

Writing a Quality Management Plan to Address Disparities

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Callen-Lorde Community Health Center

Callen-Lorde History

- LGBT Community Health Center
- Grassroots heritage dates back over 40 years
- Developed from 2 volunteer-based clinics specializing in sexually transmitted infections
- Began as episodic care program
- Nation's first community-based HIV clinic



CalLEN-LORDE: PATIENT POPULATION

- In 2015, the health center provided:
 - Services for 16,643 patients
 - 99,760 visits for our comprehensive and integrated services
- Of the 16,643 patients,
 - 4,157 (24%) were HIV+
 - 3,552 (21%) were TGNC



Writing an HIV Quality Management Plan: Our Challenges & Successes



We Shared the Data

Callen-Lorde HIV Quality Dashboard 2016

Indicator (%)	Population	Benchmark	Target	Baseline		As of June 30, 2016 (preliminary)	Data Source	Proposed Target FY 2017 <small>(Highlighted to report appear on Summary Quality Dashboard and are set by Clinical Care Committee of the Board.)</small>	Planned Intervention
				As of June 30, 2015	As of Dec. 30, 2015				
PrEP Quality of Care	All Patients on PrEP					metric under construction	HIT	metric under construction	Baseline data collection to identify any gaps in quality of care for HIV, STI and kidney testing.
Patients Tested Annually	All HIV- patients		55	53	unavailable	54	HIT	58	INSTI rapid testing (60-seconds to get result)
	Adult HIV- TGNC		55	47	unavailable	48			
	HOTT HIV-		55	58	unavailable	51			
Linkage to Care	Patients with Positive Test at CL	72		82	80 (67/84)	Unavailable	P&O Dept.	82	New process developed to track patients and decrease wait times.
Retention in Care (12-month)	All Adult HIV+ Patients	83		85	80	83 (2521/3060)	HIT	85	Retention and Adherence Prog following newly diagnosed patients and others who qualify
	Adult HIV+ TGNC Patients	83		78	76	78 (235/303)	HIT	85	Exploring evidence-based groups, prioritizing virally unsuppressed trans pts for groups
	HOTT Program HIV+ Participants			70	64	72 (41/57)	HIT	79	Chart review and patient tracking form
Prescribed ART	All HIV+ Patients			unavailable	91	96 (3256/3407)	CPCI (TY 2/16)	95	No intervention planned at this time; continue to monitor.
Viral Load Suppression	All Adult HIV+ Patients	76		87	88	87 (3225/3708)	HIT	85	Population Health Team giving data from Provider Data Cards to programs for outreach.
	Adult HIV+ TGNC Patients	76		83	83	83 (3391/4075)	CPCI (AI)	82	Exploring evidence-based groups, prioritizing virally unsuppressed trans pts for groups
	HOTT Program HIV+ Participants			78	75	77 (1768/2310)	HIT	84	Chart review, patient tracking form, provider data cards
<p>Red fill means we are more than 10% below our goal or benchmark and are not yet steadily improving.</p> <p>Orange fill means we are moving steadily towards our goal or are within 10% of our goal or benchmark.</p> <p>Green fill means we are meeting or exceeding our goal or benchmark.</p> <p>Benchmark is generally the median for the industry. Abbreviations: HIT = Health Information Technology; CPCI = Center for Primary Care Informatics (data warehouse); AI = NY State DOHAIDS Institute; P&O = Prevention & Outreach</p>									
IEP 8/22/16									

← **Added in 2016:**

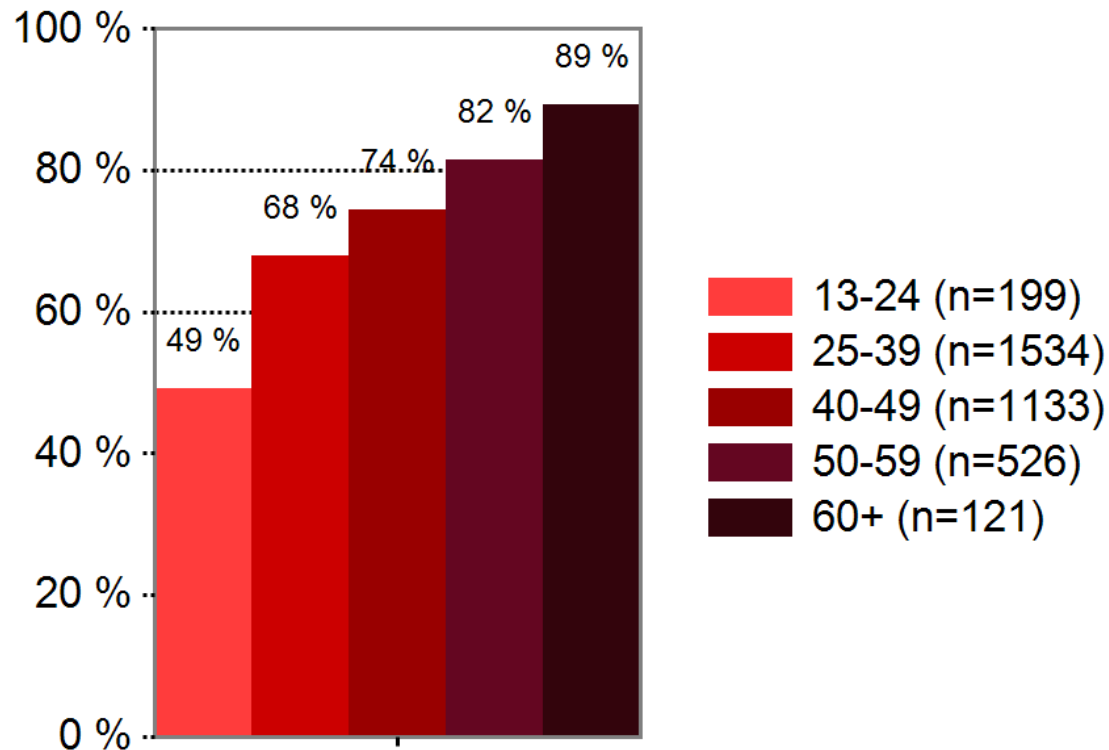
- Data Source
- Planned Intervention

← **Indicators Reorganized in 2016:**

- To follow care continuum
- To allow for comparison across groups

We Identified Disparities

VLS by Age



Percent of Callen-Lorde Patients Always Virally Suppressed, 2014 (Denominator includes HIV-positive patients who get primary HIV care elsewhere, and thus suppression rate appears lower than when calculated based on just our primary HIV care patients. Source: NYS DOH AIDS Institute)

WE IDENTIFIED DISPARITIES BEYOND

Community Viral Load, San Francisco, 2005–2008

	N	%	Mean CVL
San Francisco	12,512	100	23,348
Sub-populations			
Transgender	291	2	64,160
Non-transgender	12,221	98	22,376
Latino	1822	15	26,744
African American	1825	15	26,404
IDU	1011	8	33,245
MSM-IDU	1791	14	36,261
Not on treatment	2924	23	40,056

Das M, Chu PL, Santos G-M, Scheer S, et al. (2010) PLoS ONE 5(6): e11068. doi:10.1371/journal.pone.0011068

WE RECORDED OUR INTERVENTIONS.

We recorded an intervention for each measure.

Example: **Transgender Patients Virally Suppressed**

Rationale		HIV-infected individuals who achieve viral load suppression can reduce the risk of disease progression and reduce risk of transmission of HIV. Additionally, we have identified a statistically significant disparity in viral load suppression between our patients of trans experience and our overall non-trans patients.		
Timeline/when data captured		Monthly		
Individual(s) Responsible		Facilitator of Trans Ops Committee Senior Director of Research & Education		
Performance Improvement Interventions		<ol style="list-style-type: none"> 1. Population Health Department identifies patients eligible for Retention & Adherence Program, which provides care coordination. 2. Mental Health Department prioritizes transgender virally unsuppressed patients with unmet mental health needs for treatment. 3. Transgender Operations Committee ("Trans Ops") explores possibility of evidence-based groups for trans women of color living with HIV. 		
Start Date	End Date	Individual(s) Responsible	Performance Improvement Action Steps	Status
1/1/16	6/30/17	Peter	Providers review the charts of patients who are virally unsuppressed.	Ongoing
3/1/16	3/31/16	Mytri	Small break-out groups at Quality Management Group brainstorm barriers for viral load suppression for trans patients, and possible interventions.	Complete
4/1/16	4/30/16	Mytri	One small break-out group at Quality Management Group identifies interventions to try.	Complete
4/10/16	5/31/16	Dave G.	Speak with Senior Management about possibility of prioritizing virally unsuppressed trans patients for mental health groups.	In progress; speaking with Trans Ops
5/1/16	6/30/16	Asa	Speak with administrator of Healthy Divas program in San Francisco and share findings with HIV Ops.	

← Rationale

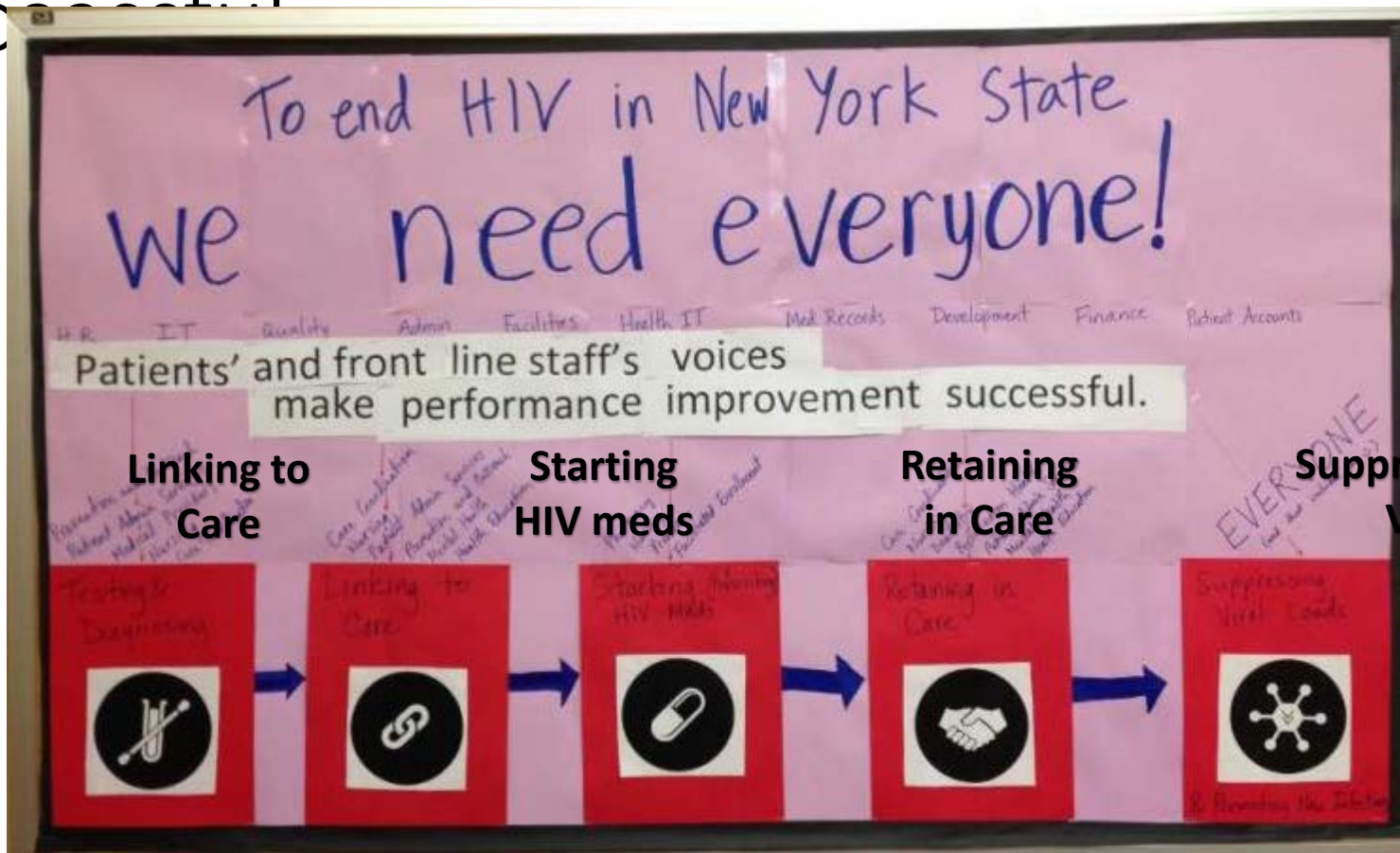
← Individual(s) Responsible

← Quality Improvement Intervention(s)

← Action Steps:

- Start Date
- End Date
- Individual Responsible
- Action
- Status

Patients' and frontline staff's voices make performance improvement successful



Testing & Diagnosis

Linking to Care

Starting HIV meds

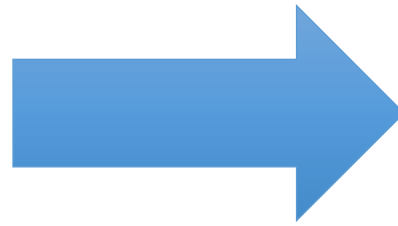
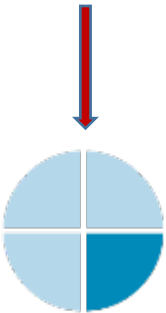
Retaining in Care

Suppressing VL

WE CONNECTED PRACTICE TO THEORY

Lists of Adolescent Patients Given to Staff for Follow Up

We Referenced
PDSA Cycle Stage



We Referenced
Stage in Continuum



WE GOT SOME PUSH BACK AT FIRST

- “We already have a viral suppression rate of 88%. Why do we need this?”
- “There’s no way we can come up with interventions for every measure!”
- “I don’t have the bandwidth”
- “Why for trans patients are we only talking about HIV?”

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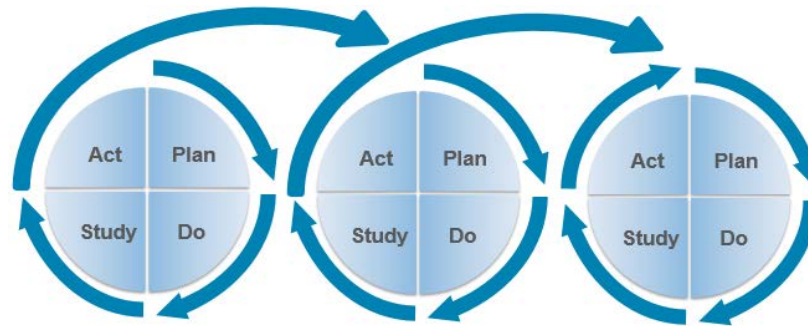


STRATEGIES THAT WORKED

- Share a plan for the plan.
- Set up meetings with departments.
- Acknowledge people's work.

ACCOMPLISHMENTS OF PLAN

- Created cohesive strategy
- Tracked progress, built accountability, initiated plans
- Helped front-line staff see role in ending epidemic
- Guided conversations desired patient outcomes



Closing Words from Our Namesake



“In the end, for each individual, it is as rational to believe he or she will be among the survivors as it is to assume that he or she won’t.... We must fix our hearts and minds on a clear image of the day when AIDS is no more. Make no mistake about it; that day will come.” - Michael Callen, *Surviving AIDS*, 1990

What questions do you have for us

