

The logo features a large, stylized red graphic element on the left, resembling a square with a horizontal bar extending to the right and a vertical bar extending downwards. The year '2018' is written vertically in light blue text within the vertical bar. To the right of the graphic, the word 'NATIONAL' is written in light blue, uppercase letters. Below 'NATIONAL', the name 'RYAN WHITE' is written in large, bold, white, uppercase letters. Underneath 'RYAN WHITE', the text 'CONFERENCE ON HIV CARE & TREATMENT' is written in light blue, uppercase letters. The entire logo is set against a dark blue background with a vertical red bar on the far left and a horizontal red bar at the bottom.

2018 NATIONAL
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Assessing and Improving The Client HIV Healthcare Experience

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Fort Lauderdale/Broward County Ryan White Part A Program

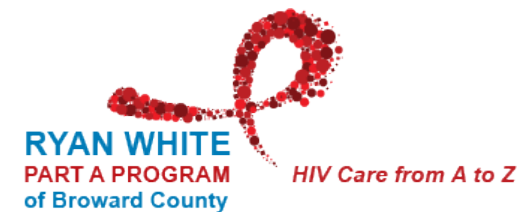
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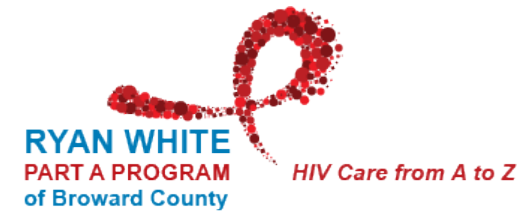
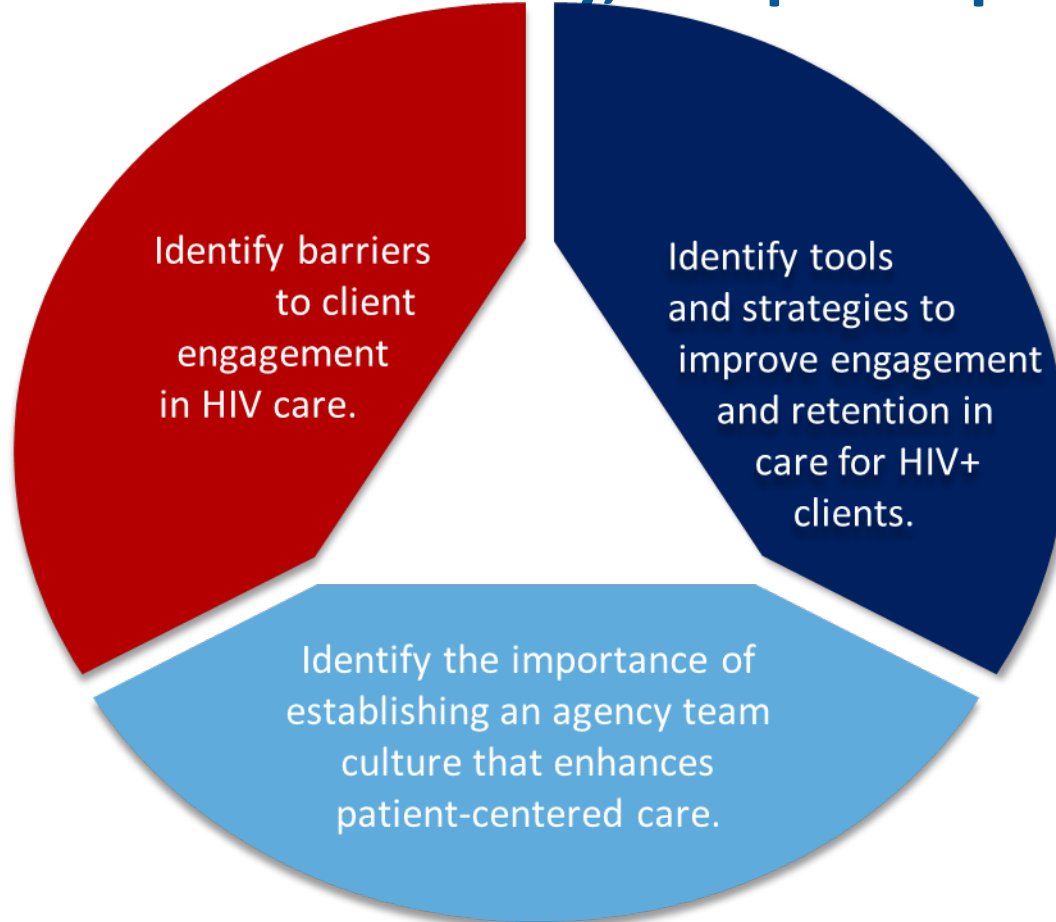
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Learning Objectives

At the conclusion of this activity, the participant will be able to:



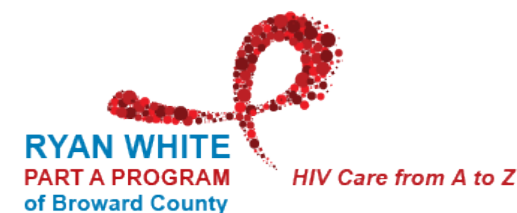
Customer Health Experience Initiative (CHEI)

Background

- Research shows a correlation between client satisfaction with HIV healthcare and positive health outcomes.
- HAB Clinical Quality Management PCN #15-02: “...Recipients are required to implement quality improvement activities aimed at improving patient care, health outcomes, and patient satisfaction.”
- The Part A Program office noticed a trend in client complaints related to accessing Part A services at funded agencies.

Goal

- To assess the client HIV healthcare experience in the Broward County EMA Ryan White Part A System through firsthand assessments.



Phases of the CHEI

Phases of the Initiative
Phase One: Accomplish buy-in from Part A Providers.
Phase Two: Conduct secret shopper/client assessments at all 12 Part A agencies.
Phase Three: Educational module offered to ALL staff at each Part A agency and assessment of team culture.
Phase Four: Evaluation of agency assessments and sharing results with service provider networks.
Phase Five: Share full assessment results with each Part A agency and identify next steps.



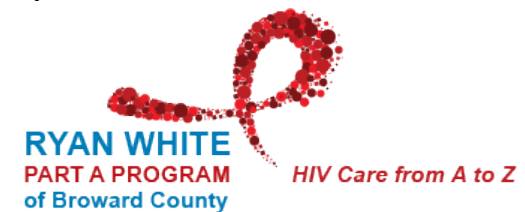
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Phase One: Accomplish Buy-in From Part A Providers

Part A Program staff held an in-person meeting with high-level staff from all 12 Part A agencies (CEOs, Directors, Supervisors) to introduce the CHEI and gain their support to complete assessments of their agencies.

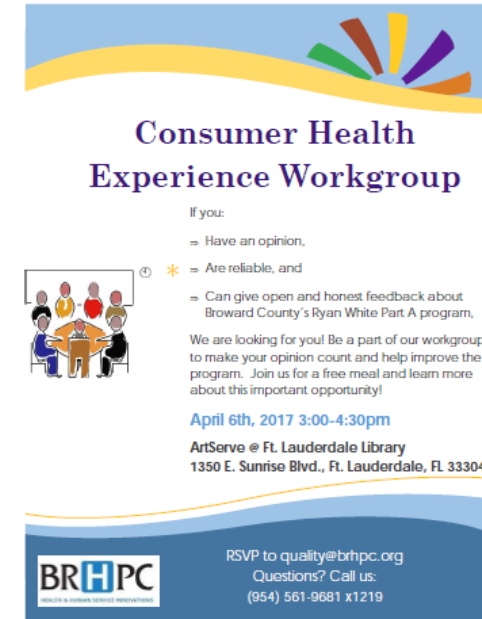
- **The CHEI lead consultant presented at the meeting**
 - The consultant provided an overview of the importance of client satisfaction in HIV healthcare and what agencies can do to achieve a high level of client satisfaction
- **Transparency regarding the “secret shopper” aspect of the CHEI was important**
 - The idea of using “secret shoppers” to assess Part A agencies was well-received by agency high-level representatives
 - They were supportive of receiving valuable feedback from the assessments to improve the client experience in their agencies



Phase Two: Conduct Secret Shopper/Client Assessments at all 12 Part A Agencies

Recruitment of Secret Shoppers

- Part A Program staff recruited 14 existing Part A clients and HIV+ community members to attend a meeting to discuss signing up as a secret shopper.
- The majority of recruited members were unable to act as a secret shopper due to: Required time commitment, no phone to make phone calls, and conflict of interests.



Consumer Health Experience Workgroup

If you:

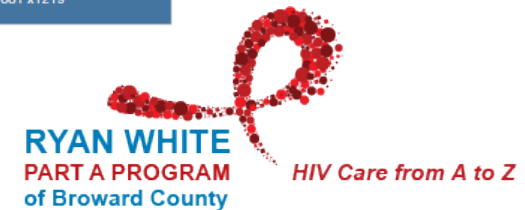
- ⇒ Have an opinion,
- ⇒ Are reliable, and
- ⇒ Can give open and honest feedback about Broward County's Ryan White Part A program.

We are looking for you! Be a part of our workgroup to make your opinion count and help improve the program. Join us for a free meal and learn more about this important opportunity!

April 6th, 2017 3:00-4:30pm
ArtServe @ Ft. Lauderdale Library
1350 E. Sunrise Blvd., Ft. Lauderdale, FL 33304

BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS

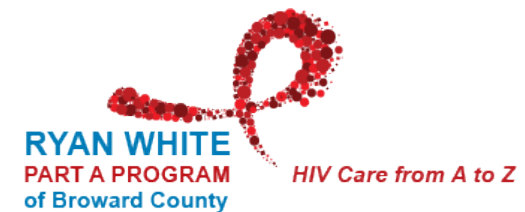
RSVP to quality@brhpc.org
Questions? Call us:
(954) 561-9681 x1219



Phase Two: Conduct Secret Shopper/Client Assessments

Due to the difficulty with recruiting HIV+ persons, actors were primarily utilized to conduct secret shopper assessments.

- The CHEI consultant identified **two “actors”** who had experience doing secret shopping for other EMAs
 - Both actors were males, mid-20’s.
- Mock profiles were set up in Provide Enterprise (PE - Broward’s electronic client records and monitoring database) for the CHEI actors.
- Actors completed in-person visits and telephone assessments.
- After each assessment, the secret shoppers completed a survey to best reflect their “experience” while engaging the agency.
- **Two Ryan White clients** were identified to be part of the CHEI by using their personal experiences.



Phase Two: Conduct Secret Shopper/Client Assessments

Agency Visit Assessment

- 22 questions
- Rating key:
1 = no effort to 5 = excellent effort

Consumer Health Experience Results Agency Visit Survey & Agency Telephone Survey			
Agency	Visit Date	Consumer, Actor or Both	
	8/2017	Actor made 1 visit and 1 phone call	

Item #	Question	Rating	Comments
1	Initial greeting at Agency	5	"Welcoming greeting, but after that when I started talking about why I was there, the experience felt troubling."
2	Showed respect for what I had to say.	5	"Staff person listened without judgement in the beginning."
3	Paid attention to what I had to say.	5	
4	Explained things in a way I could understand	3	"I couldn't understand why I couldn't see a case manager."
5	Staff made me feel comfortable.	4	"I became frustrated when in a very business-like manner I was told I would have to come back some other time."
6	Waiting room was comfortable.	5	
7	Staff spent time with me.	4	
8	Receptionists/clerks were helpful and courteous.	4	
9	Visit was not interrupted	5	



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Phase Two: Conduct Secret Shopper/Client Assessments

Agency Telephone Assessment

- 12 questions
- Rating key:
1 = no effort to 5 = excellent effort

Agency Telephone Survey

Rating Key: 1- No effort
2- Minimal effort
3- Fair effort
4-Good effort
5-Excellent effort
NA-Not applicable

Item #	Question	Rating	Comments
1	I was greeted on the phone in a warm and friendly manner.	4	"All three people on the phone said 'hello' but I never heard a name of name of the department."
2	I felt listened to.	3	"I was routed to three people."
3	Staff explained things in a way I could understand.	3	"Very matter-of-fact. I was afraid to ask questions."
4	The person on the phone made me feel comfortable in talking about my health-related questions.	3	"I felt I was being judged. I wanted to know where I would be getting my medication. The person said not at the CIED office. I never understood what CIED was-they didn't tell me."
5	Enough time was given to me so that I knew what action to take next.	3	"The person on the phone told me that I could just come in without lab work or a ID, but that things would be more difficult without those things."

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Phase Three: Educational Module

- **The CHEI consultant held a 90-minute educational module on-site at all 12 Part A agencies titled “Creating a Culture of Person-Centered HIV Care”**
 - Module topics included: defining patient-centered care, impact of social disparities on HIV treatment and care, creating a welcoming environment, and how clinical and non-clinical staff can work together to eliminate social disparities
- **Part A Program staff opened the module to ALL staff within the agency, not just Ryan White Program staff**
 - Each agency was asked to identify a “champion” to work with the CHEI consultant to schedule the module to be held on-site
 - Larger agencies required two sessions to allow for all agency staff to attend
- **First module was held prior to assessment review to provide agency staff with background on the CHEI and what we were trying to accomplish**
 - The module brought awareness to the issue of client satisfaction in HIV healthcare
 - Triggered agency staff to think about interactions with clients in their agency and areas to improve on



Phase Three: Team Culture Assessment

- In addition to presenting the educational module, the consultant assessed each agency's team culture
- All staff from each agency were invited to attend this module, allowing us to assess the agency's team culture as a whole, versus only Ryan White staff
- The tool had providers use a 5-point Likert scale to choose closest belief in statements regarding the nature of their team.



TEAM CULTURE SURVEY. Think about the culture of YOUR TEAM. Your team is the people you work with when you are doing your job. Read through the list of 12 statements below and circle the number between the two statements that is closest to where you think YOUR TEAM is at this point in time.

EXAMPLE
 People in my team break rank and go it alone. 1 2 3 4 5 People in my team pull together.

If you circle 1, then you feel your team works alone most of the time. If you circle 3, you think your team works alone some of the time and pulls together as a team some of the time. If you circle 5, you feel that on the whole, your team works together. This Survey should take 5-7 minutes to complete.

1) People in my team have dissimilar values, interests and beliefs.	1	2	3	4	5	People in my team share values, interests and beliefs.
2) People in my team break rank and go it alone.	1	2	3	4	5	People in my team pull together.
3) Individuals in my team operate alone and there is conflict between them.	1	2	3	4	5	There is community spirit and co-operation in my team.
4) My team is ruled by standards of the past.	1	2	3	4	5	My team is ruled by visions of the future.
5) Meetings are an aspect of the culture of in my team.	1	2	3	4	5	Working in small teams is an aspect of the culture in my team.
6) In my team there are winners and losers, them and us.	1	2	3	4	5	People confront and move beyond their differences in my team.
7) My team is anti-change.	1	2	3	4	5	My team is change oriented.
8) There is weak coordination in my team.	1	2	3	4	5	There is strong coordination in my team.
9) My team is inward looking and focused on itself.	1	2	3	4	5	My team is outward-looking and does not focus on itself.
10) My team is dominated by routine and systems.	1	2	3	4	5	My team is creative and ideas-dominated.
11) People do not reflect about their work in my team.	1	2	3	4	5	People reflect about their work in my team.
12) There is disagreement in my team.	1	2	3	4	5	There is harmony in my team.

*Pritchard & Dewing (2000). A multi-methods evaluation of an independent dementia care service and its approach. *Aging and Mental Health*, 5:1,63-72.

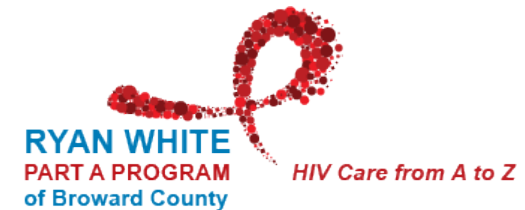


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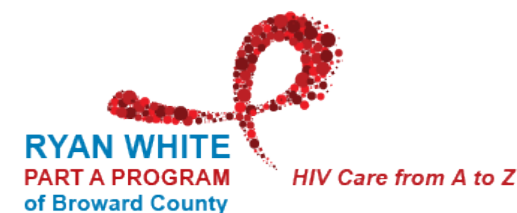
Phase Four: Agency Assessment Review

- 1. Part A Program staff completed a review of each agency's overall assessment**
 - Staff discussed approach to address findings and method of sharing findings with each agency
- 2. Part A Program staff made the decision to review the assessment results in meetings with each of their already established Service Provider Networks**
 - Networks are comprised of subrecipients representing all locally funded Ryan White Part A service categories and serve as a forum to discuss matters within each service category
Networks: (1) Medical/Disease Case Management, (2) Oral Health, (3) Mental Health, and (4) Support Services (Case Management, Food Bank, Legal, Intake & Eligibility Determination).
 - The decision to do an overview of the assessment results with the Service Provider Networks was driven by assessment findings which indicated a need for communication between providers of the same service, in addition to within each agency



Assessment Review continued

- The CHEI consultant facilitated the meetings with each Service Provider Network to do an overall review of the assessment findings
- The overall review of the assessment findings included aggregated conclusions of all agency assessments
- Consultant shared secret shopper responses and additional insight on the experience as the leader of the initiative
- The consultant also presented the *“Quality Initiative to Improve Customer Service and Care to People Living with HIV in Broward County Florida”*
 - The presentation allowed each Network to reflect on the assessment findings presented, and provided strategies and tools providers could take back to their agency
 - *Presentation topics included: Organizational culture, effective workplace culture, person-centered care, and building effective care teams*



Take Home Strategies and Tools

Organizational Culture: Identify Agency Attributes

Segmented Culture	Integrative Culture
Disparate values interests and beliefs	Shared values, interests and beliefs
Breaking rank, going at it alone	Pulling together
Tribalism and conflict	Communicative and co-operative
Compartmentalizing problems	Seeing problems as wholes
Ruled by standards of the past	Ruled by visions of the future
Meetings	Teams
Winners and losers/ them and us	Confronting and transcending differences
Anti-change/reactionary	Change-oriented
Weak coordinating mechanism and lateral linkages	Strong coordinating mechanisms and lateral linkages
Inward-looking	Outward-looking
Mechanistic, systems dominated	Creative, ideas dominated
Non-reflective	Reflective
Discordant	Harmonious

Drennan, D. (1992) *Transforming Company Culture*. McGraw-Hill, London.

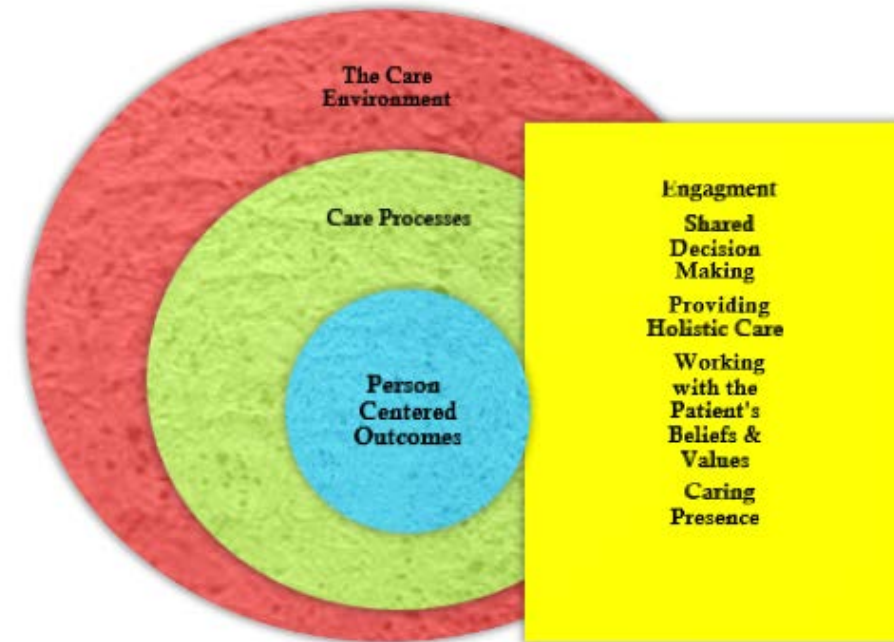
Attributes for an Effective Workplace Culture

Enabling Factors	Essential Attributes
Individual <ul style="list-style-type: none"> • Transformational leadership • Skilled facilitation • Role clarification Organizational <ul style="list-style-type: none"> • Flattened and transparent management • Organizational readiness • Culture of learning 	<ol style="list-style-type: none"> 1. Specific values promoted in the workplace: <ul style="list-style-type: none"> • Person-centeredness • Lifelong learning • Support and challenge • Leadership development 2. Involvement, collaboration and participation by stakeholders including consumers 3. Positive attitude to change 4. Open communication 5. Teamwork 6. Holistic safety 1. Shared vision and mission and individual and collective responsibility 2. Adaptability innovation and creativity to maintain workplace effectiveness 3. Change is driven by the needs of the consumers, users and communities 4. Form quality improvement structures and processes are available in the organization to continuously evaluated learning, consumer experiences and evaluation of all related data

Take Home Strategies and Tools

Person-Centered Care

- “Providing care that is respectful of and responsive to individual patient preferences needs and values and ensures that patient values guide all clinical decisions.”
- **Person-Centered Outcomes**
 - Satisfaction with care
 - Engagement with care
 - Feeling of well-being
 - Viral Load Suppression

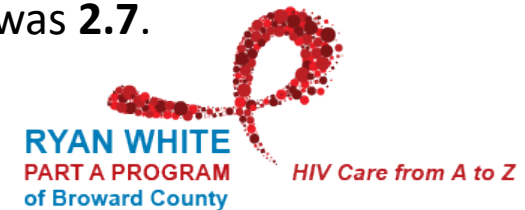


Dewing, J. (2008) Becoming and being active learners and creating active learning workplaces: the value of active learning. In: International Practice Development in Nursing and Healthcare (Eds B. McCormack et al), pp.273-294, Blackwell: Oxford.

Phase Four: Assessment Findings

Using a scale of 1-10, where 10 was a wonderful effort and 1 was little to no effort:

- The average perceived effort made by staff/providers **to greet/welcome patients, in a warm and friendly manner on the phone**, was **2.9**.
- The average perceived effort made by staff/providers **to greet/welcome patients, in a warm and friendly manner in person in the clinic setting**, was **4.7**.
- The average perceived effort made by staff /providers **to carefully listen to the patient's health needs and concerns on the phone**, was **3.3**.
- The average perceived effort made by staff /providers **to carefully listen to the patient's health needs and concerns in person in the clinic setting**, was **4.0**.
- The average perceived degree to which providers/staff **in the clinical setting asked patients open-ended questions** to learn more about patients and their concerns, challenges and successes in managing their overall physical, social and emotional health was rated by Secret Shoppers/Consumers, was **2.7**.



Secret Shopper Responses: Strengths

- “The case manager sent me an email like she said she would and she gave me many choices of times to meet with her so that I could pick a time when I could get a ride to her office.”
- **“I liked the waiting area. It had a friendly atmosphere and felt calm.”**
- “I didn’t have my labs with me, but the case manager did not make a face or make me feel bad or anything... I felt comfortable in being myself and wanted to go back to see them.”
- **“The peer gave me a paper on how I could get help on a 1-800 phone line to cut down on the number of cigarettes I smoke.”**
- “My case manager is really great. They keep up with me and I feel like I can talk about anything I need.”
- **“Person at the front desk could tell I was whispering and uncomfortable talking about why I was there. She gave me a piece of paper and asked me to write down my concern. I liked that because I really don’t like talking about HIV in a waiting room where anyone can hear.”**



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Secret Shopper Responses: Weaknesses

- “I wish the provider wouldn’t tell me how busy they are as they are walking in the room to see me. It makes me feel **rushed and less important.**”
- “The provider gave me a lot of information, but **didn’t really ask me any open-ended questions to find out what I wanted or needed.**”
- “The receptionist asked me for my RW Identification number. I had no idea what she was talking about. I gave her my DOB and name, but she said I had to have my RW number or else **she couldn’t help me.**”
- “I was told to call my case manager and that the CM would have to refer me to have an appointment with a dentist. I told them I didn’t need a CM, but the **receptionist told me that I had to have a CM to get dental care.**”

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Secret Shopper Responses: Weaknesses

(Continued from Previous Slide)

- “I was transferred 4 times before getting to the right person to make an appointment. **I wanted to just hang up after the second transfer.**”
- “It was after Christmas and before December 30th and I wanted to find out how to see a provider. I kept getting voice mails. The recorded message didn't say what the holiday hours were **so I didn't know when to call back.**”
- “**I had to have a lecture** by the desk staff about how I had to first have my HIV test results before I could see anyone even if I was testing several years ago. This **all occurred in the waiting room lobby** got me upset. No one ever offered to take me to a private room to discuss this testing issue. I don't want to go back there.”



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Overall Assessment Findings

System-Level Findings

- Clients perceive the system as complex and hard to navigate
- Service delivery processes not working as designed or not being followed
 - Example: Requiring labs to complete eligibility
 - Requirement established to ensure completed client files
 - Clients never meant to be turned away if they did not have labs, but providers interpreted the requirement as so
- Need for a better introduction to Part A services – What they are and where they are offered

Agency-Level Findings

- Agencies rarely work together to link clients to services
- Agency front-desk staff tend to know little about the services their agency offer and lack the motivation to direct the client to the services they are requesting
- A cohesive team culture is a challenge for a majority of agencies
 - Weak coordination in team
 - Focus on themselves rather than considering outside input
 - Low level of creativity on teams, reported more likely to stick to routine



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Feedback from Networks

What is one action step that you will take, based on this presentation?

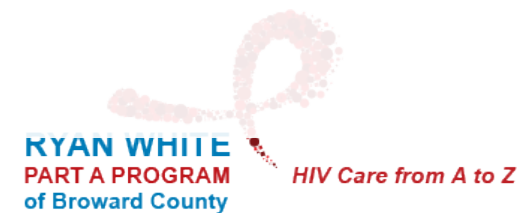
- Comfort
- Practice not being biased
- I will listen more carefully to patients and learn what they need
- I will focus on patients strengths

How could this module have been improved?

- Do a second session to practice skills and discuss challenging patient situations
- Another session to work on Quality Improvement Project
- Some role play and discussion on psychological support
- Interested in knowing what secret shoppers experienced

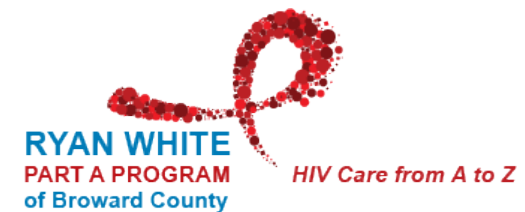
What additional training/information or education would be helpful to you to support your agency to provide a welcoming, responsive and effective service environment for PLWH?

- Staff could use training in Motivational Interviewing (MI)
- Would like objective data about patient outcomes
- Working with people from diverse cultures and behavioral health challenges



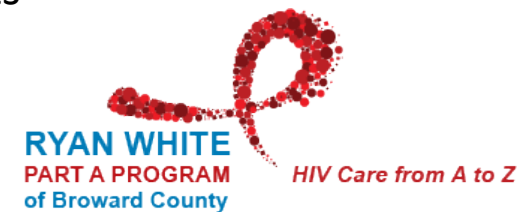
Recommendations to Agencies

- Take steps to improve team culture
- Train front desk staff on agency's services and customer service skills
- Improve phone systems and directories
- Improve/enhance training of new staff
- Improve lobby/waiting area to be welcoming and mindful of client privacy
- Hold routine staff trainings to address weaknesses reported in assessment



Phase Five: Sharing Individual Agency Assessment Results

- Each agency received a formal letter from the Part A Program office regarding their individual assessment results
 - The letter included the agency's complete assessment results:
 1. Module one evaluations
 2. Secret shopper/client assessment results
 3. Agency Team Culture results
- The letter tasked each agency with developing quality improvement projects to address findings and provide updates in Quarterly Reports
- The Part A Office took a non-punitive approach when sharing assessment results
 - The CHEI designed not only to identify strengths and weaknesses in our system, but to provide our agencies with tools and technical assistance to make improvements



Next Steps

- In addition to tasking each agency with developing action plans to address their findings, the Part A Program has taken action on a system-level
 - Part A CQM staff is currently working on reviewing and updating all Service Delivery Standards to ensure effective processes are in place to provide an easily accessible system for clients
 - Service Provider Network quarterly meetings were restructured
 - To improve communication, agenda is centered around having a discussion between all providers and taking action as a service category rather than by agency
 - Network has an ongoing conversation about the steps each provider has taken to address their CHEI findings and share successes and challenges
 - Part A Program planning trainings/activities in 2019 focused on:
 - The importance of team culture and how to improve team culture
 - Improving and facilitating communication as a system
 - Creating (successful) organizational change
 - Motivational interviewing




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Questions




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