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CONFERENCE ON
HIV CARE & TREATMENT

Are You in Compliance?
Standards and Systems to Implement a
Clinical Quality Management Program

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OBJECTIVES



- Define the components of a Clinical Quality Management (CQM) Program
- Discuss the importance of CQM Program
- Understand CommWell Health and RHCC's CQM activities and how CQM fits within and supports grant administration functions and framework
- Describe the importance of consumers in health care governance via roles on governing boards, advisory committees

Test your CQM Knowledge



Are all recipients and subrecipients required to have a CQM program?

- A.** Yes, Parts A – D are required to establish a CQM program that includes activities at the recipient agency and at all funded subrecipient organizations.
- B.** No, the quality management plan is not needed when the recipient is doing well with health outcomes, like viral suppression.
- C.** Yes, Quality Improvement projects are required for each funded RWHAP service.

- Title XXVI of the Public Health Service Act RWHAP Parts A – D1
The HIV/AIDS Bureau released Clinical Quality Management Policy Clarification Notice 15-02 in September 2015 to provide additional guidance to Ryan White HIV/AIDS Program recipients.
- CQM: Coordination of activities aimed at improving:
 - patient care
 - health outcomes
 - patient satisfaction

CQM Components



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- Infrastructure
- Performance measurement
- Quality improvement



Importance of CQM

QUALITY
CARE

- QUALITY
- Commitment to healthcare excellence
- Improve efficiency
- Patient safety
- Improve clinical outcomes

Providing a culture of excellence...



CommWell Health

- 43 years of operation
- Began as a night clinic for community farmworkers
- Accredited by The Joint Commission for primary and behavioral health care services
- Certified as a PCMH by The Joint Commission and NCQA
 - Six counties across southeastern North Carolina
- “What distinguishes CommWell health from all the rest?”
 - Eagle Excellence
 - Holistic Community Health
 - Culture of Inclusion



Our MVW

- Values
 - **Collaborative Leadership** - WE, not me
 - **Value of Valuing** - WE value the strengths and uniqueness of everyone
 - **Teamwork** - WE work together
 - **Integrity** - WE do the right thing
 - **Learning Environment** - WE question, WE learn, WE innovate
 - **Continuous Improvement** - OUR excellence tomorrow is greater than OUR excellence today!





Positive Life Program Operations



History




- The Positive Life Program was established in 1987.
 - Over the years, the program has grown and developed into a nationally recognized program.

Positive Life Operations



- Ryan White Part B, C, D
 - Joint Commission Patient Centered Medical Home
 - Interdisciplinary Care Model
 - Core Medical Services include primary and specialty HIV care, medical case management, dental, and referrals for BH on site.
 - Daily Huddles/Weekly Clinical Care Team Meeting
 - Support Services
 - Service Coordination
 - Bridge Counseling / Transportation
 - Treatment Adherence
 - HMAP, SPAP, ICAP, PAP enrollments



Positive Life Operations continued

- Primary Care Services Available Daily
- EIP Clinic (Dr. C. Michael Lewis)
 - Primary Care Services Available Daily (Medical, Dental, & Behavioral)
- After Hours Coverage –24/7 – staffed by RNs / Customer Care Professionals – triage/HE
- Patient Reminder Service - Callpointe

HIV Medical Care



- HIV Medical Care On-site (PCMH)
 - Medical Case Management
 - Pharmacy on-site (340b, HMAP, other assistance programs)
- Dental Care
 - Preventative, Education, Restorative, Extractions, Periodontal Treatment and Biopsies, Root Canal Treatment and limited Prosthodontics
- Behavioral Health Care
 - Residential, Transitional Housing; SAIOP; SA Outpatient Groups/Individual; Aftercare Programs/Continuum of Care; Psychiatric Care; MH Outpatient; Referral for SA Detox and Psychiatric Hospitalization
- Referrals: Self, Ryan White B, DIS, Health Department, Hospitals
- EHR – Greenway Intergy
- Part D
 - Clinical Trials Access; Referrals for HIV High-Risk Pregnancy, Pediatrics (UNC)

- PL maintains extensive collaborations and partnerships with health care providers throughout the service area including:
 - Local FQHCs – RHCC (Part D)
 - Hospital Systems
 - Ryan White Programs (Part B – Dogwood – CQM, SCSN)
 - Health Departments (referrals, needs assessments)
 - Community Care of North Carolina
 - Academic Institutions / UNC (ID Specialist, HIV Pediatric High-Risk Pregnancy Referrals)
 - Other Community Organizations
 - UNC Global HIV Prevention and Treatment Clinical Trials Unit
- Referral Tracking System (Centralized Referral Network)

Support Group



- Women's support group

- Third Tuesday of the month
- PL and CWH staff teach classes
- Various topics: Mammograms, HIV and mental Health, Risk reduction

- Co-ed support group

- Second Tuesday of the month
- PL and CWH staff teach classes
- Various topics: HIV and Aging, nutrition, smoking cessation





Positive Life Program Clinical Quality Management

CQM Activities (Data Driven)



- National HIV/AIDS Strategy 2020, inclusive of the HIV Care Continuum
- Needs Assessment
- Patient Acuity
- Selection of Services offered
- Patient Centered Medical Home
- National Quality Strategy
- UDS Report

HIV Quality Measures (HIVQM) Module



- Purpose is to help recipients set goals and monitor performance measures
- An online tool that allows recipients to enter aggregate data on the HAB performance measures and then generate reports to assess their performance

Quality (State Level)



- Active member of Ryan White B Networks covering shared counties with CommWell Health's Ryan White Part D and 330 Health Center in southeastern North Carolina. They include:
 - (1) Dogwood Health Care Network (Region 5)
 - (2) Access Network of Care (Region 6)
- NC RQC
- Regional Quality
- end+disparities ECHO Collaborative
- PL Team member and PL Patient are members of the state NC HIV/AIDS Prevention and Care Advisory Committee (HPCAC). Both will serve a two-year term

Interdepartmental Integration

- Patient Centered Health Home Model
- Leadership Management Team (LMT)
- Daily Positive Life “Huddles”
- Provider Meetings and Masterminds
- Positive Life Treatment Team Meeting
- Positive Life Operation Eagle Meeting
- Positive Life Quality Eagle Meeting
- Quality Performance Improvement



Quality

Team meetings



Weekly Meetings

- Participate in weekly patient-centered medical home (PCMH) huddles
- A multi-disciplinary team (i.e. representatives from BH, other providers)
- Integrated care
- Serves as an avenue to advocates and arranges appropriate care with other qualified providers and community resources as needed

Treatment Meetings

- Monthly
- To discuss and monitor all patients who are receiving medical case management
 - Barriers to Care
 - Accessibility
 - Medication Adherence Challenges
 - Housing
 - Mental Health

Quality Team meetings



- Innovative venue to have intentional discussion
 - evidence-based practices
 - HRSA clinical quality measures
 - patient satisfaction scores/surveys, set
 - monitor quality and performance goals
- Part D subrecipient required to attend
- Positive Life's Consumer Advisory Board representative attends and participates in the monthly meetings in person or by Zoom conference call

Patient Satisfaction Surveys

- Phone surveys completed monthly
- Press Ganey Patient Satisfaction Surveys
 - Random 10 surveys per provider
 - Rapid Response (24 hours)
 - Monthly Reports (available on P: Drive)
 - Aggregate
 - By Practice Location
 - By Discipline



Provider Rating and Review



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OVERALL PROVIDER RATING



CommWell Health Patient

The staff there are very, very helpful. They take care of you really, really well. They are very attentive and if you ask them to research something for you they do it immediately and they get back to you in a timely manner. I love that place and I would definitely recommend it to anyone else.

Consumer Advisory Board



- The Consumer Advisory Board (CAB) was created in November 2006 and restructured in January 2018.
- The purpose of the CAB is to provide a consumer perspective and represent the community in making sure that activities are carried out in a way that best meets the consumers needs.
- Goals:
 - Identify barriers and solutions to any problems between Consumer/Providers in a timely manner.
 - Promote HIV/AIDS Awareness and Education for all Communities.

Consumer Advisory Board



- Meeting held once a quarter
 - CAB Policies & Constitution
- CAB receives quarterly updates on progress with HAB measures
- CAB activities are reported to the organization’s Quality Performance Improvement Committee (QPI), as a component of the Ryan White quarterly reporting schedule.
- CAB members discusses opportunities for improvement, “value of valuing” and informed of local/state trainings and conferences to attend.

Opportunities for Improvement

- Consumer Advisory Board
 - Education about Ending the HIV Epidemic: A Plan for America initiative
 - Education about new HIV regimens
 - Improvement in the CWH Directory when calling the main number
 - Training on Patient Portal
 - More information on clinical trials



Quality Management



- Monitored by the organization's Quality Performance Improvement Committee (QPI).
- The team meets monthly and reviews the organization's Quality Dashboard, which includes established HAB measures for the PL Dept.
- PL has aligned its Ryan White B, C and D clinical performance measures with the State of North Carolina's Ryan White program and the Regional Quality Council to streamline data collection and analysis.

- Positive Life Monthly Quality meetings
- TALONS (Performance improvement model)
- HAB Measure reported to the Board Monthly
**PL Representative on CWH's Board of Directors*
- Report to Quality Performance Improvement (QPI) quarterly and to the **Positive Life Consumer Advisory Board**
- *QPI meets monthly*

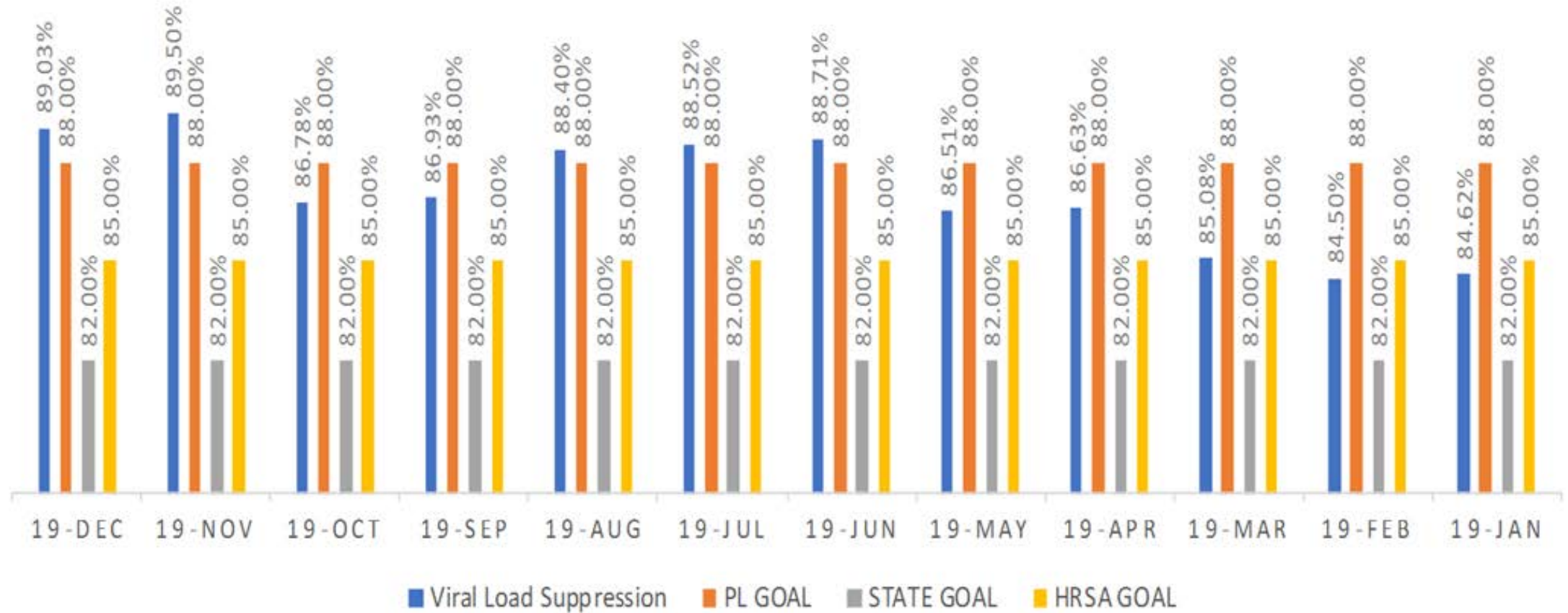


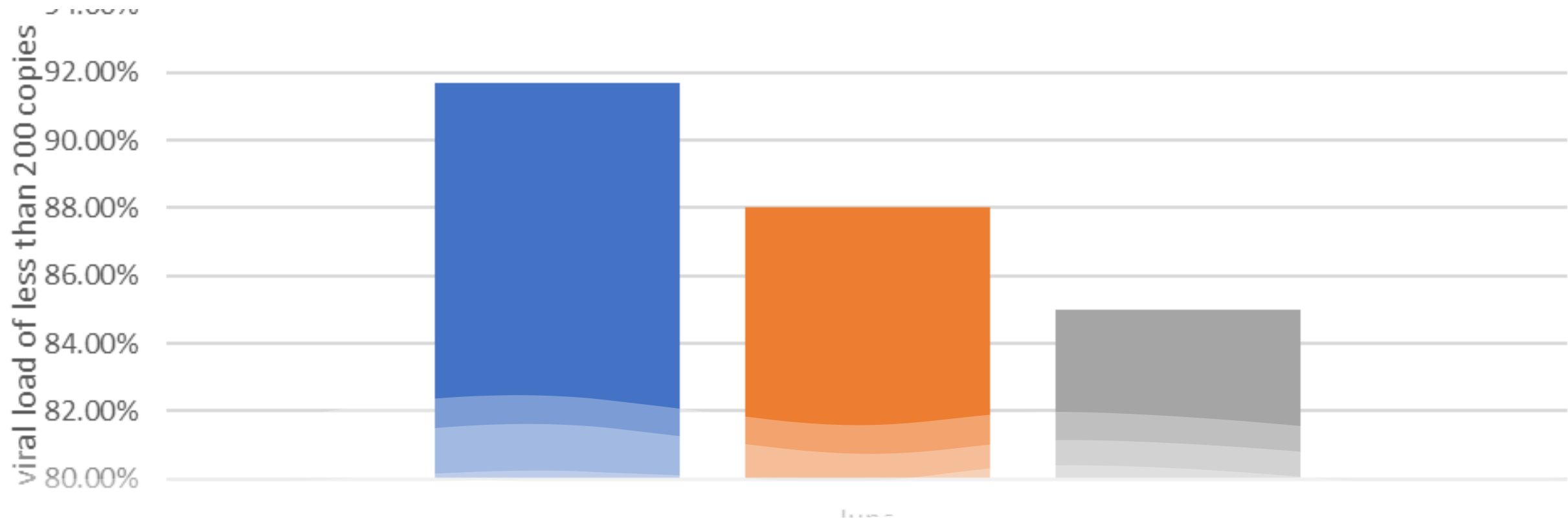
We have created a stable health home for our patients encouraging active participation in their health care and optimal patient outcomes.

Positive Life CQM Team

- Infectious Disease Specialist (MD)
- Director of Positive Life
- Positive Life Program Supervisor (RN)
- Medical Case Managers (3)
- Data Quality Analyst
- Bridge Counselor
- Service Coordinator
- Patient Eligibility Representative
- Stakeholders

VIRAL LOAD SUPPRESSION





Viral Load Suppression Rate (16-24 years of age)

PROACTIVE: Due to COVID19, our transportation services were suspended which inevitably caused a delay in bringing patients into care.

Action Plan



- 1) Hire and fully train a Youth Case Manager to complete targeted case management with this specific population and evaluation of their specific needs.
- 2) Utilize social media and other outlets to connect with this population.
- 3) Discuss and evaluate needs of patients who aren't virally suppressed in PL's monthly treatment team meetings.
- 4) Biweekly contact with case managers
- 5) Case managers will ensure there are no barriers to care regarding access to care, appointment availability, and medications (i.e. Refills, samples, etc.)
- 6) Evaluate housing needs



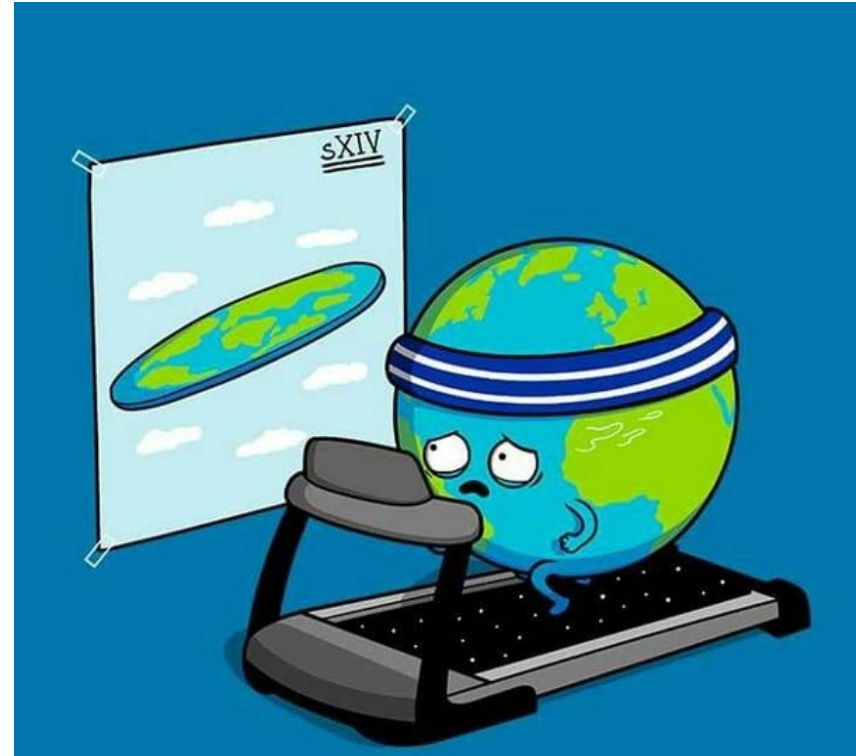
CommWell Health Moving Forward

Emerging Issues in Rural Communities



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- Opioid epidemic
- PrEP & Hepatitis C
- Young MSM
- Trauma
- Aging



Positive Life Next Steps



1. Continue to enhance staff clinical quality management knowledge of Ryan White performance measures, reporting and active participation in the National Quality Center nationwide initiatives
2. Expand the momentum of success to other clinical and non-clinical program improvement areas
3. Continue and enhance consumer involvement in ongoing programmatic CQM activities
4. Dissemination: Share best practices about our culture of wellness

Thank you

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Program & NC REACH

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Carla Monds (HIV Services Director)
Subgrantee of CommWell for Part D

Robeson Health Care Corporation continued



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- RHCC serves approximately 228 patients in 4 counties through Part C and Part D
- 8 Community Health Centers



- Monthly program calls with CommWell
- Monthly Quality Meeting with CommWell
- Monthly interdepartmental quality meeting
- Monthly corporate quality meeting (required to present HAB measures, case management reports each quarter)



- CPIC (Clinical Quality Performance Improvement Committee)
- Meetings are recorded
- Attendance and participation recorded
- Risks
- Liabilities
- Improvement suggestions
- Policy changes for any program are voted on by CPIC and then the Board
- PDSA's are studied and critiques and suggestions made

**The Ryan White Program needs
to be involved in the overall
landscape of the corporation.**

Example of CPIC meeting template



Robeson Health Care Corporation
Combined Quality, Compliance and Risk Meeting Agenda
Thursday, July 11, 2020 1:30 pm – Virtual Teleconferencing Video Meeting

Call to Order: Dr. Eugene Nor, CMO Presiding Chair; Jamie Morgan, Co-Presiding; Al Bishop, CCO/DPI

Review and Approval of Previous Meeting Minutes: Dr. Eugene Nor, CMO/Jamie Morgan, Clinical Director
Roll Call: Kasion Jones

QUALITY/PERFORMANCE IMPROVEMENT

Open Items/Outstanding Quality Projects/Old Business

- ❖ PDSAs from any/all departments that are due/outstanding (Standing) Membership

New Business

- ❖ Departmental Quality Reporting Calendar
 - o Front Office
 - Third Next Appointment Steven Freeman
 - Patient Satisfaction Surveys Steven Freeman
 - o Ryan White Services Reporting Carla Monds
 - o UDS Reporting (Preliminary) Al Bishop
 - o Nursing Reports (Tabled from June) April locklear

COMPLIANCE

Ongoing/Outstanding/Old Business

- ❖ Policy Updates
 - o Walk-in Policy Steven Freeman
 - o Reviewed/Updated Policy and Procedures – In Preparation for the FTCA Upcoming Re-Deeming Application
- ❖ Update on the revised forms in EPIC for Consent forms Steven Freeman
- ❖ Update on the signage for RHCC Steven Freeman

New Business

- ❖ Other Reporting/Compliance Issues Membership

RISK

Open Items/Old Business

- ❖ Medical Record Storage & Cataloging – (Quarterly) Al Bishop
- ❖ Client/Patient Rights (Standing) Membership
- ❖ EHR Implementation and Utilization (Standing) Membership
- ❖ On Call Procedures/Problems – Committee Report Membership
- ❖ Audit Review (Standing) – None Scheduled at Present Membership
- ❖ Clinical Operations Committee Update (Standing) Jamie/Una/Steven
- ❖ Continuity of Operations/Emergency Management Plan (Update) Jose/Stevie
- ❖ Environment of Care (Standing) Membership
- ❖ Required Policy and Procedure Reviews – Reporting (Compliance) All Departments
- ❖ High Risk, High Volume, Problem Prone Processes focusing on medical/non-medical referrals (Standing) Membership

New Business

- ❖ Other Membership

Adjourn

Next Meeting Date and Time

Thursday, 08/13/20 @ 1:30 pm

*"The greatest leader is not necessarily the one who does the greatest things. He is the one that gets the people to do the greatest things."
Ronald Reagan*

- Departmental reporting
- Questions

Quality Reporting to CPIC



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Dept. RHCC RW
Year: 2020 Quarter: 2nd



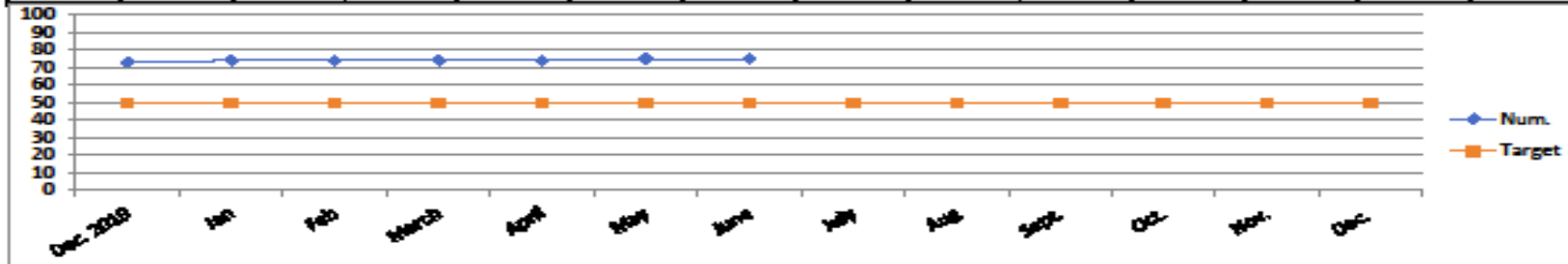
Prepared by: _____
Date Presented to CPIC: 7/9/2020

Problem Statement with Goal and Objective:

Total Number of Patients

RC - Vicky Lambert

| | Dec. 2019 | Jan | Feb | March | April | May | June | July | Aug | Sept. | Oct. | Nov. | Dec. |
|--------|-----------|-----|-----|-------|-------|-----|------|------|-----|-------|------|------|------|
| Num. | 73 | 74 | 74 | 74 | 74 | 75 | 75 | | | | | | |
| Target | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 |



Program flow

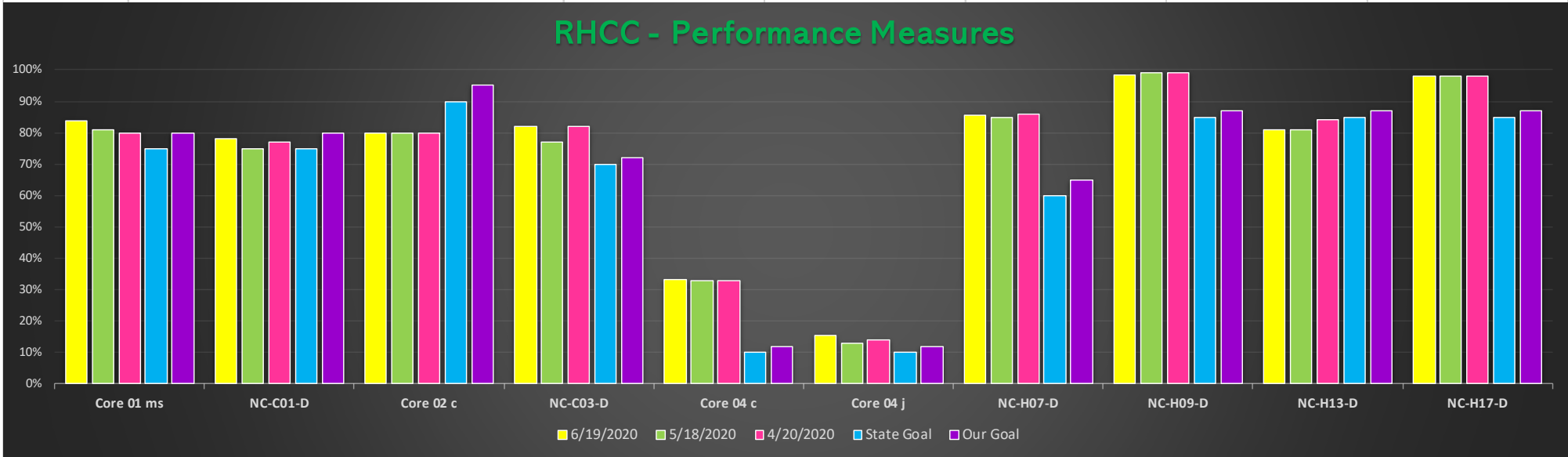
- The committee is also a venue for information to flow bi-directional between front line staff including front office, clinical and support staff and the leadership, including the board of directors as appropriate.

Plans for improvement

- RHCC formulates plans on how to make improvements in each department to assure two main areas of compliance: 1) patient quality services and 2) patient safety.
- This is a key element to assist during audits of any department

RHCC's Part D HAB Measures

| Performance Measures Part D – Short Code | Performance Measures Part D | 6/19/2020 | 5/18/2020 | 4/20/2020 | State Goal | Our Goal |
|--|---|-----------|-----------|-----------|------------|----------|
| Core 01 ms | HAB: HIV viral load suppression - (MSM) | 80% | 81% | 80% | 75% | 80% |
| NC-C01-D | NC- HIV Viral load suppression - (Part D) | 78% | 75% | 77% | 75% | 80% |
| Core 02 c | HAB: Prescription of ART - (19-24yrs) | 80% | 80% | 80% | 90% | 95% |
| NC-C03-D | HAB: HIV Medical Visit Frequency- (Part D) | 82% | 77% | 82% | 70% | 72% |
| Core 04 c | HAB: Gap in HIV medical visits- (19-24 yrs) | 33% | 33% | 33% | 10% | 12% |
| Core 04 j | HAB: Gap in HIV medical visits- (Female) | 15% | 13% | 14% | 10% | 12% |
| NC-H07-D | NC- Cervical Cancer Screening - (Part D) | 85% | 85% | 86% | 60% | 65% |
| NC-H09-D | NC- Hep C Screening - (Part D) | 99% | 99% | 99% | 85% | 87% |
| NC-H13-D | NC- Syphilis (inclusive) Screening - (Part D) | 81% | 81% | 84% | 85% | 87% |
| NC-H17-D | NC- Hep B Screening- (Part D) | 98% | 98% | 98% | 85% | 87% |





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Thank You



RESOURCES



- <https://hab.hrsa.gov/clinical-quality-management>
- <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/clinicalqualitymanagementpcn.pdf>
- <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>
- <https://aidsinfo.nih.gov/guidelines>
- <https://hab.hrsa.gov/clinical-quality-management/quality-care>

Q&A

