

Assessing Care and Health Outcomes Among Ryan White HIV/AIDS Program (RWHAP) Clients Who Do Not Receive RWHAP-Funded Outpatient Ambulatory Health Services (OAHS)

**Introductory meeting with
<Provider Name>
<Date>**

Purpose of this orientation

- Introduce new federal study conducted by HRSA
- Provide overview of study background and site visit goals
- Discuss your interest in participating in the study, including data collection activities and level of effort
- Review timeline for activities such as interviews and medical record abstraction

Motivation for study

- RWHAP funds a comprehensive set of medical and support services for over half a million PLWH in the United States
- Providers funded by RWHAP submit client-level data to the HRSA each year to monitor retention in care, initiation of ART, and viral suppression, among other outcomes
- There are critical gaps in HRSA HAB's knowledge about process and clinical outcomes for clients who receive medical care from providers outside the RWHAP system

Goals of study

1. To understand the health care service use patterns and process and clinical outcomes for RWHAP clients who do not receive HIV medical care from a RWHAP provider
2. To identify program opportunities, if needed, to improve the coordination and delivery of medical care to PLWH who access services outside the RWHAP

Data collection goals

We seek to understand:

- The **services** that your organization provides to RWHAP clients
- The health **outcomes** for your clients who receive medical care outside of the RWHAP system
- The **partnerships** and **referral processes** you have with the non-RWHAP medical service providers in your community
- The **barriers** your clients face accessing the care and services they need
- **Opportunities** to bridge any gaps in HIV medical care and treatment for clients who do not access RWHAP-funded OAHS

This is NOT an evaluation of your program

★ The overall goal of the study is to understand service use and health outcomes for clients not receiving RWHAP-funded OAHS ★

Four ways you benefit from participating

Reflect on ways to improve the HIV process and clinical outcomes for your clients

Help to improve care coordination and outcomes for all clients who receive OAHS outside the RWHAP

Receive summary process and outcome measures for your clients compared with other providers

Receive \$1,000 honorarium for abstraction of clinical data (if applicable)

Overview of data collection activities

Interviews

- Program administrator
- Up to 3 program staff familiar with the HIV services you provide
- 4 clients
- Non-RWHAP provider of medical care (if applicable)

Chart abstraction

- Collect client service use and HIV clinical data on up to 50 randomly sampled non-OAHS clients
- *Only if you have the needed data elements in your medical records or case management notes, otherwise we will work with non-RWHAP medical provider to access data*

What we need from you

- Contact person to assist with
 - Scheduling client and program staff interviews
 - Executing a business associates agreement for data, if necessary
 - Abstracting clinical data, if applicable, or referring to the provider organizations that your clients go to for their medical care
- Notify your staff about the study and share with them the fact sheet that we have developed
- Participate in at least one additional phone call to coordinate interviews and medical record abstraction

Approximate timeline of site visit activities

Activity	Week (estimates)
1. Conduct orientation call	Week 1 (August 2019)
2. Execute contract, and BAA with provider	Week 3 (August–September 2019)
3. Schedule interviews	Week 4 (August–September 2019)
4. Conduct interviews and chart abstraction (if applicable)	Week 8–10 (December 2019)
5. Submit request for honorarium	Week 11 (January 2019)
6. Provide summary of clinical data	After completing data analysis for all 30 sites (March–April 2020)

Exact dates will vary depending on when we finalize your participation agreement and schedule a convenient time to visit.

THANK YOU!

- A member of our team will contact you to support your decision to participate
- Please contact **<name of person>** at **<number and email>** if you have additional questions after today's call