



HRSA Ryan White HIV/AIDS Program

CENTER FOR QUALITY
IMPROVEMENT & INNOVATION

Let's Start a Quality Improvement Movement Together

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Department
of Health



HRSA Ryan White HIV/AIDS Program

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Agenda

- Let's Start a Quality Improvement Movement Together – Reflections on Quality Improvement (20min)
- QI Jeopardy Game (20min)
- Ending the Epidemic Open Space (40min)



+ *Together, let's improve and end the HIV epidemic*



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HRSA Ryan White HIV/AIDS Program Center for Quality Improvement & Innovation

- New York State Department of Health/Health Research, Inc.
- Grant # U28HA30791

“Together, we continue to improve the lives of people living with HIV. The HRSA Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation (CQII) provides state-of-the-art technical assistance to Ryan White HIV/AIDS Program-funded recipients and subrecipients to measurably strengthen local clinical quality management programs in order to impact HIV health outcomes.”



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Dissemination of QI Resources
Marketing strategies to increase awareness of the new Center, including an informational brochure
Presence at national conferences, including the 2018 National Ryan White Conference
e-Newsletters to highlight upcoming events and QI resources

Information Dissemination

Training
Face-to-face training sessions to build capacity among providers and consumers
Online presence of the new Center on the TARGET Center website
TA Calls to showcase recipients and QI content
Online tutorials for providers and consumers

Training/Educational Fora

Provision of Technical Assistance
Provision of on/off-site technical assistance by QI experts
Functional PMD to track all relevant ongoing TA activities
TA case conferences to learn from past TA activities

Consultation/Coaching

Communities of Learning
One national QI collaborative with engagement of RWHAP recipients
Annual Quality Award Program to highlight QI leaders



Communities of Learning

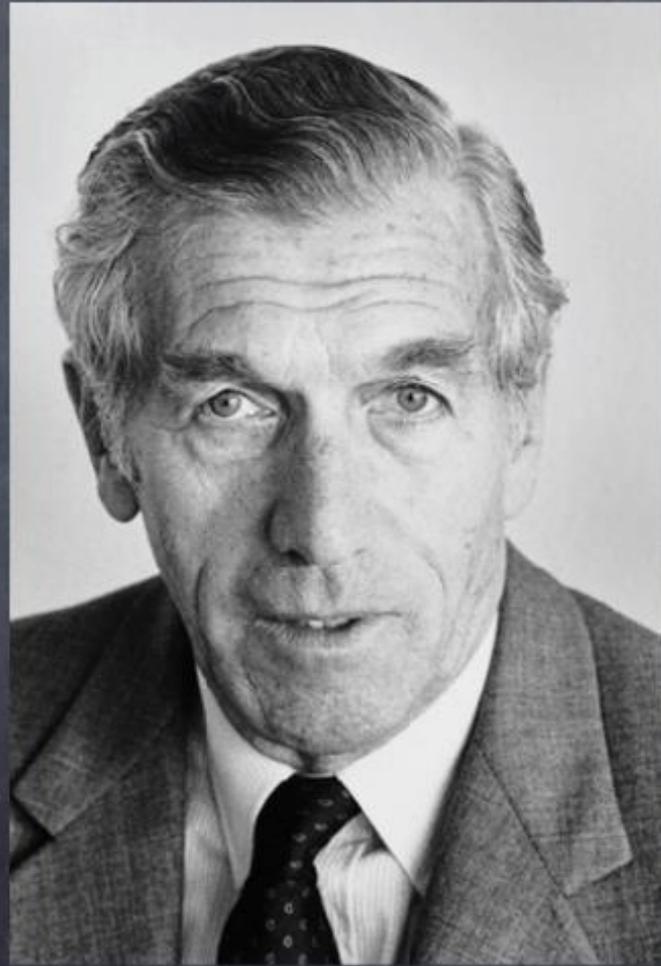
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5 New Rules to Think about Quality Improvement



What can we learn from TV shows, wearing ties, and other examples well beyond HIV care

'Where should we search for our keys?'



[Paul Watzlawick, The Situation is Hopeless, but not Serious, 1983]

Rule 1:



Improving HIV care is looking for solutions where you have not searched before.

Why are we wearing a tie?



Do not harm

- 1993 - Bruce Moseley had doubts about the efficacy of arthroscopic surgery; 1 billion US\$ at the time
- Study: 180 patients with osteoarthritis; three groups: standard procedure, changed procedure, placebo group
- 2-year results: no significant differences between standard procedure and placebo group



Rule 2:



Understand and improve the underlying system of care.

Group intelligence

- 'Who Wants to Be a Millionaire?' TV show
- Experts: 65% of the time got the right answers; audience: 91% of the time
- Characteristics of a wise crowd: diversity of opinion, independence, decentralization and aggregation



Rule 3:



Groups are smarter than the smartest individuals. Diversity trumps ability.

Ikea effect and egg theory

- Instant baking mixes were introduced in the late 40s; piecrusts, biscuits were successful; resistance to adopt instant cake mixes (requiring just to add water)
- Egg theory - forces individuals to work on solution; Pillsbury required to add eggs, milk and oil
- Understand the basic recipe of ownership and pride



change not alone behavior knowledge does

“Knowledge alone does not change behavior.”

Rule 4:



Increase ownership for improvement by engaging all staff and consumers in the improvement process.

Who invented the mountain bike?



Rule 5:

Creativity and discovery is highly collaborative and cumulative.



Detroit or Milwaukee?

Duisburg or Hamburg?

Less is more effect

- Which city is bigger?
- Study: testing of German and American students which cities in Germany and the US are larger
- Findings: American cities got 71% of American cities right and 73% German cities right
- Conclusion: a less knowledgeable group often makes better or equal inferences than a more knowledgeable group less knowledgeable group



Overthinking

- How long should a radiologist look at a film?
- If radiologists look too long at a film, they start seeing things that are not there; they begin to overreact to slight irregularities in normal structures and identify non-existent malformations
- Finding: about 38 seconds



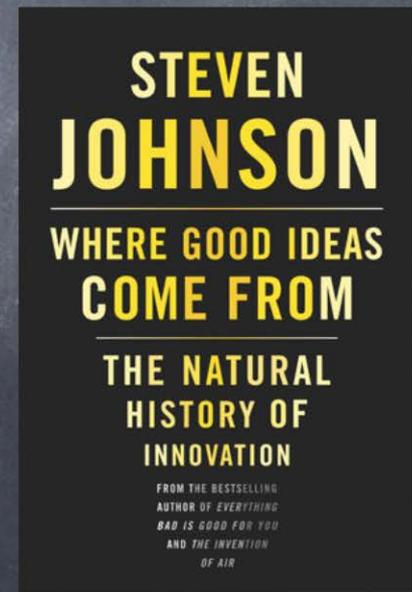
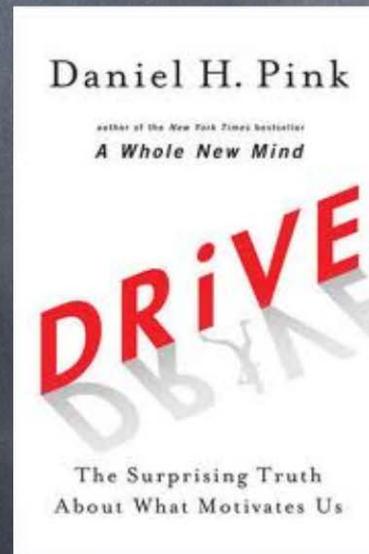
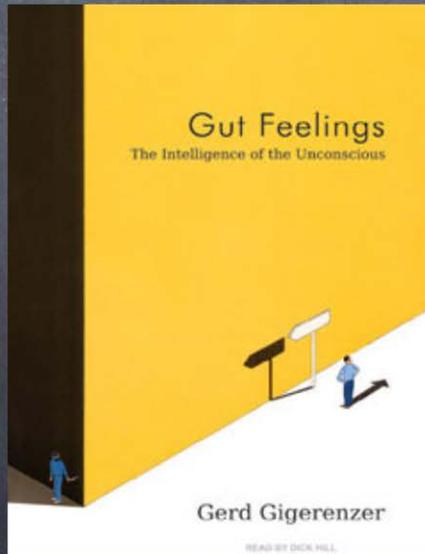
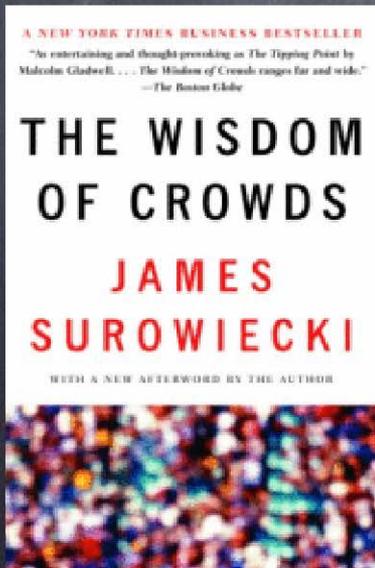
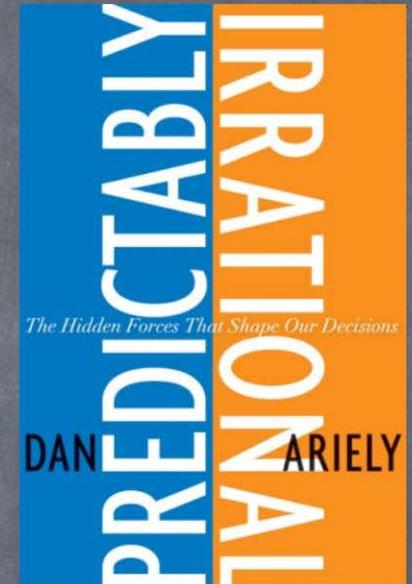
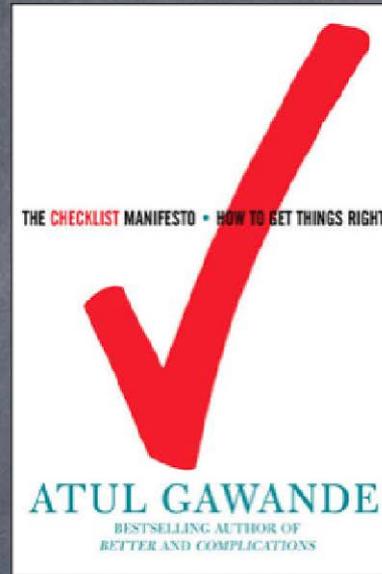
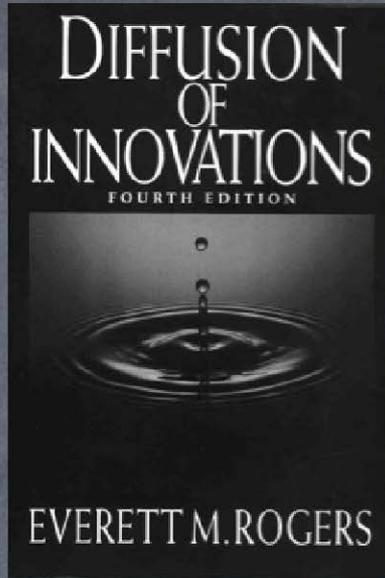
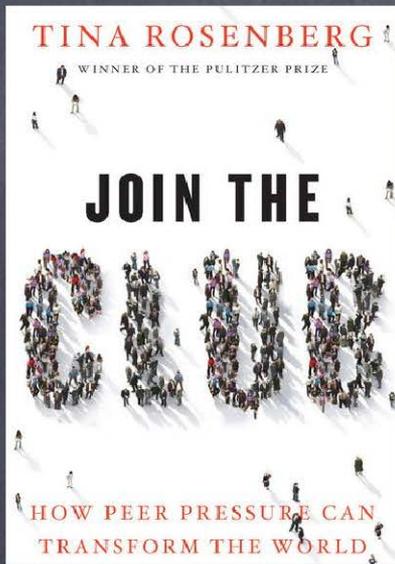
Rule 6:

Rain starts with one drop.



Let's Start a Movement





QI Jeopardy

Ending the Epidemic Open Space

Open Space Exercise

➤ *What creative change ideas do you have to reach the End the Epidemic Goals?*

- (1) integrating hepatitis in routine HIV care
- (2) housing and HIV
- (3) actively engaging consumers in quality improvement activities
- (4) increasing medication adherence
- (5) viral suppression
- (6) use of social media to promote prevention, linkage and retention
- (7) HIV prevention / PrEP

Open Space Exercise

- Step 1: Join the table where you can contribute the most; be mindful that you might have to move from your current table
- Step 2: Assign a facilitator and notetaker at each table
- Step 3: Brainstorm at each table for ideas of what you and your agency can do to address your assigned topic
- Step 4: Document your ideas on the provided post-it notes and post them on the flipchart paper
- Step 5: The facilitator will report back to the larger group



Learn More

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