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2018
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CONFERENCE ON HIV CARE & TREATMENT

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The Power of QI: Promoting Peer Learning and Engagement for Quality Improvement

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NYC Health

Disclosures

Presenter(s) has no financial interest to disclose.

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Learning Objectives

- Describe the processes and strategies to promote peer learning in quality management and improvement among providers and consumers of health and supportive services, representing a variety of program models, for people living with HIV.
- Demonstrate the utility of participatory research methods in QI and provide an example of participatory QI in practice by describing a consumer-led project.
- Illustrate how building the capacity of consumers to carry out QI activities can improve the Ryan White planning process.

What is Quality Improvement?

- Quality improvement (QI) consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.
- The Institute of Medicine (IOM), which is a recognized leader and advisor on improving the Nation’s health care, defines quality in health care as a direct correlation between the level of improved health services and the desired health outcomes of individuals and populations.
- In efforts to improve services and outcomes of patients/clients, the services should be “client centered” and they must involve the meaningful and sustained input of the clients/consumers.

Workshop Questions

- How can you address the quality of RW-funded supportive services for PLWH?
- What opportunities for peer learning can you create?

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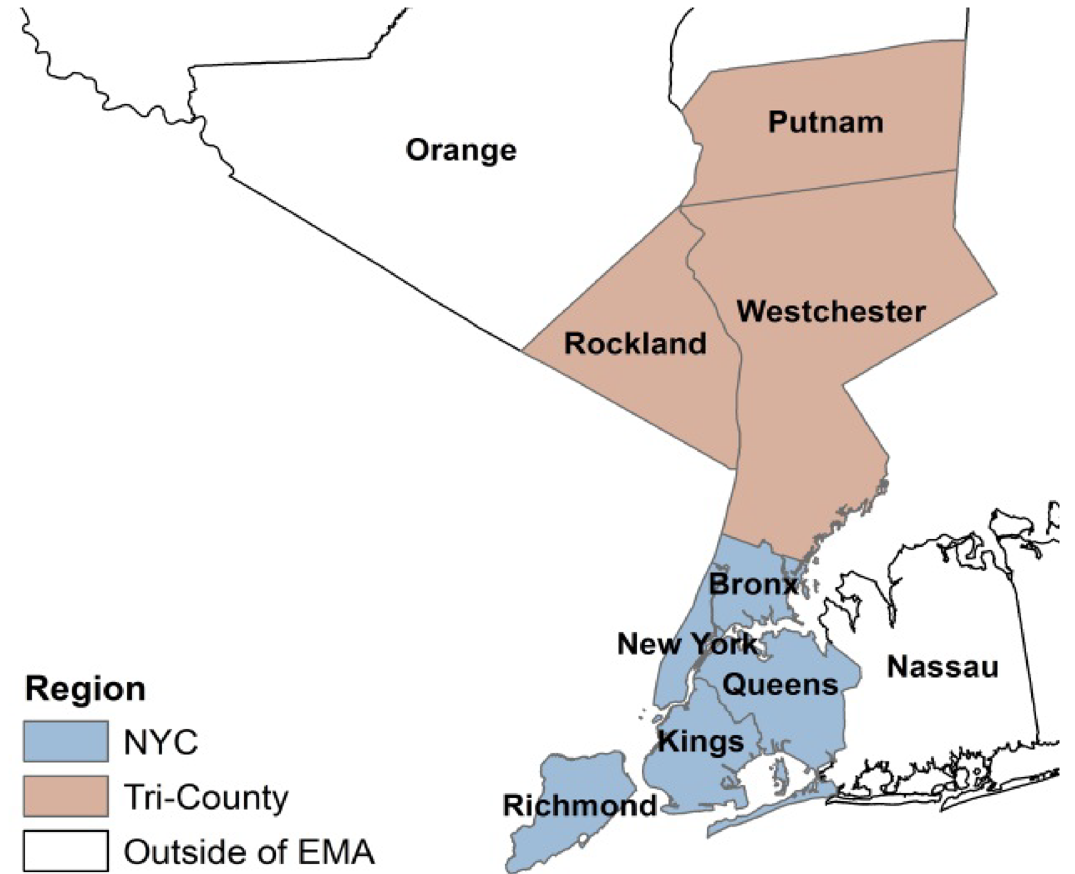
RWPA services in the NY EMA

System summary

Ryan White Part A (RWPA) NY EMA Overview

- Grantee: NYC Department of Health and Mental Hygiene (DOHMH)
  - Bureau of HIV/AIDS Prevention and Control, Care & Treatment Program (CTP)



NY EMA RWPA Program by the Numbers

15378

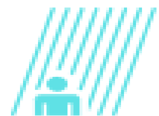
Clients served who are HIV+

88%

Are From Racial/Ethnic Minority Populations

70%

Are enrolled in Medicaid



20%

Are uninsured

Data retrieved from the New York City Ryan White Part A (Base and MAI) Annual Enrollment Report: March 2016-February 2017—Active HIV Positive Clients

NY EMA RWPA Service Categories

- AIDS Drug Assistance Program (ADAP)
- Case Management (non-Medical)
- Early Intervention Services
- Emergency financial assistance (Tri-county only)
- Food/Home Delivered Meals
- Harm Reduction Services (Outpt. Substance Abuse Services)
- Health Education/Risk Reduction
- Housing Services
- Legal Services
- Medical Case Management
- Mental Health Services
- Medical Transportation (Tri-county only)
- Oral Health Care (Tri-county only)
- Psychosocial Support Services

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QM Plan for the NY EMA

Goals & objectives

Vision

- NY EMA QM Program promotes a comprehensive range of high quality care and treatment by ensuring that medical and supportive services address gaps in the HIV Care Continuum for PLWH in the NY EMA.
- Services prioritized by the HIV Health and Human Services Planning Council support the needs of PLWH and assist them in accessing medical care and adhering to care and treatment, leading to improved care and health across the region.
- The NY EMA QM Program responds to current challenges in HIV care and promotes the health priorities of PLWH throughout the NY EMA.

Stakeholders

- NYC DOHMH CTP
  - QMTA
  - REU
- Clinical Operations
- Housing
- Prevention
- HIV Health and Human Services Planning Council
- NY State Dept. of Health AIDS Institute
- NY EMA QM Committee
  - Planning Council
  - Consumers Committee
  - DOH BHIV
  - AI
  - PHS
  - WCDOH

Goals

Goal 1: Meaningful consumer involvement leading to informed decision-making and effective implementation	
Domain	Objectives
Consumer Engagement	• Increase & diversify opportunities for consumers to provide timely feedback on service quality & guidance for improving services • Improve coordination between NY EMA QM committee & Planning Council consumers committee
Goal 2: Align priorities and form partnerships to leverage all available resources while avoiding service duplication	
Domain	Objectives
Collaboration & Coordination	• Improve coordination between RWPA-funded programs to reduce barriers for PLWH in accessing needed services
Goal 3: Provide tools and resources that key stakeholders need to achieve the goals necessary for ending the epidemic.	
Domain	Objectives
Capacity Building	• Improve capacity to use data for quality management & improvement

Goals

Goal 4: Help medical providers engage in relationships with providers of RWPA services to optimize patient engagement in care.	
Domain	Objectives
Service Engagement	• Increase awareness of biomedical interventions for HIV prevention • Improve coordination between providers of clinical care and RWPA-funded service providers

Goal 5: Establish clear expectations for performance and provide timely feedback guiding the steps to be taken for service improvement	
Domain	Objectives
Service Quality	• Increase responsiveness to the technical assistance needs of RWPA-funded service providers • Improve coordination of technical assistance provided to organizations receiving RWPA-funding

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The Power of QI

Cornerstone of the QM program for the NY EMA

Background

- Launched in 2014 in partnership with NYS DOH AIDS Institute
- Builds capacity and fosters programmatic improvement
  - An individual project can generate knowledge applicable to situations that can be applied and adapted to other service settings
- Peer learning drives this conference
  - Provides a forum for peer learning to support continued improvement efforts among Part A programs
- Provides opportunity for professional development (submission of abstract, experience with presenting QI project content)

Conference presentations

- QM Committee chooses a broad public health theme
- RWPA providers throughout the EMA are invited to submit abstracts
- Accepted projects receive coaching to turn projects into presentations
- Presentations highlight distinctive role that providers of supportive services play to help PLWH engage in care and treatment and achieve viral load suppression.
- Poster presentations recognized for awards

Photo credit: Ernesto Ragaz

Submission summary

Power of QI Theme	Abstract Submissions	Posters	Panel Sessions	Workshops
Engagement for Improvement (2018)	28	13	4	2
Turning the Corner (2017)	26	9	7	3
Promoting Health Equity (2016)	35	14	6	-
Work to End the Epidemic (2015)	31	15	6	-
Improving Care Together (2014)	29	14	4	-

Conference

ENGAGEMENT FOR IMPROVEMENT

THE POWER OF QUALITY IMPROVEMENT

RYAN WHITE PART A SERVICES

NOVEMBER 19, 2018 – NEW YORK UNIVERSITY KIMMEL CENTER

#POWEROFQI2018

AGENDA

THE POWER OF QUALITY IMPROVEMENT Engagement for Improvement Monday, November 19, 2018	New York University Kimmel Center 60 Washington Square South New York, New York, 10012

Time	Session	Floor	Room
08:00 – 09:00	Registration	4th FL	Eisner & Lubin
09:00 – 09:05	Welcome/Introductory Remarks: Kristina Rodriguez, Project Director, Care and Treatment Program, NYC DOHMH	4th FL	Eisner & Lubin
09:05 – 09:15	NY Consumers Committee Welcome Lisa Best, Consumers Committee Co-Chair Billy Fields, Consumers Committee Co-Chair Darryl Wong, Deputy Director, HIV Health and Human Services Planning Council of NY, NYCDOHMH		
09:15 – 10:00	Addressing Health Disparities to Improve Engagement Oni Blackstock, MD, MPH Assistant Commissioner, NYC DOHMH	4th FL	Eisner & Lubin
10:00 - 10:20	Care and Treatment Program Remarks Graham Harriman, Director, Care and Treatment Program	4th FL	Eisner & Lubin
10:20 - 10:30	*Break*		
10:30 – 12:00	Morning Workshops I		
	IA – Improving Care along Status Neutral Continuum	4th FL	405
	IB – Engagement Improvement in RW Services	8th FL	802
	IC – Using QI Tools to Address Disparities – Workshop	4th FL	Eisner & Lubin
12:00 – 1:15	Poster Presentations	4th FL	406
	Lunch	4th FL	Eisner & Lubin
1:30 – 3:00	Afternoon Workshops II		
	IIA – Excellent Engagement: Systems of Consumer Input	8th FL	802
	IIB – Advancing Health Equity	4th FL	405/406
	IIC – Strategies to Address Viral Load Suppression	4th FL	Eisner & Lubin
3:15 – 3:45	Poster Award Presentations/Closing Remarks Jennifer Carmona, Director, Quality Management and Technical Assistance, NYCDOHMH / Graham Harriman	4th FL	Eisner & Lubin

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2018 Poster Conference Winners

Best Poster: Engagement for Improvement

Impact of Group Members on Consumer Satisfaction and Quality of Care

- NY Presbyterian Hospital, Special Needs Clinic

NewYork-Presbyterian

Impact of Group Members in Consumer Satisfaction and Quality of Care

Elena Alonso, LCSW and Belkys Hernandez, Psychiatric Case Manager

New York Presbyterian Hospital, Special Needs Clinic

NewYork-Presbyterian

BACKGROUND

The Special Needs Clinic (SNC) has been a pioneer for family-based, collaborative, and comprehensive HIV mental health services for over 25 years, with a rich history collaborating with its consumers. SNC patients largely come from the Bronx and Upper Manhattan; nearly all identify as ethnic minorities (48% Black/African American, 41% Hispanic/Latino) with a high proportion of Spanish-speaking patients.

SNC patients face many stressors and barriers to care including unstable housing, poverty, immigrant status, comorbid mental health diagnosis, and physical and intellectual disabilities. These needs exceed short-term or narrowly targeted interventions and require long-term mental health care to establish and maintain health and mental health.

SNC's program meets the complex needs of individuals struggling with chronic psychiatric DSM-5 diagnoses, psychosocial complexity, medical co-morbidity, multi-generational substance abuse, family/interpersonal violence, trauma, and loss.

AIM

The overall aim of the Spanish Speaking Women's group was to increase and maintain engagement in mental health and medical care. The group's participation in the CAB and as experts with their lived experience provided key input/feedback on their needs that helped inform, improve, and drive existing and new clinic programming and services. Over the last two years, the group's consumer-driven focus has generated specific clinic programming and services, which promoted significant engagement and improvement in quality of care along the continuum of the SNC.

METHODS

QI strategies and tools: quarterly treatment plan-QTP; quarterly care coordination-QCC; quarterly Community Advisory Board (CAB) meetings; Patient Health Questionnaire PHQ-9; face–to-face contacts and interviews.

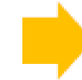
RESULTS

CONSUMER FEEDBACK:
Poor maintenance of patient restrooms; change old furniture and décor in waiting room; add child friendly educational materials in waiting room.

FACILITIES

IMPROVEMENTS:
Major capital renovations to waiting room, restrooms, learning center, registration and common areas matching outpatient ACN clinics; Wii video game and movies on flat screen TV.

CONSUMER FEEDBACK:
Groups and workshop of diverse topics including: nutrition, men's issues, arts & crafts; trauma, parenting, child academic, immigration, housing, ESL, Spanish skills training.



PROGRAMMING

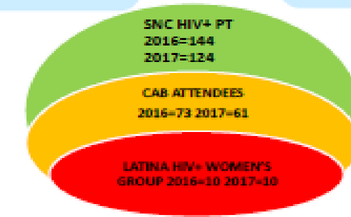
IMPROVEMENTS:
Workshops led by legal experts, drop-in Wellness Groups, school-based community workshops, Nutritionist/case manager/LCSW led Healthy Eating & Emotional Eating groups; Trauma Group, Art Therapy Group, Mindfulness Parenting Workshop.

CONSUMER FEEDBACK:
Timely information about clinic services, events and programming.

COMMUNICATIONS

IMPROVEMENTS:
Implemented Community Bulletin Board in waiting room, SNC monthly newsletter; feedback and updates in quarterly CAB meetings.

Group Patient	2016 #QCC	2017 #QCC	2016 VL	2017 VL	2016 #QTP	2017 #QTP	2016 PHQ9	2017 PHQ9
1	4	4	UD	467	4	4	19	8
2	4	4	46	UD	4	4	12	8
3	4	4	UD	UD	4	4	6	6
4	4	4	UD	UD	4	4	8	6
5	4	4	UD	UD	4	4	8	3
6	4	4	UD	127	4	4	12	8
7	4	4	UD	UD	4	4	3	0
8	4	4	UD	UD	4	4	14	10
9	4	4	UD	UD	4	4	6	4
10	4	4	UD	UD	4	4	?	18



SNC HIV+ PATIENTS	% of 2017 Total 124
Native American	0.81
Black/African American	50.81
Hispanic	45.16
Multiracial	1.61
White	1.61

LESSONS LEARNED

A significant subgroup in the HIV infected/affected population experiences a constellation of mental health problems that exceed short-term or narrowly targeted interventions. These patients require long-term mental health care to establish and maintain health and mental health. Improvements in engagement and the quality of care were a direct result of this group modality. Participation empowered a marginalized group of Latina HIV+ women to make a significant impact on the clinic community.

Best Overall Poster

Addressing Disparities in Viral Load Suppression Through Drilldown of Demographic Data

- Family Health Centers at NYU Langone

Addressing Disparities In Viral Load Suppression Through Drill Down Of Demographic Data

Family Health Centers at NYU Langone

Migdalia Vientos, Kathryn Keneipp, Dana Evans, Mariela Romero, Taylor Robinson, Marylin Landrau, Finn Schubert

Introduction:

Viral load suppression (VLS) is key to enabling people with HIV to live healthier lives and preventing HIV transmission. However, national data shows disparities in viral load suppression by demographic group and risk category. We drilled down data from multiple demographic categories to determine how VLS efforts might affect specific subpopulations.

QI Project Aim:

This project sought to improve VLS by conducting an in-depth exploration of VLS by patient demographics. A drill down by multiple demographic categories can identify disparities that are masked when looking at only one category at a time. Efforts can then determine reasons for lower VLS in specific groups, and initiatives can be better targeted to address these disparities.

Methods:

We analyzed data from active patients enrolled in the HIV program of the Family Health Centers at NYU Langone who had the following risk factors:

- Heterosexual contact
- MSM
- Injection drug using (IDU)

The purpose was to identify disparities in VLS based on risk factor and demographics in order to inform targeted quality improvement efforts.

Project Information Contact:

Migdalia Vientos
Program Director, Ryan White Programs
Migdalia.Vientos@nyulangone.org
Family Health Centers at NYU Langone

Results:

Drilling down by multiple demographic categories highlighted disparities that were masked when examining one demographic category at a time.

- **Heterosexual females are less likely to be virally suppressed during ages 40-59 as compared to their heterosexual male or MSM counterparts (77% VLS, compared with 90% and 80%)**
- **Among white patients, MSM had the highest VLS rate** (80% compared with 67% for heterosexual males), **while among Hispanic patients, heterosexual males had the highest VLS rate** (100%, compared with 80% for MSM).

Discussion:

- Patients in different demographic categories may experience different barriers to VLS.
  - Different experiences of stigma
  - Different responsibilities related to work, child care, or elder care
  - Different structures of community support
- QI interventions must take a patient-centered perspective that focuses on the patient's specific needs.
- Chart reviews will be conducted in order to understand potential reasons for these disparities in VLS, and to provide the care team with insight into how to assist these patients in becoming virally suppressed.
- The care team has already identified unique barriers to VLS for heterosexual women ages 40-59 that can inform approaches to addressing disparities.

Case Study: Disparities in VLS Among Heterosexual Females Ages 40-69

1. Identify barriers, concerns or misconceptions common to this group:

2. Identify steps that can be taken to address these disparities by focusing on specific barriers:

Acknowledgements

- Jennifer Carmona, NYC DOHMH
- Tracy Hatton, NYS Dept. of Health AIDS Institute
- Graham Harriman, NYC DOHMH
- NY EMA QM Committee
- All the presenters – both providers and consumers

Thanks!

Any questions ?

You can find me at:

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Obtaining CME/CE Credit

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