



Systems level Quality Management : New Orleans EMA Experience

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Objectives

- What it takes to implement QM with frontline staff not trained in QM
- Using variety of data resources to inform quality improvement activities
- Tools that can be used to implement QI activities



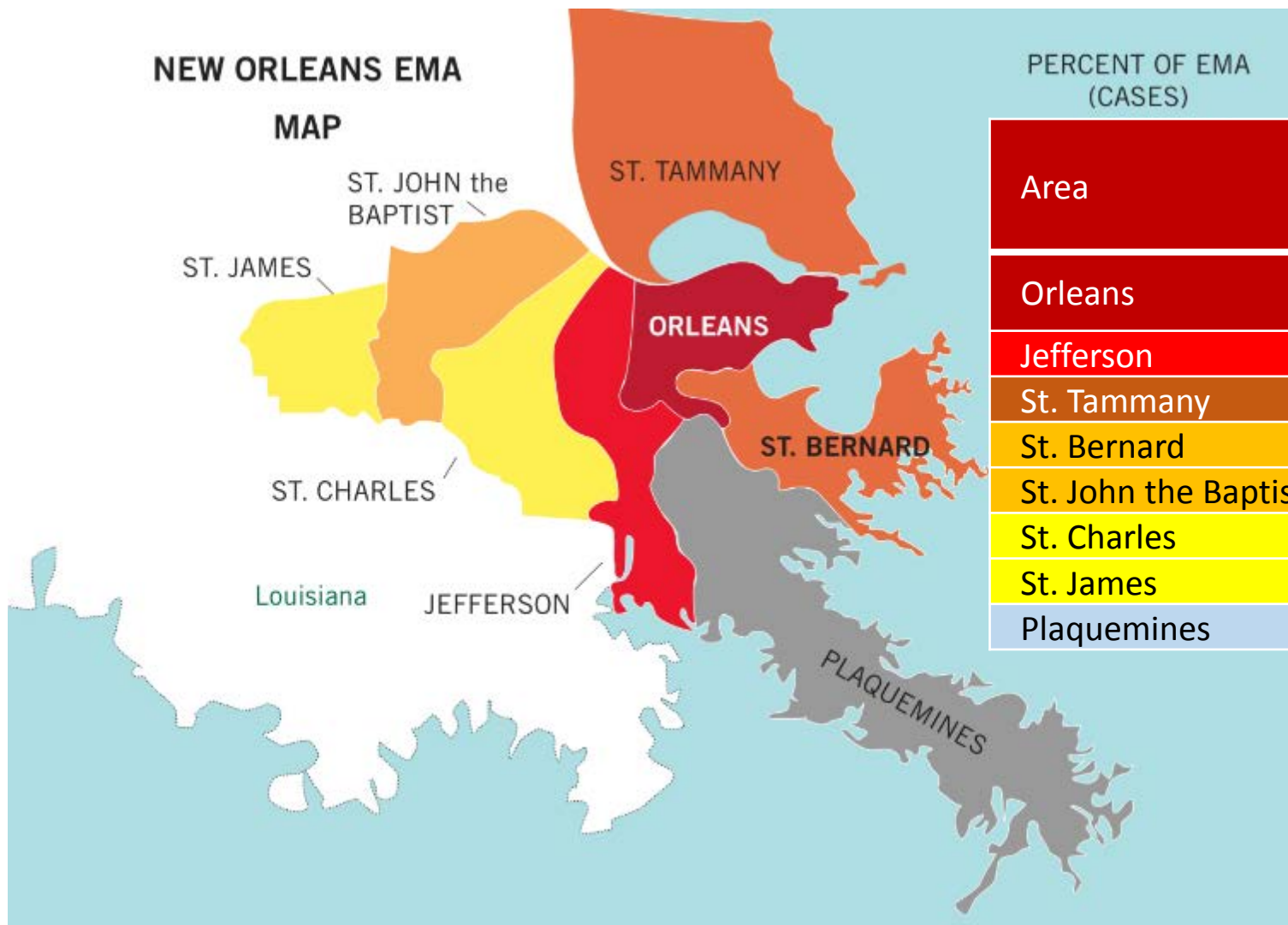
About New Orleans EMA

- NOEMA (RW Part A) is made of 8 Parishes (counties) and has a prevalence of about 8,000 persons living with HIV/AIDS
- Funds 9 agencies for HIV/AIDS treatment services.
- Participants in the QIC group have wide range of knowledge level in quality improvement principals and practices
- Group consists of service providers, consumers, administrators

New Orleans EMA HIV/AIDS Prevalence 2015

NEW ORLEANS EMA

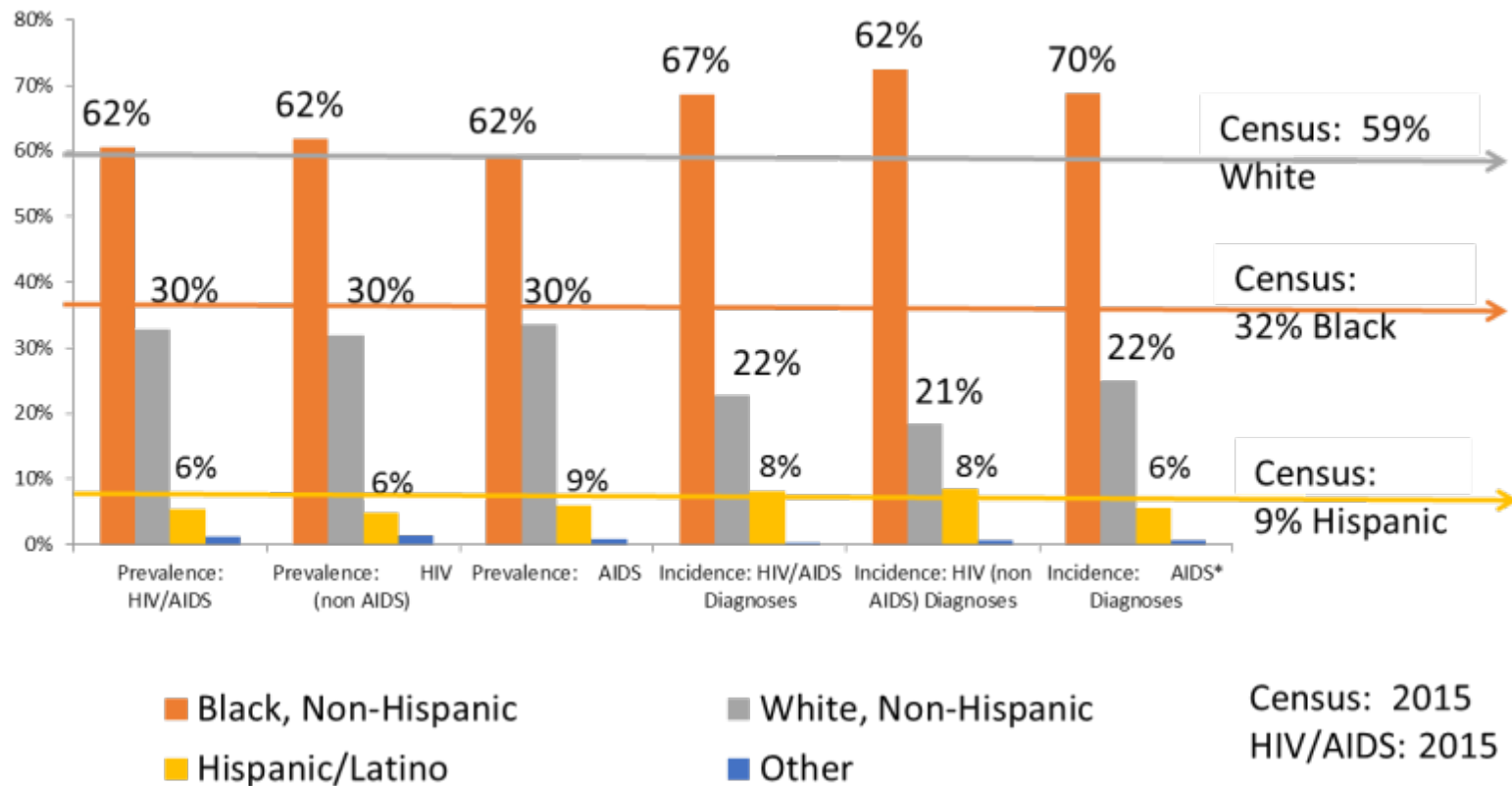
MAP



PERCENT OF EMA (CASES)

Area	Percentage of EMA Cases
Orleans	63%
Jefferson	24%
St. Tammany	6%
St. Bernard	2%
St. John the Baptist	2%
St. Charles	1%
St. James	1%
Plaquemines	<1%

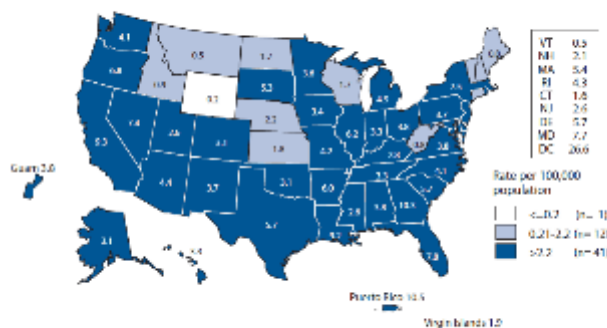
HIV/AIDS Prevalence & Incidence by Race and Ethnicity and Census, New Orleans EMA, 2015



3RD

PRIMARY AND SECONDARY SYPHILIS

Figure 34. Primary and Secondary Syphilis — Rates of Reported Cases by State, United States and Outlying Areas, 2013



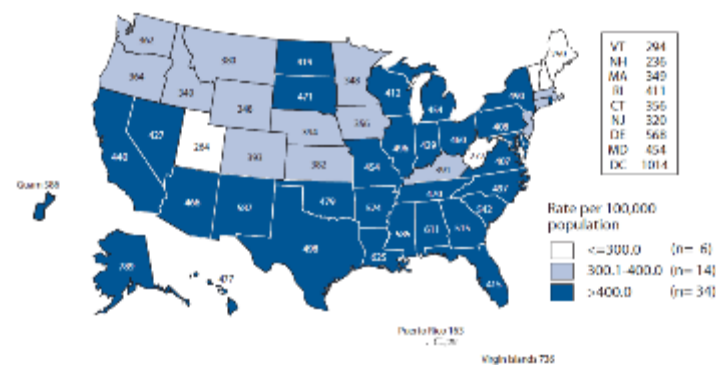
NOTE: The total rate of primary and secondary syphilis for the United States and outlying areas (Guam, Puerto Rico, and Virgin Islands) was 5.6 per 100,000 population.

LA Case Rate (100,000)	9
US Case Rate (100,000)	6

2ND

CHLAMYDIA

Figure 3. Chlamydia — Rates of Reported Cases by State, United States and Outlying Areas, 2013



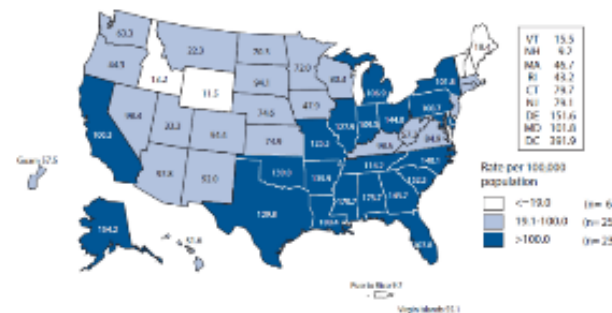
NOTE: The total rate of reported cases of chlamydia for the United States and outlying areas (Guam, Puerto Rico, and Virgin Islands) was 445.5 per 100,000 population.

LA Case Rate (100,000)	625
US Case Rate (100,000)	447

1ST IN THE NATION: GONORRHEA

Louisiana Case Rate (100,000)	188
US Case Rate (100,000)	106

Figure 14. Gonorrhea — Rates of Reported Cases by State, United States and Outlying Areas, 2013

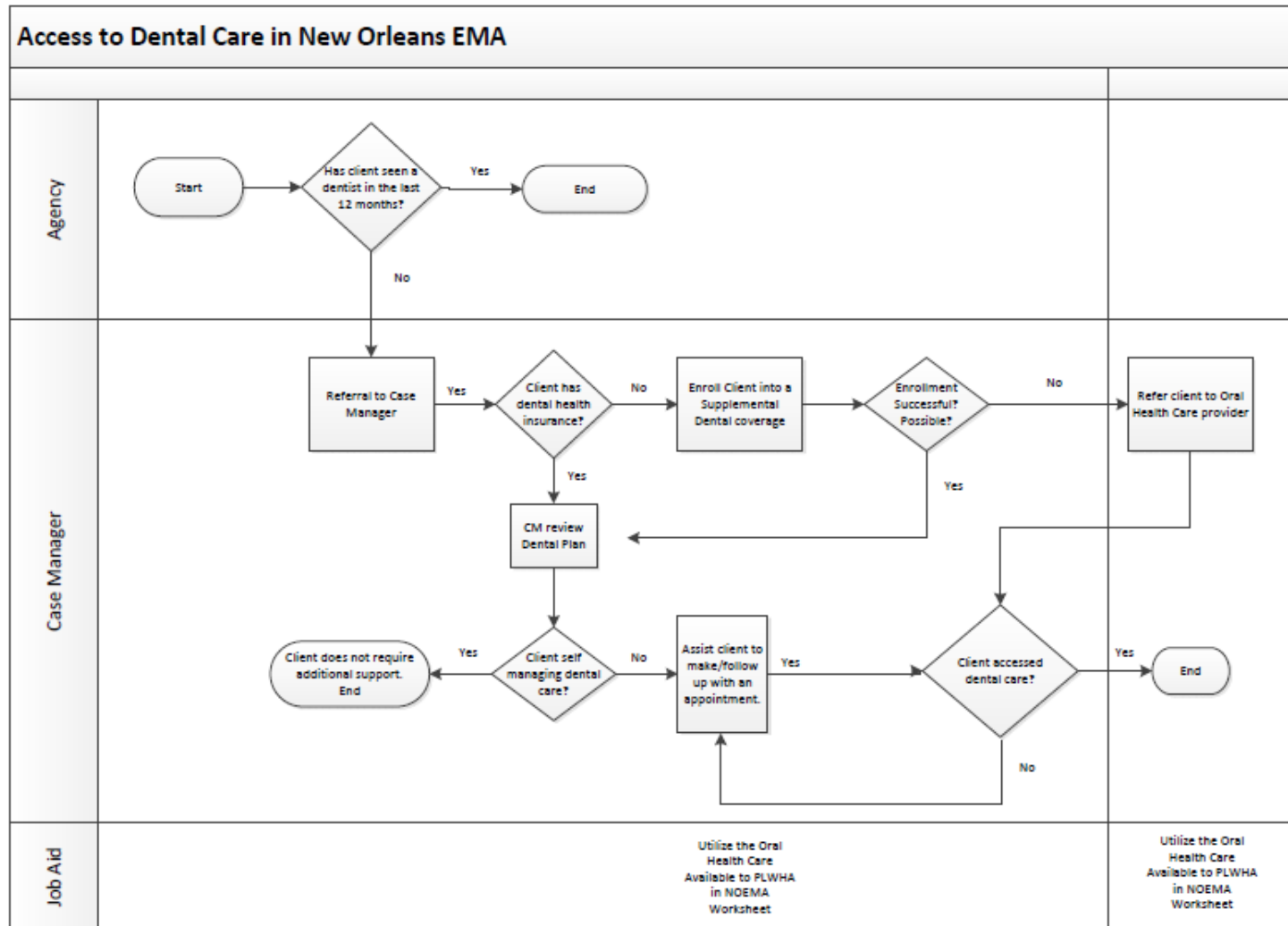


NOTE: The total rate of reported cases of gonorrhea for the United States and outlying areas (Guam, Puerto Rico, and Virgin Islands) was 104.3 per 100,000 population.

Quality Improvement Committee

- Meets on a monthly basis
- Represented by funded agencies
- Drivers of QI activities are results from the Client Satisfaction Survey, HRSA/HAB measures

Process Mapping: Oral Health Care



Job aid for Oral Health Care

Oral Health Care Available to PLWHA in NOEMA

The purpose of this sheet is to guide service providers in assisting PLWH access Oral Healthcare Services. Individuals living with HIV now have more options available to access oral health care with the 2010 implementation of the Affordable Care Act.

Complete the following table to determine action steps needed to ensure successful linkage to oral healthcare services.

Note: The client must meet the Ryan White Part A eligibility criteria:

- HIV positive
- Live one of the eight (8) parish area (Orleans, Jefferson, Plaquemines, St. James, St. Charles, St. Tammany, St. John the Baptist, St. Bernard)
- Have income up to 500% FPL

Insured: Client can get help with Dental Coverage

What is the client's poverty level?

- ☐ Up to 400% FPL → Ryan White Part B LAHAP can help pay for oral healthcare premium, co-pay and deductible
- ☐ 400% to 500%FPL → Ryan White Part A Health Insurance Assistance Program can help clients pay for oral healthcare Premium, co-pay and deductible.

What is your story?

**What do you want to
communicate about your
QI project(s)?**



Plan

1. About

Project Lazarus provides transitional housing to people living with HIV/AIDS who have no other place to live. One of the many programs provided is substance use counseling.

2. Assemble the Team

Team members included a social worker and substance abuse counselor: Kim Collins and Anthony Aubry

AIM Statement

Improve health outcomes of persons living with HIV/AIDS through supportive services.

Goals:

- Increase CD4 counts at least 15% from baseline in the first 6 months
- Have undetectable viral load within 9 months of residency

3. Examine the Current Approach

Clients attend their primary care appointments but no standardized method to collect or educate them about CD4 and viral load results.

4. Potential Solutions

- Educate all clients using the "Know Your Score" tool
- Use standardized tool ("Medical Update Sheet") to collect CD4 and viral loads
- Provide incentive for residents to return Medical update sheet

5. Improvement Theory

Residents who take medications regularly, keep up with medical appointments, participate in groups, receive proper nutrition, receive education about lab results, and abstain from use of drugs and alcohol are more likely to have better health outcomes as reflected in increased CD4 scores and reduced viral loads.

Quality Improvement Story Board

Improving Health Outcomes in Persons Living with HIV/AIDS
Timeframe: Calendar Year 2013

Do

6. Test the Theory

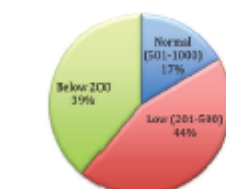
- Track resident CD4 counts and VLs over time using Medical Update Sheets and Excel
- Collect baseline and exit data for each resident
- Assess knowledge of CD4 and VL counts during treatment plan reassessments
- Monitor and track attendance of groups
- Monitor adherence to medication

Study

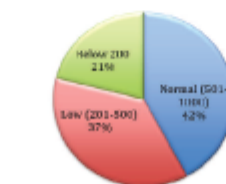
7. Study the Results

The sample population is 18. We were only able to use those who had two or more recorded scores as well as baseline data available. Individuals matriculate and discharge at will and this affects the sample size.

Baseline: CD4 Counts

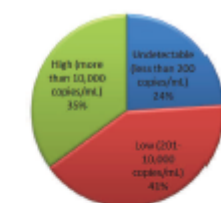


Post Intervention: CD4 Counts



Improvements in CD4 Counts!

Baseline: viral loads



Post Intervention: viral loads



Increase in % undetectable!

Act

8. Standardize the Improvement & Future Plans

- Develop a system so that residents can keep track of their own scores—for example, a pocket-sized card with recorded lab results over time
- Continue to encourage residents to return Medical Update Sheets
- Provide an incentive for returning Medical Update Sheets after doctor visits
- Consider the role resident participation in Wellness University plays in overall improvement of health outcomes
- Assess resident knowledge of CD4, VLs, and nutrition
- Continue to engage in group and individual retention to display the clean time to compare the CD4 and viral loads

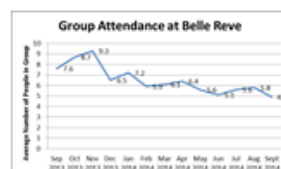
INCREASE GROUP PARTICIPATION AT BELLE REVE

PLAN

Identify an opportunity and Plan

1. Getting Started

Belle Reve New Orleans realized a decline in group participation. The Belle Reve Psychosocial department agreed that evaluation of client opinions of group may help increase attendance and participation in Psychosocial Programs.



2. Assemble the Team

Psychosocial Department was

Increased Knowledge of CD4 & Viral Load in Persons Living with HIV/AIDS

New Orleans Metro Area-

Orleans, Jefferson, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, and St. Tammany Parish

Persons living with HIV/AIDS: 7,023 (calendar year 2011)

Population served: 4,184 (calendar year 2011)

Plan

Identify an opportunity and Plan

1. Getting Started

The Office of Health Policy and AIDS Funding (OHP) is a division of the City of New Orleans Health Department. OHP administers a federal grant to serve persons infected & affected with HIV/AIDS in eight parishes.

The annual Client Satisfaction data indicated clients had little knowledge of their CD4 and viral load (VL) re-

DO

Test the Theory for Improvement

6. Test the Theory

Survey was distributed to residents in group staffing meeting between October 8 and October 12. Surveys were collected from residents via an anonymous box on Friday October 12th. OI Team gathered data and accessed the results.

STUDY

Use Data to Study Results of the Test

7. Study the Results

The sample population size was 20. We were able to survey 95% of our clients living in Belle Reve, Belle Grace, and Belle Esprit. Of the 20 individuals that were surveyed we looked at the decline in numbers

ACT

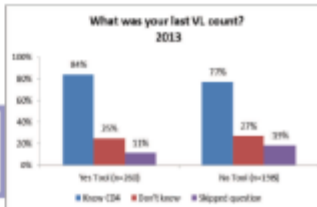
Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory To be determined

9. Establish Future Plans

- Restructure groups making group more appealing to residents.
- Remind clients of days and times of group.
- 3. Encourage residents to participate in group.
- Provide incentive for group.
- Consider topics that are age appropriate.
- Provide a new schedule to all residents regarding times and dates of all groups.
- Have staffing team and PCA's remind residents daily about going to group.

Of people who saw the tool- 95% reported tool was helpful to understand their CD4 and VL.



Individuals who indicated an answer when asked about their last lab result.

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Goals:

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4. Potential Solutions

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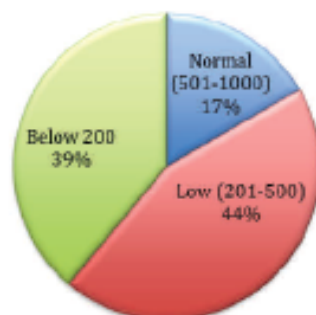
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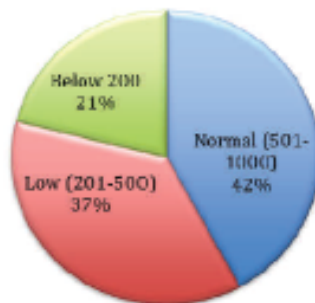
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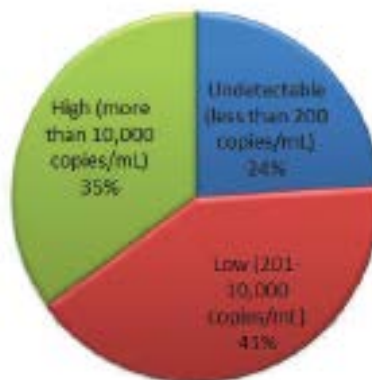


Post Intervention: CD4 Counts

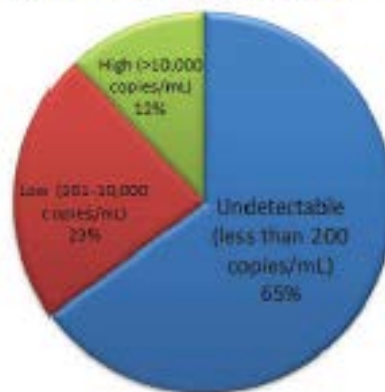


Improvements in CD4 Counts!

Baseline: viral loads



Post Intervention: viral loads



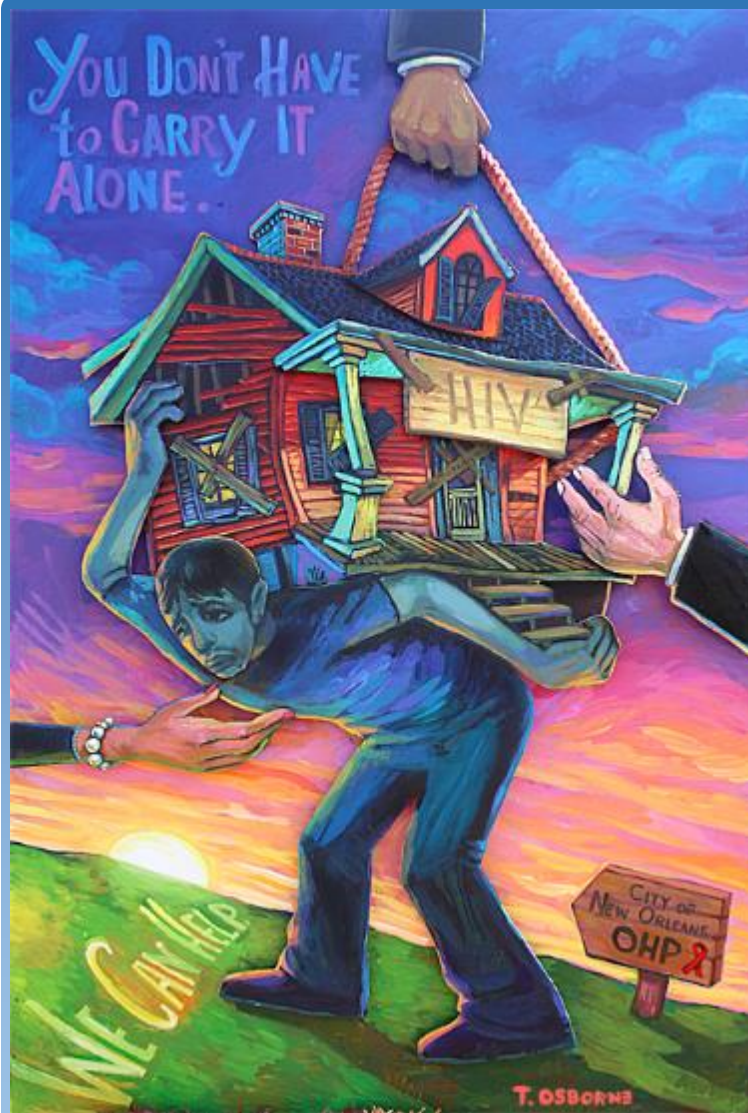
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Resources

- Process mapping program: Visio, PowerPoint
- Storyboard templates/samples):
 - <http://nnphi.org/program-areas/accreditation-and-performance-improvement/resources/qi-storyboards>
 - Go to : <http://nnphi.org/tools/e-catalog>
 - In the search box, type: QI storyboard
 - NNPHI= National Network of Public Health Institutes



Questions?

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