VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

A Multi-Pronged Approach to Building Clinical Quality Improvement (CQI) Infrastructure: *The Boston EMA Experience*

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Boston Public Health Commission

Purpose & Objectives

1. Convey the importance of system thinking in building CQM infrastructure
2. Illustrate multiple ways to engage providers in CQM
3. Share tools and templates used to engage providers in CQM
4. Highlight application of health equity lens to CQM

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Agenda

- Key Terminology
- CQM Program Overview
- CQM Infrastructural Capacity-Building Process in the Boston EMA
- Applying a Health Equity Lens in the Capacity-Building Process
- Conclusion
- Q & A

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Clinical Quality Management (CQM) Program Overview

An overview of the Ryan White CQM Program in the Boston EMA.

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Key Terminology

Term	Definition
Quality Assurance	A broad spectrum of activities aimed at ensuring compliance with minimum quality standards
Quality Improvement	A deliberate process to continuously improve efficiency, effectiveness, equity, and satisfaction in the current system
Clinical Quality Management Program	The coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction among PLWH/A

Clinical Quality Management
(From PCN 15-02)

The coordination of activities aimed at improving..

- Client Care
- Health Outcomes
- Client Satisfaction

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Components of the CQM Program

Infrastructure

Performance Measures

Quality Improvement

Components of the CQM Program

Infrastructure

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Quality Improvement

Building CQM Infrastructural Capacity in the Boston EMA

The Process

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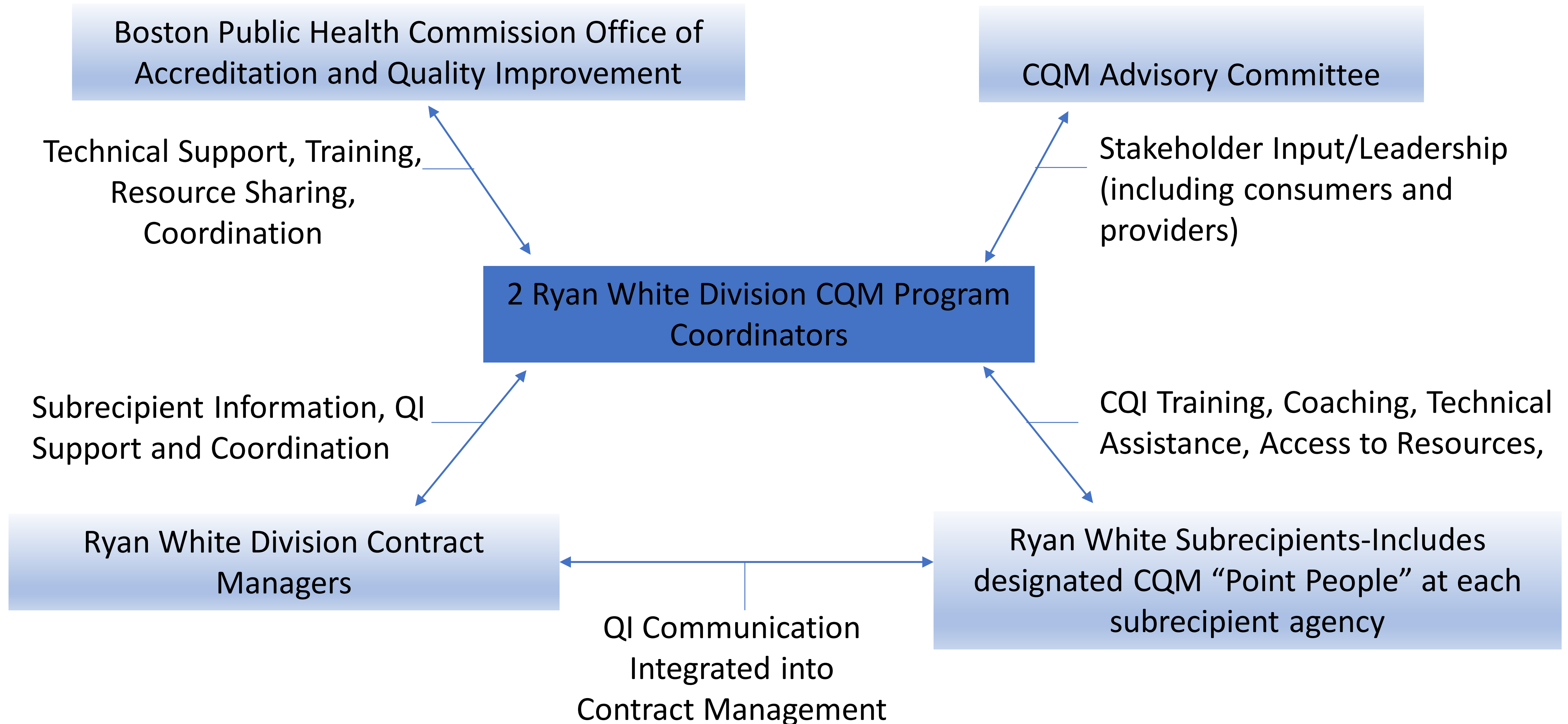
CQM Structure



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Infrastructure: CQM Plan

QUALITY MANAGEMENT PLAN

BOSTON EMA

2018-2020

Boston Eligible Metropolitan Area
Ryan White Treatment Modernization Act Part A & MAI

Boston Public Health Commission
Infectious Disease Bureau
Ryan White Services Division

Success doesn't just happen. It's planned for.
Anonymous

A GOAL WITHOUT A PLAN IS JUST A WISH

CQM Plan: QI Goals

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1: To Create a Culture of Continuous Quality Improvement within the RWSD and among subrecipients of the Ryan White Part A Boston EMA.

2: To increase viral suppression among PLWH/A in the Boston EMA from 87% to 90% by 2020.

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QI Goal 1: To Create a Culture of Continuous QI

Objectives:

Support	**A CQM Committee**
Develop	**A robust portfolio of performance measures**
Engage	**Subrecipients in quality improvement projects**

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QI Goal 2: To Increase Viral Suppression to 90% by 2020

Objectives:

Increase	**The percentage of patients regularly measuring client satisfaction from 70-100% by 2020**
Increase	**The percentage of clients who are retained in HIV-related medical care from 85%-90% by 2020**
Increase	**The percentage of clients who report 'Excellent Adherence' to their HIV-related medication from 81%-90% by 2020**

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Infrastructure: CQM Committee

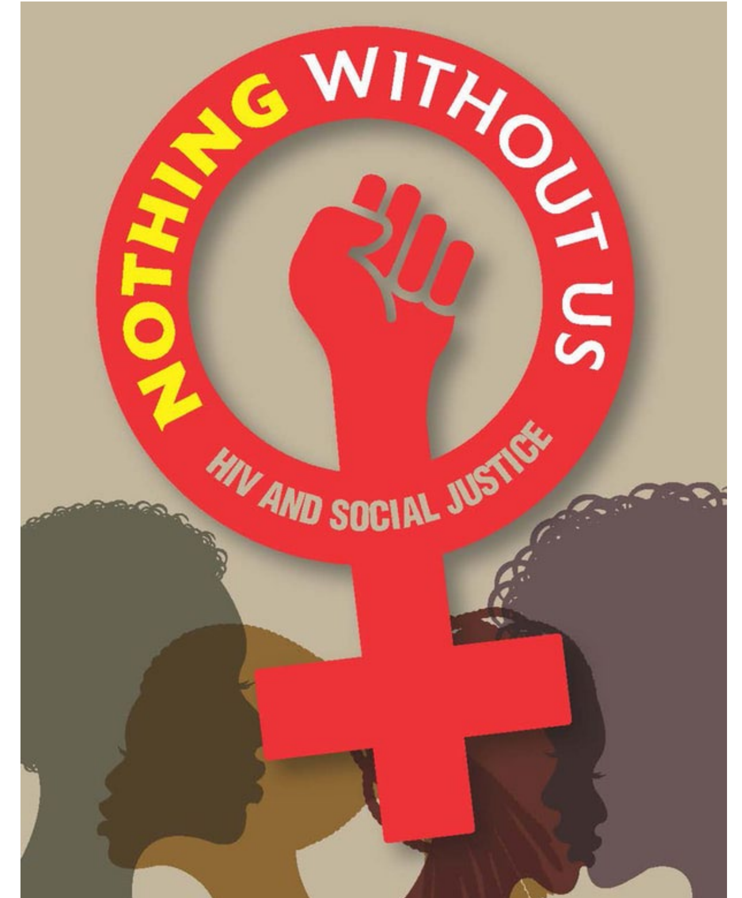
- 12 Members
- Representatives from NHDHHS and MDPH
- Comprised of providers, consumers, and stakeholders
- Meets six times per year
- Provides input and feedback on:
  - CQM Plan
  - Performance Measures and Data Displays
  - QI Culture Assessment
  - QI Training
  - Mini Grant

Infrastructure: Stakeholder Collaboration

- Close Relationship with MDPH and NHDHHS
- Massachusetts Statewide Quality Network
- Work closely with the BPHC Accreditation and Quality Improvement Team
- End+Disparities ECHO Collaborative

Infrastructure: Consumer Involvement

- Consumer representation on CQM Committee
- Training of Consumers on Quality (TCQ) held in July 2018
- Consumers on advisory board of their organization
- Consumer Satisfaction Surveys



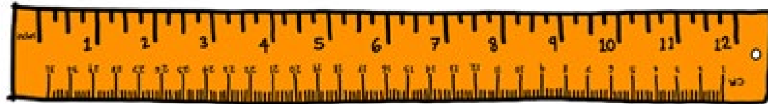
Components of the CQM Program

Infrastructure

Performance Measures

Quality Improvement

Performance Measures: HRSA Requirements



- Specific to each service category
- Tracked quarterly (using e2Boston)
- Improvable
- Related to Client Care, Health Outcomes, or Client Satisfaction
- HAB Measures

FY20 Performance Measures

Service Category	Performance Measure
Medical Case Management	Gap in Medical Visit Frequency Viral Suppression
Oral Health	Viral Suppression
Foodbank/Home-Delivered Meals	Viral Suppression Client Satisfaction
Psychosocial Support	Access to Support Network
Medical Transportation	Gap in Medical Visit Frequency

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Performance Measures: Quarterly Data Displays

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Edward M. Kennedy Health Center

FY20 Q1 Performance Measure Report *As of June 9, 2020*

Medical Case Management

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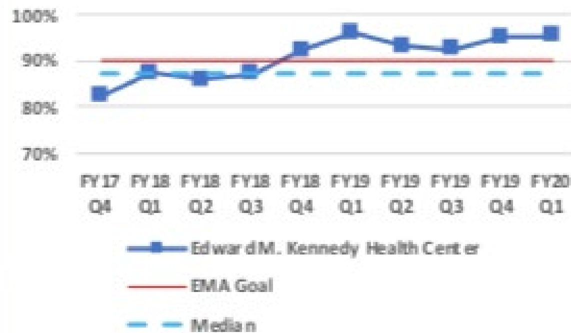
Quality Improvement Summary:

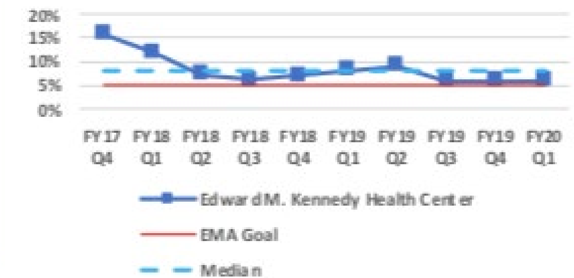
This quarter, your agency achieved a viral suppression rate of 95.19% for medical case management clients. This is greater than your agency's median of 87.3%.

EMA Quality Goal 1: Increase percentage of virally suppressed clients to 90%.



This quarter, 5.77% of your agency's medical case management clients had a gap in frequency of medical visits. This is less than your agency's median of 8.0%.

EMA Quality Goal #2: Decrease percentage of clients with a gap in medical visits to 5%.



Each reporting period includes the most recent client data from the previous 12 months. For example, FY20 Q1 spans the period from June 1, 2019 - May 31, 2020.

For questions about this report, please contact BPHC's CQM team:

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617-534-2370

Viral suppression was gathered through e2Boston 'Outcomes Summary Report' and is defined as number of clients with a viral load <75 copies (numerator) over number of clients with a recorded viral load outcome (denominator).

Gap in medical visit was gathered through e2Boston 'Outcomes Summary Report' and is defined as the number of clients with a medical care visit more than 6 months ago (numerator) over all clients with a recorded care engagement within the measurement period (denominator).

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Components of the CQM Program

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Infrastructure

Performance Measures

Quality Improvement

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Results from the Boston EMA 2018 QI Culture Assessment

A tool used to assess QI capacity across the Boston EMA.

QI: 2018 Boston EMA Culture Assessment Scores

Agency ID #	Overall Score (Out of 20 points)	Median
1	7	14
2	8	14
3	16	14
4	14	14
5	18	14
6	14	14
7	18	14
8	10	14
9	0	14
10	12	14
11	12	14
12	7	14
13	14	14
14	17	14
15	12	14
16	12	14
17	16	14
18	19	14
19	12	14
20	14	14
21	8	14
22	7	14
23	15	14
24	14	14
25	10	14
26	15	14
27	16	14
28	17	14

QI: Culture Assessment Score Evaluation

- **Tier 1: Agencies with an Overall Score of 0-10**
  - Introduction to Quality Improvement (2 hr. session)
  - Send Packet of QI Tools and Resources (From high performers and AQI committee)
  - Offer technical support as needed

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QI: Culture Assessment Score Evaluation, continued

- **Tier 2: Agencies with an Overall Score of 11-14**
  - 2-Day Quality Improvement Training
  - Access to Life QI Quality Improvement Software
  - Collaborative with other agencies in Tier 2
  - QI Project Mini-Grants

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QI: Culture Assessment Score Evaluation, continued (2)

- **Tier 3: Agencies with an Overall Score of 12-19**
  - Access to Life QI Software
  - Collaborative with other agencies in Tier 3
  - QI Project Mini-Grants
  - Quality Improvement Recognition Award

Quality Improvement Trainings

Quality Improvement Trainings

Two-Hour Regional Quality Improvement Training

Quality Improvement Trainings

Two-Day Quality Improvement Training

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Other QI Resources

- Technical Assistance
  - Quarterly calls
  - Coaching calls

- Life QI: https://www.lifeqisystem.com/

- IHI Open School

http://www.ihi.org/education/IHIOpenSchool/Pages/default.aspx

QI Mini-Grants

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- Piloted in FY 2019 to provide additional resources to subrecipients to engage in specific QI projects
- 12 Agencies awarded mini-grant
- Awards ranged from $5,000 to $25,000
- Subrecipients' proposals underwent rigorous internal and peer review by the BPHC CQM team and CQM Committee peers, respectively

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QI Mini Grant Project Highlights

Subrecipient	QI Project Goal	Results
Edward M. Kennedy Community Health Center	To decrease client intake and documentation time from 4 hours to 2 hours in 6 months.	EMK surpassed the goal and reduced documentation time to 1.5 hours
Casa Esperanza	To increase client care engagement from 88% to 100% in 6 months	Casa met the goal and increased client care engagement to 100%
Whittier Street Health Center	To increase care retention among high-risk clients from 84% to 87% in 6 months	Whittier surpassed the goal and increased care retention to 92%.

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Positive Impacts of QI Projects

- Improved health outcomes
  - ✓Increased viral suppression rates
  - ✓Increased care retention and medical care
  - ✓Decreased gap in medical care visits
- Increased patient satisfaction
- Increased survey response rates among patients

Applying a Health Equity Lens in the Capacity-Building Process

How we built CQI infrastructural capacity while applying a health equity lens.

Background

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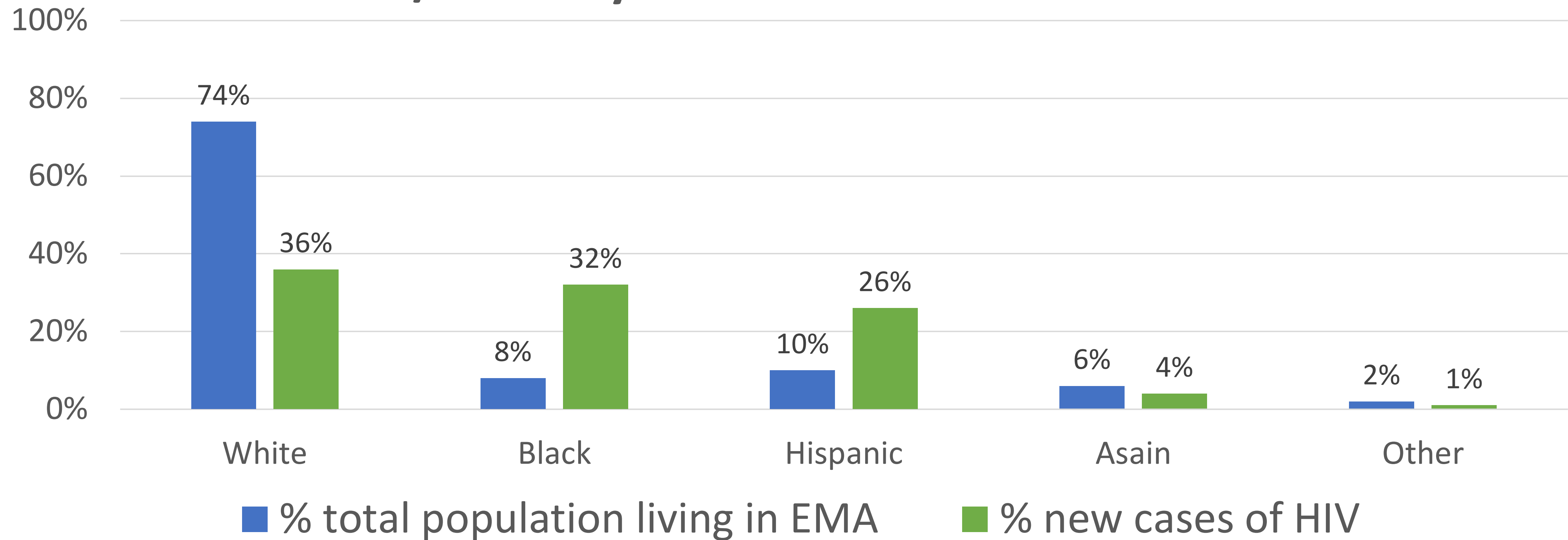
30 YEARS



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How We Applied a Health Equity Lens to the CQM Program

- Integrated equity into QI training:
  - Reinforced through games and activities
  - Encouraged subrecipients to prioritize issues of equity
- Utilized data to identify disparities in care:
  - Highlighted disparities in care and health outcomes
  - Presented data to stakeholders
  - Used data to inform QI Projects among ASOs
- Expanded capacity for people living with HIV (PLWH)
  - Peer-to-peer QI trainings
  - Consumer involvement in decision-making

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Results

- In the last year, 100% of funded agencies participated in an introduction to QI session and 25% participated in an additional 2-day QI trainings, both of which included the equity component.

- Participants strongly agreed that the trainings were valuable & pre/post-tests revealed QI knowledge improved across all domains.

- The CQM Committee, of which 25% are PLWH, guide all quality work within the Boston EMA.

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Results, continued

- Training Consumers in Quality
- Disparities in viral suppression exist in disproportionately impacted populations and are highlighted in specific ways

Why Do We Approach CQM Work with a Health Equity Lens?

- Addressing health equity needs to be integrated at the beginning of the QI learning process.

- Knowledge is power. Data needs to be presented in the context of social determinants of health to include a baseline understanding of institutional racism.

- Historically, PLWH have been activists in leading policy and culture change and the same is true for Quality Improvement. PLWH must have meaningful roles as leaders and decision-makers.

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Eliminating disparities in HIV incidence and care requires a multi-pronged approach. Training, knowledge sharing, and identifying opportunities to lift up the voices of PLWH are all meaningful ways to advance health equity.

To Learn More

- Please contact the CQM Coordinators:
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Thank You!

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