

Engaging Consumers as Partners in Quality Improvement

RAAN [Rural AIDS Action Network]

Presenters:

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Workshop Overview

- Describe a process for engaging consumers as partners in QM/QI
- Describe process for organizing CAC [consumer advisory committee]
- Promote use of health literacy curriculum to support consumer involvement

What You Will Learn

- How to use NQC “Making Sure” curriculum to engage consumers in QM/QI
- How to use NQC “Making Sure” curriculum as feeder system for consumer advisory committee
- How to organize a consumer advisory committee

Project Introduction - RAAN Health Literacy Project

- HRSA Capacity-Building Grant / Grant period – 2008 / 2009
- Activities described – Aug 2008 / Feb 2010



Project Introduction - Brief Introduction to RAAN

- Services provided [*MCM, HERR, CTR, Ed/Outreach, basis support, emotional support, provider network coordination*]
- Service area [Greater MN – outside Twin Cities metro]
- Service structure [*seven offices in Greater MN*]
- Budget & staff [*\$890,000; 13 staff*]
- Clients [*254 RW MCM/support services*]

Project Introduction – Summary of What We Learned

- Consumer ed can change health outcomes
- Consumer advisory group adds value to service planning and quality improvement
- Education & training improves consumer involvement
- Constraints to engaging providers
- Integration into service supports sustainability

Project Goals / Objectives



Goals -

- Improve consumer health literacy
- Establish consumer involvement in RAAN services development and QM / QI [quality management / quality improvement]
- Engage clinical providers in QM / QI

Project Goals / Objectives



Objectives -

- Increase routine CD4/viral load screenings and routine Pap smears; sustain routine visits with providers and MCMs [medical case managers]
- Establish consumer advisory committee with a minimum of 8 members
- Develop network of peer trainers
- Train providers to support consumer self-care

Activities

- Conducted 9 “Making Sure” workshops
- Developed framework & initiated QI-CAC [Quality Improvement – Consumer Advisory Committee]
- Tested strategies for training providers

Activities – Health Literacy Workshops

- 9 “Making Sure” workshops [8 for consumers; 1 to introduce to RAAN staff]
- Used facilitator experienced with “Making Sure” curriculum; HIV+
- Adapted curriculum to (a) address RAAN QM/QI objectives and (b) accommodate participation by clients who live in rural areas.

Activities – Creating QI-CAC

- Developed member recruitment / feeder systems; maintained membership of six to eight
- Established framework for conducting QI-CAC [Quality Improvement – Community Advisory Committee] business [*used NQC-CAC as model*]
- Conducted regular, bi-annual meetings and training sessions with leadership conference calls

Activities – Training Providers

- Identified curriculum [new NQC “Making Sure HIV Patient Self-management Works” curriculum]
- Identified trainer – a clinical provider who was a “champion” for QM/QI and patient self-management
- Explored various strategies for presenting the **workshop** [all provider staff within a clinic, single statewide meeting, clinic-based workshops, Webinar – *nothing worked*]

Outcomes / Impact

- Consumer workshops – *improved self-care capacity and targeted QM/QI outcomes*
- Consumer advisory committee – *established structure and sustained implementation*
- Provider workshops – *could not develop a strategy to deliver workshops in a way that would engage providers*

Outcomes / Impact – Health Education Workshops

- 56 of 203 [28%] RW MCM/support services clients participated
- 65% reported increased knowledge about HIV self-care
- 85% reported they were prepared or better prepared to describe indicators of quality care
- Quality of workshops rated at 4.71 on 5 point scale

Outcomes / Impact – Health Education Workshops

“I recommend everyone living with HIV take this workshop.”

“Having support from newfound friends gives me encouragement to talk to my doctors more about my health issues.”

“It was nice to reinforce awareness about personal values. The group exercises helped support emotional well-being and reduce stress.”

Outcomes / Impact – Health Education Workshops

- Increase routine CD4/viral load screenings -
Increased from 15 to 65 individuals 2006 to 2010; increased from 21% in 2006 to 51%;37% in 2010 [Jan to June]
- Increase and Pap smears – *increased from 26 to 52 individuals 2006 to 2010; increased from 19% in 2006 to 32% in 2009 ; 23% in 2010 [Jan to June]*
- sustain routine visits with providers and MCMs
[88% clients maintaining routine visits with providers; 95% highest need clients maintaining routine visits with MCMs]

Outcomes / Impact – QI - CAC

- Held three meetings [1.5 annual cycles]; two training sessions [as part of regular meetings] and 5 leadership conference calls
- Sustained membership of eight members; representing five of seven RAAN service areas
- Developed tracking tool to help QI-CAC monitor RAAN QM/QI performance

Outcomes / Impact – QI - CAC

- Secured input on key QM/QI challenges [*client reimbursement; development of stigma, disclosure and confidentiality education; responses to HRS ORO audit re how to address dramatic increase in RAAN MCM client caseload, increasing Pap smear screening and increasing T-cell/viral load screening*]
- Moved to getting client input on QM/QI initiatives *before* developing staff proposals [February 2010]
- 4 of 8 members assisted with consumer “Making Sure” workshop activities

Outcomes / Impact – Provider Training

- Identified curriculum [NQC “Making Sure” for providers]; identified trainer
- Explored strategies for engaging clinic staff [clinicians and providers]
- *Could not develop a workable strategy to deliver provider training*

What We Learned – Consumer ed changes health outcomes

- Workshop evaluations indicated consumers learned more about self-care and indicators of quality HIV care
- RAAN MCM's observed improvements in consumer engagement in self care
- Measurable progress in improving QM/QI outcomes
- Quality facilitation makes a difference

What We Learned – Consumer advisory group adds value

- Got useful advice to support service changes and improvements [e.g. reimbursement practices]
- Got “front end” advice to address key issues identified during 2009 HRSA ORO performance review



What We Learned – Train and educate to support CAC

- “Making Sure” workshops helped introduce consumers to QM/QI and recruit CAC members – a *feeder* system
- Integrate ongoing education and training about QM/QI into QI-CAC meetings

What We Learned – Constraints to engaging providers

- Takes much more staff time to make this happen as single workshop, multiple on-site trainings or adapting curriculum to Webinar
- Lack of interest or time to participate in training
- Lack of familiarity with patient self care as valuable part of care – regardless of HIV
- Did not have a “hook” to develop interest; not enough “champions” to advance effort

What We Learned – Sustain by integrating into service

- “Making Sure” curriculum linked QM/QI and consumer involvement in QM/QI to key RAAN services, e.g. consumer health education, social network & emotional support, peer support and HIV+ peer leadership development

Next Steps – Challenges and Opportunities

Challenges -

- Sustaining without special project funding from HRSA
- Increasing and sustaining consumer role as partners in delivering health literacy services
- Balancing consumer / org / grantee [HRSA] interests
- Engaging clinical providers to support consumer self care and RAAN QM/QI efforts

Next Steps – Challenges and Opportunities

Opportunities -

- Great support and excitement about “Making Sure” curriculum
- QI-CAC “front end” impact to develop service improvement strategies
- Consumers – workshop and QI-CAC members – have improve understanding of impact of QM/QI on improving their health

What We Hope You Learned

- The NQC “Making Sure” curriculum is worth checking out – good tool for increasing health literacy and self-care capacity and consumer role in QM/QI; feeder for consumer advisory committee
- That it is possible to create an effective consumer advisory committee – even in organization with limited resources, relatively low number of clients and challenges that come with serving dispersed rural client base

Follow-up: Contact & Resources

- RAAN
 - QI-CAC organizational guidelines
- NQC [National Quality Center]
 - “Making Sure HIV Care Is the Best It Can Be” – *curriculum for consumers*
 - “Making Sure HIV Care Is the Best It Can Be” – *curriculum for consumers*
 - “Making Sure HIV Patient Self-Management Works” – *curriculum for consumers*
 - “A Guide to Consumer Involvement”

Follow-up: Contact & Resources

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- NQC [National Quality Center]
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