The New York State Department of Health AIDS Institute

Bronx Regional Group Meeting

Location: Lincoln Hospital, 234 E149 St, Bronx, NY 10451

October 25, 2017  ||  9:00 AM -2:00 PM

Agenda*

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<td>Welcome, Introductions &amp; Meeting Overview</td>
<td>9:00-9:20</td>
<td>Dan Belanger, Monica Chierici</td>
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<td>Collaborating to End the Epidemic</td>
<td>9:20-9:45</td>
<td>Bronx ETE Committee</td>
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<td>Stigma Survey Presentation</td>
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<td>Cascade Improvement Stories</td>
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<td>10:45-11:15</td>
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<td>LUNCH</td>
<td>12:00-12:45</td>
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<td>Consumer Involvement</td>
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<td>Stigma Survey Presentation</td>
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<tr>
<td>Wrap Up/Next Steps</td>
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<td>Dan Belanger, Monica Chierici</td>
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*Times are approximate and subject to change
CASCADING STORIES OF IMPROVEMENT

METROPLUS HEALTH PLAN
HIV ETE CASCADE IMPROVEMENT PROJECT
OCTOBER 25, 2017
CASCADE IMPROVEMENT GOALS

• Newly Diagnosed Goal:

  Does not apply. MetroPlus is not a HIV testing site.

• Open Patients:

  “Open” patients for MetroPlus are members in the health plan and who might out of care (needing a “Peer Care Connection Intervention” or “Street Outreach and Engagement”).

  We will increase the rate of unengaged members to engaged in HIV care by 5% by the end of December 2017.

  **Viral Load Suppression:**

  We will increase the viral load suppression rate of patients receiving services at our clinics by 5% by the end of December 2017.
WHAT STORY DID THE DATA TELL?

Investigating the Current Problem

After reviewing the data we found that the bulk of our unsuppressed membership falls under the “Peer Care Connection Intervention.” These members have viral loads greater than 10,000 copies/ML.

<table>
<thead>
<tr>
<th>Metroplus Report as of 9/28/2017</th>
<th>EtE Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>EtE Membership</td>
<td>1,041</td>
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<tr>
<td>Suppressed Membership</td>
<td>293</td>
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<tr>
<td>Un-suppressed Membership</td>
<td>748</td>
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<tr>
<td>Street Outreach and Engagement</td>
<td>123</td>
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<tr>
<td>Telenursing Adherence Intervention</td>
<td>271</td>
</tr>
<tr>
<td>Peer Care Connect Intervention</td>
<td>310</td>
</tr>
<tr>
<td>No Viral Load Available</td>
<td>44</td>
</tr>
</tbody>
</table>
Describe your team’s “plot twist,” the most fascinating improvement strategy that your team is testing or will test to address the findings of your investigation?

Plot Twist:
Street Outreach & Engagement Intervention contain members not engaged in care who need street-level outreach. MetroPlus Health Plan observed a trend in which members that fall out of care often are combating with barriers that impeded on their retention. These barriers include but are not limited to social and economic needs. Due to the lack of HIV care, it is possible that one cannot achieve viral load suppression.

How is or will this plot twist strategy be tested on a small scale and what measures will you use to assess the likelihood of successfully changing the story?

Test of Change:
We have started testing the strategy. Below are the measures we are using to successfully change the story - Out of the 280 member’s referred to the Alliance for Positive Change, 127 members (45%) have been re-engaged into care. Out of the 127 members re-engaged in care, 47 members (37%) are virally suppressed.
WHAT’S THE LATEST?

Results

*What data can you share (thus far) to demonstrate the impact of this new strategy?*

<table>
<thead>
<tr>
<th>Cohorts</th>
<th>Re-Engaged Members</th>
<th>Not-Engaged Members</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>36</td>
<td>28</td>
<td>64</td>
</tr>
<tr>
<td>2</td>
<td>44</td>
<td>69</td>
<td>113</td>
</tr>
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<td>3</td>
<td>18</td>
<td>9</td>
<td>27</td>
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<td>4</td>
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</tr>
<tr>
<td>5</td>
<td>10</td>
<td>27</td>
<td>37</td>
</tr>
<tr>
<td>Grand Total</td>
<td>127</td>
<td>153</td>
<td>280</td>
</tr>
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</table>

Next Chapter (Next Steps)

- Expand the Intervention by hiring a Pharmacy Technician to do telephonic treatment adherence education.
- Review pharmacy refill claims to analyze member adherence trends.
Cascading Stories of Improvement

Community Health Center Quality learning network

October 20, 2017
What is Your Cascade Improvement Story?

• Instructions:
• Please complete the next 3 slides as explained on slide.
• These will be used at the meeting for health centers to share short stories and learn about organizational treatment cascade Quality improvement project activities
• Please tell us the story of how you are working to improve outcomes for newly diagnosed linkage to care, viral load suppression, and “open” patients whose care status is unknown. Focus on linkage, and efforts to engage patients in care who are not yet fully or have never engaged in care. These areas are a priority toward Ending the Epidemic!!
Cascade Improvement Goals

• **Newly Diagnosed Goal:**
  We will improve the rate of newly diagnosed patients linked to care in 3 days (internally) or 5 days (externally) ___% by ________________

• **Open Patients:**
  We will increase the rate of open patients engaged in HIV care ___% by________________

**Viral Load Suppression:**

We will increase the viral load suppression rate of patients receiving care at our clinic ___% by________________
What story did the data tell?

What story did the data tell when you *drilled-down your data to identify the characteristics of patients not meeting the measure?* and/or

What story did the system tell *when you analyzed current systems to assure linkage and/or documentation of engagement in HIV primary care for open HIV+ patients entering your organization?*

Data/Process Investigation Findings:
Plot Twists and Tests of Change

- Describe your team’s “plot twist,” the most fascinating improvement strategy that your team is testing or will test to address the findings of your investigation?

Plot Twist:

- How is or will this plot twist strategy be tested on a small scale and what measures will you use to assess the likelihood of successfully changing the story?

Test of Change:
What’s the latest?

**Results**
What *data* can you share (thus far) to *demonstrate the impact* of this new strategy (pre and post testing)?

**Next Chapter (Next Steps)**
- Describe your next steps:
  
  *(e.g., Refine strategy and/or expand testing? Integrate into delivery care system?)*
Plot Twisters Mystery Solutions
Quality Improvement Game

Story Boarding systems change to ensure that all PLWH who receive a service at your organization are successfully linked, and engaged in HIV care
Opening Possibilities of Care

• To reach the end of the epidemic by 2020, we will need to ensure that all people living with HIV are virally suppressed.

• For patients to become virally suppressed, and sustain viral suppression, access to ARV treatment is crucial.

• Hypothesis: Systems change aimed at increasing access, and linkage to care will increase the number of patients who achieve and sustain viral suppression, reducing the community viral load.

• U=U
Open Patients

• As part of your organization’s submission of organizational HIV treatment cascades, you submitted data on the number of patients who touched your system. Some examples of this are:
  • receiving care in another clinic or program including but not limited to
    • Dentistry
    • Mental Health
    • Substance Use
    • General Medicine
    • ER
    • Inpatient
  • Having a test performed at your organization
Plot Twisters Mystery Solutions

• Finding ways to improve engagement in care for open patients is a lot like solving a mystery. Drilling down data and investigating organizational processes can offer clues as to how care engagement for all people living with HIV who touch your system can be improved.

• Most mystery novels have an important plot twist that changes everything. To end the epidemic in NYS, we need to change the story of the system of care, twisting the plot to achieve better engagement for all people living with HIV.

• We are joined by a group of six super detectives today:
  Sherlock Holmes    MacGyver!
  Nancy Drew        Inspector Gadget
  Columbo           William Somerset (Morgan Freedman in “Se7en”)
Each detective looks at the problem from a different perspective.
Sherlock Holmes (Black Hat)

- Known for his proficiency in observation, forensic science and logical reasoning (Wikipedia)

- Each table choose your own Sherlock Holmes to help your team to better understand the system of care and strategize improvement for engaging open patients in care across your organization.

- Investigation may involve social determinants or systems issues that prevent or inhibit linkage to care.

- When meeting with Sherlock, your team can only focus on what the data tell you.

- Holmes likes to look at the data through the lens of profound knowledge, then develop a driver diagram aimed at identifying plot twisting drivers that can solve the mystery of how to link to and engage open patients in care.
W. Edwards Deming’s
System of Profound Knowledge

<table>
<thead>
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<th>Appreciate the System</th>
<th>Understand Variation</th>
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<tr>
<td>Psychology</td>
<td>Theory of Knowledge</td>
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What changes can you make that will drive improvements?

Driver Diagram
A driver diagram is a visual tool to help understand and prioritize factors within a system that drive desired outcomes called the primary outcome.

- Primary drivers are the main factors that drive the primary outcome.
- Secondary factors are subsets of the primary factors, and drive these factors.
- The driver diagram can help you to think strategically about what changes you can make to your current system to achieve your improvement goal.
Viral Load Suppression

Primary Outcome
To improve and sustain the viral load suppression rate.

Primary Drivers
- Primary Driver: Retention
- Primary Driver: Psycho-Social Support
- Primary Driver: ARV Adherence

Secondary Drivers
- Housing
- Substance Use
- Mental Health
- Appointments
- Transportation
- Continuity of care
- Treatment Education
- Health Literacy
- Health Insurance
- Continuity of care
- Treatment Education
- Health Literacy
- Health Insurance
Nancy Drew (Yellow Hat)

• Often described as a super girl, Nancy Drew has all kinds of skills and talents to help her solve mysteries. She is ready for anything.

• Nancy is a can-do detective. Nancy will lead your team in a discussion of the positive aspects of the system that will lend themselves to change so that you can twist the plot to improve linkage and engagement of your open patients.

• Nancy will also help you to see restraining factors (challenges), and how you can overcome these challenges with opportunities for improvement (drivers).

• Nancy’s favorite tool is the force field analysis
Force Field Analysis

• Define the desired change or action (agree on a simple statement).
• Brainstorm the driving forces & restraining forces
• Prioritize the driving forces & restraining forces (identify the critical few- rank order the top 3)
• List actions to be taken (focusing on the critical few driving & restraining forces)
Inspector Gadget (Green Hat)

• As his name suggests, Inspector Gadget likes to use tools and instruments to solve mysteries.
• Inspector Gadget believes that science can help you to win! So he loves improvement science.
• Inspector Gadget’s favorite tool is the concept fan
Concept Fan

• Edward de Bono created the Concept Fan technique
• The Concept Fan is a tool to assist in identifying alternative solutions to a problem. It helps the user to take a step back to gain a broader viewpoint.
• Use the concept fan to stimulate fresh ideas to overcome the quality challenge.
• The first step in the use of a Concept Fan is to draw a circle to the right of the middle of a large piece of paper.
• Write the quality challenge (engaging open patients in HIV care) that you are trying to resolve in the circle. Then draw lines from the right side of the circle representing possible solutions to the problem.

Figure 1: First stage of a Concept Fan
The first ideas generated may not be enough to solve the problem. Step back for a broader view of the problem. Draw a circle to the left of the first circle, and write a broader description of the quality challenge into this new circle. Draw an arrow from the first circle to show that this is where it is coming from.

Figure 2: Broadening the problem definition on a Concept Fan
Continue from this starting point to fan out new concepts

- Reduce pollution from ships
  - Free oil and rubbish dumps at ports
  - Monitoring
- Improve general water quality
  - Improve sewerage treatment
  - Block discharge of solids
- Control pollution entering sea
- Clean up sea water at local beach
  - Extend sewerage outfall
  - Filter sea water
  - Litter patrols on beach
- Contain rubbish dumped at sea
  - Or eliminate?
  - Extent to which this returns to beaches?
- Control industrial & agricultural pollution
  - River water monitoring

Figure 3: Generating ideas from a broader definition of the problem
If the second circle does not generate strong solutions repeat the process and take an additional step back by drawing another circle to the left of the second one and defining the problem in even broader terms.
MacGyver!
(Red Hat)

• While Young war hero Angus "Mac" MacGyver has an extraordinary knack for unconventional problem solving and an extensive bank of scientific knowledge, he seems to always have things blowing up around him.

• For today’s mystery, MacGyver has decided to blow things up through the power of magnification to better see problems in the system.

• He likes to use the affinity of profound fishbone diagram because when things are blown up, you can see the different elements related to the system of profound knowledge separated out.
Affinity of

Profound Fishbone
Affinity Fishbone

• Write down, on sticky notes, as many barriers as you can think of that keep people from being engaged in care; one idea per sticky

• Using the cause and effect diagram template included in your packet, group the barriers in the appropriate cause area of the system of profound knowledge

• As a group, discuss improvement ideas to address the barriers in each quadrant of the System of Profound Knowledge, and come to a consensus as to the top idea for each profound cause area.
Cause-and-Effect Diagram

• Sometimes called the fishbone diagram because of it’s fish-bone-like looks

• Organizes and displays all causes and sub-causes that may influence a problem, outcome, or effect

• Helps push people to think beyond the obvious causes, (money, time) to find some causes that they can fix/improve

• Helps organize potential solutions and make clear who should be involved in solutions

• Encourages a balanced view

• Demonstrates complexity of the problem
Affinity of Profound Fishbome

- System
- Psychology

Variation

Knowledge

Common Categories
- People
- Methods
- Measurements
- Equipment
- Materials
- Environment
Columbo
(white hat)

• With his shrewdness and highly observant eye, Columbo always finds the solution to the mystery. But because he seems bumbling and forgetful, he is always underestimated until the end of each show.

• Columbo, an unconventional thinker, likes to use the mind map as his key quality tool.
Mind Map Usefulness

• Columbo’s brain is made up of a system of connected neurons. Some crucial characteristics of the workings of Columbo’s brain include the following:
  • **Parallel Processing** - Columbo can think of more than a single thing at a time
  • **Senses** - Columbo constantly processes information from your five senses.
  • **Recall** – Though forgetful, he can, and almost always does, remember things.
    **Learning** - the neuron connections in Columbo’s brain change with stimulation and use.
  • **Functions** - different parts of Columbo’s brain are responsible for varied functions. Only a portion of his brain is conscious. There are several functions in the brain that we are not conscious of but that support our consciousness.
Mind maps facilitate the effective use of these brain functioning characteristics rather than getting in the way.
Parallel Processing

• When one thinks of something, things stream into the conscious mind and then are swiftly gone. Something else flows in to take its place.

• In creating a mind map, when something flows into your mind related to better engaging open patients into care write it down in a quick word or a slight picture, so that it can be recalled again. Go with the flow of thoughts streaming into your mind.

• Don’t worry about making a structured logic, just get a thumbnail sketch of it.
Senses

• Allow your senses to flow free to capture the things that stream through your head in all of the senses - picture, colors, emotions, smells, sound, etc.
Recall

• Recollection stimulates the connections in the brain, bring associated memories. So if one thinks of a place once visited it can be pictured, one can remember the smell, the sounds, the sights. This is all triggered by remembering the place.
Learning

• Examining your mind map can help you to draw new connections between disparate points in the map.
Functions

• Mind maps can help to engage your subconscious brain. Creating the mind map stimulates your subconscious to stream ideas. The subconscious does not appear to have a direct link to time. Ideas from your subconscious bubble up. This may occur instantly, or in a few minutes, an hour, a day, or a month. The mind map helps to capture the idea when it bubbles up.
Mind Maps

• To use a mind map:

1. Write the quality challenge in the middle of the paper.
2. As your Columbo Team allows ideas to stream, draw lines pointing to ideas that flow from one another.
3. Oh, and just one more thing - draw pictures as you choose to represent your thoughts and ideas, and lines connecting items.
William Somerset (Blue hat)

- William Somerset, played by Morgan Freedman in the movie SE7EN, is an older detective about to retire in seven days.
- William Somerset has much wisdom; if only the younger detective, David Mills, played by Brad Pitt would listen to him!
- Each table chooses their own William Somerset who, with his practice wisdom, oversees and facilitates the discussion.
- After the other five detectives have visited with each table, Somerset helps the table to develop their plot twister systems-level improvement, which he reports back to the larger group.
- Detective Somerset also reports back on plot twisters that his team will test in their organization.
- Use the Plot Twister action plan to capture your change ideas.
Plot Twisters Report Back!

• Tell us your plot twists to change the story of the system to engage open patients in care.
• Will you test any of these in your organization?
• Tell us how!
Now, Super Detectives, let’s go end this epidemic!!!!
Measuring and Addressing Stigma in Healthcare Settings
Surveying Healthcare Staff

- Survey of Healthcare Staff
  - Tool was recreated in SurveyMonkey for ease of distribution/analysis
  - Demographics page removed (recommendation by HR Department)
  - Initiative discussed with agency leadership at the Quality Steering Committee Meeting
  - Initiative announced to clinic leadership as part of the Quality Management Committee
  - Survey hyperlink e-mailed to staff at the healthcare sites
  - Surveys administered over a three-week period
Results

• Preliminary results from the staff survey indicate:
  
  • **93%** of employees never observed healthcare workers unwilling to care for patient living with or thought to be living with HIV
  
  • **97%** of employees never observed healthcare workers providing poorer quality of care to a patient with or thought to be living with HIV.
  
  • **98%** of employees never observed healthcare workers talking badly about people living with or thought to be living with HIV.

  • Overall, low prevalence of stigma reported through surveys
  
  • **Most** staff commented that there are existing processes and procedures in place to reduce stigma, including
    
    • Organizational policies and procedures
    
    • Annual on-line trainings
However,

- **20%** of staff do not know if his/her practice site has written guidelines to protect patients living with HIV from discrimination
- **28%** of staff reported that they have not received training on how to treat MSM/men who identify as bisexual or gay
- **25%** of staff reported that they have not received training on how to treat patients who are transgender or gender non-conforming
- **31%** of staff reported that they have not received formal training re treating patients who have a mental health diagnosis
- **18%** of staff reported that they did not know of targeted services provided in house

**Next Steps:**

- Need for enhanced training and education so that staff are aware of policies and procedures and receive formalized trainings in the areas noted above
  - Work with Human Resources to promote and enhance training opportunities
Lessons Learned from Employee Survey

• Length of survey
  • 59 respondents took the survey, but only 83% completed it
  • Length of survey caused some respondents to “drop off”

• Work with HR to update employee list
  • Target all applicable staff
  • Assist with identifying response rates

• Include minimal demographic information
  • In the future would maintain some demographic information, e.g., job title/position to better identify training needs.

• Importance of ensuring that all staff receive ongoing training and exposure to policies and procedures
Collecting Feedback from Consumers

• Using existing resources, including the employee survey, a quantitative paper survey tool was developed to measure client perception of stigma experienced at the clinic.

• The survey and proposed process was shared with the Consumer Advisory Board (CAB) for comments and edits.

• Partnering with staff from our grant-funded programs we identified forums for soliciting feedback and for distributing surveys to patients.

• Total of 43 patients participated in the feedback process.
Findings

• **96%** of patients reported that they have not experienced clinic staff unwilling to care for a patient thought to be living with HIV.

• **93%** of patients reported that they did not feel they were denied health services, including dental care, because of their HIV status.

• **98%** of patients reported feeling comfortable discussing everything related to their HIV status with their clinic health care provider.

• **95%** of patients reported that Brightpoint Health creates a welcoming environment.

• **98%** of patients reported that Brightpoint Health staff are trained and sensitive to the needs of patients living with HIV.
Findings continued….

While at our clinic have you ever experienced clinic staff providing poorer quality of care to a patient thought to be living with HIV?

86% 14%

While at our clinic have you ever experienced clinic staff talking badly about people thought to be living with HIV?

86% 14%

Do you feel comfortable getting services at our clinic?

91% 9%

Yes  No

Yes  No
Action Plan (in development)

- Enhance training opportunities
  - Brightpoint Services
  - Relias Learning
    - Discrimination
    - Cultural Competency
- Enhance opportunities for patient feedback or complaints
  - More visibility regarding opportunities to voice complaints, suggestions, and to participate in CAB
  - More emphasis on grievance procedure at intake
- Enhance and reinforce training re existing policies
  - I-B-202.00 1:2 Prohibition of Abuse, Neglect, and Mistreatment: Administrative
  - I-B-208.00 Patient’s Rights and Responsibilities
  - Employee Handbook: Anti-Harassment and Discrimination Policy
Follow-up Steps

• Finalize action plan in collaboration with leadership and clinic staff

• Share results with the Board

• Submit findings and final Stigma Plan to NYSDOH AIDS Institute

• Implement plan and assess results
Measuring and Addressing Stigma in Healthcare Settings: Panel

Montefiore Medical Center- Center for Positive Living/ID Clinic
Dr. Robert Grossberg, Medical Director
Kareen Jimenez, MPH, Manager, QI and HIV Testing
CPL/ID Clinic

• Over 3100 patients
  • 50% Hispanic/45% Black
  • 41% Female
  • 25% MSM/11% IDU as risk factor for HIV

• Approximately 35 providers (MDs, NPs, PAs, ID fellows)
• Approximately 80 non-medical provider staff members
Planning for Staff Survey

• **How was the survey administered to staff members**
  • Between the months of August and September the stigma survey was administered to all staff members
  • The survey was administrated in paper format and electronically via Survey Monkey
  • Approximately 70 surveys were received (85% completion rate)

• **How will the results be aggregated/analyzed**
  • Survey results aggregated and analyzed by the QI Coordinator using Excel
  • Results shared at the monthly QI meeting in September
Planning for Consumer Feedback

• **How consumer feedback was solicited**
  • Feedback from the AIDS Center’s CAB was solicited during the monthly CAB meeting
  • Results from the survey and from staff discussions will be shared as they are available.
Organizational and Leadership Approach

• How was the organization and leadership involved in this process?

  • Managers were asked to have discussions during team meetings to assess feelings about the survey, address questions, or concerns, and to come up with recommendations on how to reduce stigma

  • The discussion in the QI meeting included AIDS Center managers/director
Initial Results

• Although a need for training was identified among all key population, survey results indicated a greater need for training and policies among our transgender population.

• Survey Results: Transgender
  • Question: My healthcare practice site has a policy for addressing discriminatory comments and behavior by healthcare workers towards TGNC people.
    • Agree: 69%
    • Disagree/I Don’t Know: 31%
  
  • Question: My healthcare practice site has gender-neutral bathrooms available for TGNC patients, and makes patients aware of this.
    • Agree: 74%
    • Disagree/I Don’t Know: 25%
  
  • Question: I have received training (in-service, cultural competence class, group discussion, etc.), in the past 12 months, on how to properly treat TGNC patients.
    • Strongly Agree/Agree: 71%
    • Strongly Disagree/Disagree/I Don’t Know: 25%
Next Steps

• Results will be presented and discussed in clinic staff meeting, team meetings and with the Consumer Advisory Board.
  • CAB members to incorporate stigma assessment into their patient survey tools when tabling in the CPL/ID Clinic

• Additional staff trainings on transgender issues are planned

• Staff education on existing Montefiore and AIDS Center policies and where they can be found.

• Ongoing work of Trans health Workgroup
  • Physical improvements in clinic environment with culturally sensitive art/posters, etc.
  • Adjustments to the use of preferred names in Epic
  • Improvements in bathroom access and signage
  • Transgender focus group
  • Staff training