Improving Retention in Harm Reduction Services Using Quality Improvement Techniques

Speakers: Julie C. Pena, Nadine Ranger, Rosario M. López-Rivera

Moderators: Susan Weigl, Kinga Cieloszyk, MD, MPH, Meredith Baumgartner

AIDS INSTITUTE

NYC Health

Disclosure Statement

The speakers and moderators of this workshop have <u>no</u> financial arrangement with a commercial interest as defined by the ACCME and do not intend to reference unlabeled/unapproved uses of drugs or products during this presentation.
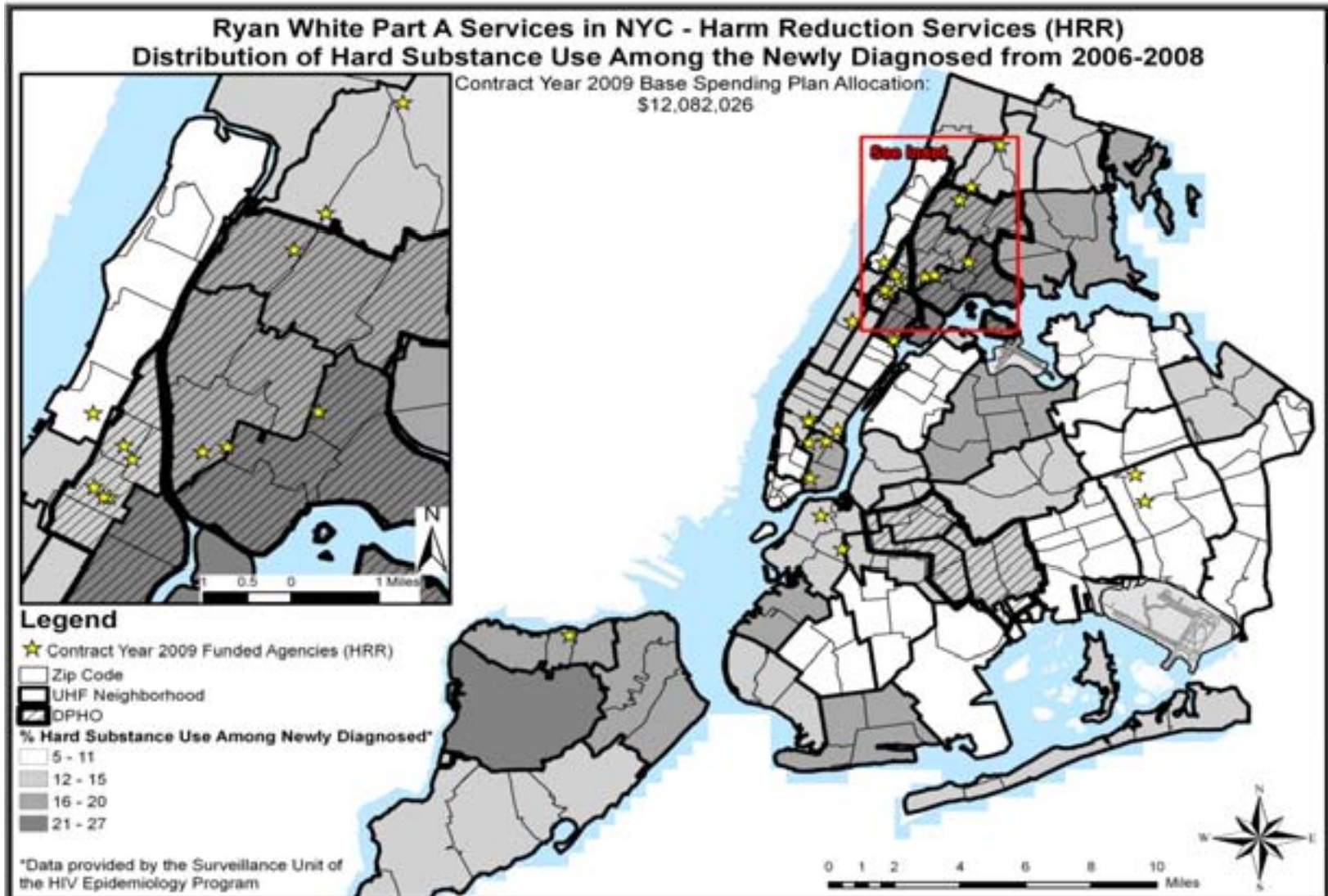
Workshop Objectives

- Understand the Harm Reduction Quality Learning Network structure and approach to service improvement

- Recognize the unique challenges, solutions, and importance of integrating QI in harm reduction services

- Demonstrate how harm reduction providers are creatively applying QI methodology to:

  - ✓ Measure the rate of client retention
  - ✓ Tailor interventions to improve retention

HIV and Harm Reduction in New York City

New HIV Cases and Funded HR Providers

Slide prepared by Marybec Griffin-Tomas, NYC DOHMH

Ryan White Part A Services in NYC - Harm Reduction Services (HRR)
Distribution of Hard Substance Use Among the Newly Diagnosed from 2006-2008

Contract Year 2009 Base Spending Plan Allocation: $12,082,026

Legend

★ Contract Year 2009 Funded Agencies (HRR)
☐ Zip Code
☐ UHF Neighborhood
☐ DPHO

% Hard Substance Use Among Newly Diagnosed*
☐ 5 - 11
☐ 12 - 15
☐ 16 - 20
☐ 21 - 27

*Data provided by the Surveillance Unit of the HIV Epidemiology Program

NYC DOHMH Harm Reduction Model

- **Goals**
  - Reduce HIV risk and substance use behaviors among active and recovering users
  - Reduce barriers to engagement and retention in primary care

- **Objectives**
  - Connect and engage in HIV primary care
  - Screen for substance use and linkage to service
  - Increase client access to Narcan
  - Increase access to prevention tools
    - (e.g., condoms, lubricant, other physical harm reduction implements)
  - Reduce HIV risk behaviors of HIV+ substance users
  - Reduce substance use behaviors

NYC HR Service Model

94,105 services provided in FY 2009

58% increase since 2006

HIV Testing

- Rapid HIV Testing
- Confirmatory Testing
- Linkage to Care

Medical Services

- Medical Outreach in the SROs
- Buprenorphine Initial Visit
- Buprenorphine Routine Visit

AOD Services

- Counseling (Family, Group, or Individual)
- Assessment for STIs
- Assessment for Substance Use
- Overdose Prevention Training (Group or Individual)

Low Threshold AOD Services

- Counseling (Family, Group, or Individual)
- Assessment for STIs
- Assessment for Substance Use

Slide prepared by Marybec Griffin-Tomas, NYC DOHMH

Current HR Client Population

20,409 clients received services in FY 2009
72% increase since 2006

Gender	Race and Ethnicity	Age
- 43% Female - 57% Male - 1% Transgender	- 52% Black - 35% Hispanic - 8% White - 1% Asian/ Pacific Islander - 3% Other/ Unknown	- 3% are 0-19 - 19% are 20-29 - 19% are 30-39 - 31% are 40-49 - 28% are 50+

Improving Quality in HR Services: A Learning Network Approach

Harm Reduction Quality Learning Network

25 New York City Harm Reduction Programs

Harm Reduction Service Delivery Models	
Integrated into healthcare facilities	36%
Free standing CBO, with formal collaborations for on-site primary care	24%
Free standing CBO	40%
Range of Services Provided	
Syringe Exchange or ESAP	28%
Low Threshold Individual or Group HR Activities	96%
Individual or Group Substance Use Counseling	96%
Assessment and Referral for STIs	92%
Buprenorphine Treatment	12%
Individual or Group Overdose Prevention Training	44%
Medical Outreach to SROs	8%
HIV Counseling and Rapid Testing	68%

AIDS INSTITUTE

NYC Health

Quality Management

- To enhance the capacity and sustain quality improvement by strengthening the **quality management program**

Performance Measurement

- To increase competency in the **performance measurement** process and its application of quality improvement strategies

Quality Improvement

- To identify and promote best practices through network group discussions of strategies, common problems, and data driven interventions for **improvement** of services

Learning Network Structure

Participants

- Commitment to attend and remain engaged in learning network activities
- Implement a quality improvement project annually
- Target systems and infrastructure needs in their programs/organizations
- Share quality resources and skills with colleagues

Quality Support

- One-on-one QI coaching where needed
- Onsite QM organizational assessment and recommendations
- Enhance provider capability for QI
- Build quality infrastructure
- QI education
- Data management skills
- Quality indicator development and performance review

Quality Improvement: A Focus on Retention

- Why focus on Retention in HR services?
  - Linking participation to improved outcomes
    - Improved Health (Engagement in HIV Primary Care)
    - Linkage to Other Supportive Services
    - Improved Quality of Life
    - Incremental Risk Reduction (Frequency, Amount, Mode)

Quality Improvement Project Cycle
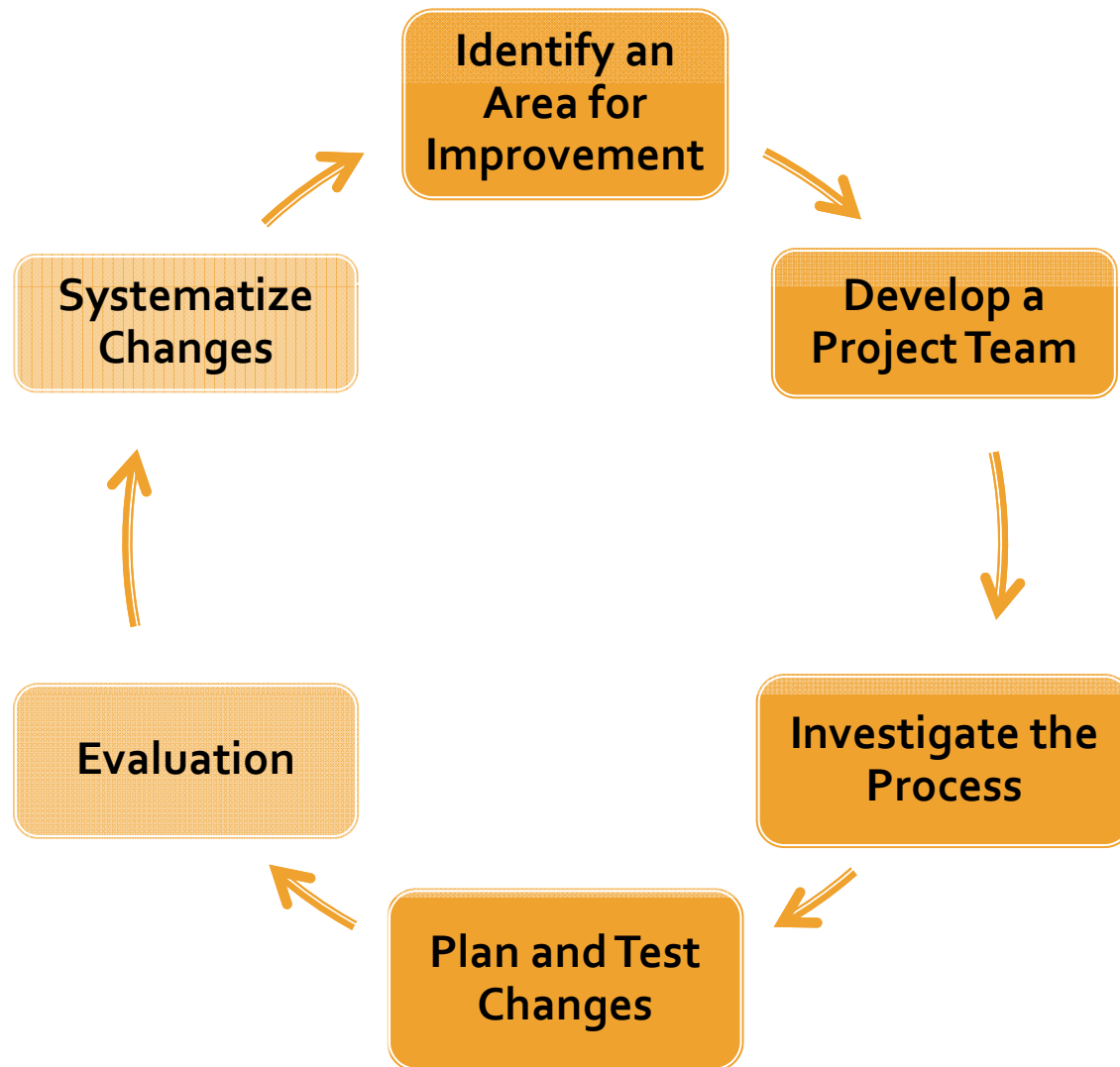
Getting Started: QI Project Launch

Identify an Area for Improvement

- Review, collect, and analyze project data

Develop a Project Team

- Identify team membership and convene team
- Establish team roles and ground rules
- Develop project improvement workplan and goals

Investigate the Process

- Review data and reassess project goals
- Investigate the process being reviewed
- Chart the process flow within the team
- Identify and prioritize root causes

QI and Performance Measurement: Developing a Retention Measure

To measure and analyze data from the system in which care is delivered in a broader effort to:

- *Monitor the quality of care provided*

- *Define possible causes of system problems*

- *Make the changes necessary to ensure that a larger proportion of clients receives the appropriate interventions/services*

Identify an Area for Improvement → Develop a Project Team → Investigate the Process

Project Hospitality

Project Hospitality

- **Retention**: *Participation in at least 3 counseling session (individual or group) per month for a period of three months*

- **Baseline Measure**: **36%**

| Identify an Area for Improvement | Develop a Project Team | Investigate the Process |

Defining and Measuring Retention

Brooklyn AIDS Task Force

- **Retention**: *Actively enrolled client has participated in at least 3 AOD services (groups and/or individual sessions) per month for a period of 3 months*

- **Baseline Measure**: **41%**

Identify an Area for Improvement > Develop a Project Team > Investigate the Process

CitiWide Harm Reduction

- **Retention**: *Enrolled participant who receives at least one service per month after Intake for a period of 3 months* (engagement in individual and/or group services)

- **Baseline Measure:** 9.7%

Identify an Area for Improvement | Develop a Project Team | Investigate the Process

Developing a Project Team and Establishing Clear Goals

- Identify team membership
- Establish team roles and ground rules
- Develop project improvement workplan and goals
- Example QI project charter

QI Project Charter

Date:
Area for Improvement:
Problem Statement:
Improvement Goal:

Departments/functions involved in the process under study:
Team leader:
Team members:

Other: (resources, authority, frequency of reporting)

| Identify an Area for Improvement | Develop a Project Team | Investigate the Process |

Investigating the Process

- **Tools**
  - Cause and Effect Diagram
  - 5 Whys
  - Brainstorming
  - Flow Charting
  - Consumer Focused Tools
    - Focus Groups
    - Client Interviews

Identify an Area for Improvement → Develop a Project Team → **Investigate the Process**

Cause and Effect (Fishbone) Diagram Investigation on Retention
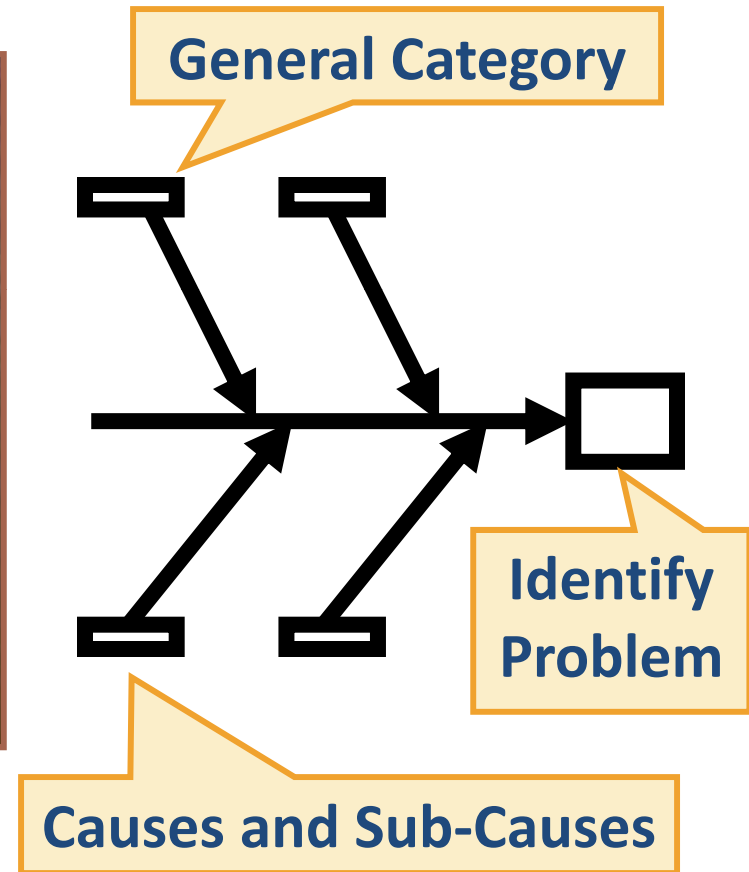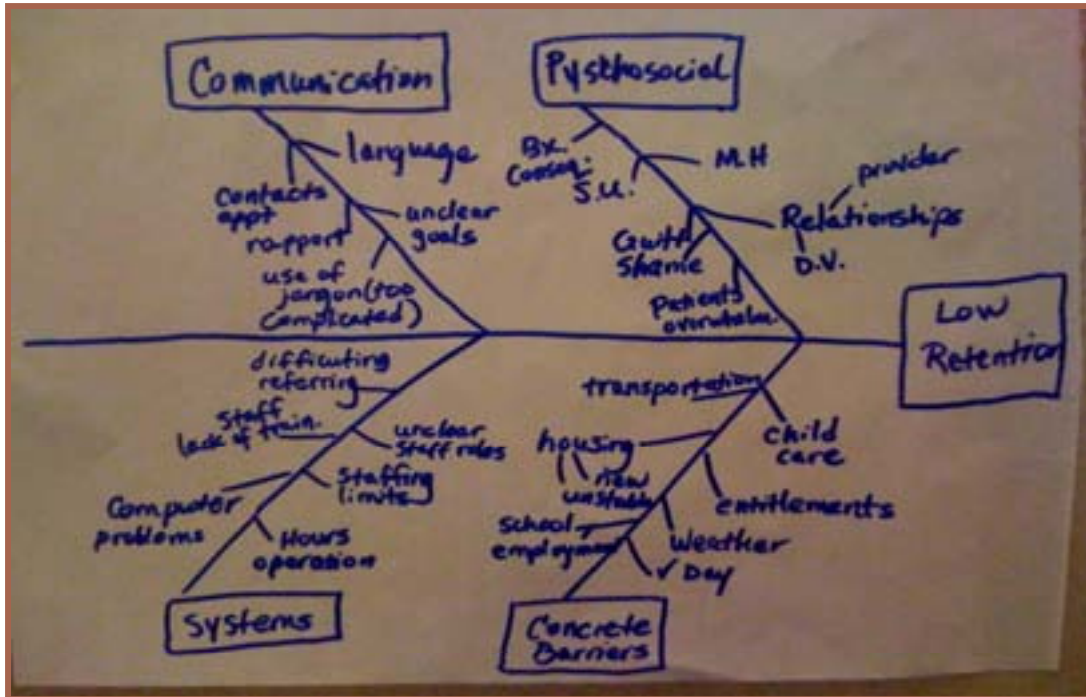
General Category

Identify Problem

Causes and Sub-Causes

Identify an Area for Improvement → Develop a Project Team → **Investigate the Process**

Investigating the Process

- **Discuss Common Causes for Low and Successful Retention**
  - Process Specific
  - Consumer Specific
    - E.g. Using consumer input gained from client focus groups

| Identify an Area for Improvement | Develop a Project Team | **Investigate the Process** |

The following are examples of client focus group discussion:
How does HR makes you feel?

- "feels real good to have harm reduction in my life, because without it my health would be terrible", "harm reduction makes me feel aware", "harm reduction makes me feel relieved", " I feel more aware of what's going on in my life".

How does HR affects your life?

- *"keeps me focused", " If I keep coming back, more will be revealed", "makes me step back and think before I jump back", "everyday is keeping me on my square", "is a step for me to measure other aspects of my life"*
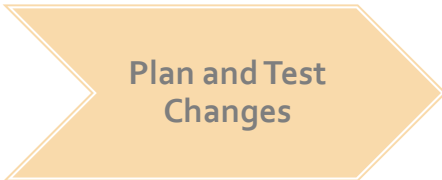
Plan and Test Changes
The Model for Improvement

1. What are we trying to accomplish?
2. What change can we make that will result in improvement?
3. How will we know that a change is an improvement?

Plan and Test Changes

Act	Plan
Study	Do

Project Hospitality
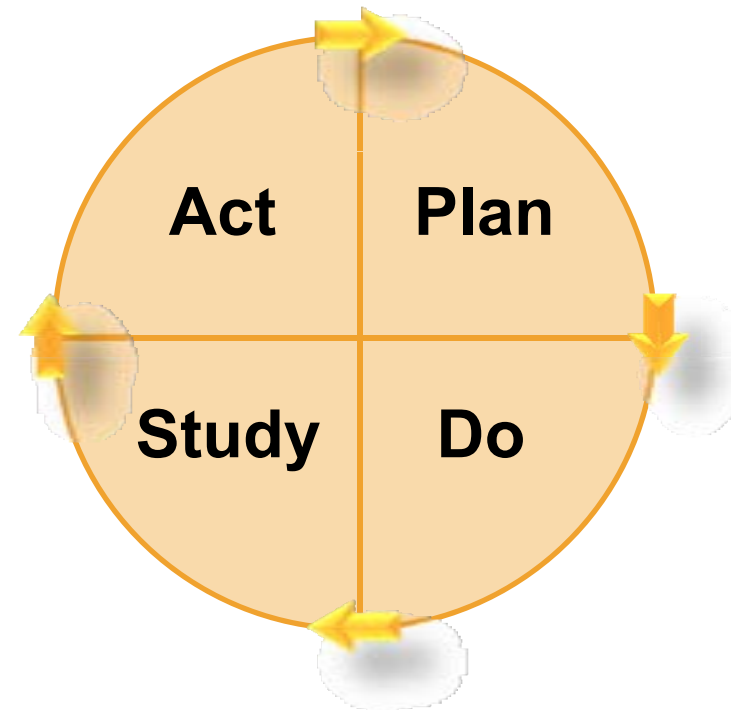
Interventions

- Increase HR service promotion

- Implement continuous focus groups to identify clients' barriers

- Develop client informed groups, activities, and materials

Plan and Test Changes

Interventions

- Use AIRS service utilization to track and coordinate services with other service areas accessed by client

- Use Intelius to obtain updated client information and improve reminder systems

- Decrease the lag time between communication from the HRR counselor with the client

- Staff trainings and share expertise

- Providing client reminders such as phone calls

Plan and Test Changes

CitiWide Harm Reduction

Interventions

- Implement consistent QA/tracking system to determine engagement, contact, and CM assignment

- Develop a system to ensure turn-around time from intake to initial contact is no longer 7 days

- Review activities being offered and make recommendations for additional/alternate services

Plan and Test Changes

Evaluation and Next Steps

Evaluation

- Review and document pilot test result(s)
- Share QI Project Results with key stakeholders
- Evaluate results(s) and determine next steps

Systematize Change

- Assess the project's effectiveness against the original plan
- Re-measure performance at regular intervals and monitor improvement

Project Hospitality

Next Steps

- Explore predictors of retention to identify changes for improvement
- Explore the impact of retention of self-reported behavior change
- Identify and incorporate tool into assessment form to document/measure incremental changes in risk behavior
- Explore contingency management
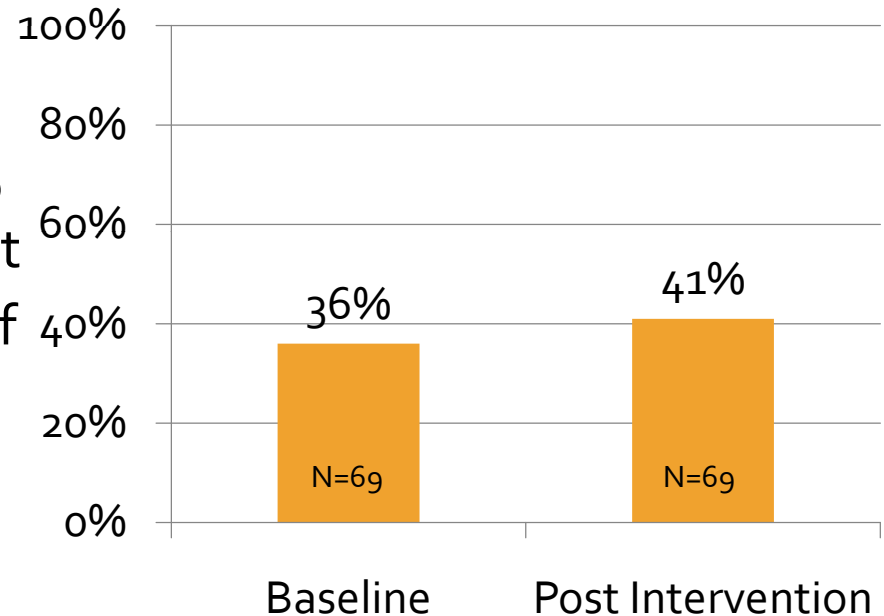
Evaluation Sustain

Next Steps

- Continue to engage new participants via face to face, letter, or phone call within 7 days of case assignment
- Ensure timely outreach at 30, 60, and 90 days of no engagement or attendance
- Continue to monitor ongoing engagement
- Client satisfaction surveys
- QI activities to inform agency policy/procedures

Bar chart: Baseline 9.67% (N=46); Post Intervention 40.57% (N=48)

Evaluation → Sustain
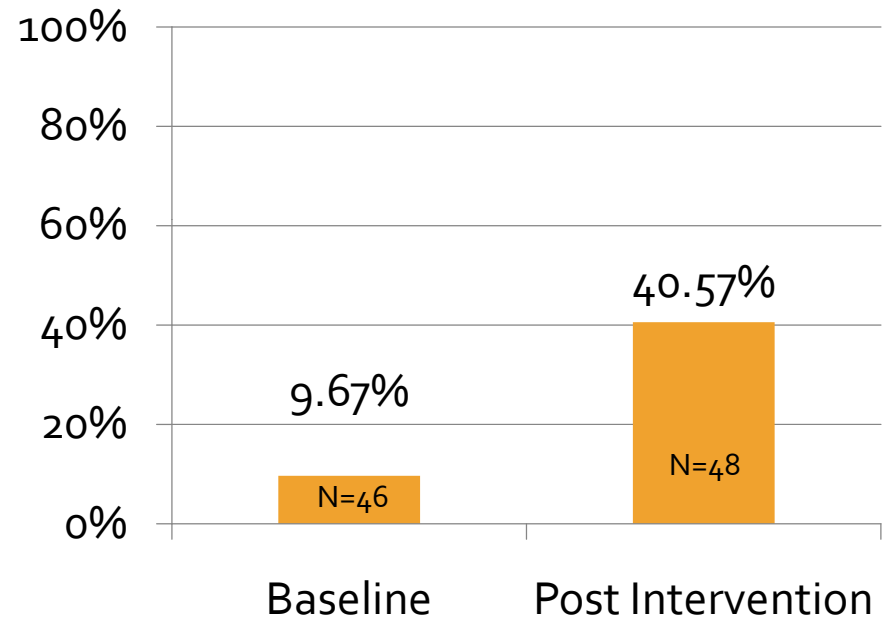
Next Steps

- Bring findings to the CQI committee
- Spread applicable interventions agency-wide
- Systematize Changes
  - Review data on a regular basis
  - Formalize outreach process
  - For Follow-Up:
    - Designated number of attempts/certain time period
    - Engage peer support system
    - If LTFU: Case Conference
- Use quality indicators to identify new areas for improvement

Evaluation Sustain
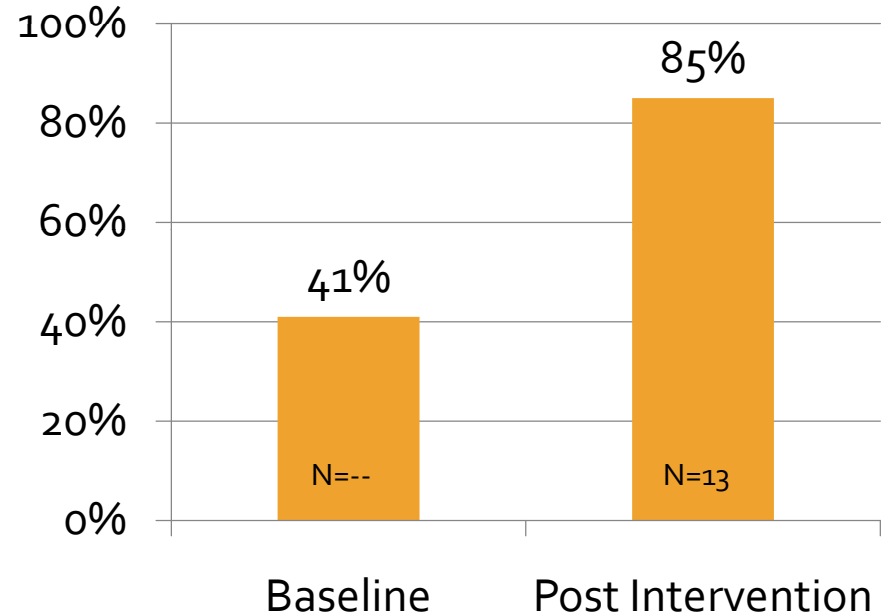
Implementing QI in Harm Reduction Services: Challenges and Strategies

- Short duration of services
- Responding to clients' immediate needs
- Targeting a transient population
- Appropriate data collection
- Staff resistance with additional responsibility
- Lack of training/familiarity (staff)

Harm Reduction Quality Learning Network Next Steps

- Providers are working to develop a <u>common measure</u> of retention across the LN
- Development of a continuum of engagement and retention in HR services
  - Tested QI interventions fall along this continuum
- NEW quality indicators in development by providers
- Support quality management program capacity building at the agency level

Questions and Answers

Resources:

- **HIV Guidelines**

  http://www.hivguidelines.org/

- **National Quality Center**

  http://nationalqualitycenter.org/

  - NQC provides technical assistance on quality improvement to Ryan White grantees of all Parts across the country. The NQC website posts comprehensive and up-to-date HIV quality improvement resources for HIV providers and consumers. The NQC website fosters a range of peer learning opportunities by allowing providers to post and share success stories, tools, and other resources recommended for use.

Acknowledgments

- ## Bruce Agins, MD, MPH

  - Medical Director, NYSDOH AIDS Institute

- ## Fabienne Laraque, MD, MPH

  - Director, Care, Treatment and Housing Program, NYC DOHMH

- ## Marybec Griffin-Tomas, MA

  - Project Officer, NYC DOHMH

- ## Jacqueline Colon, MHA

  - NYSDOH AI

- ## ALL HRQLN Participants

Thank You

Contact Us For More Information:

- Susan Weigl
  - sweigl@yahoo.com
- Meredith Baumgartner
  - mgb04@health.state.ny.us
- Kinga Cieloszyk
  - kcielosz@health.nyc.gov
- CitiWide: Julie C. Pena
  - jpena@citiwidehr.org
- Brooklyn AIDS Task Force: Nadine Ranger
  - nranger@batf.net
- Project Hospitality: Rosario M. López-Rivera
  - Rosario_Lopez@projecthospitality.org