

# Creating a Culture of Quality Improvement Across Your Network: Aligning Improvements Across Subrecipients and RWHAP Parts

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*HRSA Ryan White HIV/AIDS Program Center for Quality  
Improvement & Innovation (CQII)*

# Opening Remarks

# Setting the Stage

- CQII Overview
- Learning Objectives
- Agenda Review
- Introductions



HRSA Ryan White HIV/AIDS Program

**CENTER FOR QUALITY  
IMPROVEMENT & INNOVATION**

# Picture Consent



- You allow CQII to take pictures from our training events and to post them on our websites, social media platforms, and other marketing materials for an undetermined period of time
- You have the right to revoke your consent for pictures that are publicly posted
- At no time, individual names will be used to identify you, unless you sign the appropriate release form



HRSA Ryan White HIV/AIDS Program

# CENTER FOR QUALITY IMPROVEMENT & INNOVATION

*“Together, we continue to improve the lives of people living with HIV. The HRSA Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation (CQII) provides state-of-the-art technical assistance to Ryan White HIV/AIDS Program-funded recipients and subrecipients to measurably strengthen local clinical quality management programs in order to impact HIV health outcomes.”*

### Dissemination of QI Resources

- Marketing strategies to increase awareness of CQII, including an informational brochure
- Presence at national conferences, including the 2018 National Ryan White Conference
- e-Newsletters to highlight upcoming events and QI resources

### Information Dissemination

### Training

- Face-to-face training sessions to build capacity among providers and consumers
- Online presence of CQII on the TARGET Center website
- TA Calls to showcase recipients and QI content
- Online tutorials for providers and consumers

### Training/Educational Fora

### Provision of Technical Assistance

- Provision of on/off-site technical assistance by QI experts
- Functional RITA to track all relevant ongoing TA activities
- TA case conferences to learn from past TA activities

### Consultation/Coaching

### Communities of Learning

- One national QI collaborative with engagement of RWHAP recipients
- Annual Quality Award Program to highlight QI leaders

### Communities of Learning



CQII.org | 212-417-4730

# Learning Objectives

- Identify key infrastructure elements that regional teams of recipients need to put together to jointly improve HIV care
- List effective strategies that have reduced gaps along the HIV Care Continuum and led to measurable improvements in viral load suppression
- Define strategies to undertake a successful collaborative across multiple funding streams
- Know available tools and resources to conduct joint quality improvement efforts in their jurisdiction

# Agenda

- Setting the Stage – 15min
- How to Create a Culture Working with Subrecipients – 20min
- Panel Presentations – 20min
- Four Corner Sharing – 25min
- QI Resources – 5min
- CQII at the RW Conference – 5min

# Introductions



# Audience Participation

- On your chair each participant has post-it note(s)
- Audience I – write down 1-2 suggestions:
  - *Engagement: How can we best engage all stakeholders/providers around quality improvement (QI)?*
- Audience II - write down 1-2 suggestions:
  - *Establishing QI Goals: How can we establish QI aims that spark the interest of all providers/staff?*
- Audience III - write down 1-2 suggestions:
  - *Infrastructure: What QI requirements should be included in contracts?*
- Audience IV - write down 1-2 suggestions:
  - *Leadership: How can you effectively make agency-wide senior leaders part of the ongoing QI work?*
- Hand them in after 5 min or place on flipchart

# Creating a Culture

# How is Culture Created?

## Why Are We Wearing a Tie?

- Big dark room with a single source of light on one end of the room, estimate the distance to the light
- Wide variety by participants; conformity effect when people worked on groups
- Even a year later, the individualized responses were internalized; the ‘tradition’ continued over generations
- Status quo bias: once a practice has become established, it is likely to be perpetuated, even there is no particular basis for it



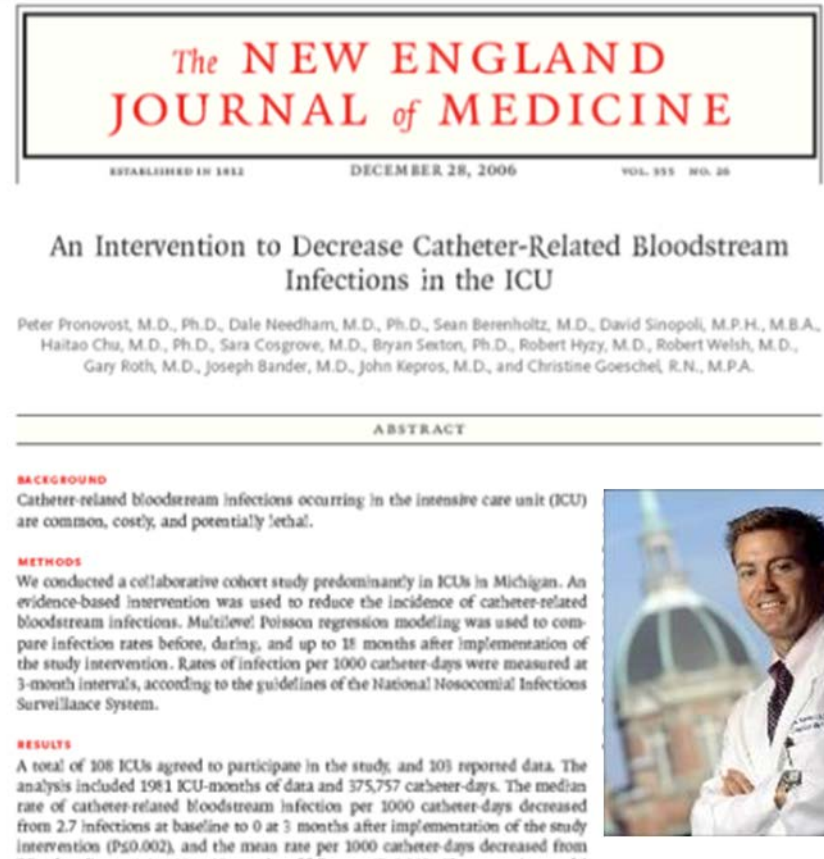
[Muzafer Sherif, Sociometry, 1, 1937, 90-98]

How can we generate ideas for improvement that become the new status quo?

# Use of Checklists

Landmark study with 108 intensive care units (ICU) in Michigan:

- “The median rate of bloodstream infection per 1000 catheter-days decreased from 2.7 infections to 0 at 3 months after use of checklist.(p0.002)”
- ICUs in the study outperformed 90% of ICUs nationwide and saved an estimated \$175 million and more than 1500 lives



[New England Journal of Medicine, 2006 Dec, 355 (26), 2725-32]

# Reduce Medication Errors

- Situation: on average, 1 medication error per 1,000 medications administered; led to 250 errors annually
- Solution: create a 'cone of silence' (Get Smart), introduction of medication vest for 6-month pilot
- Results: errors dropped 47%; adoption by the entire hospital resulted in 20% drop hospital wide



[Becky Richards, Kaiser South San Francisco Hospital, Beacon Collaborative, April 2008]

# Lessons Learned – To Get Started...

- You need to have the right idea
- It starts with one person, one patient, one facility
- You need a quality champion
- You need to have the time and commitment

How are new ideas adopted in an organization?

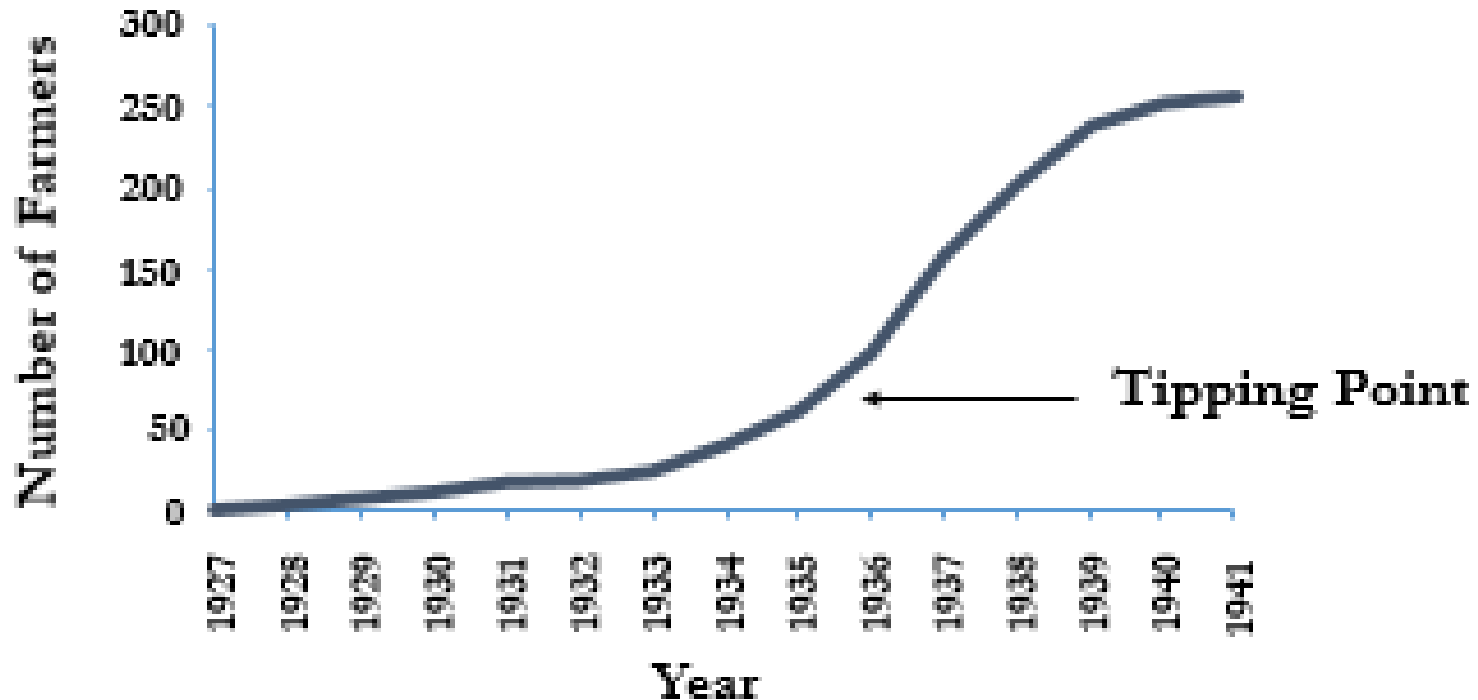


# Critical Mass and Momentum

“The part of the diffusion curve from about 10 percent to 20 percent adoption is the heart of the diffusion process. After that point, it is often impossible to stop the further diffusion of a new idea, even if one wished to do so.”

*E.M. Rogers, Diffusion of Innovations (1995)*

# The “Diffusion Curve”: Reaching the Tipping Point



Number of Adopters of Hybrid Seed Corn in Two Iowa Communities

[Source: Ryan and Gross, “Hybrid Seed Among Iowa Farmers,” 1940]

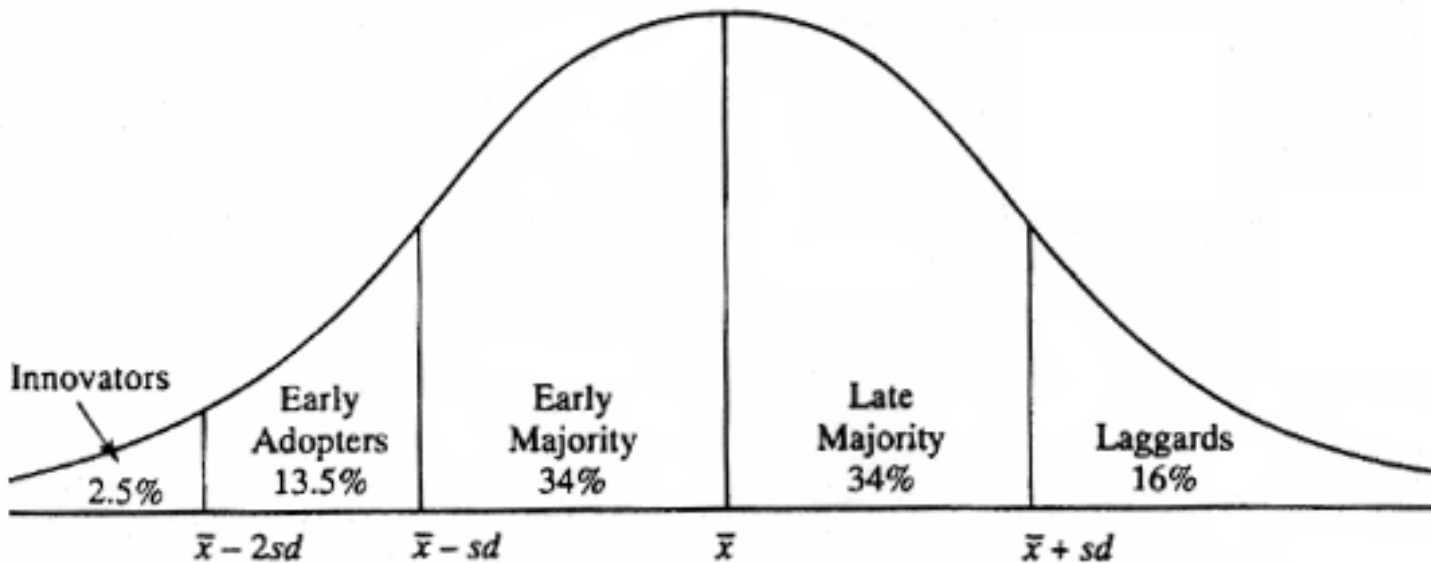
# Types of Innovators



- Innovators - Venturesome
- Early Adopters - Respected
- Early Majority - Deliberate
- Late Majority - Skeptical
- Laggards - Traditional

# Diffusion of Innovation

Adopter Categorization on the Basis of Innovativeness



[Source: Ryan and Gross, "Hybrid Seed Among Iowa Farmers," 1940]

# Working with Subrecipients

# What is the Role of the Subrecipient in the Development of the Recipient's CQM Program?

- Subrecipients should be involved in the development of the recipient's CQM Program at the discretion of the recipient
- The level of involvement may be determined by the type of service funded
- The involvement could be as part of the recipient's CQM Committee, the prioritization of performance measures, or part of a quality improvement project
  - For example, a subrecipient that provides transportation would need to report service utilization data to the recipient for CQM purposes but may not be directly involved in developing the CQM program

# HAB Policy Clarification Notice – PCN#15-02

## **Clinical Quality Management Policy Clarification Notice**

*Policy Clarification Notice (PCN) #15-02*

*Related legislation: Title XXVI of the Public Health Service (PHS) Act §§ 2604(h)(5), 2618(b)(3)(E), 2664(g)(5), and 2671(f)(2)*

**Scope of Coverage:** Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D

### **Purpose of PCN:**

The purpose of this PCN is to clarify the Health Resources and Services Administration (HRSA) RWHAP expectations for clinical quality management (CQM) programs.

### **Background:**

[Title XXVI of the Public Health Service Act](#) RWHAP Parts A – D<sup>1</sup> requires the establishment of a clinical quality management (CQM) program to:

- Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines, (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV services.

<sup>1</sup> §§ 2604(h)(5), 2618(b)(3)(E), 2664(g)(5), and 2671(f)(2) of the PHS Act

- Recipients need to ensure that their subrecipients
  - Have the resources to conduct CQM activities
  - Implement a CQM program in their organizations
  - Identify improvement opportunities
- Recipients are expected to
  - Provide guidance to subrecipients on prioritizing measures and collecting data
  - Monitor their quality improvement activities
  - Coordinate CQM activities across RWHAP recipients

# Forging Successful Partnerships with Subrecipients

- Have clear expectations for their involvement on system and subcontractor levels
- Communicate those expectations clearly
- Be consistent in reinforcing those expectations
- Provide data that are easily understood and indicate areas for improvement



# Clear Expectations

- As a recipient, be very clear in your current and desired clinical quality management requirements for subcontractors
  - Routinely submit performance measurement data
  - Participate in CQM activities, such as attending CQM Committee meetings
  - Conduct at least one QI project a year
- Set concrete goals for subrecipient engagement in quality improvement activities, such as
  - Prioritizing quality improvement projects
  - Attending quality improvement trainings
  - Using data findings for quality improvement
- Assist the subrecipient in understanding the goals of the recipient and monitor their achievement of these goals

# Communicate Expectations Clearly

- Subrecipients should understand the legislative requirements of the Ryan White HIV/AIDS Program
- Engage senior leadership at the subrecipient level to obtain organization-wide buy in for the quality improvement goals
- Contract language must be clear and concise and specify the subrecipients CQM responsibilities and expectations

# Be Consistent in Reinforcing Those Expectations

- Review the subrecipient's workplans and provide consistent feedback
- Act as the quality improvement coach for the subrecipient; support them as they develop their activities
- Remember, data are the key; keep providing feedback and redirect them to the recipient's goals when necessary

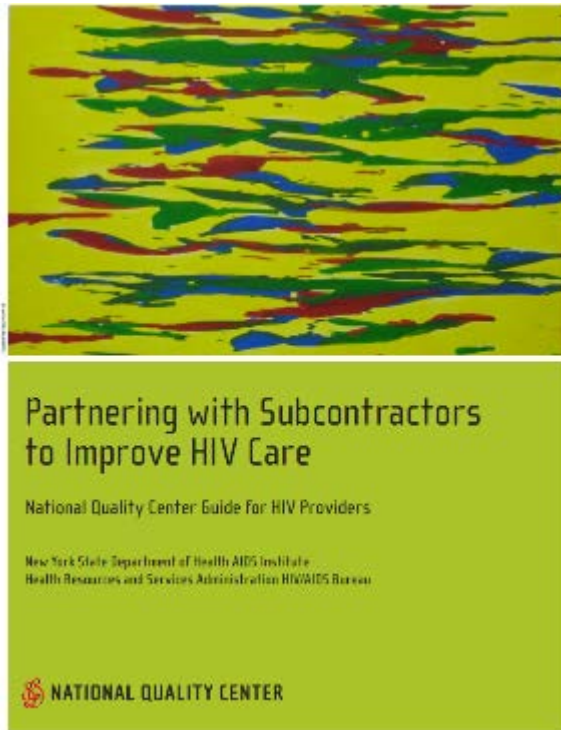
# Provide Data that Are Easily Understood and Indicate Areas for Improvement

- It's important to understand the subrecipients' data collection infrastructure; if they can't collect it, they can't improve it
- Guide the subrecipient in presenting their data in an easy to read format
- Encourage the subrecipient to share their data with all staff to foster staff buy-in for quality improvement

# Coaching the Subrecipients

- It is the role of the recipient to establish and manage their jurisdictions clinical quality management program
- Therefore the recipient must be ready to provide assistance to subrecipients in achieving an effective clinical quality management program

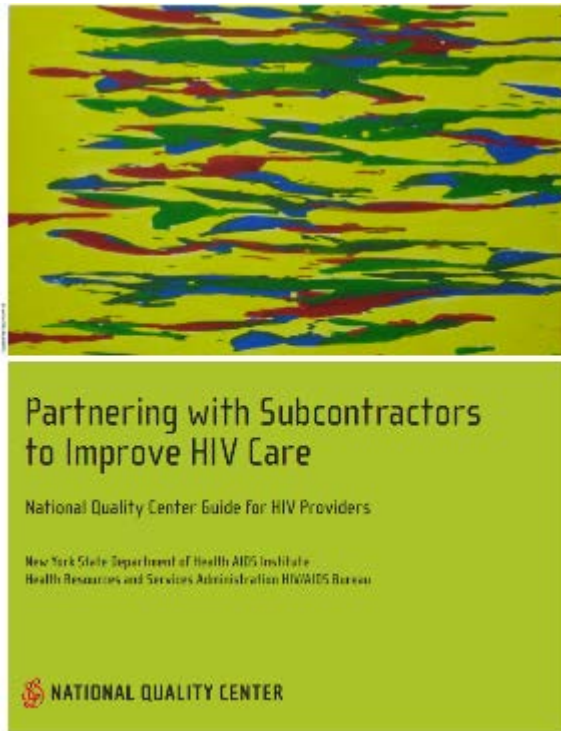
# NQC Guide: Partnering with Subcontractors



- Step 1: Integrating Subrecipient Partnerships into the Recipient CQM Program
  - Obtain leadership support for partnering with subrecipients
  - Assess current QI activities with subrecipients
  - Develop a plan for increasing subrecipient engagement in QI
  - Implement the written plan

To access this resource visit the CQII website | [CQII.org](http://CQII.org)

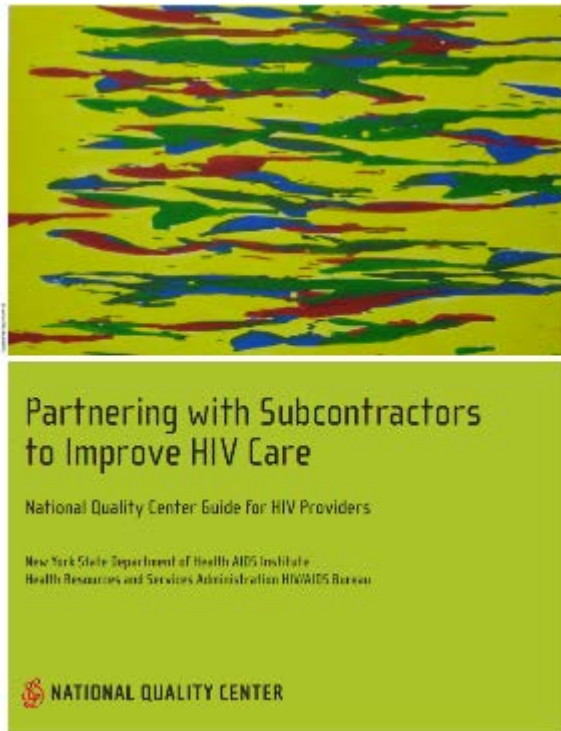
# NQC Guide: Partnering with Subcontractors



- Step 2: Building Capacity among Subrecipients to Improve the Quality of HIV Care
  - Integrate the CQM requirements of subrecipients into contracting processes
  - Identify subrecipients' needs for training and technical assistance
  - Develop, implement, and evaluate an educational training plan
  - Develop and conduct QI trainings
  - Coach subrecipients to develop capacity for QI
  - Use strategic interventions to increase subrecipients' participation in QI activities

To access this resource visit the CQII website | [CQII.org](http://CQII.org)

# NQC Guide: Partnering with Subcontractors



- Step 3: Working Across Subrecipients to Improve HIV Care
  - Foster collaborative relationships among subrecipients
  - Create a structure to improve quality across subrecipients
  - Engage subrecipients in developing and implementing common performance measures
  - Collaborate to develop performance measures for subrecipient QI projects
  - Sustaining the gains; keeping subrecipients focused on continual improvements

To access this resource visit the CQII website | [CQII.org](http://CQII.org)



# Panel Presentation I

# NC Regional Quality Council

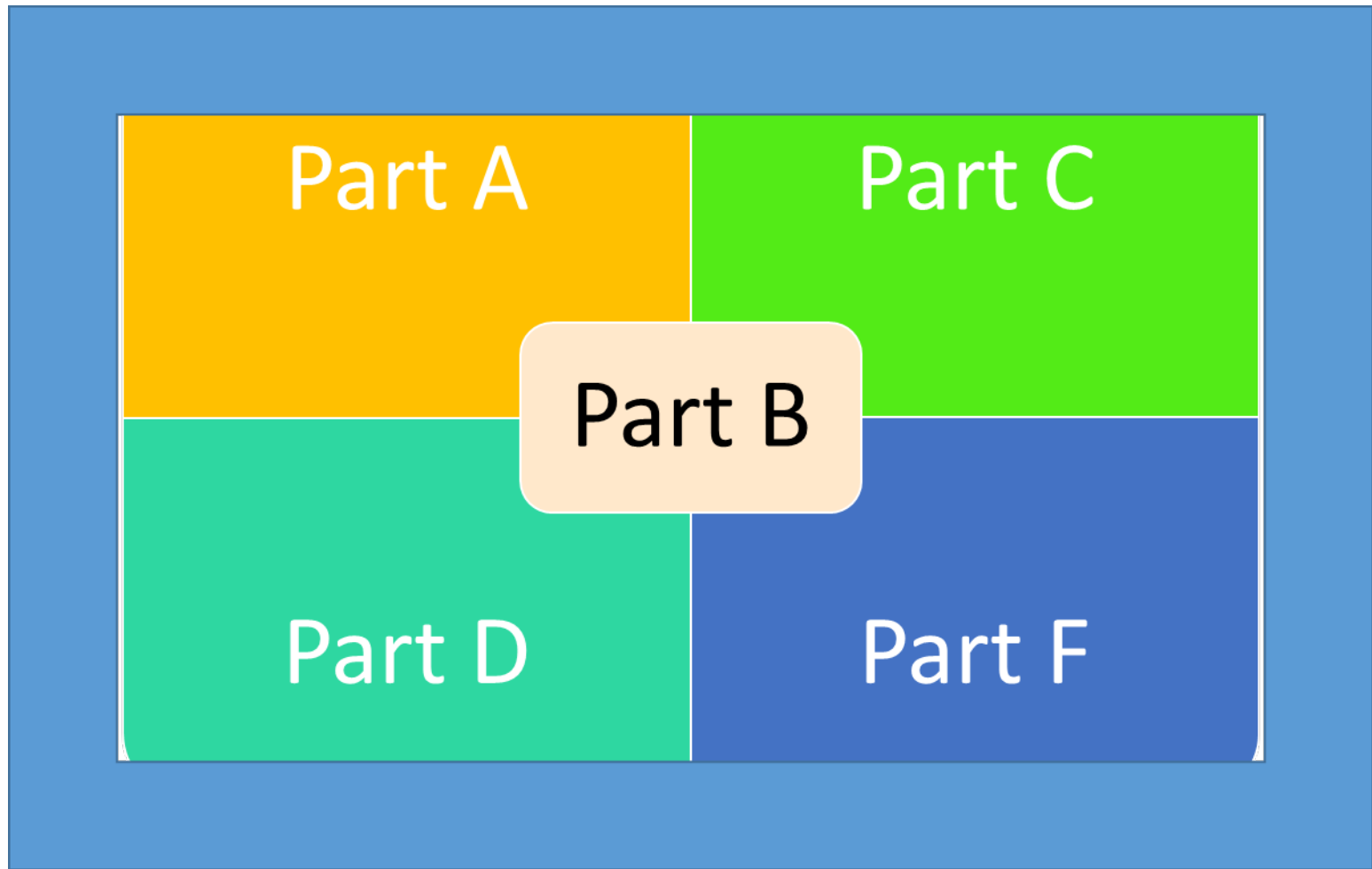
Hope White and Amy Durr



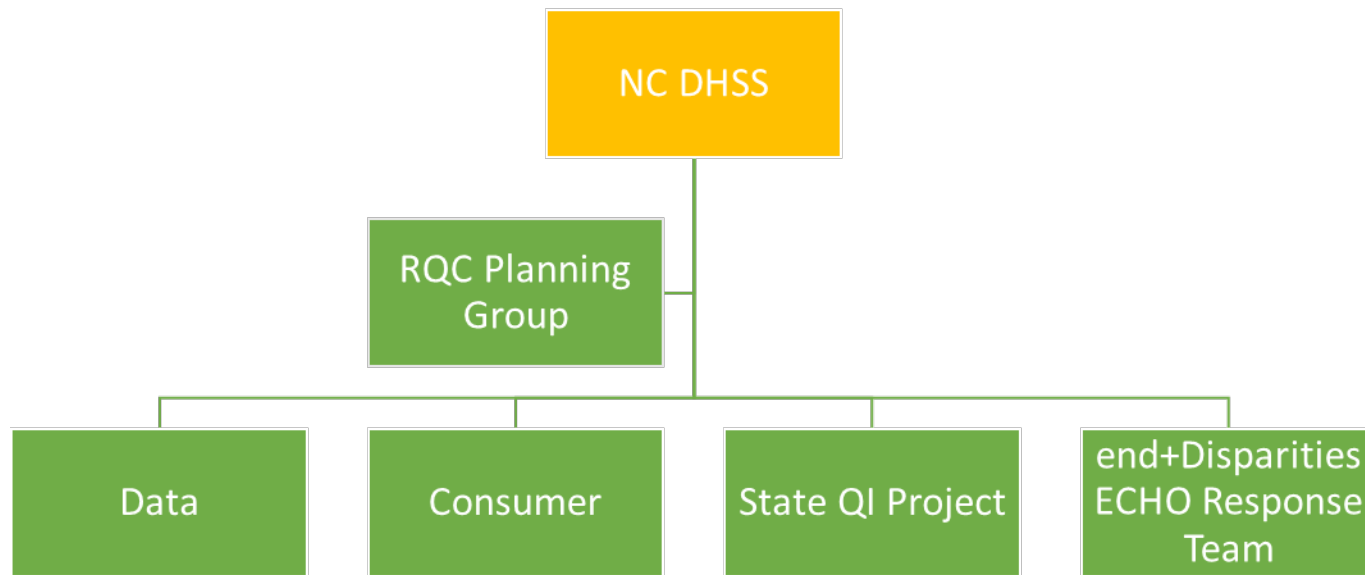
**Innovative**

<https://www.youtube.com/watch?v=HkmNWYprUfE&t=8s>

# NC Regional Quality Council: Membership



# NC Regional Quality Council: Infrastructure



# NC Regional Quality Council: Infrastructure

## **North Carolina Regional Quality Council**

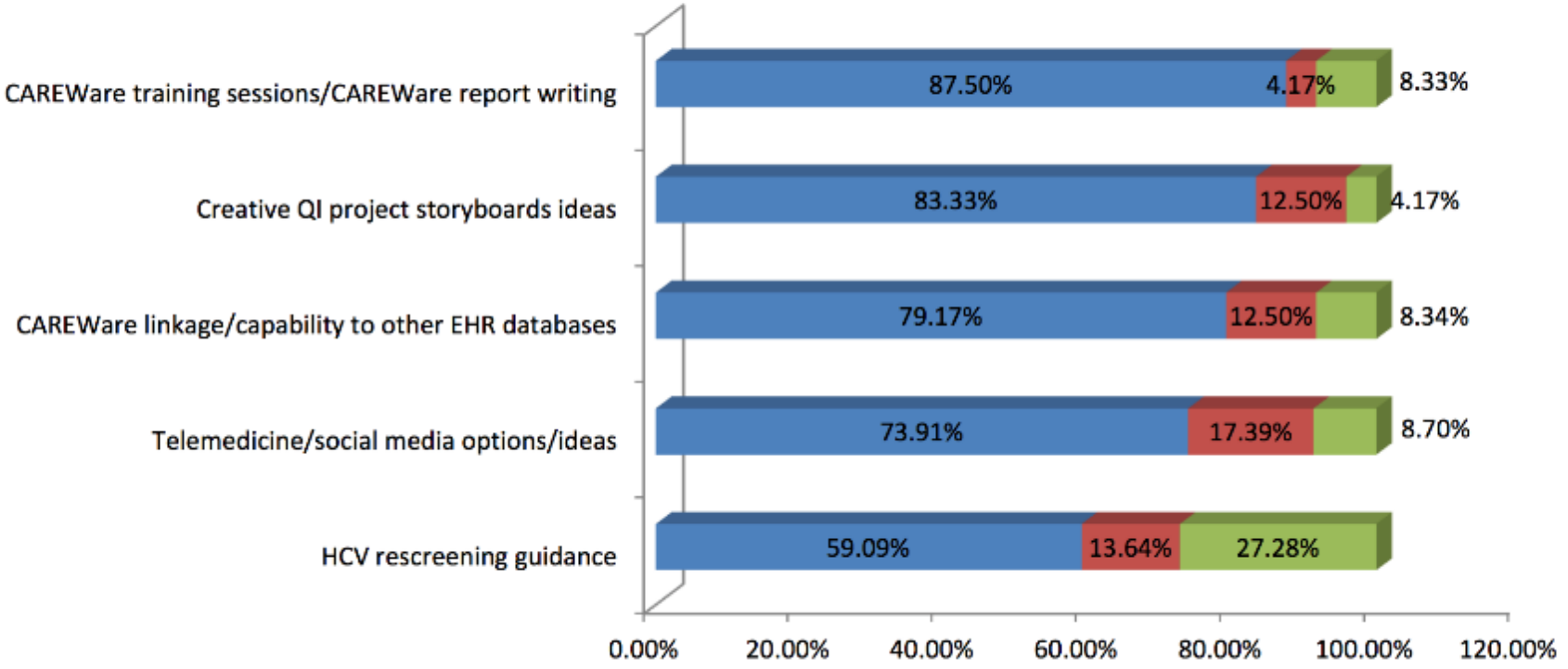
Quality Management Plan

*2018 – 2019*

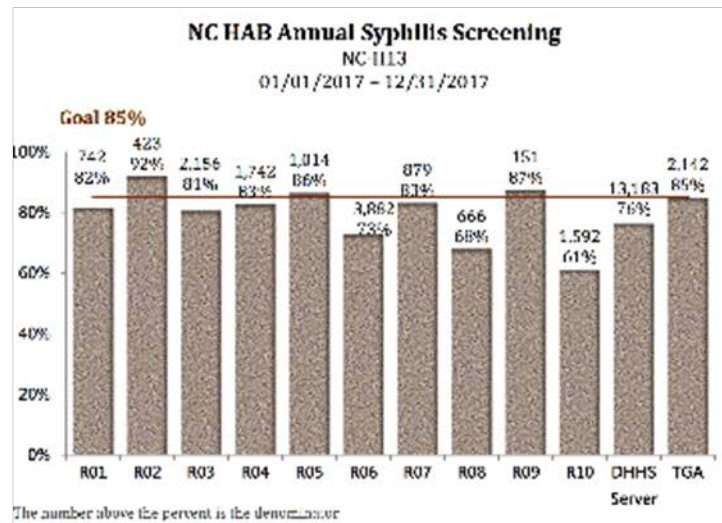
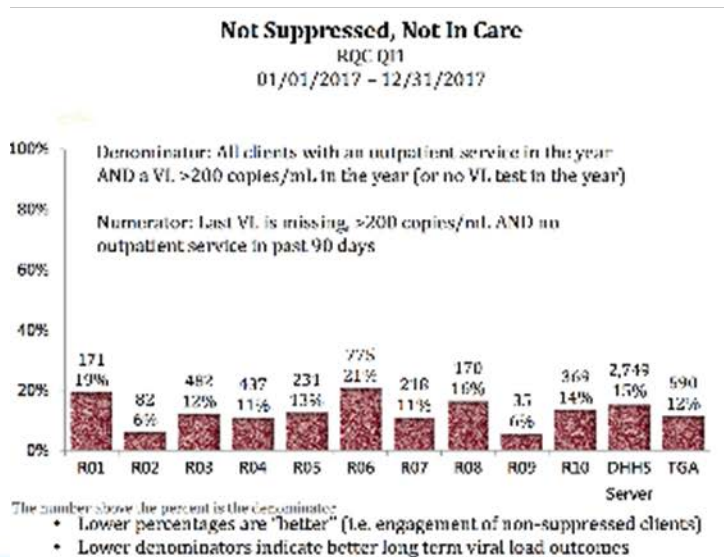
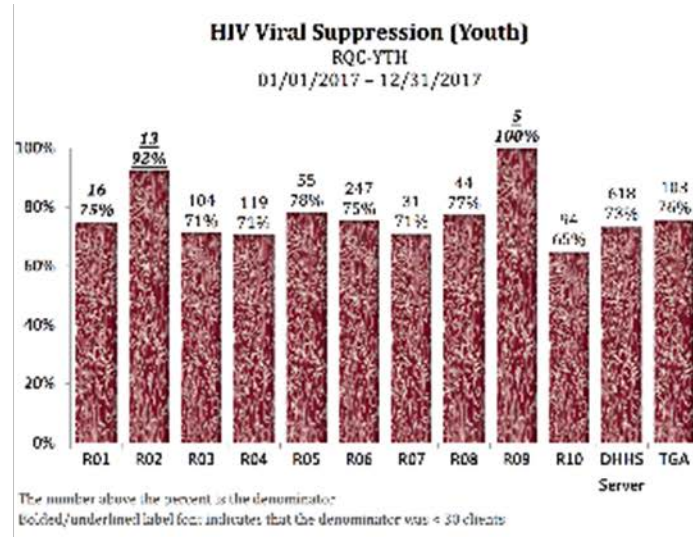
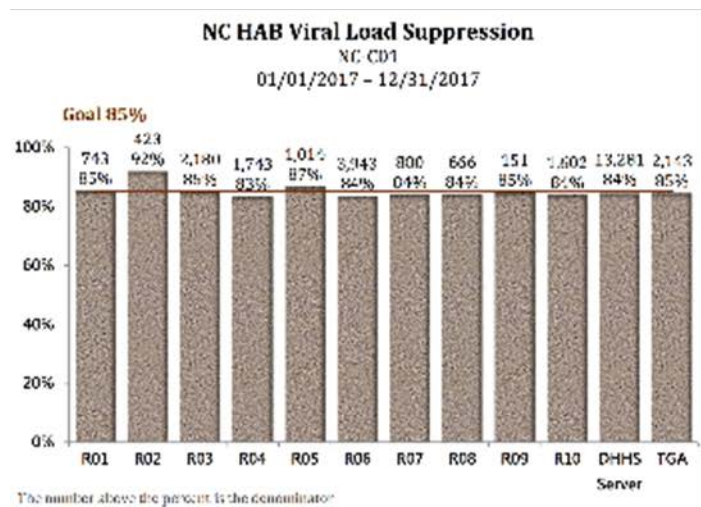


# RQC Training Topics

■ Very/Somewhat Interested    
 ■ Not sure    
 ■ Slightly /Not at all Interested



# NC RQC: Performance Measurement

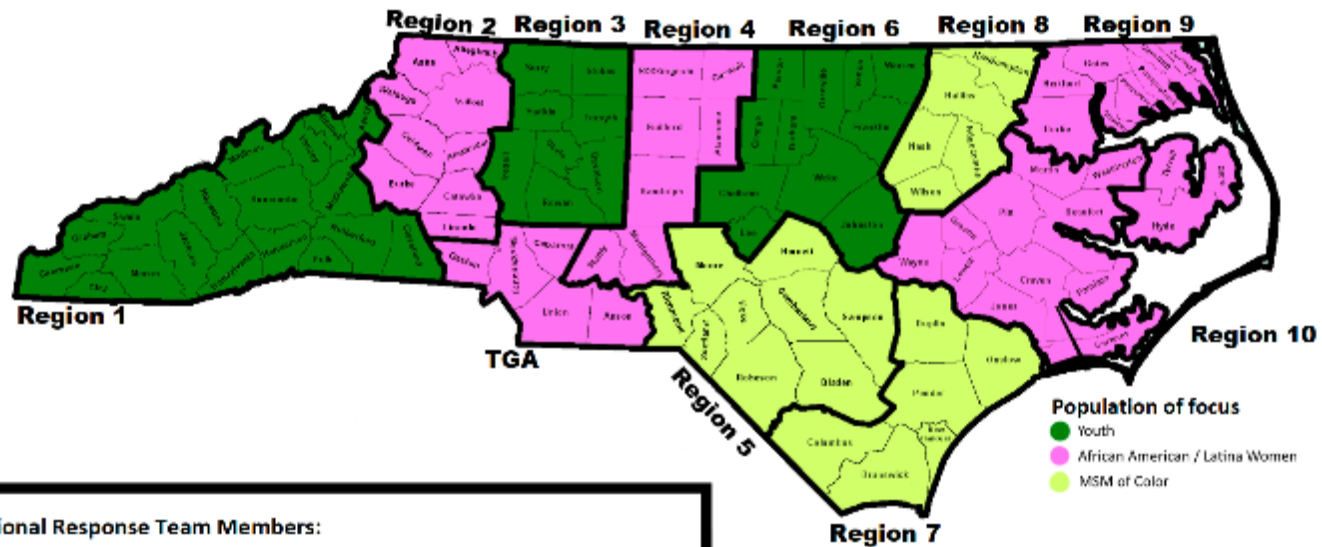




# NC RQC: Quality Improvement Projects

- Viral suppression
- STI screening
- Prevention

# end+disparities ECHO Collaborative : A National Initiative: A Statewide Effort (North Carolina)



## NC Regional Response Team Members:

**Amy Durr (Team Leader): Scott Parker (Communicator): Stacey Hargrove (Trainer): Laura Stephenson (Recorder): Brad Wheeler (Data Liaison)**  
**Janet Cote – Lisa McKeithan – Valetta Rhinehart – Hope White**  
**QI Coach: Lori DeLorenzo**

**Region 1:** Western North Carolina Community Health Services

**Region 2:** Catawba Valley Medical Center

**Region 3:** Wake Forest University Health Services

**Region 4:** Central Carolina Health Network

**Region 5:** CommWell Health

Robeson County Health Department

Robeson Health Care Corporation

Southern Regional AHEC

**TGA Area:** C.W. Williams Community Health Center

**Region 6:** Duke University Medical Center: Peds

University of NC-Chapel Hill: IDC

Wake County Human Services

Warren-Vance Community Health Center

**Region 7:** New Hanover Regional Medical Center

**Region 8:** Carolina Family Health Centers

**Region 9:** Albemarle Regional Health Services

**Region 10:** East Carolina University

# Lessons Learned

- It takes a village
- You can't stop with just the data
- Change is nice, but spread is better
- Innovation attracts

# Panel Presentation II

# Ohio Participation



**13** recipients with a total of **10,349** clients!

Ohio had the 2<sup>nd</sup> highest participation in the H4C Collaborative.

## H4C Ohio Aim Statement (Beginning of Collaborative)

*Ohio will revisit and reconfigure team membership;  
engage a spectrum of OH HIV agencies in H4C;  
create a CQM plan with a communication plan;  
engage all RWHAP-funded HIV medical providers in  
submitting data on H4C measures every 2 months;  
conduct a consumer QI training.*

# Goal #1: Close Gaps across the Continuum

- Measured 4 performance measures over the duration of the H4C Collaborative (April 2014 – December 2015) and post-Collaborative (February – June 2016)
  - Prescription of HIV Antiretroviral Therapy (ARV)
  - Gaps in HIV Medical Visits (GAP)
  - HIV Medical Visit Frequency (MVF)
  - HIV Viral Suppression (VS)
- Saw significant improvements in ARV and VS rates



# H4C Data Collection Template

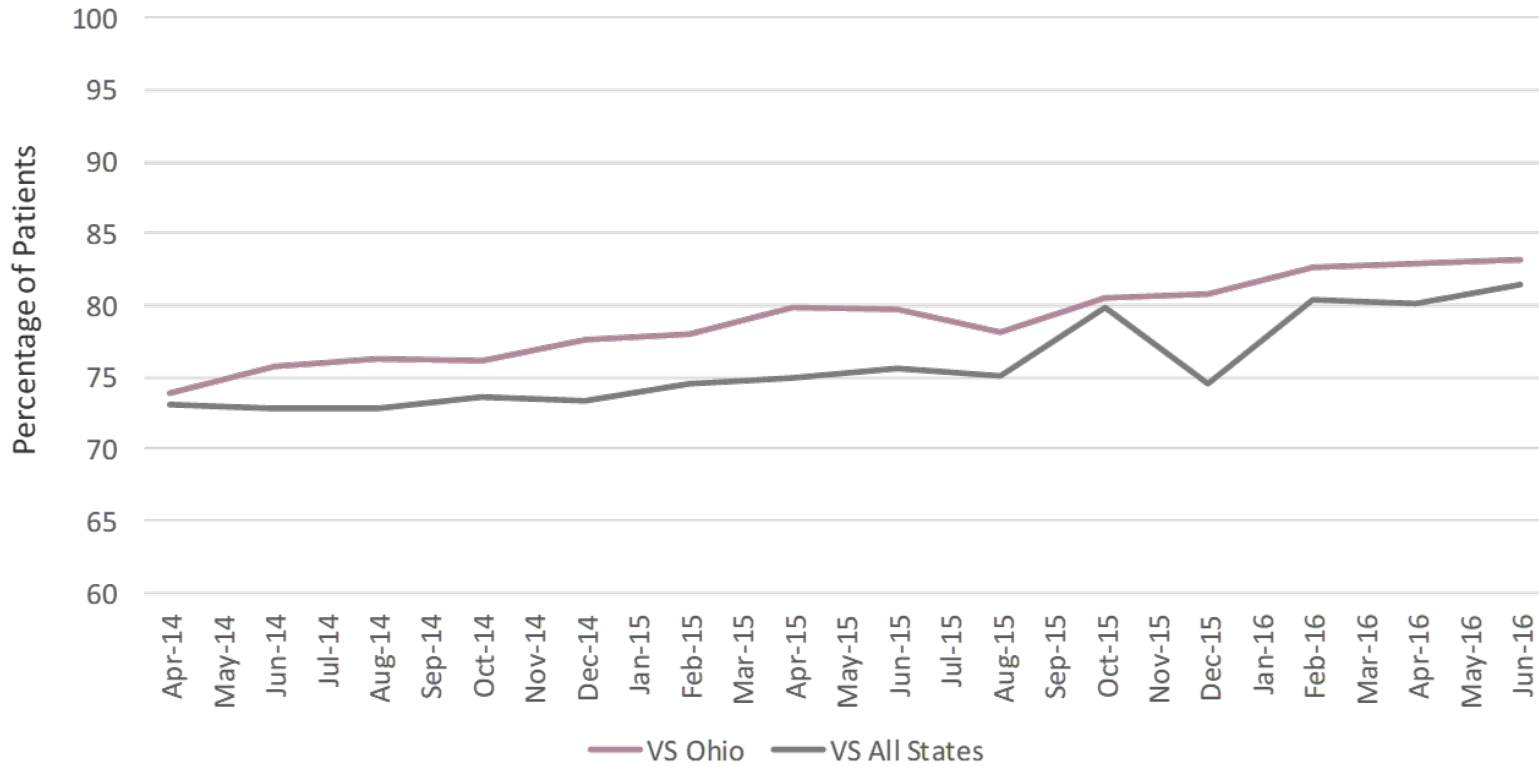
|  | HIV Viral Load Suppression ( $\leq 200$ ) |        |   | Rx of ARV Therapies |        |   | HIV Medical Visit Frequency |        |   | Gap in HIV Medical Visits |        |   |
|--|---|--------|---|---------------------|--------|---|-----------------------------|--------|---|---------------------------|--------|---|
|  | Num.                                      | Denom. | % | Num.                | Denom. | % | Num.                        | Denom. | % | Num.                      | Denom. | % |
| <b>Total</b>                               |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| Race/ethnicity: Black                      |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| Race/ethnicity: Latino                     |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| Race/ethnicity: White                      |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| Race/ethnicity: Other                      |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| Race/ethnicity: Total                      |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| Gender: Male                               |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| Gender: Female                             |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| Gender: Transgender                        |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| Gender: Total                              |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| Age: 0-12                                  |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| Age: 13-18                                 |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| Age: 19-24                                 |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| Age: 25-34                                 |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| Age: 35-44                                 |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| Age: 45-54                                 |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| Age: 55-64                                 |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| Age: 65 and older                          |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| Age: Total                                 |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| Non Suppressed cohort<br>(Other disparity) |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| (Other disparity)                          |   |        |   |                     |        |   |                             |        |   |                           |        |   |
| (Other disparity): Total                   |   |        |   |                     |        |   |                             |        |   |                           |        |   |



# Ohio H4C Data Submission

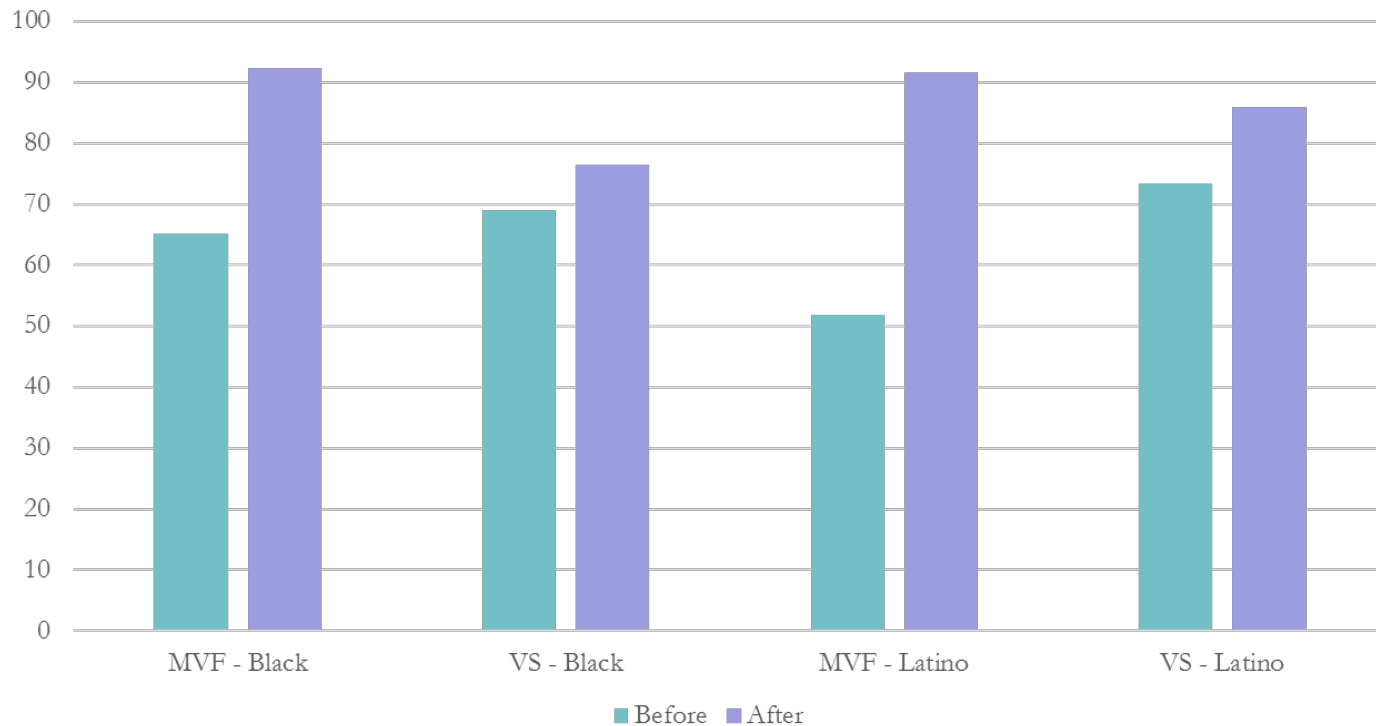
*H4C Goal 1  
successfully met!*

## HIV Viral Suppression (VS)



# Ohio H4C Data: Viral Suppression before and after Collaborative

Performance Measure Improvement in Black & Latino Patients



MVF: Medical Visit Frequency; VS: Viral Suppression

## Goal #2: Aligning CQM Goals Across Parts

- Ohio Response Team in place to foster cross-Part alignment and collaboration
  - Sustained after official end of H4C Collaborative
- Written statewide CQM plan with buy-in from regional recipients
- Participated in CQII-sponsored trainings (TOT, TCB)
  - Also had capacity building at statewide meetings and CAREWare trainings
- Consumer involvement in TCQ training, QI projects, and Response Team

*H4C Goal 2  
successfully met!*

# Ohio Quality Crusaders: 3 QI projects

## COHORT CASE STUDY #1

Ryan White Part C

Cohort began with 55 individuals. After year one, four individuals were excluded and 28 became virally suppressed. The agency exceeded their twenty percent improvement goal and through the intervention outlined below, were able to get 54.9% of their cohort list suppressed.

Agency one's primary intervention involved assigned staff taking one or more unsuppressed patients and piloting an intervention that included meeting with the patient twice, using Motivational Interviewing (MI) to attempt to overcome adherence issues with 3 phone calls in between.

At monthly QI meetings staff looked at unsuppressed list and discussed issues, progress, barriers, and possible solutions.

Almost 40% of the cohort was suppressed after six months and over 50% after one year of implementing the intervention.

## COHORT CASE STUDY #2

Ryan White Part C

Cohort began with 372 individuals. After year one, 26 individuals were excluded and 161 became virally suppressed. The agency exceeded their twenty percent improvement goal and through the intervention outlined below, were able to get 46.53% of their cohort list suppressed.

Agency two focused on medical visit adherence to measure and improve viral loads. During the year long intervention, patient navigators were used to remind clients of upcoming appointments. If a client no-showed, a policy was in place to notify medical case managers when a patients missed a visit. Medical case managers were charged with documenting medical visit frequency and medication treatment adherence. After 3 missed visits, patients are required to have a case conference with their physician, nurse, and case manager to establish a plan for keeping appointments prior to rescheduling.

## COHORT CASE STUDY #3

Ryan White Part C

Cohort began with 145 individuals. After year one, five were excluded and 97 became virally suppressed. The agency exceeded their twenty percent improvement goal and through the intervention outlined below, were able to get 69.29% of their cohort list suppressed.

Agency three focused on wrap around services to improve medical care adherence. The cohort list was distributed to a multidisciplinary team composed of physicians, nurses, social workers, a pharmacist and a mental health counselor. The team felt that the most common barrier to adherence was mental health and substance abuse issues. The team worked with their consumer quality committee and began to advertise 12 step programs along with the existing support groups that are offered at the hospital. The staff was trained in motivational interviewing and used these techniques to work with unsuppressed patients.

# Lessons Learned:

- Building a foundation of trust before work can be done is ESSENTIAL!
- Standardizing performance measure definitions and building a platform for transparency and open-mindedness all lead to innovative ideas
- QI training opportunities not only for providers but also consumers provides opportunity for capacity building
- Having solid funding sources is critical not only for programing but also technical assistance

## Final Lessons Learned

*“Thanks to H4C, Ohio has an improved cross-Part infrastructure and communication system. We have strengthened statewide data collection and created our first ever statewide Ryan White Continuum of Care.”*

**H4C Goal 3  
successfully met!**

*How can we channel this level of energy and accomplishment into our future QI work? What can we do moving forward?*

# Sustainability Plan for Ohio

- Continue to meet in-person at least quarterly to sustain relationships and trust
- Continue to gather, review and share All-Parts data regularly on key performance measures
- Continue to identify QI Training opportunities for consumers as well as providers



# Sustainability Plan for Ohio

- Continue dedicating resources as needed for logistic support in accomplishing the above
- Participate in CQII's ECHO end+disparities collaborative

# Four Corner Exercise

# Breakout Groups

- Select one of the following 4 topic areas based on your personal interest
- Move towards the assigned meeting area
- Select a group facilitator and reporter
- Discuss your topic and report back to the larger group

# Topic Areas

- **Engagement/Resistance:** How can we best engage all stakeholders/providers around quality improvement? How can we address issues of resistance?
- **Establishing QI Goals:** How can we establish QI aims that spark the interest of all providers/staff? What are the QI goals of interest to all?
- **Infrastructure:** What QI requirements should be included in contracts?
- **Leadership:** How can you effectively make agency-wide senior leaders part of the ongoing QI work? What can we keep them in the loop?

# Aha! Moments

# Highlights & Aha! Moments

- What have been some of your personal highlights or Aha! Moments from today's session?

# QI Resources

### Choosing Health for Life

New York Quality Center



### Escoja la salud para vivir

New York Quality Center



### HIVQUAL Workbook

Guide for Quality Improvement in HIV Care  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



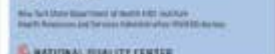
### Patient Satisfaction Survey for HIV Ambulatory Care

New York State Department of Health  
AIDS Institute



### Building Capacity of Statewide Quality Management Programs

NQC Guide for Ryan White RWQMS Program Part B Screenings  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



### The Game Guide

Interactive Exercises for Trainers to Teach Quality Improvement in HIV Care  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



### Making Sure HIV Patient Self-Management Works

A Training Workbook for HIV Care Providers  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



### Measuring Clinical Performance:

A Guide for HIV Health Care Providers  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



### HIVQUAL Group Learning Guide

Interactive Quality Improvement Exercises for HIV Health Care Providers  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



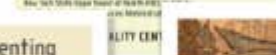
### A Guide to Consumer Involvement

Improving the Quality of Ambulatory HIV Programs  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



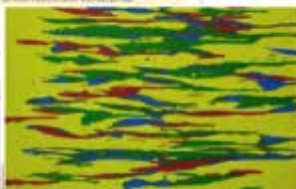
### NQC Training-of-Trainers Guide

Facilitator Manual to Train HIV Providers on Quality Management  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



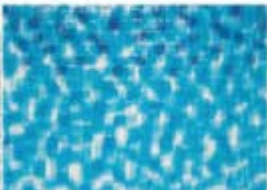
### Guideline-based Quality Indicators for HIV Care

New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



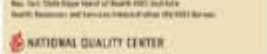
### Partnering with Subcontractors to Improve HIV Care

National Quality Center Guide for HIV Providers  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



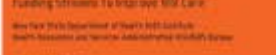
### Making Sure Your HIV Care is the Best It Can Be

A Consumer Quality of Care Training Workshop  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



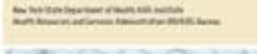
### Cross-Part Quality Management Guide

Using Collaboration across Ryan White Funding Streams to Improve HIV Care  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



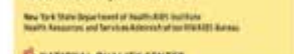
### Planning and Implementing a Successful Learning Collaborative

Guide to Build Capacity for Quality Improvement in HIV Care  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



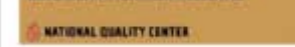
### NQC Training of Quality Leaders Guide

Facilitator Manual to Build Capacity of HIV Providers to Lead Quality Management Activities  
New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau



### Strategies to Implement Your HIV Quality Improvement Activities

New York State Department of Health AIDS Institute  
Health Resources and Services Administration (HRSA) Bureau





# CQII Website

- ✓ CQII QI resources are available on the TARGET Center website
- ✓ Detailed description of and access to CQII services, including Quality Academy
- ✓ Access to TA Request Form
- ✓ CQII training materials
- ✓ Overview of end+disparities ECHO Collaborative

[CQII.org](http://CQII.org)

The screenshot shows the homepage of the Center for Quality Improvement and Innovation (CQII). The browser address bar displays the URL <https://careacttarget.org/cqii>. The website features a navigation menu with links for Library, News & Events, Community, and Help Desk. The main content area is titled "Center for Quality Improvement and Innovation" and includes a sub-header "The National Quality Center (NQC) has a new name and a new focus!". Below this, there is a paragraph explaining the rebranding: "As of Winter 2017, the former National Quality Center (NQC) is now known as HRSA's Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation (CQII). Our new focus is to provide technical assistance on quality improvement to Ryan White HIV/AIDS Program recipients and now, for the first time, subrecipients. We still have the same expert quality improvement consultants with whom many of you have worked. We still provide our face-to-face trainings, TA webinars and many of the other services you have come to appreciate in the past." A small logo for the "Ryan White HIV/AIDS Program" is visible. To the right, there is a "Browse for More" section with a search bar and a list of related topics, including "Cooperative Agreement", "Clinical Quality Management", "Quality Improvement, Retaining in Care, Program Parts, Part A - Hard Hit Urban Areas, Part B - States/Territories, Part C - Community-Based Early Intervention, Part D - Women, Infants, Children, Youth, Part E - HIV/AIDS Clinical Training". The total views for the page are listed as 97,504.

# Quality Academy

- ✓ In January 2007, online training course on quality improvement was launched
- ✓ Expansion of Quality Academy in 2009 (English and Spanish)
- ✓ Consists of 32 interactive tutorials, offering more than 800 training minutes and all presentation slides and notes are available for download
- ✓ Most designed to last 15-20 mins
- ✓ Over 35,000 tutorials have been taken
- ✓ Developed a Consumers in Quality section of the Academy with consumer tutorials

[CAREActTarget.org/library/quality-academy](http://CAREActTarget.org/library/quality-academy)

One a Day...



# Technical Assistance Calls

- ✓ Monthly 60-minute webinars guided by a quality expert
- ✓ All calls include best practices from fellow RWHAP recipients
- ✓ A web-conference platform encourages interactions with presenters
- ✓ PowerPoint slides and live chat fora allow participants to network with each other
- ✓ Webinars are recorded for later playback

One Hour a Month...



# On-Site Technical Assistance

- ✓ On-site/off-site short-term technical assistance (TA) is provided to recipients
- ✓ TA is designed to help recipients implement effective clinical quality management programs
- ✓ TA Request Form is available for completion by recipients
- ✓ Submission of TA Request Form to HAB for review and approval
- ✓ CQII focus on quality improvement

[CAREActTarget.org/cqm-ta-request](http://CAREActTarget.org/cqm-ta-request)

## On-Site Technical Assistance



"One size fits all." Fine for baseball caps, not for technical assistance.

# Advanced Training Programs

- ✓ Training-of-Trainers (TOT) Program
- ✓ Training of Quality Leaders (TQL) Program
- ✓ Training on Coaching Basics (TCB) Program
- ✓ Training of Consumers on Quality (TCQPlus) Program



## NQC Training on Coaching Basics Guide

Facilitator Manual to Guide HIV Providers on Quality Management

New York State Department of Health AIDS Institute  
Health Resources and Services Administration HIV/AIDS Bureau

NATIONAL QUALITY CENTER



## NQC Training of Quality Leaders Guide

Facilitator Manual to Build Capacity of HIV Providers to Lead Quality Management Activities

New York State Department of Health AIDS Institute  
Health Resources and Services Administration HIV/AIDS Bureau

NATIONAL QUALITY CENTER



## NQC Training-of-Trainers Guide

Facilitator Manual to Train HIV Providers on Quality Management

New York State Department of Health AIDS Institute  
Health Resources and Services Administration HIV/AIDS Bureau

NATIONAL QUALITY CENTER



## NQC Training of Consumers on Quality (TCQ)

Facilitator Manual to Build Capacity of People Living with HIV to Actively Participate in Quality Improvement Activities

New York State Department of Health AIDS Institute  
Health Resources and Services Administration HIV/AIDS Bureau

NATIONAL QUALITY CENTER

# CQII at the RW Conference



CQII Activities at the  
2018 National Ryan White Conference  
on HIV Care and Treatment

December 11 – December 14,



*CQII is excited to offer a variety of learning opportunities for you during the RW Conference.*

*Think big and start small.*



**CQII.org | 212-417-4730**

| Tuesday<br>December 11             | Wednesday<br>December 12  | Thursday<br>December 13   | Friday<br>December 14  |
|------------------------------------|---|---|--|
| 11:30 AM - 1:00 PM<br>Exhibit Hall | 7:30 AM - 5:30 PM<br>Exhibit Hall   | 7:30 AM - 5:30 PM<br>Exhibit Hall   | 7:30 AM - 12:00 PM<br>Exhibit Hall   |
|                                    | 10:30 AM - 12:00 PM<br><b>Quality Improvement<br/>101: I Am New to<br/>Clinical Quality<br/>Management -<br/>Where Do I Start?</b><br>- National Harbor 2 | 10:30 AM - 12:00 PM<br><b>Advanced QI Tools<br/>to Improve Your<br/>Clinical Quality<br/>Management<br/>Program: Learn from<br/>Lean and Statistics</b><br>- National Harbor 10 | 8:30 AM - 10:00 AM<br><b>Addressing<br/>Disparities to End<br/>the HIV Epidemic:<br/>Lessons Learned from<br/>end +disparities<br/>Initiatives</b><br>- Chesapeake E |
|                                    | 5:30 PM - 7:00 PM<br><b>CQII Auxiliary<br/>Meeting</b><br>- Chesapeake J/K/L  | 1:30 PM - 3:00 PM<br><b>Bringing the Patient<br/>Voice to the<br/>Improvement Table:<br/>Strategies to<br/>Meaningfully Engage<br/>Consumers -<br/>Chesapeake 10/11/12</b>      |  |
|                                    |   | 4:00 PM - 5:30 PM<br><b>Creating a Culture of<br/>Quality<br/>Improvement:<br/>Aligning<br/>Improvements Across<br/>Subrecipients and<br/>RWHAP Parts</b><br>- Maryland A 1/2/3 |  |



HRSA Ryan White HIV/AIDS Program

## CENTER FOR QUALITY IMPROVEMENT & INNOVATION

Clemens Steinbock, CQII Director  
Info@CQII.org  
212-417-4730

Need to find CQII after  
the conference? It's easy.

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New York State Department of Health  
AIDS Institute  
90 Church Street, 13th floor  
New York, NY 10007-2919

Phone.  
212.417.4730

Fax.  
212.417.4684

Website.  
[targethiv.org/cqii](http://targethiv.org/cqii)

Email.  
[Info@CQII.org](mailto:Info@CQII.org)





## Learn More

212-417-4730 (phone)

212-417-4684 (fax)

[Info@CQII.org](mailto:Info@CQII.org)



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