Clinical Quality Management: Guiding Better HIV Care

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Session Overview

8:30-8:40	Welcome
8:40-8:50	Ryan White HIV/AIDS Program Legislation Review
8:50-8:55	Clinical Quality Management Policy Clarification Notice
8:55-9:30	Clinical Quality Management Program Components
9:30-9:45	Setting the Stage: Factors that Impact Quality Activities
9:45-10:00	Interactive Activity
10:00-10:15	Break
10:15-11:20	Clinics
11:20-11:30	Session Closing

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Learning Objectives

At the end of the seminar, participants will be able to:

- Define the components of a clinical quality management (CQM) program.
- Describe how a clinical quality management program coordinates with other program activities.
- Assess their organizations' clinical quality management program and identify strength and opportunities for improvement.
- Identify tools, resources, and changes aimed at strengthening their organizations' clinical quality management program.

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Session Facilitators

- Emily Chew
- Tracey Gantt
- Amy Griffin
- Andrea Jackson
- Amelia Khalil

- Marlene Matosky
- Tracy Matthews
- Susan Robilotto
- Jesse Ungard
- Candace Webb

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Getting to Know You

What is Quality?

Quality: **Degree to which services meet or exceed guidelines and/or customer expectations**

Knowledge Check #1: C

What is Clinical Quality Management?

Clinical quality management is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction

Knowledge Check #2: A

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Model of Quality Management

- **Model for Improvement**
- **Lean**
- **Six Sigma**
- **FADE**

Focus on Quality

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Clinical Quality Management Program ≠ Quality Management Plan

Knowledge Check #3: False

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Ryan White HIV/AIDS Treatment Modernization Act of 2006
(Public Law 109-415, December 19, 2006)

All Ryan White HIV/AIDS Program recipients are required "to establish clinical quality management programs to:

Measure

Assess the extent to which HIV health services are <u>consistent with the most recent Public Health Service guidelines</u> for the treatment of HIV disease and related opportunistic infections;

Improvement

<u>Develop strategies for ensuring that such services are consistent with the guidelines</u> for improvement in the access to and quality of HIV services"

http://hab.hrsa.gov/abouthab/files/109415reauth06.pdf

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Legislative Requirement for Clinical Quality Management

Part	Legislation	Funding
A	Sec. 2604.(h)(5)	Not to exceed the lesser of 5% of amounts received under the grant or $3,000,000
B	Sec. 2618.(b)(3) (E)	Not to exceed the lesser of 5% of amounts received under the grant or $3,000,000
C	Sec. 2664.(g)(5)	Reasonable amount
D	Sec. 2671.(f)(2)	Reasonable amount

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Clinical Quality Management Policy Clarification Notice

- Clinical Quality Management Policy Clarification Notice was released to clarify Ryan White HIV/AIDS Program expectations for clinical quality management programs.

- A stakeholder call has been scheduled to release the Policy Clarification Notice and review its components

http://hab.hrsa.gov/manageyourgrant/policiesletters.html

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Key Components of a Clinical Quality Management Program

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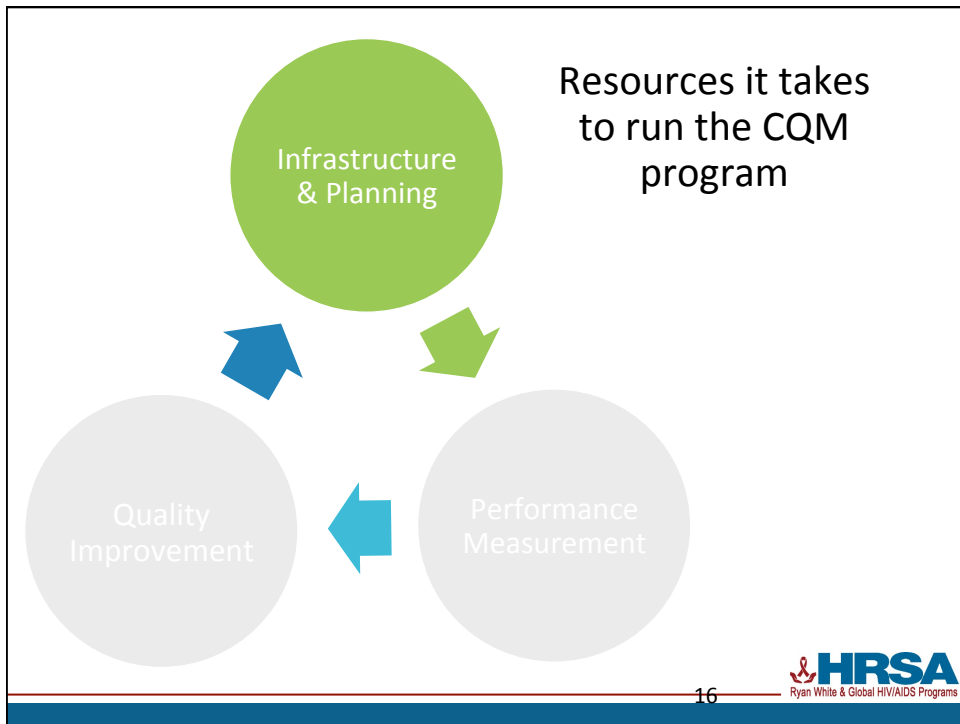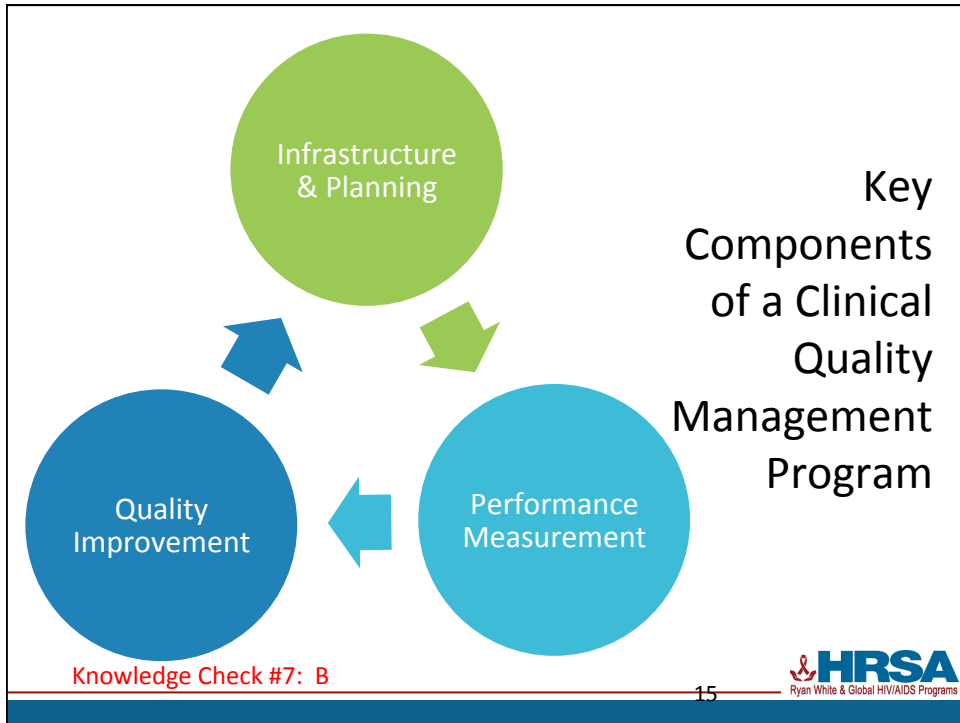Ryan White & Global HIV/AIDS Programs

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Setting the Stage:
Factors that Impact Quality Activities

- **National HIV/AIDS Strategy 2020, inclusive of the HIV Care Continuum**
- **Needs Assessment**
- **Unmet Needs Analysis**
- **Allocations**
- **Selection of Services Offered**
- **Patient Center Medical Home**
- **National Quality Strategy**

Knowledge Check #4

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Key Components of a Clinical Quality Management Program

Infrastructure & Planning

Quality Improvement

Performance Measurement

Knowledge Check #7: B

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Resources it takes to run the CQM program

Infrastructure & Planning

Quality Improvement

Performance Measurement

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Slide 17

INFRASTRUCTURE

PLANNING

- Leadership and Staffing
- Quality Management Committee
- Stakeholder Engagement
- Quality Management Plan
- Budget and Resources
- Data Collection
- Evaluate CQM Program

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Slide 18

Leadership and Staffing

- Leadership can break through barriers, broker resources, and promote the clinical quality management program
- Quality Management Committee provides guidance on the development of the clinical quality management program
  - Consists of staff, leadership, and stakeholders
- Staffing: People needed to implement the clinical quality management program
  - Need skills, knowledge, and resources to implement the clinical quality management program

Knowledge Check #8

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Stakeholder Engagement

- Consumers of services
- Other federal recipients in jurisdiction
  - Ryan White HIV/AIDS Program
  - CDC – HIV Prevention
- Planning Councils
- States Medicaid/Medicare offices

Knowledge Check #9: False

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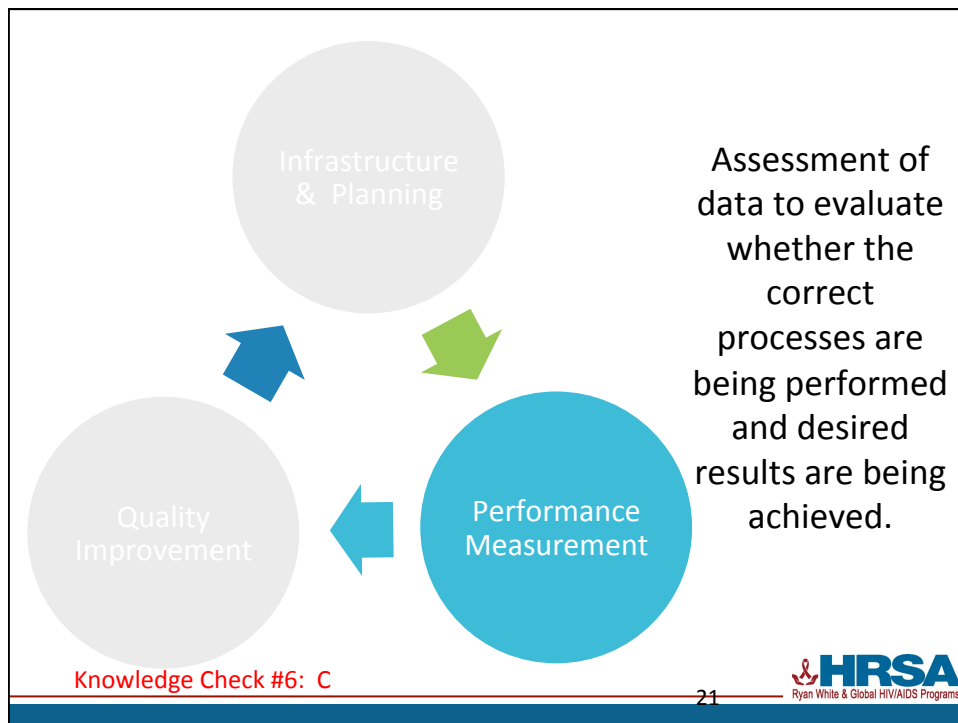Ryan White & Global HIV/AIDS Programs

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Quality Management Plan

- Quality management plan is a written document that is revised regularly (e.g., annually)
- Use the Quality Management Plan when evaluating the Clinical Quality Management Program
  - Determine degree to which activities have been implemented, successes, and barriers
  - Used to develop subsequent quality management plan
  - Identify factors that impact quality improvement progress
  - Identify items to scale-up

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Assessment of data to evaluate whether the correct processes are being performed and desired results are being achieved.

Infrastructure & Planning

Quality Improvement

Performance Measurement

Knowledge Check #6: C

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Performance Measurement

- Need to measure in order to understand if program is improving
- Portfolio of measures that reflects services provided and people served
- Promote HIV/AIDS Bureau core measures
- Alignment and parsimony
- Paralysis by analysis

Knowledge Check #10: All except A

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HRSA HIV/AIDS Bureau Performance Measures

http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html

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Measure Portfolio Done! What's Next?

Data Collection

- What data does the recipient need to collect?
- How will the recipient collect the data?
- How does the recipient assure that data are accurate?
- How often will the recipient collect the data?

Data Analysis

- How will the recipient analyze the data?
- How will the recipient review the data?
- What does the data "say"?
- How will the recipient share the data?
- How will the recipient select a QI project?

Who will be responsible?

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Formal approach to the analysis of performance and systematic efforts to improve it.

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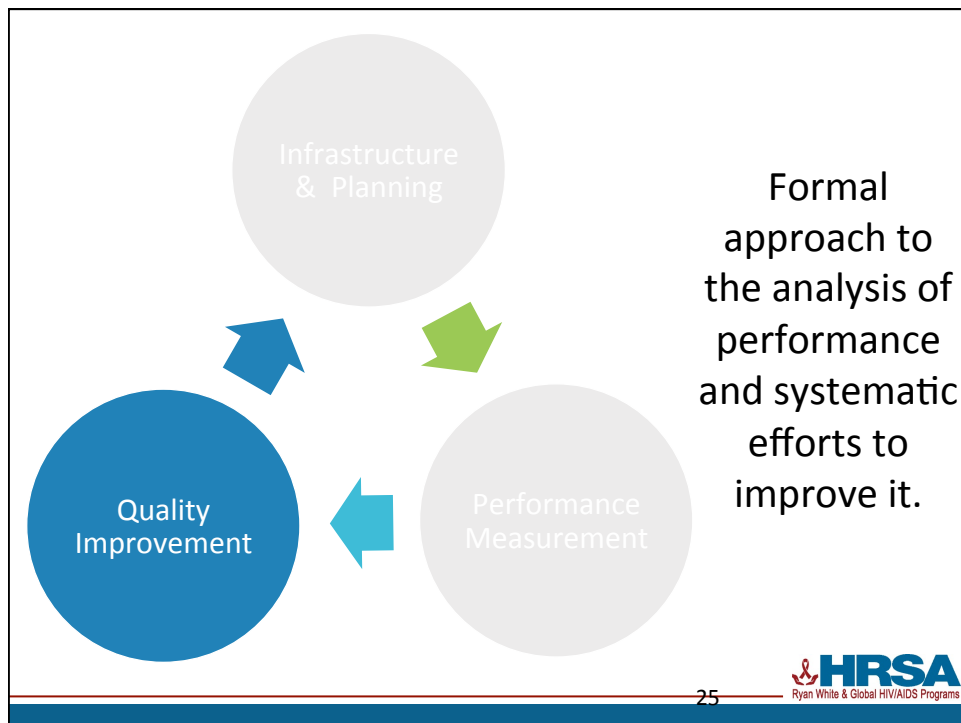
Quality Improvement

- Utilize a defined model: Model for improvement, Lean, Six Sigma, etc.

- Key activities include: Determine root causes, brainstorm solutions, conduct tests of change, re-measure, and sustain results

- Serial measurement is not quality improvement

- Set defined, small improvement priorities

- Disseminate information to the community

- Incorporate performance measurement and quality improvement into other recipient activities (planning, allocation, administration, etc.)

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System and Site Quality Improvement

System Level:

- Implemented by an administrative recipient
- Impact a jurisdiction or network
- Address clinical or non-clinical activities

Site Level:

- Implemented by a care site
- Impact an individual care site
- Address clinical or non-clinical activities

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Selecting Quality Improvement Priorities: Questions to Ask

Frequency

- How common is the problem?
  - Number of people impacted
  - Number of times it occurs

Feasibility

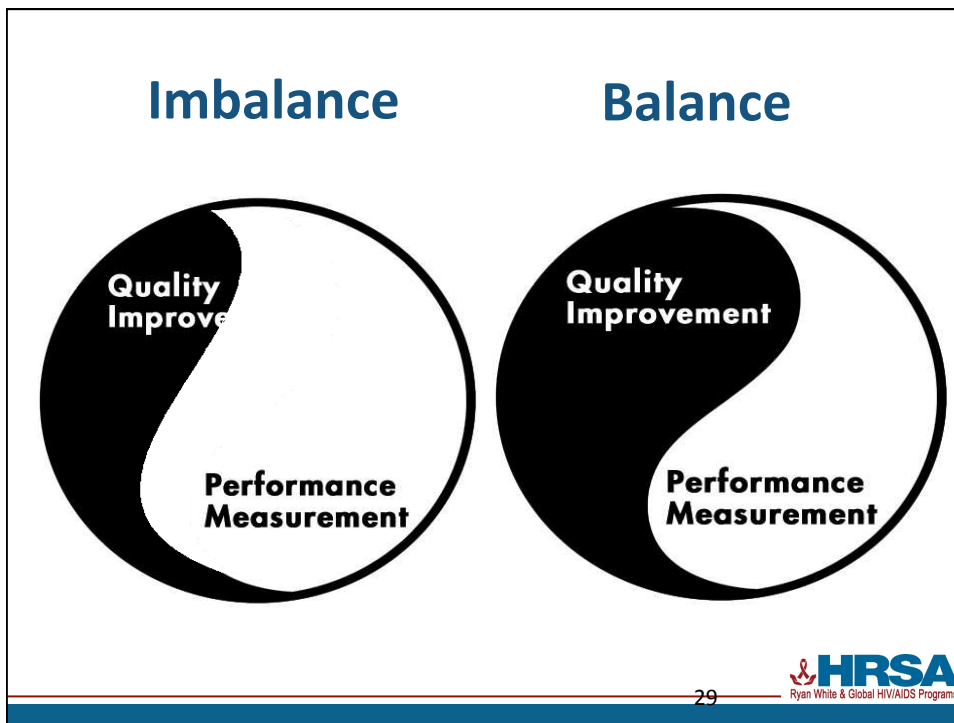- What resources are available to address the problem?

Impact

- How important is it?
- How is it connected to NHAS or Care Continuum?
  - Health outcome – viral suppression, retention, mortality, quality of life, etc.?
  - Efficiency – reduce waiting time, processing applications, etc.?

Knowledge Check #12: B and C

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Imbalance   Balance

Quality Improve... / Performance Measurement

Quality Improvement / Performance Measurement

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Quality Assurance vs.
Clinical Quality Management

Is there a difference?

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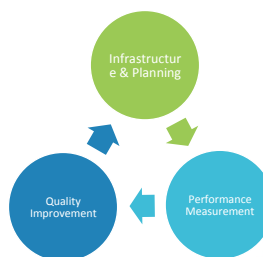
Quality Assurance

- Compliance, reprimands, and finding "bad apples"
- Adherence to standards
- Inspection
- Chart review

Clinical Quality Management

- Compilation of the processes, procedures, tools, and systems required to ensure quality
- Improving a process and/or system

Infrastructure & Planning

Quality Improvement

Performance Measurement

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Knowledge Check #5: A

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Break

Please return in 10 minutes!

TIME FOR A BREAK

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Clinic Sessions

TRACK ONE:	CQM Plan A
10:20 - 10:40am	CQM Plan B
	CQM Plan C/D

TRACK TWO:	Infrastructure
10:40 - 11am	Consumer involvement
	Measurement
	Quality Improvement

TRACK THREE:	Infrastructure
11 - 11:20am	Consumer involvement
	Measurement
	Quality Improvement

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Seminar Closing

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Thank You!

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