ADAP Clinical Quality Management

Session 1

Learning Objectives

- What is quality improvement and clinical quality management?

- Overview PCN 15-02

- Implications ADAPs

- Review ADAP performance measures and their application

What is Quality Improvement?

"Quality improvement entails the development and implementation of activities to make changes to the program in response to the performance data results. To do this, recipients are required to implement quality improvement activities aimed at improving patient care, health outcomes, and patient satisfaction."*

* From PCN 15-02 (as revised 11/30/2018), p. 4

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Quality Management in General Is:

- The sum total of all quality related activities, policies and procedures

- A mindset and a commitment to always looking to do better

- Guided by a chosen methodology that provides structure and reproduceable steps

- Driven from the top down but every individual is a vital member of the quality management program

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Policy Clarification Notice (PCN) 15-02

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PCN 15-02

- Is applicable to Parts A through D including ADAP programs

- Further defines the language in the Ryan White Program legislation specifying clinical quality management

- Gives Ryan White Program recipients clear guidelines of HRSA expectations for a robust clinical quality management program

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Components of the Clinical Quality Management Program

- Infrastructure – the staff, resources, and conceptual outline of the clinical quality management program

- Performance Measurement – the data that will drive the improvement activities

- Quality Improvement – activities undertaken in response to the performance data findings

https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/clinicalqualitymanagementpcn.pdf

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Infrastructure

- Your quality committee is the foundation to your clinical quality management program

- Your QM plan should detail your infrastructure and outline the responsibility of each stakeholder

- Your clinical quality management program should be evaluated at least annually

- Stakeholders input should be solicited; especially from consumers

https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/clinicalqualitymanagementpcn.pdf

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Performance Measurement

- Numerous measures have been developed by HAB for Ryan White HIV/AIDS Program recipients that align with national goals to end the HIV epidemic

- Data should be collected at least quarterly to determine trends and react accordingly

- Data should be collected that allow for inspection of health disparities

https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/clinicalqualitymanagementpcn.pdf

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Performance Research: Choosing Measures

- Measures should be selected that are "reflective of RWHAP funded services, local HIV epidemiology, and identified needs of PLWH"

- For ADAP – the majority of clients will receive at least one service in the year so the ADAP must have 2 or more performance measures

Percent of RWHAP eligible clients receiving at least one unit of service for a RWHAP-funded service category	Minimum number of performance measures
>=50%	2
>15% to <50%	1
<=15%	0

- As an example, if an agency has 100 clients and 55% receive mental health services, the agency needs to have two performance measures

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Quality Improvement Activities

- Recipients are required to implement QI activities aimed at improving patient care, health outcomes, and patient satisfaction

- Recipients should use a defined methodology (e.g., Model for Improvement, Lean)

- Document your improvement work

- Subrecipients are required to conduct improvement activities with guidance from the recipient

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What Is Our Goal?

- Improvement should be goal focused
  - Examples
    - increase patient linkage to care by 20%
    - achieve patient viral load of 95% suppressed

- Goals should have a time frame
  - Examples
    - increase patient linkage to care by 20% within 90 days
    - achieve patient viral load of 95% suppressed by December 31, 2019

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Implications for ADAP

HAB ADAP Measures

(released 2009)

- Percent of ADAP applications approved or denied for new ADAP enrollment within 14 days (two weeks) of ADAP receiving a complete application in the measurement year
- Percentage of ADAP enrollees who are reviewed for continued ADAP eligibility two or more times in the measurement year.
- Percentage of new anti-retroviral classes that are included in the ADAP formulary within 90 days of the date of inclusion of new anti-retroviral classes in the PHS Guidelines for the Use of Antiretroviral Agents in HIV1-infected Adults and Adolescents during the measurement year
- Percent of identified inappropriate antiretroviral (ARV) regimen components prescriptions that are resolved by the ADAP program during the measurement year.

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Deeper Dive

"Education is when you read the fine print. Experience is what you get if you don't."

- Pete Seeger

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Dissecting a Measure

Percent of ADAP applications approved or denied for new ADAP enrollment within 14 days (two weeks) of ADAP receiving a complete application in the measurement year

Consider:

1. What information is missing?

2. Suppose the application was received in three weeks?

3. What's the numerator? What's the denominator?

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Dissecting a Measure

Let's answer some of the questions from the previous slide

1. Exclusions – information or an attribute that prevents the individual from being included in the measure
   a) The measure itself mentions complete applications received
   b) This measure examines folks that have never applied to ADAP before

2. The denominator is the total number of ADAP applications received in the measurement year

3. The numerator is the number of applications that were processed (approved or denied) within 14 days or less of receipt.

4. Can you score 100% on this measure I you turn down every eligible application?

Looking at a Measure with a Critical Eye

When you examine a measure, be aware of the exclusions

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Dissecting a Measure

Percentage of ADAP enrollees who are reviewed for continued ADAP eligibility two or more times in the measurement year.

1. What are the exclusions here?

2. What do the numerator and denominators look like?

Dissecting a Measure

Percentage of new anti-retroviral classes that are included in the ADAP formulary within 90 days of the date of inclusion of new anti-retroviral classes in the PHS Guidelines for the Use of Antiretroviral Agents in HIV1-infected Adults and Adolescents during the measurement year.

1. This measure wants to see if you have the most current drugs in your formulary
2. What do you think the exclusion is?

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Dissecting a Measure

Percent of identified inappropriate antiretroviral (ARV) regimen components prescriptions that are resolved by the ADAP program during the measurement year.

1. What are the exclusions?
2. This measures how many inappropriate ARV components are identified by the ADAP program and resolved

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Recap

- There are 2 measures to make sure you certify or recertify folks on a timely basis
- One measure looks at the speed with which you include new drugs in the formulary 90 days after the PHS Guidelines include the drugs
- One measure looks at the percentage of inappropriate antiretroviral regimen components prescriptions that the ADAP program resolves
- These measures enable you to track key components of your ADAP program

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Measures, Measures, Everywhere…

apologies to Samuel Taylor Coleridge

You have measures, you have data now what?

More on that next time

The link to the recording is:

https://meetny.webex.com/meetny/lsr.php?RCID=f54d5694c57d47fc8d9f8ccb4c9bbf45