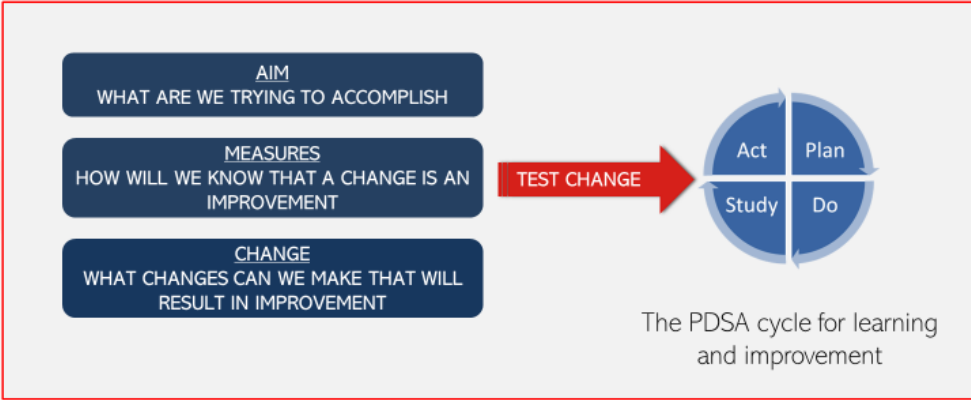


Practice Transformation Network The Model For Improvement & PDSA Cycles

July 21, 2020
NE/CAAETC Virtual Coach Training

[1]

The Model for Improvement



Measurement Trees

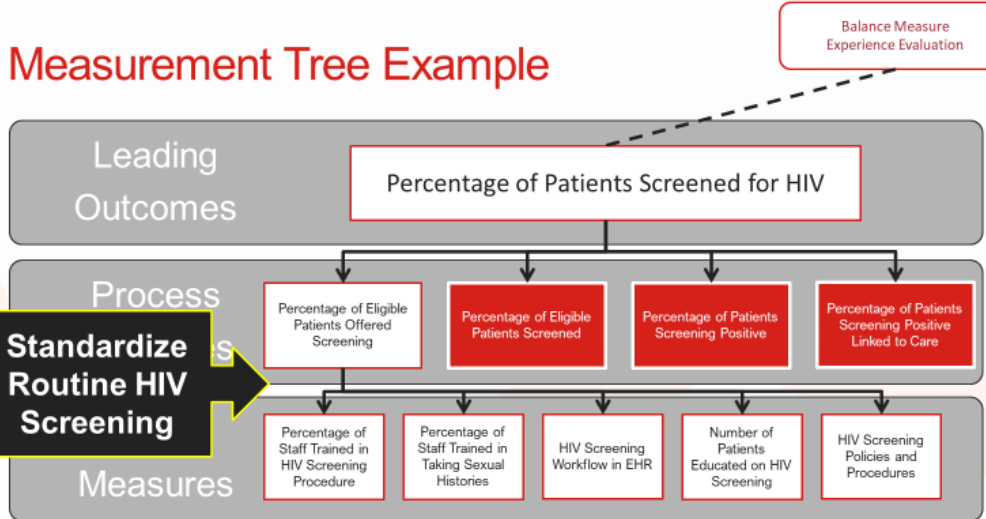


Practice Transformation Network Planning and Measurement Trees

August 4, 2020
 NE/CAAETC Virtual Coach Training

1

Measurement Tree Example



32

Documenting Projects



Practice Transformation Network Project Planning and Documentation

August 18, 2020
 NE/CAAETC Virtual Coach Training

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Example: HIV Screening Implementation Plan

GOAL 1. To increase the number of patients screened for HIV			
OBJECTIVE 1.1: DEVELOP AN HIV SCREENING WORKFLOW			
KEY ACTION STEPS	TARGET DATES	RESPONSIBLE PARTY	OUTCOME
- Map current process and/or patient journey map of HIV screening protocol	08/21/2020	PTP Coach and Team	
- Map new HIV screening workflow based on process findings of mapping			
- Clarify roles and responsibilities for HIV screening			
- Test and refine new HIV Screening Workflow	08/31/2020	Site Champion & Team	
- Team huddles to assess test of changes and next steps	Monthly	PTP Coach & Champion	
OBJECTIVE 1.2: DEVELOP TRAINING ON HIV SCREENING, WORKFLOW, AND SEXUAL HISTORY TAKING			
- Develop training curriculum and resources for staff	09/01/2020	PTP Coach and/or HIV Testing Lead	
- Deliver training – identify trainer, set date(s), and offer training	09/15/2020	AETC; HIV Testing Lead; Team	
- “Practice” sessions for delivery of HIV Screening and Sexual Hx taking	09/16 – 09/18	HIV Screening Staff	
- Evaluate, refine, and systematize training	09/21 – 09/25	Champion, Team and PTP Coach	
OBJECTIVE 1.3: DEVELOP PATIENT EDUCATION MATERIALS ON THE IMPORTANCE OF HIV SCREENING			
- Identify patient materials and venues to the engage patients in HIV screening	09/04/2020	PTP Coach; Consumer &/or CAB	
OBJECTIVE 1.4: DEVELOP TRACKING SYSTEM TO MEASURE THE UPTAKE OF HIV SCREENING			
- Use the HIV screening workflow to map the points at which data can be collected to measure:			
a. % of patients educated on the importance of HIV screening	09/15/2020	PTP Coach & Champion	
b. % of patients offered HIV screening			
c. % of patients screened for HIV&/or patient/staff experience			
- Draft data collection tool, train staff and test data collection process	09/28/2020	PTP Coach & Champion	
- Team Huddle to analyze data, measure progress and refine intervention	Monthly	PTP Coach & Team	
OBJECTIVE 1.5: DEVELOP AND IMPLEMENT FINAL POLICY AND PROCEDURE FOR STANDARDIZED HIV SCREENING PROCESS			
- Compile all HIV screening materials and workflows to draft policy and procedure; review and refine and finalize with team.	11/01/2020	PTP Champion w/ Coach	



20

Documentation

Northeast/Caribbean AIDS Education and Training Center

L.E.A.D. Activity Report

Regional Partner	
L.E.A.D. Agency	
Date	
Participants	

Meeting Notes and Action Items

Agenda Item	Notes	Action Items
1.	•	•
2.	•	•
3.	•	•
4.	•	•
5.	•	•

Project One Aim and Goals

Project Start	
Area of Focus	
Outcome of Interest	
Aim Statement	
EII/ES	

Barriers or Challenges
•

Training and Capacity Building Requests
•

Follow-Up/Next Steps
•

Coaching Activity
Reports

Research &
Control Program
Caribbean

Northeast/Caribbean AIDS Education and Training Center

Agency L.E.A.D. Funding Tool

The purpose of this tool is for L.E.A.D. agencies to document the intended purpose of L.E.A.D. project funding. The workplan below should reflect how the intended funds will be used to support implementation. For each objective, please identify the key action steps and the expected timeline, responsible party, and measurable outcomes. Once complete, please submit the L.E.A.D. Funding Tool to your L.E.A.D. Practice Facilitator.

LEAD Agency Goal:			
Objective:			
Key Action Steps	Timeline	Responsibility	Measurable Outcomes

L.E.A.D. Agency Budget			
No	Budget Item	Cost	Justification
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	
6		\$	
7		\$	
8		\$	
9		\$	
10		\$	
Total		\$	

Budget and
Workplan

L.E.A.D. Project Charter

Agency Name:
Agency Project Champions:
Project Title:
Agency Coach:

Purpose

Human Case:
Business Case:

Aim Statement

[Aim Statement]

Project Scope

[Project Scope Statement]

Project Measurement

Leading Outcome Measure – [Measure Description]

Potential Project Performance Report Stratification:

-
-

Project Team

- [Names]

Project Meetings

L.E.A.D. Meeting	
Project	

Improv

08.12.21

Project Charters

Implementation & Dissemination

Practice Transformation



Rayna Appenzeller, JD
Mountain West AETC PT Coach

Susan Weigl
Northeast-Caribbean AETC Regional Coach

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