USING AN EMA-WIDE QUALITY IMPROVEMENT LEARNING COLLABORATIVE TO INCREASE CAPACITY AND IMPROVE QUALITY

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Introduction

Quality improvement learning collaboratives (LCs) are a successful model of increasing the capacity of organizations to conduct quality improvement activities and to promote learning and collaboration across participating agencies.

Schouten and colleagues describe a collaborative as "an organized, multifaceted approach to quality improvement that involves five essential features:

1. There is a specified topic—a subject exists with large variations in care or gaps between best and current practice.
2. Clinical and quality improvement experts provide ideas and support for improvement—they identify, consolidate, clarify, and share scientific knowledge and best practices as well as knowledge in quality improvement.
3. A critical mass of multiprofessional teams from multiple sites is willing to improve and share care.
4. A model for improvement focuses on setting clear and measurable targets, collecting data, and testing change on a small scale to advance reinvention and learning by doing.
5. The collaborative process involves a series of structured activities (meetings, an active e-mail list, visits to facilitators) in a given time frame to advance improvement, exchange ideas, and share experiences of the participating teams." [1]

The Midwest AIDS Training + Education Center (MATEC) and Training Resources Network , Inc. (TRN) have supported the Ryan White Part A Quality Management Program of the Chicago Department of Public Health (CDPH), the RW Part A Grantee for the Chicago EMA, in utilizing LCs as part of its quality management program. The goal of the LC is to increase the quality management capacity of service providers funded by Part A and to achieve improvements in the quality of care. LCs have been initiated following quality management reviews of Part A services that assessed the rates of achievement of performance measures and compliance with standards of care.

[1] Schouten, L., Hulscher, M., Everdingen, J., Huijsman, R., & Grol, R. (2008). Evidence of the impact of quality improvement collaboratives: systematic review. *BMJ*(336), 1491.

Methods

The recent LC in the Chicago EMA addressed medical case management (MCM) services and ran from September 2011 through May 2012. Four MCM performance measures were selected as the focus of quality improvement activities: Medical visits, Care plan, Adherence support and counseling, and Primary care provider (PCP) communication.

Four face-to-face sessions and one webinar were held over nine months. Sessions included didactic information relating to quality improvement methods, team-building exercises, skills-building activities, and presentations by content experts and consumers. Participating agencies used a standard template to present their quality improvement activities at each face-to-face session. The four performance measures were assessed through a common Web-based electronic patient record (ClientTrack) used by all Part A case management agencies and managed by the AIDS Foundation Chicago (AFC) which serves as the sub-grantee of the EMA's case management services. Monthly on-line surveys and session evaluations were used to monitor activities conducted during the action periods and the database was used to monitor changes in the four performance measures.

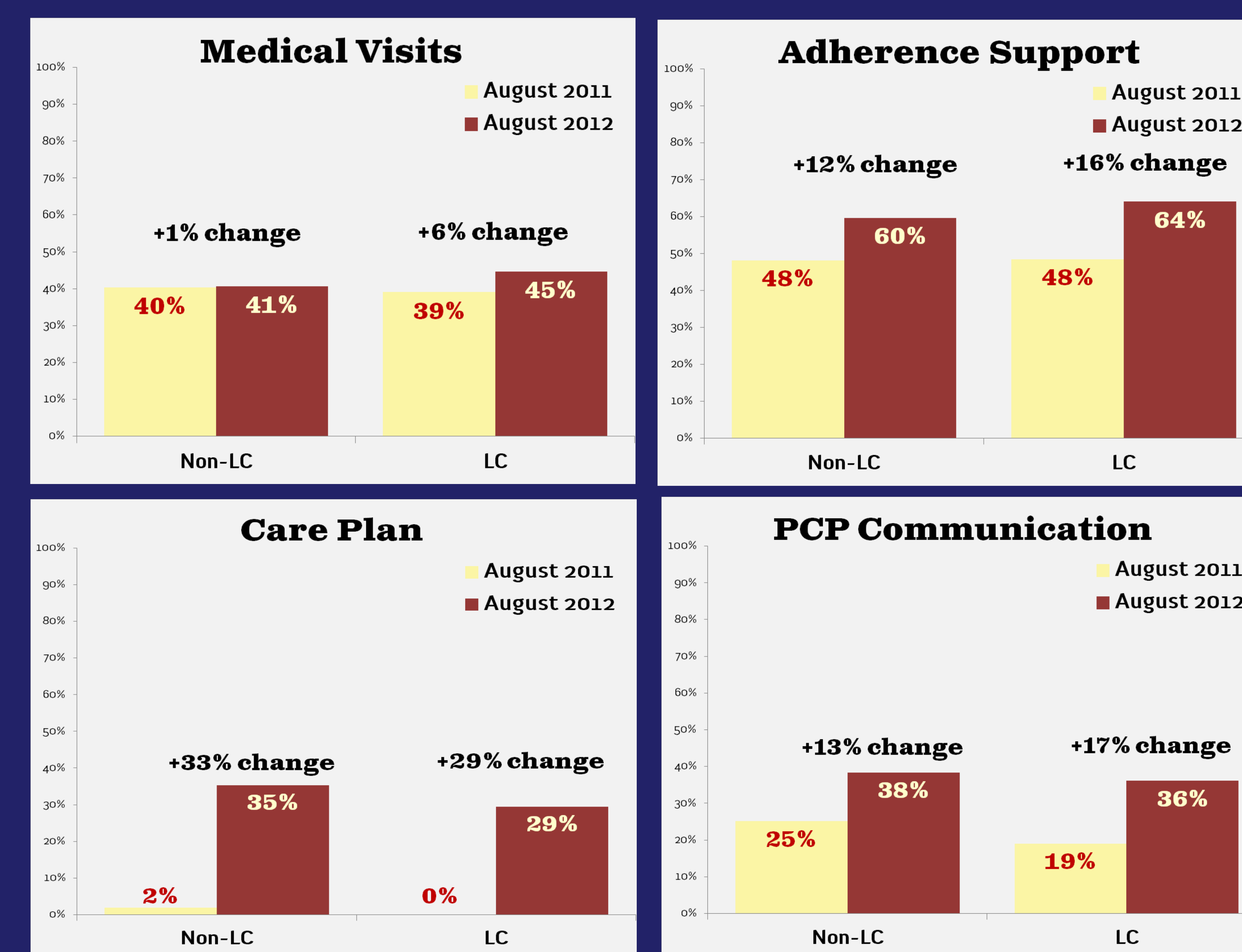
Features	Learning Collaborative Components
Specific topic	Four performance medical case management measures: Medical visits, Care plan, Adherence support and counseling, Primary care provider (PCP) communication.
Experts	Clinical experts (AFC , invited presenters) and quality improvement experts (TRN, MATEC) served as faculty.
Teams	Six agencies participated and formed quality improvement teams.
Model for improvement	The Model for Improvement, developed by Associates in Process Improvement, served as the framework for quality improvement activities. The model focuses on setting aims, establishing measures, selecting changes to test, and using the Plan-Do-Study-Act (PDSA) cycle to test and implement changes.
Collaborative Activities/ Structured Activities	Four face-to-face sessions One Webinar Use of Web-based Project Space to share information and materials

Results

The MCM LC involved six of the EMA's 21 MCM agencies (29% of agencies), but represented 55% of the current MCM clients. The average number of MCM clients at LC participating agencies was 85, vs. 42 at non-LC participating agencies. A total of 26 individuals participated in at least one face-to-face session; average attendance at each LC session was 13.

The charts below depict the number of MCM patients meeting the performance measure at the beginning of the MCM LC (August 2011) and at twelve months follow-up (August 2012) by agency MCM LC participation. For three of the four performance measures, MCM LC participating agencies demonstrated a higher rate of improvement compared to non-MCM LC participating agencies. [Note: Performance measure rates for the Care plan measure were expectedly low at baseline because this module in ClientTrack was not implemented until the summer of 2011.]

Performance measure rates of MCM clients at baseline and one year by agency Learning Collaborative participation



Most participants reported that they felt that at least half of their improvement was attributed to improvements in data collection and documentation, rather than to changes they made in their service delivery processes.

The most frequently reported quality improvement activities conducted by participants included: data collection, team meetings, system analysis and process mapping, and review of agency quality management plans. In addition, many participants reported that they had become more fully involved in their agency's ambulatory care teams and agency quality management activities.

These findings suggest benefits for LC participants were sustained beyond the duration of the learning collaborative and may be due to both changes in processes as well as in improvements in data collection and documentation.

Lessons Learned

Learning collaboratives are a successful method to promote quality improvement activities and engagement across the EMA. Prior to their participation, many agencies reported lacking adequate knowledge, skills, and experiences in quality management despite the availability of other quality management resources. Participants reported successes in team formation and engagement of staff, investigation of current processes and identifying changes. Challenges included identifying time for team meetings and quality improvement activities, resistance to change, and lack of support from agency leadership. Participation in the MCM LC was also leveraged by participants to expand the focus of their agencies' existing quality management efforts to include MCM services.

The current LC sponsored by the CDPH Ryan White Part A Quality Management Program (begun in October 2012) has been expanded in its scope to include both MCM and ambulatory outpatient medical care services providers and participation is now required.

Both experienced and novice participants have successfully engaged in the LC to increase their skills and build capacity for quality improvement within their agencies. Quality improvement LCs have provided a supportive environment for service providers of many disciplines to engage with each other on how care is provided within the participants' agencies and across the defined system of care.

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