



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

Use of Multi-disciplinary Teams to Identify and Address Special Cause Variation in Patient Outcomes

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Objectives



- Share a systems-level intervention to address special cause variation in patient and client outcomes
- Discuss innovative care solutions for hardly reached and marginalized patients and clients
- Demonstrate the value of systematic, iterative multi-disciplinary case review

Agenda



- Welcome and Overview
- Learning to Drill Down the Data
- Transformation Activities
- Special Cause Variation and Drilling Down 2.0
- Case Study
- Panel Discussion
- Closing

Garden State Infectious Diseases Associates, PA



- Private Specialty Practice
 - Infectious Diseases; including HIV treatment
 - Travel Health Clinic
- Onsite pharmacy, pain management, nutrition therapy, psychiatry, and medical case management
- Physician-led, consensus-based decision-making leadership model
- Physician-nurse care delivery model with medical case management support
- Funded through patient self-pay, billing, and Ryan White HIV/AIDS Program Part A and New Jersey State HIV Care & Treatment

2014

HIV Cross-Part Care Continuum Collaborative (H4C)

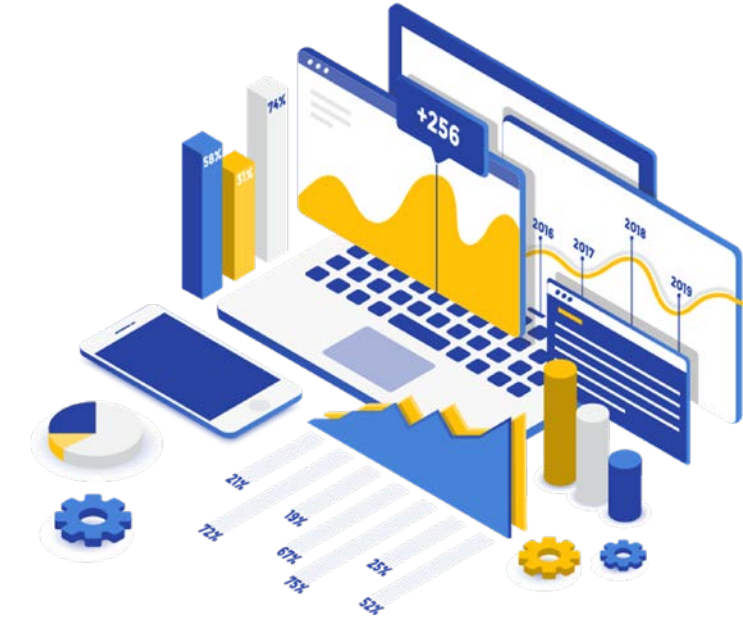


- Five-State 18-month collaborative aimed at improving viral load suppression rates in Ryan White-funded agencies
- A static cohort of non-suppressed patients was developed at the clinic level and used in “drill-down” sessions aimed at identifying key drivers of non-adherence
- New Jersey and GSIDA participated and developed a QI Team to address non-suppression in the GSIDA EIP Program



Drilling Down the Data

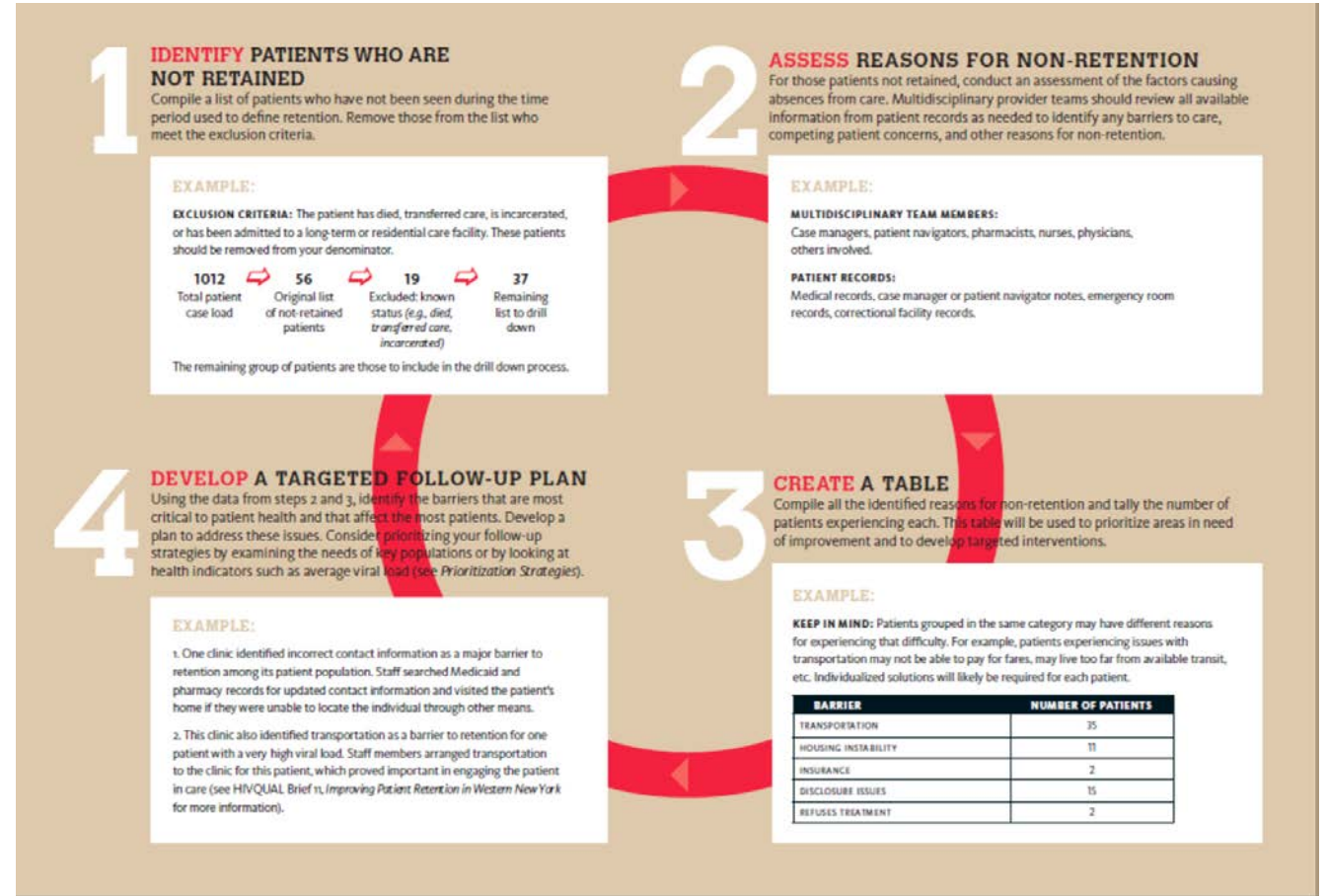
The catalyst for transformation ...



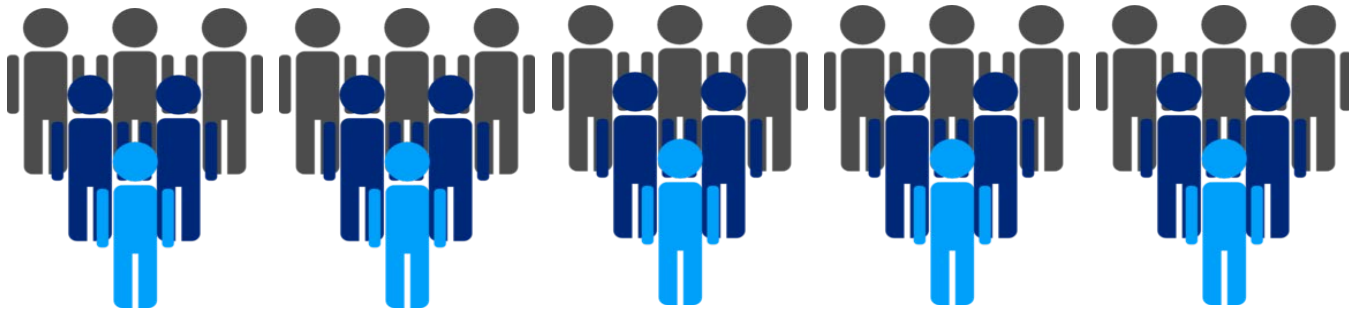
Building on a Process

“Drilling Down the Data” Tool from The AIDS Institute

Implemented specifically
to address non-
suppression in a
population of PWH



Denominator Development



Measurement Period: 09/01/14 to 08/31/15
Patient: Any person with at least one medical visit in the measurement period
Suppressed: <200 copies per ml
Denominator Exclusions: Incarcerated, Transferred Care, Deceased, Moved

Team-Based Care and Disparity Analysis



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Thinking 3D

1

Drill Down
Data

2

Identify
Disparities

3

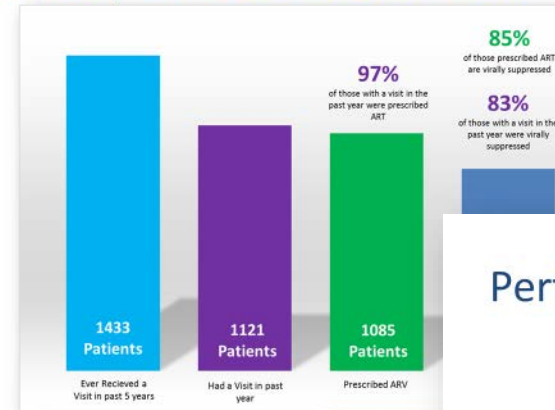
Kennedy EIP Review Team

- Physician
- Clinic Director
- Medical Case Management Team Lead
- Patient Navigation Team Lead
- Linkage Specialist
- Regional Partner Director



Northeast/
Caribbean
AETC

Kennedy EIP 2014 Continuum



October 1, 2015 NJ CPC H4C Report from Kennedy EIP Program Performance

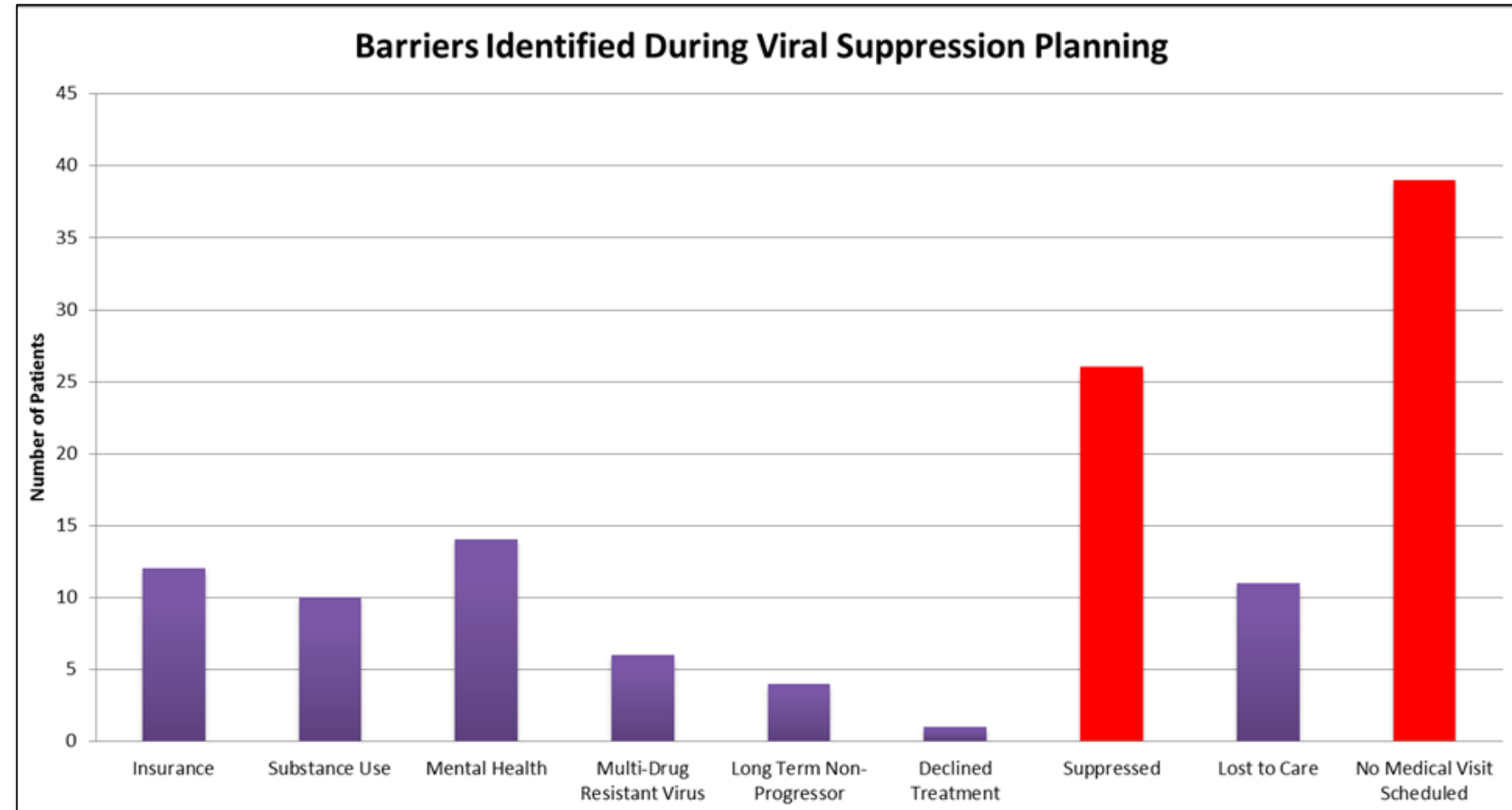
Performance Improvement



December 1, 2015 NJ CPC H4C Report from Kennedy EIP Program Performance

Drill Down Discoveries ...

- No Medical Visit Scheduled
- Missing Documentation in HER
- Insurance
- Mental Health
- Substance Use
- ART Treatment
 - Multi-drug Resistant Virus
 - Long-Term Non-Progressors
- Declined Treatment



Improvements

Fix

- ✓ Create “not-in-numerator” report of patients with no next medical visit
- ✓ Refer patients to Linkage to Care Coordinator (LTCC)
- ✓ LTCC schedules visits for patients
- ✓ LTCC supports or refers as appropriate

Prevent

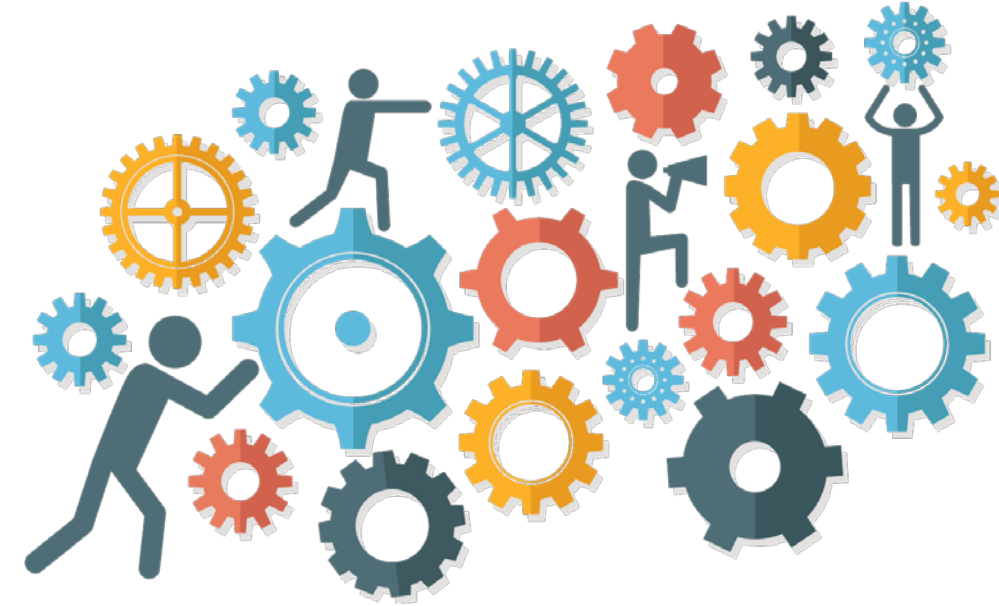
- ✓ Quality Team will review Not-in-Numerator Report bi-monthly



Awareness

- The current system relied on a care model that did not leverage all staff
- The current procedures did not account for individual, intersectional barriers
- The current experience with the electronic health record was a burden not a benefit
- There was no systematic way to address individual patient barriers





Transformation

Change the system to change the outcome ...

Practice Transformation

Practice transformation refers to a process of change in the organization and delivery of primary care to advance quality improvement, patient-centered care, and characteristics of high performing primary care.



Establishment of Teams



Empanelment

Empanelment is the act of assigning individual patients to **individual primary care providers** and care teams with sensitivity to patient and family preference



Care Coordination Practices



- **Briefings** are a way to ensure today's tasks happen today; no rework is created
- **Debriefings** are a way to ensure that any care or care management concern is assigned to a care team member
- **Huddles** are mechanisms to address immediate concerns around care

Community Health Worker

- Ryan White-funded Community Health Worker Program
- Persons with a shared lived experience
- Provides an array of emotional and other supportive services
- Allowed for a different engagement with patients and clients



Drilling Down the Data 2.0

The product of transformation ...

Jefferson Health New Jersey – Infectious Diseases



- Specialty practice inside a large health enterprise
 - Infectious Diseases; including HIV treatment
 - Travel Health Clinic
- Onsite pharmacy, nutrition therapy, psychiatry, some MAT, medical and non-medical case management, and select gynecology services
- Physicians practicing team-based care
- Nurse-led care coordination teams with integrated social work and peer support
- Funded through patient self-pay, billing, and Ryan White HIV/AIDS Program Part A and New Jersey State HIV Care & Treatment



Motivation to Continue



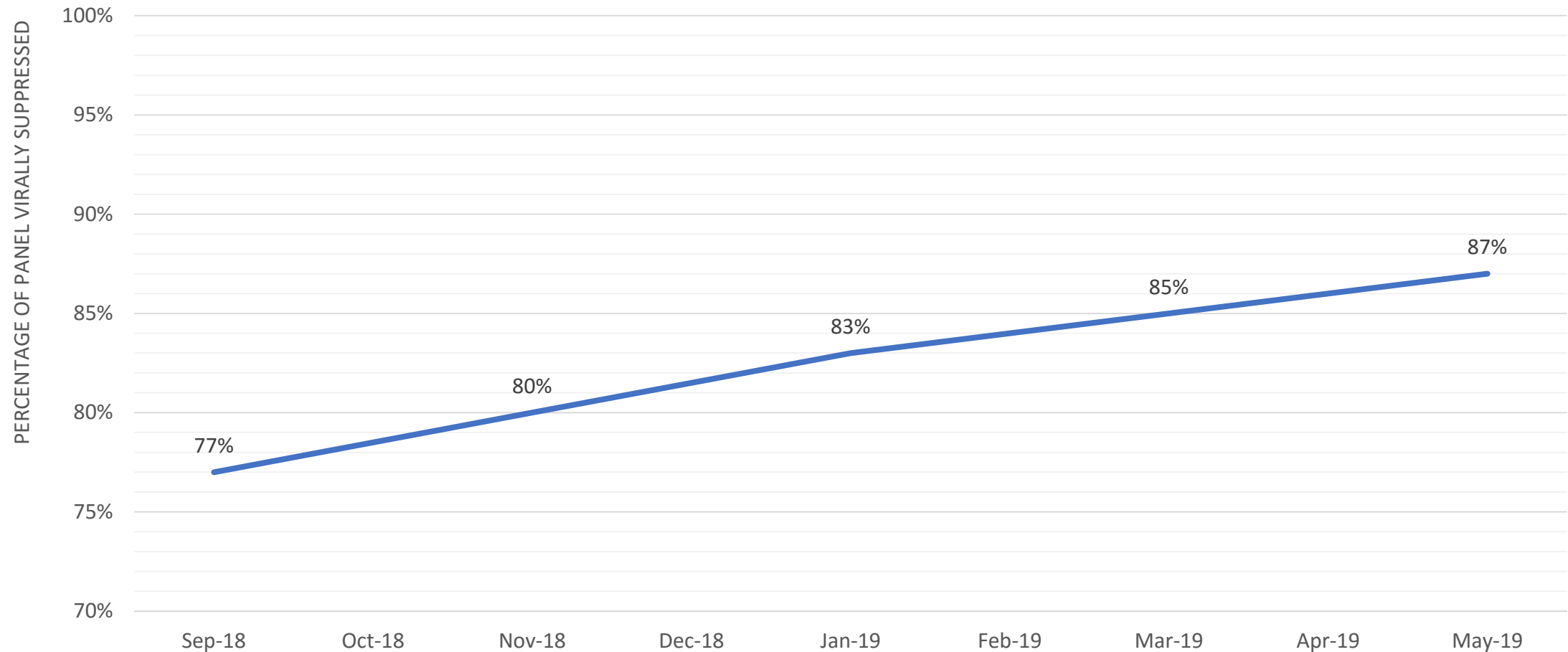
- Overall clinic viral load suppression rate was high (88%) but staff wanted to do more
 - Desire to provide personalized care in the era of standardization and metrics
- Leverage Agency experience in Not-In-Numerator Reporting as a Quality Tool
- Manage differential experiences leading to special cause variations
- Align and reinforce treatment message across the team
- Expand the pool of interventions

Clinic Viral Load Suppression



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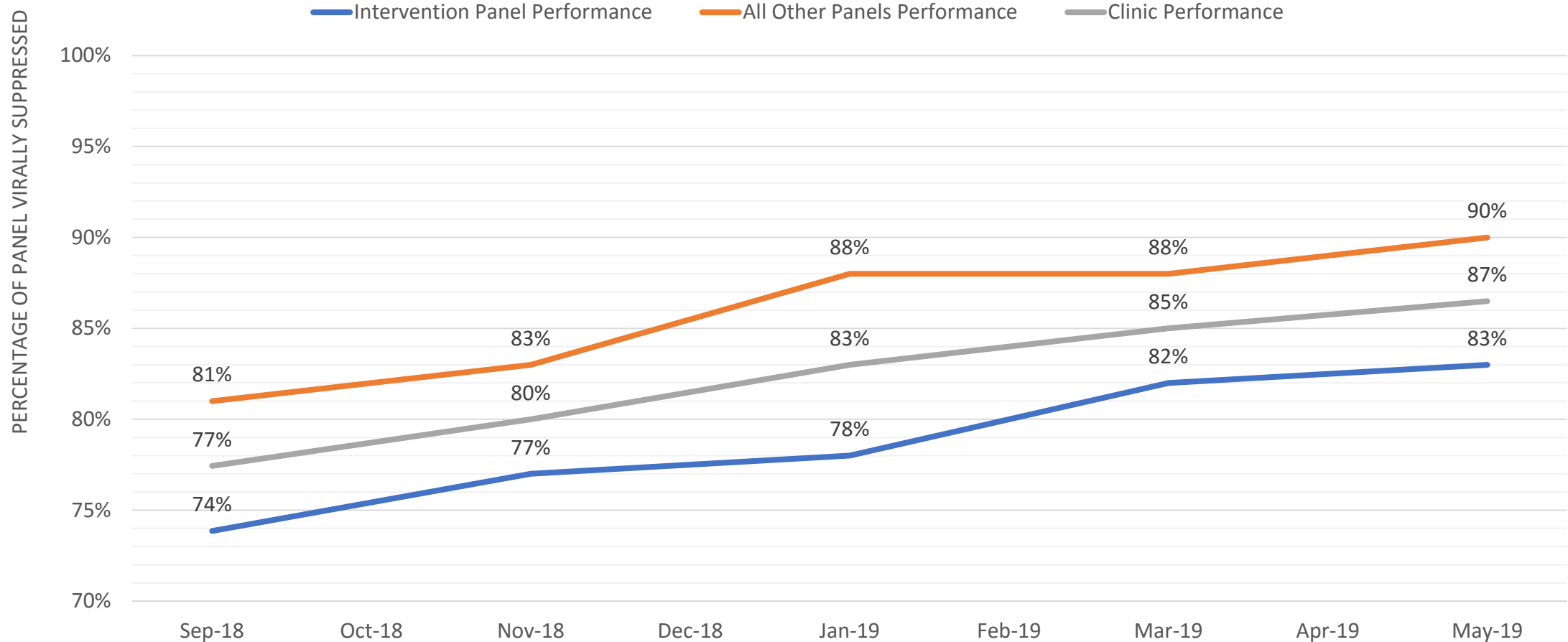
Viral Load Suppression Rate



Panel Suppression Rates



Viral Load Suppression Rate



Variation in Patient Outcomes



Common Cause

- Causes that are known or unknown to the system
- The effect the cause has on your output is predictable and controllable
- If you can identify the root cause, address
- It is the noise in the system

Special Cause

- Causes that were previously unknown to the system
- Occurs when something out of the ordinary happens in a process
- Refers to unexpected “glitches” in the system
- It is the signal in the system

Panel Comparison



Intervention Panel

- More likely to be African American (67%)
- Higher percentage of female clients (37%)
- Higher percentage below 100%FPL (46%)
- Twice as likely to have unstable housing (14%)
- Less likely to be Gay, Bisexual, or other Men who have Sex with Men (36%)

All Other Provider Panels

- Less likely to be African American (43%)
- Lower percentage of female clients (24%)
- Lower percentage below 100% FPL (33%)
- Predominantly stable housing (92%)
- More likely to be Gay, Bisexual, or other Men who have Sex with Men (51%)

Drilling Down the Data 2.0

- Identify Area of Interest
- Determine Measure(s)
- Convene Multi-disciplinary Team
 - Hypothesize about Key Drivers of Outcome
 - Create a List of Potential Interventions
 - Prioritize and Select Intervention
- Implement Intervention
- Evaluate Outcome
 - Additional or Different Strategies



Clinic Care Teams

- Clinical Teamlet
 - Infectious Disease Specialist
 - Certified Medical Assistant
- Behavioral Health Teamlet
 - Licensed Clinical Social Worker
 - Psychiatrist
 - Physician Assistant
- Supportive Teamlet
 - Medical Care Coordinators (Registered Nurse)
 - Medical Case Manager
 - Non-Medical Case Manager
 - Community Health Worker



Case Conferencing Team



Facilitation Team

- Infectious Disease Specialist
- Clinical Pharmacist
- Medical Student
- Person with HIV

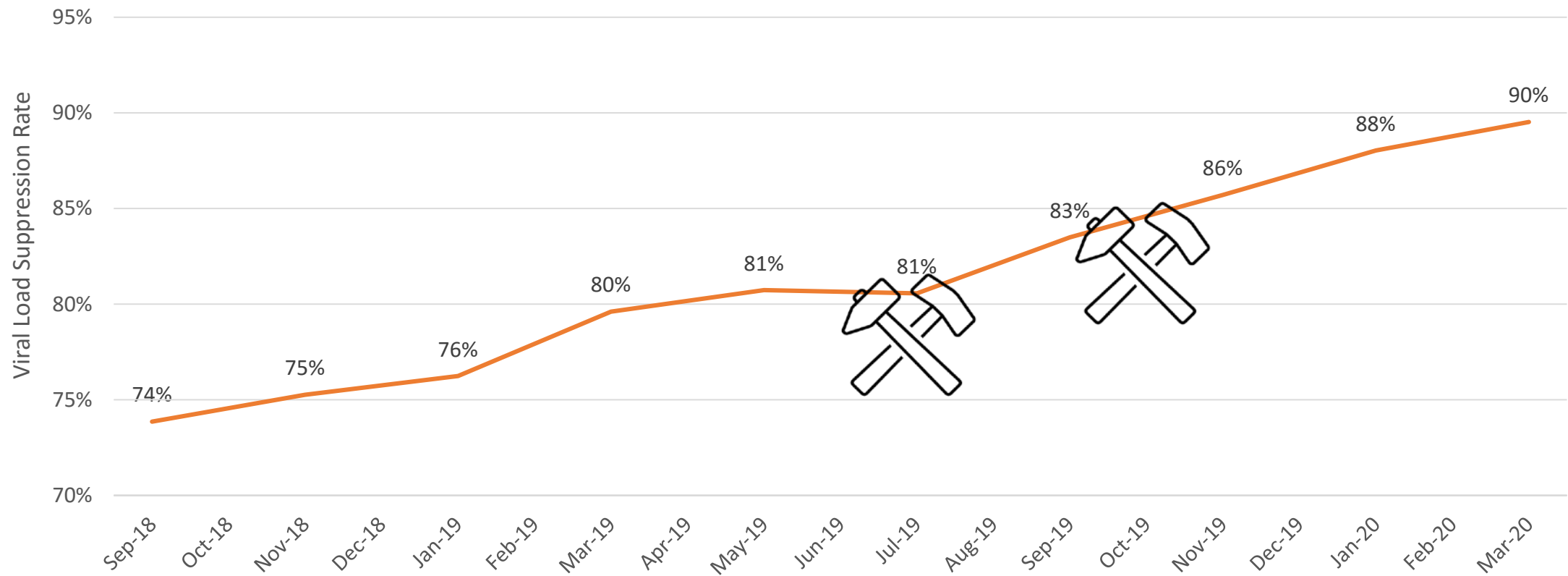
Intervention Panel Team

- HIV Primary Care Provider
- Community Health Worker
- Nurse Care Manager
- Medical Case Manager
- Nonmedical Case Manager
- Medical Assistant
- Clinical Director

Viral Load Suppression for Intervention Panel



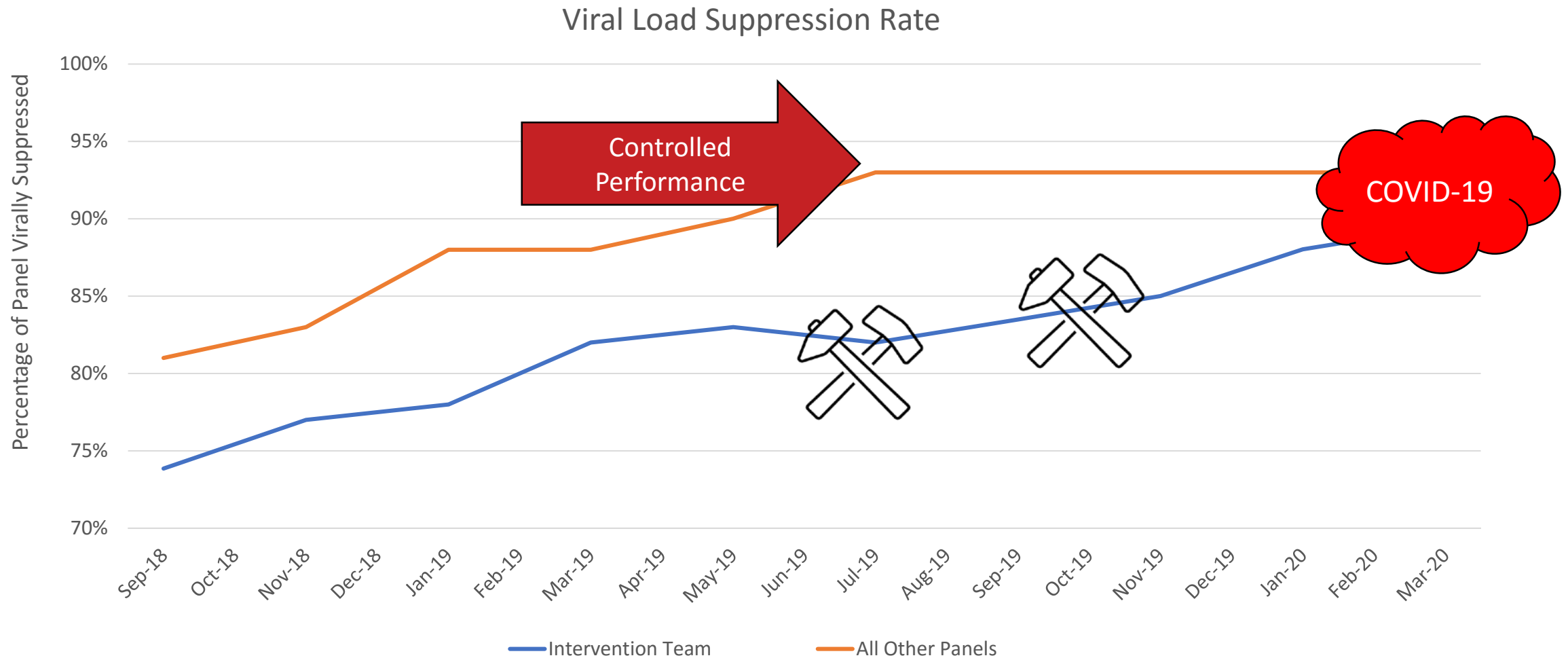
Intervention Panel Viral Load Suppression Rate



Change in Viral Load Suppression Rates



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Case Study

Radical Autonomy



Honoring Autonomy



Patient Challenge

- Older African-American Woman with intermittent adherence that was affecting her CD4 count
- The patient had received multiple adherence interventions and “talks” with the care team
- The team had resolved that she was set in her ways and when she got sick then she might change

Considerations

- The clinic has historical knowledge of the types of care needed for people with advanced HIV disease
- Raising awareness and offering a patient all the options that respect her autonomy might yield a different outcome

Panel Discussion



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Critical Elements



- Dedication and Commitment to the Process
- Preparation for the Drill Down Sessions
- Representative Staff
- Integration of Clinical Pharmacy and Persons with HIV
- Physician Champion
- External Facilitation by Peers

Lessons Learned



- Trust had to be built for the process to work between the Facilitation Team and the Intervention Panel Team
- Coordination of staff was relatively easy with the support of clinical leadership, leveraged by the Physician Champion
- The lens of Clinical Pharmacy allowed for deeper discussions about how medications and regimens may be affecting outcomes
- The integration of Persons with HIV allowed the team to navigate “risky” conversations and generate “out-of-the-box” ideas
- A good abstraction tool can save your team a lot of time by being prepared with the right data at the right time

Next Steps ...



Thank You!



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**THANK
YOU!**



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