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Health and Human
Services

**Texas Department of State
Health Services**

Advising on Provider CQM Performance Measurement

Virtual CQM Training Series

September 16, 2021

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Zoom Helpful Hints



- Press esc to exit full screen
- Hover over the top right to change view options
- Place yourselves on **mute** until you're ready to chime in
- We highly encourage use of your **webcams, if possible**
- Use the chat room to interact with your colleagues and our team
- This meeting is being recorded and available for sharing along with the toolkit for this meeting



Enter your name, your AA,
and your favorite place to
daytrip in the chat room



Name Tagging



1. Once you join the session, our team will be renaming you by adding your AA name.
2. This allows us to facilitate assigning you to the appropriate breakout sessions based on AA types.
3. If you would like to add additional information (i.e. pronouns – which we encourage) please do not erase your AA Name
4. If you get disconnected and rejoin without your AA Name, our team will add it back for you.

Learning Objectives

- Name the activities associated with CQM performance measurement you will advise funded HIV provider organizations to complete.
- List tools used to identify how many CQM performance measures are required for your funded HIV service provider organizations to report on.
- Identify the common threads between CQM performance measurement stipulated in PCN 15-02 and measurement principles from Achieving Together.
- Explain how to transcribe statewide and regional measurement priorities into your funded HIV service provider organizations' CQM processes.
- Describe appropriate approaches for CQM performance measurement among your funded HIV service provider organizations to include non-clinical services by:
 - Applying learning from the spring regarding use of quantitative vs qualitative performance measurement approaches; and
 - Applying learning regarding use of community-based and stakeholder-driven processes to identify appropriate performance measures for your region.



Toolkit Items

- Presentation Slides
- Subrecipient OA
- DSHS CQM Performance Measures
- Quality Progress articles:
 - Reliability Disasters
 - Driving Performance
 - Unleash the Power
 - Combat Plan
 - If You Have It, Use It
 - The Cornerstone of 4.0
 - Think of the Statistical Possibilities
 - Thou Shall Confirm
 - Are You Confident
 - Ignore the Numbers



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Subrecipients and Performance Measurement

Understanding the purpose of CQM measurement



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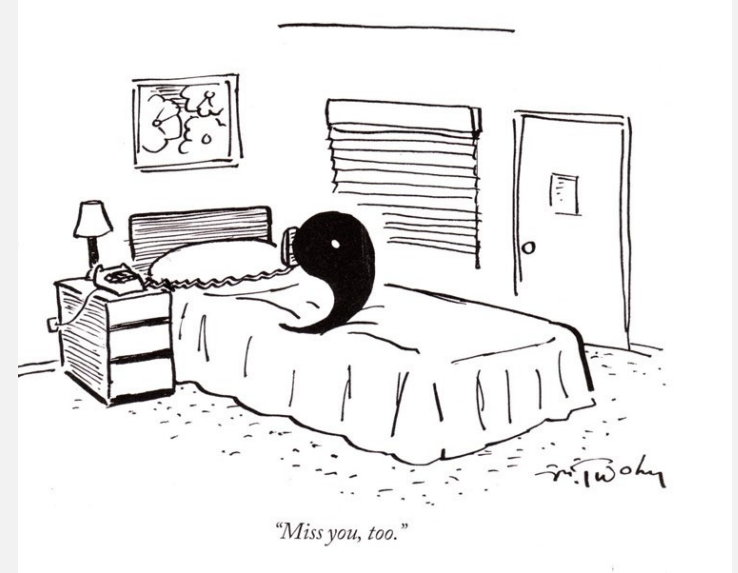
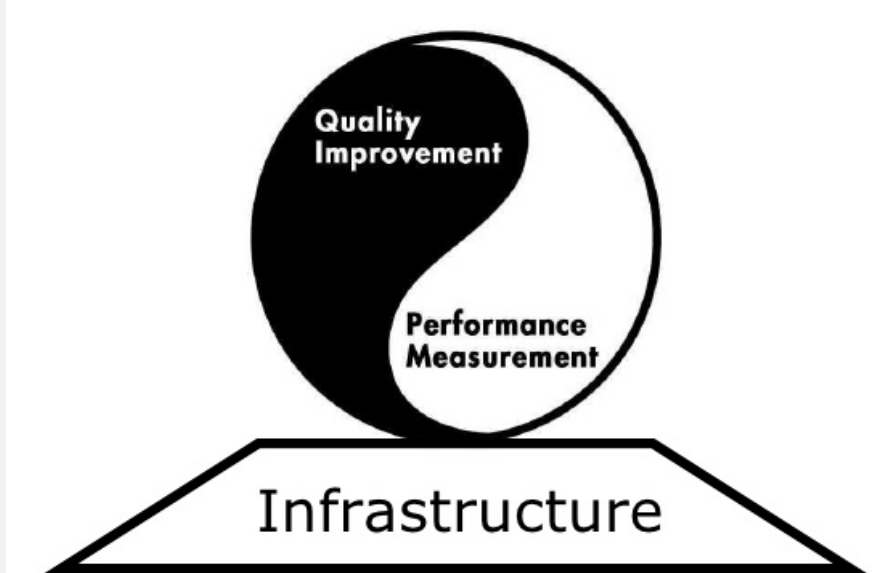
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Polling Questions



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Ball and Pedestal Model



Performance Measurement

Recipients select measures and guide sub-recipients in prioritizing and collecting data. Data is used to drive QI activities.
THIS IS NOT M&E!

Recipients

- Measures should be selected that best assess the services the recipient is funding.
- Recipients are strongly encouraged to include HRSA HIV/AIDS Bureau core measures.

Sub-recipients

- Report on selected measures
- Collect measures of interest to them

<http://hab.hrsa.gov/deliverhivaidscore/habperformmeasures.html>

The screenshot shows the HRSA HIV/AIDS Programs website. The main heading is "HAB HIV Performance Measures". Below the heading, it states "HIV/AIDS Bureau's Revised Performance Measure Portfolio". The text describes two webinars held in June 2013 and November 2013 to present and gather feedback on the proposed performance measure portfolio. A list of bullet points follows, detailing the goals of the measures: identifying core performance measures, combining measures for all ages, aligning with U.S. Department of Health and Human Services priorities, and promoting relevant performance measures from other federal programs.

- Identifying core performance measures that are most critical to the care and treatment of people living with HIV;
- Combining measures to address people of all ages living with HIV;
- Aligning measures with U.S. Department of Health and Human Services priorities, guidelines, and initiatives;
- Promoting relevant performance measures used in other federal programs; and



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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.



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How Many Required Measures?

- 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.**



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%	
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							

Pending Full Data Sets

Optional Measures

- Subrecipient provider organizations are encouraged to collect and monitor additional performance measures
 - Based on the services provided
 - Based on the culture/perspective of the service organization
 - Should be kept alongside required measures
 - Should still be rooted in an evidence-base
- Opportunities for innovation
 - Care continuum based
 - Interdisciplinary
 - Stakeholders involved in co-design

AA Tools, Approaches, and Methods

- Part B-Only
 - DSHS provides the required measures to you
 - Measures are calculated using ARIES / HRAR
 - Strive to understand additional measures in place across HIV service provider organizations
 - Cross-learning opportunities
- Part A in the mix
 - Use ARIES/HRAR to identify the services that meet thresholds for measures
 - Identify relevant OUTCOME measures with stakeholder input/participation
 - Create a mechanism for reporting and a system to track and provide feedback

Making Performance Relevant

- What role(s) do(es) the organization play in your regional service system?
- How does the organization work with other funded and non-funded entities in the region to generate the safety net?
- How are staff and patients involved in creating the measures
- Are there adaptations to the HIV care continuum for given services?
 - BH care continuum
 - Housing care continuum
 - Prevention services care continuum
 - Combined care conintua

Discussion



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Supportive Services, too!

How to make it work for subrecipients of all shapes, sizes, and service compendia



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Achieving Together and SDOH

- The Needs Assessment for your region should be rooted in key elements from Achieving Together
- Use the Achieving Together framework in strategic conversation
 - Ask agencies to see themselves in the framework
 - How do they know when they have done a good job – what are their measures of utilization – what are their measures of success?
- Identify qualitative measures to use as a system (HSDA-wide patient experience evaluation and staff experience evaluation)
- Carryover measures included in your regional EHE plans

Stakeholders Matter

- If you don't have a Part A core, it is unlikely you will need to create your own regional system-level measures
 - The exception being for regional system experience evaluations
- If you have a Part A core, it is important you include stakeholders of different types in your measurement development discussions
 - Provider inputs
 - Consumer and antecedent community inputs
- You should advise agencies to leverage their stakeholders in creating their own measures beyond what is required by funding

Quantitative and Qualitative

- Supportive services don't have proximity to the HIV care continuum
 - You can work to create a parallel continuum based on the service in question
 - You can create a combined continuum blending the new service continuum with the HIV care continuum
- Alternatively, generate qualitative measures
 - Patient Reported Outcome Measures (PROMS) are of great interest to the National Quality Forum and other measurement leaders
 - Existing quantitative measures are off-focus, because they point to process instead of outcome and/or measure something that isn't fully related to the service being delivered

Discussion



CQM Performance Measurement the OA, and Achieving Together

How to blend efforts and avoid duplication



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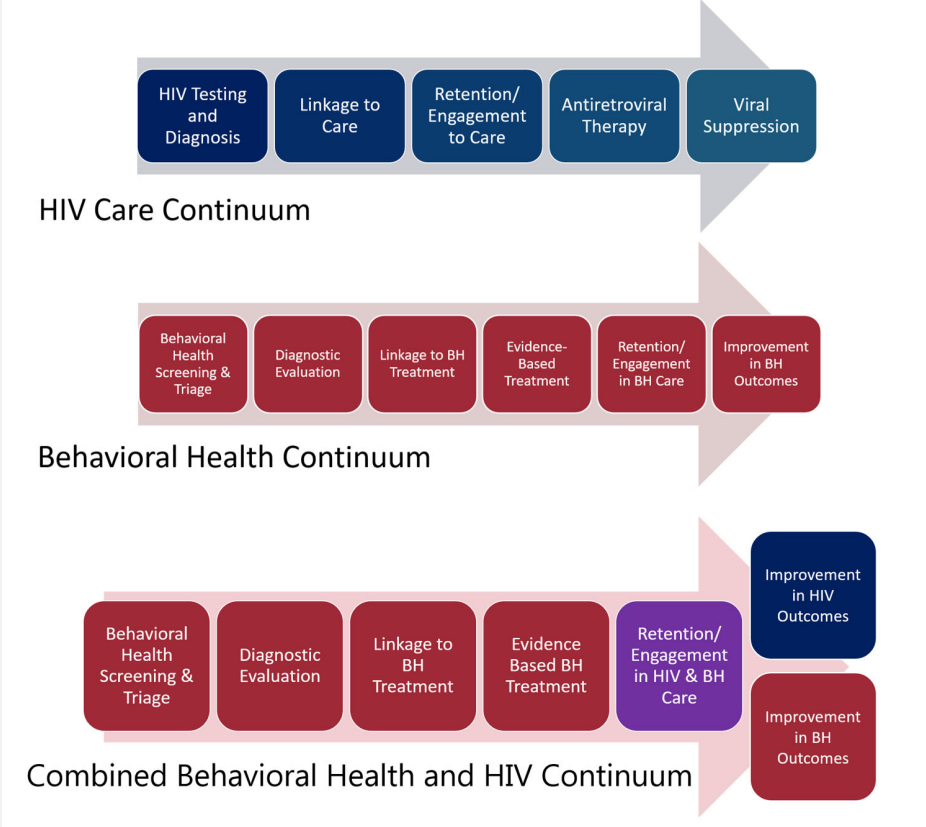
Achieving Together and the OA

- Meaningful stakeholder engagement in system co-design (planning/eval)
- Networks provide substantial support/resources to providers
- Documented processes
- Collaborative efforts
- Workforce Engagement
- CQM Performance Measurement
- Quality Improvement
- Consumer Involvement
- Achievement of Outcomes
- HIV Care Continuum
- Care Integration



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Care Continua of All Shapes and Sizes



Tailoring Language for Intent

- The OA was last updated in 2017 before the EHE framework was developed
 - Still overly focused on HIV clinical care to the detriment of other key aspects of the safety net we've created
- DSHS has revised the OA used for you all!
- You should revise the OA you use for funded providers!
 - Pay close attention to G, H, and I to ensure that language is calibrated to the organization you are assessing



Integrated QM Example

I.1. To what extent does the HIV program incorporate services beyond the main services provided by the organization, and involve their staff, in its CQM program process and QI activities to improve patient outcomes along the care continuum?

Getting Started	0	<p><u>Organization:</u> <input checked="" type="checkbox"/> Program has no history of involving supportive service programs in CQM efforts.</p>
Planning & Initiation	1	<p><u>Organization:</u> <input type="checkbox"/> Secondary internal services (and/or externally provided services) conduct QI activities and have their own closed CQM committee but these are separate from the HIV clinical CQM program. <input type="checkbox"/> HIV QM plan does not reference secondary internal services or externally provided service activities. <input type="checkbox"/> HIV CQM committee meetings occur without representation from secondary internal services or externally provided service activities.</p>
Beginning Implementation	2	<p><u>Organization:</u> <input type="checkbox"/> Secondary internal services or externally provided service QI efforts are often separate, but they are reported to QM program at the HIV program's CQM committee as evidenced in meeting minutes. <input type="checkbox"/> Has a communication structure in place to inform service providers internally and externally of relevant QI activities affecting their common clients. This may include dissemination of meeting minutes to such staff through newsletters, email blasts, or meeting discussions documented in meeting minutes. <input type="checkbox"/> Secondary internal services or externally provided service staff participate in the HIV Program's CQM committee but in a limited manner (e.g., supportive service supervisors report on projects in supportive services, comment on clinical QI projects). However, they do not participate in integrated QI projects with both supportive services and clinical services working on the same QI team with the same QI goals.</p>

Care Continuum Example

H.1. To what extent does the HIV program routinely generate and use facility level care continuum to drive improvement and address gaps in care?

Getting Started	0	<input checked="" type="checkbox"/> Facility does not report required rates of relevant care markers in the form of a care cascade for any of the services it is funded to provide.
Planning & Initiation	1	<p>Facility:</p> <input type="checkbox"/> Reports rates of key care markers along a care continuum for funded services (e.g., OAHS, MCM, nMCM, APA = linkage and retention in HIV medical care and viral suppression. MH, SU = linkage and retention in behavioral health services and other relevant outcomes, etc.).
Beginning Implementation	2	<p>Facility:</p> <input type="checkbox"/> Can annually construct a continuum that reports rates care markers along a care continuum for funded services (e.g., OAHS, MCM, nMCM, APA = linkage and retention in HIV medical care, ARV prescription, and viral suppression. MH, SU = linkage and retention in behavioral health services and other relevant outcomes, etc.).
Implementation	3	<p>Facility:</p> <input type="checkbox"/> Can conduct an analysis, based on its facility level care continuum, to understand why patients do not meet expected outcomes and develop an intervention plan based on its analysis. <input type="checkbox"/> Facility leaders, CQM committee members, including providers and consumers, and facility staff use facility level care continuum to develop and implement a quality improvement plan. <input type="checkbox"/> Implements quality improvement plan, tracks the impact of interventions on facility level care continuum rates, and responds to the results of QI projects. <input type="checkbox"/> Works with external service providers, including health homes, in process analysis and improvement plans to address gaps in their annual care continuum. <input type="checkbox"/> Makes its care continuum visible to its internal <u>stakeholders</u> , and discusses it with its community advisory board.

Discussion



Taking a Deeper Dive

Let's breakout!



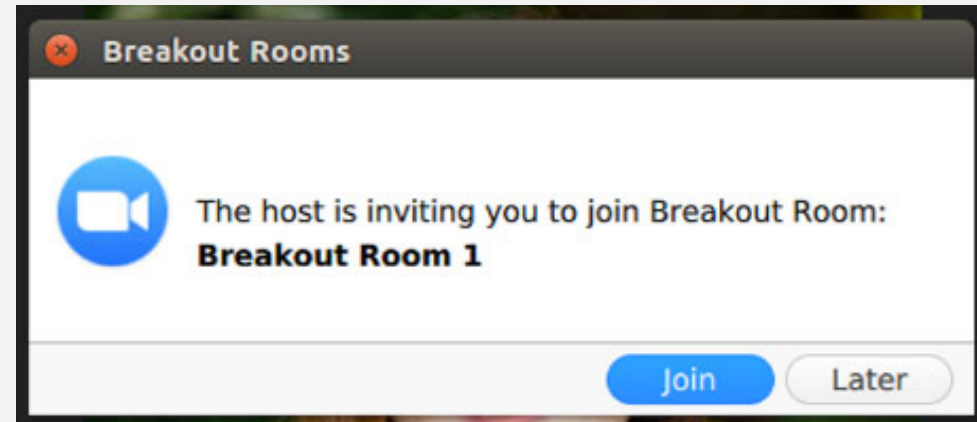
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Zoom Breakout Room Process

- All participants have been tagged according to their group.
- Each participant will receive an invitation to join a breakout room.
- Accept the invitation and you will be moved to the breakout room.
- When time is up, you will be notified and asked to rejoin the main room.

BO1	BO2
Dallas	BVCOG
Tarrant	Star
TRG	STDC
UH	



Performance Measurement Example

C.1. To what extent does the HIV program routinely measure performance and use data for improvement?		
Getting Started	0	<input type="checkbox"/> Performance measures have not been identified.
Planning and initiation	1	<p>Performance measures:</p> <input type="checkbox"/> Have been identified to evaluate some components of the program, but do not cover all significant aspects of service delivery. <input type="checkbox"/> Are defined and used by personnel at some but not all units or sites. <p>Performance data:</p> <input type="checkbox"/> Collection is planned pending initiation.
Beginning Implementation	2	<p>Performance measures:</p> <input checked="" type="checkbox"/> Are externally defined and used by personnel at all applicable sites. <p>Performance data:</p> <input checked="" type="checkbox"/> Validation, analysis, and interpretation of results on measures are in early stages of development and use. <input checked="" type="checkbox"/> Results are occasionally shared with staff and patients.
Implementation	3	<p>Performance measures:</p> <input checked="" type="checkbox"/> Are externally defined or required (e.g., HAB, HIVQUAL), with the intent to meet external regulatory requirements and the needs of stakeholders, including patients. <input checked="" type="checkbox"/> Are developed so that each RWHAP funded service category has at least one performance measure. <input checked="" type="checkbox"/> For each highly utilized and highly prioritized RWHAP-funded service category, recipients have identified two performance measures and collect the corresponding data. <input checked="" type="checkbox"/> Are defined and consistently used by personnel at all applicable sites. <p>Performance data:</p> <input checked="" type="checkbox"/> Are collected by staff with working knowledge of indicator definitions and their application. <input checked="" type="checkbox"/> Are collected quarterly at a minimum. <input type="checkbox"/> Validation, analysis, and interpretation of results on measures are sometimes conducted. <input checked="" type="checkbox"/> Are tracked, analyzed and reviewed with the frequency required to identify areas in need of improvement. A structured review process is used regularly by the leadership to identify and prioritize improvement needs and initiate action plans to ensure that goals are achieved. <input type="checkbox"/> Results and associated measures are routinely shared with staff and their input is elicited to make improvements.

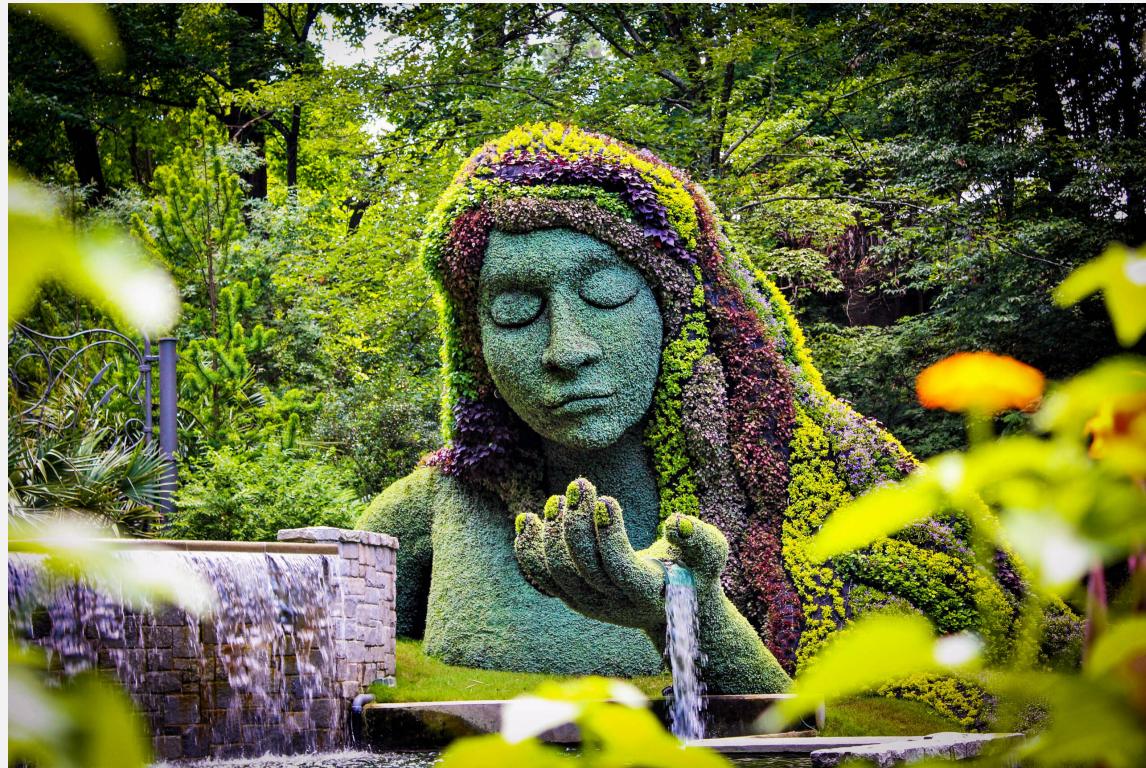
Outcomes Example

G.1. To what extent does the HIV program monitor patient outcomes and utilize data to improve patient care?		
Getting Started	0	<input type="checkbox"/> No clinical performance results are routinely reviewed or used to guide improvement activities.
Planning & Initiation	1	<u>Data:</u> <input type="checkbox"/> Some measures are routinely reviewed and used to guide improvement activities. <input type="checkbox"/> Trends for at least one measures is reported to determine if improvement occurs over time.
Beginning Implementation	2	<u>Data:</u> <input checked="" type="checkbox"/> Results for most measures are routinely reviewed and used to guide improvement activities. <input checked="" type="checkbox"/> Trends for some measures are reported.
Implementation	3	<u>Data:</u> <input type="checkbox"/> Results for all measures are routinely reviewed and used to guide improvement activities, including the HIV care continuum or other care continuum information. <input type="checkbox"/> Trends for most measures are reported and some show improving trends over time. <input type="checkbox"/> Results are compared to a larger aggregate data set for at least 2 relevant outcome measures. <input type="checkbox"/> Comparison to larger aggregate data set is used to set programmatic targets.

Debrief and Aha! Moments



Overall Session Question & Answer



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Webinars in Virtual Training Series

Session Title	Session Date	Duration
Advising on Provider Quality Improvement Projects	11/18/2021	90m

BE PREPARED!

- Past QI Projects conducted in your region
- Current QI Projects conducted in your region
- Show-and-tell of Forms/Formats used to lead QI Projects in your region

Additional 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 and Syndicate Staff!
- Texas AETC Local Performance Site – RAPID START Institute!
- **Hager Health, LLC!**



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