



Aligning Quality Initiatives Across Ryan White Parts: *Developing Synergies and Common Quality Goals*

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HIV/AIDS Bureau

Questions for this Session

- What are the reasons to work on cross-Part collaboration?
- What works to bring potential partners to the table?
- What are the barriers to collaboration and how can they be overcome?
- What have our colleagues learned from their cross-Part work?

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HAB/NQC Cross-Part Quality Management Collaborative

- Sponsored by HAB
- First learning session Sept/Oct 2008
- 5 States participating: *Connecticut, New Jersey, Pennsylvania, Texas, Virginia*
- All-Parts involved, including A,B,C,D, and F
- Planned for 12-18 months, with dissemination of results to other grantees

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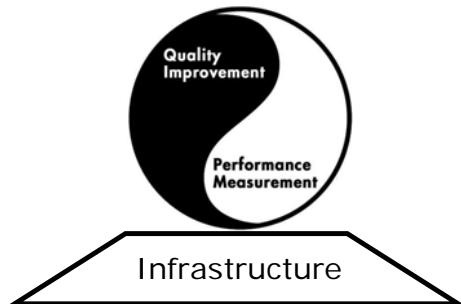
Potential Benefits of Cross-Part Collaboration

- For PWHIV: **Seamless** access to high quality HIV care and services, regardless of “Part”
- For a care system: **System strengthening** with all players aligned behind a small number of big quality goals; pulling in the same direction
- For front-line providers: **Support** for a sustainable, effective quality program; less busy work, more improvement

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Strengthening Quality Systems: Critical for Sustainability



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Aims for Cross-Part Collaborations

- Share Work, get Bigger Results:
 - **Improved communication** and coordination between Parts for coordinating quality work
 - **Coordinated training opportunities**
 - **Unified set of performance measures** collected and analyzed jointly
 - A **cross-Part QM plan** and implementation workplan

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Aims for Cross-Part Collaborations, cont

- **Reduced reporting burden** for multi-Part providers, via unified cross-Part language for quality sections of
 - RFPs
 - Contracts
 - Quarterly reports
 - Site monitoring protocols
- Joint **cross-Part quality improvement projects**
- Easier **networking**, sharing of best practices and tools

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Barriers to Collaboration

- Time
- Trust
- Turf
- Turnover
- Travel



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Trust and Turf: Who Should Take the Lead?

- Part B?:
 - Access to ADAP, Medicaid, Epi and mortality/hosp data
 - They do the SCSN now...
 - RWHATMA language encourages them to take the lead
 - Bigger entity, more sustainability, less turnover?
 - No competition among Part B's
- Part A?
 - Access to local Epi and needs assess data
 - Hands-on work with care sites often possible
- Best lead may depend on local factors...

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Panel Member Experiences

- How did your cross-Part collaboration get started?
- What does it look like now?
- What are some recent activities?
- How did you get agreement on goals?
- What surprised you about the cross-Part work?
- What advice do you have for others?

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Michigan's Cross-Part Collaboration

How We Got Started and
Where We Are Now

Hollie Malamud-Price, Detroit, MI

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History

- In 2006, recognition from Parts A and D that both are required to have quality management programs and subcontracted agencies are required to report on performance indicators
- Staff from Parts A and D decided to look at ways to collaborate on quality management to streamline reporting requirements and reduce administrative burden for dually funded agencies
- Received buy-in from state Part B administration on collaboration

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History, cont

- January 2007, 1st Cross-Part Collaboration meeting was sponsored by the Michigan Department of Community Health (Parts B and D) and the Detroit Department of Health and Wellness Promotion (Part A)
- Stakeholders from Parts A-D attended

History, cont

- May 2008, a 2nd Cross Parts Collaboration meeting sponsored by the Michigan Department of Community Health to reinvigorate the process
- Stakeholders from Parts A-D attended, except for one Part C-funded program
- Stakeholders from two dually (Part A and D) funded case management agencies attended

What Does Michigan's Cross Part Collaboration Look Like Now?

- In addition of Part A-D stakeholders, quality management staff from local case management agencies
- Smaller group in the role of the quality management team
- Subcommittees/working groups
 - Needs assessment
 - Standardization
 - Quality management

Recent Activities

- Beginning the development of a Cross-Part quality management plan
- Determination and agreement of common quality indicators using the HAB indicators as guidance
- Subcommittees/working groups meetings

Surprises!

- How easy and yet difficult the work is at the same time
- How staff changes can impact the process
- The importance of including community based agencies
- Cross-Part Collaboration takes time
- Patience is a virtue

Advice for Others

- Utilize NQC!
- Identify dedicated and committed leadership
- Make sure all stakeholders are at the table, including the data folks
- Buy-in and cooperation from everyone is key- from the management down to the folks on the ground level

**Pennsylvania
All Ryan White Parts
Quality Management Program**

Marlene Matosky, MPH, RN

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Vision Statement

Our vision is in five years we will be recognized as a model and resource for quality management that has resulted in improved access, coordination of care, and quality outcomes for people with HIV in Pennsylvania. We will honor the individual Parts while collaborating for the greater good of Pennsylvania.

This vision will be achieved by evolving effective and responsive programs that enable providers of HIV services to implement demonstrable, effective, continuous and sustainable quality improvement programs that lead to a culture of quality.

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Pennsylvania Program Structure

- Two-tiered system
 1. Design Team
 2. Quality Council
- Representation of all Ryan White Parts including ADAP and AETC
- Financial and in-kind contributions from each Part to support the program

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Design Team

- Carry out the work plan for the project
- 7 members, but expanding to ~ 10
- Representation: Ryan White Parts, geographic, QM expertise, and service level
- Meet monthly via phone and face-to-face
- Subcommittees and individuals work on projects and report back to Design Team

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Quality Council

- Advisory group to provide visibility, credibility, guidance, and leadership for project
- 9 members: Leaders in their field
 - Consumer, Grantee director, QM professor, and State Deputy Secretary for Health Promotion and Disease Prevention
- Meet 3 times a year (two face-to-face and one via phone)

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Past and Present Work Plan

Past Work Products:

- White paper
- Structure for QM Program
- QM implementation plan
- QM 101 curriculum & trainings
- Learn-As-Do curriculum and sessions
- QM questionnaire for agencies
- Readiness Assessment Instrument

Present Work Products:

- Develop and implement webinars
- Develop and implement data collection for statewide performance measures
- Implement marketing plan
- Develop Quality Award
- Continue QM 101 and Learn-As-Do sessions

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Program Assets

- Good communication and collaboration with fellow Ryan White Parts
- Good understanding of the QM needs of the participants
- Learning from colleagues
- Not be afraid to undertake activities

Lessons Learned: Program Start

- Allow time for a quality management learning curve
- There will be staff turnover – just deal with it
- Sometimes the best laid plans...

Lessons Learned: Maturing Program

- Use existing resources
 - NQC, other Collaboratives, and peers
- Recognize when you need help to get unstuck
- Develop a multi-year work plan and follow it
- Do not undertake too many activities
- Agree and continue to move forward when members are not present

NQC QM Infrastructure Resources

NQC Quality Academy: www.nationalqualitycenter.org/QualityAcademy

- Tutorial 5: Quality Management Plan
- Tutorial 6: Quality Management Infrastructure

Previous NQC TA Calls: www.nationalqualitycenter.org

- April 9, 2008: Cross-Part Collaboration for Quality
- March 13, 2008: Developing QM Infrastructure: Examples and Solutions from the Field
- April 12, 2007: Developing QM Infrastructure for Part C&D
- March 8, 2007: Developing QM Infrastructure for Part A&B
- June 5, 2006: QM Plans for Part C&D (with sample QM Plans)
- Dec 15, 2005: QM Plans for Part A&B (with sample QM Plans)

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