



end+disparities ECHO Collaborative: Successes of Consumer Engagement



Adam Thompson

Special Guests: Dottie Dowdell, Dawn Trotter & D'Ontace Keys





Learning Objectives

- Describe the end+disparities ECHO collaborative
- Describe how PWH were involved with the collaborative
- Discuss how we are sustaining consumer engagement & involvement
- Learn how to connect with us!



HIV-related Health Disparities

end+disparities collaborative video





end+disparities ECHO Collaborative

COLLABORATIVE OVERVIEW



Collaborative Mission

To promote the application of quality improvement interventions to measurably increase viral suppression rates for disproportionately affected subpopulations of people living with HIV among RWHAP-funded providers.



Collaborative Overview

MSM of Color



Transgender People

African American & Latina Women

- ✓ Each Collaborative participant is asked to focus their improvement efforts on one identified subpopulation
- ✓ Participants join virtual Affinity Groups based on shared interests, such as subpopulations
- ✓ Recipients and subrecipients partner with other local HIV providers to form regionally-based improvement groups (Regional Group)
- ✓ Learning sessions with all participants are held every five months, starting June 2018 and transitioning September 2019



Collaborative Goals

Goals of the end+disparities ECHO Collaborative

Reach:

- One in three Ryan White HIV/AIDS Program (RWHAP) funded-recipients across the nation actively participate in the end+disparities ECHO Collaborative
- 30% of all people living with HIV (PLWH) cared for by communities served by RWHAP are affected by participants of this Collaborative

Impact:

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

Sustainability:

- 90% of regional improvement groups of Ryan White HIV/AIDS Program-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



Collaborative Reach

- HIV providers across 31 States or Territories participated
- 17 Regional Groups participated (on average 12 recipients per group)
- 46% of RWHAP Part As (24/52) and 41% of Part Bs (21/51) participated
- 138,000 people with HIV or 38.4% of all Ryan White patients receiving medical care were reached with this Collaborative; 1 in every 2.6 RWHAP patients (RSR 2018 Data)
- 11 out of 15 States (including Washington, DC), as well as 6 out of 10 EMAs/TGAs with the lowest viral suppression rates participated (RSR 2018)

'35% (201 out of 567) of all RWHAP Part A, B, C, & D Recipients participated in the end+disparities ECHO Collaborative.'

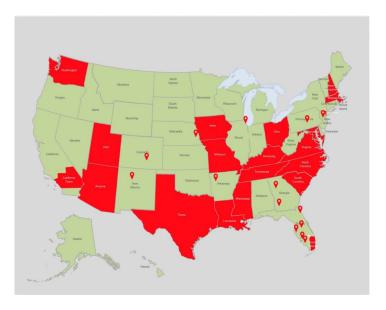
| Part Funding | # | % |
|--------------|-----|-----|
| A | 24 | 12% |
| В | 21 | 10% |
| С | 108 | 54% |
| D | 48 | 24% |



end+disparities ECHO Collaborative Teams

- 1. Arizona
- 2. California
- 3. Mavericks Regional Group
- 4. Louisiana
- 5. Maryland
- 6. Massachusetts
- 7. Mississippi
- 8. Missouri
- 9. New York Regional Group
- 10. North Carolina
- 11. Ohio
- 12. South Carolina
- 13. South Florida

- 14. Tennessee / Kentucky
- 15. Texas
- 16. Washington State
- 17. Washington, DC / Virginia



end+disparities ECHO Collaborative Enrollment Data: May 25, 2018



Learning Sessions





Collaborative Firsts...

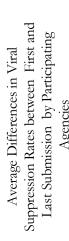
For the first time, we...

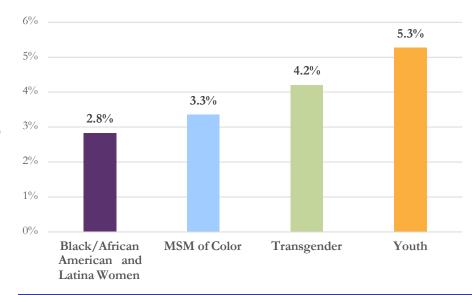
- created a collaborative framework combing our past IHI collaborative experiences with the ECHO model
- used Zoom to hold virtual collaborative sessions
- integrated individuals with lived experiences as equal content experts
- utilized existing and new Regional Groups as part of the collaborative
- conducted virtual two-day Learning Sessions (5 hours each day) and held virtual breakout sessions using the Zoom functionality
- shared real-time participation data throughout the collaborative
- conducted an evaluation of participants during collaborative
- and many more...



Viral Suppression (Jul 2018 – Dec 2019)

Were We Improving? Difference between First and Last Submission for Each HIV Subpopulation (Jan 9, 2020)





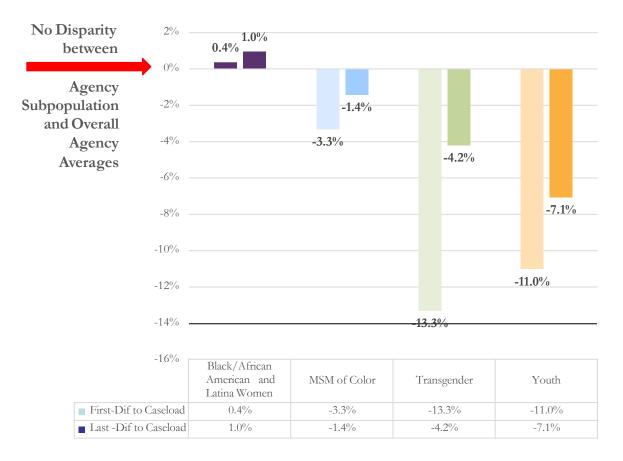
'Gains in viral suppression rates were found across all HIV subpopulations (on average 3.9%) when comparing the first and last agency viral suppression data submissions.'

| | # of Sites | First Data (%) | First Data (n) | Last Data (%) | Last Data (n) |
|---|------------|----------------|----------------|---------------|---------------|
| Black/African American and Latina Women | 39 | 82.9% | 10,402 | 85.7% | 11,400 |
| MSM of Color | 58 | 80.1% | 16,167 | 83.4% | 16,269 |
| Transgender | 21 | 79.8% | 659 | 84.0% | 686 |
| Youth | 45 | 71.3% | 3,256 | 76.6% | 3,135 |
| Total | 163 | | 30,484 | | 31,490 |



Viral Suppression (Jul 2018 – Dec 2019)

Were We Closing the Gap? Changes in Agency Subpopulation vs Overall Agency VS Rates (Jan 9, 2020)



The gap between HIV subpopulation and overall viral suppression rates was reduced for all four groups, on average by 3.9%, between July 2018 and November 2019.'

| # of Waves Difference | # of Sites (n=118) | % |
|--------------------------|-----------------------|-----|
| 9 | 62 | 53% |
| 8 | 29 | 24% |
| 7 | 4 | 3% |
| 6 | 6 | 5% |
| 5 | 4 | 3% |
| 4 | 2 | 2% |
| 3 | 5 | 43% |
| | <u>7</u> | 6% |
| 1 | | |



end+disparities ECHO Collaborative

PWH ENGAGEMENT



Did you participate in the CQII end+disparities ECHO Collaborative?

In a TCQ+ survey of consumer participants of 53 respondents:

- 22% responded that they had participated in the Collaborative.
- 54.55% had participated in Affinity Sessions and 18.18% were faculty/content experts.
- Poll! See questions that pop up and answer them!



PWH Involvement & Engagement

- Consumer involvement is <u>necessary</u> for effective and appropriate quality improvement
- Consumer representation and feedback was integrated in ALL aspects of the Collaborative structure
- Opportunities for active and meaningful involvement of patients (those *directly* impacted by HIV) and their shared experiences was <u>VITAL</u> to the success of the Collaborative
- Consumer voices were heard, and the collaborative provided space for their feedback to inform the projects and build their capacity for QI.



Working with Consumers

Support Groups

Consumer Engagement

- Clinical and supportive service interactions
- Early phases of activation
- In CQII ECHO end+disparities:
 - Patient interventions
 - Patient journey in system
 - Discussion of patients and patient interactions

CABs / QM Teams

Consumer Involvement

- Consumers providing input and feedback
- Later phases of activation
- In CQII ECHO end+disparities :
 - Experience evaluation
 - Participation in QI activities
 - Training to assist participation
 - Community Partner team representation



Feedback at the Clinical and Systems Levels

- Key Informants or Small Groups to:
 - Set targets and weighed in on aim statements
 - Provided ongoing insight into QI project progress
- Development of Driver Diagrams or Participation in Root Cause Analysis
- Patient Journey Mapping to identify meaningful touch points

- Tests of change
 - Identification and ranking of importance
 - Design and Evaluation
- Experience evaluation
 - Surveys, Focus groups, Key informant interviews



PWH Engagement

- CQII Coaches
 - Facilitated affinity sessions and were QI experts/coaches
- Affinity Faculty
 - Content Experts
- Consumer Liaisons Patients and Consumer Representations at Regional Group levels
 - Consumer engagement at the Community level
- Opportunities to participate in consumer-focused trainings and other CQII capacity building trainings
 - Training of Consumer on Quality PLUS (TCQ+)



Affinity Faculty

- Served as equal members on the team; considered community experts who provide guidance and recommendations on accessing and engaging patients in clinical quality management activities
- Participated in all Affinity ECHO Sessions providing feedback on Case Presentations
- Representative of the sub-populations, but they do not speak for all!
- Compliments the Clinical Expert by bringing lived experiences to the evidence-base improving implementation
- Dawn and Keyes will share their experiences!



Consumer Liaisons

- The power of consumer involvement is to leverage additional skills and critical perspectives to drive QI
- Consumer Liaison coordination:
 - Assisted in designing assessments, surveys, interview tools
 - Ensured that tools were implemented and evaluated
 - Own the qualitative data gained from consumer involvement
 - Assisted the QI project in working with consumers
 - Assisted the Leaders in inviting consumers to key activities, like RCA



Consumer Affinity Group

Expectations

The Consumer Affinity Group is dedicated to consumers to ensure that people living with HIV (PLWH) voices are heard, relevant feedback is incorporated into the Collaborative, and their capacity for QI is strengthened.

| Group | Function | Participants | Frequency |
|-------------------------|---|--|-----------|
| Consumer Affinity Group | Support the needs of consumers within the Collaborative Allow consumers to network and share their lived experience Build capacity for consumer involvement in QI | Consumers serving as liaisons on Regional Response Teams Consumers representing Community Partners Consumers participating in the other Affinity Groups CQII Facilitators | Monthly |



Consumer Affinity Sessions and Topics:

| Date of Session | Topic(s) Covered |
|-----------------|--|
| 9/27/2018 | Overview and Enrollment Update for ECHO Collaborative |
| 10/25/2018 | Clarifying Roles and Responsibilities of a Consumer Liaison |
| 11/27/2018 | Continued Review of Consumer Liaison Roles and Responsibilities |
| December 2018 | Consumer survey developed and distributed. The results of the survey informed the topics for discussion for 2019 |
| 1/24/2019 | Discussion of Survey Results and Interpreting Data |
| 2/28/2019 | QI Principles |
| 3/28/2019 | Building Community Relationships and Networks for Consumers |
| 4/25/2019 | Quality Improvement Teams or Committees *(during learning session #3) |
| 5/23/2019 | Root Cause Analysis (5 Why's) |
| 6/27/2019 | Cause & Effect Diagram – Fishbone Diagram |
| 7/25/2019 | Healthcare Stories Project (HCSP) – Activity 1: Word Cloud |
| 8/22/2019 | HCSP – Activity 2: Experience Mapping |
| 9/26/2019 | HCSP – Activity 3: Co-production |



end+disparities ECHO Collaborative

SUSTAINING ENGAGEMENT



Consumer Affinity Sustainability Schedule

- Consumers from the Collaborative will be responsible for sustaining the consumer affinity session until June.
- They will set the agenda, co-facilitate the session with the guidance of CQII Coaches.
- Please join us on the 3rd Thursday of each month at 3PM EST
- If you are interested email: <u>Jennifer.Lee@health.ny.gov</u>
- Draft Schedule shown below as an example:

| Date | Facilitator | Co-Facilitator | Topic |
|----------------|----------------|----------------|------------------------|
| April 23, 2020 | Dr. Siegler | David & Dawn | HIV & Aging Discussion |
| May 28, 2020 | Adam & Deloris | Dawn & Keyes | Collaborative Webinar |
| June 25, 2020 | David Moody | Dawn Trotter | The Impact of COVID |



Thank You Community Partners





Thank you CQII Faculty









To listen to the webinar, please go to:

https://youtu.be/J0oZKm1al2g





Thank you!

212-417-4730 (phone)

212-417-4684 (fax)

Info@CQII.org

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U28HA30791 and the HRSA Ryan White HIV/AIDS Program Center for Quality Improvement & Innovation for \$1.5 M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

