



**BOSTON
PUBLIC
HEALTH
COMMISSION**



FY 2022 Clinical Quality Management Information Session

RYAN WHITE SERVICES DIVISION | BOSTON PUBLIC HEALTH COMMISSION

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JUNE 22, 2022

Meeting Purpose

- ❖ To anchor key stakeholders in a common understanding of what Clinical Quality Management is for the Ryan White Part A Program in the Boston EMA.
- ❖ To provide an overview of CQM's programmatic structure, processes, and plan for FY 2022.
- ❖ To communicate programmatic updates for FY 2022.
- ❖ To review and discuss current performance measurement data.

Agenda

Welcome!

CQM Program Overview

Overview of the FY22 CQM Workplan

CQM Program Updates & Announcements

CQM Program Expectations

Break!

Performance Measurement Update

Data Discussion

Q&A and Evaluations

Clinical Quality Management (CQM) Program Overview

Our purpose is to coordinate activities aimed at improving **consumer care, health outcomes, and consumer satisfaction.**

We do this through:

- ❖ Infrastructure
- ❖ Performance Measurement
- ❖ Quality Improvement

Program Resources

SOME PROGRAM RESOURCES WE'D LIKE TO HIGHLIGHT:

IHI OPEN SCHOOL AND LIFE QI

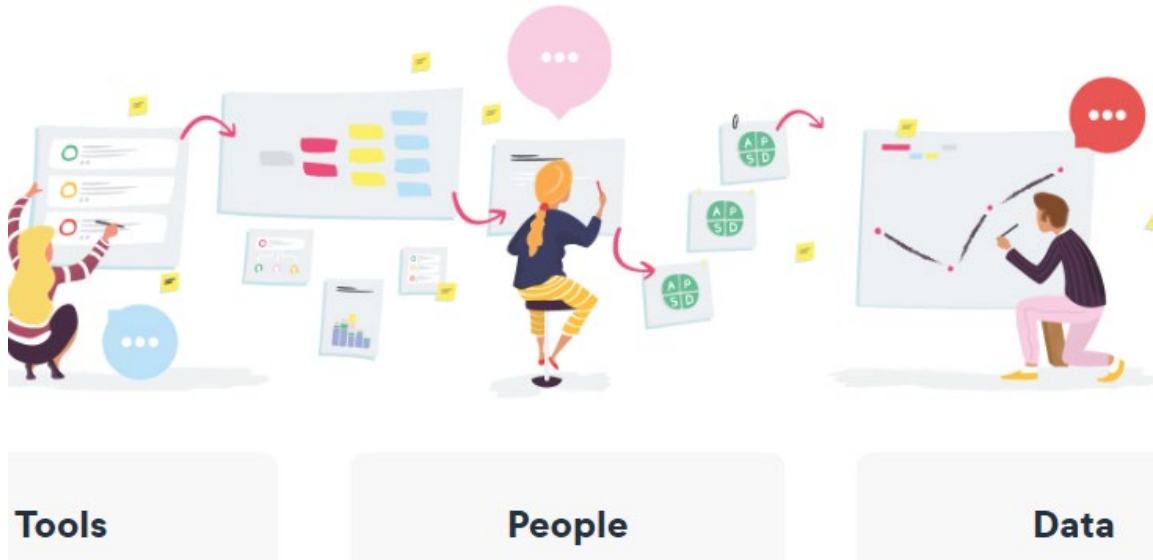
IHI Open School

- Online QI training and tools
- Many healthcare improvement topics
- Courses are broken into digestible, 15- to 40-minute lessons
- Over 500,000 learners from universities, organizations, and health systems
- Introductory, 100-level courses
- Intermediate, 200-level courses
- Project-based, 300-level courses



The all-in-one improvement platform

Where tools, people and data come together to make improvement happen.



Life QI

- An easy-to-use platform, tailored to running QI projects
- Brings everyone together to share ideas, accelerate learning and drive change
- Can be used anytime and anywhere
- Secure analytic tools helps to track outcomes and analyze progress across your team, organization

FY 2022 CQM Workplan

What is the FY22 CQM Workplan?

A clear plan of action for the CQM Program to make progress towards achieving the program's overarching goals and objectives in FY22. The workplan includes **activities planned for FY22**, along with their corresponding deadlines and person(s) responsible.

Where can I find the FY22 CQM Workplan?

As of June 22, 2022, you can find the FY22 CQM Workplan:

- In the **e2Boston Resource Center**
- Coming soon: On the BPHC Clinical Quality Management webpage

What is the difference between the FY22 CQM Workplan and the FY22-24 CQM Plan?

Timeline. The FY22 CQM Workplan is a more narrowly focused plan of action for a single year and describes what will be done **this year** in order to keep the Boston EMA on track to complete the larger FY22-24 CQM Plan.

Goal 1: To promote and sustain a culture of continuous Quality Improvement throughout the Ryan White HIV/AIDS Program in the Boston EMA, reflected in an increase of the Boston EMA Culture Assessment median score from 14 to 16 by January 2025.

Objective 1: To deepen the bench of QI knowledge among Ryan White stakeholders.

Objective 2: To increase the percentage of subrecipients with a written QI or QM plan from 70% to 90% by FY 2025.

Objective 3: Support a CQM Committee, representative of the Boston EMA population that meets six times per fiscal year that advises on the development, annual revision, and implementation of the CQM Plan and corresponding activities.

Objective 4: To increase the percentage of subrecipients who include client participation in QI discussions from 59% to 70% by FY 2025.

Objective 5: To increase the percentage of subrecipients who have made improvements to health outcomes of at least 10% in 12 months from 53% to 65% by FY 2025.

Goal 1 Action Plan

QI competencies

IHI Open School coaching plans

QI Resource Library

Tiered QI learning pathways (based on 2021 Culture Assessment scores)

QI learning collaboratives

Standard guidance on writing a Ryan White QI/QM plan

QI/QM planning workshops

Strengthen CQM Committee processes, recruitment, and application process

Client satisfaction tool

Goal 2: To increase the viral suppression rate among People Living with HIV/AIDS in the Boston EMA from 90% to 92% by FY 2025.

Objective 1: To increase the percentage of clients who report “Excellent” adherence to ART from 81% to 90% by FY 2025.

Objective 2: To increase the percentage of clients linked to care within 30 days of HIV diagnosis from 30% to 35% by FY 2025.

Objective 3: To work collaboratively with People Living with HIV/AIDS and other HIV care stakeholders to reduce the stigma against HIV and its syndemic factors on an ongoing basis.

Goal 2 Action Plan

Identify key contributors and barriers to:

- ART Adherence
- 30-day Linkage to Care
- Viral Suppression

Improve e2Boston data quality, starting with outcomes submission rate

Quarterly QM check-ins with subrecipients

Improvement collaboratives focused on Ryan White improvement priorities

CQM Program Updates & Announcements

- FY22-24 CQM Plan has been finalized and can be found in the e2Boston Resource Center
- No FY22 QI Mini-Grant Program, stay tuned for FY23
- QI Learning Collaborative
- Data Displays
- Quarterly Calls
- e2Boston training content in progress

CQM Program Expectations

- At least two engagements with the CQM Program within the fiscal year
 - QI learning collaborative
 - QI training workshops
 - TA office hours
 - Partaking quarterly calls
 - IHI Open School
 - Life QI
- Data displays follow-up discussion/quarterly QM check-ins
- Ryan White QI projects

BREAK

TAKE FIVE MINUTES TO REFRESH AND RENEW, AND THEN COME BACK BY 1:40 PM!

Performance Measure Update

VIRAL SUPPRESSION AND THE NEWLY DIAGNOSED HIV CARE
CONTINUUM



Quarterly Data Displays

Edward M. Kennedy Health Center FY20 Q1 Performance Measure Report Medical Case Management

As of June 9, 2020

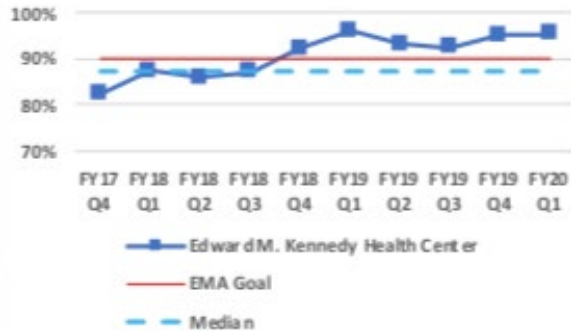


Quality Improvement Summary:

This quarter, your agency achieved a viral suppression rate of 95.19% for medical case management clients. This is greater than your agency's median of 87.3%.

EMA Quality Goal 1: Increase percentage of virally suppressed clients to 90%.

Viral Suppression (Medical Case Management)



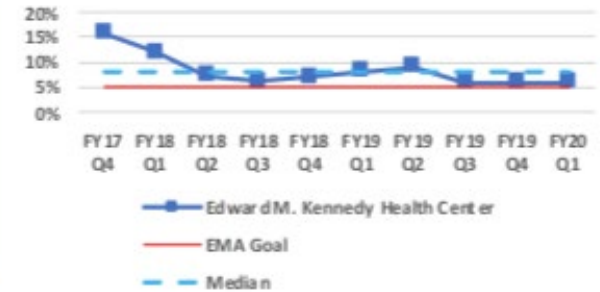
This quarter, 5.77% of your agency's medical case management clients had a gap in frequency of medical visits. This is less than your agency's median of 8.0%.

EMA Quality Goal #2: Decrease percentage of clients with a gap in medical visits to 5%.

Each reporting period includes the most recent client data from the previous 12 months. For example, FY20 Q1 spans the period from June 1, 2019 - May 31, 2020.

For questions about this report, please contact BPHC's CQM team:
Wiona Desir
wdesir@bphc.org
617-534-2370

Gaps in Visit (Medical Case Management)



Viral suppression was gathered through e2Boston 'Outcomes Summary Report' and is defined as number of clients with a viral load <75 copies (numerator) over number of clients with a recorded viral load outcome (denominator).

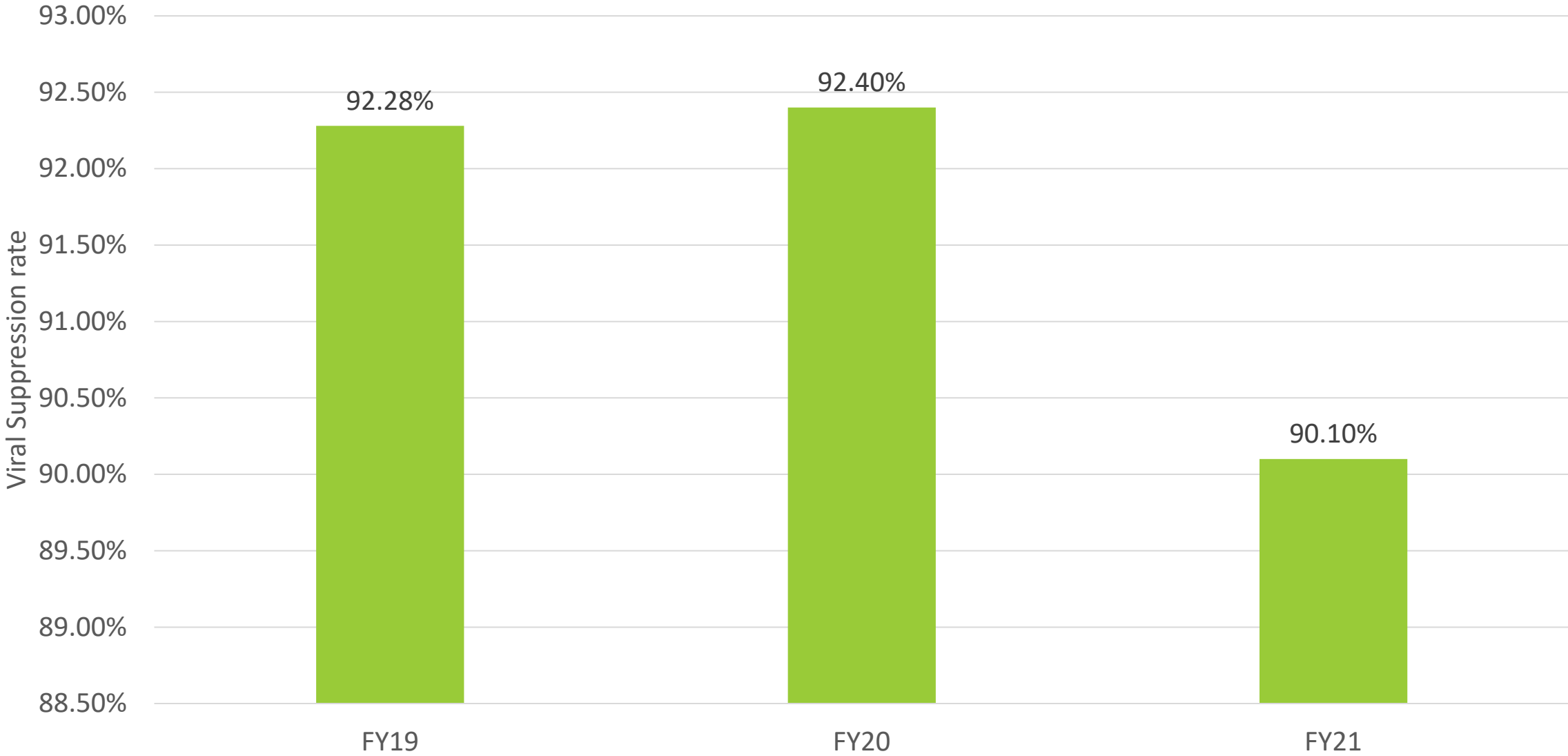
Gap in medical visit was gathered through e2Boston 'Outcomes Summary Report' and is defined as the number of clients with a medical care visit more than 6 months ago (numerator) over all clients with a recorded care engagement within the measurement period (denominator).

Viral Suppression in the Boston EMA

Part A clients with a HIV viral load **below 200 copies/mL** at last viral load test among...

- **Outcomes Measure Distribution report:** Part A clients who have utilized a service AND have outcomes submitted in e2Boston within the measurement period.
- **HAB Measures report, “Core Performance Measures” table:** Part A clients who have a recorded care engagement (medical visit, viral load, or CD4 test) within the measurement period.
- **HAB Measure report, “Care Continuum” table:** Part A clients served who were newly diagnosed with HIV infection within the measurement period.

FY 2019-21 Viral Suppression Among Part A Clients



e2Boston, Outcomes Measure Distribution report. As of June 9, 2022.

Newly Diagnosed HIV Care Continuum in the Boston EMA

Newly Diagnosed Clients: Part A clients served whose HIV diagnostic date falls within the measurement period.

Linkage to HIV Medical Care (30 days): Newly Diagnosed Part A clients (see 1st definition) with a care engagement* within 30 days of their diagnosis.

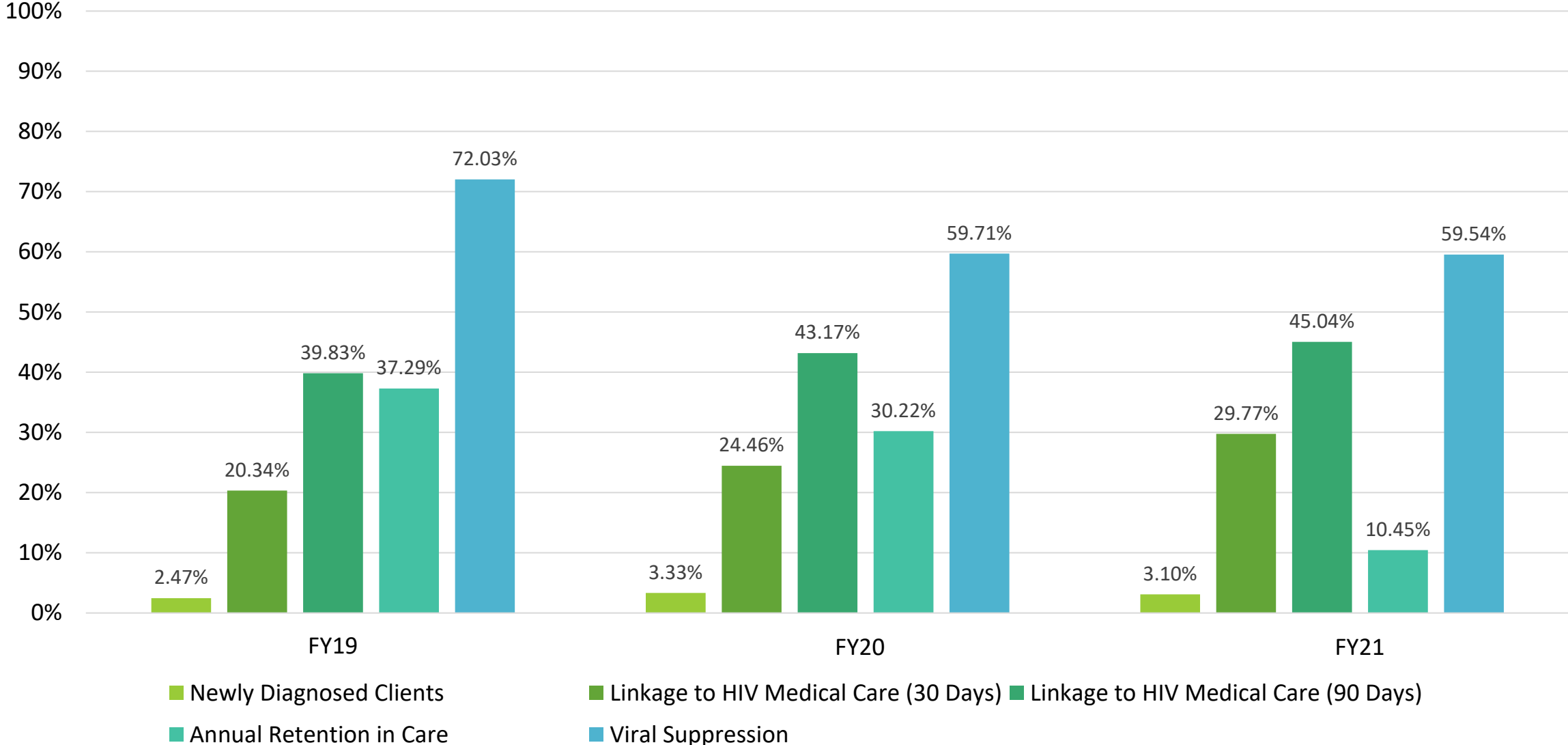
Linkage to HIV Medical Care (90 days): Newly Diagnosed Part A clients (see 1st definition) with a care engagement* within 90 days of their diagnosis.

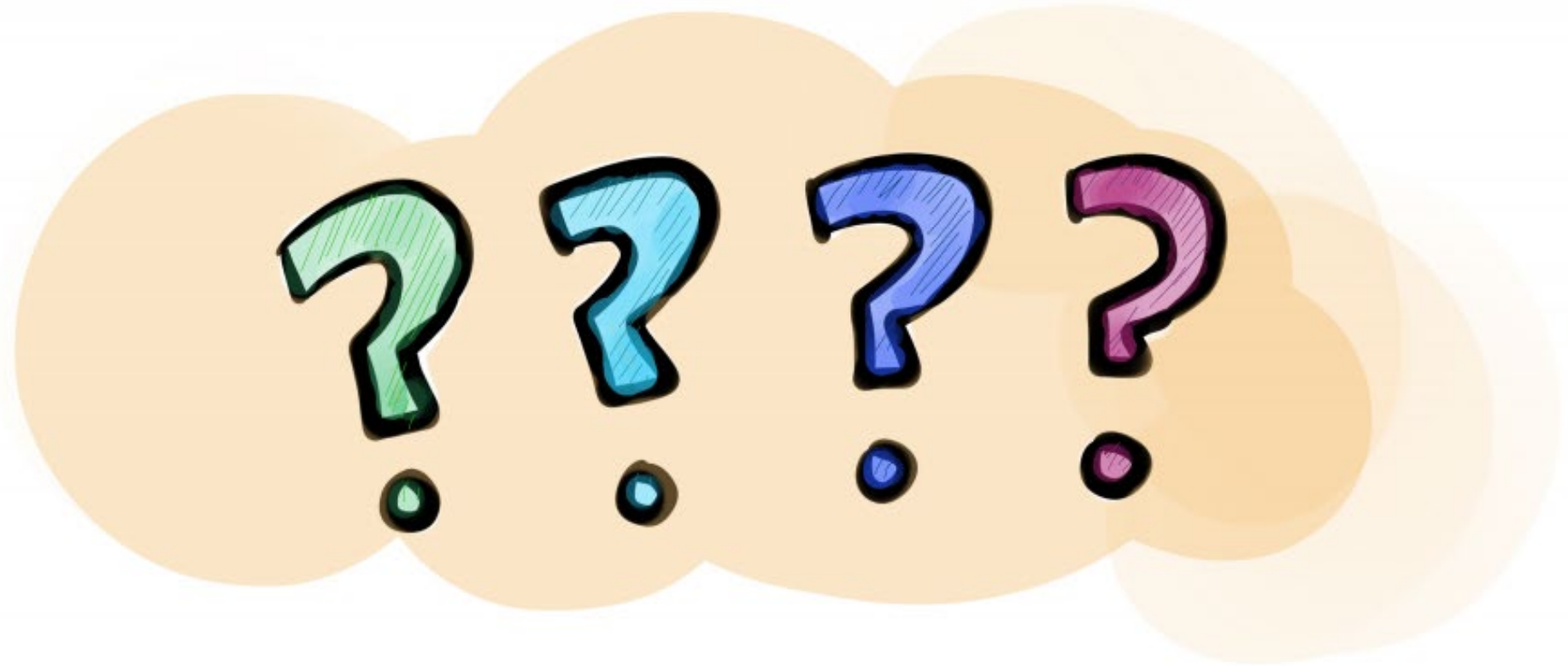
Annual Retention in Care: Newly Diagnosed Part A clients (see 1st definition) with at least two care engagements* at least three months apart within the 12 months after HIV diagnosis.

Viral Suppression: Newly Diagnosed Part A clients (see 1st definition) with a HIV viral load below 200 copies/mL at last viral load test.

*Care engagement = Medical visit, viral load or CD4 test

FY 2019-2021 HIV Care Continuum Among Newly Diagnosed Clients





Evaluations

PLEASE COMPLETE A [SHORT SURVEY](#) EVALUATING TODAY'S INFO SESSION.

Contact Information & Resources:



Contact the CQM Program at cqm@bphc.org



Schedule CQM Office Hours with CQM Team, Sarah Kuruvilla and/or Fabiola Catulle at <https://tinyurl.com/2p97dpsn>.



[Submit an application](#) to access IHI Open School.



Consider joining the CQM Committee! Submit an interest form [here](#).