

Quality Management (QM)

In the Case Management world (CM)

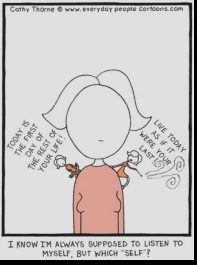
NYSDOH AIDS Institute, 2008

Are we the experts?...

- No, we are not experts, we are learning from our own challenges and successes
- We are responsible for millions of dollars that provide access to case management services to individuals living with HIV/AIDS in NYS
- We have been challenged in the last year to prioritize clinical outcomes and service impact
- We hope to learn and share from your experiences

NYSDOH AIDS Institute, 2008

Ever feel this way?...



Cathy Thorne © www.everydaypeople.com/cartoon.com

NYSDOH AIDS Institute, 2008

Objectives for today...

- Review key concepts in Quality Management/Quality Improvement versus Quality Assurance
- Discuss NYS' experience related to implementing quality initiatives within CM services including
 - Defining, measuring, and reporting CM client outcomes
 - Teaching QI philosophy to CM providers
 - Successes and challenge

NYSDOH AIDS Institute, 2008

Objectives for today...

- Share tools and resources
- Discuss common challenges, including:
 - Promoting participation
 - Resources for QI
 - Using QM/QI to address the medicalization of CM

NYSDOH AIDS Institute, 2008

*"We are what we repeatedly do.
Excellence, then, is not an act, but a habit." Aristotle*

- Quality is a journey of many steps...
- Plan-Do-Check-Act...it really works!
- Quality Improvement initiatives should be multi-disciplinary and understood by every member of the team

Follow us....



NYSDOH AIDS Institute, 2008

Quality Management Structure...everybody has a role

- Staff
- Managers
- Consumers
- Board of Directors
- Community
- Any others?....
- Leaders that 'Champion Change' and articulate a vision
- Maintain a **systems perspective**
- Create a tension for **change**
- Provide **inspiration** through effective leadership

NYSDOH AIDS Institute, 2008

What is quality?..QM..QA..QI..

- **Quality** is a measure of how well a service matches a need
- **Quality management** is an organization's overall plan, infrastructure and activities related to service improvement

NYSDOH AIDS Institute, 2008

What is quality?..QM..QA..QI..

- **Quality assurance** is an spectrum of evaluation activities aimed at ensuring compliance with pre-established quality standards.
- **Quality improvement** is conducting activities aimed at improving processes to enhance the quality of care and services. QI is the continuous process of monitoring and evaluation to prevent problems, address the service system and maximize outcomes.

See handout #1

NYSDOH AIDS Institute, 2008

When is a change, not a change, but an improvement?

- Established measures
- Developed simple data collection tools
- Collected data to assess the changes
- Built on a knowledge base that moves away from hunches, theories and ideas to changes that result in improvement

NYSDOH AIDS Institute, 2008

Using data purposefully

- To improve quality of care
- To determine training needs and technical assistance
- To determine your agency's readiness for change (eg. leadership, skill, resources, time)
- To determine opportunities for collaboration

NYSDOH AIDS Institute, 2008

Understanding the purpose of QM in the CM world

- Continuously improve access, service and retention
- Systematically monitor
- Evaluate/look at results
- Achieve the measured outcomes
- **Increase the overall quality of life for people living with HIV/AIDS**

NYSDOH AIDS Institute, 2008

Understanding the challenges to our systems...

- Emphasis on the relationship between Case Management services and medical OUTCOMES
- Limited funding, resources and **TIME**
- **Leadership versus management understanding**
- Purpose, drive and motivation

- Sooooo...do these challenges change our view of CM quality or change the emphasis of our quality focus?

NYSDOH AIDS Institute, 2008

Persistence overcomes resistance



NYSDOH AIDS Institute, 2008

What is Case Management...from a NY state of mind

- Historically, NYS had multiple CM initiatives (in various settings, or targeting specific populations) most with separate standards
- In 2006 NYSDOH AIDS Institute established universal CM standards, defined case management, and described a supportive and comprehensive model based on a continuum of service intensity.

NYSDOH AIDS Institute, 2008

Case Management defined

- Multi step process to ensure timely access to and coordination of medical and psychosocial services
- PLWH/A and family as needed
- Required processes
- Activities
- Goals
- Client consent and participation
- Client rights
- Intended outcomes

NYSDOH AIDS Institute, 2008

NYS Case Management Models...

COMPREHENSIVE	SUPPORTIVE
Proactive	Responsive
Comprehensive Assessment	Brief assessment
Comprehensive Svc. Plan	Brief service plan
Complex needs: families/close support system	Individual focus, discreet needs or complex needs, but not ready for comprehensive CM
Long term, frequent contact, community follow up	Shorter term, contact as needed
Comprehensive Re-assessment	Brief Re-assessment

NYSDOH AIDS Institute, 2008

NYS Case Management is funded by...

- Ryan White
- New York State
- Medicaid (Targeted Case Management)

Handout #2

NYSDOH AIDS Institute, 2008

NYS Case Management Providers

- Community Based Organizations
- Hospitals
- Ambulatory Care Sites
- Adult Day Health Care Centers
- Addictions Treatment sites

NYSDOH AIDS Institute, 2008

Case Management vs. Medical Care Coordination...

- NYS clarified the difference between **medical care coordination and case management** - recognizing in both there is always a balance of bio-psycho-social needs with actual services. The service focus varies depending upon service setting (medical/non-medical) and client needs

NYSDOH AIDS Institute, 2008

New York State's Experience Before Introducing QI (1990-1997)

- Quality Assurance approach
- Yearly on-site monitoring visits
 - Retrospective chart review
 - Review program systems, policies and procedures
 - Emphasis on processes measured against CM program standards
- Each program provided yearly work plan, monthly encounter data reports, and annual progress reports
- Quality Assurance Committee of provider representatives

NYSDOH AIDS Institute, 2008

Importance of CM Provider Workgroups!

- Since inception CM providers have met together regularly
- Opportunity for regular communication, networking, mutual support, technical assistance
- Solicited for policy input
- Developed and shared universal forms, procedures, tracking tools, training

NYSDOH AIDS Institute, 2008

Measuring Client Outcomes (after 1998)

- Followed lead of clinical providers in NYS
- Move from process-oriented state monitoring to provider involvement in outcomes measurement
- Goals: quality improvement, accountability, external marketing, program justification

NYSDOH AIDS Institute, 2008

Measuring Client Outcomes (after 1998)

- Outcome indicators selected through facilitated grassroots process
 - Program directors brainstormed and prioritized choices
- Criteria:
 - Are outcomes attributable to case management?
 - Related to a case manager's job?
 - Measurable?
 - Important to the client or program?

NYSDOH AIDS Institute, 2008

Measuring Client Outcomes (after 1998)

- 22 indicators, 8 program areas (see handouts #3)
- External subcontractor reviewed indicator status in 25 randomly selected charts per CM agency at intake and after 6 months of CM
- Quality Assurance Committee (QAC) involved in ongoing project input, indicator refinement, review of results

NYSDOH AIDS Institute, 2008

Emphasis on Quality Improvement (2001-2002)

- Are providers using the data?
- QI workshops for CM agencies (leadership and program directors) and ourselves
- Onsite training in nuts and bolts
- Were agencies ready?
- Online quality coach course
- Website (cobracm.org)
- QAC became the QIC (Quality Improvement Ctee)

NYSDOH AIDS Institute, 2008

Quality Collaboratives

- By region
- Started simple with universal issue (no show rate)
- Recruited from QIC and participants interested in quality as the interagency team
- Rapid cycle process
- Facilitation and data analysis by external contractor

NYSDOH AIDS Institute, 2008

Outcomes Measurement Re-framed (2003-2004)

- Can we measure incremental change in client outcomes over time?
- Can we develop a less costly alternative that can be implemented by providers themselves?
- Can we reduce the size and scope of indicators without weakening value?

NYSDOH AIDS Institute, 2008

Case Management Outcomes 2005-2007

- With QIC, 9 indicators selected, defined, and measured at assessment, 4 month reassessment, and one year reassessment. Stratified random selection of charts.
- Self abstraction by each case management program using scannable forms. Selected staff trained.

NYSDOH AIDS Institute, 2008

Case Management Outcomes 2005-2007

- Continuum of indicators from worst-case scenario to optimum, with intermediary outcomes
- Outside contractor provided data analysis, reporting

See handouts #4

NYSDOH AIDS Institute, 2008

Differences: 1st Approach 2nd Approach

Measuring Change	Simple to aggregate No incremental change	Difficult to aggregate Incremental change
Validity	Optimal status defined but still subjectivity	Well defined increments ↑ validity
Reliability	Few researchers with >90% reliability	Agency self report Validation rec'd
Time	2 hours per chart	45-60 min. per chart
Cost	Expensive: abstractors, analysis, and reporting	Reasonable: analysis and reporting
Provider Participation	Initial indicators, program design	Refine indicators, self abstract, influence design

Handout #5

NYSDOH AIDS Institute, 2008

Lessons Learned (so far)

- Indicators
 - Well defined
 - Measurable
 - Reflect current priorities
- Provider involvement
 - Soliciting input, participation, and direction is essential
 - Use web-based technology (website, online training) for increase access to resources and skills-building
 - Train
 - Support leaders

NYSDOH AIDS Institute, 2008

Lessons Learned (so far)

- Diverse approaches
 - Make outcomes a part of case management process
 - Focused studies using researchers
 - Utilize provider specific research/QI projects

Handout #6

NYSDOH AIDS Institute, 2008

Learn from us...do as we say, not as we did...

- Don't take on too many projects at the same time
- Do make scheduled, dedicated time for team meetings, work groups, etc.
- Do incorporate the changes into daily work

NYSDOH AIDS Institute, 2008

Words to remember

*"I am convinced that life is 10%
what happens to me
and 90% how I react to it.*

...and so it is with you...

We are in charge of our ATTITUDES"

Charles Swindoll

NYSDOH AIDS Institute, 2008

For further information

NYSDOH
AIDS Institute
Empire State Plaza
Corning Tower, Room 465
Albany, NY 12237
518 486 1323

Judith Mazza jam10@health.state.ny.us
Lisa Tackley lt02@health.state.ny.us
Johanne Morne jem18@health.state.ny.us

NYSDOH AIDS Institute, 2008

Resources

- Albany Medical Center. Quality Management. 2006.
- Langley, G., et. al. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance. California: Jossey-Bass. 1996.
- The New York State Department of Health, AIDS Institute. The HIVQual Model. 2001.
- The Union College Center for Performance and Accountability. Quality improvement workshop presented to The AIDS Institute. 2002.
- The Union College Quality Improvement Institute. 2001.
- Thorne, Cathy. Everyday People Cartoons. 2008.

NYSDOH AIDS Institute, 2008

Website Resources

- www.cobracm.org
- www.hci.com
- www.hivguidelines.org
- www.ihl.org
- www.nationalqualitycenter.org
- www.nyhealth.gov/diseases/aids/standards/index

NYSDOH AIDS Institute, 2008
