

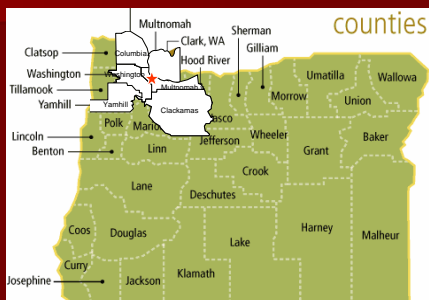
Pooling Resources for Quality Management

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Collaboration Begins When Key Stakeholders Sit Down Together

Margy Robinson
Part A

- Quality Management Manager
- Administration of HIV Services Planning Council
- Co-Chair of Oregon HIV Services Quality Management Task Force
- Member of Part B Oregon HIV Care Coalition

Collaboration Begins When Key Stakeholders Sit Down Together

Donna Yutzy
Part B

- Quality Management Manager
- Administration of Oregon HIV Care Coalition
- Member of Oregon HIV Services Quality Management Task Force

Collaboration Begins When Key Stakeholders Sit Down Together

Debby Parrish
Part C

- Clinical Pharmacist
- Lead for Quality Team at the clinic
- Member of Oregon HIV Services Quality Management Task Force
- Member of Part A Services Planning Council
- Member of Part B Oregon HIV Care Coalition
- Co-Chair of ADAP Advisory Committee

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"I was told to keep my presentation interesting.
How do you program a projector to explode?"

Learning Objectives

- QM is a process. Start wherever you are able and build upon your strengths.
- Partners are critical to the success of QM.
- The ultimate focus of QM is on improvements to the care provided for clients, not on collecting and reporting data.

Goal of QM Task Force

To centralize and coordinate Quality Management efforts across Ryan White providers statewide



How?

- Developed out of the Part B Quality Management Collaborative in 2005 and was a sub-committee of the Oregon HIV Care Coalition (OHCC).
- Originally included Parts A, B and C who were part of OHCC.
- Useful forum for collaboration so discussion began to expand role.

Who?

Ideally, will include representatives from:

- Parts A,B,C,D administration
- All other Ryan White programs e.g. SPNS, Part F
- Contractors with the Parts A and B programs (CBOs & local health depts.)
- Planning body representatives
- Consumer representation from urban and rural areas
- Prevention

When?

The Task Force meets quarterly for a three hour meeting.



What?

Responsible for:

- Reviewing each others' Quality Management plans
- Promoting collaboration
- Establishing shared measures and standards wherever possible
- Recommending QI opportunities
- Developing better understanding of how to use measurement data

First Year Task Force Objectives

- Share QM plans and assess commonalities
- Each program will use the same template to develop its own QM plan, with the long-term goal of merging the documents into a statewide QM Plan
- Assess the use of surveillance data for establishing shared outcomes

First Year Task Force Objectives

- Develop and pilot one standard outcome to be used across programs
- Develop and pilot one QI activity based on results of outcome measurement



QM Commonalities

- Activities and framework in common but the devil is in the details
- Lacking overall macro system measures
- Legislative requirements
- Finding ways to make QM data useful to the various planning processes in the Parts

QM Plans

- QM plans written in same format, still very different
- Finding common ground remains challenging
 - Urban vs. rural
 - Varying data sources
 - Different requirements
 - Resource availability
 - Differing priorities of what to measure

Assessing Use of Surveillance for Outcomes

- Working with Surveillance Program on Unmet Need
- Originally hoping to use lab data as proxy for medical visits
 - Public Health function vs Evaluation function
 - No names in Part A



Common Outcome

- Selected "met need" for medical care
 - Different definitions
 - Different data availability
 - HRSA clarified that lab tests cannot be used as surrogate for medical visit
 - Surveillance data available in aggregate only
 - Beginning to gather data from the major risk insurance pool

Challenges for Task Force

- Measuring vs. Doing
- Level of implementation
- Scope creep
- Connections back to planning groups
- Lack of common data base (& changing data bases)



Measuring vs. Doing

- Performance measurement is not quality improvement
- Are the efforts making a difference for clients?



Level and Lead

- Population level outcomes
 - Who takes the lead?
- RW Program level
- Service provider level
- Individual client level



Scope Creep

- Coordination responsibilities and benefits
- Planning
- Brainstorming
- Task Force ≠ Program



Connections to Planning Bodies

- Effective ways to report back and get feedback
- Integration of QM into work of community planning bodies
- Duplication of effort

Lack of common data base

- Difficult to de-duplicate data statewide/across Parts
- Ability to capture common elements in different data bases is challenging
- Ability to query data the same way is difficult across data bases
- Quality of the data varies

Benefits

- Collaboration and communication beyond quality management
- Richness of feedback and input
- Gained understanding of each other's challenges and resources
- Sharing resources, reducing duplication of effort
- Coordination and sharing of information

Next Steps

- Incorporating new HRSA initiatives:
 - Client Level Data Report
 - HAB HIV Clinical Performance Measures
- Continuing to find ways to combine data
- Identify PDSA project

Contact Information

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