

QUALITY MANAGEMENT PROGRAM OUTCOMES REPORT

LAS VEGAS TRANSITIONAL GRANT AREA

Ryan White Part A HIV/AIDS Program

Clark County Social Service

August 2018

Quality Management Program Outcomes

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Project One: CAREWare Performance Measures Module, Viral Suppression by Service Category

In June 2017, the Ryan White Program Manager contracted with the data vendor TriYoung Solutions. This has enabled the QM Program to enhance the Part A CAREWare database, including enabling the Provider Data Import (PDI) function. As such, viral loads from disparate sources can now be uploaded into Part A CAREWare (CWA), giving a more complete picture of the medical outcomes of Part A clients. The end result of these activities is shown in Table 1 below. At this time, three data sources enrich the viral load data. They are direct entry by Outpatient Ambulatory Health Service providers, client matching done by State HIV Surveillance, Nevada Office for Public Health Informatics and Epidemiology (OPHIE), eHARS database, and matching done by the Southern Nevada Health District (SNHD), Office of Epidemiology & Disease Surveillance (OEDS).

Table 1: Ryan White Part A Viral Suppression by Agency and Service Category, Calendar Year 2017

Performance Measure: Viral Suppression			
Reporting Period: January 1, 2017 through December 31, 2017			
Data Source: Part A CAREWare			
Report Date: May 7, 2018			
Descriptions:			
<i>Numerator = the number of clients in denominator with the most recent HIV viral load less than 200</i>			
<i>Denominator = the number of clients with at least one service category entry in the reporting period</i>			
Service Category: Part A Medical Case Management			
Agency	Numerator	Denominator	Percent
Aid for AIDS of Nevada	714	971	73.53
AIDS Healthcare Foundation	338	409	82.64
Access to Healthcare Network	273	370	73.78
Community Counseling Center	217	270	80.37
Community Outreach Medical Center	222	268	82.84
HELP of Southern Nevada	3	6	50.00
Horizon Ridge Clinic	47	64	73.44
Nevada AIDS Research and Education Society	45	55	81.82
North Country Health Care	87	131	67.18
Nye County Health and Human Services	29	31	93.55
Southern Nevada Health District	464	703	66.00
University Medical Center	183	222	82.43
Service Category: Outpatient Ambulatory Health Services			
Agency	Numerator	Denominator	Percent
AIDS Healthcare Foundation	357	422	84.60
Community Outreach Medical Center	260	304	85.53
Huntridge Family Clinic	8	11	72.73
North Country Health Care	22	24	91.67
Southern Nevada Health District	285	394	72.34
University Medical Center	914	1,046	87.38
Service Category: Oral Health Care			
Agency	Numerator	Denominator	Percent
UNLV School of Dental Medicine	261	292	89.38
Service Category: Housing			

Agency	Numerator	Denominator	Percent
Golden Rainbow	83	104	79.81
Service Category: Health Education			
Agency	Numerator	Denominator	Percent
Dignity Health – St. Rose	36	43	83.72

In an effort to formalize this process, a contract amendment was made with Southern Nevada Health District to include data sharing of CD4 and HIV viral load data. This amendment was approved by the Clark County Social Service, Board of County Commissioners and the Southern Nevada Health District, Board of Health, respectively, in Summer 2018. This will be an important part of continuing to import viral loads and CD4s into Part A CAREWare, with the possibility of developing an automated import process in 2019.

Project Two: Train Quality Lead at All Part A Funded Agencies on CWA Performance Measures Module

Once more complete viral load data was available, the Quality Manager could then train each agency on pulling their own viral suppression performance measure. As described in the ‘Lead with Respect: A Novel of Lean Practice’¹, electing a point person to serve as the Quality Lead at each site is an effective way for organizations to learn. In their book, Freddy Baile and Michale Baile go on to say that Quality Leaders should be trained along two dimensions. These are (A) technical competence and (B) leadership skills or what the authors call the “T-Method.” To that end, the Quality Leads shown below were trained by the Quality Manager on how to use the CWA performance measures module by completing the Performance Measures worksheet drafted by the QM Program. All trainings took place in 2018 and a sample of the Performance Measures Worksheet is shown in Figure 2.

Please see Agency name and Quality Lead below:

1. Aid for AIDS of Nevada (AFAN) – Aronca Williams
2. Access to Healthcare Network (AHN) – Susanna Gonzalez
3. AIDS Healthcare Foundation (AHF) – Nicole Stanfield
4. Community Counseling Center (CCC) – Cynthia Watson
5. Community Outreach Medical Center (COMC) – Josefa Ozeata, Annette Mullis
6. Huntridge Family Clinic – TBD
7. Dignity Health St. Rose – Mark Domingo
8. Golden Rainbow – Joyce Miller, Mike Austin
9. HELP of Southern Nevada – Stacy Winters, Jennifer Varsallona
10. Horizon Ridge Clinic – Tyler Sanders
11. Nevada AIDS Research and Education Society (NARES) – Chelsi Cheatom
12. Nye County Health and Human Services – Anita Lockhart
13. North Country HealthCare (NCHC) – Joe Debaca
14. Southern Nevada Health District – Merylyn Yegon, Lourdes Yapjoco, Celeste Liston

¹ Michael Balle and Freddy Balle, *Lead With Respect: A Novel of Lean Practice* (Cambridge: Lean Enterprise Institute, 2014)

- 15. University Medical Center (UMC) – Christine Baron
- 16. UNLV School of Dental Medicine (SDM) – TBD

Figure 1. Performance Measures Worksheet for Service Category Viral Suppression

RWPA CAREWare – Performance Measures Worksheet

Learning Objectives:

- To familiarize you with the performance measures module, specific to viral suppression within a given service category
- To gain experience pulling your own numbers on a quarterly basis
- To become proficient in pulling performance measure client lists
- On your own, graphically represent trends over time for this one measure

Agency: _____ **Performance Measure:** _____ **Service Category:** _____

Numerator: _____

Denominator: _____

Today's Date (Ran On Date): _____

Start	End	Q1	Start	End	Q2
		12 months			12 months
Numerator	Denominator	Percent	Numerator	Denominator	Percent

Start	End	Q3	Start	End	Q4
		12 months			12 months
Numerator	Denominator	Percent	Numerator	Denominator	Percent

Agency: _____ **Performance Measure:** _____ **Service Category:** _____

Numerator: _____

Denominator: _____

Today's Date (Ran On Date): _____

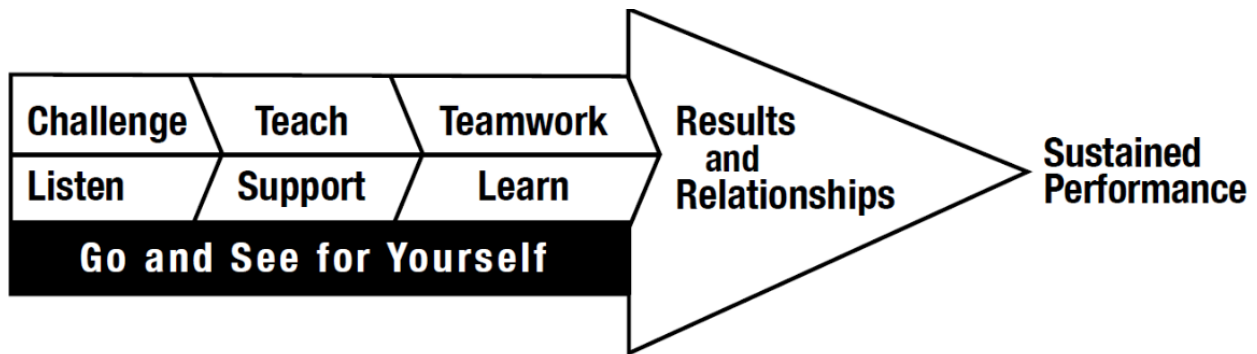
Start	End	--	Start	End	--
		--			--
Numerator	Denominator	Percent	Numerator	Denominator	Percent

Start	End	--	Start	End	--
		--			--
Numerator	Denominator	Percent	Numerator	Denominator	Percent

The trainings above were one-on-one, - hour sessions, including one web-based training for the Northern Arizona Quality Lead. The end result was that sub-recipients trained now have a common language and tools with to measure their own outcomes, with support and coaching from the Quality Managers. Several sub-recipients have asked for follow up trainings and refreshers. In addition, supplemental custom reports can be run to enhance the client lists generated by the CWA performance measure module (see Current Projects). The Quality Manager plans to do more trainings, enhancements, and customizations in this area in 2019.

In addition, there have been unexpected ancillary benefits on the PMWS training occurring at the sub-recipient level. For example, the AIDS Healthcare Foundation (AHF) medical case management, nursing, and eligibility team used the PMWS to meet and identify clients whose CWA records needed to be updated or closed out. Another example is the care team at Community Counseling Center (CCC) used the PMWS to identify target populations for future psychosocial support groups. Through the CWA-PMWS, CCC found the majority of clients seen by their agency in 2017 who had not achieved viral suppression were older white males.

The Quality Manager will continue to diffuse quality improvement learning through this network of Quality Leads. The Lead with Respect book has been extremely beneficial. The Part C Quality Manager is now reading the same novel. The end goal is for all Quality Managers to train and coach according to the Lean Practice framework shown here:



Project Three: Pilot Test Quality Improvement Template (QIT) at Sub-Recipients

The Quality Manager wanted to continue to build on the Viral Suppression performance measures trainings by linking them to a simplified QM planning process. With that in mind, the Quality Improvement Template or QIT was created. At this time, the QM Committee Medical Case Management representative is piloting the QIT. This includes using the viral suppression performance measures module, joining client eligibility and enrollment data, and meeting with the sub-recipient care team to discuss outcomes and devise countermeasures. The QIT is shown here in Figure 2.

Figure 2. Current Quality Improvement Template (QIT) being piloted by sub-recipients.

What was your agency viral suppression under Part A for calendar year 2017? (*Agency XYZ's Part A Medical Case Manager viral suppression for CY2017 was 72.15%.*)

What is your quality improvement goal for June 30, 2019? (*Example: To increase the viral suppression for Part A Medical Case Management to 75.00% by June 30, 2019.*)

Please track this measure below.

Agency:	
Part A Service Category:	
A. Date Span (As Of Date):	<i>January 1, 2017 to December 31, 2017</i>
A. Date Measure Was Pulled:	
A. Numerator:	
A. Denominator:	
A. Percent:	
B. Date Span (As Of Date):	<i>March 1, 2018 to May 31, 2018</i>
B. Date Measure Was Pulled:	
B. Numerator:	
B. Denominator:	
B. Percent:	
C. Date Span (As Of Date):	<i>June 1, 2018 to August 31, 2018</i>
C. Date Measure Was Pulled:	
C. Numerator:	
C. Denominator:	
C. Percent:	

Project Four: Conduct Syphilis Screening Audit at All Part A Medical Clinics

Past monitoring site visits completed by the Quality Management Program have focused on standard of care monitoring. In 2018, the Quality Manager changed focus to an in-depth audit of one clinical indicator. The purpose of this most recent monitoring site visit was to assess syphilis screening completion rates at all Part A-funded HIV medical care clinics. In past years, Nevada has been among the top states for primary and secondary syphilis infection rates.

First, the Provider Data Import (PDI) function in CWA was used to import available EMR data from both AIDS Healthcare Foundation and Southern Nevada Health District. The Quality Manager worked with the appropriate data staff at each site to complete this step. For the clinics that do not have dedicated data staff (e.g., Community Outreach Medical Center and University Medical Center), an in-person chart review was conducted to identify any syphilis screening markers. Markers included Bicillin treatment, treponemal and nontreponemal screening tests, and clients who reported no sexual

partners in past 12 months. Lead clinical staff at both COMC and UMC worked with the Quality Manager to complete the in-person chart review. Later, any new screenings identified were uploaded through the PDI into Part A CAREWare. This process involved and informed clinic staff, as well as improved the true number of annual screenings provided. The results of the 2018 clinical audit were made available on the Quality Management Program website: <http://providers.lasvegastga.com/index.php/quality-management/> and are shown below.

Table 2. 2017 Syphilis Screenings rates at 6 Part A Outpatient Ambulatory Health Service sites

Performance Measure: Syphilis Screening Reporting Period: January 1, 2017 through December 31, 2017 Data Source: Part A CAREWare Report Date: May 2018			
Descriptions: <i>Numerator = The number of clients in denominator with syphilis screening in the reporting period</i> <i>Denominator = The number of clients with at least one Outpatient Ambulatory Health Service (OAHS) service in the reporting period.</i>			
Agency	Numerator	Denominator	Percent
AIDS Healthcare Foundation	416	422	98.58
Community Outreach Medical Center	185	304	60.86
Huntridge Family Clinic	4	11	36.36
North Country Health Care	8	24	33.33
Southern Nevada Health District	311	391	79.28
University Medical Center Wellness	930	1,041	89.34

Future monitoring site visits will focus on other clinical indicators selected by the QM Committee to inform QM Program quality improvement efforts. The Quality Manager typically divides the chart audit activities between himself and the clinic lead, which has been a promising practice, intensifying collaboration.

Project Five: Conduct 2017 Satisfaction Survey of Part Clients Served in CY 2016

From July to August 2017, the Quality Manager completed a consumer satisfaction survey TGA-wide. A total of 203 consumers participated. Consumers were asked their awareness of services, need of services, satisfaction with services, and any gaps in services. In addition, consumers were asked to report any barriers in accessing care.

The three highest ranked services clients reported needing are shown below:

- *Emergency Financial Assistance (54%)*
- *Food Bank/Home Delivered Meal (52%)*
- *Medical Case Management (50%)*

The three highest ranked services clients reported being satisfied with are shown below:

- *Food Bank/Home Delivered Meals (94%)*
- *Outpatient/Ambulatory Health Services (93%)*
- *Medical Case Management ((92%)*

The results of the 2017 Consumer Survey were presented by the Quality Manager as part of the 2017 Priority Setting and Resource Allocation (PSRA) process. It should be noted that Planning Council members actively participated in 2017 survey recruitment. The Quality Manager plans to identify other opportunities to further engage the Planning Council Body and other consumers in assessments and evaluations.

Project Six: Matt Bennett-Connecting Paradigms Medical Case Management Training

In 2018, the QM Program coordinated its third annual Medical Case Management training. This was the second time having the trainer Matthew S. Bennett come and talk about trauma-informed care coordination. The Recipient Office purchased Mr. Bennett's most recent book *Connecting Paradigms: A Trauma Informed and Neurobiological Framework for Motivation Interviewing*² for all training attendees. The focus of this year's training was on the Helping Professionals themselves rather than on clients. Mr. Bennett held interactive sessions to practice motivational interviewing, value-setting, mindfulness, and fixed versus growth mindsets. In 2019, the Quality Manager plans to poll sub-recipients on other training topics or capacity building needs.

Project Seven: 2017 Service Standards Update

In Quality Assurance domain, all 14 Part A service standards were updated by the Quality Manager in 2017. Stakeholder meetings were held on the Support Service Standards in May 2017, and the Core Medical Service Standards were reviewed in December 2017, respectively. The 2017 standards have a streamlined format to better communicate the expectations for consumers and sub-recipients alike. The updated standards can be found at the Las Vegas TGA website here:

<http://providers.lasvegastga.com/index.php/service-standards/>

Project Eight: Action Planning Group (APG) Quality Improvement Workshops

In March 2017, the Part A Quality Manager attended the National Quality Center's Training of Trainers (TOT) in Dallas, TX. This training gave resources and planning time to design, develop, and deliver Quality Improvement workshops. The Part A Quality Manager implemented this format immediately at the monthly service delivery meetings Co-Lead by the Southern Nevada Health District. Some highlighted workshop topics are shown below:

- *Understanding and Owning Our Data, Lead by Quality Manager, March 2017*
- *Relationship Management, Co-Lead by Carlie Shadid (Mental Health Therapist), April 2017*
- *Plan, Do, Study, Act Cycles, Lead by Southern Nevada Health District, June 2017*
- *Helping Clients Rebuild Their Lives, Lead by AIDS Healthcare Foundation, July 2017*

In 2018, the Program and Data Management Analyst now Co-Leads these meetings with increasing ownership and direction from sub-recipients.

² Matthew S. Bennett, *Connecting Paradigms: A Trauma-Informed & Neurobiological Framework for Motivational Interviewing Implementation* (Independently Published, 2017)

Quality Management Leadership Team

Ryan White Program Manager	<ul style="list-style-type: none"> • Has final accountability of the QM program
Quality Manager	<ul style="list-style-type: none"> • Assumes leadership of the Quality Management Program • Chairs the QM Committee
QM Committee	<ul style="list-style-type: none"> • Serves as subject matter expert on Early Intervention Services • Serves as subject matter expert on Medical Case Management Services • Serves as subject matter expert on Outpatient Ambulatory Health Services (Vacant)
Data Consultant	<ul style="list-style-type: none"> • Provides technical assistance to the Quality Manager, as well as enhancements to Part A CAREWare • Collaborates with Quality Manager on data extraction and review
Part B Quality Manager	<ul style="list-style-type: none"> • Collaborates with Quality Manager to align efforts • Requests data from State HIV Surveillance, OPHIE Program
Part C Quality Manager	<ul style="list-style-type: none"> • Collaborates with Quality Manager to align efforts

Current Projects

At the time of this report, here are the current Clinical Quality Improvement and Innovation projects in-progress:

1. *Website*: The Quality Manager has updated the Las Vegas TGA website with current QM clarifications, reports, and initiatives. The latest update is a searchable table found here: <http://providers.lasvegastga.com/index.php/virasup/>. Sub-recipients can now use the search box of this table to query viral suppression by agency name or service category. The Quality Manager’s approach has been a three-step process. That is (1) to train on performance measures and have sub-recipients pull their own numbers, (2) use these numbers to do plan, do, study, act (PDSA) cycles and small tests of change, and (3) use the website as a confirmation method in verifying their metrics against the Recipient Office’s data.
2. *2018 Comprehensive Needs Assessment*: At the time of this report, the QM Program has now closed its Comprehensive Needs Assessment. In 2018, the Ryan White Program Manager selected The University of Nevada (UNLV), Canon Survey Center to complete the 2018 assessment. The previous comprehensive needs assessment was completed back in 2014, with targeted needs assessment completed in subsequent years. The current needs assessment surveys both Ryan White Part A providers and consumers, including a Spanish-language client survey. The focus of the 2018 consumer survey is on stigma and positive and negative systemic changes.
3. *Intermediate and Advanced QM Tools*: Within the CWA Performance Measures module, **Single Performance Measures Client List** function there is an additional **List To: Custom Report, Field Selection** function. The Quality Manager is currently exploring the utility of this advanced

function. The Custom Report function (shown below) can identify clients who did not achieve viral suppression and append other variables of interest, e.g., recent labs outside of the measurement year and eligibility and enrollment data.

List Clients:

- Not In Numerator (clients not meeting performance measure)
- In Numerator (clients meeting performance measure)
- Not In Denominator (clients not considered for performance measure)
- In Denominator (clients considered for performance measure)

List To:

Custom Report

Field Selection

The QM Program is looking forward to new opportunities to refine and train on by-name client lists. For 2019, the QM Program is considering offering different QI training modules, depending on the technical level and interest of the QI trainee.

4. *Cross-Part Sharing of Performance Measures:* Both Part A and Part B Quality Managers in Nevada work closely together. The Part B counterpart has already developed a process for requesting CD4s and viral loads from state HIV surveillance on behalf of both Ryan White parts. At the time of this report, the Part A Quality Manager is transferring and building custom performance measures within Part B CAREWare. The Part B CAREWare performance measures module had not previously been utilized. The Part A-Part B cross-collaboration has been an extremely fruitful and mutually-reinforcing endeavor.

Model for Improvement

The QM Program's models for improvement does indeed include principles and tools from LEAN methodology. However, more broadly, the Quality Manager subscribes to the broad-scale, cross-sector model for social change known as Collective Impact. More information on Collective Impact can be found at: <https://ssir.org/>, as well as its five pillars shown in Figure 3 below. Here each Collective Impact pillar is described and then translated into the Las Vegas TGA QM Program practice.

Figure 3. Five Pillars of Collective Impact



A. Common Agenda

The first pillar of Collect Impact (CI) is to have a common agenda that keeps all parties moving towards the same goal. The Las Vegas TGA QM Program now has all funded providers familiarized with quality improvement numerators, denominators, percents, and rates as defined by Part A CAREWare In *Project Two*.

B. Common Progress Measures

The second CI pillar is shared metrics. As of 2018, all Ryan White providers can now pull their own viral suppression for their own agency. In addition, all Outpatient Ambulatory Health Services providers are now familiar with the electronic, and in-person clinical indicator audit process established by the syphilis screening audit in *Project Four*.

C. Mutually Reinforcing Activities

The third CI pillar is mutually reinforcing activities. The Ryan White QM program strives to break out of silos across agencies and across Ryan White Parts. As the QM Program continues to move from isolated impact, to coordinated impact, and finally to collective impact (the Collaboration Continuum), we continue to see stronger solutions and high-impact outcomes. Sub-recipients have already taken to the new QM tools as evidence by the AHF care team, CCC support groups, and AFAN QIT pilot described in *Project 3*.

D. Communications

Continuous, consistent communication is key (Collective impact pillar number four). The Quality Manager utilizes the Quality Leads at each site to provide QM program updates. In addition, the Las Vegas TGA website has proven to be an excellent communication tool and source of innovation, like the Viral Suppression searchable table.

E. Backbone Organization

The fifth and final CI pillar is the backbone organization responsible for managing the collaboration. The backbone organization ensures the collaborators are on-track and makes course corrections as needed. The QM Manager and QM Committee serve as the backbone organization of the overall Ryan White QM Program. This serves two purposes. First, it cultivates a culture in which quality improvement can involve more co-collaborators and leadership opportunities at all levels. Second, the Ryan White QM Program's mission and a vision are communicated clearly and consistently. The QM Program plans to continue this forward measurement momentum.