RYAN WHITE PART A PROGRAM – NEW HAVEN FAIRFIELD COUNTIES EMA

Promoting Clinical Quality Improvement within Ryan White Part A Program

BACKGROUND

- The NHFFEMA consists of two counties (New Haven & Fairfield).
- The EMA is broken down into five service delivery regions serving nearly 2100 Part A consumers (New Haven, Waterbury/Meriden/Valley area, Bridgeport, Stamford & Norwalk and Danbury)
- In accordance with Policy Clarification Notice (PCN) #15-02, the Part A Office, as part of its CQM program, requires each region to have a least one active QI project at any given time during a program year.
- Since 2018, the EMA has conducted 15 PDSAs on several topics, including STI screenings, improving data integrity and improving viral load suppression by demographic groups.

NHFFEMA CQI PROCESS



PLAN

- Propose change idea and how it will be tested
- Predict what will happen

DO

- Implement change idea
- Collect data
- Reflect on how well the plan was followed

ACT

- Share final reflections
- Conclude whether to Adopt, Adapt, or Abandon change idea

STUDY

- Analyze data collected
- Compare results to predictions
- Capture learnings

• Source:

https://www.researchgate.net/fig ure/A-visual-diagram-of-a-Plan-Do-Study-Act-PDSA-Cycle_fig1_319377456

PDSA: Sexually Transmitted Infections (STI) Screening - Ongoing

STI Screening PDSA's were selected to improve the below HIV/AIDS Bureau (HAB) performance measures:

- Syphilis: Percentage of adults living with HIV of all Ryan White clients who had a syphilis test performed in the past year
- Gonorrhea: Percentage of adults living with HIV of all Ryan White clients who had a gonorrhea test performed in the past year
- Chlamydia: Percentage of adults living with HIV of all Ryan White clients who had a chlamydia test performed in the past year

PDSA: Data Integrity Improvement (Client Labs)

- Objective: To identify barriers to proper data collection and entry, as well as capture missing data.
- Plan Outline:

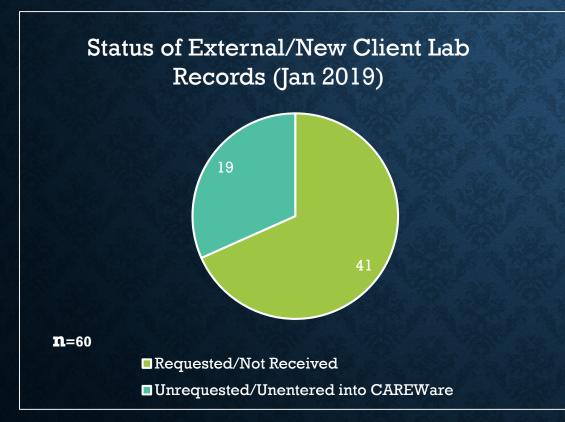


• Do:

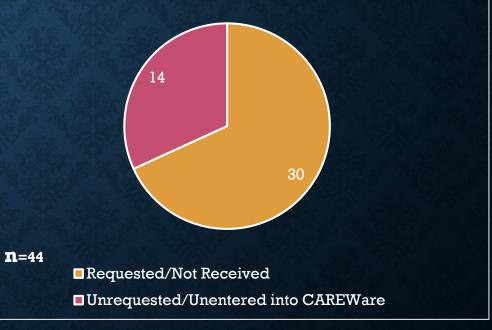
Activity 1	Activity 2	Active 3
December 2018	January & February 2019	February
MCMs requested lab orders 30 days prior to client intake	Medical evaluation forms were compared with data entered in CAREWare	MCMs were trained individually (as needed) as well as in groups on basic client laboratory interpretation

• Study:

27% improvement in <u>outstanding labs requested</u>



Status of External/New Client Lab Records (Feb 2019)



- Act:
- i. The plan was adopted and will continue to be assessed.
- ii. The lab tests and vaccinations form was revised as a result of the PDSA.

Old Form

Please indicate test performed and results or Not Medically Indicated (NMI):

Labs/Tests/Vaccinations	Result	Date	Tests/Screenings	Result	Date
CD4 ⁺ Count		-	Hepatitis A Test	Result	Date
Viral Load			Hepatitis B Test		+
Annual Syphilis		1	Hepatitis C Test		-
TB Screening			Gonorrhea		
Hepatitis A Vaccination			Chlamydia		
Hepatitis A Vaccination					

Updated Form

Please indicate test performed and results or Not Medically Indicated (NMI):

Labs/Tests/Vaccinations	Result	Date	Tests/Screenings	Result	Date
CD4 ⁺ Count			Hepatitis A Ab-Igm		
Viral Load			Hepatitis A Ab- Total		
Lipid Panel: See below			Hepatitis B Core Antibody Igm		
Total Cholesterol			Hepatitis B Core antibody Total		
Triglycerides			Hepatitis B Surface Antibody		
HDL			Hepatitis B Surface Antigen		
LDL			Hepatitis C Test		
PAP Smear (if applicable)					
Gonorrhea			Hepatitis A Vaccination		
Chlamydia			Hepatitis B Vaccination		
Syphilis					
TB Screening					

PDSA: Data Integrity Improvement (CAREWare Data Entry)

- Objective: Find out if and where CAREWare data integrity is lacking and improve the accuracy of the data
- Plan:
- ✓ Assess CAREWare data
- Compare CAREWare fiscal data with region fiscal reports
- \checkmark Educate staff on timely and accurate data entry

PDSA: Data Integrity Improvement

- Do:
- Develop new custom report that captures Service Category, URN, Service Date, Service Total and Reimbursement Description
- ✓ Try data assessment on a smaller scale with labs and Health Insurance Premium and Cost Sharing Assistance services from 3.1.18 – 1.28.19.

PDSA: Data Integrity Improvement

- Study:
- i. Nine discrepancies were found (payments were miscategorized, others were not entered into CAREWare and some voided checks were not deleted from the system, thereby causing double entry issues)
- As a full-time data manager position became vacant during the year, it was clear that additional staff training, and data oversight was needed to improve data integrity.

PDSA: Data Integrity Improvement

• Act:

✓ Data was corrected

✓ Staff discussed findings and next steps

 \checkmark The PDSA will be tried on a larger scale with other service categories

 Quarterly data "spot checks" will be implemented as an ongoing agenda item for the region's QI team.

 The PDSA results will be shared with subcontractors to adapt within their agencies to ensure consistent improvement in data integrity

Observations

- Reporting back keeps sub-recipients accountable for carrying out PDSAs
- Convening for quarterly meetings provides real-time best practices as well as problem solving in a group setting
- It is important to track whether all regions reached desired outcomes before retiring a PDSA
- The CQI process has generated camaraderie and excitement among the participants of the regions.

Challenges

- Can be difficult to keep track of all the PDSAs across the five regions
- Staffing changes can interfere with the PDSA process by slowing down momentum and adding to confusion



Thank you!