



VIRTUAL
**2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT**

QI 101 Institute:

Clinical Quality Management

HRSA HIV/AIDS Bureau: Chepkorir Maritim, RN, MPH, MS, MBA; Nurse Consultant
Center for Quality Improvement and Innovation: Clemens Steinbock, MBA; Director, and
Kevin Garrett, MSW; Senior Manager





Introductions

Learning Objectives



- Learn about PCN #15-02 and the HRSA HIV/AIDS Bureau expectations for clinical quality management
- Explain key quality improvement principles applicable to HIV care
- Understand the PDSA cycle and how to set up a QI project
- List available quality improvement resources and CQII services available beyond the workshop

Agenda



- Introductions - 5min
- Setting the Stage by using a concrete example – 5min
- PCN #15-02 - Expectations for Clinical Quality Management - 10min
- Quality Improvement Principles – 10min
- Setting set up a QI Project and PDSA Cycle - 15min
- Key CQII Offerings and Resources – 10min
- CQII at the RW Conference – 5min



PCN 15-02-Expectations for Clinical Quality Management

2020 National Ryan White Conference on HIV Care and Treatment
August 13, 2020

Chepkorir Maritim RN, MPH, MS, MBA
Nurse Consultant, Clinical and Quality Branch
Division of Policy and Data
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



Health Resources and Services Administration (HRSA)

Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



HRSA's HIV/AIDS Bureau (HAB) Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV/AIDS and their families.



HRSA's Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV
 - More than half of people with diagnosed HIV in the United States – nearly 519,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
 - Funds grants to states, cities/counties, and local community based organizations
 - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 87.1% of Ryan White HIV/AIDS Program clients were virally suppressed in 2018, exceeding national average of 62.7%

Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018; CDC. HIV Surveillance Supplemental Report 2018;21(No. 4)



Objectives

- Understand the requirement for quality improvement as outlined in Policy Clarification Notice (PCN 15-02)
- Explore the relationship between having data collection and quality improvement projects
- Discuss how various subrecipients and recipients have engaged in quality improvement as well as resources available

Ryan White HIV/AIDS Program

Treatment Modernization Act of 2006

Title XXVI of the Public Health Service (PHS) Act (Public Law 109-415, December 19, 2006)

All Ryan White HIV/AIDS Program (RWHAP) recipients are required “to establish clinical quality management programs to:

Measure

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

Improvement

Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services”

See § § 2604(h)(5), 2618(b)(3)(E), 2664(g)(5), and 2671(f)(2) of the PHS Act.



Clinical Quality Management (CQM) Policy Clarification Notice 15-02

Purpose:

This policy clarification notice (PCN) is to clarify the Health Resources and Services Administration Ryan White HIV/AIDS Program (RWHAP) expectations for clinical quality management programs.

Originally released in September 2015 and revised/re-released in November 2018

Scope of Coverage:

RWHAP Parts A, B, C, and D

Recipients and Subrecipients

<https://hab.hrsa.gov/sites/default/files/hab/Global/CQM-PCN-15-02.pdf>



Infrastructure

- Leadership
- CQM Committee
- Dedicated Staffing
- Dedicated Resources
- Quality Management Plan
- Involvement of People with HIV
- Stakeholder Involvement
- Evaluation of CQM Program



Performance Measure Table

Percent of RWHAP eligible clients receiving at least one unit of service for a RWHAP-funded service category	Minimum number of performance measures
Recipients should identify at least two performance measures for the RWHAP service categories where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service	2
Recipients should identify at least one performance measure for RWHAP service categories where greater than 15% and less than 50% of the recipients' eligible clients receive at least one unit of service.	1
Recipients do not need to identify a performance measure for RWHAP service categories where less than or equal to 15% of the recipients' eligible clients receive at least one unit of service	0



Performance Measurement

Frequency: Regularly collect and analyze performance measure data - quarterly at a minimum

Analysis: Collect and analyze performance measure data to:

- Review and discussion with committee members and stakeholders
- Determine quality improvement projects
- Assess for health disparities

Quality Improvement

- Entails the development and implementation of activities to make changes to the program in response to the performance data results
- Recipients are required to implement quality improvement activities aimed at improving patient care, health outcomes, and patient satisfaction.
- Recipients are expected to implement quality improvement activities using a defined approach or methodology and document those activities.
- Recipients should be conducting quality improvement activities for at least one funded service category at any given time.
 - Activities may span multiple service categories.



Applicability to Subrecipient

Recipients are to identify the specific CQM program activities for their service area or network:

- CQM activities include performance measure portfolio, frequency of performance measure data collection, and identification of quality improvement activities, among other items

Recipients need to ensure that their subrecipients that provide services have the:

- Capacity to contribute to the recipient's CQM program
- Resources to conduct CQM activities in their organizations
- Implement a CQM program in their organizations



Applicability to Subrecipients

- Recipients are expected to provide guidance to subrecipients on prioritizing measures and collecting data
- Recipients need to work with subrecipients to identify improvement opportunities and monitor quality improvement activities at the subrecipient locations
- Prioritization of CQM activities should be coordinated across RWHAP recipients within service area and subrecipients funded through the recipient



Related Activities: Quality Assurance

- Activities aimed at ensuring compliance with minimum quality standards
- Measures compliance with standards
- Major part of administrative functioning of a recipient's program
- May inform the clinical quality management program, but does not improve health outcomes

Related CQM Sessions

Performance measurement session

Date: Tuesday, August 11, 2020 **Time:** 5:00pm-6:30pm

Clinical Quality Management Infrastructure 101

Date: Wednesday, August 12, 2020 **Time:** 12:45pm-2:15

Supporting and Monitoring Subrecipients to Achieve an Effective CQM Program and Better Outcomes

Date: Thursday, August 13, 2020 **Time:** 12:45pm-2:15pm

CQM Plan session

Date: Friday, August 14, 2020 **Time:** 12:45pm-2:15pm

Developing and Revising Your Clinical Quality Management Plan

Date: Friday, August 14, 2020 **Time:** 12:45pm-2:15pm



CQM Technical Assistance

Requesting CQM technical assistance:

Complete a technical assistance request form located at:

<https://www.targethiv.org/>



Contact Information

Chepkorir Maritim, RN, MPH, MS, MBA

Nurse Consultant, Clinical and Quality Branch, Division of Policy and Data, HIV/AIDS Bureau (HAB)

Health Resources and Services Administration (HRSA)

Email: cmaritim@hrsa.gov

Phone: 301-443-1084

Web: hab.hrsa.gov





One Example of a QI Project

Viral Suppression Data



Performance Data – Viral Suppression Rates:

- Entire HIV Caseload: **89%** Aim: **92%**
- Patients with Housing Insecurities: **77%**

Key Causes based on Chart Reviews and Patient Focus Groups:

- High no show rate
- Changes in contact information
- Transportation issues

Aim Statement



Viral Suppression

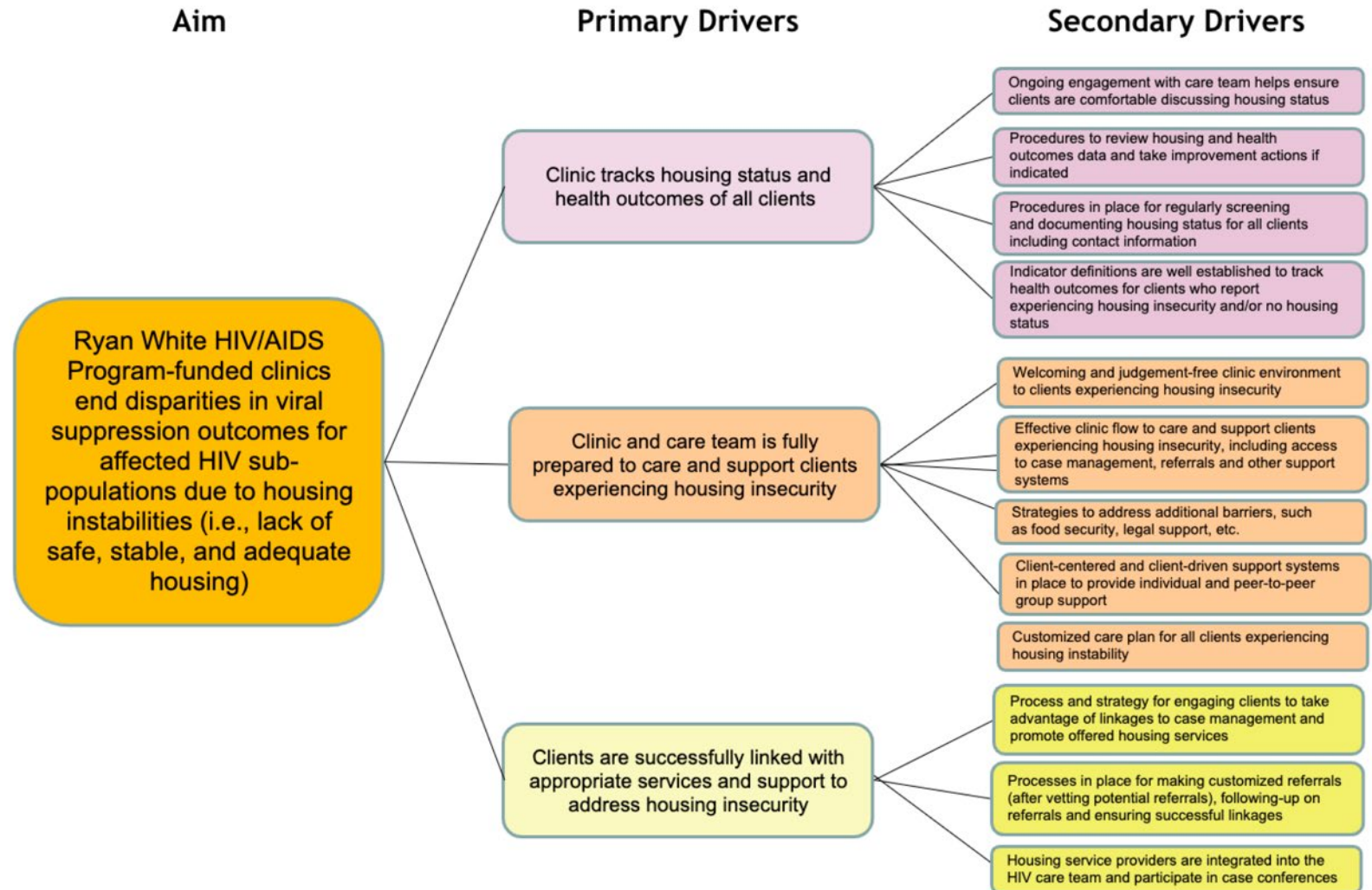
- Increase the viral suppression rates of HIV clients who are identified in the medical record as not or unstably housed from currently 77% to 89% by December 2020

Screening

- Increase the housing screening rate across all HIV patients at every visit from 48% to 90% by December 2020

Driver Diagram

Driver Diagram: Housing Insecurities



Change Ideas

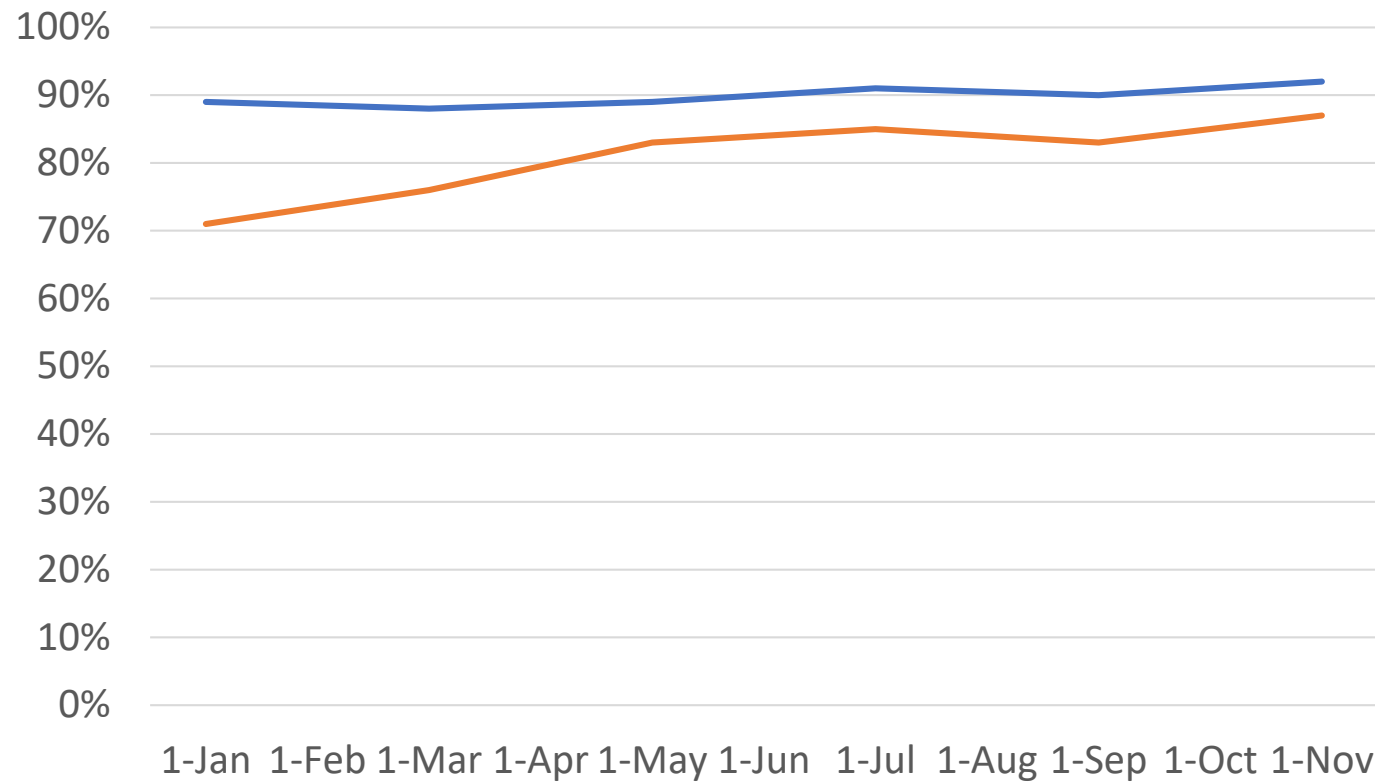


- We have implemented the use of a new taxi service to assist patients in areas that previously did not have transportation options (Uber Health).
- Staff were trained on motivational interviewing to engage patients.
- Peer navigators are assigned to patients with housing insecurities or the housing status is not recorded in the EMR.
- Added additional walk-in appointments to increase the number of opportunities for patients with housing insecurities to our clinic.

Viral Suppression Data



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	1-Jan	1-Mar	1-May	1-Jul	1-Sep	1-Nov
Overall Caseload	89%	88%	89%	91%	90%	92%
Pts with Housing Insecurities	71%	76%	83%	85%	83%	87%



Principles for Quality Improvement

QI Principles

Success is achieved through meeting the needs of those we serve – is your organization ready?



QI Principles

Most problems are found in processes, not in people



QI Principles



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Do not reinvent the wheel – Learn from best practices



...AND I HAVE FOUND THIS ONE WORKS A LOT BETTER.

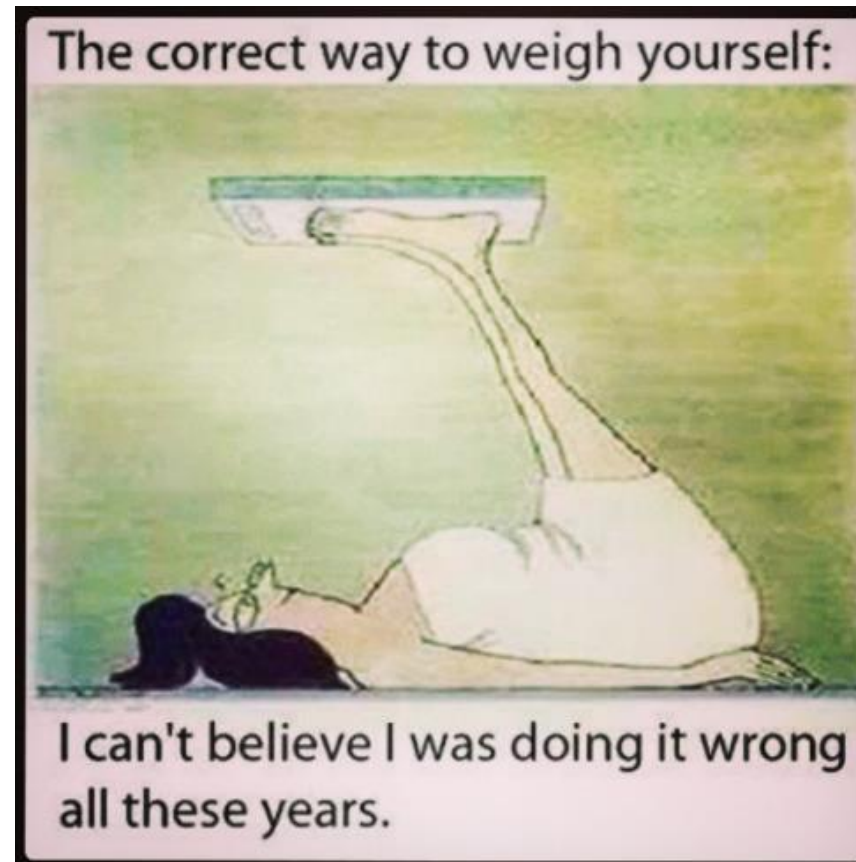
QI Principles

Achieve continual improvement through small, incremental changes



QI Principles

Actions are based upon accurate and measured data



QI Principles

Infrastructure enhances systematic implementation
of improvement activities



Set priorities and communicate clearly





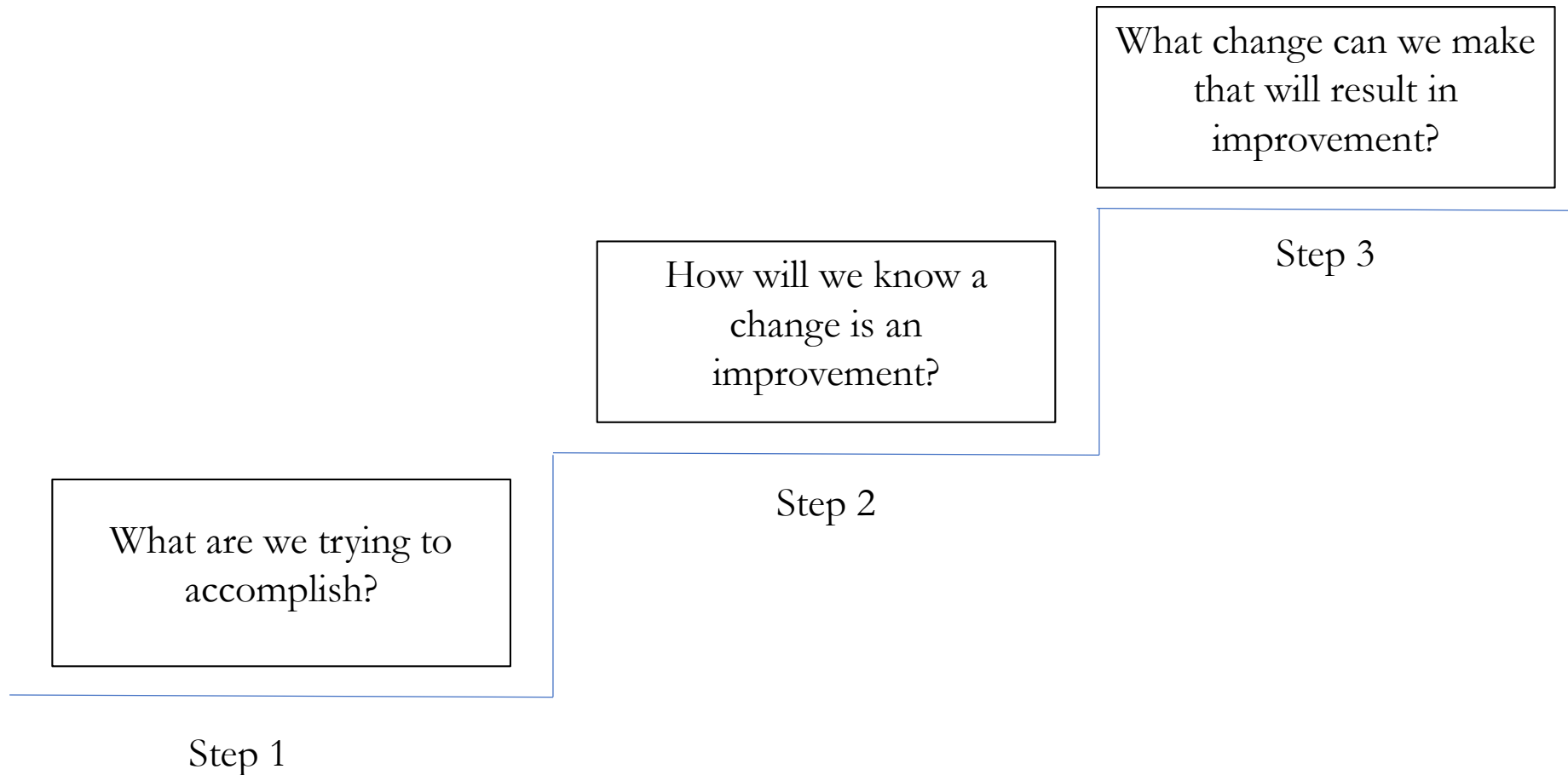
Structuring a QI Project

The Model For Improvement



- Improvement is about learning
 - Trial and error – thoughtful planning and testing
 - Improvements require change, but not all changes will lead to an improvement
- Measure your progress
 - Only data can tell you if improvements were realized
 - Measurement must be integrated into daily routines
- Test improvement ideas using continuous cycles of change
 - Changes are initiated on a small scale and analyzed
 - The next change is based on the outcome of the prior change
 - Successful change will eventually become widespread and part of the new way of doing business

The Model For Improvement



The Model For Improvement



Step 1: What are we trying to accomplish?

- This is where you focus your improvement ideas
- Your focus is expressed as an Aim Statement
 - The Aim Statement has a specific target and a time frame in which you will meet the target
 - Data are a critical element in developing the Aim Statement
- Build a hypothesis – *If we do [X], then [Y] should happen*

Building the Aim Statement

- One way is to use a template
 - [Organization name] seeks to [increase or decrease] the [number of, or the percentage] of [what?] over the next [define the time period]
 - Example: *The Friendly Care Community Clinic aims to achieve a 10% increase in retention **from 82% to 92%** by June 30, 2020 to meet the EMA-wide goal of 90%*

- Or, build a table

What?	What do you want to achieve?
For whom?	Who benefits?
By when?	A specific time frame
How much?	Is it a percent increase/decrease? Is it a number such as the number of clients?

Step 1: What are we trying to accomplish

My clinic has a significant no-show rate; approximately 3 out of every 10 scheduled appointments are missed

- We know that retention in care is critical to viral suppression
- We believe that better retention will ultimately lead to increased viral suppression rates
- I want to improve the no-show rate so that only 1 out of every 10 appointments is missed

Step 1: What are we trying to accomplish

- Your Aim Statement looks like this:
 - *“Our clinic wants to lower the no-show rate from 30% down to 10% in the next six months to ultimately increase viral suppression rates”*
- This introduces the idea of a hypothesis, which is not really specified in the Model for Improvement
 - If we do this, then this will happen
 - In the above example, our hypothesis is: *If we lower the no-show rates, then viral suppression rates should increase*

Step 2: How will we know that a change is an improvement?

- This is a good time for fact finding
 - What may make a positive effect on the Aim Statement
 - Knowledge of/from the past is helpful in deciding the future
- This is where you dig into your data – do a deeper dive
 - Tools are needed to do this
 - Flow charts
 - Ishikawa diagrams
 - Column or bar charts (see webinar 1 in this series)

Step 3: What change can we make that will result in an improvement?

- This is where you develop ideas for change
 - Conduct a brainstorm
 - Gather ideas for change
 - Use a Priority Matrix to determine the most feasible ideas
 - You can also use a Force Field to assess our chances for success
 - These ideas feed the next step - testing



PDSA Cycles

Step 1: PLAN



- State the objective of the test
- Clarify roles: Who will do what, when and where
- Your hypothesis makes a prediction about what will happen (ours was: *If we lower the no-show rates, then our viral suppression will increase*)
- Determine your first test population – start small
- Develop your step measures
 - Step measures give you an indication of the accuracy of your hypothesis
 - They provide structure to make sure you're accurately measuring the test
 - You collect data on them in the Do Cycle so you can compare the test result to the hypothesis
- How will you document? – leave an audit trail for this project and a teaching aid for future projects

Step 2: DO



- Carry out your plan
- Collect data on your step measures
 - Make sure the data are directly related to the hypothesis
 - Use a standardized data collection tool
 - Check sheet
 - Excel
- Document each test
 - Documenting acts as a permanent record of your activities
 - It acts as a road map for future tests
 - It's a training tool for staff now and in the future; turn over negatively affects quality
- Note anything unexpected that happened

Step 3: STUDY



- Analyze the data collected by your step measures
- Compare your data to your hypothesis
 - Did the test work as predicted?
 - Did the data match or come close to the hypothesis?
- Summarize and reflect on what you learned

Step 4: ACT



- Your action should depend on what you learned
 - Should you expand the scope of the test for the next cycle?
 - Do you need to modify the intervention and retest a small sample?
 - After a few tests, decide if:
 - You should abandon if no test seems to support the hypothesis
 - Rethink the Aim statement and your hypothesis
- Share your results and get feedback and input from your quality improvement teammates
- Move to your next test until you're satisfied your change will work

Key Aspects of the PDSA Cycle



- These are iterative; multiple test of expanding scope should be conducted
- Start small; see if your idea has merit
- Include the people who are being directly affected by the change in the planning process
- Don't give up after one try
 - Make tweaks
 - Learn from failures because they are also opportunities
 - You will know when to rethink your change idea



Key CQII Offerings



CQII Website



- ✓ Detailed description of and access to CQII services, including Quality Academy
- ✓ CQII resources are available, including didactic presentations, past recordings
- ✓ Guides and tools to learn more about quality improvement
- ✓ Resources of end+disparities ECHO Collaborative
- ✓ Access to TA Request Form
- ✓ Access point to CQII trainings

CQII.org

Tools for HRSA's Ryan White HIV/AIDS Program

TargetHIV Sign In | Sign Up

NEWS CALENDAR LIBRARY COMMUNITY HELP

Home » Help » Technical Assistance Directory » Center for Quality Improvement and Innovation

Center for Quality Improvement and Innovation

HRSA's Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation (CQII) provides technical assistance on quality improvement to Ryan White HIV/AIDS Program recipients. CQII (formerly the National Quality Center-NQC) has the expert quality improvement consultants with whom many of you have worked. CQII provides face-to-face trainings, TA webinars, and many of the other services you have come to appreciate.

CQII has a plethora of resources to assist you in meeting your quality improvement requirements. Our publications are available on line for download as well as the full range of Quality Academy and Consumer Academy tutorials. [View our online resources.](#)

CQII's program is modeled after the three components of a good quality management program. Which is defined by Policy Clarification Notice 15-02: Infrastructure, performance measurement, and quality improvement. [HAB's Clinical Quality Management Bureau](#) is handling the infrastructure and performance measurement. CQII helps Ryan White HIV/AIDS Programs structure and implement quality improvement projects. The Center is here to help you use your data and implement quality improvement projects. Simply fill out the [online technical assistance form](#) and HAB will contact you with next steps.

Resources

Resources formerly found on the on the NQC website have been transferred to the [Clinical Quality Management webpage](#) of this site.

Center for Quality Improvement and Innovation Home

- [end+disparities ECHO Collaborative](#)
- [Publications](#)
- [Quality Academy](#)
- [Quality Consumer Academy](#)
- [Quality Improvement Webinars](#)
- [Ryan White Conference](#)
- [Training for Consumers on Quality Plus](#)
- [Training of Trainers](#)
- [Training on Coaching Basics](#)
- [Training of Quality Leaders](#)
- [Technical Assistance Request Form](#)
- [Email Newsletter Subscription Form](#)

Contact Information



On-Site Technical Assistance



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- ✓ On-site/off-site short-term technical assistance (TA) is provided to RWHAP recipients and subrecipients
- ✓ Technical Assistance is designed to help the implementation of effective quality improvement efforts
- ✓ TA Request Form is available online for completion for review and approval by HIV/AIDS Bureau
- ✓ Technical Assistance is provided by CQII and/or the HIV/AIDS Bureau

CQII.org

On-Site Technical Assistance



"One size fits all." Fine for baseball caps, not for technical assistance.



- ✓ Online, asynchronous training course on quality improvement for different QI competencies and audiences (providers and consumers)
- ✓ Close to 40 interactive tutorials (15-20 mins each) are available at no cost, offering more than 800 training minutes; all presentation slides and notes are available for download
- ✓ Created in 2007 and expanded in 2009 (English and Spanish); over 35,000 tutorials have been taken so far
- ✓ Developed a new Consumers in Quality section of the Quality Academy with consumer tutorials

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One a Day...





Technical Assistance Needs



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- ✓ Monthly 60-minute national webinars are guided by quality experts and RWHAP recipients to share emerging practices and opportunities for peer learning
- ✓ Zoom platform encourages interactions with presenters using chat room and polling functionalities
- ✓ Slide presentations, handouts, webinar recordings are available for later download at CQII website

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One Hour a Month...





Advanced Training Programs




- ✓ Training-of-Trainers (TOT) Program [to expand the pool of QI trainers nationally]
- ✓ Training of Quality Leaders (TQL) Program [to build QI capacity among RWHAP leaders]
- ✓ Training on Coaching Basics (TCB) Program [to learn about coaching other RWHAP programs]
- ✓ Training of Consumers on Quality (TCQPlus) Program [to build QI capacity among consumers]



NQC Training on Coaching Basics Guide

Facilitator Manual to Guide HIV Providers on Quality Management

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


 NATIONAL QUALITY CENTER



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 HIV/AIDS Bureau


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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 HIV/AIDS Bureau


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NQC Training of Consumers on Quality (TCQ)

Facilitator Manual to Build Capacity of People Living with HIV to Actively Participate in Quality Improvement Activities

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

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Consumer QI Activities



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- ✓ PLWH serve as CQII team members
- ✓ Four annual webinars targeting PLWH to learn more about QI and partner on QI teams
- ✓ Training of Consumers for Quality (TCQ) builds the capacity of consumers to be key partners in the planning and implementation of QI efforts
- ✓ TCQPlus Program graduates are expected to conduct at least one local TCQ training with consumers within 2 months and participate in local QI efforts



2016: TCQPlus Training



Quality Award Program



- ✓ To recognize organizations and individuals demonstrating outstanding progress in improving the quality of HIV care
- ✓ Started in 2008, Quality Awards are offered annually
- ✓ Common categories include:
 - Measurable Improvements in HIV Care
 - Leadership in Quality Improvement
 - Consumer Engagement in Quality Improvement

Applications Sought for 2018 Quality Awards

Saturday, May 19, 2018
TARGET Center



The 2018 CQII Quality of Care Award application season is upon us! Now is the chance for you to gain recognition for your efforts to improve the quality of your services and help your clients achieve a better quality of life.

Applications are due June 4. Download the [Application Form](#) and the [Application Instructions](#).

Every year the HRSA-funded [Center for Quality Improvement and Education \(CQII\)](#) and [HRSA's HIV/AIDS Bureau](#) (HRSA/HAB) are pleased to recognize the outstanding work of Ryan White HIV/AIDS Program (RWHAP) recipients and consumers that have shown either exemplary performance or leadership in some aspect(s) of quality management. CQII's aim is to acknowledge excellence among RWHAP-funded recipients of all Parts and to promote these quality champions to further spread quality improvement.



- ✓ Upcoming QI resource by CQII: an online virtual QI training course program
- ✓ Comprised of three independent courses (QI 101, Advanced QI, and PLWH in QI) each offered every four months
- ✓ Each Lab consist of six 90min virtual sessions every two weeks and a 6-month post-graduation sharing session
- ✓ Curriculum includes homework assignments
- ✓ All participants are supported by the course faculty

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Learning Lab



All Teach, All Learn, All Improve



Upcoming QI Collaboratives



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- ✓ Two QI Collaboratives:
 - ✓ Social Determinants of Health Collaborative
 - ✓ High Impact Collaborative
- ✓ Social Determinants of Health Collaborative
 - ✓ 18-month national collaborative with five 2-day Learning Sessions reaching up to 100 RWHAP recipients/subrecipients
 - ✓ 4 Affinity Groups: Housing, Mental Health, Substance Use, Stigma
 - ✓ Aim to decrease the overall number of PLWH who are not virally suppressed by 25%



2018: end+disparities ECHO Collaborative

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Available QI Guides



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CQII at the RW Conference

Other CQI Workshops



- QI 101 Institute: Clinical Quality Management
 - Thursday, August 13 at 4:30 p.m.-5:30 p.m.
- Advanced Quality Management: How to Best Track and Measure Your QI Project Using Intermediate Measures
 - [TBD]
- Advanced Quality Management: Learn about QI Tools You Might Not Have Not Ever Used Before
 - [TBD]
- Addressing Disparities Using Quality Improvement to Make Measurable Differences: Experiences from the end+disparities ECHO Collaborative
 - Friday, August 14 at 11:00 a.m.-12:30 p.m.
- Engaging People with HIV in Quality Improvement: Best Practices to Meaningfully Engage and Involve Consumers
 - [TBD]
- TargetHIV Panel: Resources and Technical Assistance by the CQII
 - Friday, August 14 at 12:45 p.m.-2:15 p.m.





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HRSA Ryan White HIV/AIDS Program

**CENTER FOR QUALITY
IMPROVEMENT & INNOVATION**



Contact Information

Clemens M. Steinböck, MBA
Director, CQII
New York State Department of Health
AIDS Institute
90 Church Street, 13th floor
New York, NY 10007-2919
212.417.4730
212.417.4684 (fax)
Clemens.Steinbock@health.ny.gov

Kevin Garrett, MSW
Senior Manager, CQII
New York State Department of
Health
AIDS Institute
90 Church Street, 13th floor
New York, NY 10007
212-417-4541
Kevin.Garrett@health.ny.gov