AUGUST 19, 2022

QI PROJECT

QUALITY IMPROVEMENT PROJECT FOR IMPROVEMENT & PDSA STAGES

PROBLEM STATEMENT QUESTIONS:

- Why are you doing this project? Why does it matter?
- What client problem are you addressing and which client group is (particularly) affected?
- How does the client problem affect the clients in the target client group?

BACKGROUND

As of February 2022, Jessie Trice served 151 Miami-Dade RWP MCM clients in one location is South Florida. A total of 41 clients were classified as not RiMC. Out of these 41 not RiMC participants, a total of 24 or 59%, were in the age group 55+. Within this 24-participant subset, 17 participants were ages 55-64 and 7 were age 65+. Their ethnicity grouping was as follows: 16 African American, 7 Haitian, 1 Hispanic.

PROBLEM STATEMENT

DESCRIBE MEASURABLE OUTCOME OR OUTCOMES YOU'D LIKE TO SEE.

By July 31, 2022, after six months beginning February 1, 2022, Jessie Trice will aim to decrease the number of 55+ patients Not RiMC from 24 to 10. This aggressive goal aims at reducing the number of 55+ not RIMC by 60%.

MODEL FOR IMPROVEMENT: THREE QUESTIONS FOR IMPROVEMENT

1.WHAT ARE WE TRYING TO ACCOMPLISH?

Aim Statement: By July 31, 2022, after six months beginning February 1, 2022, Jessie Trice will aim to decrease the number of 55+ patients Not RiMC from 24 to 10. This aggressive goal aims at reducing the number of 55+ not RIMC by 60%.

By __July 31, 2022_____ (start/end date, or a specific time period),
we will ___decrease_____(increase/decrease)
the __number of clients not RiMC_ (percent or number and specific client outcome)
among ____55+_____ (target population in the QI group)
from _____24_____ (a % or # or baseline rate where it is now)
to _____10_____ (the % or # or rate where you want it to be).

ROOT CAUSE ANALYSIS FOR JESSIE TRICE CHS: PROBLEM 55+ POPULATION NOT RIMC

5 Whys	Question:	Answer:
1	Why is the 55+ population not RiMC?	Pandemic
2	Why is the pandemic causing participants not RiMC	Fear of covid exposure
3	Why is this fear exposure preventing them from RiMC	This population may not realize that Telehealth is a safer option for seeing their HIV provider.
4	Why isn't this population aware of Telehealth as an option for care at JTCHS?	This population may not understand the concept of Telehealth.
5	Why doesn't this population understand the concept of Telehealth?	JTCHS encountered communication barriers with participants due to their limited access to computers, internet, and ability to navigate remote software.
ROOT	Communication Failure	JTCHS will educate 55+ participants on how to navigate Telehealth (remote software) and agency COVID protocols.

2. HOW WILL WE KNOW THAT CHANGE IS AN IMPROVEMENT?

Jessie Trice will aim to increase the number of 55+ RiMC by proactively educating participants on how to navigate Telehealth and increasing understanding of agency COVID protocols.

We can identify 3 measures we can use to see if our change leads to an improvement:

- The number of RWP Part A clients ages 55+ who had an OAHS appointment at JTCHS.
- The number of JTCHS RWP Part A OAHS patients age 55+ who received Telehealth education.
- The number of JTCHS RWP Part A OAHS patients who receive Covid protocol education.

3. JESSIE TRICE CHS PROPOSED CHANGE IDEA (S):

- Case Managers will educate 55+ participants on how to navigate Telehealth and COVID protocols.
- Case Managers will ensure follow-up phone calls are made prior to scheduled appointments

PLAN

PLAN YOUR TEST AND DESCRIBE YOUR PLAN FOR COLLECTING DATA

WHAT CHANGE ARE YOU TESTING?

We are testing whether educating 55+ participants on how to navigate Telehealth and increasing understanding of agency COVID protocols leads to a higher retention of 55+ participants in medical care.

WHAT DO YOU PREDICT WILL HAPPEN? WHY?

Our hypothesis is that through this project and the steps contained within, the number of 55+ participants RiMC will increase.

PROVIDE DETAILS ON THE TEST: WHO WILL BE INVOLVED, WHAT RESOURCES ARE NEEDED, WHAT SHOULD BE THE TIME PERIODS FOR THE TEST, WHAT ARE THE DETAILS ON ACTION STEPS NEEDED, AND WHO IS RESPONSIBLE FOR EACH

WHO WILL BE INVOLVED:

- Medical Case Managers
- Nursing Staff

WHAT RESOURCES ARE NEEDED:

Consider the strengths each team member brings—look for engaged, forward-thinking staff.

- Electronic Health Record (EHR) to create an appointment panel that includes appointment slots for the integrated mental health and primary care provider care visits.
- Provide Enterprise Miami to generate various reports.

TIME PERIOD FOR THE TEST

- By July 31, 2022, Jessie Trice will aim to decrease the number of 55+ patients not RiMC from 24 to 10.

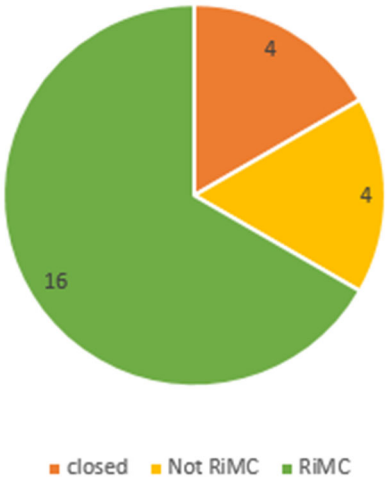
ACTION STEPS AND WHO IS RESPONSIBLE FOR EACH STEP:

- A panel of appointments will be made by the Medical Case Management Supervisor that will include times both primary visits and Telehealth visits.
- Medical Case Managers will educate 55+ participants on how to navigate Telehealth and COVID protocols.
- Medical Case Managers will educate participants on how Telehealth calls are established and conducted.

- Medical Case Managers will ensure follow-up phone calls are made prior to scheduled appointments.
- Nursing staff will reach out to 55+ participants on a monthly visit to discuss COVID-related concerns.
- The data will be reviewed, discussed and during the weekly Case Management team meeting

PROVIDE DETAILS ON WHAT DATA WILL BE COLLECTED AND HOW

- Data collected for project: Viral loads, medical appointment dates, current medical visit, appointment log and telephone contact log. Data will be collected from Provide Enterprise Miami.



Status	Count
closed	4
Not RiMC	4
RiMC	16
Grand Total	24

DO

RUN YOUR TEST ON A SMALL SCALE

DESCRIBE WHAT HAPPENS WHEN YOU EXECUTE THE TEST, INCLUDING PROBLEMS AND UNEXPECTED RESULTS.

- We learned that participants suffered from unmet social service needs due to COVID-19.
- Participants reported less use of case management due to fear of COVID-19 exposure.
- Medical Case Managers were able to reduce participant's under-utilization of ancillary services.
- Medical Case Managers were able to successfully educate 55+ participants on the advantages of Telehealth as well as Jessie Trice's COVID-19 protocol.
- Medical Case Managers were able to assist the 55+ participants in areas of great significance such as mental health, food/nutrition, housing, and transportation.
- This project demonstrated how a multidisciplinary team model of HIV care, leads to better care and improved health outcomes.

COLLECT APPROPRIATE DATA.

- Data collected for project: Viral loads, medical appointment dates, current medical visit, appointment log and telephone contact log.
- A case narrative**:** Due to fear of COVID exposure, a 55+ black female participant had not visited her doctor since July 2021. A Medical Case Manager reached out to her via telephone and provided Telehealth and COVID education. The participant was happy to learn about to minimize her COVID exposure risk and decided to come in for an in-person visit in July 2022. This participant is now up to date with her HIV care as is retained in medical care.

STUDY

ANALYZE RESULTS YOU MEASURED, COMPARE TO PREDICTIONS

STUDY AND ANALYZE THE DATA.

- The project exceeded the original predication of how many participants were going to be RiMC.
- The project original goal was to reduce the number of 55+ participants not in RiMC from 24 to 10.
- Implementation of this project reduced the number of 55+ participants not in RiMC from 24 to 4.

DETERMINE IF CHANGE RESULTED IN OUTCOMES YOU EXPECTED.

- The positive outcome of this project demonstrated the effectiveness of the chosen methodology.
- The positive outcome demonstrates that contacting participants prior to appointment, had a positive impact in participants.

WERE THERE SURPRISES OR UNINTENDED OUTCOMES?

- We learned that we must be able to rapidly change and adapt to tailor our service delivery to the ever-changing health climate: COVID-19, Monkeypox, etc.
- We confirmed that medical comorbidities, loneliness, poor social support, cognitive impairment, and difficulties with activities of daily living, affect 55+ participants at higher rates than other age groups. Participants often express great pleasure to hear from their Medical Case Managers.
- We became more cognizant that 55+ participants experience greater impairments in physical and cognitive function. As such, Medical Case Managers must be able to assess and recognize these potential deficits.
- We learned that the mental strain of the ongoing loss of life from COVID-19, compounded with potential losses of employment, income, social connections, were significant stressors to this population.
- We learned that participants adapted well and rapidly to Telehealth, once education intervention was provided.
- We learned that Medical Case Managers need to do a better job entering data in Provide Enterprise in a timely and ongoing manner.
- We were surprised to learn that many 55+ participants did not have an advanced directive and had not appointed surrogate decision-makers.

- We confirmed, through this project, that the COVID-19 pandemic greatly threatened people aging with HIV.

SUMMARIZE WHAT YOU LEARNED.

- This project demonstrated how a multidisciplinary team model of HIV care, leads to better care and improved health outcomes.

- We learned that older HIV-positive individuals engaged in care are more likely to be virally suppressed, improving clinical outcomes, and decreasing chances of HIV transmission.

- We learned that our organization must be willing to adapt and pivot as often as necessary, to adapt to ever changing barriers (viruses, hurricanes, etc.)

ACT

DECIDE WHAT MODIFICATIONS YOU SHOULD MAKE – EITHER

Adapt – modify changes and repeat the PDSA cycle

Adopt – if change brought positive results, consider expanding more broadly in your organization.

Abandon – change your approach entirely and execute a new PDSA cycle.

WHAT DID YOU CONCLUDE? PLAN YOUR NEXT STEP.

- We are going to ADOPT the best practices learned from this project across all age groups. We believe that all participants regardless of age, could benefit from "the human touch" that this project implemented.
- We are going to replicate this project across all age groups and look forward to reporting a greater RiMC across all participants.
- This project will be embedded to our Case Management culture. Action steps, results and trends will be discussed during our weekly huddles.

Project Roadmap

Today

OHC Dashboard

6/1/2021 - 5/30/2022

01 Planning

Internal Data

RWP Clients only	Viral Suppression
Female	33%
Transgender	50%
18-26 yrs. of age	50%
Black or African American	79%

02 RiMC

YR 3 Report Card

Cycle 3 2021

	CAN	RWP
RiMC	41.70%	84.80%
Viral Suppression	84%	79.70%

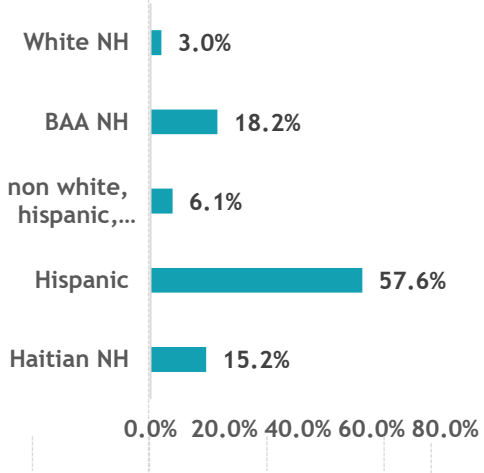
03 Hispanic MMSC

BSR Dashboard

RiMC	BSR	90 Days
	RiMC Formula	
Not in care	6.67% (1)	0% (0)
Not RiMC	45.33% (32)	30.91% (17)
RiMC	48% (32)	69.09% (38)

04 RCA

BSR Dashboard



05 BSR Discussion

BSR Discussion

August 2021

October 2021

November 2021

January 2022

February 2022

May 2022

Step 1. Planning

- Internal Data
- CAN overall Viral Load Suppression rates exceeded the MDC RW program

BSR Cycle 3 Report Card:

- CAN overall Viral Suppression rates exceeded the MDC RW program
- CAN seemingly performed poorly on RiMC for both MCM and OAHS clients
- CAN decides to focus on RiMC for our quality initiative

Step 2. Reviewing the Data

- Review BSR Report Card
- Requested CIS numbers for all RiMC MCM and OAHS clients from BSR
- Compared BSR report card data with program data
    - Sought clarification on clients <90 day in program in context of RiMC

RiMC	BSR RiMC Formula	Excluding Clients with less than 90 Days
Not in care	(1) 6.67%	(1) 0%
Not Retained	(32) 45.33%	(17) 30.91%
Retained	(32) 48%	(38) 69.09%

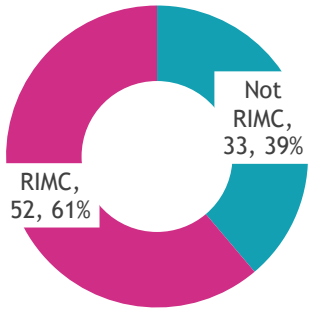
Step 2. Reviewing the data

- Received BSR dashboard data with filter for < 90 days in care
- RiMC improved from 41% to 61% when accounting for clients < 90 days in care
- Received 6-month VL breakdowns from BSR. VL suppression significantly high for all groups except Hispanic MMSC
    - Only 3 out of 27 were non-suppressed

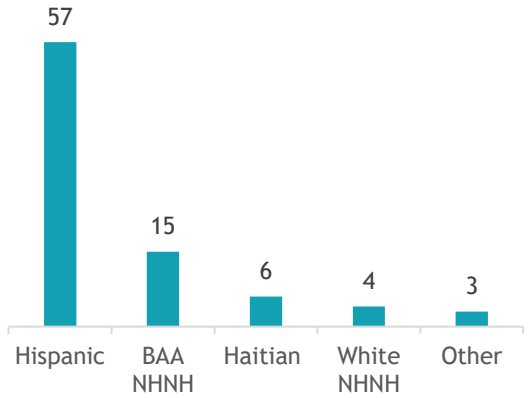
Step 3. Drilling down the Data. Priority Pop Selection

Received RIMC dashboard data

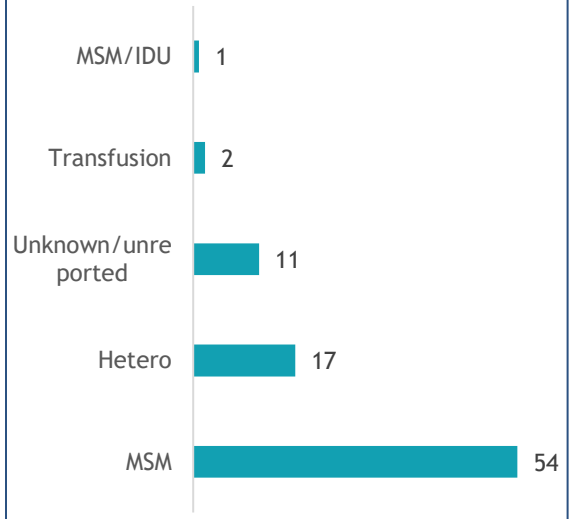
Total Clients



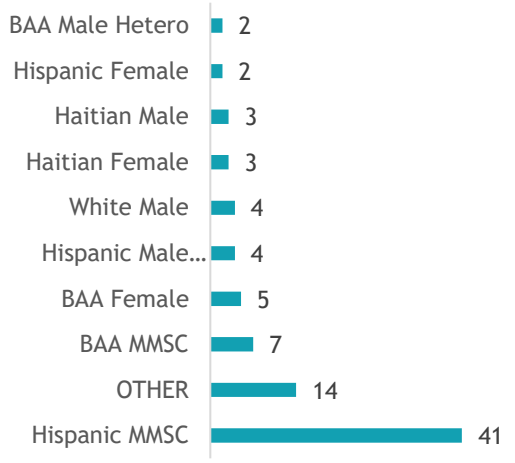
Race/Ethnicity of Selected Clients



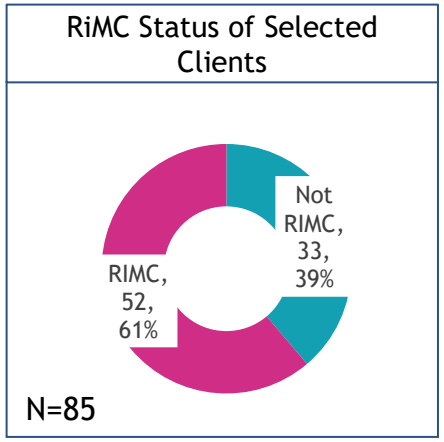
Risk Factor of Selected Clients

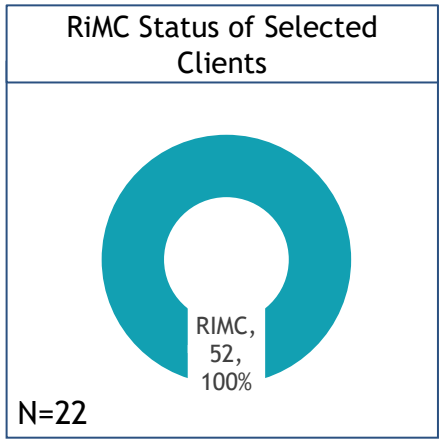


Race-Gender-Risk Factor of Selected Clients



Step 4. Root Cause Analysis





Each case was reviewed in detail and additional issues were identified

1) Dashboard data did not factor in case closures or expired eligibility

2) Case Closure Activity code: Clients whose last encounter code in PE is a CCA are excluded from active clients; However, some closed cases were expired at the time of the case closure and PE does not permit billing for clients whose cases are expired. Additionally, CCA codes are not always billed lastly at the time of case closure. Thus, some closed cases appeared in the dashboard.

3) Referral source: most RW clients coming to CAN came through the TTRA; after 30 days, some clients no longer qualified for RW services.

4) Outreach (Outreach Services OS) process: for the few (5) that are truly not in care and not virally suppressed indicated that CAN is doing what we can to reach clients (MCM and Peer engagement, referral to OS, home visits, etc).

Step 5. BSR Discussion

- Discusses with BSR on the merits of conducting a project with a sample size of 5.
- All these clients had had multiple attempts to reengage them in care by providers, case manager, peer and CAN's Outreach department
- When accounting for case closures, clients no longer eligible for RW, case closures CAN RiMC improved to 73%

Step 6. Lessons Learned and Next Steps

- Difference between Report Card and Dashboard creating some confusion as to which data are accurate
- Data integrity is critical to the success of any meaningful QI initiative
- Focus on M9 (clients without any dental visit in the year)

Ryan White Program
FY 2021 Client Satisfaction Survey
Summary of Findings

aidsnet.org

Prepared for
Clinical Quality Management Committee

Revised, August 19, 2022

Prepared by
Behavioral Science Research Corporation

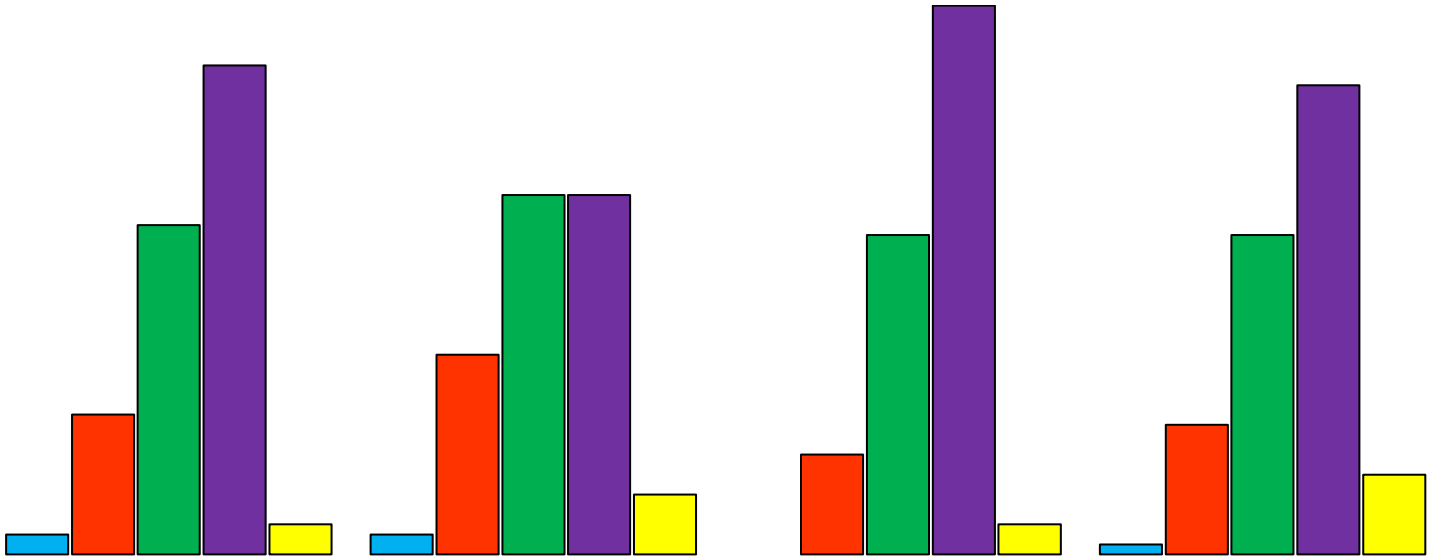
FY 2021 Ryan White Program Client Satisfaction Survey

- FY 2021 was the 14th Ryan White Client Satisfaction Survey (CSS) administered by Behavioral Science Research (BSR)
- Previous surveys were conducted in 2006 and annually since 2008
- 517 client interviews were completed, focusing on OAHS and OHC service categories.
- CSS was conducted between September and November 2021.

Survey Methodology

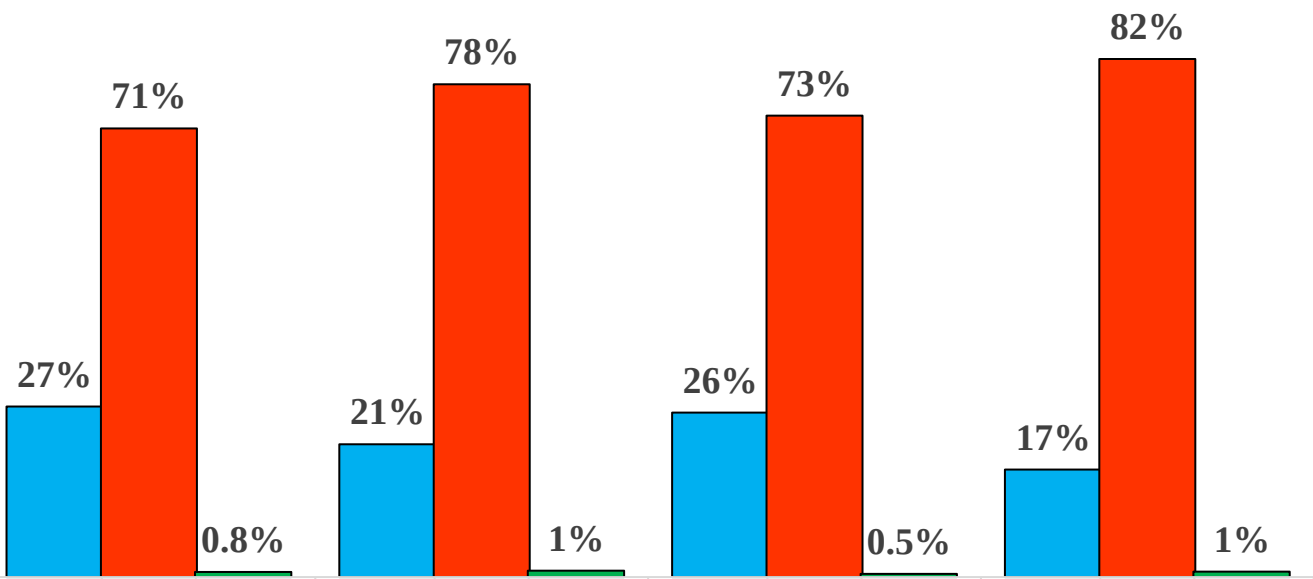
- Clients were interviewed by telephone to avoid COVID-19 contact issues, rather than by in-person interviews at Medical Case Management sites, as BSR had done in the past.
  - The clients were quota-sampled by RWP OAHS Provider, based on the number of clients seen by the top 50 OAHS providers. A total of 517 OAHS clients were interviewed, of whom 205 also qualified for OHC surveys .
  - These medical providers (MD, PA, RN) provide services at one of 21 RWP sites or at four private offices
  - Clients must have been in RWP OAHS care at the site for at least 6 months.
  - Clients were recruited to participate in the study by subrecipient MCMs, from a list of clients in Provide who were identified as receiving OAHS from the selected providers stationed at the subrecipient site. Only clients who had given consent to participate "behind the subrecipient firewall" were interviewed by BSR.
- As an incentive to participate, clients were given a $25 Walmart "e-gift" card, by phone text, by email, or sent by US mail.

OAHS and OHC Survey Respondent Ages Compared to Clients in Care



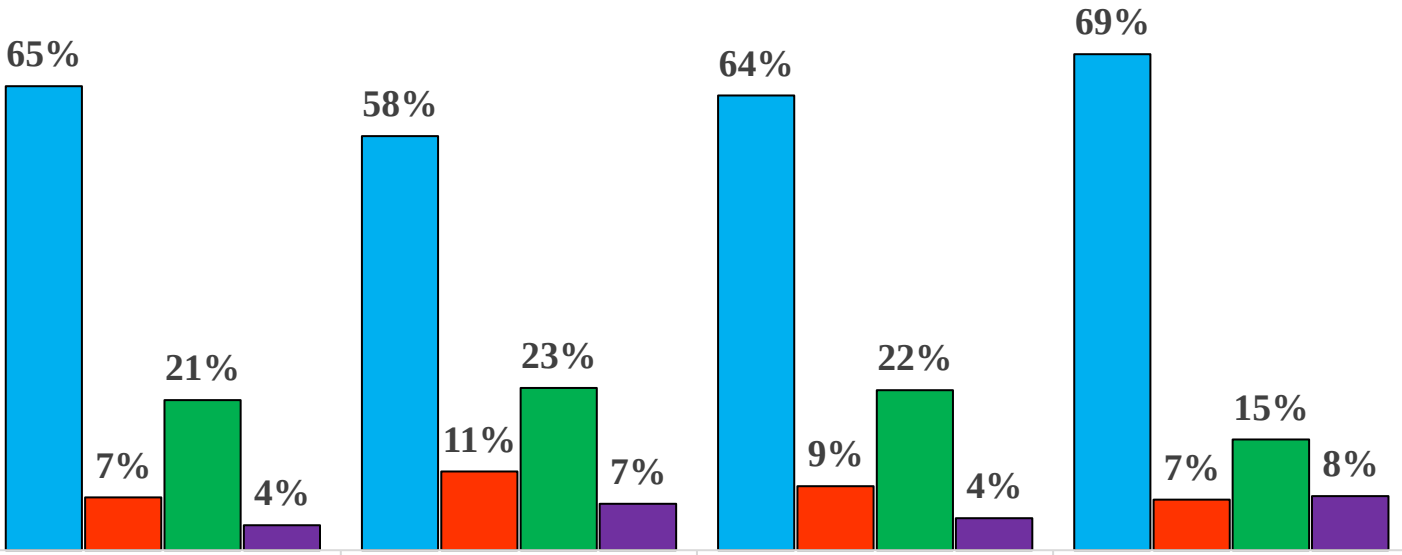
	CSS OAHS SAMPLE N=517	CY2021 OAHS CLIENT BASE N=5806	CSS OHC SAMPLE N=201	CY2021 OHC CLIENT BASE N=2233
Under 25	2%	2%	0%	1%
25 to 34	14%	20%	10%	13%
35 to 49	33%	36%	32%	32%
50 to 64	49%	36%	55%	47%
65+	3%	6%	3%	8%

OAHS and OHC Survey Respondent Genders Compared to Clients in Care



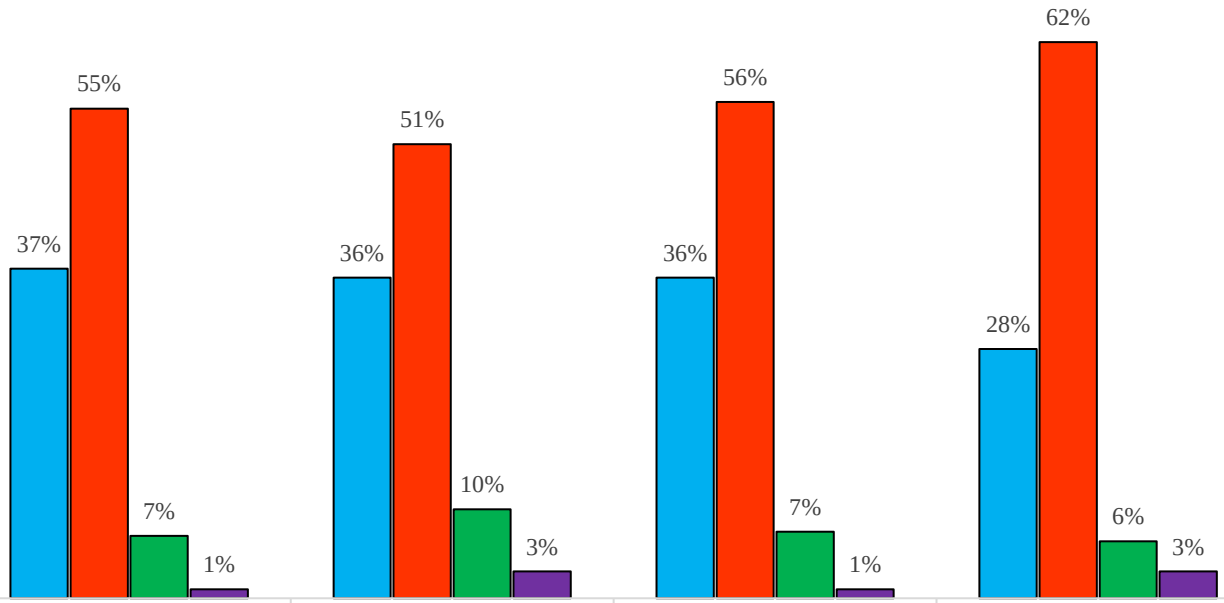
	CSS OAHS SAMPLE N=517	CY2021 OAHS CLIENT BASE N=5806	CSS OHC N=201	CY2021 OHC CLIENT BASE N=2233
FEMALE	27%	21%	26%	17%
MALE	71%	78%	73%	82%
TRANSGENDER	0.8%	1%	0.5%	1%

OAHS and OHC Survey Respondent Race/Ethnicity Compared to Clients in Care



	CSS OAHS SAMPLE N=517	CY2021 OAHS CLIENT BASE N=5806	CSS OHC N=201	CY2021 OHC CLIENT BASE N=2233
Hispanic	65%	58%	64%	69%
Haitian	7%	11%	9%	7%
Black/AA	21%	23%	22%	15%
White	4%	7%	4%	8%

OAHS and OHC Respondent Preferred Language Compared to Clients in Care



	CSS OAHS SAMPLE N=517	CY2021 OAHS CLIENT BASE N=5806	CSS OHC N=201	CY2021 OHC CLIENT BASE N=2233
ENGLISH	37%	36%	36%	28%
SPANISH	55%	51%	56%	62%
HIATIAN-CREOLE	7%	10%	7%	6%
OTHER	1%	3%	1%	3%

Respondent Characteristics (1)

Year of HIV/AIDS Diagnosis (4.1% don't know)	
Before 1995	10%
1995 – 2004	22%
2005-2014	36%
2015 – present	27%

Year First Treated in M-DC (2.5% don't know)	
Before 1995	7%
1995-2004	18%
2005-2014	33%
2015 – present	41%

Employment Status	
Working full time	34%
Working part time	22%
Sporadic, episodic, irregular	11%
Not working	34%

Living Arrangements	
Living alone	29%
Dyadic, with spouse/partner	23%
Living with other family	37%
Living with other non-family	16%

Respondent Characteristics (2)

Frequency of Sending/Receiving Email	
Daily	53%
Weekly	19%
Monthly	8%
Rarely/Never/NA	21%

Frequency of Sending/Receiving Texts	
Daily	76%
Weekly	11%
Monthly	4%
Rarely/Never/NA	9%

Client-Reported Problems	
Signing up for RWP services?	2.7%
Language barriers in services?	2.5%

In-Person/Tele-Health for OAHS	
All visits in person	43%
Most in person, some tele-health	24%
Half in person, half tele-health	18%
Most or all visits by tele-health	15%

Percent "Very Satisfied" with Care Provided by Specific Personnel, 2019-2021

SERVICE CATEGORY	2019	2020	2021
	% Very Satisfied	% Very Satisfied	% Very Satisfied
Physician (MD, DO), ARNP, PA	70%	72%	76%
Dentist	59%	56%	56%
Oral hygienist	--	55%	66%

Client-Centered Care by Medical Provider

When you visited your medical care provider, how often did your doctor …	% always
…talk to you about your health questions or concerns about your HIV care?	45%
(Probe: If/when he/she did, how often did you get information that was clear and easy to understand?)	*90%*
… how often ask you if there are things that make it hard for you to take care of your health?	45%
…how often discuss the importance of getting/keeping VLs undetectable?	83%

Percent "Very Easy" to Make Appointments for Care

SERVICE CATEGORY	2021 %Very Easy
Outpatient Ambulatory Health Services	46%
Oral Health Care	26%

Note: 17% reported problems keeping appointments with their primary care providers. Of those who had problems, the most frequently mentioned reason (30%) was that they had conflicts with their work schedules.

Percent "Very Satisfied" with Lagtime to Next Appointment 2019-21

SERVICE CATEGORY	2019	2020	2021
	% Very Satisfied	% Very Satisfied	% Very Satisfied
Outpatient Ambulatory Health Services	39%	51%	46%
Oral Health Care	26%	37%	23%

A supplementary question in the FY 2021 CSS asked OAHS clients if they had contacted their doctors for "care that they needed right away." Of the 27% who had done so, 73% reported getting an OAHS appointment as soon as it was needed. Among clients who needed emergency OHC services, 30% of the OHC clients reported contacting their OHC provider for an emergency OHC appointment, but only 53% reported getting an appointment as soon as it was needed.

Percent "Very Satisfied" with Time it Takes to Get Through to a Provider on the Phone 2019-2021

SERVICE CATEGORY	2019	2020	2021
	% Very Satisfied	% Very Satisfied	% Very Satisfied
Outpatient Ambulatory Health Services	39%	37%	43%
Oral Health Care	39%	37%	21%

Major Client Satisfaction Survey (CSS) findings to keep in mind …

- Although Hispanics and persons 50-64 years old were slightly over-represented in the OAHS and OHC samples, the demographic profile of the CSS sample is remarkably close to the demographics of the OAHS and OHC clients in RWP care.

- Over half the OAHS/OHC client base is working full-time (34%) or part-time (22%), potentially complicating access to RWP services. The most commonly reported obstacle to keeping an OAHS appointment is a *work conflict.*

- Preferred language is English for 37% of the respondents, Spanish for 55%, and Haitian Creole for 7%, very close to Ryan White Program demographics of clients in care. However, "language barrier preventing service" was not an issue for the clients in the survey.

More Client Satisfaction Survey (CSS) findings …

- "Service satisfaction" is higher than previous years for outpatient/ ambulatory health services (76% very satisfied). Oral health care satisfaction levels remain the same for dentists (56% very satisfied), and has improved for oral hygienists (66%) .

- "Appointment satisfaction" and "contact satisfaction" levels are generally low.
  - Compared to FY 2020, the "year of COVID," both OAHS and OHC clients show lower levels of satisfaction with the lagtime to getting a "new or next" appointment (46% for OAHS, 23% for OHC).
  - While satisfaction with the time it takes to talk to a provider on the phone has improved for OAHS clients (43% very satisfied, vs. 37% in FY 2020), it continues to deteriorate for OHC clients (21% very satisfied, vs. 37% in FY 2020).

Thank you for your attention.

Any Questions?

Clinical Quality Management (CQM) Performance Indicators without Targets

Indicator	Lowest scoring subrecipient	RWP Average	Highest scoring subrecipient	Target Averages Based on Feedback	Target
C5 HIV Care Continuum-*% RWP clients with non-missing VL measurement*	75%	89%	98%	91%	
M5 MCM-*% RWP clients with non-missing VL measurement*	87%	95%	100%	92%	
M7 MCM-% *MCM clients with MCM contact within previous 90 days*	28%	77%	100%	78%	

Clinical Quality Management (CQM) Performance Indicators without Targets

Remaining Indicators pending targets to discuss at the next CQM Committee meeting
September 16, 2022

Indicator	Highest scoring subrecipient	RWP Average	Lowest scoring subrecipient	Your recommended Target
N5 OAHS-*% RWP clients with non-missing VL measurement*	*100%	95%	69%	
M6 MCM-% *MCM clients with MCM plans of care (action plans) created or updated two or more times (and at least 90 days apart) within previous 12 months (HAB/HRSA Performance Measure*	97%	73%	37%	
M9 MCM-*% MCM clients receiving Oral Health Care services*	57%	29%	11%	