MIAMI-DADE COUNTY RYAN WHITE PART A/MAI PROGRAM (RWP)
CLINICAL QUALITY MANAGEMENT (CQM) COMMITTEE
FY 2019-20 END-OF-YEAR EVALUATION- <mark>FINAL RESULTS</mark>

The CQM Committee is directed to (1) evaluate performance data from Ryan White Program subrecipients and identify quality improvement (QI) opportunities, (2) prioritize (or re-prioritize) those opportunities for maximum impact on improving service to RWP clients, (3) apply QI analytical tools to identify root causes and potential areas for QI initiatives by subrecipients, (4) oversee QI implementation by the subrecipients, and (5) measure the impact of these QI initiatives on improving client outcomes (e.g., outcomes along the HIV Care Continuum: linkage to care, retention in care, and viral suppression). Other duties include reviewing and adjusting RWP performance indicators, evaluating the work of Behavioral Science Research (BSR, the Recipient's contracted CQM provider), and serving as a CQM resource to the Recipient and subrecipients. ***The CQM Committee derives its authority from the Recipient, which contractually requires subrecipients to participate in the local CQM processes, engage in CQM activities and cooperate fully with the RWP's CQM Plan. The CQM plan itself is executed by a CQM Team, consisting of the CQM Committee, the Recipient and BSR as the contracted CQM provider.***

This survey was sent out to eight subrecipient service providers represented by persons who had attended CQM Committee meetings over the 2020-21 program year, plus one person from FDOH and the Recipient. All 10 of these persons are represented here.

*A. This section references several activities and projects the CQM Team (the Recipient, BSR and the CQM Committee) engaged in during FY 2019-20. **How would you rate the progress of the CQM Team in each of these projects in FY 2019-20?***

- Reviewed the HRSA/HAB CQM outcome measures for the assessment of service quality for Medical Case Management, Outpatient/Ambulatory Health Services and Oral Health Care (e.g., various measures of viral load, retention in care, client satisfaction, and oral health education). This is an annual activity, and will be repeated in FY 2020-21 to evaluate the existing OHC measures and the possible addition of six-month retention for new clients in care.

	# Responded	%
Excellent progress in FY 2019-20	2	**20**
Sufficient progress	8	**80**
Insufficient progress		
Can't say, undecided		

1.a   If progress is insufficient, how should the CQM Team improve this activity in FY
       2020-21?
       N/A

- **Periodically reviewed and compared subrecipient performance on selected outcome measures** (e.g., quarterly CQM
  Performance Report Cards, monthly persistently unsuppressed VL reports and missing VL data reports, annual client satisfaction
  surveys) to identify CQM opportunities.

	# Responded	%
Excellent progress in FY 2019-20	3	**30**
Sufficient progress	7	**70**
Insufficient progress		
Can't say, undecided		

2.a   If progress is insufficient, how should the CQM Team improve this activity in FY 2020-21?
       N/A

3. **Reviewed and compared subrecipient performance serving specific RWP disparity populations** (e.g., Black/African Americans,
   Hispanic MSM, Haitians) on the selected outcome measures (e.g., quarterly CQM Performance Report Cards, monthly persistently
   unsuppressed viral load and missing VL data reports, annual client satisfaction surveys) to identify CQM opportunities.

	# Responded	%
Excellent progress in FY 2019-20	2	**20**
Sufficient progress	8	**80**
Insufficient progress		
Can't say, undecided		

3.a   If progress is insufficient, how should the CQM Team improve this activity in FY 2020-21?
       N/A

4. Based on VL suppression level performance data outlined in (2) and (3), above, **the CQM Committee prioritized a Part A subrecipient with high potential for quality improvement,** and directed BSR and the Southeast AETC to conduct appropriate on-site MCM and OAHS record reviews to identify areas with potential CQM potential. The MCM record review was subsequently removed from the project because this service category would not be funded by Part A in FY 2020-21; however, the OAHS review remained. Data on caseloads and viral load suppression for individual medical personnel were provided to SE-AETC, and progress on the medical record review tool was underway by SE-AETC in February. *Status: Although this project has been suspended because of the COVID-19 quarantine, BSR, the subrecipient and SE-AETC are scheduling virtual meetings to reboot the project and schedule a site visit in August 2020.*

	# Responded	%
Excellent progress in FY 2019-20		
Sufficient progress	7	**70**
Insufficient progress	1	**10**
Can't say, undecided	2	**20**

4.a   If progress is insufficient, how should the CQM Team improve this activity in FY 2020-2021?
- **I believe we only got as far as the preliminary data review that identified a potential problem; and one initial visit with the subrecipient to share the problem and identify roles and next steps. Not much else occurred, to my knowledge.**

5. BSR provided data on the disparity between the numbers of RWP clients enrolled in ACA and the number of these clients whose SDIS billing records indicated they had been using the RWP ACA copayment GAP Cards to assist with medical visit expenses. **The CQM Committee prioritized this project for FY 2019-20** and BSR proceeded with identifying specific subrecipients and ACA plans with demonstrable relationships between low GAP Card billing levels and low VL suppression levels as a proxy for shortfalls in medical care. Focus groups were conducted with clients whose records indicated (1) no GAP Card utilization and (2) high GAP Card utilization, and these groups were observed by members of the CQM Committee. Over the course of several data-based PDSA iterations and the focus groups, it was determined that while there were significant disparities in GAP Card billing, the disparities did not reflect actual differences in medical care provided to ACA-enrolled RWP clients, nor did they contribute to differences in VL suppression among ACA clients. CQM data analysis by BSR – for the Integrated Plan and for the annual HRSA

grant application – showed no significant difference in VL suppression between RWP clients who were receiving medical care under the ACA and ACA-eligible RWP clients who had not enrolled in the ACA. *Status: The project was completed.*

	# Responded	%
Excellent progress in FY 2019-20	1	**10**
Sufficient progress	6	**60**
Insufficient progress		
Can't say, undecided	3	**30**

5.a   If progress is insufficient, how should the CQM Team improve this activity in FY 2020-21?
- **Seems as though this QI project was stuck in data-analysis and focus group mode and never beyond that to even see how clients understood how to use mainstream insurance to improve the outcomes. I don't recall seeing the results of the data analysis and focus group discussion on this.**

6. In FY 2019-20, **the CQM Committee prioritized a CQM investigation into the role of co-occurring conditions (acuities) in linkage and retention in care for new clients entering the RWP,** seeking to identify subrecipients who may have modified their frequency of MCM contact or specialty support, based on the presence of co-occurring conditions in new-to-care clients. Data from the TTRA showed overall high rates of linkage to the RWP, but subrecipients had been focusing on linkage within 7 – 30 days and not on retention. Virtually all protocols discussed in the CQM Committee concentrated on rapid linkage without measuring co-occurring acuities, and there were no retention measurements reported that concentrated on new-to-care clients. Other problems arose in CQM Committee discussions over the issue of non-standard TTRA vs. non-TTRA new client protocols. BSR proposed using a 6-month retention in care measurement for new clients as a baseline QI measurement, beginning with the March-May 2020 CQM Performance Report Card, with historical data to be provided in April 2020. One subrecipient providing mental health services under the RWP in FY 2019-20 proposed a CQM project titrating mental health services for new clients based on PHQ-9 scores, but implementation of this was complicated when mental health services under the RWP were not funded for FY 2020-21. *Status: This project has been suspended because of the disruption of RWP service provision due to the COVID-19 quarantine. BSR will provide 6-month retention in care data to the CQM Committee once meetings resume, and will determine whether differences in subrecipient 6-month retention rates indicate potential CQM intervention opportunities.*

	# Responded	%
Excellent progress in FY 2019-20		
Sufficient progress	6	**60**
Insufficient progress	1	**10**
Can't say, undecided	3	**30**

6.a   If progress is insufficient, how should the CQM Team improve this activity in FY 2020-21?
- **Understandably, some progress was affected by the COVID-19 pandemic in FY 2020, but the CQM Committee should have been given more updates during FY2019 regarding delays affecting this QI project. I would like to see more progress on testing best practice interventions and a little less on data collection and analysis; or at least a better balance of the two.**

B.   The questions in this section pertain to the ability of the CQM Committee to be more assertive in FY 2020-21 in identifying subrecipients with below-average quality indicators and in working directly with them executing targeted QI projects, with progress reported back to the CQM Committee. This will involve a level of transparency and candor that has not been asked for in the past.

7.   How ready do you feel the CQM Committee is for the kind of self-examination that this may entail?

	# Responded	%
More than ready – we should have been doing more of this last year	2	**20**
Ready – the trust level is high within the CQM Committee	5	**50**
Most – but not all – of the CQM Committee is ready	3	**30**
Not quite ready as a group		
The CQM Committee will not be comfortable at all with a "public process"		

8. How comfortable are you in directing the CQM Committee's attention to a particular subrecipient whose performance indicators or client outcomes indicate they have problem areas to resolve?

	# Responded	%
Very comfortable	4	**40**
Comfortable	3	**30**
Can't say, undecided	3	**30**
Uncomfortable		
Very uncomfortable		

9. If it turns out that your organization is one which shows performance indicators or client outcomes reflecting areas to resolve, how comfortable will you be in discussing quality improvement issues in the CQM Committee?

	# Responded	%
Very comfortable	4	**40**
Comfortable	3	**30**
Can't say, undecided	3	**30**
Uncomfortable		
Very uncomfortable		

C. This section has to do with fostering a "Quality Improvement Culture" in the Ryan White Program in Miami-Dade County. This is a progression from looking at service quality issues at the macro level (the main emphasis in FY 2019-20) to looking at service quality more intently at the level of individual subrecipients, discussing root causes of quality issues, and acknowledging necessary next steps at the subrecipient level (the main emphasis in FY 2020-21). A "Quality Improvement Culture" extends throughout all levels of a subrecipient agency – dedicating resources to diagnosing service quality improvement, buy-in from management, a commitment to pre-intervention measurement to identify problems and post-intervention measurement to evaluate success.

10. In FY 2019-20, how would you rate the progress of the **CQM Committee** in fostering a "quality improvement culture" in the CQM Committee and the Ryan White Program in general?

	# Responded	%
Very satisfactory	1	**10**
Satisfactory	8	**80**
Can't say, undecided	1	**10**
Unsatisfactory		
Very unsatisfactory		

10a. What did the **CQM Committee** do best in fostering a quality improvement culture?

- **Collaborative discussion from different members.**
- **Open discussion based on level performance data of VL suppression**
- **Compare Subrecipient performance outcome measures.**
- **Unblinding the data and having open and frank discussions.**
- **Provide data with recommended realistic solutions for improvement.**
- **We had begun to develop root causes of issues different agencies were having, but not able to develop a plan to assist.**
- **The group has switched to a more focused centered rather than data centered. I believe now issues that have been identified a while ago are finally getting or starting to get resolved.**
- **Everyone is willing to share ideas and help each other be successful in accomplishing goals.**
- **They actually made it a recurrent theme and opened the floor to ensure that all participants can learn to embrace it.**
- **The committee started identifying some specific areas of concern that needed to be addressed.**

10b. What challenges did the **CQM Committee** face in fostering a quality improvement culture?

- **Having the same base of quality improvement initiative understanding.**
- **The main challenge is to educate all the members of the CQMC on the importance of a quality culture.**
- **Looking beyond the data and actually trying some interventions at identified agencies where client health outcomes were poor.**

10b. (cont'd) What challenges did the CQM Committee face in fostering a quality improvement culture?

- **The changing of RW data base to systems from SDIS to Provide.**
- **It took some time to choose which area needed to be address first**

10c. What suggestions do you have for the **CQM Committee,** to help improve the RWP CQM process in FY 2020-21?

- **An Assessment for where each member or organization is at related to the basis of understanding regarding quality improvement initiatives.**
- **None**
- **Continue to meet regularly. Ensure that BSR provides regular updates on QI projects, not just at the end of the year through the evaluation document.**
- **More meeting recommendations to provide solutions to negative data from providers.**
- **We need to accept recommendations from agencies on how to improve.**
- **Continue to share ideas and be willing to help as needed.**
- **I think that by implementing "champions' that can support the idea of a quality improvement culture, by actively participating in QI activities in low performing areas, will allow to others follow.**
- **Choose one project and work on it.**

11. In FY 2019-20, how would you rate **BSR's** performance in fostering a "quality improvement culture" in the CQM Committee and the Ryan White Program in general?

	# Responded	%
Very satisfactory	2	**20**
Satisfactory	6	**60**
Can't say, undecided	2	**20**
Unsatisfactory		
Very unsatisfactory		

11a. What did **BSR** do best in fostering a quality improvement culture in FY 2019-20?

- **Presenting effective data and projects to the committee.**
- **Reports on quality indicators and well-run meetings; also openness to feedback.**
- **Convening regular meetings. Working with the Recipient at the beginning of the year to share the expectations of the CQM Program and the CQM Team.**
- **Assisted our agency with data relating to Missing VL and CD4 labs and how to improve performance.**
- **The shift of being more corrective focus and not just addressing the issues this year has been the greatest improvement.**
- **Good at providing data to be analyzed and organizing the platform for agencies to come together for discussion.**
- **They not only participated but multiple times tried to share and educate the individuals on what quality improvement is.**

11b. What challenges did **BSR** face in fostering a quality improvement culture?

- **Advances scheduling related to quality initiatives.**
- **Getting all agencies to buy in to discussing individual agency information.**
- **Seemingly focused more on data collection and analysis. Needing to help educate subrecipients more on CQM culture, process, tools, techniques and benefits of the CQM Process.**
- **HRSA guidelines steered significant changes in how BSR functions.**
- **Too often organizations feel that is either not important or maybe judgemental and it will hurt them in their funding expectations**

11c. What suggestions do you have for **BSR,** to help improve the RWP CQM process in FY 2020- 21?

- **Developing a conceivable timeline for the year regarding improvement initiatives with advances notification regarding project deliverables.**
- **Continue to stress that CQM is not about public shaming or punishment, but to help improve quality.**
- **Continue to offer resources to facilitate discussion to implement change as needed.**
- **Provide more education to subrecipients to enhance their understanding of a quality improvement culture and how to translate an identified program into an effective QI project (intervention or change in process or activities)**
- **Provide more clarity on the measures of obtaining/analyzing data when reviewing the CQM Report Card.**
- **Accept recommendations from other agencies.**
- **I think that they can continue their current work, they already have identified organizations that can implement projects and make those organizations support them and voice the mission of a quality improvement culture.**
- **Have a list of specific problems or projects to work on and assist committee with choosing one.**

12. In FY 2019-20, how would you rate the **Recipient's** performance in fostering a "quality improvement culture" in the CQM Committee and the Ryan White Program in general?

	# Responded	%
Very satisfactory		
Satisfactory	*8	**100**
Can't say, undecided		
Unsatisfactory		
Very unsatisfactory		

***Two agencies did not respond.**

12a. What did the **Recipient** do best in fostering a quality improvement culture?

- **Presenting effective data and projects to the committee.**
- **The recipient allowed the review of the data related to subrecipient performance and especially those related to ART medications and VL suppression.**
- **The Recipient was able to identify those subrecipients who are performing below average with regards to quality indicators and was able to work with them to increase their performance.**
- **Working with BSR at the beginning of the year to share the roles and responsibilities of the CQM team.**
- **CQM Performance goals are now defined.**
- **Support the environment for coming together to help each other to accomplish common goals.**
- **Allowing for discussion from all subrecipient, taking suggestions and implementing change as needed.**
- **We have the culture and we have the drive to do so.**
- **Brought up issues that needed to be addressed.**

12b. What challenges did the **Recipient** face in fostering a quality improvement culture?

- **Getting all agencies to buy in to discussing individual agency information.**
- **Don't know. The question should be answered by the Recipient.**
- **Not having sufficient oversight of the CQM process and QI projects in play. Finding the balance between contractually required participation of subrecipients in the process vs. encouraging active participation from subrecipients because it is the right thing to do to help clients have better health outcomes.**

12b. (cont'd) What challenges did the **Recipient** face in fostering a quality improvement culture?

- **Database change from SDIS to Provide.**
- **Time and sometimes resources, there are multiple things that need attention and we lose sight sometimes.**

12c. What suggestions do you have for the **Recipient,** to help improve the RWP CQM process in FY 2020-21?

- **Continue to stress that CQM is not about public shaming or punishment, but to help improve quality**
- **None.**
- **Better communication and interaction with the entire CQM team to address issues noted above 12b.**
- **Provide updates/outcomes for the CQM goals.**
- **Continue to facilitate an environment of where individuals feel free to voice their opinions and offer suggestions to help.**
- **Looking at the CQM and RW scorecard and looking for a project that can be addressed at least on a yearly basis.**
- **Compromise on time.**

D. *Finally, some questions about CQM training and technical assistance.*

13. Do you feel you have a clear understanding of quality improvement processes, tools, techniques, etc.? What CQM training or technical assistance do you feel you need personally, to build and improve your own CQM skills and abilities?
   - **I have a clear understanding of quality improvement processes, tools, and techniques.**
   - **I have a basic understanding and I think I can always improve.**
   - **We are clear in my understanding of the quality improvement process. At this moment, we do not need any TA.**
   - **I have a good understanding of the process, tools and techniques; but honestly, if they are not used often, tend to be forgotten.**
   - **We have a clear understanding of the QI process, tools, techniques, etc.**
   - **I personally feel that a better training in the Provide system is definitely needed in the hopes of using the system in entirely help provide a comprehensive service to our patients.**
   - **I am a believer that it is never enough to be re-trained and educated consistently, we might forget simple things that makes the process easier.**

14. What CQM training or technical assistance do you feel the CQM Committee needs, to improve the   CQM Committee's capacities and abilities?

- **Developing and solidifying the base committee wide regarding quality improvement processes.**
- **The committee has a range a wide range of CQM experience and backgrounds. Perhaps some common baseline could be provided. Identify a set of trainings to be completed that would give everyone a base from which to work.**
- **I think the CQMC needs trainings related to HRSA performance measures.**
- **Probably a good idea to revisit the process, tools, and techniques-or at least the terminology at the next meeting or two, to be sure everyone understands the steps and what is needed.**
- **It is complicated, but I guess that trying to bring the language to a more simple level and ideas in a context can ensure everyone understands how to start a QI project. Maybe implementing a format for QI projects and standardizing this, would help.**

15. What CQM training or technical assistance do you feel you need in your own agency, to improve your agency's CQM capacities and abilities?

- **None at this time.**
- **We are beginning to revamp and implement CQI Plan for our CAREWare data gathering/integrity.**
- **Same as above, but ensuring all levels are involved and buy into the benefits that some extra work on their part may result in.**
- **Missing CD4 and Viral load data recommendations for improvement**
- **Quarterly issues with the organization that has been identified over 5 year period and discussing solution on how to achieve a better result.**
- **I think that my organization needs a training for the case management, outreach and clinical team in what is the expectation of a quality process and why it is not finger pointing**

16. As a result of your participation in the CQM Committee in FY 2019-20, did you engage in any QI projects? If so, please briefly summarize your QI project.

- **Project idea was presented; however, project protocols were not implemented for completion.**
- **No. We are starting one this year as part of the Department's statewide CQM Project for CAREWare.**

16.a The data that you used to identify the problem and establish the baseline client outcomes that you wanted to improve.

- **PHQ-9 and VL data for black/Haitian HIV+ MSM over the course of a year.**
- **CAREWare RSR Report; from our Program Office.**
- **Working on a QI project this FY with the focus of VL suppression and RX of ART. No QI project last year.**
- **Improve Retention in Care and VL suppression in MSM/Transgender in Clinical Immunology/Medicine Department.**
- **GAP card usage**

16.b The root causes you identified as requiring QI attention.

- **If consistent use of behavioral health services in those with high PHQ-9 score affected VL.**
- **We are in the process of defining the current processes. The next step will be to identify the problems as they present themselves.**
- **MBCHC has been showing outstanding performance in the reports performed by BSR.**
- **Found health disparities in the HIV Continuum data among the MSM and transgender men and women who received HIV services through Part C.**
- **Use of the GAP card across BHCC including referrals and pharmacy.**
- **Promoting the use of GAP card consistently by the Case Managers.**

16.c The intervention(s) that you tried in order to address the root causes.

- **Longitudinal study based on the selected cohort data from February 2019—February 2020.**
- **We are not at that point yet.**
- **Communicated with team members on ways to address barriers that contributed to VL suppression.**
- **Automatization of the GAP card to ensure it is used within BHCC and the training of the referral team to understand what the GAP card is and how it works.**

16.d   The impact of these interventions on the metrics you used (see 16.a) as your baseline.

- **To be determined as data analysis is still in progress due to COVID-19.**
- **In the process of establishing a baseline.**
- **Used EMR and reviewed cases and VL suppression levels. Baseline = 6 patients undetectable and 67 detectable.**
- **We have seen a better use of the GAP card we would need to re-evaluate data from BSR if it's true.**
- **We noticed that certain medical offices refuse to use the GAP card and hence we might not see a positive trend.**