

The logo features a large, stylized red graphic element on the left, resembling a square with a missing top-right corner and a horizontal bar extending to the right. The year '2018' is written vertically in light blue to the left of this graphic. The word 'NATIONAL' is in light blue above the main title. The main title 'RYAN WHITE' is in large, bold, white capital letters. Below it, 'CONFERENCE ON HIV CARE & TREATMENT' is written in smaller, light blue capital letters. The background is a solid dark blue with a vertical red bar on the far left and a horizontal red bar at the bottom.

2018 NATIONAL
RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT

Building a CQM Program One Quarter at a Time



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How to Build a CQM Program One Quarter at a Time

- Slow and steady
- Plan a thing or two
- Follow your plan
- Document everything (your future self will thank you)
- Check to make sure you are following your plan
- Include consumers and providers

Slow and Steady

- We couldn't do improvement when
 - We had pressing administrative issues
 - Had to address things that impacted the ability to contract/provide services, meet fiscal requirements
 - We didn't know what or how we were doing
 - Had to fix our data system and data first
- Refuse to be rushed

Assurance before Improvement

- 2013- providers all used CAREWare but
 - Contracts were not the same across providers
 - Each provider had created their own services and sub-services
 - Couldn't compare across providers
 - Sub-services were not defined (no standardization)
- 2014
 - Built new contracts
 - Teamed with Parts B & D to create standard sub-services and data definitions

Setting the Stage for Data Utilization

- 2015
- Developed performance measures (PM)
- Created CAREWare guides that walked through running reports and PMs step by step
- Provided training for internal staff and providers on how PMs are calculated and how they can be utilized to drill down into data

Plan a Thing or Two

- Steal shamelessly
 - 2014-2015 found a plan online, changed it a bit to make it Detroit-specific
- Held a planning meeting
 - End of 2015 for 2016
 - CQM staff met off-site for one day
 - Set two goals
 1. Build provider capacity to do QI projects
 2. Increase consumer engagement in QI projects
 - Developed 7 process objectives

Follow your plan

- It's much easier to do what you planned when you've only planned to do a thing or two

Document everything (your future self will thank you)

- Electronic folder for each meeting
 - Invite, sign-in sheet, curriculum/agenda, slides, handouts, evaluations
 - Develop a curriculum or guide for trainings to ensure future success and replicability
- Data
 - Notes on each spreadsheet on how the data was obtained (type of report (performance measure, financial or custom) and time period)
 - Document the filters used in finalized performance measures to ensure they can be replicated and to aid in explaining them to providers
- Plan
 - Document each thing you do, as you do it

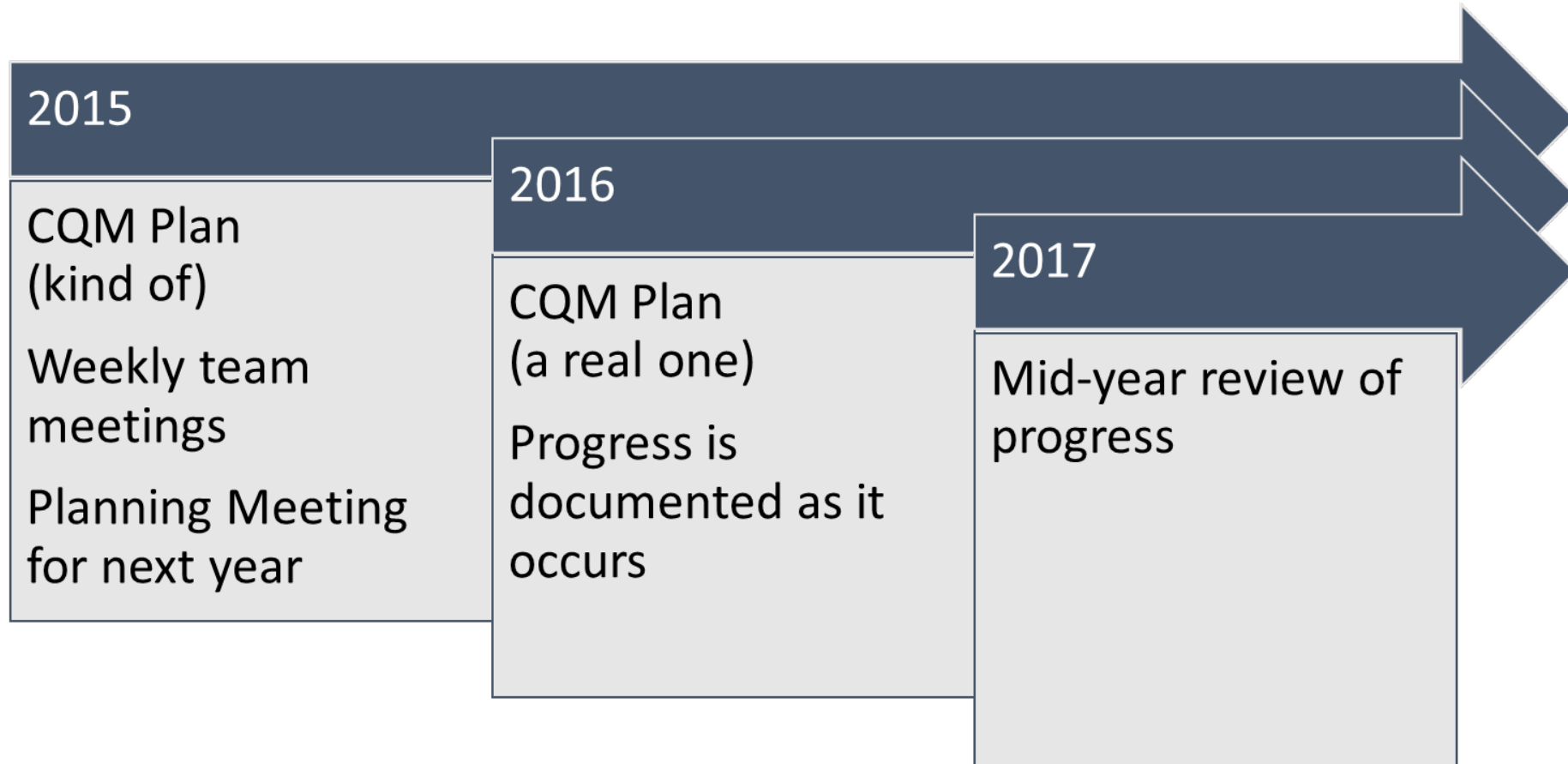
Check to make sure that you are following your plan

- Make it as easy as possible
- Each time we complete a task we document it in our plan
 - Example: we planned to hold three consumer trainings in 2018
 - After each training we added the evaluation results, as well as our notes on what to do different next time
- Manger/Director reviews monthly
- Review as a team mid-year and the end of the year

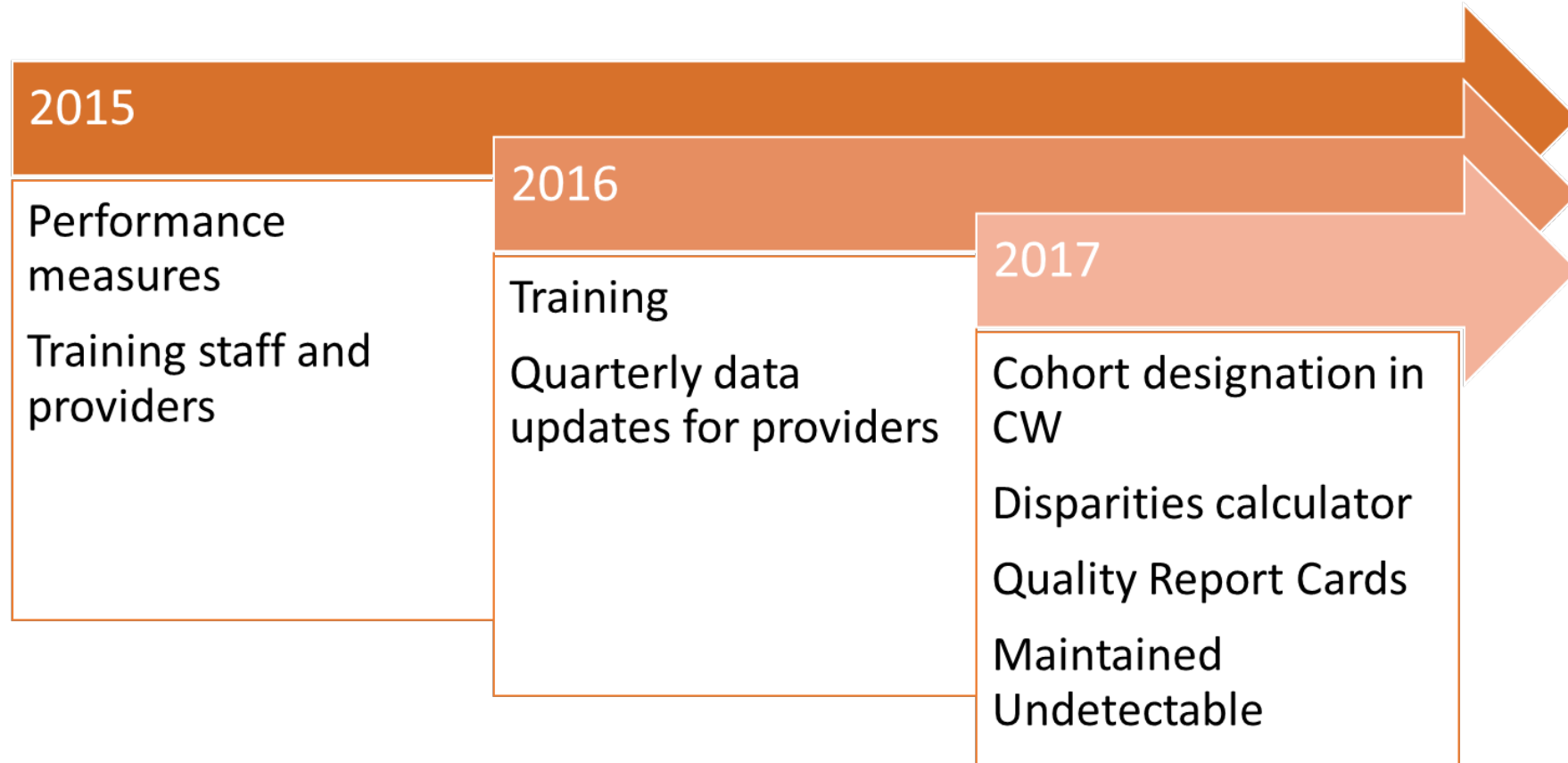
Include Consumers and Providers

- Parity- equal participation
- Inclusion- meaningful involvement in decision-making
- Representation- geography, professions, experience

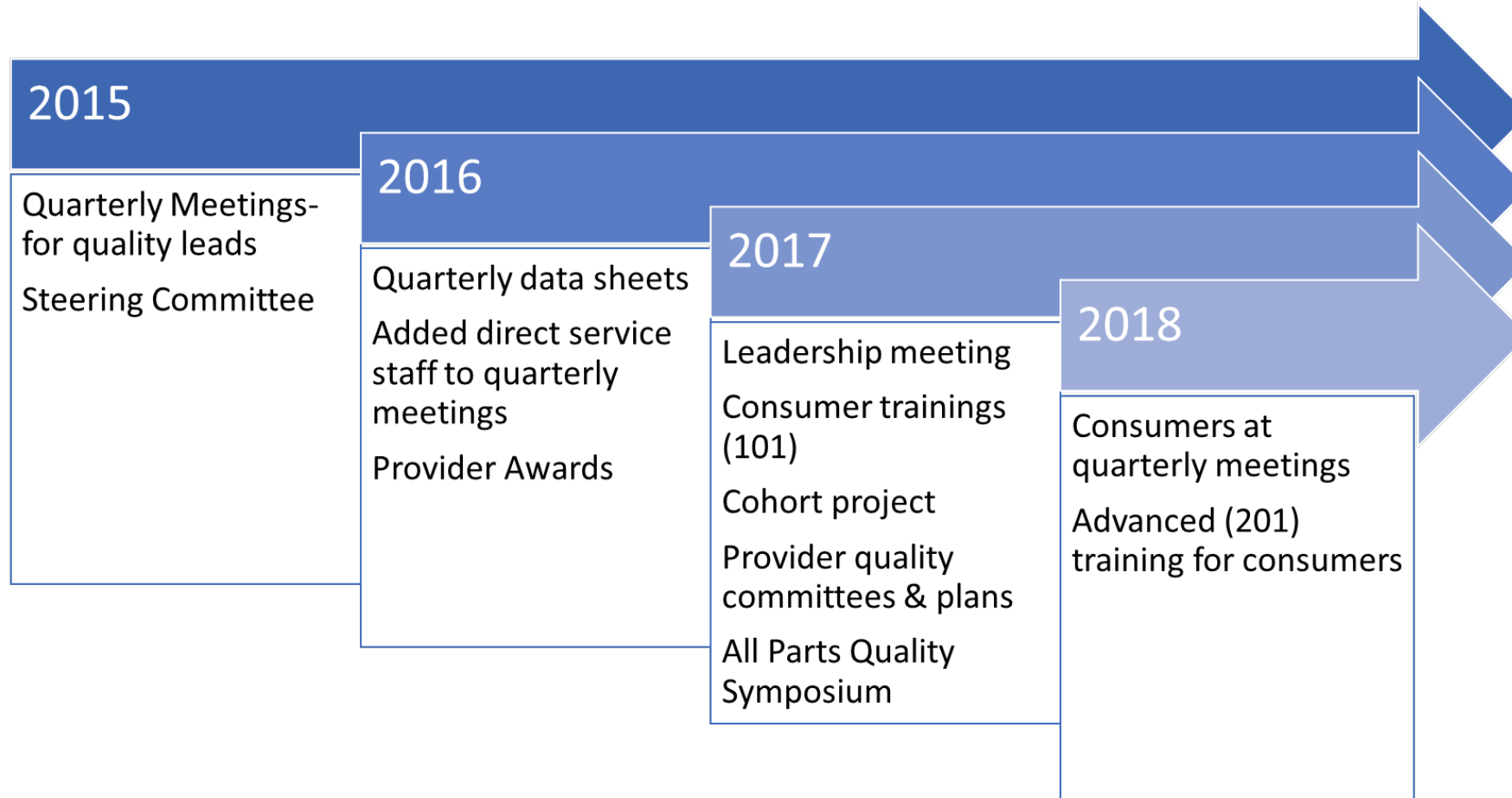
Planning Timeline



Data Timeline



Provider/ Consumer Timeline



Capacity Building

Build Capacity

Assessment,
training,
consistent follow
through, be
available,
repetition

Providers

- Utilize their data for improvement
- Participate fully in initiatives with their peers and consumers
- Lead robust quality committees

Consumers

- Understand goals of the program, quality improvement and positive outcomes
- Meaningful membership on quality committees

Ongoing Support

Continuous
learning and
improvement,
awards, consumer
recognition, data
transparency

Quarterly Quality Meetings

- January 2015
- Attendees- required each medical case management and clinic to send one staff person
- Facilitator- consultant
- Purpose- training on the model for improvement
- Length- 4.5 hours
- Follow up work- submit PDSA before next meeting

Quickly Learned

- We had hired the wrong consultant
- 18 hours in one year was not enough time to really teach the model for improvement
- Providers struggled with doing and documenting PDSAs

Quality Steering Committee

- Fall of 2015
- Facilitators- staff
- Members- 50% consumers, 50% providers, reflective of the epidemic in race, risk, etc.
- Purpose- to choose the bar of the HIV Care Continuum quality work would focus on and set goals for 2016
- Length- 3 Thursday nights in a row, 2 hours each night
- Follow up- members received quarterly updates in 2016 that included descriptions of quality improvement projects and data updates

Success

- First opportunity for consumers and providers to work together on quality
- Easy to recruit consumers and providers
 - Consumers trusted Recipient's Office because of staff that is PLWH
- Evaluation showed:
 - 15/15 said they felt other members listened to their ideas
 - 15/15 said they felt their input was valued by staff
- Created a detailed report of activities and outcomes to inform next year

New & Improved Quarterly Quality Meetings

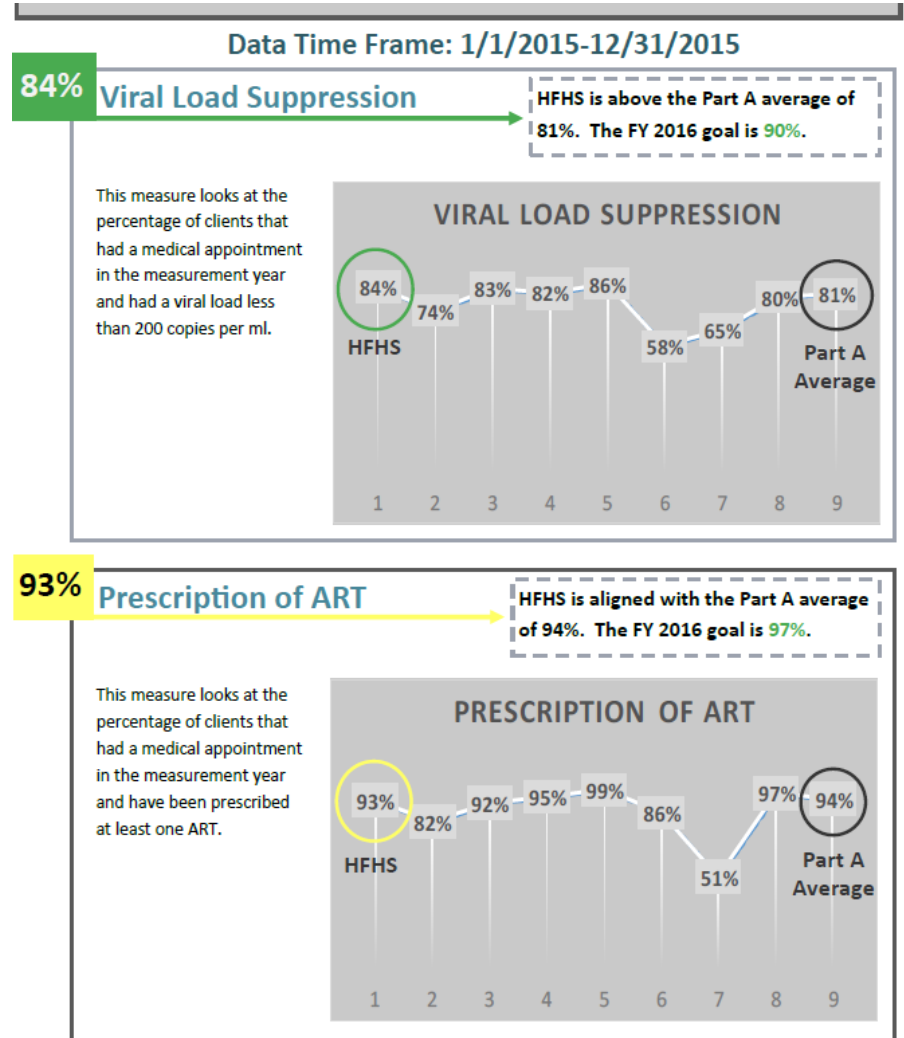
- January 2016
- Attendees- quality lead (AM group) and direct service staff (PM group)
- Purpose
 - AM- continue to develop skills to implement PDSAs
 - PM- provide a brief introduction to PDSAs so they can be active members of their quality committee
- Quarterly Data Sheets

Things We Did Better

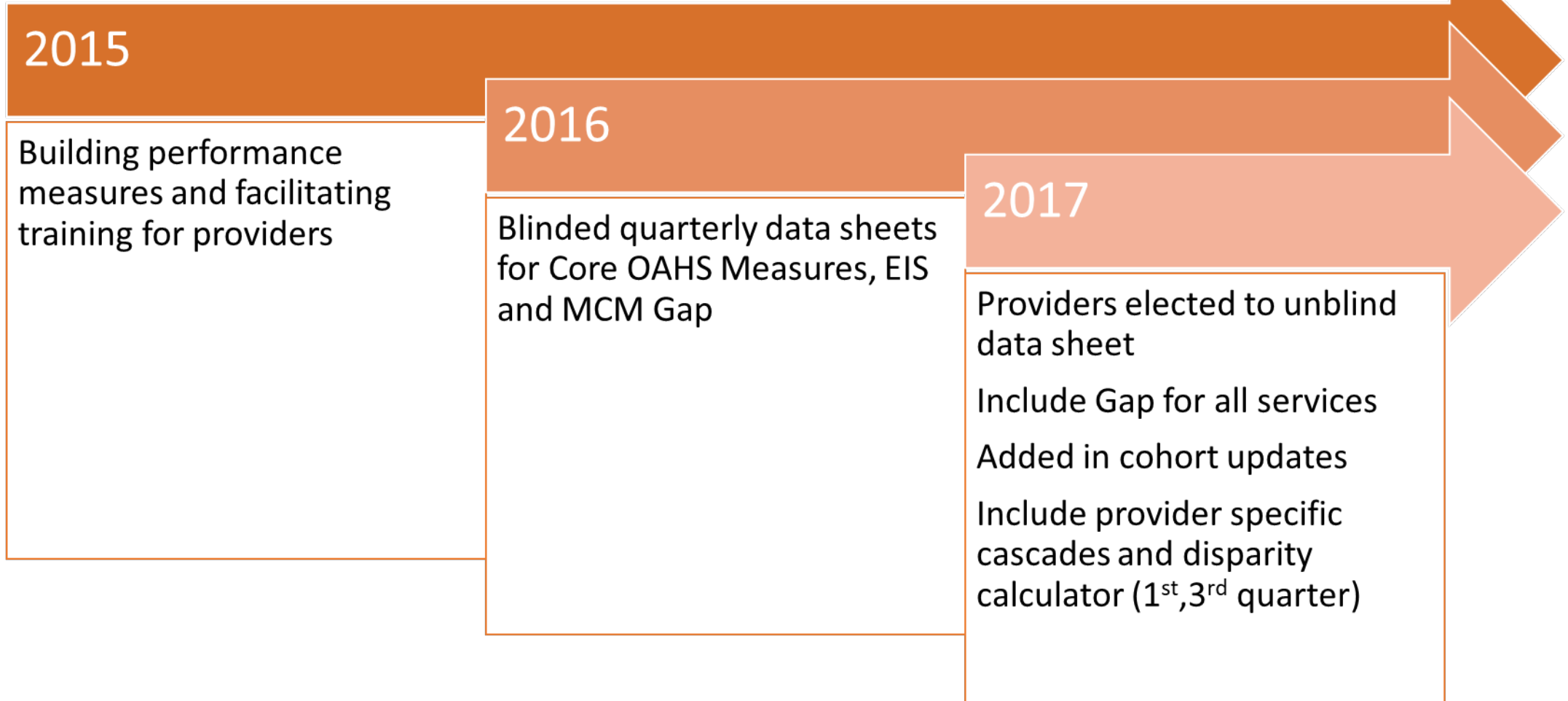
- Facilitation
 - “I feel like I finally understand PDSAs and will use this in other areas”
 - “The support and engagement, as well as emphasis on small measurements and improvements was great”
- 1st meeting of the year reinforced why we were holding QQM and explained what they could expect for the entire year
- All meeting and due dates were provided at the beginning of the year
- Increased the number staff that know about quality improvement

Quarterly Data Sheets

- January 2016
- Progress compared to goal and peers
- Easy way for providers to share data with leadership, staff, consumers
- Systematic check that led to both quality assurance and improvement
- Generates discussion and sharing of best practices



Data Sheet Evolution



Quality Awards

- Provided two quality awards at the first Quarterly Quality Meeting of the year
- Acknowledged those who had worked hard to incorporate quality into their work and improved outcomes

By the End of 2016

2015

Quarterly Meetings- for quality leads of OAHS & MCM
Steering Committee

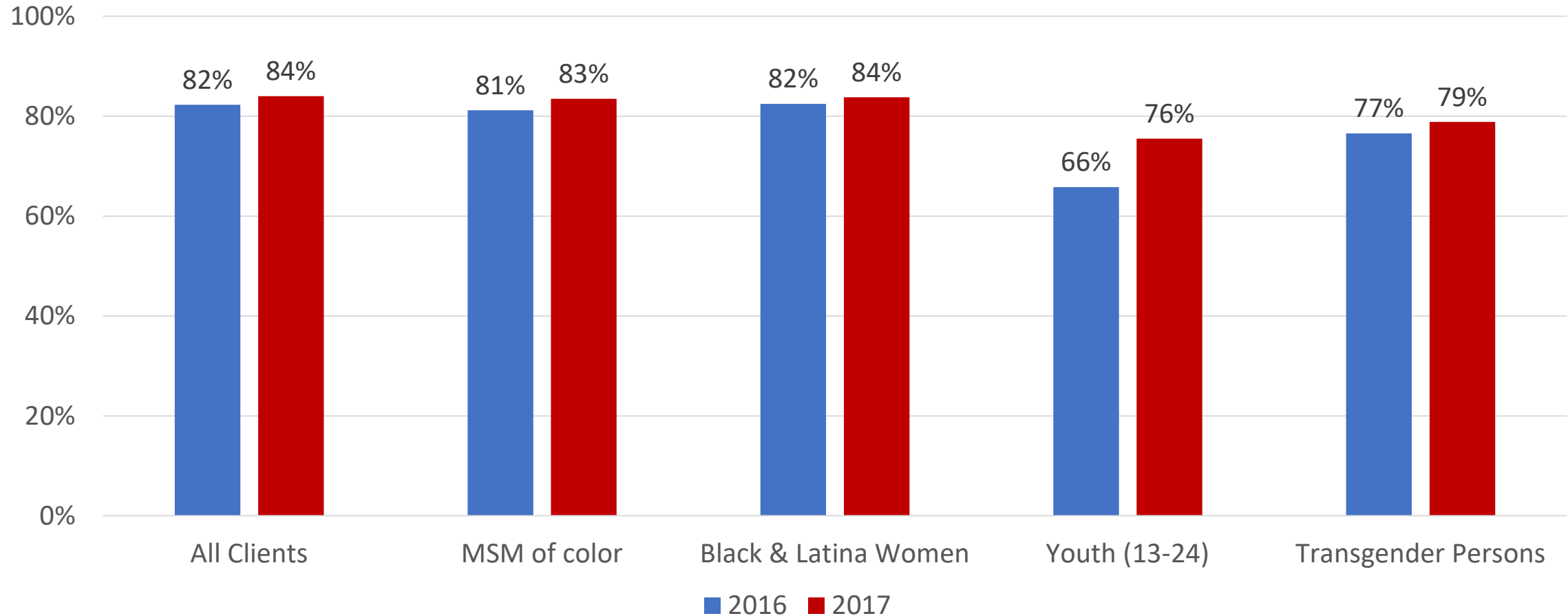
2016

All providers attend QQM
Added direct service staff to quarterly meetings
Quarterly data sheets
Gave out awards

Cohort Project- Viral Suppression

- January 2017
- The cohort provided a new framework for quality improvement
- Intentional and direct approach
- Disparity calculator utilized to further focus on specific populations
- CAREWare was used to track progress
- Collaboration and competition
- Excitement!

Viral Suppression Improved for Key Populations



Consumer Training

- Tried in 2016- no-one registered
 - Lack of support from providers
- 2017 conducted two 101 trainings
- Modified NQC curriculum

Success

- Great evaluations
- Afterwards consumers joined & actively participated on quality committees
- Asked for an advanced training
 - Conducted a 201 advanced training in 2018
- One graduate presented at statewide Quality Symposium in 2018

By the End of 2017

2015

Quarterly Meetings- for quality leads of OAHS & MCM

Steering Committee

2016

All providers attend QQM

Added direct service staff to quarterly meetings

Quarterly data sheets

Gave out awards

2017

Consumer trainings

Cohort project

Provider quality committees & plans

Consumers Join Quarterly Quality Meetings

- January 2018
- Consumers that completed the trainings wanted more ways to be involved
- Providers assigned a mentor to support them during the year
- After each meeting, we've added notes to our plan about how it has gone, which we used to plan for 2019

Provider Perspective

Quarterly Quality Meetings at First

- Frustration
- First year was terrible
- Couldn't see where we were headed, which lead to resistance
- Recipient's office was never satisfied with our PDSAs
- Felt as if they were more interested in what we did wrong
- Recipient's office had to figure out different ways to teach us

Over the Years

- Focused us more on consumers who weren't coming to appointments- how we could support them or change so they'd come
- Learned skills to complete PDSAs and started to see how QI could work when we made it meaningful
- Even with meaningful effort still couldn't get it right and we were "forced" to keep trying
- (Friendly) competition between providers
- Forced us to talk to peers and shamelessly steal their ideas
- Felt support from other providers- no one was perfect

Quality Steering Committee

- Felt I had a role in the EMA overall, not just my clinic
- Helped make providers more comfortable in working with the Recipient's Office & asking questions
- Created a buzz in the community about quality
- First time outside of a Planning Council that I witnessed consumers having this much input
- Created a safe environment for providers to hear and experience authentic and meaningful consumer feedback

Our Consumers who were Trained

- Felt empowered
- Excited about being on our quality committee
- Referred others to the training
- Wanted to learn more and be more involved
- Consumers talking about it- created competition in the community
 - More providers wanted to be involved & send consumers to trainings
- Increased comfort with being more active in other planning and quality committees

Clinic Quality Committee

- Quarterly meetings (transportation and lunch provided)
- Different ways to re-engage patients who had become lost to care
- Offer other core and supportive services that would be an immediate benefit
- Developed questionnaire surrounding transportation needs
- Sponsor a patient appreciation day to roll out new EMR, and get participants to complete surveys
- Request for additional training/learning opportunities

Overall

- Now it is okay not to know and to ask
- Gives us a platform in a supportive environment
- More providers have consumers at the table, and really want their contributions

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Contact us- we love to share

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