

Bronx NYLinks Regional Group

February 21, 2018

Meeting Agenda

9am-1pm

9:00am Breakfast

9:30am Welcome and Introductions

9:45am Bronx Works and Health People Peer Training Announcement

10:00am New Organizational Treatment Cascade Guidance

10:30 ETE Cartography-Addressing Viral Load Suppression by Neighborhood

- Presentation on viral load suppression by neighborhood

- Breakout groups by neighborhood identify improvement strategies to improve rates of VLS amongst community members in their service area.

- What improvement strategies are underway? What's working? What else can be done? How can we improve collaboration amongst stakeholders including consumers in each area?

11:45am Linkage and Engagement Peer Sharing Session

- Providers discuss improvement activities related to 3-day linkage to care, and engaging patients whose care status is unknown.

- What improvement strategies are underway? What's working? What else can be done? How can we improve collaboration amongst stakeholders?

12:15pm Reducing Stigma in the Bronx Overview and Peer Sharing

12:45pm Wrap Up and Next Steps

1:00pm Adjourn

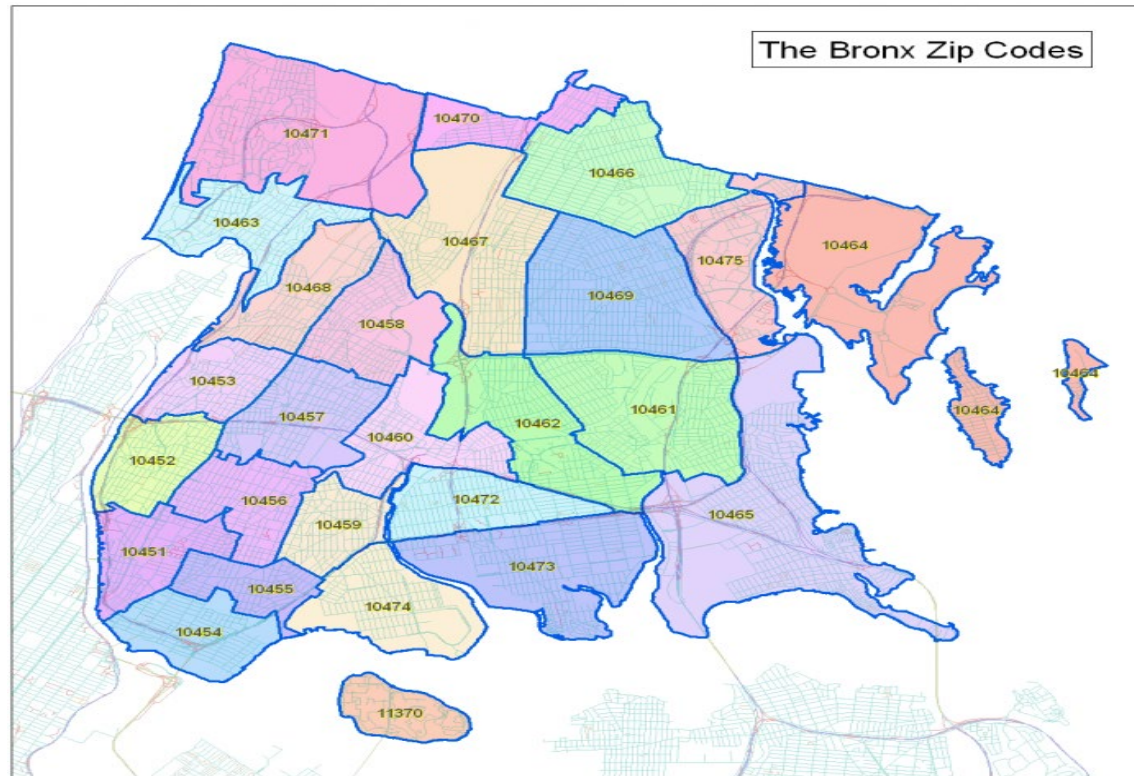
Welcome!!!

As you come into the meeting today, please

1. Write down on a sticky that will be at your table, the neighborhood or neighborhoods that you provide care for in the Bronx.
2. Place your sticky on the wall in the designated area.*

*We will group providers by neighborhood. Providers who provide care in each neighborhood will work together to draw a map of improvement to improve viral suppression in that area.

CARTOGRAPHY: IMPROVING VIRAL SUPPRESSION BY BRONX NEIGHBORHOOD



CARTOGRAPHY

The science or art of map making

-Merriam Webster Dictionary

Quotes about Map Making

“In that Empire, the Art of Cartography attained such Perfection that the map of a single Province occupied the entirety of a City, and the map of the Empire, the entirety of a Province. In time, those Unconscionable Maps no longer satisfied, and the Cartographers Guilds struck a Map of the Empire whose size was that of the Empire, and which coincided point for point with it.”

— [Jorge Luis Borges](#)

“To put a city in a book, to put the world on one sheet of paper -- maps are the most condensed humanized spaces of all...They make the landscape fit indoors, make us masters of sights we can't see and spaces we can't cover.”

— [Robert Harbison](#), [Eccentric Spaces](#)

“The virtue of maps, they show what can be done with limited space, they foresee that everything can happen therein.”

— [José Saramago](#), [The Stone Raft](#)

Break Out by Zip

- We break out into groups by the neighborhoods that we serve.
- We ask ourselves what challenges to viral suppression effect the community?
- What improvement strategies are underway to meet the needs of this community?
- What's working?
- What else can be done?
- How can we improve collaboration amongst stakeholders including consumers in each area?

Map Making

- To illustrate challenges in your area to viral suppression and what we can do to overcome them, each neighborhood team draws a map
- Draw an oval in the upper right hand corner of your worksheet with an X inside of it. This will be your target, the buried treasure of viral suppression at the end of your improvement cycle- December 31, 2018
- Then draw an oval in the lower left hand corner of your worksheet. This will be your starting point. Write today's date in this first oval, as well as your goal to reach by the end of the year, and who is on your team (names of organizations and individuals)

Next fill in the landscape of your map using the following to indicate specific challenges

Patient Level Barriers	Systems Level Barriers
Swamp=Substance Use issues	Lightning bolt=HER/tracking issues
Desert=Housing Issues	Pyramid=Leadership problems
Mountain=Stigma Issues	Jungle=Confusing or problematic process steps
Cloud hiding the sun=Mental health issues	Chain-Linked Fence=Systems barriers, coordination and collaboration between disciplines, programs, organizations
Traffic Light= Transportation issues	Chasm/Canyon=Appointment System
Telephone pole=issues of communication possibly related to language, culture, gender, orientation, age race/ethnicity	Stop sign=Staff attitude or cultural competency
Wall=immigration status	Crosswalk=Consumer Involvement

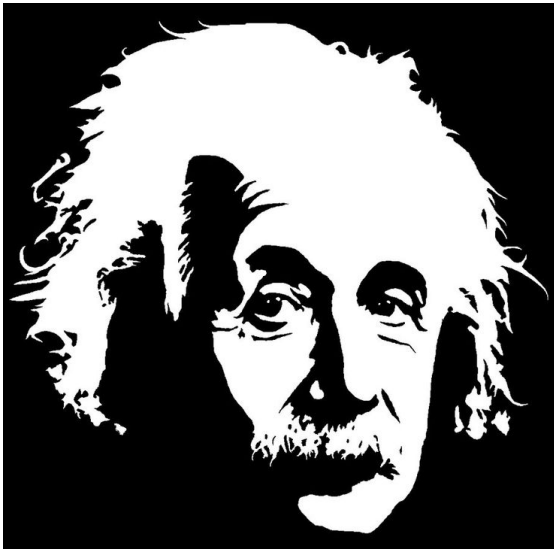
Mapping Viral Load Suppression

- Draw an oval beside each challenge, write the step that you will take to overcome the challenge in each oval. In each oval indicate who will be responsible for each step and when it will occur.
- Draw a dotted line to indicate communication and coordination between agencies
- Draw an arrow from one step to another. As you make your way across the landscape to the improved viral suppression goal at the end of 2018..
- After completing your map, write your plan on the template included in your packet

Share your maps!

- Each team shares their improvement map
- Point out the challenges and how you will overcome them.
- How will you improve viral suppression outcomes at the local level?

NOW LET'S GO AND HELP OUR
COMMUNITIES TO ACHIEVE VIRAL
SUPPRESSION!!!



Quantum Leap Frog

2018 Quality of Care Review of
2017 Organizational Treatment Cascades

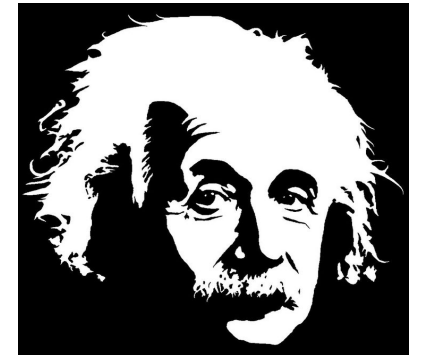


Agenda



- ETE Driver Diagram: Primary Drivers to include 3-day linkage, open, non-active patient care engagement, viral suppression
- Large group brainstorms secondary drivers.
- Small groups each develop a plan based on secondary drivers for each of the primary drivers, then pass their plan along to the next table. The next table can further refine the other group's plan or create a new plan for secondary drivers of their choice. This is repeated 3 times.

Driving to the End of the Epidemic



- PDSA cycles of change help you to leap frog ahead with your process improvements.
- A driver diagram helps you to think strategically about what areas to focus on for improvement.
- This helps to focus your PDSA cycles in areas where improvements are most needed, helping you to improve by leaps and bounds
- Planning your improvements with your peers will help you to make a quantum leap ahead in your improvements.

Remember the social determinants!!!



- When you develop your cascades, you will use your drill down data to understand how patient characteristics impact outcomes and help you to shape your quality improvement plans.
- For this exercise, as we develop improvement strategies for each of the primary drivers associated with ending the epidemic, let us consider the following factors:
 - Housing (Stable permanent housing, temporary housing, unstable housing)
 - Age (0-12, 13-19, 20-24, 25-29, 30-39, 40-49, 50-59, 60+, unknown)
 - Race/ethnicity (Non-Hispanic white, Non-Hispanic Black, Hispanic, Asian Pacific Islander, Native American, Multi-racial, unknown)
 - Gender (Male, female, transgender, unknown)
 - Risk area (IDU, MSM, MSM/IDU, Heterosexual, pediatric risk, unknown/other)

Driver Diagram

- *A driver diagram* is a visual tool to help understand and prioritize factors within a system that drive desired outcomes called the primary outcome.
- Primary drivers are the main factors that drive the primary outcome.
- Secondary factors are subsets of the primary factors, and drive these factors.
- The driver diagram can help you to think strategically about what changes you can make to your current system to achieve your improvement goal.

End The Epidemic Driver

Primary Outcome

End the Epidemic in 24 months or less

Primary Drivers

3-day linkage to care for newly diagnosed patients

Engaging open, non-active patients in HIV care

Viral suppression

Secondary Drivers: 3-day linkage

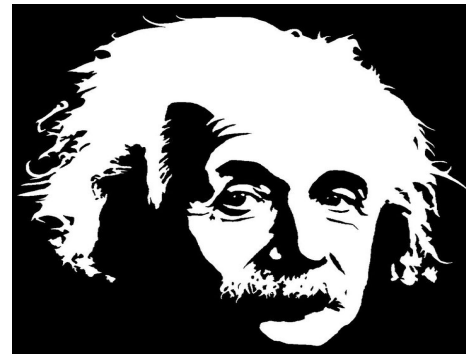
Secondary Drivers: Engaging open, non-active patients

Secondary Drivers: Viral suppression

Time to play Quantum Leap



- Table One develops an improvement plan for the first secondary driver for 3-day linkage
- Table Two develops an improvement plan for the first secondary driver for open, non-active patient engagement
- Table Three develops an improvement plan for the first secondary driver for viral load suppression



Leap Frog



- Table One works on developing a plan for the second secondary driver for viral load suppression, and makes tweaks as desired to the plan for the first secondary driver.
- Table Two works on developing a plan for the second secondary driver for 3-day linkage to care, making tweaks as desired to the plan for the first secondary driver
- Table Three works on developing a plan for the second secondary driver for open, non-active patient engagement, making tweaks as desired to the plan for the first secondary driver

Leap Frog



- Table One works on developing a plan for the third secondary driver for engaging open, non-active patients into care, making any tweaks desired to the first and second secondary driver plans.
- Table Two works on developing a plan for the third secondary driver for vial load suppression, making any desired tweaks to the plans for the first and second secondary driver plans.
- Table Three works on developing a plan for the third secondary driver for 3-day linkage to care, making any desired tweaks to the first and second secondary driver plans.

Report Back

- Table One reports back on the improvement activities for engaging open patient in care



- Table Two reports back on the improvement activities for viral load suppression



- Table Three reports back on improvement activities for 3-day linkage to care.



Now we take the quantum leap from planning to doing-Let's go end the epidemic!!!