

# Ryan White Part A Clinical Quality Management Program

CQMC Meeting  
La'Keisha James, MPH, BSPH  
CQM Program Manager  
November 29, 2023

# Agenda

- Evaluation of the 2022-2023 CQM plan:
  - Infrastructure:
    - Quality Goals
    - Work Plan Objectives
  - Performance Measure:
    - Epidemiologist update
  - Quality Improvement:
    - 2023 MCM QIP Project Results
- Next Steps in 2024
- Open Discussion/Agency Updates

# Annual Quality Goals

- 1. Establish a comprehensive and functional quality infrastructure.
- 2. Improve data management, integrity and utilization.
- 3. Establish a culture of quality improvement.
- 4. Improve continuous quality improvement acumen for sub recipients

# Goal #1-Establish a comprehensive and functional quality infrastructure

- Objective 1: Revise CQM plan and develop an actionable work plan.

- Complete



- Objective 2: Establish workgroups/roles within infrastructure.

- Complete



- Objective 3: Establish CQM job aid

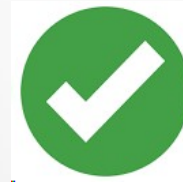
- Complete



## Goal #2 Improve data management, integrity and utilization.

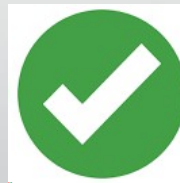
- Objective: Identify performance measures for all RWHAP funded service categories.

- Utilization
- Performance Measure selection process








- Objective: Establish performance measures goal(s).

- Collect, review, and analyze Performance Measure data quarterly
- Identify any disparities



## Goal #3: Establish a culture of quality improvement.

- Objective: Ensure that recipient and sub-recipients understand and can apply basic principles of QI methodology.
  - Survey Monkey assessment tool 
  - Complete one basic and one intermediate level web based QI training-Not yet started (2024) 
  - On site TA visits 
- Objective: Implement QI activities that promote improvement of patient care, health outcomes and patient satisfaction.
  - Engage Project Management workgroup in development activities 
  - Utilize DMAIC or PDSA methodology in project planning 

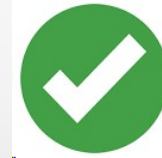
## Goal #4: Improve sub recipient CQM acumen.

- Objective: Implement QI related technical assistance to sub recipients.

- Analyze results of the Organizational Assessment



- Establish training courses based on tiers



- Evaluate impact of training.....Not yet started (2024)



- Evaluate impact of onsite TA visits





Performance Measurement:

Let's welcome Alisha C. for  
the year to date epidemiology Update



# COMC

EPIDEMIOLOGY PRESENTATION  
NOVEMBER 29, 2023

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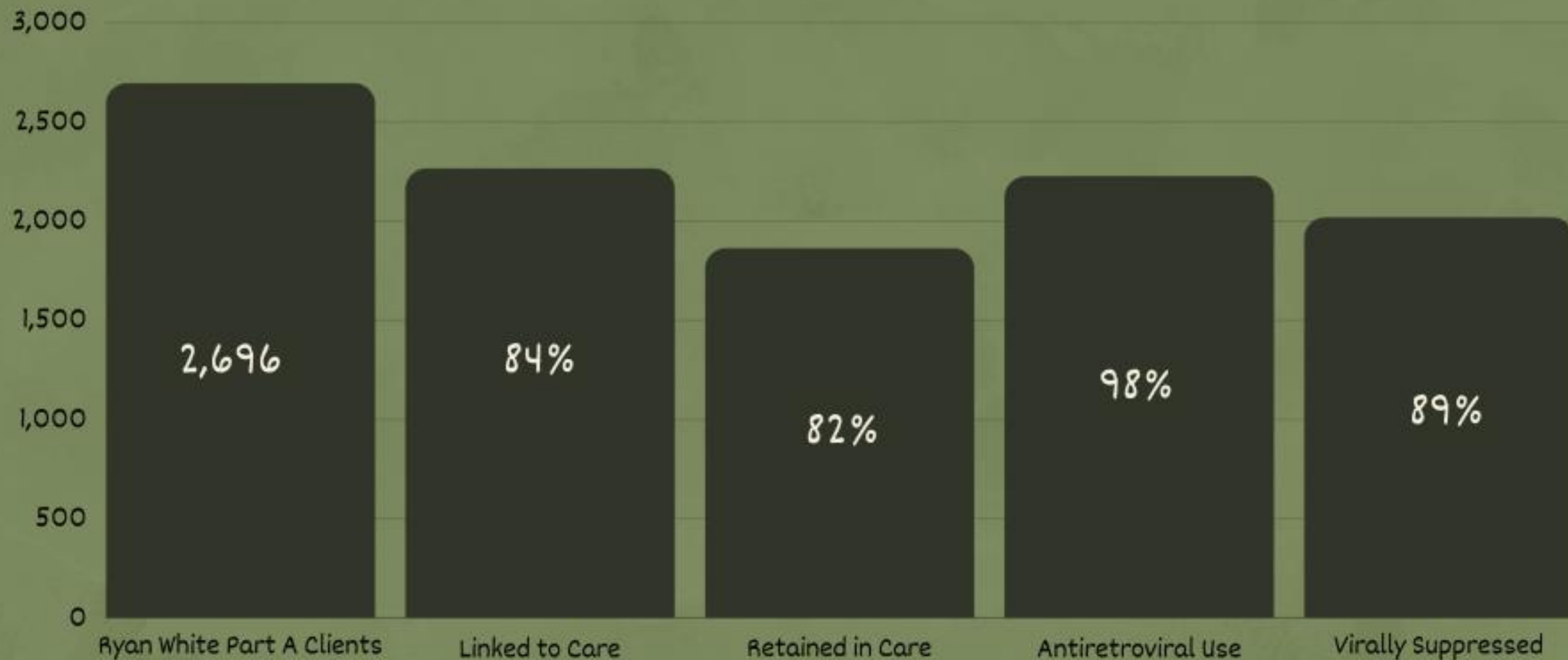


# CARE CONTINUUMS

# CARE CONTINUUM DEFINITIONS

- Ryan White Part A Client: Number of diagnosed individuals who received a Ryan White Part A funded service within the measurement time period.
- Linked to Care: number of Ryan White Part A eligible clients that had at least one medical visit, viral load test, or CD4 test within the measurement time period.
- Retained in Care: number of Ryan White Part A eligible clients who had two or more medical visits, viral load tests, or CD4 tests within the measurement time period.
- Antiretroviral Use: number of Ryan White Part A eligible clients receiving medical care who have a documented antiretroviral therapy prescription on record within the measurement time period.
- Virally Suppressed: number of Ryan White Part A eligible clients receiving medical care whose most recent HIV viral load taken within the measurement time period was less than 200 copies/mL.

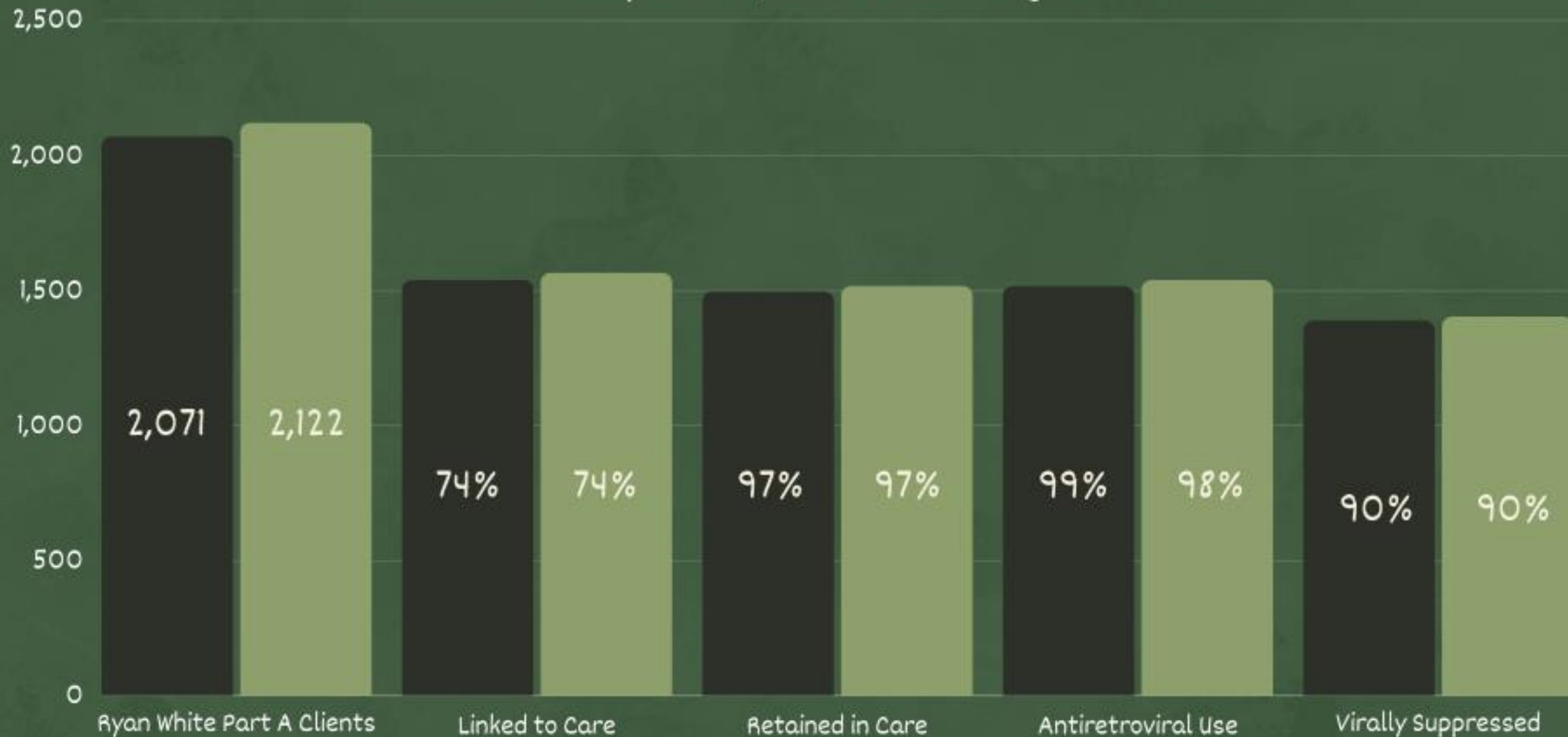
# Continuum Q1 & Q2 March - August 2023





# Care Continuum Q1 & Q2 Comparison

Q1= March-May 2023; Q2= June-August 2023



# PERFORMANCE MEASURES



# Performance Measures

- Performance Measures are selected annually by Ryan White Internal CQM Committee based on client utilization data from previous fiscal year.
- Monitored quarterly
- New measures may be selected or previous measures may be extended from year-to-year
- Helps to inform changes that need to be made to the program and what initiatives should be pursued.
- Calculated using elements of existing continuum.
- The CQM program is required to monitor seven performance measures throughout the 2023 fiscal year (March 2023-February 2024).
  - 5 Core measures
  - 2 Support measures

# Service Utilization Definitions

% Ryan White eligible clients receiving at least one service per category	Minimum # Performance Measures required
$\geq 50\%$	2
16-49%	1
$\leq 15\%$	0





# Ryan White Part A Service Utilization Table FY2022

Core Services (3,283 eligible)	Utilization (%) by Eligibility	Number of Performance Measures Required
Early Intervention Services (EIS)	633 (19%)	1
HIPCSA	0 (0%)	0
Home and Community-Based Health Services	29 (1%)	0
Home Health Care	27 (1%)	0
Medical Case Management (MCM)	1,101 (34%)	1
Medical Nutrition Therapy	158 (5%)	0
Mental Health Services	727 (22%)	1
Oral Health Care	271 (8%)	0
Outpatient Ambulatory Health Services (OAHS)	2,278 (69%)	2

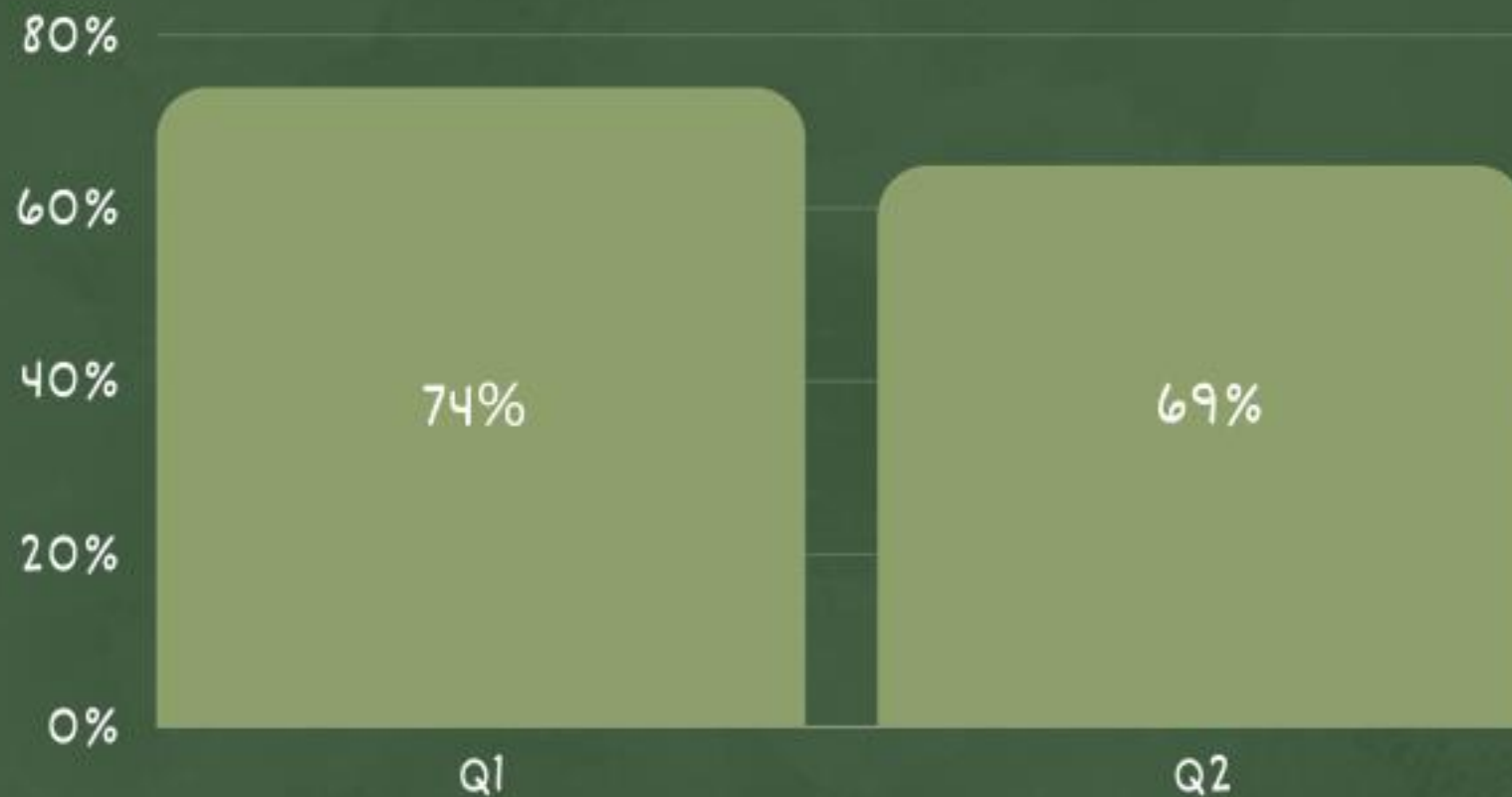
# Ryan White Part A Service Utilization Table FY2022

Support Services (3,283 eligible)	Utilization (%) by Eligibility	Number of Performance Measures Required
Emergency Financial Assistance (EFA)	11 (>1%)	0
Food Bank/Home Delivered Meals	424 (13%)	0
Medical Transportation	1,265 (39%)	1
Non-Medical Case Management (NMCM)	1,510 (46%)	1
Other Professional Services	118 (4%)	0
Psychosocial Support Services	97 (3%)	0

# Service Category (CORE)

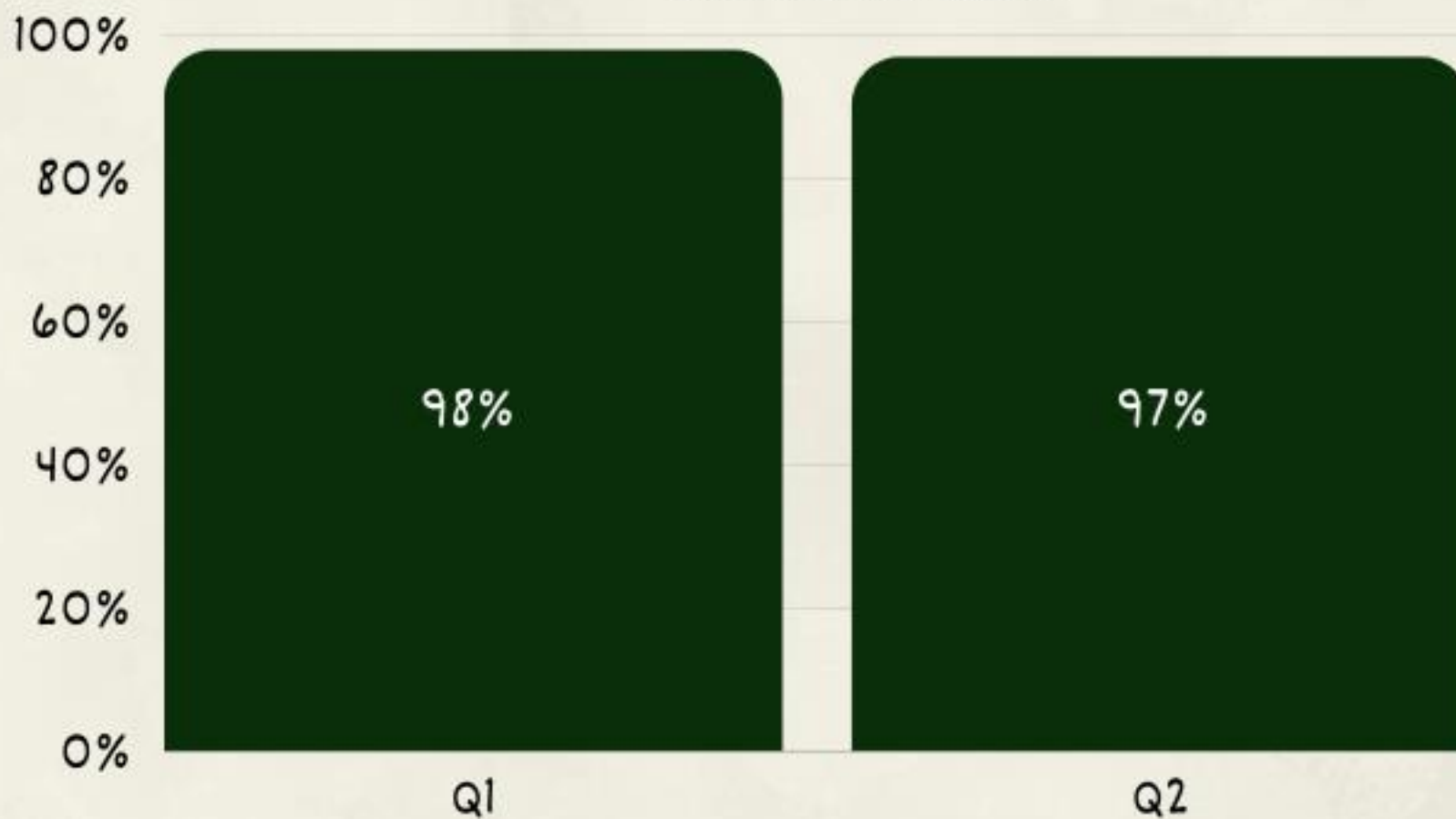
## Early Intervention Services

Measure:  $\frac{\text{Retained in Care}}{\text{Linked to Care}}$



Service Category (CORE)  
Medical Case Management

Measure:  $\frac{\text{Antiretroviral Therapy}}{\text{Linked to Care}}$



# Service Category (CORE)

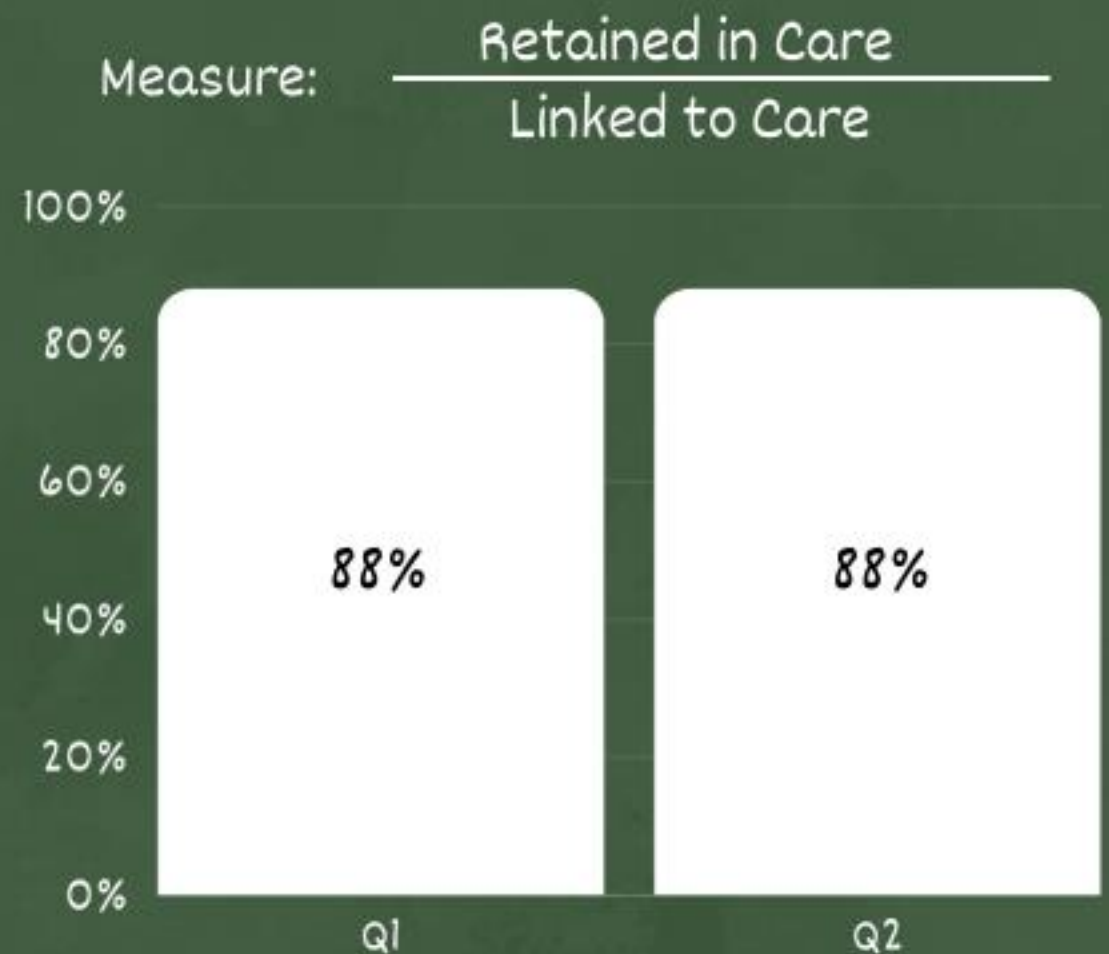
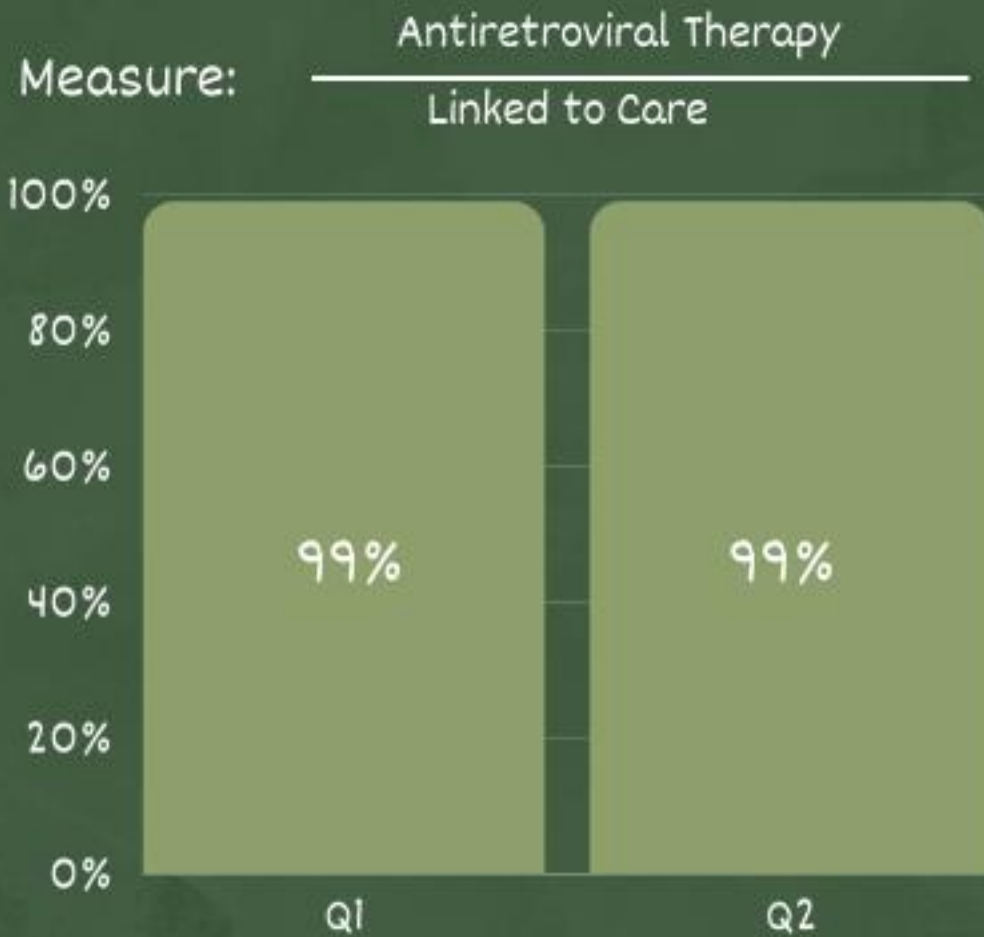
## Mental Health

Measure: Virally Suppressed  
Linked to Care



# Service Category (CORE)

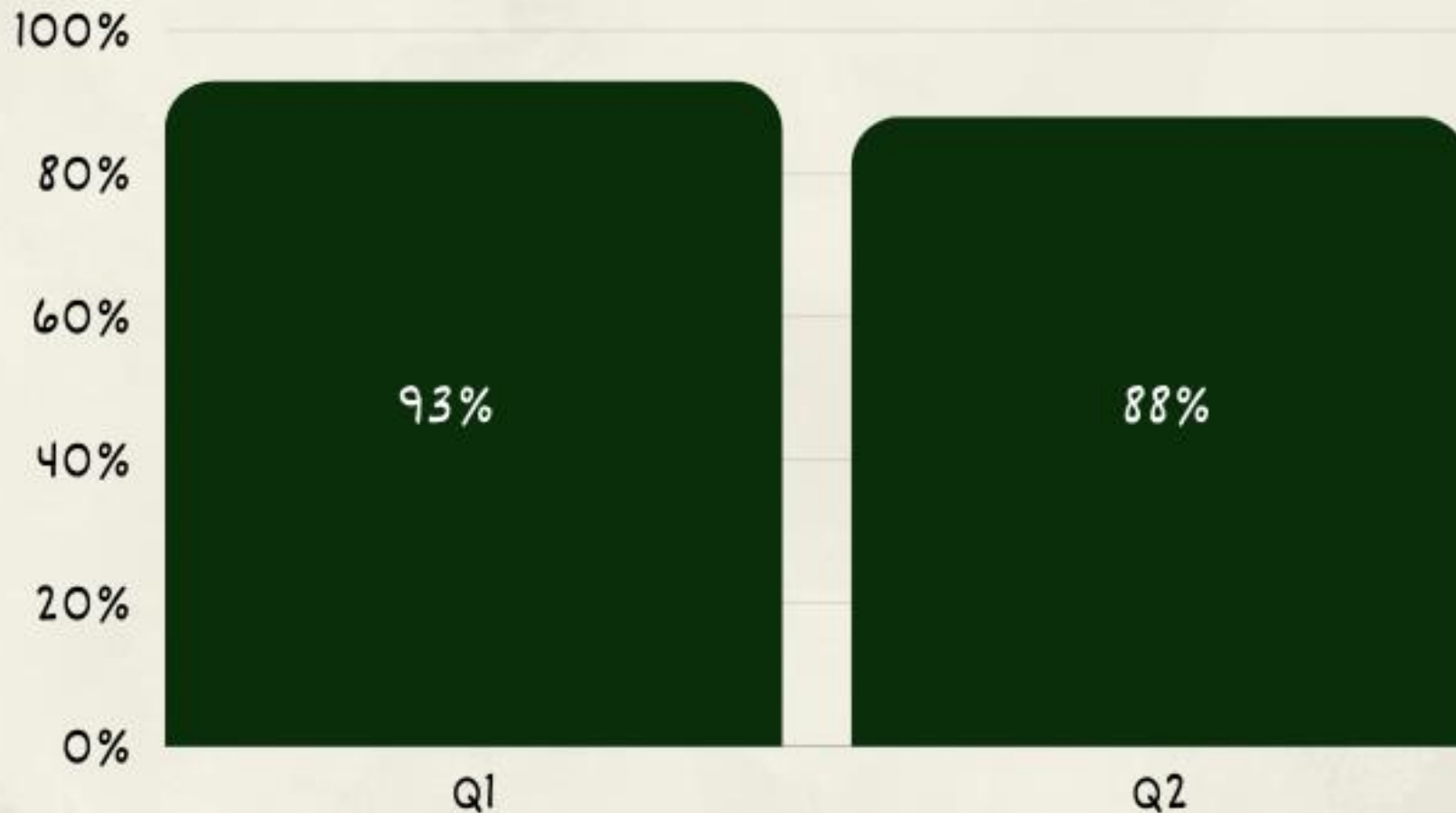
## Outpatient Ambulatory Health Service



# Service Category (SUPPORT)

## Medical Transportation

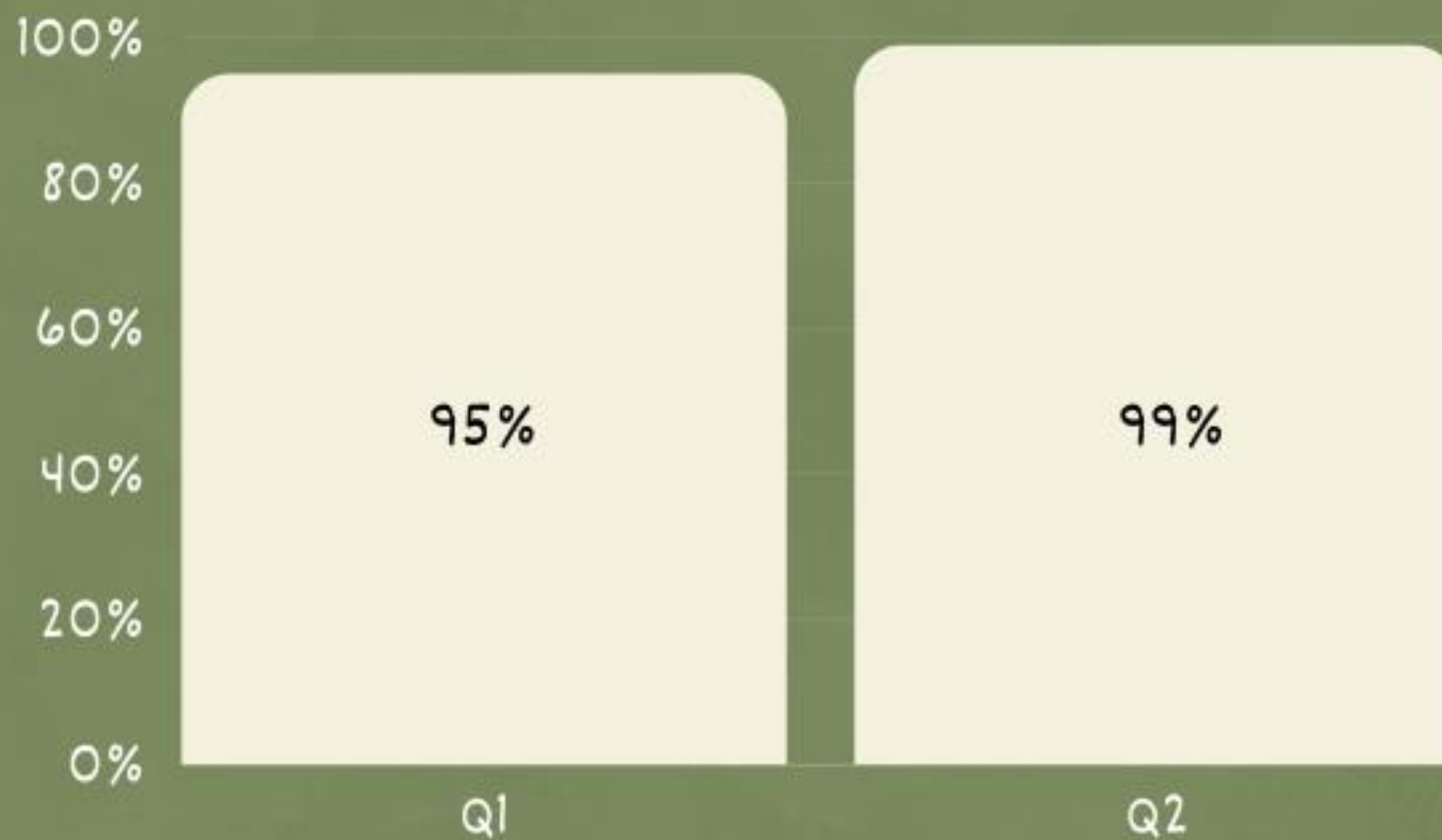
Measure:  $\frac{\text{Virally Suppressed}}{\text{Linked to Care}}$





Service Category (SUPPORT)  
Non-Medical Case Management

Measure:  $\frac{\text{Retained in Care}}{\text{Linked to Care}}$







QUESTIONS?





THANK YOU!

Alisha Cassady, MPH  
acassady@ccbh.net

# Quality Improvement Video:

- <https://youtu.be/2talCyglioE?si=nGkbaYwAGVZbw-IC>

# THANK YOU TO THE CLEVELAND TGA MCM PROVIDERS!

- ATF
- CLEVELAND CLINIC
- MERCY HEALTH
- METRO HEALTH
- NFP
- NUEVA LUZ RESOURCE CENTER
- SIGNATURE HEALTH
- THE CENTERS (CIRCLE HEALTH)
- UNIVERSITY HOSPITALS



# Quality Improvement

2023 MCM Quality Improvement Project:

Problem statement: Retention in the Cleveland TGA was 69% in Q1 2023. MCM's decided to focus their efforts on improvement in this measure.

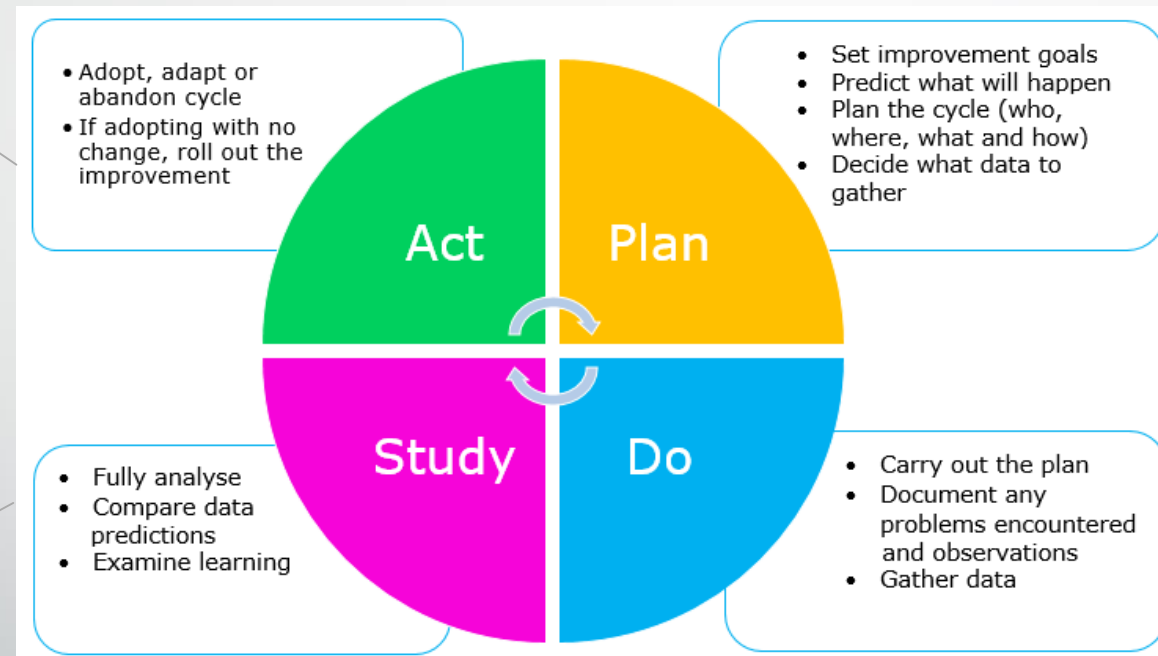
This service category specific project aimed to track clients with missed infectious disease appointments, reschedule them and have them attend the rescheduled appointment on 1<sup>st</sup> attempt. With retention as our target, a collaborated system was developed among those providers that offer medical case management services.

- 1<sup>st</sup> attempt made- TODAY
- 2<sup>nd</sup> attempt made-2 DAYS (48 hours)
- 3<sup>rd</sup> attempt made- 2 WEEKS

# PDSA Model for Improvement provided a framework for developing, testing and implementing changes leading to improvement.

Sustainable?

Full CQMC meets to analyze results



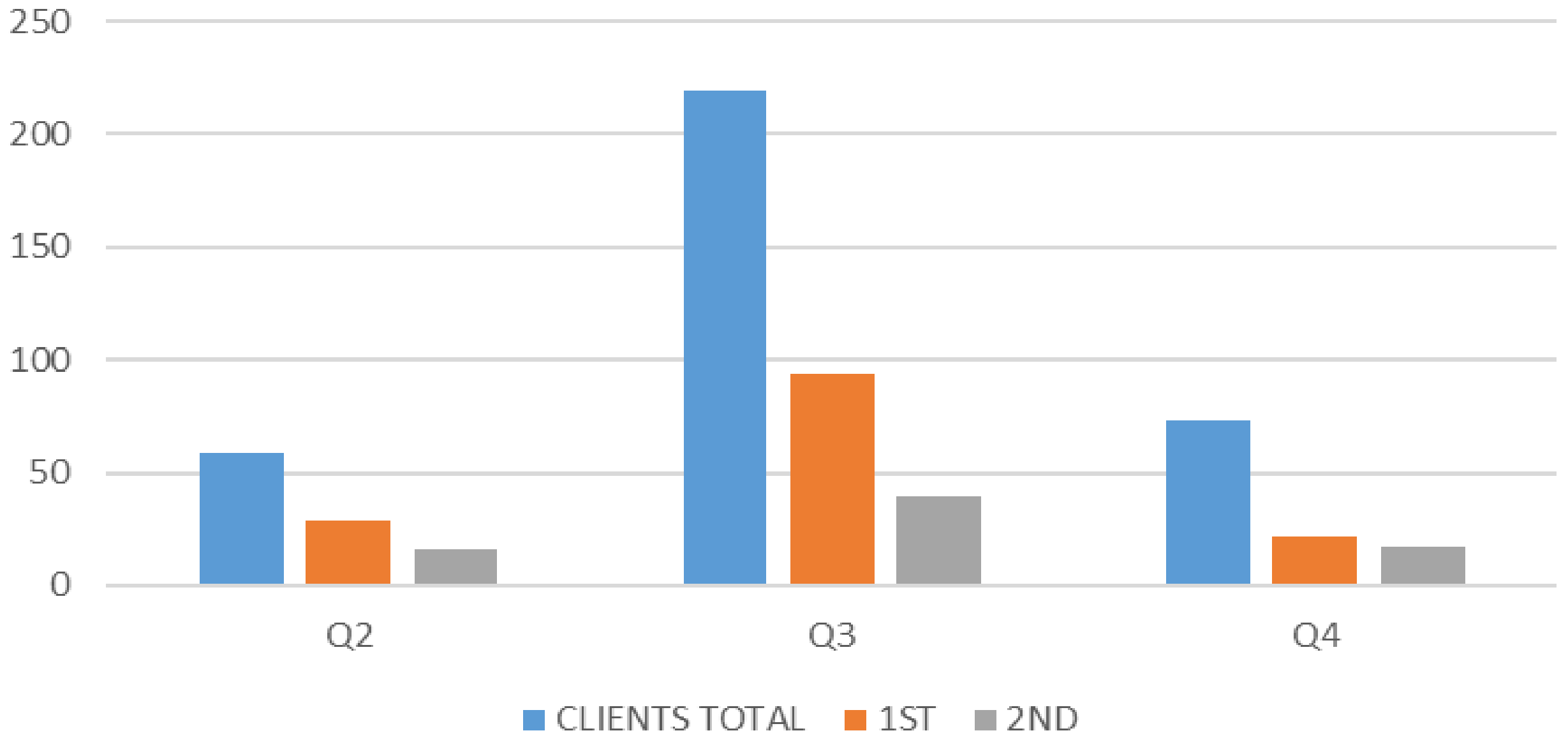
Workgroup met in January, February, March to plan project design

Workgroup implemented project April-October (6 months)

## Results:

- Shout out to all the Quality Leaders in the TGA! After several months, out of 351 missed appointments, we rescheduled and had 145 (43%) attended on 1<sup>st</sup> attempt. We then rescheduled and had another 73 (21%) attended on 2<sup>nd</sup> attempt. Overall that is 62% of appointments that were rescheduled and attended within a 2-week time frame.

# 2023 MCM QIP





# Lessons Learned:

- There were 133 appointments that were not rescheduled during this project. Some of the challenges identified were:



# Internal Quality Improvement Project

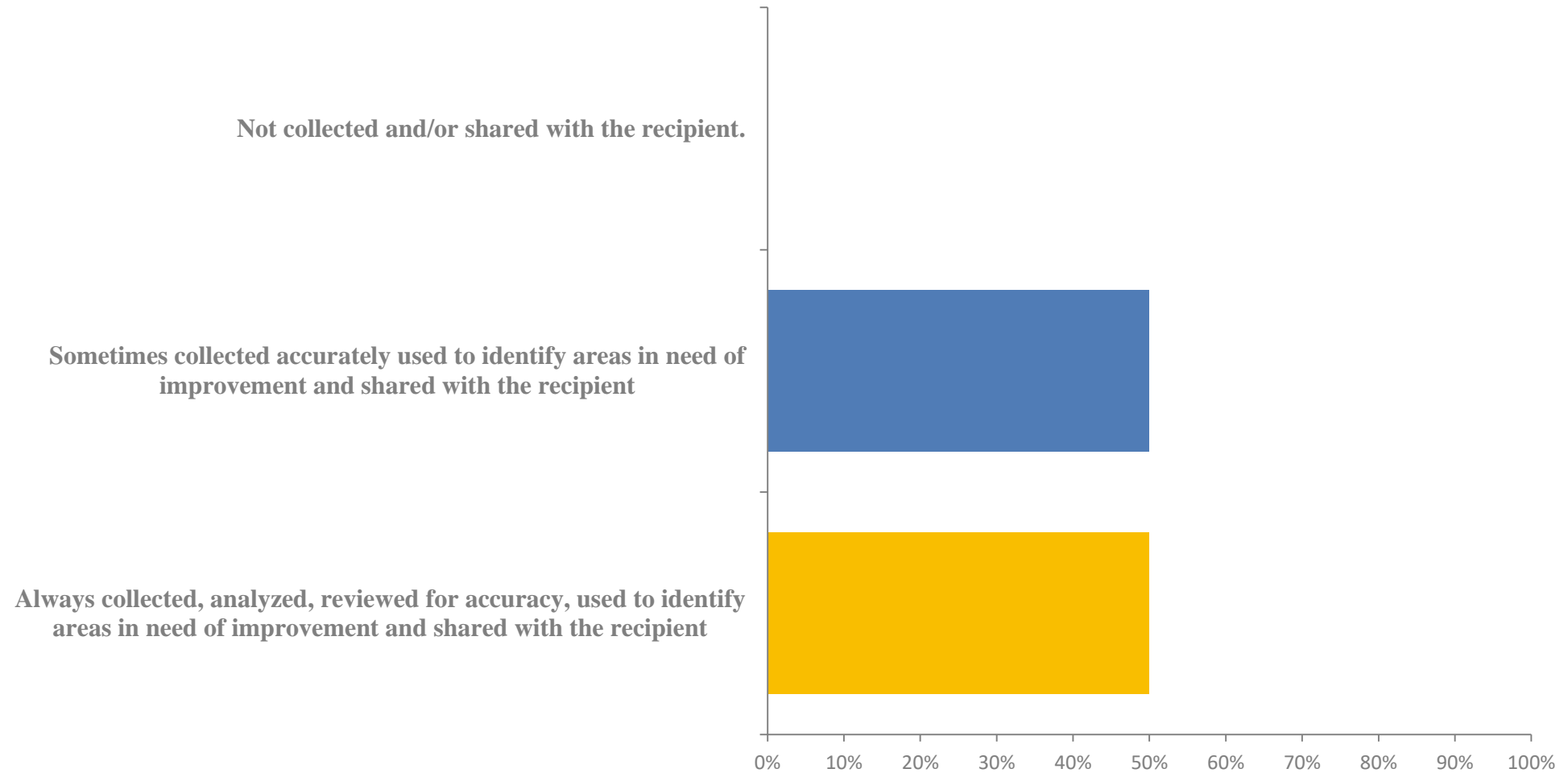
- CQII focused on intermediate and expert level classes in 2023, so I thought it was appropriate to do some on-site TA visits with MCM providers. Not only was it a chance to do some relationship building, but it was also an opportunity to test how effective I had been as a the QIP lead. I met with individual providers to discuss CQM and how each provider has a role within the program. We further discussed the day to day challenges they face and what concerns were most important to them. I decided to do a post qualitative assessment of the overall visit and compare the results from the original assessment completed in November 2022.

# RWHAP Organizational Post TA Assessment

On-site TA visits

# Q1: Performance data for quality improvement projects at my agency is:

Answered: 4 Skipped: 0



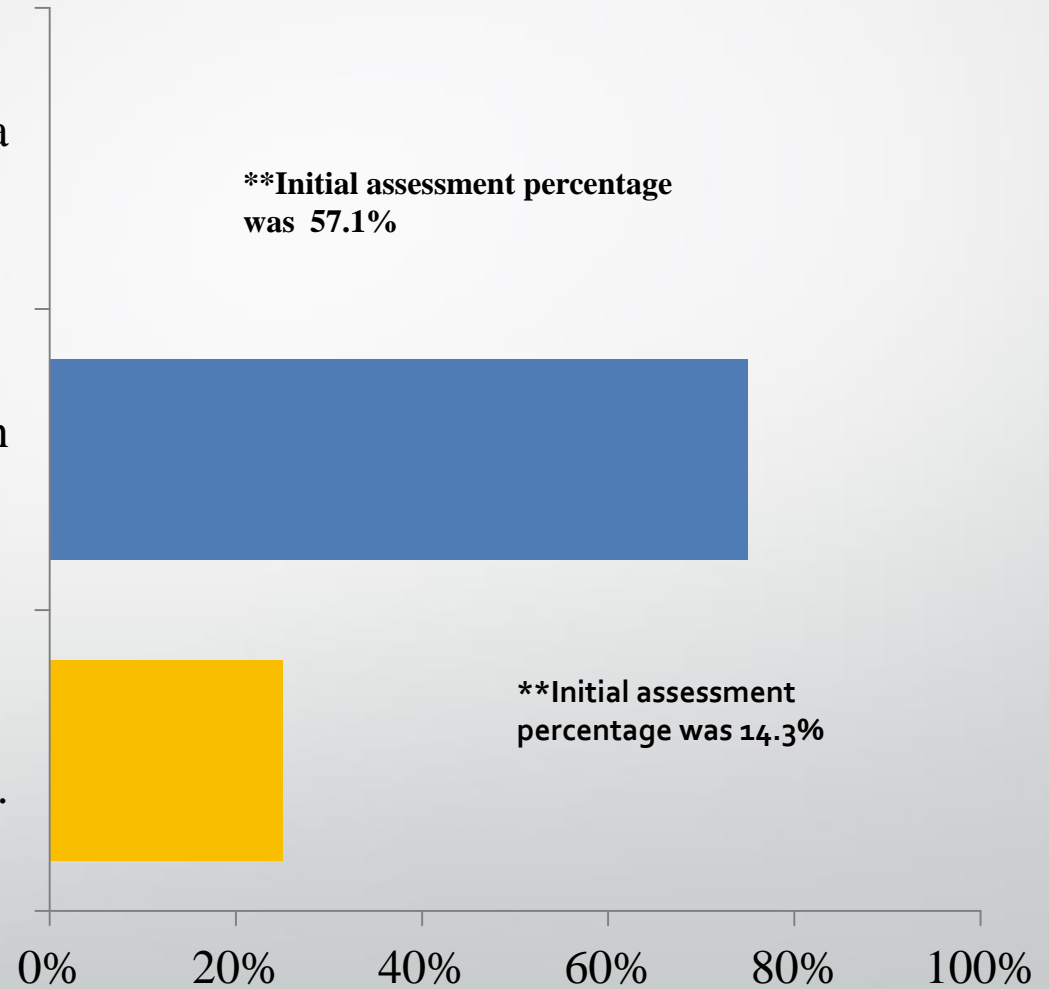
# Q2: When it comes to implementing a quality improvement project:

• Answered: 4 Skipped: 0

I am not comfortable to independently run a QIP at my agency

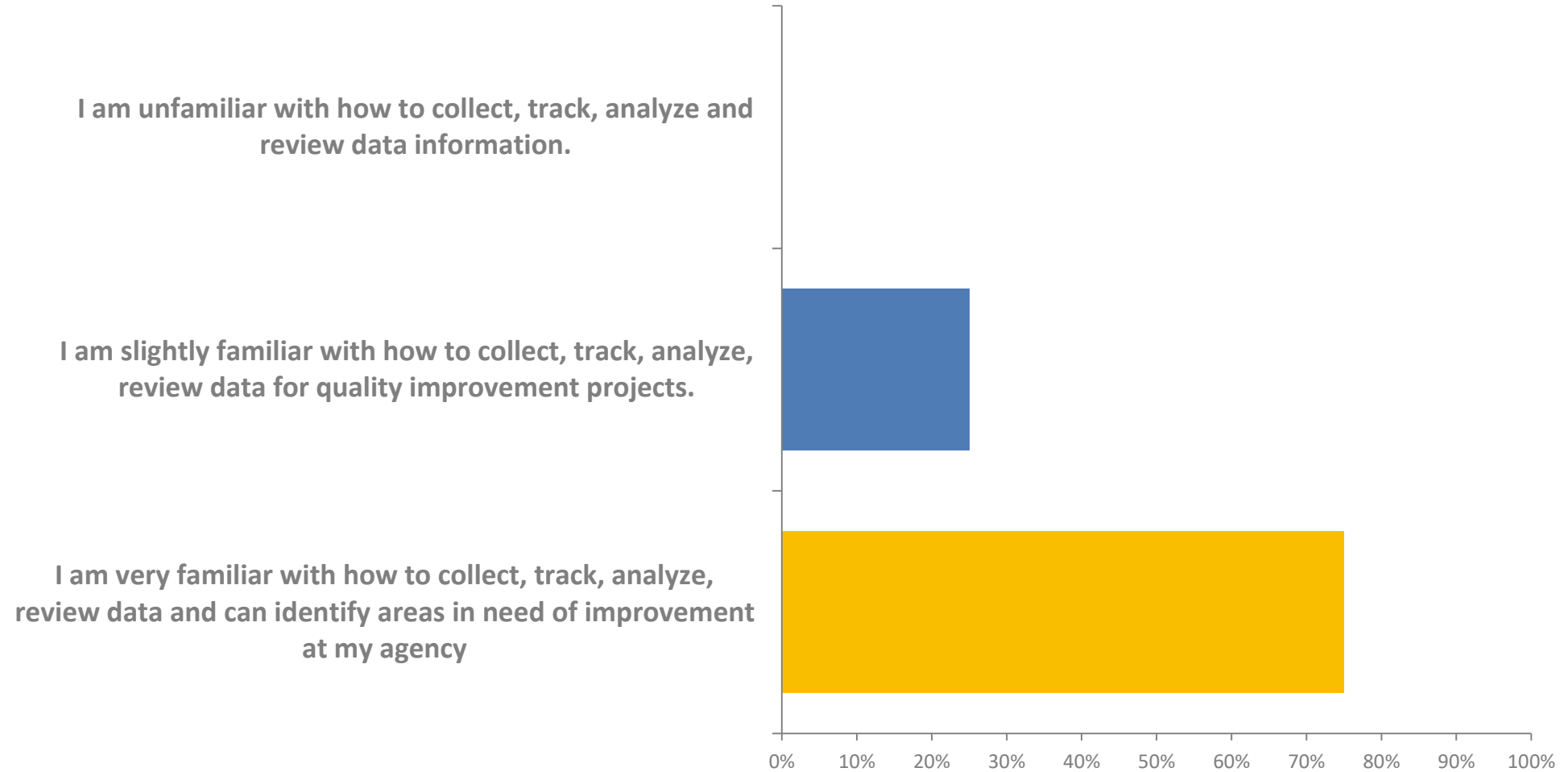
I am somewhat comfortable to run a QIP with assistance from the recipient at my agency.

I can independently run a QIP without assistance from the recipient at my agency.



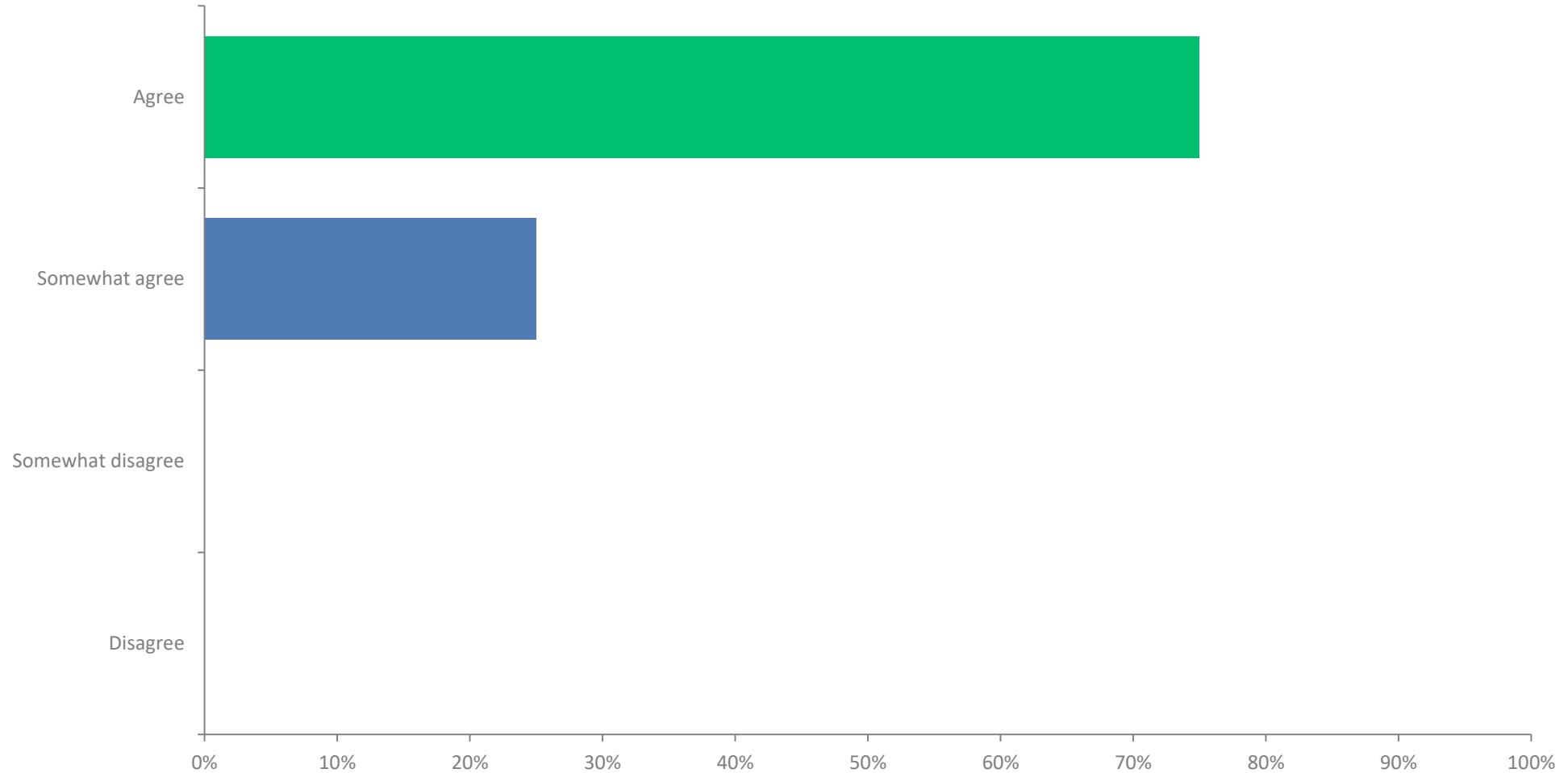
# Q3: Data collection:

Answered: 4 Skipped: 0



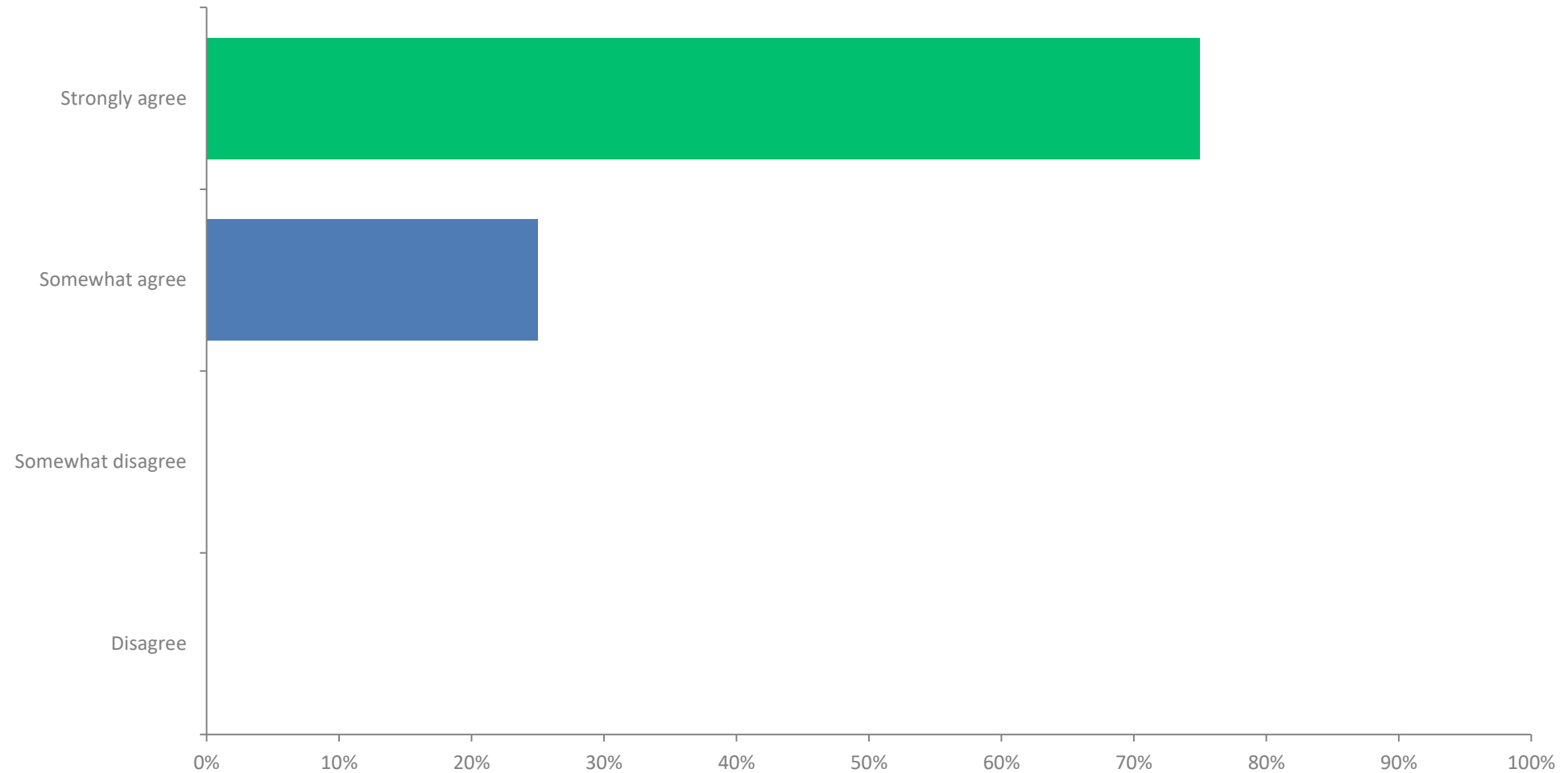
# Q4: As a result of the in person site TA visit (with La'Keisha), I have an increased knowledge of the overall CQM program

Answered: 4 Skipped: 0



# Q5: As a result of the in person site visit (with La'Keisha), I have a better understanding of implementing a quality improvement project

Answered: 4 Skipped: 0





# Next Steps:

- Quality Improvement Training:
  - HRSA refresher training: PCN 15-02 is rescheduled for 1<sup>st</sup> quarter 2024 once the new recording are released from HRSA.
  - CQII-Beginning Learning Lab Training Opportunity for 2024 will resume in 1<sup>st</sup> quarter 2024. I will be in contact with providers to coordinate online classes for the upcoming year. Classes typically meet twice per month.
  - On-site TA will continue primarily to support, guide and assist in category specific and agency specific quality improvement efforts during 2024.



QUESTIONS  
OR  
AGENCY  
UPDATES?

Happy  
Holidays



Huge thank you to all of you!

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