ACTHIV® ChangeMakers: Demonstrating Leadership in HIV Care

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BACKGROUND

Patients with HIV often have complex medical and social needs. Effective care delivery requires coordination across members of the care team and many clinicians often lack opportunities to receive formal leadership development opportunities. Recognizing this need, American Academy of CME/ACTHIV® Institute worked in collaboration with Q Synthesis LLC to pilot a 6-month leadership program called the ACTHIV® ChangeMakers program. The goal of the program was to equip and enable HIV care team members to develop and demonstrate leadership in HIV care by joining a learning collaborative and developing an action learning project.

METHODS

ACTHIV® Institute and Q Synthesis developed this pilot to address the following questions:

- How can HIV clinicians develop their leadership skills, even if they are not in formal leadership roles?
- What leadership frameworks may be applied to enable HIV care team members to deliver better care for patients?
- How can HIV care team members demonstrate effective leadership as they interact with their teams and with patients?

The pilot was built on the Adaptive Leadership Framework which outlines the concept of leadership as a personal capability and as the work to be done to meet tough challenges. By developing this type of leadership, HIV clinicians can learn to be more effective interacting with their teams and with patients. The pre-course work included articles that demonstrated how the adaptive leadership framework could be applied in different clinical contexts and explained the two broad categories of challenges that clinicians often face: technical and adaptive.

Adaptive Leadership

Technical Challenges:	Adaptive Challenges:
The problem is clearly identified and defined	Difficult to define the problem
Proven technical or process-driven solutions are available	No clear solution may be available
Often solved by an expert or by an authority	Solution requires a collaborative effort by people throughout the department or organization
Implementing the solution is generally straightforward	Implementing a solution may require some experimentation

RESULTS

The pilot included 3 HIV clinicians who completed the pre-course work and participated in the facilitated small group meetings. They developed action learning projects that enabled them to demonstrate leadership by addressing a clinical challenge. Learners also discussed specific ways to challenge themselves and grow in different areas of leadership within their teams.

CONCLUSIONS

While the pilot was small, this initiative demonstrated how HIV care team members who are not in formal positions of authority may apply the adaptive leadership framework within their teams, develop their personal leadership skills, and improve patient care.

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- Anderson RA, Bailey DE Jr, Wu B, et al. Adaptive leadership framework for chronic illness: framing a research agenda for transforming care delivery. *ANS Adv Nurs Sci*. 2015;38(2):83-95.
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HIV Changemakers: Creating innovative education delivery for adolescents living with HIV through personal leadership development.

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Background, Objective, Methods

Background

- In CM ID clinic, pediatric HIV education has streamlined process and effective educational tool surrounding the process of pediatric HIV disclosure.
- Adolescents and young adults (AYA) aged 13-22 years receive varied educational experiences based on provider--including health education content, timing and delivery methods.
- Streamlined approach to AYA HIV education including content and method is needed.
- Differing views amongst HIV team on how education should and could be delivered required collaboration and outside-the-box thinking.

Objective

- Understanding how AYA prefer to receive confidential health education and what topics they feel are most beneficial will help to guide the creation of educational resources that are useful and appropriate for this patient population.

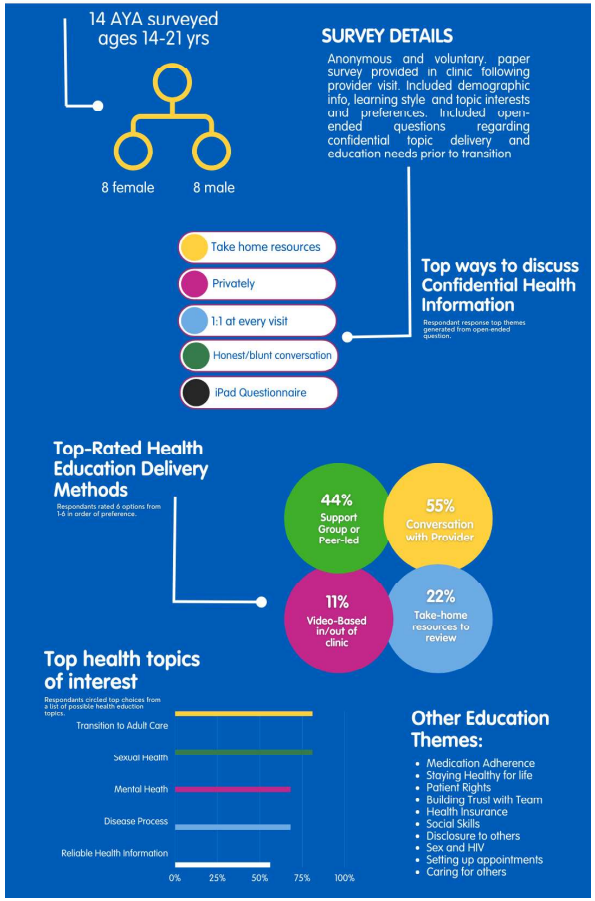
Methods

- Team needed to gather information about the educational methods of delivery that speak to AYA as well as determine best practices for the content and timing of education delivery.
- Resources and frameworks I learned during the **ACTHIV Changemakers Action Learning Project**, challenged me to find an adaptive solution not easily overcome with a technical change.
- Surveyed 16 patients (from ID clinic and hospital Teen Advisory Board) and the results were manually coded and themed to gain insight into how AYA prefer to receive education as well as what topics they feel are most important to know prior to transitioning to adult care.

Literature Review

- Revealed Adolescent-specific HIV educational materials are limited but young people, being early adopters of technology and frequenting internet sources for information are the prime audience to utilize technology as a means of providing health education.
- Technology-based tools are best used in conjunction with a provider-discussion.
- Technological tools utilized in clinic are the simplest starting points.

Survey Results



Results, Conclusion, Future Work

Results

- The analyzed findings and literature review were presented to division leadership to create buy-in to collaboratively develop AYA HIV educational content and delivery tools.
- My personal leadership improved in 4 different areas:
  - **Lead Yourself**: Discovering ways AYA prefer to learn challenged my personal views regarding best education practices. This allowed me to become more inquisitive and not jump to conclusions in solutions.
  - **Lead Others**: Project allowed me to confidently lead our team into developing and providing innovative and patient-centered HIV education to AYA. By managing different opinions through crowdsourcing and literature review, I was able to draw several conclusions that prioritized our resources and efforts.
  - **Lead Projects**: Team is now unified to move forward in the development of an educational resource for AYA in our clinic and through process standardization, all AYA receiving care will have the opportunity to connect to their provider and receive education in a way that is meaningful and impactful.
  - **Lead Organizations**: As ID Clinic develops and implements these tools, other departments (Adolescent Medicine and Emergency Medicine) have expressed interest in using methods to improve AYA education.

Conclusion

- A large majority of new peds HIV diagnoses are AYA. As pediatric HIV providers, we feel comfortable educating children with proven educational tools, however, we must become confident discussing confidential issues related to AYA living with HIV and other confidential educational needs.
- Understanding how AYA prefer to receive confidential health education and what topics they feel are most beneficial will guide creation of educational resources that are useful and appropriate. Well-made and sharable HIV resources can then benefit the pediatric HIV community at large.
- From the Leadership Challenge, I learned that if I can inspire a shared vision of what *could be* for AYA confidential education, the processes created because of this work will benefit our patients and potentially expand to other patient care areas in our hospital.

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- Kouzes, JM & Posner, BZ (2017) The leadership challenge (6th ed.) John Wiley & Sons.
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ACTHIV Changemaker: The Case for Care Coordination through the Lens of Adaptive Leadership

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BACKGROUND

The population of 50 and over is projected to double over the next three decades from 48 million to approximately 88 million. Individuals 50 and older who are newly diagnosed with HIV are often diagnosed while already managing certain medical conditions. As a result, these patients often require a high level of care coordination to ensure optimal outcomes. According to Applebaum (2019), the healthcare professional responsible for making and coordinating the important decisions necessary for effectively comanaging HIV and comorbidities associated with aging and HIV is the care coordinator. When an HIV clinic lacks a dedicated care coordinator, other team members must take on extra work duties to ensure that comprehensive care is being provided.

METHODS

As a participant of the ACTHIV Changemaker, I learned how to apply the adaptive leadership framework to examine ways that members of a care team may provide effectively care coordination in an HIV clinic.

Adaptive leadership recognizes two broad categories of challenges: technical and adaptive. Technical challenges usually have clear solutions, but adaptive challenges often require us to acquire new knowledge, learn a new skill, or change our thinking since the solution is not always clear.

Technical Challenges:	Adaptive Challenges:
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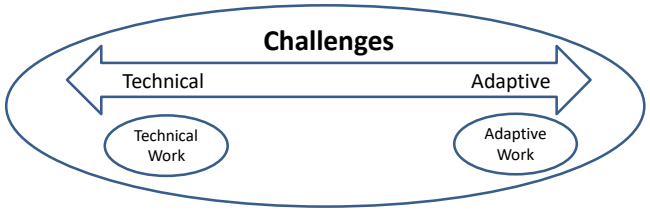

Care Coordinator Responsibilities (examples of work responsibilities that may be technical vs. adaptive):

Technical Work:	Adaptive Work:
Conduct intake assessment, needs assessment, treatment planning, and reassessment services	Review client cases and provide advice, direction, and support as needed
Meet with clients to review and update care plans	Facilitate conversations across members of the interdisciplinary care teams
Screen clients for eligibility for direct and support services	Refer clients to needed services, such as mental health, housing, crisis, and employment assistance
Document client encounters and complete reporting requirements	
Initiate outreach and missed appointment procedures	
Track client information, schedules, files, and forms in a confidential manner	
Conduct quality assurance and monitoring activities for service delivery and documentation	

RESULTS

A clinical care coordinator coordinates and manages a person's primary and specialized care. When a care team lacks a dedicated care coordinator, other members of the team must distribute this work. The adaptive leadership framework helped me separate the technical from the adaptive work so that tasks could be assigned and managed effectively. For example, refilling medications or reminding patients about their appointments are examples of technical work. Helping patients navigate complex psychosocial challenges is adaptive work and may require additional time. Moreover, patients 50 and older often have more complex medical needs and require care from many different providers.

CONCLUSIONS

If a care team lacks a dedicated care coordinator, the adaptive leadership framework can be useful to define the specific work involved in care coordination. Ideally, the clinic would hire a care coordinator. Since this is not always possible, members of the care team can define and review how key tasks will be carried out to promote more effective team-based models of care delivery.

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