SPNS Frequently Asked Questions

SPNS Initiative

What are the SPNS Initiatives?
The Special Projects of National Significance Initiatives are national HRSA HIV/AIDS Bureau Ryan White Part F-funded grants to advance the delivery of healthcare and supportive services to underserved populations. This specific SPNS Initiative is titled “Systems Linkages and Access to Care for Populations at High Risk for HIV Infection” and is a 4-year grant awarded to seven states, including New York. Specifically, grantees focus on addressing linkage and retention of HIV-infected individuals via integrating different HIV service and public health system components, including supportive services, testing, primary care, and surveillance systems.

What are the New York State’s goals for the SPNS Initiative?
The following goals have been set for the NYS SPNS Initiative:

- Bridge systemic gaps between HIV-related services within NYS
- Improve systems for monitoring, recording, and accessing information about HIV care in NYS
- Foster communication and collaboration between service providers and encourage the removal of barriers that limit the effective use of data systems
- Facilitate the entry into and continuation in HIV care by those who are unaware of their status, have not entered care, or are no longer retained in care

Who are the partners for the SPNS Initiative and what are their roles?

- **New York State Department of Health-AIDS Institute**: The NYSDOH AI is the principal organization directing the work of this grant. It will be central in managing and supporting all major aspects of this SPNS Initiative.

- **New York City Department of Health and Mental Hygiene**: The NYCDOHMH is a formal partner on the SPNS initiative; they assist in the coordination of the NYC Regional Collaboratives and provide NYC HIV surveillance data.

- **New York State Department of Health-Department of Evaluation and Epidemiological Research**: The NYSDOH DEER provides surveillance and epidemiology data, particularly in Upstate and Western NYS.

- **New York City Health and Hospitals Corporation**: The NYC HHC helps with the coordination of NYC regional Collaboratives and participates in the SPNS Executive Committee.

- **County Health Departments**: The NYSDOH AI partners with local county health departments for the coordination of Upstate and Western NYS SPNS Collaboratives and to aide in the statewide scale-up of successful interventions.

- **Hunter College**: The NYSDOHAI has contracted Dr. Denis Nash from Hunter College to lead the SPNS evaluation.

- **NYSDOH Clinical and Consumer Advisory Committees**: These committees advise and provide feedback to the SPNS Initiative and are routinely involved in activities.

What is the role of surveillance and epidemiology data in this SPNS Initiative to promote linkage and retention?
Data from HIVQUAL, AIRS, Medicaid, eSHARE and epidemiology & surveillance reports will be coordinated with site-level data from the SPNS Collaboratives with a focus on linkage and retention measures. Long term coordination of these data systems will provide quality information to NYC & NYS surveillance systems. The NYS Department of Evaluation and Epidemiological Research, NYCDOHMH, and Dr. Nash are all involved in gathering and analyzing surveillance and epidemiological data for the NYS SPNS Initiative.

What are the differences and similarities between the SPNS Initiative, Quality Learning Networks, and Quality Management Regional Groups?
HIV Quality Learning Networks, HIV Quality Management Regional Groups, and the SPNS Initiative all utilize quality improvement methodology, surveillance and epidemiological data, and cooperation between various service providers in NYS to address public health priorities and improve regional health outcomes.
The SPNS Initiative is focused solely on linkage and retention and utilizes the Collaborative Model to improve linkage and retention through collaboration between HIV service providers. In addition, the SPNS Collaboratives are regional and time-limited—the SPNS grant is not refundable and ends in August of 2015.

**What happens after SPNS?**
Due to the regional focus that involves participants at site as well as County, Regional and State DOH levels, the SPNS initiative will provide a sustainable framework for Collaboratives to continue their work following the end of the grant.

**What is the difference between the SPNS Initiative and the in+care Campaign?**
The in+care Campaign is a national effort to improve HIV patient retention via facilitation of state, regional, and local level quality initiatives sponsored by the National Quality Center, administered by the New York State Department of Health AIDS Institute and HRSA HIV/AIDS Bureau. Unlike the SPNS Initiative, the in+care Campaign involves primarily virtual and distance communication with a national scope rather than using a regional Collaborative. Additionally, the SPNS Initiative has a New York statewide focus on both linkage and retention and is Ryan White Part F funded.

**My Program’s Participation**

*I am an HIV provider in NYS. What does this SPNS Initiative mean for me and my quality management program?*
In Years 1 & 2, if you are located in one of the regions designated in the three Collaborative Waves, you will be asked to participate in a SPNS Collaborative, which will augment the scope and capacity of your existing improvement work.

In Years 3 & 4, there will be a scale-up of successful interventions and models of care identified during the Collaborative phase. These best practices will be disseminated and implemented across the state.

**Will this SPNS Initiative replace my current improvement work?**
The SPNS Initiative will augment and add a formal evaluation component to your current improvement work. Additionally, it will allow a forum for you to share improvement projects with other regional providers and could lead to the incorporation of your shared projects into the statewide scale-up or lead to new projects from sharing of interventions during Collaborative meetings.

**What are the expectations for participating in a SPNS Collaborative?**
Collaboratives are expected to identify a senior leader and expert staff to participate in the team, send a team to all three face-to-face Learning Sessions, share and test innovations in your organization that promote linkage and retention of HIV patients, routinely collect well-defined and comprehensive data that relate to linkage and retention and make that data available to the SPNS Evaluation team.

Additionally, organizations will communicate the work of the team to organization staff & key stakeholders, and collaborate with other participants to share, test and implement systemic models of care to improve linkage and retention across the region, both at the Learning Sessions and during Action Periods.

**How will my agency’s participation be supported by SPNS staff?**
The SPNS staff will provide evidence-based information on tested interventions and models of care, off-site and on-site coaching to organizations at and between meetings, communication strategies to keep participants connected to the Faculty and colleagues during the Collaboratives, as well as structure and direction for the development of innovations and new models of care.

**What are the benefits that my agency receives from participation in the SPNS Initiative?**
Participation in the SPNS Initiative will lead to improved collaboration and coordination with other HIV services in the region, improved capacity for improvement and evaluation, and exposure to innovations and models of care being developed at other agencies to address linkage and retention. Additionally, it will be an opportunity to take part in developing and testing innovations and models of care that could eventually be used as state and nation-wide standards for linkage and retention.
Whom do I ask when I have a question?

- Clemens Steinbock, Director of Quality Initiatives, cms18@health.state.ny.us
- Steven Sawicki, SPNS Lead, svs03@health.state.ny.us

Collaborative Model

What is the Collaborative Model?

The SPNS Collaboratives are composed of traditional and non-traditional healthcare and supportive services providers in specific high-incidence communities. These Collaboratives aim to create a learning environment in which systemic collaboration and linkage innovations can be tested, measured and shared.

There are three important milestones in collaborative work:

Pre-Work: assignments prior to the initial Collaborative meeting to learn about improvement methodology and tools, as well as establish team goals and aims.

Learning Session: each Collaborative conducts 3-4 meetings over the course of 12-18 months to share strategies and lessons.

Action Period: in between each Learning Session, the Collaborative members test and implement local interventions, and routinely measure uniform Collaborative indicators.

IHI Collaborative Model

![IHI Collaborative Model Diagram]

How will this Model be used to improve linkage and retention?

SPNS Collaboratives will bring together providers from across service categories during face-to-face Learning Sessions and encourage their coordination and cooperation throughout the process. Collaboration between these service providers will not only improve linkages between services, but will also encourage the sharing of innovations and models of care shown to work in the many different settings that providers work in. SPNS Collaboratives will not only advance the methods used to link and retain patients, but help services communicate with each other, improving their monitoring capabilities.

Are all HIV providers in NYS expected to participate in Collaborative activities?

Both traditional and non-traditional providers in New York State are invited to participate in Collaborative work if their region is identified in one of the Collaborative Waves. Statewide scale-up in the latter two years of the Initiative will involve providers across New York State.
Who from my agency should participate in a Collaborative?

The SPNS Collaborative effort from each organization should involve senior leadership as well as a core NY Links quality improvement team. This team should include consumers, data/IT specialists, quality management staff and representatives from the major programs at the agency.

How will the local Collaboratives be linked with statewide implementation?

Successful interventions and models of care from the local Collaboratives will be incorporated into the statewide scale-up, which will involve the dissemination of these interventions and subsequent evaluation of their efficacy.

How will the work of the statewide scale-up be shared/linkedin nationally?

This is a multi-state effort to address linkage and retention. Results from the statewide scale-up will be shared and evaluated by a national Evaluation and Technical Assistance Center at UCSF.

Evaluation

What are the overall strategies to evaluate this Initiative?

Core project indicators will be measured through the Collaboratives, from control sites and from existing data sources to analyze trends in key linkage and retention outcomes.

The evaluation team aims to evaluate the effectiveness of strategies piloted in the Collaboratives to improve outcomes related to linkage, engagement and retention in high quality HIV care, the statewide impact of dissemination and scale-up of strategies found by the Collaboratives to be effective in improving outcomes, and participate in the multi-state evaluation process.

What are the site-specific expectations to participate in evaluation activities?

Sites are expected to:

- Complete site surveys and other evaluation assessments
- Request assistance when needed for data reporting
- Regularly report and evaluate linkage and retention in the format and timeline outlined by SPNS staff

Who leads the evaluation efforts?

Denis Nash, PhD of Hunter College will lead the New York State SPNS evaluation team.

Who can I contact for more information?

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