The Improvement Journey; From Beginning to Continued Improvement

Clemens Steinbock and Lori DeLorenzo

National Quality Center

10+YEARS
of LEADING
INNOVATIONS
NATIONAL QUALITY CENTER

JOIN US.

Together, we can make a difference in the lives of people with HIV. NQC provides assistance to RWHAP recipients to improve HIV care since gaps in HIV care still exist and advances are uneven across HIV populations.

Communities of Learning: collaborative, QI campaign, Regional Groups

- 250 recipients (or over 700 individuals) participated in 25 Regional Groups
- 51% of all recipients joined the largest HIV QI campaign; viral suppression increased from 70% to 76%, a statistically significant improvement

Consultation: On/off-site coaching of recipients to advance their clinical quality management programs

- 40% of RWHAP recipients received TA and 95% would recommend TA to others
- 40 online QI tutorials are available; over 35,000 have been taken so far

Training and Educational Fora:
monthly webinars, advanced trainings, online QI tutorials

- over 90% of the 587 RWHAP recipients accessed NQC services
- ~1,300 individuals (61% of recipients) graduated from 45 three-day advanced trainings
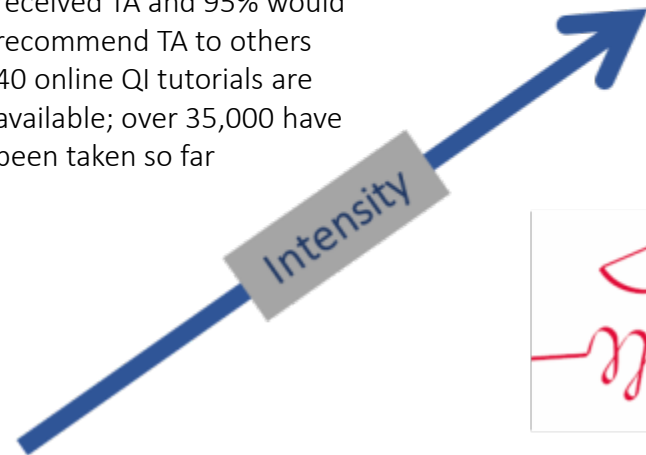
Information Dissemination:
monthly newsletters, websites, publications, exhibits, **QI awards**

Intensity

NationalQualityCenter.org | 212-417-4730

Exercise

- What do you rate your quality improvement competency?

- Please use the provided dot and indicate your QI competency on the provided scale:
  - Novice/Beginner
  - Proficient
  - Advanced
  - Expert

Setting the Stage: Why Quality Improvement?

HAB Expectations for Clinical Quality Management Program

Title XXVI of the Public Health Service Act RWHAP Parts A – D requires the establishment of a clinical quality management (CQM) program to:

- Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines

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

Source: *Policy Clarification Notice (PCN) #15-02; Clinical Quality Management Policy Clarification Notice*

What Does This Mean

- Every recipient is responsible for developing and sustaining a clinical quality management program in their jurisdiction

- Recipients must ensure that subrecipients are engaged in quality improvement activities

- Recipients are required to monitor and adhere to the most recent public health guidelines

What Do We Mean When We Say Quality of Care?

The National Academy of Medicine which is a recognized leader and advisor on improving the nation's health care, defines quality in health care:

> "Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. "

Institute of Medicine. *Medicare: A Strategy for Quality Assurance.* Vol. 1. (1990)

Key Components of a Clinical Quality Management Program

A CQM program is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction. To be effective, a CQM program requires:

- Specific aims based in health outcomes
- Support by identified leadership
- Accountability for CQM activities
- Dedicated resources
- Use of data and measurable outcomes to determine progress and make improvements to achieve the aims cited above

Principles for Quality Improvement

Success is achieved through meeting the needs of those we serve – is your organization ready?
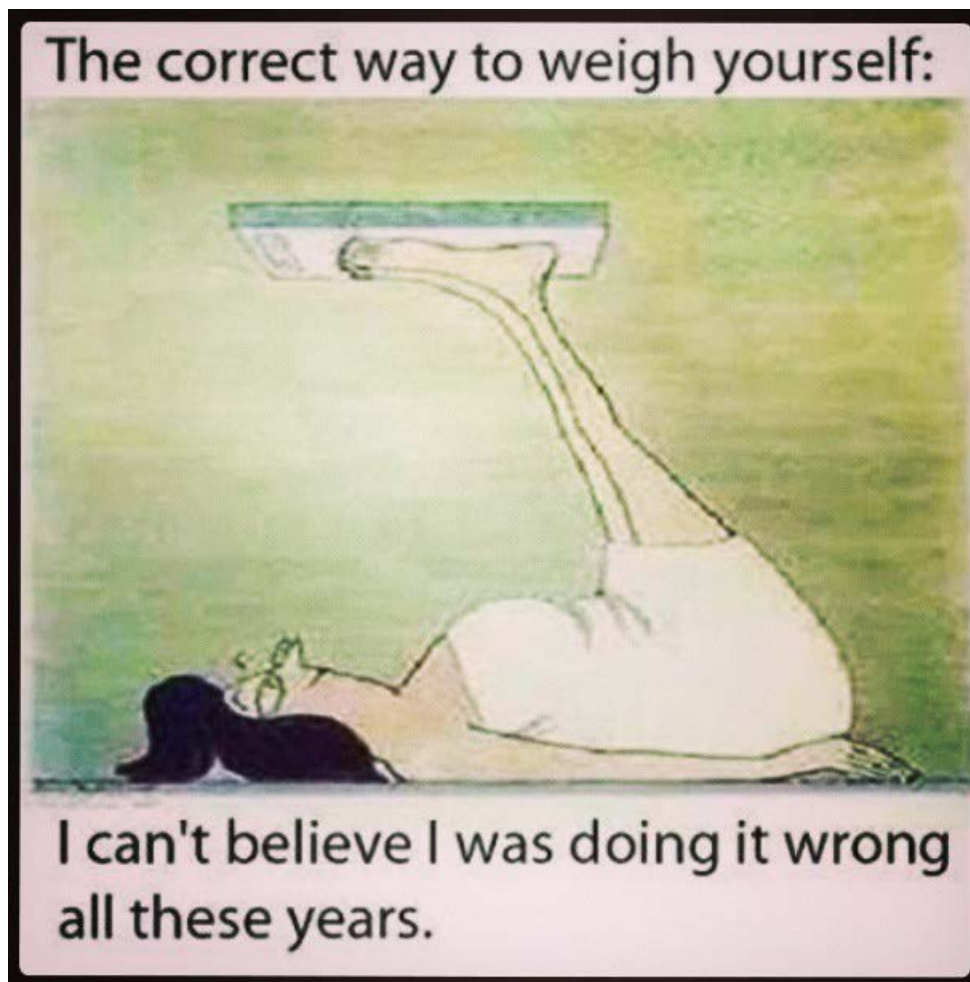
Most problems are found in processes, not in people

Do not reinvent the wheel – Learn from best practices

Achieve continual improvement through small, incremental changes

Actions are based upon accurate and measured data

Infrastructure enhances systematic implementation of improvement activities

Set priorities and communicate clearly

Quality Improvement Requires a Different Approach Than Quality Assurance

	Quality Assurance	*Quality Improvement*
Motivation	Measuring compliance with standards	Continuously improving processes
Attitude	Required, defensive	Chosen, proactive
Focus	Outliers: "*bad apples*" Individuals	Processes Systems
Responsibility	Few	All

Introduction to Performance Measurement

Exercise

- Please share one barrier to routinely measure the quality of HIV care in your program

Stages of Performance Measurement

- *Data are wrong*
- *Data are right but not a problem*
- *Data are right but not my problem*
- *Data are right, they are a problem, they are my problem*

Why Measure?

- Monitor the quality of services provided

- Define possible causes of system problems

- Make changes necessary to ensure individuals receive better and appropriate services

- Separates what you think is happening from what really is happening

- Establishes a baseline: It's ok to start out with low scores!

What is a Performance Measure?

…performance measurement is the regular collection of data to assess whether the correct processes are being performed and desired results are being achieved.

Source: Health Resources and Services Administration; http://www.hrsa.gov/quality/toolbox/methodology/performancemanagement/index.html

Performance Measure Construction

Eligibility (who should be counted in the measure)

Numerator (# of eligible patients that actually did get the intervention)

———————————————————————————————————————

Denominator (# of eligible patients that should have gotten the intervention)

Example: Prescribed ARV

Patients over 18 years of age seen in clinic in last 12 months

# of patients with undetectable viral load

———————————————————————————————————————

# of patients with prescribed ARV

Which Picture Shows Better Performance?

Eligible Patients/Sample
(patients over 18 years of age seen
In the clinic in the last 12 months)

Denominator
(# of pts with prescribed
ART)

Numerator
(# of pts with an undetectable
vial load test)
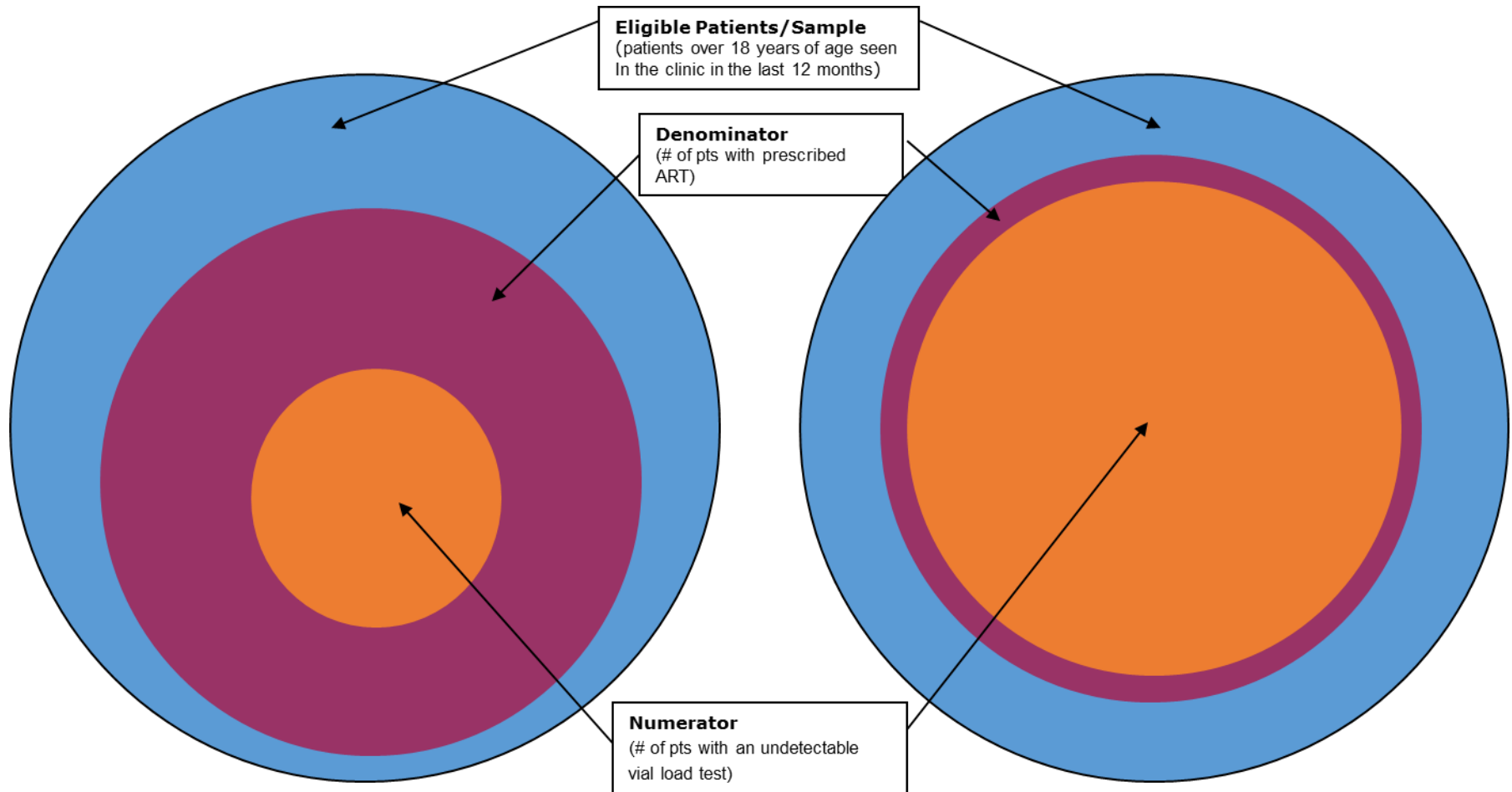
What Makes a Good Performance Measure?

- Relevance
  - Does the measure affect a lot of people or programs?
  - Does the measure have an impact on the program or patients in your program?

- Measurability
  - Can the indicator realistically and efficiently be measured given finite resources?

- Accuracy
  - Is the indicator based on accepted guidelines or developed through formal group-decision making methods?

- Improvability
  - Can the performance rate associated with the indicator realistically be improved given the limitations of your services and population?

Types of Measures

Process Measures – measures the steps that lead to an outcome

- Medical processes; i.e. how many CD4 tests were done in a day

- Case management processes; i.e. how many clients did you see today

- Patient utilization of care

- % of patients with active asthma who are classified as having persistent asthma

- Coordination of care processes; i.e. did a patient show up at their mental health appointment after clinic visit

Types of Measures

Outcome Measures - measures the result of an applied intervention such as medication, physical therapy, surgical interventions, etc.

- Intermediate outcomes like viral load

- Survival

- Average symptom-free days in the previous two weeks will be >10 (by medically controlling asthma)

- Disease progression

Where Can I Find Performance Measures?

Where Can I Find Performance Measures?

HIV/AIDS Bureau Performance Measures

U.S. Department of Health and Human Services

HRSA
Health Resources and Services Administration

Performance Measure:	HIV Viral Load Suppression	National Quality Forum #: 2082
	Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	
Numerator:	Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	
Denominator:	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year	
Patient Exclusions:	None	
Data Elements:	1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the patient have at least one medical visit during the measurement year? (Y/N) i. If yes, did the patient have a HIV viral load test with a result <200 copies/mL at the last test? (Y/N)	
Comparison Data:	National HIVQUAL: Percentage of patients on ART for a minimum of 12 weeks with one visit in each six month period of the review period who are considered suppressed as derived from the last recorded viral load of the review period; suppressed defined as the viral load is <200 copies/mm^3 (either detectable or undetectable) OR <400 copies/mm.^{3} (and undetectable) (https://www.ehivqual.org/ and http://nationalqualitycenter.org/) The National HIVQUAL reported median as: 79.5% in 2007, 818.8% in 2008, and 82% in 2011. Top 25% viral load suppression rates were 85.7% in 2007, 89.9% in 2009, and 78% in 2011. in+care Campaign: Percentage of patients, over the age of 24 months, with a diagnosis of HIV/AIDS with a viral load less than 200 copies/mL at last viral load test during the measurement year (http://www.incarecampaign.org/). The in+care Campaign reported the mean percentage as: 70% in 2011, 72% in 2012, and 72% in 2013. Top 25% viral load suppression rates were 82% in 2011, 64% in 2012, and 85% in 2013. HIV Research Network: Percentage of patients with a HIV viral load less than or equal to 400 copies/ml at the first test during the measurement year (https://cds.johnshopkins.edu/hivrn/). As reported by the HIV Research Network,	

Core:
Viral Load Suppression
Prescribed Antiretroviral Therapy
Medical Visits Frequency
Gap in Medical Visits
PCP Prophylaxis
All Ages:
HIV Drug Resistance Testing Before Initiation of Therapy
Influenza Vaccination
Lipids Screening
TB Screening
Adolescent/Adult:
Cervical Cancer Screening
Chlamydia Screening
Gonorrhea Screening
Hepatitis B Screening
Hepatitis B Vaccination
Hepatitis C Screening
HIV Risk Counseling
Oral Exam
Pneumococcal Vaccination
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Substance Use Screening
Syphilis Screening

HIV-Infected Children:
MMR Vaccination
HIV-Exposed Children:
Diagnostic Testing to Exclude HIV
Infection in Exposed Infants
Neonatal Zidovudine Prophylaxis
PCP Prophylaxis for HIV-Exposed Infants
Medical Case Management (MCM):
Care Plan
Gap in Medical Visits
Medical Visit Frequency
Oral Health:
Dental and Medical History
Dental Treatment Plan
Oral Health Education
Periodontal Screening or Examination
Phase I Treatment Plan Completion
ADAP:
Application Determination
Eligibility Recertification
Formulary
Inappropriate Antiretroviral Regimen
Systems-Level:
Waiting Time for Initial Access to Outpatient/Ambulatory Medical Care
HIV Test Results for PLWHA
HIV Positivity
Late HIV Diagnosis
Linkage to HIV Medical Care
Housing Status

Tennis Ball Game

Tennis Ball Game

- Form a circle of 6-8 individuals with one external person to be the timekeeper

- The first person throws the ball to the person across from him/her in the circle

- Remember to whom you threw it

- The receiver throws it to another person who has not touched the ball yet, and so on till each in the group touched the ball

- The last person passes it to the start person

Tennis Ball Game

Objective of the Game:

- Reduce the cycle time of your team using the rules below.

Rules:

- Start and stop with same person
- Maintain the same sequence
- Don't drop the ball
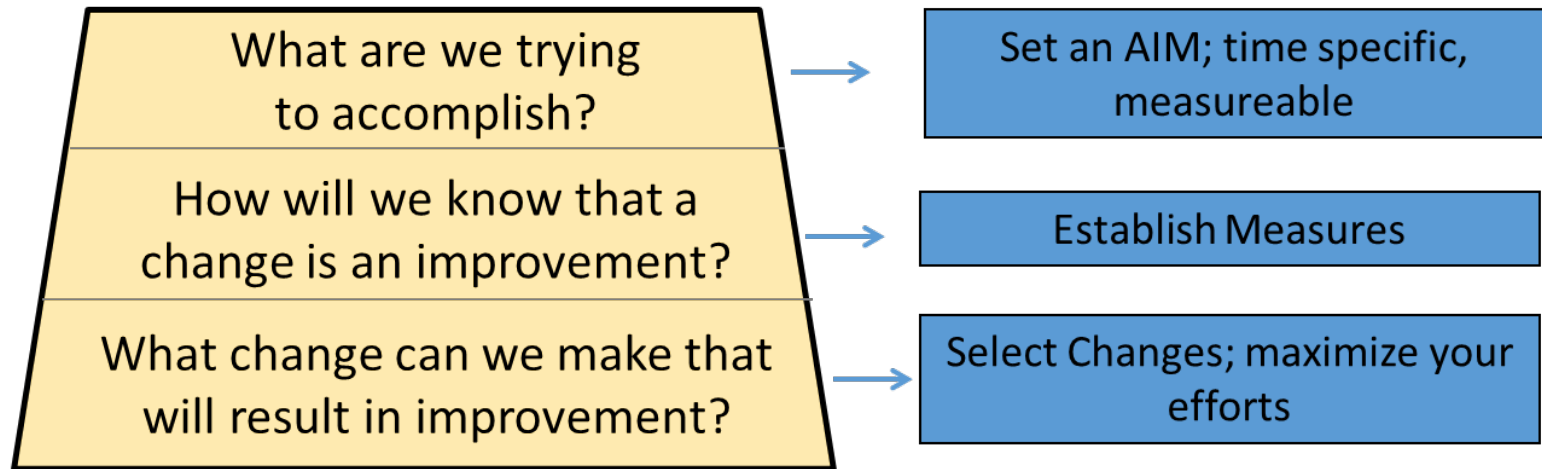
Let's Play

Tennis Ball Debrief

- What contributed to the improved cycle times?

- Was every change you tried an improvement? Why not?

- How important was the 'trial and error' approach to reduce the cycle time?

- How important was the measurement of cycle times to know whether new ideas yielded an improvement?

- How important were the contributions of team members?

PDSA Cycles

Conducting an Improvement Project – The Plan-Do-Study-Act Cycle

Model for Improvement

What are we trying to accomplish? → Set an AIM; time specific, measureable

How will we know that a change is an improvement? → Establish Measures

What change can we make that will result in improvement? → Select Changes; maximize your efforts

Model developed by *Associates for Process Improvement*

The PDSA Cycle - Taking Action
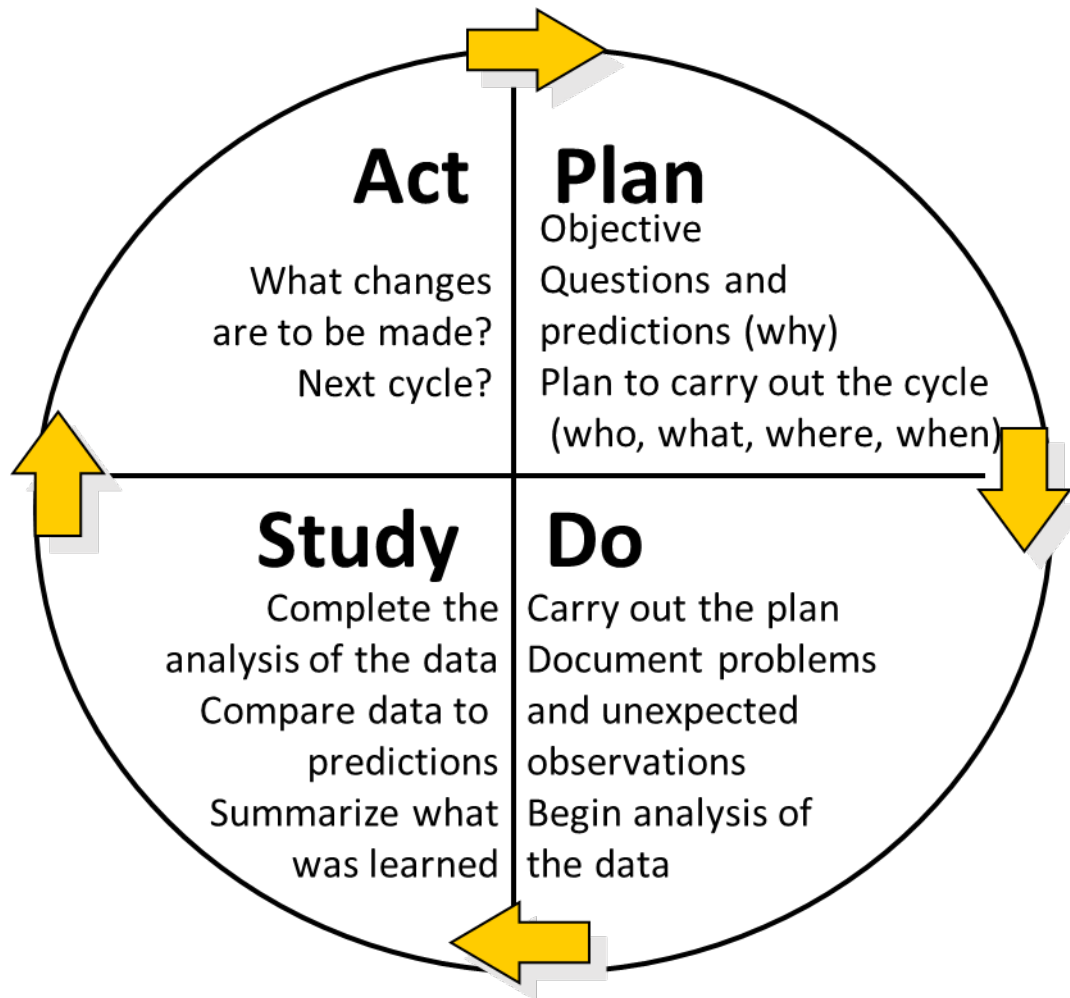
Why Test?

- Increase your confidence that the change will result in improvement in your organization

- Learn how to adapt the change to conditions in the local environment

- Minimize resistance when you move to implementation

How Do Tests Lead to Improvements?

- You learn something from each test
- That knowledge gets incorporated into the next test
- Over time, as you build knowledge and expertise, you design a change that will result in improvement

Start Small and Build

IMPROVEMENT

Small-scale test   **Follow-up test**   **Wide-scale tests**   **Implementation**
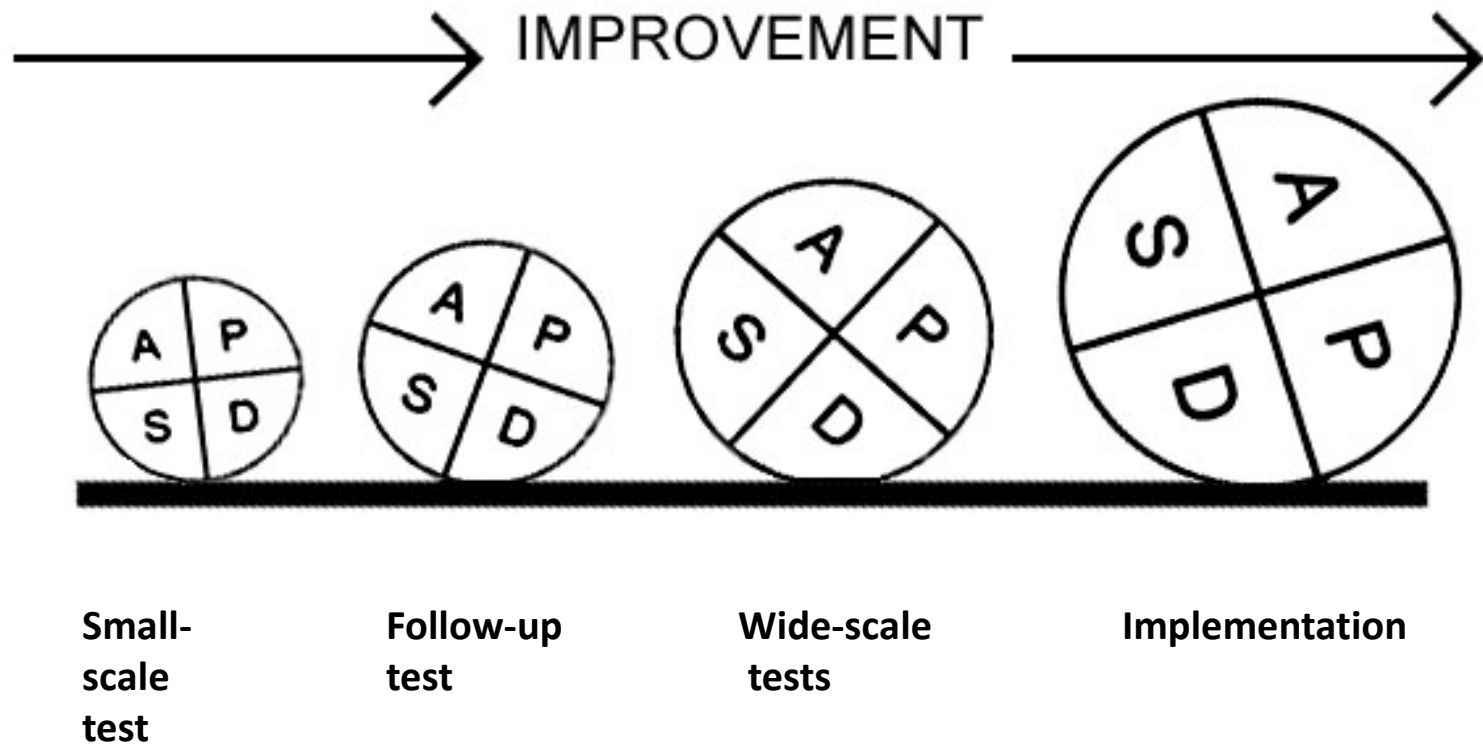
Start Small and Build
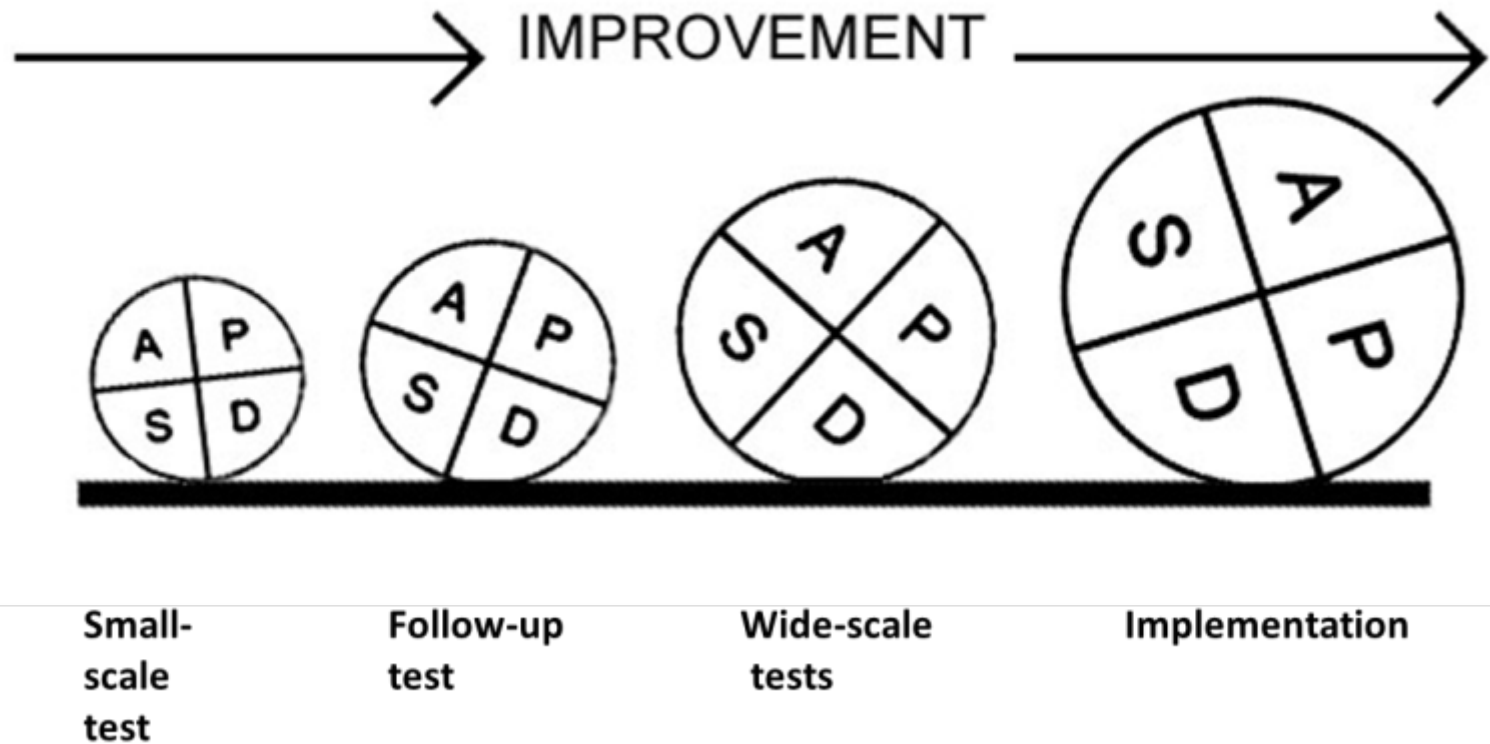
Tips for PDSA Cycles

- "What change could you implement by next Tuesday?"
- Use the "Rule of 1":
  - 1 facility
  - 1 office
  - 1 provider
  - 1 patient
- Volunteers at first
- Data, data, data
- Learn from others – successes and failures teach us something
- Just get started!

Selecting your QI activities

Exercise

- Which of the following topics would you choose for your next QI project? Why?
  - Viral Suppression
  - Retention
  - Perinatal transmission
  - Linkage to Care

What to Consider When Selecting your QI Project

- Relevance
  - Which projects might align best with your mission/vision/purpose/goals?
  - Which best address your funder's priorities (RW Part)?

- Think both locally and globally
  - Response to NHAS and the HAB Performance Measures
  - Regional or statewide activities
  - Local or city wide activities
  - Agency level priorities

- Can you get buy-in/support from:
  - Senior management
  - Clinical providers
  - CM and SW providers
  - Data or QM staff
  - Front desk and support staff
  - Patients

What to Consider When Selecting your QI Project

- Skill Sets Available?
  - Is training needed?
  - Is there someone to provide it
  - Is there in-house expertise?
  - Do you need to rely on external partners?

- Data Availability
  - Can you establish a firm baseline
  - Is your data as clean and comprehensive as you can get it?
  - Can you collect ongoing data
  - Are data generated on site?
  - Do you need to rely on outside partners for your data?

- Feasibility
  - How possible will it be to experience success?
  - Consider all that you have in place and all that you need to acquire. Can you get what you need?

Common Pitfalls

- Picking projects that are too easy or too hard
- Picking projects that grantors care about but staff and clients don't
- Not using your data to drive the quality improvement project (QIP)
- Picking projects that don't align with the larger home institution's quality priorities

Try a Simple Priority Matrix

Potential Projects	How important is it?	Do you have the data?	What is the potential impact?	Can you influence it?	Is it reasonably achievable?
VLS					
Retention					
Perinatal transmission					
Linkage to Care					

These can be scored via scale.
"10" is the most positive response,
"1" is the least positive response.

How to Create a Culture of Quality in your Program

Leaders Have Impact

"The leader's job is to ask, 'How can I help you improve?"

Chip Caldwell

Leaders Need to be Involved in all Areas of Improvement

	Data and Measurement	System Thinking	Developing Changes	Testing and Making Changes	Cooperation
Leader's Job: Generally: Creating a system in which change can be made and sustained	• Clarify the aim • Constantly assess progress towards the aim • Help staff to improve	• Overcome inertia in the present system • Provide the will for change	• Find and present new knowledge and ideas for how it can be used	• Encourage experimentation • Implement support structures • Offer consistent support to change	• Develop / inculcate / reinforce a sense of common purpose

Source: Brooklyn Alliance Clinical Collaborative, 2003

Supporting a Systematic Approach to Quality Requires Leaders to:

- Attend quality meetings

- Ask teams to justify their decisions

- Trust the data

- Use data in decision-making

- Support quality improvement changes

- Allocate resources, not just money

Quality-Focused Organizations Need

- Data and measurement
- Systems thinking
- Developing change
- Testing and making change
- Cooperation

Quality Improvement Requires Attention to Several Key Areas

	Data & Measurement	System Thinking	Developing Changes	Testing and Making Changes	Cooperation
Successful Improvement Requires:	• Measurement of progress towards aims • Measurement of needs and status of patients and other consumers of care • Measurement of local process characteristics that may be related to aims	Understanding of the processes of the system and of their interactions	"Good ideas for change" • From the clinical evidence • From operations research	• Tests of change in action: the PDSA cycle • Creating support structures for change (training, documentation, standardization) beyond the testing period • Addressing resistance to change	• Understanding that system performance is closely tied to interaction and interdependence. • Knowing how to foster this interdependence

Source: Brooklyn Alliance Clinical Collaborative, 2003

Group Exercise

Divide into the four corners of the room based on the issues we've presented relevant to creating a culture of quality:

1. How can we get commitment by the agency leadership to support quality improvement activities?

2. How can you build performance measurement systems to routinely get meaningful data?

3. How can we buy in from staff for quality improvement?

4. How can we successfully kick off PDSA cycles?

NQC Resources

NQC Website

- ✓ 180 QI resources are organized in key QI content categories
- ✓ Advanced search functions, including multiple filters and full-text search
- ✓ Detailed description of NQC services. Expert picks and top 10 downloads
- ✓ Calendar of upcoming NQC events
- ✓ Ability to submit QI tools and suggestions
- ✓ Art gallery by PLWH individuals
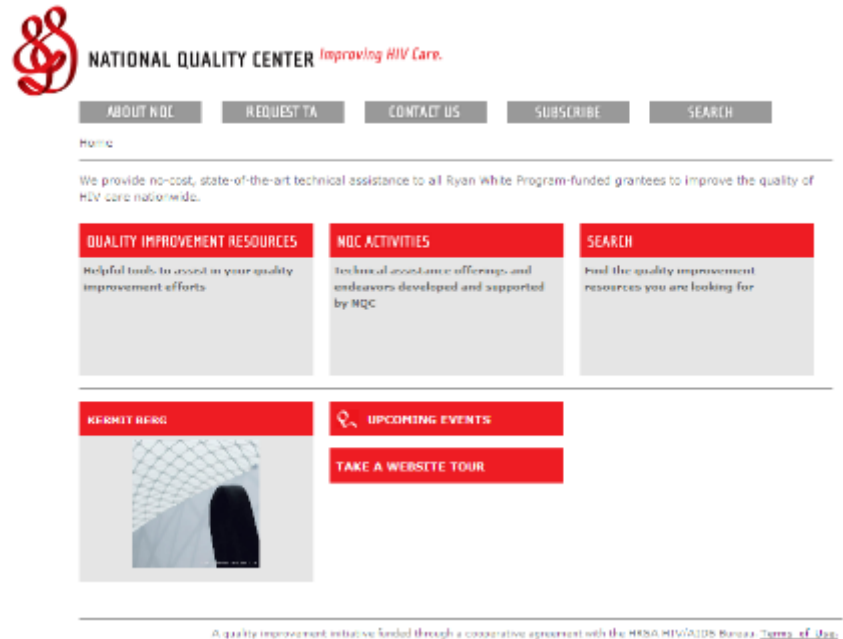
NationalQualityCenter.org

Quality Academy

✓ In January 2007, NQC launched its online training course

✓ Expansion of Quality Academy in 2009 (English and Spanish; care-specific tutorials)

✓ Consists of 32 interactive tutorials, offering more than 800 training minutes and all presentation slides are available for download

✓ Most designed to last 15-20 mins

✓ Over 25,000 tutorials have been taken

✓ Developed a Consumers in Quality section of the Academy; recently released consumer self-management tutorial (more consumer-focused material to come)

One a Day...

NationalQualityCenter.org/QualityAcademy

Technical Assistance Calls

✓ Monthly 60-minute webinars guided by a quality expert

✓ All calls include best practices from fellow RWHAP recipients

✓ A web-conference platform encourages interactions with presenters

✓ PowerPoint slides and a live chat forum allow participants

One Hour a Month...

NationalQualityCenter.org/TACalls

On-Site Technical Assistance

- All on-site TA is provided to recipients at no-cost
- TA is designed to help recipients implement an effective quality program
- Past consultative requests have included:
  - Assessing existing quality management programs
  - Refining written quality management plans
  - Utilizing quality performance data
  - Implementing quality improvement initiatives
  - Training staff on quality management
  - Fostering leadership support for quality projects
  - Increasing consumer involvement
  - Facilitating cross-part alignment of quality efforts

On-Site Technical Assistance

Got Quality?

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

Training Programs
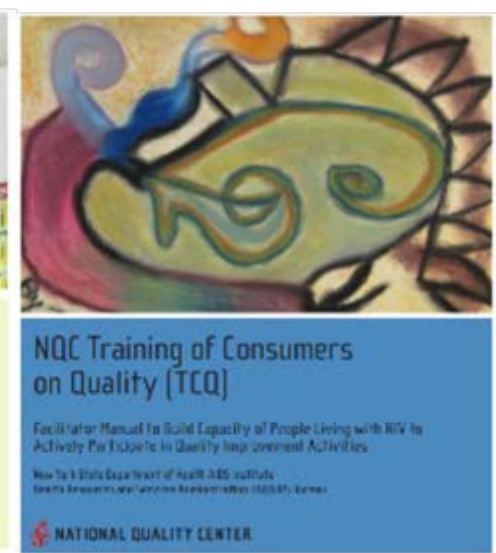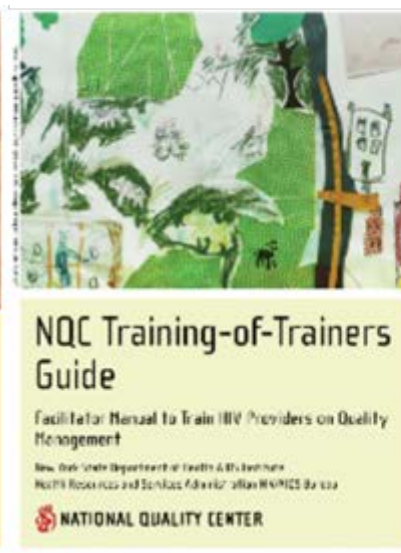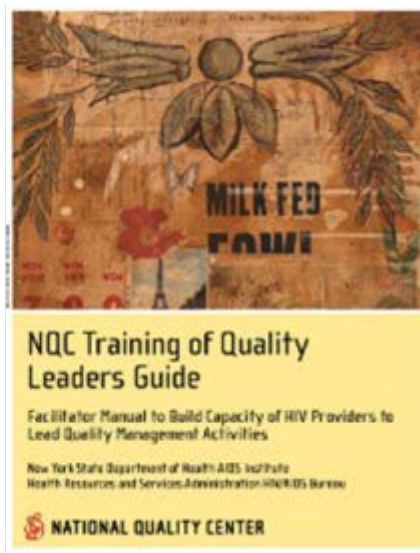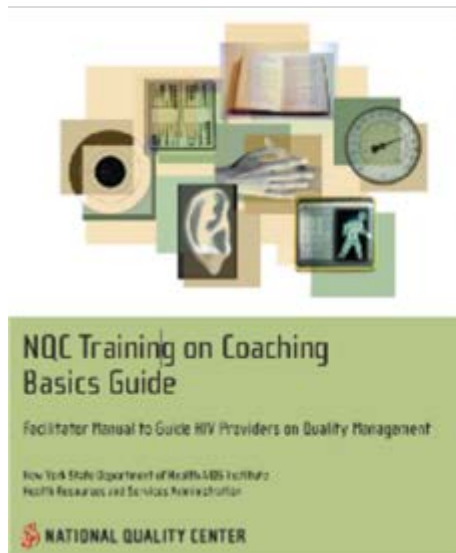
NQC/HAB Quality Awards

✓ Developed by NQC to recognize RWHAP recipients, organizations and individuals that have demonstrated outstanding progress in improving the quality of HIV care.

✓ Started in 2008 and will be presented annually

✓ The five award categories are:
- Award for Performance Measurement
- Award for Measurable Improvement
- Award for Quality Management Infrastructure Development
- Consumer Engagement
- Award for Leadership in Quality

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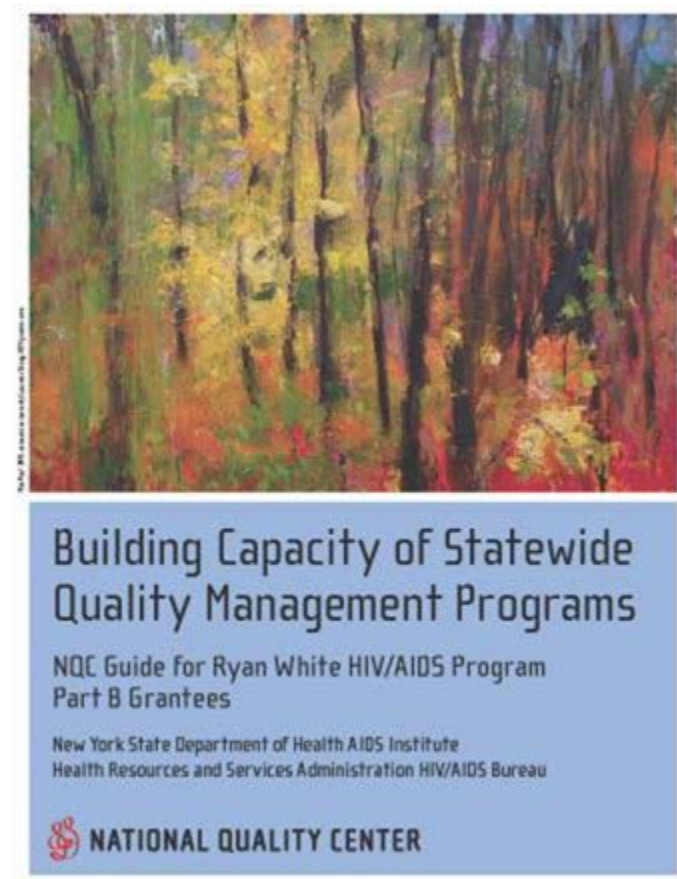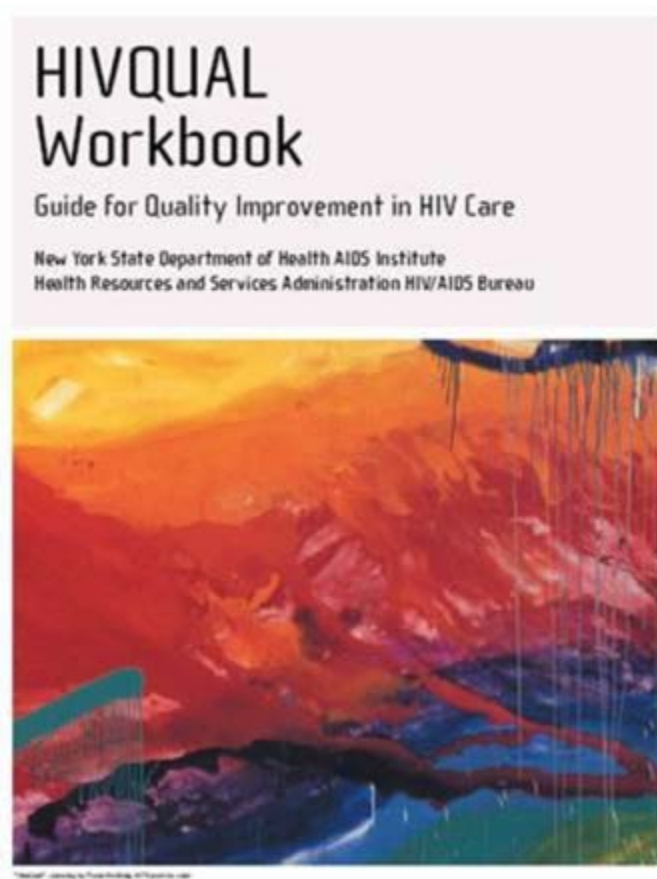2008 NQC Quality of Care Award for Infrastructure Development

Georgia Department of Human Resources, Division of Public Health, HIV Unit, Quality Management Team
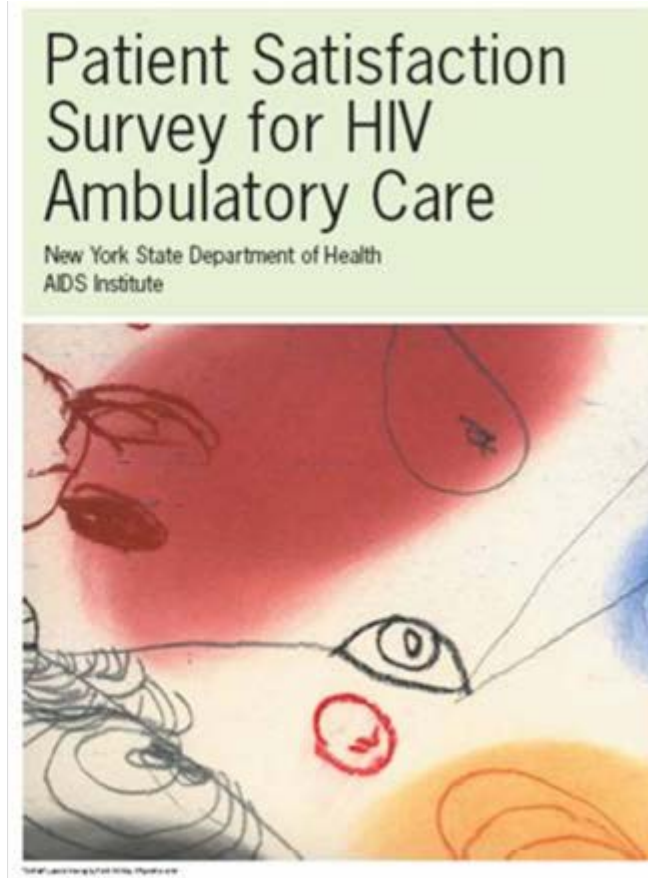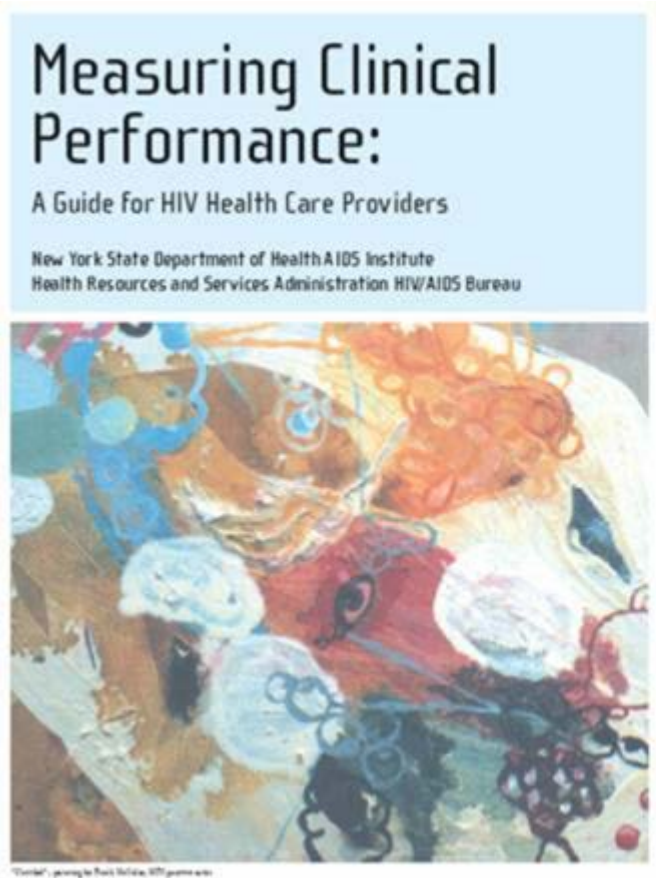
The HIV-specific Quality Management Team of the Georgia Department of Human Resources' HIV Unit has taken the lead on implementing a Statewide Ryan White Quality Management Program, aligning quality efforts across the Ryan White funding continuum. Recognizing the numerous accomplishments of the Quality Management Team, the National Quality Center (NQC) proudly presents the 2008 NQC Quality of Care Award for Infrastructure Development to the Georgia Department of Human Resources, Division of Public Health, HIV Unit, Quality Management Team.
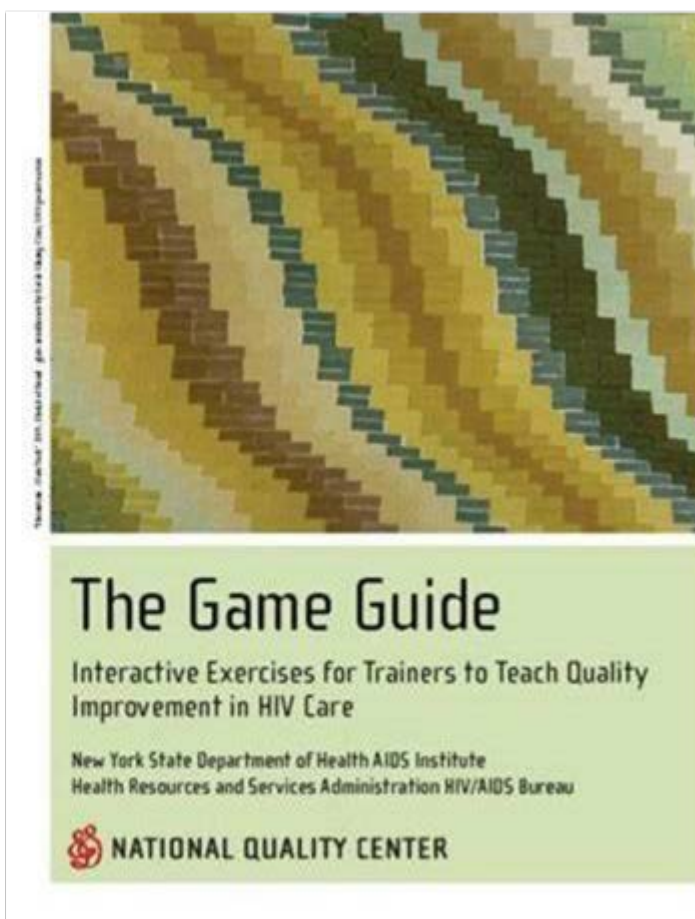
Quality Improvement Publications

Quality Improvement Publications

Measuring Clinical Performance:
A Guide for HIV Health Care Providers

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

Patient Satisfaction Survey for HIV Ambulatory Care
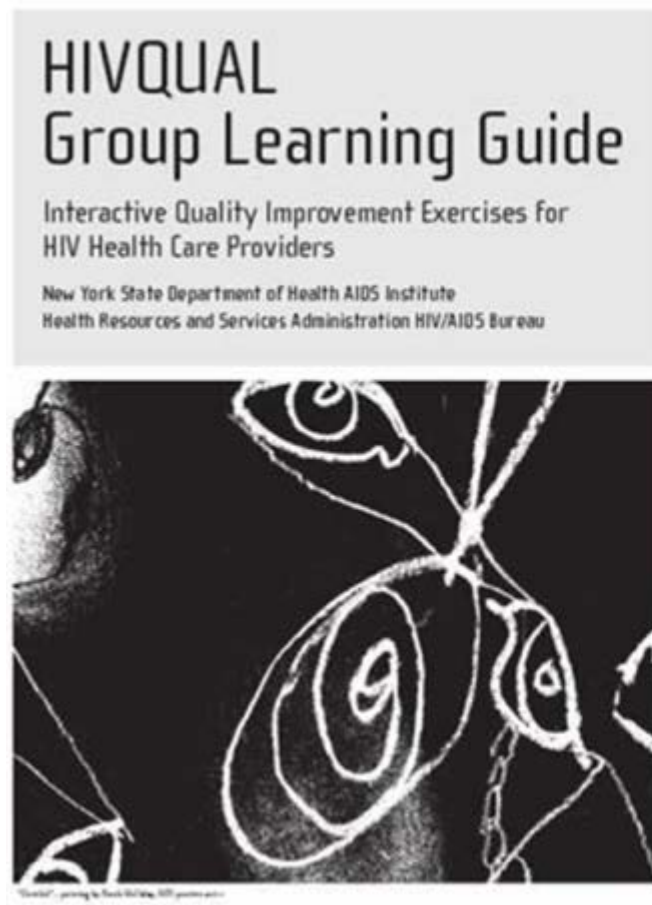
New York State Department of Health
AIDS Institute

Quality Improvement Publications

Quality Improvement Publications

Planning and Implementing a Successful Learning Collaborative — Guide to Build Capacity for Quality Improvement in HIV Care. New York State Department of Health AIDS Institute, Health Resources and Services Administration HIV/AIDS Bureau

A Guide to Consumer Involvement — Improving the Quality of Ambulatory HIV Programs. New York State Department of Health AIDS Institute, Health Resources and Services Administration HIV/AIDS Bureau

Quality Improvement Publications

NQC Activities at the 2016 National Ryan White Conference
August 23 – August 26, 2016
Washington, DC

National Quality Center.
Improving HIV care.

NQC is excited to offer a variety of learning opportunities for you during the RW Conference.

Think big and start small.

Tuesday August 23	Wednesday August 24	Thursday August 25	Friday August 26
11:30 AM – 1:00 PM Exhibit Hall	10:00 AM – 10:30 AM Exhibit Hall	10:00 AM – 10:30 AM Exhibit Hall	9:30 AM – 10:00 AM Exhibit Hall
	10:00 AM – 11:30 AM Regional Groups Networking and Peer Sharing Session	10:30 AM – 12:00 PM Using Regional Groups to Effect Positive Change in HIV Care	10:00 AM – 11:30 AM Lessons Learned from Fostering Consumer Involvement in Quality Management Activites
	10:30 AM – 12:00 PM The Improvement Journey; From Beginning to Continued Improvement	12:00 PM – 1:30 PM; 3:00 PM – 3:30 PM Exhibit Hall	11:30 AM – 11:45 AM Exhibit Hall
	12:00 PM – 1:30 PM Exhibit Hall	3:30 PM – 5:00 PM Addressing Disparities Through Multiple Modalities	
	1:30 PM – 3:00 PM Lessons Learned from the H4C Collaborative: What Other States Can Learn from this Improvement Initiative	3:30 PM – 5:00 PM Fostering the Clinical Quality Management Program Using Quality Improvement Practices	
	3:00 PM – 3:30 PM Exhibit Hall	5:00 PM – 6:00 PM HIV Cross-Part Care Cotinuum Collaborative Networking and Peer Sharing Session	

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Need to find NQC after
the conference? It's easy.

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