Clinical Quality Management (CQM): Best Practices, Implementation and Development

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2022

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Process Development for Meaningful Quality Improvement

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Objectives

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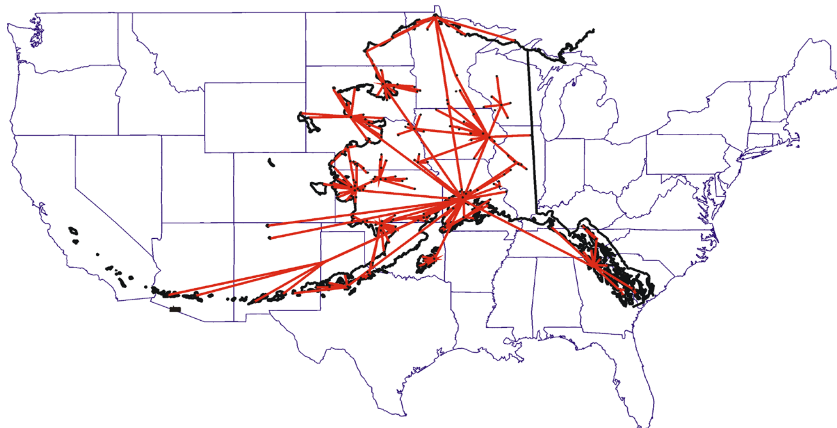
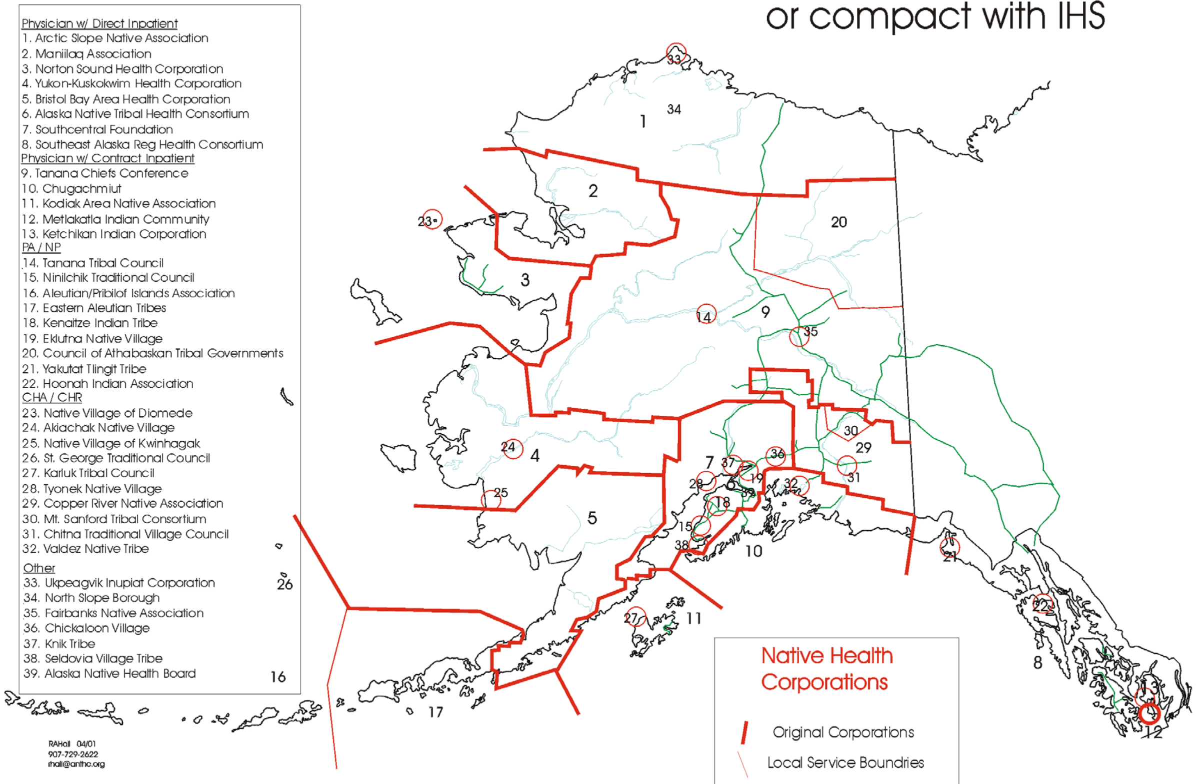
- How to design projects to tell your story and develop meaningful solutions to address barriers to care
- How to organize data to tell a story
- How to use that story to drive change from stakeholders
- How to use process management to design policy and procedures

Ryan White Services

The Alaska Native Tribal Health Consortium is funded by the following:

Ryan White Part C- Direct
Ryan White Part B- Sub-recipient
Ryan White Part F- AETC Mountain West

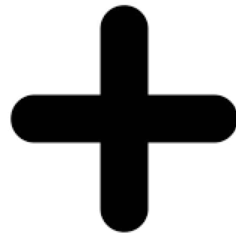




Go big, or go home

Historical issues with identifying CQI projects and issues implementing change:

1. Not reviewing current processes on how we collect and review clinical data
2. No process to triage the 'problems' list for improvement
3. No process to test theories over short term and long term timelines
4. No process or data definitions created to provide consistency and trust in the information
   a) This can create LONG term damage to the team
   b) Staff will gain frustrations not seeing real change over time



Data is not the only star…Let the process shine

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- Reviewing your current data collection efforts can identity process improvements
  - Who is collecting data?
  - How is it imputed?
  - How is it reported?
  - How is it reviewed?
- Process design improvements for data collection and reporting
  - Is the data collection process written down? Is there a training standard?
  - Are the reports correct and reflective of your program?

Confidence builds creativity

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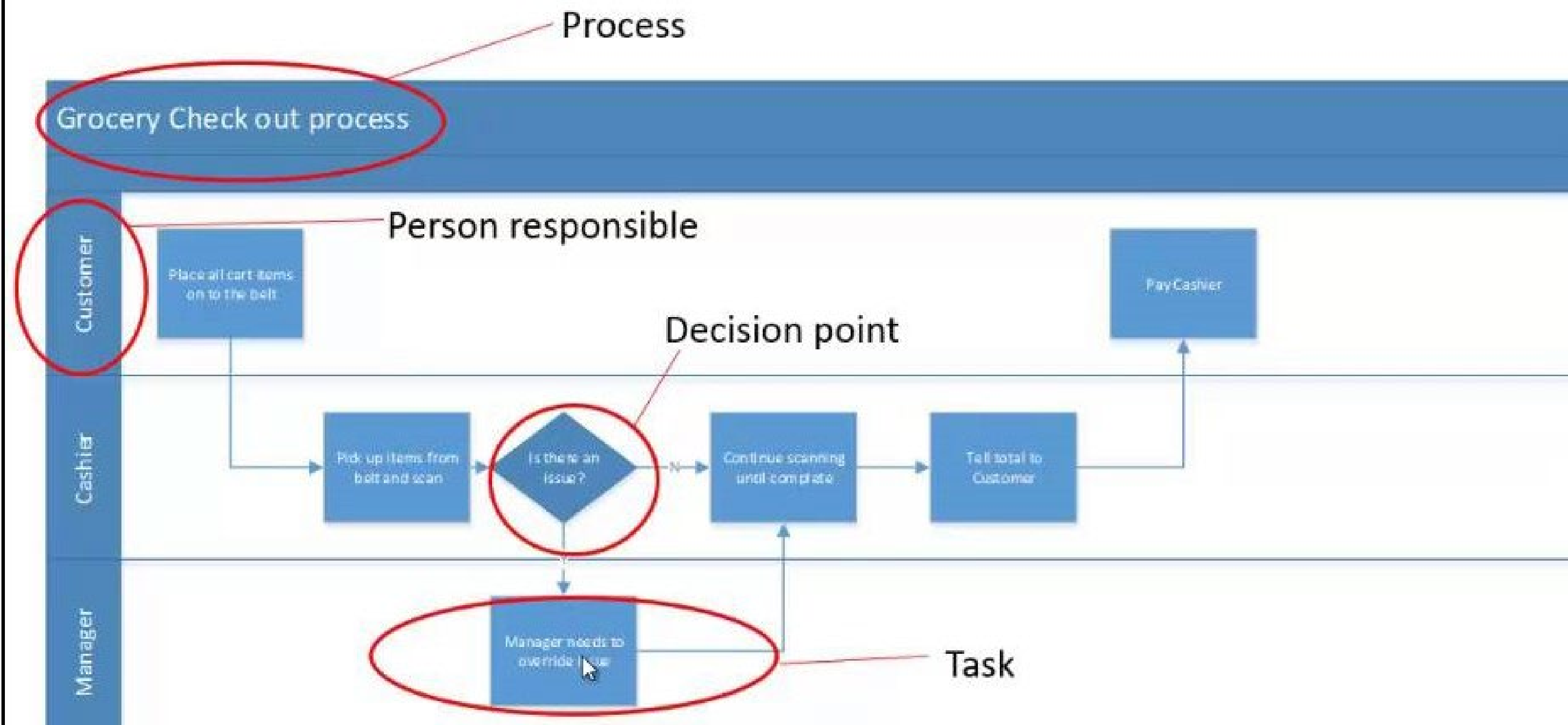
- Using Gap analysis and swim lane diagrams to organize ideas, opportunities and define measures for success
  - Get the right people in the room
  - Identify the current situation through data. Define what is important for your program and the people you serve
  - Set S.M.A.R.T goals of where you want to end up
  - Analyze gaps from where you are to where you want to be
  - Establish a plan to close existing gap

Mapping it out



Identify all persons responsible to the process, including the people we serve

Define decision points and all possible solutions

Define tasks by answering:

- Who
- What
- When
- Why
- How

And VOILA! You have a project!

- By reviewing your current data collection processes
  - And by mapping out processes in swim lane diagrams
  - You will find an opportunity for improvement
  - Now, we try it out and study the results

Final Product to reflect the Project

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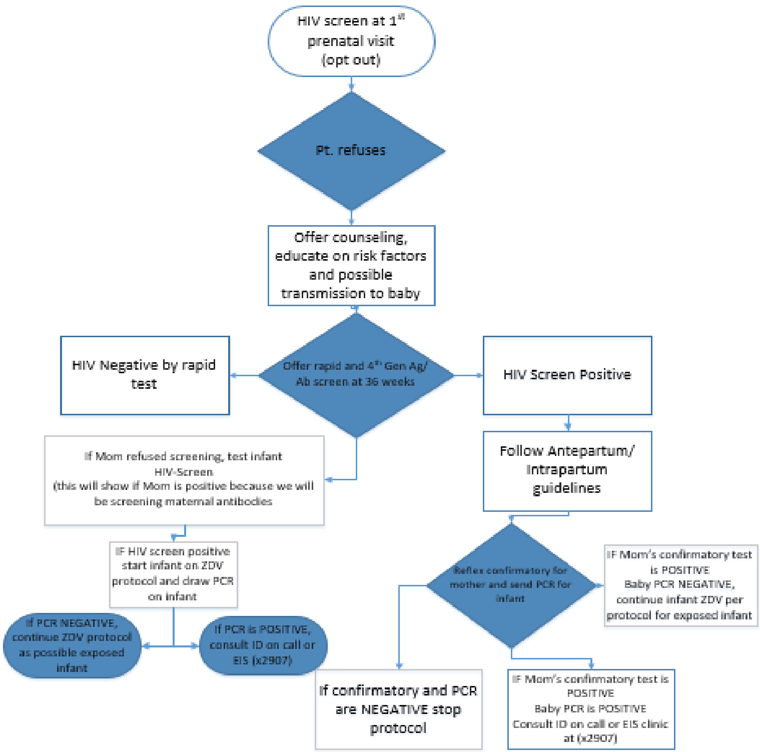

Process flow charts provide visual direction

They provide framework for policy and procedure development

Can be used to highlight successes or challenges

Used to review current processes for process improvement

The cycle continues ☺

How to Reach Us

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Utilizing Data to Inform Clinical Quality Management Best Practices and Quality Improvement Interventions

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2022

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Objectives

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1. Discuss core and supplemental performance measures as a reflection of the overall population health of a given community.
2. Describe the importance of intra-agency programs such as Clinical Quality Management (CQM) in the context of a Differentiated Service Delivery (DSD) model.
3. Understand the process and outcomes from a sample Quality Improvement (QI) project to generate further targeted interventions.

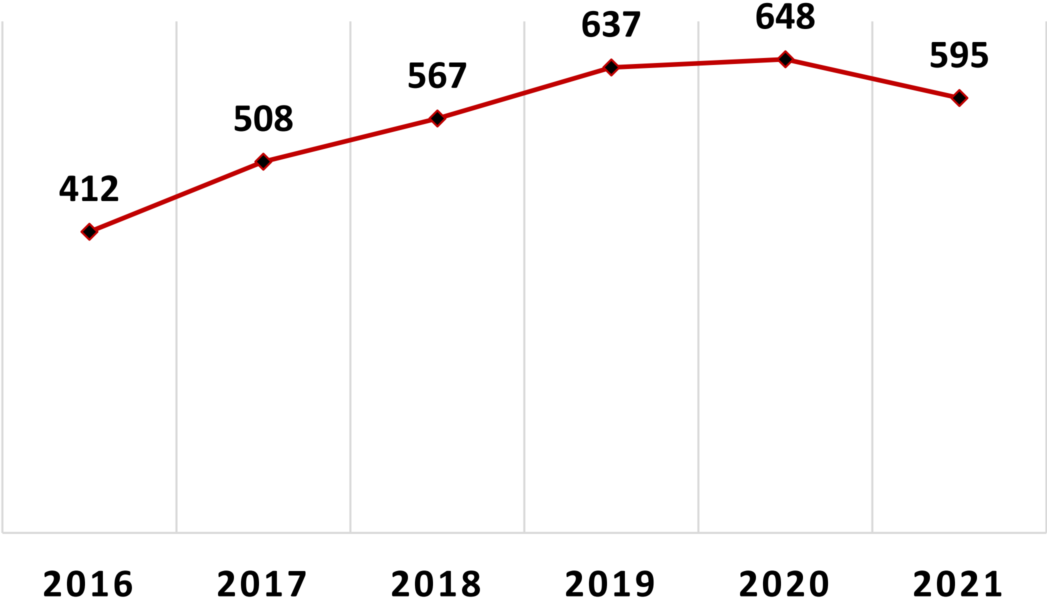
About JWCH Institute, Inc. (Wesley Health Centers)

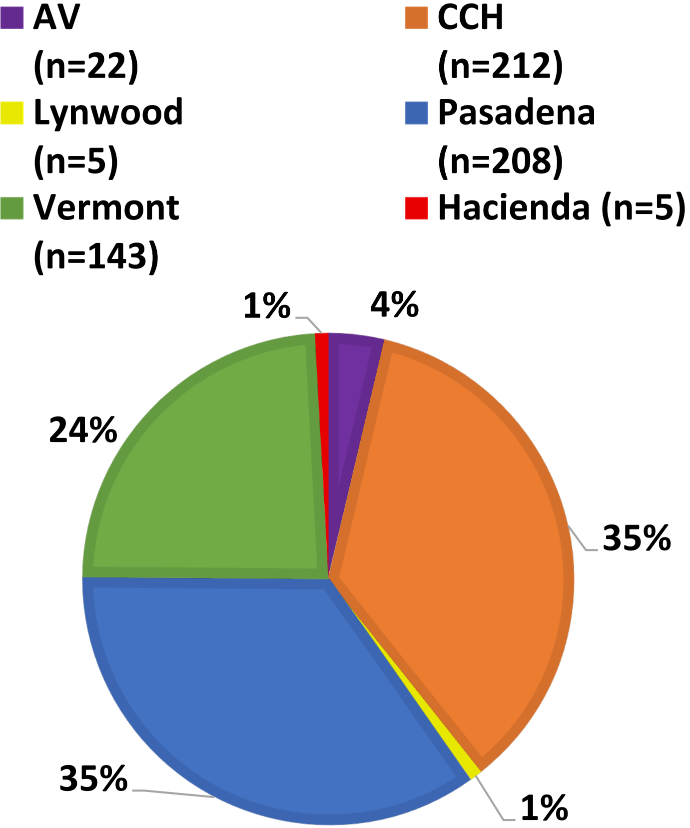
- **JWCH Institute, Inc. (JWCH) receives RWHAP Part C (EIS)**
  - Subrecipient of RWHAP Part A through LA County Department of Public Health Division of HIV and STD Programs
- **JWCH is a Federally Qualified Health Center (FQHC)**
  - Serving Los Angeles County for 61 years
  - Providing care to People Living with HIV/AIDS since 1991
- **Homeless Healthcare**
  - **Largest** provider of homeless health care in LA County and operates the Center for Community Health (CCH) in Los Angeles' skid row.
    - Skid Row is located in Central Los Angeles, located within Service Planning Area 4.
    - Home to more than 10,000 homeless persons nightly.
    - A total of 6 missions and emergency shelters are located within five blocks of the CCH clinic; more than 36 Single Room Occupancy Hotels are also within a one-mile radius and have been renovated for homeless persons; more than 4,500 units of Section 8 and HOPWA housing are in the immediate area.
  - The area is home to the **highest HIV disease burden in LAC**.

JWCH Clinics and Services

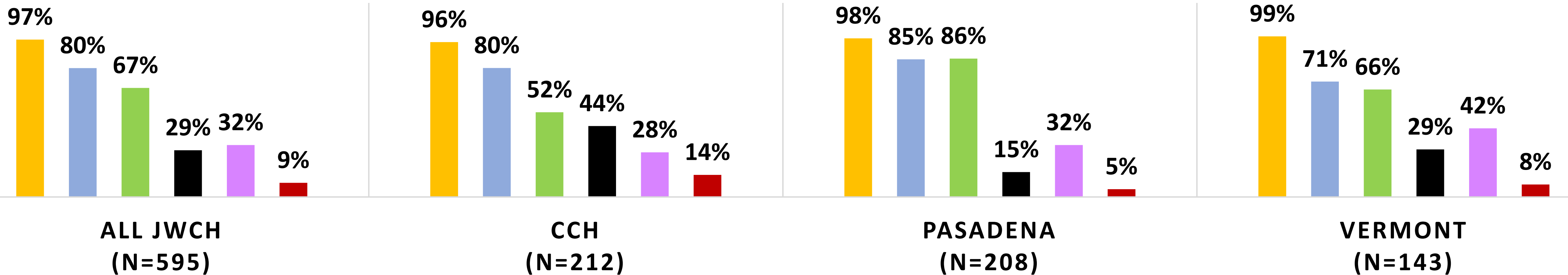
Clinic Site	HIV	HCV	PrEP/PEP
CCH	Yes	Yes	Yes
Pasadena	Yes	Yes	Yes
Vermont & Vermont Annex	Yes	Yes	Yes
Hacienda Heights	Yes	Yes	Yes
Lancaster	Yes	Yes	Yes
Bell Gardens	Yes	Yes	Yes
Lynwood	Yes	Yes	Yes
Palmdale	No	No	Yes
Bellflower	No	No	Yes
LACC	No	No	Yes
Covenant House	No	No	Yes

HIV Patient Population





JWCH Core Performance Measures



HIV Division Programs

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- HIV Diagnosis
  - HIV Testing Services (Storefront)
  - HIV and STD Services in Commercial Sex Venues (CSV)
  - STD Testing, Diagnosis, and Treatment
  - Housing Opportunities for Persons with AIDS (HOPWA)
- Linkage to Care
  - Linkage to Care (LTC) and Rapid LTC Program
  - Biomedical HIV Prevention (PrEP/PEP)
  - HIV/AIDS Mental Health Services
  - Benefits Specialty Services (BSS) and Transportation Services
- Prescribed Antiretroviral Therapy
  - Health Education/Risk Reduction (HE/RR)
  - Los Angeles HIV Intervention Project (LAHIP)
  - Necessities of Life Program (NOLP Food Pantry)
  - Oral Health Care Services
- Retention in Care
  - Transitional Case Management (TCM)
  - Los Angeles Substance Abuse Treatment (LAST) Project
  - Ryan White Part C Early Intervention Services (EIS)
  - Culturally-Affirming Responsive Empowerment (CARE) Project
- Achieve Viral Suppression
  - Ambulatory Outpatient Medical (AOM)
  - Clinical Quality Management (CQM)
  - Medical Care Coordination (MCC)
  - Ending the HIV Epidemic Primary Care HIV Prevention (EHE-PCHP)

Clinical Quality Management

Clinical Quality Management Plan:

July 2021 – June 2024

Wesley Health Centers, JWCH Institute Inc.
Division of HIV and Infectious Diseases
Clinical Quality Management Program

Revised September 14, 2021

CQM Goals for 2024

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1. Linkage to HIV Medical Care – **90%**
2. Prescription of HIV Antiretroviral Therapy – **95%**
3. Annual Retention in Care – **80%**
4. HIV Viral Load Suppression – **85%**
5. No Show to Medical Appointment – **<20%**
6. Housing Status (Unhoused or Unstably housed) – **<15%**
7. Screening for Clinical Depression and Follow-Up Plan – **90%**
8. Optimal Oral Health – **80%**
9. PrEP Coverage – **50%**

2021 QI Project: Implement Agency-wide Linkage to Care (LTC) Protocol

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Wesley Health Centers Universal Protocol for HIV Linkage To Care (LTC)

Overview

- Linkage to Care is defined as patient entry into specialty HIV care following HIV diagnosis.
  - Rapid Linkage to Care aims for entry into care within two days of diagnosis.
- The purpose of this document is to outline the process by which People Living with HIV/AIDS (PLWHA) are linked to medical and ancillary services within Wesley Health Centers.
- The scope of this document encompasses all HIV-positive individuals identified through: PrEP/PEP Program, CSV Testing Program, Storefront HIV and STD Testing, HE/RR, CARE Project, BAI Project, Transitional Case Management (TCM), Los Angeles Substance Abuse Treatment (LAST) Project, Los Angeles HIV Intervention Project (LAHIP), all JWCH primary care clinics, call center, and referrals from external agencies.

Step 1: Complete the LTC Assessment Form	Initiate LTC by first completing the LTC Assessment Form. Two options: 1. ***Electronic, preferred*** – On NextGen, create a patient chart (if new), then generate and complete the "Linkage To Care" template. 2. **Paper** – See attached document.
Step 2: Submit the LTC Assessment Form	If completed electronically, send an email notice of completion with the Medical Record Number to LTC@jwch.org. Otherwise, scan and send an encrypted email with the attached form to the same email address.
Step 3: Triage of Ancillary Services	The LTC Coordinator will transcribe the paper LTC Assessment Form onto the NextGen template (if not yet done), and activate the appropriate ancillary services depending on location and urgency of need: ▪ **Medical Care Coordination (MCC)** ▪ **Housing Navigation** ▪ **Benefits Specialty Services** ▪ **Substance Abuse Counselor** ▪ **Mental Health Services**
Step 4: Schedule a Medical Appointment	The LTC Coordinator will contact the appropriate HIV specialist to request an appointment **same-day or within 1 week**: ▪ East Hollywood (Vermont) Clinic ▪ Andrew Escajeda (Pasadena) Clinic ▪ Center for Community Health (CCH) Downtown ▪ Hacienda Heights Clinic ▪ Antelope Valley Clinics

Wesley Health Centers Protocol for HIV Linkage To Care (LTC)
Revised 02/2022

HIV Linkage To Care (LTC) Assessment Form

Today's Date: ____________
Referring Staff: ____________________ **Program:** ____________
Staff Contact Information: Phone ____________ Email ____________

☐ **New HIV Diagnosis.** Date of Positive HIV Test: ____________
☐ **Transition of HIV Care.** Previous Provider: ____________________

Patient Birth Name: ____________________ **Nickname:** ____________
Date of Birth: ____________ **Gender:** ☐ Male ☐ Female ☐ Transwoman ☐ Transman
Ethnicity/Race: ____________ **Transmission Risk:** ____________
Address/Cross Street: ______________________________
Phone: ____________________ **Email:** ____________

Barriers to Care: *Check all that apply.*

☐ **Undocumented** ☐ **Homelessness** ☐ **Food Insecurity**
☐ **Uninsured** ☐ **Substance Abuse** ☐ **Transportation**
☐ **Incarceration** ☐ **Mental Health** ☐ **Employment**
☐ **Legal Issues** ☐ **Domestic Violence** ☐ **Other:** ____________

Needs Assessment: *Check the appropriate box according to urgency.*

	Yes Urgent	Yes Non-Urgent	No Not Needed
Benefits Services			
Case Management			
Housing			
Substance Abuse Program			
Mental Health			
Dental			
Other:			

Additional Information: *Optional, may include patient preferences for medical provider.*

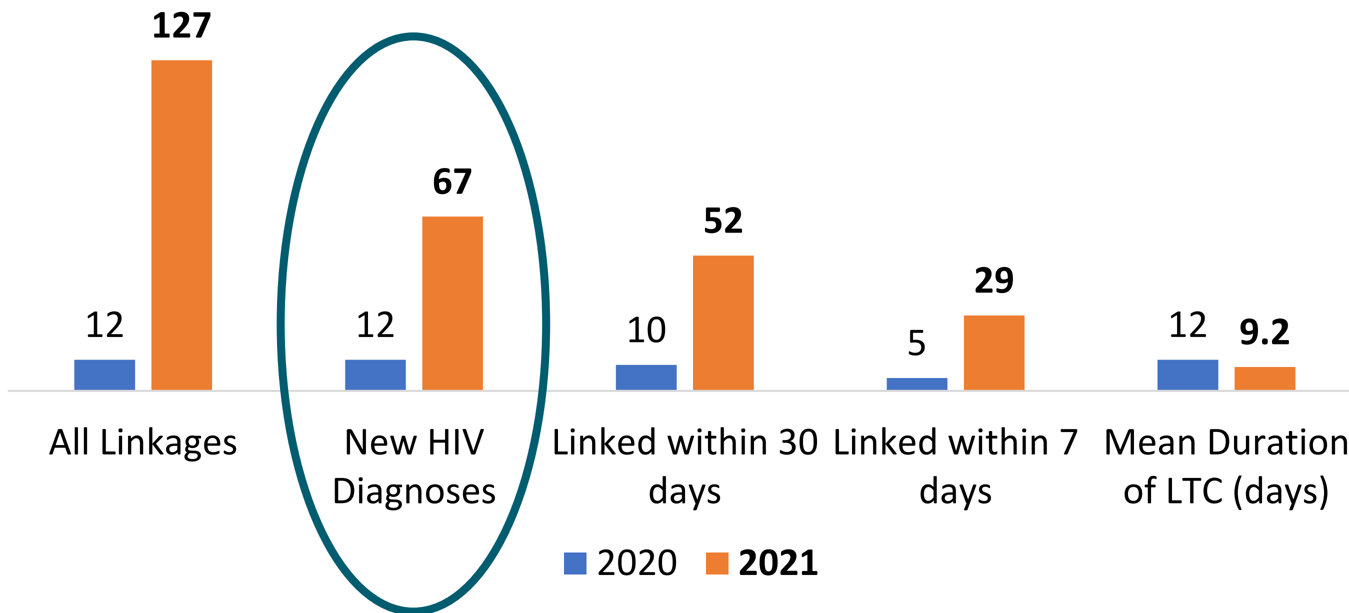
____
____
____

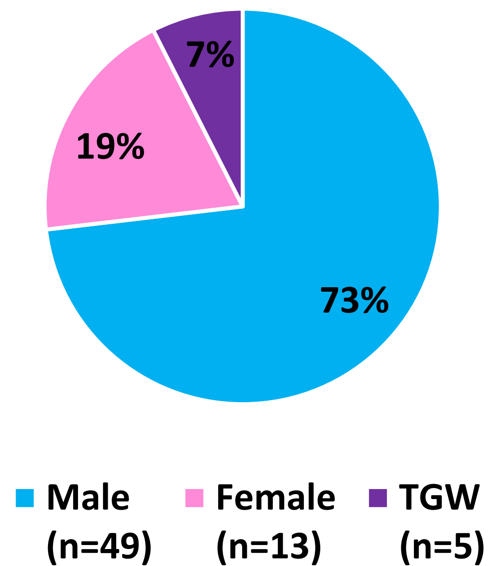
Wesley Health Centers Protocol for HIV Linkage To Care (LTC)
Revised 02/2022

UDS Measure Line 20: HIV Linkage to Care

Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of diagnosis

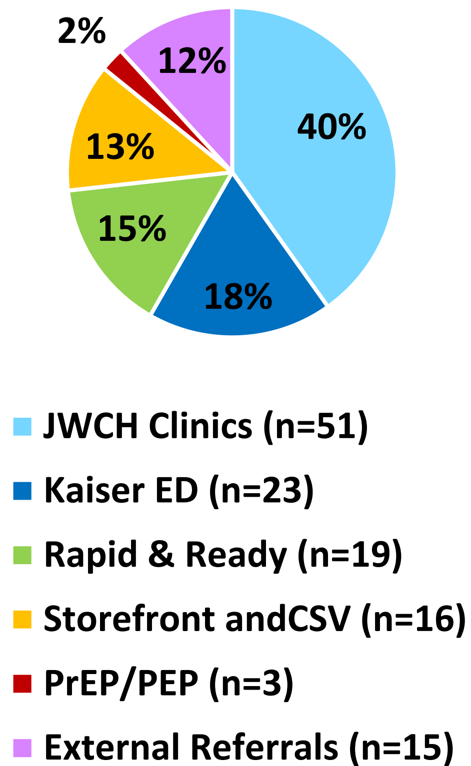
LTC Data and Outcomes

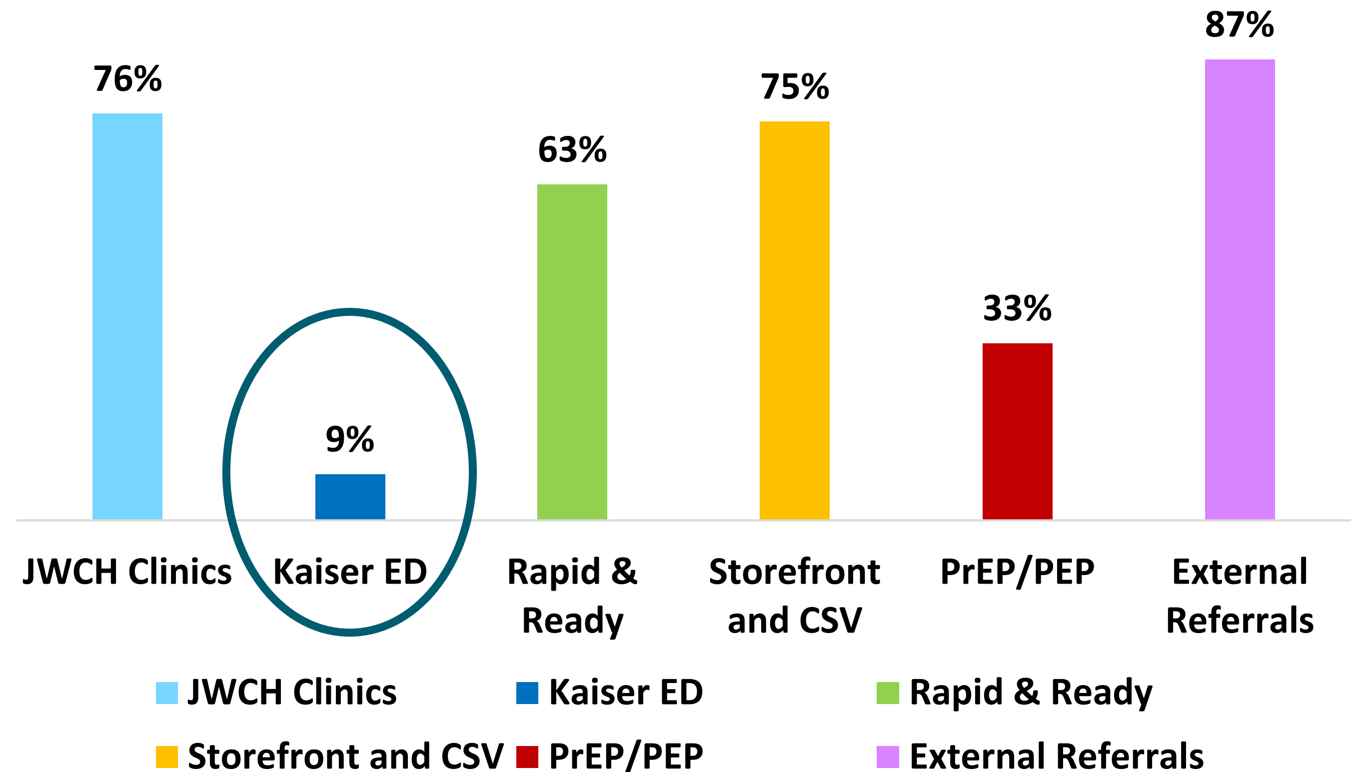




Year 2020: December 1, 2019 – November 30, 2020
Year 2021: December 1, 2020 – November 30, 2021

LTC Outcomes Disaggregated





Rapid ART Pilot Project

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COUNTY OF LOS ANGELES Public Health

Patient completes an HIV Test in the community

If positive, HIV tester notifies DHSP peer navigator

DHSP facilitates rapid linkage to care with a JWCH HIV provider

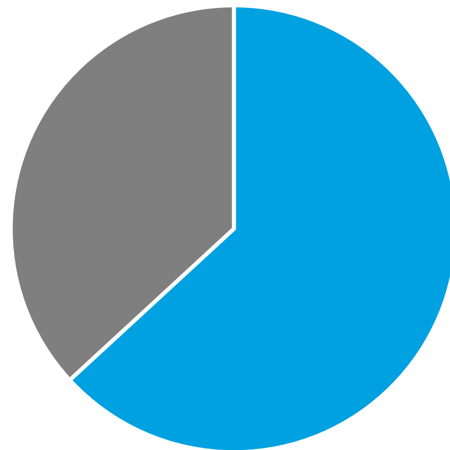
HIV provider evaluates the patient same day (if possible)

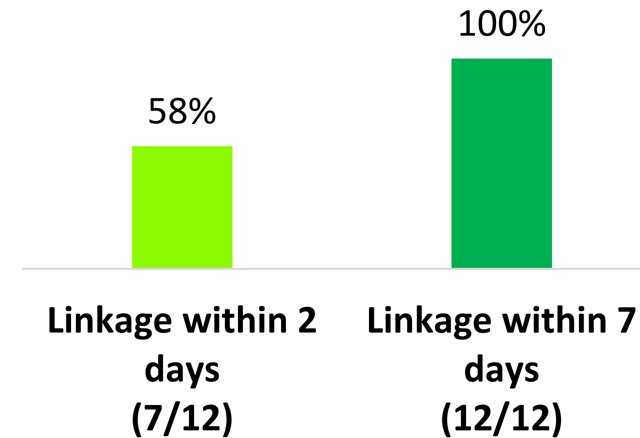
Antiretroviral therapy is started (if indicated)

DHSP: Division of HIV and STD Programs

Rapid ART Outcomes

April 2021 – November 2021





Mean duration of LTC: 2.4 days

JWCH 2021 Overall: 9.2 days

2022 QI Project: HIV Screening

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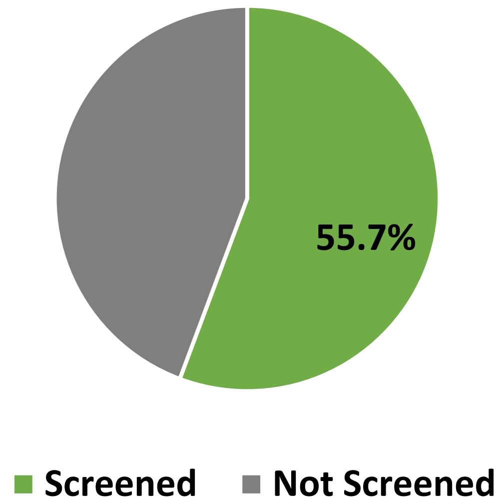
HIV Screening (2021)



UDS Measure Line 20a: HIV Screening

Percentage of patients aged 15–65 at the start of the measurement period who were between 15–65 years old when tested for HIV

- **Step 1: Plan**
  - Establish a goal and timeframe
- **Step 2: Disaggregate 2021 Data**
  - Clinic site
  - Provider
- **Step 3: Intervention**
  - Status Neutral
  - Linkage to Care
- **Step 4: Measure Outcomes**

How to Reach Us

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