A Quality Improvement Coaching Collaborative for Ryan White Programs in Kentucky

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2022

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Disclosures

Shelby Anderson-Badbade, Lauren Bifulco, Tiffany Bivins, Jana Collins, Kasey Harding, Ashley Lynch, Anna Rogers, Mark Splaine, Deb Ward have no relevant financial interests to disclose.

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Learning Objectives

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At the conclusion of this activity, participants will be able to:

1. Learn about the process of planning and implementing a 12-month quality improvement coaching collaborative for Ryan White programs across the state of KY.
2. Recognize the important role and potential impact that quality improvement can play in HIV care delivery.
3. Learn how to facilitate training and education in CQI that has the potential to foster new CQI leaders
4. Describe the process of planning and adapting evaluation measures for a statewide training and technical assistance offering
5. Offer perspective from experienced administrative leaders on how Ryan White programs can leverage evaluation metrics
6. Contextualize how data on Kentucky Ryan White programs' clinical quality improvement technical assistance needs will be used by program staff and partners

Presenters

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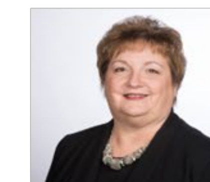

Deb Ward, RN
Project Consultant

Agenda

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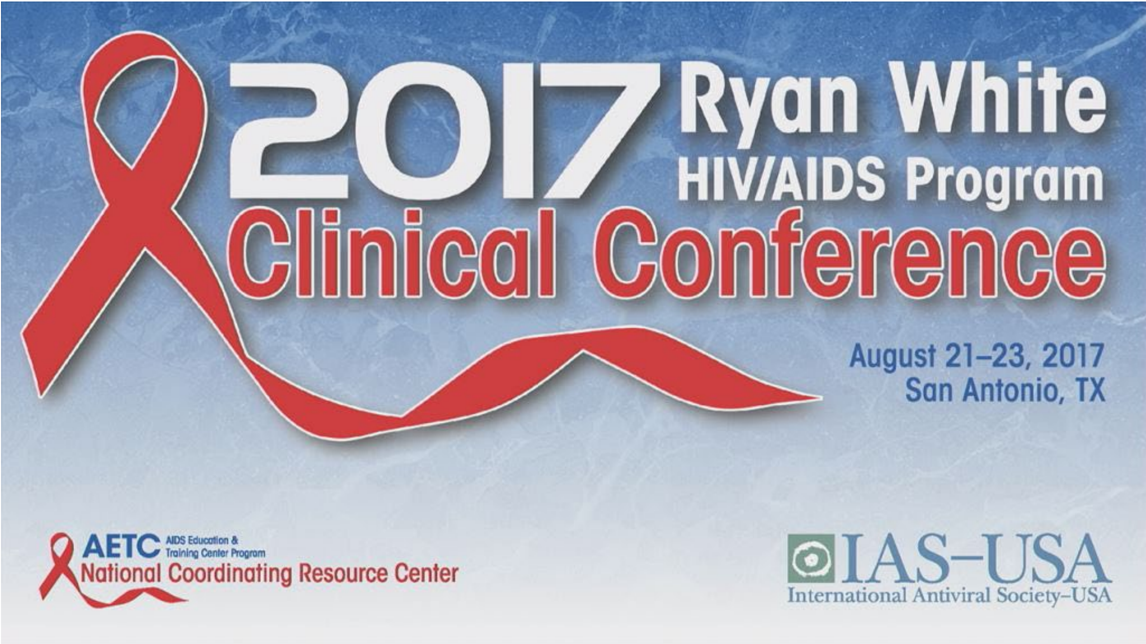
- University of KY and Community Health Center, Inc.
  - Introduction to KIRP
  - Partnership
- Kentucky Quality Improvement Collaborative
  - Pre-Work
  - Quality Improvement Work
  - Team Stories
  - Coach/Mentor Stories
  - Preliminary Findings

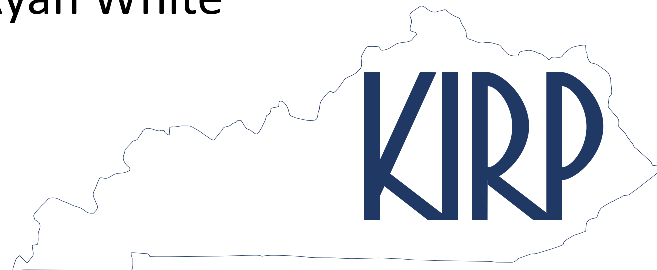
How This Started



University of Kentucky

KADAP Income Reinvestment Program (KIRP)

- The University of Kentucky (UK) serves as the contract pharmacy for the Kentucky AIDS Drug Assistance Program (KADAP) which is funded by the federal Ryan White HIV/AIDS Program – Part B
- UK supplies medications, on the approved KADAP formulary, to enrolled persons living with HIV (PLWH) across the Commonwealth
- Income generated from insurance payments for the KADAP approved medications is identified as Ryan White program income.



- UK and the Commonwealth of Kentucky, Cabinet for Health and Family Services, Department for Public Health (DPH) have signed a Memorandum of Understanding, collectively called the KADAP Income Reinvestment Program (KIRP),
- The two will work cooperatively to help improve healthcare delivery to citizens of the Commonwealth of Kentucky through disease education, prevention, treatment, and the provision of professional services intended to benefit persons living with HIV (PLWH).

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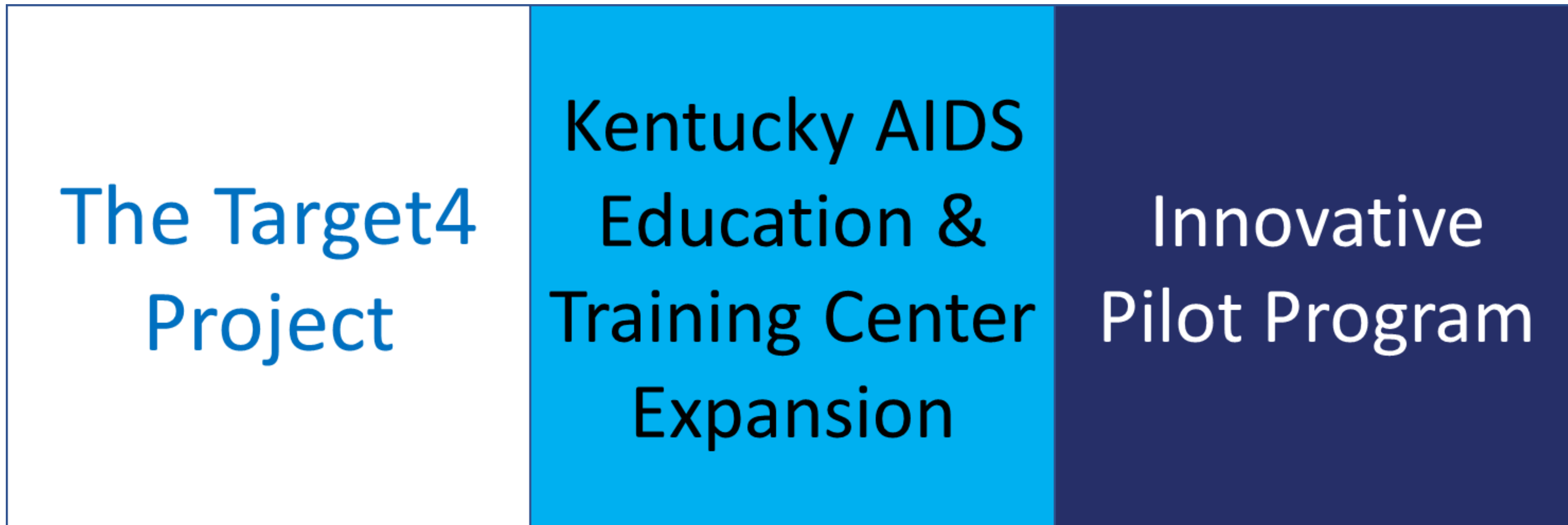
KIRP Program Initiatives



The Target4 Project
Early Intervention Services – EIS

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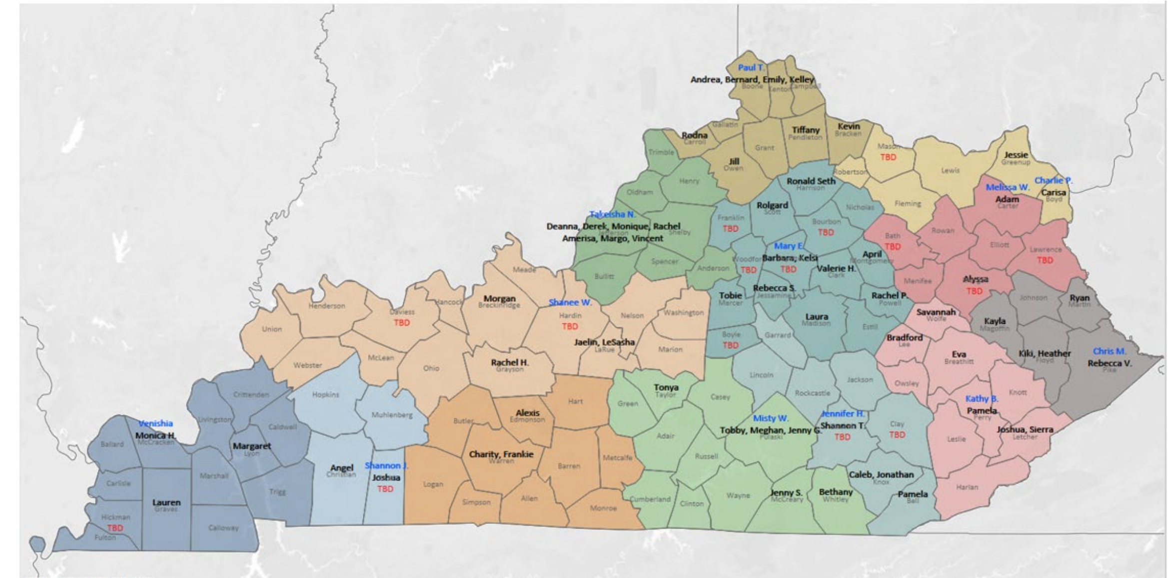
- The Target4 Project is built on the 4 components of the Ryan White HIV/AIDS Program (RWHAP) allowable service - Early Intervention Services (EIS)

Targeted HIV Testing
Referral Services
Linkage to HIV Care
Health Education & Risk Reduction

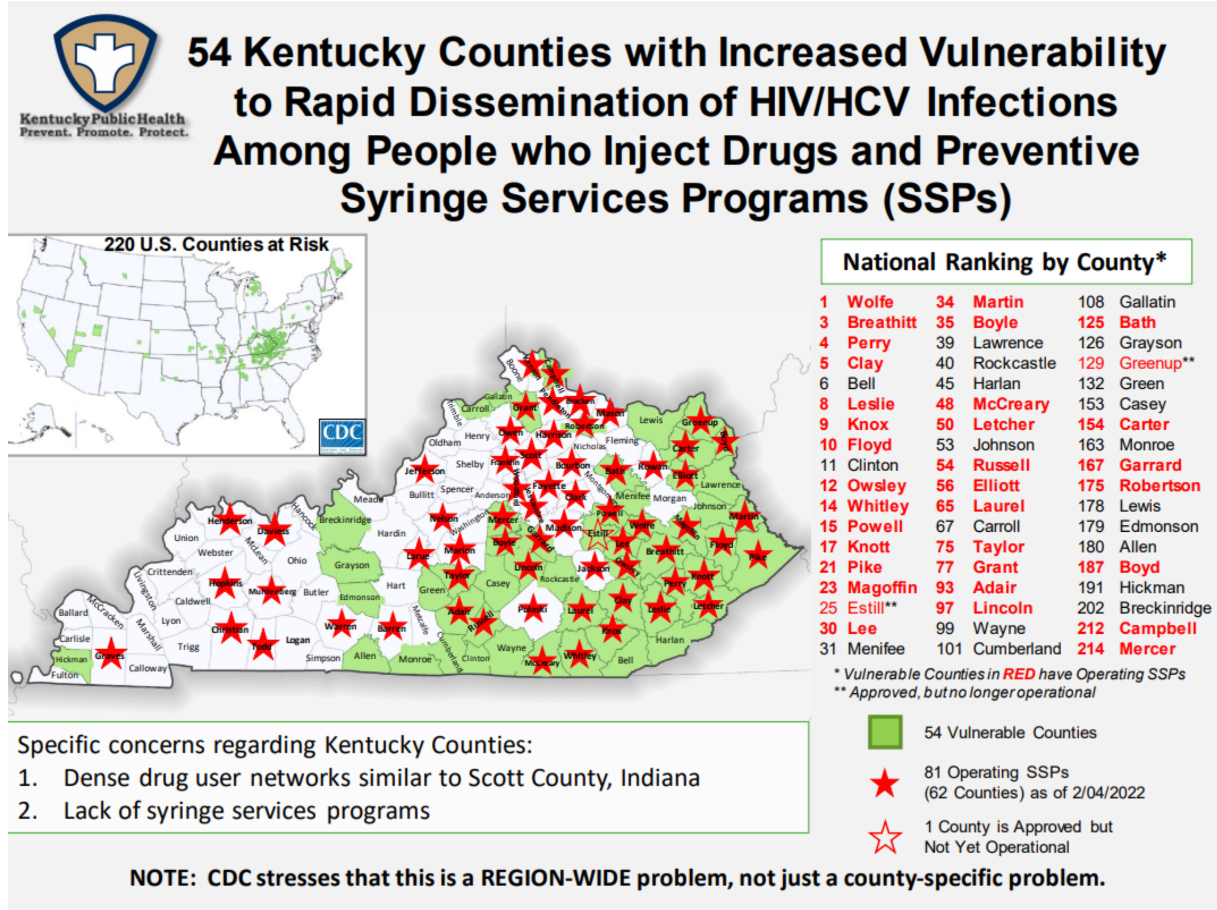
The Target4 Project - Program Structure

- Team Leads provide oversight and organize efforts within the specified Region
- EIS Health Education Coordinators, Health Education Coordinator Associates, and Peer Prevention Specialists are embedded within local health departments, community based organizations, and AIDS services organizations to provide EIS services to targeted populations.
- HIV, Hepatitis C, and syphilis testing will be integrated into local harm reduction programs and provided via targeted outreach to vulnerable populations.



- The Target4 project regional teams will work with designated programs throughout the region (local health departments, community based organizations, and AIDS services organizations) to provide services at regularly designated intervals (quarterly, monthly, weekly).

Syringe Services Program Collaboration



- Collaborate with the local health departments to enhance services embedded in the Harm Reduction programs
- Build on success of engaging persons at high risk for HIV in services
- Interview and hire staff locally, with preference given to those who live in the community in which they would work.

Kentucky AIDS Education and Training Center

- Expansion funds have allowed this program to expand significantly, providing a greater statewide reach and increase in opportunities for trainings
- The next two slides demonstrate the increase in total events and participants made available through expansion funds, comparing FY2018-2019 (pre-expansion funding) and FY 2020-2021 (after expansion funding)
- KY AETC transitioned quickly from live programming to virtual due to COVID
- Programs highlighted in blue would not be possible without expansion funding.

KY AETC Activities	FY18-19 Impact (before expansion funding)	FY20-21 Impact (after expansion funding)
Total Training Events & Programming	68	205
Cumulative Attendance	1,509	4,978

KYAETC & KDPH EHE Partnership

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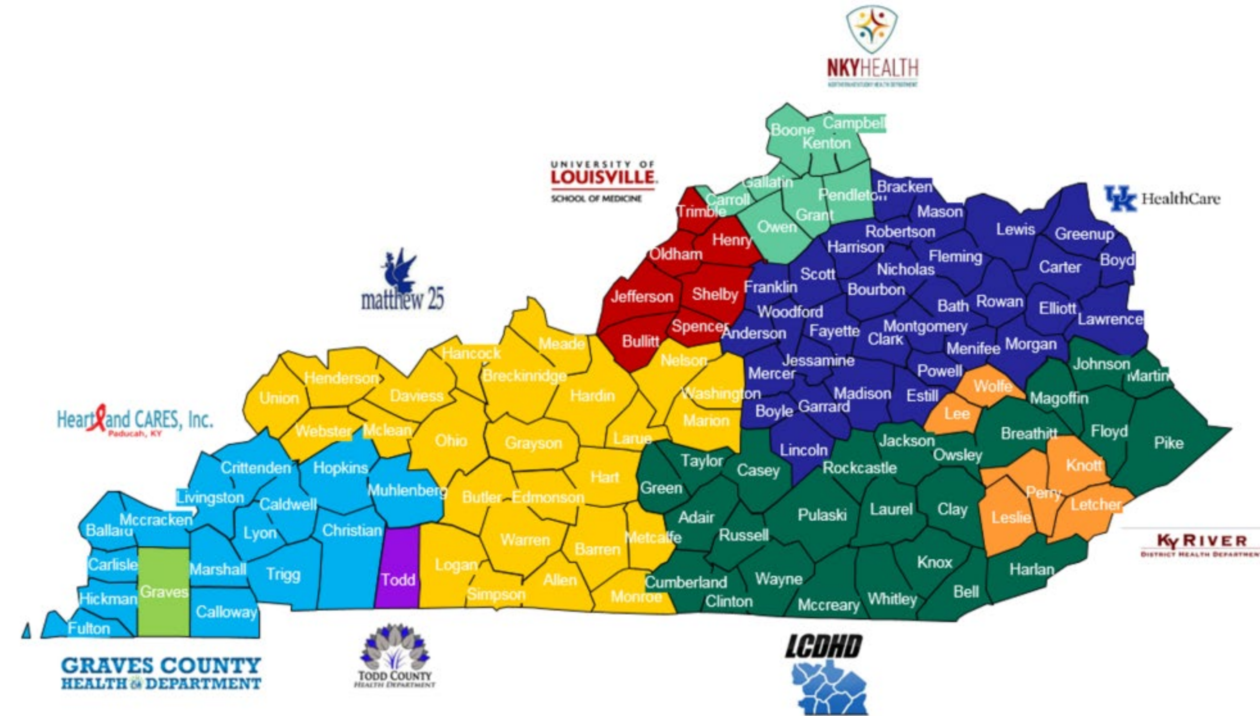
Pillar 1 Diagnose	Pillar 2 Treat	Pillar 3 Prevent	Pillar 4 Respond
• Collaborate with KYAETC to educate hospital management and/or hospital associations about Kentucky's Ending the HIV Epidemic plan. • Offer educational webinars with KYAETC if testing barriers identified in acute care settings. • Develop and offer two (2) trainings and educational webinars a year with KYAETC to identify and address potential testing barriers. • Collaborate with KYAETC to educate healthcare system administrators, professional medical and dental societies about Kentucky's Ending the HIV Epidemic plan. • Offer educational webinars with KYAETC to identify and address potential barriers in testing in retail pharmacies • Offer educational webinars with KYAETC to identify and address potential barriers with the criminal justice system • Increase healthcare professionals' awareness of KYAETC and KYTRAIN.org educational offerings.	• Partner with KYAETC to provide ongoing education Persons that are HIV+ that live in rural areas and have issues accessing quality care and services, and fear of disclosure of status. • Partner with KYAETC to provide additional resources to providers around education on HIV treatment and quality of care, and hepatitis C co-infection • Increase healthcare professionals' awareness of KYAETC educational offerings.	N/A	N/A

Kentucky AIDS Education and Training Center Expansion

Data Reported to the Kentucky for Department for Health

- Increase metrics showing intermediate and long-term progress improving HIV/AIDs treatment capacity (e.g., # and type of providers, # and type of services, etc.) in Kentucky
- ECHO model offerings and participants
- Capacity building assistance through personalized trainings to individual health care facilities/clinics (e.g., PTE Clinic Coaching and Case Consultations)
- Provided HIV trainings to meet HIV clinician education legislative requirements



Kentucky RWHAP QI Collaborative Partnership

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- Kick-off 3-day QI reboot involving QI/Strategic Plan development
- Monthly Support calls with each site
- Quarterly Collaboration and Check-In with all sites with Best Practice Learning
- Mid-project 2-day Individual Site Visit to each organization
- End-of-year 1-day Harvest

Kentucky Ryan White Collaborative Meetings Summary (Q1-Q3)

August 2021-May 2022

Cumulative Summary

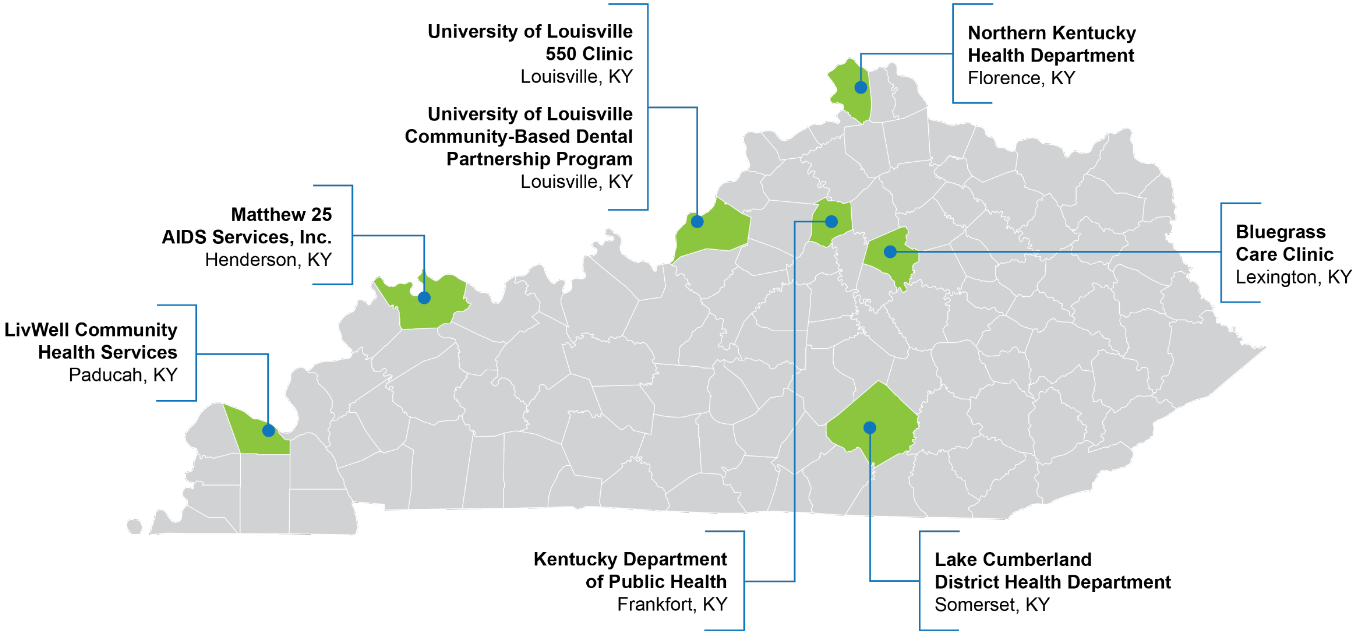
Organizations	#of Sessions	# of Unique Participants	Average Meeting Satisfaction
Kentucky Department of Public Health	19	4	**9.0**/10
Northern Kentucky Health Department	18	11	**7.2**/10
Lake Cumberland District Health	15	4	**8.3**/10
LivWell Community Health Services	13	9	**8.9**/10
University of Louisville 550 Clinic	18	4	**8.6**/10
University of Louisville Community-Based Dental Partnership Program	13	12	**8.8**/10
Matthew 25 AIDS Services	16	8	**8.5**/10
Bluegrass Care Clinic	8	8	**8.8**/10

Innovative Pilot Programs

- Investment of funds in pilot programs for innovative projects throughout the Commonwealth
- Address access to care and supportive services for PLWH and those at highest risk
- These programs will be identified as priorities of the Cabinet for Health and Family Services, Department for Public Health
- Must comply with the federal Ryan White HIV/AIDS Legislative program
- Initiatives must engage low-income individuals living with HIV and/or are at risk for contracting/transmitting HIV/AIDS

RW Programs/QI Teams

Organization	# of Unique Participants	Ryan White Funding
Bluegrass Care Clinic	8	Part B & C & D
Kentucky Department of Public Health	4	Part B
Lake Cumberland Health Department	4	Part B
LivWell Community Health Services	9	Part B & C
Matthew 25 AIDS Services	8	Part C
Northern Kentucky Health Department	11	Part B
University of Louisville 550 Clinic	4	Part C & D
University of Louisville Community-Based Dental Partnership Program	12	Part B



CHC, Inc. Partnership

Community Health Center, Inc.

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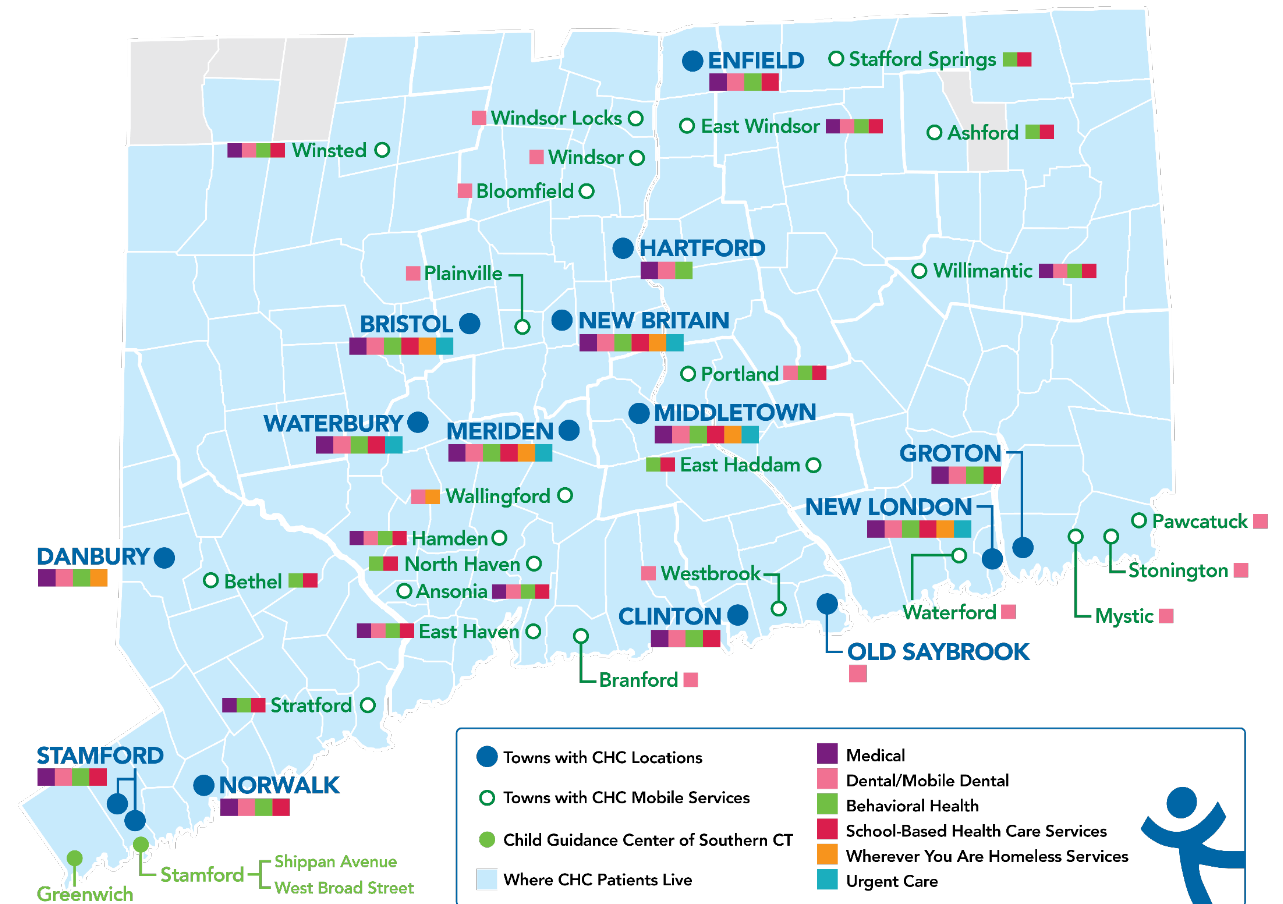
CHC Profile:

- Founding year: 1972
- Locations: 15
- Patients/year: 100,000

THREE FOUNDATIONAL PILLARS		
1 Clinical Excellence	2 Research and Development	3 Training the Next Generation



Center for Key Populations

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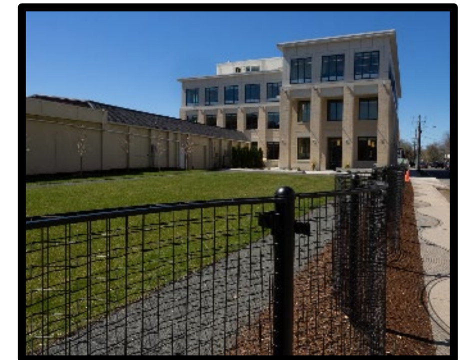
The Center for Key Populations is the first center of its kind that focuses on key groups who experience health disparities secondary to stigma and discrimination and who belong to communities that have suffered many barriers to healthcare.

The Center brings together healthcare, training, research, and advocacy for:
People who use drugs, the LGB and Transgender populations, the homeless and those experiencing housing instability, the recently incarcerated, and sex workers.

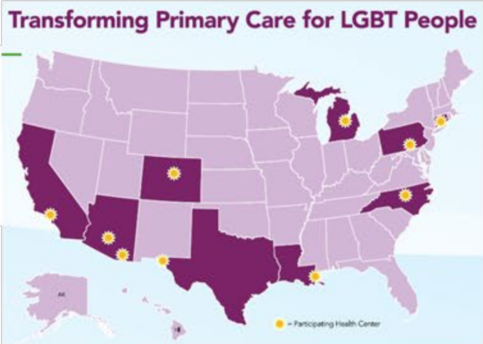
HIV Primary Care and Testing	Hepatitis C Screening and Treatment	Medication Assisted Treatment for Substance Use Disorders	Health Care for the Homeless	LGBTQ-focused Health Care	Community Drop-In Center	HIV PrEP (Pre-Exposure Prophylaxis and PEP Post-Exposure Prophylaxis)	Sexually Transmitted Infections

Weitzman Institute

- Mission:
- To inspire innovation through **research**, **education**, and **policy** in order to ensure that effective, efficient and equitable primary care is available to all
- Core Values:
- Excellence
- Innovation
- Equity and Inclusion



Our Prior Experience



Evaluation

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Evaluation Deliverable	Timing
Motivation, Opportunity, Ability (MOA) Analysis Report	Baseline
Quality Improvement Team Skills and Coach Skills Assessment Report	Baseline
Collaborative Assessment Survey Reports	Quarterly
Mentor Meeting Attendance and Satisfaction Reports	Quarterly
CAREWare Training Assessment Report	2/2022

CHC Project Team

Process

HIV Content Expertise

Primary Care Content Expertise

Project Leadership

Evaluation

Kentucky Quality Improvement Collaborative

Kentucky Program

Enhancing the education and training opportunities in Kentucky, specifically those related to Ryan White Quality Improvement and Medication Assisted Treatment implementation.

- **QI Education and Training**
  - **Kickoff QI Bootcamp**
  - **Quarterly Trainings with all participants**
  - **Individualized Coaching Sessions**
  - **Weekly or Bi-Weekly one-to-one coaching sessions with CHC mentor**
- **Online Learning Community**
- Project ECHO
- Webinars

Expectations of QI Program:

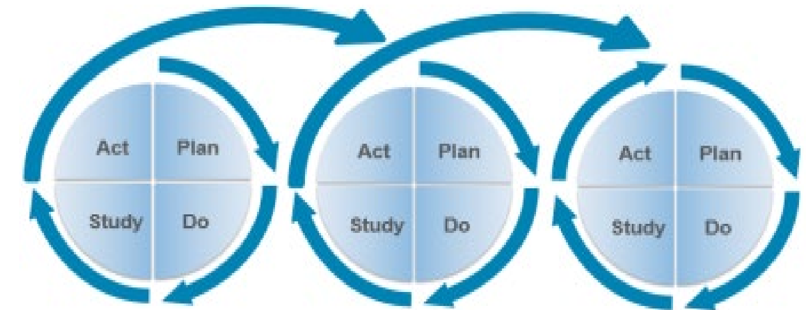
✓ All sites will establish a goal for their improvement work
✓ All sites will develop and implement a plan to achieve their goal
✓ All sites will measure their progress toward their goal
✓ All sites will share aspects of their work (both within their organization and with other sites)

QI Approach

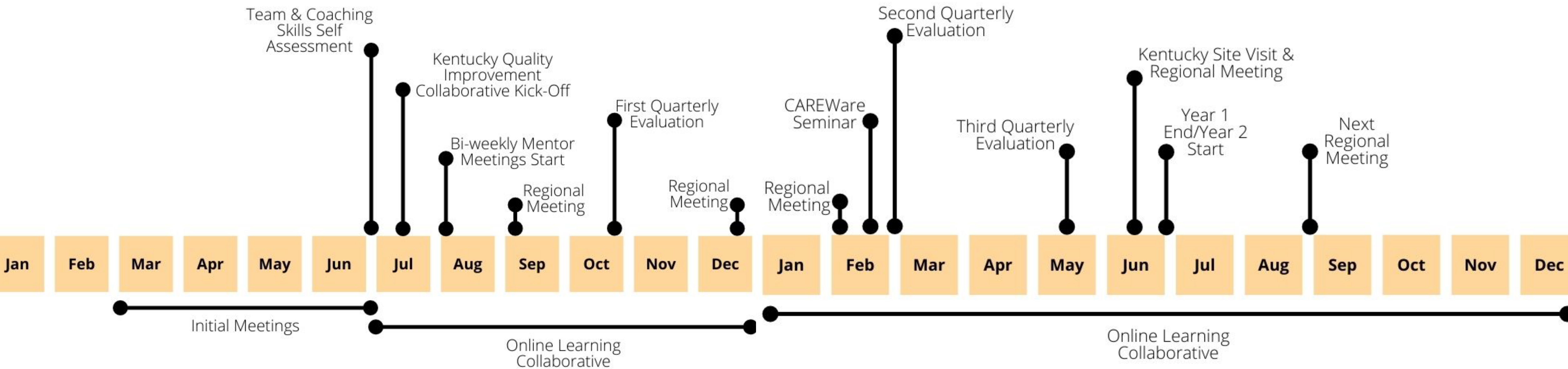
- Objective: To provide training in a comprehensive quality improvement model to individuals who will be actively engaged in improvement efforts at all levels of a healthcare organization.

Fully trained participants will be equipped with tools to:

- Run effective meetings
- Develop high performing teams
- Facilitate group processes
- Apply QI principles to practice
- Lead QI teams
- Effectively support QI initiatives
- Add structure to communication, documentation and data analysis to QI initiatives



Overview of TA provided



PRE-WORK

Evaluation Approach 1

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INPUTS → ACTIVITIES → OUTPUTS → Short Term OUTCOMES → Extended OUTCOMES

Inputs	Activities	Outputs	Short term Outcomes	Extended Outcomes
KEY STAFF • 3 Coach-Mentors • Project Director • Project Assistant • Evaluators PARTNERSHIPS • Univ. of Kentucky • Kentucky AETC • 8 Ryan White orgs Regional QI group TECHNOLOGY • Zoom videoconference • Moodle LMS • Improvement Ramp QI methodology	• Bi-weekly meetings with Coach-Mentor • Coaching on QI Methodologies • Use of QI tools • PDSA cycles • Quarterly regional QI meetings • Face-to-Face meeting (6/2022)	• Improved knowledge and application of QI methods • Improved self-efficacy to use QI tools • Increased capacity to manage change	• Awareness of QI best practices • Membership in learning community • Application of knowledge as evidenced by completion of new PDSA cycles	**Intermediate Outcomes:** • Increased identification of at risk patients, partners, & protective practices for and HIV • Improved service delivery (e.g. retention) **Long Term Outcomes:** • Decreased transmission, morbidity, and mortality of HIV in Kentucky • Reduced health disparity • Enhanced partnerships between the primary care system-public health partnerships

Evaluation Approach 2

Goal: Assess how skills, confidence, knowledge are built & strengthened

- Formative
- Process (Implementation)
- Outcome (Effectiveness)
- Impact

https://www.cdc.gov/std/program/pupestd/types%20of%20evaluation.pdf

Utilization-Focused Evaluation

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Utilization-Focused Evaluation (U-FE) Checklist

Michael Quinn Patton
January 2013

Utilization-Focused Evaluation begins with the premise that evaluations should be judged by their utility and actual use; therefore, evaluators should facilitate the evaluation process and design any evaluation with careful consideration of how everything that is done, from beginning to end, will affect use. Use concerns how real people in the real world apply evaluation findings and experience and learn from the evaluation process.

The checklist is based on *Essentials of Utilization-Focused Evaluation* (Patton, 2012, Sage Publications). All references in the checklist to exhibits and menus refer to this book.

Step 1 Assess and build program and organizational readiness for utilization-focused evaluation.

Step 2 Assess and enhance evaluator readiness and competence to undertake a utilization-focused evaluation.

Step 3 Identify, organize, and engage primary intended users.

Step 4 Conduct situation analysis with primary intended users

Step 5 Identify primary intended uses by establishing the evaluation's priority purposes.

Step 6 Consider and build in process uses if appropriate.

Step 7 Focus priority evaluation questions.

Step 8 Check that fundamental areas for evaluation inquiry are being adequately addressed.

Step 9 Determine what intervention model or theory of change is being evaluated.

Step 10 Negotiate appropriate methods to generate credible findings and support intended use by intended users.

Step 11 Make sure intended users understand potential controversies about methods and their implications.

Step 12 Simulate use of findings.

Step 13 Gather data with ongoing attention to use.

Step 14 Organize and present the data for use by primary intended users.

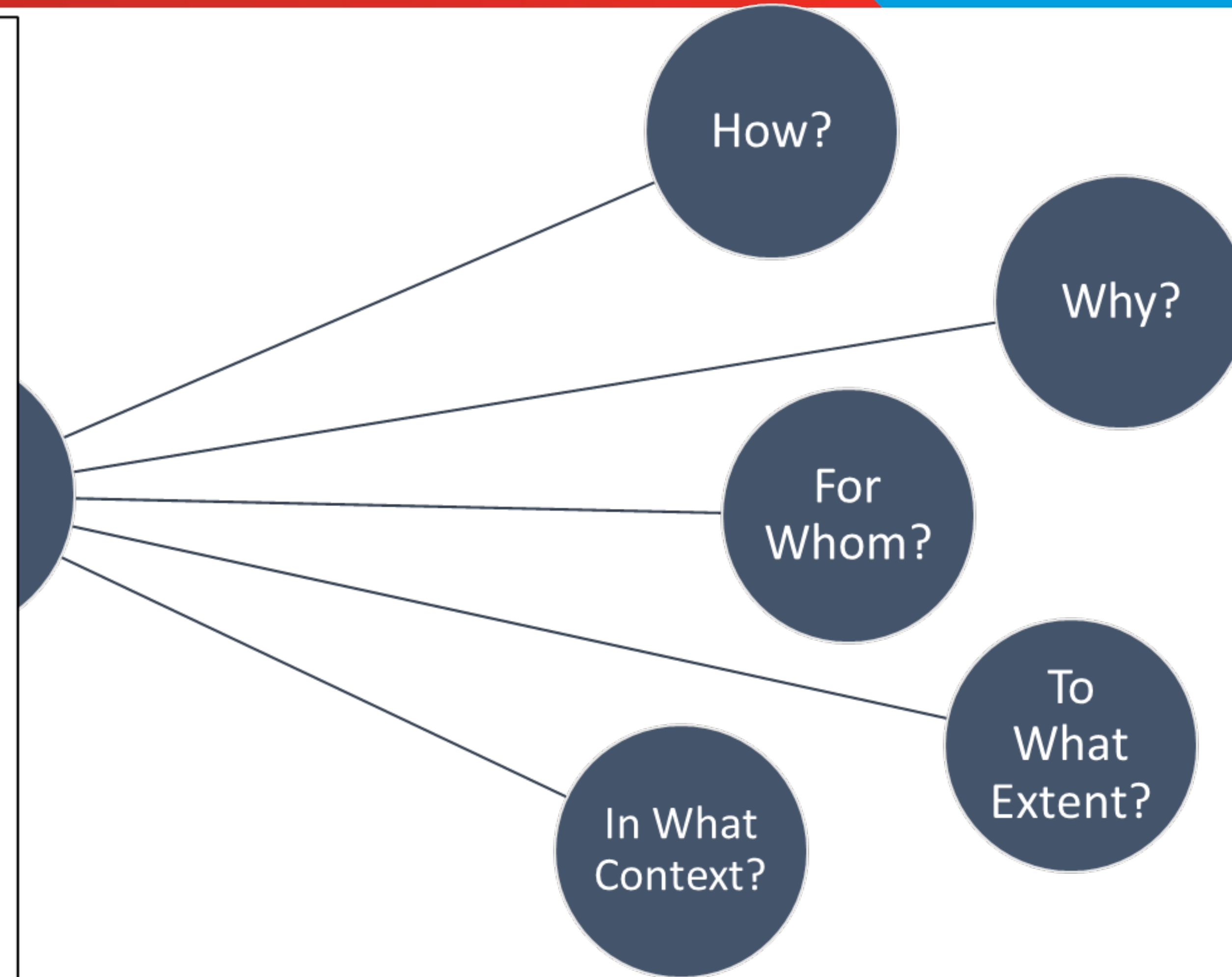
Step 15 Prepare an evaluation report to facilitate use and disseminate significant findings to expand influence.

Step 16 Follow up with primary intended users to facilitate and enhance use.

Step 17 Metaevaluation of use: Be accountable, learn, and improve

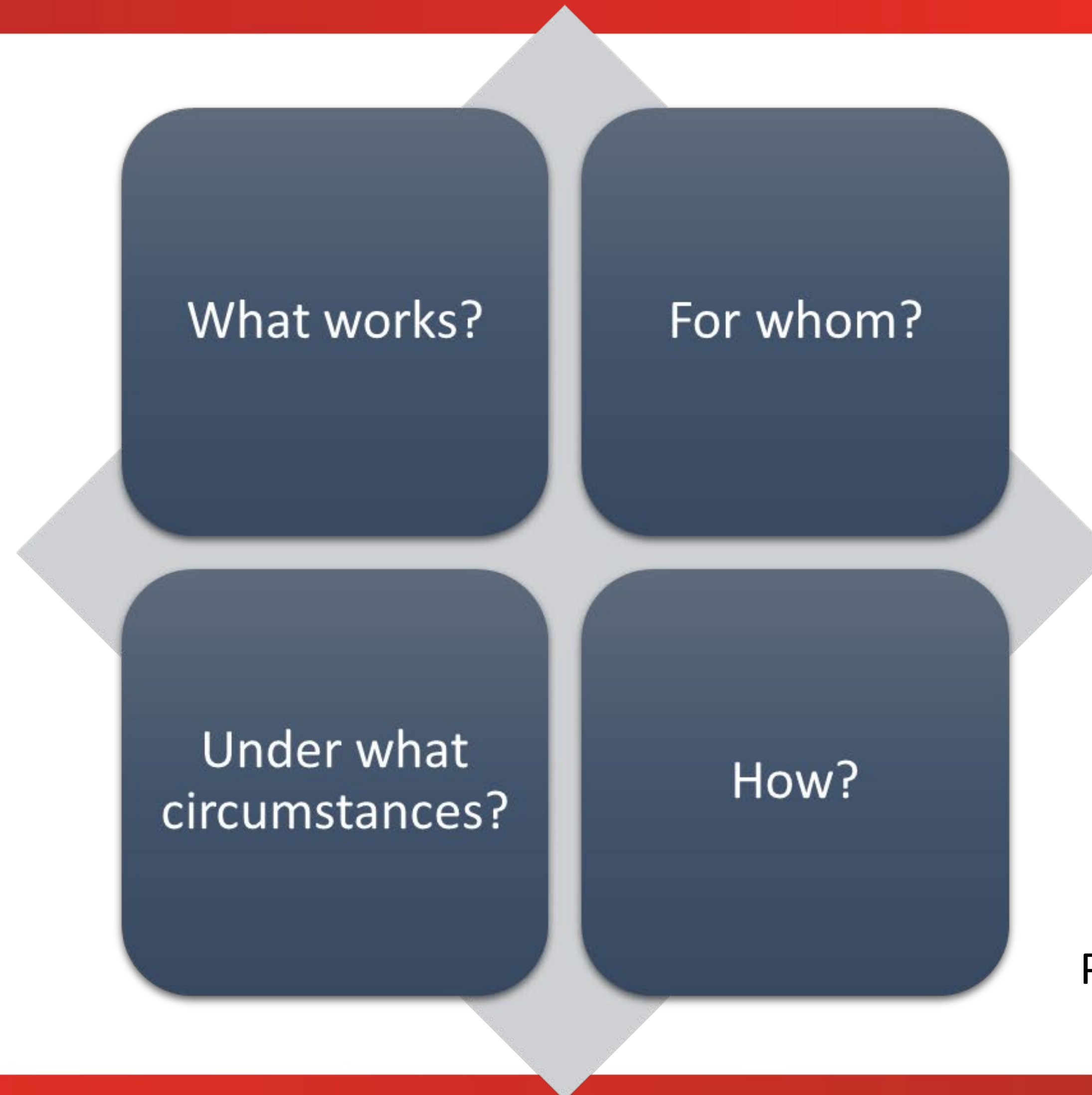
THE EC EVALUATION CENTER

Evaluation Checklists Project
www.wmich.edu/evalctr/checklists



Patton, M.Q. (2008). Utilization-focused evaluation, 4th ed. Thousand Oaks, CA: Sage.

Realist Evaluation



Pawson R, Tilley N. Realistic evaluation. London: Sage; 1997.

Formative Evaluation 1

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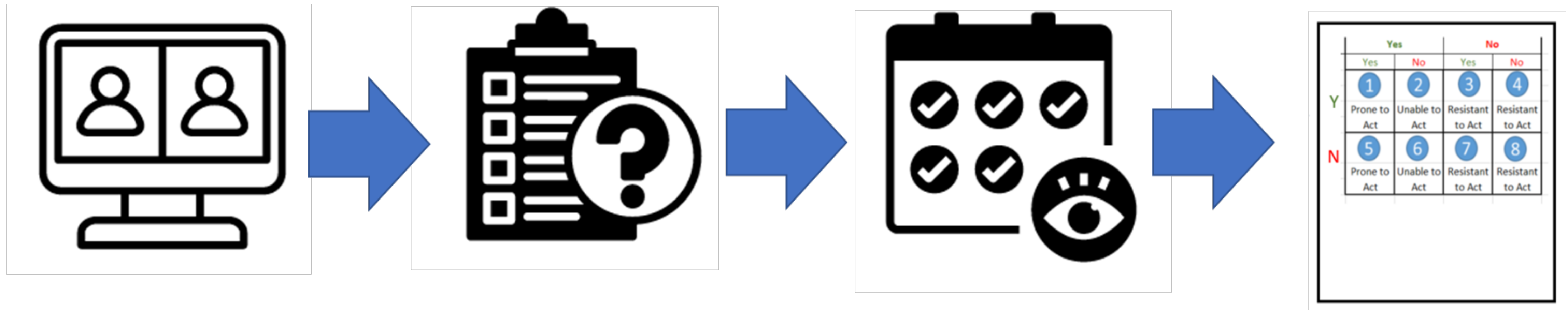
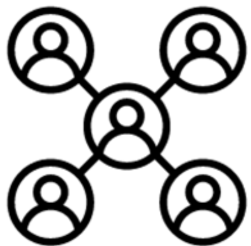
Motivation, Opportunity, Ability (MOA) analysis for each site (n=8)





#	About the Org	About the Team Lead(s)	Team Members	QI Experience	QI Training	Ryan White Measures	Populations Served	How can we help?
1	• 5000 unique patients • 3 sites, mobile health unit	• Case manager • Want to train a clinician co-leader (TBH)	• 3 Case Managers meet every 2wks • Team is fully remote • No regular team meetings	• Joining a diabetes QI collaborative in 2022	• PDSA cycles (not confident)	• Parts B, C, D • 90% VL suppression	• ~200/yr lost to follow-up	• Increase referral to treatment • CareWare - beginner users • Develop leadership capacity

Rothschild, M.L., 1999. Carrots, sticks, and promises: A conceptual framework for the management of public health and social issue behaviors. *Journal of marketing*, *63*(4), pp.24-37

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Formative Evaluation 2

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Are there subsets of Kentucky QI coaching participants, who might benefit from having coaching strategies tailored to their specific strengths and weaknesses?

MOTIVATION	YES		NO	
OPPORTUNITY	YES	NO	YES	NO
ABILITY — YES	1	2	3	4
ABILITY — NO	5	6	7	8

Rothschild, M.L., 1999. Carrots, sticks, and promises: A conceptual framework for the management of public health and social issue behaviors. *Journal of marketing*, *63*(4), pp.24-37

Formative Evaluation 3

Motivation, Opportunity, Ability (MOA) analysis for each site (n=8)

#	About the Org	Team Lead(s)	Team Members	QI Experience	QI Training	Ryan White Measures	Populations Served	How can we help?
1	• 5000 unique patients • 3 sites, mobile unit	• Case manager • TBH clinician co-leader	• 3 Case Managers • Team is fully remote, doesn't meet • COO joined this call to support team!	• Diabetes QI collab • Lead is new to QI	• PDSA cycles (last ~2018) • Low confidence	• Parts B, C, D • 90% VL suppression	• 400 case mgmt only • ~200/yr lost to f/u	• Increase VL suppression • CareWare - beginner users • Develop QI skill & capacity

Motivation	✓
Opportunity	X
Ability	X

** Example, not real data***

Rothschild, M.L., 1999. Carrots, sticks, and promises: A conceptual framework for the management of public health and social issue behaviors. *Journal of marketing*, *63*(4), pp.24-37

MOA Analysis

Are there subsets of Kentucky QI coaching participants, who might benefit from having coaching strategies tailored to their specific strengths and weaknesses?

MOTIVATION	YES		NO	
OPPORTUNITY	YES	NO	YES	NO
ABILITY YES	1	2	3	4
ABILITY NO	5	6	7	8

- # (green) Prone to Act
- # (red) Unable to Act
- # (blue) Resistant to Act

Rothschild, M.L., 1999. Carrots, sticks, and promises: A conceptual framework for the management of public health and social issue behaviors. *Journal of marketing*, *63*(4), pp.24-37

TEAM SKILLS ASSESSMENT

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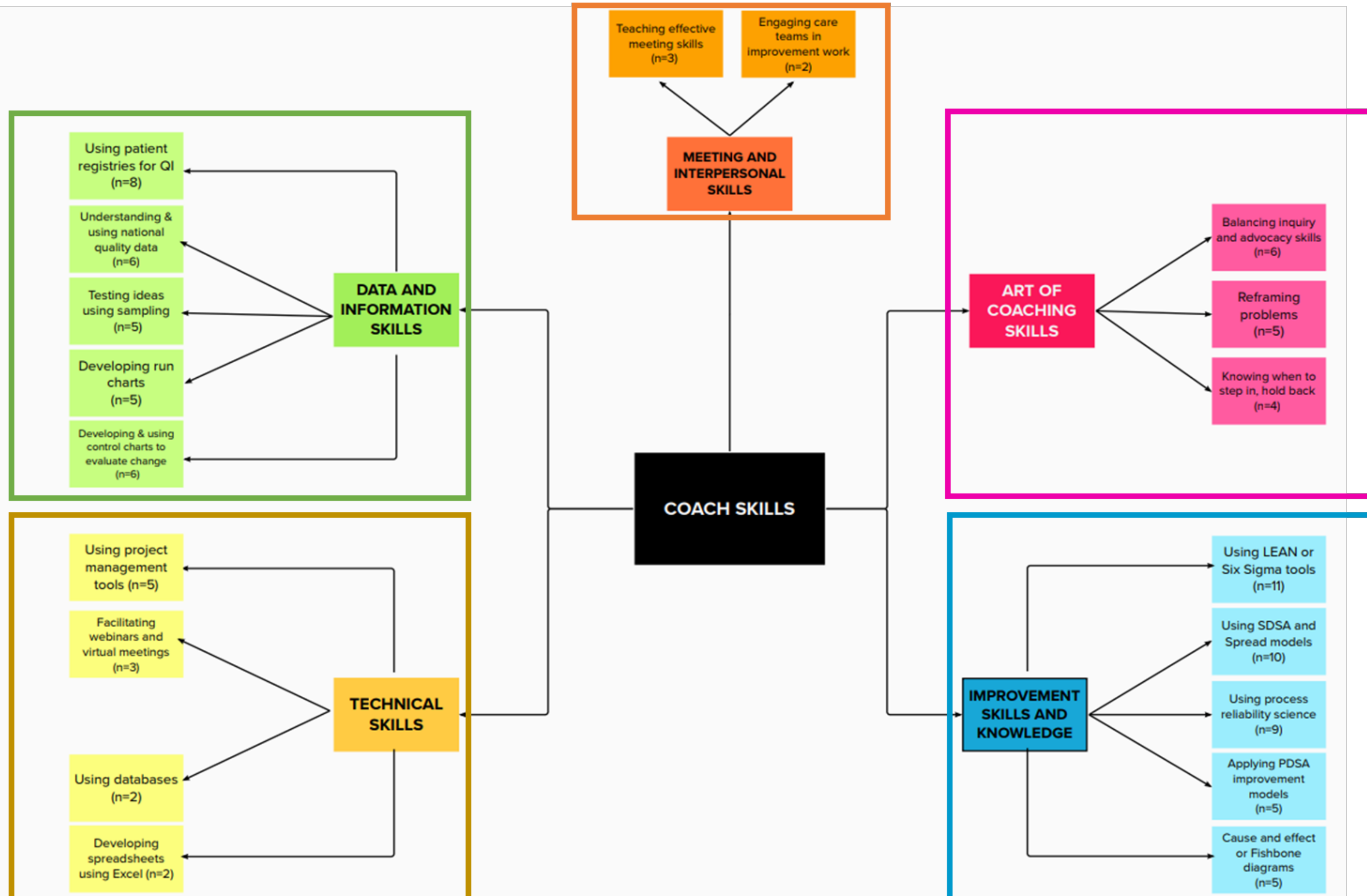
Subscale	Using Data Systems and Resources	I know where to go to pull data my team needs for improvement work (e.g. EMR)
Gathering and Using Data Skills	Understanding our Patient Population	I have useful and relevant knowledge and information about our patient population so that our team can be more proactive in closing care gaps
Gathering and Using Data Skills	Using Data to Focus Improvement Work	I can interpret Run Charts, Control Charts, and other data displays to improve clinical outcomes
Gathering and Using Data Skills	Tracking and Using Sampling Data	I know how to collect a sampling of data to identify opportunities for improvement or test change ideas (e.g. how I spend my time, better care for 5 patients)
Using Effective Meeting Skills	Meeting Regularly	My team meets weekly or biweekly to continuously improve care processes and outcomes
Using Effective Meeting Skills	Using Agendas Effectively	I can create a meeting agenda that keeps us focused on specific improvement aims
Using Effective Meeting Skills	Fulfilling All Meeting Roles	I can play the role of Facilitator, Meeting Leader, Timekeeper, or Recorder as needed
Using Effective Meeting Skills	Completing Work Between Meetings	I understand the work I need to do between team meetings to achieve our improvement aims
Applying Teamwork Skills	Respecting Team Members	I participate in our team or practice meetings openly, and I am respected for my input
Applying Teamwork Skills	Demonstrating Openness to Change	I am willing to try new things and discuss openly what is working and not working
Applying Teamwork Skills	Understanding Team Strengths	I know the personal skills and expertise of every member of my team and how we can support each other
Applying Teamwork Skills	Sharing Improvement Work	I share my team's improvement work with other teams in the practice to keep everyone informed and learning from each other

* Adapted from Team Skills and Coach Skills self-assessment tools developed by Marjorie M. Godfrey, PHD, MS, BSN, FAAN, Executive Director and Founder at the Institute for Excellence in Health and Social Systems

COACH SKILLS ASSESSMENT
'Want to Learn':

* Adapted from Coach Skills self-assessment tools developed by Marjorie M. Godfrey, PHD, MS, BSN, FAAN, Executive Director and Founder at the Institute for Excellence in Health and Social Systems



TECHNICAL SKILLS
4 of 5 skills assessed

ART OF COACHING
3 of 4 skills assessed

DATA AND INFORMATION SKILLS
5 of 8 skills assessed

IMPROVEMENT SKILLS AND KNOWLEDGE
5 of 11 skills assessed

MEETING AND INTERPERSONAL SKILLS
2 of 10 skills assessed

So What?

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Quality Improvement Work

The Stages of Improvement

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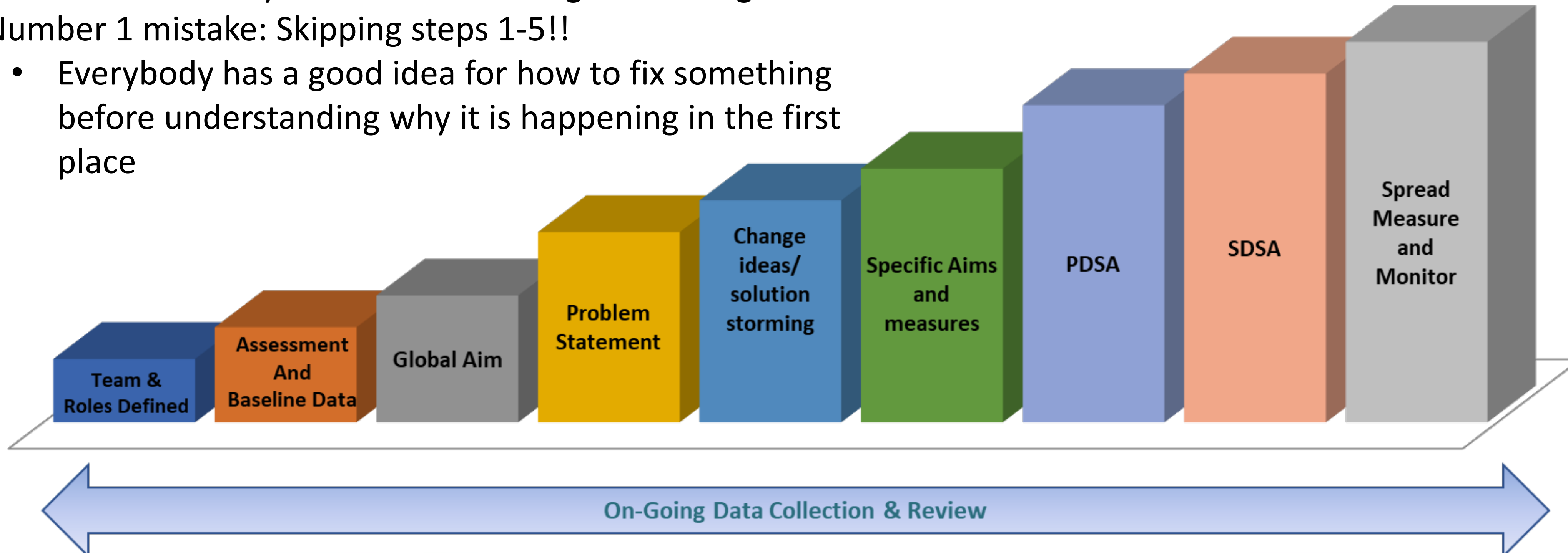
- Adapted from Clinical Microsystems and IHI
- A systematic organized approach to improvement that relies on data
- Not truly a linear process: often need to step back to get more data or clarify aims before moving forward again
- Number 1 mistake: Skipping steps 1-5!!
    - Everybody has a good idea for how to fix something before understanding why it is happening in the first place



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1. TEAM AND ROLES DEFINED

Coach Assigned, Identify Core and Extended Team Members, Define Roles, Schedule Team Meetings, Communication Plan

TOOLS/SKILLS/PROCESS:

Effective Meeting Tools
Forming/Storming/Norming/Performing

2. ASSESSMENT AND BASELINE DATA

What is our current state? Describe population of interest, Identify data sources, Drill down to specific areas of focus. Related to other projects?

TOOLS/SKILLS/PROCESS:

Tick & Tally & other data collection
Process Mapping
Role Assessment
Team Practice Assessment

3. GLOBAL AIM/Theme

What is our overall goal for advancing TBC Model? Theme, Name process, location, Start/End of Process, Benefits/Imperatives

TOOLS/SKILLS/PROCESS:

Build Consensus

4. PROBLEM STATEMENT

Problem Statement, Importance, Goals/ Objectives, Deliverables, KPIs

TOOLS/SKILLS/PROCESS:

QI Charters as agenda items
Brainstorming/ Brain writing
Multi-Voting
Impact/ Effort Grid
Fishbone Diagram
Five Whys
Process Map
Build consensus
fishbone

6. SPECIFIC AIMs and MEASURES

What do we want to accomplish in days and weeks ? What will change, by how much & when , How will we know that we accomplished it?

TOOLS/SKILLS/PROCESS:

Specific Aim Tool
Build Consensus
Fishbone Diagram (cause & effect)
Tick & Tally & other data collection

5. SOLUTION STORMING for CHANGE IDEA

What could we try?
Realistic ideas, Manager|Leader involvement.

TOOLS/SKILLS/PROCESS:

Idea Tree
Parking Lot
Force Field Analysis
Impact Effort
Multi-Voting
Fishbone and flow map

7. PDSA

Aim, test, who, when, where.
PLAN Tasks: How will we do it? What, Who, When, Where. Predictions, Measures
DO: Lets try it out. Results
STUDY: How is it working out? **ACT:** Lets try it again with modifications?

TOOLS/SKILLS/PROCESS:

PDSA Template
Keep test SMALL
Only one PDSA at a time
Measures

8. SDSA

Standardize the test that was successful. *Will it work the same in every day routine?* Document.

TOOLS/SKILLS/PROCESS:

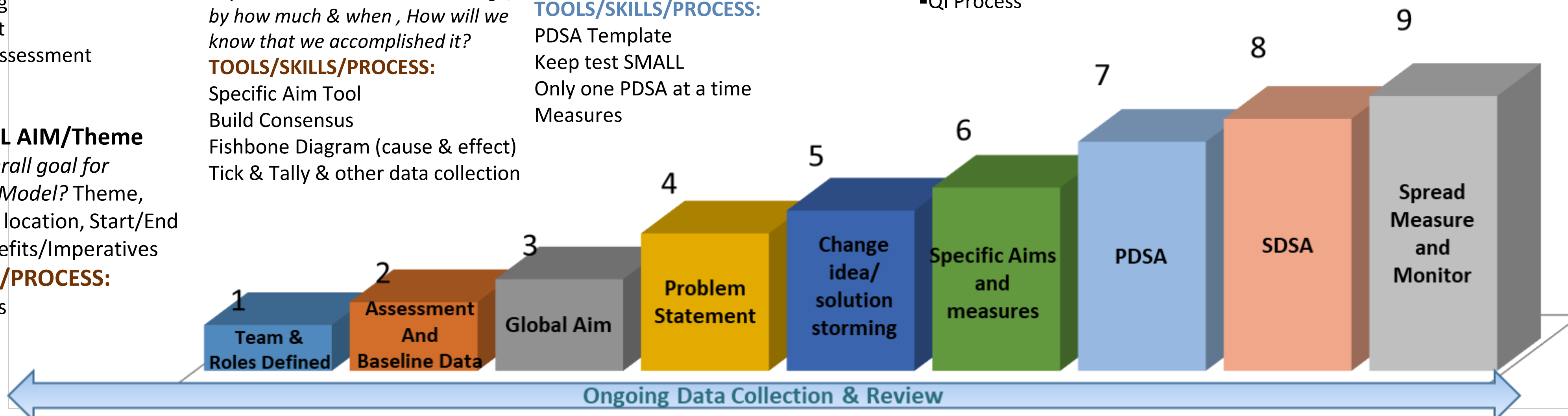
Involve all team members
Communication Plan
Playbook – Influence Spread

9. SPREAD, MEASURE & MONITOR

Implement spread strategy and track how it is working.

TOOLS/SKILLS/PROCESS:

- Communication Skills
- Spread Strategy
- Big Picture View
- Connecting the dots
- QI Process



Roles and Responsibilities

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Mentors	Team Leads	Team Members	Content Experts
The Mentor Coach is a process expert and consultant for the team. Mentor coaches have had training in a QI process such as Clinical Microsystems, Lean or Six Sigma. • The mentor is available to meet with the team at a mutually agreed upon time. • The mentor is a "teacher" and is not considered an active team member. • The mentor offers guidance to the team and can consult with the Team leaders or members one on one to provide support and additional knowledge.	The Team Leader is usually a manager or person in a position to provide resources and supervision to the team. • Team leaders are accountable for team's results • They are focused on the objectives • Team leaders set the direction/deliverables/ expected results • They assign resources and removes barriers • They participate in meetings and support the team	Team members are staff from the care team who deliver specific services to the clients. They represent most or all patient facing roles. • Members are empowered and engaged to make decisions • They Implement specific actions such as PDSA testing • They are based on complementary expertise and skills and not just their availability of time	Other coaches or consultants that have either clinical or subject expertise who can contribute to a teams knowledge deficit.

Team Stories

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Quality Improvement Team Highlight
Kentucky Department for Public Health

KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

Kentucky Public Health

Prevent. Promote. Protect.

Tiffany Bivins

- Kentucky HIV Care Coordinator Program Administrator
- Over seven years experience with the Kentucky Department for Public Health
  - Five years experience in Ryan White Part B Services
- BA in Criminal Justice and MS in Human Behavior
- Work with sub-recipients across the state

Kentucky Department for Public Health

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

- The Kentucky Ryan White Part B Services Team is part of the HIV/AIDS Service Unit that works in the Infectious Disease Branch at the Kentucky Department for Public Health.
- Currently serve ~5,000 people with HIV in Kentucky within nine sub-recipient locations.
- The HIV program has grown exponentially over the last 3-4 years and is continuing to expand.

Quality Improvement Team 1

- Quality improvement team:
  - Tiffany Bivins, Kentucky HIV Care Coordinator Program Administrator
  - Todd Hurst, Kentucky Aids Drug Assistance Program Administrator
  - Gloria Dennis, Ryan White Federal Program Specialist/Supervisor
  - Candice Bisong, Clinical Quality Management Data
  - Vacant, Clinical Quality Management Lead
- The team meets every other week for one hour with a team member from the Community Health Center, Inc. to work on developing the Quality Improvement Project.
- In addition to meeting every other week with our internal team, the team also meets quarterly with the Kentucky Regional Quality Group.

QI Project 1

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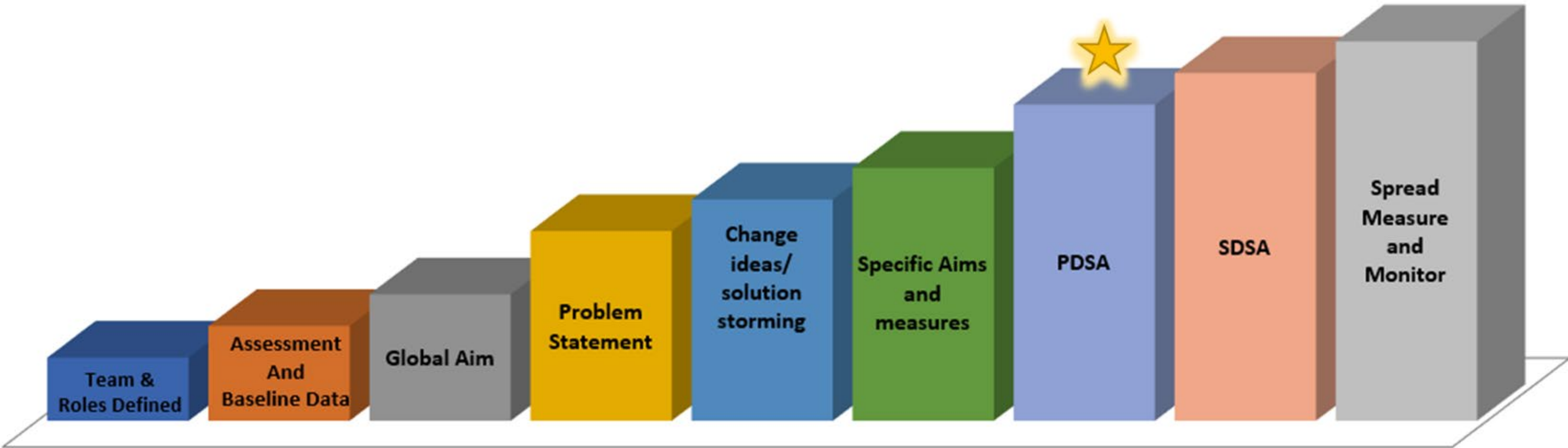
Global Aim Statement

- Aim: Improve the process of collecting viral load suppression data
- The process starts with identifying RW patients who have no documented viral load in CAREWare in the previous 12 months. The process ends when each RW patient has a minimum of 1 documented viral load suppression lab in CAREWare for the previous calendar year.
- Goals:
  - Improve the data
  - Better understand effectiveness of services that support patient care
  - Target vulnerable subpopulations that have low viral load suppression
- Importance: Vulnerable populations experience stigma and cultural barriers associated with HIV, there are clients currently who are missing information related to viral load suppression, and want to meet this standard.

QI Project 2



Current Work

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- Focus on enhancing and supporting work with sub-recipients
- Two efforts underway
  - CAREWare support and training (working with Kasey Harding from CHC Center for Key Populations)
    - Seminar completed
    - Additional session(s) being planned
  - Regular training sessions with sub-recipients
    - First session was Wednesday, March 2nd
    - Additional sessions being planned

Next Steps 1

- Continue All Part B Staff Meetings every other month
  - Guided by sub-recipient needs/interests, use feedback provided from first session
  - Offer more support to sub-recipients and not make assumptions about their needs
- Individual meetings with supervisors monthly
  - Acknowledge great work
  - Discuss need for accurate and complete data to be able report to HRSA
  - Set expectations and follow-up to identify challenges
  - Understanding that each sub-recipient is different and the goal is to help meet expectations
  - Monthly meetings with supervisor and data manager (sub-recipient), KHCCP Administrator, KADAP Administrator, Clinical Quality Management Data staff person, and Clinical Quality Management Lead (KDPH)

Quality Improvement Team Highlight
LivWell Community Health Services

Ashley Lynch

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- Medical Office Manager
- 9 years at LivWell; Total of 14 years experience in medical office management
- Responsibilities: Oversee medical team including front desk and nursing, manage and monitor RWHAP Part C funding to include: developing and monitoring budgets, grant writing, and grant reporting.
- CQI Coordinator for agency, as well as Local Leader for the Kentucky Regional CQI Group.

LivWell Community Health Services 1

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- LivWell is a Ryan White Part B & C funded clinic. We provide HIV specialty care, primary care, nutrition, mental health, case management and housing services to PLWH in our rural service area.
- Part C service area includes 26 counties in Western Kentucky & 17 in Southern Illinois.
- Opened PrEP clinic in May 2022.
- Plan to expand community services to include STI and Hepatitis C testing and treatment.

LivWell Community Health Services 2

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LivWell Patient Data by Race, Age, Gender & Risk Factor

Total # of Patients = 440

RACE/ETHNICITY	Number of Patients
White, Not Hispanic	272
Black	145
Hispanic/Latino	20
Native American	2
Asian	1

AGE	Number of Patients
Ages 13-24	12
Ages 25-34	66
Ages 35-44	84
Ages 45-54	112
Ages 55-64	114
Ages 65+	52

GENDER	Number of Patients
Male	312
Female	122
Transgender (M-F)	4
Neither Identify as Male or Female	2

RISK FACTORS	Number of Patients
MSM	205
Heterosexual	180
IDU (IDU= primary, also includes IDU/Hetero & IDU/MSM)	43
Perinatal	1
Transfusion	5
Occupational Exposure	6

Quality Improvement Team 2

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

- Multi-Disciplinary Team that includes:
  - Infectious Disease Physician
  - Primary Care PA
  - Dietitian
  - Mental Health
  - Support Services
  - Administration
- Key components of LWCHS' Quality Management Program are:
  - Performance & Outcome Measurement
  - Data Analysis & Presentation
  - Identification of Continuous Quality Improvement (CQI) strategies
  - Implementation of CQI initiatives
  - Monitoring adherence to the standards of care and performance indicators of the services offered by the agency
  - Coordinating data collection for the agency's review by outside organizations
  - Identifying processes and procedures for improvement.
- Meets quarterly, but stays connected via email updates and department meetings

Quality Improvement Projects

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Completed Projects:

- KY Regional Group:
  - Viral Load Suppression 2020 (Focused on MSM of Color)
    - Intervention: Telehealth
  - Gap Measure 2021
    - Intervention: Linkage to Care Process

- CQII Create + Equity Collaborative:
  - Affinity Group: Substance Use
  - Monitored viral load suppression rates of sub-population and entire patient load.
  - Monitored substance use screenings
  - Intervention: Case Conferencing

QI Project

Global Aim Statement

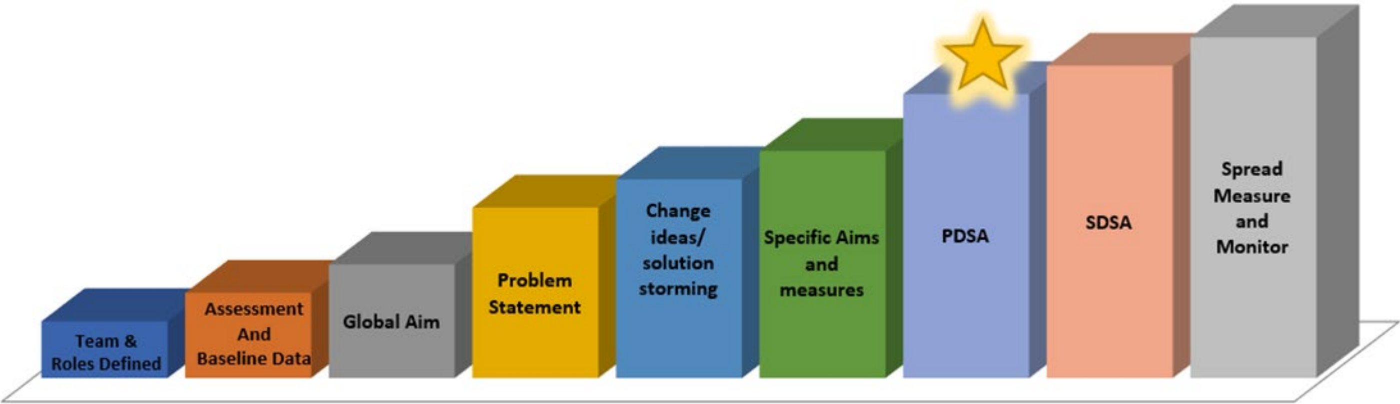
We aim to improve our overall retention rate for all Ryan White patients in LivWell Community Health Services.

The process begins with identification of clients who do not attend two medical visits within a calendar year.

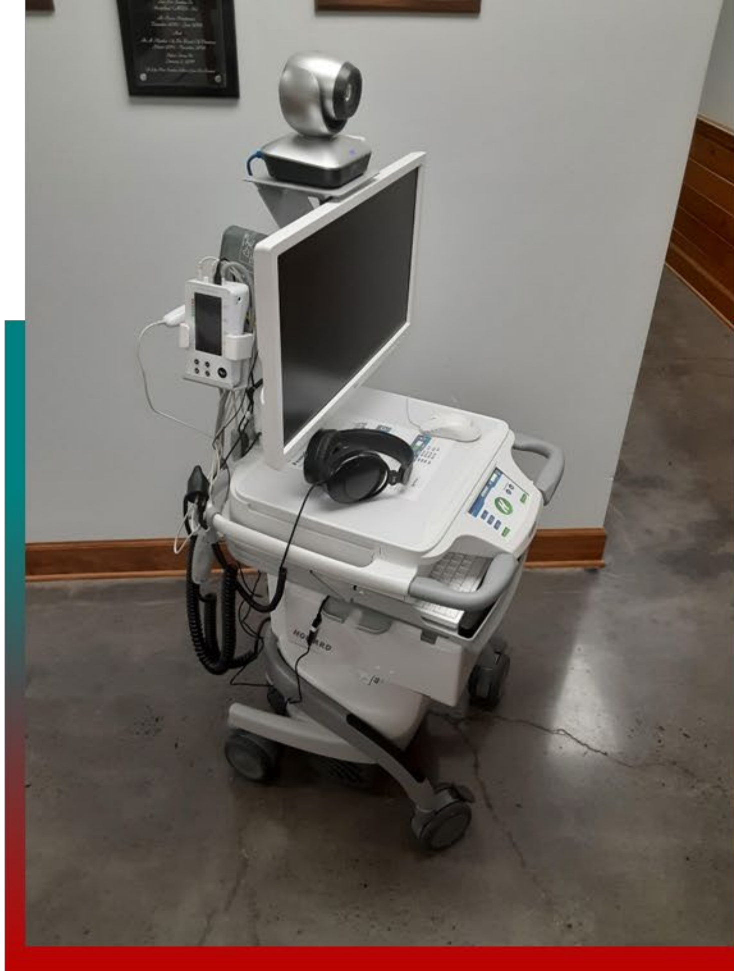
The process ends with successful documentation of patients who attended two medical visits

By working on this process we expect to: identify individual barriers to care, viral load suppressions will improve for those patients, identify and develop more resources for patients

It is important for us to work on this now because we want to meet established standards of care for our clients.



QI Project - AGNES



QI Project – Mobile Unit

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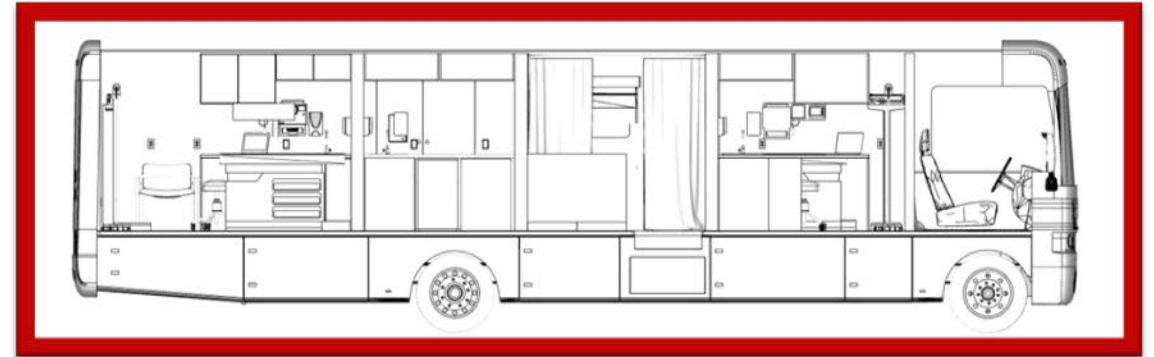

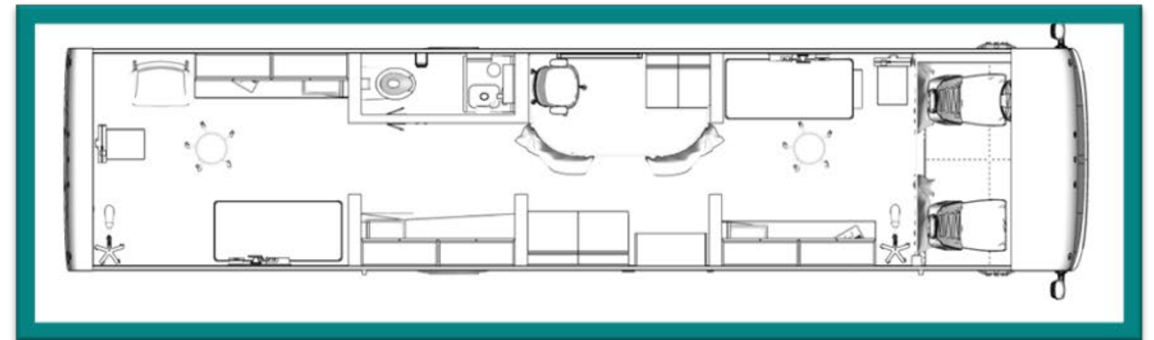

Current Work & Next Steps

- Plan staffing for telehealth clinic
- Communicate telehealth plans to providers and staff
- Next step
  - Continue hybrid testing with actual patients
  - Communicate patient feedback and results to team and providers
  - Plan to conduct first telehealth clinic in Hopkinsville on Friday, 08/19/22

Role of the Coach/Mentor

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Coaches are the "tool expert" and the conductor of the improvement process

The Discipline of Coaching

- Building relationships among people who are continuously learning about the changing environment in which they live and work, intervening to test change ideas and to build a **standardized approach** to quality improvement.

Team Coaching

"…direct interaction with a team intended to **help** members make coordinated and task-appropriate use of their collective resources in accomplishing the team's work."

-A Theory of Team Coaching, Hackman & Wageman - Academy of Management Review, 2005

Role of the Mentor Coach
Humble Inquiry
Chapter 5

weitzman institute
inspiring primary care innovation

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

- "The beginning of any helping relationship and throughout is life what is crucial is not the content of the team problem or the coach expertise, but the communication process that will enable both to figure what is actually needed…Gentle art of asking instead of telling."
  - 1st intervention must always be **Humble Inquiry**
  - Coach thinks about what the team is actually asking for
  - Coach becomes open to what may be learned through observation and careful listening.

Citation: Helping by Edward Schein

Team Accomplishments

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- ✓Developed and implemented a mental health care plan for patients receiving medical care
- ✓Implemented a telehealth program & mobile medical unit
- ✓Designed a health education pamphlet to clarify patient expectations and clinic services
- ✓Reduced no-show rate by 50% by improving the quality of communication on transportation services
- ✓Designed printable calendar for patients with appointment reminders and monthly mental health and medical awareness tips
- ✓Composed a playbook to standardize the process for documentation of medical services in CAREWare

Team Accomplishments continued

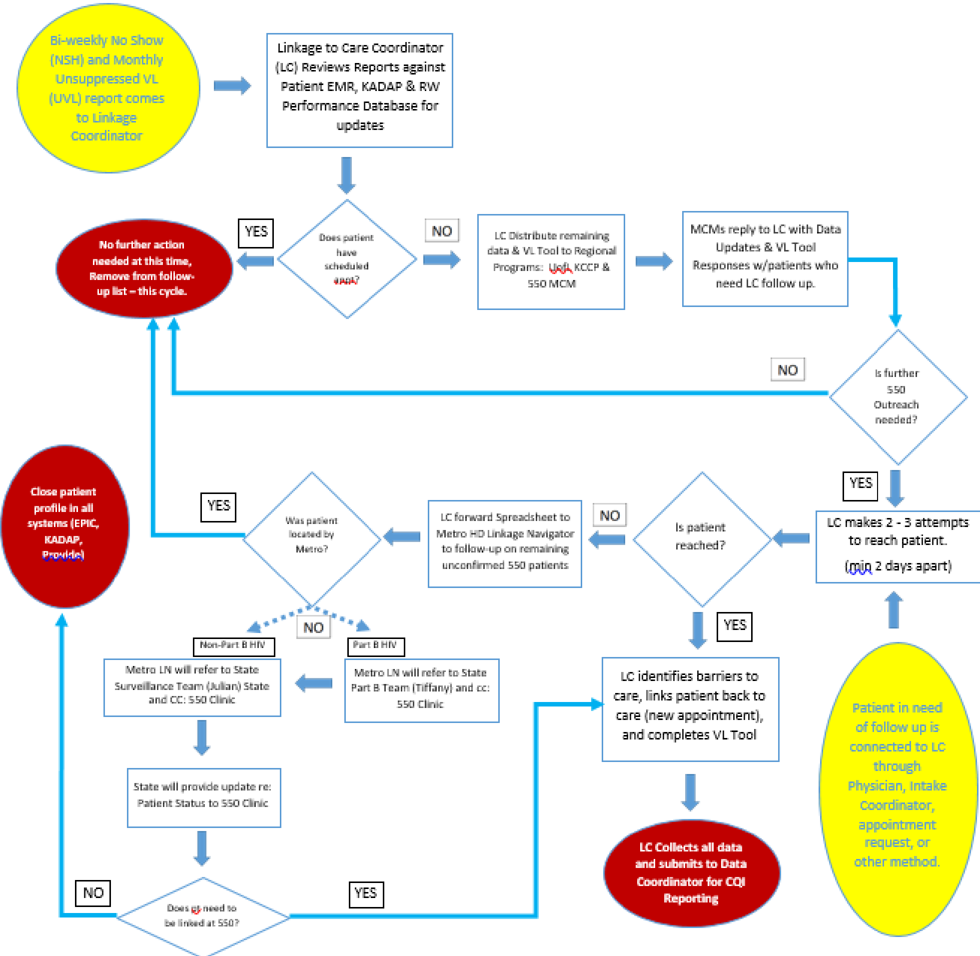
NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

- ✓Improved retention rates of Ryan White patients by using data to identify barriers to care and create interventions for specific patient needs
- ✓Created a CAREWare monthly data completeness report process to improve the percentage of documentation of timely and accurate data
- ✓Improved RSR completeness report by reducing missing data for poverty level, housing and insurance
- ✓Improved HRSA performance measures with CAREWare for Ryan white Part B, C & D data requirements
- ✓Created tutorial for all staff on RSR validation report to check data accuracy
- ✓Address missing viral load and correct eligibility status data to improve ADR report

Flowcharting

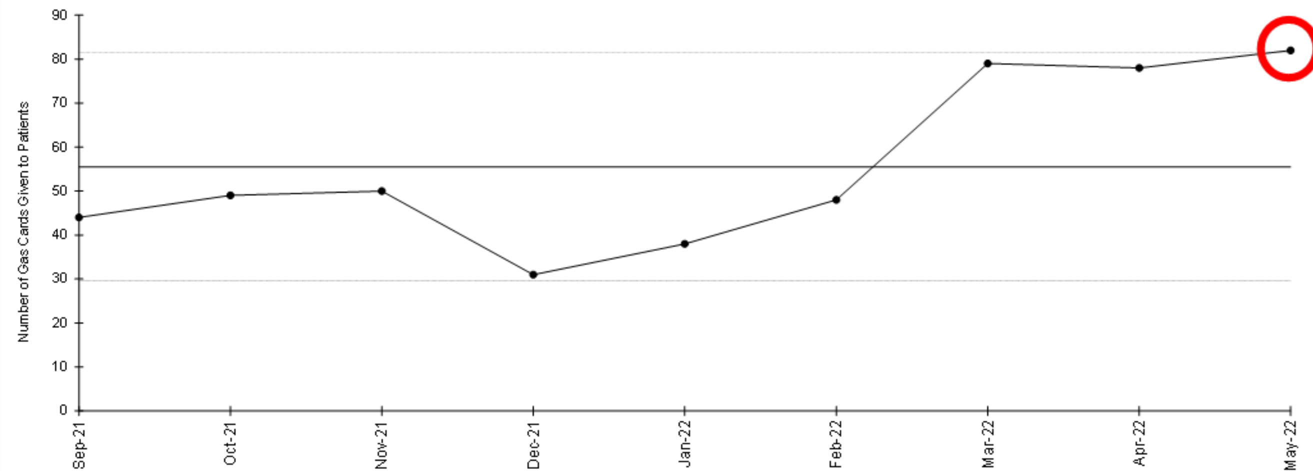
- Developing process maps has helped teams clarify their work in several areas.
  - Core clinic processes such as:
    - Linkage to care
    - Enrollment and eligibility
    - Documentation of treatment planning
  - Data collection and data entry
  - Financial processes such as:
    - Patient billing
    - Staff/office purchases
    - Travel
  - Training of new and existing staff

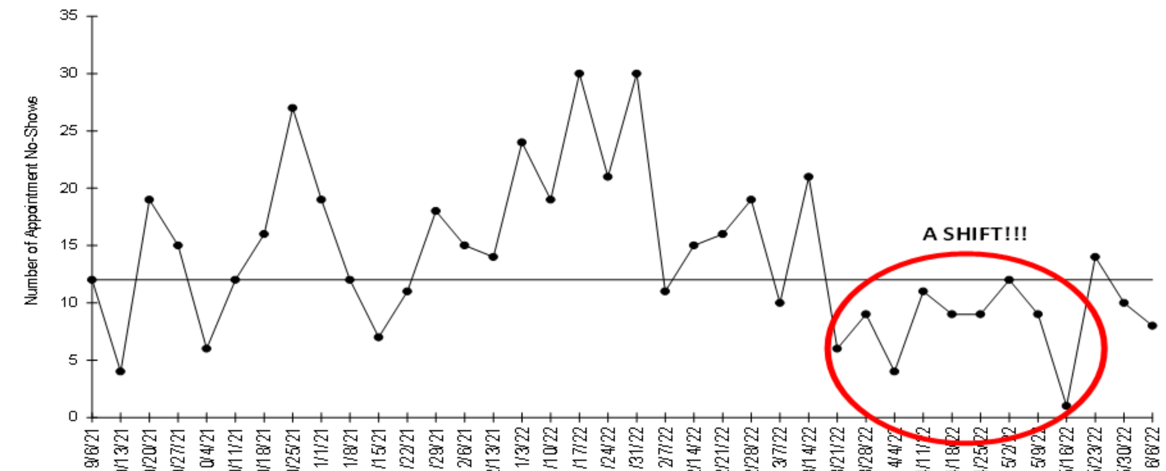
University of Louisville 550 Clinic Linkage/Follow-Up Process



Data Displays

- Displaying data over time has been helpful to demonstrate areas of improvement.





Leadership Development

- Incorporate new QI knowledge into the organization's culture
  - Leaders check in with Team members
  - They provide support and encouragement
  - They provide adequate time allotment
  - Leaders support expectations
- "Manage Up"

CAREWare Training

Agenda

- General Overview of CW (4 minutes)
- What are we doing here and how did we get here? (4 Min)
- How do we all use CW? (4 Min)
- Tips and Strategies for entering, monitoring and analyzing data. (5 Min)
- How to get information from CW effectively. (5 Min)
- Using CW Reports to monitor outcomes measures. (5 Min)
- Using CW for Quality Improvement Efforts (5 Min)
- Overcoming Challenges with CW (5 Min)
- Questions from participants (10 Min)
- Resources (5 min)
- Brief evaluation (5 Min)

Community Health Center, Inc.'s CENTER FOR KEY POPULATIONS *Reimagining Primary Care*

Common CAREWare Challenges

Why is it still important?

This is the number one way that we demonstrate the efficient use of our Ryan White funding!

Teams’ CAREWare Questions

National Ryan White Conference on HIV Care & Treatment

CAREWare Functions and Software Operation

- *“Can we create a pop-up guidance for reminders of data that needs to be inputted/missing data?”*
- *“What do warnings and cautions mean?”*
- *“Can we create a data dictionary? How?*

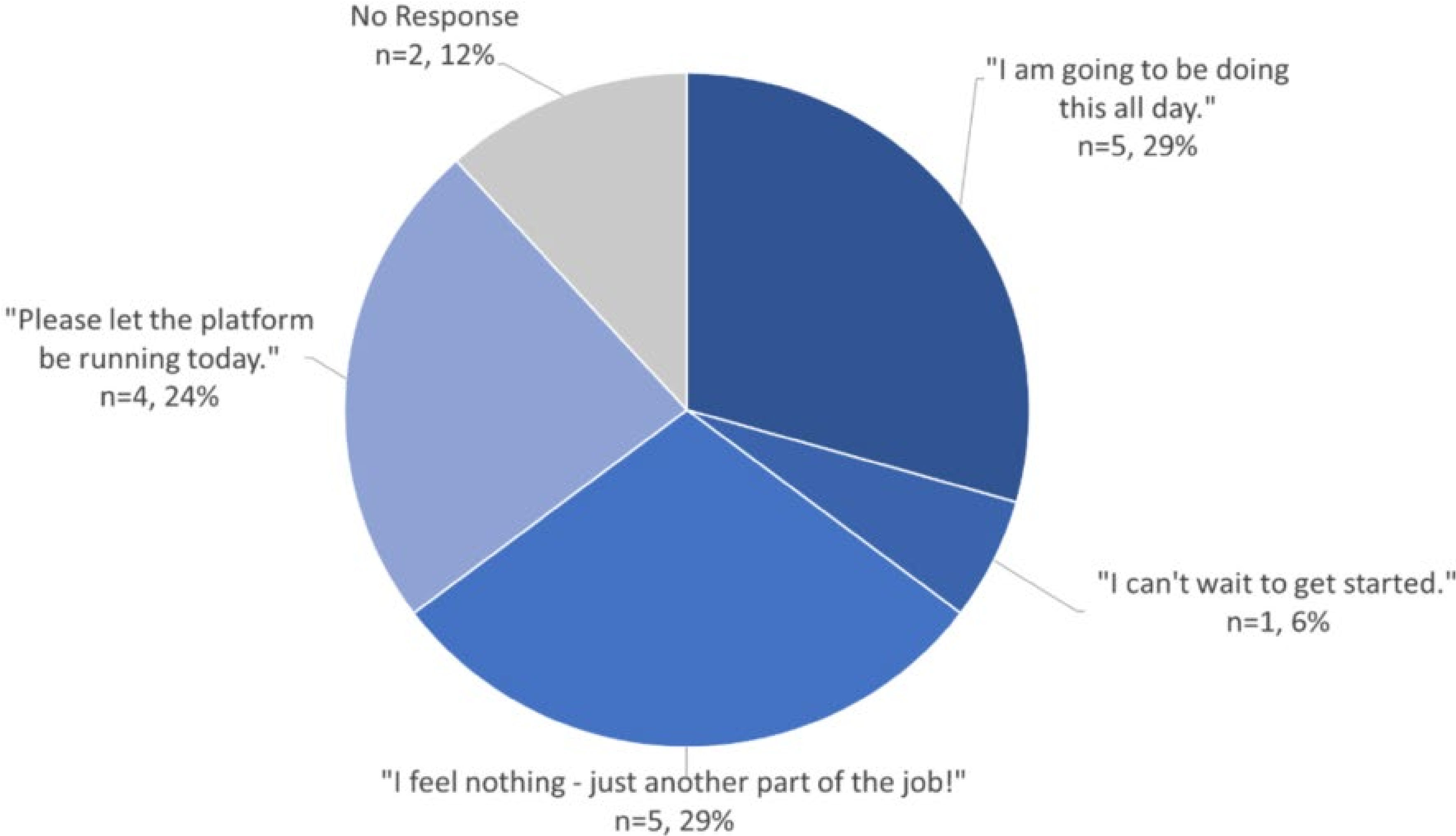
Using Reporting for Process Improvement

- *“How do we use reports such as validation RSR and completeness in our work?”*
- *“What can [reports] be used for?”*
- *“How should we implement these processes at our clinic?”*

Refresher Training and Resources

- *“Where can we access basic CW training for new staff?”*
- *“How useful is the RSR instruction manual? Is there an alternative document we could use?”*

When I Log into CAREWare, My First Thought Is…



Knowledge of CAREWare (Self-Report)

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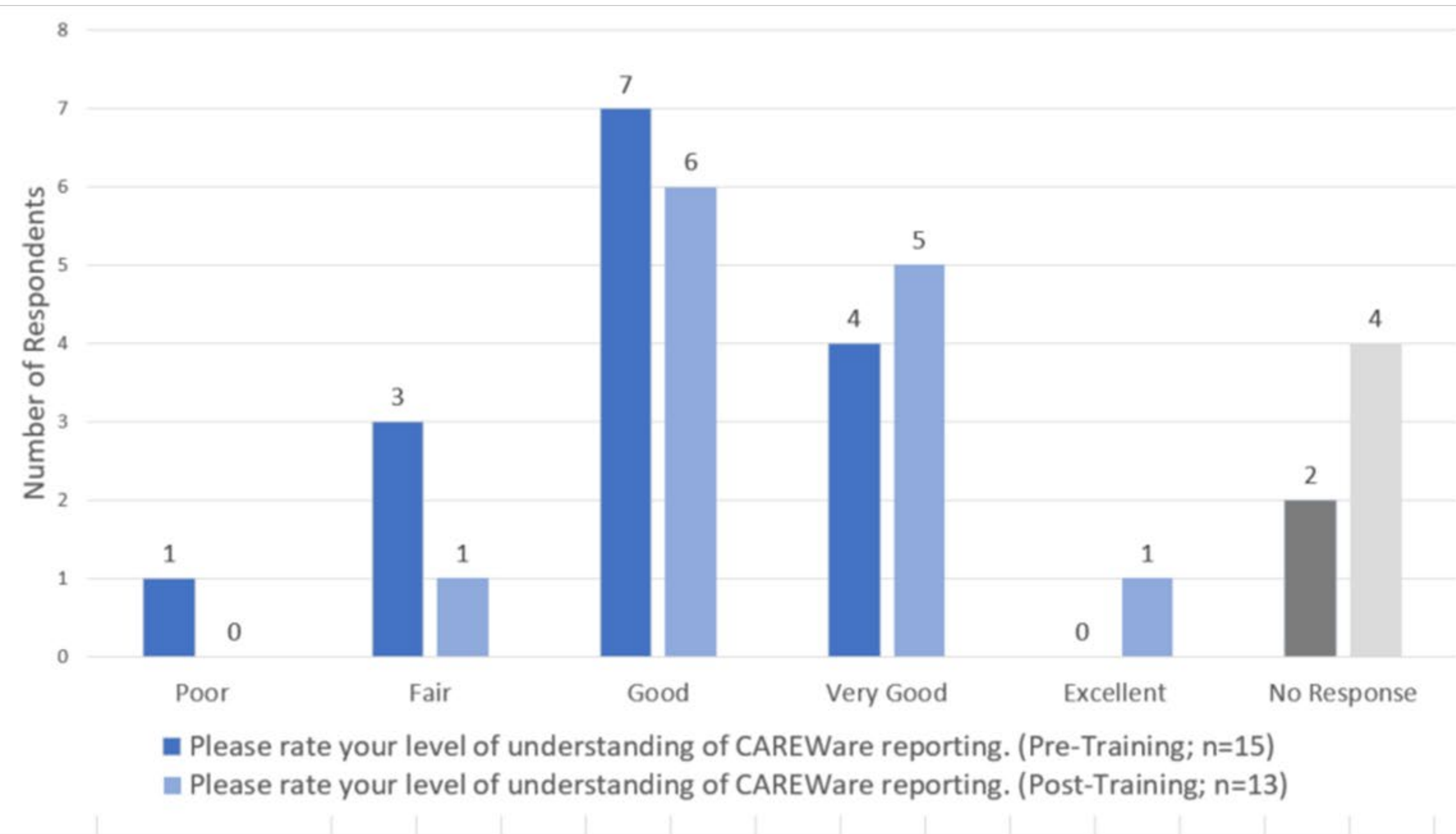
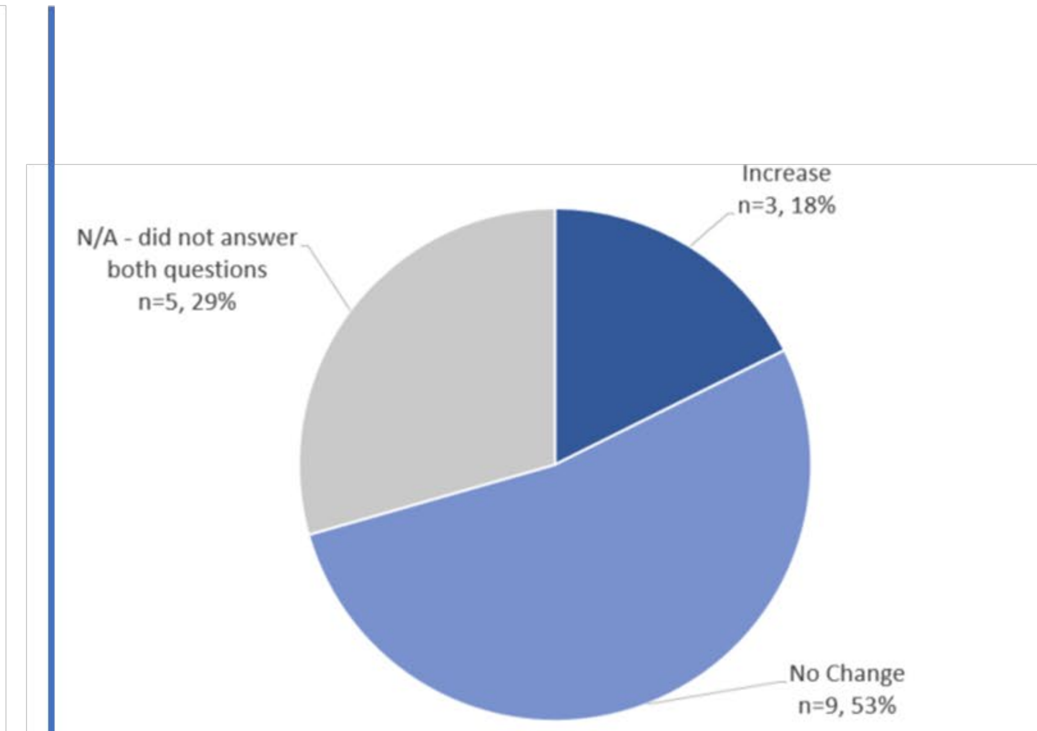
CAREWare Understanding

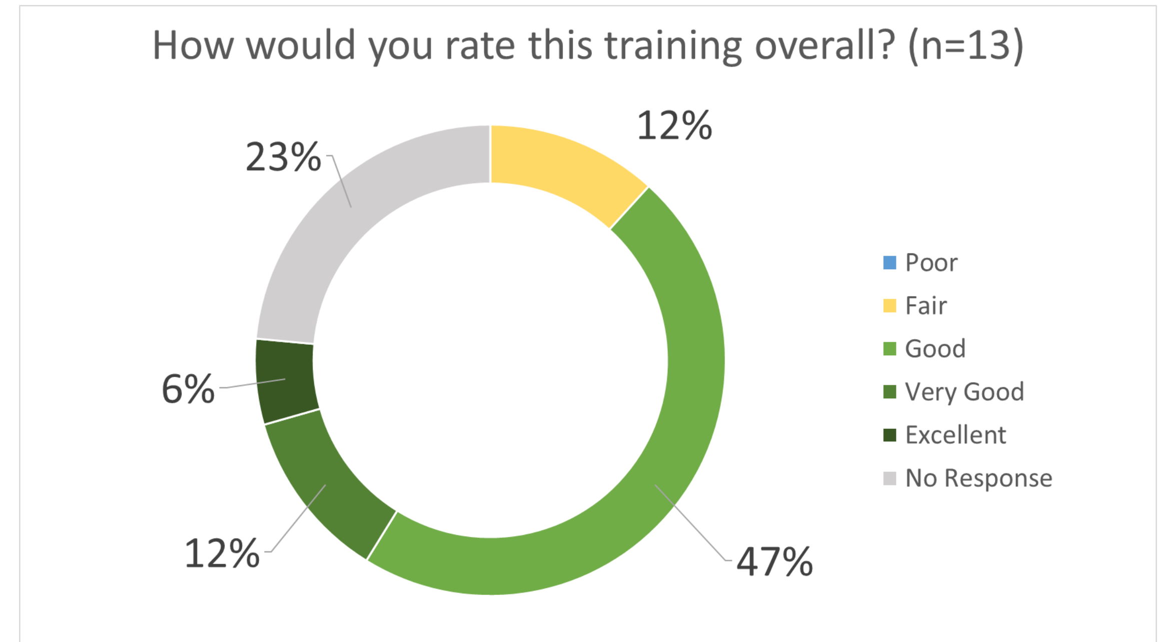


Knowledge Change



Training Lessons Learned

- CAREWare TA works best when you ask specific questions and when you describe/show what you need, rather than asking for general improvements
- There is demand for the ‘advanced version’ of the training, and additional examples – directly from CAREWare



Preliminary Findings

PROCESS EVALUATION

GOAL: ASSESS HOW SKILLS, CONFIDENCE, KNOWLEDGE ARE BUILT & STRENGTHENED

- Quarterly surveys (11/2021, 2/2022, 5/2022)
  - Participation, Satisfaction, Knowledge, Attitudes, Impact
- Meeting Data
  - Participation and satisfaction data from biweekly mentor meetings
- Documentation of journey up/down the QI 'Improvement Ramp'

QI – Meeting Satisfaction

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Feedback Poll

Poll | 2 questions Edit Poll

1. On a scale of 1-10 (TEN being the best meeting you have ever attended and ONE being the worst) please give an overall rating for this meeting. (Single Choice) *

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

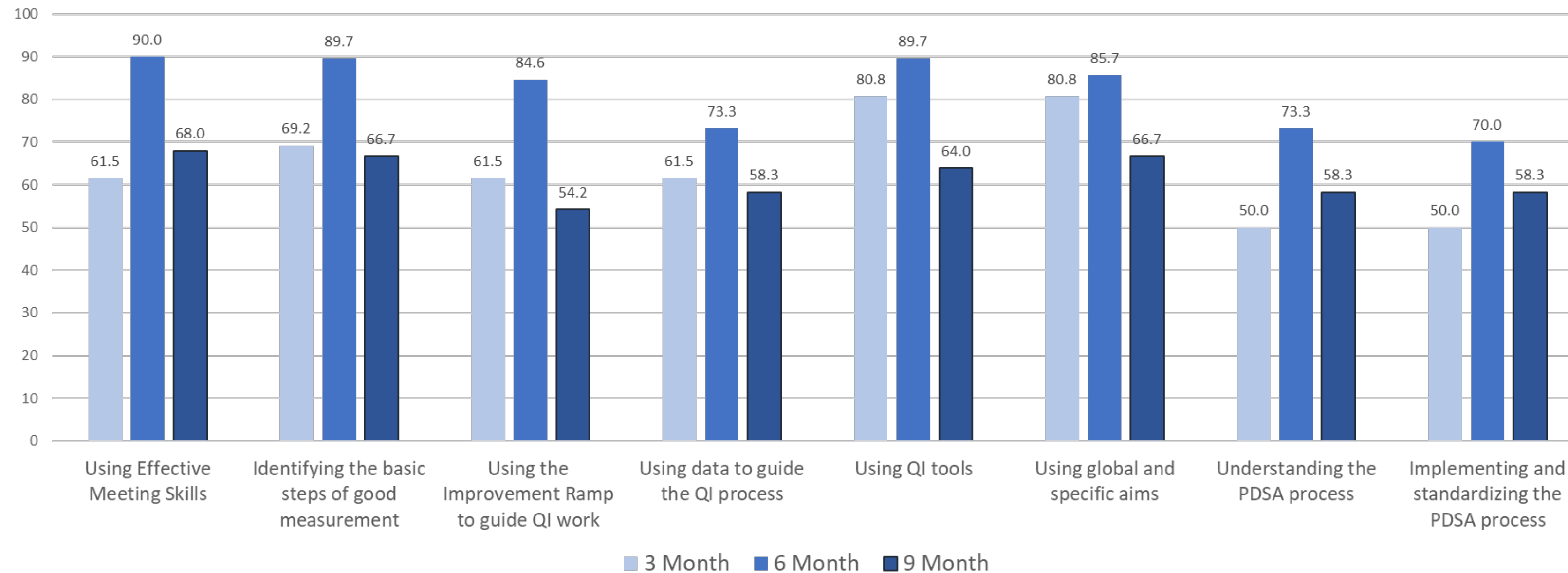
2. As a team we are always looking to improve. Please check any of the areas below where you think there could be a significant improvement based on this meeting. (Multiple Choice) *

- Attendance
- Productivity
- Timing/Agenda
- Participation
- Technology
- Action Items
- CHC Mentor Coach Facilitation
- Evaluation
- None
- Other - Please private message Lenon with any additional comments

Responses

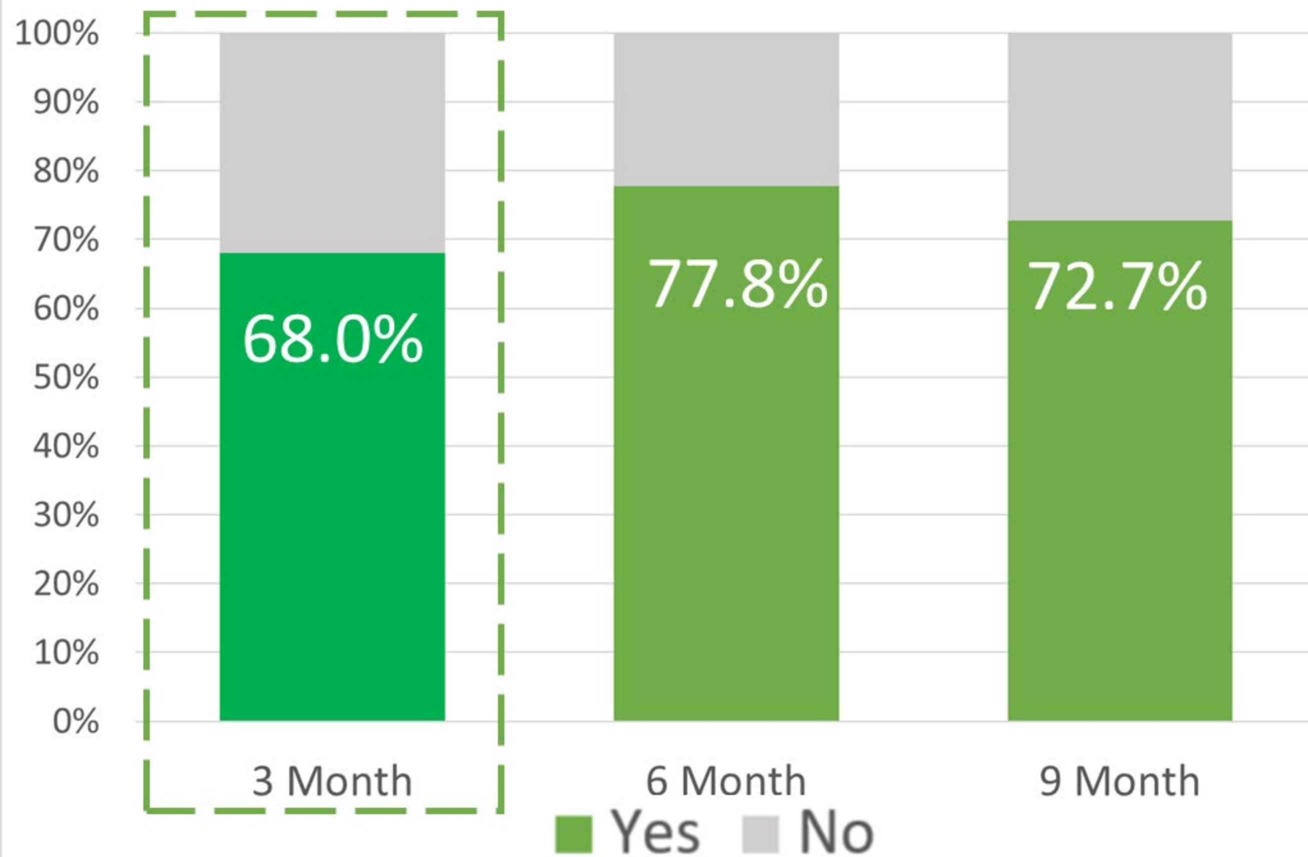
- Collected after each biweekly mentor meeting
  - **Average 15 sessions in 9 months**
- **60 Unique Participants with** 8 Team Leads
  - Responses not identifiable

Self-Reported Knowledge



Using the improvement ramp to guide QI work	61.5	84.6	54.2
Using data to guide the QI process	61.5	73.7	58.3
Using QI tools	80.8	89.7	64
Using Global and Specific aims	80.8	85.7	66.7
Understanding the PDSA process	50	73.3	58.3
Implementing and standardizing the PDSA process	50	70	58.3

Changes in Personal QI Practice 1



Change at 3 Months

Making a concerted effort to practice QI:

- *"Actually doing QI."*

Using Meeting Skills:

- *"Moving forward we will assign meeting roles."*
- *"Using the agenda with time markers."*

Using QI Tools and Strategies:

- *"Updated plans and charts."*
- *"Having a process and meeting regularly."*

Taking a Data-Driven Approach:

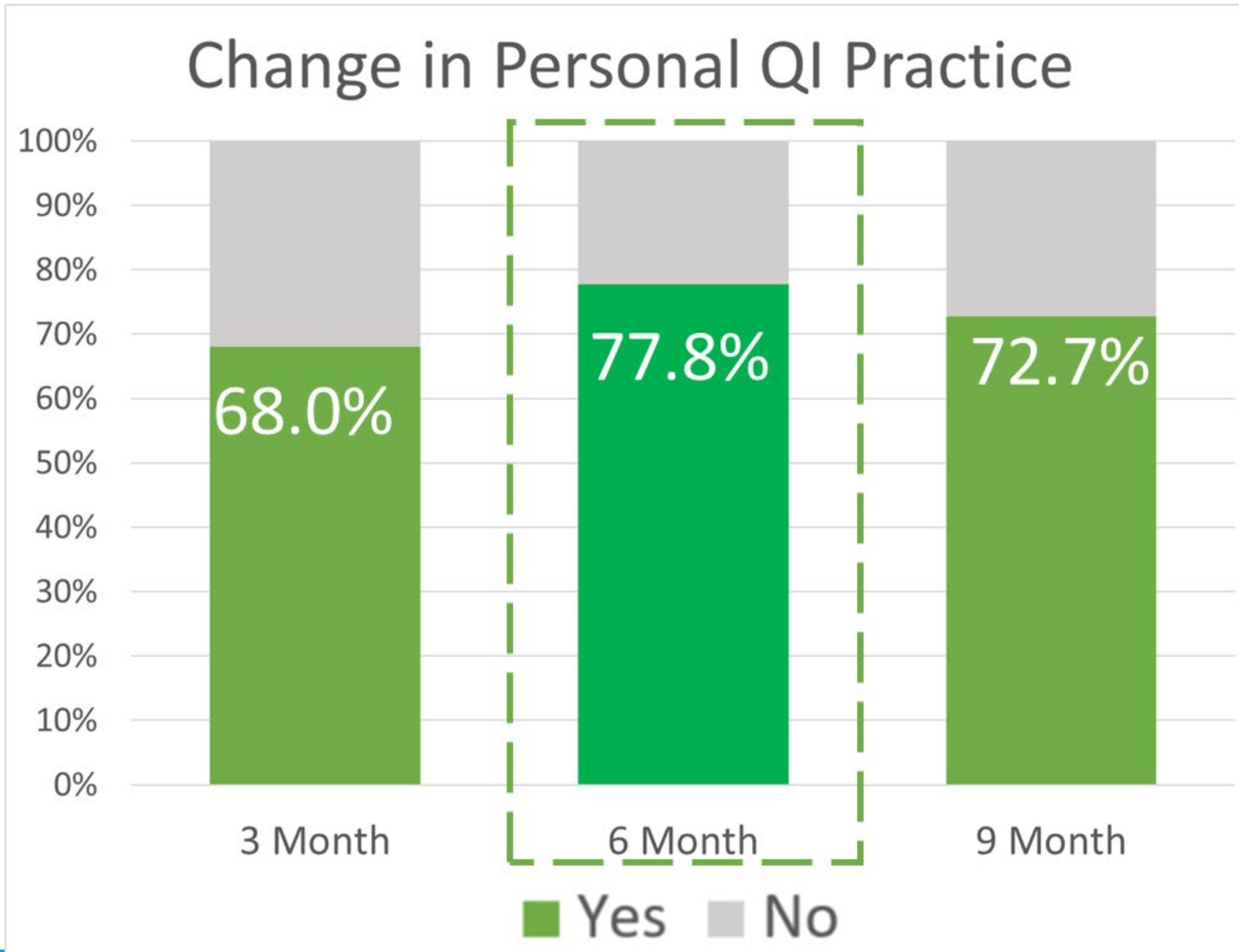
- *"More frequent data collection exploring solutions to improve data collection and QI outcomes."*

Barriers to Change:

- *"Time constraints due to other job duties."*
- *"Initial resistance from team members."*
- *"Lack of staffing."* (exacerbated by COVID-19…)

Changes in Personal QI Practice 2

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT



Change at 6 Months

Using QI Tools and Strategies:

- *"Synthesizing new strategies I've learned will help provide better services to my clients."*

Routinely Following a Process:

- *"A more organized process to follow in my personal QI projects."*

Taking a Data-Driven Approach:

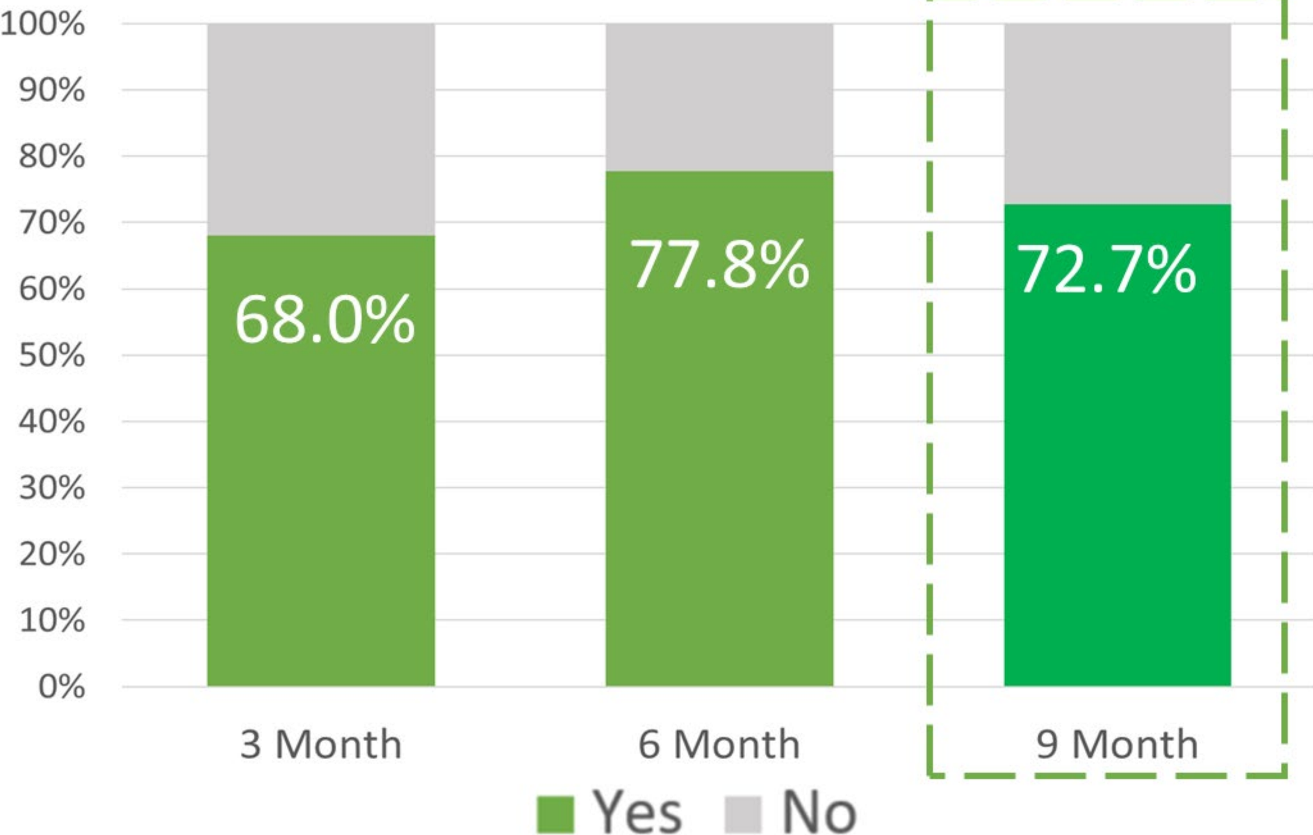
- *"Better documentation of process completion."*
- *"Using QI tools and data-driven analysis to help guide the PDSA cycle."*

Barriers to Change:

- *"I knew very little about QI practices."*
- *"Time to evaluate the plan to address needs."*
- *"No structure for improving…so nothing changes."*

Changes in Personal QI Practice 3

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT



Change at 9 Months

Using QI Tools and Strategies:

- *"Increased awareness that QI projects need to be done and direction on how to do it."*
- *"More PDSA creation."*
- *"More data collection to support the work."*

Process Development:

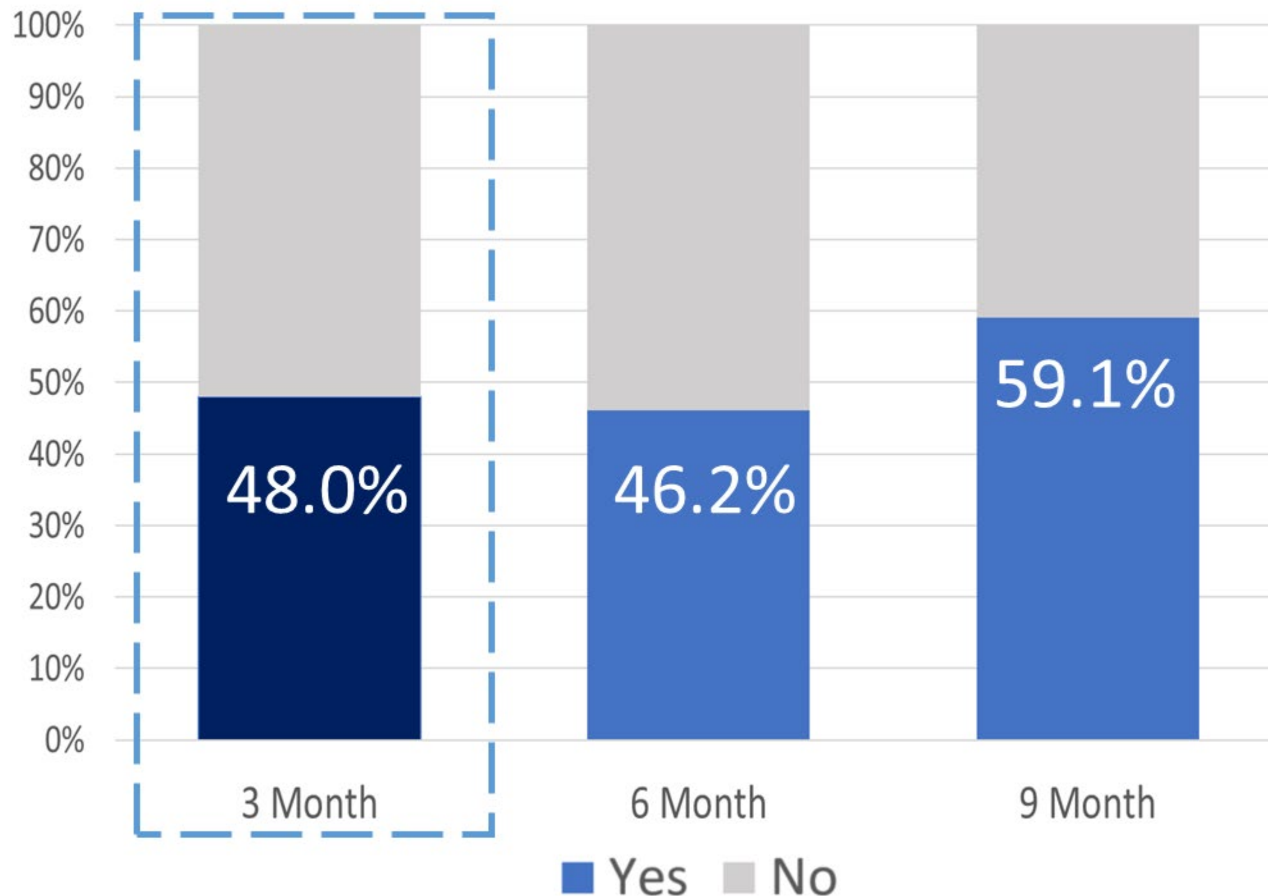
- *"Have added new processes."*
- *"Continuous education for clients."*

Barriers to Change:

- *"Hiring CQM staff."*
- *"Staff resistance."*
- *"Time management to move project forward."*
- *"Doctors are [only] seeing some clients once yearly."*

Changes to Clinical and Operational Practice Management 1

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT



Change at 3 Months

Clinical Practice:

- *"More detailed conversations when scheduling appointments and a more thorough overview of treatment plans with the patient and doctor."*

Operational Practice:

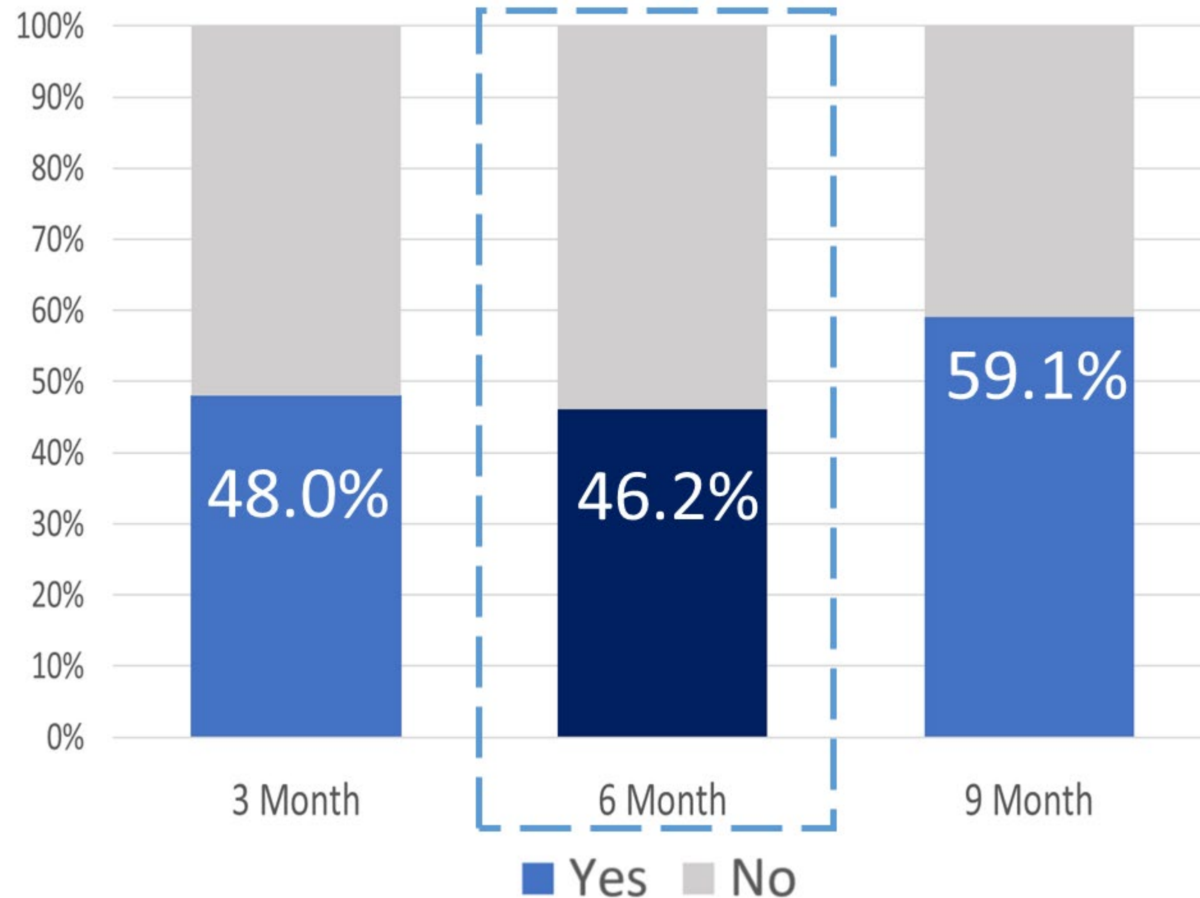
- *"Regular meetings to discuss challenges."*
- *"Processing more reports to review data."*
- *" A point of contact [to] acquire information from."*

Barriers to Change:

- *"[Using] work-arounds to obtain all data needed."*
- *"[Challenges] getting support from providers."*
- *"Long wait times to receive Lab results & office notes = delays in entering information into CareWare."*
- *"COVID concerns."*

Changes to Clinical and Operational Practice Management 2

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT



Change at 6 Months

Clinical Practice:

- *"Knowing a specific group of clients need more attention to medical care."*
- *"[We are] more aware of clients' mental health concerns."*

Operational Practice:

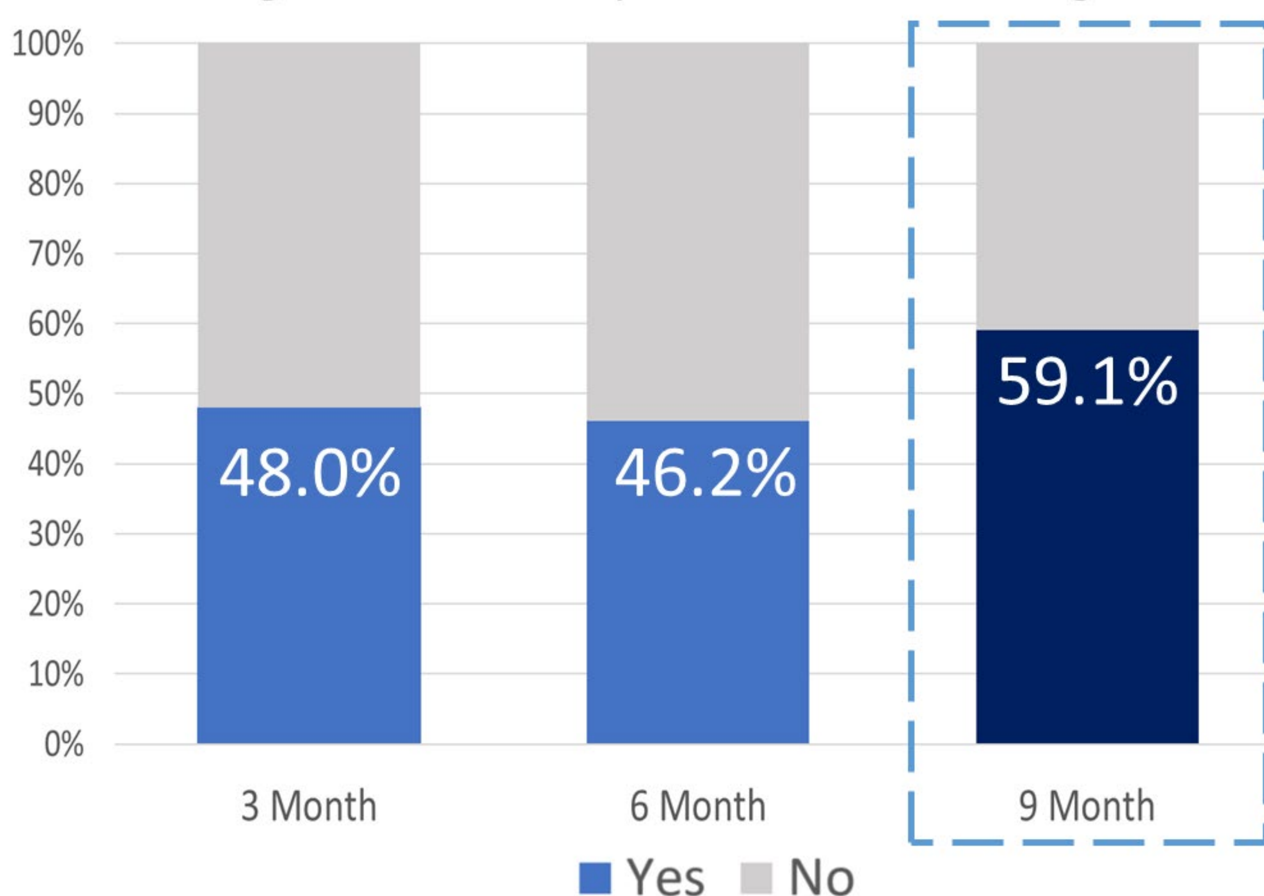
- *"No show and linkage follow-up process."*
- *"[Our team has] a good mix of employee roles so that the changes will be in every department."*

Barriers to Change:

- *"Processes that bridge between clinical & program work."*
- *"Developing staffing plan and new performance measures."*
- *"Some team members do not buy into this system."*

Changes to Clinical and Operational Practice Management 3

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT



Change at 9 Months

Clinical Practice:

- *“Building partnerships with providers."*

Operational Practice:

- *"Have added more checks and balances to our daily duties to ensure changes are being tested.”*
- *“Pursuit of EHR privileges to improve data collection."*
- *“Creation of educational materials to discuss with clients."*

Barriers to Change:

- *“Time management to move project forward.”*
- *“Staying on the same page after a change.”*
- *“Lack of long term buy in.”*
- *"Staff resistance”*

Evaluation Lessons Learned

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

- Evaluation with teams who typically don’t do it needs to remain flexible
- Participants can get survey overload and be reluctant to complete surveys – consider reducing the amount of surveys
- Anonymity allowed participants to stay honest, but also didn’t allow us to match the person to their comment to address issues directly

Next Steps and Wrap-Up

Next Steps 2

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

- Focus areas for Year 2 include:
  - Sustainability and Spread of team projects
  - Leadership development
  - Onboarding new organizations
  - Trainings for new team members
  - Publications

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

QUESTIONS?