

Quality Collaborators

Ryan White Provider Summit 2019



Burn Out and Illness

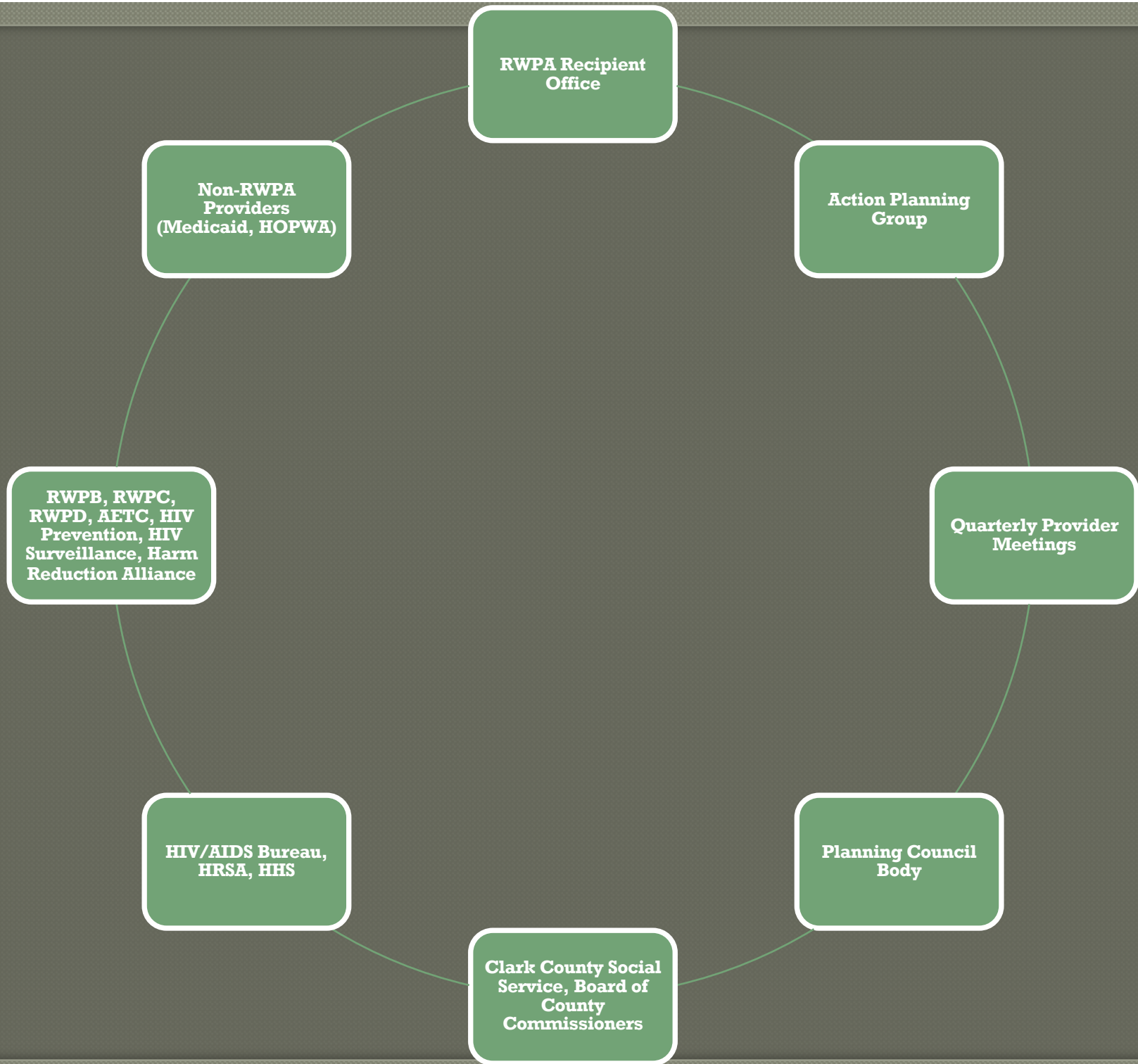


HRSA CARE ACTION 2007

- *“Finally, consider people’s relationships with their coworkers. Colleagues, supervisors, and administrators all play important roles in a caregiver’s professional experience. Sometimes managing those relationships can be more stressful than managing one’s workload.”*

Relationship Management

- Carly Shadid
- “Blurred Lines”
- Years of service...



Four 1-to-1 Professional Relationships

- ① **Professional-to-Client**
- ② **Professional-to-Coworker**
- ③ **Professional-to-Professional at Another Agency**
- ④ **Professional-to-Funder**

4 Relationships Archetypes

- **Safety Zone**
- **Blame Game**
- **Out of Balance**
- **Work in Progress**

4 Relationships Archetypes

- ① **Safety Zone: Conflict Averse**
- ② **Blame Game: Unhappiness and Blaming**
- ③ **Out of Balance: Chaos and Drama**
- ④ **Work in Progress: Honest Communication, Vulnerability**



Red Light/Green Light

Designing Your Own Workshops



Collective Impact and Quality Improvement

About Jonathan

Professional background

Personal background

- Nevada Repertory Theater
- Dance Unlimited
- Corey Lewis



Key Point 1

- Do less things well

Key Point 2

- Maintain clearly defined roles

Key Point 3

- People don't care what you know until they know that you care.

Hep B Free Las Vegas

12 Section A วันที่ 12 ตุลาคม 2556 / October 2013 ลาสเวกัส LAS VEGAS NEWS Thai newspaper ปีที่ 13



กลุ่มอาสาสมัคร มีทั้งนักศึกษาแพทย์ และพยาบาลจาก UMC มารับอาสาช่วยเจาะเลือดและฉีดวัคซีน นำโดย AURORA WONG (3 ข้าย) จาก THE COORDINATOR OF HEPBFREE LAS VEGAS, A 501C3 NON-PROFIT SERVICE THE DIFFERENTIAL COMMUNITIES. AURORA WONG ขอขอบคุณอาสาสมัครทุกท่านที่อาสาช่วยกัน และขอขอบคุณ WAL GREEN'S สำหรับน้ำใจงานที่มาช่วยฉีดยาป้องกันไข้หวัดใหญ่ฟรี รวมทั้งหมด 192 ชิ้น และขอขอบคุณแม่ชีอ้วน และขอขอบคุณหลวงพี่อัยยะ ที่ให้สถานที่วัดอัมรินทร์วรนิเวศ ทำการช่วยเหลือประชาชนชาวไทยและชาวลาว รวมถึงชาวพม่า และชาติอื่นๆ ด้วย เราประสบความสำเร็จด้วยดีเพราะความร่วมมือจากทุกท่าน ขอขอบคุณทุกท่านที่มาช่วยให้งานสำเร็จลงไปด้วยดี เมื่อวันที่ 20 ตุลาคม 2556 นี้ด้วยดีจากนางสาว ลาสเวกัส

Collect Impact and TGA Viral Load

● Collective Impact

- 1.
- 2.
- 3.
- 4.
- 5.

Collective Impact and TGA Viral Load

- Collective Impact
 - 1. Common agenda

Collective Impact and TGA Viral Load

● Collective Impact

- 1. Common agenda
- 2. Shared measurement system

Collective Impact and TGA Viral Load

● Collective Impact

- 1. Common agenda
- 2. Shared measurement system
- 3. Effective communication

Collective Impact and TGA Viral Load

● Collective Impact

- 1. Common agenda
- 2. Shared measurement system
- 3. Effective communication
- 4. Backbone support

Collective Impact and TGA Viral Load

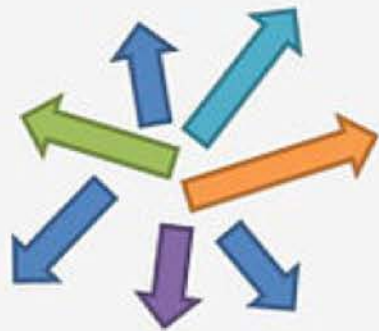
● Collective Impact

- 1. Common agenda
- 2. Shared measurement system
- 3. Effective communication
- 4. Backbone support
- 5. **Mutually reinforcing activities**

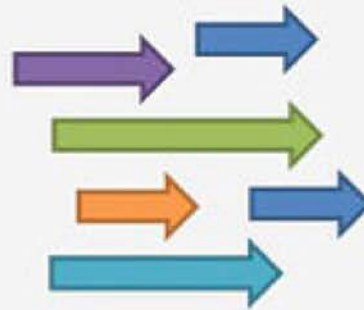
Collective Impact



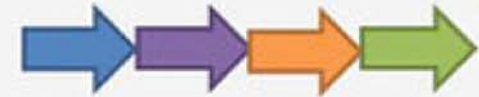
**DISORDER &
CONFUSION**



**INDIVIDUAL IMPACT
in isolation**



**COORDINATED IMPACT
with alignment**

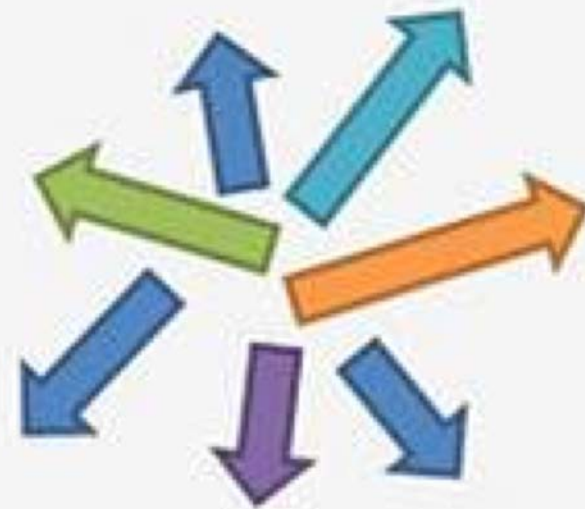


**COLLECTIVE IMPACT
with collaborative action**

Collective Impact

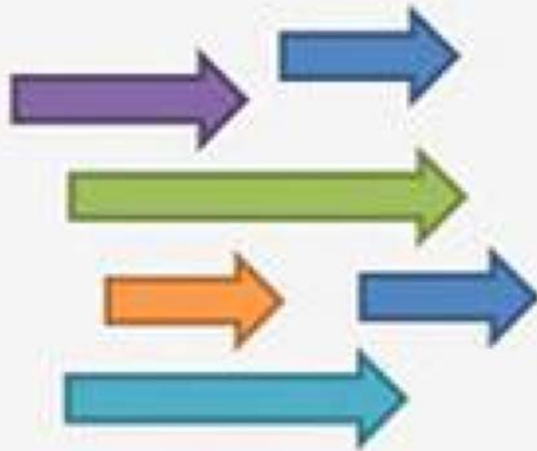


**DISORDER &
CONFUSION**

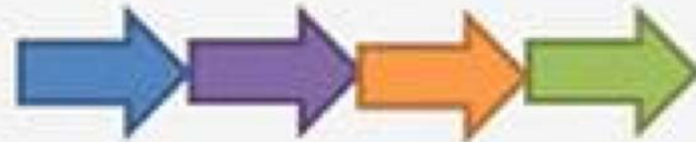


**INDIVIDUAL IMPACT
in isolation**

Collective Impact



COORDINATED IMPACT
with alignment



COLLECTIVE IMPACT
with collaborative action

TGA Viral Suppression Rates

Background

2014
Medicaid
Expansion

2016
Manual
Processes

2018
Provider Trainings
and Data
Enhancements

2015
Poor Data
Quality

2017
CAREWare A
Data
Contractor



2015 Data Quality

- In GY14-15, Agency A served 1,048 clients. Only 40% of clients had viral load data available.

HIV RNA levels (copies/mL)	Number	Percent	Indication
≤ 200	278	67%	Suppressed
> 200	138	33%	Not Suppressed
TOTAL	416	100%	

Survey Pool Methodology

Clients with at least one (any) RWPA service during GY15-16 in the RWPA-CAREWare database

N = 2,705 (100%)

Clients with an HIV RNA lab reported to Southern Nevada Health District in GY15-16 and were a perfect match to the RWPA-CAREWare dataset

N = 1,909 (71%)

Clients whose HIV RNA was >200 copies/mL

N = 508 (27%)

2016 Manual Process

Relationship, Relationship, Relationship



Milestones

“Tree”

Tim and
Samantha

Jayden



Arthuro

Julie

Jayden



Performance Measures Worksheet

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:

Performance Measures Worksheet

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

AHN Story



Milestones

Alisha

Cynthia

Aronca



Tyler

Sabrina

Las Vegas TGA – Provider Portal

Viral Suppression (July -August 2018)

Column visibility Copy CSV Excel PDF Print

Show 10 entries

Search:

	Agency	Service Category	Performance Measure	Numerator	Denominator	Percent
July 2018	Access to Healthcare Network	Health Insurance Premium and Cost Sharing	Viral Suppression (< 200)	30	30	1
July 2018	Access to Healthcare Network	Medical Case Management	Viral Suppression (< 200)	274	372	0.7366
July 2018	Access to Healthcare Network	Oral Health Care	Viral Suppression (< 200)	21	29	0.7241
July 2018	Aid for AIDS of Nevada	Early Intervention Services (EIS)	Viral Suppression (< 200)	0	1	0
July 2018	Aid for AIDS of Nevada	Emergency Financial Assistance	Viral Suppression (< 200)	18	22	0.8182
July 2018	Aid for AIDS of Nevada	Food Bank/Home Delivered Meals	Viral Suppression (< 200)	266	341	0.7801

Big Potential



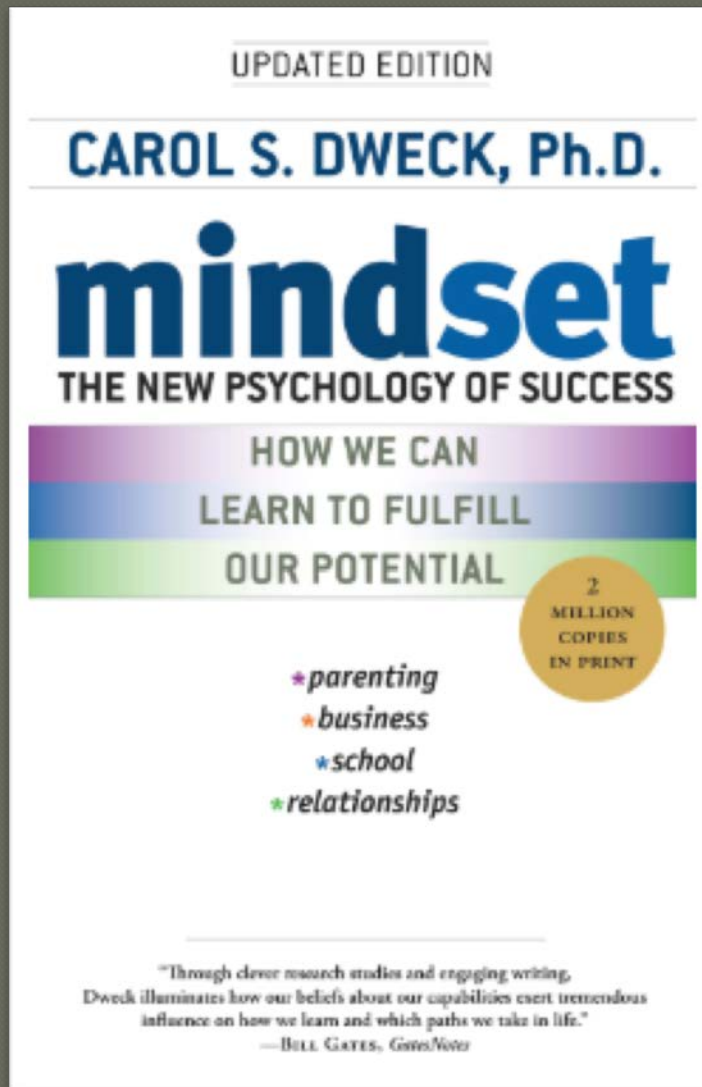
Big Potential



How Transforming the Pursuit of
Success Raises Our Achievement,
Happiness, and Well-being

Shawn Achor

Growth Mindset



- CAREWare Provider Data Import (PDI)
- VLOOKUP
- Fuzzy Lookup

Part A CAREWare

Performance Measures Worksheet

- F1: [Single Performance Measure Client List](#)
- F2: [Single Performance Measure Agg. Report](#)
- F3: [Multiple Performance Measure Report](#)
- F4: [Client Tab Setup](#)
- F5: [Add New Performance Measure](#)
- F6: [Performance Measure Setup](#)
- F7: [Delete Performance Measure](#)
- F8: [Copy To New Performance Measure](#)
- F9: [Make File \(Advanced\)](#)




↑ Code	Name	Numerator	Denomina...
OVS-EFA	EFA: HIV viral load suppression	??	??
OVS-EIS	EIS: HIV viral load suppression	??	??
OVS-Food	Food Bank: HIV viral load suppression	??	??
OVS-HERR	HERR: HIV viral load suppression	??	??
OVS-HIC	HIC: HIV viral load suppression	??	??
OVS-Hous	Housing: HIV viral load suppression	??	??
OVS-MCM	Medical Case Management: HIV viral load suppressio	??	??
OVS-Ment	Mental Health: HIV viral load suppression	??	??
OVS-Nutr	Medical Nutrition: HIV viral load suppression	??	??
OVS-OAHS	OAHS: HIV viral load suppression	??	??
OVS-Oral	Oral Health: HIV viral load suppress	??	??
OVS-PSS	Psychosocial Support: HIV viral load suppression	??	??
OVS-Subs	Substance Abuse: HIV viral load suppression	??	??
OVS-Tran	Medical Transportation: HIV viral load suppression	??	??

Collective Impact in 2019

As of Date:

Results will be for the following provider(s). Close this window and use the performance measures worksheet if you wish to make a change:

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:

Collective Impact in 2019

To pull your own Viral Suppression Client List and Custom Report fields

1. Go to Performance Measures (Administrative Options → Performance Measures)
2. Select measure OVS-MCM: Medical Case Management: HIV viral load suppression
3. Select **F1: Single Performance Measure Client List**
4. Set the **As of Date** to **12/31/2018**
 - a. *This will pull all MCM clients from 01/01/2018 to 12/31/2018*
5. Set the list Clients: to the last option In Denominator (clients considered for performance measure)
 - a. *This pulls both clients Not in Numerator and In Numerator*
6. Set **List To** to **Custom Report**

Pause here to ensure the parameters are set as shown below:

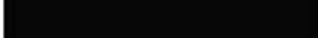
Collective Impact in 2019

Now you have list of all MCM clients seen in 2018 with the last quantitative lab value and lab date for 2018

Medical Case Management: HIV viral load suppressio

In Denominator (clients considered for performance measure) as of 12/31/2018

Total Clients: 1002

URN:	Name:	Last Quantita tive Lab Value:	Last Quantitativ e Lab Date:
CRFA0418631U		40	5/30/2018
ATBI0420651U			3/26/2018

CAREWare Charting Function

[Graphics](#) | [Drug Services](#) | [Service](#) | [Annual Review](#) | [Encounters](#) | [Referrals](#) | [HIV C&T](#) | [Relations](#) | [Attachment Documents](#) | [Contact Info](#) | [RWISE](#) | [Sub](#)

Encounter Date: |

Only show data for this provider

[Vital Signs](#) | [Hospital/ER Admissions](#) | [Medications](#) | [Labs](#) | [Screening Labs](#) | [Screenings](#) | [Immunizations](#) | [Diagnoses](#) | [Case Note](#)

Labs

Add/Edit:

Current Test: = Result:

Test:	Date of Prior Test:	Prior Result:	Current Result (01/10...	Provider:	Comme ▲
Albumin (g/dL)					
ALT (IU/L)					
AST (IU/L)					
Calcium (mg/dL)					
Calcium, ionized (mg/dL)					
CD4 Count (cells/mm ³)	03/16/2018	161			

CAREWare Charting Functions

aus Rapid Entry

Client: [REDACTED] From: 1/10/2018

Only show this provider

Through: 1/10/2019

Primary Filter: Viral Load (Copies/mL)

Secondary Filter: CD4 Count (cells/mm³)

Show all Labs (no chart)

Buttons: Setup, Report, Import, Close, View Expanded Chart

Test: [Dropdown]

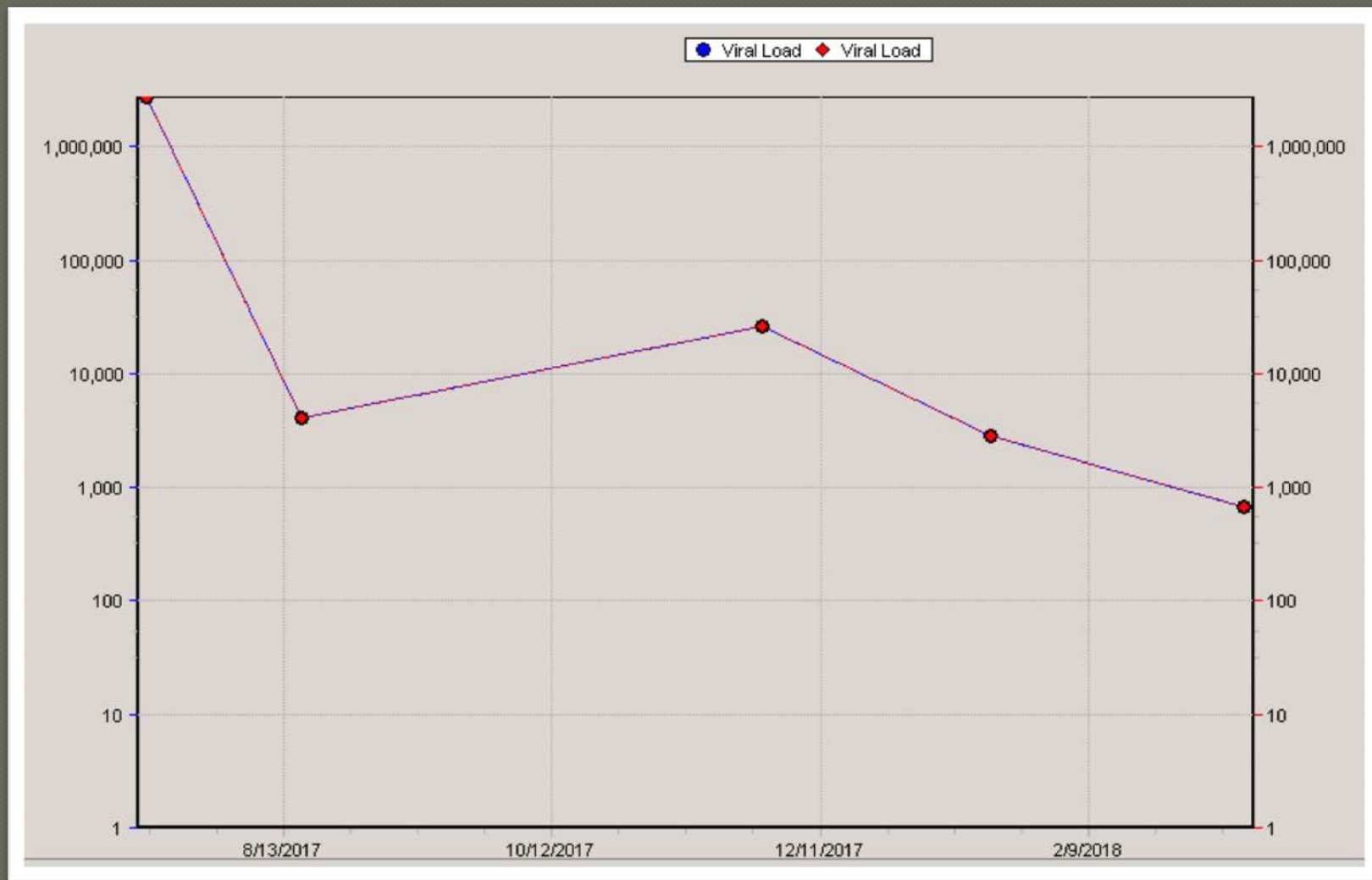
Date: [Dropdown] Result: [Text]

Comment: [Text]

Buttons: Save, Cancel

Test	Date	Result	Provider	Comm
------	------	--------	----------	------

CAREWare Charting Functions



Quality Improvement System

- Conversations around quality
- Selecting performance measures
- Measuring outcomes
- Managing relationships



About Samantha

- ◉ Office of HIV/AIDS almost 3 years
- ◉ Non-profit and government organizations 9 years
- ◉ Personal Fun Facts
 - I grew up in Florida
 - I played high school and college golf
 - My husband and I compete in Spartan Races
 - Also danced with a company called Dance Unlimited

Conversations Around Quality

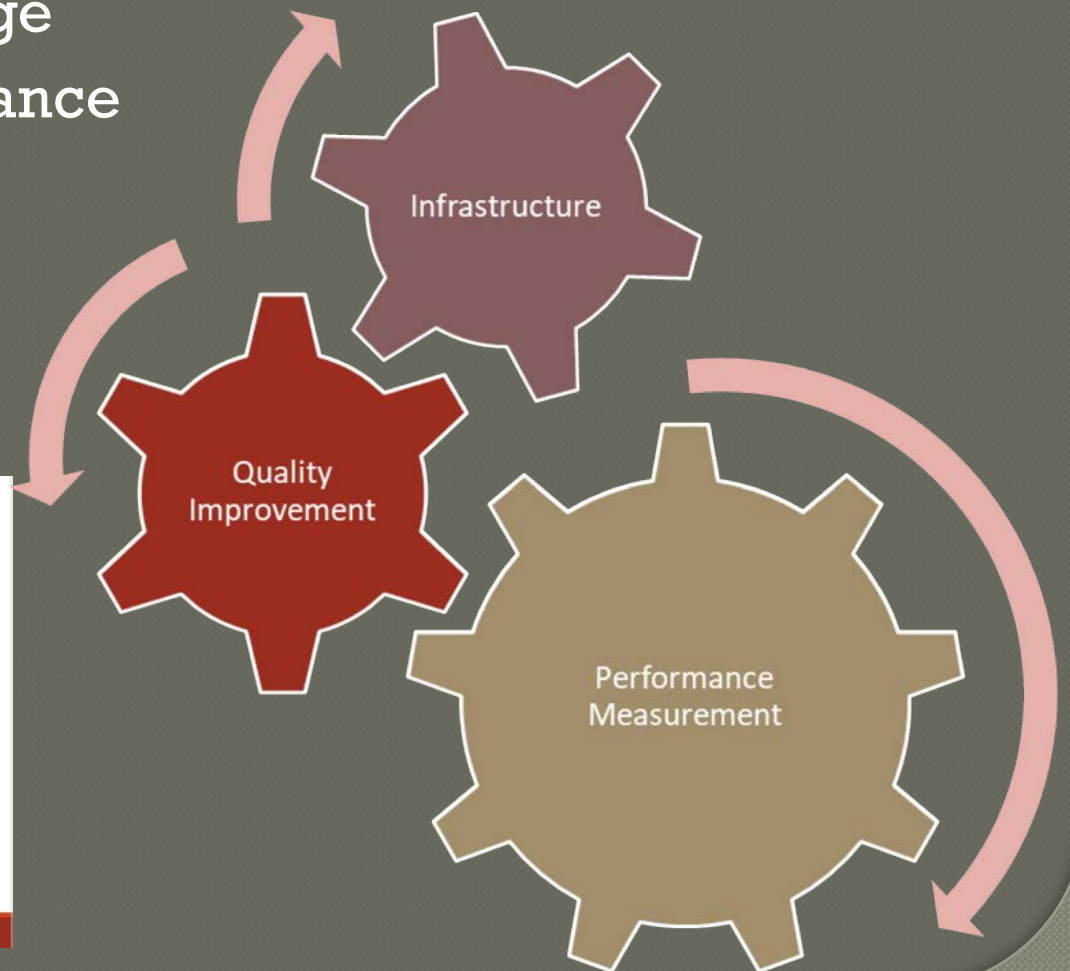
- What have we seen
- What have we learned
- How can we help

What Have We Seen?

- ◉ Lack of training/understanding:
 - Clinical Quality Management vs. Quality Assurance vs. Quality Improvement
- ◉ Incomplete Data
- ◉ Too many performance measures
- ◉ Performance measures that did not provide measurable or valuable data

What Have We Learned?

- **Trainings and Support**
 - Learn common language
 - Provide tools and guidance



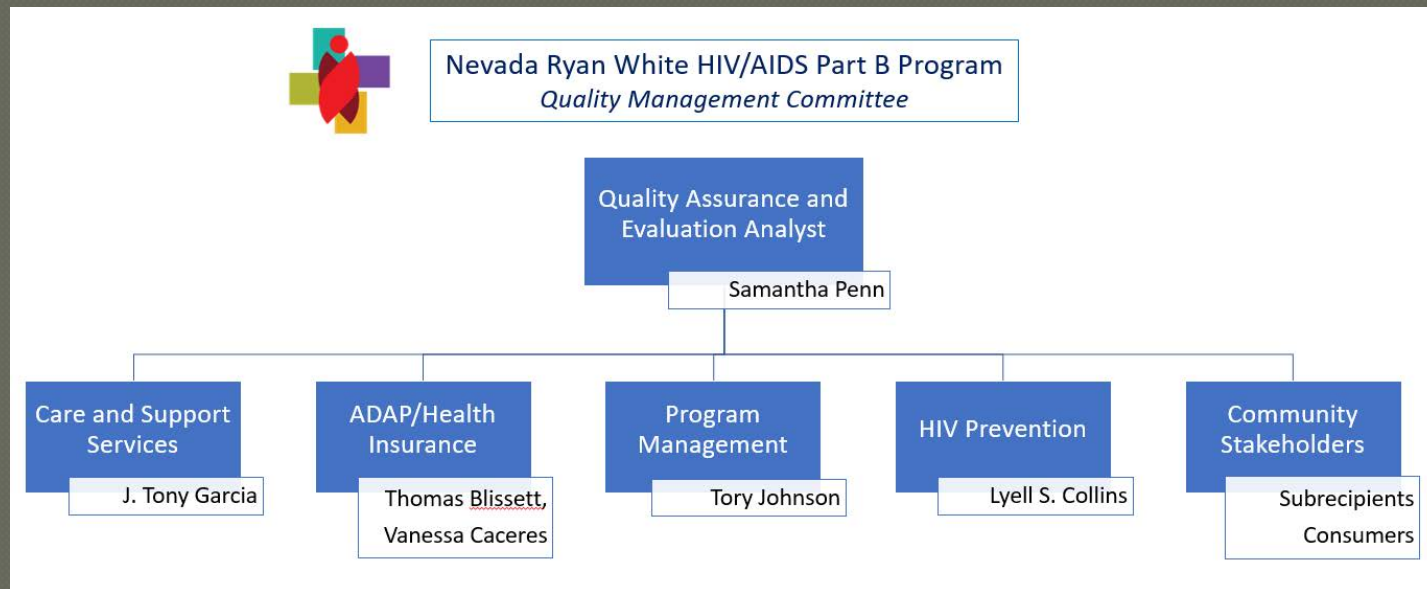
Quality Management Training

Clinical Quality Management Programs, Quality Management Plans, Quality Activities, and Quality Improvement Projects

OFFICE OF HIV/AIDS
RYAN WHITE PART B
MARCH 28, 2018

What Have We Learned?

- Quality Management Committees
 - RWPB re-established in 2017



What Have We Learned?

- Implemented Quality Improvement Projects
 - Recipient level
 - Lab Data Imports from HIV Surveillance
 - Medical Case Management
 - Retention-In-Care
 - Treatment Adherence
 - Health Outcome Reporting - Viral Loads
 - Sub-recipient levels
 - Nine QI Projects Implemented in GY 18/19

What Have We Learned?

- Increased use of data
 - Tell a story
 - Show impact
 - Apply for funding
 - Show impact/need
 - Inform decision making
 - Make funding allocations
 - Report on health outcomes

What Have We Learned?

● Revamped reporting

- Quarterly Reports
- Websites
- Sharing outcomes more frequently

END HIV NEVADA PROGRAM

 **8,688,872**

2017 AWARD AMOUNT

 **256**

HIV DIAGNOSED

 **241**

LINKED TO
CARE

 **2,777**

RETAINED IN
CARE

 **2,673**

PRESCRIBED
ART

 **2,392**

VIRAL
SUPPRESSION

LIVING WITH HIV/AIDS

 **3,378**

CLIENTS SERVED IN 2017

HIV PREVENTION

What Have We Learned?

- More discussions around Quality Management
 - It's important!
 - Data driven/ Visualize changes
 - Client experience & satisfaction
 - Client health outcomes
 - Process improvements
 - Relationship building

What Have We Learned?

● Keep it simple

- Reduce the number of performance measures
- Measure effectively
- Learn from failures

How Can We Help?

- Provide support and tools
 - Selecting performance measures
 - Measuring outcomes
 - Managing relationships



Selecting Performance Measures

- Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Changes 11/30/2018:

“Recipients are strongly encouraged to include HRSA HIV/AIDS Bureau measures and NHAS indicators that align with the national goals to end the HIV epidemic. Recipients should have an established process to collect and analyze performance measure data at least quarterly”

Percent of RWHAP eligible clients receiving at least one unit of service for a RWHAP-funded service category	Minimum number of performance measures
>= 50%	2
> 15% to < 50%	1
<= 15%	0

Selecting Performance Measures

- Select fewer meaningful measures
- Work backwards
- Learn from failures

Selecting Performance Measures

- Select fewer meaningful measures
 - Time is valuable
 - Analyze data in new ways
 - Data by disparities

Selecting Performance Measures

- Think SMART (specific, measurable, attainable, relevant, time-based)

Example: SMART & Reasonable # of PM	Example: Not SMART & Too Many PM
<ul style="list-style-type: none">• By March 31, 2019, 75% of eligible PLWHAs enrolled in NMCM services will be actively engaged with the case manager 9 months out of the year.• By March 31, 2019, 85% of NMCM consumers will be virally suppressed.• By March 31, 2019, 100% of NMCM consumers will be referred to at least one health and/or social service provider in the HIV/AIDS continuum of care.	<ul style="list-style-type: none">• Ensure that at least 85% of clients served have been documented in CAREWare each month.• At least 90% of clients have completed pre/posttests and surveys that indicate level of knowledge gained.• 100% of clients will receive HIV transmission education and reduction strategies.• 100% of clients will receive an initial assessment of medical and/or psychosocial needs.• 100% of clients will have a support service plan that are routinely updated as needed.• 100% of clients will be referred to an educational support group.• Clients will have available at least 1 medication adherence workshop/presentation to attend.• Clients will report at least 90% medication adherence.• Individuals will be referred to testing and community resources.

Selecting Performance Measures

○ Work backwards

- What do you want to know?
- What do you hope the data will tell you?
- How will you use the data collected?
- What data will you need?
- Who is included in your evaluation?
- It is measurable?
 - If not, can you make it measurable?
- Which performance measure should you use?



Selecting Performance Measures

System Design: A system will achieve what it was designed to do.

Selecting Performance Measures

System Design: A system will achieve what it was designed to do.

What is your agency designed to do?

Selecting Performance Measures

◎ Learn from failures

- How will you evaluate the process?
- What did you learn?
- What do you do if the performance measure is not working/ does not give you valuable information?

Selecting Performance Measures

Lesson Learned:

○ Grant Year 2017- 2018 Mental Health PM:

A minimum of 65% of clients will report an **improvement** of mental health symptoms on a first assessment compared to a final assessment (SBIRT or WHODAS), during the measurement year.

44 clients had an first and final mental health assessment during the measurable year

- 5 clients (11.4%) showed an improvement
- 39 clients (88.6%) remained consistent between assessments

Measuring Outcomes

- Measure frequently
- Analyze data and review the results
- Identify areas where additional data are required
- If historical data are available, compare for trends
- Display and distribute data to communicate findings and results
- Identify areas for improvement and select a quality improvement project
- Adjust as necessary

Measuring Outcomes: Next Steps

● Process/Output Measures

- Process measures indicate what a provider does to maintain or improve health.
- Clinical: “The number of clients who had a positive screening”
- Non-clinical: “The number of housing units made available”

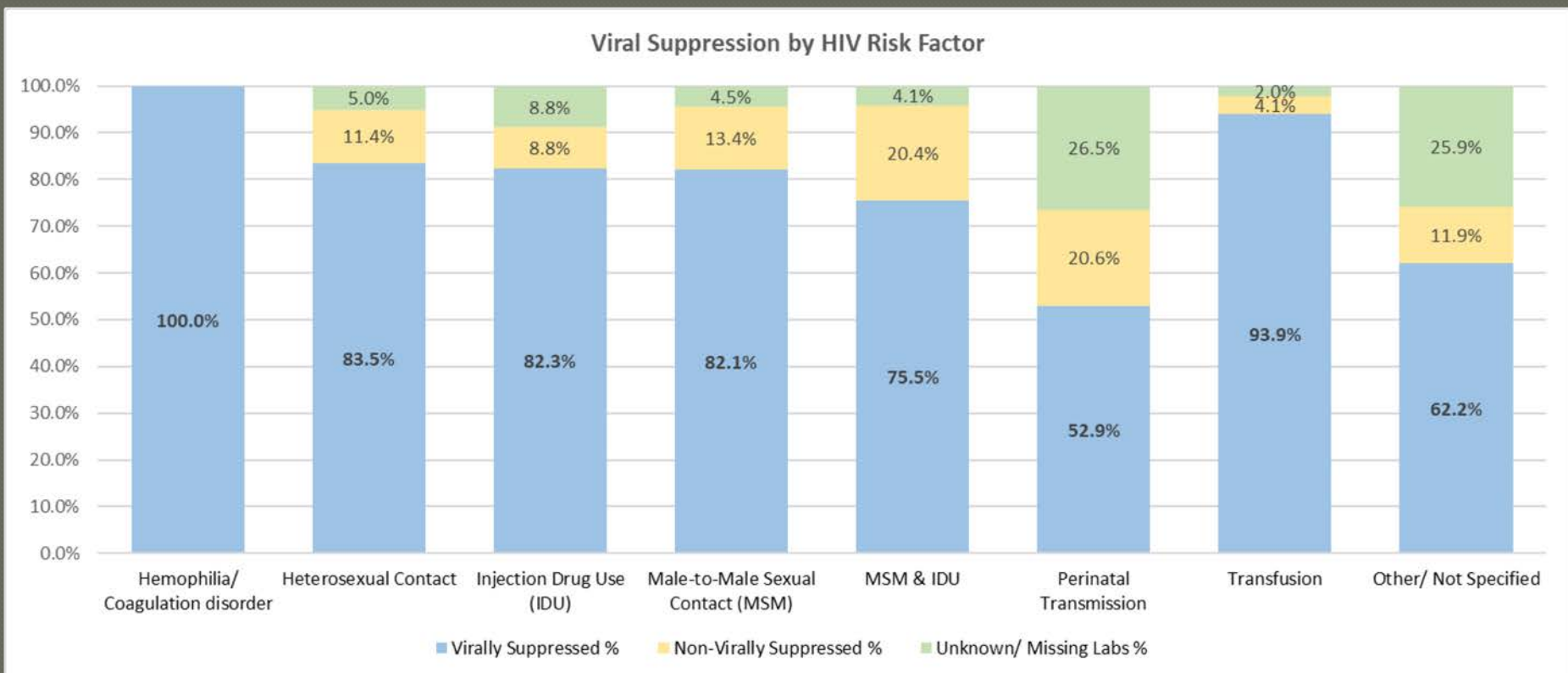
● Outcome Measures

- Outcome measures reflect the *impact* of the health care service or intervention on the health status of patients.
- Clinical: “The percentage of positive screening clients who accessed treatment.”
- Non-clinical: “The percentage of clients who live in stable housing.”

Measuring Outcomes: Next Steps

● Data by disparities: Gender, Age, HIV Risk Factor, Race/Ethnicity, Housing Status

- Data Analysis Timeframe: April 1, 2018 - October 31, 2018
- Total Unduplicated Clients: 3483
- Total Service Units Delivered: 51043



Managing Relationships

- Quality Management includes relationships
 - Relationships impact clients
 - Relationships impact one another/ other providers
 - How do you measure that impact?



Open Discussion

- What questions do you have about Quality Management?
- What are excited about?
- Is there anything you have heard here today that will impact your work?

Contacts

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