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Innovations in Clinical Interventions for CQM and Quality Improvement: Prioritizing clients that are not virally suppressed

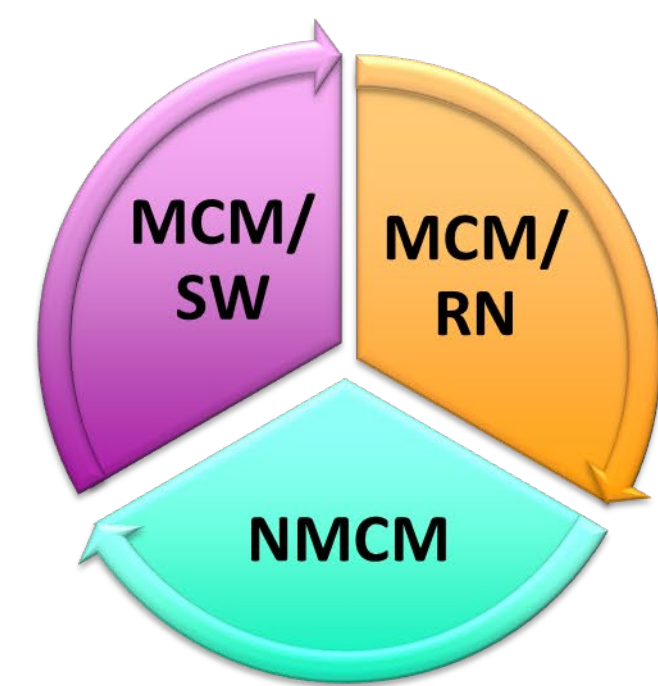
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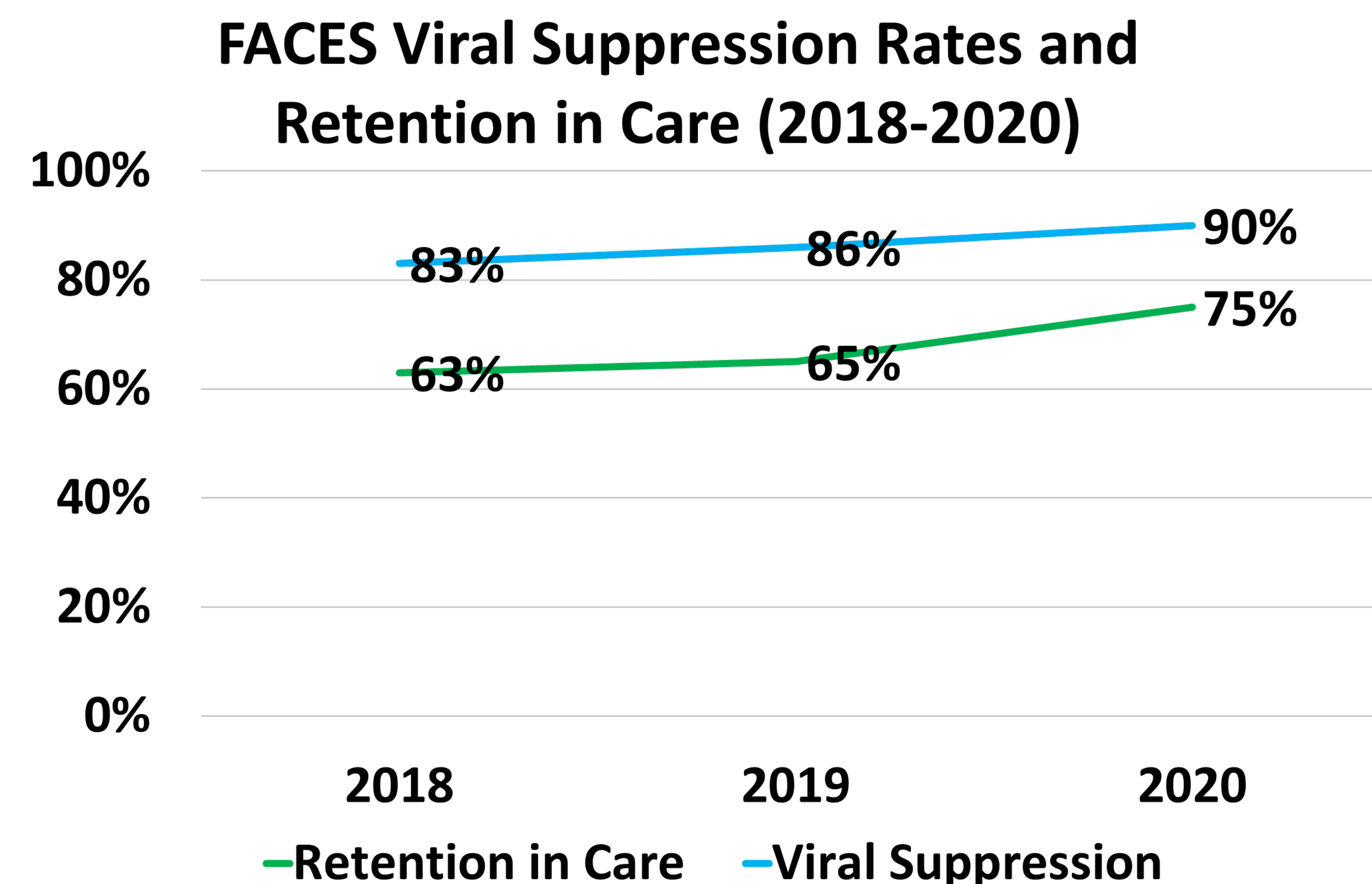
Background

The FACES (Family AIDS Clinic and Education Services) is a Ryan White funded multidisciplinary clinic serving a diverse patient population. In 2018 the FACES viral suppression rate was stagnant at 83-85%. The remaining 15-17% of patients had continued to be difficult to achieve viral suppression. Routine measures and different quality improvement projects failed to improve the viral suppression rate. It was clear these patients were facing unique and different challenges preventing them from achieving viral suppression and a "one size fits all" approach would not be helpful.

Utilizing our innovative case management teams (POD) that include a medical case manager (MCM) registered nurse, MCM social worker, and non-medical case manager (NMCM) we created a quality improvement project that prioritized our clients that were not virally suppressed to address their unique barriers and challenges to viral suppression.

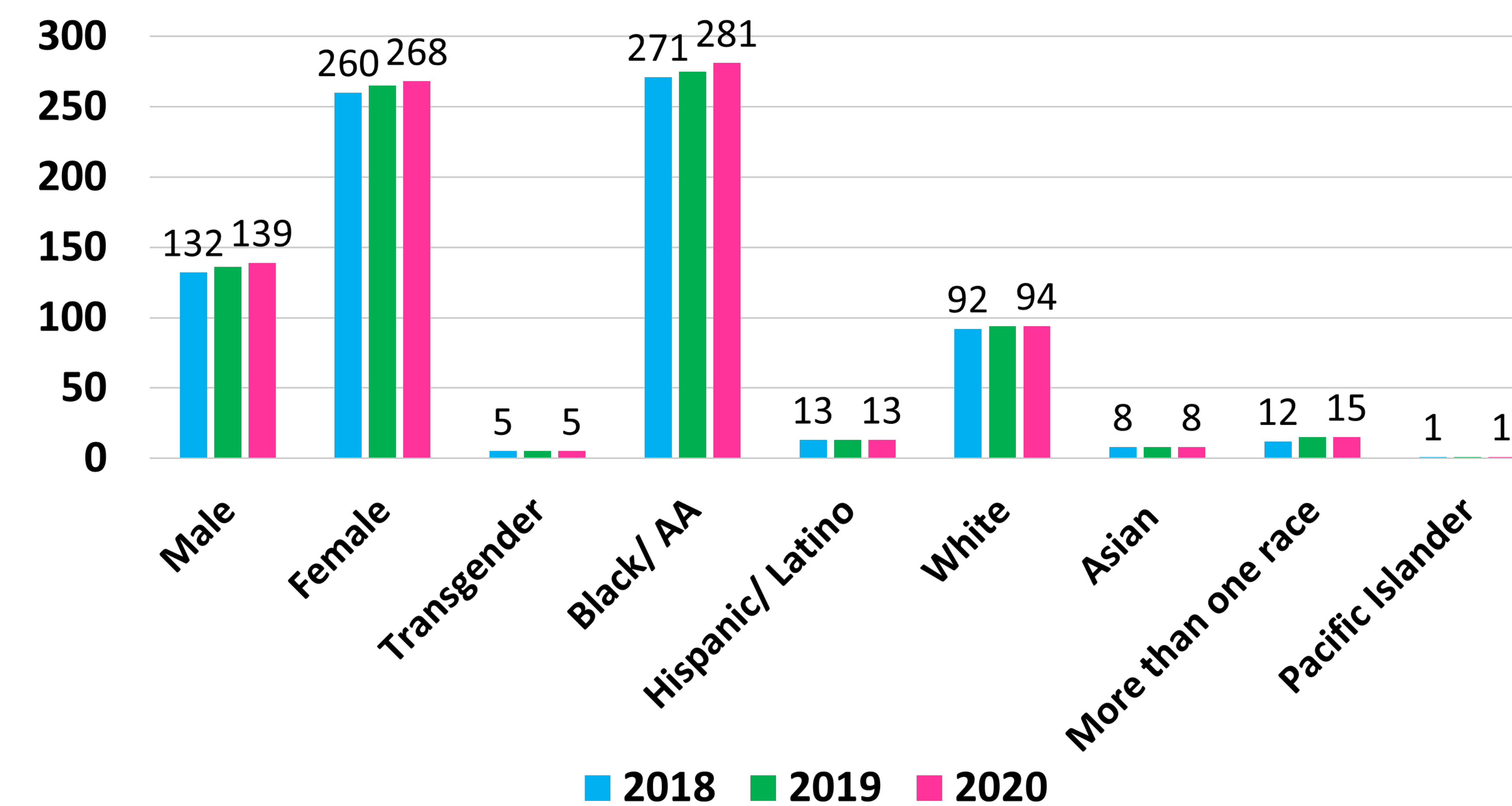


Results



FACES Client Characteristics

FACES Clients by Gender and Race/ Ethnicity



Methods and Activities

The FACES Continuous Quality Improvement Committee (CQI) developed an innovative multi-disciplinary approach to prioritize and review clients not achieving viral suppression.

SMART AIM: To increase the viral suppression rates among FACES clients living with HIV from 85% 90% by December 31st 2019 and sustain for 1 year.

- The QI Lead runs a monthly report of all clients not virally suppressed which is sent to the assigned case managers to review.
- Each POD completes an in-depth chart review of all clients on their caseloads that are not virally suppressed
- Rotating, each POD present their clients that are not virally suppressed to the multidisciplinary team at the QI meeting every 4 months
- The POD and multidisciplinary team develops an individual action plans for each client based on the unique barriers and challenges of the client
- The PODs then implement the action plans and report back to the QI Committee on the progress of each client and adjustments are made as needed.

Challenges

- Finding the appropriate balance between prioritizing clients not virally suppressed and those that have achieved viral suppression
- To prioritize patients that are not virally suppressed, the expectations and goals of case management in virally suppressed patients may need to be reconsidered
- In a busy clinical setting, finding dedicated time to be together as a multidisciplinary team
- Understanding and acknowledging the importance of different team member perspectives

Acknowledgements

FACES/IDC medical team and staff
Nationwide Children's Hospital
Columbus Public Health
Our patients and families

Conclusion

After initiation of project for 12 months, both viral suppression and retention in care rates improved and now sustained or improved further for 6 months

- PODs have re-prioritized their caseloads to focus and direct more time to clients that are not virally suppressed
- The simple knowledge (regular update) of who is not virally suppressed on a caseload helps to prioritize clients that need more attention
- Reviewing these difficult cases with the multi-disciplinary QI team has allowed us to identify barriers and hear other perspectives
- Allowed us to create a more holistic and patient unique approach to achieving viral suppression
- Assisted to improve communication among clinical staff
- Improved MCM follow through for patient care