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Ryan White Part A
Clinical Quality Management (CQM) Meeting
November 29, 2023
9:00 AM - 10:00 AM

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Start: 9:05 am   **Ended:** 10:13 am   **Facilitator:** La'Keisha James

Guest Presenter: Alisha Cassady, CCBH Epidemiologist
Attendees: Brittany Pope, Amy Horning, Michelle Kucia, Lorsonja Moore, Kristina Langshaw, Teresa Yuzon, Kim Rodas, Mayra Perez, Ashley Tomco, Alan Hejduk, Lydia Spangler, Christopher Krueger, Armina P., Jean-Luc Kasambayi, Siyue Xu, Sue Kucklick, Xiomara Merced, Adriana Whelan, Liz Habat, Cheryl Gleeson, Brian Scott, Brian Lutz, Toni Mallory

Positive Words for the Day – "Source knows right where you are and exactly where you need to be. Even though things aren't going how you want them to, you must trust that every circumstance has a purpose. There is always a lesson to be learned, a skill to be developed, or someone to meet before you move forward. Trust the process, what you ask for will manifest very soon."

Welcome – La'Keisha James, CCBH Clinical Quality Management (CQM) Program Manager
Today, we will discuss the end of year CQM program, in review. First, thanks to all for participating in this project. It has been enjoyable working with everyone. We began working on the program and its activities back in 2022, and while the process was not always easy, everyone continued to press on, provided great input and feedback, and in the end, accomplished most of the goals that were developed. Great job, everyone!

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

Goals for 2022-23
These goals were established, based on the ideas we suggested, along with HRSA for recommendations on improving the CQM program.

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.

Although the plan was structured, is was also very flexible as we went along.

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

We developed a plan to accomplish three things: training sessions with HRSA, which went on for a year once the formal process was done, and we had one-on-one's with HRSA. We also established quality goals and objectives within the plan and shared that info. So, we accomplished this overall.

- **Objective 2** – Establish workgroups/roles within infrastructure.

We broke down who would be in the three (3) groups. For the Internal Committee, consisting of La'Keisha, Monica, Zach, and Alisha, we focus on goals for upcoming year. We will also be looking for a sub-recipient to sit on this committee, as well. In the second Program Management workgroup, the sub-recipients work on the project initiated at that time, as this year, all case managers were part of this workgroup. Depending on the category for next year, the members may change. For the third, Consumer Liaison workgroup, there was one member from Planning Council who attended CQM meetings and provided info and feedback on PLWH in our TGA.

- **Objective 3** – Establish CQM job aid.

This is new, as in the past we had not stabilized a way to sustain our program. We have now created job aids, going through and knowing step by step what is involved in the CQM program, as it was initially recommended by HRSA and was completed.

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

This goal surrounds data, making sure it is valid, timely, and accurate as possible.

- **Objective** – To identify performance measures for all RWHAP funded service categories by 1. Utilization and 2. Performance measure selection process.

We wanted to make sure we were working in the way, HRSA recommended in deciding what to monitor, etc. Historically, we followed viral suppression but in this process we learned more on things related to performance measures that we should be monitoring. There is now a more robust system used for this in which, for utilization, we take the number of eligible folks and determine how many actually utilize services. This is done using a HRSA diagram, having at least two measure for this process, and we will follow this into our next program. Next, using the continuum in CAREWare, we then began the process of selecting what we wanted to follow. In the future, we may go into strategies with other measures such as aging, as we want to be on the cutting edge of what is best for our clients.

- **Objective**- Establish performance measures goal(s).

Every year, CQM committee looks at data to see if there are any significant differences, disparities, or changes that need to shift. This happens on a quarterly basis, per HRSA recommendations, and if there are ever topics areas you would like us to support, we are more than happy to help guide you through that process.

Goal #3 - Establish a culture of quality improvement.

This one had multiple key actions. Overall, we did a good job, as there is always room for improvement.

- **Objective:** Ensure that recipient and sub-recipients understand and can apply basic principles of QI methodology.

Survey Tool – We did a survey monkey in looking at training opportunities, and a sub-recipient QI knowledge assessment at end of 2022 in which we identified training. For completing one basic and one intermediate web-based training, we tiered the learning, as some participated in the beginner and intermediate learning, while one became Sigma Yellow Belt certified. For this year, CQI decided not to engage in the beginner learner lab for this year, but instead focused on intermediate learning and other areas. These trainings were in Atlanta and Miami, and were related to HRSA and CQII guidelines. For onsite TA visits, we went into the field, had some one-on-one visits, about five of 13, and will continue to 2024.

- **Objective:** Implement QI activities that promote improvement of patient care, health outcomes and patient satisfaction.

For engaging Project Management workgroup in development activities, patient satisfaction was done from the beginning, as in January we started looking at what was important, reviewing data, and then developed a project. As we wanted to get an immediate return, we utilized the DMAIC or PDSA methodology in project planning. This was completed and a very good job was done for folks there.

Goal #4: Improve sub recipient CQM acumen.

This relates to the in-person TA.

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

Analyze results of the Organizational Assessment – This is more about evaluation, impact, what did we do, where to start/end, and how to implement tiers.

Evaluate training course based on tiers – Done.

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

Evaluate impact of onsite TA visits – Completed.

Performance Measurement- Alisha Cassady – Epidemiology Report -November 29, 2023

Care Continuums Definitions - (5)

- 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 lea.st one medical visit, viral load test, or CDY 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 documented antiretroviral therapy prescription on record w/in measurement time period.

-Virally Suppressed: number of Ryan White Part A eligible clients receiving medical care whose most recent HIV viral load taken w/in measurement time period was less than 200 copies/ml.

Continuum Q1 & Q2 - March-August 2023

RW Part A Clients	Linked to Care	Retained in Care	Antiretroviral Use	Virally Suppressed
2,696	84%	82%	98%	89%

Care Continuum Ql & Q2 Comparison Ql= March-May 2023; Q2= June-August 2023

RW Part A Clients	Linked to Care	Retained in Care	Antiretroviral Use	Virally Suppressed
(2,071) 2,122	(74%) 74%	(97%) 97%	(99%) 98%	(90%) 90%

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 inform of changes to be made to the program and initiatives to 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).
- Five (5) Core measures; - Two (2) support measures

Service Utilization Definitions

% Ryan White eligible clients receiving at least one service per category	Minimum # Performance Measures required
>50%	2
16-49%	1
<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
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

La'Keisha – Thanks to Alisha for the presentation. If anyone has other data to support this, please reach out and we will guide and support in that process.

Quality Improvement Video – La'Keisha - https://youtu.be/2taICy9Ii0E?si=nGkbaYwAGVZbw-IC
This video comes from the South Carolina Department of Health and Environmental Control, the first to create the fast track program. Hopefully, it will encourage you to continue your many great efforts in improving the quality of service we all work to provide for our customers. As mentioned in the video, "Quality Improvement takes what we have, uses it for better, greater service, increases enthusiasm, new ideas, and gives us the ability to serve people in a more efficient and effective way."

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

La'Keisha – Thank you all again for your feedback, and your great cooperation in taking steps to move forward in our first project in this program…Great job!!

Quality Improvement -2023 MCM Quality Improvement Project – La'Keisha
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 1st attempt. With retention as our target, a collaborated system was developed among those providers that offer medical case management services. Overall, we tried multitude of things to get folks back in office, and all did an amazing job, on top of their daily responsibilities!

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

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 1st attempt. We then

rescheduled and had another 73 (21%) attended on 2nd attempt. Overall, that is 62% of appointments that were rescheduled and attended within a 2-week time frame. This was outstanding and amazing in getting folks back in care. It showed clients we care, we are invested in them, and want them to be well.

2023MCM QIP- Lesson Learned

There were 133 appointments that were not rescheduled during this project. Some of the challenges identified were: patient admitted to psychiatric hospital, daughter in labor, incarceration, transportation, no contact phone, client hospitalized, and clients at work. Overall, this this info shows what is happening behind the numbers, and what we can do, proactively, to help in this process. This was very good information here.

Internal Quality Improvement Project

This was more of a one-on-one approach, talking to providers, finding out challenges, answering questions, and giving details on the CQM program and what HRSA expects for us in this. We wanted to give providers a good understanding of how they play a role in the program, find out what they are facing on a day-today basis, and look at what we can do to help overcome challenges. An assessment was also done, using a survey monkey.

Next Steps

Quality Improvement Training:

1. HRSA refresher training: PCN 15-02 is rescheduled for 1st quarter 2024 once the new recording are released from HRSA. We were initially going to have a re-release of training, so this will be table to the first quarter and talk on what we will do.

2. CQII-Beginning Learning Lab Training Opportunity for 2024 will resume in 1st quarter 2024. I will be in contact with providers to coordinate online classes for the upcoming year. Classes typically meet twice per month. On openings for beginner learner labs, we will reach out to those providers on this.

3. On-site TA will continue primarily to support, guide and assist in category specific and agency specific quality improvement efforts during 2024. On-site TA will continue to primarily support, and we can come out personally to help in that process.

Questions and Answers (Q&A's)

Question: Xiomara - In future, will info be captured on this for demographics or viral load?

Response: La'Keisha – No, we didn't collect demographics info just dates of contacts, notes of outcomes, and if there was no contact attempt. We did not get into demographics, as that may not have been significant for this project. Viral load is something on the back end for CQM monitoring, more looking at individual agencies but not all as a whole. Maybe in future we may decide on getting more detail on what we are tracking.

Comment: Brian - Over past months, we did site visits and in regards to intensive MCM, one thing noticed was folks are great at note taking. We appreciate this and encourage to continue in this way, as the better the note the better the site visit will be.

Comment: Kim – We will send out a flyer on our upcoming WAD celebrations. These events will include testing, raffles, and prizes, and we are also collecting household items and clothing

for our December 15th 'A Christmas Closet' event. We invite all to attend, donate, and inform clients. All donations will be accepted now until December 11th. We hope you can attend.
***Comment*: Sue** - May Dugan is only having one food pantry this month, December 13th and 14th. It will be a drive-up and anyone can come. Also, there will be an in-person one for those who cannot drive call. Please call (216) 631-5800 x300 by that Monday to reserve a bag of food containing fresh produce, pantry staples, and turkeys.

La'Keisha – If there are flyers on these events, please forward them so we can distribute. Again, thank you all. We hope we have served you well over the year, and we look forward to your feedback, input, and fresh ideas for next year. Happy Holidays!