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Retention in Care QIP

QUALITY ASSURANCE SERVICES

MDC RW Part A/MAI Program CQMP

Quality Improvement Project Documentation: Project Information

Project Title:	Retention in Care QI Project – Performance - Little Havana	***Date: March 2021***
Project Lead:	Robert Chavez	

How was the problem identified: (Report Card/TA/Client Satisfaction Report/CQMC referral, etc.)
FY 30, Cycle 2, Performance Report Card

Problem Definition: (1) Basic problem statement; (2) Reason for the effort: why is this important? How will the improvement benefit the RWP? What data and analysis support this choice?

The Midtown Care Resource site's categorical designation on retention-in-care for MCM clients and retention-in-care for OAHS clients was below average per the Miami Dade County, RWP CQM Report Card Summary, FY29 Cycle 4 (September 2019 – August 2020). Subsequently, Care Resource Little Havana was prioritized to create and implement a QI project. Although the Little Havana and Miami Beach sites scored above average during Cycle 4, the decision to implement a retention-in-care quality improvement project among MCM clients at the Little Havana site was driven by FY 30, Cycle 2, retention-in-care indicator score of 74.7% for M3, MCM clients retained in medical care (Target goal ≥90 %).

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Aim Statement

Develop Aim Statement: (1) Develop time-specific and measurable outcomes and success criteria; (2) Identify measures necessary to track progress of the improvement effort; (3) establish and document baseline measurement based on a specific patient population.
By the end of August 2021, the percentage of active Care Resource Little Havana MCM clients who are receiving medical care by a provider with prescribing privileges will be scheduled for a medical visit within six months of previous visit and a CD4, or VL test or test result within six months of previous test result.
Measures:
RWP MCM, Tahituey Ribot
Case Load as of March 5, 2021 is 172 clients

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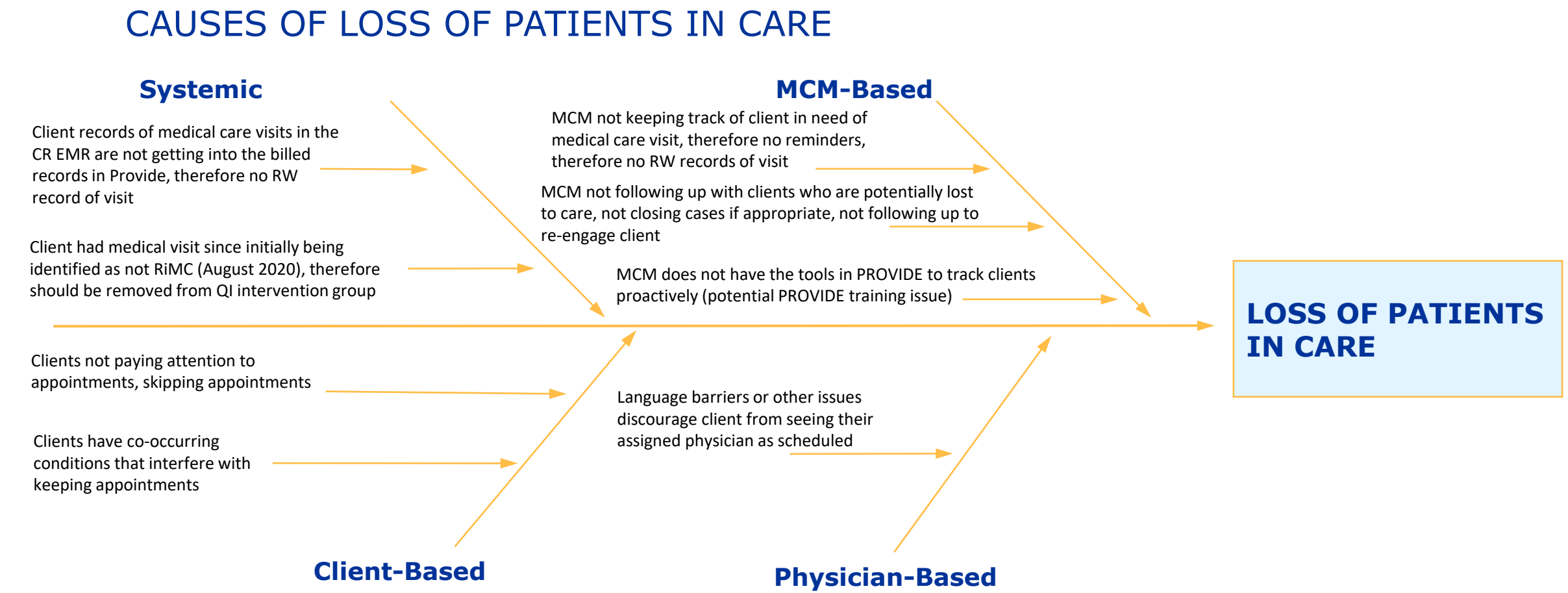
Potential Root Causes - Fishbone



Low-hanging fruit: check to see that all EMR records are also in PROVIDE, clean out cases which are not "not retained."

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Choose a Root Cause And Act

Choose a "root cause" that would be addressed by a CR intervention.

Suggestion: set up aggressive monthly tracking for a group of clients who are not RiMC. Suggestion: stick with the "test QI cohort" from August 2020 and track what happened to them "in the records" between August 2020 and February 2021 as the first **systemic root cause intervention.** For those in the cohort who were still not retained as of March 1, 2021, execute an MCM intervention **designed to address MCM-based root causes** that can be addressed RIGHT NOW.

- Use 6-month horizon: goal would be to have all clients in the QI cohort complete a medical care visit by ***August 2021***
- This will put some of these clients into compliance because they may have had one medical visit from August 2020 through February 2021.
- Check on these clients' RiMC at the end of the first 90 days in current FY (March-May '21) to show progress. Check again at June-August '21.

Attach supporting QI documentation: (e.g., Gantt Chart Project Timeline, Process Map, Fish Bone Diagram, Root Cause Analysis)
Need for a timeline of activities – Some of it may be done retrospectively to document steps already taken, but "plan forward" must be visible.

Choose a Root Cause And Act

Quality Improvement Project Documentation: Project Plan

Project staff:		
Root Cause Analysis	***Process Measure***	***Goal***
1. *Systemic root cause: record keeping issues lead some clients being inappropriately classified*	*EMR records? Provide records? How do we measure*	*Ensure all clients who are in the "not retained" cohort are actually not retained.*
2. *MCM follow-up root cause: aggressive tracking and medical care referral and follow-up will get non-RiMC clients back into regular medical care*	Case load review process review Use of specific views/reports in PE RW Eligibility screenings VL and CD4 count monitoring PE data utilized	By August, 2021, 100% of the "not retained" clients will have at least one physician visit since March, 2021, leading them to be RiMC at the end of the 12-month evaluation cycle.

Theory of Change: *State why you believe that actions on these specific root causes will result in achieving the stated goal*

Root Cause	***Change Idea***	***Preparation Needed to Conduct Tests***	***PDSA Description***
Poor retention in care Missing	Increase frequency of tracking retention measures	Run Open by Name and Open by MCM Assignee Views Determine number of clients on MCM's Caseload with expired RW eligibility, outdated viral load and medical appointments.	Update expired RW eligibility

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THANK YOU

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x464

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