HUMAN SERVICES DEPARTMENT
COMMUNITY PARTNERSHIPS DIVISION
115 S Andrews Avenue, Room A360 • Fort Lauderdale, Florida 33301 • 954-357-8647 • FAX 954-357-8204

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QUALITY NETWORK MEETING

Date: June 27th, 2018 at 9:30AM
Location: Ryan White Part A Program Office
115 S. Andrews Ave., A-337
Ft. Lauderdale, FL 33301

Facilitator: Clinical Quality Management Staff
quality@brhpc.org
(954) 561-9681 ext. 1219

AGENDA

I. **Welcome/Introductions**

II. **Review Today's Meeting Agenda & Last Meeting's (March 28, 2018) Minutes**

III. **Review Quality Improvement Knowledge Assessment Results**

IV. **Overview of the Part A CQM Program Dashboard**

V. **Training: *Creating Quality Improvement Through the PSDA Cycle***

VI. **Questions/Comments/Concerns**

VII. **Evaluations**

VIII. **Adjournment**

Next Meeting Date: September 26th, 2018

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QUALITY NETWORK MEETING

Friday, June 27th, 2018 at 9:30 A.M.
Ryan White Part A Program Office
115 S. Andrews Ave., Ft. Lauderdale 33301

Minutes

PROVIDERS PRESENT
Pinter, A., AIDS Healthcare Foundation
Cross, G., Broward House
Molina, A., Care Resource
Caraballo, J., Latino Salud
Schickowski, K., Legal Aid Services of Broward
Simpson, R., NBHD
DelGiacco, A., NBHD
Schweizer, M., NSU
Mooney, K., NSU
Naranjo, E., SunServe
Barnes, B., The Poverello Center

PROVIDERS ABSENT
BCFHC
BRHPC
FL DOH
SBHD

CLINICAL QUALITY MANAGEMENT (CQM) SUPPORT STAFF
Kelsey Holloman
Charnelle Bacchus-Powers
Linda Anyaduba

PART A RECIPIENT STAFF
Edith Garcia
Richard Morris
Neil Walker

I. Welcome/Introductions

The meeting was called to order at 9:37am. CQM Staff welcomed everyone and individual introductions were made.

II. Quality Improvement Knowledge Assessment Results

The QI Manager reviewed the results of the survey assessment administered to the network prior to beginning this fiscal year's meeting.

III. Overview of the Part A CQM Program Dashboard

Staff presented the newly designed Part A CQM Program Dashboard to the Network. The Dashboard displays Part A systemwide and agency data including the HIV Care Continuum, retention in care and viral load suppression by subpopulation, HAB measures, and service utilization. Staff stated the version presented today is a draft, but will be finalized and distributed to each agency prior to the next Network meeting. The hope is that agencies will use the dashboard as a tool to review their

client population and drill down the data to identify disparities and develop quality improvement projects (QIP) in their agency. Each Quality Manager should review their agency-specific dashboard prior to each Network meeting and be prepared to discuss the data with the Network if necessary. The NSU Oral Health provider stated the Oral Health HAB measures are underreported in PE and not measured correctly on the HAB report in PE. The provider is capturing these measures in their agency and stated he would be willing to report them back to the Part A Program if necessary. Staff stated that CQM staff are currently working to improve the accuracy of the HAB report in PE and the numbers reported now are subject to change upon improvement of the report. Staff stated they would talk to the Part A Program staff about the Oral Health measures and follow up with providers if necessary.

IV. Training: *Creating Quality Improvement Through the PDSA Cycle*

The QI Manager led the Network in an interactive Satisfaction Continuum exercise. Participants were asked to rate a recent healthcare experience on a scale from 1-10 and create a "continuum" based on their ratings. Participants then discussed their healthcare experience and why they gave the score they did. Participants shared commonalities between their experiences ranging from attentive, personalized care (best) to inattentive office staff but a great physician (middle) and rude physicians/staff, long wait times, and a focus on money (worst). Under optimal circumstances, we still experience a spectrum of care, so it is important for providers and agencies to remember this when providing care to clients in our system who lack the resources we as a Network have.

Staff then completed a training with the Network titled *"Creating Quality Improvement Through the PDSA Cycle"* (attached). The training objectives included: (1) strengthening the understanding of basic quality improvement principles, (2) becoming familiar with the Model for Improvement (MFI), (3) discussing the application of MFI in HIV care, (4) practicing the use of the PDSA Cycle in real life scenarios, and (5) strengthening the ability to problem solve using this quality concept. Further details on QI concepts reviewed in the training can be accessed through the Center of Quality Improvement and Innovation's Quality Academy at: https://careacttarget.org/library/quality-academy

Staff asked the Network to think of a potential QIP that could be implemented in their agency based on a known issue. One provider stated an ongoing issue with consumer involvement despite multiple efforts to increase consumer involvement. Staff stated this is a great example of a QIP that is not centered around performance measurement. Another provider stated staff in his agency ask clients to complete a form of during their appointments and use this as a method to obtain meaningful consumer feedback; however, they are also unable to obtain consumer involvement in community forums.

A provider stated the training provided by staff was very useful and she intends to re-design how QIPs are carried out in her agency based on what she learned. She also mentioned a major area of concern is increasing vaccine refusals from the clients. The provider mentioned this is an ongoing issue that she knows is being addressed but it is something to keep in mind.

V. Questions/Comments/Concerns

A provider mentioned that their agency captures the oral health HAB measures from PE and the report is available for review. Another provider mentioned the bars on the measures may not accurately reflect the services being used in the agencies. Staff stated reports can be reviewed by service category and HAB measures are will be improved across the board to reflect the results agencies are seeing in their centers. Another provider asked for depression screening showing 0 on the HAB report, if there is a QI network approved screening tool available on PE. The recipient replied that there is a tool for mental health and integrated service category available but is coded differently and providers are welcomed to use their own. The provider also asked if anyone could bill for the screening and/or biopsychosocial assessment tool and the recipient stated that mental health providers have special access to enter screening results in PE and to bill for the assessment.

VI. Evaluations

Staff asked providers to complete meeting evaluations before they leave.

VII. Adjournment

The meeting was adjourned at 11:32am.

Next Meeting Date: September 26th, 2018

BROWARD COUNTY RYAN WHITE PART A DASHBOARD

Data Source: Provide Enterprise

HIV CARE CONTINUUM

HIV Care Continuum Definitions

Total HIV+ Clients: Clients who are HIV+ and received at least one service from the selected service category(s) in the reporting period.

Ever in Care: HIV+ clients who ever had a medical care service* documented.

In Care: HIV+ clients who had a medical care service within the reporting period.

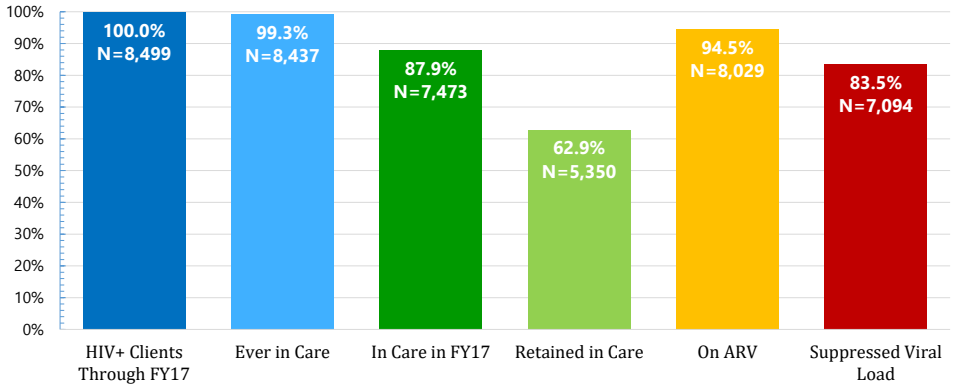
Retention in Care: HIV+ clients who had two or more medical care services at least three months apart in the reporting period.

On ARV: HIV+ clients who have a documented ARV Therapy at any time during the reporting period within HIV history records.

Virally Suppressed: HIV+ clients with most recent viral load less than 200 copies/mL, as of end of the reporting period.

**Medical Care Service = Medical Care Appointment, Viral Load or CD4 Count Test*

Part A HIV Care Continuum FY 2017
(March 1, 2017 - February 28, 2018)



HIV/AIDS BUREAU (HAB) MEASURES

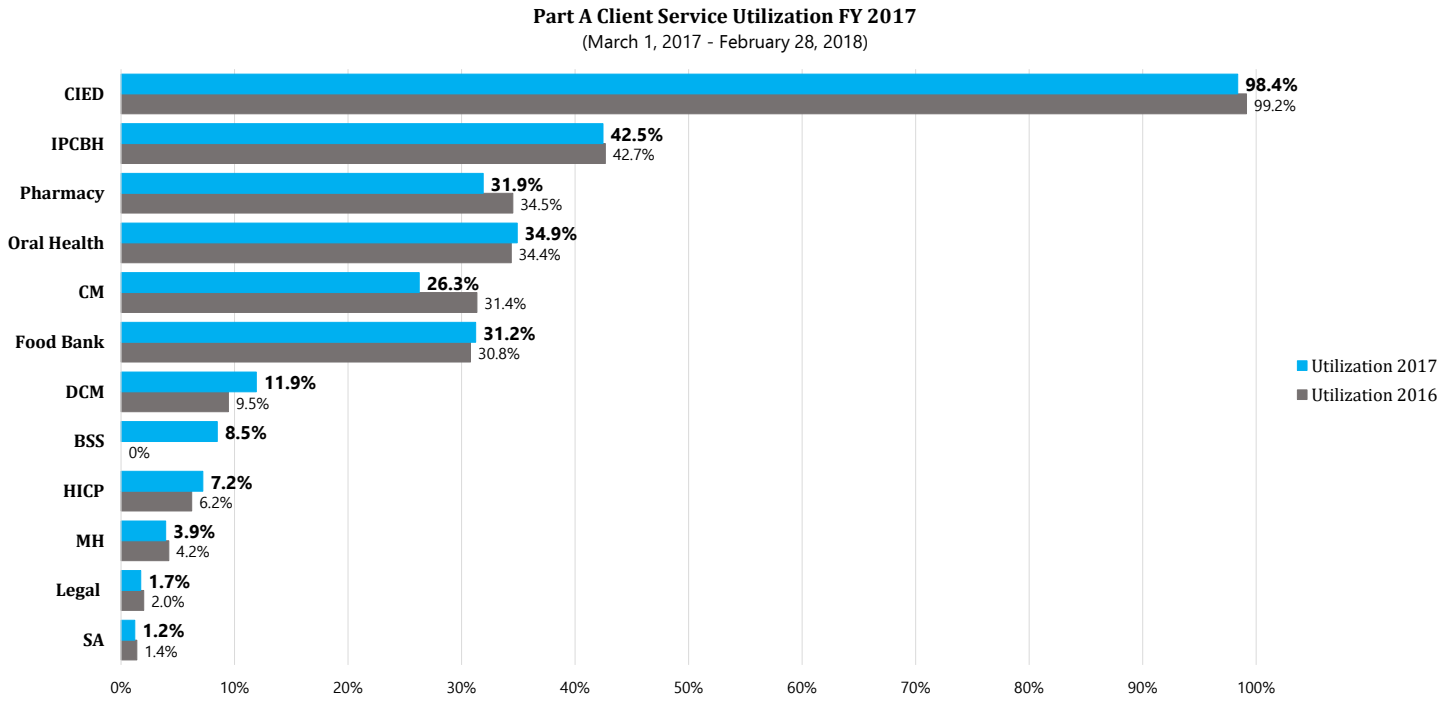
Measures	FY 2017-2018		FY 2018 Q1	
ADOLESCENT/ADULT	*Num/Den*	*%*	*Num/Den*	*%*
Cervical Cancer Screening	468/1,297	**36%**	444/1,318	**34%**
Chlamydia Screening	1,436/1,724	**83%**	1,398/1,713	**82%**
Gonorrhea Screening	1,224/1,724	**71%**	1,183/1,713	**69%**
Hep B Screening	3,658/3,908	**94%**	3,636/3,877	**94%**
Hep B Vaccination	1,427/3,485	**41%**	1,501/3,511	**43%**
Hep C Screening	4,506/5,122	**88%**	4,484/5,138	**87%**
HIV Risk Counseling	877/5,122	**17%**	954/5,138	**19%**
Oral Exam	2,077/5,122	**41%**	2,056/5,138	**40%**
Pneumococcal Vaccination	2,477/4,402	**56%**	2,421/4,397	**55%**
Depression Screening	0/5,126	**0%**	0/5,143	**0%**
Tobacco Cessation Counseling	736/21,482	**3%**	843/23,217	**4%**
Substance Abuse Screening	677/1,637	**41%**	648/1,627	**40%**
Syphilis Screening	4,626/5,117	**90%**	4,607/5,132	**90%**
MCM	*Num/Den*	*%*	*Num/Den*	*%*
MCM Care Plans	1,051/2,910	**36%**	908/2,639	**34%**
Gaps in HIV Medical Visits	615/1,322	**47%**	574/1,216	**47%**
HIV Medical Visit Frequency	669/1,322	**51%**	605/1,216	**50%**

Measures	FY 2017-2018		FY 2018 Q1	
ORAL HEALTH	*Num/Den*	*%*	*Num/Den*	*%*
Dental and Medical History	0/2,229	**0%**	0/2,169	**0%**
Dental Treatment Plan	10/2,229	**0%**	10/2,169	**0%**
Oral Health Education	1917/2,229	**86%**	1,827/2,169	**84%**
Periodontal Screening	0/2,229	**0%**	0/2,169	**0%**
Phase 1 Treatment Plan Completion	1,366/1,370	**100%**	1,411/1,411	**100%**
CORE	*Num/Den*	*%*	*Num/Den*	*%*
HIV Viral Load Suppression	2,844/5,122	**75%**	3,780/5,138	**74%**
Prescription of ART	875/5,122	**17%**	888/5,138	**17%**
HIV Medical Visit Frequency	1,300/3,000	**43%**	1,288/2,984	**43%**
Gaps in HIV Medical Visits	1,418/3,000	**47%**	1,409/2,984	**47%**
PCP Prophylaxis NQF #405	17/256	**7%**	7/243	**3%**
ALL AGES	*Num/Den*	*%*	*Num/Den*	*%*
HIV Resistance Therapy Before Therapy	70/875	**8%**	58/888	**7%**
Influenza Immunization October-March	2,384/4,463	**53%**	2,343/4,275	**55%**
Lipid Screening	807/875	**92%**	791/888	**89%**
Tuberculosis Screening	3,392/3,717	**91%**	3,367/3,690	**91%**

Reporting Dates	
Fiscal Year	March - Feb.
Q1	March-May
Q2	June-August
Q3	Sept.-Nov.
Q4	Dec.-Jan.

BROWARD COUNTY RYAN WHITE PART A DASHBOARD

SERVICE UTILIZATION



Client Utilization (N)		
	FY 2016	FY 2017
Substance Abuse	113	103
Legal	163	147
Mental Health	343	334
HICP	507	612
BSS*	-	719
DCM	770	1011
Food Bank	2507	2651
CM	2553	2229
Oral Health	2799	2961
Pharmacy	2810	2707
IPCBH	3474	3603
CIED	8073	8347
Systemwide	8142	8485

**BSS was a new service category in FY 2017.*

CREATING QUALITY IMPROVEMENT THROUGH THE PDSA CYCLE

Quality Network Meeting

Wednesday, June 27th, 2018

SATISFACTION CONTINUUM EXERCISE

- Step 1: Reflect back on your most recent healthcare experience
- Step 2: Rate this experience on a scale from 1 (best care ever) to 10 (worst care possible)
- Step 3: Come and align yourself on the Satisfaction Continuum score you have; 1 (best care ever) to 10 (worst care possible)
- Step 4: Turn to your neighbor and share why you have scored the experience that way
- Step 5: Let's reflect on assessing the quality of care and services

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MEETING LEARNING OBJECTIVES

- Strengthen understanding of basic quality improvement principles
- Become familiar with the Model for Improvement (MFI)
- Discuss application of MFI in HIV care
- Practice use of the PDSA Cycle in real life scenarios
- Strengthen ability to problem solve using this quality concept

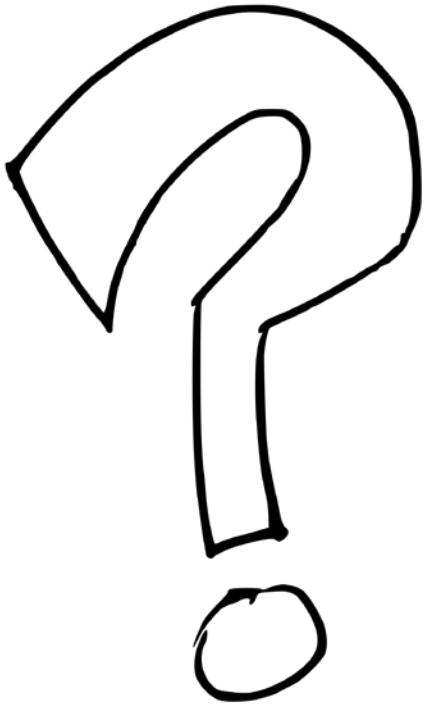
WHY QUALITY IMPROVEMENT AND HOW DO WE IMPROVE?

The end goal is to make health care experience better

- Better patient outcomes
- Better functioning systems

QI activities need structure to ensure their success

- How are we doing?
- Can we do better?



QI PRINCIPLES

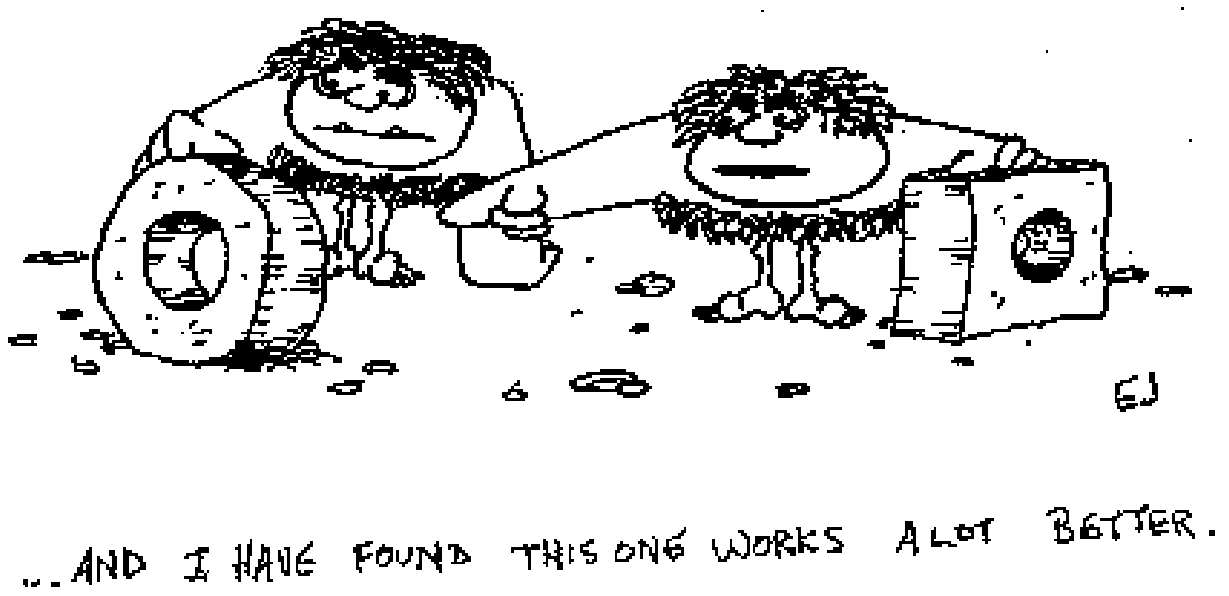
Success is achieved through meeting the needs of those we serve

QI PRINCIPLES

Most problems are found in processes, not in people

QI PRINCIPLES

Do not reinvent the wheel – learn from best practices



QI PRINCIPLES

Achieve continual improvement through small, incremental changes

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QI PRINCIPLES

Infrastructure enhances systematic implementation of improvement activities

QI PRINCIPLES

Set priorities and communicate clearly

COMPONENTS FOR QI SUCCESS

+ **Improvement is about learning**
  - Trial and error learning method
  - Share findings with staff to create staff ownership into improvement efforts
  - Learn from others, power of peer learning

+ **Focus on systems of care**
  - Not on individual providers
  - Systematize improvements

+ **Leadership**
  - Establish organizational commitment
  - Resource commitment
  - Support staff and activities

+ **Infrastructure**
  - Quality is achieved through people working in teams
  - Create infrastructure to support quality efforts
  - Resources available to provide staff development

+ **Improvement activities**
  - Action-oriented approach (rapid tests of change)
  - Test on small scale before full-scale implementation
  - Improvements through continuous cycles of changes

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MODEL FOR IMPROVEMENT AND PDSA CYCLE

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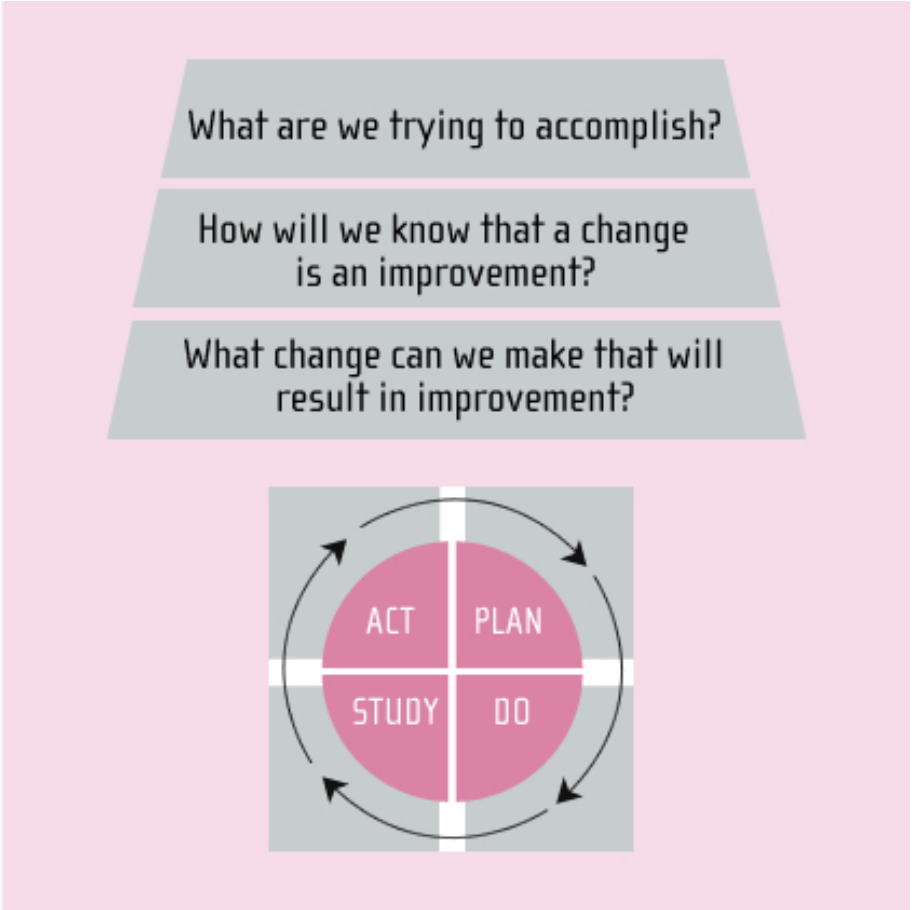
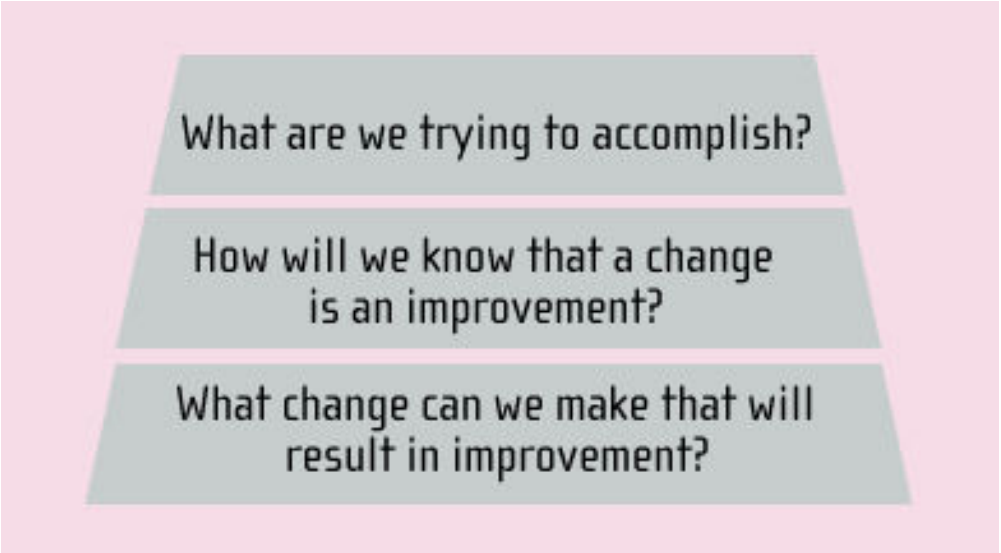
WHAT IS THE MODEL FOR IMPROVEMENT?

A method to help accelerate change…and increase the odds that the changes we make are improvements.



THE MODEL FOR IMPROVEMENT GUIDES US TO:

- Set an aim, by answering the question "what are we trying to accomplish?"
- Establish measures, by answering the question "how will we know that change is an improvement?"
- Take action, by answering the question "what change can we make that will result in improvement?"



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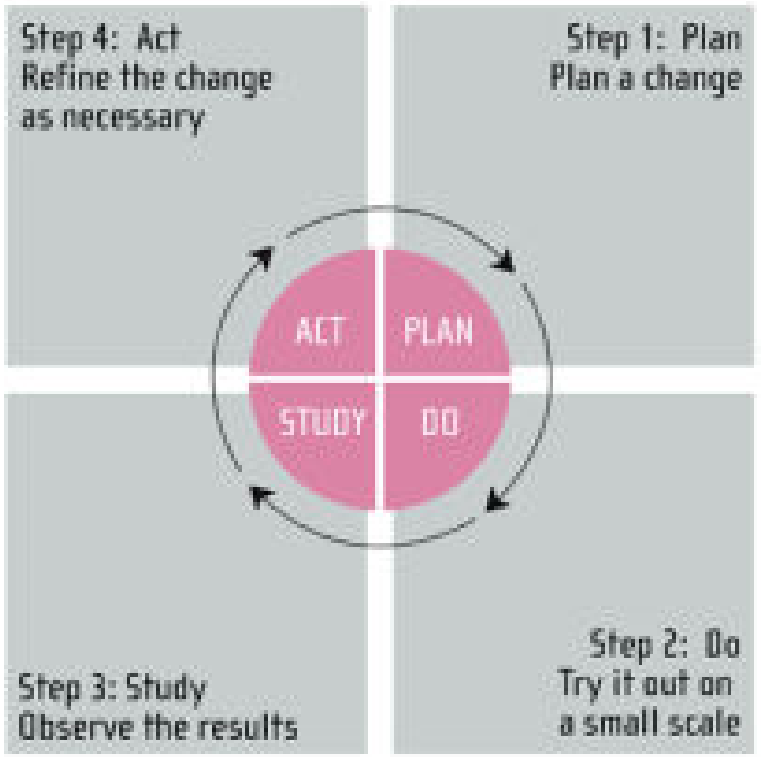
THE PDSA (test) CYCLE FOR LEARNING AND IMPROVEMENT

The PDSA Cycle for Learning and Improvement



WHY TEST?

- Increase your confidence that the change will result in improvement in your organization.
- Learn how to adapt the change to conditions in the local environment.
- Minimize resistance when you move to implementation.
- Help evaluate the impact of the proposed change.
- Examine if the change actually works with the patient population or in the organization.

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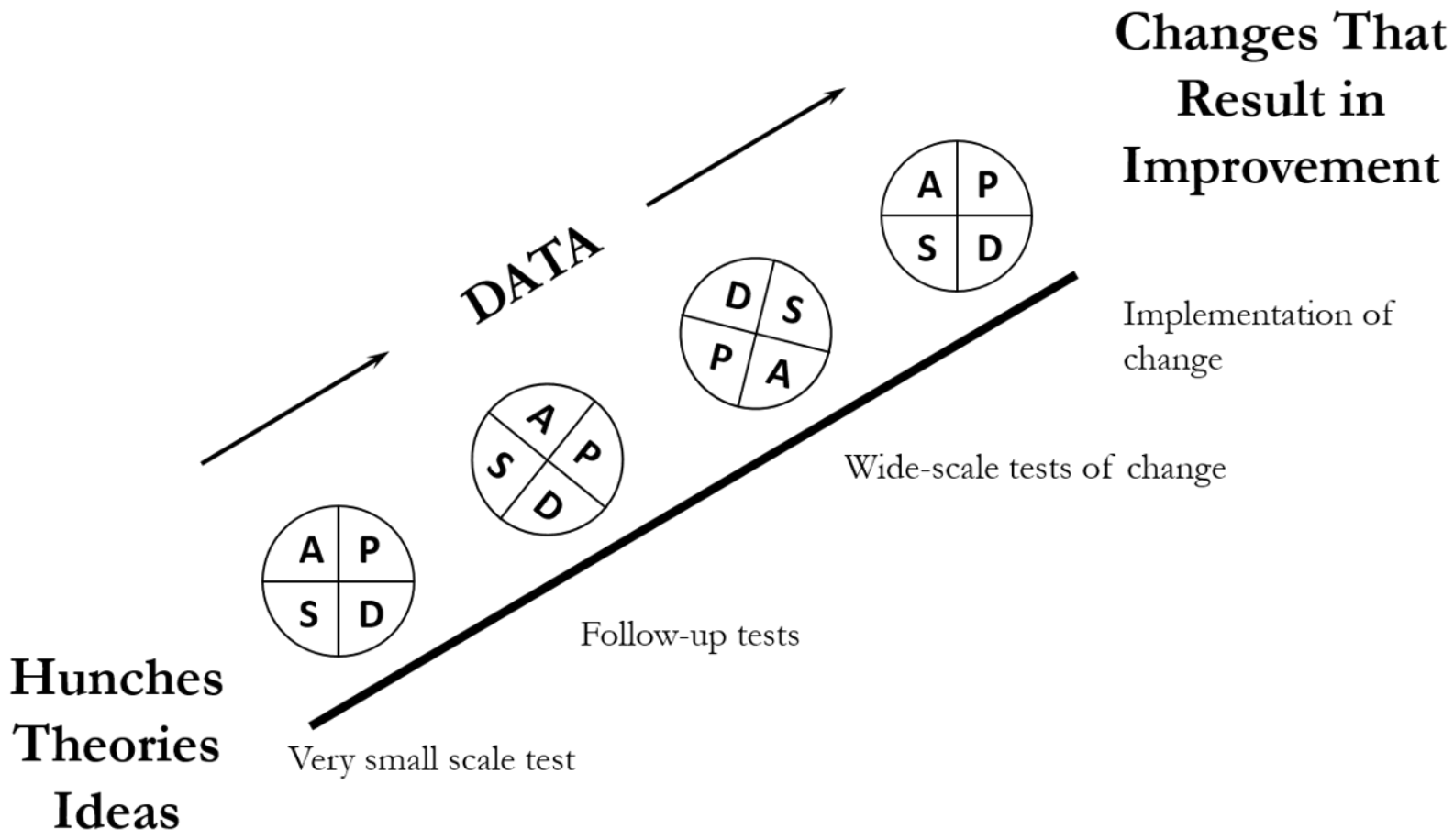
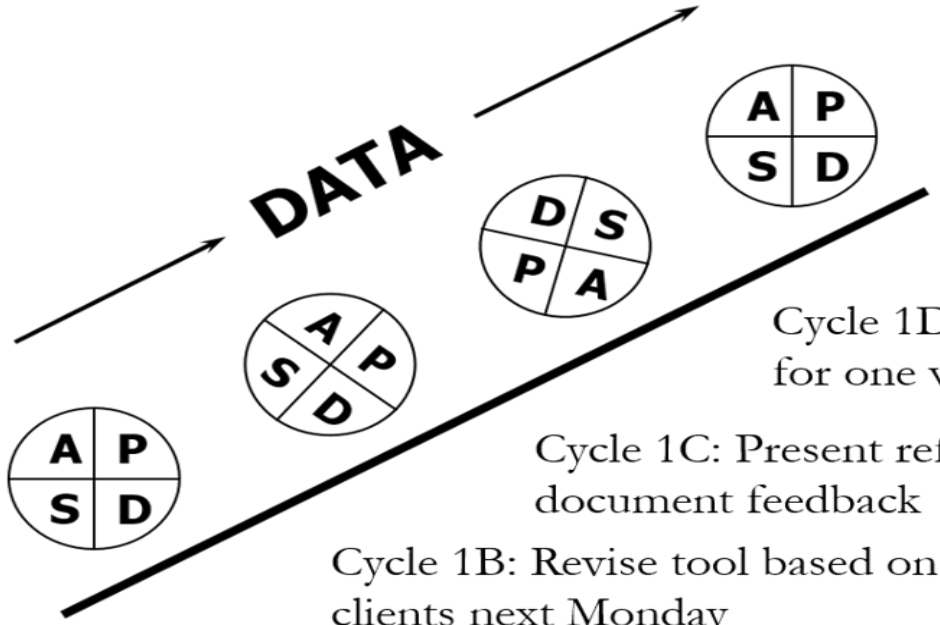
PDSA IN ACTION



PDSA IN ACTION



AIM: Improve Access to HIV Primary Care

Cycle 1?: Implement….

??? (wide scale ?)

Cycle 1D: Revise and test tool with all (???) clients for one week

Cycle 1C: Present refined tool to all 3 case managers and document feedback

Cycle 1B: Revise tool based on learning and test again with Karl's clients next Monday

Cycle 1A: Revise "borrowed" CM form and test with one of Joanne's clients on Tuesday

CHANGE: New CM Intake/Assessment Form

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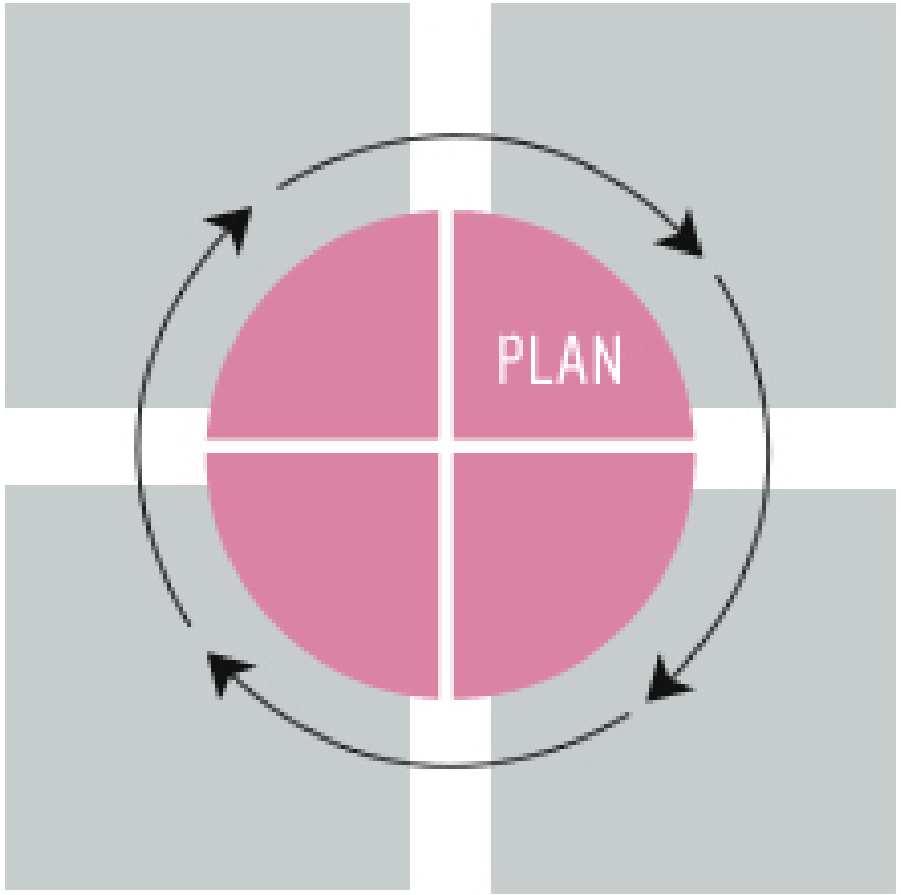
PLAN



The PDSA Cycle

- ✓ Clarify your Objective
- ✓ Make a prediction
  - Formulate theory
  - Objective + specificity
- ✓ What is to be done
  - Who
  - What
  - Where
  - When
  - How

PLAN: A NEW ADHERENCE SCREENING TOOL

Objective

How can we screen HIV patients for issues that might affect their ability to adhere to their medication regimen, in a way that won't disrupt patient flow?

Prediction

Adding a screening tool will add time to the patient visit, but we can keep this to a minimum

Steps

Joanne and Sally researched and identified possible tools that were reviewed by Sally and Dr. Smith. They selected one tool for Dr. Smith to use with at least three patients in the clinic on Thursday

Necessary Tasks

1. Identify tool.
2. Copy tool and place in patients' charts.
3. Dr. Smith reviews instructions for using tool.
4. Explain tool to patient.
5. Use tool

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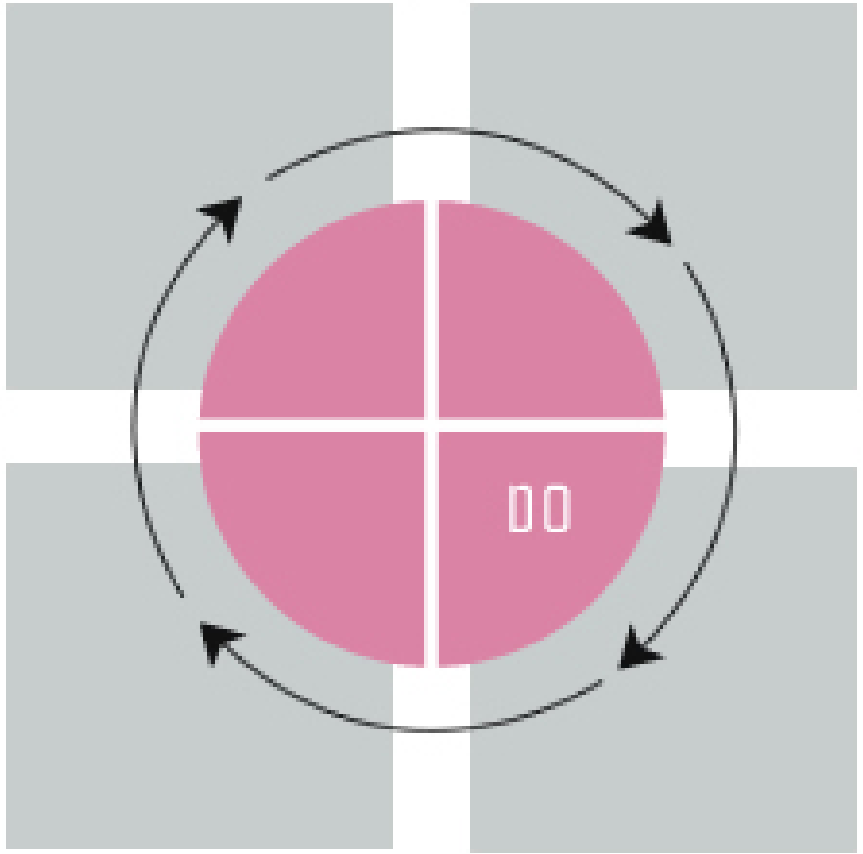
DO



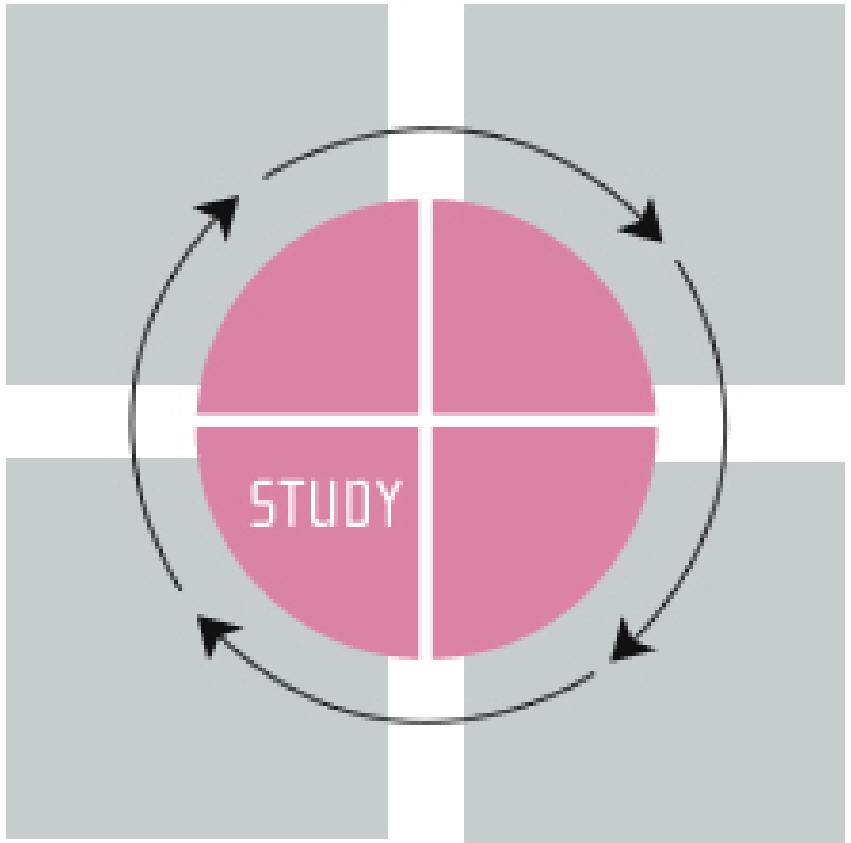
The PDSA Cycle

- ✓ Carry out the plan
- ✓ Document your observations
  - Expected
  - Unexpected
- ✓ Begin analysis

DO: WHAT HAPPENED?

- Tool was used on one patient
- Administration took 5 pages
- Added 35 minutes to documentation

STUDY



The PDSA Cycle

Complete the analysis of data

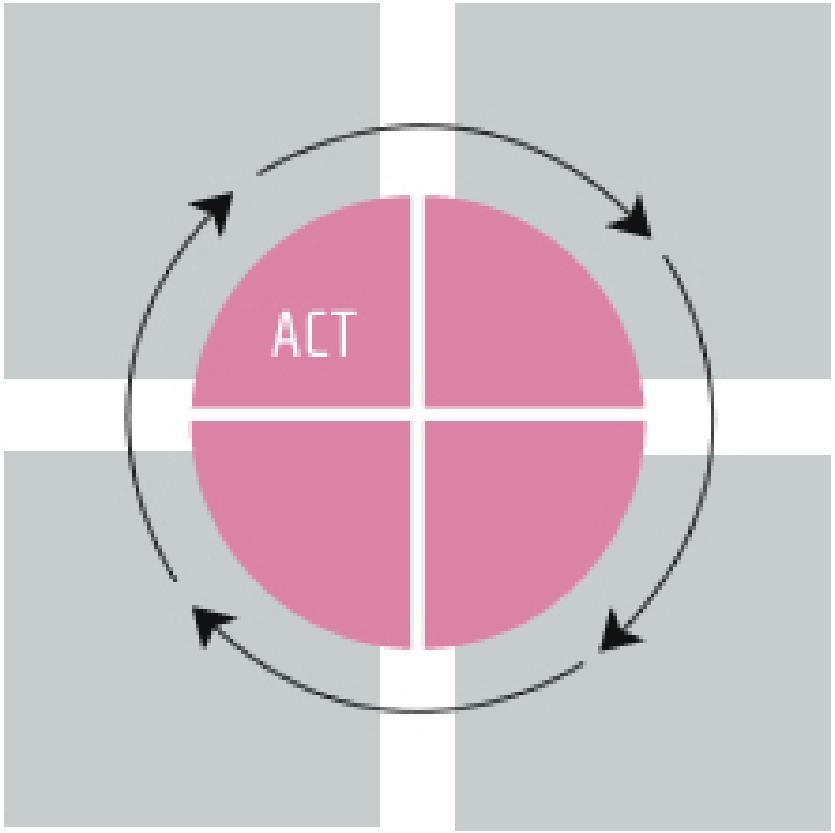
Compare to your theory & predictions

Summarize what you learned

STUDY: OUR RESULTS (VS. OUR PREDICTION)

- ✓ Theory still holds
- ✓ Need to test more tools
  - Try a different tool

ACT



The PDSA Cycle

- ✓ Adjustments
  - Changes to previous test?
  - What adjustments?
- ✓ Expand last cycle?
  - New cycles
  - What are you planning?
- ✓ What are you going to test?

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ACT: WHAT WILL WE DO (BASED ON WHAT WE LEARNED)?

- We will test two different tools, each with three patients, by next Wednesday.
- We will aim for three patients for each tool, and then stop and see what we've learned from this test.

TIPS FOR PDSA CYCLES

- Use the “Rule of 1”:
  - 1 facility
  - 1 office
  - 1 provider
  - 1 patient
- Learn from others (‘Steal shamelessly, Share senselessly’)
- Volunteers at first; move to others
- Useful, not perfect, data
- Use “huddles” to report
- Design toward sustainability

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APPLICATION IN PART A AGENCIES

- Think of your last performance measure review
- Did the data show any areas for improvement?
- What are some small changes that could be made to make improvements?

SUMMARY

- Quality improvement projects are done in a structured way using widely-accepted methods.
- The model for improvement helps you focus on your ideas for change.
- PDSA cycle allows you to test and refine your change ideas.
- Quality improvement is a continual process that is ongoing and focused on what makes the consumer experience the best it can be.

HELPFUL RESOURCES

HRSA Ryan White HIV/AIDS Program Center for Quality Improvement & Innovation:

- Quality Academy
- Consumer Academy
- Quality Resources
- ARV Management
- Adherence
- Self-Management/Consumer Involvement
- NQCSharelab.org

IHI Change Packages at http://www.ihi.org:

- Search Changes (12 pages of packages)
- Chronic Care Model
- Access and Efficiency

Other Change Packages:

- Improvement Guide by Langley et all
- Back of the book @ 90 categorized generic change ideas with definitions

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QUESTIONS

Meeting Facilitators: CQM Staff

E-mail: quality@brhpc.org

HUMAN SERVICES DEPARTMENT
COMMUNITY PARTNERSHIPS DIVISION
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QUALITY NETWORK
Wednesday March 28th, 2018 at 9:30 A.M.
Ryan White Part A Program Office – GC-302
115 S. Andrews Ave., Ft. Lauderdale 33301

MINUTES

PROVIDERS PRESENT
Poverello- Brad Barnes
Legal Aid- Kara Schickowski
AHF- Amy Pinter
Broward House- Stephanie Miller
BRHPC- Vanessa Sooknanan
Care Resource- Nichole Roberts
Care Resource- Angelica Molina
Latinos Salud- Jose Javier
NBHD- Roxan Simpson
SBHD- Valery Moreno
SunServe- Gary Hensley
NSU- Jorge Golas
NSU- Katie Mooney
FLDOH- Jane Carter
FLDOH- Jose Fernandez

PROVIDERS ABSENT
BCFHC

PART A RECIPIENT STAFF
Walker, N.
Morris, R.
Jones, L.

CLINICAL QUALITY MANAGEMENT (CQM) SUPPORT STAFF
Holloman, K.
Powers, C.

I. Welcome/Introductions

CQM Staff welcomed everyone and individual introductions were made.

II. Icebreaker

Staff facilitated an icebreaker titled "Chain Stories" with meeting participants. Meeting participants divided themselves into four groups and began the icebreaker by sharing a fun fact about themselves with their group. The following participants picked one part of the story previously told and continued with a story sharing the same similar story piece. As they went through, the group formed a story chain and presented their connecting stories with the full group. Upon completing the icebreaker, participants agreed they feel more comfortable with their peers and in sharing in discussion with them in future Quality Network meetings.

III. Ryan White Part A Clinical Quality Management Overview and Network Meeting Expectations

CQM Staff gave a presentation of an overview of the CQM Program. The presentation went over the CQM Plan and program goals, the roles of the Quality Assurance and Quality Improvement teams, and the Quality Management Committee and Networks. The presentation went on to discuss the data responsibilities of Part A agencies, the CQM work plan, and the core medical and support services. Finally, the presentation discussed an overview of the structure of the Network meetings and participants agreed to arrive prepared to network meetings and engage in discussion in order to help improve the quality of Broward's Part A services.

IV. Open Discussion

An attendee mentioned issues aggregating data between RW, MMA, and private insurance clients to review data and implement QIPs. Recipient Staff suggested speaking with their superior to get a better understanding. Another attendee suggested merging the SDM Standards of Care to their EMR and also identifying RW clients within their EMR system. They also suggested pulling reports and data on ICD billing codes. Additionally, they noted their system is able to apply specific changes within the EMR based on departments.

V. Adjournment

The meeting was adjourned at 11:28am.

Next Meeting Date: June 27th, 2018 @ 9:30AM