Using Data Quality Managers to Improve the Integration of Parts B & C

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Learning Objectives

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

1. Describe the challenges identified by agencies funded for both Ryan White Parts B and C, and identify the need for the Data Quality Managers

2. Summarize the work that has been done thus far by the Data Quality Managers

3. Assess the implications of using this model in the participant's own program

Disclosures

Presenter(s) has no financial interest to disclose.

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Topics of Discussion

- Ryan White in Iowa Overview
- Challenges Within the System
- Developing the Data Quality Manager Position
- Work Done Thus Far
- Future Plans
- How This Model Can Work for You

RYAN WHITE IN IOWA OVERVIEW

Ryan White in Iowa

- Ryan White Part B Recipient: The Iowa Department of Public Health (Des Moines, IA)
  - 10 sub-recipients located across the state
- Four Ryan White Part C Providers in Iowa
  - 3 are also Part B sub-recipients (the "Big 3")
- One Ryan White Part C Provider in Nebraska that serves Iowans

★ = Part B Sub-Recipient   ★ = Part C Provider & Part B Sub-Recipient ("Big 3")   ★ = Part C Provider
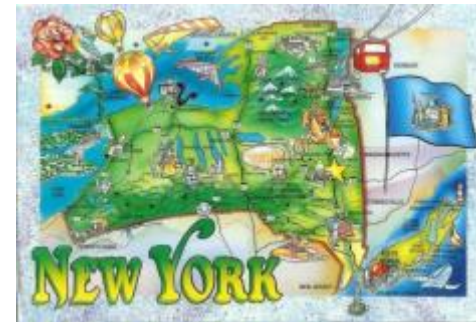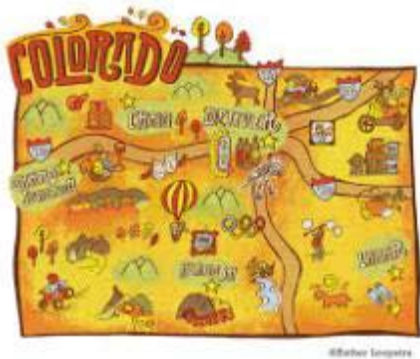
2014 State & National Landscape

- NHAS
- TasP
- ACA
- Care continuum framework
- New tiered case management model
- High case loads
- Little to no increase in funding
- The offer to increase funding
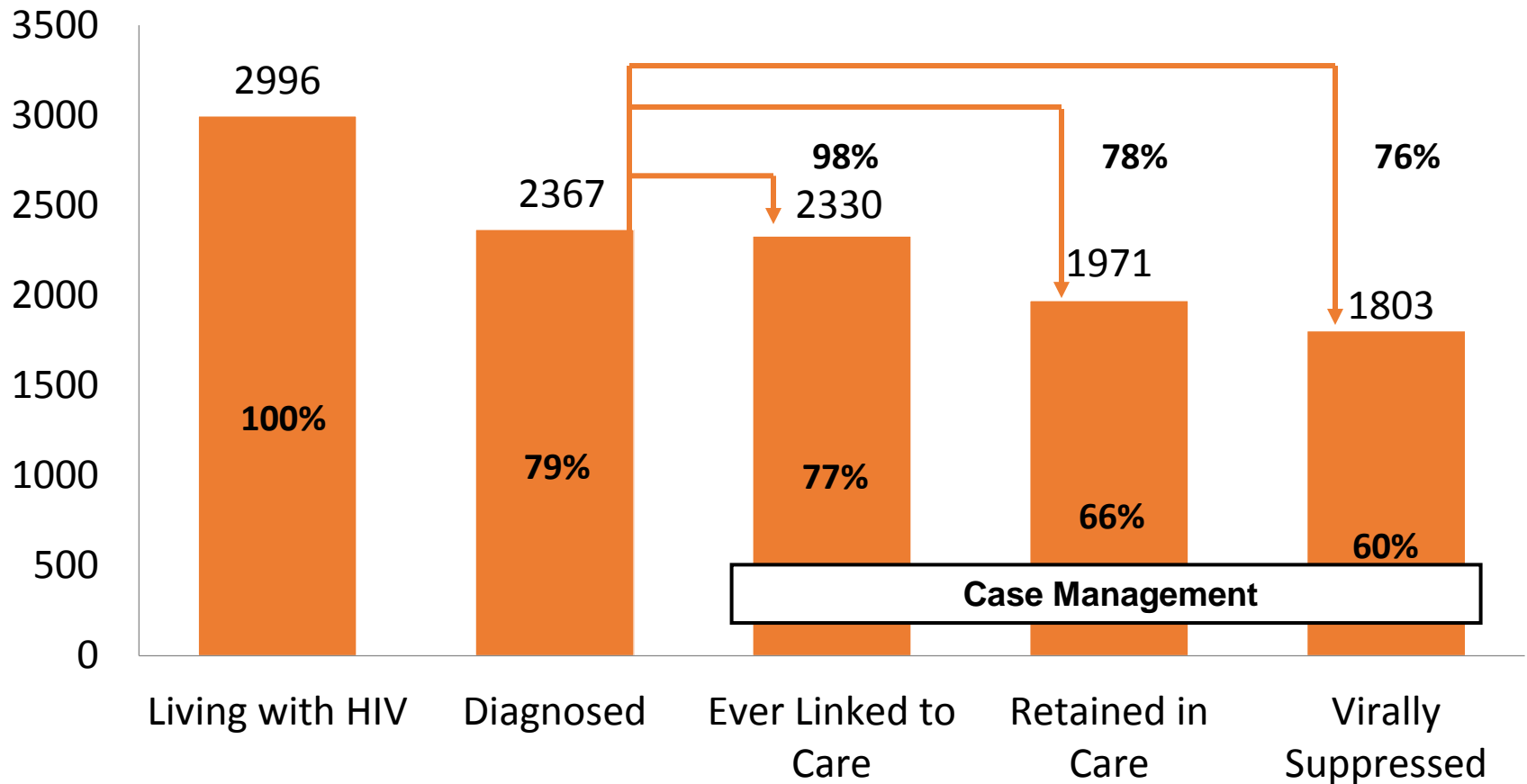
The Effects of the Landscape

- Crosscutting issues
  - Confusion and ambiguity about ACA implementation
  - Data issues
  - Questions about how to implement new tiered case management model in clinic settings
  - Difficulties with change
- Unique issues
  - ASO merging with Part C
  - FQHC vs. University Setting
  - Turnover
  - Team instability
  - Dedicated operational management

Tiered System of Case Management

Steal shamelessly, share senselessly!

Iowa's Continuum of Care 2015

Tiered System of Case Management

Team-based approach

1 Medical Case Management (MCM)

2 Non-Medical Case Management (Non-MCM)

3 Brief Contact Management (BCM)

4 Maintenance Outreach Support Services (MOSS)

Referral or "brokering"
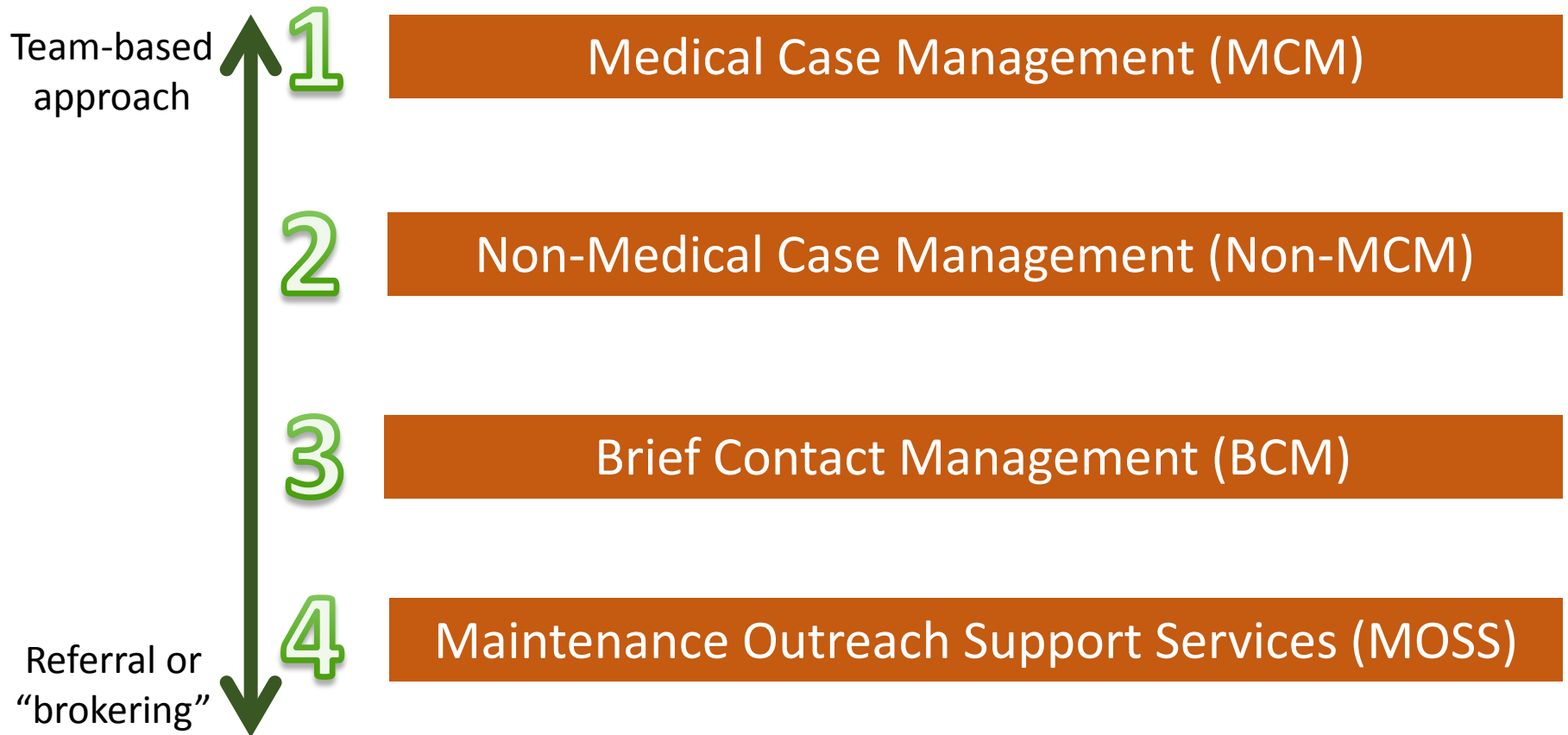
CHALLENGES WITHIN THE SYSTEM

"B" The Change, "C" The Solution – Retreat for Progress

- Meet in unique places outside "the office" to answer the overarching question:
  - How can your program for PLWH best be configured to support people along the care continuum?

Challenges Identified by the Big 3

- General feeling of chaos & being overwhelmed
  - Tiered case management system fully implemented April 1, 2014 – the same year as healthcare reform
- Where does Part C fit into Healthcare Reform?
  - Managing and leading change
  - Working within a larger system

Challenges Identified by the Big 3 (cont'd)

- How to best design a Part B and C integrated program without duplicating services?
  - *"You can't fix the problem by throwing more money at us!"*
- How to monitor and report data to the Part B program?
  - Data system integration issues
  - Lack of dedicated and knowledgeable staff

The Solution: Data Quality Managers

- 1 FTE dedicated to data integration, quality management (QM) and quality improvement (QI)

- Located at each RW Part B/C agency

- Purpose:
  - To help improve service delivery through increased coordination and collaboration of Parts B and C

- Achieved though utilizing a variety of QM and QI tools:
  - Building QM infrastructure, PDSA cycle, flowcharting, implementing CQI projects, etc.

DEVELOPING THE DATA QUALITY MANAGER POSITION

Writing the Job Description

- Topic of discussion at a Retreat for Progress
- Used the National Quality Center's website to view sample job descriptions
- Each agency wrote their own job description that best fit their specific needs such
  - Agency specific hiring requirements

Sample Areas of Responsibility

- Reconstruct existing database and develop systems to communicate with CAREWare

- Revise and implement change in data collection

- Address and resolve site visit issues

- Serve as a liaison to local health care practitioners, agencies and sponsors

- Work collaboratively with Iowa's Ryan White Quality Management Team and the Ryan White Quality Coordinator

- Develop recommendations based on data analysis for system-level program, policy or procedure changes to assure the delivery of quality services

Training

- September 2015: 2 day in-person kickoff training in Des Moines
  - Ryan White 101 (Client Services Coordinator)
  - ADAP 101 (ADAP Coordinator)
  - Ryan White in a New Era (Part B Program Manager)
  - QI Principles
  - Iowa QM Program Overview
  - PDSA Cycle and the Model for Improvement
  - Spreading and Holding the Gains of Improvement

Training (cont'd)

- Intensive CAREWare training
  - Provided unpublished draft of the Iowa CAREWare User Guide
  - Training webinars
  - Targeted technical assistance by RW Quality Coordinator
- Monthly calls
  - Site updates
  - Other training or support needs
- TA site visit with each Data Quality Manager

Training (cont'd)

- Biannual in-person meetings
  - Resistance to change
  - Teach-backs
  - CQI project updates
- Book club
  - *The Five Dysfunctions of a Team* by Patrick Lencioni
- National Quality Center
  - Training of Trainers
  - Training of Quality Leaders
  - Training on Coaching Basics

Sample Monthly Call Agenda

Data Quality Manager Meeting
Thursday, August 4, 2016
10:00-11:00am

TOPICS OF DISCUSSION

1. The Five Dysfunctions of a Team – Part 2 Book Club Discussion
2. Using Data Quality Managers to Improve the Integrations of Parts B & C – Katie's presentation at the 2016 National Ryan White Conference & what she needs from the DQM
3. MSM and Syphilis Data Update
4. Hepatitis C Co-Infection Data
5. Ryan White Part C Contracts in CAREWare
6. Site Updates
7. Training or Other Support Needs

From left to right: Michael Bates (The University of Iowa), Kelly Guy (Siouxland Community Health Center), and Darla Krom (The Project of Primary Health Care)

WORK DONE THUS FAR

Michael Bates

Data and Quality Manager
The University of Iowa
(Iowa City, Iowa)

- Job description
  - Facilitate the entering and transferring of data from EHR (EPIC) to the historical Access database, and then into CAREWare
  - Respond to colleagues data needs by running queries
  - Use data to generate and lead CQI projects
- Best part of the job
  - *"I enjoy knowing that, even while I don't interact with patients on a daily basis, the work I do helps improve their care and incrementally moves us toward the end of the HIV epidemic."*

Michael Bates

Data and Quality Manager
The University of Iowa
(Iowa City, Iowa)

- Most challenging part of the job
  - *"Integrating with a team of providers when I do not have medical training, and working within a large research hospital setting where there are entrenched policies and safeguards to slow down any proposed changes."*

- Recommendations to agencies considering implementing a DQM position
  - *"Get as much buy in from the providers and staff as possible and to make sure that there are opportunities for new hires to receive intensive training in a supportive environment."*
  - *"Do everything possible so that any new team member is seen as an ally, rather than an adversary."*

Michael Bates

Data and Quality Manager
The University of Iowa
(Iowa City, Iowa)

- Advice for new DQM
  - *"Be sensitive to those team members who may feel [your] presence is an intrusion on how things have been done, work with them to find common ground, and don't push too hard too quickly for change so that [you] alienate potential allies."*
  - Be patient and ask questions!

Darla Krom

Program Quality Specialist
**The Project of Primary Health Care
(Des Moines, Iowa)**

- Job description
  - Monitor data integrity in EHR and CAREWare
  - Coordinates CQI projects
  - Collects and interprets data to provide proactive suggestions for improvement

- Best part of the job
  - *"Process and workflow improvement. I really like using my critical thinking and problem solving skills."*

Darla Krom

Program Quality Specialist
**The Project of Primary Health Care
(Des Moines, Iowa)**

- Most challenging part of the job
  - *"The most challenging parts of the job are the computer glitches, the barriers to creating the 'right' search, and the defects in double data entry that [result in] 'bad data'."*

- Recommendations to agencies considering implementing a DQM position
  - *"Look for someone that has a majority of the skill set necessary to implement a quality program (e.g. having QI knowledge, good communication skills, self-awareness, adaptability), or at the very least is trainable and committed to the program. They should be well organized and have an eye for detail."*

Darla Krom

Program Quality Specialist
**The Project of Primary Health Care
(Des Moines, Iowa)**

- Advice for new DQM
  - *"Be committed! Take the time to acquire the functional skills of being a catalyst for QI. Build partnerships and infrastructure. Strategically think through what a quality program would need."*
  - *"Collect the right data, at the right time, for the right reason."*
  - *"Be sure to get involved with the National Quality Center. There are so many great resources available [through NQC]. Network with your colleagues and take advantage of the wealth of experience each brings to the table."*

Kelly Guy

Data and Quality Analyst
Siouxland Community Health Center
(Sioux City, Iowa)

- Job description
    - Project program costs using graphs, regression curves, etc. to create and manage budgets
    - Use multiple data systems to obtain necessary information (e.g. CAREWare, I2I, Evaluation Web, and Centricity)
    - Participate on the clinic-wide quality board
    - Evaluate processes and procedures
    - Perform significance tests to determine if change has occurred

Kelly Guy

Data and Quality Analyst
**Siouxland Community Health Center
(Sioux City, Iowa)**

- Best part of the job
  - *"One of the best parts of my job is asking, 'why?'… picking apart the multiple reasons for something to be the way it is and then analyzing the results is what makes me the happiest."*

- Most challenging part of the job
  - Designing and implementing change
  - Building relationships with team members who are working within a system with frequent turn over and high stress

Kelly Guy

Data and Quality Analyst
Siouxland Community Health Center
(Sioux City, Iowa)

- Recommendations to agencies considering implementing a DQM position
  - *"Be open to changes. Keep your [past] experiences in mind, but be open to trying [new ideas]."*
- Advice for new DQM
  - *"Be curious! Be curious about the process. Be curious about the solution. Be curious about the people or team."*

Iowa's Quality Management Program

- Data Quality Managers:
  - Are members of the QM Team
  - Participate in developing and analyzing performance measures
  - Assist with designing and implementing CQI projects
  - Align agency CQI projects, performance measures, data collection, etc. priorities with those identified by the statewide QM Team

Data System Communication

- Import data from the electronic health record (EHR) to CAREWare
  - Two agencies use GE Centricity
  - One agency uses EPIC
- Contract with jPROG for technical assistance
- Hire an Informatics Specialist to help design and maintain the imports

Syphilis Testing in MSM CQI Project

- Syphilis epidemic in Iowa
  - Between 2011 and 2013, Iowa experienced a 450% increase in infectious syphilis cases
  - Approximately 90% of cases are among men
    - 75%-80% of these cases are men who have sex with men (MSM)
- The Iowa RW Part B and STD Programs are collaborating to improve annual syphilis testing rates of MSM at the Big 3

Syphilis Testing in MSM (cont'd)

- Data Quality Managers are taking the lead at their agencies

- Project summary:
  - 2014 – Baseline data
    - Data integrity issues identified
  - 2015 – Improve data quality
    - Ensure all syphilis tests are being entered into CAREWare from the EHR (whether it's an import process or hand-entering lab results)
  - 2016 – Improve screening rates
    - Implement routine opt-out testing

# Syphilis Testing in MSM (cont'd)

- Data integrity issues
  - Export errors from EHR
    - Not all types of syphilis tests were included
  - Import errors into CAREWare
    - Overwriting demographic information
- Other programmatic issues
  - Lack of syphilis testing protocols
  - Creating a culture where syphilis testing is routine
    - Similar to routine depression screenings
  - Making this a priority for medical providers

Syphilis Testing in MSM (cont'd)

- Numerator
  - Number of MSM tested for syphilis at least once during the measurement year
- Denominator
  - The total number of MSM who attended a medical visit at one of the following three Iowa Ryan White Part C clinics: Siouxland Community Health Center, The Project of Primary Healthcare, or The University of Iowa
- Data source is CAREWare

Syphilis Testing in MSM (cont'd)
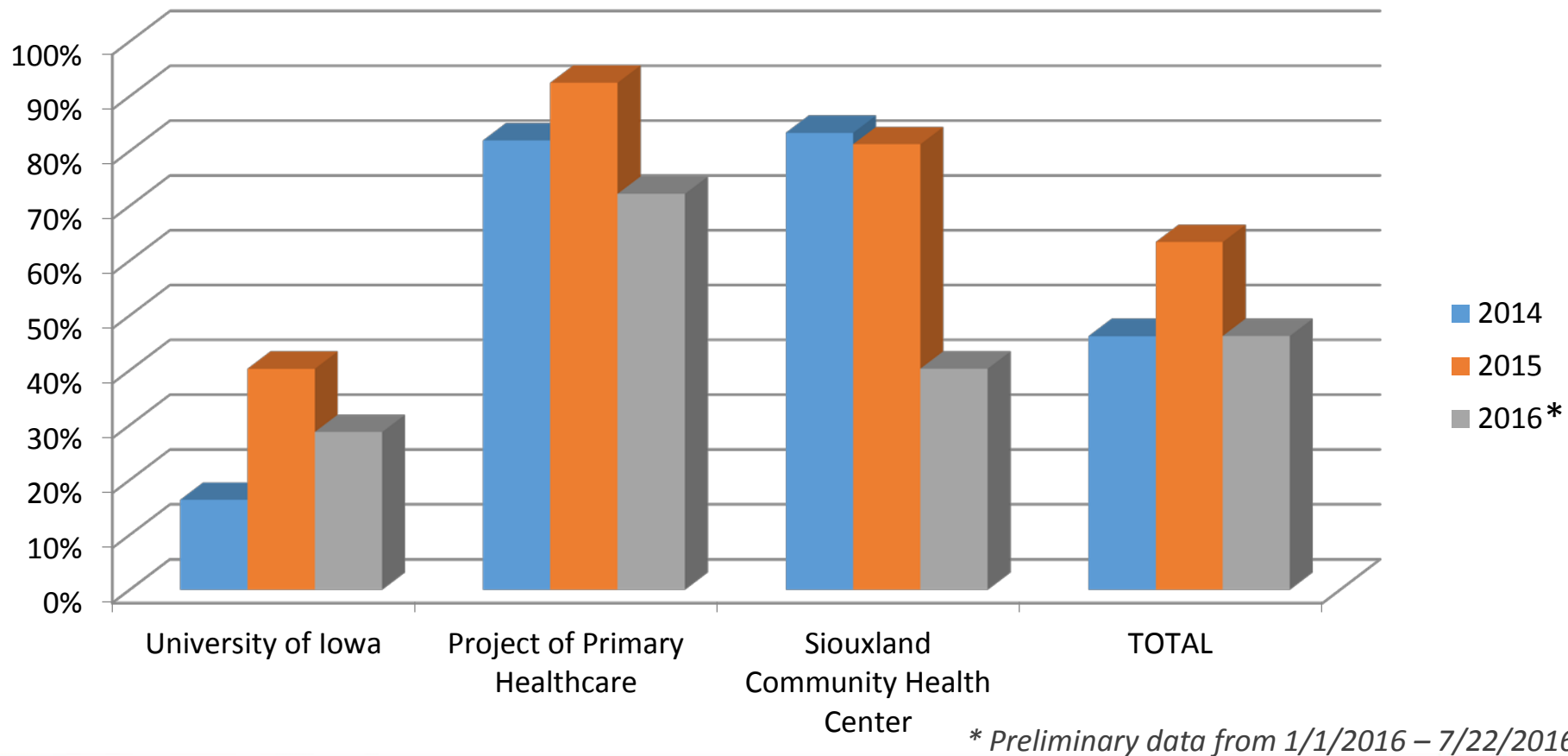
Preliminary data from 1/1/2016 – 7/22/2016

FUTURE PLANS

Looking Ahead

- Ensure that the EHR to CAREWare imports are working properly
  - Use the Informatics Specialist to help maintain the imports
- Focus on building a QM program at each Big 3 agency
- Use data to identify and implement CQI projects
- Promote expansion of the statewide QM Program to include Part C
- Hire a fourth Data Quality Manager position to be located at a Part C provider with a neighboring Part B agency in Davenport, IA

HOW THIS MODEL CAN WORK FOR YOU

We Want to Hear from You!

- What are your initial thoughts/reactions to the Data Quality Manager model?

- Are there things you would change to better fit your program?

- Does your program use a different model? Please share!

- What other questions do you have?

Thank You!

Holly Hanson

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Katie Herting

Ryan White Quality Coordinator

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