

Welcome!



Please write in the chat:

How you have most effectively learned new concepts in the past?



Care
Collaborative

Link and Re-Engage People with HIV

CQII Care Collaborative

Linking and Re-Engaging People
with HIV

Participant Orientation Webinar

April 2025



HRSA Ryan White HIV/AIDS Program

CENTER FOR QUALITY
IMPROVEMENT & INNOVATION

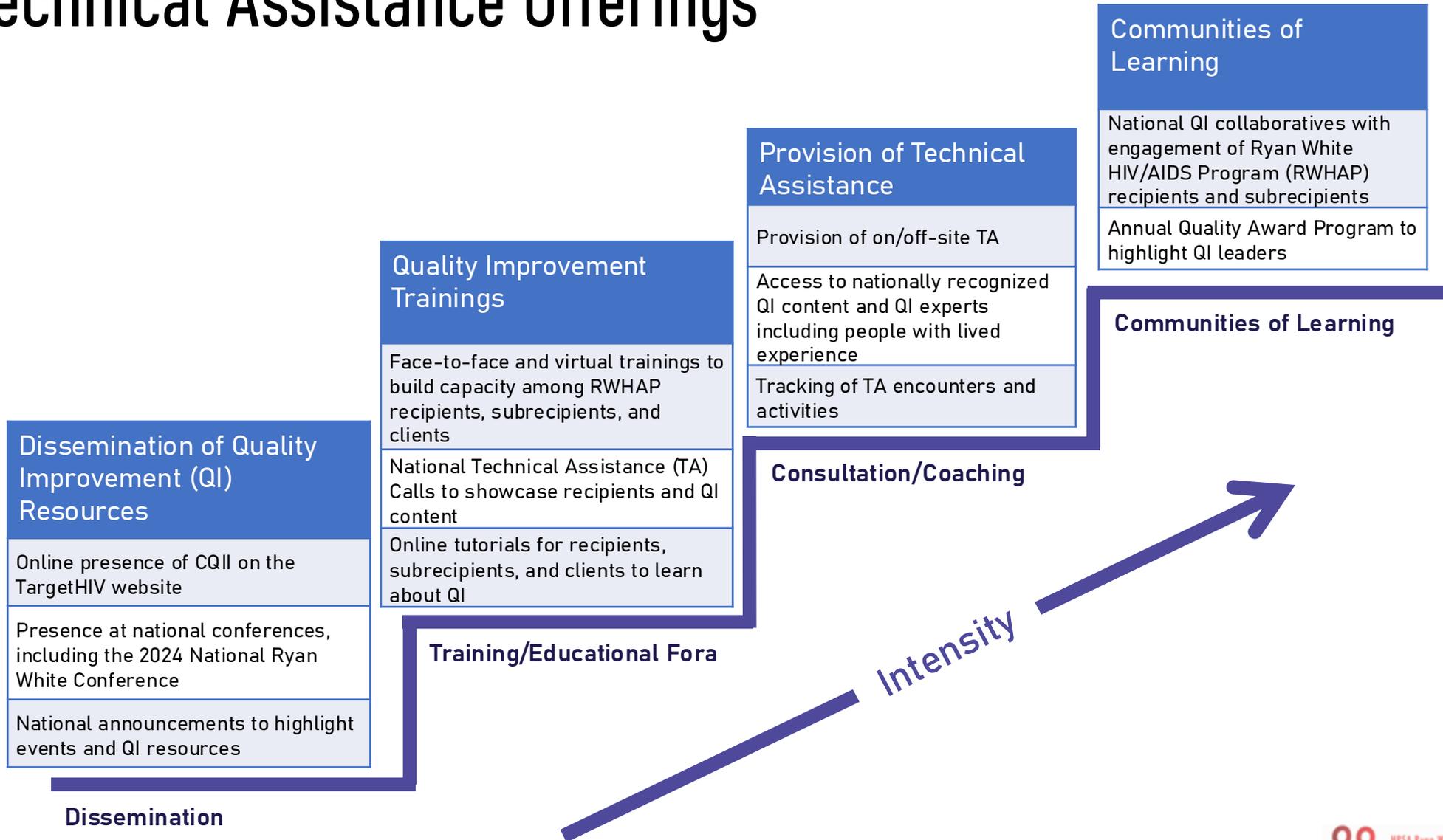


Agenda

- Welcome
- About the Center for Quality Improvement & Innovation (CQII)
- Care Collaborative Overview, Resources, and Timelines
- First Coaching Calls: What to Expect & Prepare
- Learning Session 1 Preparation
- Next Steps
- Q&A



CQII Technical Assistance Offerings



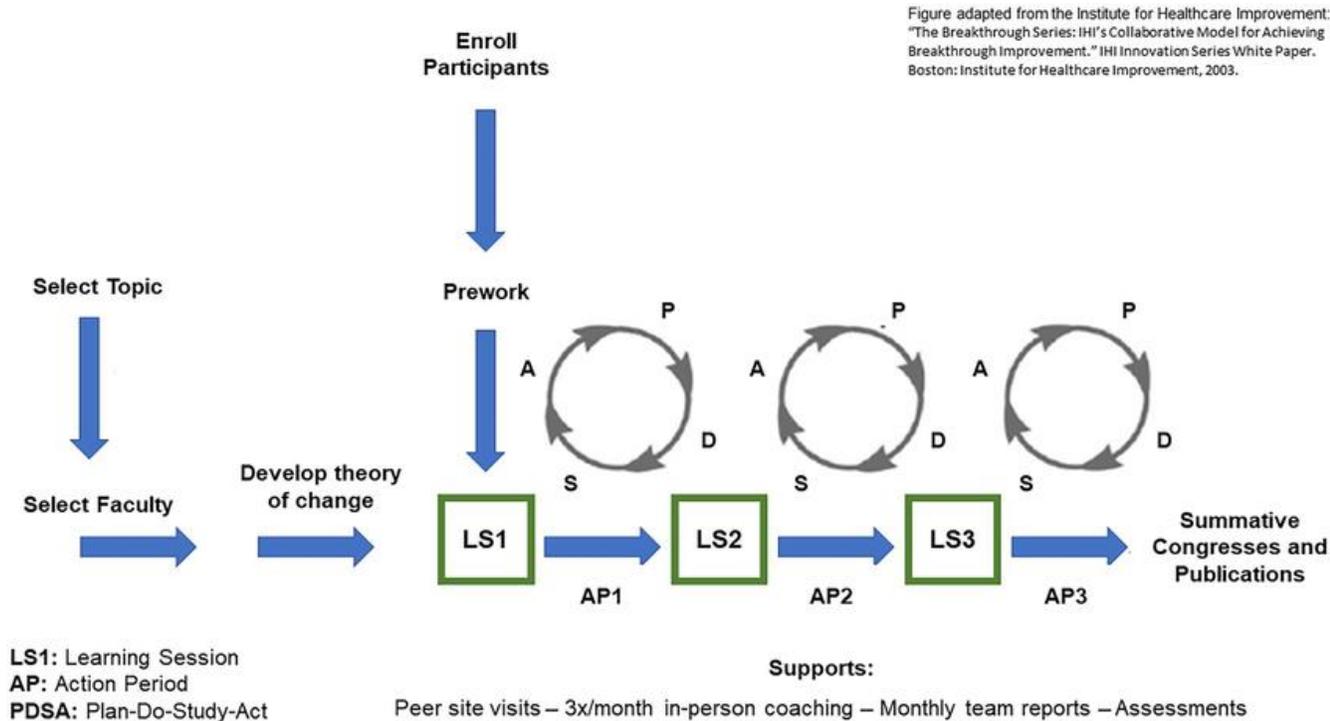
Discussion

How have you most effectively learned new concepts in the past?



What Is a Learning Collaborative?

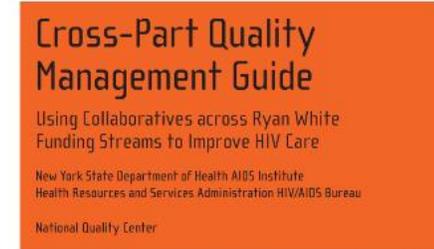
- A learning collaborative brings together organizations with common goals to study and improve upon a specific topic area
- It provides participants with the opportunity to develop quality improvement (QI) skills while receiving guidance and support from content experts and their peers



CQII Collaborative History

CQII Learning Collaboratives and Resources (2004-2024)

Collaborative	Timeframe	RWHAP Recipients	Reach
Part B Collaborative	Nov 2004 to Nov 2006	8 State Departments of Health	129,000
Low Incidence Collaborative	Jun 2006 to May 2008	17 State Departments of Health	20,000
TGA Initiative	Jun 2008 to Oct 2009	5 City Departments of Health	19,880
Cross-Part Collaborative	Oct 2008 to Apr 2010	91 Part A through F recipients from 5 States	192,018
D.C. Collaborative	Mar 2011 to Jun 2012	19 recipients in 2 states and the D.C.	35,642
H4C Collaborative	Mar 2014 to Jan 2016	55 Part A through F recipients from 5 States	76,990
end+disparities ECHO Collaborative	Jun 2018 to Dec 2019	200 Part A, B, C, and D recipients from 31 States/Territories	138,826
create+equity Collaborative	Jan 2021 to Jun 2022	83 Part A, B, C, and D recipients from 29 States/Territories	95,071
Impact Now Collaborative	Jan 2023 to Jun 2024	23 Part A through D sites from 11 States	53,694



Planning and Implementing a Successful Learning Collaborative. NYSDOH and HIV/AIDS Bureau. Sep 2008.

<https://targethiv.org/library/planning-and-implementing-a-successful-learning-collaborative-guide-build-capacity-quality>

Cross-Part Quality Management Guide: Using Collaboratives across Ryan White Funding Streams to Improve HIV Care. National Quality Center (NQC). <https://targethiv.org/library/cross-part-quality-management-guide-collaborating-across-ryan-white-funding-streams-improve>

Guide to Conducting a Virtual Quality Improvement Collaborative. Center for Quality Improvement & Innovation (CQII). Jun 2020.

<https://targethiv.org/sites/default/files/support/CQII-BestPracticesGuide-Final%20%281%29.pdf>



CQII Impact Now Collaborative (2023-2024)

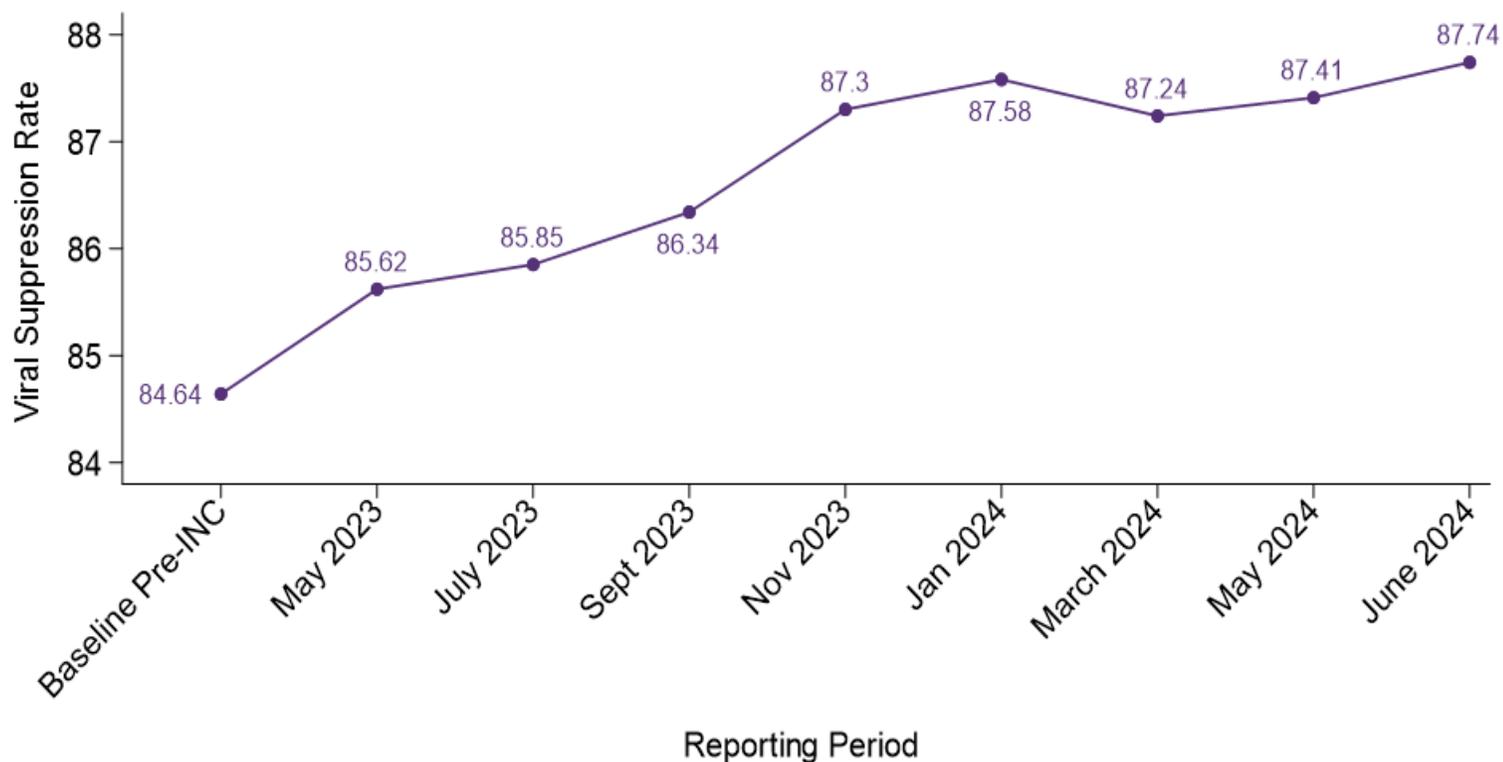
Collaborative Goal:

To promote the application of QI methodologies and tools to measurably increase viral suppression rates for people with HIV served by RWHAP-funded recipients and subrecipients that have the highest potential national impact.



Impact Now Collaborative: Viral Suppression Rates

Figure 1: Average VS Rates of Impact Now Agencies Over Time



Impact Now Collaborative data showed that participating sites (~50,000 clients) improved their viral suppression (VS) rates by 3.10 percentage points, from 84.64% at baseline (March 2023) to 87.74% in June 2024, resulting in 1,797 additionally suppressed HIV clients.

N: 21. Figure 1 includes only agencies that completed the Collaborative.



Testimonials from Impact Now Participants and Coaches

“I feel so energized at the end of this collaborative, and I feel like it really was successful, and I feel joyful about it.”

“That's why I really love collaboratives, because you get to realize that you can do this small thing, and it would have a big change. And I think it's having one small intervention at a time.”

“Trust yourself and trust the process, be flexible and adaptive, and use the power of peer learning”



Care Collaborative Background

Care Collaborative: Big Picture

- National 18-month Care Collaborative with participation by Ryan White HIV/AIDS Program recipients and subrecipients
- Promotes the application of QI to measurably improve health outcomes for people who are not currently engaged in HIV medical care, including those who have been newly diagnosed with HIV (linkage to care), or those who have not been receiving ongoing HIV medical care (retention in care)
- Fosters a patient-centered approach by improving the healthcare experiences of people who are not in out of care and meaningfully engaging people with HIV in local improvement efforts



2023: Impact Now Collaborative Participants



Goals of the Care Collaborative

Clinical Improvements

#1 - Linkage

Increase the number of people newly diagnosed with HIV seen by a medical provider within 30 days of diagnosis (linkage) **to the national mean of 82% or 5% from baseline,** whichever is higher

#2 - Retention

Increase the number of people with at least two HIV medical care encounters at least 90 days apart within the measurement year (annual retention) **to the national mean of 78% or 5% from baseline,** whichever is higher

#3 – Viral Suppression

Increase the number of people with an HIV viral load less than 200 copies/ml at the last HIV viral load test during the measurement year (viral suppression) **to the national mean of 90% or 5% from baseline,** whichever is higher



Goals of the Care Collaborative

Process Improvements

#1 – Tests of Change

90% of actively participating sites have implemented and documented at least **one test of change** in each of the primary drivers of the Care Collaborative Driver Diagram

#2 – Team Composition

90% of participating sites have at least **one person with lived experience** actively on their local QI team

#3 – People with HIV in QI Activities

90% of teams **improve their involvement of people with HIV** in their QI activities as measured using a standardized assessment tool.

#4 – Patient Experience Measures

90% of teams have implemented **a patient experience measure** to improve the experiences of people newly diagnosed or re-engaged



HRSA Definitions

Linkage to Care

“A patient who has a medical visit with a provider with prescribing privileges or an HIV viral load or CD4 test within 30 days of their HIV diagnosis within a 12-month measurement period.”

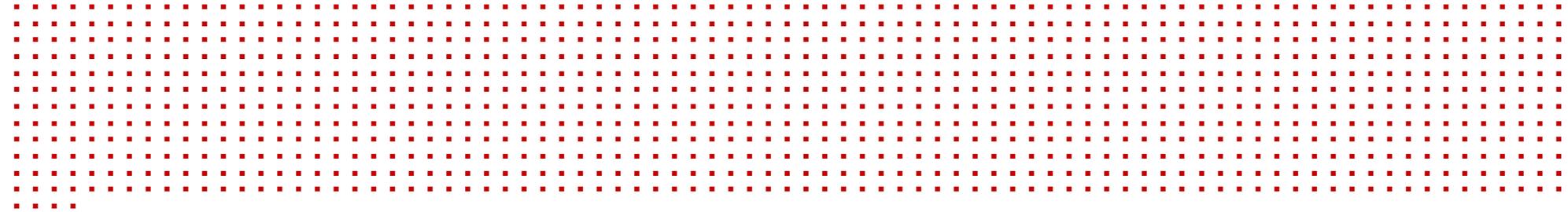
Retention in Care

“A patient, regardless of age, with a diagnosis of HIV who attends at least two medical encounters (one of those two encounters needs to be a medical visit with a provider with prescribing privileges), spaced at least 90 days apart, within a 12-month measurement period.”



Did You Know?

If we bring 1,000 people with HIV who are currently out of care into HIV medical care and reach viral suppression within the 18-month Care Collaborative...



...we estimate to avert 105 HIV transmissions, saving the healthcare system over \$46,000,000.

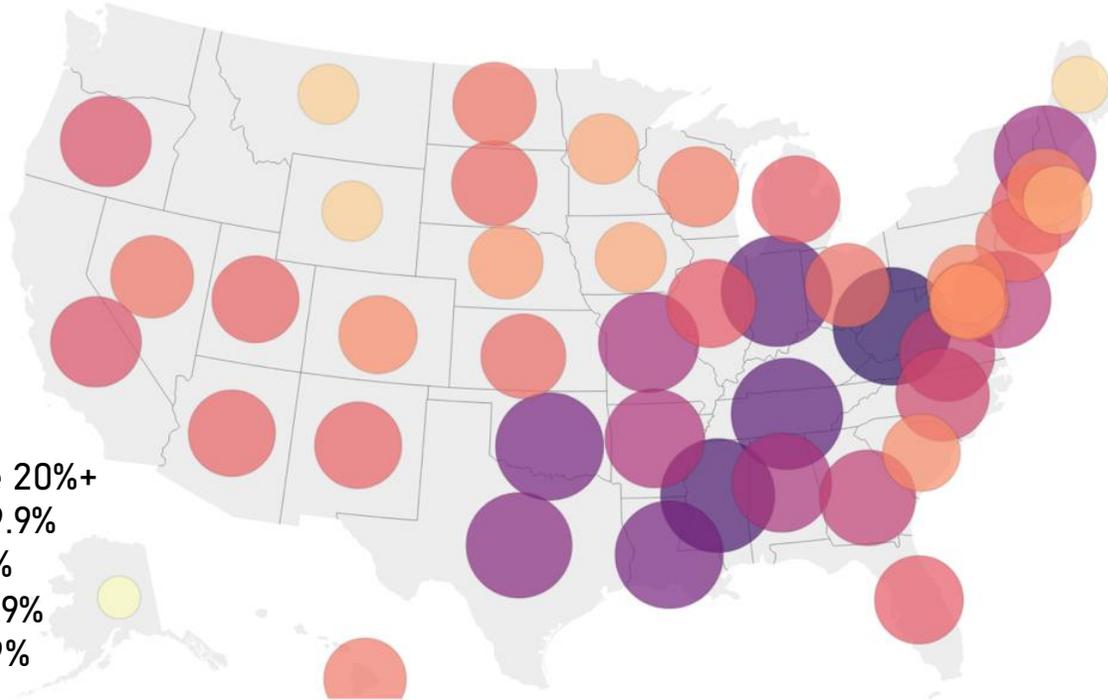
Skarbinski J, et al. Human Immunodeficiency Virus Transmission at Each Step of the Care Continuum in the United States. *JAMA Intern Med.* 2015;175(4):588–596. doi:10.1001/jamainternmed.2014.8180

Hutchinson A, et al, Costs and Consequences of Eliminating a Routine, Point-Of-Care HIV Screening Program in a High-Prevalence Jail, *American Journal of Preventive Medicine*, Volume 61, Issue 5, Supplement 1, November 2021, Pages S32-S38,

<https://doi.org/10.1016/j.amepre.2021.06.006>



Percentage not linked to care by State



Dark Purple 20%+
Purple 15-19.9%
Red:10-14.9%
Orange 5-9.9%
Yellow: 0.4.9%

Top 20 States with the Highest Percentage of Patients Not Linked to Care

1. West Virginia
2. Mississippi
3. Tennessee
4. Indiana
5. Oklahoma
6. Louisiana
7. Texas
8. New Hampshire
9. Missouri
10. Alabama
11. Arkansas
12. Delaware
13. Georgia
14. Virginia
15. North Carolina
16. Oregon
17. California
18. Connecticut
19. Illinois
20. Florida



Centers for Disease Control and Prevention. (2023, August 21). CDC publishes new HIV surveillance reports. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchhstp/director-letters/cdc-publishes-new-hiv-surveillance-reports.html>



Literature Review: People Not Currently Engaged in Care

Poorer Experiences with Healthcare Services



Two times more likely to report being “very or somewhat” dissatisfied with prior HIV medical care

Greater Mental Health Needs



Require mental health services at a rate two times higher than those in care

Lack of Insurance



Two times more likely to have financial constraints or a lack of insurance

Collaborative Details

Care Collaborative Timeline

2025			2026		
April	May	Oct	Feb	Jun	Oct
Orientation Webinars	Learning Session (LS) 1 In Person: May 29 & 30	LS 2 (virtual)	LS 3 (in person)	LS4 (virtual)	LS5 (in person)
First 1:1 & Group QI Coaching Sessions					

- Monthly: Participate in assigned QI coaching sessions and learn with and from peers
- Every 2 months: Submit performance data and attend technical webinars
- Every 4 months: Participate in Learning Sessions and QI Technical Webinars



Collaborative Time Commitment



Recipient & Subrecipient Expectations

- In what ways could recipients support their subrecipients participating in the collaborative?
- In what ways do the subrecipients or direct recipients on today's call want to be supported by leadership?
- Please unmute to share or type your ideas in the Zoom chat



How Can a Recipient Support a Subrecipient in the Collaborative?

- The goal is to support, encourage, and guide the subrecipient
- Meet regularly with subrecipient to emphasize collaboration, learn about progress and challenges, and support implementation of Care Collaborative activities
- Foster partnerships to link and re-engage clients in care
- Share progress with HRSA, highlight successes, and disseminate lessons learned



Key Upcoming Activities

Key Activities: April and May 2025

- Glasscubes - join our collaborative repository
- Complete Organizational Capacity Assessment - due May 22nd
- Form a QI team to attend coaching sessions
- Learn what to bring to your first 1:1 and group coaching sessions
- Attend in-person Learning Session 1 (Rockville, Maryland) - May 29/30, 2025

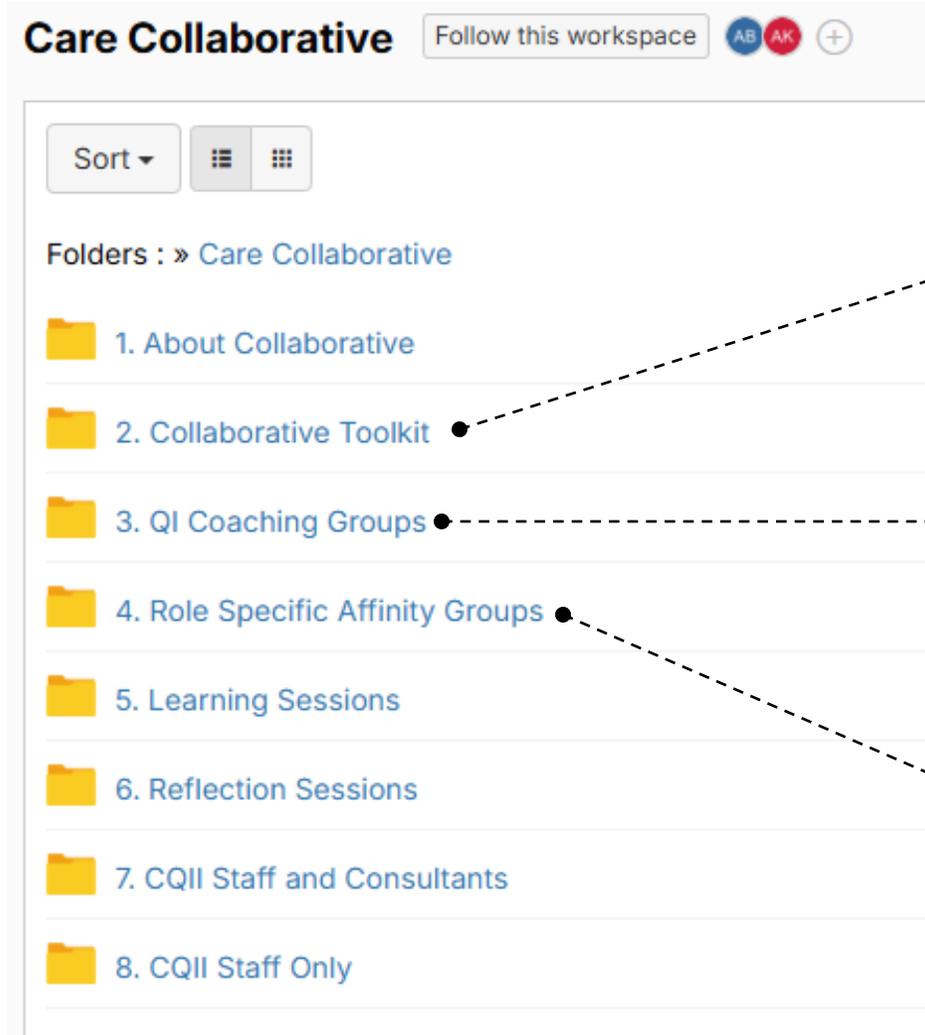


Care Collaborative Tools: Glasscubes

- Glasscubes is a web-based, password protected, file-sharing platform for approved users
- All participants will be invited via email to join the Care Collaborative Glasscubes space where we share documents and resources and sites will submit documents to their QI coaches for feedback
- You will receive an invite to Glasscubes in the coming days. If you haven't been invited to Glasscubes by May 15th, please send an email requesting access to: CQIICollaborative@health.ny.gov



Care Collaborative Tools: Glasscubes



Tools, Timelines & Templates

Coaching group assignments, meeting dates & contact information

Group participants & meeting dates

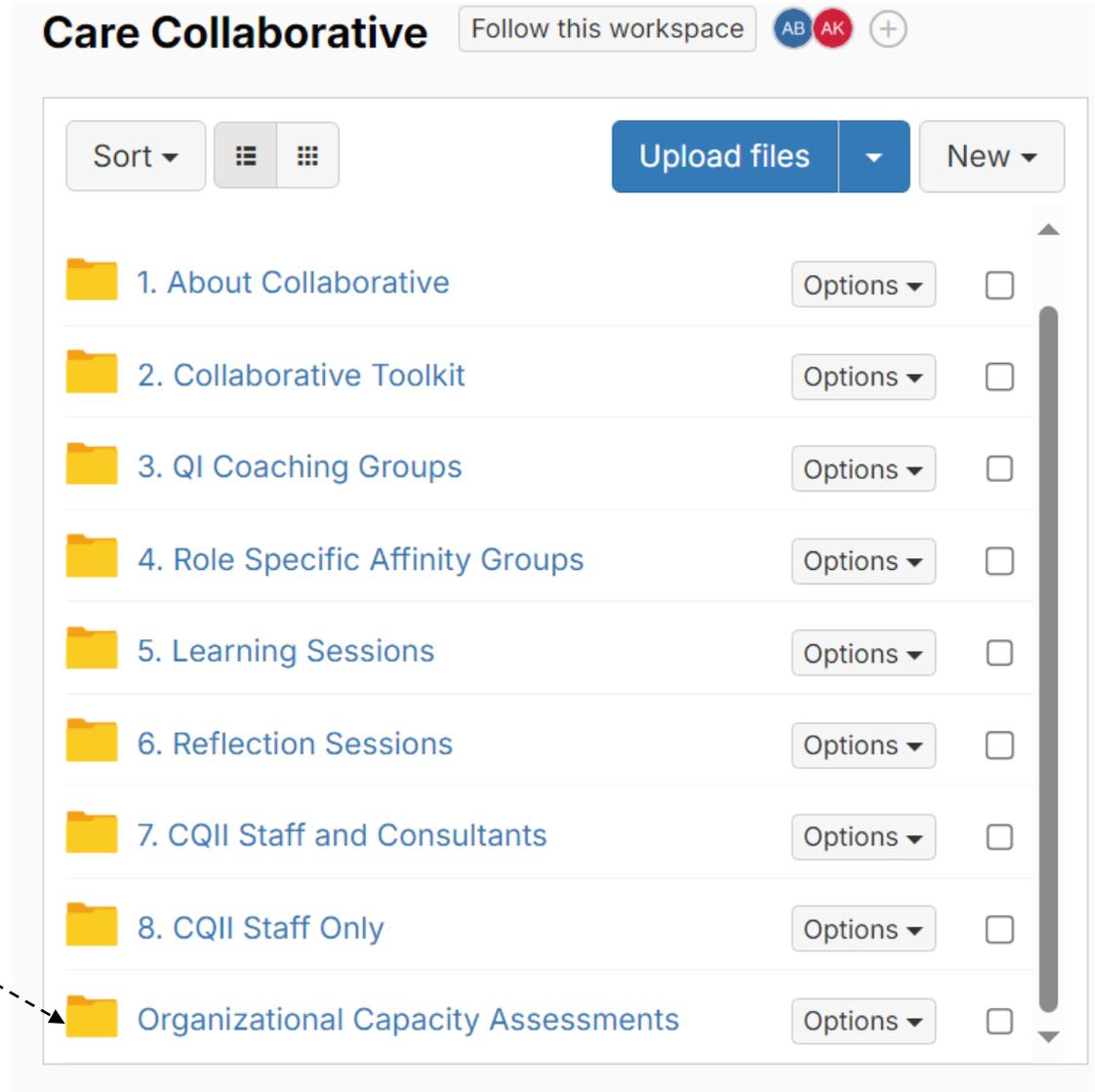


Due May 22: Organizational Capacity Assessment

Organizational Capacity Assessment

- Download from Glasscubes
<https://cqii.glasscubes.com/cube/documents/240827/4473808?183>
- Please complete and upload to Glasscubes by May 22

Upload the Organizational Capacity Assessment here, in your site-specific folder



The screenshot shows the 'Care Collaborative' workspace interface. At the top, it says 'Care Collaborative' with a 'Follow this workspace' button and user avatars for 'AB' and 'AK'. Below this is a navigation bar with 'Sort', view icons, an 'Upload files' button, and a 'New' dropdown. The main area displays a list of folders:

Folder Name	Options	Checkbox
1. About Collaborative	Options ▼	<input type="checkbox"/>
2. Collaborative Toolkit	Options ▼	<input type="checkbox"/>
3. QI Coaching Groups	Options ▼	<input type="checkbox"/>
4. Role Specific Affinity Groups	Options ▼	<input type="checkbox"/>
5. Learning Sessions	Options ▼	<input type="checkbox"/>
6. Reflection Sessions	Options ▼	<input type="checkbox"/>
7. CQII Staff and Consultants	Options ▼	<input type="checkbox"/>
8. CQII Staff Only	Options ▼	<input type="checkbox"/>
Organizational Capacity Assessments	Options ▼	<input type="checkbox"/>

A dashed arrow points from the text box on the left to the 'Organizational Capacity Assessments' folder in the list.



Upload to Glasscubes

Link: <https://cqii.glasscubes.com/cube/documents/240827/4288061?186>

Upload the Organizational Capacity Assessment here (by May 22), in your site-specific folder



Care Collaborative

Follow this workspace



Sort ▾ [Grid Icon] [List Icon]

Upload files ▾ New ▾

	1. About Collaborative	Options ▾	<input type="checkbox"/>
	2. Collaborative Toolkit	Options ▾	<input type="checkbox"/>
	3. QI Coaching Groups	Options ▾	<input type="checkbox"/>
	4. Role Specific Affinity Groups	Options ▾	<input type="checkbox"/>
	5. Learning Sessions	Options ▾	<input type="checkbox"/>
	6. Reflection Sessions	Options ▾	<input type="checkbox"/>
	7. CQII Staff and Consultants	Options ▾	<input type="checkbox"/>
	8. CQII Staff Only	Options ▾	<input type="checkbox"/>
	Organizational Capacity Assessments	Options ▾	<input type="checkbox"/>

Due May 22: Example Organizational Capacity Assessment

	Unsure	Never True	Rarely True	Sometimes True	Frequently True	Always True
Program Leadership: The site HIV leaders...						
Identify quality improvement (QI) as a priority in work plans, presentations, and staff meetings				✘		
Align QI activities with broader site strategic plans, key performance indicators, and initiatives				✘		
Regularly attend QI meetings and contribute to QI planning	✘					
Use resources to enhance a culture of QI (e.g., free-up staff time for QI, access to QI trainings)				✘		
Quality Management Committee: The HIV quality management committee...						
Is formally established with guiding documentation and has met at least						



Individual Site & Group Coaching Preparation

1:1 & Group Coaching Sessions: When?



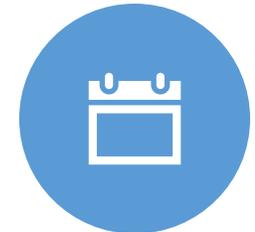
CQII will send emails with how to access Glasscubes by May 15



CQII will email your group to introduce you to your coach in the next two weeks



CQII will coordinate a date/time for both individual site coaching sessions & group coaching sessions

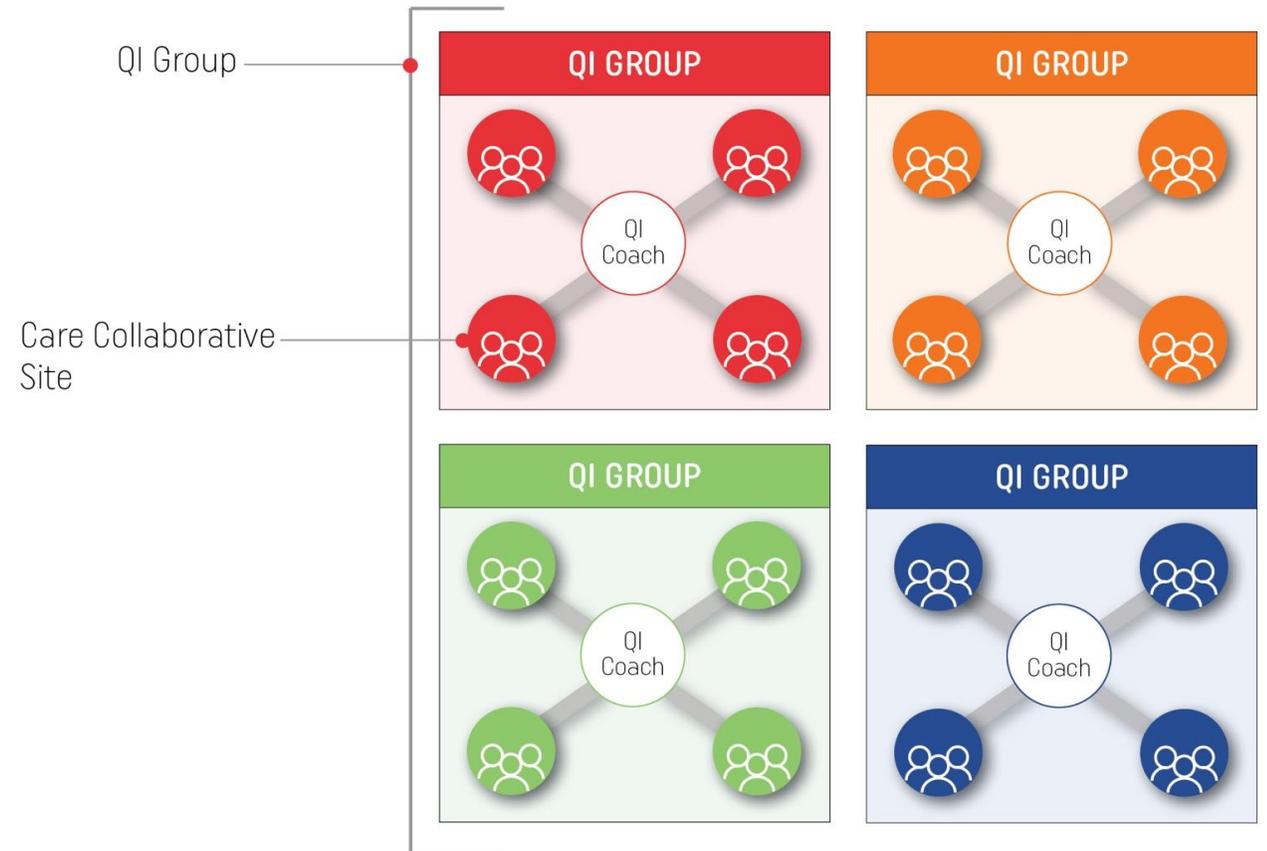


CQII to send ALL calendar invitations for all sessions



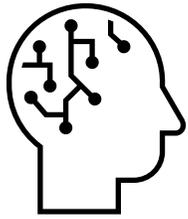
1:1 & Cohort Coaching Sessions: Structure

- Two coaches per coaching group
- Monthly group coaching
- Monthly individual site coaching
- Guidance is provided on each step of QI projects and learning session requirements



1:1 & Group Coaching Sessions: Who should attend?

Begin building QI team for first coaching session in April/May:



Data Manager

Oversees the collection, analysis, and reporting performance measure data to inform HIV medical care services, ensures data quality, and supports organization decision making



Patient Representative(s)

Patient or staff who will amplify the patient needs, which inform quality improvement



Administrator

Manages site's day-to-day operations, providing operational leadership ensuring effective administration of HIV medical care services



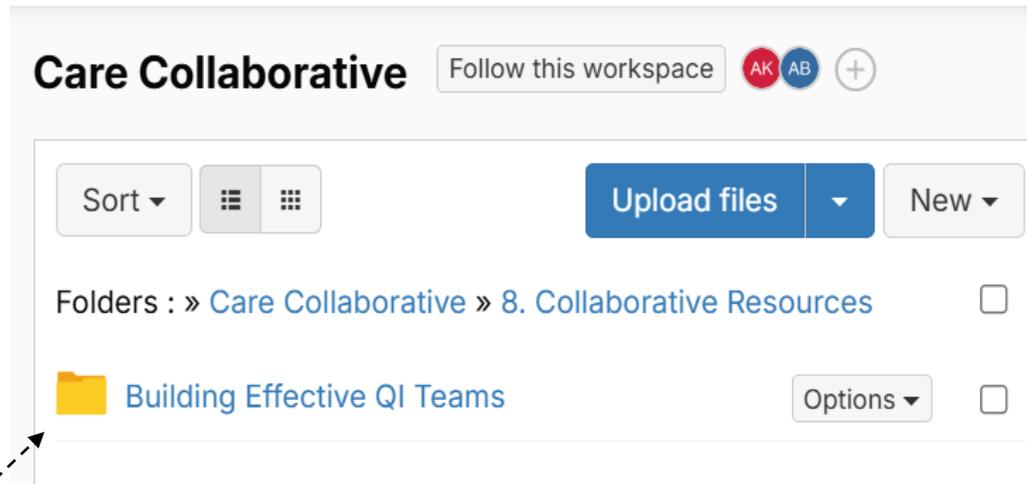
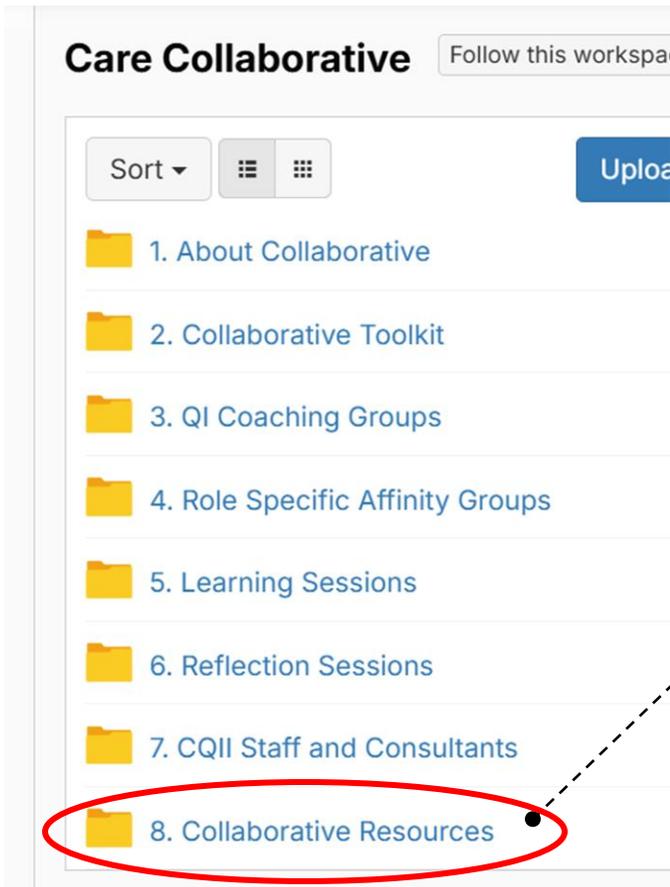
QI Lead

Develops, implements, and evaluates QI activities to enhance patient care, health outcomes, and patient satisfaction



1:1 & Group Coaching Sessions: Who should attend?

Additional Resources: Building an Effective QI Team

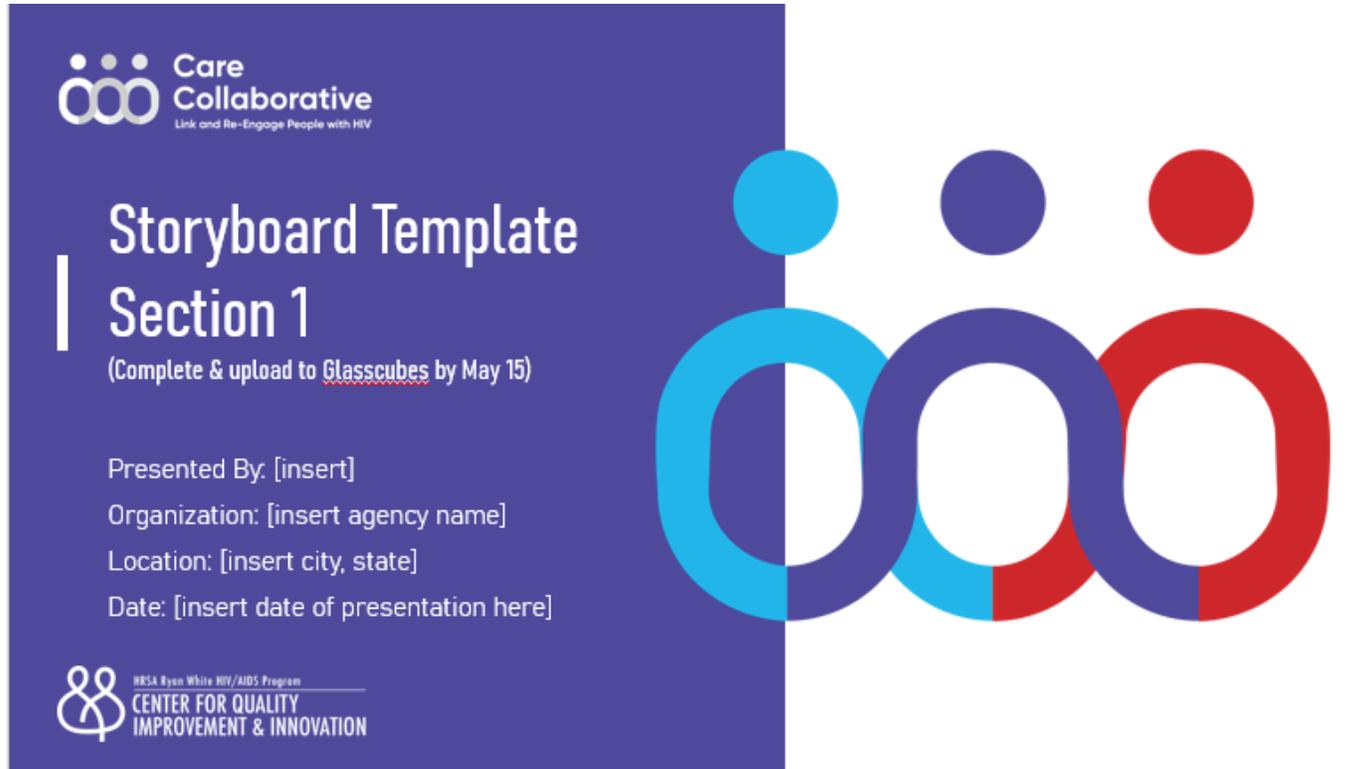


Glasscubes Link:

<https://cqii.glasscubes.com/cube/documents/240827/4417421?20>



Storyboard Template Section 1: Upload to Glasscubes by May 15



The slide features a dark blue background on the left and a white background on the right. On the left, the Care Collaborative logo is at the top, followed by the title 'Storyboard Template Section 1' and a sub-note '(Complete & upload to Glasscubes by May 15)'. Below this are fields for 'Presented By', 'Organization', 'Location', and 'Date'. At the bottom left is the logo for the Center for Quality Improvement & Innovation. On the right, three stylized human figures are shown in blue, purple, and red, each with a corresponding colored circle above their head.

Care Collaborative
Link and Re-Engage People with HIV

Storyboard Template Section 1

(Complete & upload to [Glasscubes](#) by May 15)

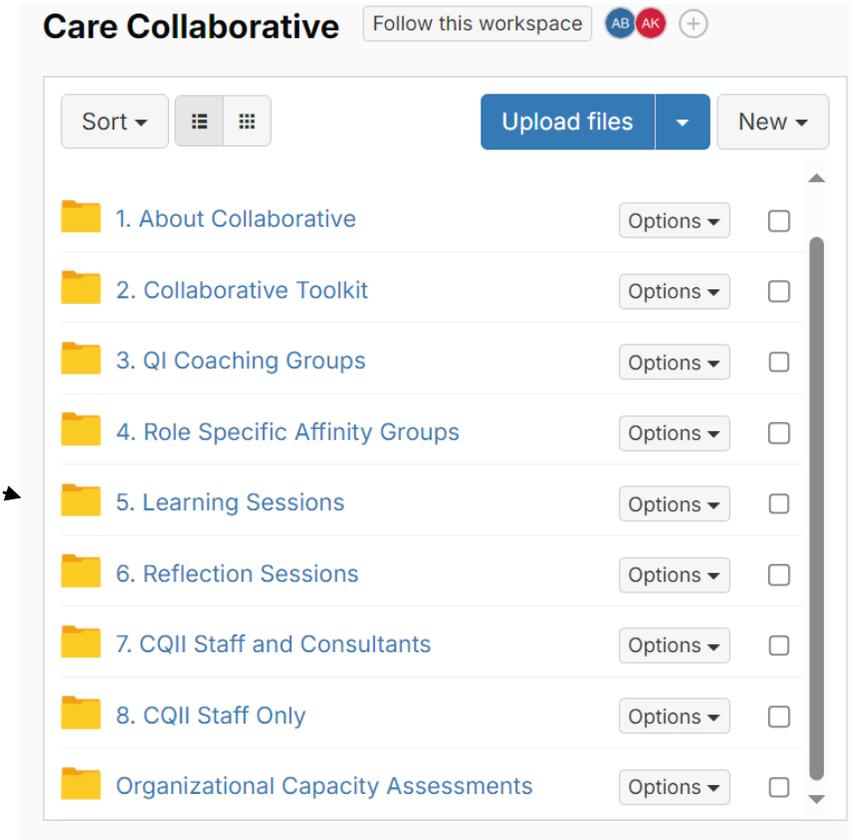
Presented By: [insert]
Organization: [insert agency name]
Location: [insert city, state]
Date: [insert date of presentation here]

HHS Ryan White HIV/AIDS Program
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- This slide deck contains all templates and instructions to prepare for LS 1:
 - ✓ QI team building
 - ✓ Drafting an aim statement
 - ✓ Establishing baseline data & goals
 - ✓ Site goals for the collaborative
- Download on Glasscubes here:
<https://cqii.glasscubes.com/cube/documents/240827/4288065?100>



Storyboard Template Section 1: Upload to Glasscubes by May 15



1:1 & Group Coaching Sessions: What Will We Discuss?



Care Collaborative
Link and the Bridge People with HIV

Storyboard Template
Section 1
(Complete & upload)

Presented By: [insert name]
Organization: [insert organization]
Location: [insert location]
Date: [insert date]

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

Aim Statement Template

Complete this or submit an aim in a similar format

[Site name] will improve its _____ (specific area of care, e.g., HIV care) for our patients with _____ (condition/disease) by focusing on those who are _____ (specific population or characteristic, e.g., out of care). This will be evidenced by reaching the following improvement goals:

1. By (date), the overall _____ (measure, e.g., retention rate) for all _____ (patient population) will increase to _____ (% or number).
2. By (date), at least _____ (number) of patients who were _____ (specific characteristic, e.g., not linked to HIV care) at the beginning of the initiative will become _____ (desired outcome, e.g., virally suppressed).
3. By (date), at least _____ (% or number) of patients who were _____ (specific characteristic) at the beginning of the initiative will receive _____ (specific intervention or service, e.g., outreach).



- Upload slide deck to Glasscubes by May 15
- Download template/instructions on Glasscubes here:
<https://cqii.glasscubes.com/cube/documents/240827/4288065?100>



1:1 & Group Coaching Sessions: What Will We Discuss?

Baseline Data

What are baseline data?

The initial data collected about a process or system before implementing any changes. They serve as a benchmark to compare against when evaluating effectiveness of a test of change.

Why is it important?

It is crucial before initiating an improvement project. It allows us to ascertain that a problem exists or that an improvement has occurred.



1:1 & Group Coaching Sessions: What Will We Discuss?

Baseline Data

What baseline data should sites try to bring to your first coaching session?

- Linkage Data
- Retention Data
- Viral Suppression Data



1:1 & Group Coaching Sessions: What Will We Discuss?



Baseline Data

Caseload:

- HIV Caseload (# of all of patients with HIV served by your program in the past 12 months): **[Insert number]**

Performance Data (please use the most recently available performance data):

- Linkage rate for entire HIV Caseload: **[Insert rate]** Aim: **[Insert rate]**
- Retention rate for entire HIV Caseload: **[Insert rate]** Aim: **[Insert rate]**
- Viral suppression entire HIV Caseload: **[Insert rate]** Aim: **[Insert rate]**



Instructions: Insert the necessary numbers and rates based on your agency data



Leading Innovation,
Lasting Impact | 2004 - 2024



- Upload slide deck to Glasscubes by May 15
- Download template/instructions on Glasscubes here: <https://cqii.glasscubes.com/cube/documents/240827/4288065?6#>



1:1 & Group Coaching Sessions: What Should We Prepare?

What to prepare for 1:1 site and group coaching sessions in April and May?

- Bring your other QI team members
- Bring baseline linkage, retention, and viral suppression data (if possible)
- Review (but do not need to complete) topics, content, and instructions in the Storyboard Template Section 1 slides (downloadable on Glasscubes)



Care Collaborative Timeline: April to June

April	May	June
<ul style="list-style-type: none"> • Build QI team to attend first coaching sessions • Download “Storyboard Template Section 1” slides from Glasscubes (https://cqii.glasscubes.com/cube/documents/240827/4288065?6#) • Familiarize yourselves with the material for the first coaching sessions 	<ul style="list-style-type: none"> • May 15th: Upload drafted content in “Storyboard Template Section 1” to Glasscubes (https://cqii.glasscubes.com/cube/documents/240827/4288061?44) • May 22nd: Upload Organizational Capacity Assessment to Glasscubes (https://cqii.glasscubes.com/cube/documents/240827/4288061?44) • May 29 & 30: Attend Learning Session 1 (Rockville, MD) 	<ul style="list-style-type: none"> • Second 1:1 coaching session • Second group coaching session • Prepare data for first data submission (upload on July 21) (https://cqiicarecollaborative.org/database)
<ul style="list-style-type: none"> • First 1:1 coaching session* • First group coaching session* • Arrange travel with CQII to LS1 <p>*CQII will coordinate consistent dates/times for these with your site, coach and group throughout April and May, before LS1</p>		

Travel Logistics: Learning Session 1

May 29th–May 30th, 2025

HRSA Headquarters: 5600 Fishers Lane, Rockville, MD 20857

- CQII will fund up to two site staff members to attend
- CQII Admin Aide (Asia Khan) will email sites to arrange flights and hotel by mid-May
- Due during LS1: Completed slides from “Storyboard Template Section 1”



Storyboard Template Section 1: Upload to Glasscubes by May 15



Care Collaborative
Link and Re-Engage People with HIV

Storyboard Template Section 1

(Complete & upload to Glasscubes by May 15)

Presented By: [insert]
Organization: [insert agency name]
Location: [insert city, state]
Date: [insert date of presentation here]

HKSA Ryan White HIV/AIDS Program
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Aim Statement Instructions

An Aim Statement describes the current status and what you intend to accomplish. It clarifies and focuses the team's direction and scope of work.

The objectives should be SMART (specific, measurable, achievable, realistic, timely).

AIM: Briefly describe the specific area of improvement. Why should we do this QI project? What problem are you trying to solve? How long has the problem been occurring? Consider qualitative and quantitative data to describe the problem and any disparity in your identified subpopulation. You might include benchmarks, survey or feedback findings, etc. Be as concrete as possible.

Specific Goals: Identify 2-3 concrete SMART objectives (specific, measurable, achievable, realistic, timely) for your improvement work focusing on those who are out of care. Elements include: what will improve? By when will we improve it? How much will it improve? For whom will it improve?

Instructions: When drafting an Aim Statement, keep the following questions in mind:

- Does the Aim Statement communicate the scope of your improvement goals?
- Is the Aim Statement concrete and detailed?
- Is the Aim Statement based on local priorities?
- Does the Aim Statement have specific smart objectives?
- Do the objectives in the Aim Statement stretch the agency's performance level?

Baseline Data: Instructions

What is your agency's current **linkage to care performance rate**?

The percentage (%) of patients who had an HIV medical care encounter within one (1) month of HIV diagnosis

Numerator: number of patients diagnosed with HIV during the reporting period who had an HIV medical care encounter within one (1) month of their HIV diagnosis

Denominator: total number of patients newly diagnosed with HIV during the reporting period). Please indicate the year and source of the data (e.g., 2023 RSR, 2024 EMR, etc.) Please indicate if you are unable to calculate this measure.





Time to check in...

How are we feeling? Please drop an emoji in the chat.



Reporting & Affinity Groups

Reporting of Performance Data

- The Care Collaborative adopts an online database used in past CQII collaboratives
- Sites enter aggregated linkage and retention data (no individual patient data) every other month via an online database
- Benchmark reports are instantly available to compare with peers



Welcome to the Care Collaborative Database!

This online database allows Care Sites to submit and benchmark performance data based on predetermined indicators to improve the linkage and retention rates of Ryan White HIV/AIDS Program-funded recipients and subrecipients.

[Create a New User Profile](#)

[Log in](#)

For questions and/or technical issues, please email CQIIcollaborative@health.ny.gov



Data Reporting Calendar

**First data
submission**



Data Due Dates	12-Month Measurement Period
July 21, 2025	June 1, 2024, to June 30, 2025
Sept 16, 2025	Sept 1, 2024, to Aug 31, 2025
Nov 18, 2025	Nov 1, 2024, to Oct 31, 2025
Feb 19, 2026	Feb 1, 2025, to Jan 31, 2026,
Apr 21, 2026	Apr 1, 2025, to May 31, 2026
Jun 16, 2026	Jun 1, 2025, to May 31, 2026
Aug 20, 2026	Aug 1, 2025, to Jul 31, 2026
Oct 15, 2026	Oct 1, 2025, to Sept 30, 2026
Dec 17, 2026	Dec 1, 2025, to Nov 30, 2026



Reflection Sessions

Let's Document...

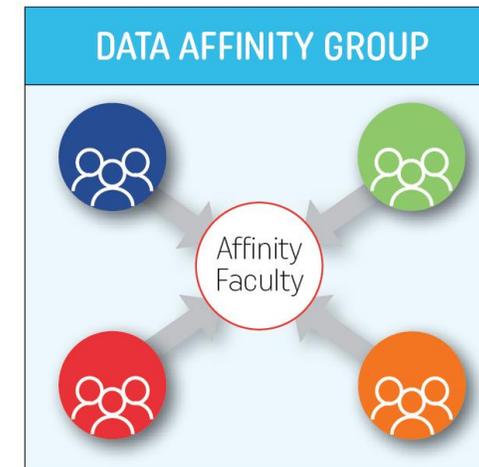
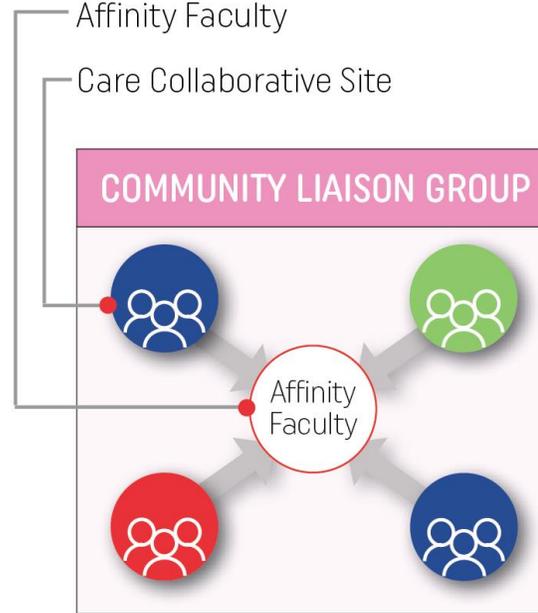


- Quarterly focus groups conducted by CQII to document site-specific improvement journeys, successes, and challenges
- CQII successfully introduced this model in the recently completed Impact Now Collaborative



Role-Specific Affinity Groups: Structure

AFFINITY GROUPS



Role-Specific Affinity Groups: Structure

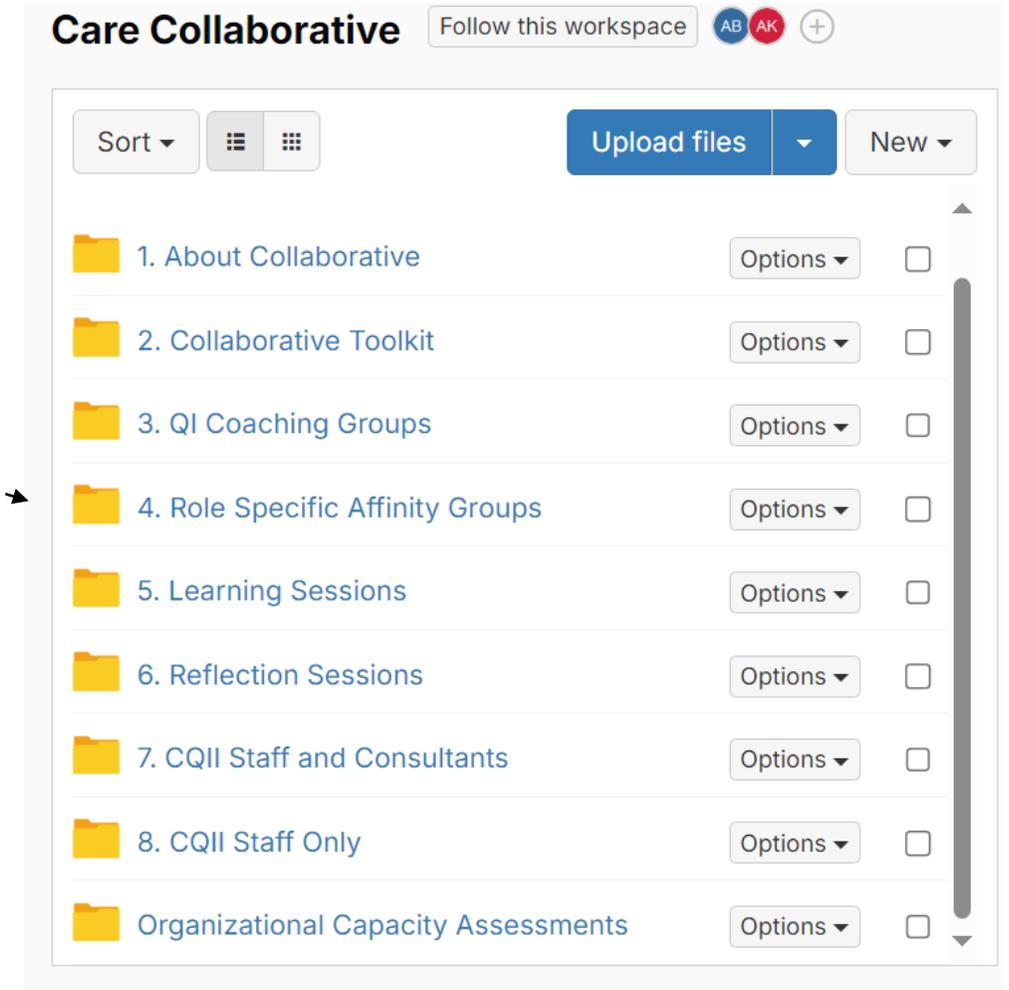
Affinity Group	Scope	Focus	Frequency
Patient Affinity Group	<ul style="list-style-type: none"> • Prepare people with HIV for Learning Sessions participation to provide additional context • Review key activities expected of teams during the Action Period 	People with HIV	Before and after Learning Sessions
Community Liaison Affinity Group	<ul style="list-style-type: none"> • Connects with individuals responsible for engaging people with HIV within sites and build their QI capacity • Addresses gaps identified through Patient Affinity Group meeting 	Staff responsible for engagement of people with HIV in QI activities	Once per action period
Leadership Group	<ul style="list-style-type: none"> • Routine involvement of site's senior leaders to inform them on the collaborative progress • Engage them to further support the site improvement journeys 	Senior Leaders at participating sites	Quarterly
HRSA Project Officers	<ul style="list-style-type: none"> • Inform them on the collaborative progress and upcoming milestones, answer any questions • Provide guiding questions to support site during monitoring calls 	HRSA Project Officers	Quarterly
Data Affinity Group	<ul style="list-style-type: none"> • Support data submissions by the participants • Provide opportunities for peer sharing • Answer technical questions related to data submissions 	Data Managers	Quarterly



Affinity Groups: When Will We Begin Meeting?

Affinity Group	First Session
Patient Affinity Group	July 2025*
Community Liaison Affinity Group	August 2025
Leadership Group	July 2025
HRSA Project Officers	August 2025
Data Affinity Group	June 2025

Invitations will be sent in June to individuals to join these calls based on the team composition submitted by sites



*Typically this group would meet before/after learning sessions, but its *first* meeting will take place in July.



Tools and Resources

Care Collaborative Tools: Glasscubes

The screenshot shows the 'Care Collaborative' workspace in Glasscubes. At the top, there's a header with the workspace name, a 'Follow this workspace' button, and user avatars for 'AB' and 'AK'. Below the header, there are 'Sort' and view toggle buttons. A list of folders is displayed under the heading 'Folders : » Care Collaborative'. The folders are numbered 1 through 8. Dotted lines connect three folders to callout boxes on the right: '2. Collaborative Toolkit' to 'Tools, Timelines & Templates', '3. QI Coaching Groups' to 'Coaching group assignments, meeting dates & contact information', and '4. Role Specific Affinity Groups' to 'Group participants & meeting dates'.

Care Collaborative Follow this workspace AB AK +

Sort [List View] [Grid View]

Folders : » Care Collaborative

- 1. About Collaborative
- 2. Collaborative Toolkit
- 3. QI Coaching Groups
- 4. Role Specific Affinity Groups
- 5. Learning Sessions
- 6. Reflection Sessions
- 7. CQII Staff and Consultants
- 8. CQII Staff Only

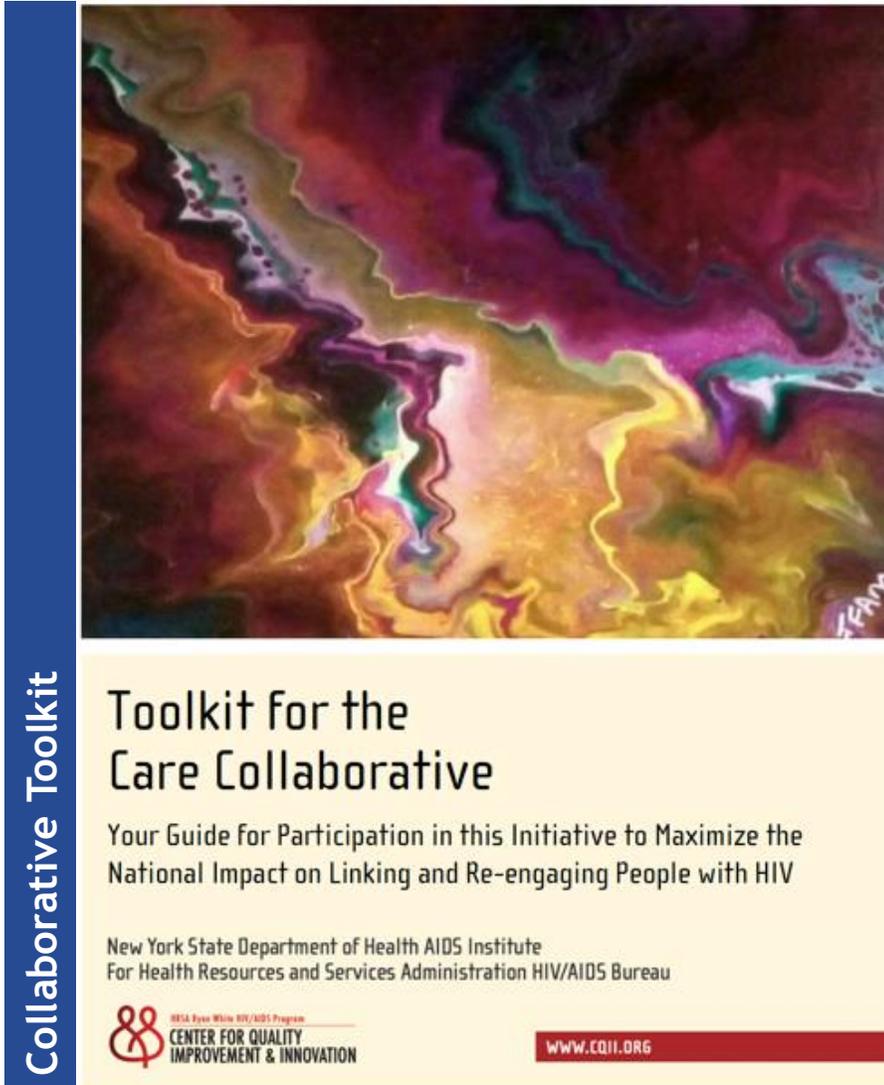
Tools, Timelines & Templates

Coaching group assignments, meeting dates & contact information

Group participants & meeting dates



Care Collaborative Toolkit



Toolkit for the Care Collaborative:
Your Guide for Participation in this Initiative to Maximize the National Impact on Linking and Re-engaging People with HIV



Next Steps

Due May 22: Organizational Capacity Assessment

Organizational Capacity Assessment

- Available to download on Glasscubes
- Download here:
<https://cqii.glasscubes.com/cube/document/240827/4473808?80>
- Please complete and upload to Glasscubes by May 22



Care Collaborative QI Capacity Assessment Tool

Purpose: to assess the organizational quality improvement (QI) capacity of agencies participating in the Care Collaborative and track their increased capacity over time.

All sites will be asked to routinely use the QI Capacity Assessment Tool. While it is not the expressed goal of the Care Collaborative to enhance all aspects of the clinical quality management (CQM) program, it is our hope that the successful participation in this initiative is linked with enhancements of the CQM program. The assessment findings will allow the sites and the QI Coaches to track their progress over time.

Site Name: _____

First and Last Name: _____

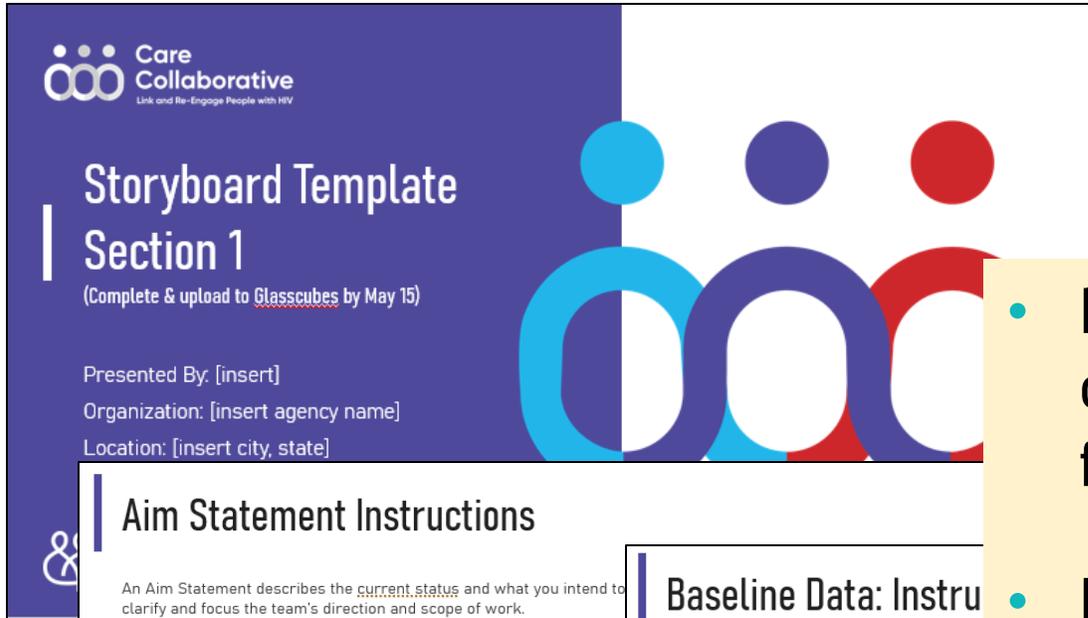
Date: _____

Email/Phone: _____

	Unsure	Never True	Rarely True	Sometimes True	Frequently True	Always True
Program Leadership:						
The site HIV leaders...						
Identify quality improvement (QI) as a priority in work plans, presentations, and staff meetings						
Align QI activities with broader site strategic plans, key performance indicators, and initiatives						
Regularly attend QI meetings and contribute to QI planning						
Use resources to enhance a culture of QI (e.g., free-up staff time for QI, access to QI trainings)						
Quality Management Committee:						
The HIV quality management committee...						
Is formally established with guiding documentation and has met at least quarterly over past 12 months						
Is a multidisciplinary team, representing all key clinical and non-clinical professional						



Storyboard Template Section 1: Upload to Glasscubes by May 15



Care Collaborative
Link and Re-Engage People with HIV

Storyboard Template Section 1

(Complete & upload to [Glasscubes](#) by May 15)

Presented By: [insert]
Organization: [insert agency name]
Location: [insert city, state]



Aim Statement Instructions

An Aim Statement describes the current status and what you intend to clarify and focus the team's direction and scope of work.

The objectives should be SMART (specific, measurable, achievable, relevant, time-bound).

AIM: Briefly describe the specific area of improvement. Why should we care? How long has the problem been occurring? Consider qualitative and quantitative data. Identify a specific subpopulation. You might include benchmarks, survey or feedback.

Specific Goals: Identify 2-3 concrete SMART objectives (specific, measurable, achievable, relevant, time-bound) focusing on those who are out of care. Elements include: what will improve, whom will it improve?

Instructions: When drafting an Aim Statement, keep the following questions in mind:

- Does the Aim Statement communicate the scope of your improvement goals?
- Is the Aim Statement concrete and detailed?
- Is the Aim Statement based on local priorities?
- Does the Aim Statement have specific smart objectives?
- Do the objectives in the Aim Statement stretch the agency's performance level?



Baseline Data: Instructions

What is your agency's current baseline data?

The percentage (%) of patients who had an HIV medical care encounter within one (1) month of HIV diagnosis

Numerator: number of patients diagnosed with HIV during the reporting period who had an HIV medical care encounter within one (1) month of their HIV diagnosis

Denominator: total number of patients newly diagnosed with HIV during the reporting period. Please indicate the year and source of the data (e.g., 2023 RSR, 2024 EMR, etc.) Please indicate if you are unable to calculate this measure.



- Familiarize yourselves with topics, content and instructions to prepare for first coaching session

- Download on Glasscubes:
<https://cqii.glasscubes.com/share/s/edm1g8766hrmeqkdc0tafqa4di>



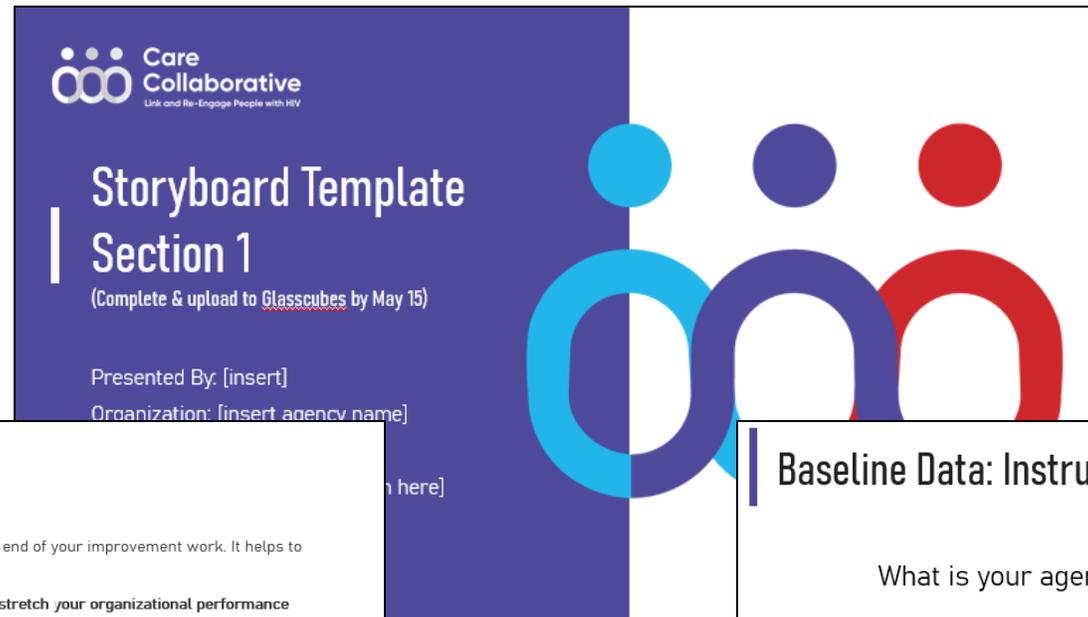
Checking in...

What is draft is due to upload to Glasscubes by May 15?



Checking in...

What is draft is due to upload to Glasscubes by May 15?



Aim Statement Instructions

An Aim Statement describes the current status and what you intend to accomplish at the end of your improvement work. It helps to clarify and focus the team's direction and scope of work.

The objectives should be SMART (specific, measurable, achievable, realistic, timely) and stretch your organizational performance

AIM: Briefly describe the specific area of improvement, Why should we do this QI project? What problem are you trying to solve? How long has the problem been occurring? Consider qualitative and quantitative data to describe the problem and any disparity in your identified subpopulation. You might include benchmarks, survey or feedback findings, etc. Be as concrete as possible.

Specific Goals: Identify 2-3 concrete SMART objectives (specific, measurable, achievable, realistic, timely) for your improvement work focusing on those who are out of care. Elements include: what will improve? By when will we improve it? How much will it improve? For whom will it improve?

Instructions: When drafting an Aim Statement, keep the following questions in mind:

- Does the Aim Statement communicate the scope of your improvement goals?
- Is the Aim Statement concrete and detailed?
- Is the Aim Statement based on local priorities?
- Does the Aim Statement have specific smart objectives?
- Do the objectives in the Aim Statement stretch the agency's performance level?



Baseline Data: Instructions

What is your agency's current linkage to care performance rate?

The percentage (%) of patients who had an HIV medical care encounter within one (1) month of HIV diagnosis

Numerator: number of patients diagnosed with HIV during the reporting period who had an HIV medical care encounter within one (1) month of their HIV diagnosis

Denominator: total number of patients newly diagnosed with HIV during the reporting period). Please indicate the year and source of the data (e.g., 2023 RSR, 2024 EMR, etc.) Please indicate if you are unable to calculate this measure.



Checking in...

What tool is due to upload to Glasscubes by May 22?



Checking in...

What tool is due to upload to Glasscubes by May 22?



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Site Name: _____

First and Last Name: _____

Date: _____

Email/Phone: _____

	Unsure	Never True	Rarely True	Sometimes True	Frequently True	Always True
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The site HIV leaders...						
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Use resources to enhance a culture of QI (e.g., free-up staff time for QI access to QI trainings)						



1:1 & Group Coaching Sessions: When?



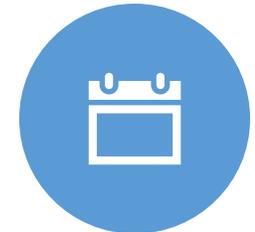
CQII will send emails with how to access Glasscubes by May 15th



CQII will email your group to introduce you to your coach in the next two weeks



CQII will coordinate a date/time for both individual site coaching sessions & group coaching sessions



CQII to send ALL calendar invitations for all sessions



Contact Information

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This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$7M with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government. For more information, please visit HRSA.gov.



Questions & Answers



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