Technical Area Essential Approaches: New Innovations with Viral Load (VL)

A Four-Step Overview of Laboratory African Regional Collaborative (LARC)

Patricia Riley, Lead
Health Systems and Program Integration Team
ILB Program Review
February 12, 2018
LARC’s Background

STEP 1: Identify VL Health Systems issues needing improvement

- Improvements have been made in VL testing, yet utilization of VL tests has not been fully realized in patient management.
- Are laboratory professionals and clinicians effectively functioning as a team or in silo approaches?
- To what extent is “Task-Sharing” – process whereby mid-level healthcare professionals (e.g., nurses, midwives, clinical officers) safely provide clinical services and procedures otherwise restricted to higher level cadres – understood by laboratorians?
- To what extent are these mid-level professionals – the vast majority prescribing ART – fully aware of the importance of VL testing and ensuring these tests are:
  - appropriately requested; or
  - specimens appropriately collected; or that
  - VL test results are used in patient management
LARC’s Operational Framework:

- **LARC’s goal:**
  - achieve and maintain HIV VL suppression by improving the uptake of VL testing through **improved institutional capacity and inter-cadre functioning**, communication, and collaboration

- **LARC's specific objective:**
  - advance the understanding and utilization of HIV laboratory diagnostics and address facility-level system-level barriers through training in health systems techniques (e.g., Business Process Mapping (BPM), Capability Maturity Matrix (CMM), and Continuous Quality Improvement (CQI) and integration and dissemination of best practices for scaling up VL

- **LARC’s activity from July 2016 through August 2017:**
  - Engage local teams of laboratorians and nurses in six countries
  - Initiate facility-based VL interventions
  - Provide hands on health systems training through site visits and regionally convened “Learning Sessions”
  - Measure impact
LARC projects:

• Included the original six high priority countries for Viral Load scale-up

• Emphasized “bottoms-up” approach to problem identification – versus providing “top down” solutions

• HOP funding provided resources to project teams to meet and implement their chosen intervention
Step 2:
Introducing
Country-led VL Innovations
LARC’s Targeted Areas in the Viral Load Cascade

- LARC Mozambique
- Malawi
- LARC Kenya, Swaziland, Tanzania
- LARC Uganda

- Demand Creation for Testing
- Specimen Collection & Processing
- Sample Transport
- Laboratory Testing
- Result Reporting & Interpretation by Clinician
- Patient Management
Creating demand for VL Testing: Malawi Team

Old Process

- **ART Clerk**
  - Check In Process
  - Measurements (Vitals)

- **Clinician or ART Clerk**
  - Health Talk

- **ART Nurse**
  - Assessment
  - ARV Drugs

- **HIV Counselor**
  - Collect Specimen, if eligible
  - DBS

Current Process

- **EC or ART Clerk**
  - Check In Process
  - VLPR Form

- **EC**
  - Health Talk
  - Determine eligibility for VL
  - Escort Patient for sample collection

- **HDA**
  - Specimen Collection, if eligible
  - DBS

- **ART Nurse**
  - Assessment
  - ARV Drugs
Creating demand for VL Testing: Mozambique Team

**Intervention – Patient & Provider Education**

<table>
<thead>
<tr>
<th>Clinicians trained</th>
<th>June 2016</th>
<th>July 2016</th>
<th>Sept 2016</th>
<th>Jan 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director de hospital</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>MCH nurses</td>
<td></td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Clinicians (3) MCH nurses (5), Child at risk clinic nurses (2), Social support (2), Lab (2)</td>
<td></td>
<td></td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Clinicos de consulta, SMI, APSS, Lab, digitadores, peer educators</td>
<td></td>
<td></td>
<td></td>
<td>45</td>
</tr>
</tbody>
</table>
Key Messages

- What is a VL test?
- Who is eligible to get a VL test?
- How do you request a VL test at your next consultation?
Kenya’s Project with Results Reporting & Patient Management

LARC’s Kenya’s Planning Process at the Homa Bay Country Referral Hospital

Diagnosing the problem:
No accountability for tracking/filing current VL test results
Tracking percentages of charts with current VL test filed

Monthly VL results progress

% of VL hard copies in the files

Months

Files

target
Controlling Outcomes
Drop in VL result in Feb. 2017, due to closure of health functions resulting from nationwide medical strike
Constant monitoring and improvement is needed for maintaining quality of service
<table>
<thead>
<tr>
<th>What are we trying to accomplish?</th>
<th>How will we know if a change is an improvement?</th>
<th>What change will we make that will result in an improvement?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overarching Goal:</strong> Improve the care &amp; management for patients with high HIV viral load, specifically addressing the result reporting/clinician interpretation step of the viral load cascade.</td>
<td><strong>AIM Statement</strong> Increase the percentage of high viral load patients with documented appointment and timely clinical follow-up from 12% to 80% by 30 April 2017. <strong>Metric:</strong> <strong>Numerator</strong> – # of patients who met the high VL follow-up criteria. <strong>Denominator</strong> – All patients with high VL.</td>
<td><strong>Your Intervention</strong> High viral load results log with actions to be carried out within 2 days once the HVL result has been identified (results review by clinician, calling of patient to set up appointment for adherence counseling).</td>
</tr>
</tbody>
</table>
LARC Tanzania’s Innovation with Results Reporting
LARC Tanzania’s Intervention with Results Reporting

High Viral Load Clients’ follow up Mkuranga CTC

- %HVL followed up by phone Call
- %HVL followed up by call and received EAC

<table>
<thead>
<tr>
<th>Months</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>35</td>
<td>48</td>
<td>73</td>
<td>100</td>
<td>96</td>
</tr>
</tbody>
</table>

Percentage
LARC Uganda: Results Reporting for 1 lab hub and 3 referring facilities
Proportion of VL non suppressed who are contacted within one week of VL results receipt at HF

- Bukulula
- Kiyumba
- Kyanamukaka
- Aggregate for the 3 sites

**Project goal 90%**

**Applied stickers on all NS files**

**Innovated NS tracking register**

**Joint LARC team visit**

**Masaka LARC team visit**
Step 3: Measuring Impact of Country-led Innovations
Mozambique
To increase the percentage of viral load samples collected from eligible patients from **45%** (Jul 2016) to **80%** by Aug 2017

Malawi
To increase the percentage of viral load tests ordered for eligible patients from **0%** (July 2016) to **80%** by June 2017 in CPN, CCR, and ARV clinics

Kenya
To increase the percentage of patients with viral load results placed in their files from **4%** (October 2016) to **80%** by June 2017

Swaziland
To increase the percentage of high viral load patients with documented timely follow-up from **12%** (average from Dec ’15 to June ’16) to **80%** by June 2017

Tanzania
To increase the percentage of high VL patients with a documented return visit from **35%** (Oct 2016) to **100%** by June 2017

Uganda
To increase the percentage of high VL patients 1) contacted ≤ 1 week after results receipt from 27% to 90%, and 2) initiated with IAC ≤ 1 month from 6% to 90% between June 2016 and June 2017
**Kenya: Results Reporting**

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
<th>Stage 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Results are not received in a timely manner at the clinic from the laboratory</td>
<td>☐ Results are occasionally received in a timely manner by the clinic from the laboratory</td>
<td>☐ Results are regularly received by the clinic in a timely manner from the laboratory</td>
<td>☐ Organization reviews routinely collected program data to measure performance in relation to standard operating procedures and national guidelines for results reporting</td>
<td>☐ Organization uses rigorous evaluation procedures and findings to demonstrate effectiveness and improve the process for results reporting</td>
</tr>
<tr>
<td>☐ Results are not recorded in the client’s chart in a timely manner</td>
<td>☐ Results are occasionally recorded in the client’s chart in a timely manner but often not returned to clients</td>
<td>☐ Results are regularly recorded in the client’s chart in a timely manner and returned to the client regularly</td>
<td>☐ Clinics ensure a facility-based person is accountable for timely recording of VL results in client charts and notification of clients with VL&gt;1000 to return to clinic prior to scheduled appointment</td>
<td>☐</td>
</tr>
<tr>
<td>☐ No standard operating procedures for results reporting and documenting results in the client’s chart</td>
<td>☐ Standard operating procedures for results reporting and documenting results in the client’s chart are in development</td>
<td>☐ Results reporting and chart documentation standard operating procedures are established and implemented across the organization</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**AUG 2016**

**FEB 2017**
# Malawi: Demand Creation

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
<th>Stage 5</th>
</tr>
</thead>
</table>
| ☐ Clinicians unaware of access to viral load testing and have not been educated on its role in ART monitoring.  
☐ Community leaders/CSOs unaware of access to viral load testing and have not been educated on its role in ART monitoring.  
☐ Clients unaware of access to viral load testing and have not been educated on its role in ART monitoring.  
☐ No standard operating procedures for viral load testing and education.  |
| ☐ Increased awareness of VL testing in clinicians, however minimal information is shared with clients.  
☐ Clinicians occasionally order viral load testing for clients.  
☐ Community leaders/CSOs have an increased awareness of viral load testing and its role in ART monitoring.  
☐ Clients have an increased awareness of viral load testing and its role in ART monitoring.  |
| ☐ Clinicians routinely educate clients about viral load testing and its benefits.  
☐ Clinicians routinely order viral load testing in-line with national guidelines.  
☐ Community leaders/CSOs play an active role in educating their community about knowing their viral load status.  
☐ Clients are aware of and actively seek viral load testing.  |
| ☐ Organization reviews routinely collected program data to measure performance in relation to standard operating procedures and national guidelines for clinician use of viral load testing and education of clients.  
☐ All stakeholders (e.g., clinicians, client groups, community leaders, etc.) play active role in community education about VL testing and promote campaigns for all individuals to know their VL.  |
| ☐ Organization uses rigorous evaluation procedures and findings to demonstrate effectiveness and improve the process of demand creation for viral load testing.  |

- **AUGUST/NOVEMBER**
- **MAY 2017**
Mozambique: Demand Creation for Testing

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
<th>Stage 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Clinicians unaware of access to viral load testing and have not been educated on its role in ART monitoring</td>
<td>☐ Increased awareness of VL testing in clinicians, however minimal information is shared with clients</td>
<td>☐ Clinicians routinely educate clients about viral load testing and its benefits</td>
<td>☐ Organization reviews routinely collected program data to measure performance in relation to standard operating procedures and national guidelines for clinician use of viral load testing and education of clients</td>
<td>☐ Organization uses rigorous evaluation procedures and findings to demonstrate effectiveness and improve the process of demand creation for viral load testing</td>
</tr>
<tr>
<td>☐ Community leaders/CSOs unaware of access to viral load testing and have not been educated on its role in ART monitoring</td>
<td>☐ Clinicians occasionally order viral load testing for clients</td>
<td>☐ Clinicians routinely order viral load testing in line with national guidelines</td>
<td>☐ Community leaders/CSOs play an active role in educating their community about knowing their viral load status</td>
<td>☐ All stakeholders (e.g., clinicians, client groups, community leaders, etc.) play active role in community education about VL testing and promote campaigns for all individuals to know their VL</td>
</tr>
<tr>
<td>☐ Clients unaware of access to viral load testing and have not been educated on its role in ART monitoring</td>
<td>☐ Community leaders/CSOs have an increased awareness of viral load testing and its role in ART monitoring</td>
<td>☐ Community leaders/CSOs play an active role in educating their community about knowing their viral load status</td>
<td>☐ Clients are aware of and actively seek viral load testing</td>
<td>☐</td>
</tr>
</tbody>
</table>
## Swaziland: Results Interpretation/Clinic Management

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
<th>Stage 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Viral load results are difficult to read and interpret and requires laboratory assistance</td>
<td>☐ Viral load results are occasionally readable and interpretable and requires minimal laboratory assistance</td>
<td>☐ Viral load results are consistently readable and interpretable by clinicians</td>
<td>☐ Organization reviews routinely collected program data to measure performance in relation to standard operating procedures and national guidelines for client management</td>
<td></td>
</tr>
<tr>
<td>☐ Clinicians are not properly trained to interpret viral load results</td>
<td>☐ Clinicians are adequately trained in viral load result interpretation</td>
<td>☐ Clinicians are adequately trained in viral load result interpretation</td>
<td>☐ All stakeholders (e.g., clinicians, personnel, clients, etc.) play active role in client management and their viral load</td>
<td></td>
</tr>
<tr>
<td>☐ Clinicians are uncomfortable integrating viral load results into ART care</td>
<td>☐ Few clinicians are comfortable integrating viral load results into ART care</td>
<td>☐ Clinicians regularly discuss VL results with clients</td>
<td>☐ Clinic has ability to identify missed opportunities for ensuring VL results are integrated with client management</td>
<td></td>
</tr>
<tr>
<td>☐ Clients do not understand their viral load results</td>
<td>☐ Clients have a limited understanding of their viral load results</td>
<td>☐ Clients understand their viral load results and can repeat their understanding back to the clinician</td>
<td>☐ Organization uses rigorous evaluation procedures and findings to demonstrate effectiveness and improve the process of client management</td>
<td></td>
</tr>
<tr>
<td>☐ Clinicians have no backup person to call to discuss difficult cases or clients who require 2nd line treatment</td>
<td>☐ Intermittent availability of consultation for 2nd line treatment</td>
<td>☐ Standardized system in which all providers have a designated POC/referral system in place to consult for management of VL results and switch to 2nd line</td>
<td>☐ Clinic has ability to identify missed opportunities for ensuring VL results are integrated with client management</td>
<td></td>
</tr>
<tr>
<td>☐ No standard operating procedures for result interpretation and client management</td>
<td>☐ Standard operating procedures for result interpretation and client management are in development</td>
<td>☐ Result interpretation and client management standard operating procedures are established and implemented across the organization</td>
<td>☐ Organization uses rigorous evaluation procedures and findings to demonstrate effectiveness and improve the process of client management</td>
<td></td>
</tr>
</tbody>
</table>

**AUGUST 2016**

**MAY 2017**

**NOVEMBER 2016**
## Tanzania: Results Reporting

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
<th>Stage 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Results are not received in a timely manner at the clinic from the laboratory</td>
<td>☐ Results are occasionally received in a timely manner by the clinic from the laboratory</td>
<td>☐ Results are regularly received by the clinic in a timely manner from the laboratory</td>
<td>☐ Organization reviews routinely collected program data to measure performance in relation to standard operating procedures and national guidelines for results reporting</td>
<td></td>
</tr>
<tr>
<td>☐ Results are not recorded in the client's chart in a timely manner</td>
<td>☐ Results are occasionally recorded in the client's chart in a timely manner but often not returned to clients</td>
<td>☐ Results are regularly recorded in the client's chart in a timely manner and returned to the client regularly</td>
<td>☐ Clinic ensures a facility-based person is accountable for timely recording of VL results in client charts and notification of clients with VL&gt;1000 to return to clinic prior to scheduled appointment</td>
<td></td>
</tr>
<tr>
<td>☐ No standard operating procedures for results reporting and documenting results in the client's chart</td>
<td>☐ Standard operating procedures for results reporting and documenting results in the client’s chart are in development</td>
<td>☐ Results reporting and chart documentation standard operating procedures are established and implemented across the organization</td>
<td>☐ Organization uses rigorous evaluation procedures and findings to demonstrate effectiveness and improve the process for results reporting</td>
<td></td>
</tr>
</tbody>
</table>

**AUGUST 2016**

**NOVEMBER 2016**

**NOVEMBER 2016**

**NOVEMBER 2017**
<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
<th>Stage 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Viral load results are difficult to read and interpret and requires laboratory assistance</td>
<td>☐ Viral load results are occasionally readable and interpretable and requires minimal laboratory assistance</td>
<td>☐ Viral load results are consistently readable and interpretable by clinicians</td>
<td>☐ Organization reviews routinely collected program data to measure performance in relation to standard operating procedures and national guidelines for client management</td>
<td>☐ Organization uses rigorous evaluation procedures and findings to demonstrate effectiveness and improve the process of client management</td>
</tr>
<tr>
<td>☐ Clinicians are not properly trained to interpret viral load results</td>
<td>☐ Increased awareness of result interpretation by clinicians</td>
<td>☐ Clinicians are adequately trained in viral load result interpretation</td>
<td>☐ All stakeholders (e.g., clinicians, personnel, clients, etc.) play active role in client management and their viral load</td>
<td></td>
</tr>
<tr>
<td>☐ Clinicians are uncomfortable integrating viral load results into ART care</td>
<td>☐ Few clinicians are comfortable integrating viral load results into ART care</td>
<td>☐ Clinicians regularly discuss VL results with clients</td>
<td>☐ Clinic has ability to identify missed opportunities for ensuring VL results are integrated with client management</td>
<td></td>
</tr>
<tr>
<td>☐ Clients do not understand their viral load results</td>
<td>☐ Clients have a limited understanding of their viral load results</td>
<td>☐ Clients understand their viral load results and can repeat their understanding back to the clinician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Clinicians have no backup person to call to discuss difficult cases or clients who require 2nd line treatment</td>
<td>☐ Intermittent availability of consultation for 2nd line treatment</td>
<td>☐ Standardized system in which all providers have a designated POC/referral system in place to consult for management of VL results and switch to 2nd line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ No standard operating procedures for result interpretation and client management</td>
<td>☐ Standard operating procedures for result interpretation and client management are in development</td>
<td>☐ Result interpretation and client management standard operating procedures are established and implemented across the organization</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Uganda: Results Interpretation & Client Management

- **AUGUST 2016**
  - Viral load results are difficult to read and interpret and requires laboratory assistance
  - Clinicians are not properly trained to interpret viral load results
  - Clinicians are uncomfortable integrating viral load results into ART care
  - Clients do not understand their viral load results
  - Clinicians have no backup person to call to discuss difficult cases or clients who require 2nd line treatment
  - No standard operating procedures for result interpretation and client management

- **AUGUST 2016**
  - Viral load results are occasionally readable and interpretable and requires minimal laboratory assistance
  - Increased awareness of result interpretation by clinicians
  - Few clinicians are comfortable integrating viral load results into ART care
  - Clients have a limited understanding of their viral load results
  - Intermittent availability of consultation for 2nd line treatment

- **NOVEMBER 2016**
  - Viral load results are consistently readable and interpretable by clinicians
  - Clinicians are adequately trained in viral load result interpretation
  - Clinicians regularly discuss VL results with clients
  - Clients understand their viral load results and can repeat their understanding back to the clinician
  - Standardized system in which all providers have a designated POC/referral system in place to consult for management of VL results and switch to 2nd line
  - Result interpretation and client management standard operating procedures are established and implemented across the organization
  - Organization reviews routinely collected program data to measure performance in relation to standard operating procedures and national guidelines for client management
  - All stakeholders (e.g., clinicians, personnel, clients, etc.) play active role in client management and their viral load
  - Clinic has ability to identify missed opportunities for ensuring VL results are integrated with client management

- **NOVEMBER 2016**
  - Organization uses rigorous evaluation procedures and findings to demonstrate effectiveness and improve the process of client management
STEP 4: Adapting Innovations to Scale and Diminished Budget
Plans for LARC 2.0

• Develop a LARC curriculum that introduces key Health Systems approaches
• Launch the LARC curriculum with national hands-on training in two countries committed to VL scale-up activity
• Disseminate curriculum using distance learning approaches for remaining countries

Continuous Quality Improvement Methodologies and Tools for Solving Healthcare Problems

Quality Improvement Collaborative Playbook
# Quality Improvement Methodologies

<table>
<thead>
<tr>
<th>OVERARCHING</th>
<th>DEFINE</th>
<th>MEASURE</th>
<th>ANALYZE</th>
<th>IMPROVE</th>
<th>CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Solving</td>
<td>Stakeholder</td>
<td>Metric Use</td>
<td>Root Cause Analysis</td>
<td>Brainstorming</td>
<td>Project Owner Transfer</td>
</tr>
<tr>
<td>Project Management:</td>
<td>Identification/</td>
<td>for Improvement</td>
<td>(RCA)</td>
<td>Affinity</td>
<td>Transfer</td>
</tr>
<tr>
<td>- Project File</td>
<td>Analysis</td>
<td>Measurement</td>
<td>5 Whys</td>
<td>Diagram</td>
<td>Control Plan</td>
</tr>
<tr>
<td>- Learning Boards</td>
<td></td>
<td>Selection</td>
<td>Cause &amp; Effect</td>
<td>Impact-Effort</td>
<td>Result</td>
</tr>
<tr>
<td>- Meeting/Facilitation</td>
<td></td>
<td>Data Collection</td>
<td>Diagram (Fishbone)</td>
<td>Grid</td>
<td>Communication:</td>
</tr>
<tr>
<td>- Action Plan</td>
<td></td>
<td>Plan</td>
<td>Pareto Diagram</td>
<td>Plan-Do-Check-Act (PDCA)</td>
<td>- Final Report</td>
</tr>
<tr>
<td>- Communication Plan</td>
<td></td>
<td></td>
<td>Spaghetti Diagram</td>
<td>Standard Work</td>
<td>- Storyboard</td>
</tr>
<tr>
<td>Change Management</td>
<td>SIPOC</td>
<td>Data Collection</td>
<td>Run Charts/Control</td>
<td>Future State</td>
<td>- Presentation</td>
</tr>
<tr>
<td>Teams</td>
<td>Project Outline</td>
<td>Tools - Check</td>
<td>Charts</td>
<td>Map</td>
<td>Celebration of</td>
</tr>
<tr>
<td>Lean:</td>
<td>(Charter)</td>
<td>Sheets</td>
<td></td>
<td></td>
<td>Success</td>
</tr>
<tr>
<td>- 5S</td>
<td>- Problem</td>
<td>Data Display -</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Statement</td>
<td>Histograms / Run Charts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(15 Words)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Aim Statement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Voice of the</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Customer (VOC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value Stream Mapping</td>
<td></td>
<td>Critical to Quality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Six Sigma</td>
<td></td>
<td>Elevator Speech</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**KEY:** Master; Use Skillfully; Acquire Familiarity
Talent wins games, but teamwork and intelligence wins championships

- Michael Jordan