

DAILY NEWS

Monday 8/25

Ryan White
HIV/AIDS
Program

About the Daily News

It's impossible. We cannot capture all that will happen each day at this meeting. But we're going to try the next-best thing by sending out a team of HRSA "roaming reporters" to write at-a-glance articles on select workshops and other happenings. Look for the Daily News each morning in the breakfast zones and workshops.

You are welcome to contribute as well. Just drop your ideas off at the HAB Office, Room 8228, in the Daily News in-box by 5pm.

Vital Stats

2,324	attendees
180	workshops
246	unique presentations
592	presenters (includes repeats)
106	posters
58	exhibitors
28	breakout rooms for 246 sessions
195,000	square feet of meeting space

Workshop Changes

PD-749, Applying the Essentials of HIV Primary Care: A Frontline Case, will be held as scheduled in Maryland A, Monday, August 25, 11:00-12:30pm, but with these new presenters: Dr. Lynnette Jumaquio and Brian Hujdich.

ATC 265, Navigating the Road Blocks: Using a Mobile Van to Increase Access to Oral Health Care will now be held in the Jefferson Room on Tuesday, August 26, 10-11:30am.

QED 855, Learned Experiences of HIV Specialty Nurses: Exploring and Identifying Successful Learning Strategies, will instead be held in the Nathan Hale Room on Tuesday, August 26, 3:30-5:00pm.

AF-350, ADAP Emergency Preparedness Guide will be held as scheduled, Wednesday, August 27, 10-11:30am in Maryland A, but with these new presenters: Angela Seegers, NASTAD, Beth Crutsinger-Perry, NASTAD, Bob Bongiovanni, Colorado Dept of Public Health and Environment, and Oz Hill, International Security Solutions Inc.

New Publications Feature Ryan White HIV/AIDS Program Work

2008 Ryan White HIV/AIDS Program Progress Report

Features include data, case studies of Ryan White providers, and future challenges.



New Fact Sheets

Individual fact sheets cover the overall Ryan White HIV/AIDS Program, its Parts, and populations.



2007 AETC Annual Report

Outlines the AETC training network and activities in such areas as training and collaborations.

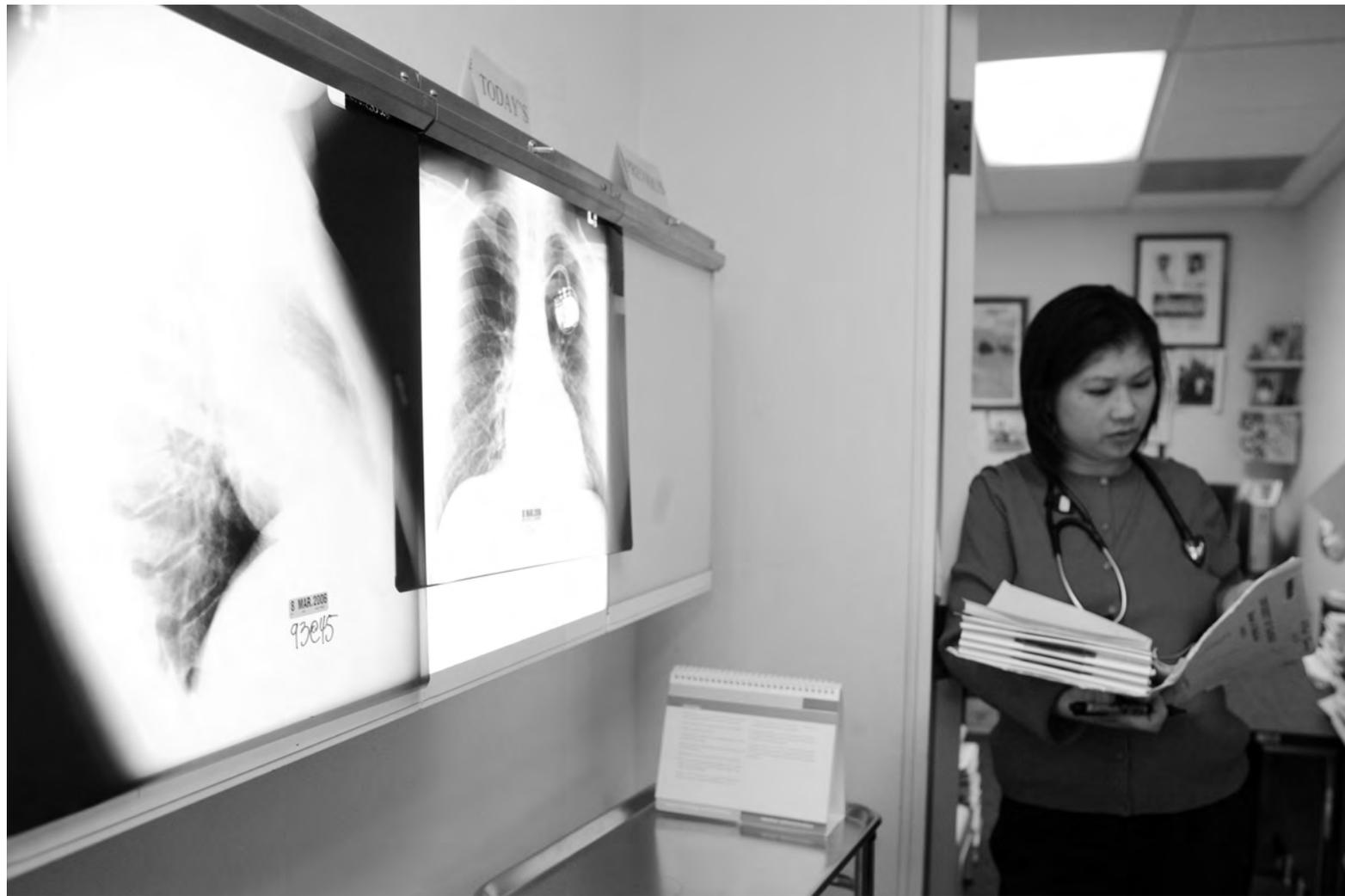


2006 Annual Data Summary

Ryan White Program Data summary from the 2006 CARE Act Data Report.



Look for these and other publications at the meeting. You can also view them online at <http://hab.hrsa.gov> or order hard copies from the HRSA Information Center at <http://ask.hrsa.gov> or 888-ASK-HRSA.



**Awards Luncheon Tuesday:
Arrive by 11:30 AM**

The schedule is extremely tight for the awards ceremony (Tuesday, August 26) so try and get to the Marriott Ballroom by 11:30am—immediately after your workshops end—as we honor your colleagues.

Wireless is Available

The Marriott provides wireless connections in the Lobby areas of the hotel.

Networking the Old Fashioned Way

A networking bulletin board has been set up in the Registration Area and is available for posting job listings, last minute notices, and notes to colleagues.

Rooms of Note

Here are some room highlights. See your program book for more room location information, under General Information.

PLWH Respite Room	2022
Medical Info Zone and Vendor Theatre	Exhibit Hall A
Posters and Cyber Café	Exhibit Hall B
Exhibits	Exhibit Hall B
Help Desk	Registration Area
Clinical Update	President Rooms (Mezzanine)
Lost and Found Items	Ask the Help Desk

The Cyber Café

Visit the Cyber Café in Exhibit Hall B and stop by the adjoining TARGET Center information table.





Listed below are division-, State-specific, and other special sessions that are not listed in the program book. Check with the Help Desk in the registration area if you need more details.

DSS		
Part A Directors	Monday, 4:30-6:00 PM	Washington 6
Part B Directors	Wednesday, 5:00 -6:30 PM	Washington 6
DSS/CDC	Tuesday, 5:00 – 6:30 PM	Washington 6
Mississippi All Parts Grantees	Monday, 1:30 – 2:30 PM	Coolidge
Arkansas Grantees	Tuesday, 5:15 – 6:15 PM	Coolidge
Florida Grantees	Wednesday, 2:00 – 3:00 PM	Delaware B
DSP		
SPNS	Monday, 4:30 – 6:00 PM	Virginia A
Client Level Data Forum	Tuesday, 5:00 – 6:30 PM	Maryland A
DCBP		
NY and PA Grantees	Monday, 1:30 –2:30 PM	Harding
Mississippi All Parts Grantees	Monday, 1:30 –2:30 PM	Coolidge
Georgia Grantees	Monday, 1:30 – 2:30 PM	Hoover
Part D Directors	Monday 4:30 - 6:00 PM	Washington 1 & 2
HIVQUAL Midwest	Monday, 6:00 – 7:00 PM	Maryland C
Part A Quality	Tuesday, 7:00 – 8:00 AM	Wilson C
South Carolina Grantees	Tuesday, 5:30 – 6:30 PM	Delaware A
Regions V, VI, and VII	Tuesday, 5:30 – 6:30 PM	Harding
Arkansas Grantees	Tuesday, 5:15 – 6:15 PM	Coolidge
Metropolitan NY Grantees	Tuesday, 5:30 – 6:30 PM	Hoover
Part B Quality	Wednesday, 7:00 – 8:00 AM	Wilson C
Kentucky Grantees	Wednesday, 7:00 – 8:00 AM	Delaware A
Florida Grantees	Wednesday, 2:00 – 3:00 PM	Delaware B
Part C Directors	Wednesday 5:00 - 6:30 PM	Washington 1 & 2
Region IX and X	Wednesday, 6:30 – 7:30 PM	Washington 1 & 2
Parts C and D Quality	Thursday, 7:00 – 8:00 AM	Wilson C
DTTA		
Mississippi All Parts Grantees	Monday, 1:30 – 2:30 PM	Coolidge
PETS/REC	Monday, 4:30 – 6:00 PM	Washington 3
AETC TA	Monday, 4:30 - 6:30 PM	Washington 5
Northwest AETC	Tuesday, 5:00 – 7:00 PM	Virginia C
AETC Directors	Wednesday, 5:00 - 6:30 PM	Maryland A

DAILY NEWS

Tuesday 8/26

Ryan White
HIV/AIDS
Program

From the Opening Plenary

“I know when I walk into this room that I’m walking into the arms of heroes.”

Dr. Elizabeth Duke, HRSA Administrator

“There are many ingredients to our success. But, for me, there is one thing in particular that binds all of these ingredients together: the power of connections.”

Deborah Parham Hopson, PhD, RN

“The Ryan White HIV/AIDS Program must continue to grow and evolve because we enter a future in need of new miracles and new pathways. It is up to us to find them. We should not be scared.”

Deborah Parham Hopson, PhD, RN

“To see you all in one room helps bring into perspective what goes on around the country. But only partially so as I know many of your

colleagues continue to toil back home. In hundreds of communities. In thousands of agencies. Serving hundreds of thousands of people.”

Steven Young

Patients with HIV are living longer, with non-AIDS related morbidity and mortality increasing.

From the Clinical Update Panel Slides

HIV treatment is starting at higher CD4 counts as treatment improves...but case finding is poor, so many patients enter care late.

From the Clinical Update Panel Slides

Online Meeting Updates

The opening plenary webcast, timeline multimedia piece, and other meeting resources can be accessed via the TARGET Center home

page at <http://careacttarget.org>.

Changes/Updates

New Media: Using Blogs, Social Networking Sites, RSS, Feeds, and Other Tools for Outreach and Program Management, will be held Tuesday, August 6, 5-6:30pm, Vendor Theatre (at the back of the exhibit hall, past the posters).

ATC-265, Navigating the Road Blocks: Using a Mobile Van to Increase Access to Oral Health Care, will now be held in the Jefferson Room on Tuesday, August 26, 10:00-11:30am.

12 Step Meetings are being held Tuesday and Wednesday, 6:00-7:00pm in the Coolidge Room.



Workshop Insights

Virtual Web Community: Interested But Too Busy?
PD-751

The Internet is either all the rage in your agency or, perhaps more likely, something to be grappled with—yet another responsibility and a seemingly daunting one at that. But it is the future, as evidenced by the billions of Web pagers and users that exist and grow each day. It should be central to what every program does in reaching clients and providers. Consider these reasons to get on board:

- Social networking sites are seeing exponential increases in users, including support groups for HIV-positive clients. MySpace has 100 million active users; Facebook claims over 60 million.
- 18.5 billion text messages are sent each month. Most are probably kid-to-kid communication but programs are starting to use the technique in such ways as reminding clients about appointments.
- Places like the AETC National Resource Center focus on smaller constituencies, such as the AETC network,

Ryan White and other health agencies are in fact pursuing Web technologies. At the national level, HRSA's HIV/AIDS Bureau is pursuing increased Web presence for the Ryan White Community via the TARGET Center. Small steps are being taken to date—a map-based listing of all Ryan White grantee Web sites is one effort, along with evolving use of Webcasts and other multimedia methods. See more of the TARGET Center at <http://careacttarget.org>. Demand is there, as evidenced by the AETC National Resource Center's site at <http://www.aidsetc.org>, which targets the 700+ AETC network but gets 72,000 hits monthly.

Web work is also impressive at the State and local levels. A Tahoe agency has found that clients new to the area are frequently linking to HIV services through MySpace social networking. The San Francisco Department of Public Health provides youth with health information via text messaging. The same technique is used by the KnowIt HIV testing campaign, whereby users can dial KNOWIT on their phones (566948) and then enter their zip codes to locate the nearest HIV testing site.

The range of sites that can help provide insights and guidance on Web-based technology are astounding. Consider these two as your agency expands its Web presence: www.commoncraft.com provides technology

tips like how to set up an RSS feed or doing a Wiki; and www.techsoup.org, which provides technology tips for nonprofits.

Alan Gambrell

Quality Initiatives: Increasing Cervical Cancer Screening Rates
QED-863

Abnormal PAP smear rates are upwards of four times higher among HIV-positive women as compared to uninfected women. Recent HRSA and other data suggested that PAP screening rates have been relatively low among many clinics. Improving screening under all Ryan White Parts was the idea behind HRSA's designation of 2007 as the year of the PAP. Other goals were to increase awareness of the low screening completion rates through better data reporting and improving the capacity of providers to conduct screenings.

HRSA embarked upon a number of activities to enhance PAP screening, such as in-depth review of data and barriers to collection of information, and dissemination of information via national teleconferences and culling of best practices from HIVQUAL grantees. A series of training tools were also created by an AETC workgroup.

Christiana Care in Delaware was one of the many Ryan White agencies that decided upon a quality improvement PAP project, in which they created such interventions as a nested women's clinic in their larger clinic to focus attention on screening as well as inclusion of pelvic exams as part of routine office visits. The latter was the only intervention where they documented significant and sustainable improvement.

See the slide set for this workshop to learn about a host of QI interventions used by grantees to improve PAP screening. Access the slides via your Ryan White Grantee CD-ROM and look for more resources via the HRSA-support National Quality Center at <http://nationalqualitycenter.org>

Michelle Jordan Garner

Homecoming: Strengthening the Linkage to Care for Recently Released Clients
CAL-403

Three counties in Florida, Broward, Duval, and Polk, are finding success in linking HIV-positive inmates into care, upon release from incarceration, through a complex series of collaborations with sheriffs' offices, county's jail systems, and community services like homeless shelters and faith groups. Techniques

and services that seem to work well include some of the following:

- Prescription assistance via ADAP, such as 30-day supplies of medications upon release to help bridge access to drugs through longer term channels like Medicaid or even ADAP if that is appropriate.
- Health education for inmates on such topics as HIV disease—what is it and how it can be managed.
- Helping clients set appointments and then actually make them.
- Helping clients navigate emergency care needs by working with hospitals to enhance the care released individuals receive when they enter care via emergency rooms.
- Care in conducting HIV testing, such as ensuring privacy so that other inmates won't find out when an inmate tests positive. Revealing such information could destroy a program's credibility with inmates. The program also found that test results should not be delivered on Friday as inmates testing newly-positive would be left without support over the weekend.
- Follow-up with inmates while they are incarcerated to assess their need for services like counseling, medical care, or adherence support. Equally important is the same type of follow-up with clients upon release.

These Florida counties are funded under multiple Ryan White Parts. One project was formerly funded by Glaxo-Smith-Kline and is now Ryan White- and health department-funded. Among the successes being reported by these projects are decreases in drug abuse, homelessness, and recidivism among clients, along with a high rate of completion of service plans.

Latrece Timmons

Show Me the Program Income
AF-301

Programs can probably generate more income than they think is possible. The benefits are substantial as knowing program income can help grantees advocate for more money to provide services as increasing program income can help demonstrate a program's ability to make the most of its Ryan White dollars.

This workshop focused on challenges grantees

have in identifying program income and how they can resolve them. Techniques for maximizing income include, for example:

- Conducting more rigorous eligibility assessments such as identifying sources of third party payment during intake and screening, referral of clients for health insurance eligibility determinations, and use of electronic billing verification.
- Use of contracting billing systems to negotiate the best available reimbursement rates.
- Billing of all allowable services. Agencies should consider coding of everything, including durable medical goods.
- Creating a fee schedule with appropriate rates.

One tool available from HRSA to identify the costs of care for purposes of setting fee rates and maximizing program income is the TACT, Technical Assistance Costing Tool. Access the TACT via the TARGET Center’s TA Library at <http://careacttarget.org>

Marinna Banks-Shields

Yes You Can...Change and Improve the Model of HIV Case Management in Your State/EMA/TGA ATC-251

Oregon used a 10-step model of change to revise their case management practices—an endeavor necessitated by new Ryan White requirements as well as changes in HIV disease management needs of clients. Steps include:

1. Gather the data to find out how things are currently going
2. Listen to consumers and case managers to find out what needs to change
3. Make the case by analyzing data and preparing a need for change report
4. Craft a transition plan, create a transition team, create a communications plan to inform and share results, and create a training/TA plan
5. Convene the transition team to deliberate
6. Prepare a formal change proposal and get it approved
7. Develop capacity to move to the new model

8. Pilot the new model
9. Reconvene the transition team to review pilot results and plan next steps
10. Roll out the larger effort, statewide.

Among their many lessons learned: it takes longer than you expect to carry out this process; proactively address challenges (e.g., such as the shift in thinking about case manager roles); and you can never have too much data about your system.

Learn more about this 10-point plan and their lessons learned by viewing the slides or contact the Oregon HIV Care and Treatment Program (see the TARGET Center’s Ryan White Community page at <http://careacttarget.org> to locate them on the state-based map).

Kevin Ma

The Work We Do

The Ryan White HIV/AIDS Program reaches over 530,000 people each year and does a particularly good job reaching those that others do not:

- 27% of patients have no insurance, public or private.
- 57% are living below the Federal poverty level.
- 48% of clients served in 2006 were African American and 21% were Hispanic.

That Orange Star

The meeting “star” brand you see everywhere represents what makes the Ryan White HIV/AIDS Program function—partnerships, collaboration, or, in the words of the 2008 Progress Report: “making connections.”



DAILY NEWS

Wednesday 8/27

Ryan White
HIV/AIDS
Program

Clinical Update Highlights

Over 730 people are attending the Clinical Update this week. They are an experienced bunch and dedicated to HIV care, according to survey results from the Update's nifty onsite audience response system:

- 72% have been doing HIV care for over 6 years.
- 60% see over 100 HIV-infected patients in their practices.
- 68% plan to stay in the HIV field for more than 10 years.

Sixty percent of attendees are medical doctors and 20% are nurse practitioners. Most have not gone to another major HIV scientific conference this year, making the Clinical Update their major HIV education event.

Among the many workshops and plenaries held thus far was a Tuesday session, described by one attendee as a lively and funny pros-and-cons debate—complete with a bell-ringing time keeper—on increasing the role of physicians in quality improvement.

The Clinical Update wraps up Wednesday. Below are highlights from Monday and Tuesday. Go online to IAS-USA's Web site at <http://www.iasusa.org> for materials and soon-to-be-posted Web casts of all the sessions.

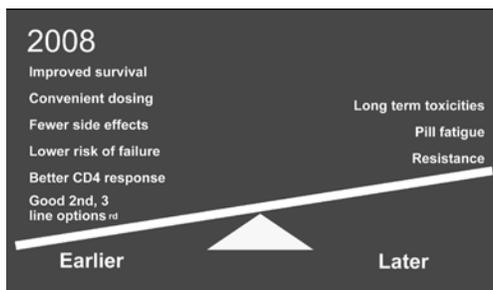
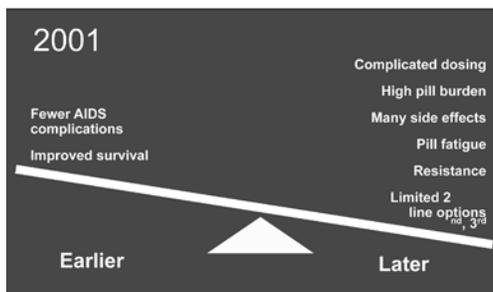
- **Kaposi's Sarcoma Returns.** In the era of HAART, KS has surprisingly resurged, most often in patients with long-suppressed HIV. Causes are unknown at this point. See page 52 slides from HIV Dermatology: Case-Based Presentation by Toby Maurer, MD.
- **ART Side Effects.** The higher your CD4 count at the start of HIV therapy, the less likely you are to have HAART-associated side effects. See page 70, slides 2 and 3 from *When to Start ART: Is the Pendulum Swinging Back?*, Kimberly Smith, MD, MPH.
- **Counseling on HAART Adherence High But Prevention Low.** Although 84% of physicians counsel their patients on adherence to HAART, only 16% discuss condom messages consistently, according to one study. See pages 38-39, slides 18-20 in *HIV Prevention Update: What Can Be Done to Slow Down the Epidemic and What Do We Need to Know?*, Kenneth Mayer, MD.
- **Routine Testing Matters.** People who test HIV-positive change their risk behaviors in the wake of a test result—testimony to the

value of doing routine HIV testing with patients. See page 44, slide 2 in the above slide set.

- **The Wait for Less Toxic HCV Treatment Continues.** Lots of new drugs are on the horizon for treating HCV, but keep waiting for a less toxic treatment regimen. That's because the backbone of therapy will entail use in combination with the difficult interferon/ribavirin combination—at least for the next 4-5 years.

The Pendulum Swing

In the early part of the millennium, the risk/benefit ratio was definitely on the side of starting antiretroviral therapy later. Today, the pendulum has swung in favor of starting treatment earlier at CD4 counts of 350 and above.



The reasons for this shift are numerous. We have more easily tolerated drugs. There are more second line regimens to turn to when treatment failure occurs. Side effects are lessened. Regimens are more potent. And we have a better understanding that diseases not previously associated with HIV infection, such as heart disease, cause death at increasing rates for patients with lower CD4 counts.

Lots of Jobs

Tucson, Santa Fe, Iowa, and Cleveland are some of the sites that have posted job notices on the conference bulletin board. Among them is a Miami Beach CHC in search of an HIV family practitioner MD. To learn more about that position, contact Mark Keller, MD, at makeller@hcnetwork.org or 305-538-8835.

Sweet on Quality 2008 Awards

Donna Sweet, MD headlined Tuesday's awards luncheon with a talk on quality titled *Making a Difference Every Day: Now Let's Prove It!* Dr. Sweet gave an overview of HAB's Group 1 and Group 2 quality measures, available at <http://hab.hrsa.gov>. The awards ceremony followed, with these and other remarks by Ryan White 2008 award winners:

"Consumers help me with the challenges of my daily life."

Adrienne F. Rogers, Part A Hank Carde Award

"Are you sure?"

Stephen George Sherman, Part B Dr. Nicholas Rango Award

On having learned he won, as recollected by his deputy in accepting the honor on his behalf. Stephen died earlier this year.

"We never really understood what my dad did, but in the wake of hearing his friends and colleagues share memories of him, it's been easier to get through [losing him]."

Rebecca Sherman, the younger of Stephen Sherman's two daughters

"I'm very proud of him."

Fabiola Sherman, wife of Part B Awardee George Sherman

"I will only accept the award on behalf of the entire HIV outpatient clinic...I would be nothing without them...the clerical staff...the health educators...the social workers...the nurses...my primary care colleagues...administrators...program directors...and clinical partners."

Ceryl Lynn Besch, MD, Part C Gabe Kruks Award who could not make the event due to illness and was represented by Sheryl Wilson, RN Manager at the HOP clinic in New Orleans

"If you don't educate the providers, it doesn't matter how many medications you put out there."

Ronald Wilcox, MD, The AETC Award

Commenting on how crucial it is to train clinicians in HIV care.

"I accept this award on behalf of my colleagues at the University of Miami, who put their best efforts forward to improve the quality of care."

Allan Rodriguez, MD, Russell E. Brady SPNS Award

"I want to thank deeply, with my soul, my staff....Like we say in Puerto Rico: 'in the good moments and also in the difficult and stressful moments.'"

Rolando Jimenez-Mercado, MPHE, Part D Rebecca Denison Award



Dr. Parham Hopson hosting Tuesday's Award Ceremony

“If you believe in a cause and believe in yourself, as Diana Ross would say, there truly ‘ain’t no mountain high enough.”

David Reznik, DDS, Associate Administrator's Award

Workshops

The History of the Ryan White Legislation – As Told by Ryan’s Mother
CC-504

Jeanne White Ginder, mother of Ryan, joined us Tuesday and held a very popular workshop in the afternoon. Mrs. White Ginder is a regular presence at the Ryan White Meeting. See her welcome letter in the program book.

A Blueprint for Case Management:
A Work in Progress
ATC-282

Chicago’s case management system underwent an intensive 90-day implementation plan in order to come into line with the new HRSA definition of medical case management. The plan had four distinct areas of change:

- Integration of Treatment Coordination
- Tool Implementation

- Case Manager Training/Capacity Building
- Communications/Consumer Education

The Chicago Department of Public Health is implementing three levels of case management: intensive case management (small caseloads for high need clients); medical case management; and supportive services case management.

Latrece Simmons

Access HIV/AIDS Information Resources from the National Library of Medicine
PCC-652

Consider these Federal databases and resources on HIV/AIDS issues, available via the National Library of Medicine’s <http://www.nlm.nih.gov> or directly through their own Web addresses:

- AIDSInfo at <http://aidsinfo.nih.gov> (also en Espanol) offers information on HIV/AIDS treatment, prevention, and research (including HIV guidelines), fact sheets, live help, a listserv.
- ClinicalTrials.gov is where Federally approved clinical trials are published. Over 60,000+ clinical trials are in this database—HIV and other.

- [Medline/PubMed](#) is research-focused and includes PubMed Central (with free full text articles) as well as “My NCBI,” which allows users to register to store and receive updated information on a topic of interest.

- [Medline Plus](#) is for professionals and consumers and provides health information in multiple languages, an interactive tutorial, a senior health database (which is geriatric specific and geriatric friendly), and even offers surgery videos for viewing surgical procedures.

- [NLM Gateway](#) – searches all of NLM’s databases for topics of interest.

Michelle Jordan Garner

Medical Case Management System
ATC-241 and ATC-262

People were spilling out the door to hear the Ft. Lauderdale and Phoenix EMAs share their processes for crafting medical case management systems.

- In ATC-262, Ft. Lauderdale, Broward County focused on an existing medical case management model. Among the changes were continuous case management training and enhanced quality measures.



- In ATC-241, the Phoenix EMA partnered with a consulting firm to develop a medical case management curriculum and to conduct trainings—on-site, conference calls, and even a Web cast training.

Frances Hodge

Medical Nutrition Therapy, A Core Medical Service
ATC-204

The Medical Nutrition Therapy process as conducted by T.H.E. Clinic in Los Angeles County was outlined. It components: screening and assessment, handling of referrals, establishing care plans for clients, and other steps. A Quick Nutrition Screen Form, Referral Form, and Care Plan are among the tools used that are available to other programs. Get copies by writing the TARGET Center's Help Desk at <http://careacttarget.org> or contact ewilliams@theclinicinc.org directly.

Kevin Ma

Remember

Conference co-chair Helen Rovito of the HIV/AIDS Bureau, whose father passed away right before the meeting. Helen, a central force in planning the meeting, was unable to join us this week.

Kathy Blumenthal, HIV/AIDS Program Coordinator at Great Brook Valley Health Center in Worcester, MA, whose mother passed away on Sunday.

Ronald Johnson, Director of Technical Assistance at the CAEAR Foundation, who died August 9.

Changes/Updates

Please note that Workshop CC-513 in room Wilson B originally scheduled from 10:00 to 11:30 on August 27 has been cancelled.

Resurgence, encourages, shout, go, fight,
Vibrate, shine...
Make like the river with the rain: Grow!
And as the sea against the rock: Beat!

Get up! Shake, Resist!
Do as the cornered bull: Bellow!
Or like the bull that doesn't bellow: that
only charges.

Select lines from En la Brechas (In the Breach), by Jose de Diego as translated from Spanish by Margarita Parrilla, fiancée of Rolando Jimenez-Mercado

DAILY NEWS

Thursday 8/28

Ryan White
HIV/AIDS
Program

This Meeting is Online

Keep in touch with what happened this week at this meeting by visiting the TARGET Center's Ryan White Grantee Meeting webpage at <http://careacttarget.org/rw2008>. View opening and closing session Web casts. Locate workshop and poster session information. And, in the coming weeks, you'll be able to access meeting slides.

To see Web casts of every single session at the Clinical Update, go to IAS-USA's Web site at <http://www.iasusa.org/rwprogram2008>.

A Mother Speaks

She got hate mail. Her tires were slashed. She had no money to hire an attorney when her son was kicked out of school because of AIDS. But they persevered. Jeanne and Ryan changed our world.

So many people came to hear Jeanne White Ginder's story in her Tuesday workshop that the room divider had to be removed to double the space. Hotel staff jumped and made it happen. It filled immediately. And Jeanne told about the history she and Ryan made. About her struggle with physicians who were mystified by AIDS. About CDC doctors who at first frightened her when they came to the hospital after Ryan was diagnosed with AIDS asking her to complete government forms. And the people across the nation who came together, both famous and unknown.

Jeanne was a mother over 20 years ago when she helped the nation. She was still a mother yesterday when she comforted us with history, even counseling an attendee living with HIV who had been rejected by his family, guiding his search for a mother's love.

As Recalled by Kelley Weld



Workshops

Working Positive CAL-406

Lacking resources to tap into vocational development and employment opportunities for clients? The Working Positive Coalition has teamed up with Penn State University to provide assistance to Ryan White and other agencies. Available assistance includes conducting of a free needs assessment on consumer needs for vocational development. Results can lead to accessing an array of vocational training available from such sources as the State/Federal vocational rehabilitation system and the Work Incentives Planning and Assistance Program through the Social Security Administration. See www.workingpositive.net.

Bryna Grant

Use of CAREWare to Gather Client-Level Data and Enhance Quality Service Delivery QED-852

The Denver EMA explained their use of the free HRSA-developed CAREWare software to collect client level data via a centralized database—an effort that evolved from an earlier demonstration project. CAREWare is not just a reporting tool. It can also be used for monitoring projects, measuring quality, and assessing unmet need. Learn more about CAREWare via the TARGET Center at <http://careacttarget.org> or at <http://hab.hrsa.gov/careware>.

Kevin Ma

Utilizing Distance Learning Approaches to Cultural Competency PD-746

BESAFE is a HRSA-sponsored Web-based cultural competency train-the-trainer program that provides a multimedia learning experience to educate clinicians in working with a diverse client population. It covers such topics as barriers to care like mistrust and lack of access, client ethics and values, and techniques for reaching clients. See the National Minority AETC's Web site at <http://www.nmaetc.org>.

Andrea Knox

Systems Approach to Quality Improvement and Staff Development PD-758

This session examined how to tackle quality improvement in a big way by taking a systems approach by using a combination of principles from quality improvement, adult learning, and participative management.

Common themes found in this plan of action include:

- Assessment
- Participation from lots of parties
- Set clear goals and objectives
- Adopt a team approach (multidisciplinary and group/peer learning)
- Take a problem solving approach
- Create action plans
- Undertake continuous assessment and plan next steps

Learn more at <http://www.hivqual.org> or see HRSA/HAB's National Quality Center at <http://nationalqualitycenter.org>.

Marinna Banks-Shields

Improving the Use of Peers in HIV Programs PD-743

Peers can be essential members of the health care team. This session highlighted the experience of San Diego and Georgia in using a HRSA-sponsored 3-day peer training that covers such topics as becoming a peer (what it means to be a peer), confidentiality, being part of a team, and job duties. Go to the TARGET Center's Sources of TA page at <http://careacttarget.org> to learn about peer training, provided via Cicatelli Associates. Their training curriculum is available in a CD format.

Jason Stanford

Technology Grows

Over 7 workshops covered technology topics—like using text messaging to reach clients and use of electronic health records. At least 6 sessions covered CAREWare. At least an equal number of poster sessions discussed use of technology, like Web-based grants administration and an Intranet in use among 10 Bronx agencies to link 75 providers.

The role of technology is growing in Ryan White agencies. Look for an upcoming HAB Email article and TARGET Center feature on technology.

Alan Gambrell

**Give us Feedback.
Get a T-Shirt.**

Fill in your evaluation form and submit it at the registration desk!



Posters

There were over 100 posters at the meeting. You probably got to view a few to and from the dessert trays. Here's a sampling of what was offered:

- Grant Administration Using Technology by the Phoenix/Maricopa County EMA is a client level data system based on CAREWare that allows for collection of client data for quality and needs assessment, improved compliance monitoring (once a year site visits are not longer the tool of choice), and centralized eligibility determinations.
- CICERO Program Uses a Web Based Program to Connect entails use of an Intranet to link 10 clinics with 75 clinicians serving over 1,100 clients. According to Paula Meissner, his agency can get clinic resources like guidelines, forms, and informed consent protocols immediately in the hands of providers.
- Several ADAP programs shared their insights, such as Increasing Participation of HIV+ Recently Released Minorities in the Texas ADAP.
- A Multidisciplinary Team Approach to Improving Adherence Among HIV

Infected Adults reports good patient outcomes that they tie to better patient adherence that stems from team support.

Get in touch with the poster authors by emailing cyin@hrsa.gov. Also, look for an online listing of the posters on the TARGET Center in September. The HAB Email will announce when poster listings go online.

HIV Dental Care

Multiple workshops and posters this week covered Ryan White dental services, ranging from outreach activities (ATC-242 by SPNS Oral Health grantees), and community based dental programs such subjects as creating networks of dental care, the role of dental case managers, and linking medical and dental care (respectively, ATC-209, ATC-201, and CAL-452).

Learn more about the work of Ryan White's Community Based Dental Partnership Program (CBDPP) in a new report, Dental Partnerships. Dental Partnerships will be available online in mid-September at <http://hab.hrsa.gov>. Also see the HAB Web site for the August edition of CAREAction on increasing access to dental care. Email mmofidi@hrsa.gov for more.

Alan Gambrell

Clinical Update Wraps Up

A few more highlights from the Update:

- Improving Engagement in HIV Care: What Can We Do? By Dr. Michael Mugavero presented an analysis at the University of Alabama showing that 31% of newly-diagnosed patients failed to attend a clinic visit within 6 months of their initial call. Those least likely to make first appointments were the clients who faced the greatest wait for an appointment slot. In response, a new system called Project Connect calls patients very quickly after test results to do an orientation covering things like a psychosocial history and baseline labs. Their no show rate for first appointments dropped from 31% to 19% in calendar year 2007. See page 162 of the Clinical Update binder, slide 2.
- Drug-Drug Interactions Among Newer Agents. Dr. Judith Arberg discussed interactions we are finding among newer antiretroviral agents. Most drugs are metabolized in the liver, and more than half are metabolized by six isoenzymes of cytochrome P450. She reminded clinicians that drug interactions occur when the pharmacokinetics or the pharmacodynamics of one drug are changed by another one. With ARVs,

drug-drug interactions are not simple. These drugs can induce metabolism, inhibit metabolism or act as substrates of drug metabolizing enzymes. This makes it hard to easily know what the results of these interactions will be. For more on Etravirine, Ritonavir boosted Darunavir, Raltegravir and Maraviroc, see pages 105-114.

Visit IAS-USA online at <http://www.iasusa.org> for materials and soon-to-be-posted Web casts of all the sessions.

Brian Feit and Alan Gambrell

Whoops!

An amazing 72% of Clinical Update attendees have been involved in HIV care—contrary to the much lower and incorrect 7% figure cited in yesterday's Daily News. Read the below additional facts on Update participants, gathered from the audience response system used by meeting convener IAS-USA:

- 55+% say they have seen an increase in newly-diagnosed patients as a result of expansion of HIV testing.
- 34% are attending the Clinical Update for the first time while half have come to 2 or more Updates. (This year's is the 11th.)

 **TARGET Center**
Technical Assistance for the Ryan White Community
www.careacttarget.org

Daily News articles by the HRSA HIV/AIDS Bureau reporting team. Layout by WriteProcess, Inc. Photos by © See-Change.com, Skolos-Wedell.com, Ryan White grantees, and Alan Gambrell

