ADAP Clinical Quality Management

Session 3
Recap

• Components of a robust clinical quality management program
• Applicability of PCN 15-02 to ADAP
• Review of ADAP measures
• Displaying your data
• Using tools to examine/analyze your data and processes
The Next Step…
Developed by the Associates in Process Improvement. Building on the work of W.E. Deming and Walter Shewhart
Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?
What Are We Trying to Accomplish?

• What are you trying to accomplish?
  • What is your hypothesis – what do you feel needs to change?
  • What is your data saying?

• Examples:
  • We want to improve the timely recertification rates for ADAP enrollees
  • Viral suppression of ADAP enrollees should be equal to, or better than 92%
What Are We Trying to Accomplish?

• This calls for an Aim Statement
• An Aim statement should be:
  • Time specific
  • Measurable
  • Define the population to which it’s directed
• It defines what your success should look like
Building the Aim Statement

One way is to use a template

• [Organization name] seeks to [increase or decrease] the [number of, or the percentage] of [what?] over the next [define the time period]

• Example: The State of Atridies wants to achieve a 10% increase in the recertification of ADAP eligible enrollees by June 30, 2019 to achieve a goal of 100% compliance with the HAB measure on recertification
Building the Aim Statement

• Use a table

<table>
<thead>
<tr>
<th>What?</th>
<th>What do you want to achieve?</th>
</tr>
</thead>
<tbody>
<tr>
<td>For whom?</td>
<td>Who benefits?</td>
</tr>
<tr>
<td>By when?</td>
<td>A specific time frame</td>
</tr>
<tr>
<td>How much?</td>
<td>Is it a percent increase/decrease? Is it a number such as the number of clients?</td>
</tr>
</tbody>
</table>

• Then use the elements from this to build the AIM statement
AIM Statement Examples

• Through the implementation of an electronic medical record, our residents at risk of pressure ulcers will get better care”

• We will create a truly interdisciplinary team to boost help enroll eligible individuals quickly

• The Friendly Care Community Clinic wants to achieve a 10% increase in the engagement of our consumers in retention activities by June 30, 2019 to assist us meeting the goal of the EMA

• Improve the Linkage to Care Process beginning with the reported date of HIV diagnosis and ending with completed medical appointment with a medical provider

• Increase the percentage for newly diagnosed persons linked to HIV medical care within 30 days of diagnosis to at least 40%, from the baseline of 20%
WHY DO THIS?

• Documentation of QI work is vital
• Improvement is a mindset
• Improvement is a vital commitment to your consumers
• (PS, It’s required)
Model for Improvement

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How Will We Know a Change Is an Improvement

• Simply put, this is where we start to understand the components to a problem
• This requires performance measures (you can’t improve what you can’t measure)
• The measures yield data to show your success (or failure)
Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?
What Change Can We Make That Will Result in Improvement?

- Develop ideas on how you will achieve your Aim
- Ideas are prioritized and tested
  - Don’t try to test everything
  - Use a tool to help you decide what to test
- A methodological testing method is used; in our case the PDSA Cycle
Plan, Do, Study, Act (PDSA) Cycle

- This is one way to test your change idea
- It consists of four phases
- It increases in complexity until full confidence in the change idea is reached
The PDSA Cycle for Learning and Improvement

**Plan**
- Objective
- Questions and **predictions** (why)
- Plan to carry out the cycle (who, what, where, when)
- Next cycle?

**Act**
- Adapt?
- Adopt?
- Abandon?
- Next cycle?

**Study**
- Complete the analysis of the data
- Compare data to **predictions**
- Summarize what was **learned**

**Do**
- Carry out the plan (on a small scale)
- Document problems and **unexpected observations**
- Begin analysis
Plan

• What are your predictions or hypothesis? (if this then that)
• Who is involved in the test?
• How many test will be done?
• Have you engaged the testers before now?
Do

• Start testing
  • Small tests first then expand
  • Collect data

• The Do cycle requires that you have step measures
  • Step measures look at the stages along the way to get us to the change we seek
  • Step measures give structure to the test you are doing and let you see if it has the desired effect
Study

• Review your data
• Used QI tools whenever possible
• Did the data match your predictions
• Document what was learned
Act

• Based on what you learned, what do you do next?
  • What is the next PDSA Cycle
  • Do you need to make changes to your test or your hypothesis?

• You may decide to abandon your idea
  • If an idea “fails” it’s really a learning opportunity
  • Its why we do small tests and build up to a full roll out – you’re experimenting really

• If your data matches your predictions, you move onto the next test
Addressing Failure
If Your PDSA Cycle Fails

• “I have not failed 10,000 times—I’ve successfully found 10,000 ways that will not work.”
  
  Thomas Edison

• “Only those who dare to fail greatly can ever achieve greatly.”

  Robert F. Kennedy
State Examples
Evaluation

• Evaluation is inherent in your PDSA Cycles
• Your overall ADAP should be evaluated
  • Look at PCN 15-02; evaluate the three components
  • How have you incorporated consumer input into your quality efforts
  • How your program fits into the larger Part B program
• Establish yearly goals for what your successful program looks like