



# Lessons Learned from the H4C Collaborative: What Other States Can Learn from this Improvement Initiative

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Together, we can make a difference in the lives of people with HIV. NQC provides assistance to RWHAP recipients to improve HIV care since gaps in HIV care still exist and advances are uneven across HIV populations.

Training and
Educational Fora:
monthly webinars,
advanced trainings,
online QI tutorials

#### <u>Information</u> <u>Dissemination</u>:

monthly newsletters, websites, publications, exhibits. Ol awards

- over 90% of the 587 RWHAP recipients accessed NQC services
- ~1,300 individuals (61% of recipients) graduated from 45 three-day advanced trainings

Communities of
Learning: collaborative,
QI campaign, Regional
Groups

Consultation: On/offsite coaching of recipients to advance their clinical quality management programs

- 40% of RWHAP recipients received TA and 95% would recommend TA to others
- 40 online QI tutorials are available; over 35,000 have been taken so far

- 250 recipients (or over 700 individuals) participated in 25 Regional Groups
- 51% of all recipients joined the largest HIV QI campaign; viral suppression increased from 70% to 76%, a statistically significant improvement



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## Learning Objectives

- 1. Understand Learning Collaborative Activities
- 2. Understand the Purpose of H4C
- 3. Describe Key H4C Impacts Nationally
- 4. Describe Key H4C Impacts in Participating States









## Learning Collaboratives





#### Learning Collaborative Premises

- 1. There are gaps between knowledge and practice
- 2. There are large variations in practices
- 3. "Best practices" exist all over the world
- 4. We need to accelerate improvements
- 5. We can learn a lot more working together than we can working separately

#### The Collaborative Model is NOT:

- Research for new knowledge
- Single-setting (team) focus
- > Small changes to existing systems





#### Learning Collaborative Activities

- Faculty Activities
  - ✓ Provide Infrastructure
    - Data Collection Forms
    - Learning Session Design
    - Webinar Calendar
  - ✓ Provide Feedback
    - On All Reports
    - Technical Assistance

- Participant Activities
  - ✓ Form Teams
  - ✓ Report Measures
  - ✓ Report QI Strategies
  - ✓ Share QI Project Results
  - ✓ Report Team's Progress
  - ✓ Go To Learning Sessions









What is H4C?
HIV
Cross-Part
Care
Continuum
Collaborative





### H4C Participating States

1. Arkansas

#### **AR ACHIEVERS**

- MississippiSouthern Hospitality
- 3. Missouri

  MO CAN
- 4. New Jersey NJ CPC
- 5. OhioQuality Crusaders

















#### H4C Quantitative Outcome Goals

#### Retention

Patients who remained in care and who were reengaged in care during the Collaborative

## Viral Suppression

Patients who became viral load suppressed during the Collaborative













## **H4C Impacts**

**National Aims** 



## H4C Aim 1: Build regional capacity for closing gaps across the HIV Care Continuum to ultimately increase viral load suppression rates for individuals living with HIV

Objective 1: Regional HIV Care Continua are routinely available to local HIV providers to identify gaps in HIV care

Recipients receive training on how to interpret care continuum data - 100%

Objective 2: HIV providers routinely measure key HIV metrics and use the findings for prioritizing improvement activities

- Recipients submit H4C performance measurement data 100%
- Recipients receive statewide benchmarking report for each cycle 100%
- Participants have improved performance measurement scores 100%





## H4C Aim 2: Align quality management goals across all Ryan White HIV/AIDS Program Parts to jointly meet the legislative clinical quality management mandates

#### Objective 1: States actively coordinate and align statewide clinical quality management activities

- States have in place a response team 100%
- States report improvement activities every other month 100%
- 🤾 Response teams have monthly calls 100%
- 🕺 States have sustainability plan in place 100%

#### Objective 2: HIV providers work together and articulate regional quality improvement strategies

- 🕺 States have written formal Clinical Quality Management Plan 100%
- States have an education/training plan 100%

#### Objective 3: HIV providers have the capacity for quality improvement

HIV Providers have attended a QI training - 100%

#### Objective 4: Consumers have the capacity to be meaningfully involved in quality activities

- Consumers have attended a QI training 100%
- States have at least one consumer representative on the Response Team- 100%





H4C Aim 3: Implement joint quality improvement activities to advance the quality of care for people living with HIV within a region and to coordinate HIV services seamlessly across Parts

Objective 1: Joint quality improvement projects are conducted to foster active and effective regional collaborations

- States have established a written aim to participate in H4C 100%
- States have established a QI team to improve viral suppression 100%

Objective 2: Recipients across each state are better aligning their improvement goals and efforts

Recipients report an improvement in collaboration across the state - 100%









## **H4C Impacts**

**National Data** 



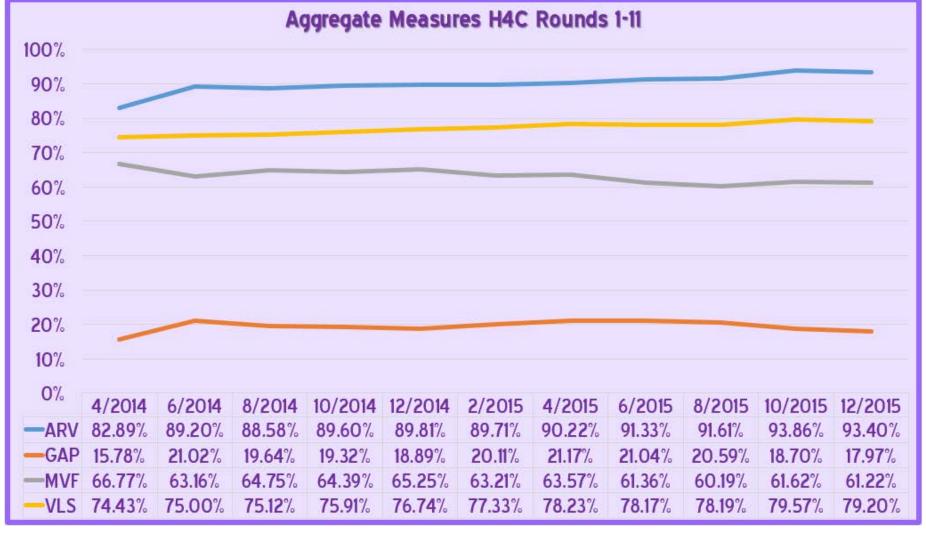


### H4C Timeline: Types of Measurement

- > Standard Measures (ever other month)
  - ✓ Four Care Continuum-related HAB core measures
  - ✓ Submitted to NQC for aggregation
- > HIV Viral Non-Suppression Cohort (annual)
  - ✓ Updated by states annually and submitted to NQC for aggregation and discussion
- > HIV Care Continua (annual)
  - ✓ 3 types of continua developed by states: statewide, RW-specific, agency-specific
  - ✓ Comparison of these in-state continua

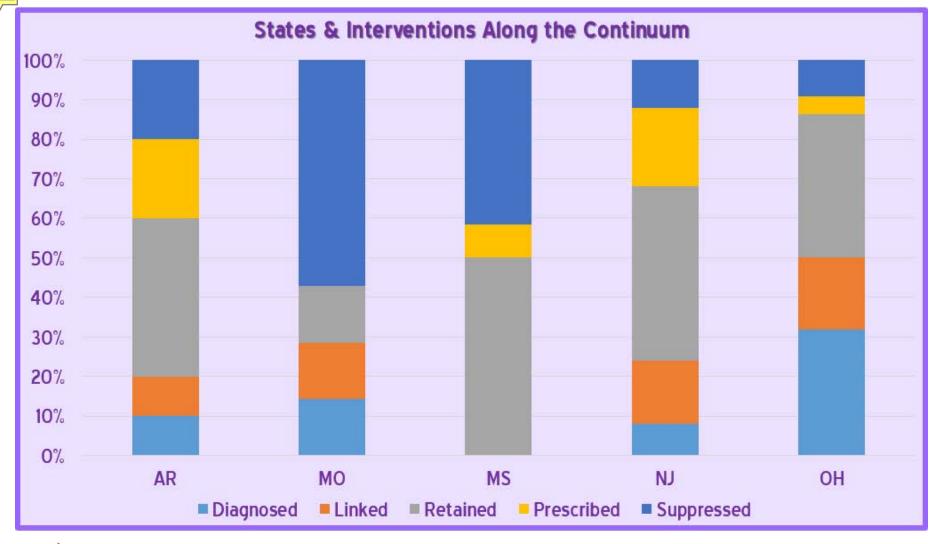






- > All measures are HAB measures (GAP is an inverse measure)
- > ARV and VLS improved, MVF and GAP challenged us





- Each state focused on different areas of HIV care continuum
- The most emphasis was placed on retention and suppression



			H4C VL	S Cohort O	ver Time					
Summary of VLS Cohort Results	VLS Goal	2014 # Elig	2015 # VLS	VLS VLS %		COMMENTS				
UNADJUSTED 2014-2015	20.00%	7358	1451	19.72%		# OH agencies   MO baseline # eligible   states w/o 201				
ADJUSTED 2014-2015	20.00%	3353	1451		43.27%					
2014 Actual Cohort Baseline	VLS Goal	# of Agencies	Total # Elig	# VLS	% VLS	COMMENTS				
AR Achievers	20.00%	3	367	0	0.00%					
MO CAN	20.00%	6	545	0	0.00%	9 patients removed from 2014 eligibility in 2015 update				
Southern Hospitality	20.00%	8	1274	0	0.00%					
NJ CPC	20.00%	43	3021	0	0.00%					
Quality Crusaders	20.00%	22	2151	0	0.00%					
TOTAL	20.00%	82	7358	0	0.00%					
2014 Adjusted Cohort Baseline	VLS Goal	2014 - Adjusted Baseline			2015 - Update					
& Actual 2015 Update	VLS GOBI	Adj # Agencies	Adj # Elig	Adj # VLS	Adj % VLS	# of Agencies	Total # Elig	# VLS	% VLS	Comment
AR Achievers	20.00%	3	367	0	0.00%	0	0	0	0.00%	No 2015 Update
MO CAN	20.00%	6	536	0	0.00%	6	481	223	46.36%	See above
Southern Hospitality	20.00%	8	1274	0	0.00%	0	0	0	0.00%	No 2015 Update
NJ CPC	20.00%	43	3021	0	0.00%	43	2489	1042	41.86%	
Quality Crusaders	20.00%	2	464	0	0.00%	2	383	186	48.56%	Partial 2015 Upda
TOTAL	20.00%	62	5662	0	0.00%	51	3353	1451	43.27%	

- > H4C achieved its goal of bringing 20% of baseline into suppression
- > States struggled with the cohort, but helped each other out a lot







## **H4C Impacts**

State Perspectives



## **Arkansas Achievers Team**



ARKANSAS









## **MOCAN**





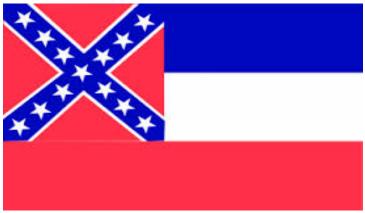






## **Southern Hospitality**











## **New Jersey CPC**











## **Quality Crusaders**



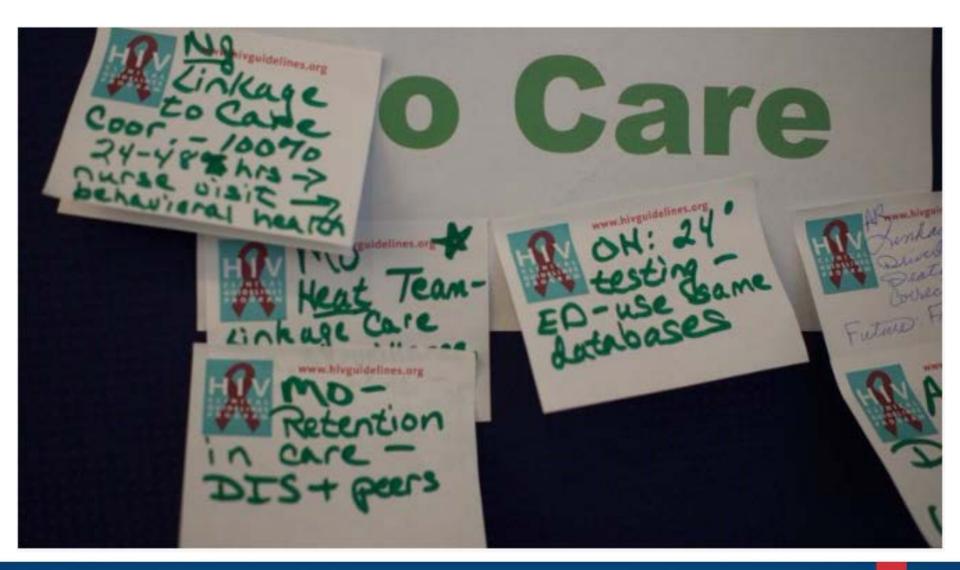








#### Discussion





NQC Activities at the 2016 National Ryan White Conference August 23 — August 26, 2016 Washington, DC



NQC is excited to offer a variety of learning opportunities for you during the RW Conference.

Think big and start small.



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<b>Tuesday</b> August 23	Wednesday August 24	<b>Thursday</b> August 25	Friday August 26		
11:30 AM - 1:00 PM Exhibit Hall	10:00 AM - 10:30 AM Exhibit Hall	10:00 AM - 10:30 AM Exhibit Hall	9:30 AM - 10:00 AM Exhibit Hall		
	10:00 AM - 11:30 AM Regional Groups Networking and Peer Sharing Session	10:30 AM - 12:00 PM Using Regional Groups to Effect Positive Change in HIV Care	10:00 AM - 11:30 AM Lessons Learned from Fostering Consumer Involvement in Quality Management Activites		
	10:30 AM - 12:00 PM The Improvement Journey; From Beginning to Continued Improvement	12:00 PM - 1:30 PM; 3:00 PM - 3:30 PM Exhibit Hall	11:30 AM - 11:45 AM Exhibit Hall		
	12:00 PM - 1:30 PM Exhibit Hall	3:30 PM - 5:00 PM Addressing Disparities Through Multiple Modalities			
	1:30 PM - 3:00 PM Lessons Learned from the H4C Collaborative: What Other States Can Learn from this Improvement Initiative	3:30 PM - 5:00 PM Fostering the Clinical Quality Management Program Using Quality Improvement Practices			
	3:00 PM - 3:30 PM Exhibit Hall	5:00 PM - 6:00 PM HIV Cross-Part Care Cotinuum Collaborative Networking and Peer Sharing Session			







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