



PLAN

Plan your test and describe your plan for collecting data.

What change are you testing?

PHT PET plans to schedule the oral health appointment on the same day as the client's primary visit as well as reminder calls the day prior to the oral health appointment.

Goal: By June 30, 2022, we will increase the percentage of PET center MCM clients without an OHC billed visit in the last 12 months (among 18 Hispanic MMSC) from 0% to 50%.

What do you predict will happen? Why?

- An increase in scheduled OHC appointments among the SFAN Clients (specifically Hispanic MMSCs).
- An increase in the number of billed clients who received an OHC service in the last 12 months (among 18 Hispanic MMSC) from 0%-50%.

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:

1. SFAN Administration (LaQuanna Lightfoot, Director and Angela Machado, Associate Admin.)
2. SFAN QA Coordinators (Naeem Tennant and Takisha Nelson)
3. PET Center Supervisor (Juliet Miller)
4. PET Center Medical Case Managers (Denise Higgins and Emerita Roman)

5. PESN (Lileaus Hill)

What resources are needed:

Provide Groupware Technologies: A Miami Dade county HIV/AIDS electronic database system used for case management, data reporting, billing and contract management. The system is designed to track client confidentially, health information, which is shared with HIV, related organizations to eliminate duplication of effort, duplication of services and minimize client concerns.

Cerner (Jackson Health System EMR) – Our internal EMR system tracks clients scheduled, attended and no show appointments.

Time Period for the test

May 1, 2022 – June 30, 2022

Action steps and who is responsible for each step:

- The client's primary visit scheduled on the same day as the OHC appointment **(MCM)**
- Client reminder calls the day prior to the OHC visit **(MCM)**
- The MCM, Peer, PCP and OHC provider educating clients on the importance of maintaining OHC appointments
- Providing an incentive (Partnership merchandise) as a thank you to the clients who kept their OHC appointment **(MCM/PEER)**

Provide details on what data will be collected and how.

- Scheduled dental appointments
- No shows dental appointments
- Future dental appointments

Data has been collected via Provide Groupware Technologies and Cerner. Our client database system has access to all dental appointments for our clients.

Citrus Health Network Quality Improvement Project Lessons Learned & Best Practices



PURPOSE

Identify how the RWP Part A priority population was selected for the QI Project

Identify the factors that were instrumental in the drilling down process

Outline lessons learned during the process



Quality Improvement Project

January 2022

Identify priority population based on two 6-month cohorts of viral load suppression data among MCM and OAHS clients at Citrus Health Network.

Complete a Root Cause Analysis (RCA)

Identify the barriers to viral load suppression

5 QI Planning Questions

Questions	Responses
Which priority population(s) has your QI team identified?	Hispanic MMSC among OAHS clients
Is this priority population specific to a location?	Yes, Citrus Health only offers services at one location.
Which Root Cause Analysis (RCA) tool did you use to identify the contributing factors that may have caused non-viral load suppression? List the possible causes (from the RCA) that contribute to clients not being virally suppressed.	The 5 whys
List the possible causes (from the RCA) that contribute to clients not being virally suppressed.	<p>Clients who are new to the program who have not had PCP contact for a long time or at all.</p> <ul style="list-style-type: none"> ➤ Clients who do not follow up with PCP appointments as scheduled due to personal issues, including Covid pandemic challenges ➤ Clients who do not adhere to medication regimen ➤ Clients who do not understand the medication compliance
Think about a cause/barrier your QI team would like to prioritize; this will be the focus of the TA session.	Clients who do not follow up with PCP appointments as scheduled due to personal issues, including Covid pandemic challenges.

Citrus HCC – QI Project Step II

Summary

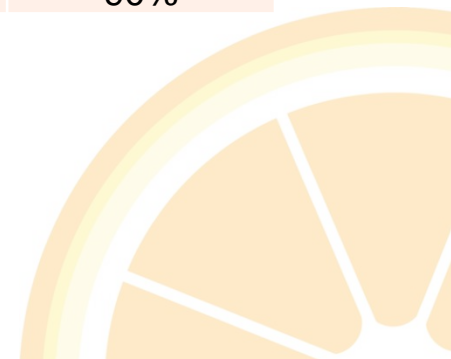
February 2022

BSR created the RWP MCM and OAHS dashboard representing client demographics, VL Suppression, and RiMC data within any requested time period

Upon receipt and review of the dashboard year ending 1-31-22, CHN requested consideration to focus its QI project on increasing RiMC among OAHS patients

Data

Baseline on all Clients	
Total Clients	111
MCM Clients	106
OAHS Clients	34
MCM & OAHS	29
VL Status %	92%
Missing VL%	#REF!
High VL %	3%
VL Up to Date%	92%
RiMC Status %	90%



Citrus HCC QI Project Step III

Summary

March 2022

Dashboard was updated to include RWP Expiration Status and Expiration Date.

Medical Visit frequency was updated from every six months to every three months.

Initially, Hispanic MMSC was the identified priority population, however, the data did not support the need of this project to be focused on VL suppression.

Citrus Health Network (CHN) QI Initiative will focus on Retention in Medical Care (RiMC) among the male/female Hispanic population receiving OAHS and MCM services.

Data

Baseline on all Clients	
Total Clients	110
MCM Clients	104
OAHS Clients	34
MCM & OAHS	28
VL Status %	94%
VL Suppressed % -Active Clients	96%
Missing VL%	#REF!
High VL %	1%
VL Up to Date%	92%
RiMC Status %	87%
Expired RWP Eligibility	6%

Citrus HCC Step IV

Summary

April 2022

Dashboard updated

Medical Visit frequency was updated from every six months to every three months.

Citrus Health Network (CHN) QI Initiative intended to focus on Retention in Medical Care (RiMC) among the male/female Hispanic population receiving OAHS and MCM services. Based on latest update, data revealed that RiMC was at a 94%.

Data

Baseline on all Clients	
Total Clients	136
MCM Clients	104
OAHS Clients	34
MCM & OAHS	2
VL Status %	94%
VL Suppressed % -Active Clients	97%
Missing VL%	#REF!
High VL %	1%
VL Up to Date%	92%
RiMC Status %	94%
Expired RWP Eligibility	6%



Best Practices

Citrus Health Network's Ryan White program utilizes several strategies and best practices that contribute to retention in services. These are:

- Mission Statement: The Business of Helping People
- Reminder of upcoming appointment: We always confirm appointments, whether medical appointments or for case management encounters. We also make sure the client has the means to get to their scheduled appointment. If, for some reason, the client reports obstacles to keeping their appointment, we utilize other available tools (such as telehealth), in order to meet the client where they are.
- Follow up: We reach out when visits are overdue or missed; a brief and caring interaction with the client may be all that is needed and is usually appreciated.



Best Practices Cont.

These best practices are embedded in Citrus Health's values, particularly, we believe the essence of quality treatment lies in individualization and treatment planning. We stand ready to examine all individual characteristics and make all adjustments needed and feasible in any of our programs, so that everyone receives individualized attention. Some of the ways this is achieved, include;

- Pay Attention to Needs and Concerns: We always pay attention to our clients/patients' needs, and we always try to give them our undivided attention when they share their concerns with us. Taking the time to hear about the long walk they had to take to get to us – or whatever the issue- not only gives us an idea on where we can help them better so they can keep making it to their medical commitments, but also creates the rapport needed so the client/patient would feel appreciated and therefore more willing to cooperate with matters related to their health.
- Anticipate Problems and Obstacles: if a patient has an appointment coming up related to a referral, for example, we try making sure all the documents and authorizations are in place so the experience can be as smooth handoff. Some of our clients are insured, which makes this task a bit easier, but for those who are not (insured), we always make sure the client understands the requirements of seeing a provider utilizing our program's fundings (Ryan White).
- Staff Training: Staff training is crucial. At time of on boarding staff receive a Cross Cultural and Individual Difference Sensitivity training to develop their competencies.
- **Last, but not least, Treat Clients/patients with Respect:** successful practices sustain a culture of respect, leaving no room for anyone to feel that they (the patient, visitor, family member) are an intrusion or interruption to the busy office environment. We can also approach this concept from the perspective related to the importance of our client's privacy. Our community faces a lot of stigma (still), therefore, making sure they feel we respect their confidentiality is key. Laws like HIPAA, serve us as a guidance pertaining to this matter.



CHN Lessons Learned

- Support of administration
- Engagement of staff.
- Data checks/analysis occur on an ongoing basis, will increase the frequency by which they occur.
- Administrators met with staff to review current and updated entry codes.
- BSR played a big roll with the TA calls and assisting CHN in deciphering the information on the dashboard and the logic used. BSR made it easy for us collaborate and share feedback.
- CHN also made enhancements to our internal report by incorporating some identifiers that initially were not part of our internal report.



Next Steps.....

- We would like to explore the Oral Health Care (OHC) indicator.

