Iowa’s Ryan White Part B Clinical Quality Management (CQM) Program

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Topics of Discussion

• Iowa’s HIV Epidemic and Part B Program Design
• Overview of Iowa’s CQM Program
  • Infrastructure
  • Performance Measurement
  • Quality Improvement
• Other CQM Program Activities
• Lessons Learned
• Questions
In 2017, there were 2,790 people living with HIV in Iowa who were diagnosed. Approximately 72% resided in the ten most populous counties, with 28% in Polk County alone. The remaining 28% resided in more rural areas.

For more information, visit https://idph.iowa.gov/health/hiv.
Brief History of CQM Program

• Prior to 2014, informal CQM Program
  • Draft CQM Plan
• RW Quality Coordinator hired in 2014
  • Finalized CQM Plan
• Sept. 2014 – First CQM Team meeting
  • Created performance measures
• July 2017 – HRSA Site Visit
  • Revised CQM Plan
HRSA’s CQM Program Expectations

Clinical Quality Management

**Infrastructure**
The foundation that supports program capacity, implementation, and sustainability.

**Performance Management**
The process of collecting, analyzing, and reporting data regarding patient care, health outcomes and patient satisfaction on an individual or population level.

**Clinical Quality Improvement**
The development and implementation of activities to make changes to the program in response to the performance data results.
Infrastructure
Infrastructure

Iowa’s CQM Program Infrastructure:

- CQM Plan
  - Was revised last fall after our HRSA site visit
  - Updated annually
- Dedicated leadership and staffing
  - RW Quality Coordinator
    - New position in 2014
  - RW Part B Program Manager
  - Chief of the Bureau of HIV, STD, and Hepatitis
  - Data/Quality staff located at 4 subrecipient sites
- CQM Team with diverse membership
  - Meets in person quarterly with conference calls as needed
Mission Statement:
• The mission of the Ryan White (RW) Part B Clinical Quality Management (CQM) Program is to ensure the highest quality of medical and support services to achieve optimal health outcomes for people with HIV (PWHIV) in Iowa who receive care through the RW Part B Program.

Purpose Statement (excerpts):
• Nurture a culture of quality
• Quality infrastructure
• Analyze performance measure data
• Improvements focused solely on systems and/or processes, not on individuals or people
• Involve subrecipients

Improving processes will result in improved health outcomes for RW Part B clients.
Performance Management
Performance Management

Reactions when I say, “data”:  

BORING!  
RUN AWAY!
Performance Management

Instead, think about this:

• Data are a reflection of systems and processes
• Data show the health outcomes of our clients
  • U=U
Performance Management

Iowa’s Performance Management Infrastructure:

• Networked CAREWare with all RW Part B subrecipients and Part C recipients
• eHARS to CAREWare import of viral load and CD4 cell count results
• Monthly CAREWare import of ADAP medication fills from our centralized contract pharmacy
• Developing an import from GE Centricity (EMR) to CAREWare at two subrecipient sites
• Dedicated staff:
  • Data Program Manager (Bureau of HIV, STD, and Hepatitis)
  • RW Quality Coordinator
• Share retention in care and viral load results with each subrecipient via Data Feedback Reports
Performance Management

CASS Data Feedback
July 1, 2017 – June 30, 2018

CASS Continuum of Care

- Retention
- Viral Suppression

The above graph displays the Retention in Care and Viral Suppression results for CASS (purple) compared to the entire RW Part B program (pink). The target for both measures is 90% (red). The data used to create this graph can be found at the bottom of the page.

Retention in Care Definition: The percent of clients who received a RW Part B funded service who had a viral load result less than 200 copies/ml at last test, or had two or more viral load results below 200 copies/ml at last test and/or CD4 cell count tests at least 60 days apart if viral suppression is greater than or equal to 200 copies/ml at last test within the measurement period. Exclusions: RW Part B clients who moved out of state or died during the measurement period, and RW Part B clients who were newly diagnosed during the fourth quarter of the measurement period.

Viral Suppression Definition: The percent of clients who received a RW Part B funded service with a viral load less than 100 copies/ml at last test within the measurement period. Exclusions: clients who were newly diagnosed with HIV or died during the measurement period.

Viral Suppression by RW Part B Agency
July 1, 2017 – June 30, 2018

The above graph ranks RW Part B agencies by their viral suppression results. CASS’s results are in purple, and the entire RW Part B program’s results are in pink.

CASS Viral Suppression Over Time

The above graph shows CASS’s viral suppression results over time. Measurement periods can be found at the bottom of the graph.
Performance Management

**Indicators:**
- Retention in Care (IA definition)
- Viral Suppression (IA definition and HRSA definition)
- Gap in Care
- Medical Visit Frequency
- ADAP Recertification
- Annual Syphilis Screenings in MSM with HIV

**Reporting Frequency:**
- Quarterly results in 1 year cohorts
Performance Management

Disparity Evaluation:
- Subrecipient
- Funded service
  - ADAP – Whole Program
  - ADAP – Medication Assistance
  - ADAP – Insurance Assistance
- Clients Unstably Housed
- Race/Ethnicity
- Risk factor
- Gender
- Age
- Foreign-born
Quality Improvement
Quality Improvement

**Past QI Projects:**
- ADAP on time recertification rates
- Case manager CAREWare units vs. funded FTEs

**Current QI Projects:**
- Real time entry of “Unstable” housing status
- Increased community-based case management
• Process improvement around internal department procedures (e.g., budget modification requests, imports from eHARS to CAREWare, re-engagement, etc.)

• Completing the CQM Program Organizational Assessment to identify areas for improvement within the program
  • Increased subrecipient involvement
  • Increased consumer involvement
  • Providing capacity building opportunities for subrecipients on QM/QI/Data

• Investigated viral suppression among Iowans not engaged in RW Part B
Lessons Learned

• Need dedicated CQM staff
• Partner with Surveillance for data
• Use the CQM Program Organizational Assessment early on and frequently thereafter
• Do what’s right for your program!
Thank you!

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