

# Time for Action! Drilling Down on the Data

Clinical Quality Management (CQM) Committee  
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# Objective

## Review

how to drill down data using the MCM Subrecipient Suppressed Viral load by Ethnic/Gender Breakdown table.

Current RWP Average= 85%, Cycle 3 CQM Performance Report Card

# Importance of drilling down on the data

Helps identify client barriers to care.

Helps look beyond the numbers.

Helps identify areas for improvement.

Encourages involvement from all team members and clients.

Helps to improve client health outcomes and client satisfaction.

# FOUR STEPS TO DRILLING DOWN DATA

## EXAMPLE: ASSESSING PATIENT RETENTION

### 1 IDENTIFY PATIENTS WHO ARE NOT RETAINED

Compile a list of patients who have not been seen during the time period used to define retention. Remove those from the list who meet the exclusion criteria.

#### EXAMPLE:

**EXCLUSION CRITERIA:** The patient has died, transferred care, is incarcerated, or has been admitted to a long-term or residential care facility. These patients should be removed from your denominator.

1012 → 56 → 19 → 37  
Total patient case load    Original list of not-retained patients    Excluded: known status (e.g., died, transferred care, incarcerated)    Remaining list to drill down

The remaining group of patients are those to include in the drill down process.

### 2 ASSESS REASONS FOR NON-RETENTION

For those patients not retained, conduct an assessment of the factors causing absences from care. Multidisciplinary provider teams should review all available information from patient records as needed to identify any barriers to care, competing patient concerns, and other reasons for non-retention.

#### EXAMPLE:

##### MULTIDISCIPLINARY TEAM MEMBERS:

Case managers, patient navigators, pharmacists, nurses, physicians, others involved.

##### PATIENT RECORDS:

Medical records, case manager or patient navigator notes, emergency room records, correctional facility records.

### 4 DEVELOP A TARGETED FOLLOW-UP PLAN

Using the data from steps 2 and 3, identify the barriers that are most critical to patient health and that affect the most patients. Develop a plan to address these issues. Consider prioritizing your follow-up strategies by examining the needs of key populations or by looking at health indicators such as average viral load (see *Prioritization Strategies*).

#### EXAMPLE:

1. One clinic identified incorrect contact information as a major barrier to retention among its patient population. Staff searched Medicaid and pharmacy records for updated contact information and visited the patient's home if they were unable to locate the individual through other means.
2. This clinic also identified transportation as a barrier to retention for one patient with a very high viral load. Staff members arranged transportation to the clinic for this patient, which proved important in engaging the patient in care (see HIVQUAL Brief 11, *Improving Patient Retention in Western New York* for more information).

### 3 CREATE A TABLE

Compile all the identified reasons for non-retention and tally the number of patients experiencing each. This table will be used to prioritize areas in need of improvement and to develop targeted interventions.

#### EXAMPLE:

**KEEP IN MIND:** Patients grouped in the same category may have different reasons for experiencing that difficulty. For example, patients experiencing issues with transportation may not be able to pay for fares, may live too far from available transit, etc. Individualized solutions will likely be required for each patient.

BARRIER	NUMBER OF PATIENTS
TRANSPORTATION	35
HOUSING INSTABILITY	11
INSURANCE	2
DISCLOSURE ISSUES	15
REFUSES TREATMENT	2

# Time for Action!

Which population(s) suggest QI opportunities?

**Site A MCM Subrecipient  
Suppressed Viral Loads among MCM Clients by Recency of VL  
Measurement and Ethnic/Gender Breakdown  
12 months ending November 15, 2021**

Ethnic/Gender	Most Recent 6 Months 5/1/21– 10/31/21			Previous 6 months 11/1/20 – 4/30/21		
	1		2	3		4
	Total Active MCM clients	Supp	% Clients with Supp VL	Total Active MCM clients	Supp	% Clients with Supp VL
<b>BAA Female</b>	3	3	100%	3	2	67%
<b>BAA Male Hetero</b>	3	2	67%	4	4	100%
<b>BAA MMSC</b>	17	15	88%	24	15	63%
<b>Haitian Female</b>	1	1	100%	1	1	100%
<b>Haitian Male</b>	3	3	100%	4	4	100%
<b>Hispanic Female</b>	17	13	76%	18	14	78%
<b>Hispanic Male Hetero</b>	11	9	82%	13	10	77%
<b>Hispanic MMSC</b>	204	190	93%	228	185	81%
<b>White Female</b>	1	1	100%	1	1	100%
<b>White Male</b>	61	52	85%	66	56	85%
<b>TOTAL</b>	<b>321</b>	289	<b>90%</b>	<b>362</b>	293	<b>81%</b>

*Current RWP Average is 85%, Cycle 3 CQM Performance Report Card*

# Step 1

Identify the clients who are not virally suppressed

Population selected	How many clients ARE NOT suppressed?	Who would you remove from the denominator?

## Step 2

What are possible client barriers (root causes) leading to VL non-suppression?





# Step 3

Create a table: reasons why clients are not virally suppressed

Specific reasons/barriers for VL non-suppression	# of Clients
<b>Total</b>	

# Step 4

Develop a follow-up QI intervention plan or “change idea”

What is your QI plan or “change idea” to address the most common issue from **Step 3**?

# BSR CQM Resources:

MDC-RWP Quarterly CQM Performance Report Card – see where you stand compared to other subrecipients

Dashboard indicators so you can spot trends in key outcomes

Ethnic group risk data – see who your most vulnerable ethnic / gender / risk groups are

CIS#s for target client groups



