HAHSTA RYAN WHITE CLINICAL QUALITY MANAGEMENT PROGRAM REQUIREMENTS

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Email us!

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AGENDA

1. Background of CQM Requirements

Focus on PCN 15-02 and applicability to subrecipients

2. Summary of CQM Deliverables

-Infrastructure

-Measurement

-Improvement

-Evaluation

3. HAHSTA CQM Program Overview

Inside look at our program

4. Coaching updates
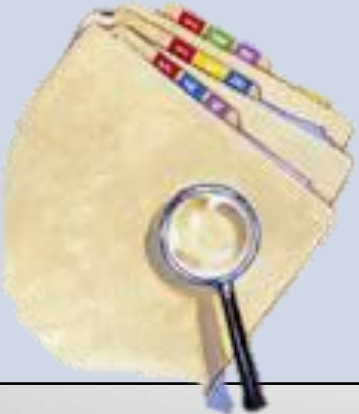
Role of coaches and deliverables

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WHAT IS QUALITY MANAGEMENT?

- Quality management ensures that an organization, product or service is consistent. It has four main components:
  - Quality Planning (QP)
  - Quality Control (QC)
  - Quality Assurance (QA)
  - **Quality Improvement (QI)**

DIFFERENCE BETWEEN QA, QC, AND QI

Quality Assurance	Quality Control	Quality Improvement
Relies on **inspection**	Aims to identify (and correct) defects	Examines **processes** or outcomes
Uses a **reactive** approach	Uses a **reactive** approach	Uses a **proactive** approach
Looks at **compliance** with standards	Looks at compliance with requirements	Relies on teamwork – **everyone**!
Relies on Individuals		Asks "how can we be the **best possible**?"
Examines criteria or requirements	Requires **corrections**	Requires **continuous** efforts
	Relies on assigned groups	

WHY IS QUALITY IMPROVEMENT IMPORTANT?

- It directly impacts our consumer's lives and they deserve our best efforts
- It can help us reach organizational goals
- It has an overall benefit to communities and regions
- It can make the job or task more streamlined, enjoyable, and meaningful
- **Its mandated by the Health Resources & Service Administration HIV/AIDS Bureau (HRSA HAB) – legislation and Policy Clarification Notice 15-02 (PCN 15-02)**


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HAB EXPECTATIONS FOR QUALITY IMPROVEMENT: PCN 15-02

- Must implement quality improvement activities aimed at improving ***patient care, health outcomes, and patient satisfaction***.
- You have adequate **infrastructure** to support QI:
  - Committees, teams, plans, etc.
- Must use a defined approach
  - Defined approach infers systematic evidence informed methodology
- You not only review your data quarterly but you **analyze the data**

> **Act on your data – Improve the results you're getting, and do better next time!**

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THE QUALITY PROGRAM

- HAB calls the quality program for Ryan White recipients the **Clinical Quality Management** (CQM) Program

- It's composed of a multi-disciplinary team
  – It may have multiple quality improvement committees to execute projects

- The program writes a plan and establishes measures
  – It analyzes the measures and uses them to guide QI activities

- It conducts QI Projects
  – Using a defined methodology and QI tools

Quality Improvement

Performance Measurement

Quality Management Infrastructure
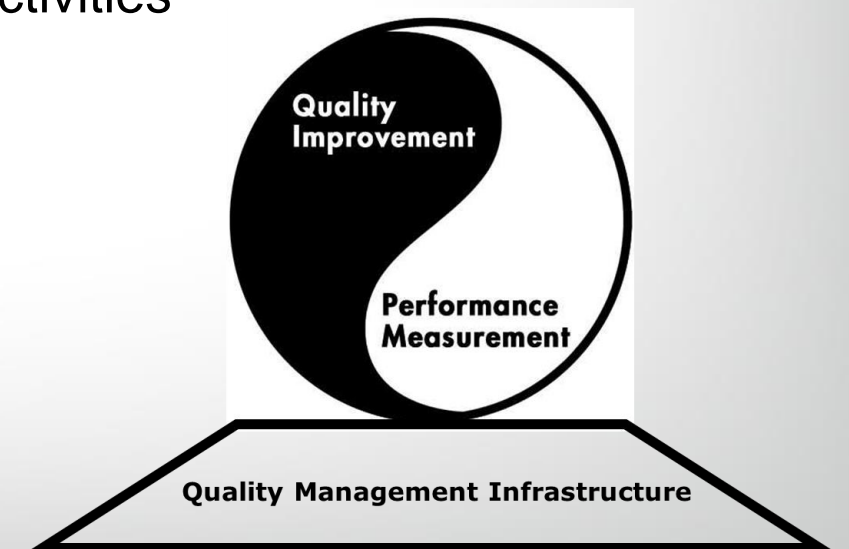
WHAT DOES THIS MEAN FOR US?

- **Recipient (HAHSTA)** needs to ensure that their **subrecipients (You)** provide services that have the:

  - Capacity to contribute to the recipient's CQM program

  - Resources to conduct CQM activities in their organizations

  - Ability to implement a CQM program in their organizations

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SO WHAT SPECIFICALLY DO WE NEED TO DO?

- HAHSTA provides subrecipients with a CQI coach, access to Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation (CQII), and regional quality resources/learning opportunities.
- HAHSTA requires subrecipients to have a Quality Program and participate in Regional Quality improvement initiatives. This includes your accomplishment of following activities:
  - QM Plan
  - Quarterly Quality Measures - Collection & Analysis
  - CQM Committee
  - Quality Improvement Projects
  - Consumer Involvement/Satisfaction
  - Learning Collaborative
  - Evaluation & Assessment

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QM PLAN

- The QM plan is due to your coach 30 days after the grant year begins. Please submit it RW.Quality@dc.gov
- Your QM Plan will be reviewed and feedback will be given to you, it needs to have the following elements:
  - **Quality Statement:** Vision
  - **Quality Committee Structure:** Leader, roles and responsibilities, resources etc.
  - **Measure Portfolio and Outcomes:** Data
  - **Goals and Objectives:** SMART goals
  - **QI projects and activities:** Documented with appropriate tools
  - **Engagement of stakeholders:** Meaningfully involved
  - **Workplan:** detailed action steps

THE QUALITY COMMITTEE

- May be part of the overall quality program
- In smaller organizations, your team may be small—but you still have to have a team!
- It reviews data and the quality management workplan at least quarterly
- It executes improvement activities using a defined methodology based on available data

CONSUMER INVOLVEMENT IN QUALITY

Consumers should have <u>meaningful</u> participation in your Quality Program

1. <u>Consumer Advisory Board</u> - is trained in basic QI concepts and health numeracy, and is solicited for input in QI activities and outcomes
2. <u>QM Committee</u> - a consumer may be a member of the QM committee if appropriate
3. <u>Consumer experience</u> – experiential data is documented used to inform improvement projects
4. <u>Closing the loop</u> - Consumers are informed how their voice resulted in meaningful change

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MEASURES

What service categories need measures?

Percent of RWHAP eligible clients receiving at least one unit of service for a RWHAP-funded service category	Minimum number of performance measures
>=50%	2
>15% to <50%	1
<=15%	0

- Measures need to be reviewed by your team and submitted to your coach at least quarterly
- HAHSTA measure portfolio is reviewed annually

QI PROJECTS

- At least one (1) QI project active throughout the year that improves Health Outcomes, Service Delivery, or Customer Satisfaction

- The program must demonstrate use of a **defined approach** with **documentation** of QI projects including, but not limited to:
  - Project Charters
  - QI Tools
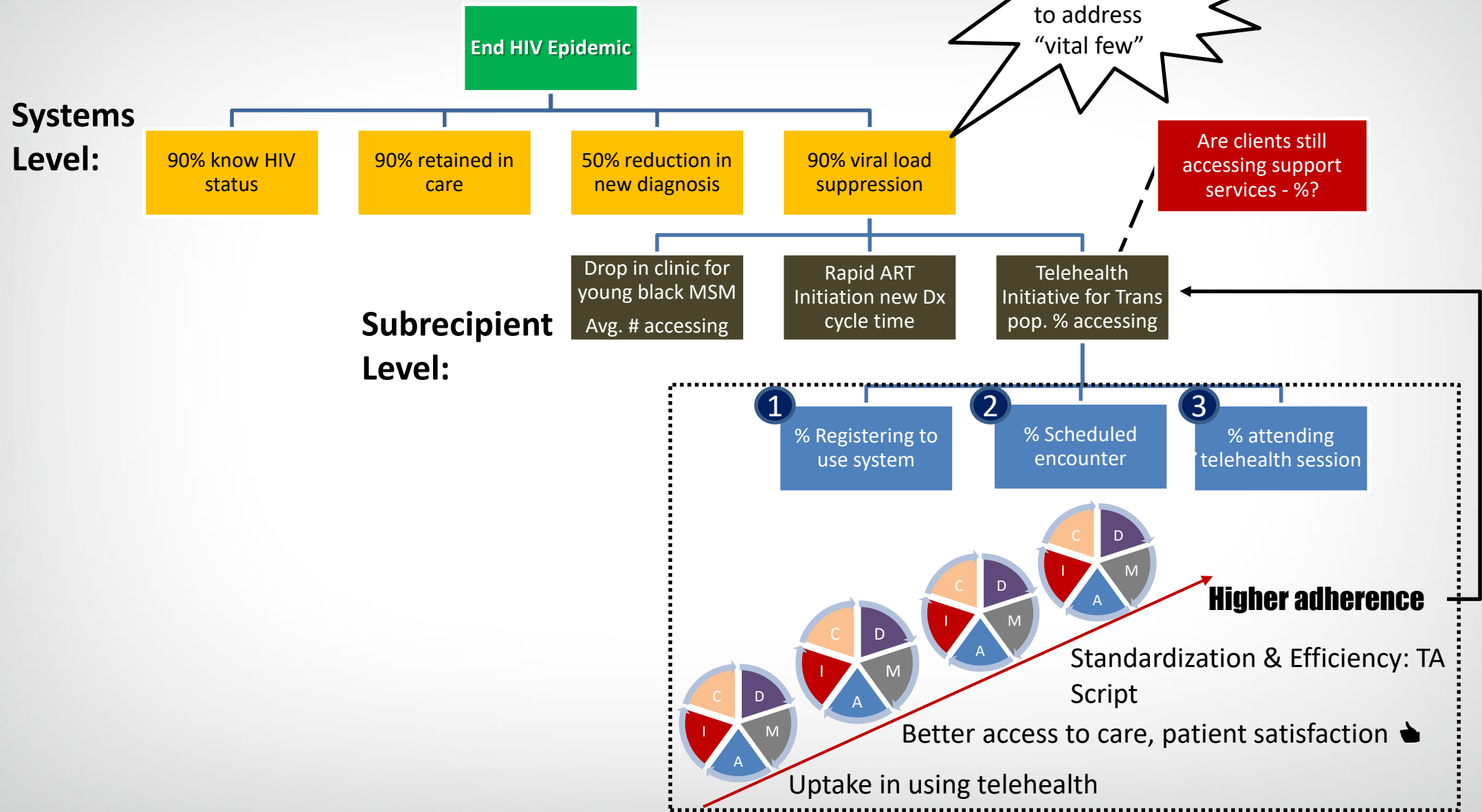 - Data dashboards/Performance Measures
  - Storyboards/posters etc.

QI METHODOLOGIES & TOOLS

Plan			Do	Study	Act
Define	Measure	Analyze	Improve		Control

Define	Measure	Analyze	Improve	Control
Identify and Prioritize Opportunities • SWOT analysis • Force Field Analysis • Value Stream Map • Vice of the Customer Techniques/focus group **Develop Project Goals** •AIM Statement or Project Charter	**Describe Current Process** • Flow Chart • Swim Lane Map • Spaghetti Map • Patient Journey Mapping **Collect Data on Current Process** • Control Chart • Run Chart • Checksheet • Histogram • Scatter Diagram • Pareto Chart • Radar Chart	**Identify Root Causes** • Cause and Effect Analysis (Fishbone) • 5 Whys • Affinity Diagram **Identify Improvements** • Solution and Effect Analysis • 5 How's • Driver Diagram **Develop Improvement Theory** • Ranking and Voting • Decision Matrix/Priority Matrix • SIPOC Diagram • FMEA	**Develop Action Plan** • Implementation Plan • Gantt Chart **Display New Outcomes** • Kanban Board • Performance Measures • Before/After Analysis **Collect Data on Improved Process** • Checksheet • Run Chart • Histogram • Control Chart • Scatter Diagram • Pareto Chart • Radar Chart **Describe Improved Process** • Flow Chart • Swim Lane Map • Value Stream Map • Spaghetti Map	**Adopt** • Control Plan • Standard Work • Poka-Yoke • Visual Measures • Storyboard • Key Performance Indicators **Adapt** • "Revisit Do/Improve" tools **Abandon** • Revisit "Plan/"Measure and Analyze" tools

QI PROJECT EXAMPLE

Systems Level:

```
End HIV Epidemic
```

| 90% know HIV status | 90% retained in care | 50% reduction in new diagnosis | 90% viral load suppression |

Stratify data to address "vital few"

Are clients still accessing support services - %?

Subrecipient Level:

| Drop in clinic for young black MSM Avg. # accessing | Rapid ART Initiation new Dx cycle time | Telehealth Initiative for Trans pop. % accessing |

① % Registering to use system

② % Scheduled encounter

③ % attending telehealth session

Higher adherence

Standardization & Efficiency: TA Script

Better access to care, patient satisfaction 👍

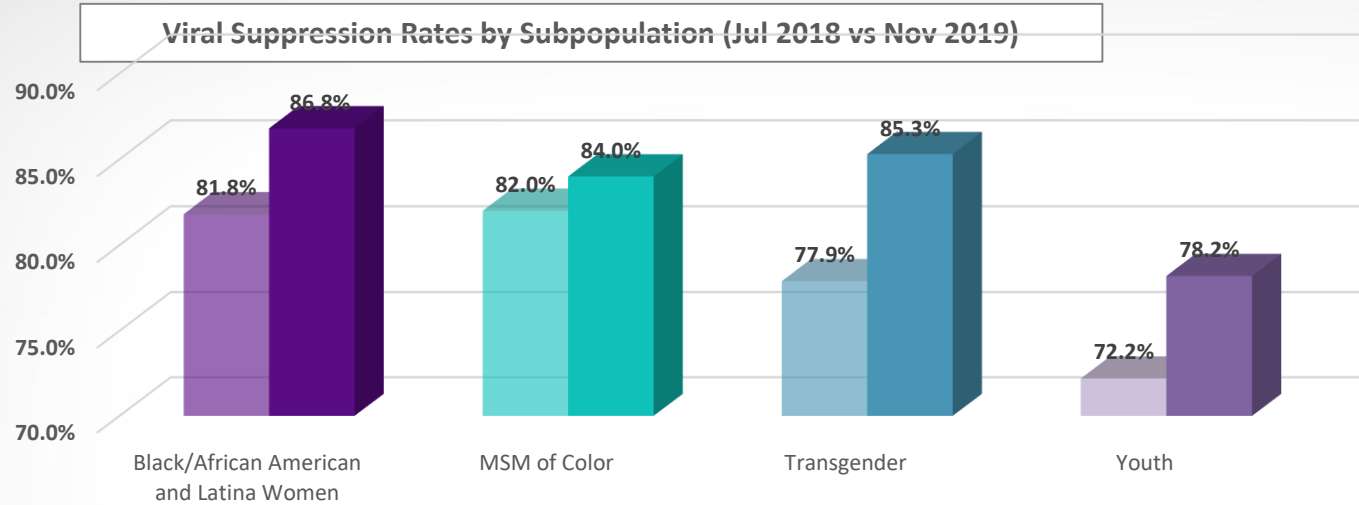Uptake in using telehealth

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REGIONAL QI ACTIVITIES

DC COLLABORATIVE CHANGES & REQUIREMENTS

- Collaborative Virtual Group Meetings
  - 60 minute virtual session each month: **Starting in April**
    - Quality Didactics – 20 minutes presented by HAHSTA
    - Case Presentations – two subrecipients each month will present on their projects and programs
- Quarterly in person meetings
- **Annual QM Summit – March 5th here at Gallaudet**

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END+DISPARITIES PROJECT ECHO RECAP

Viral Suppression Rates by Subpopulation (Jul 2018 vs Nov 2019)

Bar chart values:
- Black/African American and Latina Women: 81.8% / 86.8%
- MSM of Color: 82.0% / 84.0%
- Transgender: 77.9% / 85.3%
- Youth: 72.2% / 78.2%

Y-axis: 70.0%, 75.0%, 80.0%, 85.0%, 90.0%

Viral Suppression Rates Over Time

Line chart values (Total Case Load): Jul 18: 83.2%, Sep 18: 82.8%, Jan 19: 83.9%, May 19: 84.9%, Sep 19: 85.4%, Nov 19: 87.2%

X-axis: Jul 18, Sep 18, Jan 19, May 19, Sep 19, Nov 19
Y-axis: 70%, 75%, 80%, 85%, 90%

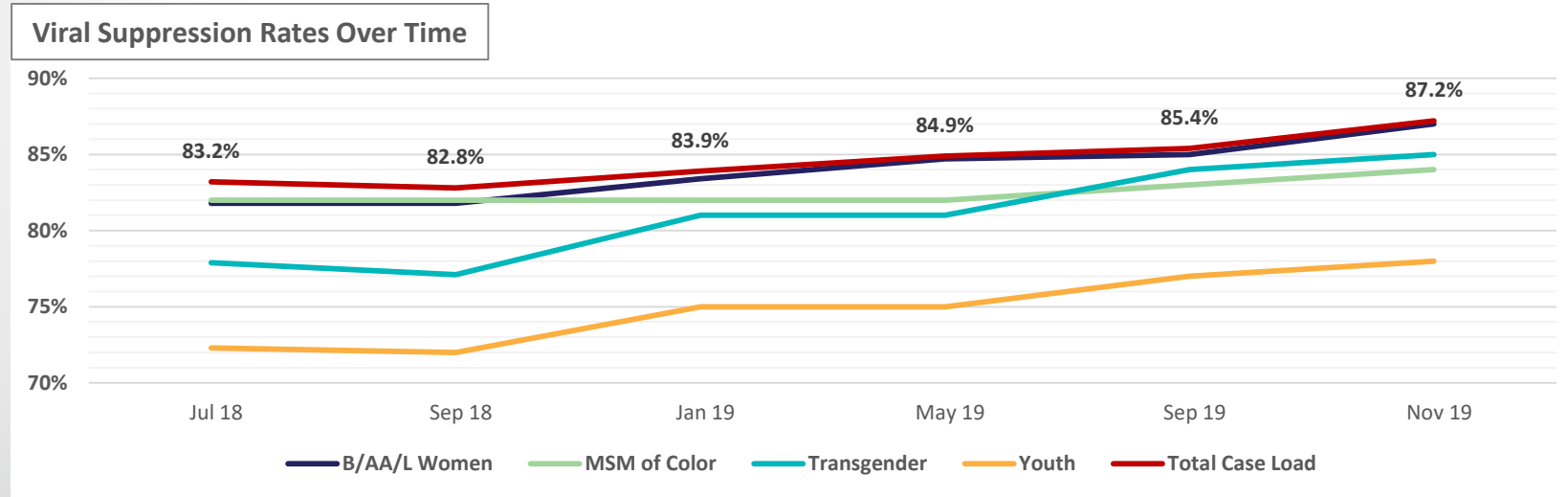Legend: B/AA/L Women — MSM of Color — Transgender — Youth — Total Case Load

# of Sites:
201 RWHAP recipients

Data Cycles:
Jul 2018 to
Nov 2019

# of Reported Patients:
78,832 to 137,826

Viral Suppression Rates:
July 2018: 83.2%
Nov 2019: 87.2%

end + disparities

Project ECHO®
HRSA Ryan White HIV/AIDS Program
CENTER FOR QUALITY
IMPROVEMENT & INNOVATION

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EVALUATION AND ASSESSMENT

WHAT DO I EVALUATE?

1. Achieved goals in the aim statement
2. Made progress on strategic plans
3. Increase in QI infrastructure
4. Team learned new application of QI tools and techniques
5. Team and committee actively engaged
6. Broad awareness of project outcomes organization wide
7. Project heard the voice of the consumer
8. Project completed in a timely fashion
9. Project is sustainable
10. Lessons learned can be applied to other efforts

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EVALUATION AND ASSESSMENT

## HOW & WHERE DO I DOCUMENT EVALUATION?

- **Organizational Assessment**
  - Complete self-assessment record scores, and track improvements over time
- **QM Plan Work-plan**
  - Keep an ongoing record of:
    - Action Steps
    - Owner
    - Timeframe
  - Compare annual quality goals with year-end results
  - Use findings to plan next year's activities; learn and respond from past performance
- **Data Analysis**
  - Run Charts, control charts, data dashboards,
- **Share Results with Stakeholders**
  - Storyboard
  - Case Presentation

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SHARING OUR WORK WITH YOU

We are also held to all the same requirements that we hold our subrecipients to!

- You're our partners and stakeholders and we want you to be informed and involved about our activities
- You have an opportunity through engaging in Regional CQM, and providing feedback to shape the program
- We want to close the loop and share our internal program ideas based on your feedback

Commun-icate

Loop Closed

Act

Listen

Analyze

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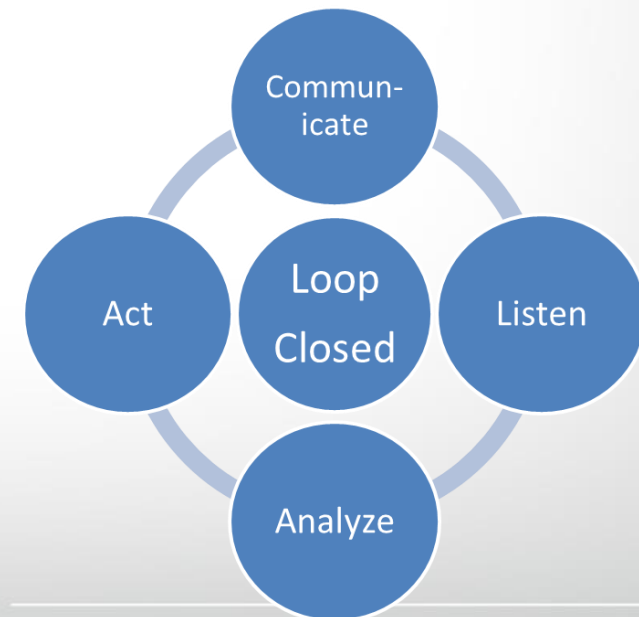
HAHSTA QM PLAN

HAHSTA updates its QM plan, usually as we submit our annual Part A grant application. Here is some information about our plan:

- It is currently undergoing major revisions to better align with our new vision for the CQM program
- The plan will be thoroughly reviewed annually and updated under the leadership of the Quality Management Specialist. The new Response Team, will review the plan as a whole after that time.
  - This ensures stakeholder buy-in with our plan
- Once the plan is adopted by the group, the work plan will be shared broadly and reviewed and updated as needed at future meetings.
- The most valuable part of our plan is our workplans. HAHSTA has three digitally curated workplans that are constantly updated to facilitate carrying out CQM activities
  - CQI coach work
  - Internal QI projects
  - Regional and systems level CQM

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HAHSTA QM WORKPLANS

HAHSTA GY30 DRAFT MEASURE PORTFOLIO

Performance Measure	Recipient Quality Performance Measure Data Reporting Matrix						
	Measure Curator	HIV Medical Care	Medical Case Mgmt.	EIS	EFA	Case Mgmt. (non-medical)	ADAP
Utilization %	**by Part**	**A - 13%**	**A - 37% B - 37%**	**A - 8% B - 10%**	**A - 21%**	**A - 38%**	**B - 32%**
Measure(s) Required	PCN 15-02	Yes -1	Yes - 1	No	Yes	Yes - 1	Yes -1
Viral Load Suppression	HAB Core	X					X
Retention (2019 Draft)	HAB Core		X				
Consumer Satisfaction	N/A				X		
Care Plan	HAB MCM					X	
Other QI Project Specific Measures	N/A – optional measures	X	X	X	X	X	X
ADAP: Eligibility Recertification	HAB ADAP						X

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HAHSTA CQM RESPONSE TEAM

Previously there were numerous groups doing CQM planning, so we are merging internal CQM Committees and the previous Regional Response team to eliminate duplication and empower core stakeholders starting now!

1. Plan for new team will meet bi-monthly via ZOOM, and in-person at HAHSTA when necessary
2. There is a plan for onboarding and training members
3. Each team member will have a specific role – some roles will be supported by recipient and community co-leads
4. **If you are interested – we are currently recruiting**
   - **See me during a break for an application!**
   - **Or email rw.quality@dc.gov**

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RESPONSE TEAM ROLES

OPEN TO SUBRECIPIENTS

- Community Response Team Co-Lead

- Community Data Lead Co-Lead

- Community Quality improvement Co-Lead

- Community Technical Assistance Advisor Co-Lead

- Communicator

- Recorder

NOW RECRUITING!

For an application or more information, email us at: rw.quality@dc.gov

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HAHSTA SUPPORT

OF CONSUMER INVOLVEMENT IN QUALITY

Consumers have the ability to be an active partner in improving their care

- **Consumer Summit**
  - Annual quality skills building training open to all consumers.
- **Consumer affinity group**
  - National group that meets monthly virtually to discuss consumer involvement in quality
- **Consumer Satisfaction Survey**
  - In partnership with Maryland

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HAHSTA EVALUATION

- **Completion of Part A/B OA and collaborative OA annually**
  - Broad assessment of program and projects
- **Quarterly review of program impact on annual quality goals and strategic priorities**
  - Review of infrastructure
    - ❖ Coaching model
    - ❖ Regional Learning Collaborative
  - Review of Projects (internal and systems level)
  - Review of performance measures quarterly
    - ❖ From CAREWare data
    - ❖ Dashboards of metrics for internal projects on service delivery
  - Consumer satisfaction surveys
    - ❖ Reviewing outcomes and survey delivery
  - Looking broadly at organizational metrics and CQM deployment

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ANNUAL SURVEY OPEN NOW

https://www.surveymonkey.com/r/CQM-GY30

The most important part of our evaluation is hearing from YOU!!

ROLES OF THE QI COACHING TEAM

- *Partner*

- *Mentor*

- *Trainer*

- *Facilitator*

- *Change Agent*

QI COACHING TEAM ACTIVITIES

HAHSTA provides our subrecipients with comprehensive support to deepen understanding of quality improvement.

- **Coaches support sub-recipients through**
  - Advice on how to increase QI buy-in at the organization-level
  - Developing and reviewing QM plans and goals
  - Guidance on collecting and utilizing data for QI purposes
  - Instruction on utilizing QI tools and improvement cycles
  - One-to-one and peer-to-peer technical assistance

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QUESTIONS?

THANK YOU FOR YOUR TIME AND COMMITMENT TO QUALITY!