

Using Data to Care for Clinical Quality Management

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Portland, Oregon TGA

Portland TGA

Part A Admin Team

- .05 FTE Sr. Mgr
- 1.0 FTE Program Mgr
- 1.0 Contracts Program Sp
- **.25 FTE Quality Mgt Program Sp**
- .8 FTE Research Eval Analyst
- **.5 FTE Research Eval Analyst**
- .5 FTE Financial Adm Analyst
- .5 FTE Office Assistant Sr.
- TOTAL FTE = 4.6



Portland TGA: The Numbers

- TGA serves about 2,800 clients a year



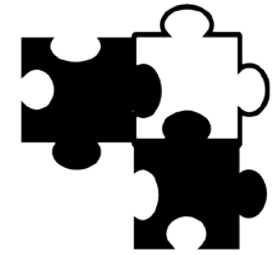
- 9 service categories
 - Med Case Mgt
 - Outpatient Med Care
 - Early Intervention
 - Dental
 - Mental Health
 - Health Insurance

 - Psychosocial
 - Housing
 - Food bank/Home delivered meals
- 9 service providers
 - 4 HDs
 - 3 CBOs
 - 2 University-based

Nuts & Bolts of CQM Requirement

- Legislative requirement
- Contractual requirement
- CQM is emphasized in the Nat'l HIV/AIDS Strategy
- Part A Grant Application (pg. 30)
 - “Describe quality improvement activities implemented by the recipient in the last grant year aimed at improving HIV viral suppression within the jurisdiction. Describe how subrecipients were involved in improving HIV viral suppression”
- **CQM as a change agent toward improving patient care, health outcomes and client satisfaction.**

CQM: How Does that *REALLY* Work?



- Grantee education

- TOT Training
- Popular Education
- Self study
- Internal leadership
- QM leader/advocate

- Contractor education

- Trainings/presentations/activities facilitated by Grantee
- QM Plan self-assessment
- TA offer



- Planning Council education

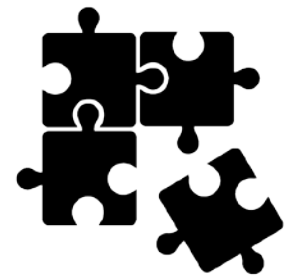
- TOT Training
- PDSA training
- CQM Overview

Evidence to Add a Piece to our Approach

- HRSA Site visit in October 2015; our “Ah-ha” moment.
- Contractor feedback
 - “Sometimes too much information can be provided about QI efforts. It's great that FTE can be devoted to these efforts, but on our side, it is very difficult to deal with existing administrative efforts... I wish I did have time to devote to more in depth understanding of QI, but Ryan White does not adequately cover the time that is needed to do so....I hope that [you all] continue to understand the level of pressure we as contractors are under to do all the admin for these contracts while also working to supervise staff, ensure quality of programming, and provide direct services. ...”

-Anonymous contractor
 - Lack of resources
 - Can you tell us what you see??
- Desire to move toward evidence-based CQM work...put the data to work!

CQM: How Does that REALLY Work?



- Grantee education
- Contractor education
- Planning Council education
- **Evidence-based CQM workgroup**
 - Review VL, Outcome and Client Satisfaction Data
 - Improvement area identification and prioritization
 - Develop annual quality goals plan

CQM Workgroup: Data (VL)

- Data sources:

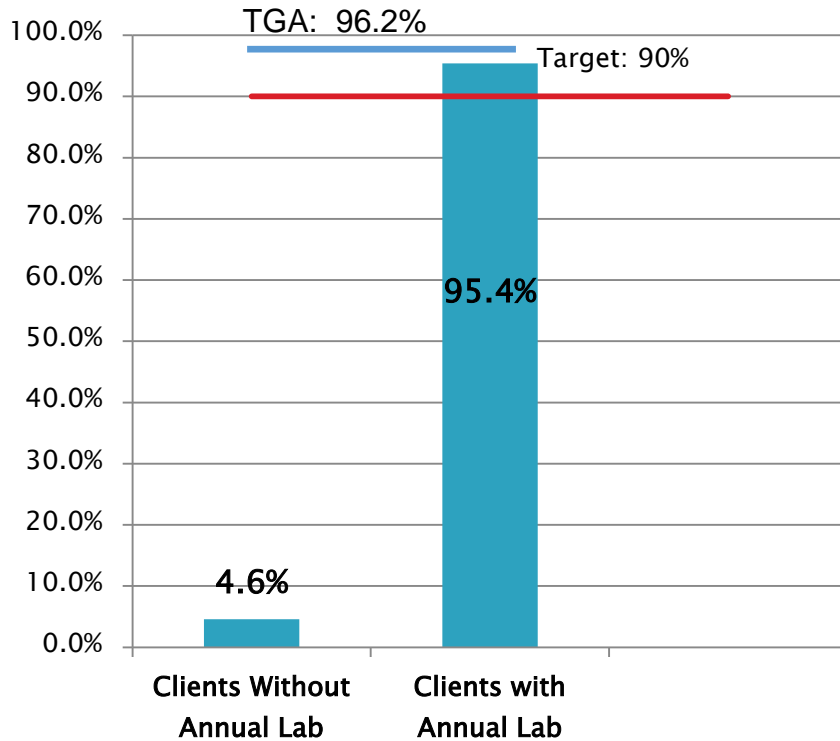
- State and local surveillance
- CAREWare

- Data Presented:

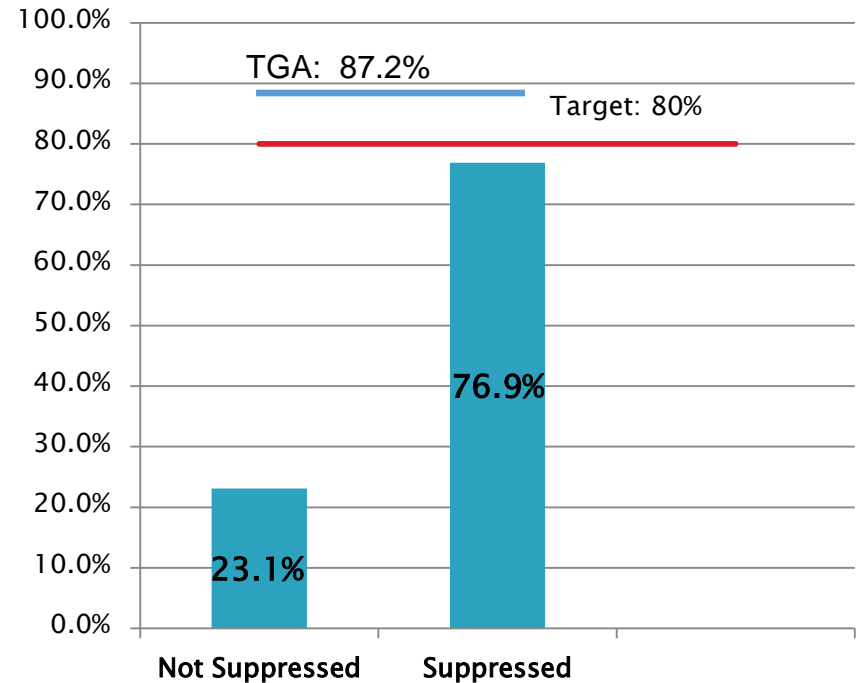
- TGA and Agency-level Viral Load Annual lab and Viral Load suppression data in aggregate
- Demographic disparities

CQM Workgroup: Data (VL Example)

Contractor X Clients With an Annual VL Lab



Contractor X Clients VL Suppression



CQM Workgroup: Data (Outcomes)

- Data sources:

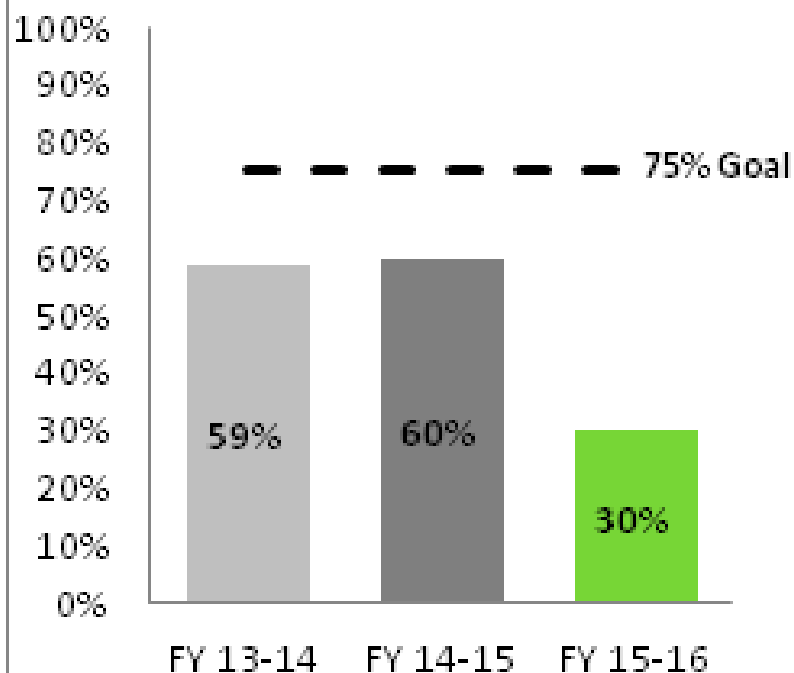
- CAREWare
- Agency Level data systems

- Data Presented:

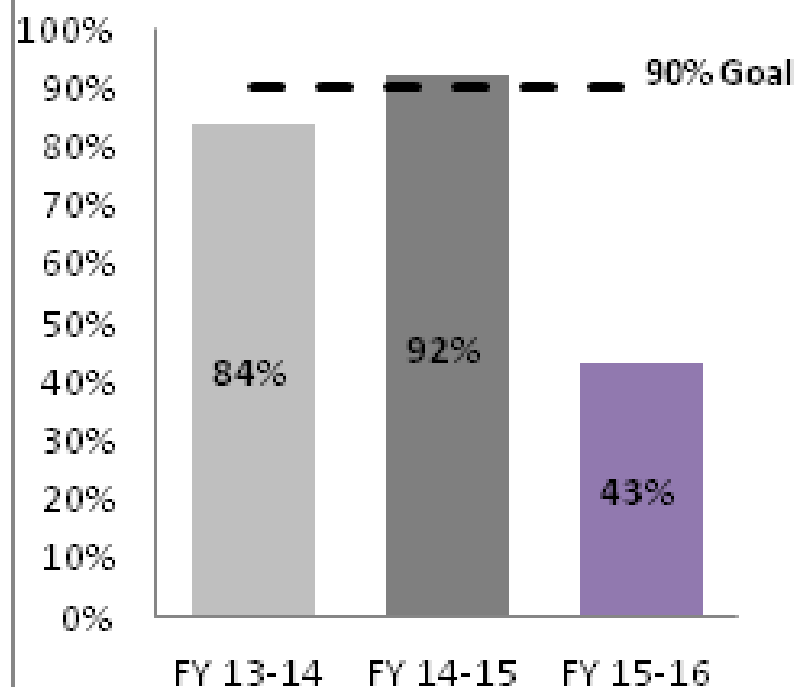
- Medical Engagement Data over last 3 FYs
- Service Category and Agency Specific Outcomes over last 3 FYs

CQM Workgroup: Data (Outcomes Example)

Outcome 2: Clients who engaged in Medical Care within 30 Days



Outcome 3: Clients who engaged in Medical Care within 90 Days



CQM Workgroup: Data (Client Satisfaction)

- Data sources:

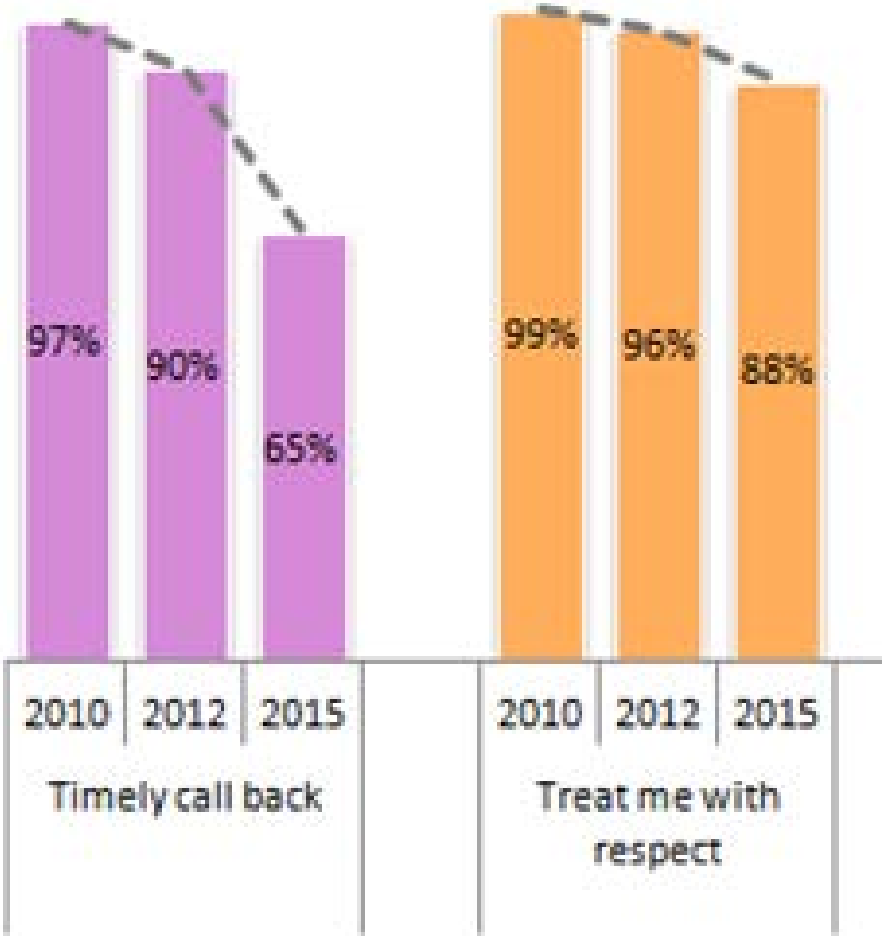
- Client mail surveys

- Data Presented:

- Client satisfaction survey results
- Client satisfaction survey results over time
- MCM client specific results
- Any demographic differences in results

CQM Worgroup: Data (Client Satisfaction Example)

Respondent Satisfaction Rates, Trends: 2010, 2012, 2015

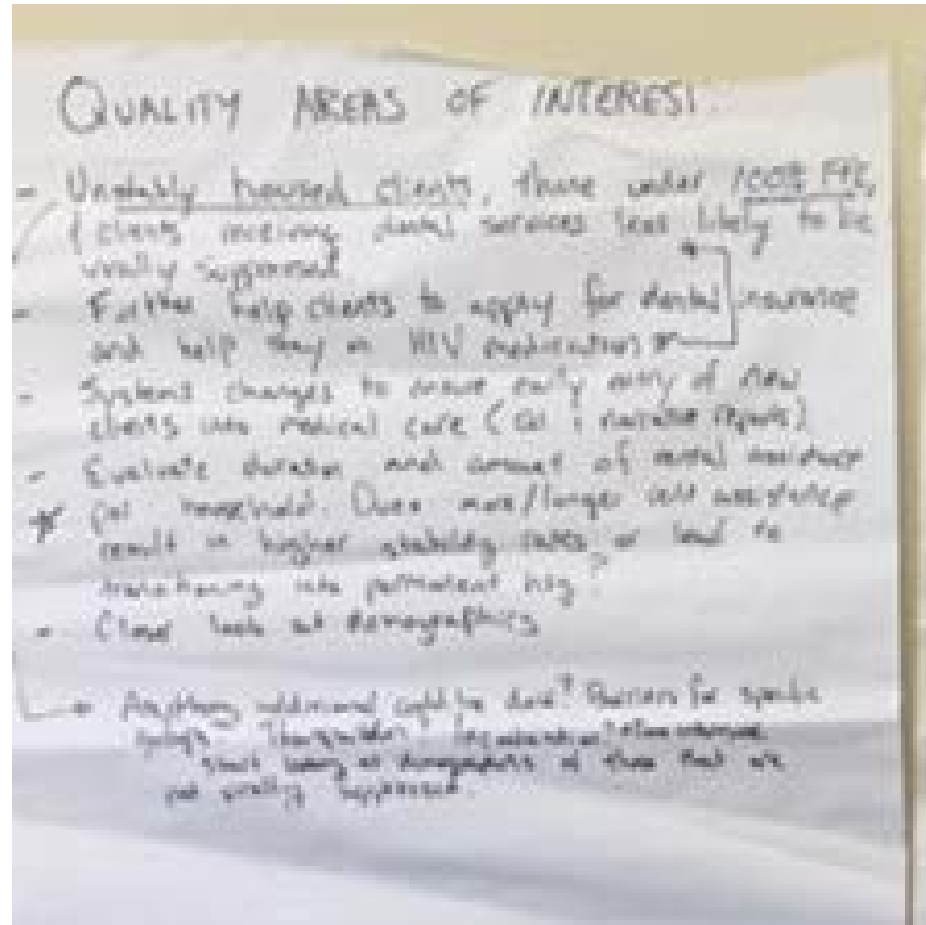


CQM Workgroup: Quality Areas of Interest

- Identify evidence-based areas of improvement, generated by:
 - Grantee
 - Contractor

- Prioritization (narrow down to 2 projects)

CQM Workgroup: Quality Areas of Interest



CQM Workgroup: Plan Development

▶ Problem:

- What did the data say?

▶ Plan:

- What activities will you engage in to address problem?

▶ Measure:

- How do you measure improvement plan?

CQM Meeting: Plan Development (Example 1)

Quality Goal 2: Improve timely call backs to clients

PROBLEM:

- Lower client satisfaction score this year.
- Less administrative/front desk staff since ^{OTSU} dental school subsidy was cut.
- ~~Non-staff~~ Non consistent reminder calls @ appts.
- Clinical staffing down so longer waits for appts.
- ~~Also~~ No clinical manager until Nov.

PLAN:

- Explore & use Axiom for automated call backs to clients.
- Improve answering machine message to provide more info to clients, including ER visits for events.
- Working w/OTSU lawyers to develop Russell St website, but not guaranteed timeline.
- 75% of calls returned w/in 2 days goal?
- Site visits occurring.

MEASURE:

- Work out measurement. Perhaps front desk hands out brief client question/comment card.



Net Impact

- Shift from administrative QI to *clinical* QI at agency level
- Systems-level TGA improvement can now build off agency efforts.
- Educational opportunity

Lessons Learned

- Agency specific, hands-on facilitation was required to create change
 - Provider's scored workgroups very high in post-evaluation
 - Most agencies want to engage in same process next year

“It was great to have time to go over the data together and received some assistance and support in writing our agency's QM plan”

-Anonymous contractor

- In-depth discussion needed around viral load data



Lessons Learned (continued)

- Data sharing in CAREWare has helped with coordination
- Most productive sessions occurred when the majority of staff were present
- Will include list of accomplishments next year, not just improvement areas

“Focus on what we are doing well along with improvements needed”

-Anonymous contractor

Thank you!!!

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