WNY Quality Improvement
Group Meeting

Batavia, NY  March 29, 2018
10:00 am – 3:00 pm

Nanette Brey Magnani, WNY Quality Lead
Steven Sawicki, NY Links Lead
Dan Tietz, Director of Consumer Affairs
Maintenance

- Ground rules

Rest rooms, lunch

Parking Lot

Offers and Requests
Meeting Outcomes

- Gain an appreciation of where you were and where we are going.
- Understand how to implement the “Living Cascade” activity at your respective agencies, CABs, and NY Links/EtE meetings.
- Give input to decisions for NY Links and Quality of Care Program to try out for 2018-2019.
  - Ideas for expanding consumer involvement
  - Exchange of Cascades and QI Projects addressing gaps in Cascade
  - How to expand role of supportive services in QI
  - Exchange of partnership models/approaches
- Develop an action plan for next steps including QI training.
Review Agenda
<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Activity</th>
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<tbody>
<tr>
<td>9:30</td>
<td>Registration/Networking</td>
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<tr>
<td>10:00</td>
<td>Welcome/Introductions</td>
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<td>10:35</td>
<td>A Call To Action</td>
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<td>10:40</td>
<td>Taking Stock and Ideas for Consideration</td>
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<tr>
<td>11:00</td>
<td>Consumer Involvement</td>
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<td>- Level of Consumer Involvement</td>
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<td>- Expanding consumer involvement</td>
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<td>- &quot;The Living Cascade&quot;</td>
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<td>12:00</td>
<td>Working Lunch</td>
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<tr>
<td>12:30</td>
<td>Continue Consumer Involvement</td>
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<tr>
<td>1:00</td>
<td>QOC 2018 Guidance - Overview</td>
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<td>1:30</td>
<td>Regional QI Planning</td>
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<td>- Cascade Exchange</td>
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<td>- QI Project Exchange: Stigma Assessment</td>
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<td>- Engagement of Supportive Services</td>
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<td>2:30</td>
<td>Going Forward</td>
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<td>3:00</td>
<td>Adjourn!</td>
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<td>THANKS TO YOU!</td>
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**Agenda**
Brain Warm-UP!

• Divide into four’s
• Review the Instructions
  – There are two sets of puzzles
  – Answer as many as you can in 5 minutes
  – Raise your hand when you are done
• Score your group’s correct answers.
• 8 is a perfect score – CONGRATULATIONS!
Expectations

Instructions
• Write down three expectations for the day
• Meet with two other people, introduce yourself and combine similar expectations
• Meet with three other people, introduce yourselves and combine similar expectations
• Meet with 6 other people, introduce yourselves and combine similar expectations

De-brief
Share expectations
Response
10:35 “A Call To Action”
10:40 Taking Stock and Looking Forward
Challenge: Can “Better Become Best?”

**Results**
What is Best? Is it 75% 85% 95% 100%

**Process**
What is the “Best” Continuous Quality Improvement Process?
Offers and Requests

• Listen
• Take note of what might interest you for future reference
• Write on Offers and Requests/Future Exchange
Highlights – Leadership in QI

- Erie County Medical Center
  - Retention in Care – Started drilling down data to understand reasons why 100 patients were not retained – NYSAI pamphlet
  - NY Links – continued drilled down data for patients not retained and those not suppressed – NYSAI pamphlet
  - added agency drilled down process diagram
  - partner with Evergreen and Women and Children’s Hospital for linkage to care
  - Use of patient experience survey
  - Partnering with Erie County DOH – out of care patients; STIs/HIV
QI Highlights

• Evergreen Health
  – Consumer Involvement – Healthcare Stories; The Living Cascade; hiring of peers; trained in quality and now trainers; stigma assessment; peer portraits to be hung in agency
  – Tested NY Links interventions – Appointment Reminders
  – Partner with ECMC, Kaleida for linking patients to care
  – Use of patient experience survey
  – 2016 Cascade on EtE blog
  – Expansive use of electronic data management systems
  – Use of drilled down data to patient level – increased 5% to 88% in 2017
  – Integration of Behavioral Health and Pride Center into QI
  – Partnering with Erie County DOH for reducing time to locate out of care patients
QI Highlights

• Kaleida Women’s and Children’s Hospital
  – Tested NY Links intervention – ARTAS
  – Use of drilled down data process to identify youth not suppressed – increased VL suppression rates
  – Engaged youth in editing a Health Literacy treatment adherence tool
  – Partnering with ECMC and Evergreen to ensure patients are linked to care
  – Partnering with Erie County DOH to link newly diagnosed youth
QI Highlights

Linking Patients to Clinical Care and Comprehensive Services

• Monroe County DPH and Jordan Health
  – Created the Captain Crisis Model to reduce the number of days newly diagnosed are linked to care
    • Jordan Health – use of drilled down data
  – Expanded Crisis Captain approach to URMC/Strong ID, Unity ID
  – Expanded to Comprehensive services - Catholic Charities, AFC
• Catholic Charities – case manager located in Strong ID to expedite linkage to services
QI Highlights

• Strong ID – maintain high VL suppression rates 88% - 90%; integration of Lean Six Sigma into hospital QI

• Trillium Health
  – Extensive Consumer Involvement and leadership; Healthcare Stories; consumers trained in Quality and as Trainers
  – Tested NY Links intervention for Outreach; use of drilled down data to target patients to re-engage
  – Use of Lean/Six Sigma
  – Analysis of disparity data for Rochester clinical programs that identified AA women having lower VL suppression rates than other sub populations
  – High VL suppression rates overall
  – 2016 Cascade on EtE blog
Highlights

- Integration of NY Links work with EtE
  - MCPEtE – Monroe County Partnering to End the Epidemic
    - Promote extensive partnering across clinical and CBOs to achieve mission of ending the epidemic in Monroe County
    - Identified Consumer Leaders as a group
    - Core Management Team
    - Collective – meets every two months
    - Agency Commitment Plans
See some of this year’s top submissions by visiting the ETE Dashboard’s Quality Corner!

Want to know more about Organizational HIV Treatment Cascades? Email QOCreviews@health.ny.gov

http://etedashboardny.org
HIV Care Cascade for Newly Diagnosed Patients (2016)

- **Total newly diagnosed patients**: Number of patients newly diagnosed with HIV in the last 12 months
- **Linked to care**: Number of newly diagnosed patients with 1 HIV medical visit within 3 days of diagnosis if internally linked, 5 days if externally linked
- **Prescribed ART**: Number of newly diagnosed patients prescribed ART (11/13)
- **Viral Load suppression <200**: Number of newly diagnosed patients with viral load <200 copies/mL (9/13)

**Data Source**: EMR (Medent)
- **Open caseload**: Number of HIV+ patients with any visit in 2016
- **Active caseload**: Number of HIV+ patients with a visit in 2016 who were not deceased, incarcerated, engaged in HIV care elsewhere, or of an unknown disposition, shown as a percentage of Open caseload
- **Prescribed ART**: Number of active HIV+ patients who were prescribed ART in 2016
- **Virally suppressed**: Number of active HIV+ patients with a viral load count under 200, using the last lab result in 2016
- **Undetectable**: Number of active HIV+ patients with a viral load count under 20, using the last lab result in 2016
11:00 Consumer Involvement
Taking Stock – What are we doing?
Expanding Consumer Engagement
“The Living Cascade”
AIDS Institute Quality of Care Program
Standards for Consumer Involvement in Quality Improvement

Consumer(s):

- Are routinely asked to provide input/feedback in the selection of quality improvement (QI) priorities
- Participate in HIV quality management (QM) program activities, as members of the QM committee
- Provide feedback on the HIV QM program by responding to formal solicitations for public comment and by participating in an organization’s consumer advisory board.
- Are offered opportunities to participate in trainings in QI and are provided with an organization’s performance data results and findings.
- Experience is assessed at least annually and findings are formally integrated into QI activities and communicated back to staff and consumers, as specified in the guidance issued by the AIDS Institute.
Quality of Care Clinical and Consumer Advisory Committees

- The interaction of providers and consumers through these committees allows NY State and NYC to remain responsive to the needs of the communities while responding to changes in clinical and scientific knowledge.

- Third joint meeting of both groups held December 14, 2017
  - **Addressing Open Patients through Quality Improvement**
    - Encourage collaboration within and between healthcare organizations, CBO’s and pharmacies.
    - Use peers to (re)engage open or non-active patients in care.
    - Make better use of technology.
    - Improve understanding of the benefits of RHIOs, among providers and consumers.
    - Align New York City and New York State resources and databases.
    - Incentivize identifying and ascertaining the care status of open patients.

- **Measuring Patient Experience**
  - Identify providers who are capturing patient reported experience or outcome measures (PREMS/PROMS).
  - Establish patient experience subcommittee to explore implementation of PREMS/PROMS (i.e., wait time, did providers address all concerns, interactions with staff at clinic, communication of labs, safety, etc.).

- **Drug User Health**
  - Establish clinical subcommittee.
  - Integrate consumers with shared lived experience w/drug user health into consumer advisory committee.
  - Address stigma and Mental Health issues.
12:00 LUNCH
Be Back in 30 min!
12:30 Consumer Involvement continue
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• Drug User Health
  Establish clinical subcommittee
  Integrate consumers with shared lived experience w/drug user health into consumer advisory committee
  Address stigma and Mental Health issues
Help Us Bring [Facility Name]’s Cascade to Life!

Living Cascade

2017

- N=200, 100% Patients diagnosed with HIV, with *any* medical visit in 2017
- N=180, 90% Patients diagnosed with HIV with an *HIV-related medical visit* in 2017
- N=170, 85% Patients diagnosed with HIV who were *prescribed HIV medication* in 2017
- N=160, 80% Patients diagnosed with HIV who were *virally suppressed* at the last test in 2017 (have less than 200 copies per mL at the last blood test)
Living Cascade

Your Story of Coming to [Facility Name]

1) Were you first diagnosed at [Facility name]?
   - [ ] Yes
   - [ ] No
   1a) If yes, about how long did it take to get an appointment for HIV primary care at [Facility name]?
       —
   1b) If no, why did you choose [Facility Name] for your HIV primary care?
       —

2) How did you get linked to care at [Facility Name]? Did any person help you make your first appointment?
   —
   —

3) What made it hard to get your first appointment? Did you face any challenges at [Facility Name], at another healthcare organization, or in your personal life?
   —
   —

DRAFT for PILOTING – DO NOT DISSEMINATE TO NON-PILOT PARTICIPANTS
An "Active" patient has at least one HIV medical visit each year - even if you’ve been positive or coming to [Facility Name] for a long time, you aren’t "Active" unless you have at least one appointment every year.

4) What was your first visit to the HIV program at [Facility Name] like?
   —

5) Since becoming a patient at our HIV program, have you ever gone more than a year without coming here for a medical visit?
   - Yes
   - No
   5a) If yes, why?
       —

6) What helps or motivates you to come to your appointments here?
   —
   —

7) What makes it hard to come to or keep your appointments?
   —
   —
Living Cascade

Your Story of Getting on Antiretroviral Therapy (ART) at [Facility Name]

8) Have you been prescribed HIV medication, commonly known as ART, at our HIV program?
   ☐ Yes  ☐ No

8a) If yes, how soon after your diagnosis/starting at [Facility Name] did you get on HIV medication?
   ___________

8b) If no, why have you not been prescribed HIV medication?
   ___________

9) Overall, do you take your meds the way your healthcare provider recommends?
   ☐ Yes  ☐ No

9a) If no, why?
   ___________

10) In the last five years, or since starting on ART at [Facility Name], have you ever stopped taking this medication for more than one week?
    ☐ Yes  ☐ No

10a) If yes, why did you stop? What helps you get back on track with ART?
    ___________
# Living Cascade

## Your Story of Becoming Virally Suppressed at [Facility Name]

11) Are you virally suppressed (do you have a viral load of less than 200 copies/mL)?
- [ ] Yes
- [ ] No

11a) What helped you become virally suppressed or even undetectable?
____
____

12) What has been the hardest part about regularly taking your HIV meds?
____
____

13) What helps you take your HIV medication?
____
____

13a) Do you have any tricks, tools, people, or things in your life that motivate you to stay on track with your HIV treatment?
____
____

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**Not sure? Ask your doctor or nurse for the results of your most recent blood test!**

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0% | Open | Active | On ART | [Virally Suppressed]
Western, NYLINKS Consumer Involvement in QI Survey Questions

• Please complete all questions individually and **BE HONEST**
• After completing all questions, partner with all individuals from your organization to discuss the questions
• Identify someone to report back on your discussion
• In your report back, include one item that you can reasonably plan and implement to increase consumer involvement in QI
## TCQ vs TCQPlus Objectives/Outcomes

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<td>1. Develop the national training capacity among consumers and RWHAP recipients to deliver quality improvement trainings to consumers in local jurisdictions</td>
<td>1. Develop the capacity for quality improvement among consumers of Ryan White HIV/AIDS Program services</td>
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<td>2. Foster a working relationship between RWHAP recipients and consumers to form TCQPlus training partners</td>
<td>2. Increase understanding among TCQ participants of basic vocabulary for quality improvement tools, methodologies, performance measurement processes and Ryan White HIV/AIDS Program quality expectations</td>
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<td>3. Conduct local training sessions by the TCQPlus training partners to implement the NQC-developed TCQ training</td>
<td>3. Increase confidence of TCQ participants in participating in quality improvement efforts</td>
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<td>4. Increase the number of consumers who attend a TCQ training conducted by TCQPlus graduates</td>
<td>4. Foster active consumer engagement of TCQ graduates in local clinical quality management program activities of Ryan White HIV/AIDS Program recipients</td>
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<td>5. Increase the number of consumers who are active members of RWHAP recipient clinical quality management programs</td>
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Contact Information

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NYS DOH AIDS Institute
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Albany, NY 12237
(518) 473-7542 (voice)
daniel.tietz@health.ny.gov
1:00 Quality of Care 2018
Cascade Guidance – Overview
“Quick Read” re 2018 Cascade Guidance

• How prepared do you now feel?
• How committed is your leadership in moving forward?
• Is your IT on board?
1:35  Planning for 2018-2019
Exchange - Examples

• QI Project
  – Agency Stigma – Evergreen Health
• Managing Community Partnerships
  – MCPETE
MCPEtE
Monroe County Partnering to End the Epidemic

Organization type
- Clinical provider
- Coalition
- Non-clinical organization
MCPeTE Objectives and Targets

Objective 1: Decrease the # of PLWHA in RRWR unaware of their status by 20%
- 2017 Data Unavailable
- Target: 20.0%

Objective 2: 100% of Newly Diagnosed linked to care within 3 business days
- 2017 Data Unavailable
- Target: 100%

Objective 3: Increase patient retention for existing positives to 95%
- 2017 Data Unavailable
- Target: 95%

Objective 4: Re-Engage 95% of consumers who have fallen Out of Care
- 2017 Data Unavailable
- Target: 95%

Objective 5: Increase Viral Suppression (< 200 copies/ml) to 95%
- 2017 Data Unavailable
- Target: 95%

Objective 6: Increase PEP/PrEP Usage among negatives
- 2017 Data Unavailable
- Target: 60%
Come Together

Divide into 4 huddles – 6-7/group (10 minutes) Report out 1 min

• WNY Regional QI Group meetings – To exchange QI Projects, QOC Cascade Guidance, and how you are meeting Quality of Care Program Standards?
  – How frequently do you want to meet?
  – What kind of meeting(s)?
  – Do you want to continue to meet in Batavia?
  – Who should participate?

Re-divide by Region (10 minutes; Report out 2.5 min/group)

• Integration of NY Links/Cascade QI within your Counties – CBOs, Consumers
  – How can Erie County/Buffalo region re-invigorate its EtE group?
  – How can MCPEtE integrate Cascades, QI Plans, into agendas?
2:50 Feedback
Evaluation

• Did today’s WNY QI Group meeting meet your expectations?
• How do you feel about your own QI work?
• How do you feel about learning and exchanging work and ideas with your colleagues in the future?
Fare thee well!!!
It’s been my pleasure to serve…