

Quality is Everyone's Responsibility: Using Collaborative Approaches to Improve Viral Suppression

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Broward County EMA Snapshot

- 2nd highest in Florida for New HIV Infections
- Currently 19,391 People Living with HIV/AIDS in Broward County (FLDOH)
- Ryan White Part A Program serves over 8,000 unduplicated clients annually
- 11 Ryan White Part A funded agencies providing medical and support services
- CQM program was nationally recognized for Performance Measurement by the National Quality Center in 2012

History of CQM Program

- The Fort Lauderdale/Broward County EMA established a system-wide quality assurance and Continuous Quality Improvement (CQI) program in FY 1997
- Standards of care, service delivery protocols, client level outcomes, and indicators for every service category, as well as uniform data collection instruments, were adopted in FY 2000
- QM Committee evolution:
 - Assessment Committee (2003)
 - CQI Committee (2005)
 - QM Committee (2008)
- Transitioned Service Provider Networks to Quality Improvement Networks (2007)

Purpose of CQM Program

The purpose of the CQM Program for Ryan White Part A and MAI funded services in the Fort Lauderdale/Broward County EMA is to **monitor, evaluate, and systematically and continuously improve** the quality and appropriateness of HIV care and services provided to consumers.

Our mission is to ensure high quality services are provided to Part A and MAI eligible Broward County residents living with HIV that **meet or exceed HAB's clinical and other performance measures**, through an **inclusive structure that integrates consumer and provider input**.

Monitoring Service Delivery and Improving Client Outcomes



CQM is a Shared Responsibility



Roles & Responsibilities: Recipient & CQM Staff

Responsible
For
Implementing
and
Facilitating
EMA-Wide
CQM Program

Data
collection and
analysis

Data
presentation
to QM
Committee
and QI
Networks

Oversee
execution of
QIPs and use
of PDSA
worksheets

Training and
technical
assistance

Research
National
Guidelines
and Best
Practice
Models

Roles & Responsibilities: QM Committee

Comprised
of
consumers,
service
providers,
and other
stakeholders

Develop
client-level
and
system-level
outcomes

Develop 3-
year QM
Plan and
Annual Work
Plan

Oversee
Standards of
Care in
Service
Delivery
Models

Review and
analyze CQM
Data

Identify and
prioritize QI
Projects

Roles & Responsibilities: QI Networks

Comprised of
Ryan White
Part A
subrecipients

Design
Standards of
Care

Update
Service
Delivery
Models

Review
provider and
client-level
outcome data

Design and
implement
QIPs to
improve
quality of
care

Address
emerging
barriers to
care

Consumer Participation

- Informs the entire CQM Program
- Consumers comprise over 1/3 of QM Committee and participate in QI Networks
- Consumer feedback through the needs assessment
 - Focus groups
 - Client satisfaction surveys

Data Collection and Reporting

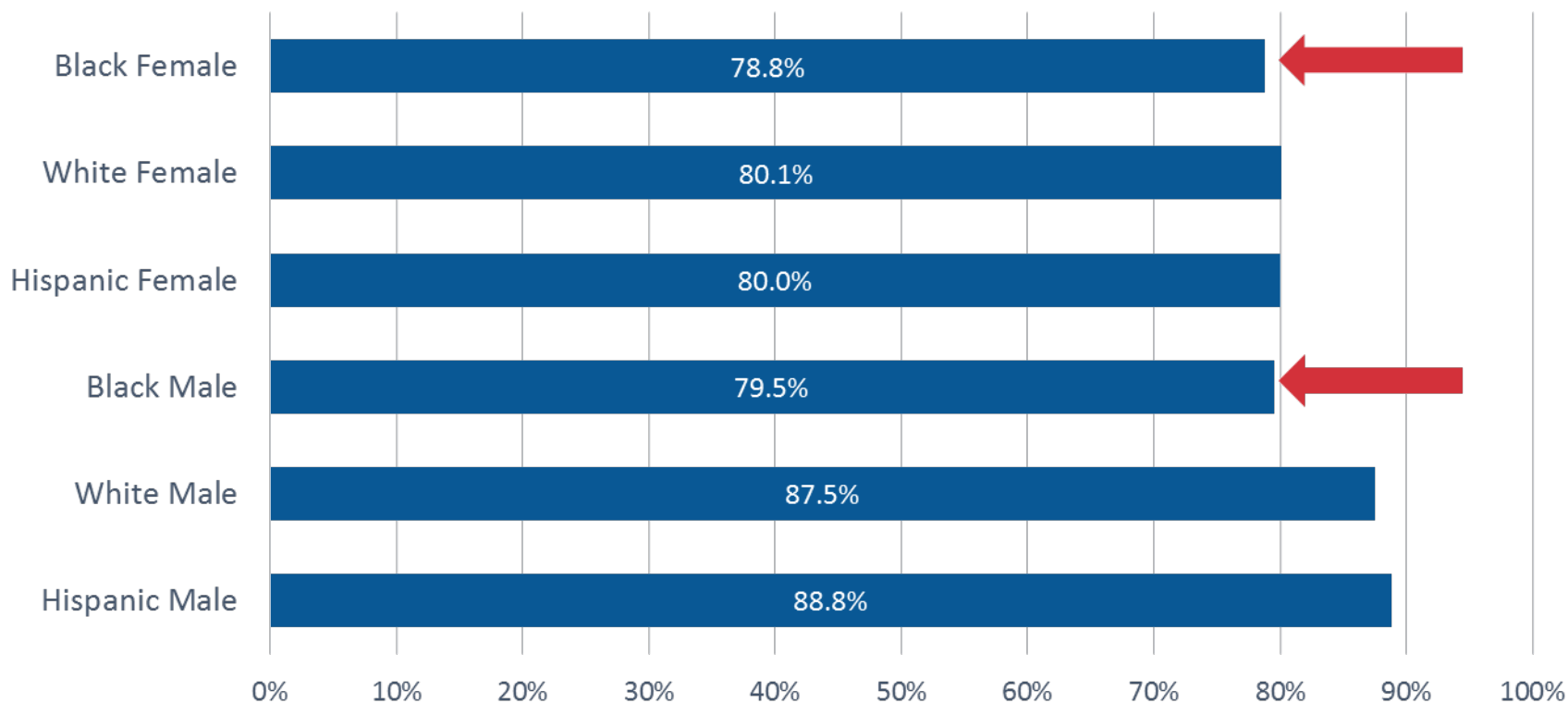
- Integrated Data Software System
 - Provide Enterprise (PE)
- Contractually Required Data Elements
 - Client-level data components necessary for CQM data analysis reviews
 - RSR required data elements
- Quality Measures
 - HAB Measures
 - EMA-specific Client-Level Outcomes and Indicators
 - In+Care Campaign Measures
 - HHS Measures

QM Efforts to Improve Viral Suppression

- Data-driven/collaborative structure of the CQM program
 - Using the Care Continuum as data framework, especially for efforts to integrate HIV Prevention and Care efforts in Broward County
 - Development of a viral load analysis report in PE
 - Quarterly Reviews (at minimum)
 - System, Service Category, and Provider Reports
 - Client Level Analysis Capabilities
 - Identifying and addressing disparities in viral suppression outcomes

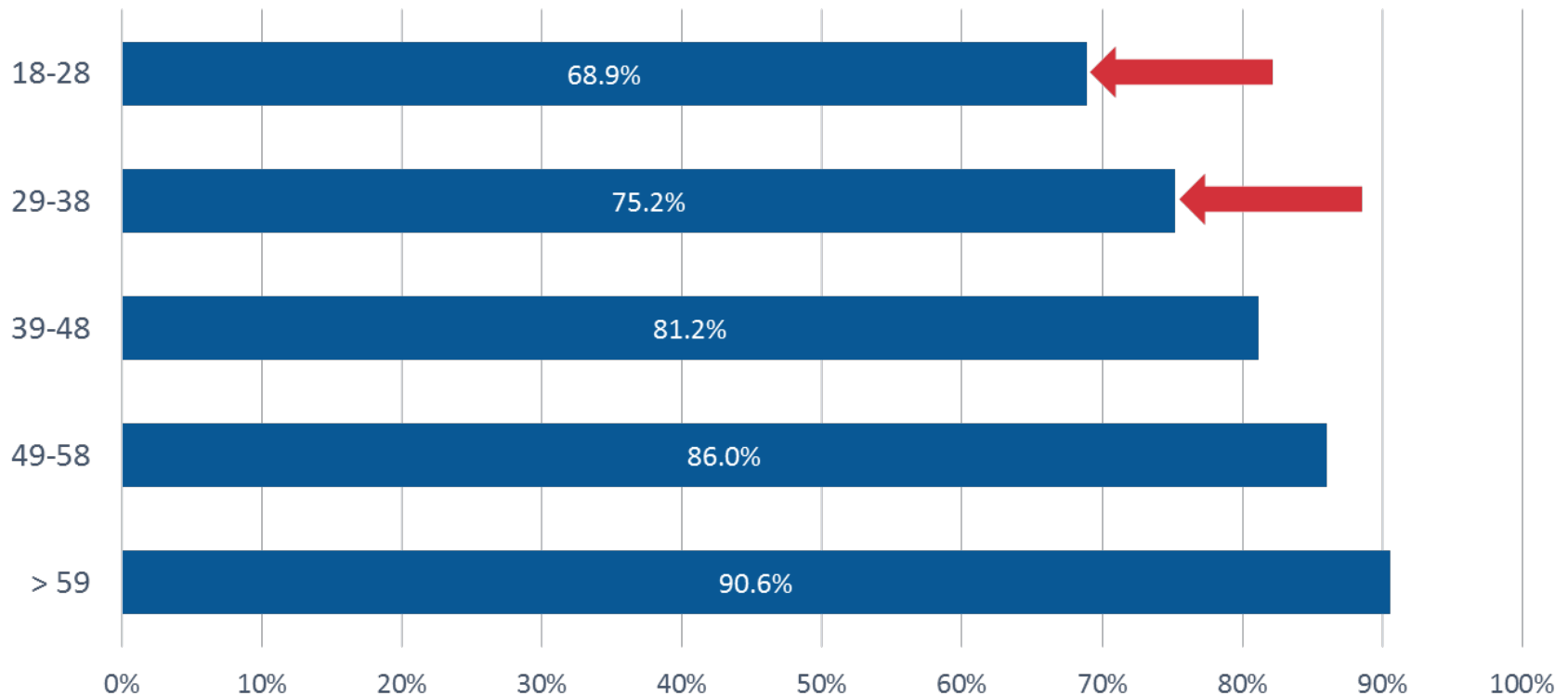
Identifying Disparities in Outcomes

Viral Suppression Among Ryan White Part A Clients by Gender and Race, Fiscal Year 2015



Identifying Disparities in Outcomes Continued

Viral Suppression Among Ryan White Part A Clients by Age, Fiscal Year 2015

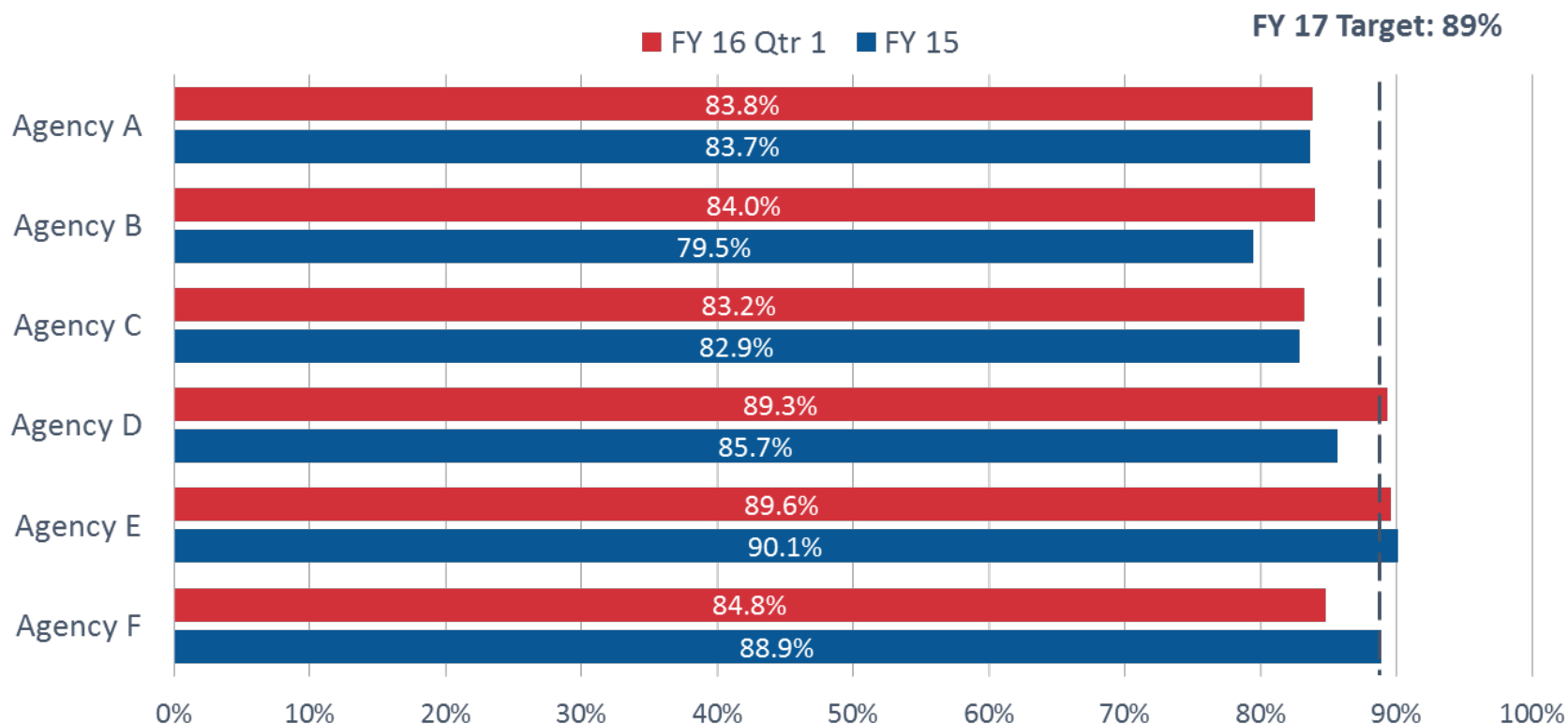


QI Efforts to Improve Viral Suppression

- Restructured QI Networks
 - Collaborative QI meetings and trainings
 - QI Network annual work plans aligned with QM annual work plan, EMA 3-year CQM plan, and NHAS Goals
 - QI Network goals focused on improving viral suppression by 2017
- Drilling down viral suppression data at QI Networks
 - QIPs aimed at addressing barriers to care and improving viral suppression
- Increased provider accountability for client health outcomes
 - Monthly provider calls to monitor internal QI activities
 - Annual recognition of providers at Quality Awards Ceremony

Viral Suppression by Provider

Viral Suppression Among Case Management Clients by Ryan White Part A Agency

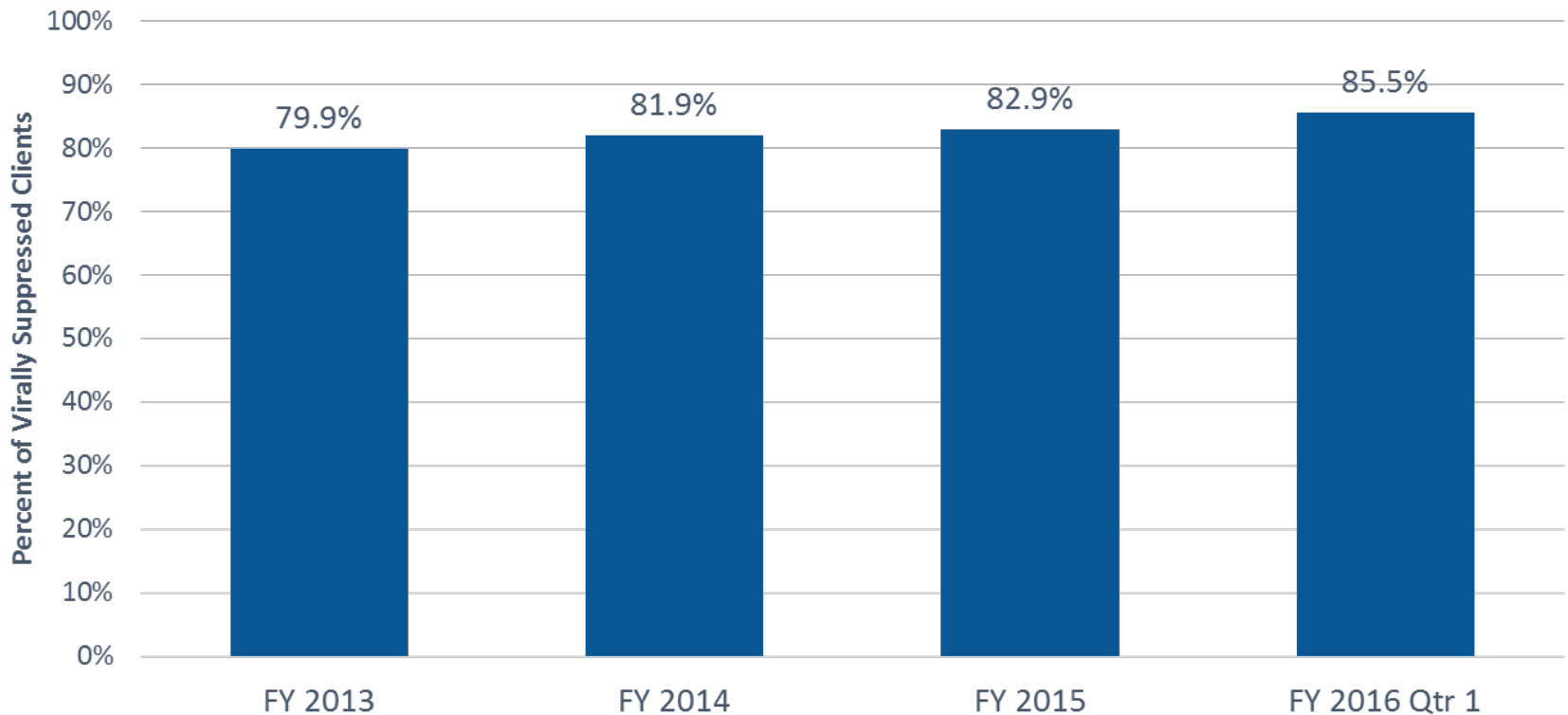


Drilling Down VL Data

Barrier to Care	# of Patients=60
Lack of personal financial resources	42
Mental health	27
Lack of adequate and affordable housing	24
Lack of transportation to access services	24
Not taking meds (forgetfulness, pill burden, travel, etc.)	18
Co-morbidities (cancer, diabetes, high blood pressure)	17
Lack of employment opportunities	16
Community stigma against HIV	14
Level of knowledge about HIV in the community	14
Refuses medication	13
Breaches of confidentiality	12
Substance abuse	11
Long distances to medical facilities	10
Ineffective regimen (resistance, other)	9
Lack of psychological support groups	9
Lack of supportive work environment	8
Can't afford food	8
Shortage of mental health providers	8
Lapse in insurance or benefits	4

Program Results

Viral Load Suppression among Clients Served by the Ryan White Part A Program in Broward County, 2013-2016



Annual Quality Awards



Moving Forward

- Continuous evaluation of data integrity efforts
- Annual evaluation of funded provider's internal QI programs
- Programming of HIV Care Continuum reports in PE at the client, provider, and system levels
- Implementing QI projects at system and provider levels
- Continuous improvement of client health outcomes along the HIV Care Continuum
- Continue integrated care and prevention planning efforts

Thank you!



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