



Quality Institute #2: Quality 101/HAB Expectations Session 1

Kathleen Clanon
Wednesday, August 25; 8:30–10:30am
Maryland B
RWA-415

Learning Objectives

- Recognize the important role quality plays in the delivery of health care as well as its basic definition and principles
- Understand the quality expectations and requirements for Ryan White Programs
- Learn the key characteristics of a Ryan White-funded Quality Management Program
- Learn concrete action steps which will allow you to initiate an effective quality management plan and quality management activities within your program

Quality Improvement Model: HIVQUAL



Why Quality Improvement in HIV Care?

Magnitude of epidemic

- Approximately **1.1 million** people in the United States are living with HIV/AIDS
- Over **550,000** people in the United States who had AIDS have died
- **39.5 million** people around the world are living with HIV/AIDS
- **15.2 million** children have been orphaned as a result of HIV/AIDS worldwide so far

Why Quality Improvement in HIV Care?

Effectiveness of medical care

- As of 2005, the age-adjusted HIV death rate had fallen by **70%** since its peak in 1994-1995
- Increasingly effective HIV therapy had contributed to saving **3 million** years of life
- Within the last 15 years, vertical transmissions rates have been reduced from around **25%** to under **4%**

Why Quality Improvement in HIV Care?

Urgent need to address socioeconomic and racial disparities in prevalence and outcomes

- **32%** of white Americans and **59%** of black Americans living with HIV/AIDS rely on Medicaid for their health care
- Racial and ethnic minorities account for **71%** of new AIDS cases, and **64%** of people living with AIDS
- While African American teens account for only 15% of all American teenagers, they accounted for **65%** of new AIDS cases reported in 2002

Why Quality Improvement in HIV Care?

Changing nature of the patient population

- Women accounted for **8%** of new AIDS diagnoses in 1985 and **27%** in 2005
- Heterosexual transmission currently accounts for approximately **1 in 3** newly diagnosed AIDS cases; in 1985 it accounted for only **3%**
- Between 2001 and 2005, AIDS cases increased most rapidly in the **Midwest** (38%) and the **South** (19%)
- People living with HIV and taking ARV are more likely to die of an **age-related** illness than an **AIDS-related** illness



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Quality Continuum



Overall Goal

**The best care we know how to give,
for every patient,
at every site,
every day.**





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QI Principles



1) What does CQI stand for?

- a) Community Quality Initiative
- b) Case Management Quality Ideas
- c) Continuous Quality Improvement
- d) Circular Quantum Invention

2) What is the main difference between quality assurance and quality improvement?

- a) Quality assurance uses mainly a team approach
- b) Quality improvement focuses on statistical outliers for improvements
- c) Quality assurance and quality improvement are practically the same
- d) None of the above

3) What is the most important principle for quality improvement? Quality improvement focuses on...

- a) Individual performers
- b) Routine measurement of performance
- c) Training of providers
- d) Systems issues

4) Which of the following is NOT a statement by HAB about Quality Programs?

- a) QM programs need to look beyond clinical services to consider both supportive services and outcomes
- b) QM programs assess the extent to which HIV health services are consistent with the most recent Public Health Service guidelines
- c) The primary focus of the QM program is on performance measurement to assess clinical and non-clinical services
- d) Quality is the degree to which a health or social support service meets or exceeds established professional standards and user expectations

5) The following performance data report is presented: PPD 95%, GYN 85%, and PCP Prophylaxis 55%. You advise the program to continue to measure...

- a) only PCP Prophylaxis
- b) GYN and PCP Prophylaxis
- c) All three indicators

6) The results of an adherence QI project are presented after 10 months of work, improving the rate to 98% and it was kept between 95%-100% for the last 4 months. You advise the program to...

- a) Discontinue routine measurements
- b) Switch to quarterly measurements
- c) Keep monthly measurements



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QI Principles



Success Is Achieved Through Meeting the Needs of Those We Serve.



Is your hospital prepared for the future?

Most Problems Are Found in Processes, Not in People.



Do Not Reinvent the Wheel – Learn From Best Practices.



Learn Through Small, Incremental Changes to Achieve Continual Improvements.



Actions Are Based Upon Accurate and Measured Data.



Infrastructure Enhances Systematic Implementation of Improvement Activities.



Set Priorities and Communicate clearly



'QI is not QA'

| | <i>Quality Assurance</i> | <i>Quality Improvement</i> |
|-----------------------|-------------------------------------|--|
| Motivation | Measuring compliance with standards | Continuously improving processes to meet standards |
| Means | Inspection | Prevention |
| Focus | Individuals, "bad apples" | Processes and Systems |
| Responsibility | Few | All |

HAB's Working Definition of Quality

"Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

Institute of Medicine. Medicare: A Strategy for Quality Assurance. Vol. 1. (1990)



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Quality Management in the Context of the Ryan White Program



Ryan White Treatment Extension Act of 2009

- “The chief elected official/ grantee... *shall provide for the establishment of a **clinical** quality management program to **assess the extent to which HIV health services** provided to patients under the grant **are consistent** with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infection, and as applicable, to **develop strategies for ensuring that such services are consistent** with the guidelines for improvement in the access to and quality of HIV health services”*

Ryan White Program Quality Requirements

“RW grantees are directed to establish **clinical** quality management programs..” which include:

- Development of a comprehensive clinical quality management infrastructure, including routine QM meetings with cross-functional representation
- Description of QM program in a written quality management plan, with a clear indication of responsibilities and responsible parties
- Inclusion and involvement of key stakeholders in your quality management program
- Designated leaders for quality improvement and accountability

Ryan White Program Quality Requirements

- “Assess the extent to which HIV health services are consistent with the most recent Public Health Service (PHS) guidelines...” which includes:
 - Development and/or adaptation of quality indicators for key clinical and service categories
 - Routine performance measurement of key care aspects
 - Sharing of performance data with program staff
 - Use of data to improve the organization’s performance on key services

Ryan White Program Quality Requirements

- “Develop strategies for ensuring that such services are consistent with the guidelines for improvement in access to and quality of HIV service...” that include:
 - Linking performance data results to quality improvement activities
 - Establishment of quality improvement teams with cross-functional representation
 - Integration of changes into routine program activities

Key Characteristics of a Quality Management Program

Patient-centeredness is a fundamental focus of quality care and undergirds the 5 characteristics that follow.

1. A **systematic process** with identified leadership, accountability, and dedicated resources available to the program
2. Use **data and measurable outcomes** to determine progress toward relevant, evidenced-based benchmarks
3. Focus on **linkages**, efficiencies and provider, and **client expectation** in addressing outcome improvement

Key Characteristics of a Quality Management Program (cont.)

4. A **continuous process** that is adaptive to change and that fits within the framework of other programmatic quality assurance and quality improvement activities
5. Ensure that **data collected are fed back** into the quality improvement process to assure that goals are accomplished and that they are concurrent with improved outcomes

Individual/Group Exercise

- Review the Quality Expectations Case Study handout.
- Individually, rate the components described for compliance with the required elements.
- Be ready to discuss your ratings with your table group.
- We will have an anonymous large group report out also...



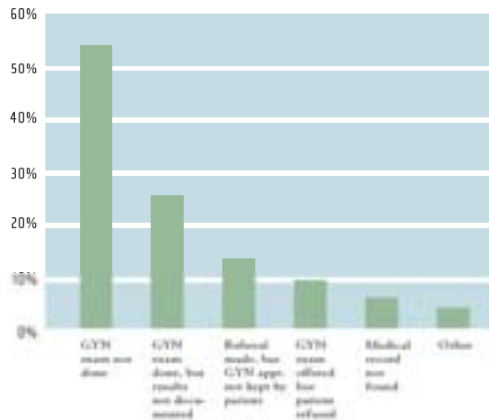
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Moving from Data to Improvement



Key Question

What action steps should you take once the data are collected?



Group Exercise: Prioritizing Areas for Action

In your table group:

- Review the data report for the State of Euphoria
- Decide which one area/indicator you will focus on for next steps.
- Be ready to discuss in the large group what you decided and why



Data are a Guide, Not a Grade.... They tell us what questions to ask.

At the level of a network, we can NEVER say that data represent performance, **we can only say that the data are spurring us to ask questions:**

- *“Why is this number so low?”*
- *“Is it a data entry problem, a documentation problem, or a problem providing the care (or a mix)?”*
- *“Why are the numbers so different from this area to that area?”*
- *“What are these data telling us about our system?”*



Only the providers can ANSWER those questions, but we can't even know what to ask if we aren't looking at the whole network's data together.

Where Should I Start?

- Find your quality plan and read it.
- Consider doing an Organizational Assessment of the quality management program
- Take one Quality Academy Tutorial
- Download one Quality Improvement publication at NationalQualityCenter.org
- Sign up for NQC's TOT or TQL Program

Resources



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QI RESOURCES

NQC ACTIVITIES

SEARCH

[Home](#) > [NQC Activities](#) > Quality Academy

Quality Academy

Tutorials

To begin, just click on a Tutorial to learn more about the training content and access the slide presentations or PDF files.

A) Introduction and Overview

TUTORIAL 1

The National Quality Center

Beginner

TUTORIAL 2

What is Quality? What is Quality Improvement in HIV Care?

Beginner

TUTORIAL 3

The Ryan White Program and its Expectations for Quality

Beginner

TUTORIAL 4

Quality Improvement Resources

Beginner

B) Structuring a Quality Program

TUTORIAL 5

Quality Management Plan

Intermediate

TUTORIAL 6

Quality Management Infrastructure

Intermediate

Resources

NQC Part A Quality Management Program Assessment Tool

| | | | |
|--|---------------------------------|------------------------------------|--------------------------|
| EMA/TGA: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact Person: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Address: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| City: <input type="checkbox"/> | State: <input type="checkbox"/> | Zip Code: <input type="checkbox"/> | <input type="checkbox"/> |
| Phone: <input type="checkbox"/> | Fax: <input type="checkbox"/> | Email: <input type="checkbox"/> | <input type="checkbox"/> |

| Quality Management Plan | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|
| A.1. Is a comprehensive HIV-specific, EMA/TGA-wide quality management plan in place with clear definitions of leadership, Part A roles, resources and accountability? | | | | | |
| Score 0 | Score 1 | Score 2 | Score 3 | Score 4 | Score 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Score 0 | Part A program has no or minimal written quality plan in place; if any in existence, written plan does not reflect current day-to-day operations. | | | | |
| Score 1 | Part A program has only loosely outlined a quality management plan; written plan reflects only in part current day-to-day operations. | | | | |
| Score 2 | <input type="checkbox"/> | | | | |
| Score 3 | A written EMA/TGA-wide quality management plan is developed describing the quality infrastructure, frequency of meetings, indication of leadership and objectives; the quality plan is shared with staff; the quality plan is reviewed and revised at least annually; some areas of detail and integration are not present. | | | | |
| Score 4 | <input type="checkbox"/> | | | | |
| Score 5 | A comprehensive and detailed HIV-specific, citywide quality management plan is developed/refined, with a clear indication of responsibilities and accountability, quality committee infrastructure, outline of performance measurement strategies, and elaboration of processes for ongoing evaluation and assessment; engagement of other department representatives is described; quality plan fits within the framework of other citywide QI/QA activities; staff and providers are aware of the plan and are involved in reviewing and updating the plan. | | | | |
| Comment: | <input type="checkbox"/> | | | | |

NQC Checklist for the Review of an HIV-Specific Quality Management Plan

Grantee: _____

Date: _____

How to use this checklist:

A Quality Management (QM) Plan defines a quality program's strategic direction and provides a blueprint for upcoming improvement activities for the HIV program. While there is no universal "how-to" template for creating a quality management plan, this document outlines the basic domains that should be covered in each plan: Quality statement, Quality improvement infrastructure, Quality Plan Implementation, Performance measurement, Annual quality goals, Participation of stakeholders, Evaluation, Capacity Building, Process to update the Plan, and Communication.

This checklist has been created to assist those who are: 1) working with grantees to develop an HIV-specific Quality Management (QM) Plan; and/or 2) reviewing a QM Plan for completeness. Keep in mind that this checklist should be used as a reference and assessment tool and that the most important step is to get started.

Definition of terms:

The term **Quality Management Program** encompasses all systematic and continuous quality processes, including the formal organizational quality infrastructure and quality improvement related activities, consistent with other QI and QA programs with identified leadership, accountability and resources to develop a strategy for using and measuring data to determine progress toward evidence-based benchmarks with a focus on linkages and provider and client expectations using data collection practices to ensure that goals are accomplished and result in improved outcomes.

Quality Management Plan is a written document that outlines how the quality management program will be implemented, including a clear indication of responsibilities and accountability, performance measurement strategies and goals, and elaboration of processes for ongoing evaluation and assessment of the program.

| Domain in QM Plan | Description | ✓- Comments |
|------------------------|---|-------------|
| Quality statement | <ul style="list-style-type: none"> Provides brief purpose describing the end goal of the HIV quality program and a shared vision to which all other activities are directed; assume an ideal world and ask yourselves, "What do we want to be for our patients and our community?" | |
| Quality infrastructure | <p>The quality infrastructure includes the following elements:</p> <ul style="list-style-type: none"> Leadership: Identifies who is responsible for the quality management initiatives. Quality committee(s) structure: Documents who serves on the quality committee, who chairs the committee, and who coordinates the QM activities Roles and Responsibilities: Defines all key persons, organizations, and major stakeholders and clarifies their expectations for the quality management program. Resources: Identifies the resources for the QM program | |

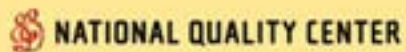
Resources



NQC Training of Quality Leaders Guide

Facilitator Manual to Build Capacity of HIV Providers to Lead Quality Management Activities

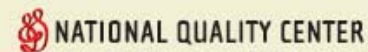
New York State Department of Health AIDS Institute
Health Resources and Services Administration HIWAIDS Bureau



NQC Training-of-Trainers Guide

Facilitator Manual to Train HIV Providers on Quality Management

New York State Department of Health AIDS Institute
Health Resources and Services Administration HIWAIDS Bureau



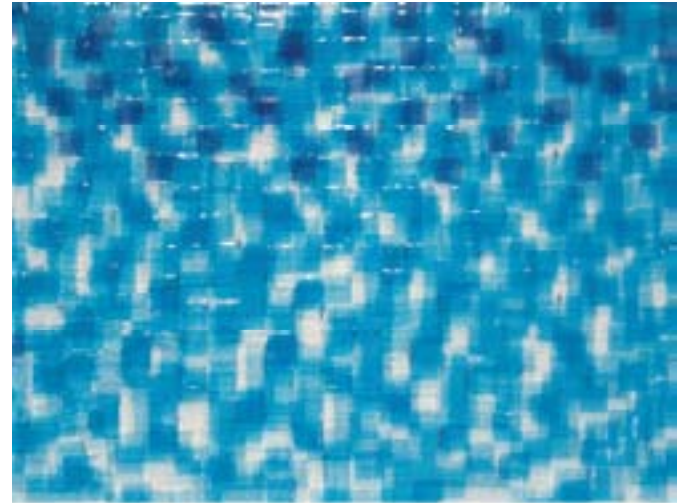
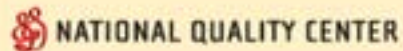
Resources



Making Sure HIV Patient Self-Management Works

A Training Workshop for HIV Care Providers
Curriculum Guide for Workshop Facilitators

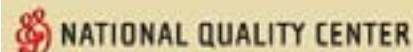
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Making Sure Your HIV Care is the Best It Can Be

A Consumer Quality of Care Training Workshop

New York State Department of Health AIDS Institute
Health Resources and Services Administration HIV/AIDS Bureau




Resources



The Game Guide

Interactive Exercises for Trainers to Teach Quality Improvement in HIV Care

New York State Department of Health AIDS Institute
Health Resources and Services Administration HIV/AIDS Bureau


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Building Capacity of Statewide Quality Management Programs

NQC Guide for Ryan White HIV/AIDS Program Part B Grantees

New York State Department of Health AIDS Institute
Health Resources and Services Administration HIV/AIDS Bureau

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Aha Moment and Action Planning

- What have you learned from this workshop?
- What will you do differently in response to this workshop?
- Complete the Action Planning Form on your chair

NQC Activities at the AGM 2010 – Join Us!

Monday, August 23, 2010

- 11am: Improve Your Care and Services with Consumer Input (Quality Institute 1) - Delaware A
- 2:30pm: Creating a Culture for Quality Improvement (Quality Institute 1) - Delaware A

Tuesday, August 24, 2010

- 8:30am: Quality in Hard Times (Quality Institute 1) - Delaware A

Wednesday, August 25, 2010

- 8:30am: Quality Improvement 101/HAB Quality Expectations (Quality Institute 2) - Maryland B
- 11am: An Introduction to Performance Measurement (Quality Institute 2) - Maryland B
- 3:30pm: How to Share Performance Data to Spur Improvement (Quality Institute 2) - Maryland B

Thursday, August 26, 2010

- 8am: Strategies to Measure and Improve Patient Retention Rates - Washington 2
- 10am: Aligning Quality Initiatives: Lessons Learned from Cross-Part Collaborative - Washington 4
- 10am: Quality Management for Non-Clinical Care - Washington 1

Visit our NQC/HIVQUAL Exhibit Booth in the Exhibit Area

- Pick up hard copies of QI Publications and meet your staff and consultants



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