



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

CQM Performance Measures and Data Activities Texas DSHS RWHAP Administrative Agencies

Virtual CQM Training Series

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Zoom Helpful Hints



- Press esc to exit full screen
- Hover over the top to change “view” options
- Place yourselves on “mute” until you’re ready to pose a question or make a comment
- Use the “chat” room to pose questions and make comments
- Meeting will be recorded and available for sharing after the meeting



- Please enter your name in the “chat” room



Learning Objectives

- Explain how services provided in your service area affect the HIV Care Continuum.
- Describe the concept of a medical neighborhood.
- List mechanisms used for experience evaluation activities.
- Explain the difference between operational and performance quality
- Describe the specific tie your regional CQM activities play into Achieving Together statewide.
- Describe your role as an AA as a coach for CQM performance measurement and QI.



Administrative Agencies, CQM Performance Measurement, and Quality Improvement



Polling Questions



PCN 1502 Reminder

- CQM Performance Measurement is required
- How many measures?
 - RWHAP-funded service categories where more than 50% of all Part B-supported consumers received at least one service unit: **two performance measures.**
 - RWHAP-funded service categories where 15-50% of all Part B-supported consumers received at least one service unit: at least **one performance measure.**
 - RWHAP-funded service categories where fewer than 15% of all Part B-supported consumers received at least one service unit: **no performance measurement requirement.**



Performance Measurement

Focus

Measures can focus on improving patient care, health outcomes or patient satisfaction/experience

Frequency

Regularly collect and analyze performance measure data which would occur more frequently than data collection for reporting - **quarterly at a minimum**.

Analysis

Collect and analyze performance measure data that allows for inspection and improvement of **health disparities** across different target populations.



Texas Part B Required CQM PMs

SERVICIE SUMMARY: RSR CATEGORY	UDC	% Total	UOS	PCN 15-02: # of PM REQUIREMENTS	HRSA/HAB PERFORMANCE MEASURE	Q4-2019	Q1-2020	Q2-2020	Q3-2020	Q4-2020
Number of clients served (UDC) and total number of units (UOS) grouped by RSR										
AIDS Pharmaceutical Assistance	5,038	15.41%	32,490.00	1	ARV Prescription	75%	76%	77%	84%	Pending Full Data Sets
Case Management (non-medical)	6,161	18.85%	54,486.40	1	Retention of Care (Cascade)	96%	95%	95%	95%	
Child Care Services	1	0.00%	2							
Early Intervention Services	1,416	4.33%	18,099.00							
Emergency Financial Assistance	1,608	4.92%	3,049.00							
Food Bank/Home-Delivered Meals	3,479	10.64%	71,080.80							
Health Education/Risk Reduction	295	0.90%	974							
Home and Community-Based Health Services	24	0.07%	973							
Hospice Services	12	0.04%	486							
Housing Services	201	0.61%	3,600.00							
Linguistic Services	79	0.24%	2,506.00							
Medical Case Management (including Treatment Adherence)	4,495	13.75%	40,672.00	0	ARV Prescription	75%	76%	77%	84%	
Medical Nutrition Therapy	241	0.74%	1,639.00							
Medical Transportation Services	3,979	12.17%	30,386.35							
Mental Health Services	1,038	3.17%	4,568.00							
Oral Health Care	4,478	13.70%	12,865.00							
Other Professional Services	136	0.42%	1,488.00							
Outpatient/Ambulatory Health Services	11,759	35.97%	93,218.94	1	Viral Suppression	83%	81%	82%	82%	
Outreach Services	1,119	3.42%	2,355.00							
Psychosocial Support Services	129	0.39%	2,868.00							
Referral for Health Care/Supportive Services	20,610	63.04%	84,869.00	2	Retention of Care (Cascade)/ Viral Suppression	96%/83%	95%/81%	95%/82%	95%/82%	
Rehabilitation Services	69	0.21%	71							
Respite Care	14	0.04%	56.6							
Substance Abuse Services - Outpatient	49	0.15%	145							
Treatment Adherence Counseling	979	2.99%	4,232.00							
Total:	32,693	100.00%	467,180.09							

Quality Improvement

- Subrecipient-level QI Projects are required using a standard QI methodology
 - The DSHS preferred methodology is the Model For Improvement
 - The Organizational Assessment supplements the Model For Improvement and is critical to overall program and system evaluation
- Sub-recipients are required to implement quality improvement activities that are aligned with the recipient's quality improvement activities (participate in training and other group learning, QI projects related to network-wide QI project, etc)



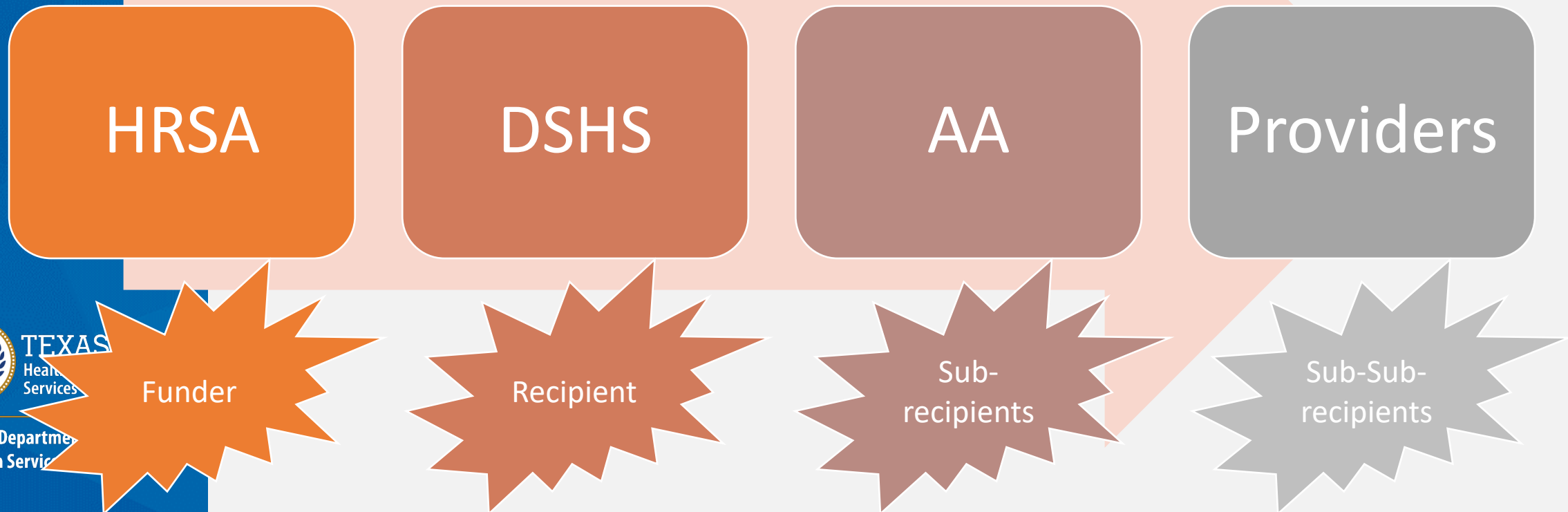
PCN 1502 and Subrecipients

Focus: QI
Avoid: M&E

- Recipients are expected to provide guidance to subrecipients on prioritizing measures and collecting data.
- Recipients need to work with subrecipients to identify improvement opportunities and monitor quality improvement activities at the subrecipient locations.
- Prioritization of CQM activities should be coordinated across RWHAP recipients within jurisdictions and subrecipients funded through the recipient.



How Does This Work in Texas?





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Health Services

Subrecipients

- Quarterly Reports
- ARIES performance
- Experience Evaluation
- QI Project updates
- QM Committee
- OA Results

AAs

- RSR
- Monitoring Calls
- Internal QM Committee
- External QM Committee
- Planning Council
- FTC Task Force

HRSA-HAB

- State Profiles
- Congressional Oversight
- Executive Oversight

TX DSHS

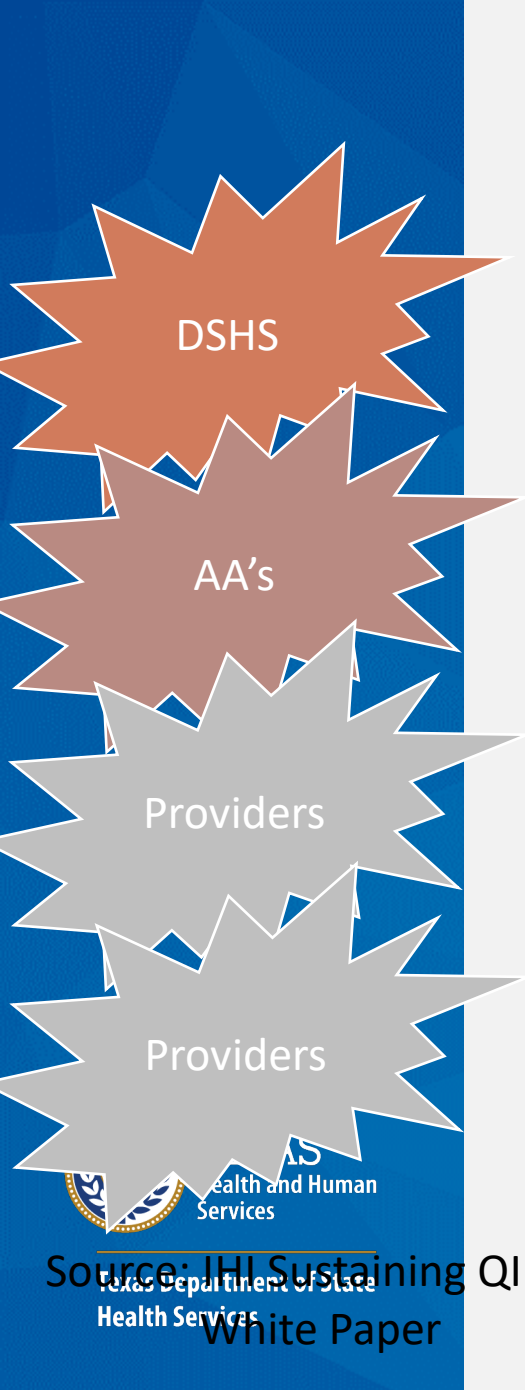
- Achieving Together
- TX EHE Plans

FTC Coordinator

- FTC Dashboards
- FTC City Plan

DSHS Contract Components for CQM

- QM Plan with annual review and update
 - Annual goals, workplan, stakeholder involvement (including capacity building)
- QM committee with quarterly meetings (record/share minutes)
- Collect/report all required data in ARIES
 - Method to validate data
- Care continuum and other data stratified to identify disparities
- Participate in annual program monitoring
- Provide updates on program progress to all stakeholders
- At least 1 QI project always ongoing that is linked to one of DSHS's 4 Strategic Domains



Quality Control (Operations)

Quality Improvement (System Change)

Quality Control (Operations)				Quality Improvement (System Change)		
	↑	↓		↑	↓	
Key Tasks	Data for Control	Guidance		Key Tasks	Data for Improvement	Aims Alignment
<ul style="list-style-type: none"> Define core values Articulate principles Obtain and deploy resources Monitor "Big Dots" Frequent frontline observation 	<ul style="list-style-type: none"> "Big Dot" system metrics, process and outcomes metrics Reports to external stakeholders 	<ul style="list-style-type: none"> Coaching (all tiers) in workplace Monitor T2 standard work 	Tier 3 Executive, VP	<ul style="list-style-type: none"> Monitor environment, anticipate change Quality planning: <ul style="list-style-type: none"> Set strategic direction Commission and drive system-wide initiatives Consistent messaging Celebrate improvement 	<ul style="list-style-type: none"> Aggregated system process and outcomes metrics T2, system QI project status and metrics Population, organization impact 	<ul style="list-style-type: none"> Negotiate T2 strategic goals Launch, prioritize system QI initiatives
<ul style="list-style-type: none"> Interdepartmental coordination Obtain and deploy resources Define department metrics Monitor department operations, planning 	<ul style="list-style-type: none"> T2 summary of daily operational issues Standard department operational metrics 	<ul style="list-style-type: none"> Coaching T1 on standard work Monitor staff, process capability Monitor T1 standard work 	Tier 2 Dept. Manager, Director	<ul style="list-style-type: none"> Conduct root cause analysis Quality planning: Commission T1 projects Lead interdepartmental projects 	<ul style="list-style-type: none"> Aggregated unit process and outcomes metrics T1 project status and metrics Staff QI capacity 	<ul style="list-style-type: none"> Negotiate T1 goals Launch, prioritize, monitor T2 projects
<ul style="list-style-type: none"> Monitor unit operational status Define unit standard work, metrics Manage shift staffing, shift patient priorities, etc. Incident response, escalation 	<ul style="list-style-type: none"> Summary of daily operational issues Standard unit operational metrics Incident reports 	<ul style="list-style-type: none"> Coaching "what to do and how" Coaching on problem detection and response Monitor frontline standard work 	Tier 1 Unit Manager	<ul style="list-style-type: none"> Coordinate with improvement specialist to surface problems, best practices Lead T1 QI projects Lead root cause analysis Lead daily PDSA 	<ul style="list-style-type: none"> Unit project status and metrics Problems for escalation to T2 projects PDSA results 	<ul style="list-style-type: none"> Launch, prioritize, monitor unit-level QI projects
<ul style="list-style-type: none"> Situational awareness, prioritize care tasks Define frontline standard work Adjust to usual process variation, patient needs Respond to atypical process variation 	<ul style="list-style-type: none"> Observations of care process and environment Patient feedback and observations Clinical data, tallies of process operation variation 	<ul style="list-style-type: none"> Clear communication to support patient and family decisions and expectations 	Charge Nurse, Frontline Staff	<ul style="list-style-type: none"> Undertake simple process fixes ("See-Solve") Identify ideas for change Engage in PDSA 	<ul style="list-style-type: none"> Identify problems for escalation to T1 Ideas for improvements 	<ul style="list-style-type: none"> Participation in QI teams for aligned improvement Engage patients in improvement
Patient Care Interface				Patient Care Interface		
<ul style="list-style-type: none"> Trigger acute system responses Report on current symptoms, situation, emerging needs, etc. 	<ul style="list-style-type: none"> Presentation Stories and observations "What matters to me?" 	<ul style="list-style-type: none"> Candid talk, transparent dialogue Post quality data (online) 	PATIENTS and FAMILIES	<ul style="list-style-type: none"> QI team participation 	<ul style="list-style-type: none"> Identify process problems, offer suggestions Stories and observations 	<ul style="list-style-type: none"> Patients and families shape aims for improvement

Source: JHI Sustaining QI White Paper

AA Role

- **Knowledge Check:**

- Do any of the services provided by subrecipient agencies in your service area have required CQM performance measures?

- **What do you do next?**

- Create a system by which subrecipient agencies in your service area submit the required performance measures to you on a predetermined schedule

AA Scale

- The scale of your AA is NOT important for performance measurement -PCN 1502 framework for CQM Performance Measurement as at the recipient-level.
- The scale of your AA IS important for QI – Regions with Part A are likely to provide more concretely defined QI activities for their providers than regions without Part A where there is more autonomy needed to allow all funded providers to “fit” in the project
 - Always consider, how can our local QI activities help us all in Achieving Together to End the HIV Epidemic?



Discussion



Quantitative & Qualitative Data



Polling Questions



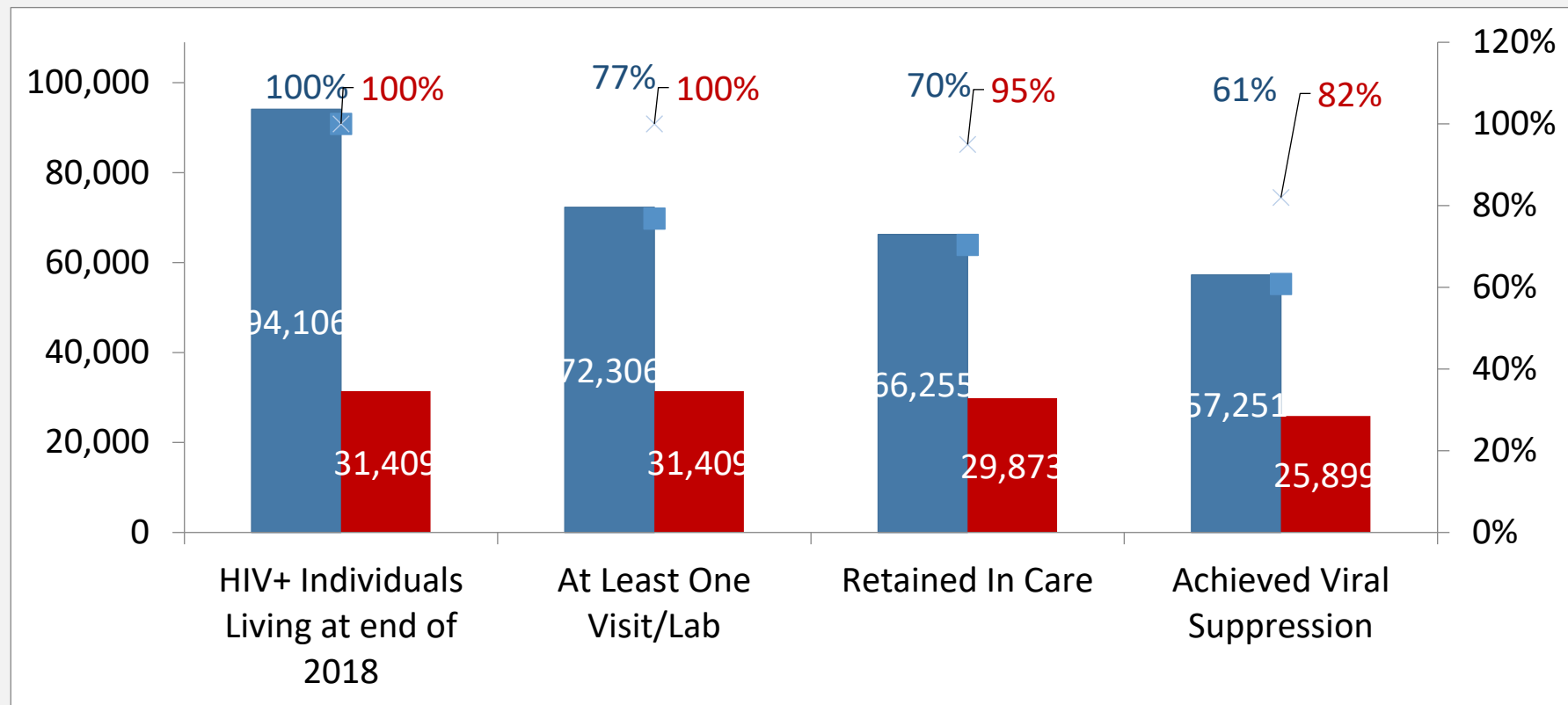
HIV Care Continuum

- First created by Ed Gardner in 2011 as a way to describe the daisy-chain processes and outcomes involved in HIV care and treatment
- Formalized by Irene Hall of the CDC in 2012
- Organized into national activities like the in+Care Campaign, Fast Track Cities, and AIDS Vu
- Has become our primary means of testing the effect of services or care activities on HIV health outcomes
- It is the preferred framework for HIV outcomes by HRSA-HAB

Care Continuum Significance

- Since 2015 HRSA has used the care continuum to demonstrate the efficacy and need for the RWHAP to continue
- Comparisons of RWHAP service care continua with care continua based on ALL people living with HIV highlights strengths of RWHAP
 - Also highlights discrepancy in quality outcomes between RWHAP (higher performance) and non-RWHAP (much lower performance)
 - HRSA has been able to determine that its funded system is very strong and it's the private healthcare system that is causing low national health outcomes or there are gaps between RWHAP and non-RWHAP systems that is attributable
- Ideally, we will be able to create a similar comparison for our region

2018 TX HIV Care Continuum (all vs RW)



Source: ELR, ARIES, Service Data



Texas Department of State Health Services

Healthcare Neighborhoods

- Definition: the group of service providers available to serve clients in various ways in a geographic area
 - Consideration: payers/funding delineation
 - Barrier: perspectives of client “ownership”
 - Utility: interagency planning and coordination of care of groups of patients
- Reflection: consider your OWN preferences in how/where you get your healthcare – implications for travel and waiting time balanced with other concerns and needs



Many ways to Evaluate Experience

- Comment Boxes
- Satisfaction surveys
- Focus Groups
- Town Hall / Listening Session
- Key Stakeholder Interviews (entrance/exit/other)
- Others

Comment Boxes

- A target for all the rotten tomatoes
 - Human nature predicts that 95% of submitted comments will be negative
- Comments are “red flags” to be tracked and followed up on, but are NOT necessarily things you need to run to address
- Allowing comment submitters to leave their names and contact info to learn of the final result is a GREAT way to build trust with the community you serve
- Its important to have written instructions and process to help your staff AND your clients set their expectations

Satisfaction Surveys

- The most common way to evaluate experience
- Continuous vs Periodic surveys (both have a role)
- Try to base your survey questions on validated questions
 - Variable interpretation lends itself to invalid survey results (test your questions!)
 - There IS a science to creating surveys and not just anyone is skilled in this
- **LESS IS MORE** (be judicious)

Focus Groups

- Best way to drill down on comment box and survey results
- Need to be structured in a specific way
 - Are we getting feedback from the key populations of focus? How can we ensure that various populations have the same low-barrier opportunity to share?
 - Needs to be carefully facilitated using a structured tool or set of framing questions
- Groups are best with 5-10 participants so everyone can participate and there are enough diverse opinions for participants can bounce off each other

Town Halls / Listening Sessions

- Very similar to a focus group, but in a much larger venue
- Guiding questions are an essential tool, as are other facilitation tools like parking lots, polling/audience feedback
- Championing of all voices and perspectives is important
- Critical to have a sense of what the outputs from these meetings will be and what will happen for next steps

Key Stakeholder Interviews

- Entrance interviews
 - For patients new to your services
- Exit interviews
 - For patients leaving your care (transferring, moving or otherwise)
- Change Management
 - For patients and staff to provide feedback on change ideas as they are implemented
- Staff interviews
 - Great to consider for new staff and exiting/departing staff
 - Can be added to as needed

Discussion



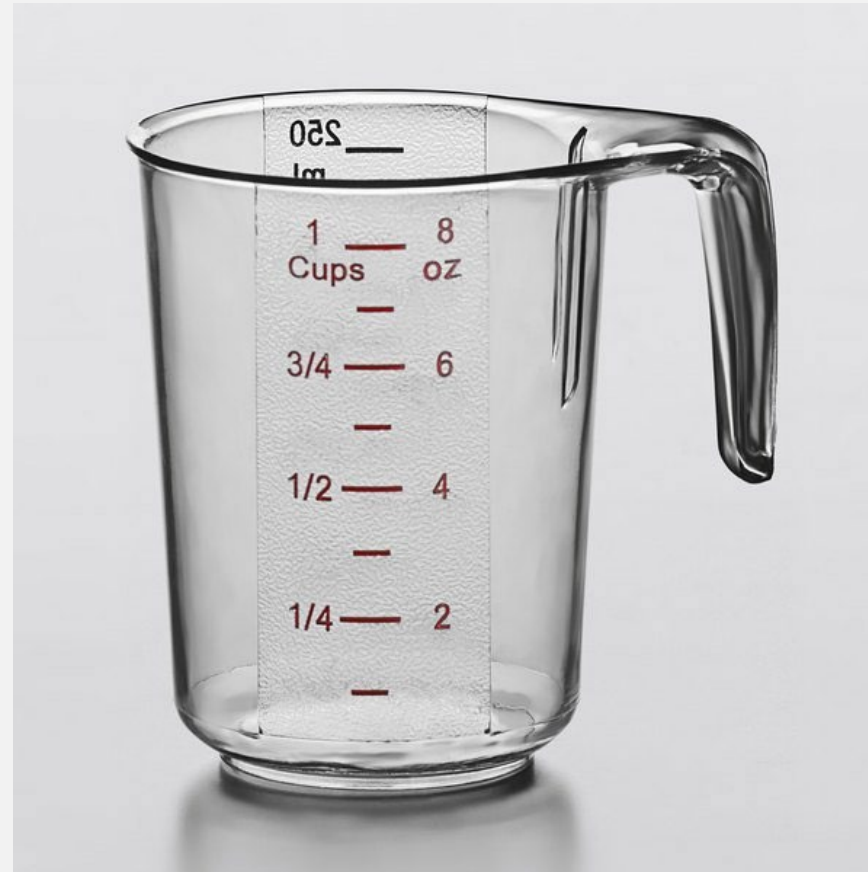
Copyright: Perry Babin



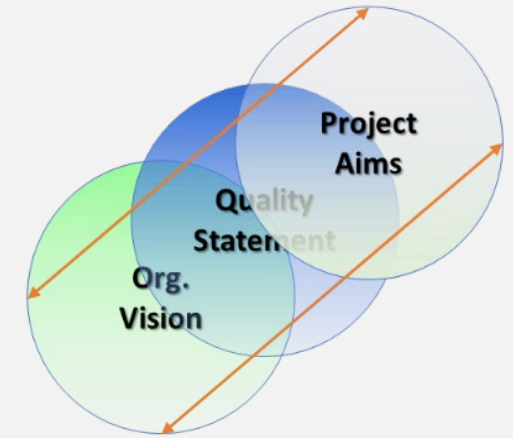
QI Methodology



Polling Questions



Quality Improvement Strategy



- Recipes for Success:
 - Robust stakeholder involvement on the QI project team
 - Communication of progress and sticking points beyond the QI project team
 - Strategic alignment of project aims with organizational vision and mission
- Common Challenges:
 - Remediation for low performance is QA **NOT** QI
 - Addressing monitoring site visit findings is COMPLIANCE **NOT** QI
 - Unable to resist the urge to constantly run around and put out the next fire
 - Never-ending projects and/or confusion on how to sustain gains

Methodological Approaches

- Operational Focus
 - Tied to excellence in strategic process (e.g., OA, Baldrige)
 - Tied to excellence in quality culture management (e.g., TIME)
- Performance Focus
 - Tied to end-point outcomes (e.g., MFI)
 - Tied to eliminating “waste” (e.g., Lean, Six- σ)

The Model For Improvement

- Three strategic questions followed by PDSA cycles
 - PDSA cycles can inform/modify strategic answers
- Questions PLUS PDSA cycles encapsulate the QI project lifecycle
 - Setting aims (discovery)
 - Setting measures (fleshed from discovery learnings)
 - Identifying change ideas (taking root causes into account)
 - Testing change ideas (implementation)



Other Methods

- You MAY pursue QI methods outside of the Model For Improvement, but the method you select must:
 - Be fully described in your CQM Plan
 - Have a performance focus so your organization's QI activities speak to the EMA/HSDA-wide QI activities and relevant reporting is available
 - Part of participation in the EMA/HSDA-wide project will be reporting qualitative and quantitative updates to the AA CQM team
- Mixed methods are ok, too, as long as they are described in your CQM plan
 - Other than MFI, Lean and Six- σ in addition to healthcare derivatives of these methods are the most common across our national RWHAP system

Methods vs Tools

- It is a common error to confuse methods and tools
 - Methods have a prescribed order of activities and fidelity to the process is needed
 - Tools can be used across methods and for multiple purposes
- The MFI is so much more than PDSA cycles!
 - PDSA cycles are a part of the QI project lifecycle – testing changes!
- Testing change is implicit to performance-focused QI methods
 - DMAIC cycles are similar to PDSA cycles
 - PDSA cycles are the same thing as PDCA cycles

QI Project Lifecycle

Discovery



Root Cause



Implement



Assess



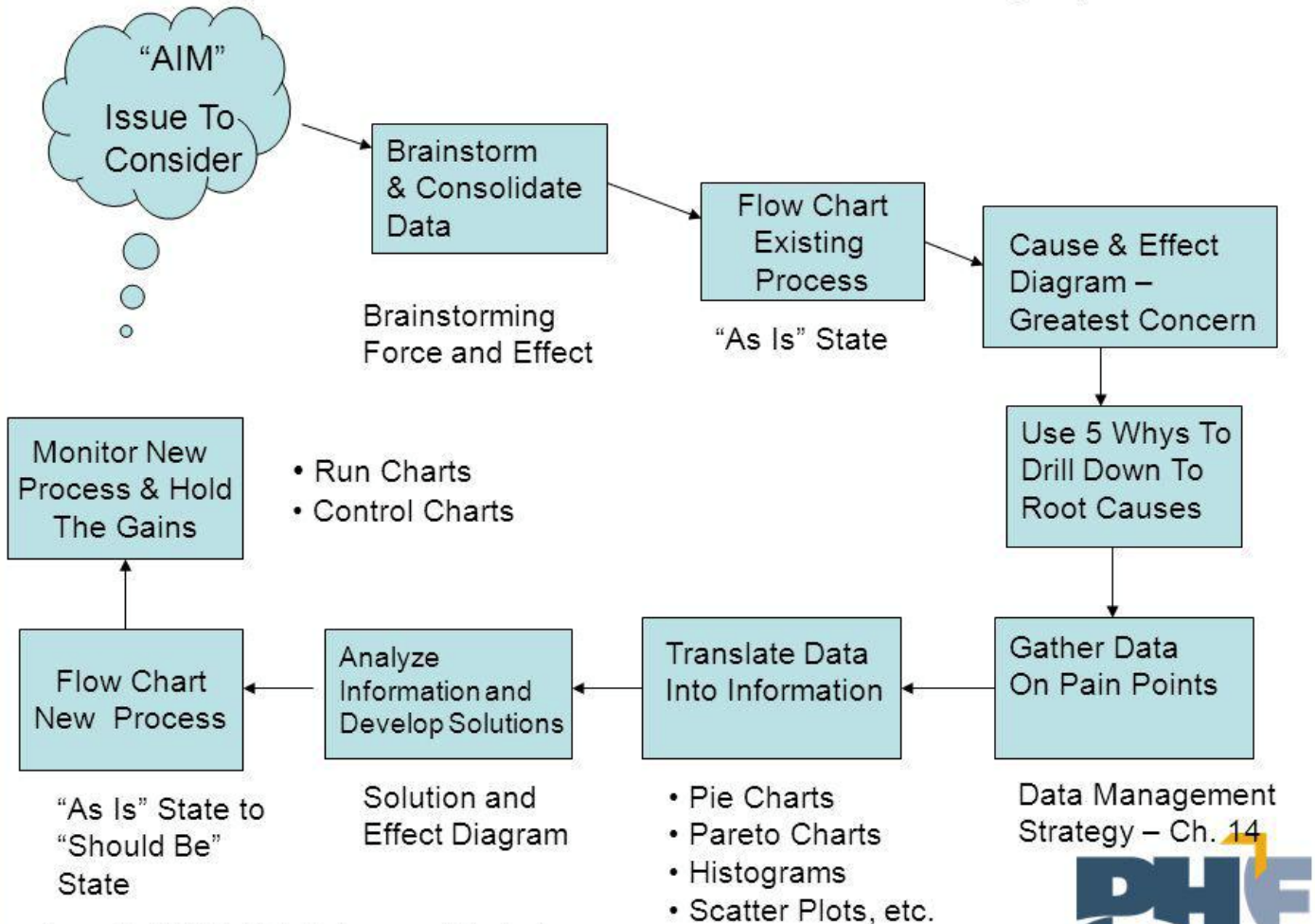
Diagnose



Intervene

QI Tools

General Approach On How To Use The Basic Tools Of Quality Improvement

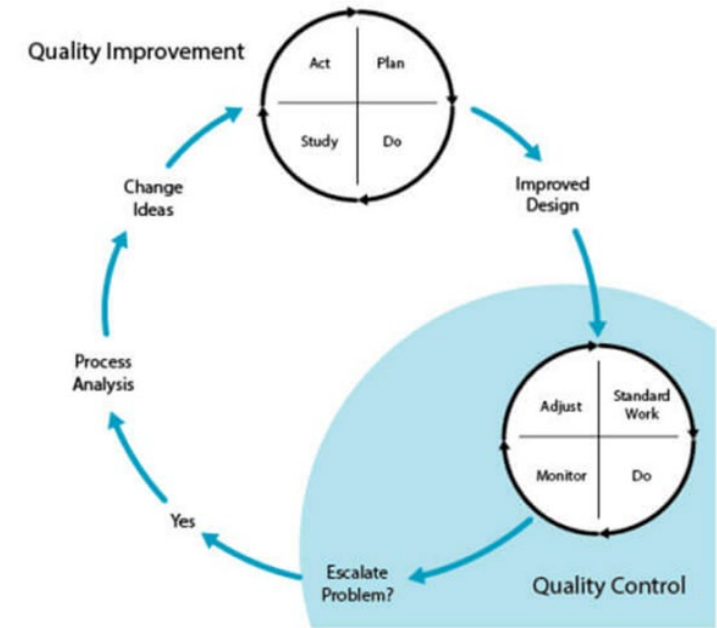


Source: The Public Health Quality Improvement Handbook,
R. Bialek, G. Duffy, J. Moran, Editors,
Quality Press, © 2009, p.160



Discovery Phase

- Standard Work
 - The work we do as a part of our job descriptions
 - Rooted in performance measurement
- QA activities like peer review or supervision may identify an opportunity for improvement
- Performance measures may also identify opportunities to improve
- Identification of disparities and other nuances is included in this step
- NOT ALL ISSUES are elevated to QI project level, sometimes small adjustments can be made without a formal QI activity



Root Causes and Drivers of Change

- Just because we identify a need doesn't mean we know everything about that need on its surface
- We need to dig deeper to get to the heart of a problem
- Root causes and drivers cannot be identified without the help of stakeholders
- Root causes lend themselves to drivers that can be tied to individual change ideas intended to address the root cause or facilitate the driver



Implementing Tests of Change

- Implementing change ideas through tests of change is not as easy as it sounds
 - We need to carefully PLAN our test of change and not just rush to DO the tests
 - We need to carefully document our progress (many standard formats available)
- Test 1 change at a time based on a prioritized list of change ideas
- Rule of 1 and then scaling up successful change ideas



Discussion



Achieving Together Roundup



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Pan West and West Texas



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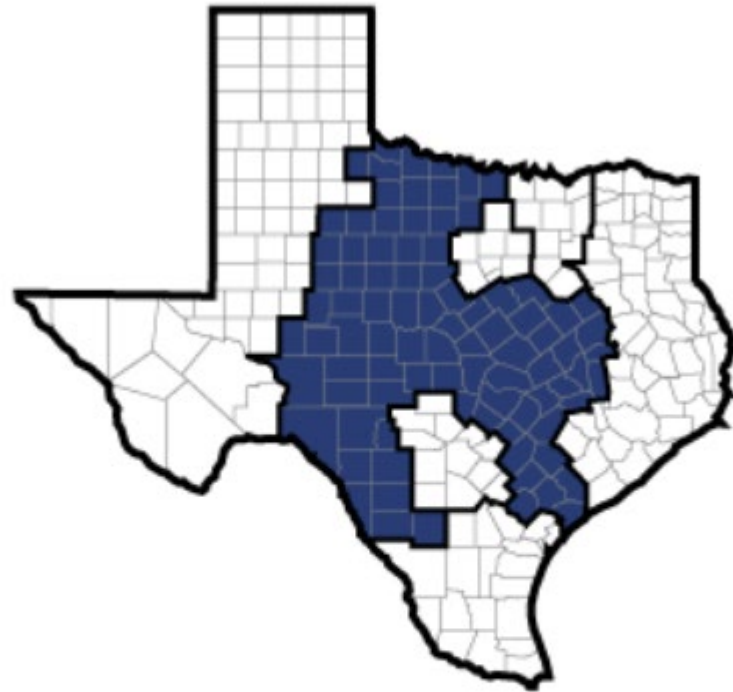


South Central Texas



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Central Texas



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North West Texas



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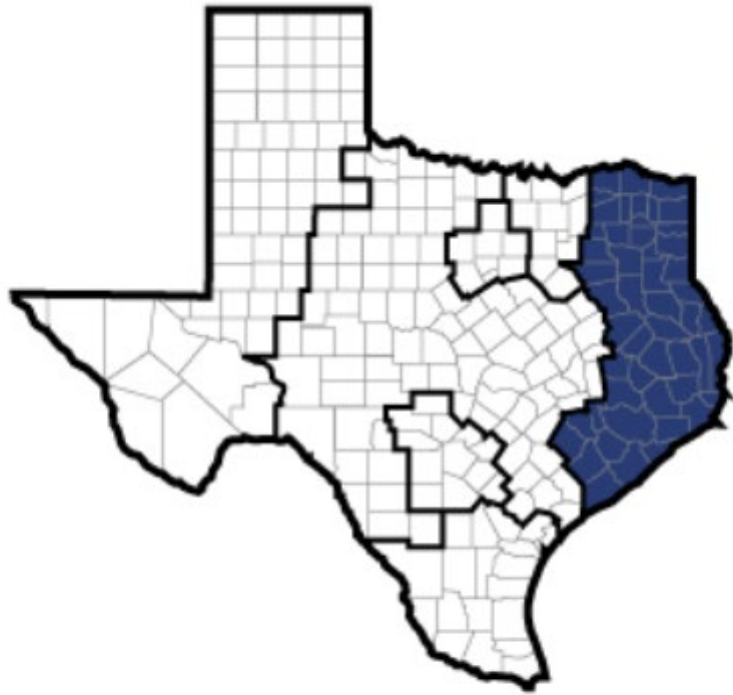


North East Texas



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East Texas



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South Texas (The Valley)

Question & Answer



CQM Resources

- [PCN 15-02](#)
- [PCN 15-02 FAQs](#)
- [HRSA-HAB Center for Quality Improvement and Innovation](#)
- [HRSA-HAB Target Center](#)
- [NQC Quality Academy](#)
- [NASTAD](#)
- [National Quality Forum](#)
- [Institute for Healthcare Improvement](#)
- [American Society for Quality](#)
- Texas DSHS CQM Staff!
- **Hager Health, LLC!**

Webinars in Virtual Training Series

Title	Date
Regional CQM Capacity Building and Evaluation	2/22 9am CT



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