



Western New York State
5th Learning Session
December 4th, 2013

WELCOME

***Systems Linkages and Access to Care for
Populations at High Risk for HIV Infection
in New York State***

WNY Links Collaborative Meeting

December 4, 2013

Batavia, NY

9:30 am – 3:30 pm

Nanette Brey Magnani, Quality Lead

Steve Sawicki, NY Links, Program Manager

Clemens Steinbock, Director

Carol-Ann Watson, Epidemiologist, NYSDOH

Welcome

Clemens Steinbock

SPNS/NY Links Update

Steve Sawicki

Goal and Objectives of SPNS

Our Goal

Improve access to and retention in high quality, competent HIV care and services for hard-to-reach populations of HIV-infected persons

Objectives

- *Develop **innovative** and **sustainable** linkages among organizations within a (region)/state*
- ***Evaluate** linkage and retention interventions and **disseminate successful findings for replication***

Introductions, Agenda, Objectives

Nanette Brey Magnani

Session Objectives

By the end of the session, NY Links Collaborative members will:

- Share their experiences with testing interventions and systematizing their NY Links tested interventions
- Discuss Collaborative level interventions and measures using MCDPH and Rochester Collaborative as examples
- Understand the implications of Regional HIV Cascade data on next steps in WNYS Collaborative work

Agenda

9:30

Welcome, Charge for the Day

10:00

SPNS/NY Links Update

10:15-10:30

Introductions, Agenda,
Objectives,

10:30-12:00

QI Review

WNY Peer Exchange

12:00-12:30

Working Lunch

12:30-2:30

Team warm up

NY Links Evaluation and

Epidemiological Data – WNY

SPNS Interventions

Collaborative Members Meet

2:30-3:00

Next Steps

Evaluation

QI Review

Nanette Brey Magnani
Quality Lead, WNYS Collaborative

NY Links: Quality Improvement Approach

- Intent
 - To increase the number of patients/clients linked and retained in care by improving work flow processes.
 - To further build and reinforce an individual agency's Quality Management Program.
 - To engage in continuous improvement of linkage and retention rates within Buffalo and within Rochester and across region through
 - Peer exchange
 - Group problem solving

Quality Improvement Project Steps

A Problem Solving Process – Single Agency Perspective

Step 1: Review, Collect and Analyze Baseline Data

Step 2: Form an Agency Team, Develop a Work Plan

Step 3: Investigate the Process/Problem – Causal Analysis

Step 4. Plan and Test Changes – PDSA Cycles

Step 5: Evaluate Results with Key Stakeholders

Step 6: Systematize Change

Quick Review

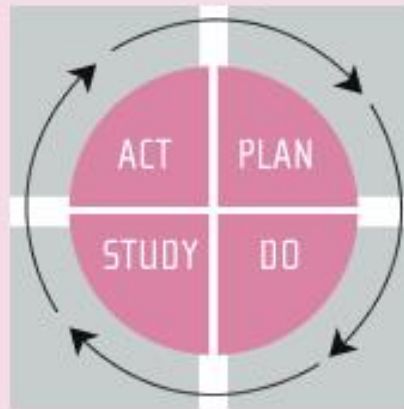
- The Model for Improvement
- PDSA and measurement of interventions
- Sharing results with stakeholders
- Sustaining gains and continuous QI

The Model for Improvement

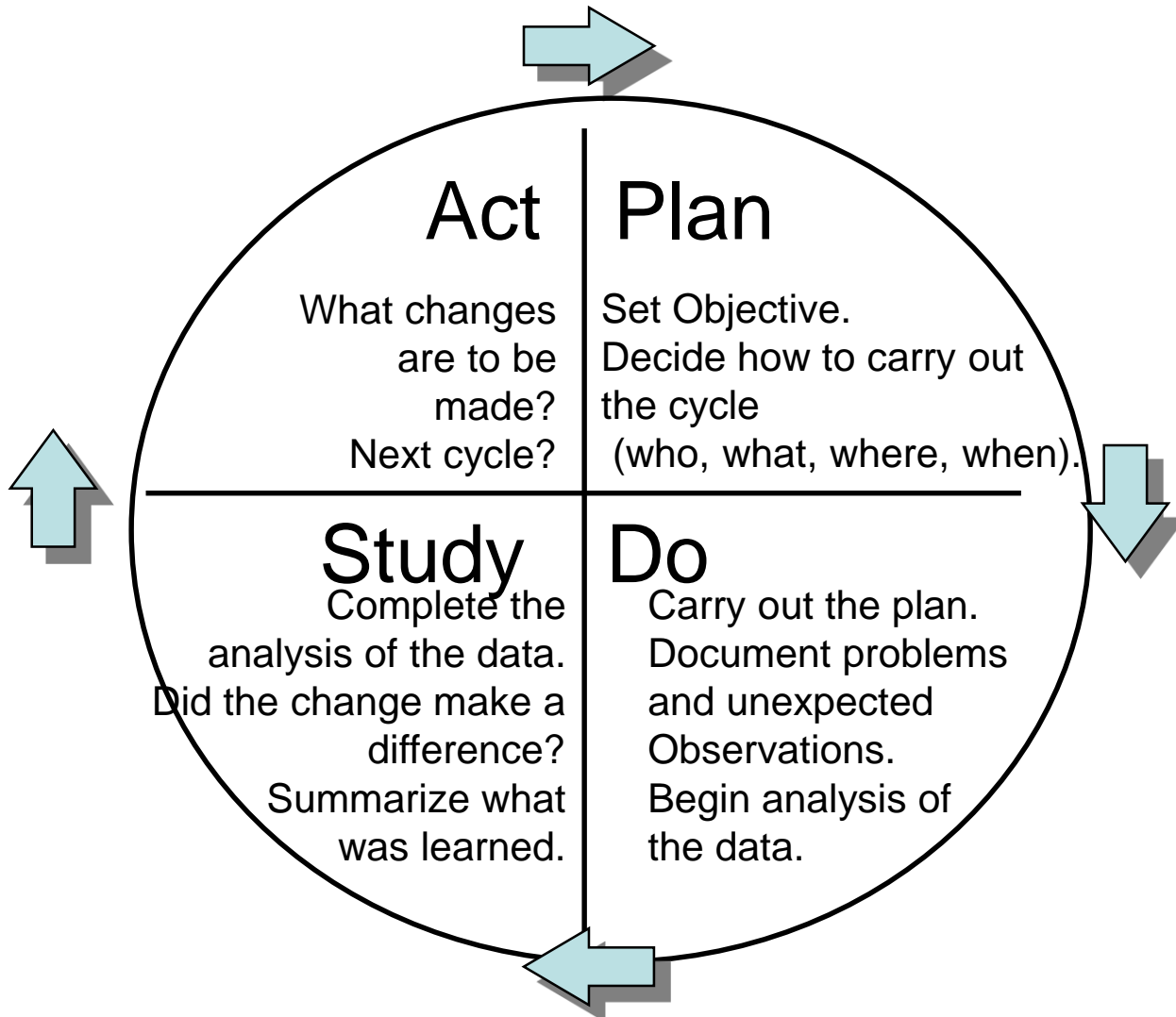
What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



The PDSA cycle for learning and improvement



Step 4: Test Change or Intervention and Implement PDSA

Use of PDSA Cycle:

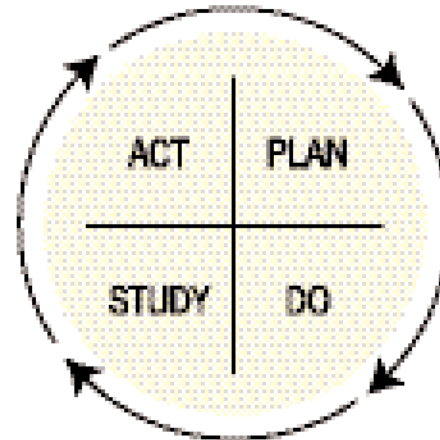
- to test changes

PDSA Cycle Tips:

- conduct test over short time; test on Small Scale!
- collect useful just enough data, not perfect data!
- formulate question and predict results

Step 4: Act
Refine the change
as necessary

Step 1: Plan
Plan a change

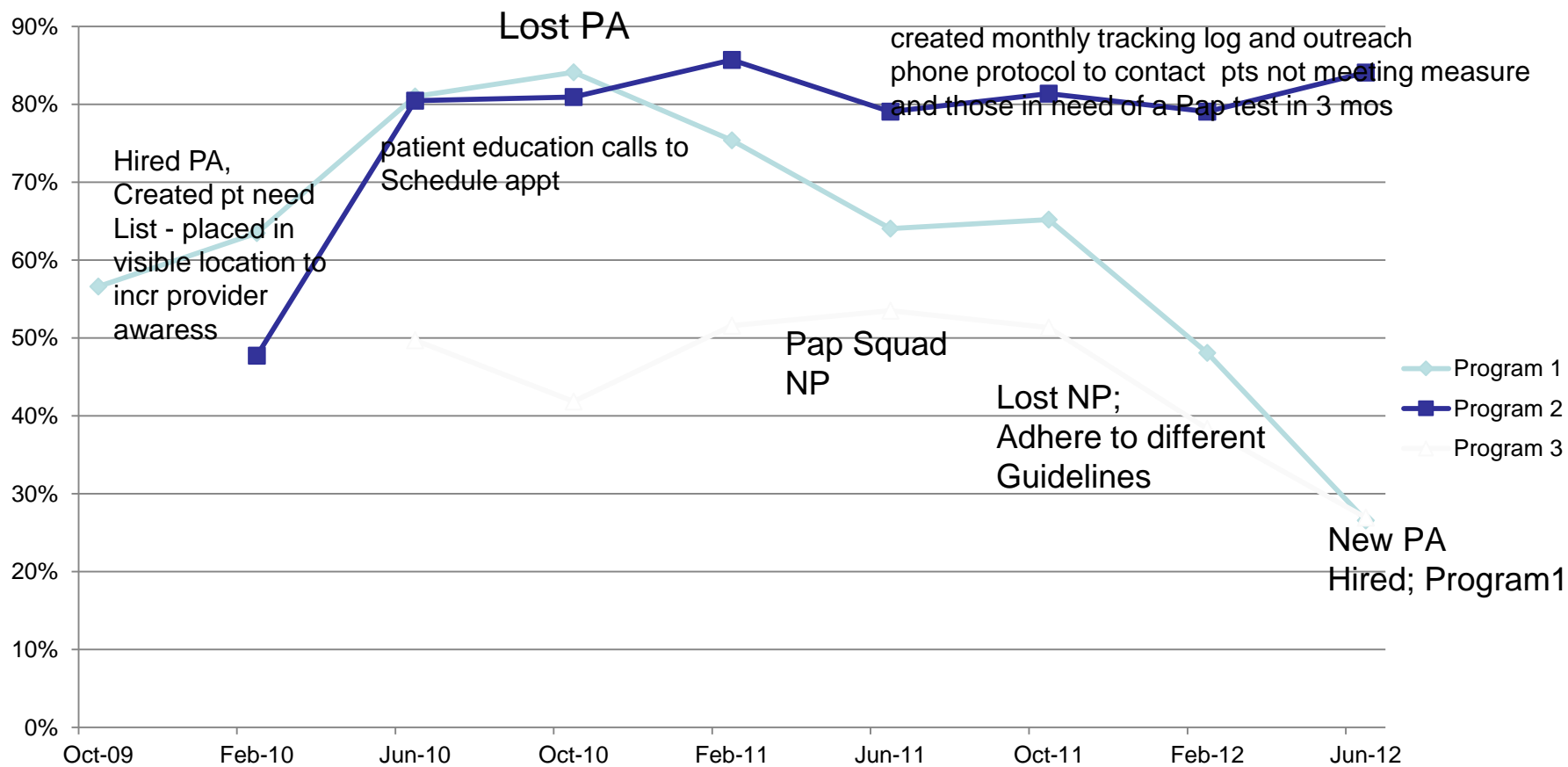


Step 3: Study
Observe the results

Step 2: Do
Try it out on a
small-scale

Tracking Interventions – What does this tell us about sustainability?

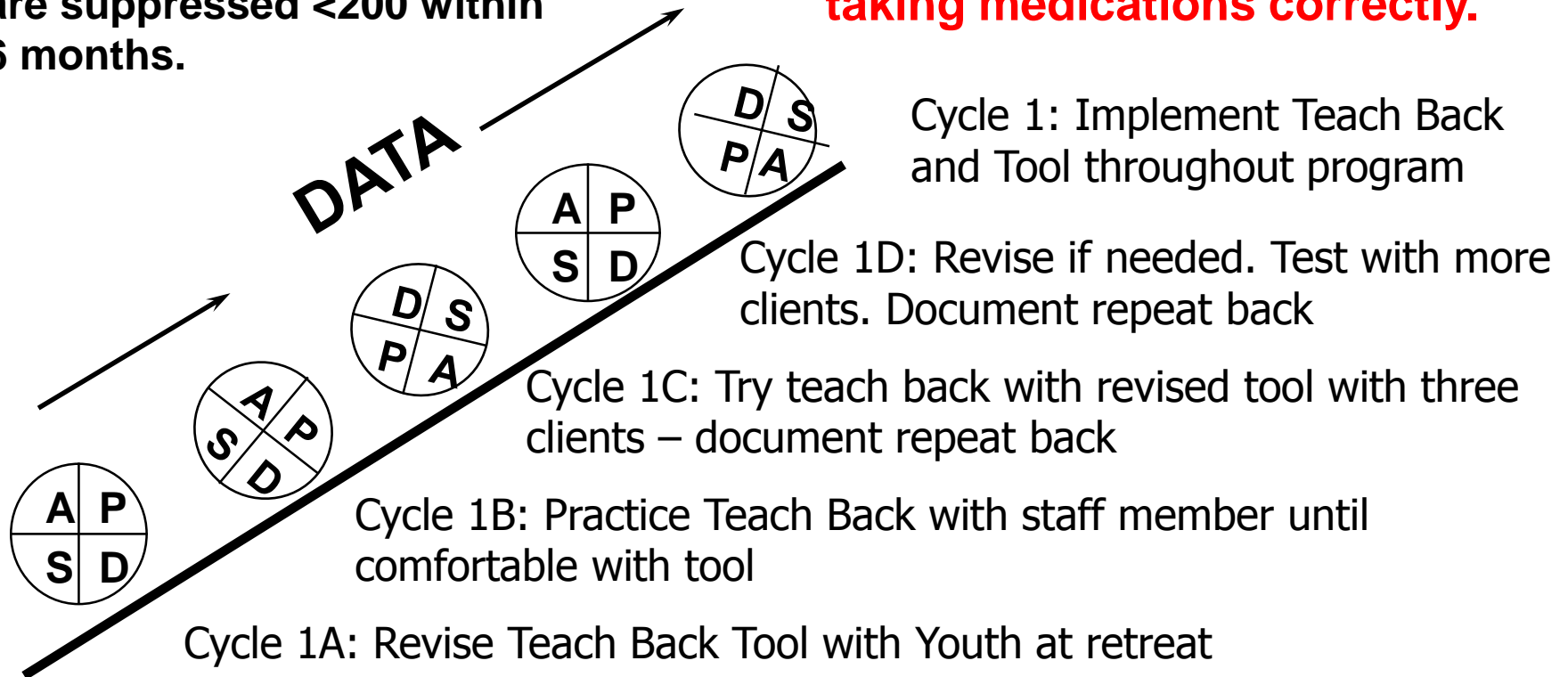
- 2010 – 2012 Pap screening results



PDSA Cycle Example

Outcome Goal: Increase the number of patients who are suppressed <200 within 6 months.

Objective: Increase clients' understanding of importance of taking medications correctly.



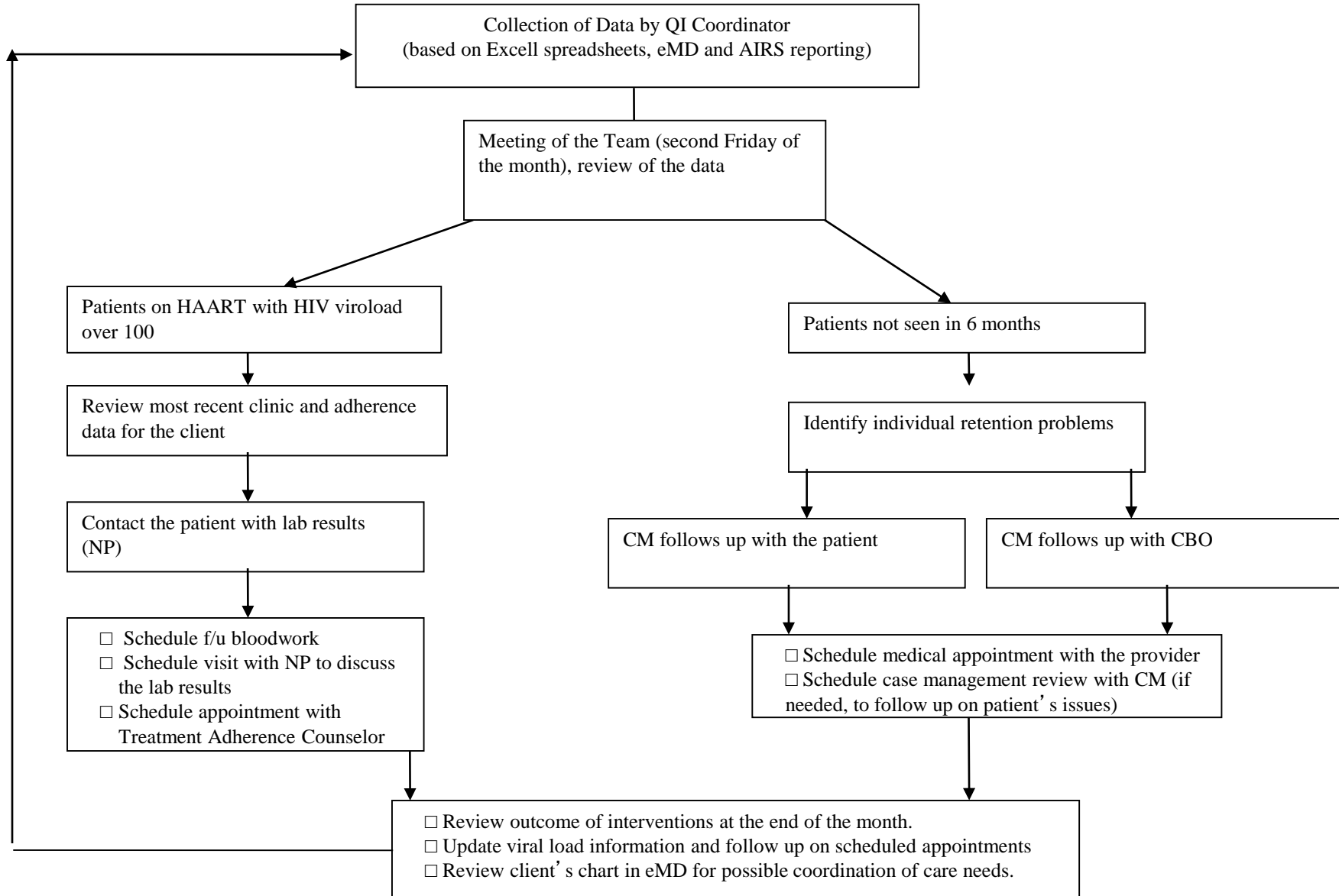
Change: New Teach Back tool for Medication Adherence

Sustaining High Achievement and Continuous QI

- Programs have achieved rates above 75-80%
- Ask:
 - Who are the 20% not meeting measure?
 - Why?
 - What can we do?
- Variables
 - Number of patients
 - Organizational factors
 - QM infrastructure, Data system, staffing

Arnot Ogden Medical Center – IVY Clinic

Model of Hotspotters team activities – test new process – Retention and VL Suppression



Overall Findings

- Start of the project – November 2011
 - 60 clients on the list
 - 25% no-shows
 - 75% VL over 100
 - 23% female/77% male
- March 2012
 - 54 clients
 - 13% no-shows
 - 13% new clients
 - 73% VL over 100
 - 26% female/74%male
- October 2013
 - 35 clients on the list

QI Project

- 22 patient from November, 2011 list remain on it in March, 2012
- 18%(4) no-shows/82%(18) VL over 100
- 32% female/68% male (note: higher number of women remaining on list for longer time)
- All of the clients remaining on the list were outreached to schedule an appointment, repeat VL, run a resistance test and/or see Treatment Adherence Counselor.
- Patients with VL over 100: 61%(11) VL down, 28% (5) VL up, 2 – no change
- 2 clients restarted medications recently
- 5 clients with severe mental health problems – 4 enrolled in MH care
- 1 client refusing care, 1 about to be closed (MIA).

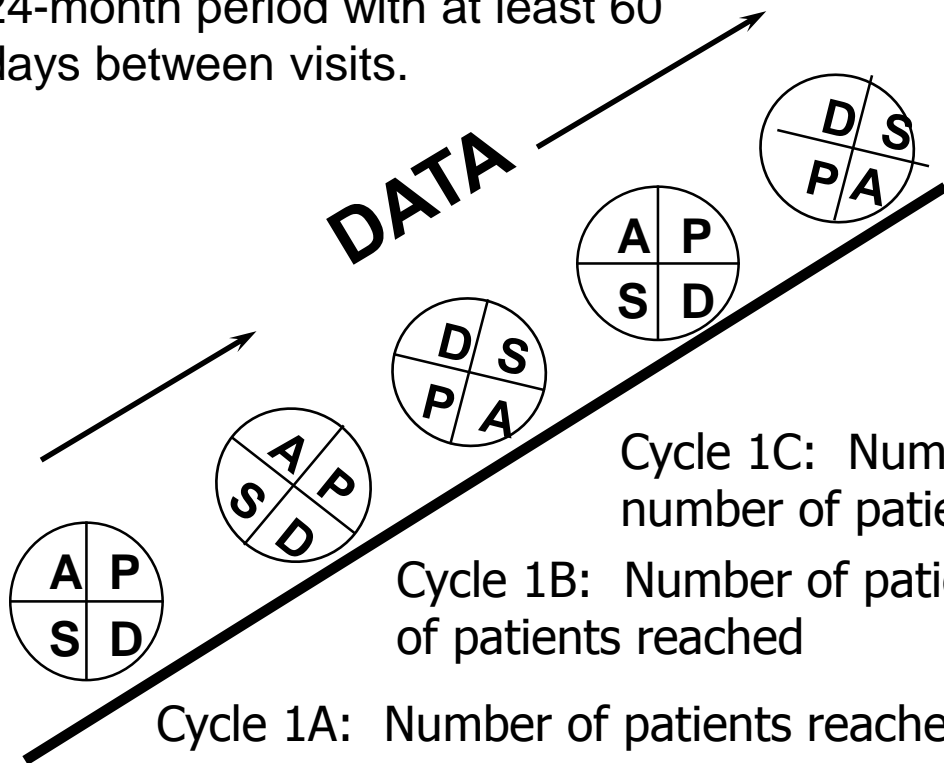
PDSA Cycle Example: Process Measures

Outcome measure: 4 medical visits, 6 months apart, within a 24-month period with at least 60 days between visits.

Continuous QI:

- Frequency of repeating Cycle 1A-1C/year.
- Number of patients on monthly list/number of patients on not retained list.

Sustaining measures



Change: Targeted outreach to drilled down list of patients not retained.

Peer Exchange

Sharing results with stakeholders and
systematizing gains

- What to look for?
 - Communication – Who? What? Reaction?
 - Documentation – How? Is linkage and retention in your QM Plan?
 - Measurement – Frequency? Clarity? Ease of collecting?
 - Education and Training – Staff? Others?
 - Leadership – Engaged? Supportive? Laissez faire? Other priorities?

Peer Exchange

- Buffalo
 - Evergreen Health Services
 - Erie County Medical Center
 - Kaleida Health/Children's Hospital
 - American Red Cross
- Rochester
 - Monroe County DPH
 - Anthony L. Jordan
 - Univ of Rochester MC
 - Trillium Health
 - ABC

12:30

WNY NY Links Evaluation Data

WNY Epidemiology Data

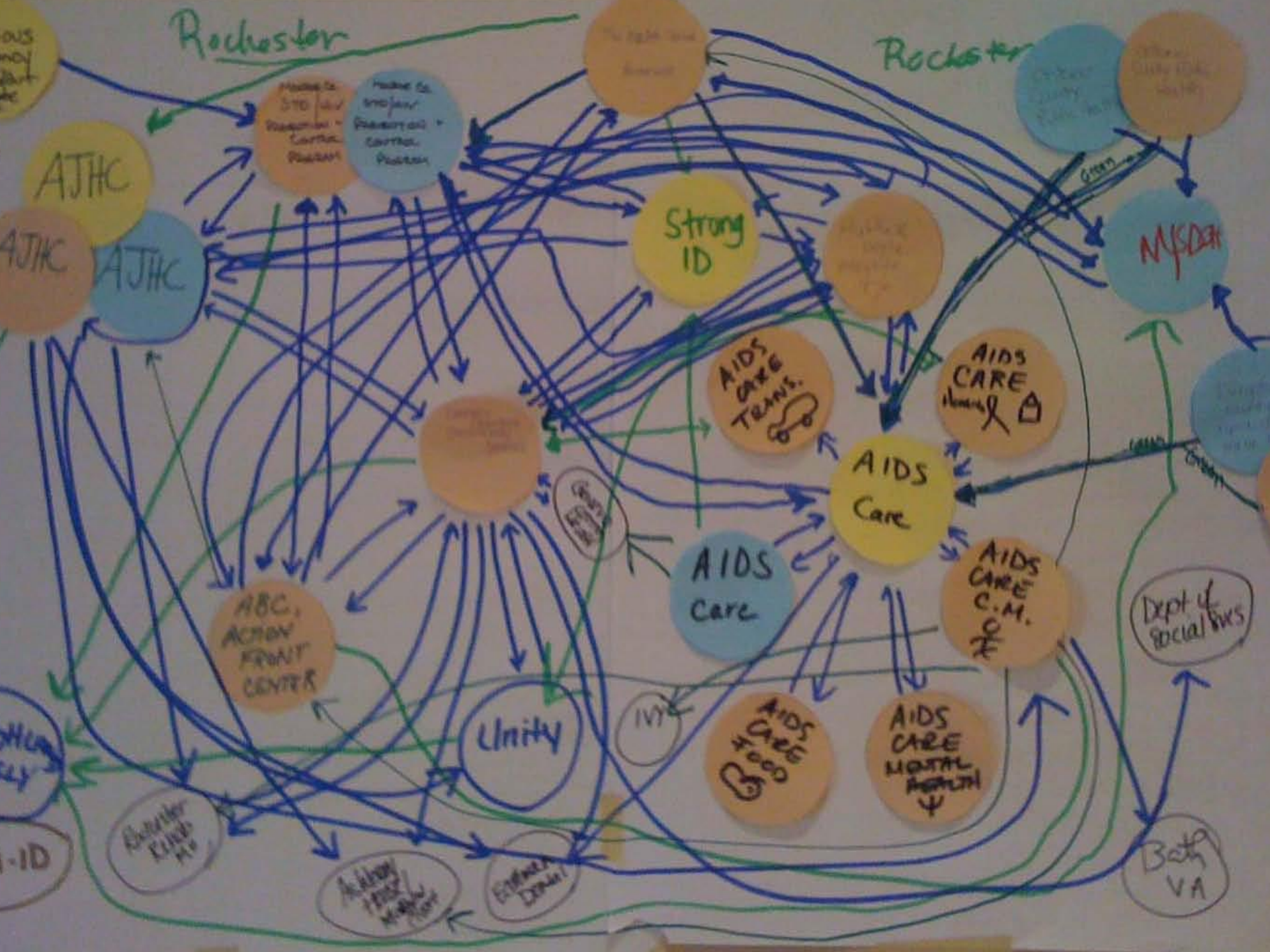
SPNS Interventions

Collaborative QI Teams

What does a Collaborative QI Project look like?

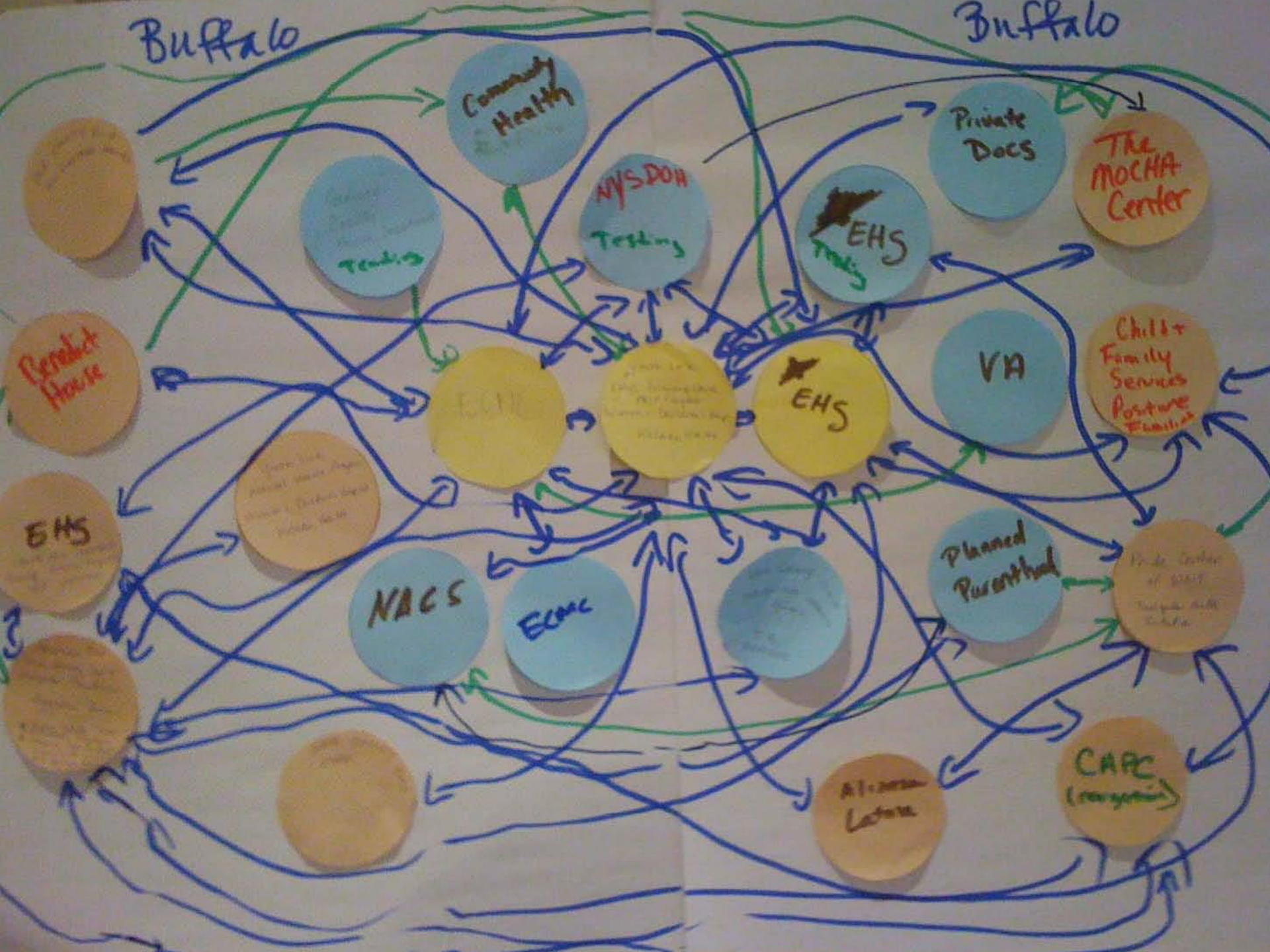
Rochester

Rochester



Buffalo

Buffalo



Community Health

Private Docs

The MOCHA Center

NYSDOH Testing

EHS

Perinatal House

EHS

EHS

EHS

VA

Child & Family Services Posture Evaluation

EHS

EHS

NACS

ECHO

EHS

Planned Parenthood

EHS

EHS

EHS

Alison Letour

CARE (organization)

Quality Improvement Project Steps

A Problem Solving Process – Collaborative Perspective Rochester and Monroe County DPH Example

Step 1: Review, Collect and Analyze Baseline Data

% of clients not engaged in care

What to do with patients “lost to care” before/after closed.

No uniformed case closure policy/guidelines.

Step 2: Form an Agency Team, Develop a Work Plan

Rochester Collaborative Team

Step 3: Investigate the Process/Problem – Causal Analysis

Group discussion: Identified issues

Use of RHIO

Legal implications to discussing cases across agencies

MCDPH had no policy of getting referrals from agencies; concerns about staffing

QI Project Steps contd.

Step 4. Plan and Test Changes – PDSA Cycles

ALJ and MCPH tested guidelines.

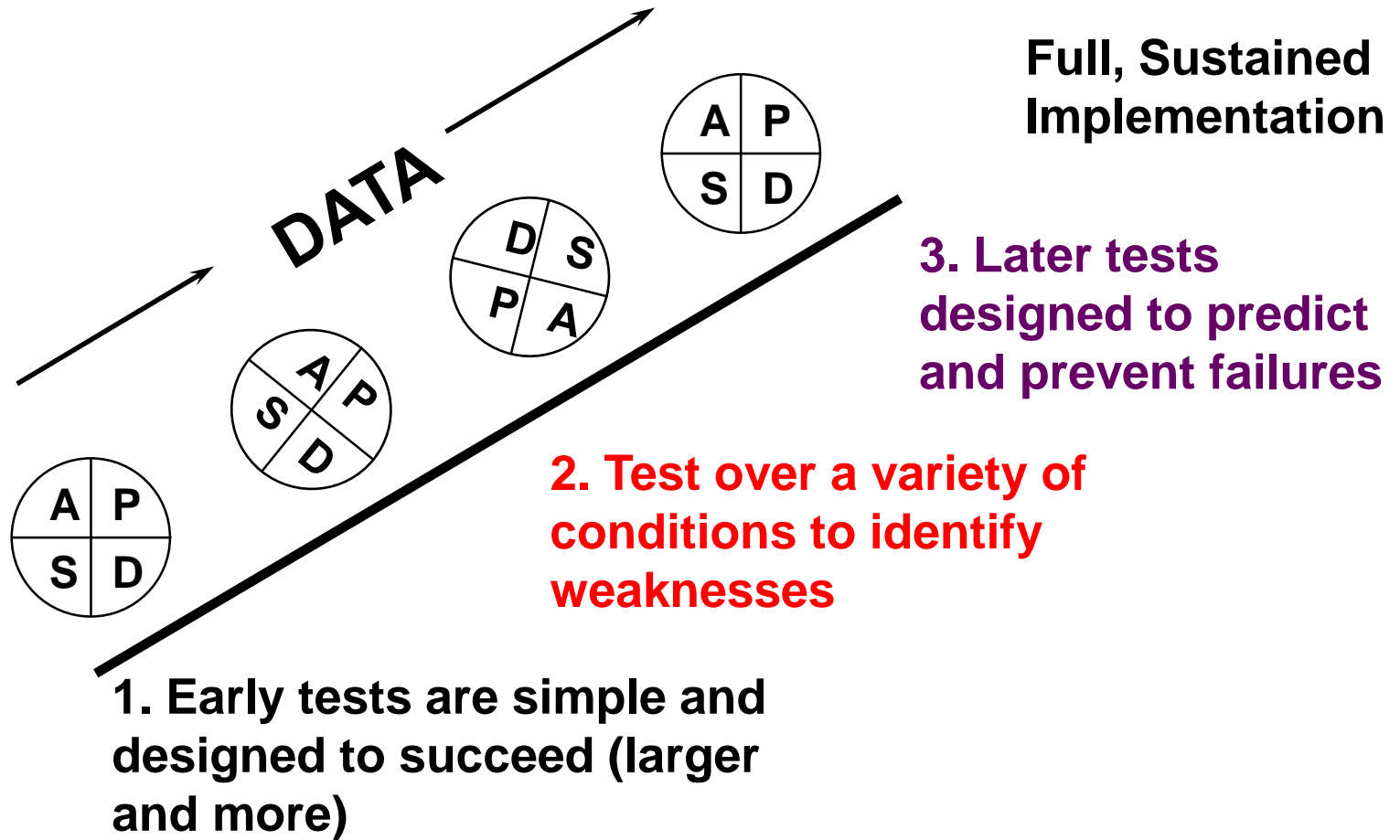
Result:

-Step 5: Evaluate Results with Key Stakeholders

Step 6: Systematize Change

Collaborative Level-MCDPH example

Testing Interventions involves multiple agencies,
becomes more complex



How can we problem solve on different levels?

- What do you need to be able to do continuously improve as a Collaborative in your respective cities? As a WNY region?
 - Cascade data
 - WNY Links data
 - Infrastructure

Next Steps

- Tasks:
 - Do you need to improve on another measure or continue current one?
 - Do you need a sustaining process?
 - Should VL suppression measure be added?

Buffalo meeting

Rochester meeting

Collaborative Regional meeting