NQC Training of Consumers for Quality

Concept Paper

Overview

As greater emphasis is placed on shared decision-making between providers and patients, the need for national training programs for meaningful patient participation in the planning and implementation of quality improvement activities is indicated. Several educational programs are currently offered to increase quality improvement capacity for providers, while more training opportunities are needed for persons living with HIV to fill any educational gap by building capacity for quality improvement among those who are directly affected by the HIV epidemic.

In the National Quality Center (NQC) consumer involvement survey in 2009 (n=509), 87% of respondents stated that they had a process in place to systematically obtain feedback from people living with HIV for quality improvement activities, with satisfaction surveys (91%) and consumer representatives on an advisory/planning group or quality team (77%) being the most popular strategies. The same survey however indicated that only 48% of respondents indicated that they had an effective or very effective CAB, 45% stated that they never or rarely had a consumer routinely participate in quality improvement activities over the last year, and 38% stated that they never had a consumer routinely represented in their quality management committee. Consumers are integral partners in improving HIV care and NQC aims to address these findings through the development of a training program.

The purpose of the NQC Training of Consumers for Quality (TCQ) is to build the capacity of HIV-infected patients to be active partners in the planning, implementation, and evaluation of quality improvement efforts at both the clinical and system levels. The direct outcome of this training program is to increase the number of people living with HIV who fully participate in ongoing agency-specific as well as regional quality improvement activities.

While many providers possess advanced background in health-related fields, patients often have not had equal exposure and lack some basic foundational skills with which to participate on quality management committees and quality improvement teams. Barriers to meaningful participation exist which dissuade persons living with HIV from participating in clinical quality improvement activities. Examples of these barriers include:

- Lack of skills related to quality improvement processes
- Lack of knowledge related to data collection, reporting, and analysis
- Lack of understanding of appropriate advocacy methods for quality improvement of health care services at the clinical and system level
- Lack of peer examples and champions to share successful best practices

The TCQ builds upon basic patient self-management skills acquired and demonstrated
through the NYSDOH AIDS Institute’s “Making Sure Your HIV Care is the Best It Can Be.” While the “Making Sure” Guide seeks to build patient-provider communication skills, the TCQ is developed to build additional capacity by targeting four specific core competencies necessary for participation of people living with HIV in clinical improvement activities: quality improvement literacy, health literacy, health numeracy, and scientific literacy. Upon successful completion of the TCQ Program, patients are more prepared to take on an active partnership role on existing local and regional quality improvement committees and teams.

For participants of the TCQ program, the benefits of successful program completion include:

- Increased understanding of the Ryan White HIV/AIDS Program and its quality requirements and expectations
- Increased understanding of basic vocabulary for quality improvement tools, methodologies, activities, and processes
- Increased competency to be a consumer champion in local and regional quality management committee activities
- Increased confidence in participating in quality improvement teams through an understanding of consensus decision-making, team roles, and processes to address specific aspects of HIV care
- Increased understanding of the various forms of individual and systematic consumer involvement, and identification of appropriate methods of involvement in clinical quality improvement activities
- Increased awareness of basic HIV care and treatment terminologies so that participants better understand basic indicator definitions and performance data reports
- Increased knowledge related to health numeracy and health literacy, and understanding of performance measurement processes terminology, including details of indicator development, data collection methodologies, and data reporting
- Exposure to other patients, consumer quality leaders, and peer experts in patient involvement who can provide community support and leadership

**Target Audience**

The TCQ Program is intended for recipients of Ryan White Program-funded services who have a demonstrated commitment and capacity to participate in quality improvement (QI) activities at the clinic or system level. Participants need to secure written support from their local healthcare provider for their inclusion on QI teams and/or QI activities. Participants must have access to communication technologies including email, internet, and telephone so that NQC staff and consultants can effectively communicate with participants.

Specifically this Program will target:

- Patients in Ryan White Program-funded grantees and their subgrantees
- Patient leaders from care planning bodies, local quality management committees or quality improvement teams, or regional quality improvement efforts
- Patients seeking deeper involvement in local, regional, or national quality improvement activities
**Program Content**

The TCQ curriculum includes the following content:

1. Understand the legislative mandates of the 2009 Ryan White HIV/AIDS Treatment Extension Act in relationship to quality management
   a. Understand the overall purpose of the Ryan White Program and its history
   b. Understand the Ryan White grantee expectations for a sustainable quality management infrastructure
   c. Understand the HIV/ADIS Bureau and performance measure expectations
   d. Understand the basic elements of a quality management plan

2. Understand basic quality improvement terminology and concepts for application in QI activities
   a. Understand the basic quality improvement model currently used in Ryan White programs, such as PDSA, Model for Improvement
   b. Familiarize with the concept of performance measures and standardized data collection methodologies for the monitoring and evaluation of QI activities
   c. Understand the functions of an agency-wide quality management committee

3. Understand how to select the appropriate method of involvement for QI activities and advocacy
   a. Review the history of involvement methods used by PLWH in the development of the Ryan White Program
   b. Understand the differences between agitation, activism, and advocacy
   c. Assessment of current situation in relationship to the selection of appropriate methods of involvement to support meaningful participation in QI activities
   d. Importance of establishing collaborative partnerships with care providers
   e. Identify strategies how to best communicate ongoing QI activities and findings with other consumers who are currently not part of QI processes

4. Understand the skills needed to participate in QI teams
   a. Identify the roles and functions of QI team members and the stages of team development
   b. How to effectively take part and communicate in QI team settings with providers
   c. Familiarize with consensus decision-making used in QI team settings for the planning, implementation and evaluation of QI activities
   d. Demonstrate how consumer involvement improves the quality of care
   e. Understand how to engage other consumers in ongoing improvement activities

5. Understand the basics of health numeracy skills and how to ‘read’ QI data reports and analyses
   a. Understand the need for objective data in the QI process and the limits of subjective data in the planning and evaluation of QI activities
   b. Application of basic computational skills for data analysis and performance measurement related to QI activities
   c. Use of averages, modes, rates, and percentages in data analysis and measurement for QI activities
d. Understand the need for multiple data presentation templates to perceive a more “complete” and “understandable” picture of areas for quality improvement

**TCQ Program Activities**

The TCQ Program is divided into the following phases from the perspective of the participants:

• **TCQ Application Process**  
  Potential applicants to the TCQ Program will be asked to complete an online application process to share their contact information, personal demographic background, and past QI experiences. Additionally, each applicant is asked to submit their resume, one letter of reference, a letter of support from their local health-care provider of Ryan White funded HIV care services to support engagement in quality improvement activities upon completion of the TCQ Program. NQC screens applicants to determine the capacity and level of consumer involvement and commitment to complete all TCQ activities. The participation of two consumers per TCQ training is encouraged to ensure sustainability of participation in QI activities over time.

• **Pre-TCQ Phase**  
  Selected TCQ participants are asked to a) complete a standardized skill assessment; b) participate in three pre-TCQ webinars; and c) complete pre-work assignments which include reviewing online tutorials and videos. The first webinar provides a welcome to participants as well as an overview of the mandates related to quality management in the Ryan White legislation. The second webinar will be a discussion of two essays meant to demonstrate differing methods of involvement (agitation versus advocacy). The third webinar focuses on a discussion of self-management.

• **TCQ Session**  
  The face-to-face opportunity for patients of Ryan White care settings allows for networking and exchanging with peers and experts in peer involvement. The participants attend the rigorous 2-day TCQ session:
  - Day One – Getting to know fellow TCQ participants, introductions to quality improvement principles, building numeracy, health numeracy skills, and working in quality improvement teams  
  - Day Two – Being a member of a quality management committee, learning about performance measurement details, developing individualized action plans, and evaluation the TCQ session

  All TCQ participants are asked to complete a final TCQ test to ensure that the key content areas are covered and allows future adjustments of the TCQ program. Patients who attend and complete the TCQ leave with a personalized action plan for post-TQC activities to support increased patient involvement in the participants’ local jurisdictions and clinic, and to participate in their health care providers’ quality management teams.

• **Post-TCQ Phase**  
  After the successful completion of the face-to-face TCQ session, TCQ participants are
expected to:

- Return to their local health care provider and implement their personalized action plans as members of local quality management committees or teams or regional quality improvement activities
- Establish and sustain collaborative relationships with a consumer quality mentor to support the participants in continuing development and application of new QI skills and knowledge (the pilots will require NQC consultants or staff from provider organization the consumer is working with; once the pool of TCQ graduates is established, these individuals would go on to become mentors themselves)
- Participate in technical assistance calls aimed at sustaining the community of learners established during TQC sessions; topics may include identification of emerging barriers to involvement, development of strategies for increased involvement, sharing and publicizing best practices for consumer involvement in quality improvement activities, and providing recommendation on treatment and care policy issues to improve quality of HIV care service delivery
- Report back to NQC on outcomes of consumer involvement
- 3-month re-assessment of their post-TCQ knowledge retention and skill application using an online skill assessment tool, and testimonies from providers where participants are serving on QM teams/committees

**National Diffusion**

The success of this national training program depends heavily on the dissemination strategy of the content and material. The TCQ goal is that individuals return home and participate on quality management committees or teams. The initial plans include the development of all related training materials, including slides and a facilitator guide that allows others to immediately replicate these trainings. Two pilot trainings are scheduled to occur before July 2012. Upon completion of all materials and guides, they will be posted on the NQC website and other consumer websites.

Engagement of other consumer organizations (e.g. National Latino Commission on AIDS, NAPWA, and Southern AIDS Coalition) also serves as conduits for further dissemination. By reaching out to these organizations the TCQ Program could reach additional individuals by focusing on specific populations or regions.

The cadre of trained consumers returning to their local health care settings is the beginning of a pool of individuals to ‘spread the word about this training.’ In a potential second phase, a training-of-trainer approach could be taken for further diffusion.