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

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

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Toolkit for the create+equity Collaborative

Developed by the HRSA Ryan White HIV/AIDS Program Center for Quality Improvement & Innovation

"My medical training had not prepared me for this ambush of social circumstance.
I had neither the skills nor the resources for treating them,
I ignored the social context of disease altogether."
Laura Gottlieb

May 15, 2021

Toolkit for the create+equity Collaborative: Your Guide for Participation in a National Quality Improvement Collaborative to Mitigate the Impact of Social Determinants of Health

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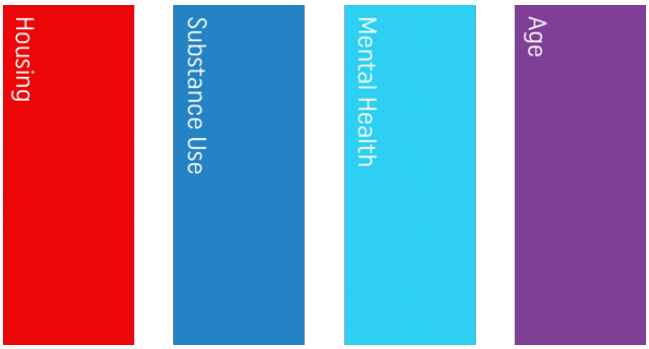
I) Collaborative Overview

Executive Summary

The create+equity Collaborative, a national quality improvement initiative with participation by Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients across all RWHAP-funding streams, focuses on mitigating the adverse impact of barriers created by social determinants of health. The overall aim of this Collaborative is to promote the application of quality improvement (QI) interventions to measurably increase viral suppression rates among people with HIV experiencing social determinants of health-related to housing instabilities, substance use, mental health, and age. This community of practice contributes to national efforts to end the HIV epidemic by decreasing gaps in HIV-related disparities and responding to mitigating the impact of social determinants of health among affected HIV subpopulations.



The 18-month long create+equity Collaborative is managed by the HRSA Ryan White HIV/AIDS Program Center for Quality Improvement & Innovation (CQII) in partnership with the HRSA HIV/AIDS Bureau. CQII builds on the work of the end+disparities ECHO Collaborative, which previously engaged RWHAP recipients from Jun 2018 through Dec 2019. The underlying framework for the create+equity Collaborative combines the experiences of past CQII collaboratives and includes two models of learning including the Institute of Healthcare Improvement's Breakthrough Series model, along with elements of the Project ECHO (Extension for Community Health Outcomes) model with adapted virtual case presentations and discussions,

The Mission of the create+equity Collaborative

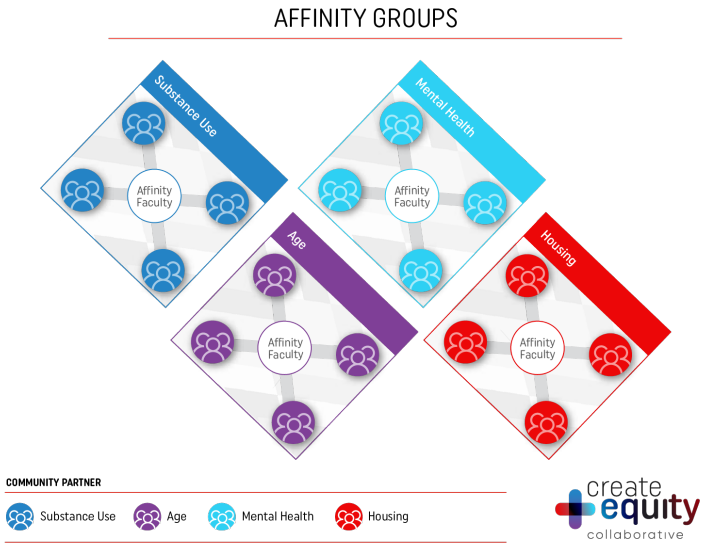
> *"To promote the application of quality improvement interventions to measurably increase viral suppression rates for people with HIV experiencing the impact of social determinants of health-related to housing instabilities, substance use, mental health, and age across Ryan White HIV/AIDS Program-funded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

All RWHAP recipients are invited to apply to participate in this Collaborative using an online application process. Based on pre-established selection criteria, CQII partners with the HRSA HIV/AIDS Bureau (HAB) to determine the most appropriate mixture of participating RWHAP recipients/subrecipient teams to participate. A maximum of 100 teams are selected to participate in this national improvement initiative. Each team participating in the create+equity Collaborative

(**Community Partner**) is asked to focus their improvement efforts on one population of focus: housing, substance use, mental health, or age.

Each Community Partner is expected to form local multidisciplinary quality improvement (QI) teams that include internal care team members, people with HIV (PWH), and internal/external staff members who provide services to assist the prioritized population of focus. The goal of each QI team is to improve the underlying systems of care by implementing evidence-informed interventions, monitor viral suppression rates, and advance alignment and communication with external service providers to mitigate the impacts of social determinants of health.

To facilitate peer learning and exchange, all Community Partners are asked to join one of four subpopulation-specific interest groups (**Affinity Groups**): Housing, Substance Use, Mental Health, or Age Across the Lifespan. Up to 25 Community Partners join each Affinity Group. These groups are based on shared interests and help participants gain improvement insights through content expert perspectives, QI Coaches, Community Partner Case Presentations, and peer sharing/learning. The ECHO model™, which utilizes virtual case-based communities of practice leverages video conferencing technologies, enables Community Partners to participate in creating a vibrant community of learning by eliminating potential in-person meeting barriers.[1]



In partnership with the Institute of Healthcare Improvement (IHI), CQII has developed **Driver Diagrams** for each of the Affinity Groups (Housing, Substance Use, Mental Health, and Age Across the Lifespan) to help facilitate the initiation of improvement efforts by Community Partners. These Driver Diagrams conceptualize change ideas, which will support Community Partners to respond to social determinants of health impacting affected HIV subpopulations. Also, an extensive list of evidence-informed interventions and emerging practices related to each Affinity Group (**Change Packages**) has been gathered by IHI by reviewing existing work, examining the literature, and conducting interviews with key stakeholders. These Change Packages, consisting of the interventions and associated manuals are accessible to all Community Partners. Each Community Partner is asked to select those interventions for local adaptation that are most relevant to achieving their improvement goals and routinely report on their progress in implementing the intervention.

[1] Building virtual communities of practice for health. Struminger, Bruce et al. The Lancet, Volume 390, Issue 10095, 632 – 634.

Recognizing the critical role of persons with HIV have in improving HIV care, CQII has meaningfully engaged individuals with lived experiences in all aspects of planning and implementing this initiative, including representation on the Collaborative planning group, as Affinity Group Faculty members, and as QI Coaches. Furthermore, each Community Partner is expected to have at least one person with HIV serving on their local QI team to provide guidance based on their lived experience and insights of internal HIV care processes. To support their role on QI teams and provide an opportunity to network with other peers, CQII holds monthly peer-led virtually sessions.

To meet all Collaborative milestones and improvement goals outlined in their individualized Aim Statements, every Community Partner is assigned to a nationally recognized QI Coach. The goal of this coaching model is to focus on guiding Community Partner QI teams through each step of their QI project. The QI Coaches are assigned to work with a group of Community Partners based on their Affinity Group of choice. QI Coaches and Community Partners meet monthly (**QI Group**).

Specified pre-work activities start in Jan 2021, including drafting individualized Aim Statements, completion of tech surveys, and initial engagement with the assigned QI Coach. Once pre-work activities are completed, a Learning Session in Feb 2021 brings together representatives from each participating Community Partner to kick off the create+equity Collaborative. Two additional Learning Sessions will be held at five-month intervals (Jul 2021 and Dec 2021). Participation in subpopulation-specific Affinity Sessions (twice a month virtual meetings), routine submissions of viral suppression data (every 2 months) and QI intervention updates (every 3 months), and engagement with the assigned QI Coach (monthly) will be interspersed between Learning Sessions (Action Periods). The fourth and final Learning Session will take place in May 2022 before the end of the Collaborative (Jun 2022) to celebrate the work completed during this Collaborative, disseminate best practices, and discuss how best to sustain the communities of practice moving forward.

Learn More | *One-Page Collaborative Flyer*
create+equity Video
HRSA HIV/AIDS Bureau Invitation Letter
Kick-Off Webinars Slides and Handouts
Pre-Work Call (Jan 13) Recording
Driver Diagrams
Change Packages

Justification for the create+equity Collaborative Subpopulations

Reducing HIV transmissions requires keeping PWH in care along the HIV care continuum, which can be attributed to various factors within the medical system as well as social and structural conditions in the community and societal contexts. This is known as social determinants of health, that pose barriers to sustained engagement in care and treatment success. The Department of Health and Human Services' Healthy People 2020 defines social determinants of health as "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Addressing social determinants of health among PWH is a national priority included in the *National HIV/AIDS Strategy for the United States: Updated to 2020* under Goal 1 (Reducing New HIV Infections) and Goal 3 (Reducing HIV-Related Disparities and Health Inequities).[2] Since 2017, several initiatives set forth by federal agencies have sought to reach high-risk subpopulations through housing assistance, behavioral health programs, and interventions to address co-morbidities due to aging, which demonstrate the precedence of ameliorating social determinants of health for PWH.

PWH may experience social determinants of health, including housing, mental health, substance use, and age-specific concerns, impacting their access to care and therefore, sustaining viral suppression. One study demonstrates the viral suppression rate among unstably housed clients served by RWHAP-funded agencies was 75%, versus 89% among those who were stably housed.[3] In a recent study, homelessness or having an unknown housing status were among the social disparities significantly associated with not achieving viral suppression.[4] It is estimated that 20% of people with diagnosed HIV in the United States have depression.[5] Those with diagnosed depression were less likely to achieve sustained viral suppression compared to those without depression; this association was for persons with treated depression compared to no depression.[6] Drug dependence also remains a widespread problem among PWH, significantly associated with lower adherence to HIV medications and 52% of individuals who use substances are unable to reach viral suppression.[7] From 2014 to 2018, the age distribution is shifting among RWHAP clients, amounting to an increase of 46,000 clients ages 55 years and older.[8] Individuals 39 years or younger face much lower levels of viral suppression (82%) in comparison to adults ages 40-64 years (90%) and older adults ages 65 and older years (95%).

A more detailed **Literature Review** and associated presentation slides have been developed to make a case about the importance of addressing social determinants of health to end the HIV epidemic in the United States.

Tackling these social determinants of health is crucial to reaching the goals of national public health priorities. In 2019, 86% of respondents to a national survey (n=241) conducted by CQII viewed the

[2] U.S. Department of Health and Human Services' Office of HIV/AIDS and Infectious Disease Policy. *National HIV/AIDS Strategy for the United States: Updated to 2020*; Progress Report 2017. https://www.hiv.gov/federal-response/national-hiv-aids-strategy/nhas-update.
[3] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2019. http://hab.hrsa.gov/data/data-reports. Published December 2020. Accessed January 14, 2021.
[4] Muthulingam D. Disparities in Engagement in Care and Viral Suppression Among Persons with HIV. Journal of Acquired Immune Deficiency Syndromes. 2013. 63(1).
[5] CDC. Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection—Medical Monitoring Project, U.S., 2017 Cycle (June 2017–May 2018). HIV Surveillance Special Report 23. Published September 2019.
[6] Gokhale RH. Depression Prevalence, Antidepressant Treatment Status, and Association with Sustained HIV Viral Suppression among Adults Living with HIV in Care in the US, AIDS and Behavior. 2019. 23:3452-3459.
[7] Nolan S. HIV-Infected Individuals Who Use Alcohol and Other Drugs, and Virologic Suppression. AIDS Care. 2017. 29(9):1129-1136.
[8] Health Resources and Services Administration. *Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018*. http://hab.hrsa.gov/data/data-reports. Published December 2019.

topic of social determinants of health as relevant/very relevant, 96% were interested/very interested in creating QI projects that address social determinants of health, and 94% indicated that they would participate in a social determinants of health collaborative focused on housing, mental health, and substance use.

Learn More | *Literature Review*
Literature Review Slide Set
Kick-Off Webinars Slides and Handouts

Outline of the create+equity Collaborative Subpopulations

The following four Affinity Groups are established for this Collaborative.

Housing: The primary focus of the Housing Affinity Group is to help HIV clients who are temporarily or unstably housed to reach viral suppression. Further, this Affinity Group works on increasing access to the appropriate and ongoing (internal or external) housing services and increasing the housing status screening rates for all HIV clients served by the Community Partner.

Substance Use: While the long-term goal for people who use drugs is to be engaged in recovery services, engaged in drug treatment programs, or utilizing harm reduction approaches, one focus of this Affinity Group is to help active or recent substance users to reach viral suppression. An additional focus is to increase the substance use screening rates for all HIV clients served by the Community Partner. While the Substance Use Affinity Group didactics and discussion will center on specific substances (opioids, methamphetamine, stimulants, and alcohol), each participating Community Partner can determine its own improvement focus. For instance, one QI team will work with clients using opioids, one team with clients using methamphetamine, whereas another team with clients with any substance use disorder.

Mental Health: The primary emphasis of the Mental Health Affinity Group is to help HIV clients who have a documented mental health diagnosis(es) to reach viral suppression. Additionally, this Affinity Group works on increasing annual mental health screening rates for all HIV clients. The Affinity Group Faculty focuses on specific mental health disorders, such as depression, anxiety, psychotic disorders, and post-traumatic stress disorder, while each Community Partner can determine their own mental health improvement focus. For instance, one QI team may aim to improve viral suppression rates for clients with depression, while another QI team may focus on all clients with any mental health diagnosis.

Age Across the Lifespan: The Age Across the Lifespan Affinity Group works across the entire lifespan and across all age groups, including adolescents and older adults. The following age groups are established: children/youth (24 and younger); young adults (25-39); adults (40-64); and older adults (65 and older). Each Community Partner is asked to select one age group based on their local performance data and interest since each age group may experience specific barriers related to their stage in the life course (e.g., linkage to adult care for youth, co-morbidities for older adults).

Affinity Group Improvement Focus Areas	
Housing	**Substance Use**
Viral Suppression: Increases in viral suppression rates of HIV clients with temporary or unstable housing Screening: Increases in routine screening rates of the current housing status across all HIV patients served by the Community Partner Follow-up: Increases in access to appropriate and ongoing (internal or external) housing services for individuals who are identified as temporarily or unstably housed	Viral Suppression: Increases in viral suppression rates of HIV clients who are active and recent substance users (site-selected population of focus) Screening: Increases in routine substance use screening rates across all HIV patients served by the Community Partner
Mental Health	**Age Across the Lifespan**
Viral Suppression: Increases in viral suppression rates of HIV clients with a mental health diagnosis or diagnoses (site-selected population of focus) Screening: Increases in routine mental health screening rates across all HIV patients served by the Community Partner	Viral Suppression: Increases in viral suppression rates of HIV clients within a specific age group (site-selected population of focus)

Learn More | *Indicator Definition Document*
Change Packages and Intervention Manuals

Collaborative Framework

The underlying collaborative framework for the create+equity Collaborative uniquely bridges the IHI Breakthrough Series model with its emphasis on learning sessions and in-between action periods to carry out local improvement activities and the Extension for Community Health Outcomes (ECHO) model with its focus on virtual case presentations and peer sharing/learning. This hybrid framework facilitates virtual access to subject matter expertise and learning exchanges among participants using videoconferencing technologies for all collaborative activities. This virtual community of practice model promotes an "all teach, all learn, all improve" paradigm[9] and increases opportunities to meet while reducing in-person meeting barriers.

IHI Breakthrough Series Model. IHI developed the Breakthrough Series in 1994 to help health care organizations make "breakthrough" improvements in quality while reducing costs.[10] QI collaboratives are an evidence-based methodology that creates learning communities designed to achieve rapid scale-up of improvement across health care facilities.

Since 2004, CQII, formerly known as the National Quality Center (NQC), has managed 7 national collaboratives in partnership with HAB using the Breakthrough Series model. The following

[9] Nembhard IM. All teach, all learn, all improve?: The role of interorganizational learning in quality improvement collaboratives Health Care Manage Rev 2012 Apr-Jun; 37(2): 154-64.
[10] Institute for Healthcare Improvement. The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. 2003. Available at http://www.ihi.org/IHI/Results/WhitePapers.

elements were applied to all CQII-sponsored collaboratives, consistent with the IHI model:[11] 10 to 200 recipient teams of similar needs participate; collaboratives last between 12 to 24 months; 2-day learning sessions are held every 3-6 months; action periods between learning sessions are used to carry out tests of change; reporting of standardized HAB-endorsed measures; teams are supported by QI experts.

These unique experiences with national collaboratives resulted in two written publications by CQII and the New York State Department of Health (NYS DOH) and might be helpful for your participation in the Collaborative:

- *Planning and Implementing a Successful Learning Collaborative*[12] - This Guide provides an overview of how to plan and implement an HIV collaborative and is based on previous experiences by the National Quality Center (NQC).
- *Guide for Conducting a Virtual Quality Improvement Collaborative*[13] - This Guide provides an overview of the previous end+disparities ECHO Collaborative and its associated activities.

ECHO Model. Project ECHO was originally developed by the University of New Mexico in 2003 to help primary care providers in rural New Mexico address hepatitis C by encompassing virtual communication technologies and offering an innovative distance learning paradigm for team-based interdisciplinary professional capacity building.[14] ECHO sessions use videoconferencing to deliver medical education and care management and is an effective and cost-saving model.[15] The ECHO model has been used to address a variety of health issues and has been used previously to improve HIV care in the United States.[16] A typical ECHO session includes a brief didactic lecture, after which providers from multiple sites present their patient cases to a multidisciplinary team of mentors and content experts for discussion, feedback, and collaborative problem-solving. The Project ECHO Model has been modified to expand the concept of QI collaboratives for this Collaborative by asking each Community Partner to present Case Presentations focusing on their QI processes and improvement projects, rather than individual patients.

Overall Collaborative Goals

The overall aim of the create+equity Collaborative is to promote the application of QI interventions to measurably increase viral suppression rates for four disproportionately affected HIV subpopulations experiencing the impact of social determinants of health-related to housing, substance use, mental health, and age among Ryan White HIV/AIDS Program-funded providers.

[11] Baker, GR., Collaborating for Improvement: The IHI's Breakthrough Series. New Med. 1997;1:5-8.
[12] Planning and Implementing a Successful Learning Collaborative. NYSDOH and HIV/AIDS Bureau. Sep 2008. https://targethiv.org/library/planning-and-implementing-a-successful-learning-collaborative-guide-build-capacity-quality.
[13] Guide to Conducting a Virtual Quality Improvement Collaborative. Center for Quality Improvement & Innovation (CQII). Jun 2020. https://targethiv.org/sites/default/files/support/CQII-BestPracticesGuide-Final%20%281%29.pdf.
[14] Struminger B, Arora S. Building virtual communities of practice for health. Lancet 2017 Aug 12; 390(10095): 632-634.
[15] Zhou C. The impact of Project ECHO on participant and patient outcomes: a systematic review. Academic Medicine. 2016; 91:1439–1461.
[16] Wood BR, Unruh K, Martinez-Paz N, Annese M, Ramers CB, Harrington RD. Impact of a telehealth program that delivers remote consultation and longitudinal mentorship to community HIV providers. Open Forum Infectious Diseases 2016 Jun 20; 3(3): ofw123. doi: 10.1093/ofid/ofw123.

The outcome goals of this initiative are categorized into three areas: reach, impact, and sustainability.

Goals of the create+equity Collaborative
Reach: • One in six Ryan White HIV/AIDS Program (RWHAP)-funded recipients across the United States actively participate in the create+equity Collaborative
Impact: • Reduce the viral suppression gap between the entire caseload and the selected subpopulations of focus by 20%
Sustainability: • 90% of active Community Partners have conducted, documented, and sustained their quality improvement efforts using the knowledge gained in the Collaborative and remain active six months after the formal end of the Collaborative (June 2022)

All data related to participation in various Collaborative activities are tracked by CQII and routinely updated, which include participation in Affinity Sessions, Case Presentations, data submissions, intervention selections, and implementation, active Glasscubes use, and more. These data are openly shared with Community Partners and forwarded to HAB and the CQII evaluator for inclusion in the evaluation efforts. CQII has partnered with an external evaluator at the University of California San Francisco (UCSF) to conduct an impact evaluation of CQII and the create+equity Collaborative. Three major categories of measures will be analyzed using a mixed-methods approach (both quantitative and qualitative methods) to understand the impact of the create+equity Collaborative. These measures correspond to outcomes along a causal pathway from the training and capacity building that CQII provides through the improvements in HIV care and quality at the Community Partner sites that benefit from CQII services. These include: (1) process measures capturing the training and support that CQII provides to Community Partners; (2) outcome measures examining how a recipient/subrecipient respond to the information and skills learned and gained through the Collaborative; and (3) impact measures understanding observed changes in patient care, patient experience, patient engagement, and health outcomes as a result of the changes made at participating Community Partner sites. A written evaluation report will be issued 8 months after the formal conclusion of the Collaborative (Feb 2023).

Key Definitions	
Community Partner	Learning Session
Individual RWHAP recipients or subrecipients participating in the Collaborative; Community Partners include RWHAP-funded agencies that provide direct clinical care or support services or are city/state health departments	In-person or virtual meeting that brings Community Partners together with HIV/AIDS Bureau and CQII representatives, Affinity Group Faculty, QI Coaches, and other representatives to develop improvement efforts and promote peer exchanges
QI Group	QI Coach
Quality Improvement (QI) Coaches are assigned to work with a group of Community Partners based on their Affinity Group of choice; virtual QI Group meetings with Community Partners and the QI Coach are held monthly or to the convenience of the group	Quality Improvement (QI) expert contracted by CQII to support assigned Community Partners; QI Coaches are assigned to specific Affinity Groups

Affinity Group	Affinity Session
Special interest groups formed with fellow participants (Community Partners) who focus on the same subpopulation of focus, such as housing, (subpopulation-specific Affinity Groups), or assume similar roles on local QI teams, such as data managers or consumers (role-specific Affinity Groups)	Virtual meetings focused on one of the Affinity Groups; these sessions follow the ECHO model™ and include brief didactic presentations by content experts, case presentations by fellow participants (Community Partners), opportunities for peer sharing, learning, and sharing resources
Pre-Work Assignments	**Disparity Calculator**
Assignments between the enrollment phase and the start of the Collaborative designed to prepare participants for the first Learning Session; these include: familiarization with Collaborative tools, selection of individual subpopulations, and identification of data extraction techniques.	An Excel spreadsheet to assist in the decision-making process of Community Partners on which Affinity Group to work on based on locally available data or priorities

Learn More | *Key Terminologies and Definitions*
end+disparities ECHO Collaborative Manuscripts (to be shared once published)

Benefits of Participation for Community Partners

Community Partners, which are agencies participating in the Collaborative, will benefit from active engagement in this national improvement initiative, as evidenced by:

- Increased capacity to conduct effective QI projects that address the impact of social determinants of health
- Improved viral suppression rates for the identified subpopulation of focus
- Strengthened clinical quality management (CQM) programs and alignment with RWHAP CQM expectations
- Increased access to expert QI Coaches, content experts, and other Community Partners to advance local improvement efforts
- Strengthened partnerships with internal/external providers focusing on key services related to housing, substance use, mental health, and age-related services
- Access to evidence-informed interventions that address key social determinants of health
- Increased performance measurement capacity to routinely detect and track disparate HIV-related health outcomes for HIV subpopulations, and increased access to national HIV benchmarking data on key social determinants of health barriers
- Routine opportunities for networking and peer exchanges with fellow Collaborative participants who share similar improvement challenges across the country
- Professional growth opportunities as quality improvement leaders and recognition as local quality improvement champions

Key Collaborative Phases and Timeline

The create+equity Collaborative is divided into four phases, each with a corresponding set of milestones, pictured below:

Key Collaborative Phases			
Enrollment Phase Nov – Dec 2020	**Pre-Work Phase** Jan – Feb 2021	**Collaborative Phase** Mar 2021 – Jun 2022	**Sustainability Phase** Jul – Dec 2022
• HRSA/CQII Announcements • Kick-off Webinars • Individual Community Partner Application to Participate in the Collaborative • CQII Selection of Community Partners	• Selection of Subpopulation of Focus and corresponding Affinity Group • Formation of QI Teams • Initial QI Group Meetings • Drafting of Community Partner Aim Statements • Learning Session 1	• Selection of Interventions • Participation in Affinity Sessions • Viral Suppression and QI Intervention Submissions • QI Work by Community Partners • Learning Sessions 2-4 • Development of Storyboard • Leadership Program • Sustainability Planning	• Viral Suppression and QI Intervention Submissions • Present Storyboards • Leadership Program • Continued Support for Virtual Technologies

The following table summarizes the key activities of the Collaborative:

Timeline for Collaborative Activities	
Learning Sessions	Affinity Sessions
2021: Feb 25-26, Jul 21-22, Dec 8-9 2022: May 18-19	2021: Mar, Apr, May, Jun, Aug, Sep, Oct, Nov 2022: Jan, Feb, Mar, Apr, Jun
QI Group Meetings	Viral Suppression Submission Deadlines
2021: Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec 2022: Jan, Feb, Mar, Apr, May, Jun	2021: Mar, May, Jul, Sep, Nov 2022: Jan, Mar, May, Jul
QI Intervention Submission Deadlines	
2021: Jun, Sep, Dec 2022: Mar, Jun	

Learn More | *One-Page Collaborative Flyer*
Detailed Collaborative Timeline

Milestones for Community Partners

The following milestones are expected from each Community Partner participating in the Collaborative to ensure that they reach key targets and are on pace in their efforts to mitigate the

impact of social determinants of health barriers. Support is provided by QI Coaches, Affinity Faculty members, and fellow Community Partners to reach them. In an effort to keep Community Partners apprised of various milestones and upcoming events. CQII will be sending out monthly email announcements providing highlights of the activities for the month to come.

Milestones for Community Partners		
Milestone	**Expectations for Participants**	**Criteria**
January 2021		
Selection of Affinity Group	Use local performance measurement data and/or input by Community Partner members and community members served by the Community Partner to determine the selection of the most appropriate Affinity Group	- Was local performance data used to determine the Affinity Group selection? - Was the selection decision reached by using a team approach? - Was the selected supported by the agency leadership?
Formation of Local QI Team and its Membership	Determine the multidisciplinary QI team composition that is best suited for the Affinity Group focus and ensure to include internal care team members, external service providers, and individuals with lived experiences	- Did the QI team include various stakeholders? - Did the QI team include staff members who offer the services relevant to the Affinity Group focus area? - Did the QI team include a person with HIV?
Engagement with QI Coach	Connect and share your improvement goals with the assigned QI Coach	- Did the QI Coach connect with the Community Partner? - Did the Community Partner participate in the initial meeting with the assigned QI Coach? - Did the Community Partner and the QI Coach agree on a routine meeting schedule?
February 2021		
Drafting of Aim Statement	Develop an agency-specific Aim Statement that describes the current status quo and the measurable goals that your Community Partner intends to accomplish at the end of the Collaborative (Jun 2022)	- Did the community partner draft a written Aim Statement that included a problem statement and goals for this Collaborative? - Were the goals in the Aim Statement measurable, relevant, and actionable? - Was the Aim Statement developed using a team approach?
Participation in Learning Session 1 (Feb 2021)	Actively participate as a team in Learning Session 1 to learn more about the Collaborative, its expectations and benefits, timelines, and reporting strategies	- Did the Community Partner participate in Learning Session 1? - Did the Community Partner engage with the assigned QI Coach during Learning Session 1? - Did the Community Partner leave Learning Session 1 with an action plan?
March 2021		
Participation in Affinity Session	Actively participate in the chosen Affinity Session and learn about the expectations and schedule a Case Presentation	- Did the Community Partner participate in at least one Affinity Session in Mar 2021? - Did the team use a camera when connecting to the Affinity Session? - Did more than one person per Community Partner join an Affinity Session in Mar 2021?
First Data Submission	Submit local performance data via the online database as a baseline and benchmark your scores with other participating agencies	- Did the team submit the viral suppression data for the entire caseload and for the subpopulation of interest for Mar 2021? - Did the team submit the data on time for Mar 2021?

		- Did the team review the Mar 2021 benchmark report?
April 2021		
Cause and Effect Diagram	Determine the root causes to address the barriers identified in your Aim Statement	- Did the Community Partner create a cause and effect diagram? - Did the QI team use a team approach to create the cause and effect diagram? - Did the Community Partner share the cause and effect diagram with the entire staff?
Selection of Interventions	Review the list of interventions proposed by the Collaborative and select those interventions that will help you to reach your improvement goals as outlined in the Aim Statement	- Did the QI team review the relevant Driver Diagram? - Did the QI team review the relevant QI interventions? - Did the Community Partner select at least one intervention that was aligned with its Aim Statement?
June 2022		
Case Presentation	Conduct at least one Case Presentation in your Affinity Group using the provided slide template and review the feedback provided by the faculty and peers in response to your presentation	- Did the Community Partner schedule their Case Presentation by Jun 2021? - Did the Community Partner present their Case Presentation by Jun 2022? - Did the Community Partner review the recommendations provided by the Affinity Faculty?
Case Presentation Report Back	Conduct at least one Case Presentation Report Back in your Affinity Group and incorporate the feedback previously provided by the faculty and peers in response to your initial presentation	- Did the Community Partner schedule their Case Presentation Report Back by Dec 2021? - Did the Community Partner present their Case Presentation Report Back by Jun 2022? - Did the Community Partner include the recommendations provided by the Affinity Faculty?
Storyboard	Development of a storyboard using the provided template to showcase your quality improvement story by highlighting your Aim Statement, improvement goals, performance data over time, and key lessons learned	- Did the Community Partner prepare one Storyboard by Jun 2022? - Did the Community Partner present one Storyboard by Jun 2022? - Did the Community Partner show the storyboard to all their staff and/or consumers?

Learn More | *Collaborative Milestones, Expectations, and QI Resources*

Overall Expectations for Participation

The following expectations are outlined for Community Partners to foster a community of learners, as well as to maximize the Collaborative output. Further details are provided throughout the document and a checklist of next steps is provided via the Collaborative announcements.

Community Partner Expectations:

1. Enrollment Phase (~2-3 hours for Enrollment Phase)
    - Participate in the Kick-off Webinars or familiarize yourself with the Kick-off Webinar slides to learn more about the Collaborative
    - Apply as a Collaborative participant via the online application process
    - Review the instructions provided by CQII after being selected to participate in the Collaborative
2. Pre-Work Phase (~3-5 hours for Pre-Work Phase)
    - Participate in Pre-Work Call

- Gain an understanding of the expectations, resources, and meeting structures of the Collaborative
- Use the Disparity Calculator to determine the subpopulation with the greatest performance gap
- Identify your subpopulation of focus: Housing, Mental Health, Substance Use, or Age Across the Lifespan
- Develop an individualized, Community Partner-specific Aim Statement
- Meet with your assigned QI Coach
- Participate in the first QI Group meeting
- Determine who from your team will attend Learning Session 1

3. Collaborative Phase (~6-10 hours per month)
    - Identify the most appropriate multidisciplinary QI team membership and form your QI team
    - Review the appropriate Driver Diagram and select Affinity Group-specific interventions from the provided list of interventions (Change Package)
    - Conduct meaningful and impactful improvement efforts to reduce disparities for the identified subpopulation
    - Participate in your subpopulation-specific Affinity Sessions twice a month
    - Present at least one Case Presentation during your Affinity Sessions and a 6-month follow-up Report-Back presentation using provided templates
    - Participate in the routine QI Group meetings
    - Submit Viral Suppression Data every 2 months via the online Database
    - Submit QI Intervention updates every 3 months via the online Database
    - Participate in Learning Sessions every five months
    - Develop at least one Storyboard which captures your improvement work
4. Sustainability Phase (~6-10 hours per month)
    - Continue your QI interventions to reduce disparities for the identified subpopulation
    - Continue to collect and analyze viral suppression data for your community partner
    - Incorporate improvements into policies and procedures to sustain the gains achieved by Collaborative participants
    - Participate in the routine Regional Group meetings in your state (if applicable)

Network: The expectations for network agencies, like RWHAP Part A, Part B, and potentially Part D recipients are similar as those outlined above, allowing for adjustments when the lead agency is not providing care. Network agencies can participate in the Collaborative in one of two ways:

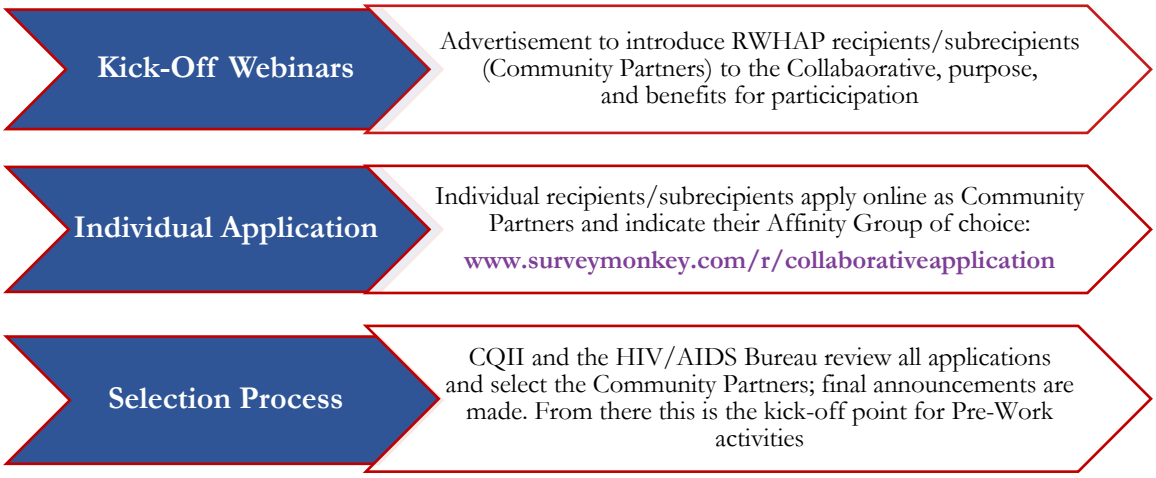
- Lead Network Role – As the Part A, B, or D recipient, conduct QI efforts across your network of subrecipients. In this scenario, the network recipient enrolls as the lead on behalf of all subrecipients, all participating subrecipients focus on the same Affinity Group (Housing, Mental Health, Substance Use, or Age Across the Lifespan), lead all improvement activities across all subrecipients, and submit their data.
- Subrecipient Supporting Role - As the Part A, B, or D recipient, support the subrecipient improvement project as a local QI team member. In this scenario, the subrecipient enrolls in the Collaborative, is the team lead, and submits all data and QI updates.

Learn More | Key Terminologies and Definitions
Collaborative Milestones Document
Pre-Work Call (Jan 13) Recording

Enrollment Phase

The HRSA HIV/AIDS Bureau Invitational Letter will mark the commencement of the Collaborative and begin the recipient/subrecipient (Community Partner) registration process. To introduce the Collaborative Kick-Off Webinars, virtual Zoom sessions explaining the structure of the Collaborative, are held in advance of the application/registration process to introduce RWHAP recipients, subrecipients, and other stakeholders to the structure and purpose of the Collaborative and encourage enrollment.

Application and Registration Process



Individual RWHAP recipients or subrecipients apply online using the *Collaborative Application Form*. In concert with HRSA, CQII reviews all completed applications and decides to fill all available spots ensuring broad representation across various pre-determined selection criteria. Each of the four Affinity Groups (Housing, Substance Use, Mental Health, and Age) is comprised of up to 25 Community Partners.

The following selection criteria are used by CQII and HAB to assess whether the RWAHP recipient/subrecipient has the time, staffing, technical abilities, and data system capabilities to meet the Collaborative goals. A maximum of 100 Community Partners are invited to join the create+equity Collaborative.

- **Selection of Affinity Group** to ensure that all groups have an equal number of sites: 25 available slots are per Affinity Group
- **Ability to Complete all Collaborative Activities:** Commitment to participate in all activities of the Collaborative; ability to meet all milestones of the Collaborative; network recipients (e.g., Part A and B) demonstrate the commitment to complete all Collaborative milestones or join as a QI team on their subrecipient team
- **Geographic Representation vs Prevalence:** Community Partners should be located in a recognized area of need with high prevalence and/or incident rates (e.g., *Plan for America*) and span different HRSA regions
- **RWHAP Funding Diversity**: Representation across RWHAP funding streams (Part A – D)

- **QI Competency Level** to ensure a minimum level of agency QI capacity: Community Partner should have at least one team member with experience planning and conducting a QI project; if a community partner has been referred (by HAB for example) or has a strong interest in participating but has limited QI experience, they should enroll in the appropriate CQII Learning Lab and other CQII resources (i.e., tutorials, TA requests, national trainings)
- **New Recipients Versus Those Who Have Participated in a Prior CQII Collaborative:** Balancing the number of Community Partners who have never participated in a CQII Collaborative versus those who participated before
- **QI Team Composition** to ensure Community Partners can engage all key disciplines: the QI team members should be multidisciplinary and inclusive; the QI team should include relevant stakeholders involved in providing the services utilized to mitigate these conditions (homelessness, mental health disorders, substance use, age-appropriate HIV care); and the team should include at least one person with HIV
- **Ability to Draw Performance Data from EMR** to ensure that the Community Partners can collect the performance data with ease: the ability to routinely draw performance data from local EMR; demonstrated prior experience to stratify performance data; for CAREWare users, ability to use a provided custom report to track and report data
- **Performance Gap Between Overall vs Subpopulation Viral Suppression Rates** to ensure that the Community Partner gap between the entire caseload and the selected subpopulation viral suppression rates: the difference in viral suppression rates between the entire caseload and the selected subpopulation should allow the QI team to work towards reducing the performance gap; the team should have the potential for closing the gap between the overall versus subpopulation viral suppression rates
- **Number of Overall Patients Reported to Increase Collaborative Impact** to ensure that the number of patients identified in the subpopulation is high enough to have a large impact: the total number of impacted patients in the selected subpopulation is worth the investment of time and efforts participating in the Collaborative; a minimum of 25 or more impacted patients is suggested
- **Leadership Support:** Demonstrated leadership commitment at the Community Partner-level to support the successful implementation of QI interventions and projects

The selection of Community Partners by CQII and HAB initiates the Pre-Work Phase during which all Collaborative participants are asked to complete a set of Pre-Work assignments before the first Learning Session (Feb 25-26, 2021). Pre-work activities include the identification of their targeted subpopulation, completion of the technology assessment, and other necessary tasks.

Next Steps

- Learn more about the Collaborative and participate in the Kick-Off Webinar – Oct/Nov 2021
- Apply your Community Partner via the online registration site – Nov/Dec 2021

Learn More | *HRSA HIV/AIDS Bureau Invitation Letter*
Collaborative Milestones Document
Link to Collaborative Application
Kick-Off Webinars Materials

Activities for Non-Participants in the Collaborative

Due to the limited number of participants in the Collaborative (a max of 100 participating Community Partners; 25 per Affinity Group), CQII is creating additional opportunities for those agencies that are unable to fully commit or are deferred to participate in the Collaborative. CQII uses the following strategies for those agencies to allow them to pursue their interest in addressing barriers due to social determinants of health:

- Access to Ongoing Collaborative Resources: CQII will conduct a brief online needs assessment survey with non-participants to understand their preferences to gain access to knowledge and content being developed during the Collaborative. Potential options include TA Calls with non-participants every 6 months, access to Glasscubes, etc.
- Access to Collaborative Resources: Upon the notification of non-acceptance, CQII will automatically send out via email a package of key resources that have been developed for the Collaborative, including Driver Diagrams and Change Packages.
- Access to Technical Assistance and Peer Support: Based on the CQII review of the individual application information, CQII will determine whether the Community Partner could benefit from submitting a TA request form to HRSA and send the necessary form for consideration.
- Access to General QI Resources: CQII will provide access to general QI resources to further build their QI capacity.

Key Collaborative Contacts

The Collaborative Planning Group is a set of individuals who help to plan, develop, and implement the Collaborative and are composed of HIV/AIDS Bureau representatives, faculty members living with HIV, content experts, QI Coaches, and CQII staff. The Planning Group meets virtually weekly throughout the Collaborative.

Key Collaborative Contacts			
Planning Group Members			
Adam Thompson	Consultant, CQII	Adam.thompson@jefferson.edu	864-354-8468
Barbara Boushon	Consultant, CQII	boush@frontier.com	608-220-3043
Dr. Brian Wood	Medical Director, NW AETC	bwood2@uw.edu	206-459-6410
Chepkorir Maritim	Nurse Consultant, HIV/AIDS Bureau	CMaritim@hrsa.gov	301-443-1084
Chuck Kolesar	Manager of Communities of Learning, CQII	Charles.Kolesar@health.ny.gov	212-417-4768
Clemens Steinbock	Director, CQII	clemens.steinbock@health.ny.gov	212-417-4730
Dottie Dowdell	Consultant, CQII	Dottiedowdell@gmail.com	609-213-5830
Jane Caruso	Consultant, CQII	janecaruso2@gmail.com	267-229-9022
Julia Schlueter	Consultant, CQII	schlueter_j@wustl.edu	314-652-2444 ext. 101
Justin Britanik	Consultant, CQII	justin@cqii.org	202-671-4844
Lori DeLorenzo	Consultant, CQII	loridelorenzo@comcast.net	540-951-0576
Affinity Group Leads			

Adam Thompson	Consultant, CQII	Adam.thompson@jefferson.edu	864-354-8468
Lori DeLorenzo	Consultant, CQII	loridelorenzo@comcast.net	540-951-0576
Dr. Kathleen Clanon	Medical Director	Kathleen.Clanon@acgov.org	510-612-5548
Dr. Cole Stanley	Family Physician	cole.stanley@gmail.com	778-987-3276
Support Team			
Kehmisha Reid	Administrator, CQII	kehmisha.reid@health.ny.gov	212-417-4554
Kevin Garrett	Senior Manager, CQII	kevin.garrett@health.ny.gov	212-417-4541
Shaymey Gonzalez	Administrative Aid, CQII	Shaymey.Gonzalez@health.ny.gov	212-417-4730
Zainab Khan	Public Health Specialist	Zainab.Khan@health.ny.gov	973-650-8493
Aria Chitturi	Public Health Specialist	Aria.Chitturi@health.ny.gov	(517) 775-3868
Gabriel Pietrzak	Public Health Specialist	Gabriel.Pietrzak@health.ny.gov	(347) 280-2320

Collaborative Aims

A set of aims is established to achieve the reach, impact, and sustainability goals of the Collaborative. The following table outlines the three Collaborative aims, specific objectives, benchmarks utilized to evaluate their success, and further measurement details.

Aim 1: Increase viral suppression rates for four disproportionately affected HIV subpopulations		
Objectives	*Benchmarks*	*Measurement Details*
Increase capacity to locally report performance data for disproportionately affected HIV subpopulations	• 90% of active participants have identified a Community Partner-specific HIV subpopulation of focus before Learning Session 1 • 90% of participants submit their viral suppression data for their entire caseload and the identified subpopulation by the end of the third data collection cycle by Jul 2021 • 75% of active participants have reported their QI updates by Jun 2021	- Community Partner Aim Statements - QI Coach tracking tools - Bi-monthly viral suppression submissions by Community Partners - Quarterly QI Intervention update reports
Access to collaborative benchmarking reports to facilitate peer learning and exchange	• 90% of participants receive benchmarking reports after each reporting cycle starting in Apr 2021 a month after the first data collection cycle • 90% of Collaborative-wide QI intervention reports are available within 1 month of the submission deadline starting in Jul 2021 • 75% of low performers or non-submitters are followed up by the QI Group Coach or receive additional support starting in Jul 2021	- create+equity online Database submissions - Bi-monthly collaborative benchmarking report - Quarterly QI Intervention update reports
Aim 2: Implement and document effective improvement activities to reduce gaps in HIV care for disproportionately affected HIV subpopulations		
Objectives	*Benchmarks*	*Measurement Details*
Implement local quality improvement projects	• 90% of active participants have established a multidisciplinary QI team within one month after Learning Session 1 (Mar 2021) • 75% of participants have a written Aim Statement within one month after Learning Session 1 (Mar 2021) • 90% of active participants have identified at least one QI intervention from the provided Change Package within two months after Learning Session 1 (Apr 2021)	- QI Coach tracking tool - Community Partners Aim Statements - Quarterly QI Intervention update reports

Increase the capacity of participants to reduce disparities for their selected subpopulations	• 90% of participants attend at least 10 subpopulation-specific Affinity Sessions by the end of the Collaborative • 90% of active participants present at least one Case Presentation during the subpopulation-specific Affinity Sessions by the end of the Collaborative	- Affinity Attendance Tracking - Affinity Case Presentation log

Aim 3: Sustain improvement efforts initiated during the Collaborative		
Objectives	*Benchmarks*	*Measurement Details*
Sustain local improvement efforts beyond the Collaborative	• 100% of collaborative participants have routine access to virtual communication platforms during and after the Collaborative • 90% of Community Partners have written strategies to sustain their improvement efforts beyond the formal Collaborative by Learning Session 4	- Collaborative Sustainability Strategies - Quarterly QI Intervention update reports
Increase the QI capacity of people with HIV to be meaningfully involved in improvement activities	• 90% of active participants have at least one active representative for people with HIV on their QI team by Feb 2021 • 75% of Learning Sessions include patient-oriented agenda items • At least 5 role-specific Affinity Sessions are held with for people with HIV throughout the Collaborative allowing individuals to share experiences and build their QI capacity	- QI Coach tracking tool - Learning Session Agenda

Key Definitions

Disparity Calculator	QI Intervention
An Excel spreadsheet to assist in the decision-making process of Community Partners on which disparity subpopulation to work on based on locally available viral suppression data	A change in some aspect of the system or process with the goal of increasing the quality of care of clients and improving health outcomes
Viral Suppression Data	**Benchmarking Report**
Every other month, each Community Partner submits their viral suppression data (HAB viral suppression measure definition: National Quality Forum #: 2082) for a) all PWH receiving HIV care (entire HIV caseload); and b) the Community Partner-selected subpopulation	Viral suppression data are collected and submitted to allow comparisons across Community Partners; these benchmarking reports are immediately available in the online Database; a detailed benchmark report is issued by CQII within one month after the submission deadline for Community Partners

Learn More | *Key Terminologies and Definitions*
Collaborative Milestones Document
Link to Collaborative Application
Kick-Off Webinars Materials

Technologies

The following tested virtual communication technologies are used throughout the Collaborative. Training can be provided to participants.

Zoom - Virtual communication technologies play a key role in this Collaborative and are being used throughout all Collaborative activities, including Affinity Sessions and virtual Learning Sessions. Participants are expected to have access to a webcam. The create+equity Collaborative utilizes Zoom, which is an online video conferencing software that is compatible with a variety of different operating systems, including OS, Android, Windows, and telephone services, is HIPAA compliant, enables up to 500 participants to join. Please refer to the **Zoom Set Guide** for further instructions on how to use Zoom for this Collaborative.

Glasscubes - A password-protected online forum (called Glasscubes and accessible at **CQII.Glasscubes.com**) has been created for registered users of the create+equity Collaborative to share QI resources and to maintain a library of documents relevant to this initiative. This site reinforces the virtual learning community and provides a platform for discussion of recent Affinity Sessions, posting of Collaborative resources, listing of previously recorded didactics, etc.

Website - CQII will have a dedicated area on the TargetHIV.org website for this Collaborative. Key Collaborative resources are available to participants and non-participants. The URL to access these resources is **TargetHIV.org/CQII.**

Constant Contact - Monthly announcement letters, which include data reports, upcoming events, deadlines, and Affinity Session topics, are communicated to participants via this communication platform. It is also used for special announcements, such as to promote QI trainings and upcoming Learning Sessions.

Poll Everywhere - Poll Everywhere is a real-time web, SMS, and Twitter polling service that lets users submit votes or comments online and can be integrated into a PowerPoint slide. It will be used both within Affinity Sessions, as well as during Learning Sessions.

Next Steps

- Log-in into Glasscubes and check out the Collaborative resources there – Jan 2021
- Become familiar with Zoom, the virtual communication platform for this Collaborative, and use your web camera – Jan 2021

Learn More | *Zoom Set Up Guide*
create+equity Glasscubes Workspace
create+equity Website Link
end+disparities Collaborative Resources
end+disparities ECHO Collaborative Didactics

How to Reach Out for Support

To facilitate assistance for this Collaborative, the following email address has been established by CQII and can be accessed by all Collaborative participants:

CollaborativeSupport@CQII.org

CQII's contact information:

HRSA Ryan White HIV/AIDS Center for Quality Improvement & Innovation (CQII)
New York State Department of Health AIDS Institute
90 Church Street, 13th floor
New York, NY 10007-2919
212.417.4730 (main)
212.417.4684 (fax)
www.CQII.org
Info@CQII.org

If additional individualized technical assistance by RWHAP recipients or subrecipients is needed that falls outside of the Collaborative work, a technical assistance request should be made to the HIV/AIDS Bureau using the Technical Assistance (TA) Request Form.

Learn More | HRSA HIV/AIDS Bureau CQM Technical Assistance Referral Form

Frequently Asked Questions	
Do all Community Partners in a region need to choose the same subpopulation?	Can I select more than one subpopulation?
No. Each Community Partner can choose their own subpopulation.	No. To participate in the Collaborative, you can only one subpopulation (housing, substance use, mental health, age group) is selected.
Can I participate in the Affinity Sessions but not in my QI Group?	Can I choose which Collaborative activities we want to participate in and which not?
No. The expectations for the Collaborative include your participation in both activities; this will allow you to better reach the goals of the Collaborative.	No. All Community Partners are expected to participate in all Collaborative activities and complete their assignments (Affinity Groups, QI Groups, viral suppression submissions, intervention selections, etc.); the Collaborative is based on the premise – 'all teach, all learn, all improve'
Can participation in the Collaborative help me to meet the HIV/AIDS Bureau's clinical quality management expectations?	Who should I talk to get individual advice about my participation in the Collaborative?
Yes. The successful participation in the Collaborative will certainly help you and your Community Partner to meet the HIV/AIDS Bureau's clinical quality management (CQM) expectations.	You can email us at CollaborativeSupport@CQII.org, reach out to your assigned QI Coach, or schedule a call with CQII staff to help you.

II) Pre-Work Activities

The first two phases of the create+equity Collaborative include the Enrollment Phase (Nov-Dec 2020) and the Pre-Work Phase (Jan-Feb 2021), which includes the first Learning Session (Feb 2021). Every participant in the Collaborative is expected to complete their assigned Pre-Work tasks. The following table lists these Pre-Work expectations; all tools and resources are described at the end of the document and can be accessed there.

Community Partner Pre-Work Activities and Resources			
Enrollment Phase			
Activity	***Objective***	***Tool/Resource***	***Due Date***
Learn about the Collaborative	To understand the overarching goals, benefits, and expectations of the Collaborative To learn about the create+equity Collaborative framework	• Kick-Off Webinars • Collaborative Flyer • Disparities Video • Website • Collaborative Toolkit	Nov-Dec 2020
Understand the Enrollment Process	To understand the application process and the expectation to build a local QI team To complete the application process	• Collaborative Toolkit • Kick-Off Webinars and Slides	Nov-Dec 2020
Register as a Community Partner	To become an active participant in the create+equity Collaborative	• Individual Application Form • Kick-Off Webinars	Nov-Dec 2020
Pre-Work Phase			
Form a Local QI Team and Provide Contact Information [see details below - A]	To set-up a local multidisciplinary QI team To share the most accurate Community Partner, the contact information of staff involved in the Collaborative and a description of the Community Partner, including HIV patient caseload	• Contact Information Template • Community Partners Survey • QI Coach and QI Group Meetings • Pre-Work Call	Dec 2020 – Feb 2021
Complete a Technology Assessment	To better understand what data systems are used to track local performance data To ascertain access to webcams and experience with virtual platforms	• Technology Assessment Survey • QI Coach and QI Group Meetings	Jan 2021
Select One Subpopulation of Focus [see details below - B]	To focus local improvement efforts to mitigate social determinants of health To select the most appropriate subpopulation-specific Affinity Group	• Disparities Calculator • Disparities Calculator Guide • Collaborative Toolkit • Pre-Work Call • QI Coach and QI Group Meetings	Jan 2021
Draft a Community Partner Aim Statement [see details below - C]	To set individual Community Partner-specific improvement goals To track improvement progress over time	• Developing Aim Statement Session • Community Partner Aim Statement Template/Sample • Pre-Work Call • QI Coach and QI Group Meetings	Jan – Feb 2021
Develop Quality Improvement	To become familiar with the virtual communication tools used in the Collaborative, including Zoom	• Pre-Work Call • Zoom Technology Introduction • QI Coach and QI Group Meetings	Jan – Feb 2021

and Technology Capacity			
Engage with QI Coach and QI Group [see details below - D]	To connect with the assigned QI Coach and meet with other teams that are part of the same QI Group To review Collaborative assignments with QI Coach for feedback and input	• QI Coach and QI Group Meetings	Jan – Feb 2021
Prepare for the first Learning Session	To take advantage of the first in-person Learning Session	• Collaborative Toolkit • Getting Ready for Learning Session with your QI Group Coach	Jan – Feb 2021
Developing a Data Submission Plan	To create a streamlined process to collect and submit all data	• Collaborative Toolkit • QI Coach and QI Group Meetings	Feb 2021
Participate in QI Trainings [see details below - E]	To build capacity for quality improvement and its application in HIV care	• Pre-Work Calls • CQII Learning Lab	Jan 2021 – Jun 2022

A) Forming a Local Quality Improvement Teams

The success of this Collaborative is dependent on the success of each local Community Partner and its improvement efforts. As a result, each Community Partner is expected to establish a local QI team. The collective efforts of all local teams have the most potential for a measurable impact across the country.

Local QI teams, the Community Partner-specific vehicles of improvement activities, meld together the skills, experiences, and insights of different staff. Successful teams have clear aims to guide their activities, the necessary resources to complete the local improvement work, support by senior leaders, the willingness of team members to learn from each other and maintain open communication with other local HIV providers, staff, and people with HIV. These teams are most effective when they are well connected and integrated into the agency's CQM committee.

Each Community Partner QI team will vary in size and composition. Effective team functioning becomes everyone's responsibility. Each team also needs a leader who understands the improvement process, members who are familiar with the process to be improved, and a liaison to report their activities to the Collaborative. Consider the following expectations for the inclusion of members on your local QI team:

- Ensure that all key functions and stakeholders are represented, including internal/external service providers for housing, substance use, mental health, and age-related services
- Include a person with HIV on the team and meaningfully involve them in the improvement process
- Involve an agency leadership representative on the QI team
- Include representation from the clinical quality management (CQM) committee

The QI leader or co-leaders serves as the driving force to build effective relationships between team members and ensures everyone understands the team's assignments and how the local Community Partner efforts connect with other local and regional improvement efforts. The leader ensures team members know each other and recognize how members can complement each other through their

expertise and perspectives. The leader/co-leaders represent the Community Partner and communicate with the Collaborative representatives.

Once the local QI team is established, each team starts their own improvement journey with the milestones as outlined early; see Milestones for Collaborative Participants for more details.

Network: Network recipients who enroll as the lead on behalf of their subrecipients support their contracted sites in establishing QI teams and conducting their improvement activities. In some instances, the Network may set up their own internal QI team.

Next Steps

- Register and share your contact information – Jan 2021
- Complete the technology assessment to learn more about your needs – Feb 2021
- Prioritize which subpopulation the QI team to focus on – Jan 2021
- Set-up your local improvement team at your agency – Feb 2021
- Set local improvement goals by writing a Community Partner Aim Statement – Feb 2021
- Select interventions from the Collaborative Change Package – Mar 2021
- Collect and submit performance data – Mar 2021

Learn More | *Community Partner Aim Statement Template and Samples*
Link to Collaborative Application
Technology Assessment Survey (online survey tool available upon request)
Collaborative Change Package

B) Selecting One Subpopulation of Focus

The cornerstone of this Collaborative is the expectation that each Community Partner identifies and selects one disproportionately affected HIV subpopulation.

The selection of the subpopulation (housing, substance use, mental health, or age) by each Community Partner determines:

- Participation in the subpopulation-specific Affinity Group to gain improvement insights through content expert perspectives and Community Partner Case Presentations/Report Backs
- Viral suppression data reporting for the identified subpopulation in addition to the entire HIV caseload
- Local quality improvement project to mitigate the impact of social determinants of health
- Access to the QI Coach who is assigned to one Affinity Group

To detect disparate HIV-related health outcomes and to select the most appropriate subpopulation, each Community Partner should utilize available performance data and benchmark reports, input by Community Partner staff members and individuals with HIV, the provided Disparities Calculator, and local priorities to end the HIV epidemic.

Guidance to Select a Subpopulation of Focus	
Housing	**Substance Use**
The QI team focuses on • all HIV clients with temporary or unstable housing status	The QI team focuses on • all HIV clients using one of the following substances or any combinations of substances: opioids, methamphetamine, stimulants, or alcohol • all HIV clients with substance use disorders (regardless of substance)
Mental Health	**Age Across the Lifespan**
The QI team focuses on • from one of the following mental health diagnoses or any combinations: depression, anxiety, psychotic disorders, or post-traumatic stress disorder • all HIV clients with any mental health diagnosis	The QI team focuses on • all HIV clients from one of the following age groups: children/youth (24 and younger); young adults (25-39); adults (40-64); or older adults (65 and older)

Disparities Calculator

The Disparities Calculator is a pre-programmed tool, initially used in the end+disparities Learning Exchange to help participants identify their disparity population by determining where the greatest disparities are among the populations they serve. It is based on statistical calculations used by the Supreme Court of the United States in determining disparate impact (the study of whether the effect of a policy or system of policies results in discrimination or disparity as proven by math). The Disparities Calculator is used as a decision-making tool and one of the many sources of information that should be considered when selecting a subpopulation of interest. Please note that it is not required to report the detailed results using the Disparities Calculator but rather the decision by the Community Partner, which HIV subpopulation has been determined to be the focus for this Collaborative **Disparity Guide**. Assistance is also available to provide additional support.

Required data elements to use Disparity Calculator:

- Overall viral suppression numerator and denominator data for your total HIV service population
- Segmented viral suppression numerator and denominators for the identified disparity subpopulations

The Disparities Calculator has five tabs:

- Instructions: descriptions of each tab and instructions on how to enter data
- Statistics Basics: a refresher on statistics and terminologies used in the calculator
- Data Entry: the single place to enter data in the calculator
- Summaries: dashboard of final calculation results for quick sharing and discussion
- Analyses: background statistical processes and values that inform the summary dashboard for sharing with leaders and decision-makers

All mathematical methods have limitations that are important to understand when using these tools. Remember – this Disparities Calculator is a guide to assist Community Partner in their efforts to

select the most appropriate HIV subpopulation and does not singlehandedly determine the subpopulation of focus as other internal and external factors, such as local priorities, the number of patients served in each subpopulation, or ability to maximize impact should be considered.

Next Steps

- Get access to and familiarize yourself with the Disparity Calculator – Jan 2021
- Enter your viral suppression data into the Disparity Calculator – Jan/Feb 2021
- Identify your disparity subpopulation as your focus for the Collaborative – Feb 2021

Learn More | *Disparity Calculator*
Disparity Calculator Guide
Disparity Calculator Webinar

C) Drafting a Community Partner Aim Statement

Each local Community Partner is asked to write a **Community Partner Aim Statement** to define their direction and scope of their improvement work to be reached at the end of the Collaborative (Jun 2022) and to strategize about key tasks and timelines ahead of them. The Aim Statement is due one month after Learning Session 1 (Mar 2021). The Community Partner-specific QI team reviews its own performance data and the input by the staff and PWH served by the Community Partner. For those Community Partners that have already surpassed national benchmarks, a higher local goal may be set. Other Community Partners set local goals that are more realistic for their current system.

An Aim Statement serves as a local blueprint. Developing an aim statement is important to clarify and focus the Community Partner direction and scope of work. It also creates a standard document for communicating what the improvement work in the Collaborative will be, what it intends to accomplish when it is likely to be completed, and who is responsible for its implementation.

An Aim Statement typically includes:

Problem Statement

- Use concrete terms—terms that clearly describe the problem to be addressed
- Include quantitative data that indicate the current level of performance
- Be relevant to HIV care and services provided by the Community Partner
- Focus on the subpopulation of choice for this Collaborative

Improvement Goals

- Use clearly defined SMART goals that are specific, measurable, assignable, realistic, and time-related
- Set the goals and then continue making changes until the level is reached at which the effort expended is too great for the gain

Below are links to locate the Community Partner Aim Statement Template and a completed sample. The aim statement may evolve and change over time as new information and data results become available or additional knowledge is gained. Consider the aim statement as a 'living document.'

The assigned QI Coach can provide further assistance in reviewing the draft Aim Statement and share best practices during the QI Group calls.

Learn More | *Community Partner Aim Statement Template and Sample*
HIVQUAL Workbook
Pre-Work Call (Jan 13) Recording

Next Steps

- Obtain access to and familiarize yourself with Community Partner Aim Statement Template and completed samples – Feb 2021
- Develop a Community Partner Aim Statement with your local improvement team and upload to Glasscubes – Feb/Mar 2021
- Prepare for the first Learning Session held on Feb 25 and 26 2021

D) Engaging with the Assigned QI Coach and QI Group

To provide additional support, QI Coaches are assigned to Community Partners that are part of the same Affinity Group (max of 25 teams). Each QI Coach assists up to 13 Community Partners throughout the entire Collaborative; see the QI Coaching Model description for details.

Each Community Partner should meet with their assigned QI Coach and their QI Group before Learning Session 1 (Feb 2021). QI Coaches will virtually meet with their assigned group of participating agencies monthly (for a minimum of one hour each month) or to the convenience of the group. These joint Zoom sessions, in addition to the Affinity Group sessions, allow the QI Coach to review expectations, address any common barriers, and guide activities. Zoom links will be provided to each QI Coach and QI Group.

For additional support, QI Coaches meet with individual teams for further support. This can be accomplished by the designation of office hours for one or two additional hours per month.

Note: In contrast to the end+disparities ECHO Collaborative, the Regional Group model is not utilized in this Collaborative, and therefore, Regional Groups are not supported by QI Coaches. When Regional Groups function independently of this Collaborative, participation in these Regional Groups are optional and participants are certainly encouraged to share their work with their Regional Groups whenever appropriate.

Next Steps

- Set-up your local improvement team and meet your assigned QI Group Coach – Feb 2021
- Prepare for the first Learning Session – Feb 2021

Learn More | *Pre-Work Call (Jan 13) Recording*
One-Page Flyer

E) Participating in QI Trainings

CQII has several offerings throughout the Collaborative.

Collaborative Office Hours
Weekly Office Hours are held every Friday in January and February 2021 at 3 pm ET to connect with CQII staff and ask your questions

Pre-Work Call: January 13, 2021
The following optional Pre-Work Call is offered before Learning Session 1 (Feb 2021):

- January 13, 2021 at 3pm ET
- Proposed Agenda Items:
  - Collaborative Overview
  - Participant Expectations and Benefits
  - Timeline and Reporting Schedule
  - Pre-Work for Learning Session 1

CQII Learning Labs: Nov 2020 – Jun 2022
Building upon CQII's successful in-person advanced QI training programs, CQII will expand its training modalities by launching a new virtual QI training program, called *QI Learning Lab*, which is comprised of three independent courses: QI 101, Advanced QI, and Experience-Based Co-Design in QI. Each Lab is offered independently every four months on a pre-determined annual schedule, will last 3-months, and consists of six 90min virtual sessions every two weeks.

CQII Learning Labs		
QI 101 Learning Lab	**Advanced QI Learning Lab**	**Experience-Based Co-Design**
Purpose of Course		
To build the capacity of participants to conduct a QI project with measurable improvement goals	To reinforce the implementation of robust QI projects that result in improved health outcomes	To co-design a QI project that is jointly led by an individual with HIV in partnership with a provider representative from the same agency
Outcome/Deliverables		
Developing QI projects using basic QI methodologies, tools, and techniques leading to improvements in HIV care	Implementing advanced QI projects with clear documentation of measurable improvements in outcomes	Developing QI projects using a modified experience-based co-design method leading to improvements in HIV care and patient experiences
Target Audiences		
Providers or consumers new to QI; individuals need a refresher; counties in *Plan for America*; low viral suppression performers; referrals by HAB/CQII	Intermediate/advanced QM staff; providers or consumers need in-depth QI learning; referrals by HAB/CQII	Training teams comprised of people with HIV and providers in agencies that have a foundation of working with consumers around quality improvement; referrals by HAB/ CQII
# of Participants		
10-15 per Lab	10-15 per Lab	7-10 per Lab

Frequently Asked Questions	
Where can I learn more about each Pre-Work activity?	How can I get further assistance to meet the various Pre-Work activities?
Go to Glasscubes or the CQII website at CQII.org and check out the resources you need to learn more about the activities.	Reach out to your assigned QI Coach, schedule an Office Hour to guide you through the process, or email CollaborativeSupport@CQII.org.
Do I need to develop a Community Partner Aim Statement?	Can I skip some of the Pre-Work activities?
Yes. Your Aim Statement provides the problem statement and specific goal of your improvement efforts.	All participants in this Collaborative are expected to complete all activities, including Pre-Work activities to maximize the benefits of the Collaborative.

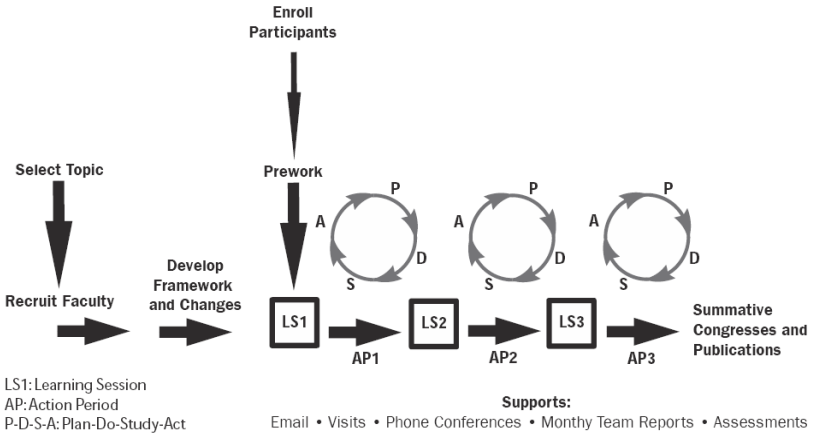
Learn More | Pre-Work Call (Jan 13) Recording
CQII Learning Lab Link (TBA)

III) Learning Sessions

Peer learning presents a vital opportunity for HIV providers to draw on the quality management expertise of fellow providers and is a powerful mechanism for accelerating improvement efforts.[17] Collaborative learning[18] is a proven way to address the ever-increasing complexities of gaining knowledge and expertise in health care, as well as the application of this knowledge in real-world situations. Quality improvement collaboratives use evidence-based frameworks to create learning communities that are designed to achieve rapid scale-up of improvement across health care facilities.

The Institute of Healthcare Improvement (IHI) developed the Breakthrough Series in 1994 to help health care organizations make "breakthrough" improvements in quality while reducing costs.[19] The Breakthrough Series model is based on the following premise: sound science exists, but much of this science lies fallow and unused in daily work. There is a gap between what providers know and should do, versus what providers actually do.[20] [21] The Breakthrough Series model has been successfully applied nationally by the NYSDOH in seven national collaboratives since 2004.

Breakthrough Series Model



Following the IHI Breakthrough Series model, the Learning Sessions allow for routine meeting points for participants, while the action periods between Learning Sessions are used by participants to carry out their local improvement activities, routinely report standardized Collaborative measures and QI intervention updates, and participate in the twice-a-month Affinity Sessions.

The Learning Sessions for this Collaborative are designed to bring all participants together with HAB and CQII staff, QI Coaches, Planning Group, Affinity Group Faculty, and other representatives to receive guidance, develop improvement plans for action, and promote peer learning and exchange. These Learning Sessions will take place every five months beginning in Feb 2021. The first Learning Session will be held virtually, and all Community Partners are invited to actively participate and are encouraged to bring their entire QI team.

[17] Dudgeon D, Knott C, Chapman C Et al. Development, Implementation, and Process Evaluation of a Regional Palliative Care Quality Improvement Project. J Pain Symptom Manage. 2009; 38: 483-95.
[18] Bruffee, K., Collaborative Learning. Baltimore. The Johns Hopkins University Press. 1993.
[19] Institute for Healthcare Improvement. The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. 2003. Available at http://www.ihi.org/IHI/Results/WhitePapers.
[20] Baker GR: Collaborating for improvement: The Institute for Healthcare Improvement's Breakthrough Series. New Med 1:5–8, 1997.
[21] Plsek PE: Collaborating across organizational boundaries to improve the quality of care. Am J Infect Control 25:85–95, 1997.

Learning Session Logistical Overview			
Learning Session	***Logistics***	***Participants***	***Date***
Learning Session 1: Feb 25-26, 2021 Let's Collaborate! Getting Ready to Participate in the Collaborative	• 2-day virtual sessions; 4-5 hours each • Estimated 100-150 participants	• Representatives from each Affinity Group • Extended Planning Group • Affinity Faculty Members	Feb 2021
Learning Sessions 2: Jul 21-22, 2021 Let's Improve! Implementing Your Interventions to Mitigate Disparities	• Hybrid 2-day face-to-face/virtual meeting • Location: Rockville, MD/Zoom • Estimated 100 participants • Logistical support will be provided to attend in-person • A virtual session runs parallel with a modified agenda	• Community Partner Representatives • All Planning Group and Affinity Faculty Members	Jul 2021
Learning Session 3: Dec 8-9, 2021 Let's Sustain! Planning Ahead Beyond the Collaborative	• 2-day virtual sessions; 4-5 hours each • Estimated 100-150 participants	• Community Partner Representatives • All Planning Group and Affinity Faculty Members	Dec 2021
Learning Session 4: May 18-19, 2022 Let's Celebrate! Sharing Collaborative Successes	• Hybrid 2-day face-to-face/virtual meeting • Location: Rockville, MD/Zoom • Estimated 100 participants • Logistical support will be provided to attend in-person • A virtual session runs parallel with a modified agenda	• Representatives from each Affinity Group • Planning Group • Affinity Faculty Members	May 2022

Learning Sessions Outlines

The following agenda items are suggested for each of the four Learning Sessions that will occur between Feb 2021 and May 2022.

Learning Session Details	
Learning Session 1 (Feb 25-26, 2021): Let's Collaborate! Getting Ready to Participate in the Collaborative	**Learning Session 2 (Jul 21-22, 2021): Let's Improve! Implementing Your Interventions to Mitigate Disparities**

• **Objectives:**
  ○ Getting to know each other to create a community of learners
  ○ Understanding the Collaborative framework, expectations, and benefits
  ○ Setting up your local improvement teams and aim statements
	• **Objectives:**
	  ○ Understanding and selecting Affinity Group-specific interventions
	  ○ Reviewing performance data so far
	  ○ Engaging people with HIV in improvement efforts
	• **Themes:** Interventions, Performance Data, Consumer Engagement

- Developing local action plans to actively participate in the Collaborative
- **Themes**: Setting the Stage, Participant Expectations, Aim Statements, Setting up Local QI Teams
- **Draft Agenda Items:**
  - Registration, Seating by Affinity Group, and Storyboard Setup
  - Welcome, Opening Remarks, and Introductions
  - PWH Voices
  - Plenary: Dr. Laura Gottlieb
  - Overview of create+equity Collaborative
  - QI Game/Exercise
  - Hopes and Concerns
  - Setting the Aims for the Collaborative
  - Affinity Groups: Introduction of Faculty, Expectations, Mock Affinity Session
  - Introduction to Data Submissions: Viral Suppression Data and QI Interventions
  - Share Fest: Storyboard Presentations
  - QI Coach Breakout Sessions: Introduction of QI Coaches and Group Members
  - Team Action Planning and Report Back
  - Aha Moments, Evaluation, Next Steps

- **Draft Agenda Items:**
  - Registration and Storyboard Setup
  - Welcome, Opening Remarks, and Introductions
  - PWH Voices
  - Collaborative Update: Performance Data and QI Interventions Updates
  - Overview and Selection of Interventions
  - Storyboard Presentations by Participants (use breakout functionality to rotate among virtual storyboards)
  - QI Game/Exercise
  - Plenary: Racial Equity
  - Affinity Breakout Groups: Planning Ahead Upcoming Sessions
  - CQII Leadership Program Overview
  - Consumer Engagement
  - Discussion to Sustaining the Collaborative Efforts beyond the Collaborative
  - Offers and Requests
  - Team Action Planning and Report Back
  - Aha Moments, Evaluation, Next Steps

Learning Session 3 (Dec 8-9, 2021): Let's Sustain! Planning Ahead Beyond the Collaborative

- **Objectives:**
  - Reviewing Collaborative progress so far
  - Developing local sustainability activities
  - Brainstorming how to sustain key Collaborative activities
  - Introducing the Leadership Program
- **Theme:** Sustainability, Review of Implemented Interventions, Leadership Program
- **Draft Agenda Items:**
  - Registration and Storyboard Setup
  - Welcome, Opening Remarks, and Introductions
  - PWH Voices
  - Update of Collaborative: Performance Data and QI Interventions Updates
  - Sustainability: Developing Local Sustainability Plans
  - Share Fest: Storyboard Presentations by Participants (use breakout functionality to rotate among virtual storyboards)
  - QI Exercise
  - Review of Interventions Selected by Participants
  - Affinity Breakout Groups: Planning Ahead and Sustaining Affinity Group Work
  - Offers and Requests
  - Team Action Planning and Report Back
  - Aha Moments, Evaluation, Next Steps

Learning Session 4 (May 18-19, 2022): Let's Celebrate! Sharing Collaborative Successes

- **Objectives:**
  - Understanding the Collaborative outcome data so far
  - Sharing local improvement successes and storyboards
  - Harvesting Collaborative successes
  - Brainstorming about diffusing Collaborative successes to the wider Ryan White community
- **Theme:** Celebration, Sustainability, Sharing of Collaborative Successes
- **Draft Agenda Items:**
  - Registration, Seating by Affinity Group, and Storyboard Setup
  - Welcome, Opening Remarks, and Introductions
  - PWH Voices
  - Celebrating Your Success: create+equity Collaborative Update
  - Group Exercise: Mapping Collaborative Successes
  - Sustainability Planning
  - Storyboard Presentations
  - Leadership Program Update and Next Steps
  - Plenary Breakout Session: [QI Content/Clinical Updates]
  - Interactive Exercise to Celebrate Collaborative Impact
  - Offers and Requests
  - Aha Moments, Evaluation, Next Steps

Virtual Learning Sessions

Learning Sessions are held every five months during the active phase of the Collaborative; four in total. In addition to the first in-person Learning Session, the second and third Learning Sessions are conducted virtually using Zoom, the same virtual platform as for the Affinity Sessions. All Collaborative participants are invited to attend. Each session is planned to be two-days long and span 4-5 hours each day. A central virtual "room" holds all participants for plenary sessions, while smaller breakout sessions - a Zoom functionality - are used to increase interactivity among participants and to bring participants of similar needs together. The fourth and final Learning Session may combine both in-person as well as a virtual component that can run parallel to the in-person activities.

Using a Webcam when Joining Virtual Learning Sessions

It is critical that each participant in the Collaborative, including Community Partners, Faculty members, and CQII staff, join the virtual Learning Sessions using a web camera. Seeing the various participants on the screen helps to maximize the opportunity to create a virtual community of learners. Here are a few scenarios that can prevent a participant from using a webcam and how to overcome them:

Barriers and Potential Solutions to Using a Webcam	
I don't have a webcam.	I have a webcam on my computer/laptop, but I don't know how to get it to work.
CQII will provide you with a webcam, if needed, for the duration of the Collaborative so that you can virtually join the Learning Sessions. Simply send CQII an email and we will send one webcam per Community Partner with the understanding that the camera is returned at the end of the Collaborative.	First, contact your IT department and ask to help you. It is an expectation for this Collaborative to join our virtual Learning Sessions and to use a webcam. CQII will try to assist you to the best of our abilities to help us.
I use a webcam, but it is not working with Zoom.	We are not allowed to install webcams on my computer.
First, check out the Zoom website at www.support.zoom.us to address the problem. Contact CQII and we will try to troubleshoot the issue with the help of our IT colleagues at Project ECHO at the University of New Mexico.	Try the following options: - use a laptop with a camera - arrange to meet as a group/team in a location where a webcam is available - meet with colleagues who have working cameras - use your mobile device, including your phone If no other options exist, dial-in by using the provided phone number and meeting code since we do not want you to miss the important sessions.

Learn More | *Planning and Implementing a Successful Learning Collaborative*
Guide for Conducting a Virtual Quality Improvement Collaborative

Next Steps

- Determine who on your team will attend the first Learning Session – Feb 2021
- Prepare for Learning Sessions and share with local and regional improvement teams – Jan/Feb 2021
- Ensure that your webcam is working and join our virtual sessions – Mar 2021

Frequently Asked Questions

Can every Community Partner attend the first Learning Session in Feb 2021?	Can every Community Partner attend the Learning Sessions 2 and 3?
Yes. All Community Partners are invited to actively participate and are encouraged to bring their entire QI team. CQII is planning an interactive virtual session accessible to all participants.	Yes. All Community Partners should plan to attend these virtual Learning Sessions.
Will I be reimbursed for attending Learning Session 1?	Does each Learning Session include agenda items related to the involvement of people with HIV?
Yes. CQII will reimburse you for travel expenditures and arrange lodging if no other financial support is available.	Yes. We are committed to including the voices of people with HIV in many aspects of the Collaborative, including the Learning Sessions.

IV) QI Coaching Model and QI Groups

The create+equity Collaborative embraces a newly envisioned coaching model that focuses on directly supporting Community Partners participating in this Collaborative and meeting the goals as outlined in their individualized Aim Statements. The goal of this approach is for QI Coaches to focus on guiding Community Partners through each step of their QI project to address the impact of the social determinants of health on HIV-related outcomes and on supporting participating Community Partner to reach all Collaborative milestones.

QI Coaches are nationally recognized quality improvement experts contracted by CQII and CQII staff with extensive expertise in quality improvement. They are assigned up to 13 Community Partners that are part of the same Affinity Group and support them throughout the entire Collaborative. QI Coaches join the affiliated Affinity Session as a participant.

The QI Coach provides support via the following meeting structures:

- QI Group Meetings: QI Coaches virtually meet with their assigned group of participating Community Partner (QI Groups) every month (for a minimum of one hour each month) or to the convenience of the group. These joint Zoom sessions are complementary to the Affinity Group sessions to review expectations, address any common barriers, and guide activities.
- Individual QI Coaching Sessions: In addition, QI Coaches meet with individual teams for additional support as needed. This can be accomplished by the designation of office hours for one or two additional hours per month.

QI Coaches provide support to their group of assigned teams through the following activities:

- Routinely engage the QI Group to ensure that each Community Partner is connected and supported throughout the Collaborative
- Facilitate the completion of essential Collaborative milestones: development of a QI team, use of the Disparity Calculator, drafting an Aim Statement, development of a local cause and effect diagram, selection of interventions, measuring QI intervention impact, etc.
- Prepare their QI Group for Learning Sessions
- Guide their QI Group on performance data extraction/submission and QI intervention prioritization and selection process
- Assist with the development of Case Presentations and Report Backs, an expectation for each participating team, as well as QI Storyboards
- Provide feedback after Viral Suppression Data submission, Case Presentation, and QI Intervention Update Submission

Monthly QI Coaching Focus

January 2021

The QI Coach initiates virtual QI Groups sessions with their assigned teams to

- establish monthly meeting schedule for the QI Group
- review the Collaborative's expectations for participants
- focus on guiding participants in their performance measure extraction and determination of the subpopulation of focus

- review the multidisciplinary QI team composition, with emphasis on the need for a person with experience with receiving HIV care and external service providers on the team
- review each QI team's improvement goals with the group
- ensure the documentation and tracking of QI teams in a provided template

February 2021

The Feb 2021 QI Group session focuses on

- a guided discussion on the development of an Aim Statement
- sharing of Aim Statements with the QI Coach for review and feedback
- preparation of QI Group members for Learning Session 1
- support of the QI Group through Learning Session 1 activities by the QI Coach

March 2021

The Mar 2021 QI Group session focus is on

- preparing the QI Group for the launch of the Affinity Group sessions
- describing the Case Presentation template and encourage them to sign-up to present
- reviewing data collection and performance measurement expectations
- reviewing benchmark reports with the QI Group

April 2021

In concert with the Affinity Group, the QI Coach guides their QI Group on the

- review data submissions from Community Partners
- development of the cause and effect diagram and associated root causes
- review of the Driver Diagrams and Collaborative Change Package
- selection of the most relevant interventions
- review of QI Group member's Case Presentation before their assigned Affinity Session

May 2021 – June 2022

For the remaining months, the QI Coach works with their QI Group to

- routinely meet to provide guidance and assistance and provide office hours as needed
- ensure that all reporting deadlines are met
- assist in the scheduling of Case Presentation Report Backs
- plan steps to ensure the sustainability of their improvement efforts moving forward

The QI Group plays an important role in collecting the various data elements from Community Partners and reviewing the data results. As outlined in the data collection plan, each Community Partner is expected to submit data for standardized measures every other month starting Mar 2021. These data are then compiled in a QI Group-specific benchmark report one month after the submission deadline, which tracks each Affinity Group's performance data and QI intervention data over time.

QI Coaches meet with their QI Groups every month for the remainder of the Collaborative to discuss project development and issues related to implementation and continue to meet with their QI Group during all Learning Sessions. This structure ensures cohesion and alignment between Affinity Group activities, Learning Sessions, and active periods of the Collaborative. While the QI Coaches are 'hands-on facilitators' during initial QI Group sessions, a co-facilitation model with QI Group member teams should be considered to further build their capacity to lead and manage QI teams.

QI Coach Contact Information			
Housing			
QI Coach	Jamie Shank	Jamie.r.shank@gmail.com	417-844-0887
QI Coach	Chuck Kolesar	Charles.Kolesar@health.ny.gov	212-417-4730
Mental Health			
QI Coach	Jane Caruso	janecaruso2@gmail.com	267-229-9022
QI Coach	Kevin Garrett	kevin.garrett@health.ny.gov	212-417-4541
Substance Use			
QI Coach	Julia Schlueter	schlueter_j@wustl.edu	314-652-2444 ext. 101
QI Coach	Clemens Steinbock	clemens.steinbock@health.ny.gov	917-582-6055
Age Across the Lifespan			
QI Coach	Susan Weigl	sweigl@yahoo.com	929-318-3318
QI Coach	Justin Britanik	justin@cqii.org	202-671-4844
QI Coach Coordinators			
Coordinator	Chuck Kolesar	Charles.Kolesar@health.ny.gov	212-417-4730
Coordinator	Lori DeLorenzo	loridelorenzo@comcast.net	540-951-0576

To centrally support QI Coaches, CQII hosts monthly joint calls with all QI Coaches to share experiences and receive updates from CQII about upcoming milestones and recent benchmark reports and findings.

If additional individualized technical assistance (TA) by RWHAP recipients or subrecipients is needed that falls outside of the Collaborative work, a TA request should be made to the HIV/AIDS Bureau using the TA Request Form.

Networks: In consultation with their assigned QI Coach, the Network leads should determine who will attend the routine QI Group Meetings, whether all funded Network subrecipients or the Network lead alone. Regardless, all subrecipients should be kept fully informed about the the content that is shared during these meetings.

Note: In contrast to the end+disparities ECHO Collaborative, the Regional Group model is not utilized in this Collaborative, and therefore, Regional Groups are not directly supported by QI Coaches. When Regional Groups function independently of this Collaborative, participation in these Regional Groups is optional and participants are certainly encouraged to share their work with their Regional Groups whenever appropriate.

Using a Webcam when Joining Zoom

Each Community Partner and QI Coach are expected to join the Zoom-based QI Group Meetings using a web camera. Seeing the various participants on the screen helps to maximize the opportunities to create a virtual community of learners. Here were a few scenarios that can prevent a participant from using a webcam and how to overcome them:

Barriers and Potential Solutions to Using a Webcam	
I don't have a webcam.	I have a webcam on my computer/laptop, but I don't know how to get it to work.

CQII will provide you with a webcam, if needed, for the duration of the Collaborative so that you can virtually join the QI Group Meeting. Simply send CQII or your QI Coach an email and we will send one webcam per Community Partner with the understanding that the camera is returned at the end of the Collaborative.	First, contact your IT department and ask to help you. It is an expectation for this Collaborative to join our virtual meetings using a webcam, including Affinity and Learning Sessions. CQII will try to assist you to the best of our abilities to help us.
I use a webcam, but it is not working with Zoom.	**We are not allowed to install webcams on my computer.**
First, check out the Zoom website at www.support.zoom.us to address the problem. Contact CQII and we will try to troubleshoot the issue with the help of our IT colleagues at Project ECHO housed at the University of New Mexico.	Try the following options: - use a laptop with a camera - arrange to meet as a group/team in a location where a webcam is available - meet with colleagues who have working cameras - use your mobile device, including your phone If no other options exist, dial-in by using the provided phone number and meeting code since we do not want you to miss the important sessions.

Next Steps

- Request a webcam from CQII if you do not have one – Jan 2021
- Establish monthly meeting schedule for your QI Group - Mar 2021
- Support the QI Group Coach by volunteering to assist with meeting logistics, agenda items, and data collection and analysis

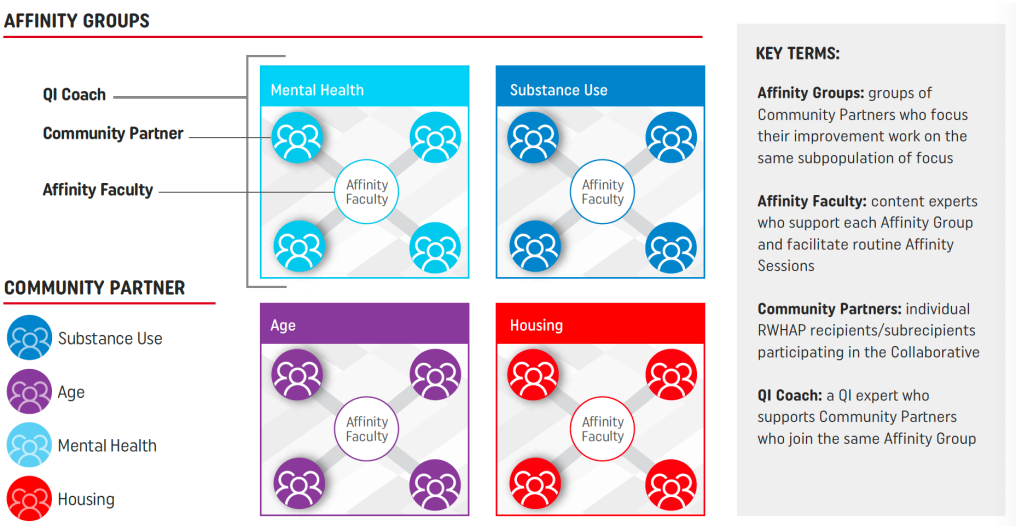
Learn More | *HIVQUAL Workbook – Step 1*
create+equity Database Link
QI Coach Tracking Tool
HRSA HIV/AIDS Bureau CQM Technical Assistance Referral Form

V) Affinity Groups

The create+equity Collaborative combines traditional elements of the IHI Breakthrough Series model with the ECHO model™. To achieve the aims of this national improvement effort, Community Partners from across the country are invited to join Affinity Groups and attend the corresponding Affinity Sessions using the Zoom platform to create a virtual learning community modeled after the tele-ECHO session developed by Project ECHO.

The purpose of the Affinity Groups is to facilitate peer learning and exchange across all Community Partners, to gain subpopulation-specific improvement insights through learning from content experts, people with HIV, and discussions generated in these sessions. The Affinity Sessions are facilitated by Affinity Group Faculty, a group of individuals who organize, develop content, and provide guidance for these sessions. To help foster peer learning and exchange contact information of your fellow Affinity Group members as well as other Collaborative participants can be found in the table below [password: create+equity].

Affinity Group Contact Information	
Substance Use:	https://1drv.ms/x/s!AvBpI5MrzkcqjPNdPn8a5c2iB048NQ?e=jVyxks
Housing:	https://1drv.ms/x/s!AvBpI5MrzkcqjPNZvu2qLA5jZxnPRw?e=RtJxPJ
Mental Health	https://1drv.ms/x/s!AvBpI5MrzkcqjPNaeGeLVT0yanhEmg?e=ytYFFe
Age	https://1drv.ms/x/s!AvBpI5MrzkcqjPNbtHWxs6X59EZg8Q?e=N5zSvR



There are two types of Affinity Groups:

- **Subpopulation-specific Affinity Groups**, which targets the same disparity subpopulation and are most closely aligned with the original ECHO model with didactic presentations, Case Presentations, and feedback from both the community and content experts
- **Role-specific Affinity Groups**, which supports Community Partners who have similar roles in the Collaborative (no didactics and Case Presentations)

Through the enrollment process, each Community Partner identifies one HIV subpopulation to focus their improvement efforts to meet the expectation that each Community Partner joins one Affinity Group. These choices allow CQII to assign Community Partners to subpopulation-specific Affinity Groups. CQII has identified experienced QI Coaches to provide further support for the development of QI projects by participants in each Affinity Group.

Using a Webcam when Joining Zoom

It is critical that each participant in the Collaborative, including Community Partners, Faculty members, and CQII staff, join the various Zoom-based Affinity Sessions using a web camera. Seeing the various participants on the screen helps to maximize the opportunities to create a virtual community of learners. Here were a few scenarios that could have prevented a participant from using a webcam and how to overcome them:

Barriers and Potential Solutions to Using a Webcam	
I don't have a webcam.	I have a webcam on my computer/laptop, but I don't know how to get it to work.
CQII will provide you with a webcam, if needed, for the duration of the Collaborative so that you can virtually join the Affinity and Learning Sessions. Simply send CQII an email and we will send one webcam per Community Partner with the understanding that the camera is returned at the end of the Collaborative.	First, contact your IT department and ask to help you. It is an expectation for this Collaborative to join our virtual Affinity and Learning Sessions using a webcam. CQII will try to assist you to the best of our abilities to help us.
I use a webcam, but it is not working with Zoom.	We are not allowed to install webcams on my computer.
First, check out the Zoom website at www.support.zoom.us to address the problem. Contact CQII and we will try to troubleshoot the issue with the help of our IT colleagues at Project ECHO housed at the University of New Mexico.	Try the following options: - use a laptop with a camera - arrange to meet as a group/team in a location where a webcam is available - meet with colleagues who have working cameras - use your mobile device, including your phone If no other options exist, dial-in by using the provided phone number and meeting code since we do not want you to miss the important sessions.

A) Subpopulation-Specific Affinity Sessions

Subpopulation-specific Affinity Sessions are attended by the Community Partners and Affinity Faculty belonging to the same Affinity Group. The Affinity Faculty are a team of content experts, including people with HIV, and CQII staff/consultants who support the session.

Affinity Faculty Roles				
Facilitator	**Content Experts**	**Didactic/Content Presenter**	**Coordinator**	**Technology Support**
• Facilitates discussion during Affinity Sessions • Provides support to Community Partners who present their Case Presentation • Helps the Affinity Group to consolidate feedback on Case Presentations	• Have expertise in HIV care through either working directly in the field or through shared lived experiences • Help develop a curriculum for Affinity Sessions with CQII staff support • Present the didactic portion at Affinity Sessions • Recruit Content Presenters (guest speakers) for topics when needed • Coordinate with CQII to include additional Content Presenters for topics across all four Affinity Groups	• Delivers specialized content on topics relevant to the Affinity Groups in coordination with the Content Experts	• Coordinates Zoom invitations and reminders • Assists in scheduling additional planning meetings for the Affinity Faculty • Schedules Community Partner Case Presentations • Reviews Case Presentation forms created by Community Partners • Follows-up with presenting Community Partners' QI Coaches on their Case Presentation • Schedules didactic presenters, shares resources shared, posts all content to Glasscubes, and ensures later report backs later	• Is present during all Sessions to provide Zoom Technology support • Helps the Faculty utilize polling features and software • Records the didactic element of the Session • Documents the recommendations made during the Session • Monitors the chat room for questions • Takes minutes during the Sessions • Tracks participation and records in iECHO

Affinity Session Structure and Meeting Times

Each of the four subpopulation-specific Affinity Groups (Housing, Mental Health, Substance Use, and Age Across the Lifespan) meets virtually twice a month starting in Mar 2021. Each meeting is 60 minutes long. The meeting cycle for each of the Affinity Groups is listed below and the corresponding Zoom links:

Affinity Session Meeting Times and Zoom Registration Links
Substance Use
First and Third Tuesday 3:30pm-4:30pm ET Zoom Link: https://echo.zoom.us/meeting/register/tJUrde-sqzItGdcUiSEWW-OguH9Bt5PJz_fX
Housing
First and Third Tuesday 2:00pm-3:00pm ET Zoom Link: https://echo.zoom.us/meeting/register/tJMkcOuppjwrHdTSiKAQDZlml5qG0XKFpLdM
Mental Health
Second and Fourth Tuesday 12:00pm-1:00pm ET Zoom Link: https://echo.zoom.us/meeting/register/tJYtcuqoqT0oH9LEPf0GlcNS6taVgqdoZVgI
Age Across the Lifespan
Second and Fourth Tuesday 3:30pm-4:30pm ET Zoom Link: https://echo.zoom.us/meeting/register/tJckdu2grDMsHNyI475BDq-WL4SHnFComu-o

While the content focus may differ among the four subpopulation-specific Affinity Sessions, they have the same agenda and learning structure. All Affinity Sessions have a shared set of "Ground Rules" that have been developed to create comfortable spaces of learning. One-time observers at Affinity Sessions are welcome to attend.

Subpopulation-Specific Affinity Session Agenda			
Agenda Item	***Details***	***Lead***	***Length***
Introduction	• The Facilitator welcomes participants and sets the tone for Session • The Facilitator provides an overview of Session • Brief participant introductions • Engages the audience; potentially using polling questions to interact with participants	Facilitator	~10min
Didactic Presentation	• Content Expert or Content Presenter prepares a 10-minute presentation on a pre-determined topic and includes 3-4 discussion/polling questions • The didactic element is presented by the Content Expert or, if the Content Expert or Content Presenter is not available, by the Facilitator • Discussion facilitated by Facilitator	Content Expert, Content Presenter, or Facilitator	~15min
Case Presentation	• Community Partners present their Case Presentation with a focus on challenges and "asks" from fellow peer providers; a slide template (including a completed sample) is provided by CQII • To encourage learning beyond the Session, the Faculty provides 1-3 follow-up recommendations to the Community Partner during the session, which is used by the Coordinator to create a document for use by the Community Partner	Community Partner	~15min
Discussion	• The Facilitator, with assistance by the Content Experts, poses discussion questions to engage the session participants in response to didactics and Case Presentations • To engage the audience, previously submitted questions/polls by Content Expert or Community Partner presenter are utilized, as well as live polling and use of chat rooms are encouraged	Affinity Faculty	~15min
Wrap Up	• Facilitator summaries the key points made in the Session • Action items from the discussion are summarized	Facilitator	~5min

Didactics

Didactic presentations during subpopulation-specific Affinity Group Sessions are about 10 minutes long on a pre-determined topic and are presented by an Affinity Faculty member or an external Content Expert. A subsequent discussion (~5-10min) allows for exchanges and clarifications by Affinity Group participants. The entirety of all didactics makes up the curriculum. All didactics are

recorded and the link to the recording on the TargetHIV YouTube channel is immediately posted on Glasscubes for dissemination among Community Partners.

Each Affinity Group has approximately ~30 Affinity Sessions throughout the Collaborative.

Three focus areas have been identified:

- QI Didactics: These didactics focus on building capacity for QI to meet the various expectations for participating in the Collaborative [~5-7 didactics]
- Social Determinants of Health-focused Didactics: These didactics focus generally on increasing the understanding of social determinants of health as barriers to accessing HIV care and achieving viral suppression and build the foundation for the Collaborative; these didactics are covered across all four Affinity Groups [~5-7 didactics]
- Affinity Group-Specific Didactics: These didactics focus specifically on the specific focus area of the Affinity Group and targets the various needs identified by the Affinity Group members [~20 didactics]

The Coordinator for each Affinity Group is responsible for scheduling didactic speakers and maintain the Affinity-specific curriculum. QI Coaches, Affinity Faculty, and Community Partners are encouraged to make suggestions for didactic speakers and topics. During the Learning Sessions, brainstorming sessions are held to generate the relevant topics. Please forward all topic and speaker suggestions to Charles.Kolesar@health.ny.gov.

Didactic Timeline		
Timeline	**Role**	**Action**
Start of Collaborative	Coordinator	- Brainstorm with Affinity Faculty Members to generate Affinity Group-specific topics and suggest presenters - During Learning Sessions, brainstorm and/or prioritize topics and presenters for upcoming didactics with Community Partners - Schedule didactic presenters and post schedule on Glasscubes
Day of Didactic Presentation	Tech Support	- Record the didactic presentation of each session - Upload the recorded didactic presentation to internal shared drive - Save the final didactic slide set and other resources to Glasscubes
1 to 3 days after Didactic Presentation	CQII Staff	- Upload recorded didactic from internal drive to the TargetHIV YouTube channel - Add the link to the master didactic presentation schedule in Glasscubes to ensure access of the recording to all participants

Case Presentations by Community Partners

Each Community Partner is expected to present at least one Case Presentation during an Affinity Session through the course of the Collaborative. Case Presentations are 15-minute long presentations, in which Community Partners reflect on their own agency's performance. They are designed to promote peer sharing, build capacity, learning in real-life situations, and help Community Partners receive feedback on their improvement work. These presentations allow for each Community Partner to receive individualized advice based on the unique needs of their

Community Partner and to address the diversities and complexities of issues faced by participants. Presentations for Affinity Sessions may focus on one of the following areas related to the Community Partners' identified subpopulation:

- One system-wide challenge or barrier
- A current or planned quality improvement intervention
- Best practices or lessons learned based on current or recent quality improvement efforts
- Single patient experience (no patient identifiers) to illustrate the effects of a system issue

To assist Community Partners in developing their Case Presentations a standardized Case Presentation Slide Template is provided with completed samples. The following suggested timeline is for Community Partners to prepare for and follow-up on their Case Presentation.

Networks: All Network subrecipients are asked to independently present their own Case Presentations during upcoming Affinity Sessions to allow for individualized feedback and guidance.

Case Presentation Timeline

Timeline	Action
Start of Collaborative	**Community Partner**: Sign-up to present the Case Presentation by **March 12** using the Case Presentation scheduling link [password: create+equity]; Shaymey Gonzalez at Shaymey.Gonzalez@health.ny.gov will confirm the dates and share the necessary slide template and sample slides **Coordinator/QI Coach/Affinity Faculty:** Encourage all participants to sign up for their Case Presentation as early as possible; routinely check who has not presented or scheduled a Case Presentation yet
2 weeks before Case Presentation	**Community Partner**: Send a draft of the Case Presentation slides to Shaymey.Gonzalez@health.ny.gov to that Shaymey can forward them to the Affinity Group Coordinator and QI Coach for review and feedback **Coordinator/QI Coach:** Review slides against the provided template, ensure no personal health information (PHI) is used, and collect additional feedback from Affinity Faculty members, if necessary **Shaymey**: Share feedback and guidance with Community Partner
1 week before Case Presentation	**Community Partner**: Receive slides in response to comments from CQII, Affinity Faculty, and QI Coach and send updated slides to Coordinator
1-5 days before the Case Presentation	**Coordinator**: Send finalized Affinity Case Presentation slides to all members of Affinity Faculty & QI Coach
Day of Case Presentation	**Community Partner**: Present Case Presentation; take notes about recommendations and feedback by Affinity Faculty and peer participants **Affinity Faculty**: Provide 1-3 follow-up recommendations to the Community Partner after the Case Presentation **Tech Support**: Document all recommendations from the Affinity Faculty and Community Partners during the Affinity Session and share with Coordinator immediately after the Affinity Session
3 days after Case Presentation	**Coordinator:** Send consolidated notes from discussions and additional resources to the Community Partner who has presented **Tech Support**: Post finalized Affinity Case Presentation slides to Affinity Group-specific Glasscubes folder

6 or more months after the initial Case Presentation	**Community Partner**: Schedule a "report back" with Shaymey Gonzalez at Shaymey.Gonzalez@health.ny.gov and complete the associated template to be presented during an Affinity Session to provide an update on their improvement project

As indicated above, a "report back" presentation is expected at least six months after the initial Case Presentation. This follow-up presentation provides the Affinity Group members with additional information on activities after the Case Presentation and includes changes in viral suppression data since the onset of the QI project, as well as any progress made with the QI project.

A spreadsheet of attendance, dates, topics, and presenters is used to track of each Session. Copies of the Case Presentation PowerPoint slides and follow-up presentations are cataloged on Glasscubes. To help facilitate the scheduling of your case presentation as well as your "report back" please use the following Case Presentation scheduling link [password: create+equity] as indicated above.

QI Storyboards

A storyboard is a graphical representation of key aspects of an ongoing or completed QI project, which usually includes the improvement goals, performance data over time, interventions used, and lessons learned. They are an effective way of communicating results of a QI project throughout the agency and can be displayed on clinic walls, emailed to staff and senior leaders, included in an organization-wide newsletter, posted on the agency website, etc.

Each create+equity Community Partner is expected to present at least one **QI Storyboard** to capture and display their QI projects focusing on mitigating the impact of social determinants of health. A template has been developed and is available to Community Partners. The Community Partner QI Storyboards are shared with their assigned QI Coaches for feedback and submitted for presentation at upcoming Learning Sessions. It is the goal that all Community Partners post their QI Storyboard in their agency and present it to all staff and their senior agency leadership.

Next Steps for Community Partners

- Become familiar with the Zoom platform and ensure that your webcam is working – Mar 2021
- Put the Affinity Session schedule in your calendar for the entirety of the Collaborative beginning – Mar 2021
- Schedule your Case Presentation to showcase your improvement work – Apr 2021
- Prepare your Case Presentation using the provided template and refine based on input by faculty
- Share your insights with your peers on the Affinity Sessions

Learn More | *end+disparities ECHO Collaborative Didactics*
Case Presentation Template
Case Presentation Samples
Case Presentation Scheduling [password: create+equity]
Follow-up Case Presentation Template
Mock Affinity Packet
Storyboard Template
end+disparities ECHO Collaborative Storyboards

CQII Leadership Program

Mirroring the success of the previous end+disparities ECHO Collaborative, a CQII Leadership Program will be launched in Apr 2021 to prepare and build QI leadership capacity among a small group of individuals who are participating in the Collaborative. The CQII Leadership Program is a capacity building and sustainability approach for collaborative members who are interested in enhancing their skills to take on a co-facilitation role in the Affinity Sessions.

The overall goal is for RWHAP-funded providers and PWH to assume greater leadership roles in facilitating and sustaining virtual communities of learning going forward. CQII hopes that Leadership Program fellows will enhance their capacity to facilitate virtual Affinity sessions, potentially take on local and regional QI leadership roles, and become faculty members in future CQII-sponsored collaboratives.

Any participant who actively participates in the Collaborative is knowledgeable of the collaborative framework, and has a strong QI background is eligible to apply. All applicants need to complete an online nomination form to indicate their interest. Based on the submitted applications, CQII will select up to 12 participants in collaboration with the Collaborative Planning Group.

Participants in the Leadership Program receive individual coaching from CQII staff/faculty and are engaged in monthly peer exchange opportunities with other Leadership Program participants. If possible, a two-day in-person meeting will occur to build their capacity as part of their participation in the Program. Previous CQII Leadership Program graduates, who are uniquely integrated into the create+equity Collaborative, will take part in mentoring and assisting Chuck Kolesar with the implementation of this Leadership Program (Apr 2021 – Jun 2022). More information regarding the Leadership Program from the last end+disparities ECHO Collaborative can be found here: https://targethiv.org/cqii/echo-leaders.

Learn More | end+disparities ECHO Collaborative Leadership Program

B) Role-Specific Affinity Sessions

Unlike subpopulation-specific Affinity Session, role-specific Affinity Sessions are designed to provide support to individuals involved in specific activities associated with their role in the Collaborative. These sessions do not follow the ECHO model™ used in the subpopulation-specific Affinity Sessions, specifically no didactic presentations or Case Presentations.

The following Table lists role-specific Affinity Groups and the function they serve in Collaborative participation.

Role-Specific Affinity Groups

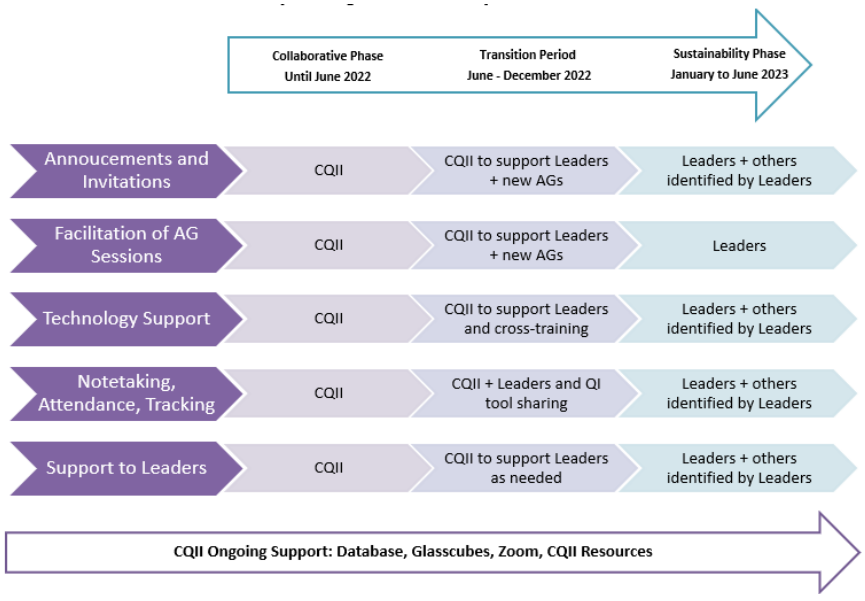
Affinity Group	*Function*	*Participants*	*Frequency*
People with HIV Group	• Support the needs of people with HIV within the Collaborative • Allow HIV advocates to network and share their perspectives • Build their capacity for quality improvement	- People with HIV on QI Teams - CQII Facilitator	Monthly
Data Affinity Group	• Support data submissions by the participants • Provide opportunities for peer sharing • Answer technical questions related to data submissions	- Data Managers - CQII Facilitator	Month Before Every Submission
Network Group	• Allow for peer sharing among network leads and their work with network subrecipients • Answer questions by network leaders	- Network - CQII Facilitator	Every other Month

Affinity Group Transition Plan for Sustainability

It is the goal of this Collaborative that the Affinity Sessions continue beyond the duration of the Collaborative, independent of CQII, by graduates of the Leadership Program. The Affinity Sessions could also be supported by an existing Regional Group structure. The following chart illustrates the key components of the Affinity Group Transition Plan for Sustainability.

The Collaborative Phase includes the active period of the Collaborative with the full support by CQII for all Affinity Groups. During the Transition Phase, some of the responsibility for organizing and facilitating the Affinity Groups falls on members of the Leadership Program. Finally, during the Sustainability Phase, the Leadership Program members are expected to maintain their Affinity Groups independent of CQII administration.

Affinity Group Transition Plan for Sustainability



Affinity Faculty Contact Information			
Housing			
Facilitator	Dr. Kathleen Clanon	Kathleen.Clanon@acgov.org	510-612-5548
Content Expert	Rose Conner	sr.conner@hotmail.com	602-525-4035
Content Expert	Jamie Shank	Jamie.r.shank@gmail.com	417-844-0887
Content Expert	D'Angelo Keyes	mrkeyes326@gmail.com	773-366-4683
Technology Support	Zainab Khan	Zainab.Khan@health.ny.gov	973-650-8493
Coordinator	Chuck Kolesar	Charles.Kolesar@health.ny.gov	212-417-4730
Mental Health			
Facilitator	Lori DeLorenzo	loridelorenzo@comcast.net	540-951-0576
Content Expert	Dr. Alex Keuroghlian	akeuroghlian@fenwayhealth.org	617-927-6064
Content Expert	Mulamba Lunda	mlunda@cooperativehealth.org	843-260-0844
Content Expert	Kneeshe Parkinson	blessingsoflove39@gmail.com	314-612-0423
Technology Support	Zainab Khan	Zainab.Khan@health.ny.gov	973-650-8493
Coordinator	Chuck Kolesar	Charles.Kolesar@health.ny.gov	212-417-4730
Substance Use			
Facilitator	Dr. Cole Stanley	cole.stanley@gmail.com	778-987-3276
Content Expert	Allan Clear	allan.clear@health.ny.gov	212-417-5368
Content Expert	David Moody	davidjosephmoody@gmail.com	202-381-0143
Content Expert	Chinnie Ukachukwu	chi1616us@yahoo.com	240-640-7905
Technology Support	Zainab Khan	Zainab.Khan@health.ny.gov	973-650-8493
Coordinator	Chuck Kolesar	Charles.Kolesar@health.ny.gov	212-417-4730
Age Across the Lifespan			
Facilitator	Adam Thompson	Adam.Thompson@jefferson.edu	864-354-8468
Content Expert	Dottie Dowdell	DottieDowdell@gmail.com	609-213-5830
Content Expert	Tania Chatterjee	taniachat31@gmail.com	240-643-5707
Content Expert	Dawn Trotter	dtrotter@evergreenhs.org	716-426-9253
Content Expert	Brian Wood	bwood2@uw.edu	206-459-6410
Technology Support	Zainab Khan	Zainab.Khan@health.ny.gov	973-650-8493
Coordinator	Chuck Kolesar	Charles.Kolesar@health.ny.gov	212-417-4730
Consumer Affinity Group			
Facilitator	Jeremy Hyvarinen	jeremy.hyvarinen@maricopa.gov	480-270-0497
Coordinator	Kehmisha Reid	kehmisha.reid@health.ny.gov	212-417-4730
Data Affinity Group			
Coordinator	Chuck Kolesar	Charles.Kolesar@health.ny.gov	212-417-4730

Key Definitions

Affinity Group	Affinity Session
Special interest groups formed with fellow participants (Community Partners) who focus on the same subpopulation of focus, such as housing, (subpopulation-specific Affinity Groups), or assume similar roles on local QI teams, such as data managers or consumers (role-specific Affinity Groups)	Virtual meetings focused on one of the Affinity Groups; these sessions follow the ECHO model™ and include brief didactic presentations by content experts, case presentations by fellow participants (Community Partners), and opportunities for peer sharing and learning
Affinity Group Faculty	**Content Expert**

Each subpopulation-specific Affinity Group is supported by a group of experts who are responsible for planning the content, review of case presentations, and facilitating their respective Affinity Sessions; membership of the Affinity Group Faculties is comprised of CQII consultants and staff and individuals with lived experiences	Individuals with significant content expertise related to a specific Affinity Group; individuals may include medical professionals, quality improvement (QI) experts, or individuals living with HIV to ensure their perspectives in all discussions
Case Presentation	Driver Diagram
Presented by each Collaborative Partner during Affinity Sessions at least once throughout the Collaborative to promote peer sharing and build local quality improvement capacity; a standardized case presentation slide template and completed samples are provided	A graphic display of drivers (factors) that have been identified by the experts to have major impacts on achieving the preferred outcome; Primary Drivers are the major factors driving the outcome and Secondary Drivers are the detailed activities and structures that makeup the Primary Drivers
Change Package	Storyboard
A listing of evidence-informed interventions and emerging practices related to each Affinity Group focus area that is useful in developing specific ideas for changes that lead to improvement	A visual display of key aspects of a QI project to inform others about the goals of the improvement efforts, performance data over time, interventions used, and lessons learned; a slide template and past storyboards are available

Frequently Asked Questions	
Can I join more than one Affinity Group?	When should I conduct my Case Presentation and when do I select the date?
No. You can only join one subpopulation-specific Affinity Group. You are invited to join other role-specific Affinity Groups if it matches your interests and roles in your agency.	The first Case Presentations will be held in Mar 2021. We encourage you to schedule your presentation early to maximize the benefits of the learning environment created by Affinity Sessions.
Do I receive feedback before the Case Presentation?	What should I do with the feedback in response to my Case Presentation?
Yes. We developed a timeline to submit your draft slides to the Faculty several weeks before to allow you to incorporate their feedback. Use the template and completed sample to make it easier for you and your agency.	We encourage you to incorporate the recommendations you received. Later in the Collaborative cycle, we will ask you to present your follow-up Case Presentation to your Affinity Group and give an update on what you have done with the information.

VI) Viral Suppression Performance Measurement Reporting

The create+equity Collaborative is about improving care for people with HIV who experience specific social determinants of health which may hinder their health outcomes. Measurement plays an important role throughout the initiative to track such progress and utilize data to drive improvements. Measurement of viral suppression data helps Community Partner to evaluate the impact of changes made to improve the quality and systems of care. Remember that measurement should be designed to accelerate improvement, not slow it down.

Routine performance measurement reporting by Community Partner centers on standardized measures for two different patient groups (entire HIV caseload and Community Partner-identified HIV subpopulation). Each participating Community Partner is expected to submit their performance data every other month via the online create+equity Database beginning in Mar 2021 (see Data Reporting Table).

The Collaborative has adopted the HAB viral suppression measure definition (National Quality Forum #: 2082) as the overall viral suppression measure: percentage of patients, regardless of age, with a diagnosis of HIV with an HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.[22]

Performance Measure: HIV Viral Load Suppression

National Quality Forum #: 2082

Description:	Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year
Numerator:	Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year
Denominator:	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year
Patient Exclusions:	None
Data Elements:	1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the patient have at least one medical visit during the measurement year? (Y/N) i. If yes, did the patient have a HIV viral load test with a result <200 copies/mL at the last test? (Y/N)

The following table outlines the various indicator definitions for each Affinity Group.

Performance Indicator Definitions by Affinity Group

Housing

A) Entire Caseload Viral Suppression Measure (National Quality Forum #: 2082)

- Denominator 1: # of HIV pts, regardless of age, with at least one medical visit with a provider with prescribing privileges in the 12-month measurement year
- Numerator 1: # of HIV pts, regardless of housing status, with a viral load less than 200 copies/mL at last viral load test during the measurement year

[22] https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/coremeasures.pdf

B) Housing Stability Measure

- Denominator 2: # of HIV pts, regardless of age, with at least one medical visit with a provider with prescribing privileges in the 12-month measurement year who are temporarily or unstably housed at the most recent housing screening
- Numerator 2: # of HIV pts with a viral load less than 200 copies/mL at last viral load test during the measurement year

C) Housing Screening Measure

- Denominator 3: # of HIV pts, regardless of age, with at least one medical visit with a provider with prescribing privileges in the 12-month measurement year
- Numerator 3: # of HIV pts with a housing status screening during the measurement year

D) Housing Intervention Measure

- Denominator 4: # of HIV pts, regardless of age, with at least one medical visit with a provider with prescribing privileges in the 12-month measurement year who are temporarily or unstably housed at the most recent housing screening
- Numerator 4: # of HIV pts with at least one relevant housing intervention

Substance Use

E) Entire Caseload Viral Suppression Measure (National Quality Forum #: 2082)

- Denominator 1: # of HIV pts, regardless of age, with at least one medical visit with a provider with prescribing privileges in the 12-month measurement year
- Numerator 1: # of HIV pts, regardless of substance use status, with a viral load less than 200 copies/mL at last viral load test during the measurement year

F) Substance Use Measure

- Denominator 2: # of HIV pts, regardless of age, with at least one medical visit with a provider with prescribing privileges in the 12-month measurement year who have a documented substance use disorder or a substance use service in the same measurement period
- Numerator 2: # of HIV pts with a viral load less than 200 copies/mL at last viral load test during the same measurement year

G) Substance Use Screening Measure

- Denominator 3: # of HIV pts, 18 years and older, with at least one medical visit with a provider with prescribing privileges in the measurement year
- Numerator 3: # of HIV pts with a substance use screening during the measurement year

Mental Health

H) Entire Caseload Viral Suppression Measure (National Quality Forum #: 2082)

- Denominator 1: # of HIV pts, regardless of age, with at least one medical visit with a provider with prescribing privileges in the 12-month measurement year
- Numerator 1: # of HIV pts, regardless of mental health status, with a viral load less than 200 copies/mL at last viral load test during the measurement year

I) Mental Health Measure

- Denominator 2: # of HIV pts, regardless of age, with at least one medical visit with a provider with prescribing privileges in the 12-month measurement year who have received one or more of the mental health diagnoses OR received one or more mental health services during the same measurement period
- Numerator 2: # of HIV pts with a viral load less than 200 copies/mL at last viral load test during the measurement year

J) Mental Health Screening Measure

- Denominator 3: # of HIV pts, regardless of age, with at least one medical visit with a provider with prescribing privileges in the 12-month measurement year
- Numerator 3: # of HIV pts with a mental health status screening during the same measurement year

Age Across the Lifespan

K) Entire Caseload Viral Suppression Measure (National Quality Forum #: 2082)

- Denominator 1: # of HIV pts, regardless of age, with at least one medical visit with a provider with prescribing privileges in the 12-month measurement year
- Numerator 1: # of HIV pts, regardless of age, with a viral load less than 200 copies/mL at last viral load test during the measurement year

L) Age Across the Lifespan Measure

- Denominator 2: # of HIV pts with the site-selected age group [children/youth (24 and younger); young adults (25-39); adults (40-64); or older adults (65 and older)] with at least one medical visit with a provider with prescribing privileges in the 12-month measurement year
- Numerator 2: # of HIV pts with a viral load less than 200 copies/mL at last viral load test during the measurement year

M) Age Intervention Measure

- Denominator 3: # of HIV pts, within the agency-chosen age group, with at least one medical visit with a provider with prescribing privileges in the 12-month measurement year who are eligible for the age group-specific intervention(s)
- Numerator 3: # of HIV pts with at least one documented age group-specific intervention within the 12-month measurement period

Data Reporting Timeline

The following Table outlines the due dates (the third Friday in each reporting month) to submit the viral suppression data and corresponding 12-month measurement periods for each reporting cycle:

Report Due Dates	12-Month Measurement Period
Mar 19, 2021	Feb 1, 2020 – Jan 31, 2021
May 21, 2021	Apr 1, 2020 – Mar 31, 2021
Jul 16, 2021	Jun 1, 2020 – May 31, 2021
Sep 17, 2021	Aug 1, 2020 – Jul 31, 2021
Nov 19, 2021	Oct 1, 2020 – Sep 31, 2021
Jan 21, 2022	Dec 1, 2020 – Nov 28, 2021
Mar 18, 2022	Feb 1, 2021 – Jan 31, 2022
May 20, 2022	Apr 1, 2021 – Mar 31, 2022
Jul 15, 2022	Jun 1, 2021 – May 31, 2022

create+equity Database

All data submissions are made to a newly programmed online Collaborative database, called, **create+equity Database** building upon the end+disparities ECHO Collaborative database. Each Community Partner submitting performance data is instructed to set-up a user account (one per Community Partner) to avoid double entry by the same Community Partner and report the numerator and denominator data for all Affinity Group-specific indicators (see Performance Indicator Definitions by Affinity Group Table).

Network: The data for each network subrecipient should be entered independently in the database to ensure that their performance data are individually captured. The network lead agency may expect their network subrecipients to enter the data or do so for them for each submission cycle.

Here are a few features of the online database:

- Easy to use platform that has been newly programmed for this initiative
- Immediately trends entered viral suppression performance over time
- Allows to group all Community Partners to produce a single performance score
- The benchmarking functionality compares all submissions by participants in the Collaborative, top 10% performers across all submissions, and stratification by Part, state, or facility type
- Gives your assigned QI Coach access to look at individual local performance data and across a state, and the ability to download the data for further analysis

Each user of the database has routine access to their own performance data reports and trends over time, local benchmark reports, and other national benchmarking reports. The QI Coach is given the appropriate access in the online database to look at performance data across the QI Group.

Benchmark Report

Each Collaborative participant submits their viral suppression data every two months during the Collaborative. A benchmark report is generated and distributed to all participants, which includes the number of sites submitting, the total number of patients and their corresponding aggregate viral suppression rates, as well as tables and raw data. Key findings and indicator definitions are also included in each report and shared in the Collaborative announcements, as well as they can be found in Glasscubes.

Next Steps

- Become familiar with the reporting expectations – Jan 2021
- Mark the reporting deadlines in your calendar – Jan 2021
- Set up accounts in the Database – Jan 2021
- Get ready for first data collection cycle – Mar 2021

Frequently Asked Questions

Can I use my account from the end+disparities ECHO Collaborative?	Should I sign-up multiple people from our community partner?
No. We have created a new database with several new features. You will need to simply set up a new account, one per Community Partner.	No. We ask you to set up one account per Community Partner to avoid double entry and reporting.
Can I learn from the experiences of other data managers?	Do I need to report on all HIV subpopulations?

Please join our Data Affinity Group that provides a forum for sharing and networking with other data managers who participate in the Collaborative.	No. Each Community Partner reports every other month on the entire caseload and the Community Partner-selected HIV subpopulation.
How do I know that my performance data were 'acceptable'?	**What happens if my performance is lower than expected?**
If you submit your performance data to the online database, run a report which will help you and your QI Coach to confirm its accuracy and comparison with other participants.	The Collaborative aims to improve HIV care, learn from the other agencies, and improve the data collection process. Lower than expected performance scores provide learning opportunities.
Patients are seen by multiple medical providers over time. Are we expected to un-duplicate these patients across agencies when reporting?	**I have additional questions. Whom should I ask?**
No. We do not expect you to un-duplicate individual patients' data across agencies even though patients may have received services at more than one location.	Any technical assistance questions by agencies regarding the performance measures and reporting cycle should be directed first to the designated QI Coach, or email to CQII. Office Hours are also available to individual agencies.

Learn More | create+equity Database
Indicator Definition Document

VII) Quality Improvement Interventions and Submissions

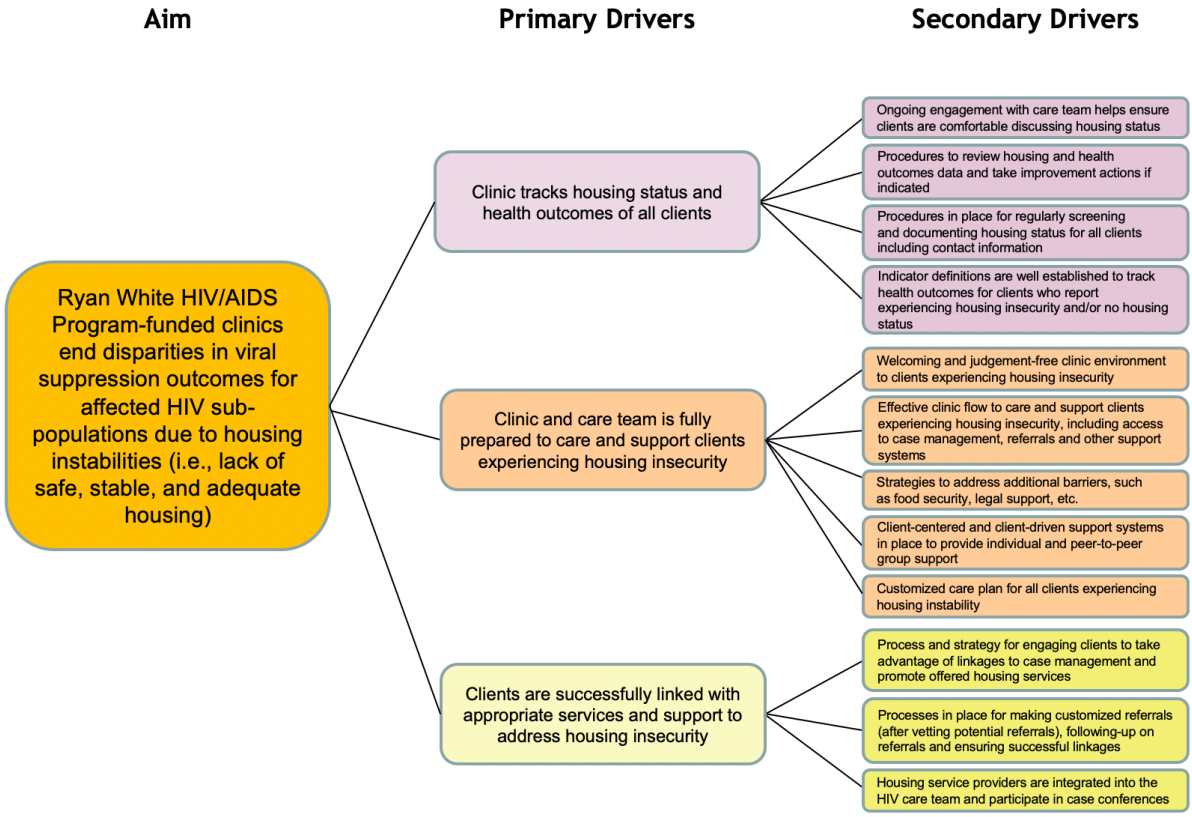
The ability to develop, test, and implement changes is essential for any Community Partner that wants to continuously improve. To facilitate the process of selecting interventions by Community Partners participating in the create+equity Collaborative, CQII has developed two key resources in partnership with IHI: Driver Diagrams (a graphic to illustrate factors that contribute to the overall Collaborative aims); and Change Packages (a listing of interventions for adoption by Community Partners to reach their individualized aims).

Driver Diagrams

The Driver Diagram presents a graphic framework on the drivers (factors) that have been identified by the experts and stakeholders to have major impacts on achieving the preferred outcome. *Primary Drivers* are the major factors driving the outcome. The *Secondary Drivers* are the detailed activities and structures that make up the Primary Drivers. The interventions listed further in Change Packages are specific ideas that can be tested to determine if improvements are achieved.

To facilitate the initiation of improvement efforts by Community Partners, IHI and CQII have developed Driver Diagrams for each of the Affinity Groups. These will help the conceptualization of change ideas that allow Collaborative participants to create equity in viral suppression outcomes for affected HIV subpopulations due to barriers for each of the Collaborative focus areas. Below is one Driver Diagram for the Housing Affinity Group as a reference; others are linked below.

Housing Affinity Group Diagram



Learn More | *Housing Affinity Group Driver Diagram*
Substance Use Affinity Group Driver Diagram
Mental Health Affinity Group Driver Diagram
Age Across the Lifespan Affinity Group Driver Diagram

Change Packages

A change concept is a general notion or approach that is useful in developing specific ideas for changes that lead to improvement. Creatively combining these change concepts with knowledge about specific subjects can help generate ideas for tests of change.[23] An extensive list of evidence-informed interventions and emerging practices related to each focus area (housing, mental health, substance use, and age across the lifespan) has been gathered by IHI by reviewing existing work and the literature, as well as conducting interviews with key stakeholders. In addition, IHI will develop a set of intervention manuals relevant to this collaborative that could not be found in the literature.

Building upon the Driver Diagrams, CQII and IHI have further developed Change Packages for each Affinity Group to facilitate the selection and uptake of evidence-informed interventions and emerging practices to reach the agreed aims of the create+equity Collaborative. Community Partners are asked to select those interventions for replication during the Collaborative that are most relevant to meet the goals of their Aim Statement. Each Community Partner should review the appropriate Change Package and the related interventions and prioritize those that are most relevant for their organization. After selecting the interventions, Plan-Do-Study-Act (PDSA) Cycles are used to test a change or group of changes on a small scale to see if they result in improvement. If they do, the tests are expanded and gradually incorporated using larger and larger samples until the data demonstrate measurable confidence that the changes should be adopted more widely.

Interventions by Affinity Group-Specific Change Package

Housing Interventions

- Staff Training on Motivational Interviewing Skills, Strategies, and Tools
- The Undectables Program
- Use of Peer Navigators
- Trauma-Informed Approaches: Improving Care for People with HIV
- Patient Navigator Model (SPNS Project)
- Uber Health (or similar) Transportation Services
- Optimal Linkage and Referral (Active Referral Intervention)
- Training on Continuous Improvement
- Walk-In Availability and Open Access to Care
- Waiting Room Milieu Manager

Substance Use Interventions

- Implement Harm Reduction Principles for Healthcare Settings
- Low-Threshold Buprenorphine Treatment
- Staff Training on Using Basic Motivational Interviewing Skills, Strategies, and Tools

[23] Langley GJ, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide*. San Francisco, California: Jossey-Bass Publishers, Inc.; 2009

- Cognitive Behavioral Therapy for Adherence and Depression (CBT-AD) for Injection Drug Users
- The Undectables Program
- Trauma-Informed Approaches: Improving Care for People with HIV
- Optimal Linkage and Referral (Active Referral Intervention)
- Patient Navigator Model (SPNS Project)
- Uber Health (or similar) Transportation Services
- Use of Peer Navigators
- Training on Continuous Improvement
- Case Conferencing to Support ART Adherence
- Waiting Room Milieu Manager
- Walk-In Availability and Open Access to Care

Mental Health Interventions

- Cognitive Behavioral Therapy for Adherence and Depression (CBT-AD)
- Collaborative Care Model
- The Undectables Program
- Optimal Linkage and Referral (Active Referral Intervention)
- Trauma-Informed Approaches: Improving Care for People with HIV
- Uber Health (or similar) Transportation Services
- Staff Training on Motivational Interviewing Skills, Strategies, and Tools
- Training on Continuous Improvement
- Case Conferencing to Support ART Adherence
- Patient Self Care Plans
- Tele-Health to increase ART Adherence

Age Across the Lifespan Interventions

- Optimal Linkage and Referral (Active Referral Intervention)
- Staff Training on Motivational Interviewing Skills, Strategies, and Tools
- Training on Continuous Improvement
- Trauma-Informed Approaches: Improving Care for People with HIV
- Uber Health (or similar) Transportation Services
- Use of Peer Navigators
- Waiting Room Milieu Manager
- Walk-In Availability and Open Access to Care
- Case Conferencing to Support ART Adherence
- Staff Training on Using Basic Motivational Interviewing Skills, Strategies, and Tools
- The Undectables Program
- Patient Navigator Model (SPNS Project)
- Patient Self Care Plans
- U=U Education Initiatives
- Collaborative Care Model
- Tele-Health to increase ART Adherence

Learn More | *Housing Change Package*
Substance Use Change Package
Mental Health Change Package
Age Across the Lifespan Change Package

QI Intervention Update Reporting Timeline

Individual Community Partners report their improvement efforts to reduce HIV-related disparities via our online create+equity Database by indicating the interventions that have been implemented or in the process of being implemented every three months beginning in Jun 2021. The following Table outlines the due dates (the third Friday in each reporting month) to submit the QI interventions updates and corresponding measurement periods for each reporting cycle:

Report Due Dates	Measurement Period
Jun 18, 2021	Mar 20, 2021 – Jun 18, 2021
Sep 17, 2021	Jun 19, 2021 – Sep 17, 2021
Dec 17, 2021	Sep 18, 2021 – Dec 17, 2021
Mar 18, 2022	Dec 18, 2021 – Mar 18, 2022
Jun 17, 2022	Mar 18, 2022 – Jun 17, 2022

create+equity Database

All QI intervention update submissions are made using the **create+equity Database**, which has been newly programmed to add this functionality. Each Community Partner submitting data is instructed to set-up a user account (one per Community Partner) to avoid double entry by the same Community Partner.

Network: Similar to the submission of the performance data, the intervention efforts to reduce HIV-related disparities should be entered independently in the create+equity Database. The network lead agency may expect their network subrecipients to enter the interventions or do so for them for each submission cycle.

Each user of the database has routine access to their own reports. The assigned QI Coach is given the appropriate access in the online database to look at QI intervention update data.

Learn More | *create+equity Database Link*

VIII) Appendix

Index of Resources and Forms

Resources and Links	Description
Affinity Group	Special interest groups formed with fellow participants (Community Partners) who focus on the same subpopulation of focus, such as housing, (subpopulation-specific Affinity Groups), or assume similar roles on local QI teams, such as data managers or consumers (role-specific Affinity Groups)
Affinity Group Faculty	Each subpopulation-specific Affinity Group is supported by a group of experts who are responsible for planning the content, review of case presentations, and facilitating their respective Affinity Sessions; membership of the Affinity Group Faculties is comprised of CQII consultants and staff and individuals with lived experiences
Affinity Group Faculty Training	A training that provides an overview of Affinity Groups and Sessions, how to facilitate virtual meetings through Zoom, and advanced Zoom technology
Affinity Session	Virtual meetings focused on one of the Affinity Groups; these sessions follow the ECHO model™ and include brief didactic presentations by content experts, case presentations by fellow participants (Community Partners), and opportunities for peer sharing and learning
Benchmarking Report	Viral suppression data are collected and submitted to allow comparisons across Community Partners; these benchmarking reports are immediately available in the online create+equity Database; a detailed benchmark report is issued by CQII within one month after the submission deadline for Community Partners
Case Presentation	Presented by each Collaborative Partner during Affinity Sessions at least once throughout the Collaborative to promote peer sharing and build local improvement capacity; a standardized case presentation template, slide set, and completed sample are provided
Case Presentation Template/Samples	A Case Presentation template has been created to help Community Partners prepare for their Case Presentation, which includes all required elements; several completed samples are available from past collaboratives
Change Package	A listing of evidence-informed interventions and emerging practices related to each Affinity Group focus area that is useful in developing specific ideas for changes that lead to improvement
Collaborative Benchmark Reports	Benchmark reports are released after every data submission deadline by CQII; it provides information on the progress toward meeting the Collaborative aims and how the data performance results compare to the overall Collaborative goals
Collaborative Milestones Document	A visual aid to understand the meeting structures and submission cycles of the Collaborative
Collaborative Toolkit	This is a document for all participants in the Collaborative that details the roles, expectations, and submissions of the Collaborative; it outlines to participants how to approach each specified task in the Collaborative and the corresponding resources

Community Partner	Individual RWHAP recipients or subrecipients participating in the Collaborative; Community Partners include RWHAP-funded agencies that provide direct clinical care or support services or are city/state health departments
Community Partner Aim Statement	A document, developed by each Community Partner, describing the current status quo and what each Community Partner intends to measurably accomplish at the end of their improvement work (i.e., viral suppression goal for one of the selected subpopulations); it clarifies and focuses the team's direction and scope of work
Community Partner Aim Statement Template and Sample	A guide that instructs participants on how to develop an Aim Statement to target their Affinity Group-specific goal
Community Partner Registration	Individual RWHAP recipients and subrecipients register online using the provided link as Community Partners to participate in the Collaborative
Consumer Affinity Group/Session	A role-specific Affinity Group dedicated to PWH, consumer advocates, or consumer liaisons to ensure that the voice of individuals with lived experiences is heard during Consumer Affinity Sessions, and that relevant feedback can be incorporated into all aspects of the Collaborative
Content Expert	Individuals with significant content expertise related to a specific Affinity Group; individuals may include medical professionals, quality improvement experts, or individuals living with HIV to ensure the consumer perspective in all discussion
create+equity Collaborative Website	The website for this Collaborative allows Community Partners access to resources and tools of the Collaborative
create+equity Database	An online database where Community Partners submit their viral suppression data and intervention updates; this database produces the benchmarking reports
create+equity One-Page Flyer	A one-page pdf document to introduce the overall Collaborative framework and to explain key terms used during the Collaborative
create+equity Video	A video to highlight the importance of focusing on social determinants of health, to describe the need for a national collaborative and a call for action
Data Manager Affinity Group/Session	A role-specific Affinity Group that is designed for those who report performance data for Community Partners to understand data measurement details and help with data reporting technologies
Disparity Calculator	An Excel spreadsheet to assist in the decision-making process of Community Partners, on which Affinity Group to work on based on locally available data or priorities
Driver Diagram	A graphic display of drivers (factors) that have been identified by the experts to have major impacts on achieving the preferred outcome; Primary Drivers are the major factors driving the outcome and Secondary Drivers are the detailed activities and structures that makeup the Primary Drivers
Glasscubes	A file sharing platform used to share and submit documents for the Collaborative aside from viral suppression data and intervention data, which are done through the online database
HIVQUAL Workbook	A quality improvement (QI) guide to learn more about basic QI concepts and their application in HIV programs [https://targethiv.org/library/hivqual-workbook-0]
HRSA HIV/AIDS Bureau Invitation Letter	A letter by senior HIV/AIDS Bureau leadership to introduce the Collaborative to RWHAP recipients

Intervention Change Packet	A listing of evidence-informed interventions or emerging practices; the Intervention Change Packet, which includes a Driver Diagram, detailed intervention descriptions, and intervention manuals for each of the four Affinity Groups, is used by Community Partners to select interventions for their QI projects
Key Terminologies and Definitions	A document listing and defining key terms used throughout the Collaborative
Kick-Off Sessions Materials	A series of webinars were held by CQII staff and senior HRSA leadership to introduce the Collaborative to potential participants; the kick-off session materials include a recording of the session, as well as the slides and corresponding documents
Learning Session	In-person or virtual meeting that brings Community Partners together with HIV/AIDS Bureau and CQII representatives, Affinity Group Faculty, QI Coaches, and other representatives to develop improvement efforts and promote peer exchanges
Literature Review	A detailed literature review focusing on social determinants of health and on each of the four selected priority areas and their impact on HIV outcomes
Literature Review Slide Set	A PowerPoint presentation with information on social determinants of health and the four priority areas of the Collaborative
Mock Affinity Packet	Several mock Affinity Sessions are held to prepare participants and Affinity Faculty members; this packet includes information on what the purpose and details of a mock session entail
NQC Part B Guide	A guide by the National Quality Center (NQC), which shares the best-practices from participating RWHAP-funded Part B programs in previous NQC collaboratives [https://targethiv.org/library/building-capacity-statewide-quality-management-programs-nqc-guide-ryan-white-hivaids-program]
NQC Subcontractor Guide	A guide by the National Quality Center, which shares best-practices from RWHAP recipients to work with subcontracted agencies to improve HIV care and services [https://targethiv.org/library/partnering-subcontractors-improve-hiv-care]
Office Hours	Routinely scheduled Zoom sessions managed by CQII staff to respond to questions by Community Participants
Planning and Implementing a Successful Learning Collaborative Guide	A guide by the New York State Department of Health to outline the necessary steps to set up and support a quality improvement collaborative [https://targethiv.org/sites/default/files/file-upload/resources/Plan_Implement-Learning_Collaborative_2008.pdf]
Pre-Work Assignments	Assignments between the registration phase (Dec 2020 – Jan 2021) and the start of the Collaborative designed to prepare participants for the first Learning Session (Feb 2021); these include: familiarization with Collaborative tools, selection of Affinity Group, the establishment of local QI team, drafting of aim statement, etc.
Pre-Work Call	A webinar that prepares agencies who have signed up to participate in the Collaborative; it includes documents and resources shared during the Pre-Work Call as well as the recording of the session
QI Coach	Quality Improvement (QI) expert contracted by CQII to support assigned Community Partners; QI Coaches are assigned to specific Affinity Groups
QI Group	QI Coaches are assigned to work with a group of Community Partners based on their Affinity Group of choice; virtual QI Group meetings with

	Community Partners and the QI Coach are held monthly or to the convenience of the group
QI Intervention	A change in some aspect of the system or process with the goal of increasing the quality of care of clients and improving health outcomes
Storyboard	A visual display of key aspects of a QI project to inform others about the goals of the improvement efforts, performance data over time, interventions used, and lessons learned; a slide template and past storyboards are available
Technical Assistance Referral Form	A link to the TargetHIV website to request technical assistance for clinical quality management by HRSA beyond what is provided during the Collaborative
Technology Assessment	An assessment administered by CQII to understand the technological barriers or support Community Partners need moving forward in the Collaborative
Viral Suppression Data	Every other month, each Community Partner submits their viral suppression data (HAB viral suppression measure definition: National Quality Forum #: 2082) for a) all PWH receiving HIV care (entire HIV caseload); and b) the participant-selected Affinity Group subpopulation