Guide to Conducting a Virtual Quality Improvement Collaborative

Lessons Learned from the end+disparities ECHO Collaborative

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

What's in the Guide

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

Using This Guide

- Present basic elements of the end+disparities ECHO Collaborative.

- Provide lessons learned over the course of implementing the end+disparities ECHO Collaborative.

- Identify tools and resources that can be used to implement a virtual quality improvement collaborative.

Purpose

The purpose of this Guide is to describe key steps in implementing a virtual learning collaborative focused on clinical ambulatory care settings and tips for coordinating a successful virtual community of practice. It is based on the experience gained during the end+disparities ECHO Collaborative, which was conducted by the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) and the HRSA/HAB-supported Center for Quality Improvement & Innovation (CQII). The Guide also presents resources that were used during the end+disparities Collaborative.

This Guide is a companion document for the *Toolkit for the end+disparities ECHO Collaborative*. The *Toolkit* served as the roadmap for collaborative faculty, content experts, and participants, detailing the framework used in the collaborative, expectations for participation, and all relevant reporting specifications. It is a real-world example of a step-by-step guide to implementing a virtual quality improvement collaborative. It also demonstrates how to present a virtual quality improvement collaborative to stakeholders and potential participants.

Target Audience

The Guide is designed for anyone interested in supporting (e.g., funders, public health officials, administrators), implementing (sponsoring organization/ staff), or participating in a virtual learning collaborative. While the end+disparities ECHO Collaborative focused on reducing disparities across specific subpopulations of people with HIV, this collaborative model is generalizable to other chronic health conditions, domestically and internationally.

Dedication

This Guide is dedicated to Deloris Dockery, an important voice of the HIV community, who passed way in April 2020. Deloris was a valued faculty member of the end+disparities ECHO Collaborative. She was a tireless advocate for building a future where all voices are heard, and none are forgotten. Her boundless optimism reminded us that you do not have to be the loudest to be the most effective in making a difference in your community.

Section 1: **About the end+disparities ECHO Collaborative**

end+disparities
ECHO Collaborative
Affected Subpopulations

MSM of Color

Black/African American and Latina Women

Transgender

Youth

1 The end+disparities ECHO Collaborative, a national quality improvement initiative with participation by Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients, focused on reducing disparities by increasing viral suppression rates in four disproportionately affected subpopulations of people with HIV:

- Men who have sex with men (MSM) of color;

- Black/African American and Latina women;

- Transgender people; and

- Youth.

The mission of the collaborative was, "To promote the application of quality improvement interventions to measurably increase viral suppression rates for four disproportionately affected subpopulations of people with HIV among Ryan White HIV/AIDS Program-funded providers."

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In the collaborative, which ran from June 2018 to December 2019, participants and faculty created a national community of learners from diverse agencies, settings, and geographic locations. It was managed by the HRSA Ryan White HIV/AIDS Program Center for Quality Improvement & Innovation (CQII), formally known as the National Quality Center (NQC), in partnership with the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB).

The underlying framework for this community of learning combines the Institute of Healthcare Improvement (IHI) Breakthrough Series model with elements of virtual case presentations and discussions developed by the Project Extension for Community Health Outcomes (ECHO) at the University of New Mexico and experiences from past NQC HIV collaboratives.

end+disparities ECHO Collaborative Peer Learning Opportunities

- 2 (2-day) face-to-face meeting
- 3 virtual learning sessions (every five months)
- Regional group meetings (monthly)
- Affinity group sessions (every two weeks)

The learning sessions for the collaborative were designed to bring participants together with collaborative leadership (e.g., funder [HAB], CQII staff, planning group, CQII coaches, and affinity group faculty) to receive guidance, develop improvement plans for action, and promote peer learning and exchange. The two in-person and three virtual ssessions (including the last session, which was conducted both in-person

and virtually) were conducted at five-month intervals. In the interim, the action period, participants were expected to carry out local improvement activities and submit performance data and quality improvement updates on a regular schedule.

Here are some key statistics to demonstrate the reach and the level of participation in the end+disparities ECHO Collaborative:

- Over 1,000 individuals and 200 federally funded HIV providers across 31 States or Territories participated the end+disparities ECHO Collaborative;

- Over 120 subpopulation-specific virtual affinity sessions were conducted (an average of approximately 29 participants per session) with 126 case presentations by participants;

- Seventeen (17) regional groups participated (with an average of 12 federally funded HIV providers per group) to promote local coordination and harmonization of improvement efforts; and

- Nine bi-monthly data submissions occurred, starting in July 2018, and 144 HIV providers submitted data with an average of 120,000 patients per reporting cycle.

Collaborative Outcomes

The collaborative had a broad reach within the RWHAP community—35 percent of RWHAP-funded recipients participated at some level. Of those participants, 92 percent were active in the collaborative. Increases in viral suppression rates were reported across all subpopulations.

Populations	July 2018	November 2019
MSM of Color	82%	84%
Black/African American and Latina Women	82%	87%
Transgender People	78%	85%
Youth	72%	78%

One-third of participants reported that the greatest benefit from their involvement was improvement of viral suppression rates, either for their disparity population or entire patient caseload. Almost one-quarter noted the communication with peers had the biggest impact (e.g., strengthening of regional partnerships and opportunities for sharing and networking).

For more information, please check out the Toolkit for the end+disparities ECHO Collaborative and the collaborative website at http:/enddisparities.org.

Section 2: **Planning**

end+disparities ECHO Collaboration Planning:

Key Steps

- Conduct formative research.
- Convene planning group.
- Develop concept paper.
- Develop mission and goals.
- Develop aims.
- Identify phases and milestones.
- Identify expectations and benefits for participants.
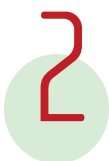
2 As with any initiative, there are basic planning steps for a virtual learning collaborative. Many of these steps will take place simultaneously. For example, to develop the concept paper it will be necessary to have a clear idea of the expectations for participants.

Formative Research

For the end+disparities Collaborative, CQII used multiple methodologies to conduct formative research. These included literature review, focus groups, and a survey of potential participants.

Literature Review. Identify topics related to the focus of the collaborative. The review can provide a better understanding of key topics and demonstrate the need for change.

Focus Groups. Focus groups and key informant interviews with subject matter experts and potential collaborative participants can provide insights into challenges faced by potential participants, regional/local priorities and differences, and access issues related to technology.

Online Survey. A large-scale survey, conducted online (e.g., Survey Monkey), is an opportunity to gain input on potential participants' willingness to join the initiative, learning preferences (e.g., frequency of learning sessions), and willingness to share data and information about their improvement activities. The survey can be promoted through existing communications activities and partners.

Planning Group

The planning group helps plan, develop, and implement the collaborative—in the initial phase and on an ongoing basis. For the end+disparities Collaborative, the planning group met weekly on a virtual basis (1-hour meetings) using the Zoom platform throughout the entire collaborative.

The planning group should reflect major participants and stakeholders in the collaborative, including representatives of the patient population and/or populations at risk. For the end+disparities Collaborative, the planning group included: funder (HRSA HAB) representatives, subject matter experts, individuals with lived experiences, regional group quality improvement coaches, affinity group representatives, and CQII staff. As appropriate, other stakeholders were invited to participate in planning meetings. Look for opportunities to foster comradery among planning group members through existing relationship and leveraging opportunities for members to work together and become more engaged in activities.

Concept Paper

Develop a detailed concept paper (i.e., blueprint) outlining all key elements of the collaborative including rationale, goals, expectations, and the benefits to participate. Include findings from formative research activities (e.g., literature review, survey) to demonstrate that the collaborative is responding to a critical need and is using appropriate methods to engage participants. A shorter version, such as an executive summary or "one pager" can be a useful tool for providing information to stakeholders, partners, and staff in participant organizations.

Planning Group Essentials

- Identify a skilled facilitator to conduct meetings.

- Include time during meetings to reflect on the previous week's meetings and activities.

- Focus on time-sensitive issues first (e.g., upcoming learning sessions, review of recently submitted data).

- Share agenda and meeting materials via email prior to the meeting.

- Draw on the skills of members. Apply the right skills to the task/issue.

- Recognize members with strong interpersonal skills and assign them to the more complex issues.

- Take detailed notes of the meetings, share them with members, archive minutes on shared drive.

Purpose of Concept Paper

- Present rationale, expectations, and benefits to potential participants.

- Help potential participants obtain support and buy in from "higher ups."

- Engage partners and other stakeholders.

Collaborative Mission and Goals

The mission and the outcome goals clearly identify what the collaborative seeks to accomplish in broad terms. The mission of the end+disparities Collaborative was to *"promote the application of quality improvement interventions to measurably increase viral suppression rates for four disproportionately affected subpopulations of people with HIV among Ryan White HIV/AIDS Program-funded providers."*

Goals of the end+disparities ECHO Collaborative

Reach:
- One in three RWHAP-funded-recipients across the nation actively participate in the Collaborative
- 30% of all people with HIV cared for by communities served by RWHAP are affected by participants of this collaborative

Impact:
- Decrease the number of people with HIV who are not virally suppressed by 25% from baseline reports at the onset of the collaborative
- Over 5,000 additional people with HIV are virally suppressed by the end of the collaborative

Sustainability:
- 90% of regional improvement groups of RWHAP-funded recipients and subrecipients (regional groups) established at the beginning remain active six months after the end of the collaborative (June 2020)
- 90% of active collaborative participants have conducted, documented, and sustained their quality improvement efforts using the knowledge gained in the collaborative

The outcome goals of the end+disparities Collaborative were categorized into three different areas—reach, impact, and sustainability—that reflected the need for participants to achieve and maintain high viral suppression rates across their patient populations.

Important considerations in developing and disseminating goals include:

- **Aim High.** Set bold goals regarding impact, recruitment, and sustainability. This will motivate all involved: planning group; faculty; and participants.

- **Wide Dissemination of Goals from Start.** This includes the concept paper, one pager, and all kick off materials, including a kick off webinar.

- **Create a Challenge.** Encourage everyone involved—planning group, faculty, participants—to stretch to achieve the overall goals. Acknowledge that various activities are challenging and stretching the current performance levels but that it is okay if they fall short.

- **Plan to Track Progress.** Have a process for regularly tracking progress towards the goals through outcome data, recruitment levels, and participation of individuals in collaborative activities. This will help guide actions of the planning group to keep the collaborative on track. Communicate this information routinely back to participants, partners, and stakeholders.

- **Align Collaborative Goals with Other Improvement Efforts.** Align goals with national public health priorities, local/regional improvement goals, and funding expectations.

CQII engaged external evaluators and to conduct an intermediate evaluation to qualitatively assess the implementation efforts by participants and to

conduct an impact evaluation of the end+disparities Collaborative based on the identified goals and aims. While such evaluations can add additional rigor to the process, they are not necessary to the success of the collaborative.

Collaborative Aims

The aims are much more specific than the goals. They are the actual data points being measured by participants. For the end+disaparities Collaborative there were three aims with multiple objectives, which

were tied to national initiatives (e.g., RWHAP performance measures, National HIV/AIDS Strategy, Healthy People 2020). Below is an example of one of the three aims from the end+disparities Collaborative.

Identify Phases and Milestones

Any collaborative should have a start and end, with specific milestones in between. This provides potential participants a clear idea of their commitment and how it overlaps with their existing commitments over the proposed project period. This way, they can

Aim 1: Increase viral suppression rates for people with HIV by focusing on four disproportionately affected HIV subpopulations and increase the average viral suppression rate across all people with HIV served by collaborative participants		
Objectives	**Benchmarks**	**Measurement Details**
Increase capacity to locally report performance data for disproportionately affected HIV subpopulations	• 75% of active participants use the disparity calculator to identify an agency-specific HIV subpopulation one month after 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 November 2018	• Community Partner Aim Statement • Bi-monthly viral suppression submissions by Community Partners
Access to regional benchmarking reports to facilitate peer learning and exchange	• 90% of participants receive regional benchmarking reports after each reporting cycle starting in August 2018, a month after the first data collection cycle • 90% of available benchmarking reports are reviewed during regional group meetings starting in August 2018 • 75% of low performers or non-submitters are followed up by the regional response team or receive additional support starting in August 2018	• Bimonthly collaborative benchmarking report • Regional Response Team Updates by the assigned Regional Group Quality Improvement Coach
Access to Collaborative-wide performance data reports	• 90% of participants have access to national benchmarking report starting in July 2018 • 90% of collaborative-wide quality improvement intervention reports are available within 1 month of the submission deadline starting in October 2018	• end+disparities Database submissions • Quarterly Community Partner Reporting form

assess their ability as an organization to participate. The phases and milestones should be clearly communicated, ideally in a graphical form, in the concept paper and all marketing materials.

Expectations and Benefits for Participants

Participants form a community of learners, committed to the initiative's outcomes. They agree to provide their own performance data and to support and give feedback to other participants—sharing information as well as data. Participation and data sharing expectations need to be articulated from the beginning of any initiative—through the concept paper, marketing materials, and the initiative website. In addition to the general expectations, expectations related to specific activities, such as the pre-work phase and regional groups, should also be clearly identified.

View Point:
end+disparities
Collaborative Planner

Having seven collaboratives under his belt, Clemens Steinbock, CQII's Director, relied heavily on past experience when planning for the end+disparities Collaborative but also learned some new things along the way. Planning began about 6 months before the launch of the collaborative and was driven by a planning group representing the various players (coaches, consumers, CQII and HAB staff) in the collaborative.

The group grew over time. It started out small and focused on fleshing out major details of the Collaborative. More voices were added, bringing

"You can't expect one person to represent the experience of a diverse group. Many voices help to ensure that there is adequate representation of different populations."

additional perspectives. Eventually the group had about 25 weekly members.

Consumer involvement has always been an important element of CQII activities, including this planning group. Clemens recommends involving multiple consumers representing different voices of the community.

"You can't expect one person to represent the experience of a diverse group," says Clemens. "Many voices help to ensure that there is adequate representation of different populations."

Planning efforts were made more effective by the use of data to inform decisions. The findings from focus groups, key informant interviews, and surveys helped the planners identify the collaborative's priority populations. It also ensured that the collaborative's goal, increasing viral suppression rates, resonated with busy RWHAP providers.

"You need to identify goals that are worth participants' time and effort. Goals that will make a difference for their target populations," says Clemens.

Planning groups should also not be afraid to aim high. According to Clemens, the group was very bold with projections regarding the number of

participants in both the overall collaborative and affinity groups. When these projections proved true—a third of RWHAP recipients voluntarily participated in the Collaborative—there was sufficient capacity in place.

The planning group continued to meet throughout the collaborative, with members' role shifting from planning to providing feedback. Members reported on what was going on in affinity and regional groups and areas where they might consider doing

things differently. As time went on, a core group emerged with other members drifting in and out.

"You need to be mindful that these are very busy people," says Clemens. "Be sure that the time they devote to the process is value added—that they derive a benefit from the process. Be strategic about the discussions that take place and decisions that are made during calls. Not everything needs to be decided by the planning group from the start."

RESOURCES

- Toolkit for the end+disparities ECHO Collaborative: Section 1
- end+disparities ECHO Collaborative concept paper
- end+disparities ECHO Collaborative one-page flyer

CQII Resources

Planning and Implementing a Successful Learning Collaborative, September 2008
This Guide provides an overview how to plan and implement an HIV collaborative and is based on previous experiences by the National Quality Center (NQC).

NQC Cross-Part Guide
A publication by the NQC how to work across various RWHAP Parts and build synergies to benefit the care of people living with HIV.

Making a Mark: Demonstrating Health Impacts H4C Collaborative Report
This publication by NQC outlies the most recent NQC collaborative and demonstrates the impact of this collaborative.

All these documents are available on the CQII website at: CQII.org

Section 3: **Communications**

end+disparities ECHO Collaborative **Key Activities**	• Branding • Kick-off Video • Toolkit • Promotional Flyer • Website • Slide Set Templates • Email Announcements • Newsletter • Benchmark Reports • Presentations at Conferences

3 A national quality improvement campaign requires a coordinated communication strategy. As would be needed with any national campaign, CQII developed a range of communications vehicles to support the end+disparaties Collaborative. The end+disparities Collaborative was named by *PRNews* as among the best campaigns of 2019 in their Digital Elite Awards of the Year. The collaborative was the only U.S. Department of Health and Human Services campaign to receive recognition in the "government" awards category. The communications strategy was developed by Impact Marketing + Communications.

Key activities are listed below.

• **Branding.** All materials related to the collaborative should share a look and feel. Consider developing graphical elements, including a collaborative logo, to represent the collaborative. Ideally, they will be immediately recognizable.

• **Kick-off Video.** An engaging video, posted online, can serve as an effective recruitment tool. CQII created the Disparities Video, 3 minutes long, that made a compelling argument about the importance of the collaborative. It served to promote the collaborative among potential participants and other stakeholders. View the video [https://targethiv.org/cqii/end-disparities-echo-collaborative].

• **Toolkit.** The *Toolkit for the end+disparities ECHO Collaborative* served as a roadmap and reference guide for participants, faculty, staff, and stakeholders.

- **Promotional Flyer.** A one-page flyer including key details about the collaborative. It worked especially well with stakeholders who were unlikely to review the more extensive *Toolkit*.

- **Website.** Develop a website that serves as the hub for the collaborative. The end+disparities Collaborative website was a repository of a wide range of resources used by participants.

- **Slide Set Templates.** Develop a common template for all presentations to help promote the collaborative's brand and associate all activities with the collaborative.

- **Email Announcements.** Email announcements served multiple roles—announcing upcoming activities, data submission reminders, and more. In addition to emails, monthly collaborative announcements were utilized on the Constant Contact platform to keep collaborative participants abreast of all activities and deadlines.

- **Newsletter.** A monthly electronic newsletter highlighted activities and accomplishments.

- **Benchmark Reports.** Performance data were submitted by collaborative participants every two months and a summary report was generated for each submission period. The summary report highlighted improvements for the total patient population, as well as by subpopulations.

- **Presentations at Conferences.** CQII shared the findings from the collaborative at various national conferences via abstracts, poster presentations, and panel discussions.

View Point: Communications

Having developed the marketing and communications strategies for previous CQII collaboratives, Impact Marketing + Communications was familiar with the challenges of engaging busy clinicians in a learning collaborative. With the previous campaigns, as with the end+disparities Collaborative, all the recruitment and engagement efforts were virtual.

"Some of the challenges are always the same," says Sarah Cook-Raymond, president and CEO of Impact. "These are busy professionals and you don't have long to reach and engage them. That is one reason why we utilized video as an information and recruitment medium in all of these collaboratives. People spend more time on video and retain information more readily when it's explained in video. Video served as an important recruitment tool to help visualize the challenge of viral suppression and the goals the collaborative was hoping to achieve."

In addition, key influencers were tapped to help support the marketing efforts and Impact leveraged best practices around email open rates and key email subject words to help drive engagement and video watch rates.

"It's not enough to simply reach people's inboxes, we need to ensure they open the messages and feel compelled to engage, says Sarah. "We used listserv technology with heatmapping that shows where users spend time and click through on email marketing exchanges and used this knowledge and applied that here to inform our messaging to improve the user experience."

The communications strategy also addressed the virtual aspect of the end+disparities Collaborative.

Unlike other CQII collaboratives, in this one much of the cross-peer interaction was virtual. Participants needed to be assured that this would be effective and valuable to them in their work. The end+disparities Collaborative also had more components than previous collaboratives, like the regional groups and affinity groups. Through multiple vehicles, Impact focused on making sure that the goals of the campaign were clear and that participants knew how to use the Zoom platform, especially when it came to networking with their regional groups and affinity groups.

"This is a lot of complex information to provide to people. We had to do it in bite size pieces," says Sarah. "People are visual learners so visual reinforcement is important. Our focus was on design and leveraging digital platforms."

Impact developed a Prezi presentation, which uses automation as an alternative to standard slides. The Prezi presentation was used to visually guide participants through all the various components of the collaborative and demonstrate how the components were interrelated.

During the collaborative, Impact worked to highlight the tools developed for the end+disparities Collaborative, such as the Disparities Calculator, which identified disparate HIV-related health outcomes for HIV subpopulations.

"Tools like the Disparity Calculator highlighted the important work that participants were doing using their own data, says Sarah. "We reminded participants to use this tool. It would have been easy to forget about it given all the other components."

Across all of the marketing and communications activities, everything was highly visual. High-impact design, colorful visuals, easy-to-understand, interactive pieces, and intuitive technology made the collaborative exciting.

Also important to communications activities was regularly reminding participants how their work during the collaborative aligned with HRSA/HAB priorities and larger initiatives such as the National HIV/AIDS Strategy.

"When you remind participants how this aligns with their organizational and federal goals and that we are improving the lives of real people with HIV, it's clear that this is an important collaborative and underscores why RWHAP recipients would want to join," says Sarah.

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Section 4: Collaborative Staff and Faculty

end+disparities ECHO Collaborative

Building a Team

- Identify crucial roles
- Recruit talented faculty
- Identify Content Experts
- Provide on-boarding
- Build a cohesive team

4

A collaborative's success depends on the skill and experience of the people involved in leadership roles—staff within the sponsoring organization; faculty, coaches, content experts, and consumers.

The end+disparities Collaborative relied on more than 15 faculty and coaches to conduct the learning sessions, regional groups, and affinity groups. These experts were CQII staff, consultants with extensive experience in both quality improvement and training. Many have worked with CQII for years and are very familiar with the work of RWHAP recipients. CQII also recruited faculty and content experts from outside its network. Existing contacts were asked to recommend others who possessed the necessary skills and experience.

What to Look for in Faculty, Coaches, and Content Experts

- Nationally recognized and trusted
- Past experience participating in collaboratives
- Strong experience related to the focus of the collaborative

Consumers played an important role in the end+disparities Collaborative. Consumers of RWHAP-funded services served as faculty members on each of the affinity groups and on the planning group. Their lived experience was invaluable to the groups and provided insights on improvement projects that would otherwise be impossible to obtain (*See below for more information on role of consumers and optimizing their involvement*.)

Onboarding Faculty and Optimizing Involvement

In-person Orientation. Hold an in-person meeting for faculty and staff prior to the launch of the collaborative to introduce the collaborative framework, gain their input, and build comradery. Look for opportunities to bring faculty and staff together in-person for additional learning and feedback. For example, with the end+disparities Collaborative, faculty and staff gathered the day prior to first in-person learning sessions for team-building activities.

Essential ECHO Training. To ensure that ECHO facilitators have the necessary skills consider enrolling them in the ECHO Immersion Training to familiarize them with the model and how to run successful ECHO sessions.

Zoom Competence. Train all coaches, facilitators, content experts, and staff on how to use the Zoom platform. Make an online tutorial available for those who miss the training or are added after the collaborative starts.

Ongoing Input from Faculty. Invite all faculty members to join in planning calls to provide input on proposed activities, their implementation, and possible modifications.

Suggested Roles

Facilitator	Facilitate discussion during sessions, help to solicit case presenters, provide support to participants who present their case presentation, help with identifying and reviewing didactic presentations, conduct didactic sessions as requested, participate in weekly planning group meetings
Content Experts	Have medical or quality improvement expertise, help develop a curriculum for sessions, present didactic portion during sessions, respond to content questions by participants
Content Experts with Lived Experience	Pose discussion questions to engage the session participants in response to case presentations, share community feedback, conduct didactic presentations, make recommendations
Technology Support	Provide Zoom technology support, help faculty members utilize polling features, record the didactic elements of the session, monitor the chat room for questions, take minutes for the sessions, track participation in sessions over time, archive documents on shared drives
Coordinator	Coordinate Zoom invitations and reminders, help identify and schedule case presentations and didactic presentations, review case presentation forms created by participants, share recommendations after each case presentation, follows-up with presenter's quality improvement coaches on their case presentation, record recommendations, serve as a liaison between the affinity groups, and participate in planning activities

"Consumers bring the voice of lived experiences to quality improvement activities."

Opportunities to Meeting Participants in Person.
Invite all faculty and staff to attend any in-person learning sessions so they can connect face-to-face with participants.

Role of Consumers

Consumers bring the voice of lived experiences to quality improvement activities. CQII sought to involve consumers in all aspects of the collaborative.

Planning. Integrate consumers in planning for the collaborative (e.g., focus groups, key informant interviews, and as members of the planning group).

Aims/Objectives. Establish a collaborative aim focused on consumers and set clear expectations for consumer involvement. For example, the end+disparities Collaborative included the following objective:

> *Increase the quality improvement capacity of consumers to be meaningfully involved in improvement activities.*

Faculty. Identify and recruit individuals with personal lived experiences to serve on the faculty.

Regional Groups. Identify a consumer liaison for each regional group. The liaison should: actively participate in the regional group as equal members; assist with quality improvement projects; recruit other consumers to participate; and build capacity among consumers on quality improvement.

Community Partner Improvement Teams. Encourage community partners to include consumers on their improvement teams.

Supporting Consumer Involvement

Vet Candidates. Interview candidates and conduct background checks (e.g., check with references) to ensure they share the goals of the collaborative and are committed to participate.

Address Privacy Issues. Be sure to have consumers sign patient confidentiality agreements before sharing any contact information (e.g., phone and email) and their personal stories (e.g., on website or other collaborative materials).

Titles Matter. Consult with consumers to determine the most appropriate title for their role. With the end+dispartities Collaborative the original title for consumers was "spokesperson." Based on feedback, this was later changed to "population expert" and ultimately to affinity faculty, content expert, and community expert. Listen and be flexible.

Compensate Lived Experience. Pay consumer content experts for their participation and cover any expenditures, such as attending in-person learning sessions. CQII paid content experts a honorarium.

Provide Training. Build capacity through collaborative-supported training and other opportunities. In addition to end+disparities Collaborative activities, CQII conducts various training activities for consumers outside of collaboratives (e.g., in-person Training of Consumers on Quality).

Section 5: Participant Enrollment

end+disparities ECHO Collaborative
Enrollment Process

- Kick-off Phase
  - » Invitational Letter to Potential Participants
  - » Kick-off Session
- Group Enrollment/Selection of Regional Groups
- Individual Registration

5 The enrollment process should be targeted, and be tailored to, the potential participants. Defining a finite group of potential participants is critical to effective enrollment. With the end+disparities Collaborative, participation was limited to RWHAP recipients and subrecipients.

There are two crucial aspects to enrollment:

- Outreach and engagement; and
- Tracking enrollment.

Outreach and Engagement

Test Outreach Messages. Make calls to some existing stakeholders, partners, and regional group members to hone messages about the collaborative's goals, activities, and benefits. Consider using the virtual platform (e.g., Zoom) to make the calls to familiarize future participants with the platform. CQII made more than 100 calls prior to the actual launch of the end+disparities Collaborative.

Be Prepared. Develop all relevant materials and enrollment forms prior to the enrollment phase.

Importance of Enrollment Leaders. Calling on recognized leaders in the funding organization as well as in the broader participant community can be an effective way to promote participation. Share collaborative materials with them to allow them to promote them locally. Include

Details of the Enrollment Process

Kick-off Phase. The purpose of this phase is to inform potential participants of the collaborative, answer questions regarding the collaborative, and encourage participation. The end+disparities Collaborative used multiple outreach methods.

- **Invitational Letter to Potential Participants.** This letter from HRSA HAB, the funder of RWHAP recipients and subrecipients, described the initiative and encouraged participation.

- **Kick-off Session.** Webinar explaining the rationale, activities, benefits, and anticipated outcomes, with participation of the funder.

Group Enrollment/Selection of Regional Groups. Participants were asked to communicate with other RWHAP recipients in their region and form groups. They were encouraged to build on existing groups and networks. Proposed groups were reviewed and approved by CQII and HRSA HAB. The review ensured a geographical mix and balance of expertise across groups.

Individual Registration. Once regional groups were finalized, individual recipients/subrecipients registered as community partners.

senior leaders (from sponsor organization and/or funder) in the kick-off webinar to emphasize the importance of the collaborative.

Use Trusted Communications Channels. The invitation letter and other outreach materials should come from trusted entities, such as the funder. Use official, "recognized" methods (e.g., regular email listserv).

Personal Touch. Follow up invitational letters with outreach calls. Contact organizations that will be newly engaged with your organization as well as those with existing relationships (i.e., have participated in other activities).

Call to Action. Create an engaging video or info-graphic defining the problem/challenge and introducing the goals of the collaborative.

Leverage "Early Adopters." Identify ways to remain in contact with and support those who sign up early in the enrollment process. These participants can help spread the word among their peer providers and create a snowball effect. Encourage those that have participated in previous activities and/or regional groups to reach out to their past partners.

Ongoing Outreach. Conduct an ongoing outreach effort. Make materials available online. Archive the kick-off video so it is available after the event.

Tracking Enrollment

Create a System. Carefully track sign ups (e.g., via Excel spreadsheets). Create a system that not only documents participants but can also track their participation in activities so that additional outreach can be carried out to ensure ongoing participation. Routinely review recruitment goals and levels of participation to ensure the collaborative is on track.

Optimize Contacts. Cross-reference enrollees with other mailing lists from past initiatives/activities to identify potential participants who require further outreach. Share the enrollment list with key stakeholders and staff (e.g., coaches) so that they can identify potential participants who have not enrolled or participants who may require more support.

RESOURCES

- Toolkit for the end+disparities ECHO Collaborative: Section 1
- Group Enrollment Form
- Individual Agency Registration Form
- Kick-Off Sessions Materials

CQII Resources

- end+disparities ECHO Collaborative Toolkit

Section 6: Local Community Partners Improvement Teams and Pre-Work Activities

end+disparities ECHO Collaborative

Local Quality Improvement Teams

- Quality improvement leader

- Members of clinical quality management committee

- Key functions and department across the agency

- Agency leadership

- Consumers

6 Local Quality Improvement Teams

Collaborative participants, named community partners, carry out their own quality improvement activities and participate in regional groups. In the end+disparities ECHO Collaborative, community partners formed agency-based improvement teams. In addition to identifying a quality improvement leader, CQII recommended that teams include representatives from:

- Clinical quality management committee;

- Key functions and department of the agency;

- Agency leadership; and

- Consumers.

The leader should represent the agency within the regional group and serves as important link between the local and regional improvement efforts.

Agency-level Improvement Teams: Elements of Success

- Create clear aims to guide activities.

- Allocate the necessary organizational resources to complete the proposed activities.

- Obtain support by senior leaders in the agency.

- Team members should be willing to learn from each other.

- Open communication with agency's quality management committee, staff, and consumers.

- Integration with agency's clinical quality management committee.
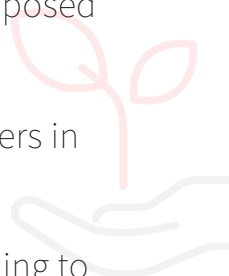
Each local improvement team embarks on its own improvement journey. Key steps for the improvement team include:

- Set local improvement goals by writing a Community Partner Aim Statement;

- Conduct improvement activities to meet the local and regional improvement needs; and

- Collect performance data and track improvement efforts over time.

Pre-work Activities

Pre-work helps to ensure that collaborative participants have the understanding and skills to fully take part in all activities. In addition to forming the local improvement team and developing an aim statement during the end+disparities Collaborative, community partners were asked to carry out the following activities.

Agency Information	Provide agency description, including patient caseload.
Contact Information	Provide contact information for all staff involved in the collaborative.
Technology Assessment	Conduct a technology assessment survey to: better understand what data systems were used to track local performance data; access to webcams; and experience with Project ECHO.
Identify Disparity Subpopulation	Select the most appropriate subpopulation-specific affinity group using various tools (e.g., Disparities Calculator, Toolkit, pre-work webinar, one-on-one technical assistance).
Develop Quality Improvement and Technology Capacity	Strengthen quality improvement capacity using available tools and become familiar with virtual communication tools, including Zoom.
Participate in First Regional Group Meeting	Actively participate in the first regional group meeting.
Prepare for First Learning Session	Participate in the first in-person learning session.

Quality Improvement Training for Community Partners

Community partners' staff will require quality improvement training. Plan from the beginning to make these resources available.

Provide Access to Quality Improvement Trainings. Make available quality improvement training opportunities for new staff or staff who need a refresher. CQII conducted multi-session trainings using Zoom with cohorts of 10–12 participants, targeting those who were new to quality improvement.

Identify Community Partners in Need of Training. Consider reaching out to community partners based on their performance data (i.e., are failing to show improvement). Faculty, coaches, and regional leaders can also identify community partners in need of additional training opportunities.

N **Note:** *The Toolkit for the end+disparities ECHO Collaborative provides examples of how all these activities were carried out as part of the collaborative. See Section II.*

RESOURCES

- Technology Assessment Survey
- Disparities Calculator and Guide
- Pre-work Webinar
- Community Partner Aim Statement Template/Sample
- Zoom Set Up Guide
- Regional Group Guide

CQII Resources

- end+disparities ECHO Collaborative Toolkit

Section 7: Using the Zoom Platform

end+disparities ECHO Collaborative

Webcam Basics

- **Facilitate Access to Webcams.** For the end+disparities Collaborative, CQII was able to loan webcams to participating organizations if necessary (webcams were returned at the end of the collaborative).

- **Group Participation.** Encourage teams to meet as a group to allow maximum access to webcams.

- **Provide Tech Support.** If participants are not able to get help from their IT department, consider providing assistance by appointment.

- **Troubleshooting Support with the Platform.** Direct participants to the Zoom website for technical support.

- **Look for Workarounds.** Some agencies did not allow participants to install webcams on their computers. Options for these participants included: using a laptop with a camera; convening the team in a location where a webcam is available; and using a mobile device such as a phone or tablet.

7 A key element of the end+disparities Collaborative was the use of the Zoom conferencing service. Zoom is an online high definition (HD) video conferencing software that is compatible with a variety of different operating systems, including OS, Android, Windows, and telephone services. The software is HIPAA compliant and enables up to 500 participants to join. It also works well with low bandwidth, which can facilitate use by participants in rural areas. CQII obtained a Zoom master account through Project ECHO.

Consistently using the same platform for all collaborative video conferencing facilitates participation. For the end+disparities Collaborative, Zoom was used for planning calls, virtual sessions, learning sessions, quality improvement learning sessions, leadership calls, etc. This helped ensure that all CQII staff, faculty, coaches, content experts, and participants were proficient with the platform.

The end+disparities Collaborative provided a Zoom account for each regional group. Each response team leader was able to host regional group meetings with their own individual Zoom log-ins.

The Zoom platform also allowed the end+disparities Collaborative to conduct breakout sessions as part of the larger general sessions, including the learning sessions. Facilitating these breakouts required the CQII staff involvement to help participants access the appropriate breakout sessions.

Virtual learning sessions were utilized three times during the end+disparities Collaborative. The sessions were two days long, from 4 to 6 hours each day, and up to 100 participants were engaged for the sessions. Participants reported enjoying the convenience and efficiency of the sessions, but also that that they preferred a balance of virtual and in-person sessions.

Tips for Conducting a Zoom Meeting

Zoom Basics and Ground Rules. Develop standard slide set with key instructions for use of Zoom (where to mute, start video, etc.), ground rules, hand signals, etc. to be shown at the beginning of each session. Regularly show slides reminding participants to use their camera and enter contact information in the chat.

Start Time. Initiate the call early (at least 15 minutes before the start of the session). This allows time for organizers/presenters to troubleshoot any technology issues and test the audio settings.

Minimize Participant Background Noise. Change the settings so that participants are muted by default on entry (rather than having to initially mute themselves).

Multiple Co-hosts. Assigning multiple staff members to serve as co-hosts increases the number of people who can help with the session. Ensure that at least one co-host is off site in case the Internet goes down in the office.

Sharing PowerPoint. Share the PowerPoint window, not the overall screen. Close any other software programs.

Hand Signals for Participants. Develop a set of hand signals that participants can use (e.g., applause, I cannot hear you, I have technical problems, etc.). Demonstrate these signals at the start of the session.

Multiple Users on a Computer. Remind participants to record the names and enter contact information for all users, even if they are in the same room, to allow for tracking of participants.

For "Phone Only" Users. Rename their tile to show their name rather than their phone number if necessary.

Technology Basics

Identify and Delegate Key Tech Tasks. Identify necessary tech tasks and who will carry out the task for each session. Key tasks include: recording the session; tracking participant attendance; checking the chatroom for comments; uploading slides to share via Zoom; and identifying participants who want to make a comment.

Training for Tech Supporters. Provide training opportunities for those who will be carrying out the tech support tasks. Allow them to lead several training sessions with other staff before taking on tech support responsibilities in sessions with participants.

Zoom Breakout Group Functionality

The Zoom platform allows breakout groups—participants in learning sessions can be divided into smaller groups to focus on regional or other issues or for small group training activities. With the end+disparities Collaborative, learning sessions participants were often divided into smaller groups to facilitate discussions. These breakout sessions were facilitated by faculty members and participants found them to be a highly effective learning experience.

Identify Participants' Breakout Groups. For the end+disparities Collaborative, depending on the type of affinity group, participants either selected the one they wanted to attend (i.e., subpopulation specific) or were assigned to a group (i.e., role specific).

Develop a system for labeling participants to indicate the breakout session. CQII asked participants to relabel their name by indicating their choice which breakout group they want to join; for instance by changing 'Jennifer Lee' to 'a Jennifer Lee' or 'b Jennifer Lee' to indicate that the participant wants to join breakout session 'a' versus 'b.' Staff must sort participants when it is time for the session. Larger groups may require two people to sort participants.

Allow 10–15 minutes for sort participants who should join particular breakout session. Remind participants

that they must accept the breakout invitation in order to access the group. If the invitation is not accepted in a certain amount of time, the participant may not appear on the breakout session list and may need to leave the session and rejoin the breakout session.

Role of General Session Host. The host of the learning session should remain in the original "room" to assist any participants experiencing difficulty accessing the breakout sessions or those that join late. In addition, the host should use "Broadcast Message to All" to let all participants know that the general session will be reconvening—giving a 5–10-minute warnings. Participants can be automatically returned to the main room.

Roles for Staff in Breakout Sessions. Assign a staff person to monitor each breakout group, keeping track of the agenda and making sure they rejoin the larger group in a timely manner.

Assistance in Joining Breakouts. Participants can request help in accessing Zoom breakout sessions by clicking on a built-in button. This will connect participants to staff who can facilitate the connection.

Continue the Learning

With the end+disparities Collaborative, learning sessions were recorded so that they could be accessed later. These recordings were made available on the Glasscubes, a password-protected online collaboration platform to host all collaborative materials, so that all collaborative participants had access to the information.

Record Presentations and Chats. Always get permission from participants and presenters. Chats can be used to follow up on "asks" and next steps.

Note: for the end+disparities Collaborative only didactic presentations were recorded. Case presentations were not recorded to encourage participants to openly share their experiences.

Post Presentations and Chats. Make them accessible to collaborative participants (e.g., Glasscubes). Delete any private conversations from chats.

RESOURCES

- Zoom Set Up Guide

CQII Resources
- end+disparities ECHO Collaborative Toolkit

Section 8: Additional Tools and Resources

end+disparities ECHO Collaborative

Toolkit Sections

- Collaborative Overview
- Pre-Work Activities
- Learning Sessions
- Regional Groups
- Affinity Groups
- Performance Measurement Reporting
- Quality Improvement Intervention Submissions
- Appendix

8 Participants had access to multiple tools to support their involvement in the end+disparities Collaborative.

Collaborative Toolkit

Having a document to guide staff, faculty, coaches, content experts, and participants is critical to ensuring that everyone involved in the collaborative has similar expectations and is aware of their role and responsibilities. The *Toolkit for the end+disparities ECHO Collaborative* serves as an example of how to present all aspects of a collaborative to a variety of audiences and is the companion for this Guide. The toolkit served multiple functions.

Planning Tool. The process of developing the guide is an integral part of planning collaborative activities and onboarding participants. Consider it a living document that can be modified based on lessons learned during the course of the collaborative. Maintaining the document online facilitates in keeping it a living document.

Recruitment Tool. The toolkit serves to engage potential participants by clearly delineating the purpose of the collaborative and the benefit of participation. Given the importance of the toolkit for recruitment activities, it should be available at the launch of the collaborative.

Technical Assistance. Various collaborative-related tools, including all measurement details, reporting expectations, Zoom links, faculty contact information, should be introduced in the toolkit. The description should describe the purpose of the tool, who should use it, and how to use it.

Accessible Information. Post the toolkit online in various formats (e.g., PDF, MS Word). This allows participants to copy/paste relevant sections.

Disparities Calculator

Participants used the Disparities Calculator to detect disparate HIV-related health outcomes for HIV sub-populations. This pre-programmed Excel spreadsheet assisted community partners in selecting a disparity subpopulation based on locally available viral suppression data.

Key to uptake of the calculator were:

• User-friendly format (i.e., simple-to-use spreadsheet);

• Easy-to-use instructions (e.g., included in the Excel document);

• Promote the tool to community partners (i.e., from collaborative launch and on an ongoing basis); and

• Multiple training sessions on use of the tool via Zoom.

While the calculator was intended to assist community partners in identifying a subpopulation (and to check disparity gaps over time), they were also encouraged to have a flexible approach and explore the use of other tools in the selection process.

Glasscubes

Glasscubes is a password-protected online collaboration platform. Collaborative participants used

the online resource to share quality improvement resources, maintain a library of documents relevant to the collaborative, and provide feedback. Each regional group managed their own Glasscubes workspace and posted documents related to the work they were conducting locally. The groups created new pages for special groups and teams as necessary. Pages were also set up for faculty to preview documents under development.

Glasscubes greatly enhanced the effectiveness of the virtual quality improvement collaborative. Resources discussed in learning sessions could be rapidly shared with participants, either by posting the document or providing a link to the document. Because Glasscubes is password protected, it was ideal for sharing sensitive performance data. The platform allowed communication and peer exchange among participants through discussion threads and messaging between collaborative participants who might not otherwise interact.

end+disparities eNewsletter

CQII used Constant Contact, a central online system for sending mass emails, to send monthly eNewsletters and other announcements to participants. A staff person was designated to maintain the contact list, which was regularly updated to add new participants and update contact information. The eNewsletters and other announcements reflected end+disparities branding so they were readily recognizable to recipients. Other visuals were included (e.g., benchmark data reports, tools) to make the eNewsletter more engaging.

N *Note:* *The Toolkit for the end+disparities ECHO Collaborative provides examples of how all these activities were carried out as part of the collaborative. See Section I.*

RESOURCES

- Glasscubes (https://www.glasscubes.com)
- Constant Contact (https://www.constantcontact.com)

CQII Resources

- end+disparities ECHO Collaborative Toolkit

Section 9: **Virtual Learning Sessions**

end+disparities ECHO Collaborative

Registration Tips

- Create and disseminate brief registration survey (e.g., SurveyMonkey) and widely share registration link in learning session announcements.

- Include breakout group options and selection as part of on-line registration survey (i.e., ask participants to pre-select their breakout group choices as part of registration).

- Download Excel files (automatically generated by SurveyMonkey) with information on all registrants, which will be used to take attendance during session.

9 In-Person Learning Sessions

Intermittent learning sessions are an integral part of the Institute of Healthcare Improvement's Breakthrough Series model. Learning sessions are held after periods of action and help to rein-force learning as well as set the stage for the next action period. While virtual learning sessions can be very useful and cost effective, in-person sessions provide opportunities for collaboration and camaraderie, particularly early on. These sessions provide a platform for intensive training and education. The disadvantages of in-person learning sessions are their cost and capacity limitations. Not all participants in a learning collaborative will be able to travel so building the virtual capacity of collaborative participants is necessary. The last hybrid learning session for the end+disparities Collaborative incorporated both an in-person session with a virtual one, which ran parallel to the in-person meeting.

Virtual Learning Sessions

Develop an Agenda. Drafting an agenda for a virtual learning session required extensive planning. Start work on a learning session agenda at least 4–6 months in advance of the session and finalize it at least 8 weeks prior to the meeting. This should accommodate any internal institutional reviews and still allow the agenda to be provided to participants in advance of the session. Establish a working group to plan the virtual session and designate a single point person with strong facilitation and management skills who will lead the process and has overall responsibility. The first step should be to establish parameters for the session (e.g., length of session). Assign working group members to prioritize topics, identify and reach out to potential speakers, and identify/develop other agenda items (e.g., activities, videos). To aid in the facilitation of the session, develop an "outward-facing" agenda for participants and a planning agenda with detailed notes for facilitators and presenters.

Length of Sessions. Take into consideration the intensity of learning sessions and the time commitment on the part of participants. The virtual end+disparities Collaborative learning sessions were conducted by holding two 4-hour sessions over 2 days. Allow 15- to 20-minute breaks every 90–120 minutes, especially around lunch time. Further divide 90-minute segments into smaller chunks with a mix of speakers, interactive sessions, breakout groups, and videos.

Timing Matters. If participants span time zones (i.e., Eastern to Pacific), the best time to conduct sessions is 11 am–3:30 pm ET. Mid-week session (i.e., Wednesday and Thursday) allow participants to prepare in the beginning of the week and also accommodate those participants who have Monday or Friday off.

Multiple Formats during a Session. For optimal engagement, use various learning formats. These include:

- Small-group discussion breakouts (breakouts for individual affinity groups, regional groups, quality improvement tools, etc.).

- Interactive activities (polling, games, opportunities for seminar-style discussions).

- Brief 'storyboard' rounds of presentations by participants/regional groups.

- Pre-recorded videos to frame the information in a creative way (e.g., film a video segment in the style of a newscast interview).

Promote Diversity. Seek out a variety of voices, including those of consumers. Especially effective in the end+disparities Collaborative was allocating time for consumers to set the stage at the beginning of a learning session about the importance of participants' work.

Reports from the Field. Allow time during general learning session for reports from regional groups (e.g., one-minute activity reports using a standard template). For particularly successful activities, longer presentations may be appropriate.

Promote the Session. Reach out to collaborative participants and remind them about the upcoming session. Start 2–3 months in advance of the learning session. Send out meeting notices to help save the date/time on people's calendars. Share the agenda when it is available. Also include tips to help participants take part in the sessions such as reminders about using a video camera, reserving a room for the team (for providers with multiple staff participating), putting a hold on calendars for their entire session, test technology in advance, and have snacks on hand.

Obtain and Finalize Presentations. Presenters should develop their own presentations but oversight and input from staff and other faculty is helpful. Designate a person to oversee the process for obtaining slide sets in advance of the sessions. Establish clear deadlines and let presenters know any requirements in advance in terms of formatting (if a template is not used). Allow for multiple levels of review (e.g., content experts, institutional review, external funders). If applicable, ensure that all presentation materials are 508 compliant and plan accordingly.

Smooth Transitions During the Session. Plan for a seamless transition from slide set to slide set. Post all presentations on a shared drive in an accessible folder. Label slide sets in chronological order or place slide sets related to a single session (e.g., sharing project details) in a single slide set.

Last Minute Check in with Presenters. Check in with presenters to ensure that they have correct Zoom links and times on their calendars (be aware of different time zones). In advance of the meeting check in with all didactic presenters to test their computer systems, audio, and camera connectivity.

Ensuring Continuity during Sessions. Assign someone beside the facilitator to serve as "back up" co-host and to take over sharing and advancing slides in case the main host loses Internet connectivity during the session. Ask each presenter to have an electronic copy of their finalized slide set so they can share their screen. Presenters should also have their slide set in hard copy in case they lose access to them.

N **Note:** *The Toolkit for the end+disparities ECHO Collaborative provides examples of how all these activities were carried out as part of the collaborative. See Section III.*

View Point:
Virtual Learning Session Facilitator

As a veteran trainer and coach for CQII who has extensive experience serving as a facilitator, Barbara Boushon was a natural choice to lead the end+disparities Collaborative virtual learning sessions. In addition to serving as the facilitator during the sessions, she also took part in the planning process.

According to Barbara, a successful virtual session requires many of the same elements as an in-person session. It must be stimulating and engaging and utilize adult learning principles. In planning the agenda, Barbara broke up the didactic presentations, the "talking heads," with interactive polling and chats. Attention was also paid to scheduling time in the agenda for breaks and lunch, taking into consideration the different time zones.

Timing is essential to the success of the sessions. To ensure that the sessions stayed on schedule, Barbara did a dry run with each presenter to confirm that their presentation was the designated length. While a facilitator has some options if a presentation runs over or under time during an in-person event, there are fewer options during a virtual session since the facilitator and the speaker are most likely in different locations.

During the sessions, Barbara describes her role as "master of ceremonies." She introduced each presentation and provided a recap at the end, summarizing key points.

"Since I'm the glue that holds presentations together into a coherent learning session, I refer to

myself as 'Elmer,'" says Barbara. "I tell participants what is going to happen and then what has just happened, providing continuity and reinforcing the learning."

Barbara also monitored participant engagement. At in-person events it is easy to read the room—whether people are paying attention. With the Zoom platform, Barbara scanned participants photo tiles during presentations to gauge if they were following the presentation. Just like in an in-person meeting, when participants seemed fidgety Barbara would suggest that everyone get up and do some stretching. She also gauged the level of engagement by monitoring the participation to polls and chats.

This work to keep participants engaged paid off. Barbara found that participants in the virtual sessions seemed as engaged, if not more engaged, than participants at an in-person meeting. Feedback from participants bore this out. Participants appeared comfortable in their own environments (and seemed to appreciate not having to dress up) and reported that not having to commute (or travel) to the meeting site allowed them to use their time more productively.

Barbara emphasized that anyone comfortable facilitating in-person meetings should be fine facilitating a virtual meeting but stressed that from the beginning, it is important to identify what can go wrong, plan contingencies, and have a communication process in place in the event of technical or other problems.

"Unlike at an in-person meeting you can't just whisper to someone or send a note if something goes wrong," says Barbara. "We had a system in place where we would call each other to resolve technical and other issues, which on one occasion when CQII lost their Internet access was critical to keeping the session going."

Section 10: Regional Groups

- Finalize the regional response team.

- Establish meeting schedule for the regional group.

- Collect and review data submissions from community partners.

- Write a regional quality management plan.

- Create a regional sustainability plan.

- Conduct trainings for providers and consumer.

10 In the end+disparities Collaborative, regional groups were composed of RWHAP-funded recipients and subrecipients (community partners) in their respective area, such as a state, regions within a state, or cross-state areas. Each regional group was led by a group of its community partners on the regional response team with the support of an assigned quality improvement coach who was trained and supervised by CQII.

Regional groups met routinely, ideally monthly, and their meetings were facilitated by the regional response team. The estimated time commitment for community partners in a regional group was 1–3 hours per month.

The activities conducted by the regional groups should support the overall goals of the collaborative. These should be identified in the planning process. Tools should be developed to guide the activities of the regional groups.

Regional Response Team

In the end+disparities Collaborative, each regional response team had 5–8 members with a team leader to facilitate regional group meetings and represent the group to other stakeholders. Other

Purpose of Regional Groups

- Build regional quality improvement capacity.
- Recruit other providers into the collaborative.
- Provide support for other collaborative activities.
- Improve systems of care.
- Advance regional alignment and communication.
- Create a sustainable regional quality improvement network moving forward.
- Tailor activities to the needs of the regional group.
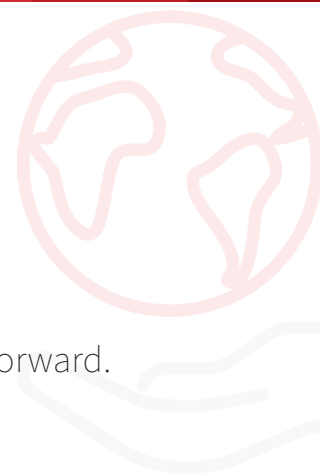
Regional Group Expectations

- Participate in the regional group, including regular meetings.
- Participate on the regional response team if possible.
- Encourage other organizations to participate in the regional group.

members included: data liaison(s); communicator; secretary/recorder; quality improvement liaison; and consumer liaison. The monthly time commitment for regional team members was 2–3 hours pe month. These individuals volunteered among local collaborative participants and committed their time and leadership skills.

- **Effective Regional Response Teams.** Keep teams small and flexible. The team should determine its own management process (e.g., rotating leadership roles).

- **Team Leadership with Expertise.** Team leaders should have significant experience in quality improvement (e.g., quality manager) and also be skilled in managing groups/projects. They should already be recognized as leaders in their region.

- **Benefits of Co-leadership.** Sharing leadership responsibilities makes the time commitment more

manageable. Selecting co-leaders from different areas in the region facilitates outreach activities to other potential participants.

- **Promote Sharing across Response Teams.** Provide routine opportunities to allow response teams to meet across regional groups and share their challenges and successes.

Regional Group Basics

- **Expectations.** Set clear expectations about the role of the regional groups in the collaborative.

- **Build on Existing Groups.** If there are existing quality improvement groups in the region, enlist their support in planning, promoting, and implementing regional learning collaborative activities.

- **Build on Previous Collaboratives.** If there have been other collaborative activities in the region, build on these. The structures are already in place and participants are familiar with their roles.

- **Access to Technology.** Provide each regional group with their own Zoom link/login. This allows them flexibility to schedule and conduct their own virtual meetings.

- **Avoid Pre-Conceptions.** Some regions may not have enough providers or infrastructure to create the envisioned regional group. Be flexible and work with the providers to develop a workable group (e.g., multiple states, parts of states).

- **Align Coaches.** Match coaches with regions where they have previous experience and existing relationship. Build on the trust.

- **Align Activities.** Integrate and align regional group activities with other required quality improvement activities (state-level, regional, national).

- **Pre-work.** Each regional group should complete pre-work before launching into the development of a regional quality management plan. In the end+disparities Collaborative, this included: collecting contact information of local providers; conducting a regional assessment using a standardized assessment form; collecting information about electronic medical records used by participating providers; completing a technology assessment to better understand what data systems are used to track local performance data; and developing a regional aim statement.

- **Build on State-Level Infrastructure.** For regional groups that include multiple states, set up a state-level infrastructure and integrate it into the regional group structure. Form state-level subcommittees focused specifically on the collaborative within the statewide quality management structure.

- **Recruit Helpers.** Local and state health departments are key players in the regional groups. They have quality improvement expertise and knowledge of local partners. Their involvement can add legitimacy and long-term support.

- **A Role for Everyone.** Be inclusive. Make sure all participants in the regional group feel involved and valued. Develop a standard orientation process for new members so that they have the knowledge necessary to fully participate. Consider a role of local consumers on the region group.

- **Consistency for Participants.** Set a regular day/time for monthly meetings and stick to the schedule.

- **Look for In-person Opportunities.** If possible, identify in-person opportunities for the group to meet. While virtual meetings are an effective way to bring people together, nothing can replace face-to-face meetings.

- **Give Members a Voice.** Provide opportunities for all members to present their quality improvement projects. Not only does this allow for input from members but also generates support from leadership in community partners as it is an opportunity for these partners to share successes and gain feedback from peers. Encourage participants to report back to their organizations on their quality improvement activities to build local buy-in for their participation.

- **Focus on Technical Assistance.** Incorporate opportunities for quality improvement capacity building into regional group meetings (e.g., presentations on quality tools). This can be done during group sessions. Also consider one-on-one technical assistance.

Effective Coaching for Regional Groups

- **Regular Contact.** Coaches should check in with groups at least once a month. During these check-ins coaches should:

  ○ Review meeting agendas and propose topics.

  ○ During interactions be present, truly listen, and understand their local context.

  ○ Serve as a cheerleader and celebrate success.

  ○ Focus on constructive advice in response to challenges.

  ○ Reinforce deadlines.

  ○ Summarize the discussion and next steps at the end of the meeting.

- **Tailor Coaching to the Needs of the Group.** Each regional group is different and will need different levels of support. Newer regional groups/response teams with less experience may need more intensive support. For more mature groups, coaches may function in a review capacity (e.g., provide input on regional quality plans).

- **Facilitate Collaboration.** Promote exchange and collaboration between regional groups. This can take the form of communicating about similar activities or a mentoring relationship. Collaborative coaches should regularly meet to share what is going on with their regional groups and look for opportunities for collaboration.

- **Identify Substitutes.** If a coach is going to miss a meeting, they should try to find an expert to sit in for them. Not only does this ensure access to expertise but it exposes the group to other experts and coaching styles.

Managing Regional Group Data

- Utilize an online database to facilitate data submission and access by the data liaison, regional response team, and coach.

- Assign an individual or a team to provide technical assistance to other group members to ensure submission of valid data for the regional group's projects.

- Regularly produce benchmarking reports to allow members to compare their performance with other group members and with other regional groups.

- Pull from multiple data sources (e.g., data submissions, participation in collaborative activities, attendance at regional group meetings) to get a complete picture of each group members' activities.

N **Note:** *The Toolkit for the end+disparities ECHO Collaborative provides examples of how all these activities were carried out as part of the collaborative. See Section IV.*

View Point:
Regional Group Team Leader

At the start of the end+disparities Collaborative, participants from California were given the opportunity to join a statewide regional group. Since then, the group has grown to include staff and consumers from over 20 RWHAP recipients. The group met virtually on a monthly basis. Major objectives included: improving rates of viral suppression throughout the state; enhancing the quality and connectedness of services delivered to consumers across county lines; and empowering consumers to become quality-driven self- and community-advocates within their organization and the broader community.

Consumers play an important role in activities. A group of consumers with quality improvement training helped to facilitate two regional training summits each year. The first summit focused on quality improvement for HIV service providers and allowed them to report findings and outcomes from their quality improvement activities. The second summit focused on quality improvement training for consumers.

The regional groups team leader, Erica Washington, program manager of the San Bernardino/Riverside TGA, facilitated the virtual meetings and promoted the regional group throughout the state. She also led the consumer engagement component.

According to Erica, there were some challenges related to the virtual nature of most of the meetings. Unlike during in-person meetings, it was harder to read participants' body language and to reach out to those who may not be fully engaged. Some participants did not use their cameras, which made it difficult to tell who wanted to speak

and who was engaged. There were also some tasks that were easier to carry out in-person, such as teaching a new participant how to collect data to submit for the group's projects.

The group used many of the tools developed for the end+disparities Collaborative, especially the *Toolkit for the end+disparities ECHO Collaborative*, which had served as their roadmap. They were able to build on the collaborative's existing structure.

"Most of our participants are eager to be part of the group, part of the learning process. It helps them in their daily work," says Erica. "It is also exciting to bring providers and consumers together in the same space so that consumers can share their perspectives."

When asked what advice she has for someone starting a virtual regional group Erica says, "Don't give up. It takes time to gain momentum. Reach out to others that have been successful and ask for their help."

RESOURCES

- Zoom Set Up Guide

CQII Resources

- end+disparities ECHO Collaborative Toolkit

Section 11: Affinity Groups

end+disparities ECHO Collaborative

Purpose of Affinity Groups

- Facilitate peer learning and exchange across all community partners.

- Gain subpopulation-/role-specific improvement insights through learning from content experts.

- Build on discussions from learning sessions.

11 With the end+disparities Collaborative, community partners from across the regional groups were invited to join affinity groups. There were two types of affinity groups.

- **HIV Disparity Subpopulations.** Populations disproportionately impacted by HIV (i.e., youth; Black/African American and Latina women; transgender individuals; and men who have sex with men of color). Each community partner identified a subpopulation to focus on during the collaborative. These affinity groups were based on the ECHO model.

- **Roles.** These groups bring together participants who share the same roles on the regional response teams (e.g., leader, data liaison, consumer liaison). They allowed participants to share experiences, challenges, and best practices. Unlike the subpopulation affinity groups, these groups did not follow the ECHO model and no case presentations or didactic presentations were held.

For both types of affinity group, there was an array of support. This included: facilitator, content experts, content presenters, coordinators, and technology support. Standard times were set for meetings. (e.g., first and third Tuesday of the month).

end+disparities Collaborative Affinity Groups: Key Steps

Subpopulation Specific	Role Specific
Determine roles for affinity group faculty and support staff.	Identify affinity group facilitators.
Identify affinity group faculty and support staff (e.g., content experts, consumers, IT support, staff/ consultants to facilitate meetings).	Each affinity group facilitator develops sessions agendas with input from participants.
Determine session structure (i.e., learning structure and ground rules) and meeting time.	Provide opportunities for peer sharing.
Determine expectations for participants and their agencies. For the end+disparities Collaborative participants were expected to make case presentations (15-minute presentations focused on their agency's performance).	
Develop a curriculum to plan didactic presentations.	
Develop materials (e.g., case presentation template).	

Affinity Group Basics

- **Limit Size.** Limit the number of participants per virtual learning session to about 25 (so that all participants are visible on a single screen). If it is a highly interactive session (e.g., hands on quality improvement training), participation should be limited to 15 or less.

- **Selection of Topics.** Provide a rationale for the affinity group topics (e.g., conduct a literature review to document the need). Provide compelling data and explain the need for change.

- **Recruit and Onboard Faculty.** Develop clear expectations for each faculty role and provide these expectations to faculty in writing. Prior to the first sessions, conduct a Zoom training session so all faculty members can rehearse their roles. Offer feedback (preferably written) to faculty after the initial Zoom session and on an ongoing basis.

- **Develop a Curriculum.** Use feedback from the planning process (e.g., focus groups and surveys) to identify topics to be covered during affinity sessions. Map out the topics for the didactic sessions and create a series of presentations that build on and complement one another. Leave room to add topics that arise over the course of the sessions.

- **Recruitment of Presenters for Didactic Sessions.** Consider faculty members as presenters but also leverage personal contacts, networks, and professional circles to identify speakers. Also reach out to speakers who have given pertinent presentations at recent conferences.

○ Be mindful of the diversity of speakers. Consider speakers' personal experiences since these presentations tend to be more powerful (e.g., speakers with lived experience).

○ Encourage speakers to include examples specific to the quality improvement needs of the audience.

- **Prepare Didactic Speakers.** Request that slide sets be submitted at least one week prior to the session and review the slides for content and to ensure that it is the appropriate length for the allotted time. Offer a practice session to the speaker.

- **Pre-Huddle.** Faculty, along with any presenters, should conduct a pre-huddle at least 15 minutes before the actual session. For privacy, pull faculty and presenters into a Zoom breakout room. During the huddle review the agenda and roles (e.g., who will advance the slides), sequence of presenters, identify potential questions in response to the presentations (in case no questions come from participants), and remind faculty to stay on the call after the session for a debrief. Video and sound checks for all presenters should be conducted during this time as well

- **Debrief.** Allow 15–30 minutes for a debrief immediately following the session. For privacy, pull faculty and presenters into a breakout room. Use the time as an opportunity to thank presenters for the contribution, improve internal processes, and learn from experiences in real time. Request feedback from presenters, document any issues that arose during the session, follow up on issues identified in the chatroom, and ask faculty to review their recommendations on the case presentations.

- **Track Participation.** Set up a standard tracking system to monitor attendance for each virtual learning session and track their names in real time by asking participants to list their name/email address in the chat room during each session. Compare attendance to a list of potential participants to determine rate of participation. Also track the number of participants who speak during each session. Collecting these data allows for the tracking of trends in attendance and participation.

- **Document Sessions.** Make recordings of the sessions and document chatrooms discussions. Post recordings, chatroom notes, slides, and other resources on Glasscubes. Consider sharing especially strong case presentations beyond the affinity group.

- **Be Flexible.** Create additional groups in response to emerging needs.

- **Optimize Consumer Involvement.** In the end+disparities Collaborative, consumers served as content experts on the faculty for each affinity groups. They participated in all the subpopulation virtual learning sessions and provided feedback on case presentations and didactic presentations. There was also a role-specific affinity group for consumers. They served as content experts, shared their lived experience, and provided guidance on accessing and engaging consumers in clinical quality management activities.

N *Note: The Toolkit for the end+disparities ECHO Collaborative provides a detailed example of how the Affinity Groups were managed during the collaborative. See Section V.*

Facilitating Affinity Sessions: Helpful Hints

Empower Participants. From the beginning remind all participants and faculty that sessions focus on "all teach, all learn, all improve" and create a safe space for learning. Welcome all participants, especially consumers, regardless of their current quality improvement capacity and level of participation in the collaborative.

Create a Safe Space. Emphasize the importance of honesty and openness so that participants speak freely about their challenges.

Bring Energy, Positivity, and a Personable Approach. The facilitator sets the tone for the learning sessions. Ensure that the facilitator is knowledgeable of the goals of the collaborative and personally committed to them. Focus on creating personal connections across the affinity group before, during, and after the sessions.

Be Pro-Active to Encourage Participation During Sessions. Providing clear directions and guidance often makes participants more comfortable with the process and more likely to take part. Utilize techniques such as calling on participants who you know and are likely to have something valuable to add to the conversation. In chatrooms, send private messages to participants prompting them to contribute to the discussion.

Take Deliberate Steps to Build Community. Faculty members should try to get to know each participant as early as possible

(i.e., don't wait until they make case presentations to initiate a relationship). Techniques for creating this rapport include: creating smaller groups (e.g., following didactic presentations use Zoom breakout group functionality) and start initial sessions with introductions by each participant; and designate specific sessions for team building activities.

Make Active Participation a Goal. Use a variety of strategies to encourage active participation by all participants.

- Set goals for facilitators for how many participants should speak up during each session.

- Have each participant in the sessions share their suggestions about the case presentation (i.e., popcorn strategy).

- In response to case presentations, ask participants to frame their idea/suggestion in the form of a question, "Have you considered x strategy for improving viral suppression?" Formatting the exercise as a question is less intimidating for participants.

- Use the chatroom for posting comments and questions to engage participants.

- Use polling functionality in Zoom (or other polling software, such as Poll Everywhere) to engage participants using prepared questions. Use the findings immediately to spark discussion.

- Be willing to take liberties with timing. If participants are deeply engaged in a discussion, allow it to continue longer so that it can come to a natural conclusion.

Prepare for Silence. A bit of silence can actually be beneficial—giving participants time to formulate their thoughts. Use the "30-second rule" and instruct the facilitator to give participants time to think and reflect. Other techniques to respond to silence include:

- If participants are unresponsive, restate the question to ensure participants heard and understood the question. If participants still do not answer, move on to the next question.

- If the facilitator is familiar with the participants and has a good sense of their comfort level and areas of expertise, call on individual participants (e.g., can you share your experience with this issue?).

- Plant questions with faculty members to initiate discussion (e.g., questions for presenters that were identified during the pre-huddle).

- Review the chatroom and ask participants to elaborate on their comments.

- Use the imbedded polling function of the Zoom platform to trigger discussions and as an immediate means of gathering feedback on the individual session.

View Point:
Subpopulation Affinity Group Participant

"The highlight was the peer learning," says Chinnie Ukachukwu, a patient care coordinator at Metro-Health in Washington, DC. "We heard about so many different settings, all with programmatic differences and varied resources. While it might not work for our program it was useful to hear their guidance and learn from their experience."

According to Chinnie, another important aspect of the end+disparities Collaborative was the accessibility of CQII staff and coaches. In addition to participating in the sessions, Chinnie contacted CQII staff to answer her questions, whether they were about quality improvement or negotiating the virtual aspects of Collaborative.

A challenge for participating in the online sessions was the competing priorities that every health care worker knows. Chinnie said that she missed some sessions and while the recordings were available, it was hard to find the time to go back and listen to them. However, even with missed sessions, she benefited from the ones she took part in and felt an ongoing connection to the other group members.

To effectively participate, Chinnie emphasizes the importance of gaining buy in for participation in a collaborative from organizational leadership. At the start of the end+disparities Collaborative her leadership encouraged Chinnie and a colleague to participate and made sure they had time to do so. After a leadership change, Chinnie had to demonstrate the benefit of participation to her new boss so that she could continue to set time aside for participation.

"With new leadership priorities changed," says Chinnie. "We needed to show how our participation was valuable to both our patients and the clinic."

Given that the affinity group focused on a specific population, MSM of color, many of the case presentations were very similar and identified similar challenges, resulting in similar responses. This led to some redundancy across the sessions. Chinnie suggested that more surveying take place within the affinity groups so that new topics could be identified and discussed.

Regardless of the competing priorities and challenges within her organization, Chinnie valued both the in-person and virtual aspects of the end+disparities Collaborative.

"It felt like a community," says Chinnie. "We all want the best for our clients and were trying to figure out the best way to serve them."

RESOURCES

- Didactic Recordings
- Collection of Resources and Templates on Glasscubes
- Zoom Set Up Guide

CQII Resources

- end+disparities ECHO Collaborative Toolkit

Section 12: Case Presentations

- 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; or

- Single patient experience (no patient identifiers) to illustrate the effects of a system issue

12 During the end+disparities Collaborative, each community partner was required to make a case presentation. The 15-minute case presentations provided an opportunity for community partners to reflect on their agency's performance. They encourage peer sheering, build capacity, promote learning in real-life situations, and allow community partners to receive feedback on their improvement work. The presentations focused on:

- 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; or

- Single patient experience (no patient identifiers) to illustrate the effects of a system issue.

Community partners used a templated case presentation slide set to facilitate and standardize the presentations. Their slides were due 2 weeks prior to their presentation for review by faculty. Faculty was available to consult with presenters via phone and/or Zoom about their presentation. These optional consultations included:

- Assisting with the development of slides;

- Review of first draft of slides (strongly recommended); and

- Review of technology and presentation process and an opportunity for the presenter to practice their presentation.

Case Presentation Basics

- **Require Participation.** Make it clear to each participant that they are expected to make a case presentation as part of their participation in the collaborative. During the end+disparities Collaborative, participants who had already made their presentations seemed more likely to actively take part in sessions and provide feedback to others.

- **Design a Template.** Create a detailed template in PowerPoint to guide participants through the process of developing their case presentation.

  ○ The template should be designed to provide a useful framework and ensure a comprehensive description of activities while allowing participants to be creative in sharing their story.

  ○ Ensure that the template 'forces' the presenter to outline their current performance data, ideally using a run chart, and their measurable improvement goals.

  ○ Modify the template if presentations are not resulting in the desired quality improvement related information and discussions.

- **Sign-ups.** Send a sign-up invitation for a case presentation by email with available dates. Track sign ups and completed presentations in Excel and compare with overall list of participants. Reach out to participants who have been attending sessions but have not signed-up.

- **Identify "Asks."** Each presentation should end with several "asks" (i.e., meaningful questions to solicit guidance from other participants during the session) and include a place holder on the presentation template. These "asks" are posed by the presenter and help them to gain critical information from the learning community. These questions can also serve as the basis for faculty

recommendations. Post the "asks" in the chatroom so all participants can review them.

- **Recruit Strong Presenters.** Leverage relationships with participants to encourage them to sign up for early sessions, focusing especially on participants likely to make engaging and rich presentations.

- **Provide Effective Feedback on Case Presentations.** Provide feedback to presenters by multiple methods.

  ○ During the session via recommendations from faculty.

  ○ Chatroom comments from participants.

  ○ Both faculty and chatroom comments should be compiled in a written summary, which should also include any recommended resources. Developing a standard template for the comments facilitates the feedback process. Delegate someone (e.g., the coordinator) to compile recommendations and comments as the facilitator will be too busy with other responsibilities.

  ○ Ask faculty to review the summary prior to providing it to the presenter.

  ○ Email the summary to presenters and let them know faculty are available to answer questions. Also thank them for their presentation at this time.

  ○ Post any applicable resources on Glasscubes and tag relevant presenters.

- **Provide Ongoing Feedback.** Develop a process for checking in with presenters about their progress implementing recommendations during subsequent sessions. A standard template can facilitate this feedback process. Encourage presenters to provide feedback even if they have not implemented the recommendations.

View Point:
Case Presenter

Over the course of the end+disparities Collaborative, Tania Chatterjee, an HIV health educator for the Inova Juniper Program in Northern Virginia, made two case presentations. The presentations focused on Inova's transgender clients, which built on the organization's 2018 initiative to increase its competency in serving its LGBTQ clients.

Tania worked with data staff to pull data from CAREWare for the presentations. She collaborated with Inova's quality improvement consultant for the first presentation. They did a series of informal interviews with clinicians and case workers to identify barriers to care for transgender clients.

Using the templates developed by CQII, Tania developed the slides and incorporated the information about barriers to care.

"Through the collaborative we learned some new ways to effectively present data through diagrams and graphics," says Tania. "Presenting the data visually makes it more understandable."

Staff from CQII reviewed the slides in advance of the presentation and provided suggestions. Even though she is an experienced presenter, this provided Tania and extra level of comfort.

The feedback received during the virtual presentations was extremely helpful. Participants shared their own strategies for improving care for transgender clients. Given the interactive nature of the virtual presentations, Tania was able to ask follow up questions and engage in dialog with participants.

By the time of the second presentation, approximately nine months later, Tania had some good news to report.

"The awesome thing about tracking the data for the collaborative was that we documented improvement," says Tania. "We were able to report that 100 percent of our transgender clients were virally suppressed. It was a great win to share with the group!"

RESOURCES

CQII Resources

- end+disparities ECHO Collaborative Toolkit

Section 13: Data Management and Documentation

end+disparities ECHO Collaborative
Participant Database: Data Points

- Participant name
- Contact information (e.g., email)
- Agency name
- Regional group affiliation
- Affinity group affiliation
- Date of case presentation
- Number of subpopulation affinity group sessions attended

- Date of data submissions (Cycle 1, Cycle 2, etc.)
- Performance data results
- Date of submitted reports
- Attendance at learning sessions
- Other relevant information and activities

13 As with any quality improvement initiative, the end+disparities Collaborative focused on specific performance measures. Every other month, each community partner was asked to report viral suppression data for:

- All HIV patients receiving HIV outpatient ambulatory health services in a 12-month measurement period (entire HIV caseload); and

- All HIV patients identified in the participant-selected disparity subpopulation who receive HIV outpatient ambulatory health services in a 12-month measurement period (HIV subpopulation).

Each regional group developed a written Regional Performance Data Management Plan outlining data collection expectations and roles. CQII specified the due dates for data submission in a data reporting timeline.

Data Management and Documentation Basics

Documenting Participation

Documenting participation allows for the identification of highly active and high-performing participants versus those who are low performing and may require additional support (e.g., additional quality improvement training). The collaborative's database can be cross-referenced with other databases; for instance, to calculate the extent of participation across affinity sessions, routine data submissions, and attendance at learning sessions. During the end+disparities Collaborative, the number of participating agencies was compared to the number of RWHAP providers. CQII demonstrated that the collaborative reached 35 percent of RWAHP-funded providers.

Maintain a database (or spreadsheet) of every participant and document their participation in various activities. Update the information in real time (i.e., as data become available). Use a coding system to assist tracking of participation in various collaborative activities and matching across data sources; for example, participant code (P01, P02, etc.), agency code (A01, A02, etc.), funding code (F01, F02, etc.).

Online Database for Performance Data

CQII maintained the end+disparities Collaborative online database for routine reporting of the performance data for pre-determined measures. Each participating agency was asked to set up a user account. In addition to submitting data, community partners also entered short statements describing their confidence in the data submitted, including any challenges they encountered. Coaches, faculty, and the response team also had access to the online database so that they could follow community partners' progress.

- **Ensure Ease of Use.** Take steps to reduce the data reporting burden. Use aggregated agency-level reporting (not patient level data). Minimize the number of data points that must be submitted by community partners. For the end+disparities Collaborative, there was only one outcome indicator to report (i.e., viral suppression).

- **Make it Interactive.** In the end+disparities Collaborative, participants had access to the data so they could track their own performance over time and benchmark their data against other participants. The benchmarking functionality served as an incentive for community partners to participate, routinely submit their data, and motivate quality improvement efforts.

  ○ Allow tracking of agency performance over time (e.g., automatically generated run charts).

  ○ Allow participants to query all data submitted along key criteria, such as region, state, funding, facility type.

  ○ Integrate immediate benchmarking functionality by allowing participants to instantaneously compare their agency performance data with other participating agencies and/or regions.

  ○ Include in the benchmark report the top 10 percent of performers to promote high performance levels.

Data Submission Process and Analysis

- **Set Clear Expectations.** Ensure that participants understand the data submission process and submission dates.

- **Send Reminders.** Send out reminders before data submission deadlines to all participants. Identify data liaisons from regional groups and data managers within community partners and send communications related to data submission to these individuals. Also send reminders to response team leaders, coaches, and faculty so that they also remind community partners. Send additional reminders to community partners that miss a data submission, letting them know they can still submit their data and offering additional assistance.

- **Be Flexible.** If community partners miss a submission deadline, allow them to retrospectively enter their data.

- **Support Data Liaisons/Data Managers.** Because they are critical to the process. bring together data liaisons from regional groups and data managers within community partners on a monthly basis for presentations from data experts, to share data submission updates, and allow for peer sharing. In the end+disparities Collaborative, this was done through a virtual role-specific affinity group once a month.

- **Enlist Regional Response Teams.** Send each regional response team a list of community partners in their region that have not submitted data. Also share data reports for feedback in terms of the accuracy of regional participant listing.

Packaging and Sharing Data with Community Partners and Stakeholders

Share performance data widely using multiple methods (reports, slide sets, abstracts/presentations at national conferences). Make data and data reports available to community partners, faculty, and other stakeholders in an open, transparent fashion while tailoring these data reports to the various audiences. Sharing this data can motivate community partners to remain involved.

- **Reports.** Develop benchmark reports for each region and subpopulation and widely share these reports (coaches, regional groups, funders). For each reporting period, slightly change the focus of each benchmark report to focus on different aspects of progress toward the collaborative's goals. This keeps the information fresh.

- **Slide Sets.** Create slide presentations using the available data to summarize key findings from the collaborative and to show reach and impact in real-time. Make the slide set available to community partners, funders, and other stakeholders so that they can share the collaborative's progress with others. Summarize key findings and definitions in the notes section of the slides to make it user-friendly for presenters.

N **Note:** *The Toolkit for the end+disparities ECHO Collaborative provides examples of how all these activities were carried out as part of the collaborative. See Section VI.*

Section 14: Documentation of Quality Improvement Projects

end+disparities ECHO Collaborative

Expectations for Community Partners

- Conduct meaningful and impactful quality improvement efforts to reduce disparities in your network, regardless of whether you provide medical and/or supportive services.

- Support HIV providers in your network regarding their improvement efforts.

- Report improvement efforts every quarter.

14 Reporting Template

The end+disparities Collaborative community partners reported their improvement efforts to reduce HIV-related disparities on a quarterly basis. The reports, when taken cumulatively, chronicled community partners' quality improvement journey.

The collaborative had a standard process for participants to report on their quality improvement projects using a template developed by CQII. Community partners reported: aim statement; recent quality improvement activities; change ideas; performance/PDSA data; challenges encountered; quality improvement tools used; and technical assistance needs. Be prepared to modify the template as necessary in response to feedback, quality of submitted reports, and response rates.

Storyboards

To promote sharing of QI projects, encourage participants to submit a storyboard to capture and visually display key aspects of their quality improvement projects using a standardized slide template. In advance of the last learning session, the end+disparities Collaborative participants were submitted their slides and CQII staff 'converted' them into a storyboard using an agreed template for further input and feedback by the selected submitters. The final storyboards were professionally printed and brought to the in-person learning session for their presentations.
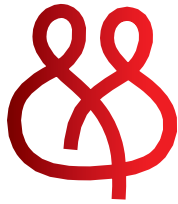
Interventions

The end+disparities Collaborative reviewed the submitted reporting templates and storyboards to categorize the various interventions undertaken by participants in order to spread successful interventions. A follow-up survey allowed to add missing fields.

The results of the improvement projects should be shared widely so that others can learn from them.

- Make reports available to community partners and other stakeholders (e.g. via Glasscubes).

- Consolidate information from the reports in stand-alone documents (e.g., all the change ideas related to a specific collaborative goal).

- Review of the reports allowed coaches to identify participants who needed additional assistance with their project.

- Encourage community partners to share their activities and findings within their organizations (e.g., at staff and board meetings), in their region, and at quality-related and other conferences.

N **Note:** *The Toolkit for the end+disparities ECHO Collaborative provides examples of how all these activities were carried out as part of the collaborative. See Section VII.*

HRSA Ryan White HIV/AIDS Program

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