

**Miami-Dade County Ryan White Program
Clinical Quality Management Committee
Expectations and Plans for FY 2020-21**

***(Presented at CQM Committee Meeting on 6/19/2020
By Carla Valle-Schwenk, Ryan White Program Administrator)***

The past three months have been extremely challenging for our community and for all areas of the Ryan White Program. Since March 1st, we have transitioned our new client data management information system to Groupware Technologies, Inc.'s Provide Enterprise system; many of our subrecipients have struggled with service delivery disruptions because of the COVID-19 pandemic; clients have also experienced COVID-19 related challenges; many staff have been working remotely; we have four new subrecipient organizations; and contracts are still pending. We understand the challenges that many of you have gone through (and are still going through), *but we need to get back on track with our CQM Plan and related activities.*

The Clinical Quality Management (CQM) Plan is a reflection of how the county's CQM activities align with HRSA's Policy Clarifications concerning clinical quality management. HRSA's vision is that every EMA's Ryan White Program supports a quality improvement culture, a process of continual quality improvement that progresses from the Recipient through the subrecipients, and down to every person working in every subrecipient provider agency. At the same time, it bubbles up from the day-to-day operational quality improvements of every subrecipient providing services to our clients.

The way we make this happen is by a system-wide commitment to continually improving the quality of Ryan White Program service throughout the entire CQM Team. The CQM Team consists of me – representing the Recipient – BSR – who was awarded the CQM contract to be the implementer of our CQM Plan, and who has done this sort of thing for many years – and the CQM Committee, who is responsible for prioritizing CQM initiatives, working with BSR in overseeing and assisting subrecipients in their CQM initiatives, and looking forward to areas of future quality improvement. The CQM Committee represents every service provider in the EMA providing one or more of our key core services: medical case management, outpatient medical care, and oral health care, as well as non-subrecipient providers and stakeholders. We do this in accordance with Ryan White Program legislation, HRSA's CQM recommendations, and requirements per HRSA Policy Clarification Notice #15-02. For reference:

<https://hab.hrsa.gov/sites/default/files/hab/Global/CQM-PCN-15-02.pdf> and
<https://hab.hrsa.gov/sites/default/files/hab/Global/clinicalqualitymanagementfaq.pdf>

Each Part A or MAI-funded subrecipient in Miami-Dade County is contractually obligated to participate in our continuous quality improvement process. Today's meeting is a kick-off for how we are re-starting our CQM process after a very difficult and disruptive first quarter.

You have heard some preliminary data from Susy Martinez on some responses to last year's CQM activities and our readiness to move forward in FY 2020-21. Here's what quality improvement is NOT:

- It's not drowning in data, analyzing and re-analyzing system-wide client data until your eyes glaze over and you still have not applied these data to your own program operations to produce an improvement in quality. BSR's data analyses are instructive, but unless they can be applied to the way you do client care, they don't take you anywhere. In FY 2019-20, we spent a lot of time on data analyses, and we did not spend a balanced amount of time on applying those data to concrete problems at the subrecipient service delivery level. That is not quality improvement.
- It's not fixing an obvious service delivery problem that comes up internally, doing a quick fix on the fly to change a policy to address something that isn't working well, without looking at the way this problem reflects the way you deliver client services. Every day, we all see opportunities to fix things that don't work. But do you measure your client outcomes, look closely at a way your client outcomes reflect a service quality problem, implement a change, and measure again to see how your intervention is improving client outcomes? Patching up problems is not quality improvement.
- It's not something that is done only by a CQM officer or specialist in the agency, or one or two subrecipients who respond to quality issues while others stand by and watch. Quality is everybody's business in a Ryan White Program subrecipient agency; and should be everybody's business in every agency.

Everything the CQM Team does is with the goal of improving the quality of care, improving access to care, and overall satisfaction with services for people who are living with HIV/AIDS. Specific responsibilities of the CQM Committee include:

- **Assist** the Recipient and BSR in developing a "culture of quality improvement" throughout the Part A/MAI network of care. BSR will provide more guidance on that concept. Some subrecipients may be well along the path to developing this culture, and we will depend on these subrecipients for leadership. Some may be a little behind, and we will look for these subrecipients to further develop their quality improvement culture. But a quality improvement culture is a commitment from the top down in every agency.
- **Establish** annual priorities for improving quality within subrecipient agencies and across the system of care, based on subrecipient performance and client health outcome measures. Some of the priorities are visible in the CQM Performance Report Card and in some of the other

reports we have generated. But priorities are not data points. Priorities are systems of care.

- **Provide** guidance and support for QI activities across subrecipient agencies. The CQM Committee has representation from all subrecipients funded by the Ryan White program. It is a support system for quality improvement. Those of you who are here are considered to be decision-makers within your respective organizations and champions for quality improvement.
- **Support** BSR's work in executing the quality improvement tasks that they are responsible for, and which interface with your own agency. This means cooperating fully and enthusiastically in the annual Client Satisfaction Surveys that they do, this means ensuring that the Ryan White clients you serve are willing – as much as possible – to cooperate with BSR when BSR is tasked with supplementary focus groups and surveys that involves contacting these clients directly. There is a consent that these clients execute to enable BSR to contact them to conduct quality improvement research. Supporting BSR means getting your clients to be as cooperative as they can be with these projects.
- **Provide** feedback in the development of a Clinical Quality Management Plan for the Miami-Dade County EMA that is in alignment with the Miami-Dade HIV/AIDS Integrated Prevention and Care Plan and in compliance with HRSA expectations. The existing Integrated Plan sunsets in 2021. HRSA is in the process of issuing guidance for the 2022 Integrated Plan. The CQM Committee is part of this Integrated Plan and part of the CQM Plan that contributes to it.
- **Identify** resources needed to support the implementation of QI projects, both from within the existing subrecipient service delivery structures and with the help of outside technical assistance.
- **Recommend** related to the dissemination of best practices across subrecipient agencies. We know that not all best practices arising from CQM processes can be replicated in all service providers. But when something works to improve client clinical outcomes, it is something that needs to be examined at all of the agencies we fund.
- **Recruit** people with HIV and other stakeholders actively for participation in establishing QM priorities and providing support for the overall culture of quality improvement in the Ryan White Program.
- **Evaluate** the effectiveness of the CQM Plan, of BSR and the Recipient as members of the CQM Team.

It is **expected** that at least one (1) appropriate person from each Miami-Dade County Ryan White Part A/MAI Program-funded subrecipient agency participate on the CQM Committee, and that identified CQM Committee members:

- ✓ **Consistently attend and fully participate** in scheduled CQMC meetings;
- ✓ **Review** the data that BSR provides;
- ✓ **Read and respond** to requests for information in a prompt manner;
- ✓ **Do the homework** from one meeting to the next;
- ✓ **Be an active participant** in the CQM process;
- ✓ **Be candid and open** about your QI training needs. We have some highly trained people working at BSR, and we have some highly trained people available to us through HRSA, and we want to take that training and put it to work to sharpen your skills and build our program's capacity to do Quality Improvement. We will be asking more about this later;
- ✓ **Be respectful and professional** when we are talking about each other's service delivery strengths and weaknesses. When we look at performance scores on the CQM Report Card, it's not a witch hunt. It's like box scores in baseball or lap times in a swimming meet. It's about coaching for better performance;
- ✓ **Consider us** – the Recipient – as a colleague in this process and not an enforcer. It is an unavoidable truth that one of Miami-Dade County's (Recipient's) major functions is to enforce compliance with HRSA regulations and service standards, to hold each subrecipient accountable for compliance with the terms of their related contracts. But at the same time, if there are problems how the County (Recipient) manages the grant and those problems are contributing to subrecipient's problems in providing services, we expect you to be candid in pointing them out to the CQM Team;
- ✓ **Report on** quality improvement activities within your agencies;
- ✓ **Share** problems in measurement or implementation;
- ✓ **Be candid** about root causes that may be contributing to service delivery problems;
- ✓ **Be open** to suggestions about how these challenges may be addressed; and

- ✓ **FOR MAI FUNDED SUBRECIPIENTS AND OTHER INTERESTED PARTIES:** Please note that there will be an additional working CQM committee that will focus on services to minority clients in the Ryan White Program. The "MAI Clinical Quality Management committee" is the former "Retention and Relinkage Team," and will resume regular meetings on June 30, 2020. While the MAI CQM Team will be focusing on Minority AIDS Initiative (MAI)-funded CQM activities, we will be looking at areas where all Ryan White subrecipients show strengths and weaknesses in serving minority clients.

ADDITIONAL:

CLIENT CONCERN NEEDING PRIORITIZATION AS A QUALITY IMPROVEMENT PROJECT

- 1) Client concern with Medical Case Management services –
 - a. **Issue:** One of our clients recently reached out to the Recipient with a number of concerns related to the local Ryan White Part A/MAI Program system of care, especially Medical Case Management.
 - b. **First Steps:** **(1)** BSR and the Recipient looked at data from last year's Client Satisfaction Survey (most current available). Results of this review indicated that both the statistical data and the verbatim comments from the hundreds of clients who responded support or add merit to the client's concerns. **(2)** The Recipient directed BSR to set up a series of focus groups with peers, medical case managers, front desk or reception personnel, case management supervisors, individual clients, and even heads of subrecipient agencies. Recipient management staff will be attending these focus group meetings. BSR will be drawing up a workplan for this activity, and we will share it with CQM Committee members and other interested within the next 2 weeks.

Note: This will be a comprehensive quality improvement project, involving every Ryan White Part A/MAI Program-funded subrecipient, and seeking to improve the most important and far-reaching element of our service to our clients.

Thank you for being part of the CQM Team. We value your precious time and appreciate your participation to help improve our local Ryan White Program.