

# Clinical Quality Management (CQM) Informational Session

**BOSTON  
PUBLIC  
HEALTH  
COMMISSION**



Ryan White HIV/AIDS  
Program, Part A

Boston EMA

June 9, 2021

# Purpose of Today's Info Session

- To anchor key stakeholders in a common understanding of what Clinical Quality Management is for the Ryan White Part A Program in the Boston EMA.
- To provide an overview of CQM's programmatic structure, processes, and plan for FY 2021.
- To communicate programmatic updates for FY 2021.

# Agenda



WHAT IS CLINICAL QUALITY MANAGEMENT?

PROGRAM INFRASTRUCTURE

PERFORMANCE MEASUREMENT

QUALITY IMPROVEMENT

QUESTIONS



# What is Clinical Quality Management (CQM)?

# Quality

**EFFICIENCY** – Eliminate waste of time and effort

**EFFECTIVENESS** – Accomplish the intended purpose

**EQUITY** – Ensure that opportunities for health are accessible to all

**SATISFACTION** – As measured by the consumer

# Clinical Quality Management (CQM)

## Quality Assurance

A broad spectrum of activities aimed at ensuring compliance with minimum quality standards

## Quality Improvement

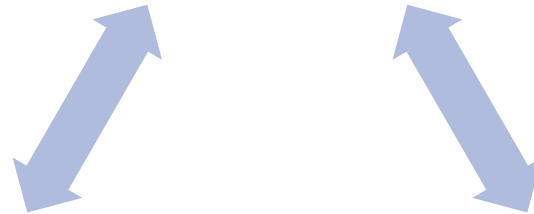
A deliberate process to continuously improve efficiency, effectiveness, equity, and satisfaction in the current system

## Clinical Quality Management

The coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction among PLWH/A

# Ryan White CQM Program

Infrastructure



Performance Measures

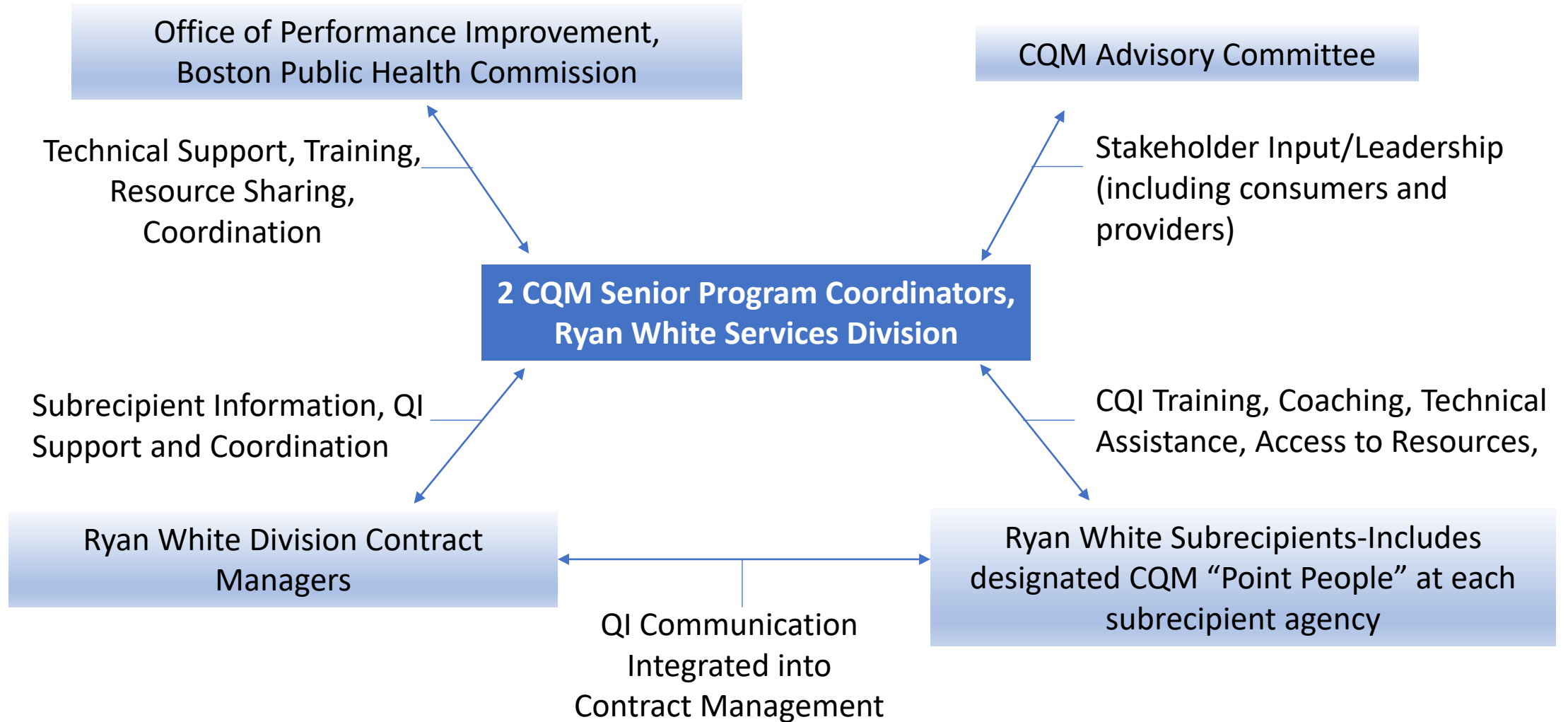


Quality Improvement

# Infrastructure



# CQM Structure



Our newest CQM  
Coordinator...

**Fabiola Catulle, MPH**



# 2021-2023 CQM Plan

*The revision of the CQM Plan is currently in process.*

To promote and sustain a culture of continuous quality improvement throughout the RWHAP in the Boston EMA.

To improve the viral suppression rate among PLWH/A in the Boston EMA.\*

\*This goal is currently in development. The final goal will specify by how much we intend to increase viral suppression within the next three years.

# CQM Committee: JOIN US!



- 11 Members
- Comprised of providers, consumers, and other key stakeholders
- Will meet virtually five times in FY21
- Provides input and feedback on:
  - CQM Plan and prioritization of improvement areas
  - Performance Measures and Data Displays
  - QI Training
  - QI Mini-Grant Program

IF YOU ARE INTERESTED IN JOINING, PLEASE [CLICK HERE](#) TO COMPLETE AN INTEREST FORM.

# Resources

IHI Open School

Life QI

QI Tools

e2Boston

# IHI Open School

- Online QI training and tools
- Many Health care improvement topics
- Courses are broken into digestible, 15- to 40-minute lessons
- Over 500,000 learners from universities, organizations, and health systems
- Introductory, 100-level courses
- Intermediate, 200-level courses
- Project Based, 300-level courses

# Resources

IHI Open School

**Life QI**

QI Tools

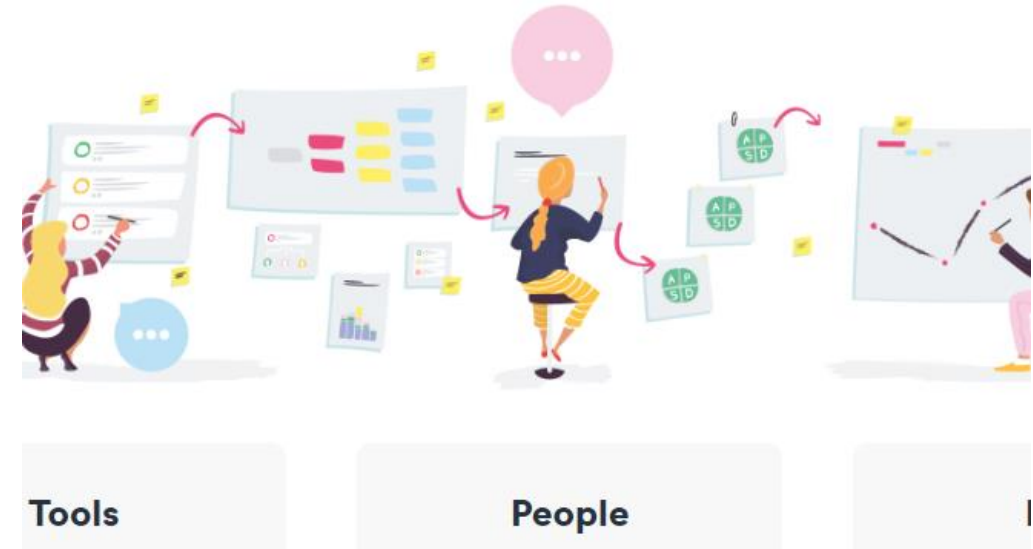
e2Boston

# Life QI Improvement Platform

- An easy-to-use platform, tailored to running QI projects
- Brings everyone together to share ideas, accelerate learning and drive change
- Can be used anytime and anywhere
- Secure analytic tools helps to track outcomes and analyze progress across your team, organization

## The all-in-one improvement platform

Where tools, people and data come together to make improvement happen.





# Resources

IHI Open School

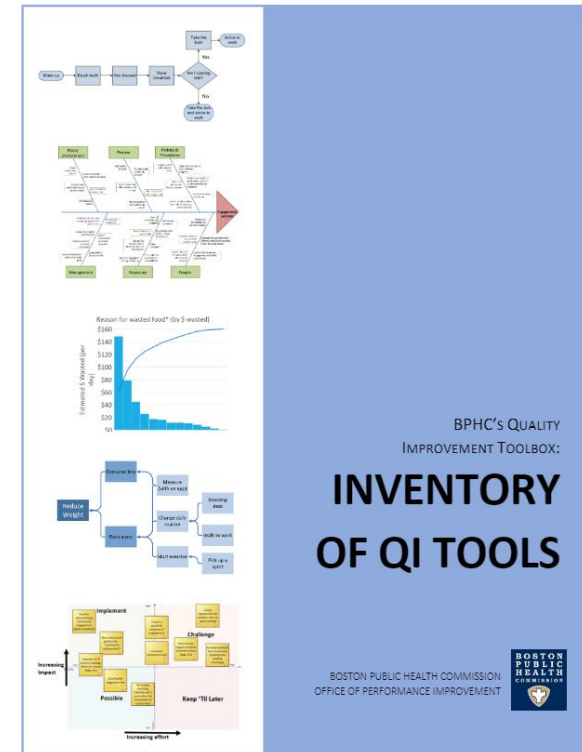
Life QI

**QI Tools**

e2Boston

# QI Tools: Building a Library

- BPHC Toolbox Inventory
  - Root Cause Analysis
  - Process Mapping
  - Developing and prioritizing change ideas
  - PDSA Tracker
  - Action Planning
  - Storyboards
- Lucidchart, Creately
- IHI Project Charter Template
- Training modules and QI toolkits from CQII, NEAETC, NEPHTC



# Resources

IHI Open School

Life QI

QI Tools

**e2Boston**

# e2Boston

- Visual Analytic (Demographics) Report
- e2Visual Analytic Report
- Utilization Summary Report
- Outcome Measures Distribution Report
- HAB Measures Report

Please see pages 44-84 for more information on the different reports that providers have access to in e2Boston and how to use them.

# Performance Measurement

# Performance Measurement: HRSA Requirements

- Specific to each service category
- Tracked quarterly (using e2Boston)
- Improvable
- Related to Client Care, Health Outcomes, or Client Satisfaction
- HAB Measures

If you can't measure it,



you can't improve it.

# FY 2021 Key Performance Measures

*The revision of the FY 2021 Key Performance Measures is currently in progress.*

Service Category	Performance Measure
Medical Case Management	Gaps in Medical Visits Viral Suppression
Oral Health	Viral Suppression
Foodbank/Home-Delivered Meals	Viral Suppression
Non-Medical Case Management	Viral Suppression Gaps in Medical Visits
Medical Transportation	Gaps in Medical Visits

# Performance Measurement: Quarterly Data Displays

## Edward M. Kennedy Health Center FY20 Q1 Performance Measure Report Medical Case Management

As of June 9, 2020

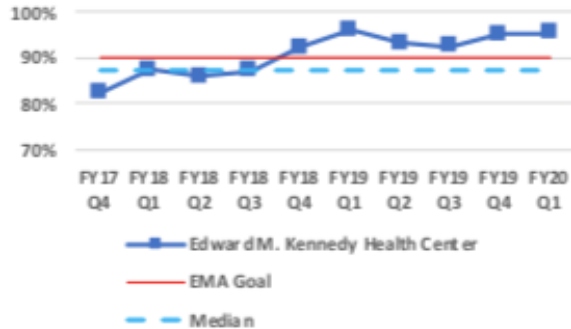


### Quality Improvement Summary:

This quarter, your agency achieved a viral suppression rate of 95.19% for medical case management clients. This is greater than your agency's median of 87.3%.

*EMA Quality Goal 1: Increase percentage of virally suppressed clients to 90%.*

Viral Suppression (Medical Case Management)



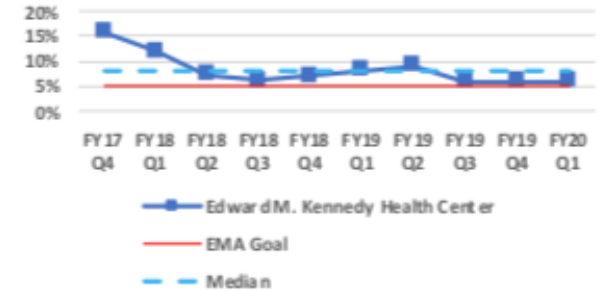
This quarter, 5.77% of your agency's medical case management clients had a gap in frequency of medical visits. This is less than your agency's median of 8.0%.

*EMA Quality Goal #2: Decrease percentage of clients with a gap in medical visits to 5%.*

*Each reporting period includes the most recent client data from the previous 12 months. For example, FY20 Q1 spans the period from June 1, 2019 - May 31, 2020.*

**For questions about this report, please contact BPHC's CQM team:**  
Wiona Desir  
wdesir@bphc.org  
617-534-2370

Gaps in Visit (Medical Case Management)



*Viral suppression was gathered through e2Boston 'Outcomes Summary Report' and is defined as number of clients with a viral load <75 copies (numerator) over number of clients with a recorded viral load outcome (denominator).*

*Gap in medical visit was gathered through e2Boston 'Outcomes Summary Report' and is defined as the number of clients with a medical care visit more than 6 months ago (numerator) over all clients with a recorded care engagement within the measurement period (denominator).*



# Viral Suppression

**Boston EMA Definition of Viral Suppression = an individual having a HIV viral load of 200 copies or less and is a Ryan White Part A client.**

# Quality Improvement

# 2021 QI Culture Assessment

## I: Infrastructure

Measure	Yes	No	N/A/ Unknown
Organization has a current, written CQM or QI Plan. <i>RD: Please attach RW-funded program QI plan or organization-wide QI plan.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaders actively participate in RW-program QI discussions. <i>Leaders refers to staff responsible for the success of the RW-program.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Leader actively participates in RW-program QI discussions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff actively participate in RW-program QI discussions. <i>Include participating in meetings, surveys, focus groups, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program has an active QI team or actively participates in the organization. <i>Include but is not limited to participating in meetings, planning or executing QI projects,</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section II: Performance Measures

Measure	Yes	No	N/A/ Unknown
A. The improvement of HIV clinical outcomes is aligned with the organizational strategic priorities/plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. The organization routinely collect consumer/client satisfaction surveys. <i>This may refer to your organization overall if the surveys include responses from the RW population, or the RW-program.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. The organization acts on consumer/client satisfaction survey results. <i>RD: If yes, please attach meeting minutes/improvement storyboard or other relevant document that demonstrates this measure in the last twelve months.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. The RW-funded program monitors/tracks internal process, as well as outcome measures, aligned with the <a href="#">Boston EMA CQM Plan</a> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. The RW-program shares performance measures with program staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section III: Improvement Capacity

Measure	Yes	No	N/A/ Unknown
A. At least 50% of RW-funded program staff have been introduced to QI concepts and/or methodology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. At least one RW staff member is proficient at analyzing data and identifying trends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. At least two RW-based quality improvement projects have been completed in the last 12 months. <i>RD: Please attach any (and all) completed PDSA forms/improvement storyboard/other relevant documents that demonstrate this measure.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. QI expectations are incorporated in the job description of all RW-funded staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section IV: Improvement Success

Measure	Yes	No	N/A/ Unknown
A. The team shares RW-program data/results with external stakeholders. <i>Stakeholders may include but are not limited to: other programs within your organization, your funding agency, partner organizations, newsletters to clients, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. The team has made substantial (at least 10% from baseline) improvements in RW process measures within the past 12 months. <i>For example, the percentage of people receiving preventative services.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. The team has made substantial improvements (at least 10% from baseline) in RW client health outcomes (defined in the <a href="#">Boston EMA CQM plan</a> ). <i>For example, the percentage of patients who achieve viral suppression.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Successful changes have been adopted across the organization/department. <i>RD: If yes, please attach written documentation of adoption. This may include but is not limited to: updated policies, protocols, procedures, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Improvement activities and results have been shared with other Boston EMA Part A funded agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 28 respondents out of 33 funded subrecipients = 85% response rate
- 2021 Median Overall Score = 14
  - 2018 Median Overall Score = 14
- 2021 Average Overall Score = 14.3
  - 2018 Average Overall Score = 12.6

# Culture Assessment: Reported Strengths across the EMA (90%+)

## Infrastructure:

- **Senior leaders** actively participate in RW-program QI discussions
- The RW program has an **active QI team** or actively participates in the organization QI team.

## Performance Measures:

- The improvement of HIV clinical outcomes is aligned with the **organizational strategic priorities**/plan.
- The RW-funded program **monitors/tracks internal process**, as well as outcome measures, aligned with the Boston EMA CQM Plan
- The RW-program **shares performance measures with program staff.**

## Improvement Capacity:

- At least one RW staff member is **proficient at analyzing data** and identifying trends.

## Improvement Success:

- The team **shares RW-program data/results with external stakeholders.**



# Culture Assessment:

## Areas of improvement across the EMA (80% or below)

### Infrastructure:

- The organization has a current, **written CQM or QI Plan**
- **Clients actively participate** in RW program QI discussions.

### Performance Measures:

- The organization acts on **consumer/client satisfaction survey** results.

### Improvement Capacity:

- At least **two RW-based quality improvement projects** have been completed in the last 12 months.

### Improvement Success:

- The team has made substantial (at least 10% from baseline) **improvements in RW process measures OR outcome measures** within the past 12 months.
- **Successful changes have been adopted** across the organization/department.
- Improvement activities and results have been **shared with other Boston EMA Part A-funded agencies**.



# Quality Improvement Projects

- **AIDS Project Worcester:** Improving STI Rates
- **Lynn Community Health Center:** Decrease missed visits
- **Victory Programs:** Improve Engagement on Client Satisfaction Survey
- **Harbor Health Services:** Improve engagement on client satisfaction survey
- **Massachusetts Alliance of Portuguese Speakers:** Improve CAB membership
- **MGH Boston:** Implement Client Satisfaction survey
- **Edward Kennedy Health Center:** Reduce intake time
- **CASA Esperanza:** Increase retention in care



# Quality Improvement Storyboard

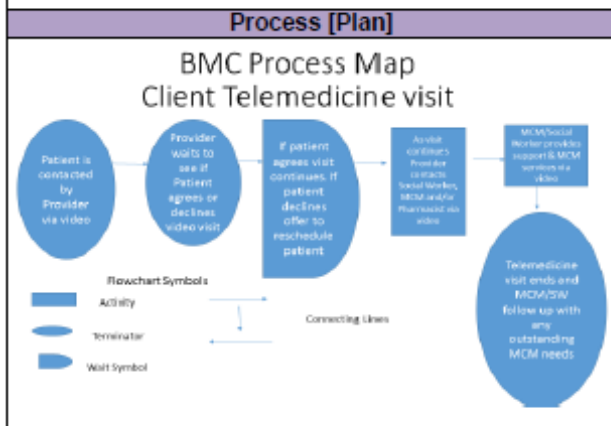
**Aim:** Increase retention in care through assessing patient satisfaction and using telehealth during Covid-19.

<b>Customer:</b>	patients	<b>Start:</b>	20-Dec
<b>Team Leader:</b>	Pam/Catharine	<b>QI Mentor:</b>	

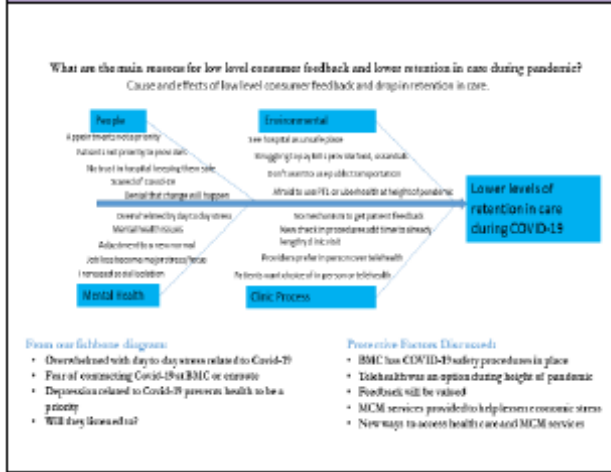
**Opportunity Alignment [Plan]**  
During the pandemic our medical case management team needed to be able to address concerns and support clients. This project aimed to increase, or at least maintain, retention in care while gathering information from clients about how their care has been going during the pandemic.

**Team Members**

Pam Bellamy	Catharine Callanos	Kerwin Amo	Margaret Haffey
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**Root Causes [Plan]**

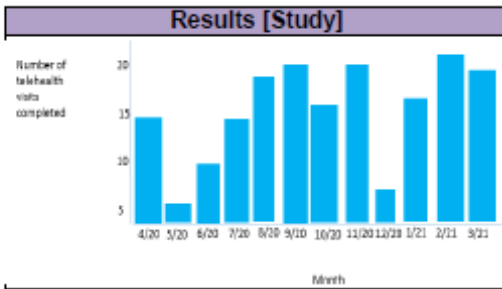


**Do**

Action	Who	When
Create survey	Pam/Catharine	Dec-20
Administer surveys	Pam/Catharine via	Dec 20 - Jan 21
Analyze survey data	Catharine	21-Jan

**Outcome Measures**

1	There will be at least a 5% increase in retention in care during COVID using telehealth
2	At least 75% of patients will maintain viral suppression during COVID



**Root Causes [Plan]**

1	Overwhelmed with day to day stress of COVID-19
2	Fear of contracting COVID while at BMC or enroute
3	Depression related to COVID prevents health being a priority
4	Will they be listened to

**Act**

Action	Who	When
Call or use video	provider/MCM/SW	During clinic visits
Provide MCM/SW services	MCM & SW	During clinic visits
Connect to teletherapy	MCM & SW	When need arises

**Lessons Learned**

1	Patients prefer to have an option going forward between telehealth visit and in person medical/MCM visits
2	Patients appreciated and utilized the emergency support services provided (i.e food pantry & rental assistance)
3	No change in gap in care for patients <18 yrs old; significant decrease in gap in care for 19-24yr olds; Increase in gap in care for >24 yr olds

# Quality Improvement Mini Grants

- What: Additional funding opportunities for QI Projects
- Who: Open to all Part A Providers\*
- When: Applications opened June 8<sup>th</sup>, improvement collaboratives launching in Fall 2021.



\*Due to limited CQM program capacity this year, funding is only open to providers who conducted QI Mini-Grant funded projects in FY19 and FY20. However, as part of this program, CQM will be launching improvement collaboratives that are open to all providers this Fall. These collaboratives are the starting point for QI projects eligible for Mini-Grant funding in FY22.



Ryan White  
QI projects  
should aim  
to  
improve...

Client Care

Health Outcomes

Client Satisfaction



# QI Coaching and Quality Management Technical Assistance

- **ANNOUNCING Ryan White CQM Office Hours!**
  - Schedule office hours with Sarah and/or Fabiola at:  
<https://ryanwhitecqm.youcanbook.me>
- QI Coaching on projects
- Quality Management TA around...
  - Writing a QM Plan for your agency
  - Running a QM Committee for your Part A Program
  - Implementing a client satisfaction survey
  - And more!



Questions?



# Contact Information & Resources:



Contact the CQM Program at [cqm@bphc.org](mailto:cqm@bphc.org)



Schedule CQM Office Hours with CQM Coordinators, Sarah Kuruvilla and/or Fabiola Catulle at <https://ryanwhitecqm.youcanbook.me>



[Submit an application](#) to access IHI Open School.



Consider joining the CQM Committee! Submit an interest form [here](#).



Contact us if you would like to use Life QI to track your QI project.