Quality is Job #1: RI’s Approach to Quality Management, Improvement and Achieving Excellent Performance Measures

**NASTAD TA Conference**

**Marianne Raimondo, Ph.D, MSW, LICSW**
Assistant Professor Rhode Island College

**Paul Loberti, MPH**
Administrator for Medical Services

Rhode Island Executive Office of Health and Human Services
Session Description/Objectives

The purpose of the session is:

✓ Discuss the key components, stakeholders, challenges faced, and lessons learned from the Ryan White Part B, RI Quality Management and Improvement Project

✓ Explore how the Rhode Island QM/QI program has aligned HRSA requirements associated with quality management, quality improvement initiatives and performance measures

✓ Speak to how we roll with Quality and how the QMC is integral to decision making regarding PMs

✓ Discuss the RI HIV CoEXIST Project and the quality interface
Rhode Island is the smallest state in size in the United States. It covers an area of 1,214 square miles. Its distances North to South are 48 miles and East to West 37 miles.

How’s Texas feeling now?

Susan from Alaska always states “The fish in Alaska are humongous.” Actually they’re bigger in RI they just don’t fit in our ocean - so we send them to Alaska!
RI Ryan White Part B Statewide QM

- Statewide RW Part B with collaboration of other RW parts
- Leadership provided by EOHHS Medicaid team
- Participation of all funded agencies
- QI assistance from QM consultant

TEAM
RI Quality Goals

- **Improving the health and overall well being of PLW/A**
  - Assuring PLW/A receive the best care possible

- **Continuous improvement of care delivery processes to achieve service excellence and optimal clinical outcomes**
  - Improving the knowledge, skill, and competency of the workforce

- **Foster collaboration, cooperation, teamwork among sub-grantees to assure a seamless, continuous system of care in the state**
RI QM Structure & Formation

Components:
- QM Plan (Statewide, agency)
- QM committee meets monthly with all sub-grantees represented
- Agendas include: review of PM’s, identification of opportunities for improvement, updates on QI initiatives, identification of training needs, state wide improvement initiatives
- Additional subgroups, teams as needed

- Quarterly meetings of case managers
- Monthly meetings between medical and non-medical providers
- CAB statewide and agency specific
Participating Agency Roles

- Attend and Participate in QM meetings
- Submit PM’s quarterly basis
- Lead QI projects in their agencies and share progress
- Participate in statewide QM projects, initiatives
- Assure staff receive ongoing training in QI
RI Epi Snips – Small Incidence

State > 2600 People Living with HIV in RI
Rhode Island Quality Management Committee

- RI Quality Management, Ryan White Part B program has been operating for over 18 years.
- The Quality Management Committee was formed about 10 years ago and is composed of non-medical and medical case managers, and has recently been augmented to include new partners from our RI HIV CoEXIST project.
RI QMC Continued - Our Journey...

**Some thoughts on QMC Focus**

- **Participating in discussions about selecting HRSA Part B Performance Measures**,  
  - Developing standards of practice in the field, sharing stories of clients, barriers to care/treatment, system issues, challenges to case managers and other providers, opportunities,

- **Discussing trauma based care and crisis management**, addressing system and client threats,

- **Creating innovative models** (e.g., LifeSaver – a list serve for case managers who can post available resources like housing slots, residential care, food banks, etc. and to request needs.), etc.

**Membership** – Predominately Case Management agencies (both clinical and non-clinical). For this first time we now have agencies on the QMC that are doing EIS, Housing, Intensive Case Management, Behavioral Health integration, HIV workforce development, public institutions of higher education, mobile clinic outreach, etc.
As a general rule, RI Adheres to the notion that the HAB performance measures (PMs) can be used either at the provider or system level.

The measures can be rolled up to look at issues from a system perspective, such as with Part A and B Programs. Programs can also work with their subcontractors, vendors or sub-providers to implement the performance measures at the provider level.

Grantees are encouraged to include a range of performance measures in their quality management plan.

CQI is a real focus and agencies receive assistance from the RI Executive Office team and QM consultant to think improvement and process so that their efforts are not always on the “prize”
Piecing It Together with RW QM
Performance Measures

Viral Load Suppression
Medical Visit Frequency
Gap in Medical Visits
Complete Assessment
Complete Reassessment
Care Plan
Face-to-Face Contact
Monthly Case Manager Contact
Housing Status
RI Quality Management
Programmatic Features

- Leadership Training and Development: CEOs, CMs, State staff, consumers
- TA, and Capacity Building for agencies
- QM Monitoring Standards & Reporting (6 month and quarterly reports)
- HRSA Performance Measures
- PM Reporting and Analysis
- Provider review of QM Report Findings
- QM Planning
- QM Training
- Facilitation of QI Teams
- Measurement of Consumer Needs/Expectations
Where We’ve Been...

**OLD WAY:** Quality Assurance/Control

**NEW WAY:** Continuous Quality Improvement
RI Aspects of Continuous Quality Improvement

What to Improve? **Focus on Consumer Needs/System Gaps (Solid Assessments)**

Teamwork for QI: **Assess Jointly, Plan Jointly, Act Jointly (The Team is the Key to QI)**

Continuous Improvement of Processes: **RW QI says let data drive programming across Service Categories (QMC, consumers, providers, EOHHS, consultant all have a role)**
Interventions/Improvements

- **Opportunity for improvement:** assessments for mental health and substance use not complete/missing
  - Improvement of assessment process- defined standard for a comprehensive assessment tool and ongoing monitoring of assessment process

- **Opportunity for improvement:** reassessments and revised care plans not being done on a timely basis
  - Established performance measures for ongoing monitoring, established standards for care plans; agencies revised care planning tools; agencies implemented interdisciplinary care planning processes; inclusion of case managers in care planning

**Good quality planning always results in appropriate actions. Planning without action results in dusty, unusable protocols. Focus on the process and the improvement cycle will yield to excellent outcomes.**
Interventions/Improvements

- Opportunity for improvement: increase retention in care
  - Established standard for monthly contact/outreach and quarterly face to face visits with case manager
- Opportunity for improvement: variability among case manager competency/effectiveness as identified by clients and articulated need for training among case managers
  - Developed training/certificate program for case managers now aligned with building of an apprenticeship model
- Opportunity for improvement: increase retention in care
  - Improved communication/collaboration between medical and non-medical providers through monthly meetings where individual client challenges are discussed/brainstormed
Opportunity for improvement: linking clients to mental health/substance use services

- Improved intake processes which immediately link clients to behavioral health clinicians (colocation of services, interdisciplinary teams in agencies to improve communication among providers)

Opportunity for improvement: improve care for clients, improve client well being

- MIRAH - Allows organizations to collect and analyze patient symptoms to improve outcomes and reduce costs.

- Social Isolation program - link clients to volunteers at drop in center- create community, meal site, shared activities, added support to clients
Viral Load Suppression - 2018 projects

Viral Load Suppression*

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>95.31</td>
<td>91.52</td>
<td>87.47</td>
</tr>
<tr>
<td>APRI</td>
<td>96</td>
<td>92.5</td>
<td>90.5</td>
</tr>
<tr>
<td>AGAPE</td>
<td>96.67</td>
<td>89.52</td>
<td>83.33</td>
</tr>
<tr>
<td>ACOS</td>
<td>93.25</td>
<td>92.53</td>
<td>88.58</td>
</tr>
</tbody>
</table>
Viral Suppression Slide Footnotes

- The number of clients with a HIV Viral Load less than 200 copies/mL at the last HIV viral load test within the last 12 months.

- Numerator is defined as, the number of clients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test within the last 12 months.

- Denominator is defined as, all Ryan White Part B non-medical case management clients, regardless of age, with a diagnosis of HIV.
Complete Assessment for New Clients

Complete Assessment for New Clients*

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>100</td>
<td>81.51</td>
<td>91.16</td>
</tr>
<tr>
<td>APRI</td>
<td>100</td>
<td>81.25</td>
<td>83.5</td>
</tr>
<tr>
<td>AGAPE</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>ACOS</td>
<td>100</td>
<td>63.08</td>
<td>90</td>
</tr>
</tbody>
</table>
Complete Assessment for New Clients Footnotes

- Percentage of new non-medical case management clients, regardless of age, with a diagnosis of HIV that have a complete assessment on file during the reporting period at the onset of case management services. All new non-medical case management clients will be given a full assessment within 15 business days on their onset as a case management client.

- Numerator is defined as the number of new clients, receiving non-medical case management services at your agency within the reporting period, that have a complete assessment on file, within 15 business days of their onset as a case management client.

- Denominator is defined as the number of new clients that began receiving non-medical case management services at your agency within the reporting period.
Monthly Case Manager Contact

Monthly Case Manager Contact*

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>95.22</td>
<td>91.9</td>
<td>86.51</td>
</tr>
<tr>
<td>APRI</td>
<td>98.5</td>
<td>97.27</td>
<td>94.5</td>
</tr>
<tr>
<td>AGAPE</td>
<td>92.25</td>
<td>77.78</td>
<td></td>
</tr>
<tr>
<td>ACCS</td>
<td>87.15</td>
<td>86.18</td>
<td>87.25</td>
</tr>
</tbody>
</table>
• Percentage of non-medical case management clients regardless of age, with a diagnosis of HIV who had contact with their case manager during the reporting period (whether face to face, over the phone, text message, email, etc.)

• Numerator is defined as the number of clients receiving non-medical case management services at your agency within the recording period who had some contact with their case manager at least once during the reporting period.

• Denominator is defined as the number of new or established clients, regardless of age, receiving non-medical case management services at your agency.
Face to Face Contact Footnotes

- Percentage of non-medical case management clients, regardless of age with a diagnosis of HIV who have had at least one face to face contact with their case manager during the reporting period. Note: All clients MUST have a face to face contact with their case manager at least every 3 months.

- Numerator is defined as the number of clients, new or established, that have had at least one face to face contact with their case manager during the reporting period.

- Denominator is defined as the number of clients, new or established, regardless of age, receiving non-medical case management services at your agency.
We Wonder: Why is Viral Suppression at 97% (2018 predicted) with RI RW Part B Providers???

- We’re a small state that’s manageable, compact geographically
- The QMC is involved, dedicated and committed to the HIV Continuum of Care Plus Model
- A Village Approach Towards Victory: Includes, Public Higher Education, RI Public Health Institute, State Agency Partners (BHDDH, DOH, DOC), ACOs, SIMs, mHealth app, etc

- Clear and effective capacity building that allows one on one approach
- We believe in a two way street whereby we all can learn from each other
- Agency integration of services whereby RW Service Category co-location is inherent
RI CoEXIST & Quality: A System Project...

- The RI HIV Provision of Care & Special Populations Unit is in the Medicaid Division under the Executive Office of Health and Human Services: HIV Care and Treatment/Ryan White is in Medicaid – Prevention in DOH

- RI like many states had a difficult time expending rebate funds in a timely and efficient, effective manner

- Our procurement process allowed for delegated authority which allowed for a unique, equitable, efficient and expeditious method of needs-based targeting

- The goal was to get the funds out quickly, but to target the right agencies to do the needed tasks to meet needs illustrated in extensive needs assessments, provider capability and capacity assessments and gaps analysis

- Agencies were solicited, reviewed, and selected within three months time

- General motto throughout was to create solutions (beyond I’d) to address social determinants, broaden the HIV care and treatment provider network in RI (e.g., public institutions of higher education, etc.), synergize partners’ ability to impact HIV Continuum of Care, create housing, develop and sustain Intensive Case Management with Multi-disciplinary team approach (using students!), etc.
Opportunities for Growth

Increased Cross Agency Communication
• Meetings and trainings with all COEXIST partner sites: monthly to quarterly; modality could vary
• CoEXIST newsletter & regular updates
• Agency presentations at CPPG
• Resource guide

Increased Integration & Coordination of Care
• Case conferences
• Shared resources, activities, increased referrals
• More integration of BH/SU (i.e., more providers/shared services)

Expansion of Services
• New sites for I-teams
• Expanded dental services
• Incorporation of LGBT health/sexual health

More Innovative & Formal Data Analysis
• Data committee
• Formal data sharing agreements

HIV Certification
Case management and BH peer to peer
• And other identified training needs
Example: Strategy Map
Housing (Social Determinants)

**Definition**
- Commitment to social determinants of health and HIV system of care transformation
- Context/foundation of all other domains; key CoEXIST evaluation domains

**Potential Metrics**
- Number of slots/beds filled
- Number of PLWHA stably housed
- Measure/define: transitional points along housing spectrum
- Measure/define: Sustainable stable housing

**Successes**
- Approximately 52 slots/87 beds filled
- Housing advocate for PLWH – transitional and long-term
- Initiatives addressing housing stability along with social needs of clients
  - transportation
  - food instability
- Addressing substance use and mental health needs
- Walk-in center for basic needs
- Building a network of providers

**Challenges**
- Meeting the needs of the most vulnerable clients in a culturally and linguistically appropriate way
- Managing transitional housing and co-occurring mental health needs and the burden of stigma (mental health, addiction, and HIV)
- Accessing housing for clients (based on eligibility, etc)

**Opportunities**
- Engaging clients in their care;
  - more social supports/group activities & workshops addressing social determinants (employment; food stability)
- Ensuring long-term care facilities are equipped to address aging LGBT and PLWH
CoEXIST Domains Represent the Quality Interface

<table>
<thead>
<tr>
<th>Sample Domains that indicate Quality to Follow…</th>
<th>Emphasis upon QI, whereby data collected across qualitative and quantitative outputs is reviewed regularly so change can happen quickly and effectively</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoEXIST focuses upon system level quality improvements as well as individual agency QM performance measures data</td>
<td>CoEXIST key areas of effort include behavioral health, substance use, primary care, sexual health, health education, early intervention services, housing, interdisciplinary intensive case management teams, innovative care and treatment, and social media campaigns.</td>
</tr>
</tbody>
</table>
CoEXIST Domains

Inherent evaluation components are in each agency agreement

<table>
<thead>
<tr>
<th>CoEXIST System Categories</th>
<th>HRSA Service Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Represent either:</td>
<td>• Represent Official HRSA Service Categories</td>
</tr>
<tr>
<td>o HRSA Requirements</td>
<td>o <a href="https://hab.hrsa.gov/sites/default/files/hab/Global/service_category_pcn_16-02_final.pdf">https://hab.hrsa.gov/sites/default/files/hab/Global/service_category_pcn_16-02_final.pdf</a></td>
</tr>
<tr>
<td>o Specific grant related focus areas</td>
<td></td>
</tr>
<tr>
<td>o BOTH HRSA Requirements and Specific Grant Focus Areas</td>
<td></td>
</tr>
</tbody>
</table>
CoEXIST Program Highlights
Rhode Island College

**Health Workforce Development**

- Used new academic and community partnerships to inform and implement curriculum (4.2 - Curriculum, certifications measured structure/staffing)
  
  ▶ Developed and piloted two rounds of ICM Team student training; third session to occur summer 2018
  
  ▶ Developed an HIV certificate program for case managers and community health workers; curriculum review and finalization of curriculum to occur summer 2018; piloting of curriculum to occur in the fall of 2018
  
  ▶ Developed a three credit Health Care Administration 350 course, *Exploring HIV Health Issues & Career Opportunities through Service Learning*, which will be offered fall 2018 and spring 2019

**Early Identification Services**

- Co-located 19 students at the RIDOC to conduct HIV risk assessments, health education, service referral (2.1. - Measure four components of EIS w PMs (outreach, testing, health ed/risk reduction, referral link to care)/Compliance to EIS.
  
  ▶ Over 120 men and women being held in the RIDOC’s intake facilities were screened for HIV risk and provided support services to prevent infection or for treatment if needed
  
  ▶ Collaborated with RIDOH & The Miriam STI Clinic to provide the two-day HIV/HEPC/Syphilis tester certification training, which expanded the capacity for outreach, testing, risk reduction, and linkages to care for individuals in the high risk – unaware category (2.1. - Measure four components of EIS w PMs (outreach, testing, health ed/risk reduction, referral link to care)/Compliance to EIS
  
  ▶ 40 people from across 10 agencies were certified training

- Established Higher Ed Committee to prepare for the assessment of college health centers and students’ knowledge of HIV and college resources
Rhode Island College Integrated **QM** Into Their CoEXIST Project!

<table>
<thead>
<tr>
<th><strong>Ryan White Part B</strong></th>
<th><strong>Prof</strong></th>
<th><strong>Building Capacity</strong></th>
<th><strong>E.I.S.</strong></th>
<th><strong>Intensive Case Management Teams</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality Performance Measures</strong></td>
<td><strong>Develop</strong></td>
<td><strong>Provider Training</strong></td>
<td><strong>Consumer Training</strong></td>
<td><strong>Higher Ed Assess.</strong></td>
</tr>
<tr>
<td><strong>AIDS Drug Assistance Program (A-DAP)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Financial Assistance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Early Intervention Services</strong></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Health Insurance Premium Assistance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Home and Community Based Health Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Home Delivered Meals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Linguistics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Minority AIDS Initiative (MAI)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Case Management</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Transportation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Nutrition Therapy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non Medical Case Management</strong></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Oral Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Psychosocial Support Services</strong></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Substance Abuse Outpatient</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Substance Abuse Residential</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Professional Services (Legal)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Education Risk Reduction</strong></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Outreach</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Intensive, Integrated Care/Case Management

- Co-located 37 students across three-ICM teams at RIDOC, ACOS, and Agape Providence to provide service augmentation and behavioral health support to persons living with HIV/AIDS (3.2 - Defined Care Mgt Team with Specialized Expertise Pertinent to Characteristics of Target Population; 3.3 - Intake, Assessment (severity Indexing; self-efficacy); 3.4 - Individualized Person Centered Care Plan for High Risk Members)
  - Students supported intake, assessment, care planning with attention to behavioral health
- Piloted a RIC experimental Peer Education of ten students whose work targeted HIV awareness and risk reduction for college students
  - 10 educational events (paired with testing); over 100 students were engaged and/or trained
  - Augmented health education and referral support for RIC’s Health Service Center
Rhode Island College
CoEXIST Performance Measures

- Client Satisfaction
- ICM Team Contacts with Clients
- Evaluation of Training/Conferences
- Pre/Post-Test of Students Attitudes toward HIV/AIDS
- Peer Education (number of events held)
- Agency Satisfaction with Student Support
“Students bring a fresher platform, it’s a mutual relationship, so they get that information from us and they can help us spice things up.”

“We help empower them for their future and helping empower them we can give them information that they don’t know for our community.”

“It’s good for them to know how to treat patients and how to deal with the community and how to treat people and to know that sometimes doctors don’t know how to treat you.”
Strengths, Barriers, Opportunities, Challenges

to Quality Improvement in RI

- Barrier: Compensation of Staff, lack of upward mobility
- Strength: Working to change above via Apprenticeship Plus program
- Strength and Barrier: Provision of ongoing training and professional development. While built into contracts CMs struggle to keep up
- Barrier/Challenge: A fragmented health/behavioral health care system
- Barrier/Challenge: Overwhelming Workload at agencies challenging to QI and training efforts
- Strength: Collective mentality, sharing and caring group
- Strength: A dedicated process and committed people that make Quality performance measures and integral part of client and patient care
Summary

- Discussed the key components, stakeholders, challenges faced, and lessons learned from the Ryan White Part B, RI Quality Management and Improvement Project

- Explored how the Rhode Island QM/QI program has aligned HRSA requirements associated with quality management, quality improvement initiatives and performance measures

- Spoke to how we roll with Quality and how the QMC is integral to decision making regarding PMs

- Discussed the RI HIV CoEXIST Project and the quality interface

- Questions?
Thank You!

That's all Folks!