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Health and Human Services

Texas Department of State Health Services

Advising on Provider Quality Improvement Activities

Virtual CQM Training Series

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Michael Hager, MA, MPH

Jasmine Black, MPH

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 <u>favorite place to daytrip</u> in the chat room

Learning Objectives

➤ Name the activities associated with QI Projects you take as an AA to prepare for a regional QI Project.

➤ List tools used as an AA to manage a regional QI project.

➤ Explain how and when to include stakeholders in your regional QI project lifecycle.

➤ Explain how to support provider organizations using recent organizational assessment information.

➤ Describe appropriate approaches for regional QI project development to include non-clinical services by applying learning from past sessions.

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Toolkit Items

- Presentation Slides
- Achieving Together & Dallas QIP Framework
- Sample QIP Report Form, PDSA Worksheet, QIP tracking forms for the AA-level
- Sample submissions and data results tracking worksheet
- Texas Create+Equity Network QIP examples

- Quality Progress articles:
  - Building a better hybrid
  - Be more like a giraffe
  - Fear of the unknown
  - Going deep
  - Less can be more

Congratulations Reachelian and TRG!

Reachelian Ellison

We are very excited and proud to share that **Reachelian Ellison with The Resource Group (TRG) from Houston** received an award from CQII for her/their great work around consumer engagement in quality improvement.

What it takes to establish a network QI Project

The nuts and bolts of network leadership and QIPs

Polling Questions

Framing Out Regional QIP Activities

AA-Level Framing

- Standard process for regional QIP lifecycle

- Standard data collection tools and processes

- Standard share-back tools and processes

- Curriculum-based coaching to regional providers

HIV Provider-Level Framing

- Standard process to identify organizational aim, root causes, and change ideas

- Standard process to report organizational data, including change idea results

Administrative Agency Front-Loading

- Administrative Agencies are captains of the regional QI ship!
  - Establishing its own internal process with TA tools or coaching guides.
  - Creating the process for providers to meaningfully participate.
  - Involving key stakeholder perspectives in the design of both!
    - Get their buy-in and get ahead of issues that cripple regional QI projects.
- An established process with standard tools are needed!
  - Established process allows for evaluation later.
  - Allows for standard coaching/TA at multiple levels (boxed content).
    - What does it mean to participate in a regional QIP? (same year-to-year).
    - What does it mean to participate in THIS regional QIP? (changes each year).

Standard QI Process

- Per PCN1502, administrative agencies are charged with creating substantial support and resources for funded provider agencies related to both CQM and QI.
  - How do agencies align their projects with the regional project?
  - How do agencies report their focus?
  - How do agencies inform the AA of the measures they are tracking?
  - How do agencies report the results of their change ideas?
- Good QI process involves peer-learning and exchange
  - Is there a webinar or other TA curriculum for the project?
  - How has the AA ensured a role for all subrecipients?

Recommended Supports

- Draft a regional charter for the QI project
  - Include the rationale for the project including the AA discovery data
  - Include the timelines for the project and the intended outcomes
- Create a system for reporting and sharing back (report forms and data collection templates)
- Create frameworks to show how everyone is working together
  - Ideally link your regional QI project to Achieving Together
  - Use social determinants of health or other supporting frameworks
  - Use these to drive the TA curriculum
- Leverage the Organizational Assessment at both levels to target TA
- Clear contract language related to QI activities at the provider level

Dallas Examples

- Dallas QIP Report Form, PDSA Worksheet, and QIP Guide
  - Adapted from partners in Indiana and Missouri
- QIP submission tracker
- Return to Care Charter
- Return to Care and Achieving Together framework
- Return to Care and social determinants of health framework
- Return to Care Provider Curriculum (webinars and toolkits)

Discussion

Polling Questions

We are all Texans!

- In Texas, the Administrative Agencies act on behalf of DSHS at the regional level.
  - All administrative agencies should take the sate's lead on QIPs. Currently that means we all should focus on Achieving Together.
- The syndicate is an opportunity for regional stakeholders to provide input and feedback to the state regarding state work objectives.
- Periodic statewide CQM update meetings are an opportunity for administrative agencies to update each other on regional activities.
- We should support each other by sharing resources, results, templates, and more!

Planning for ALL Providers to Join

- Achieving Together streamlines our thinking based on its framework.
  - Social determinants of health.
  - Healthcare neighborhoods / systems of care.
- Encourage status-neutral thinking when discussing possibilities with your regional CQM committee and consumer groups.
- Use a "meatball chart" to visualize service mix in the region.
- Use a geographic mapping of where services are provided in region.
- When facing recalcitrant agencies, remember to point out how the regional QIP supports their organizational vision and mission

Discovery and Front-Loading

- The answer to a question may change based on HOW or WHEN a question is asked. The answer will likely change depending on WHOM you ask!
  - Part of AA planning for regional QI projects should be to keep a wide-perspective on participation of ALL funded providers.
  - Create the mechanisms that allow for all to easily participate.
  - Place your focuses on information compelling to folks from different professional backgrounds.
- Use your excellent and thorough planning as the opportunity to ensure there are ZERO opportunities for providers to shirk the QIP.
- Reference contract expectations as the ground floor to participation.

CQM Committees and QIP Design

- Just like you all advise DSHS through the Syndicate, your CQM committees should be advising you on your regional QIP design.

- Give various stakeholder groups the floor when discussing discovery data to ensure a full range of perspectives are available.

- The CQM committee is a place to gain the buy-in of early adopters and dissolve resistance from recalcitrant – peer pressure works!

- Just follow the Part B OA adapted by DSHS for inspiration!

Keep Your Eye on the PRIZE!

- If you have rarely conducted regional projects or have struggled finding a role for all funded providers to participate, be practical.
  - YES you will need structure!
  - NO you will NOT need 100% fidelity to that structure.
- If you have a great deal of experience with regional projects, how have you continued to add sophistication to your QIPs over time?
  - Disparities analysis?
  - Status- or payer-neutral approaches rooted in EHE?
- If you suffer political windshear in your region, start with an ARMI analysis to use an initial pathfinder (saves time/energy down the line)

Discussion

Coaching Your Providers

Provide critical supports and resources for the providers to participate

Polling Questions

Process is Just the Beginning

- Once you have a standard process, you must enforce it!
    - Are agencies participating as expected and on the established timeline?
    - What opportunities do you have to poke and prod progress?
- How do you make sure you have realistic/practical expectations?
    - Some groups are bound to be caught unprepared to talk about data.
    - Some groups are allergic to writing things down at first.
- The most important thing is that SOMETHING happens, especially at first! Be mindful of having different rules of play for higher performers versus laggard groups.

Keep Track of Everything

- To avoid having double standards based on baseline organizational ability, focus on keeping track of what's expected at the minimum
  - What is the timeline expected to conduct the QIP? Are there expectations for the timing of discovery vs root causes vs testing of changes?
  - At first, focus on attendance at trainings and other activities, submission of minimally required data, submission of minimally required tests of change
  - Only require 1 full test of change cycle at first, but in time your subrecipients will understand multiple tests of change are required.
- Tracking documents are your best friend
  - Overall steering of the project
  - Basis of providing feedback to providers to show relative sophistication

The OA is a Coach's North Star

Provider-Level OA

- Acknowledge provider orgs are at different places – work with them to enhance what they do based on where they are at

- It's helpful BEFORE launching the QIP to double-check with providers on what they plan to do enhance their QIP activities

- Be there to cheer them on!

AA-Level OA

- Focus on what your AA has available in terms of supportive resources / activities

- Leverage the most recent OA to identify small changes to your regional QIP process based on scores

- Highlight for providers that your QIP process is evidence-based

Discussion

Administrative Agency Share & Compare

Let's keep it together as opposed to breaking out this time

# Texas DSHS Quality Improvement Project Overview

- **21-22: CQII create+equity Collaborative**

- **Project Timeline:** March 2021 – July 2022

- **Problem Statement:** People living with HIV ages 25-39 who receive OAHS funded by Ryan White Part B and State Services (SS) achieve viral suppression at a 3% lower rate than the overall population of PLWH receiving OAHS funded by Ryan White Part B and SS based on data analysis of the recent 12-month period ending on January 31, 2021

- **AIM Statement:** 80% of PLWH ages 25-39 receiving OAHS services will achieve viral suppression by June 30, 2022. A 3% increase from baseline of 77%

- **Intervention:** Quality improvement capacity building focused on drivers to reaching HIV viral suppression that align with our EhE goals of Achieving Together (SYSTEMS OF CARE)

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CQM & Achieving Together

- Aligning our Work

- Quality Improvement Capacity Building
  - Platforms to Reach Community
  - AETC Trainings
  - FUNdamentals Sessions
  - CQM Leadership Trainings
  - CQM Website
  - Collaboration with Stakeholders
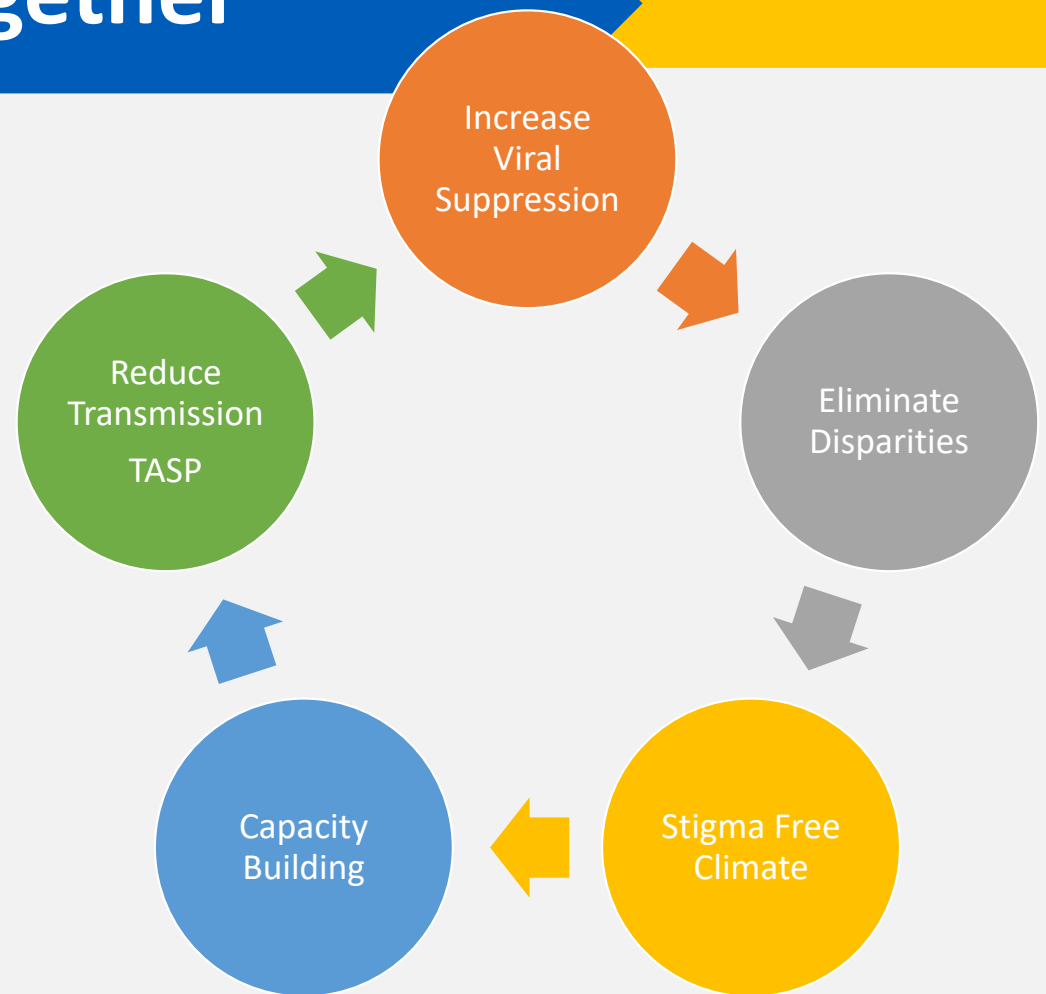
Tools & Resources

CQII create+equity toolkit
Fishbone & Driver Diagrams
ARIES HAB/QM Data Report
CQII Ages Monthly Affinity Sessions
Achieving Together Website
DSHS CQM Website
Documentation Templates

ACTIVITIES

| |
|---|
| Built and Recruited Our Texas DSHS Team Roles Based on Specific SME's Intentionally |
| Developed Consumer Recruitment Plan |
| Holding CQM and FUNdamentals Trainings Based on Driver Diagram and Fishbone Analysis |
| Increase Collaboration with AETC for Rapid Start Institute Part I in June 2021 and Part II Planned for January 2022 |
| Attend and Participate in Affinity Sessions and Monthly Team Meetings |
| Roll with the Changes, Adjust As Needed |

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Data Analysis, Reporting & Actions

- Every Other Month: In Mar Reporting Jan etc.. For Data Lags

- ARIES HAB/QM
  - ✓ Apply Appropriate Filters
  - ✓ Run Report
  - ✓ Track Overtime – Run Charts
  - ✓ Analyze by HSDA & Statewide
  - ✓ Focus Trainings to HSDA's with Lowest VS Rates
  - ✓ Perform Local CQM Assessments
  - ✓ Provide Local CQM Technical Assistance Indicated by Data and Assessment Findings

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RW-B VS RATES AGES 25-39
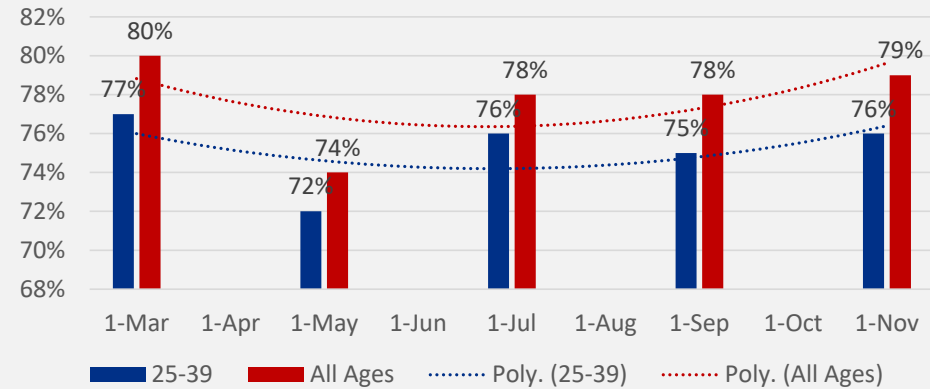
M/Y	N/D	Result	What/Why
3/21	Ages: 3457/4489 All: 8387/10484	77% 80%	Baseline
5/21	Ages: 3273/4546 All: 7952/10746	72% 74%	N-184/D+59 N-435/D+262
7/21	Ages: 3580/4711 All: 9842/12618	76% 78%	N+123/D+222 N+1455/D+2134
9/21	Ages: 3958/5277 All: 9731/12476	75% 78%	N+501/D+788 N+1344/D+1992
11/21	Ages: 4043/5333 All: 9910/12658	76% 79%	N+586/D+844 N+1523/D+2174

Consistently seeing increases in new/return to care patients each reporting period who generally need a few months to achieve suppression (what happened in March/reported in May?)

Now How About You?!

Tarrant County Shareout

- 2021-2022 QI project (most recent and only In the last 3 years
  - By June 2022, the TC AA will increase viral suppression rates of Black Women and Trans Women aged 18-39 by 15% from the current baseline of 68.42%,
  - The TC AA will increase the percentage of Black/Latino MSM retained in HIV care for the year of 2021 by 5%.
- The project topic selected by the CQM Committee, CQII Committee, HIT HIV CAB, and CQII Community Input Sessions
- How did you track project progress?
  - LifeQi
  - Updates in the 1:1 monthly meetings with Subrecipients
  - Individual TA Sessions
  - Updates to intervention implementation plans
- Our providers or community have a change to cross-share through community and subrecipient meetings
- Dissemination and spread activities include:
  - Presenting on our CQII Create+Equity Project to other participants
  - The TC AA is also developing a Subrecipient score card
  - Based on feedback from the CAB- a need was identified for better health education materials. The TC AA CAB HIT HIV developed three road maps and a local resource guide.
    - 8 Steps to your First Appointment
    - 10 Steps to Undetectable
    - Completely U, Living and Thriving Positively
    - Thriving Guide-A local resource guide

Discussion

Webinars in Virtual Training Series

- Visit the DSHS website for links to the entire series
  - 2020 series on CQM basics for Texas administrative agencies
  - 2021 series on administrative agency leadership in CQM as it relates to funded service provider organization activities

Texas DSHS HIV/STD Program - Ryan White Program Specific Clinical Quality Management Resources and Tools

Overall Session Question & Answer
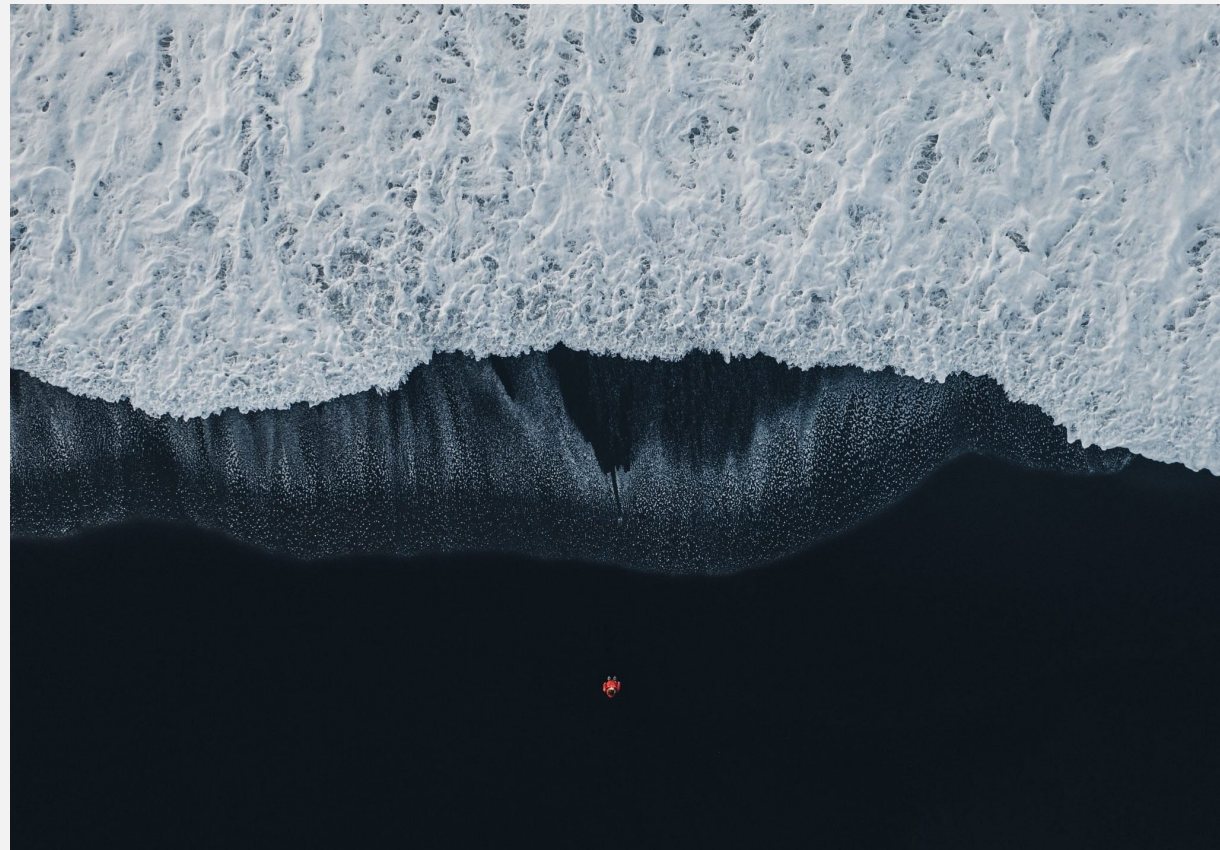
Additional CQM Resources

- 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!