

Building Capacity for Quality Improvement Across a Large-Scale Part B Network of Subrecipients

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NATIONAL
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

Mara San Antonio-Gaddy, Joy L. Williams, and Shaymey Gonzalez have no relevant financial interests to disclose.

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There was no commercial support for this activity.

Learning Objectives

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

1. Learn about planning activities necessary for implementation of a large-scale Quality Management (QM) Program
2. Learn about different training modalities to reach subrecipients, patients receiving Ryan White Part B services and internal staff to build capacity for Quality Improvement (QI)
3. Learn about best practices to engage and measurably improve the quality improvement knowledge gain
4. Learn how to capture and track attendance and learning objectives

NYS Ryan White Part B Program Background

NYS RW Part B Programs

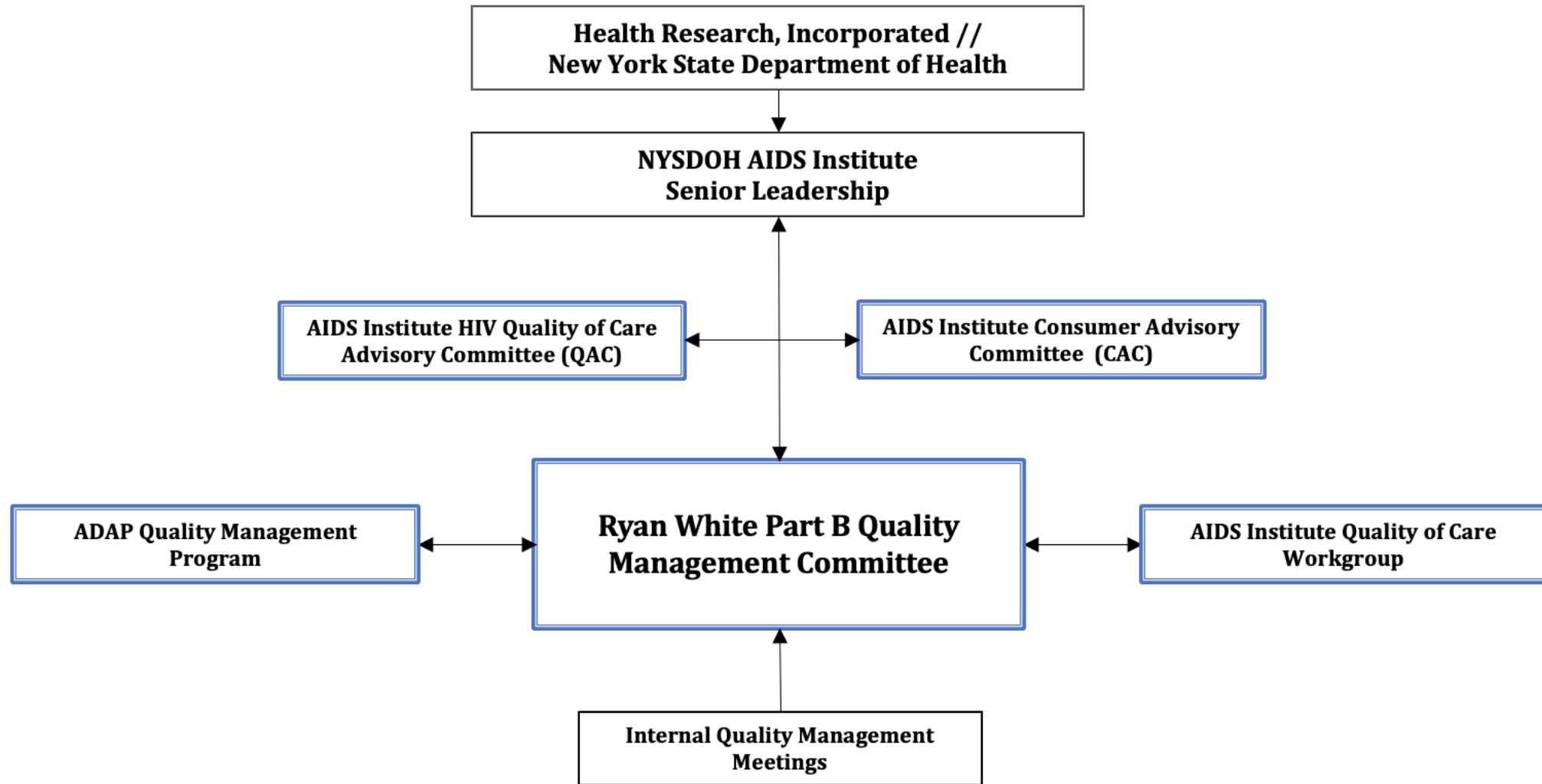
37 RWPB Sub-recipients with 62 contracts



Service Categories

- Health Education/Risk Reduction
- Non-medical Case Management
- Nutrition and Food
- Medical Case Management
- Emergency Financial Assistance
- Housing
- Other Professional Services
- Minority AIDS Initiative

Quality Management Infrastructure



Ryan White Part B Quality Management Committee

- The mission of the RW Part B QM Committee is to provide guidance for the development and implementation of the RW Part B QM Program, including QI initiatives and projects based on available data and trends
- The Committee meets quarterly, on the third Thursday at 3pm ET each quarter
- The meetings are facilitated by the Committee's Co-chairs
- Extensive minutes are kept and archived

RW Part B QM Committee Membership



- Five to six (5-6) key AIDS Institute senior leaders (Director, Division of HIV and Hepatitis Health Care; Bureau Directors - HIV Ambulatory Care Services and Community Support Services)
- Four (4) service providers receiving Part B funds
- Two (2) AIDS Institute contract managers overseeing Part B service grants
- Two to three (2-3) individuals with HIV receiving services at Part B-funded sites
- One (1) ADAP representative
- Two (2) members of the AIDS Institute HIV Quality of Care Advisory Committee and Consumer Advisory Committee
- One (1) representative from the New York City Department of Health and Mental Hygiene to ensure alignment across Ryan White funding streams
- One (1) member of the AIDS Institute HIV/AIDS Advisory Committee
- One (1) evaluation specialist from the Center for Program Development, Implementation, Research and Evaluation (CPDIRE)
- Three (3) Ryan White Part B Quality Management Team staff

Internal Quality Management Planning Group

- Internal group of Senior Staff who oversee the implementation and direction of the RWB QM Program. **Initially meeting weekly** then revisited to biweekly; 60mins each.
Decision Making – targeted discussion, Roles
 - Director, Division of HIV and Hepatitis Health Care
 - Director, Grants & Data Management
 - Director, Center for Quality Improvement & Innovation
 - Director, Uninsured Care Programs
 - Bureau Director, Community Support Services
 - Ryan White Part B Quality Management Director
 - Ryan White Part B Quality Management Senior Program Coordinator
 - CQII Program Aide

NYS RWPB Work Plan

New York State Department of Health / AIDS Institute
Ryan White Part B Quality Management Work Plan

2021-2022 New York State Ryan White Part B Work Plan - Year: 4/1/21 – 3/31/22

This document is reviewed and updated monthly and details specific goals, objectives, action steps, staff leads, and suggested dates for completion to address New York State Ryan White Part B clinical quality management aims as outlined in the 2021-2022 New York State Ryan White Part B Quality Management Plan.

- Allowed us to strategically plan ahead
- Set priorities for what is most important
- Outlines what is needed and where we need to put our efforts
- Clearly assigns roles and responsibilities
- Aligned the QM plan with statewide and ETE goals

Goal/Objective/Task	Action Steps	Staff Lead	Date Completed	Notes
Goal: Develop Procedures and Resources for the Ryan White Part B Quality Management Program				
Objective: Determine the RWB Quality Improvement Needs of RWB-funded Providers, Consumers, and AIDS Institute Staff				
Review the Existing QI Materials and Scan the Changing QI Landscape	Annually review the RWB resources and update them, if indicated	RWB QM Team	May 21	Completed
	Scan the HRSA CQM expectations and investigate any changes	RWB QM Team	May 21	Completed
	Make the necessary changes to the RWB Program, its resources, and procedures based on these annual reviews	RWB Director/Steinbock	Jul 21	Completed
Conduct Focus Groups with RWB Providers and Consumers to Better Understand their QI Needs	Develop a focus group outline, with detailed questions and implementation plan	Steinbock	Apr 21	Completed
	Conduct internal focus group meetings with AI staff to better understand their QI needs	Steinbock	Apr 21	Completed
	Conduct focus group meetings with RWB-funded providers to better understand their QI needs and suggestions for improvement	RWB Director	Oct 21	Awaiting hiring of RWB Director
	Conduct focus group meetings with RWB clients to better understand their improvement needs	RWB Director/Thornton	Oct 21	Awaiting hiring of RWB Director
	Write a summary report and present to the RWB QM Committee	RWB Manager	Dec 21	Awaiting hiring of RWB Director
Objective: Develop Part B-specific CQM Expectations and Standards for RWB Providers				
Review the RWB QM Contract Language and Update to Reflect Changes in QI Needs	Review the RWB contractual language for CQM	RWB QM Team	Apr 21	Completed
	Suggest changes to align with current HRSA CQM expectations	Steinbock	May 21	Completed

Internal Focus Group Findings

- No formal QI processes in place ('lots of QA', 'QA over QI')
- Staff haven't had any formal quality improvement training in the past
- QI is not labeled as such, but improvements are happening with subrecipients; routine feedback with subrecipients/providers are in place and are utilized
- There is a need to build capacity for quality improvement across all staff and departments
- There is no direct QI mandate in contracts, but programs are routinely pushed to adapt and change
- Varied competency levels across subrecipients/providers

Integration into the QM Plan

- Integrate capacity building as a goal in our QM plan
- Set measurable goals for our capacity building activities
- Outline a variety of training modalities (synchronous and asynchronous)

Goal 2: Advance the quality improvement culture across Ryan White Part B-funded subrecipients and the AIDS Institute.

Measurable objectives:

- 1) QI training participation: increase the percentage of Part B-funded agencies that participate in at least one Part B-funded QI training offerings to 95% by March 31, 2022.
- 2) QI projects: increase the percentage of Part B-funded providers conducting quality improvement projects that focus on a 2021-2022 Ryan White Part B Quality Management Improvement Goal to 95% by March 31, 2022.

Key strategies:

- Promote the expectation that all Part B-funded providers actively participate in Part B-sponsored QI training activities and conduct a quality improvement project based on the 2021-2022 Ryan White Part B Improvement Goals.
- Offer a variety of QI training opportunities that address a wide range of QI proficiencies of providers and clients (see [Table 4. Target Audiences and Outline of QI Training Modalities](#)).
- Expect all Part B-funded providers to submit their quality improvement project using the AIDS Institute standardized guidance (see Appendix I for *RW Part B Quality Management Program Standards*).
- Expect all Part B-funded providers to report routine QI updates during QI Sharing Sessions (routine meetings of Part B providers to share their improvement work – see [Capacity Building](#)) and receive individualized feedback and guidance in response.
- Provide technical assistance and coaching to organizations, including monthly Office Hours.

Goal 3: Increase consumer involvement and improve the service delivery experience for clients to measurably improve the quality of services.

Measurable objectives:

- 1) Availability of client QI trainings: provide 4 client QI training sessions by June 2022 to reach a minimum of 50 clients served by Part B-funded providers.
- 2) Client representation in Part B Quality Management Program activities: increase the percentage of AIDS Institute-supported Part B Quality Management Program Committees with at least one client representative to 100% by December 2021.

Key strategies:

- Deliver client-specific QI training sessions to build their capacity among clients to be on local quality improvement projects (see [Table 4. Target Audiences and Outline of QI Training Modalities](#)).
- Include client-related agenda items during QI Sharing Session meetings (routine meetings of Part B providers to share their improvement work – see [Capacity Building](#)) to promote the involvement of clients on improvement projects.
- Conduct focus groups with clients to generate ideas to increase the number of clients actively participating in local quality improvement projects (see [Table 4. Target Audiences and Outline of QI Training Modalities](#)).
- Provide technical assistance to providers to build a culture around consumer involvement.

- HRSA Policy [Clarification Notice \(PCN\) #15-02](#) (updated 9/2020)
 - Building capacity for quality improvement among Part B staff as well as subrecipients across a network is an important milestone to meet all HRSA guidelines for implementing a robust quality management program.
- Ending the Epidemic Initiative in New York State
 - Ending the Epidemic (ETE) in New York State will maximize the availability of life-saving, transmission-interrupting treatment for HIV, saving lives and improving the health of New Yorkers. It will move New York from a history of having the worst HIV epidemic in the country to a future where new infections are rare and those living with the disease have normal lifespans with few complications.
- The Model for Improvement framework
 - A methodology developed by the [Associates for Process Improvement](#). It is widely used in healthcare because of its scalability. It asks three simple questions: What are we trying to accomplish? How will we know a change is an improvement? What changes can we make that will result in an improvement?

Guiding Principles

- Create a culture for continuous quality improvement across all RW Part B stakeholders
- Implement data-based decision making and robust QI projects that can measurably impact the quality of care and services
- Focus on meeting the unique needs of high-risk populations
- Address the social determinants of health to ensure equitable access to HIV care
- Promote comprehensive and integrated services that are client-centered
- Adapt to the evolving needs of individuals, families, communities, and health and human service providers

Quality Statement

Vision: Optimal health outcomes for people with HIV served through a continuum of Ryan White Part B-supported services in New York State

Mission: To ensure all Ryan White eligible people with HIV in New York State have equitable access to high quality health care and supportive services by:

- Implementing an effective and sustainable Ryan White Part B Clinical Quality Management Program
- Ensuring Ryan White Part B-funded services align with national public health priorities and internal quality management expectations, including Policy Clarification Notice #15-02
- Providing ongoing collaboration and coordination with internal and external stakeholders, including subrecipients and clients of Ryan White Part B services
- Using available data to monitor health outcomes of people with HIV served and monitor trends in the New York State epidemic

RW Part B Quality Standards

New York State Department of Health AIDS Institute Ryan White Part B Quality Management Program Standards

June 16, 2021

The New York State Department of Health AIDS Institute is committed to advancing the quality of HIV clinical care and supportive services delivered to people with HIV and to strengthen the capacity for quality management (QM) in supportive service providers throughout New York State. These goals are consistent with the mission of the AIDS Institute and the goals of the Governor's Initiative to End the Epidemic (EtE) to accelerate measurable and continuous progress toward effective and client-centered services and improved patient outcomes.

The following Ryan White Part B Quality Management Program Standards are applicable to HIV service providers that receive Ryan White HIV/AIDS Program Part B funding in New York State.

A) Infrastructure of the Part B Quality Management Program

Leadership

The HIV quality management program is actively supported and formally guided by senior program leaders who provide institutional commitment and allocate appropriate resources to ensure sustainable implementation of improvement activities.

HIV Quality Management Committee

The Part B quality management program is supported by a quality management committee, which is accountable for Part B-specific improvement activities. The Part B quality management committee is effectively linked to the agency-wide quality management program, as evidenced by routine reporting of improvement efforts and performance measurement data. Committee member roles and responsibilities are delineated, and the involvement of clients on the committee is expected.

Quality Management Plan

The Ryan White Part B-funded service provider has a written quality management plan that is reviewed

The RW Part B QM Program Standards

- are applicable to HIV service providers that receive Ryan White HIV/AIDS Program Part B funding in New York State
- reflect the AIDS Institute and federal quality management expectations
- Were reviewed and updated by the Ryan White Part B Quality Management Committee

RW B Quality Management Contract Language

Quality

1. The Contractor shall adhere to the most current *Standards of Care*, including, but not limited to, those issued by the New York State Department of Health AIDS Institute and the HRSA National Monitoring Standards as a condition of receiving Ryan White funds.
(<http://www.hab.hrsa.gov/manageyourgrant/granteebasics.html>)
2. The Contractor shall plan, implement, and sustain a quality management infrastructure that is in accordance with the most current AIDS Institute-issued Ryan White Part B Quality Management Program Standards and the HRSA Clinical Quality Management Policy Clarification Notice (PCN) #15-02. (<https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>)
3. The Contractor shall establish, implement, and update annually an agency-specific quality management plan and shall conduct quality improvement projects addressing the specific needs of Ryan White Part B-funded services utilizing a proven quality improvement framework, such as the Plan-Do-Study-Act (PDSA) model or equivalent.
4. The Contractor shall participate in New York State Department of Health AIDS Institute supported Ryan White Part B Quality Management Program meetings and activities, including, but not limited to, the submission of an annual Ryan White Part B quality management plan and quality improvement project, the reporting of established performance measures and the presentations of quality improvement projects at quality meetings per the timeline established by the AIDS Institute.
5. The Contractor shall provide documentation of quality assurance and improvement activities, including maintenance of client satisfaction surveys and other mechanisms as designated by the AIDS Institute.
6. The Contractor shall participate in Ryan White Part B Quality Management Program-specific quality improvement trainings to ensure that the Contractor staff is aware and capacitated to participate in agency-specific quality improvement projects.

The RW Part B QM Contract Language

- Reflects the updated Part B Quality Management Standards
- Integrated into new RW Part B contracts as of April 2022

Capacity Building for Contract Manager (Internal Staff)

Introduction to QI for Contract Manager

Round 1

Date	Time	Session Title
Tue, Jun 15	10:00am to 11.30am	Introduction to Quality and Standards
Wed, Jun 16	2:00pm to 3.30pm	QI Projects
Thu, Jun 17	1:00pm to 2.30pm	QM Plan and Coaching

Round 2

Date	Time	Session Title
Tue, Jun 22	2:00pm to 3.30pm	Introduction to Quality and Standards
Wed, Jun 23	12:00pm to 1.30pm	QI Projects
Thu, Jun 24	11:00am to 12.30pm	QM Plan and Coaching

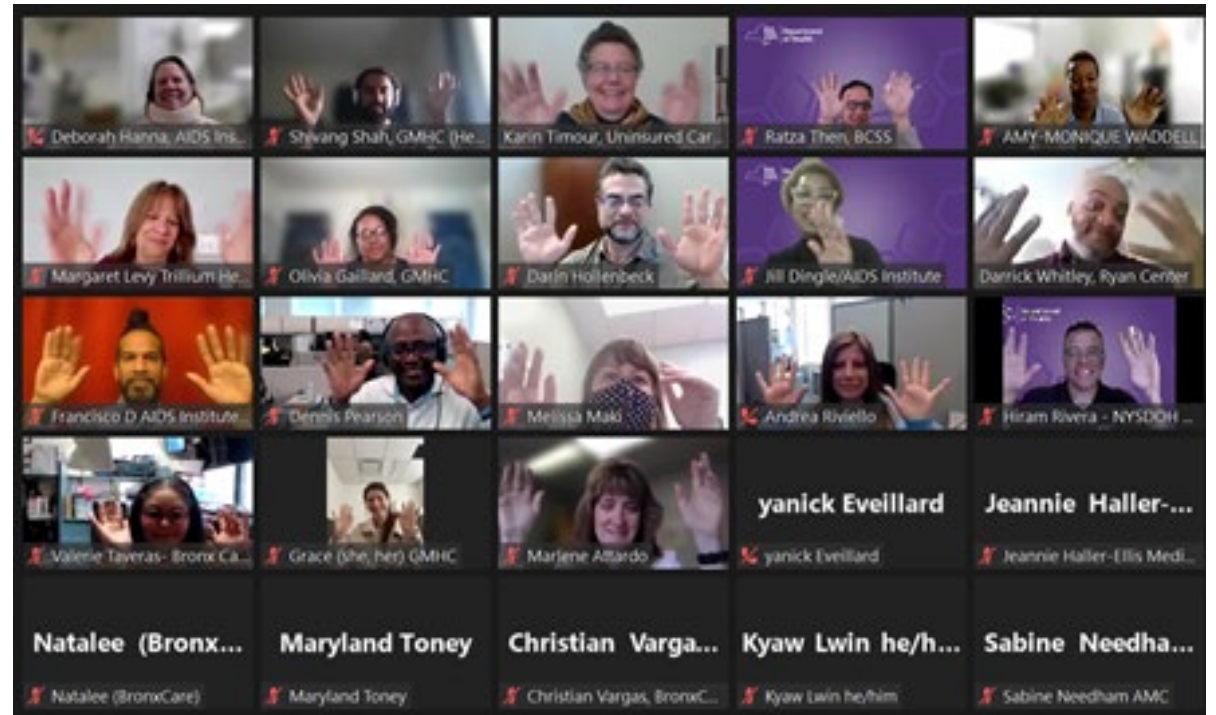
- To introduce QI and CQM to staff
- Three (3) training sessions (90min each) covered introductory topics such as Background and Rationale for QI, Improvement Models, QI Projects, QM Infrastructure, and HIV QI Coaching
- All contract managers were expected to attend these trainings

Round 1	6/15/2021	6/16/2021	6/17/2021
Attendance (14 invites)	100%	93%	93%
% that found it Helpful	80%	80%	83%
% felt Engaged	80%	83%	88%
% Likely to Implement	91%	95%	97%

Round 2	6/22/2021	6/23/2021	6/24/2021
Attendance (21 invites)	95%	95%	95%
% that found it Helpful	78%	67%	71%
% felt Engaged	83%	78%	83%
% Likely to Implement	95%	87%	93%

QI Bootcamp for Contract Manager

- QI Bootcamp (5 classes each 90min long) to help build QI capacity within internal staff
- This training is offered three (3) times to ensure all contract managers attend



Class Title
Introduction to Quality
The Aim Statement
Generating Improvement Ideas
How to Build a Quality Improvement Project
Evaluating QI Projects and QM Plan

AI Contract Manager QI Bootcamps	# of total Attended
AI Contract Managers with RWB Contracts	33

QI Contact Check-In



- Individualized CQM-related technical assistance offered to AIDS Institute Part B contract managers/QI Contacts
- Ongoing monthly sessions with QI experts (60min every 2nd Wednesday)
- Opportunity to discuss ongoing TA needs using real-time examples; additional Q&A session

QI Training Modalities for Contract Managers

Training	Purpose	Frequency	Description
Introductory Contract Manager QI Training Sessions	Increasing staff knowledge and comfort with the quality improvement and quality management.	2x a year 100% of current and future contract managers attend this training	Three (3) training sessions - ninety (90) minutes each, covering a range of introductory topics such as Background and Rationale for QI, QI Models, QI Projects, QM Infrastructure, and HIV QI Coaching.
QI Bootcamp for Contract Managers	Building their QI capacity how to apply the QI learning content with their assigned Part B providers.	3x a year 100% of current and future contract managers attend this training	Five (5) sessions - ninety (90) minutes each, using a case study learning approach how to provide technical assistance/training for Part B-funded providers.
QI Contact Check-Ins	Providing routine updates for QI contacts to ensure continuity across all	12x a year (monthly)	Twelve (12) sessions – 60 min each - for Part B QI Contact & Contract Managers to provider assistance with answering their QI questions.
Staff Meeting Updates	Providing routine updates on QI/QM developments and changes to the Part B Clinical QM Program.	Continuous throughout year	Presentations by Part B Clinical Quality Management Program staff, AIDS Institute staff, supervisors.
Access to CQII Training Materials	Providing an ongoing QI resource to learn more about QI.	Continuously available	Sharing of CQII QI training resources, such as Quality Academy tutorials, QI resource listings.

Tools for Internal Staff / Contract Managers

RW Part B Contract Manager Review Tools

- The Ryan White Part B Clinical Quality Management Program QM Plan Review Tool (check list) is used to help with the development of future QM plans, the review of existing QM plans, and for providing feedback and guidance by internal and/or external stakeholders.
 - *RW Part B QM Plan Review Tool*
- QI Contacts assigned to each RW Part B program provides feedback using a standardized tool to review quality improvement (QI) projects and to document any feedback.
 - *RW Part B QI Project Review Tool*

RW Part B Contract Manager Technical Assistance Tool

Quality Improvement

- Where are you in the process of selecting and implementing your QI project?
 - o Beginning of the year - have you selected and submitted your improvement topic?
 - o End of the year - have worked on your annual QI storyboard yet to reflect on your QI project?
- Can you give an update on your QI project? What have you learned so far from the results of your QI project?
 - o Is there internal buy in for your QI project among staff and agency leadership?
 - o What are the lessons learned that can be shared with others?
- Are you ready to present an update of your QI project at an upcoming Part B quarterly meeting?
- What have you learned from recent quarterly meetings? Any implications for your improvement efforts?
- Do you need any assistance with your QI project and getting ready for an upcoming quarterly meeting?

QI Resources to consider:

- o **CQII Technical Assistance Call Series.** Center for Quality Improvement & Innovation (CQII), New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <https://targethiv.org/cqii/webinars>
- o **Quality Academy.** Center for Quality Improvement & Innovation (CQII), New York State

- It assists contract managers in QI discussion during Technical Assistance calls
- Provides a guide for Contract managers to have open discussions with subrecipients about their QI projects
- Learning occurs best when an open space for communication is created

RW Part B Organizational Assessment Tool

A.1. To what extent does the agency create an environment that focuses on improving the quality of HIV services?

Getting Started	0	<input type="checkbox"/> The agency is not actively supplying guidance to staff.
Planning and initiation	1	<input type="checkbox"/> The agency has no agency-wide plan for improving quality across service categories. <input type="checkbox"/> The agency is inconsistent in use of data to identify opportunities for improvement. <input type="checkbox"/> Staff are advised to conduct QI activities, but no real guidance exists.
Beginning Implementation (Not optimally engaged)	2	<u>The agency:</u> <input type="checkbox"/> Is engaged in quality improvement with focus on use of data to identify opportunities for improvement. <input type="checkbox"/> Inconsistently supports improvement efforts. <input type="checkbox"/> Provides language on staff responsibilities but does not provide oversight. <input type="checkbox"/> Inconsistently coordinates QM meetings. <input type="checkbox"/> Supplies some resources for QI activities but not enough to advise the development of a robust QM program.
Implementation	3	<u>The agency:</u> <input type="checkbox"/> Provides routine leadership to support the QM program. <input type="checkbox"/> Provides guidance to staff and encourages open communication related to quality activities. <input type="checkbox"/> Clearly communicates to all staff quality goals and objectives that are contractually expected of Part B-funded service providers. <input type="checkbox"/> Promotes client-centered care and client involvement in QI activities. <input type="checkbox"/> Periodically reviews performance measures and outcomes by service category to inform staff of program priorities and uses data to determine areas of focus for improvement and for improvement ideas.
Progress toward systematic approach to quality	4	<u>The agency:</u> <input type="checkbox"/> Supports development of a culture of QI with staff, including provision of resources for participation in QI learning opportunities. <input type="checkbox"/> Engages routinely in QI planning and evaluation in cooperation with internal and external advisory bodies. <input type="checkbox"/> Provides technical assistance to staff on their improvement efforts. <input type="checkbox"/> Promotes and documents efforts to foster collaboration with other agencies.
Full systematic approach to quality management in place	5	<u>The agency:</u> <input type="checkbox"/> Encourages innovation through QI awards or incentives. <input type="checkbox"/> Directly links QI activities to the agency's strategic plans and initiatives. <input type="checkbox"/> Considers the quality improvement at the agency level when making programmatic or financial funding decisions.

- Provided to Contract Managers to assess the Part B subrecipients quality management program
- Tool for the bi-annual contract monitoring site visits
- Available for self-assessment by Part B providers on the RW Part B QM Program website

Things to consider...

Training

- Different levels of QI experience among staff
- Staff buy-in
- Scheduling
- Staff Turnover-promotions, resignations
- New Hire onboarding

Implementation

- Staff roles and workload
- Contract responsibilities vs Quality Contact responsibilities
- Varying funded sites: legal services vs. Hospital vs. community-based clinic

Tools

- Provide trainings on how and when to use tools
- Ensure tools are easily accessible for all staff

Lessons Learned

- Incorporate examples for all types of funded services and sites into the training modules
- Make trainings part of onboarding process for new hires
- Provide asynchronous opportunities to learn QI via prerecorded tutorials and webinars
- Constantly update and disseminate FAQ Guide with definitions
- Encourage use of tools for all staff especially those new to QI
- Designate one voice for providers with multiple RW part B services

Capacity Building for RW Part B Subrecipients

QI Orientation / Kick-Off with Part B Providers

Date/Time

Thu, Jul 29 9am ET



- Introduction to updated Part B QM standards and expectations
- Agenda covered
 - Introduction to CQM and QI Projects
 - Overview of Updated QM Expectations
 - TA Support for Part B Providers
 - Q&A

RWB Provider Kick Off Webinar	Date: 7/29/2021
Total Attendance	152
RW Part B funded Providers	111
% that found it Helpful	75%
% Likely to Implement	84%

QI Bootcamp for Part B Providers

Round 1

Date	Time	Session Title
Wed, Sep 1	10:30am to 12pm	Introduction to Quality
Wed, Sep 15	10:30am to 12pm	The Aim Statement and Writing a QM Plan
Wed, Sep 22	10:30am to 12pm	Generating Improvement Ideas
Wed, Sep 29	10:30am to 12pm	How to Build a Quality Improvement Project
Wed, Oct 6	10:30am to 12pm	Evaluating QI Projects and QM Plan

Round 2

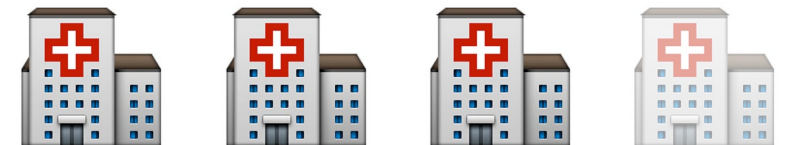
Date	Time	Session Title
Wed, Oct 20	10:30am to 12pm	Introduction to Quality
Wed, Oct 27	10:30am to 12pm	The Aim Statement and Writing a QM Plan
Wed, Nov 3	10:30am to 12pm	Generating Improvement Ideas
Wed, Nov 10	10:30am to 12pm	How to Build a Quality Improvement Project
Wed, Nov 17	10:30am to 12pm	Evaluating QI Projects and QM Plan

Round 3

Date	Time	Session Title
Wed, Jan 12	10:30am to 12pm	Introduction to Quality
Wed, Jan 19	10:30am to 12pm	The Aim Statement and Writing a QM Plan
Wed, Jan 26	10:30am to 12pm	Generating Improvement Ideas
Wed, Feb 02	10:30am to 12pm	How to Build a Quality Improvement Project
Wed, Feb 09	10:30am to 12pm	Evaluating QI Projects and QM Plan

- QI Bootcamp (5 classes each 90min) to build QI capacity within Part B funded programs
- Intensive QI training course for Part B Programs
- Offered 3x times to ensure all Part B providers can attend
- Focus on developing a Part B-specific QI project

35 out of 37 RWB Provider Programs attended a QI Bootcamp



QI Webinar Series

Date/Time	Topic
Tue, Aug 31 at 10am	Choosing an Improvement Project Part 1
Tue, Sep 14 at 10am	Choosing an Improvement Project Part 2
Tue Sep 28 at 10am	Basic Data Tools
Tue, Oct 26 at 10am	Using the QM Plan Checklist
Tue, Nov 23 at 10am	Improvement Project examples
Tue, Dec 14 at 10am	Advanced QI Tools
Jan 11, 2022 at 10am	Health Numeracy

RWB Webinars	Overall Data
Total Attendance	159
RW Part B funded Providers	29/37
% that found it Helpful	77%
% Likely to Implement	91%

- Online webinars (60min each) on prioritized QI topics to learn about QI
- Part B staff, consumer, and AIDS Institute staff were invited to attend
- QI webinars presented and facilitated by QI experts
- The QI webinar series in 2021- 2022 introduces participants to “QI 101” and provide real-world application of QI initiatives

Office Hours for Part B Providers



- Individualized CQM-related technical assistance offered to all Part B funded providers
- Monthly sessions with QI experts (60min)
- 2022 Office Hours – 2nd Thursday a month, 12pm ET
- Informal Q&A sessions to answer your specific questions; no content presentations

QI Sharing Groups

- QI Sharing Group meets quarterly for their QI Sharing Sessions with the purpose of peer sharing of routine updates by each service provider on their QI projects.
- Part B-funded subrecipients are divided up in three (3) QI Sharing Groups based on their funded service category. This approach allows the creation of a more intimate community of practice.

Sharing Groups	Service Categories
Group 1: 14 Part B Agencies	Medical Case Management Psychosocial Support Services Housing Health Education/Risk Reductions
Group 2: 10 Part B Agencies	Nutrition & Food Non-medical Case Management
Group 3: 11 Part B Agencies	Other Professional Services Non-medical Case Management

QI Training Modalities for Part B Providers

Training	Purpose	Frequency	Description
QI Webinar Series	Introducing Part B-funded providers to “QI 101” and providing them with real-world application of QI initiatives	6x a year	Seven (7) webinar sessions - sixty (60) minutes each for Part B-funded service providers in need of QI training
QI Bootcamp for Part B Providers	Building their QI capacity to apply the QI learning content within their programs	3x a year	Five (5) sessions - ninety (90) minutes each, using a case study learning approach to apply QI/QM in a Part B provider setting
QI Sharing Sessions	Providing QI content presentations during QI Sharing Sessions	4x a year during each of the 2x groups per year	15-20 min presentations on key QI topics by a QI content expert
Technical Assistance and Coaching by Contract Managers	Providing assistance and guidance to reach all QI milestones	Continuously available with monthly provision anticipated based on experience	Technical assistance and coaching during contract monitoring and quality management assessments
Office Hours	Providing individualized technical assistance	12x a year	Twelve (12) sessions to assist with answering any QI questions
AIRS Training	Ongoing AIRS trainings	Monthly on a variety of topics	Learning how to report performance data
Access to CQII Training Materials	Providing an ongoing QI resource to learn more about QI	Continuously available	Sharing of QI training resources, such as Quality Academy tutorials

Tools for RW Part B funded Subrecipients

RW Part B QI Templates

- Utilized to document the planning, delivery, and follow-up related to the quality improvement project
 - [RW Part B 2021-2022 Annual QI Project Submission Form](#)
- Sharing Group Presentation template provided for subrecipients to present their QI project updates to their peers.
 - [RW Part B QI Project Update Template](#)
- Part B subrecipient submits their annual QI storyboard to reflect their work on their completed QI project
 - [RW Part B QI Project Annual Storyboard Template](#)

Frequently Asked Questions (FAQ)

AIDS Institute Ryan White Part B Quality Management
 Frequently Asked Questions (FAQ)

QI Project

All Ryan White Part B funded agencies are expected to conduct an annual quality improvement project. Can you please clarify the timeframe when to complete the project?

All Part B-funded agencies are expected to determine the focus of their annual quality improvement project and write an initial aim statement by the end of 2021. Multiple provider training opportunities are offered by the AIDS Institute for providers and contract managers are available for technical assistance. The first completed annual quality improvement project will be required for the 2022-23 contract year.

Our agency is funded for multiple Part B grants. Do we have to conduct a QI project for each funded Part B service category?

No. Each Part B-funded agency is expected to conduct at least one annual quality improvement project that reflects one of the 2021-2022 priorities that is applicable across all Part B funded service categories.

What are the 2021-2022 priority focus areas for selecting the agency-specific QI project?

The 2021-2022 priorities for quality improvement projects include:

- Increase health equity by focusing on key HIV populations that are disproportionately impacted by the HIV epidemic in New York State and reduce their performance gap
- Advance the quality improvement culture across Ryan White Part B-funded subrecipients
- Increase client involvement and improve the service delivery experience for clients that measurably improve the quality of services
- Enhance the HIV service delivery system by improving existing data collection systems and data management practices

What Part B templates are available to assist me to document my quality improvement project? Where can I find them?

The following templates have been developed to assist your QI project. They will be posted on the Part B QM webpage, which will be released very soon. If you want to receive a copy at this time, simply email Shaymey Gonzalez at Shaymey.Gonzalez@health.ny.gov.

Tool	Details
Part B Annual QI Project Submission Form	To be submitted at the beginning of each year by each service provider to outline their QI project; reviewed by the contract manager
Part B QI Project Update Template	To be used by service providers during their presentations at least 3 times a year during their quarterly QI Sharing Sessions

- Frequently updated document with key questions related to
 - QI Project
 - QI Sharing Groups
 - Quality Improvement Trainings
 - QM Plan
 - Other

Ryan White Part B Quality Management Program Website



The New York State HIV Quality of Care Program

Ryan White Part B Quality Management Program

Quality Management Program

- [Overview](#)
- [Background](#)
- [Quality Management Plan](#)
- [Guiding Principles](#)
- [Program Standards](#)
- [Organizational Chart](#)
- [QI Templates](#)
- [Training](#)
- [Sharing Groups](#)
- [Resources](#)
- [Email the RWBQMP](#)

Quality Management Program

[Overview](#)

The New York State Department of Health AIDS Institute is committed to

Eliminating new HIV infections

Improving the health and well-being of persons with HIV (PWH)

Ensuring equitable access to HIV care to promote the health and wellbeing of all New Yorkers living with HIV



The purpose of this Ryan White Part B Quality Management Program is to determine to what extent the needs of people living with HIV (PLWH) are being met and help providers better meet those needs.

To reach our goal we are setting standards for and measuring the performance of Part B-funded providers.



The Ryan White Part B Quality Management Program will:

- Identify areas for improvement
- Implementing quality improvement projects using established tools and methodologies
- Aid providers to improve their performance

- Launched in Jan 2022 within the [NYS HIV Quality of Care website](#)
- Templates, tools, and previous trainings materials readily available to all
- Updated routinely

Things to consider...

- Providers have competing priorities
- Providers have varying degrees of QI experience
- Providers did not initially understand or buy into the process, especially during the COVID pandemic
- Providers did not always send the right staff to the trainings
- Providers to assign a designated QI contact at the agency level
- Due to turnover initial messaging was lost
- Dedicated listserv or streamlined mailing list to communicate with providers

Lessons Learned/Reflections

- FAQ Guide with definitions
- Make trainings part of onboarding process new hires
- Provide pre-recorded trainings on QI
- Enhance training by incorporating different examples of funded services and sites
- Monthly correspondence for providers; parallel correspondence to internal staff to further drive messaging
- Ensure collaboration with other Ryan White QM programs to coordinate QI activities to avoid duplicated efforts for providers

Capacity Building for Consumers receiving RW Part B Services

Persons with lived experience Involvement

- **Paradigm:** *When people with HIV stay in care, they get the services they need, leading to healthier communities*
- Building on the long history of New York State including consumers as equal partners, the RW Part B CQM Program engages people with HIV as active collaborators in all program activities, as well as promotes their involvement among Part B-funded subrecipient QI activities
- Consumer feedback and input is utilized, consumer trainings are offered, and the recruitment of consumers in various Part B activities

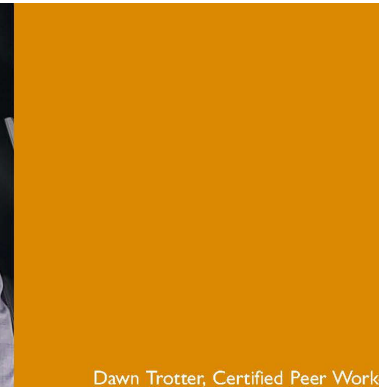
2022 Consumer QI Training

Make your Voice Count – Consumers in QI Trainings	Duration
March 15, 2022: Defining Quality and the Consumer Voice	60 mins
April 5, 2022: Defining Data & Putting into Practice	60 mins
May 3, 2022: Engaging Consumers in Quality	60 mins
June 7, 2022: QI Tools and Techniques	60 mins

RWB Webinars	Overall Data
Total Attendance	42
RW Part B funded Providers	21/37



Rich Fowler, Certified Peer Worker



Dawn Trotter, Certified Peer Worker

Join Us for a 4-Part Series
Make your voice **COUNT**:
Consumers in Quality

March 15th @ 11am

Session 1: Defining Quality and the Consumer Voice

Zoom Link: <https://rdshinstitute.org/zoom/join/9772101113?pwd=Fa1c3s1BwVlRmZEdlRlRm1TE5d0lCZ2o9>

April 5th @ 11am

Session 2: Defining Data and Putting into Practice

Zoom Link: <https://rdshinstitute.org/zoom/join/94878926153?pwd=Fa1ZG9YkwdEV6SKRkVjZsUNlU1RlCT09>

Stay Tuned for Sessions 3 & 4 in May/June 2022!

Consumer QI Trainings

Target Audience	Training	Purpose	Frequency	Description
Consumers	Consumer QI Webinars	Introducing consumers to “QI 101” and about improving viral suppression as a key step in improving health outcomes.	4x a year	Four (4) webinar sessions - sixty (60) minutes each - for consumers to increase their capacity for QI and enhance their involvement in QI activities.
-	Access to CQII Training Materials	Providing an ongoing QI resource to learn more about QI.	Continuously available	Sharing of CQII QI training resources, such as Quality Academy tutorials, QI resource listings.
-	QI Webinar Series	Introducing Part B-funded providers to “QI 101” and providing them with real-world application of QI initiatives.	6x a year	Seven (7) webinar sessions - sixty (60) minutes each for Part B-funded service providers in need of QI training.

Things to consider...

- While virtual settings worked well for providers, they posed a challenge for consumers due to having little to no access to technology
- Informing the consumers of the available training sessions was difficult because providers did not have the access to consumers that they once did prior to COVID
- While providing dedicated trainings space for Consumers we still found many providers also joined which may impact consumer participation
- Providing Dial-in number for virtual trainings

Capturing and Tracking Data

Importance of Tracking Attendance

- Tracking attendance in a virtual setting can help ensure messaging is reaching the intended audience
- Knowing who was in attendance and who was not can help determine who may need targeted TA
- To obtain contact information for communication purposes
- To review/verify if training had an impact on overall Quality Improvement efforts at RWB programs.

Tools for Tracking attendance in a Virtual Setting

- Registration
- Usage/Participant/Attendee reports
- Chat function
- Screenshot



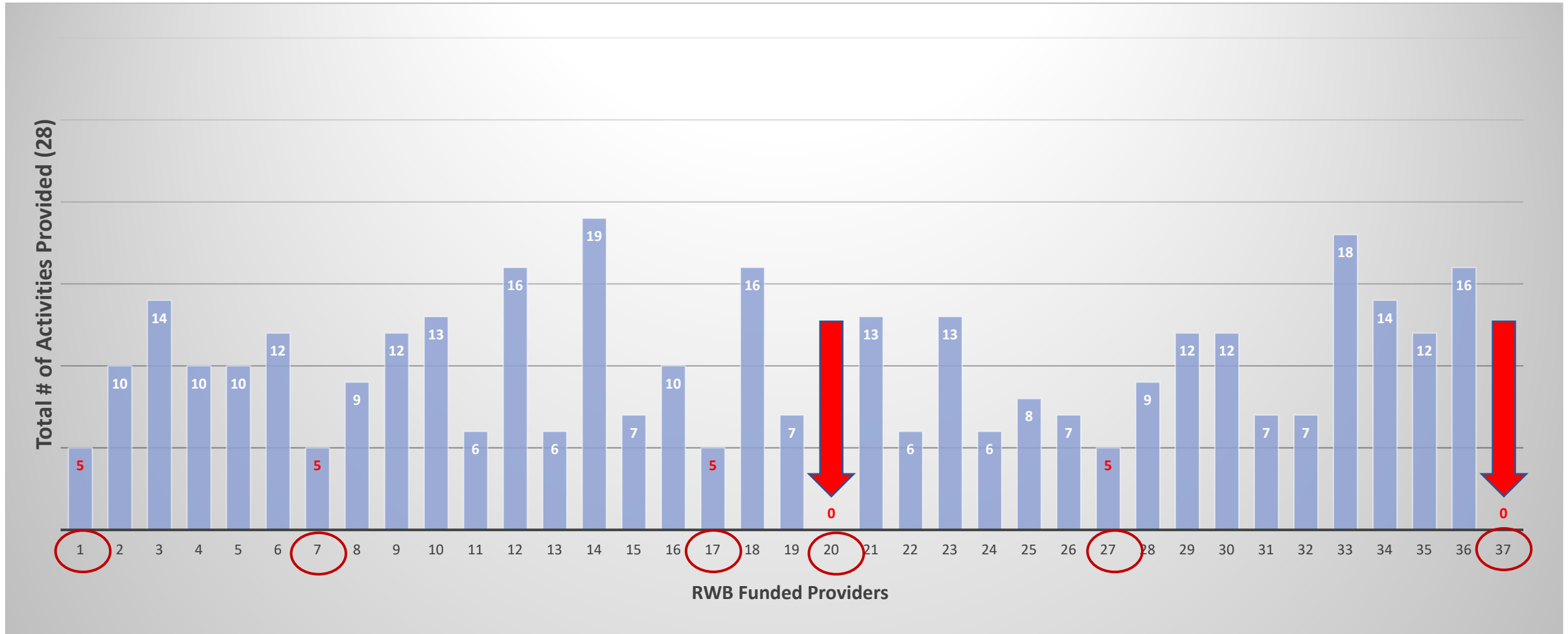
GoToMeeting



Tracking Attendance Datasheet

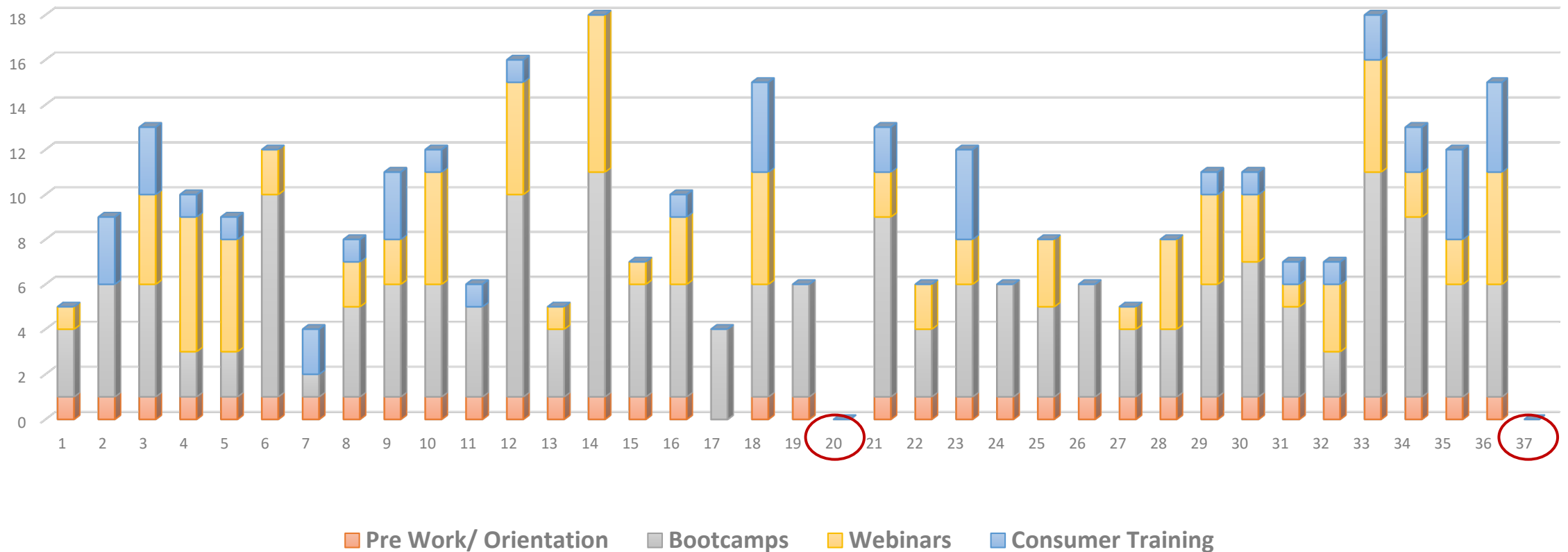
Org Ref #	Orientation Call 7/29/21	Bootcamp Rd 1- Session 1 9/1/21	Bootcamp Rd 1- Session 2 9/15/21	Bootcamp Rd 1- Session 3 9/22/21	Bootcamp Rd 1- Session 4 9/29/21	Bootcamp Rd 1- Session 5 10/6/21	Bootcamp Rd 2- Session 1 10/20/21	Bootcamp Rd 2- Session 2 10/27/21	Bootcamp Rd 2- Session 3 11/3/21	Bootcamp Rd 2- Session 4 11/10/21	Bootcamp Rd 2- Session 5 11/17/21	Bootcamp Rd 3- Session 1 1/12/22	Bootcamp Rd 3- Session 2 1/26/22	Bootcamp Rd 3- Session 3 2/2/22	Bootcamp Rd 3- Session 4 2/9/22	Bootcamp Rd 3- Session 5 2/16/22	Consumer QI Training - Mar 2022	Consumer QI Training - Apr 2022	Consumer QI Training - May 2022	Consumer QI Training - June 2022
1	1	0	0	0	0	0	0	1	0	0	0	0	1	1	1	0	0	0	0	0
2	1	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	1	1	1
3	1	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	0
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8	1	0	0	0	0	0	0	0	0	0	0	1	1	1	1	0	1	0	0	0
9	1	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	0	1
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Attendance Tracking for TA Purposes



Attendance Tracking for Evaluation Purposes

RWB Program Participation Across Activities



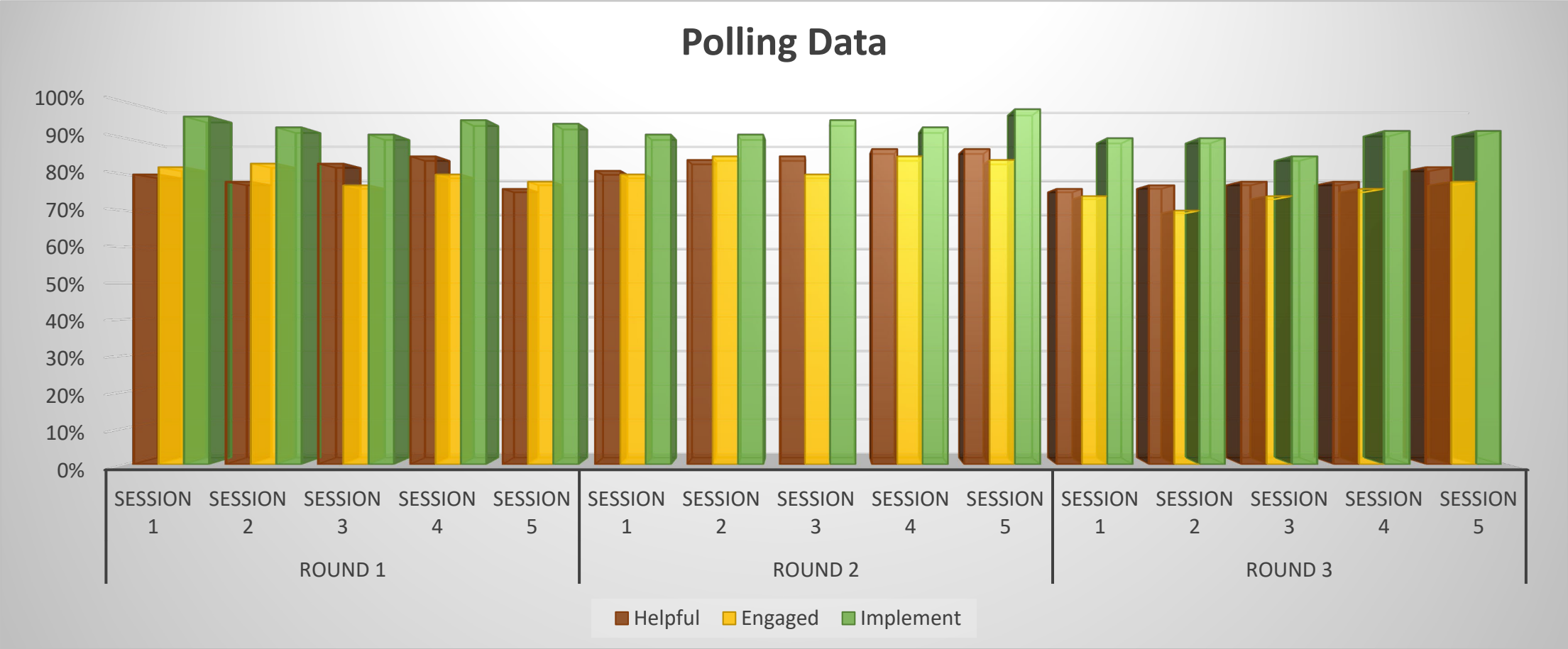
Attendance & Polling for Evaluation Purposes

RWB Provider QI Bootcamp: Round 1	Lesson 1: 9/1/2021	Lesson 2: 9/15/2021	Lesson 3: 9/22/2021	Lesson 4: 9/26/2021	Lesson 5: 10/6/2021
# of Participants Attended	10	11	9	8	10
Attendance (#participants)	71%	79%	64%	57%	71%
Attendance (#Organizations)	8	9	6	5	7
% that found it Helpful	80%	78%	83%	85%	76%
% felt Engaged	82%	83%	77%	80%	78%
% Likely to Implement	96%	93%	91%	95%	94%

RWB Provider QI Bootcamp: Round 2	Lesson 1: 10/20/21	Lesson 2: 10/27/21	Lesson 3: 11/3/21	Lesson 4: 11/10/21	Lesson 5: 11/17/21
# of Participants Attended	22	20	19	11	15
Attendance (% participants)	100%	91%	86%	50%	50%
Attendance (#Organizations)	12	12	13	9	9
% that found it Helpful	81%	84%	85%	87%	87%
% felt Engaged	80%	85%	80%	85%	84%
% Likely to Implement	91%	91%	95%	93%	98%

RWB Provider QI Bootcamp: Round 3	Lesson 1: 1/12/22	Lesson 2: 1/26/22	Lesson 3: 2/2/22	Lesson 4: 2/9/22	Lesson 5: 2/16/22
# of Participants Attended	37	39	41	38	35
Attendance (%participants)	95%	98%	103%	95%	88%
Attendance (#Organizations)	19	19	23	21	19
% that found it Helpful	76%	77%	78%	78%	82%
% felt Engaged	74%	70%	74%	76%	78%
% Likely to Implement	90%	90%	85%	92%	92%

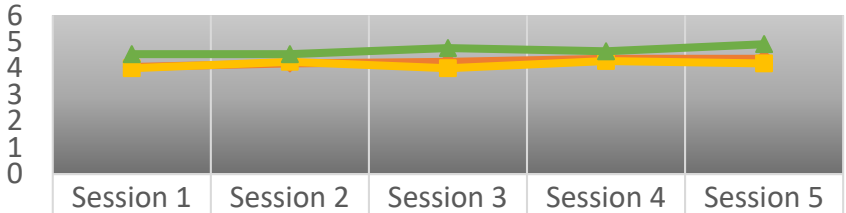
Polling for Evaluation



Polling for Evaluation continued

BOOTCAMP 1 – POLLING EVALUATION

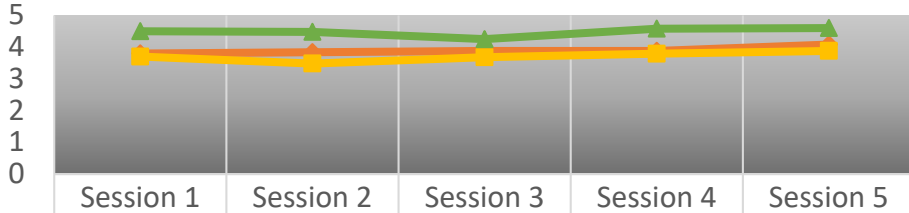
Helpful Engaged Implement



	Session 1	Session 2	Session 3	Session 4	Session 5
Helpful	4.05	4.18	4.24	4.36	4.36
Engaged	4	4.24	4	4.27	4.18
Implement	4.53	4.53	4.76	4.64	4.91

BOOTCAMP ROUND 3 – POLLING EVALUATION

Helpful Engaged Implement

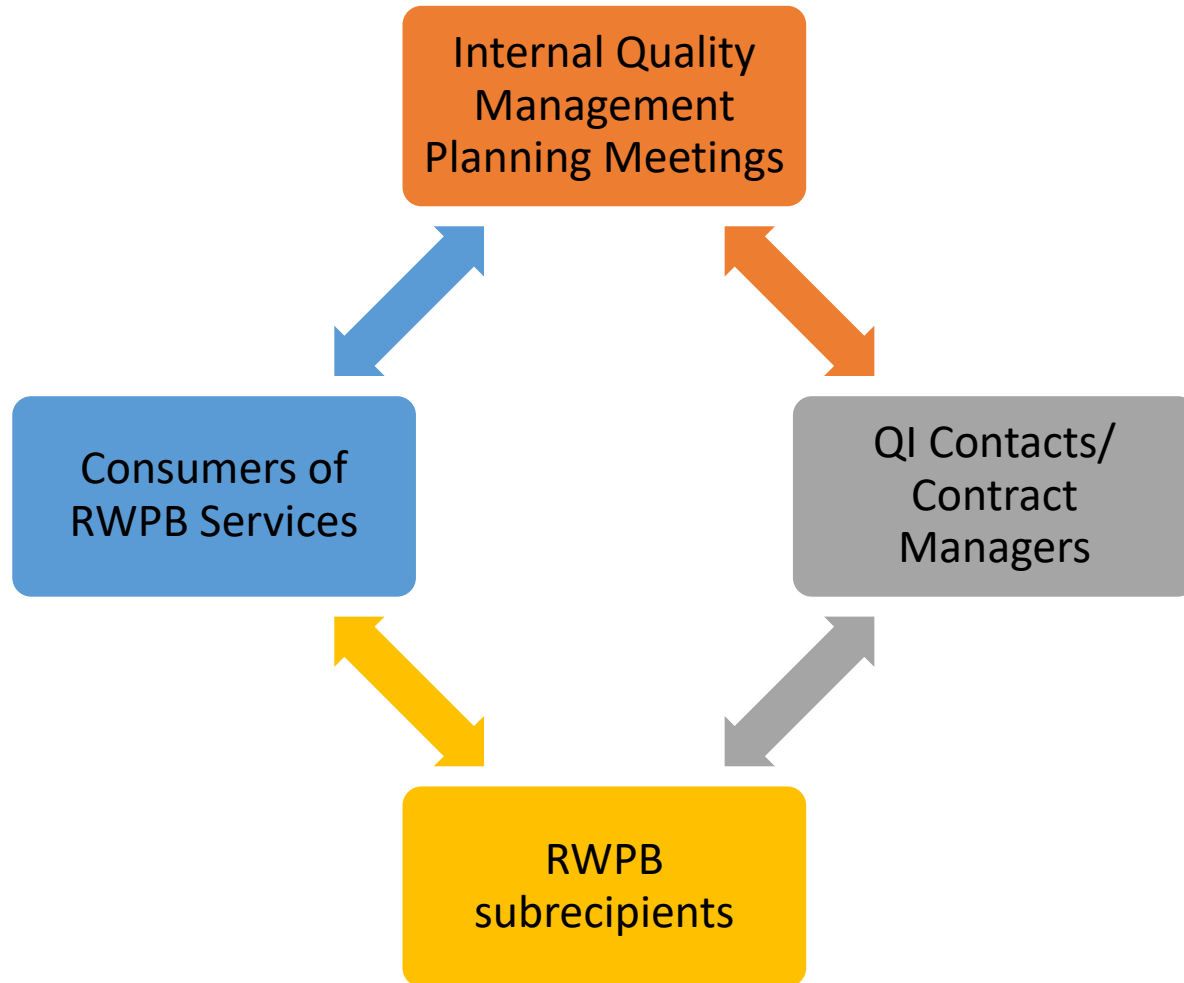


	Session 1	Session 2	Session 3	Session 4	Session 5
Helpful	3.8	3.84	3.88	3.88	4.08
Engaged	3.7	3.48	3.68	3.79	3.88
Implement	4.5	4.48	4.25	4.58	4.6

Lessons Learned/Reflections

- Registration reports can be a great tool to use to develop a communication list
- Database of providers is robust and requires maintenance
- Helps with monthly correspondence for Providers
- Can be used for evaluation purposes

Feedback Exchange



Continuous feedback loop from QM Planning Team to QI Contacts to Part B subrecipients to consumers.

Summary

- Able to be replicated in various sized programs with ample planning and a dedicated team
- Support subrecipients to be successful through capacity building efforts. This will assist with subrecipients buy-in; they will likely be more dedicated to the process
- Improving health outcomes for Persons with HIV

Thank You



Questions and Answers

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