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2018
RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT

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# Quality Improvement Program at Philadelphia FIGHT

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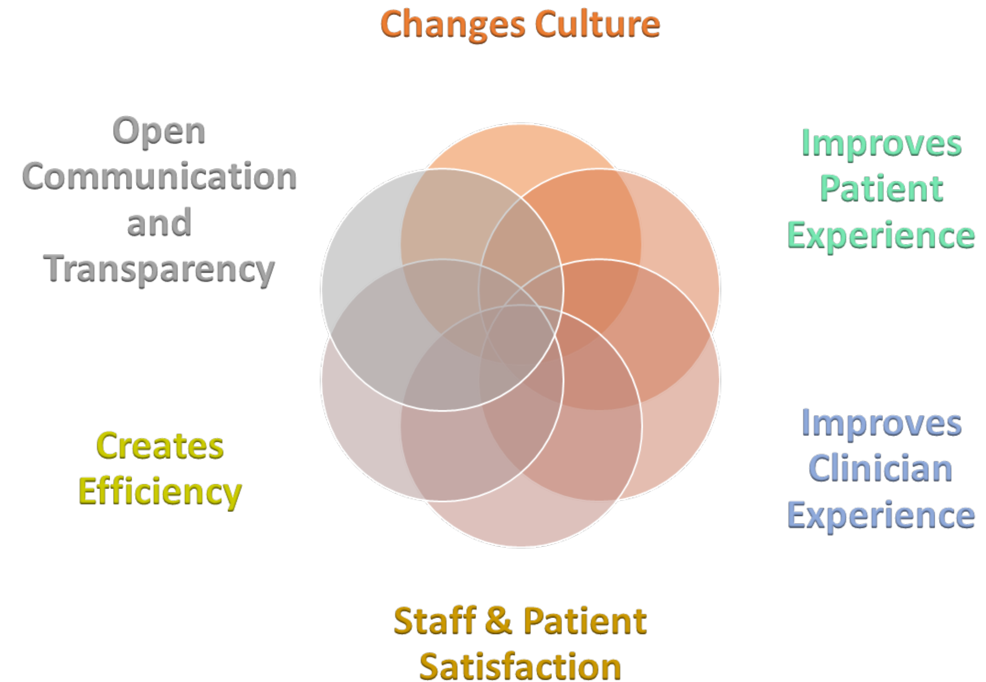
# What are our values?

The mission of the Quality Management team is to continuously improve the quality of the clinical experience of patients, providers, and staff, through data-driven methods that create efficient, effective, patent-centered best practices. We aim to foster change that utilizes patient feedback, supports staff and providers in the provision of quality care, and optimizes our performance in the clinical indicators of funders.



# Ensure Health Equity is always a QI Goal

## Set vision and tone

- ❖ Raise profile of equity and frame as a must.
- ❖ Discuss root causes of inequitable care and outcomes.
- ❖ Be courageous and reward courage in staff.

## Set strategy and align resources

- ❖ Set quality aims to narrow gaps in equity/disparities.
  - ❑ Raising all boats does not narrow equity gaps.
- ❖ Request and review stratified data as standard part of QI.
- ❖ Deploy specific strategies to address the multiple determinants of health

# Keys to QI success

- Pick a tool and improvement methodology
  - Stick to it so you can teach it
- Not another initiative, not flavor of the month
  - Be woven in and flexible
- Ownership of the message
  - Need to be able to tell everyone why this is important
  - Need each individual to understand and be able to pass on
- Knowledge and understanding of QM across entire organization
  - What is each persons role from leadership to front line staff?
- Identification of issues and prioritization of action

# Keys to DATA COLLECTION

## Best

- By clinical staff at point of care as part of workflow
- In real time
- Automated
- Strong clean data
- Make it readable and reliable
- Actionable
- Ability to benchmark

## Worst

- Manual abstraction
- Delayed
- Data held captive
- No clear definitions for attribution
- Data rich environment but information poor
- Inability to see beyond numbers

# What are our team rules? Where do you start?

- Look for the “pain” and then use the system
- Align with institutional priorities
- Harvest “intrinsic motivation”
- Carve out protected time
- Tolerate risk – fail frequently, quickly and well
- Celebrate and reward success (and failure)
- Just because we haven’t thought of it doesn’t mean it’s not good
- Notice, test, adopt and reward “disruptive innovation”
- Promote and celebrate positive deviance (respect those quirky folks with strange ideas)
- Be visibly present: walk around, ask questions, offer help
- Always include patient’s as part of project

# Strategy 101

## What IS strategy?:

- How will you play to win your chosen game

## Developing strategy:

- What is our winning aspiration/vision = purpose
- Who is our customers = patients, families, funders, our staff
- Where will we play = where will we compete
- How will we win = values, scenario planning, strategies
- How will we measure success
- What capabilities must be in place = reinforcing activities, gap analysis
- What management systems are required = systems, structures,  measures

# How do we focus our energy?

# How can we ALL be effective QI leaders?

## Understand Skepticism for QI:

- ❑ Bring a skeptical and challenging mentality to QI
- ❑ QI can get bogged down in tedious process
- ❑ QI is costly and pay offs aren't likely to be immediate
- ❑ QI does not always provide clinicians with the data they need to improve

## Assess will of staff for quality improvement:

- ❑ What are we trying to accomplish?
- ❑ What are the investments you are willing to make?
- ❑ What activities should we de-emphasize?
- ❑ What conflicts are we willing to resolve?
- ❑ What risks are we willing to take?
- ❑ How much disruption in the organization are we willing to support to make the transition to a better performing system?

# 2018 Quality Improvement Goals

1. More QM training of everyone!
2. Develop core methodologies
3. Improve information exchange in and outside of FIGHT
4. Increase bottom-up engagement
5. Create mini QM team at each clinic
6. Increase presence of QM team at each clinic
7. Have individual clinics identify and accomplish 2 areas of improvement
8. Community health worker research project

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# Quality Improvement Program at Philadelphia FIGHT

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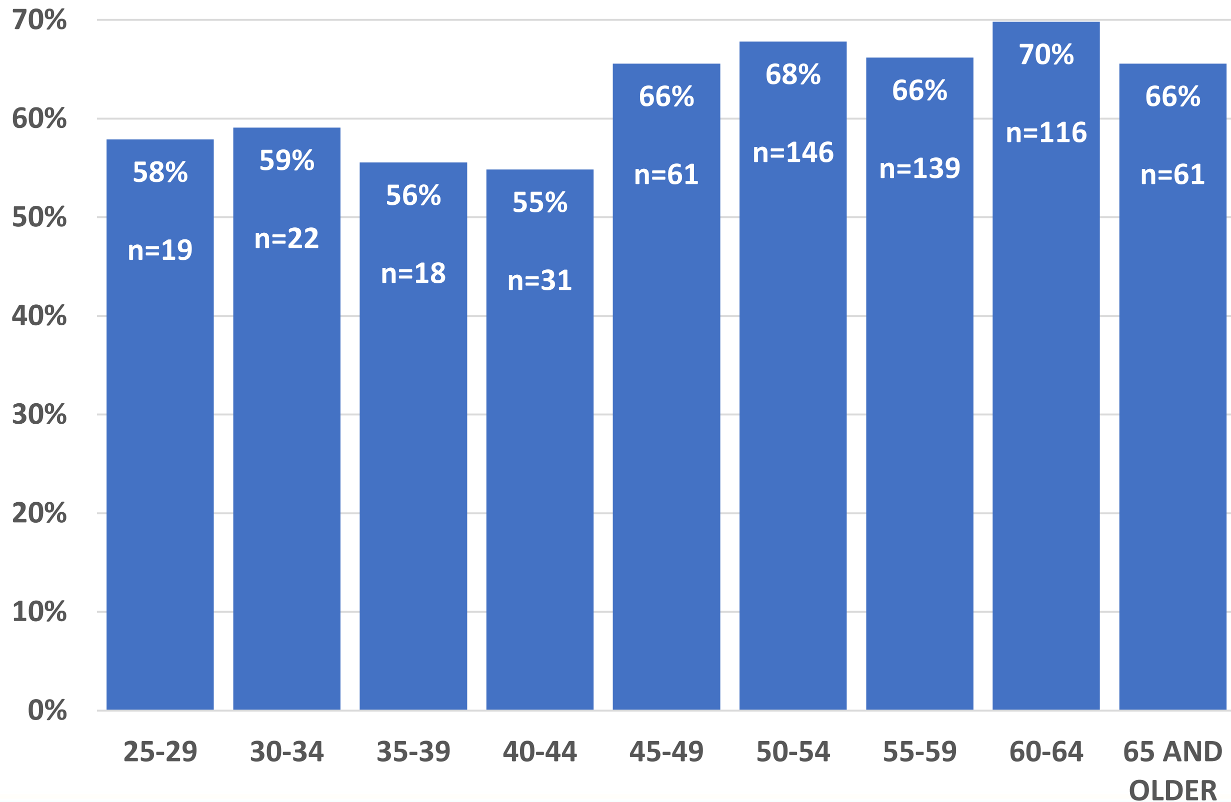
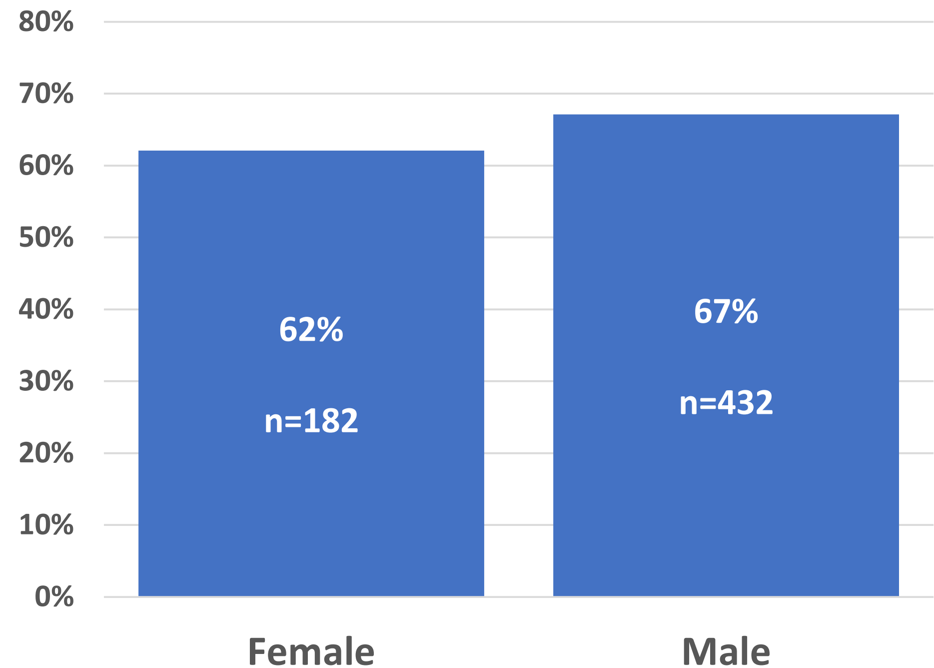
# Sampling of 2018 QMs at FIGHT

| Quality Measures | Active HIV Positive. All patients having an HIV diagnosis with one or more valid visits within the last 365 days. # Meets Criteria | Active HIV Positive. All patients having an HIV diagnosis with one or more valid visits within the last 365 days. # Doesn't Meet | Active HIV Positive. All patients having an HIV diagnosis with one or more valid visits within the last 365 days. % Meets Criteria | Active HIV Positive. All patients having an HIV diagnosis with one or more valid visits within the last 365 days. % Doesn't Meet | | |
|---|---|---|---|---|---|---|
| HHS HIV Guidelines of Care: Currently on ART | 1,501 | 100 | 94% | 6% | Leader | 90% |
| HHS HIV Guidelines of Care: CD4 count lab test within last 6 months | 1,409 | 192 | 88% | 12% | ↑ 25% | 77% |
| HHS HIV Guidelines of Care: Viral load lab test in last 6 months | 1,417 | 184 | 89% | 11% | Leader | 77% |
| HHS HIV Guidelines of Care: Hepatitis C serology | 1,580 | 21 | 99% | 1% | Leader | 92% |
| HHS HIV Guidelines of Care: ALT, AST within last 12 months | 1,567 | 34 | 98% | 2% | Leader | 85% |
| 2018 MIPS Measures: 001-Diabetes: Hemoglobin A1c Well Controlled | 195 | 49 | 80% | 20% | Leader | 69% |
| 2018 MIPS Measures: 205-HIV/AIDS: STD Screening for Chlamydia, Gonorrhea and Syphilis | 1,331 | 62 | 96% | 4% | ↑ 25% | 86% |
| 2018 MIPS Measures: 236-Controlling High Blood Pressure | 403 | 211 | 66% | 34% | Median | 61% |

# 2018 MIPS 236: BP Controlled for HIV+ Hypertensive Patients by Age & Sex



# Viral Load Suppression Project

**Engaged a team approach to address viremic patients**

- Pre-huddle sheets: conducted manual review of schedule vs. CAREWare NIN list

**Used disparity data to identify areas of focus**

- Disparities across clinics
- Disparities in youth and trans populations
- Disparities in uninsured

| Viral Load Suppression | 2016 | 2017 |
|---|---|---|
| Numerator | 1565 | 1636 |
| Denominator | 1939 | 1986 |
| Percent | 80.71% | 82.38% |

**Limitations**

- Delay in data to CAREWare – lists aren't always up to date and actionable
- Knowing there is a disparity is only the first step in a longer battle – how to address the disparity?

# Influenza Vaccination Project

Used Staff Awareness to increase flu shots among the patient population

- Staff received flu shots at work
- Distributed Buttons: “I got my flu shot, did you?”
- Asked staff to participate in a decorating movement with flu shot memes and posters
- Empowered and enabled ancillary staff to order, document, and give flu shots
  - Created standing order
  - Created flu shot workflow
  - Provided training on flu shot documentation
    - Including how to document if flu shot was received elsewhere

# Huddle sheets:
# What are they and how do we use them?

| Time | Provider | Resource | Type | Age | Sex | PCP |
|---|---|---|---|---|---|---|
| 1:00 PM | Sarah Smith, PA-C | ssmith / Jonathan Lax Treatment Center | Established 1hour visit | 45 Yrs | F | Sarah Smith, PA-C |
| H B | Reason: History (12 Mo.): No Shows: 11 Canceled: 2 Visits: 5 Last Visit DR: Sarah Smith, PA-C<br>Last BMI: 30.85 (8/23/18) Weight Change (6 Mo.): 4 lbs. Last BP: 148/92 (8/23/18) Last PHQ:<br>Last Pap: 10/4/2017 Smoker: Yes Last 3 BP: 148/92 (8/23/18) 155/102 (7/31/18) 131/92 (5/25/18) | | | | | |
| 1:30 PM | Sarah Smith, PA-C | ssmith / Jonathan Lax Treatment Center | Established Patient | 42 Yrs | M | Sarah Smith, PA-C |
| D H | Reason: History (12 Mo.): No Shows: 3 Canceled: 1 Visits: 0 Last Visit DR:<br>Last BMI: 31.99 (1/19/18) Weight Change (6 Mo.): Last BP: 114/83 (1/19/18) Last PHQ:<br>Smoker: Yes Last 3 A1c: Last 3 BP: 114/83 (1/19/18) 129/89 (10/18/17) 134/90 (8/4/17)<br>Protocols: Due: A1c | | | | | |
| 2:00 PM | Sarah Smith, PA-C | ssmith / Jonathan Lax Treatment Center | Established Patient | 57 Yrs | M | Sarah Smith, PA-C |
| D H B L | Reason: 4 week f/u History (12 Mo.): No Shows: 4 Canceled: 4 Visits: 4 Last Visit DR: Angela Kapalko, PA-C<br>Last BMI: 22.39 (9/25/18) Weight Change (6 Mo.): -4 lbs. Last BP: 129/83 (9/25/18) Last PHQ:<br>Last Colon Cancer Screening: 3/7/2013 Colonoscopy Smoker: Yes Last 3 A1c: 10.1 (7/12/18) Last 3 BP: 129/83 (9/25/18)<br>Protocols: Viremic | | | | | |

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# OPERA and Quality Measures Best Practices

**Rodney Mood**

*COO, Epividian*

# About OPERA HIV Cohort

- Observational database focused on HIV and other chronic illness
- Data gathered daily from EHR systems in clinics from a variety of practice settings in 54 U.S. cities
- Consists of 92,656 persons living with HIV of which 45,658 were seen in the last 12 months
- The data used to support the practices with CHORUS, a free healthcare analytics and reporting service to assist with quality improvement, population health and research
- CHORUS is used frequently for quality measures to identify gaps in care among the treated population and benchmark (anonymously) to all other OPERA clinics

# Quality Measures Best Practices

Ideal QMs for a practice's QI activities are: Timely, Accurate, Relevant, Actionable

**Timely**. Trending over last 2 years is helpful but what about what happened last month? How can you find gaps in care of patients who are regularly seen if your quality measures aren't up to date (within a week or so)?

**Accurate**. How are your reporting tools dealing with data categorization and data hygiene?

**Relevant**. Quality measures that are great for one clinic don't work well for others. Consider medical leadership's perspectives on care guidelines used for each measure, including exceptions.

**Actionable**. If the audience is caregiving team, focus on measures where they can take action with individual patients. Otherwise, involve process-focused staff.

# How to Calculate Quality Measures

Issues using EHR Reports or CAREWare alone for QI activities

- EHR limits: rarely categorized sufficiently to provide accurate & complete measurements alone
- RW / CAREWare: limited by RW population and mandated fields
- Confounding issues: for clinics seeing patients from all payer types, do quality measures for Ryan White clients in CAREWare provide a good benchmark for all patients?

# OPERA QMs: RW v All Other Payer Types

| Common Quality Measures in OPERA Cohort Among HIV+ Patients Seen in 2018 | Ryan White Clients (%) N=9,371 | Commercial Payer (%) N=13,883 |
|---|---|---|
| MIPS 001: Hemoglobin A1c Well Controlled for Diabetics (inverted) | 73% | 73% |
| MIPS 111: Pneumonia Vaccination Status for Older Adults | 93% | 66% |
| MIPS 205: HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis | 95% | 87% |
| MIPS 236: Controlling High Blood Pressure | 56% | 62% |
| MIPS 338: HIV Viral Load Suppression | 84% | 92% |
| MIPS 340: HIV Medical Visit Frequency | 63% | 60% |
| HHS Guideline: Annual Hepatitis C (HCV) Screening | 97% | 93% |
| HHS Guideline: PCP Prophylaxis for HIV+ and CD4 < 200 | 64% | 58% |
| HHS Guideline: Viral load test collected in last 6 months | 82% | 79% |

# Acknowledgements

Thank you to these contributors and reviewers who helped create this presentation.

**Kathy Schulman, Epividian**

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**Institute for Healthcare Improvement – CQO Training Program**

# Patient centered co-design

- Thinking – staff is sitting in a room deciding what is needed
- Thinking about – all humans deciding what is needed
- Thinking alongside – staff and humans work together to set priorities, generate solutions, and help implement

## EXPERIENCE IS….

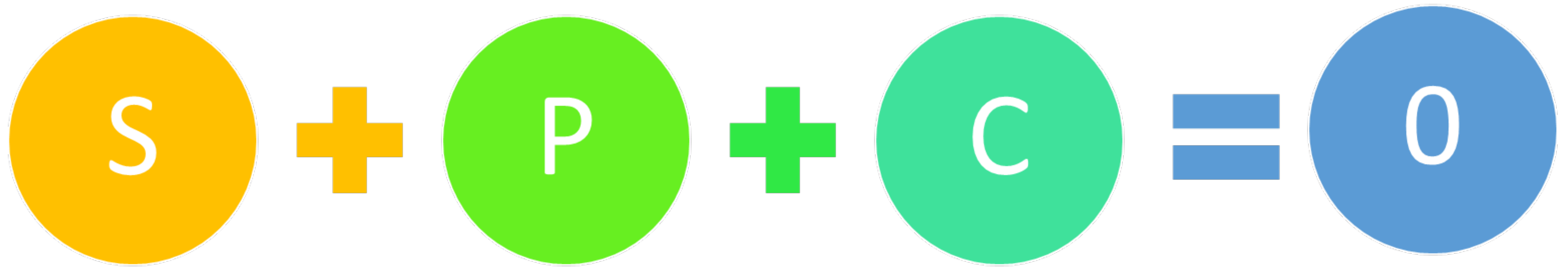
Experience is **something we have lived through**.
It is about something that happened and it is our **lasting story**…

It is defined in all that is **perceived, understood and remembered**…

# How to include patients and families?

- ❑ Include patients in all QI processes
- ❑ Patient journey mapping
- ❑ Patient family advisory boards
  - ➢ If patient contact need training like HIPAA. Only allow access to information that is needed, do this via processes.
  - ➢ Selection/recruitment: Depends on what we are doing and for how long
- ❑ Patient stories
- ❑ Staff interviews
- ❑ Secret shoppers
- ❑ Patient surveys

# What can we do to support our teams to develop the key ingredients for continuous improvement?



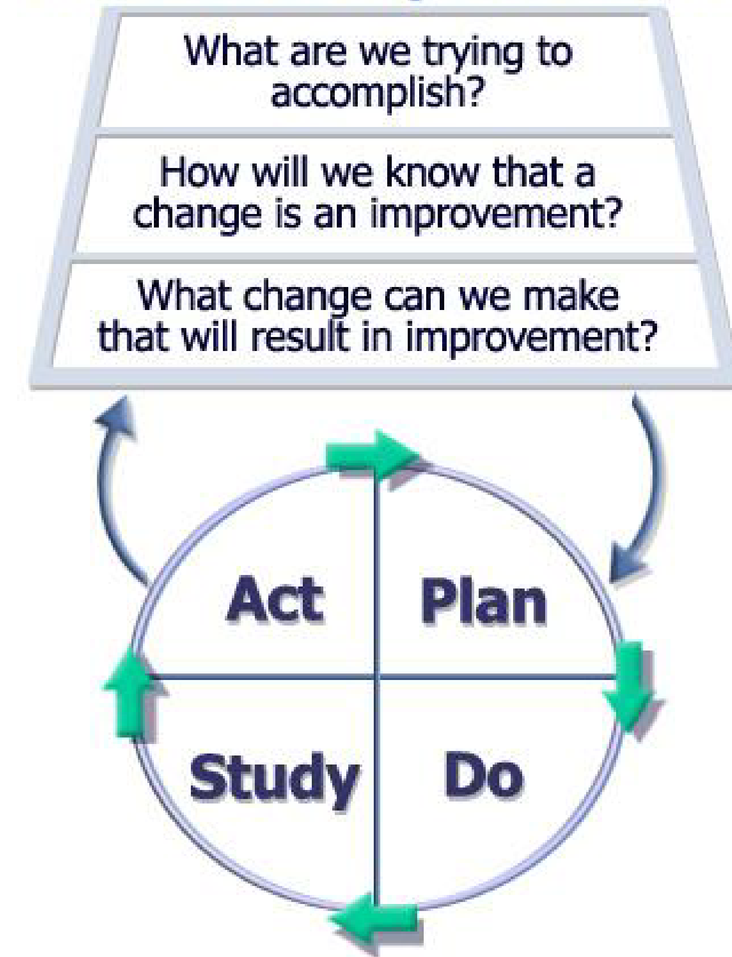

Structure + Process + Quality = Outcomes

# Building an Improvement Culture

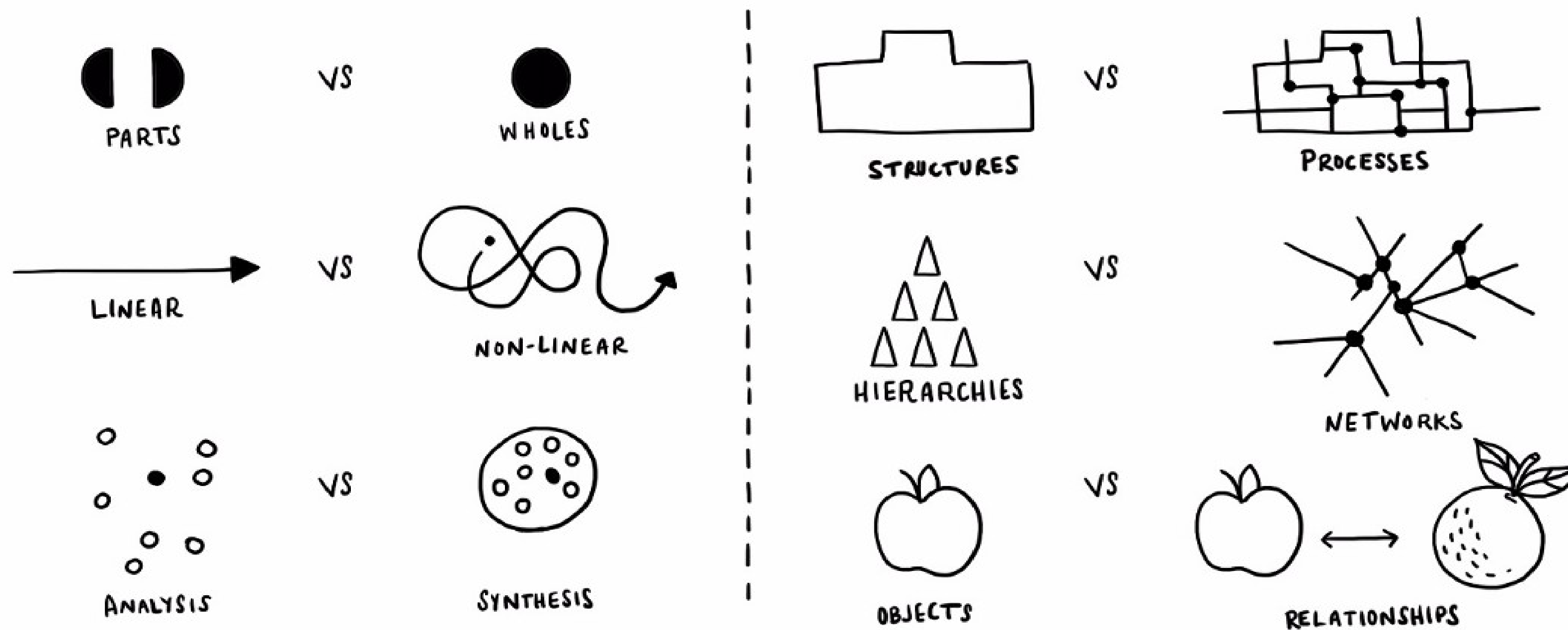
1. Create the right context for continuous quality improvement
2. Start building capability and capacity
3. Inspire and empower your workforce to lead improvement
4. Build an infrastructure to support improvement at scale
5. Align the work around improvement priorities
6. Constancy of purpose, relentless focus

# Tools and methods

- Paredo principle/chart
- Driver diagram
- Process Mapping
- Shewhart control chart
- 5 Why's – toddler method
- Fishbone diagram – cause/effect
- PDSA – Plan do study act
- Check sheet
- Histogram
- Scatter plot

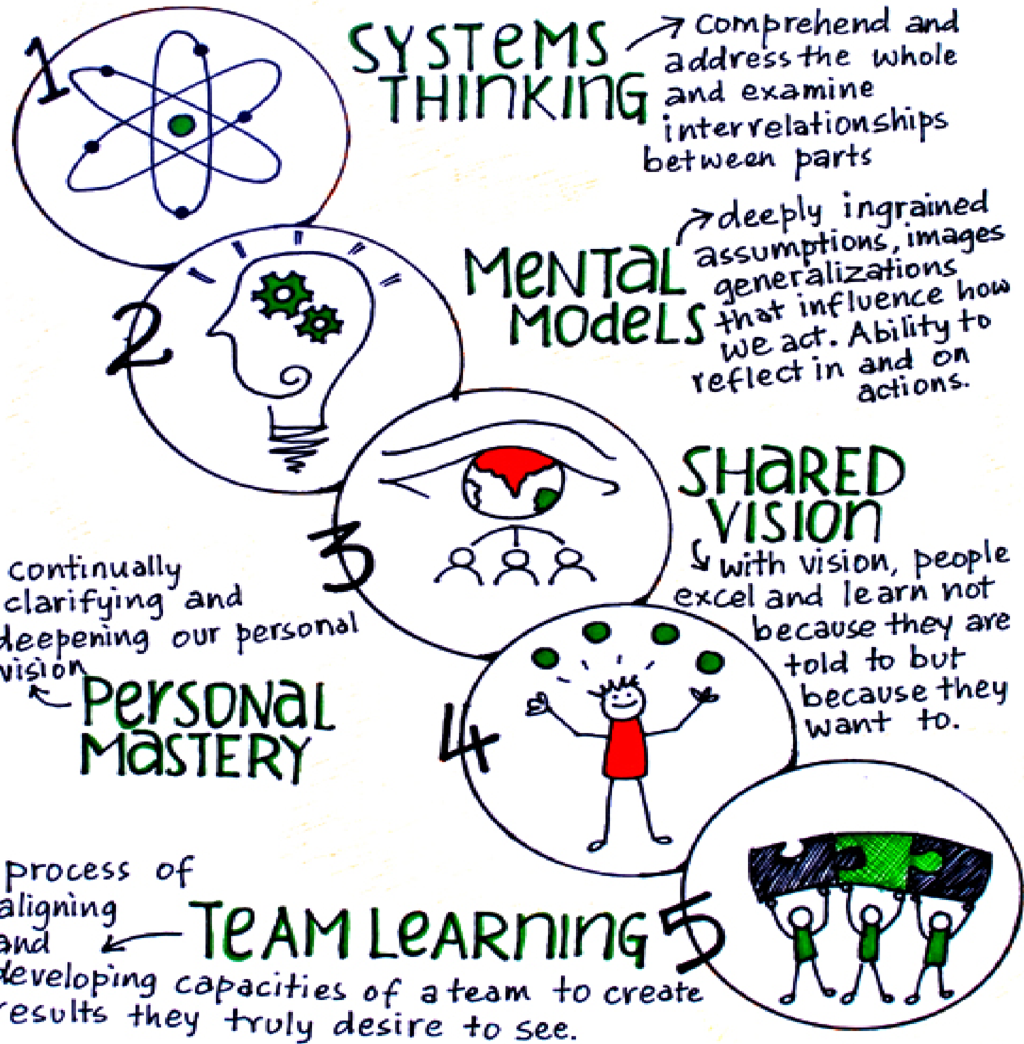


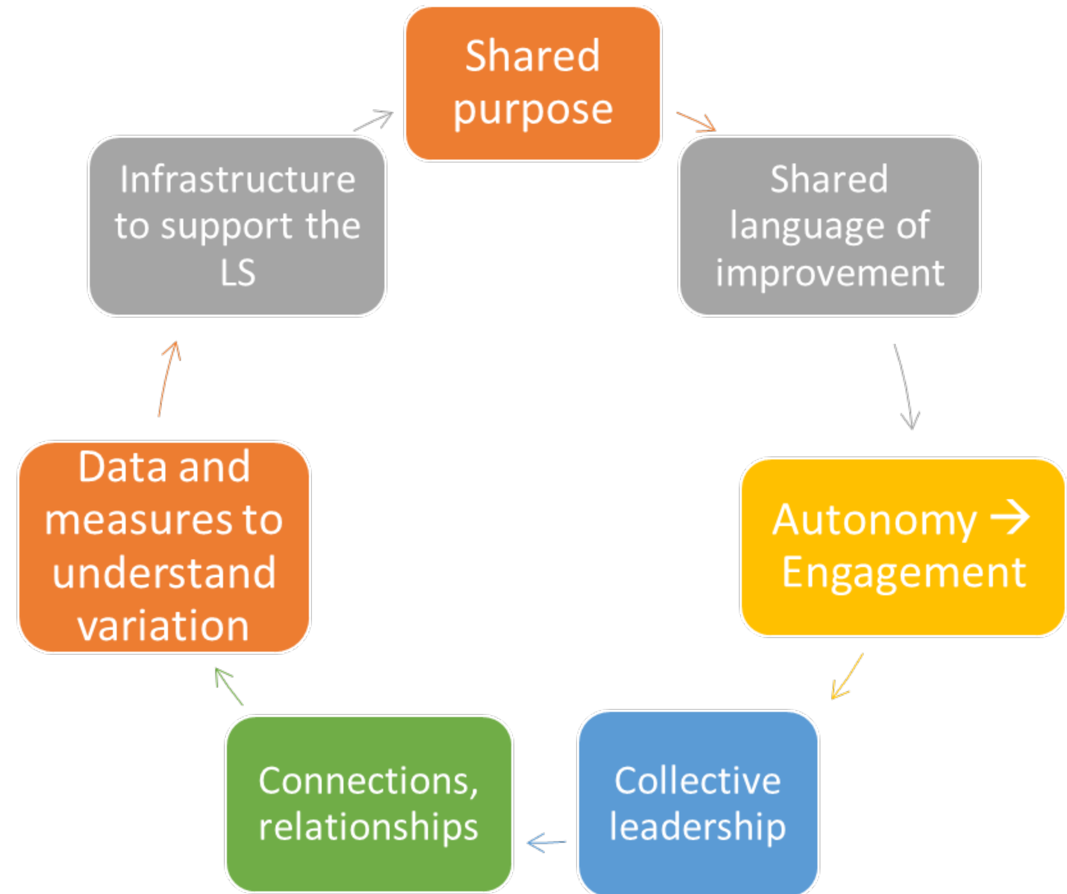
# SYSTEMS THINKING IS CRITICAL!



If Russel Ackoff gave a ted talk
https://www.youtube.com/watch?v=OqEeIG8aPPk

# Learning System



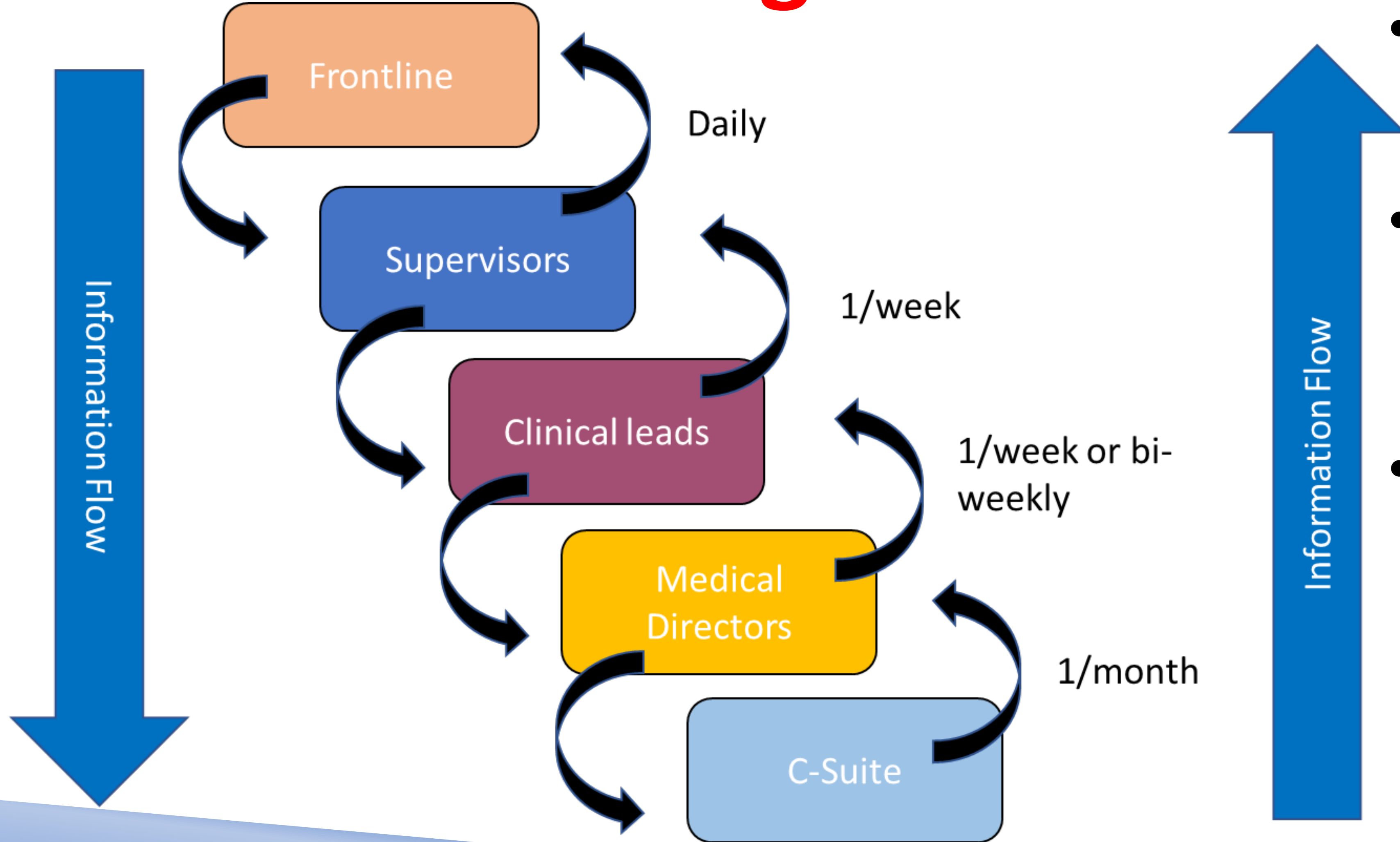
# What is transparency?

- “The free, uninhibited flow of information that is open to the scrutiny of others.”
- Essential for establishing trust, accountability, and ethical behavior.
- Necessary first step and most important part of a safe culture.
- A practiced value in everything we do.

# Barriers to transparency:

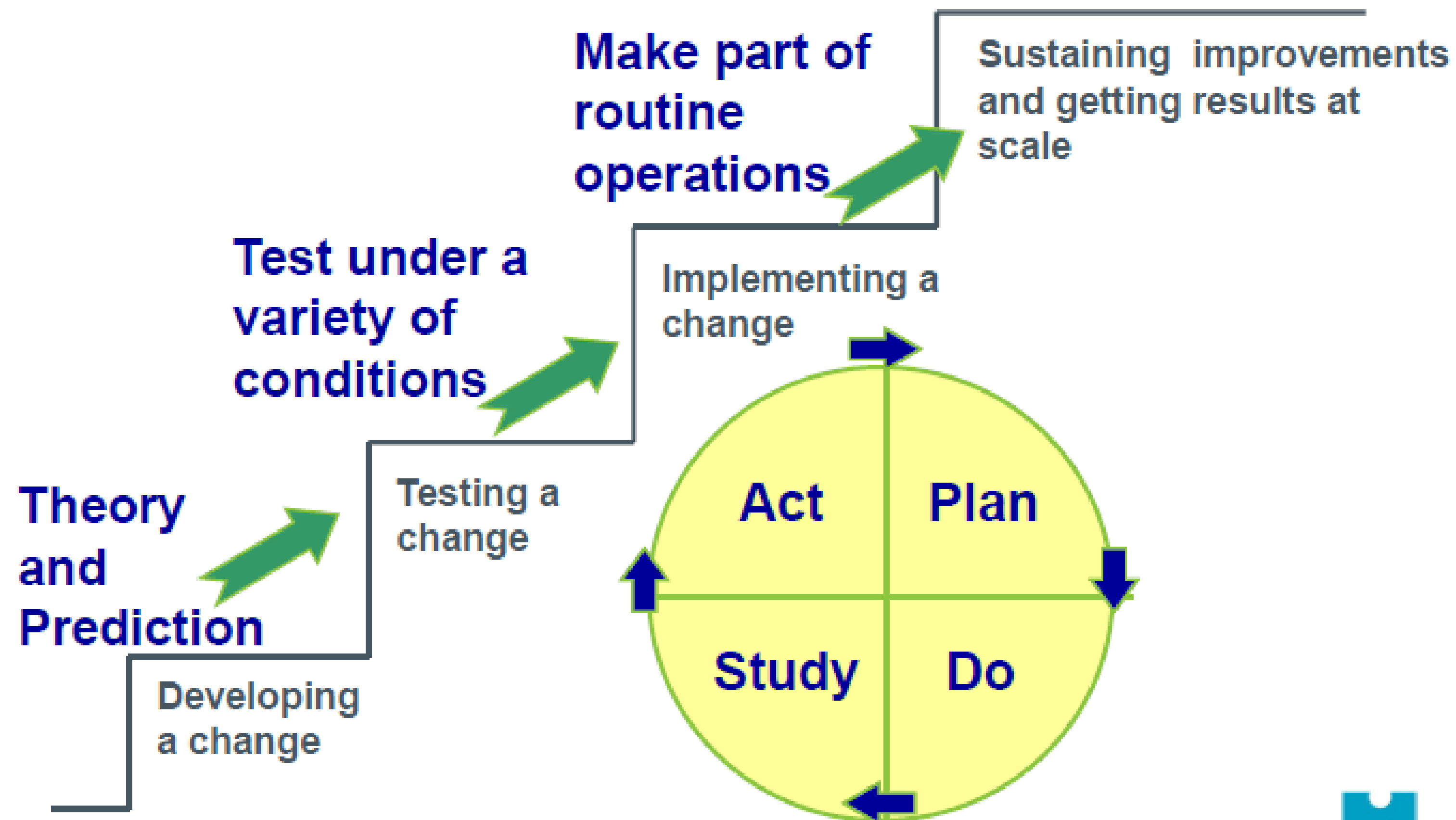
- Fears about conflict, disclosure and negative effects on reputation.
- Lack of pervasive safety culture and the leadership to create it
- Stakeholders with a strong interest in maintaining the status quo
- Lack of reliable data and standards for reporting and assessing behavior

# Status exchange:




- Status sheets are linked
- Flow of problem solving and communication is both directions
- Manager-resource/lead status exchange is a focus on daily problem solving and current initiatives
- Manager-director and Director- VP status sheets tend to focus more on themes, trends, and initiatives related to strategic priorities

# Implementation and scale up



# How do we sustain change?

- ✓ Standardization – processes exist to help define and disseminate work (what to do and how to do it)
- ✓ Accountability – process to review execution of standard work
- ✓ Visual management – work that we are doing needs to be visual in some fashion so we can work on it, reflect on it, and adjust
- ✓ Problem solving – methods to surface and address problems that are solvable at the front line
- ✓ Escalation – frontline staff can scope issues and escalate to management if needs action to resolve
- ✓ Integration – goals and standard work are integrated and coordinated across organization