How Standards of Care Can Ensure Parity in Quality of Care while Reducing Administrative Burden

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Disclosures

- Presenter(s) have no financial interest to disclose.
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  - Brian Rosemond, BBA, BSN, RN- None
  - Gary Benecke, Certificate of Nonprofit Management- None

Learning Objectives

At the conclusion of this activity:

1. Participants will be able to articulate the connection between Standards of Care (SoC), quality monitoring, and uniform quality of care.

2. Participants will be able to identify techniques for working toward joint Standards of Care between Ryan White Parts A & B and be able to explain the benefits of combining Service Standards across all Parts.

3. Participants will be able to identify best practices for implementing Plan-Do-Study-Act (PDSA) Cycles to improve quality of care.

Make-up of Texas - 2013

- Texas Department of State Health Services
  - (DSHS)
  - HIV Care Services Group
- ~76,000 Texans living with HIV
  - ~35,000 in the Ryan White System
- Texas has 5 Part As:
  - Houston & Dallas (EMAs)
  - San Antonio, Austin, Ft. Worth (TGAs)
- Texas has 7 Part B funded service regions
- Service Regions are lead by Administrative Agencies (AA)s
  - 3 out of 5 service regions received Part A and B funding

Standards of Care: The Cadillac Version

- 2013 HRSA releases their National Monitoring Standards
  - Many Part As had SoC
- 2014 Part B begins creating Standards of Care (SoC)
- 2015 Texas implements the State's first set of SoC
- Goal was to create SoC that would generate the best quality of care
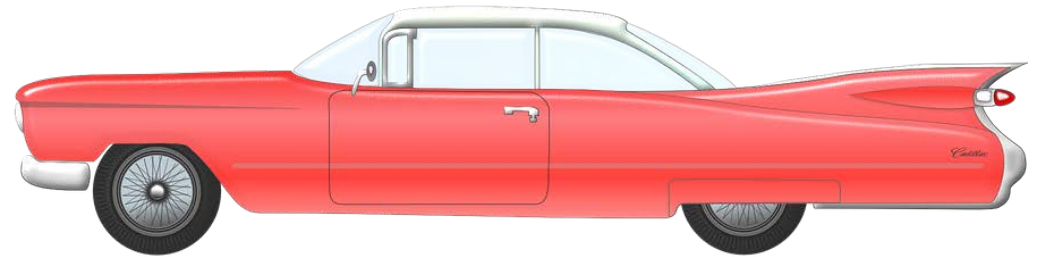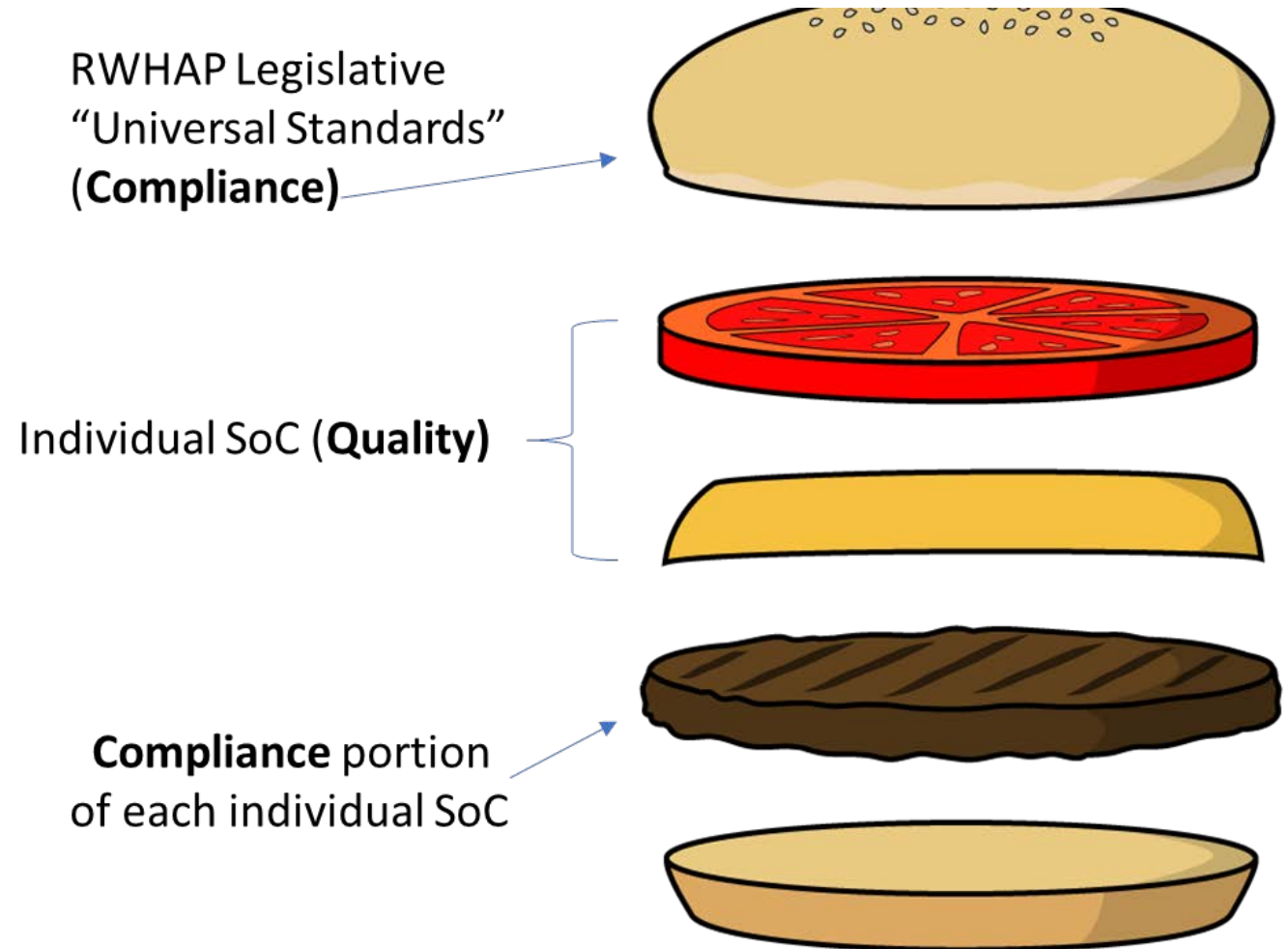
The First Round of Feedback

- In 2016 the Texas DSHS receives feedback the SoC are too prescriptive
  - Providers
  - Planning Councils
  - Administrative Agencies
  - HRSA
- First Iteration of SoC:
  - Combined compliance and quality
  - Providers needs more time for collaboration during creation
  - Standards were not embraced by Part As

Compliance & Quality- It's a Hamburger

- Feedback given to DSHS, compliance and CQM need to be separate
- Compliance is the basic "must haves"
- Quality is the "extras"

RWHAP Legislative "Universal Standards" (**Compliance**)

Individual SoC (**Quality**)

Compliance portion of each individual SoC

The Collaborative Feedback Process

- DSHS creates a systematic feedback process to actively include the field
- The revised standards were posted with adjustments for comments
- Field worked to create their own internal review processes to ensure review timelines are met
- Texas DSHS reviews all comments submitted across the state
- Texas DSHS posts responses to submitted comments

Month	Standard(s) of Care	Draft SOC sent by DSHS	Comments due back to DSHS	Revised SOC published for 30 public comment	Final SOC posted
January	• Universal Standard • Outpatient/Ambulatory Health Services	1/4/17	1/31/17	2/15/17	3/15/17
February	• Medical Case Management	2/1/17	2/28/17	3/15/17	4/15/17
March	• Non-Medical Case Management		3/31/17	4/15/17	5/15/17
April	• Mental Health Services • Psychosocial Support Services • Professional Services – Legal	4/1/17	4/30/17	5/15/17	6/15/17
May	• Substance Abuse Outpatient Care • Substance Abuse Services (Residential) • Housing	5/1/17	5/31/17	6/15/17	7/15/17
June	• AIDS Pharmaceutical Assistance – LPAP • Linguistic Services	6/1/17	6/30/17	7/15/17	8/15/17
July	• Home and Community Based Health Services • Health Education/Risk Reduction • Rehabilitation Services • Emergency Financial Assistance	7/1/17	7/31/17	8/15/17	9/15/17
August	• Hospice Services • Outreach Services • Respite Care	8/1/17	8/31/17	9/15/17	10/15/17
Sept	• Medical Nutritional Therapy • Food Bank/Home Delivered Meals • Child Care Services	9/1/17	9/30/17	10/15/17	11/15/17
Oct	• Health Insurance Assistance	10/1/17	10/30/17	11/15/17	12/15/17

Dallas EMA RW Planning Council

- Dallas EMA RW Planning Council takes an active part in the response process

- The Dallas EMA RW Planning Council leveraged its Evaluation Committee to solicit feedback from sub-recipients

- Provider comments as well as the comments from the Evaluation Committee and the Dallas AA were collected, combined and submitted to DSHS

- Dallas EMA RW Planning Council works to manage competing RW Part A and B SoC expectations

The Role of the Evaluation Chair

- Role and structure of the Evaluation Chair

- Almost all of the providers of the Dallas EMA were represented on the committee

- For agencies and services that were not represented, representation was requested

- Managing expectations was vital to better meet the goal

- Following laid-out timelines was crucial

Implementation & Monitoring

- In union with revising the SoC, the DSHS monitoring tools are also updated

- Texas DSHS contracts with Germane Solutions for Part B Monitoring

- Germane is able to conduct onsite monitoring and final reports more timely
    - Provider, AA, and DSHS, receive monitoring report at the same time

Quality Improvement: CAPs and PDSAs

- Once a provider has received their respective reports from Germane, next steps include:
  - Corrective Action Plans (CAP)s
    - Required for all compliance related indicators (Universal Standards)
    - More policy and procedure focused
  - Plan-Do-Study-Act (PDSA) Cycles
    - 2-3 indicators per year
    - Prioritize HRSA/HAB Measure
    - Lowest Scoring measures
    - Changes to the clinic process

Managing the CAP & PDSA Process

- Pre-scheduled training with providers
  - Trainings that walk providers though how to complete the CAP/PDSA most effective
- Timely release of monitoring reports
- Structured tracking sheets
- Reminder emails
- Empower providers to take an active role in CAP/ PDSA process

Big Picture Goals and Takeaways

- Planning and communication are vital
  - Start early

- Less IS more
  - Separating compliance and quality

- Collaboration is key
  - Get buy-in from providers, AAs, and PCs

- More crossover between Ryan White Parts A and B
  - Overlap SoC if possible
  - Overlap monitoring when able

Questions?

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Obtaining CME/CE Credit

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