

Implementing a Clinical Quality Management Program That Meets Ryan White HIV/AIDS Program Expectations

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1:30pm

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Disclosures

Presenter(s) has no financial interest to disclose.

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Learning Objectives

At the end of the seminar, participants will be able to:

- Provide a solid foundation about Ryan White HIV/AIDS Program clinical quality management expectations for participants
- Explore participants experiences with the implementation of clinical quality management activities
- Exchange ideas and solutions regarding clinical quality management infrastructure, performance measurement, and quality improvement.

Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>

Getting to Know You

HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.

HIV/AIDS Bureau Priorities

- **NHAS 2020/PEPFAR 3.0** - Maximize HRSA HAB expertise and resources to operationalize NHAS 2020 and PEPFAR 3.0
- **Leadership** - Enhance and lead national and international HIV care and treatment through evidence-informed innovations, policy development, health workforce development, and program implementation
- **Partnerships** - Enhance and develop strategic domestic and international partnerships internally and externally
- **Integration** - Integrate HIV prevention, care, and treatment in an evolving healthcare environment
- **Data Utilization** - Use data from program reporting systems, surveillance, modeling, and other programs, as well as results from evaluation and special projects efforts to target, prioritize, and improve policies, programs, and service delivery
- **Operations** - Strengthen HAB administrative and programmatic processes through Bureau-wide knowledge management, innovation, and collaboration

What is Quality?

Quality is the degree to which services meet or exceed guidelines and/or customer expectations.

What is Clinical Quality Management?

Clinical quality management is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction.

Models of Quality Management

- Model for Improvement
- Lean
- Six Sigma
- FADE

**Clinical Quality
Management Program** \neq

**Quality
Management Plan**

Ryan White HIV/AIDS Treatment Modernization Act of 2006

(Public Law 109-415, December 19, 2006)

All Ryan White HIV/AIDS Program (RWHAP) recipients are required “to establish clinical quality management programs to:

Measure

Assess the extent to which HIV health services are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections;

Improvement

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

Legislative Requirement for Clinical Quality Management

Part	Legislation	Funding
A	Sec. 2604.(h)(5)	Not to exceed the lesser of 5% of amounts received under the grant or \$3,000,000
B	Sec. 2618.(b)(3)(E)	Not to exceed the lesser of 5% of amounts received under the grant or \$3,000,000
C	Sec. 2664.(g)(5)	Reasonable amount
D	Sec. 2671.(f)(2)	Reasonable amount

Clinical Quality Management Policy Clarification Notice

Clinical Quality Management Policy Clarification Notice was released to clarify Ryan White HIV/AIDS Program expectations for clinical quality management programs.

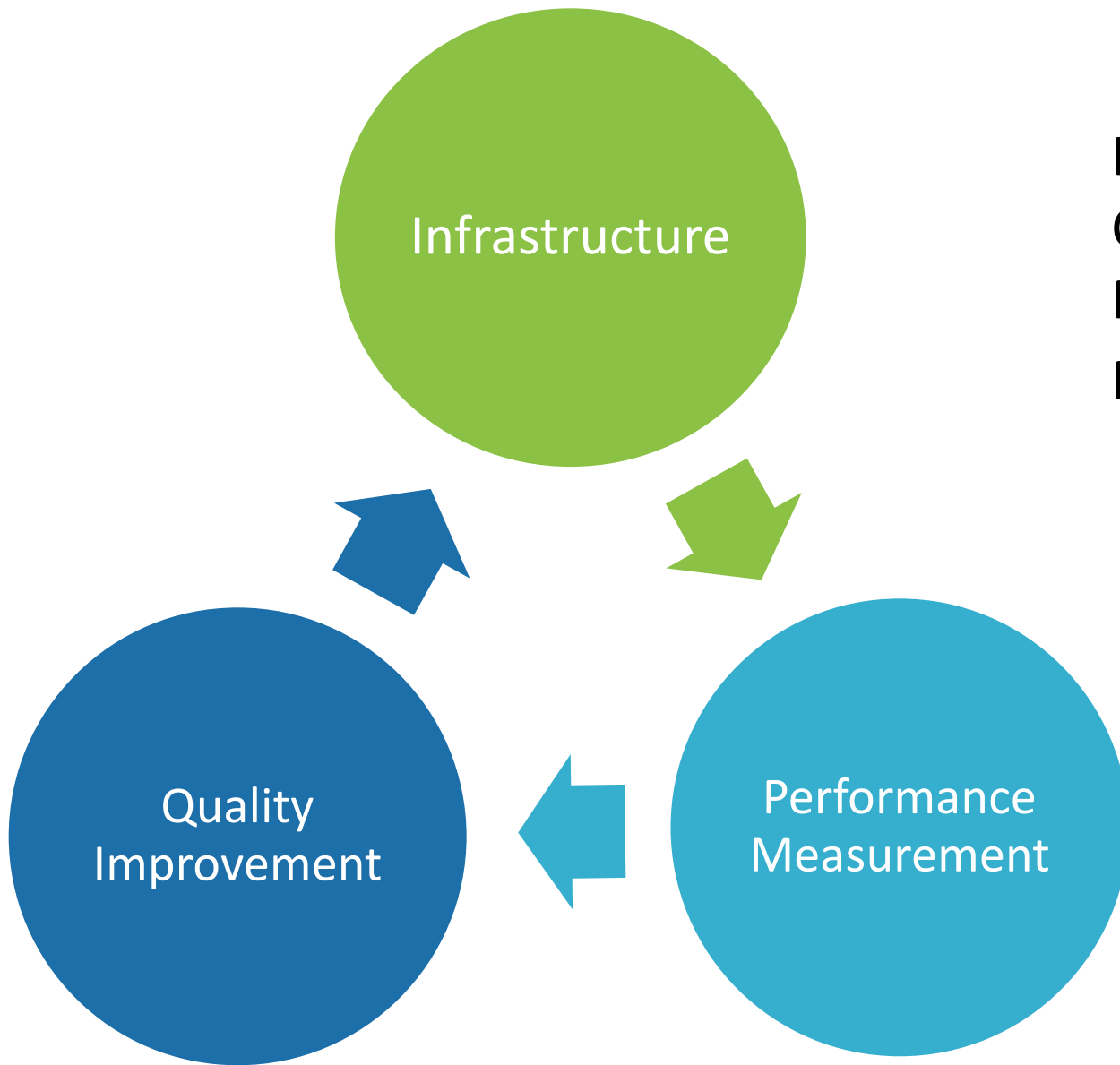
- Policy Clarification Notice 15-02
- Released September 2015
- <http://hab.hrsa.gov/manageyourgrant/policiesletters.html>

Key Components of a Clinical Quality Management Program

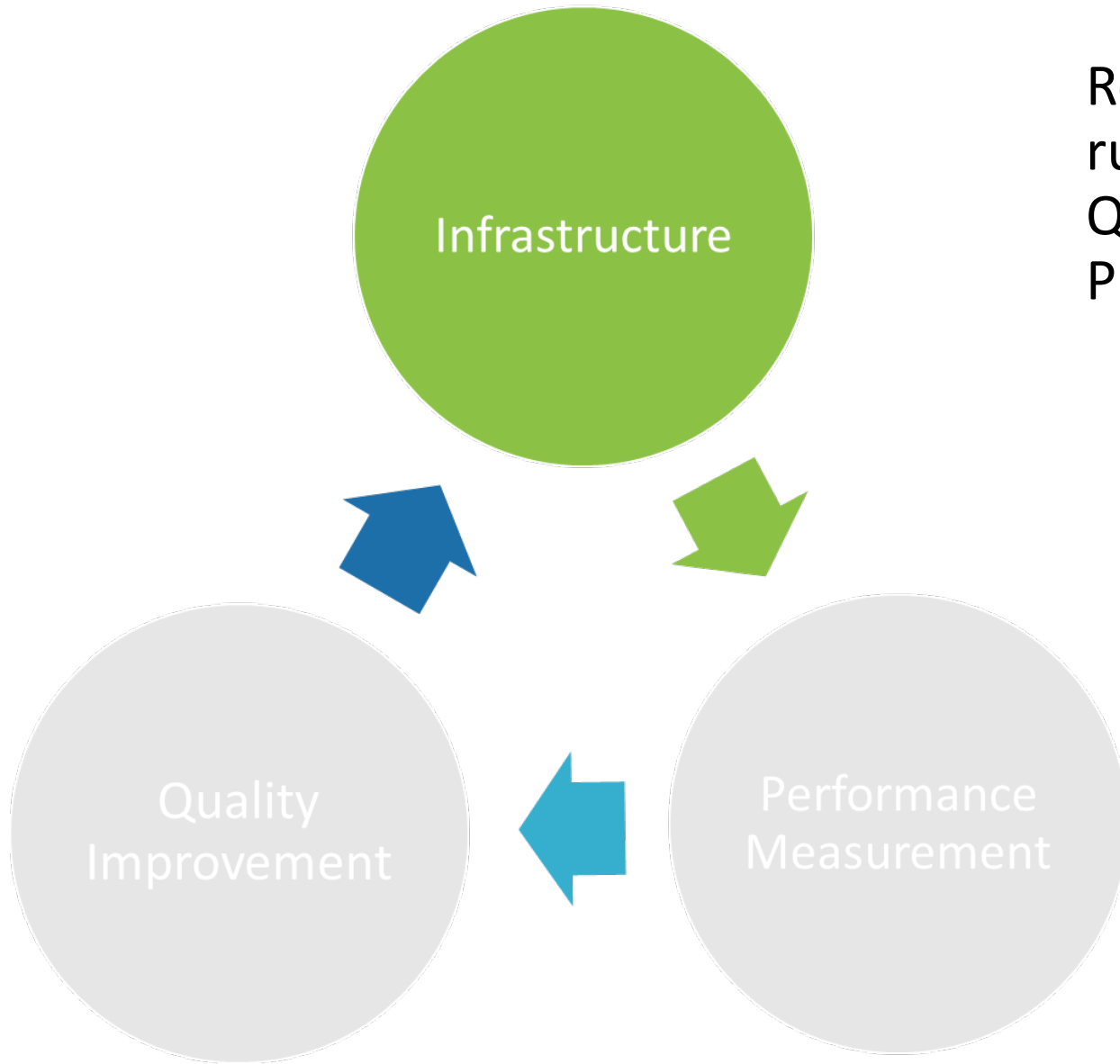
Components of a Clinical Quality Management Program – Policy Clarification Notice 15-02

- Clinical quality management program is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction.
- Clinical quality management activities should be continuous and fit within and support the framework of grant administration functions.
- Components of a clinical quality management program
 1. Infrastructure
 2. Performance measurement
 3. Quality improvement

Key Components of a Clinical Quality Management Program



Resources it takes to
run the Clinical
Quality Management
Program



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Leadership and Staffing

Quality Management
Committee

Stakeholder Engagement

Quality Management Plan

Budget and Resources

Data Collection

Evaluate Clinical Quality
Management Program

Leadership and Staffing

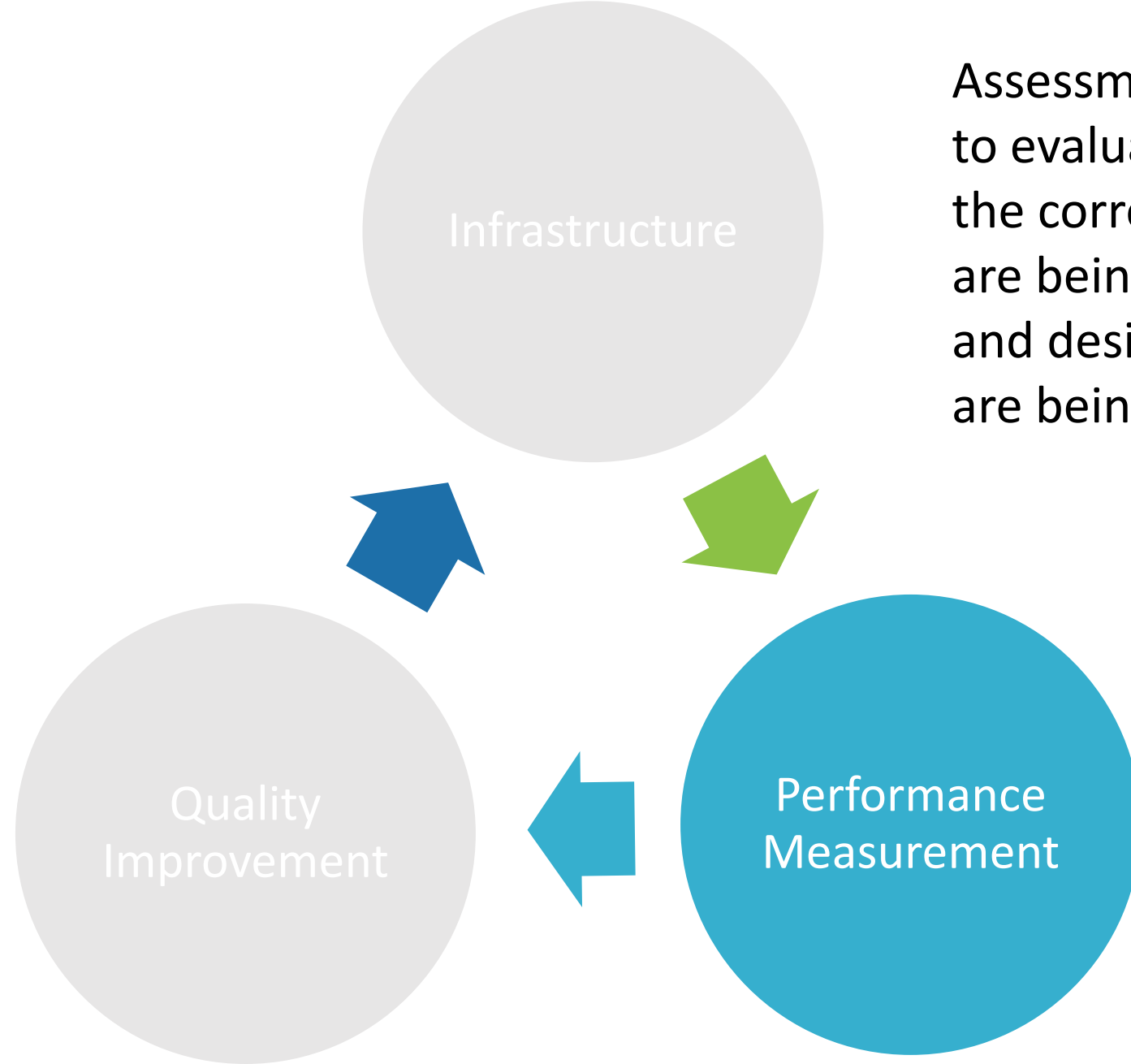
- **Leadership can break through barriers, broker resources, and promote the clinical quality management program.**
- **Quality Management Committee provides guidance on the development of the clinical quality management program.**
 - Consists of staff, leadership, and stakeholders
- **Staffing: People needed to implement the clinical quality management program**
 - Need skills, knowledge, and resources to implement the clinical quality management program

Stakeholder Engagement

- Consumers of services
- Other federal recipients in jurisdiction
 - Ryan White HIV/AIDS Program from other “Parts”
 - CDC – HIV Prevention
- Planning Councils
- State Medicaid/Medicare offices

Quality Management Plan

- Quality management plan is a written document that is revised regularly (e.g., annually).
- Use the quality management plan when evaluating the clinical quality management program.
 - Determine to which degree activities have been implemented, successes, and barriers
 - Used to develop subsequent quality management plan
 - Identify factors that impact quality improvement progress
 - Identify items to scale-up



Assessment of data to evaluate whether the correct processes are being performed and desired results are being achieved

Performance Measurement

- Need to measure in order to understand if program outcomes are improving
- Portfolio of measures that reflects services provided and people served
- Promote HIV/AIDS Bureau core measures
- Alignment and parsimony
- Paralysis by analysis: Don't just look at the data!

Performance Measurement

- Measures should be selected that best assess the services the recipient is funding.
- Recipients are strongly encouraged to include HRSA HIV/AIDS Bureau.

How many measures?

- Highly utilized and highly prioritized RWHAP-funded service category: Identify two performance measures and collect the corresponding performance measure data.
- All other RWHAP-funded service category: At least one performance measure.

HRSA HIV/AIDS Bureau Performance Measures

<http://hab.hrsa.gov/deliverhivaids/habperformmeasures.html>

The screenshot shows the HRSA HIV/AIDS Programs website. The header includes the HRSA logo, the text "Health Resources and Services Administration HIV/AIDS Programs", a search bar, and social media icons for Facebook, YouTube, and Twitter. A navigation menu contains "About HAB", "Deliver HIV/AIDS Care", "Get Help", "Manage Your Grant", "Data", "News & Publications", and "Global HIV/AIDS". The main content area features a breadcrumb trail "Home > Deliver HIV/AIDS Care", a sidebar with links to "Ryan White & the Affordable Care Act", "HIV/AIDS Care HHS Guidelines", "Clinical Care Protocols/Practices", "Provider Training (AETCs)", "CAREAction Newsletter", and "Technical Assistance / Training". The main heading is "HAB HIV Performance Measures" with a share button and social media icons. Below this is the sub-heading "HIV/AIDS Bureau's Revised Performance Measure Portfolio" and a paragraph of text: "The HIV/AIDS Bureau held two webinars in June 2013 to present the proposed performance measure portfolio revisions and gather feedback and a third webinar in November 2013 to share the revised performance measure portfolio. Below are the links to the webinars:". A bulleted list follows, detailing the goals of the webinars.

HAB HIV Performance Measures

Share | Print | Email | Facebook | Twitter | +1 | 1

HIV/AIDS Bureau's Revised Performance Measure Portfolio

The HIV/AIDS Bureau held two webinars in June 2013 to present the proposed performance measure portfolio revisions and gather feedback and a third webinar in November 2013 to share the revised performance measure portfolio. Below are the links to the webinars:

- Identifying core performance measures that are most critical to the care and treatment of people living with HIV;
- Combining measures to address people of all ages living with HIV;
- Aligning measures with U.S. Department of Health and Human Services priorities, guidelines, and initiatives;
- Promoting relevant performance measures used in other federal programs; and

Measure Portfolio Done! What's Next?

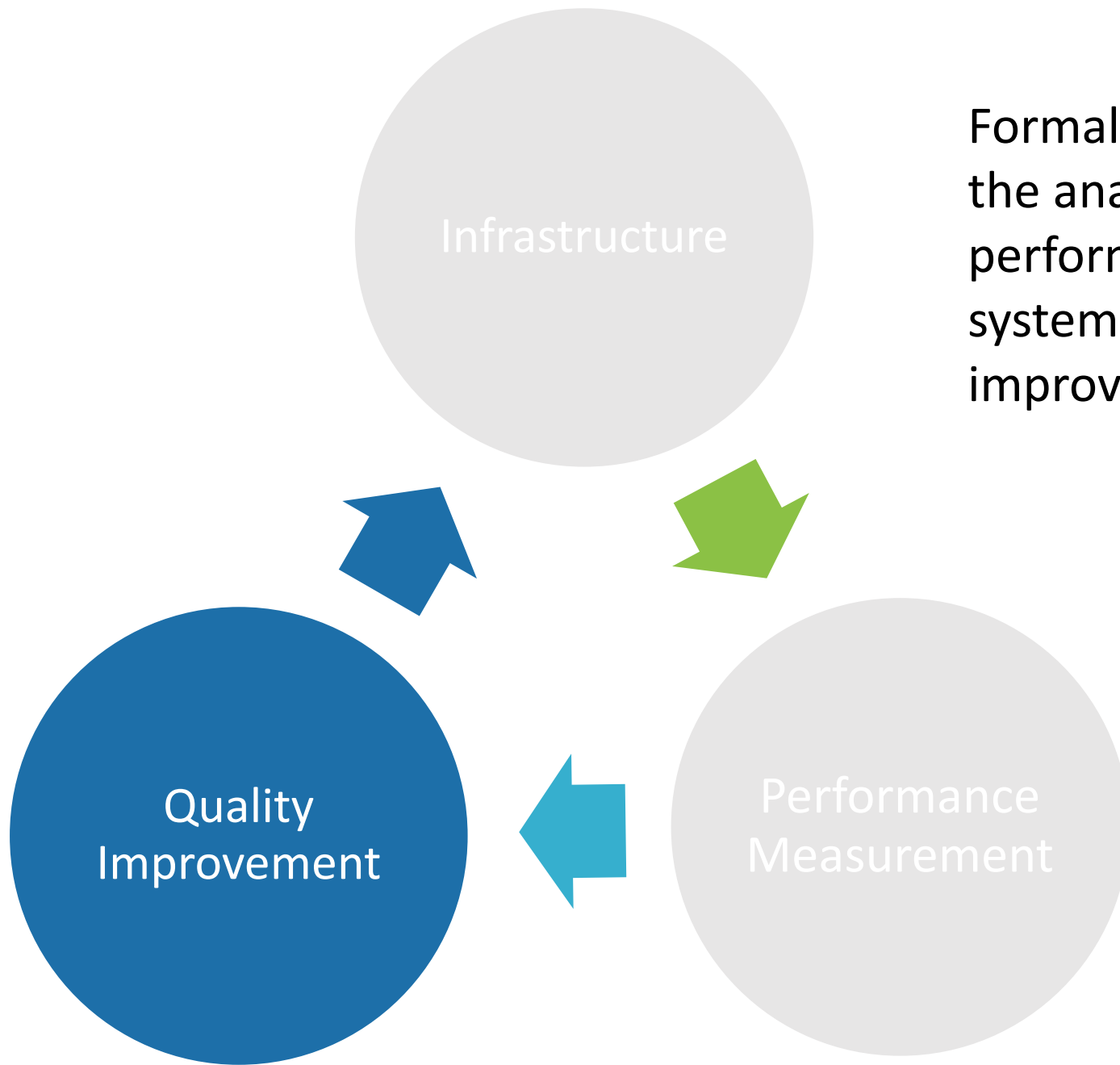
Data Collection

- What data does the recipient need to collect?
- How will the recipient collect the data?
- How does the recipient assure that data is accurate?
- How often will the recipient collect the data?

Data Analysis

- How will the recipient analyze the data?
- How will the recipient review the data?
- What does the data “say”?
- How will the recipient share the data?
- How will the recipient select a quality improvement project?

Formal approach to the analysis of performance and systematic efforts to improve it



Quality Improvement

- Quality improvement entails the development and implementation of activities to make changes to the program in response to the performance data results.
- Recipients are required to implement quality improvement activities aimed at improving patient care, health outcomes, and patient satisfaction.

Quality Improvement

- Recipients are expected to implement quality improvement activities using a defined approach or methodology (Lean Six Sigma, PDSA, etc).
- All quality improvement activities should be documented.
- Recipients should be conducting quality improvement activities for at least one funded service category at any given time.

System and Site Quality Improvement

System Level:

- Implemented by an administrative recipient
- Impact a jurisdiction or network
- Address clinical or non-clinical activities

Site Level:

- Implemented by a care site
- Impact an individual care site
- Address clinical or non-clinical activities

Selecting Quality Improvement Priorities: Questions to Ask

Frequency

- How common is the problem?
 - Number of people impacted
 - Number of times it occurs

Feasibility

- What resources are available to address the problem?

Impact

- How important is it?
- How is it connected to National HIV/AIDS Strategy or Care Continuum?
 - Health outcome – viral suppression, retention, mortality, quality of life, etc.?
 - Efficiency – reduce waiting time, processing applications, etc.?

Applicability to Subrecipients

- Recipient is ultimately responsible for the clinical quality management program.
- Recipients must identify the specific clinical quality management program activities program activities for their service area (RWHAP Part A and B recipients) or network (RWHAP Part C and D recipients).

Applicability to Subrecipients

- Activities include a performance measure portfolio, frequency of performance measure data collection, and identification of quality improvement activities, among other items.
- Recipients need to ensure that their subrecipients:
 - Have the capacity to contribute to the recipient's clinical quality management program
 - Have the resources to conduct activities in their organizations
 - Implement a clinical quality management program in their organizations, as identified in the written agreements between the recipient and subrecipient.

Quality Assurance vs. Clinical Quality Management

Is there a difference?

Quality Assurance vs. Clinical Quality Management

Quality Assurance

Compliance, reprimands, and finding “bad apples”

Adherence to standards

Inspection

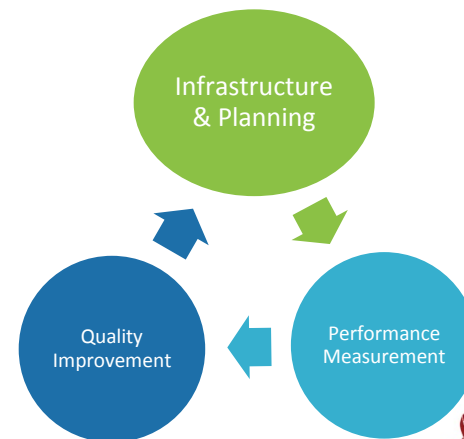
Chart review



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Clinical Quality Management

- Compilation of the processes, procedures, tools, and systems required to ensure quality
- Improving a process and/or system



Clinical Quality Management Clinic

Seminar Closing

Thank You!

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