

# **In It Together:** Leveraging Existing Partnerships and Coordinating CQM Program Activities to Advance Cross-Parts Collaboration

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# Disclosures

Presenters have no financial interest to disclose.

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# Learning Objectives

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

1. Identify innovative and sustainable ways Ryan White Recipients (Parts A-D) can collaborate and coordinate Clinical Quality Management Activities
2. Discuss examples on how to leverage existing internal and external resources to benefit Ryan White Programs
3. Gain skills, activities, and best practices in building a quality management committee, a robust performance measure portfolio, and a coordinated quality improvement program

# Presentation Road Map

- Behind the Curtain: The truth about collaboration
- Background: How we all got together
- Current Capacity: Stories from Parts A-D
- Plans for the Future: Collaboration Visions
- Tips and Tricks: Tools you can use
- Questions and Reflections



# A Game to Share



# PCN 15-02: Coin Spinning Game

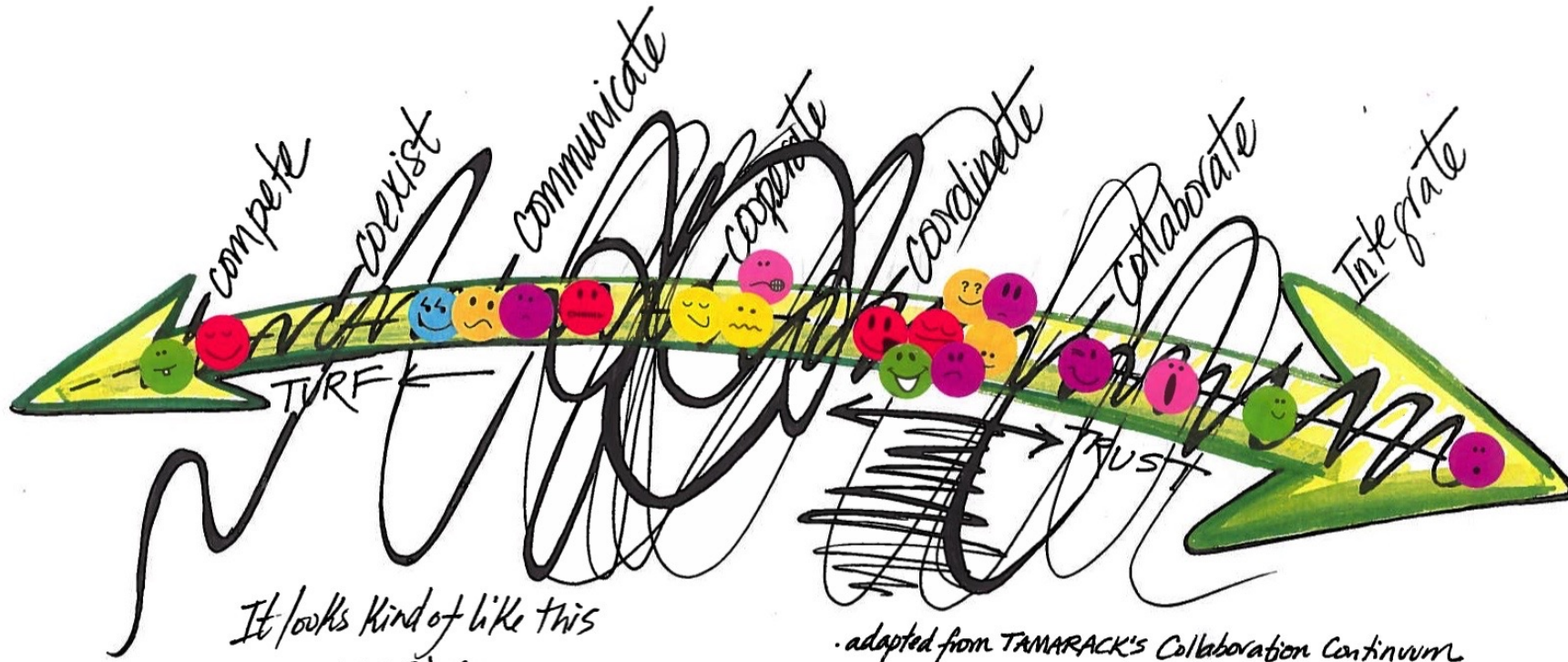
Aim of 15-02: Spin a coin as long as you can.

- You should have an infrastructure;
- You should have a means to conduct performance measurement;
- You should use a documented quality improvement methodology; and
- You should prioritize collaboration/stakeholder engagement.

Now, GO.

And then come back and tell us about it.

# Collaboration is Messy



It looks kind of like this  
MESSY

. adapted from TAMARACK'S Collaboration Continuum

EGreefay  
2015

# Why Collaborate?

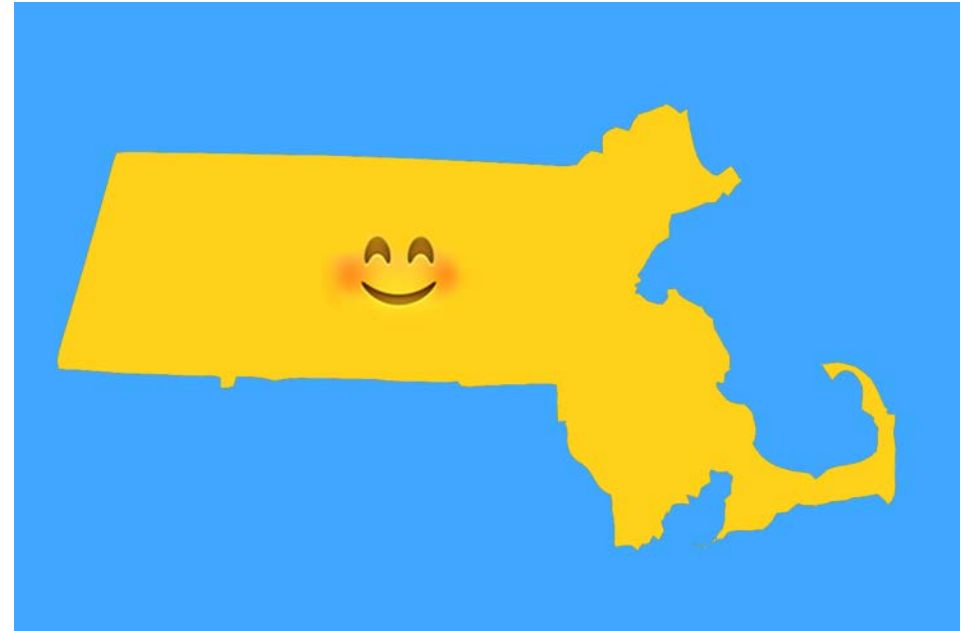
- Two heads are better than one
- Can save time and effort (eventually) (maybe) (someday)
- Eases requirement burden for sub-recipients
- HRSA wants us to 😊





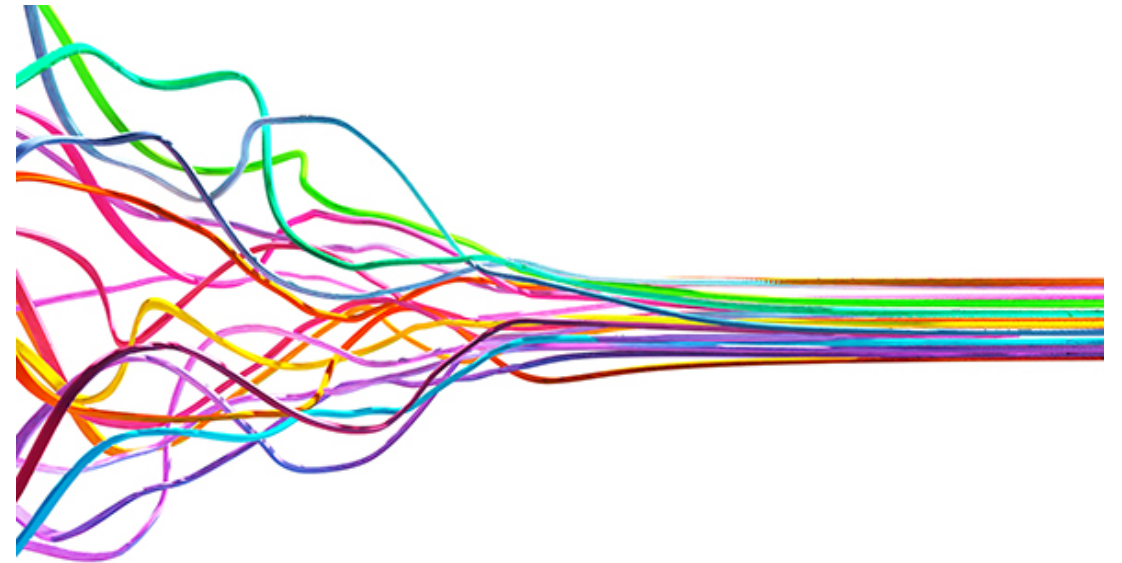
# Massachusetts is Unique

- Small state with highly engaged provider and stakeholder networks
- High rates of viral suppression across RW parts and service portfolio
- Many agencies are funded by multiple Ryan White Parts



# History of of Collaboration

- Statewide Quality Management Group, founded in 2009 to support development of CQM programs among Part C programs
- 2017: transition from coach-lead to peer-lead model
- Membership includes representatives from Parts A, B, C, D, as well as PLWH.



# Our Current Cross-Part System

- ECHO End+ Disparities Collaborative
- Quarterly State-Wide Quality Group Meetings
- Attending each others respective Quality Management Meetings/Quality Committee Meetings



# Regional Cross Part Assessment Tool

end  
+disparities



## Regional Cross-Part Collaborative Assessment Tool

Name of Regional Group: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

### Purpose of the Regional Cross-Part Collaborative Assessment Tool

Sustained improvement activities across a specific geographic area require our attention to ensure that the regional HIV-specific quality management structures, processes, and functions support measurement and improvement activities by local HIV providers. Development, implementation and spread of sustainable quality improvement (QI) throughout a geographic require an organizational commitment to quality management by all HIV providers.

The Regional Cross-Part Collaboration Assessment Tool has been developed to assess the regional infrastructure for clinical quality management (CQM) by examining several key domains, including: cross-Part infrastructure; communication strategies; cross-Part quality management plan; HIV performance measurement; QI projects; and training and technical assistance. Each domain is scored from 0 (no competency) to 5 (maximum competency) with a score of 3 representing an acceptable level of regional collaboration and alignment. The score 2 (with no written descriptions) should be used when the regional performance is between scores 1 and 3, and the score 4 when between scores 3 and 5.

Because the intent is to identify and assess the range and sophistication of existing cross-Part efforts, all HIV agencies across the region should be invited to participate in the assessment process, including subcontractors. Those individuals who have access to region-wide information about these cross-Part efforts are in an ideal position to share their input. Results of the assessment should be openly communicated to agencies, key stakeholders, and consumers.

# Growing Pains

- Fitting new initiatives into current systems
- Identifying time/ space
- Coordinating busy schedules
- Leadership and Ownership



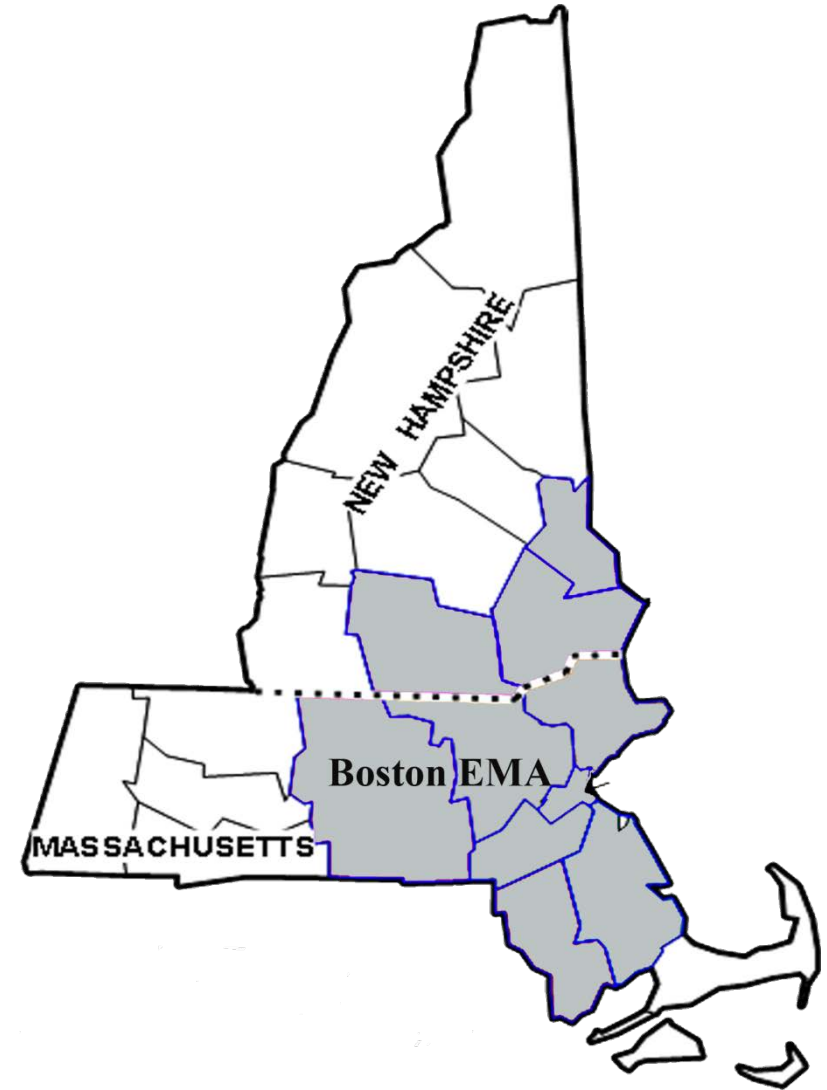
# On-going Collaboration Efforts

- Leaning on the experience of experts
- Asking for help
- Sharing tools
- Coordinating information, trainings, and activities for sub-recipients



# Current Capacity- Part A

- Two Dedicated Quality Coordinators
- CQM Committee with QI Experts (MA+NH Part B, Many Part C reps, Providers and Consumers)
- Collaboration with internal BPHC Quality Improvement Department



# Current Capacity- Part B

- 2016 HRSA Comprehensive Site Visit- had to pick up the pieces a little bit and reframe the way we viewed (internally and externally) our QM work
- Understand and reinforce the difference between QA/QI/QM
- Built internal capacity first, including sending staff to CQII TOT and training contract managers, grants staff, and convening a QM committee
- Vetted our plans with external stakeholder groups, including the MIPCC, SWCAB, and Statewide QM Group
- Tie QM work to *MA Integrated HIV/AIDS Prevention and Care Plan*
- November 2018 provider kickoff meeting, and rollout of core QM expectations for subrecipients



# Current Capacity- Part C

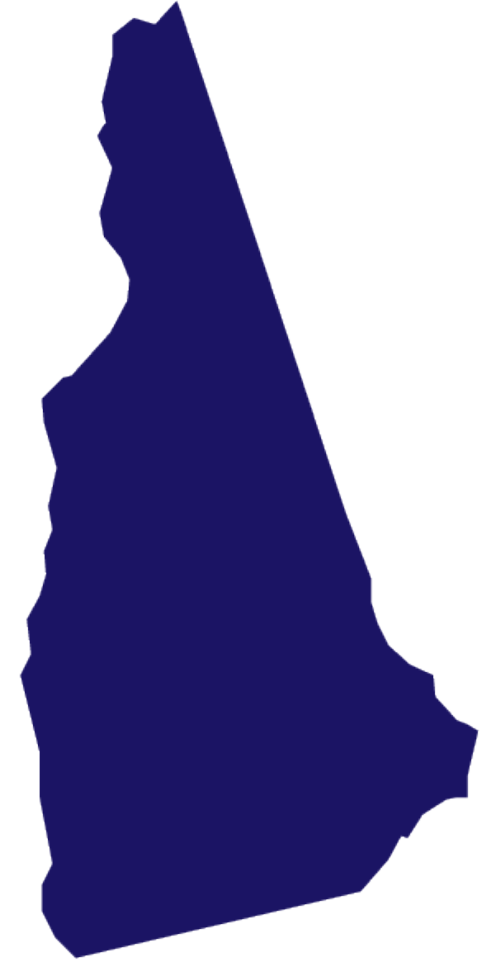
- Statewide QM group, comprised of Part C and D grantees, formed in 2009 – facilitated by HIVQual QM Consultant / National Quality Center (NQC) Coach
- All 15 Massachusetts Part C grantees and 2 sub-recipients have participated; current active membership includes 10 grantees and 2 sub-recipients
- All Part C grantees and sub-recipients have agency-specific CQM plans in place – TA provided by both NQC Coach and Statewide QM group members
- MA Statewide HIV QM group goals include(d):
  - Best practice sharing through ongoing peer exchange of QI projects
  - Group QI projects - Data sharing/aggregation on select indicators
  - Orient/train/welcome agency staff new to Ryan White and/or QM work
- Experienced grantees support transition from consultant-led to peer-led model

# Current Capacity- Part D

- Represented by 4 different entities:
  - Massachusetts Department of Public Health-MassCARE Program
    - Network of 3 health centers in Lowell, Brockton and Worcester plus a CBO providing consumer programming
  - Boston Medical Center
  - Greater New Bedford Community Health Center
  - Dimock Community Health Center
- All grantees and sub recipients have their own QM programs
- All grantees and most sub-recipients participate in cross-parts collaborative

# Current Capacity- NH

- One dedicated Quality Coordinator
- Internal CQM Committee through the Part B Program; external CQM Committee with QI Experts (Part A, Part B, Part C, Providers and Case Managers)
- Collaboration with internal NH DPHS Quality Improvement Programs
- Ongoing implementation of the CQM Plan and Evaluation
- Alignment with the NH Integrated HIV and Prevention Plan



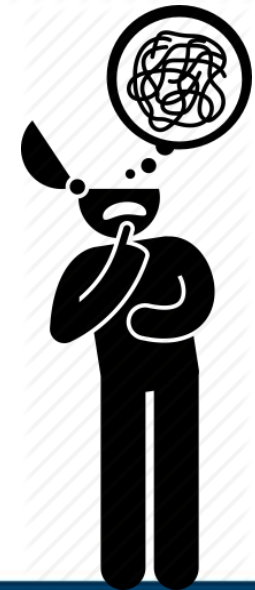
# Vision for the Future

- State Wide Cross-Part Collaborative
- Shared Performance Measure Goals
- Overlapping QI Initiatives
- Massachusetts 'QM Convening'



# Tips and Tricks

- Steal
- Dedicate the time
- Celebrate small wins
- Embrace the mess



# Questions & Reflections



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