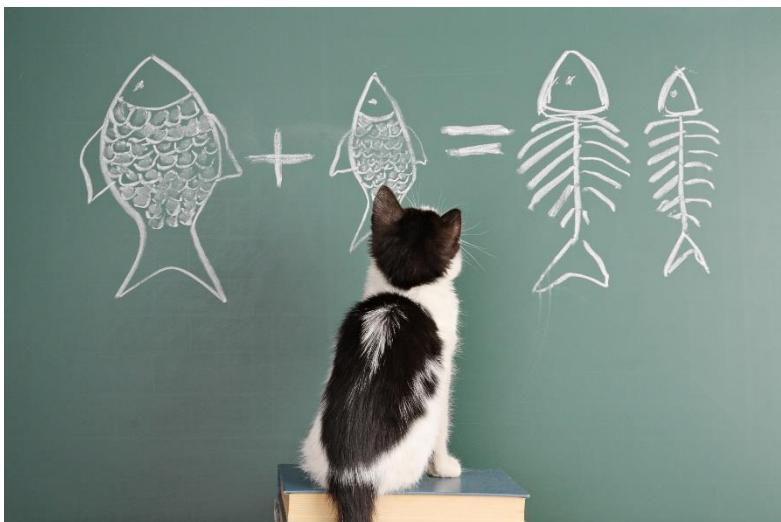# How Do We Measure Improvement?
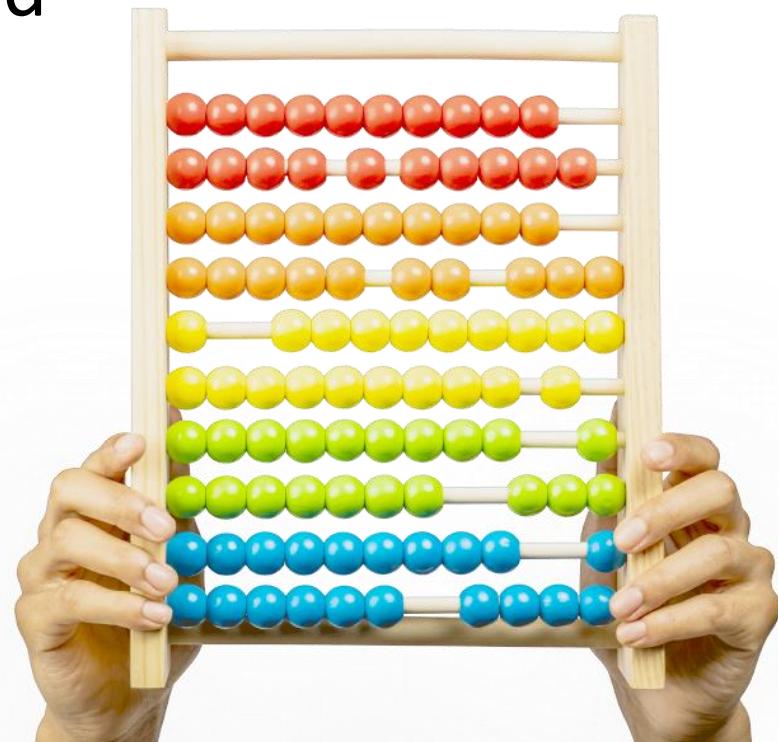
HAHSTA Ryan White Annual Quality Summit
March 5th, 2020

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Introductions

- Name
- Organization
- What is something you have measured and why you measured it?

Objectives

- Understand the value of measurement in quality improvement

- Familiarize with the components of measurement

- Review HRSA guidelines on number of measures for RW programs

- Interact with peers about challenges and successes on measure selection and tracking

Measurement

Measurement in Quality Improvement:

- Demonstrates current performance/baseline
- Helps to set goals for future performance
- Allows monitoring of the effects of changes as they are being made

Measurement tells us if the changes we are making are leading to improvement.

Different approaches to measurement

Measurement for Research	Measurement for Quality Improvement
Discovers new knowledge	Discovers new knowledge into daily practice
One large test	Many sequential, observable small tests
Control for as many variables as possible	Real-world unpredictable scenarios to adapt on each small test
Gather as much data as possible	Gather just what is needed to adopt, adapt or abandon a change
Long periods of time to conduct, gather, and analyze results	Small tests of significant changes – "accelerated" rate of improvement

Examples of What We Measure – HRSA Guidelines (PCN-1502)

Elements

Examples

Outcome Measures

HIV viral suppression
Retention in care
ART prescription
Gap in HIV medical visits
Syphilis screening

Process Measures

% of costumers with care plan reviews
% of costumers linked to support services
% of costumers offered transportation services
% of costumers offered/linked to PrEP/PEP
% of costumers linked to HIV medical care

Customer Satisfaction

Are we meeting our customer' needs? (Surveys, CABs, etc)

Measurement Structure

HRSA Performance Measure Portfolio:
https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio

- Name of measure
- Type of measure (outcome, process, satisfaction)
- Why the measure is needed
- Definition of measure
- Data collection and sampling method
- How will data be tracked?
- Is baseline data available? – think of benchmark numbers
- Is there a goal or target within your organization?
- Source of data and measure

Who and When to review measures?

Everybody!
Quality Management Committee

At least quarterly or more frequently based on QI activities

How many measures is enough?

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

https://hab.hrsa.gov/sites/default/files/hab/Global/CQM-PCN-15-02.pdf

Scenario 1: One Ryan White Part, One Ryan White Funded Service Category

The organization is funded under Ryan White Part B for Medical Case Management (MCM).
The organization does not receive RW funding for any other service categories.
The organization has served 50 Medical Case Management (MCM) clients in the past 12 months.
All the 50 Part B clients, 50 or 100% received MCM services.

How many measures should this agency track?

MCM: 2

Scenario 2: One Ryan White Part, Multiple RW Funded Service Categories

The organization is funded under RW Part B for Medical Case Management (MCM) and Psychosocial Support (PSS).
In the last twelve months, 50 clients have been served by MCM and 15 by PSS.
Across the two funded service categories, there are 60 unduplicated clients.
Of the 60 Part B clients, 50 or 83% received MCM services and 15 or 25% received a PSS service.

How many measures should this agency track?

**MCM: 2
&
Psychosocial: 1**

Scenario 3: Multiple Ryan White Parts, Multiple RW Funded Service Categories

The organization is funded under Ryan White Parts A, B, and has Regional EIS funding.
The organization is funded under Part A for Food Bank (FB) and Outpatient Ambulatory Health Services (OAHS), and under Part B for Mental Health (MH), and has Regional EIS funding.
In the last twelve months, 1,200 unduplicated clients have been served by Ryan White program.
Under Part A (FB and OAHS), 550 unduplicated clients have been served.
Under Part B (MH), 320 unduplicated clients have been served.
Under R-EIS, 220 unduplicated clients have been served.

Part A: Of the 550 Part A clients, 500 or 91% received FB services and 54 or 10% used OAHS

OAHS: 0 & Food Bank: 2

Part B: Of the 220 Part B clients, 220 or 100% received a MH services

MH: 2

R-EIS: Of the 320 R-EIS clients, 320 or 100% received a R-EIS services

R-EIS: 2

Discussion

- How does your team pick what to measure?

- What are some barriers/challenges when picking a measure?

- What baseline/benchmark data are your teams using?

- Do you develop your own measures or do you use HRSA measures?

- What tools are you using to review data?

- After you have reviewed common trends in your data, have you looked at disparities among certain groups?

- Do you share your data with other staff and customers?

Conclusion

Measurement:

- Is required by HRSA to be reviewed at least quarterly
- Is an essential component for any quality management program
- Can be done beyond those established by HRSA
- Based on utilization data, programs are expected to track certain number of measures
- Allows to see if changes lead to improvement

QM Committee Meeting: Measurement Cheat-sheet

- What are our current outcomes being measured?
- Are these outcomes appropriate?
- What measures should we track to show improvement?
- What are the processes and activities that have an impact on those outcomes?
- How are these processes performing?
- Are our processes stable and reliable?
- What will the impact of one process change be on the outcomes?
- What will the impact be on other parts of the system if one process is changed?
- Do we have the correct number of measures?

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