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Health and Human Services

Texas Department of State Health Services

Introduction to CQM for Texas DSHS RWHAP Administrative Agencies

Virtual CQM Training Series

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Zoom Helpful Hints

- Press esc to exit full screen
- Hover over the top to change “view” options
- Place yourselves on “mute” until you’re ready to pose a question or make a comment
- Use the “chat” room to pose questions and make comments
- Meeting will be recorded and available for sharing after the meeting

- Please enter your name in the ”chat” room

Learning Objectives

- Name the Federal guidance document that lays out overarching expectations for RWHAP CQM.
- List the three components of CQM in the ball and pedestal model.
- Describe the nuance between CQM and administrative funding.
- Discuss opportunities for administrative agencies to exercise leadership in regional CQM activities across Texas.
- Explain the difference between QA and QI activities.

Polling Questions

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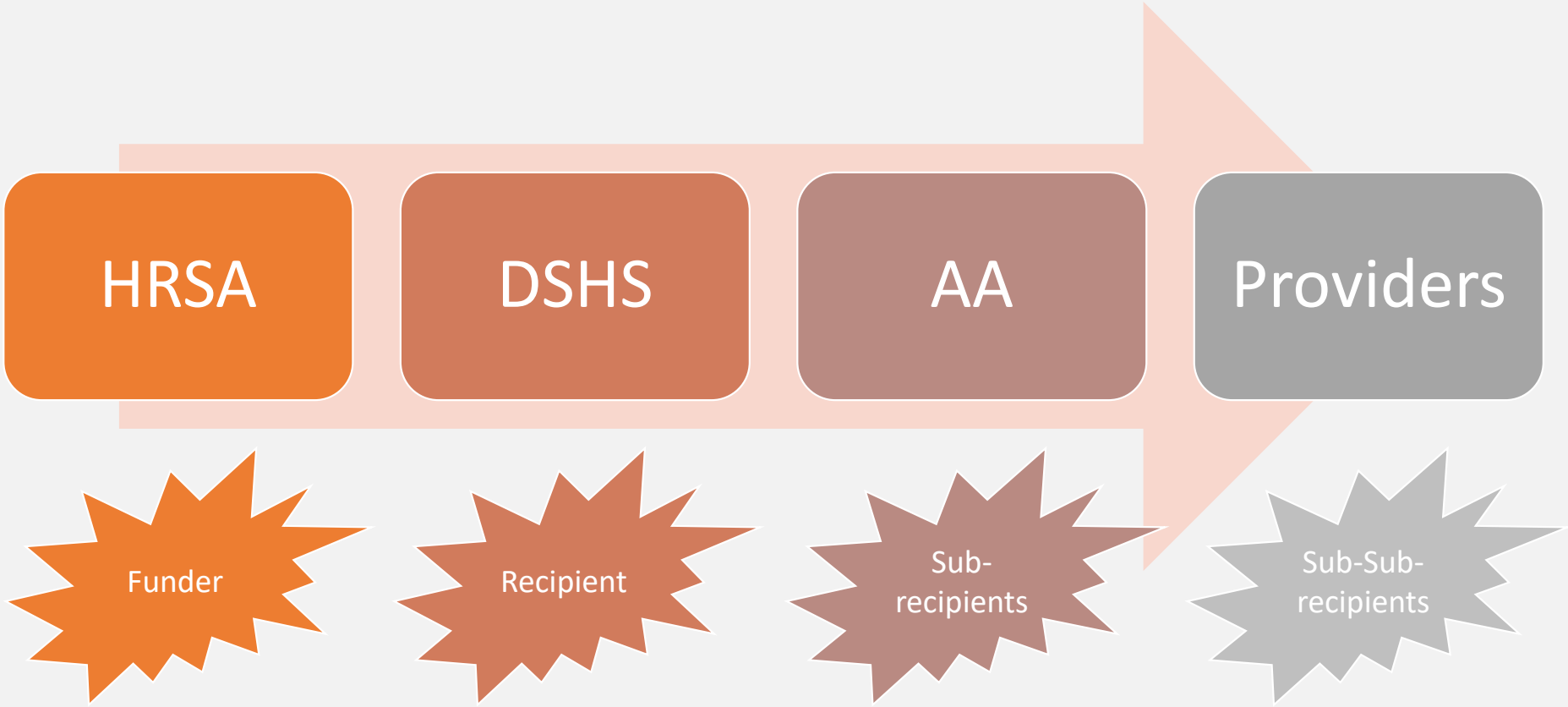
Intro to CQM

Texas is a little different!



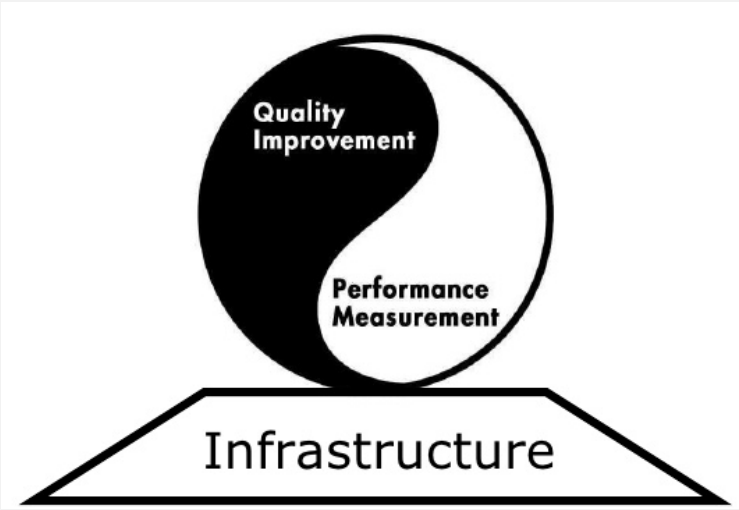
HRSA-HAB Policy Clarification Notice 15-02

- The HIV/AIDS Bureau's requirements regarding clinical quality management based on the Ryan White HIV/AIDS Program legislation
- Applies to recipients of all Parts funding and their subrecipients
- The focus is on improving HIV health outcomes

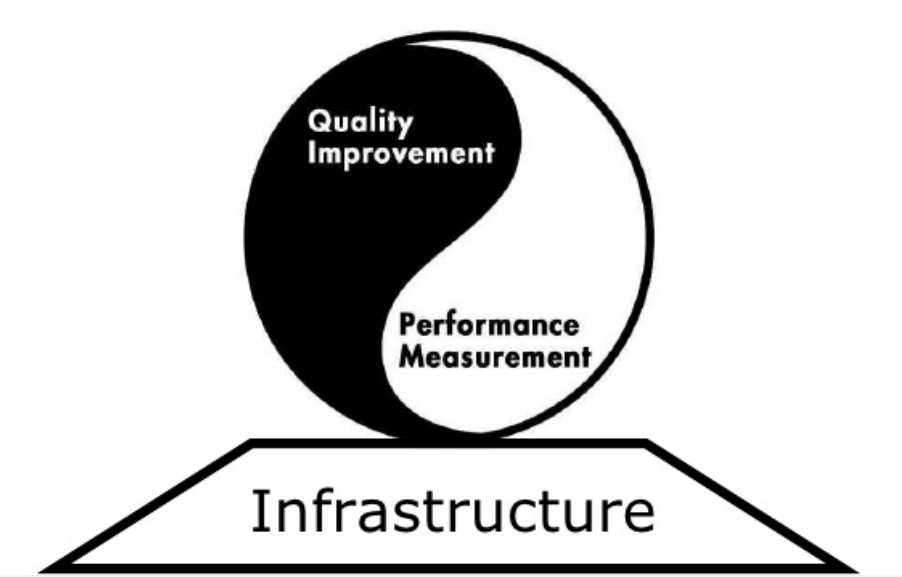
- Available at: https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/clinicalqualitymanagementpcn.pdf

Components of a CQM Program

- CQM programs coordinate activities aimed at improving patient care and patient satisfaction to drive health outcomes improvement
- CQM activities should be continuous and fit within and support the framework of grant administrative functions
- Components of a CQM program
  1. Infrastructure
  2. Performance measurement
  3. Quality improvement



Ball and Pedestal Model



Grant Administration

- Grant administration refers to the activities associated with administering a RWHAP grant or cooperative agreement.
- The intent of grant administration is not to improve health outcomes. Therefore, they are not CQM activities.

Grant Administration ≠ Clinical Quality Management

Examples – Grant Admin vs. CQM

Grant Administration

- Creating a performance measurement system to collect minimum data required by the RWHAP legislation and HAB
- Creating care systems and service standards
- Management of mandated reporting
- Provider training geared toward compliance

Clinical Quality Management

- Creating a sophisticated performance measurement system to collect service data tied to HIV health outcomes
- Tests of change to improve care, systems, or standards
- Management of peer learning and collaboration programs
- Provider training geared toward improving HIV health outcomes (evidence-based/evidence-informed)

Infrastructure

Recipient roles involve assessment, capacity building, technical assistance, and a mechanism for sub-recipients to participate in statewide CQM planning. THIS IS NOT M&E!

Recipients

- Leadership
- Quality Management Plan
- Quality Management Committee
- Dedicated Staffing
- Dedicated Resources
- Stakeholder Involvement
- Evaluation of CQM Program

Sub-recipients

- Resources from recipient
- Capacity to participate in regional program
- Formal CQM program (as outlined in contractual agreement between recipient and sub-recipient)

Performance Measurement

Recipients select measures and guide sub-recipients in prioritizing and collecting data. Data is used to drive QI activities. THIS IS NOT M&E!

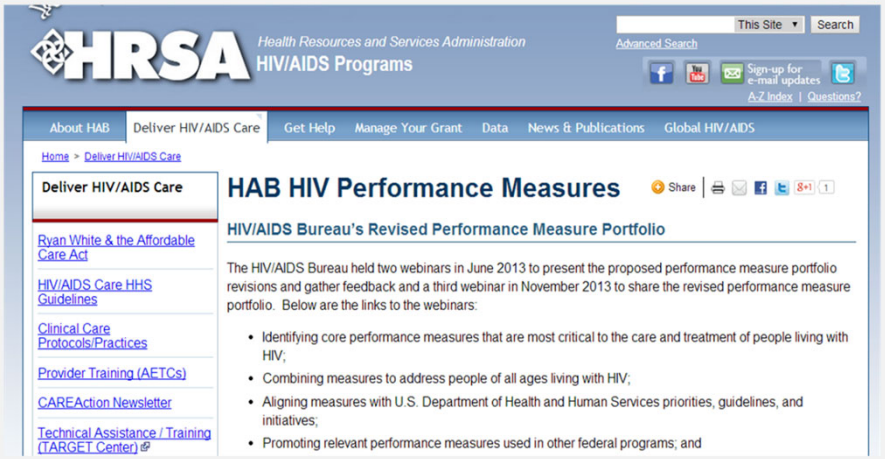
Recipients

- Measures should be selected that best assess the services the recipient is funding.
- Recipients are strongly encouraged to include HRSA HIV/AIDS Bureau core measures.

Sub-recipients

- Report on selected measures

http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html



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Performance Measurement

How many measures?

- RWHAP-funded service categories where more than 50% of all DSHS-supported consumers received at least one service unit: **two performance measures.**
- RWHAP-funded service categories where 15-50% of all DSHS-supported consumers received at least one service unit: at least **one performance measure.**
- RWHAP-funded service categories where fewer than 15% of all DSHS-supported consumers received at least one service unit: **no performance measurement requirement.**

Performance Measurement

Focus

Measures can focus on improving patient care, health outcomes or patient satisfaction/experience

Frequency

Regularly collect and analyze performance measure data which would occur more frequently than data collection for reporting - **quarterly at a minimum**.

Analysis

Collect and analyze performance measure data that allows for inspection and improvement of **health disparities** across different target populations.

Quality Improvement

Recipient roles involve assessment, capacity building, technical assistance, and a framework for sub-recipients to participate in network-wide QI activities. THIS IS NOT M&E!

Recipients

- Recipients are required to implement quality improvement activities aimed at improving patient care, health outcomes, and patient satisfaction.
- Recipients are expected to implement quality improvement activities using a defined approach or methodology.

Sub-recipients

- Sub-recipients are required to implement quality improvement activities that are aligned with the recipient's quality improvement activities (participate in training and other group learning, QI projects related to network-wide QI project, etc)

Quality Assurance vs Quality Improvement

Quality Assurance:

- Refers to a broad spectrum of activities aimed at ensuring compliance with minimum quality standards.
- Include the retrospective process of measuring compliance with standards.
- Part of the larger administrative function of a recipient's program or organization and informs the clinical quality management program.

Quality Assurance ≠ Quality Improvement

Examples – QA vs. QI

Quality Assurance

- Measuring compliance with standards / Contract monitoring / Chart reviews
- Focused on individual “bad apples”
- Responsibility of a few to carryout

Quality Improvement

- Continuously improving performance beyond minimum service standards
- Focuses on health systems and processes
- Responsibility of all

Corrective Actions ≠ Quality Improvement

Discussion

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Being a Quality Leader

Legislation and CQM Budgeting

Part	Legislation	Budget Amount
A	Sec. 2604.(h)(5)	Not to exceed the lesser of 5% of amounts received under the grant or $3,000,000
B	Sec. 2618.(b)(3)(E)	Not to exceed the lesser of 5% of amounts received under the grant or $3,000,000
C	Sec. 2664.(g)(5)	Reasonable amount
D	Sec. 2671.(f)(2)	Reasonable amount

9 Essential Skills

1. Setting vision and goals
2. Communicating strategically for commitment
3. Creating an environment that encourages constructive accountability and constructive conflict
4. Removing barriers to success
5. Coaching (versus telling)
6. Celebrating success and failures
7. Earn the trust
8. Working from self-awareness
9. Working with and through others

Source: Blog by Julie Kliger. Beckers Hospital Review. July 22, 2013

PCN 1502 and Subrecipients

Focus: QI
Avoid: M&E

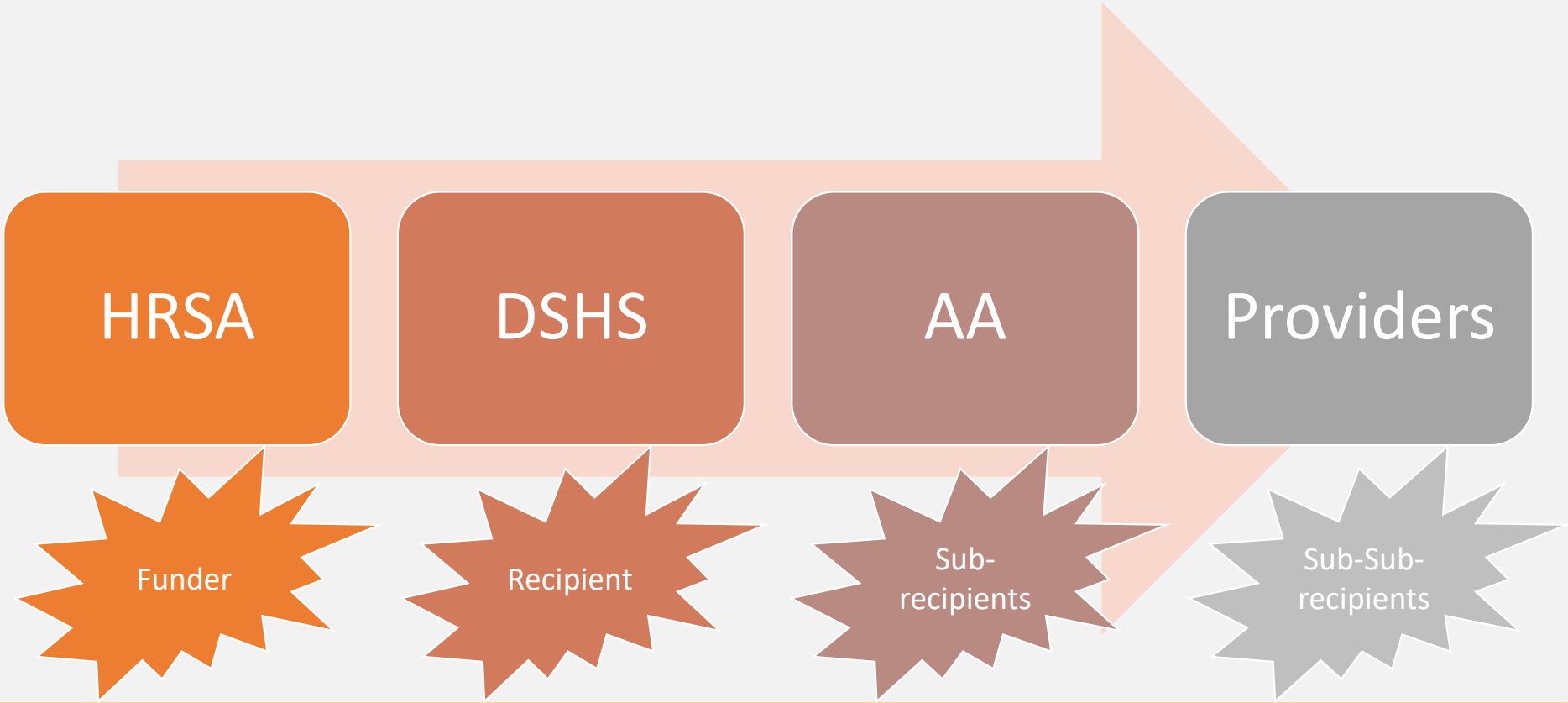
- Recipients are to identify the specific CQM program activities for their jurisdiction.
  - CQM activities include performance measure portfolio, frequency of performance measure data collection, and identification of quality improvement activities, among other items.
- Recipients need to ensure that sub-recipients have the:
  - Capacity to contribute to the recipient's CQM program
  - Resources to conduct CQM activities in their organizations
  - Ability to implement a CQM program in their organizations

PCN 1502 and Subrecipients

Focus: QI
Avoid: M&E

- Recipients are expected to provide guidance to subrecipients on prioritizing measures and collecting data.
- Recipients need to work with subrecipients to identify improvement opportunities and monitor quality improvement activities at the subrecipient locations.
- Prioritization of CQM activities should be coordinated across RWHAP recipients within jurisdictions and subrecipients funded through the recipient.

We're Different in a Good Way!



DSHS Contract Components for CQM

- QM Plan with annual review and update
  - Annual goals, workplan, stakeholder involvement (including capacity building)
- QM committee with quarterly meetings (record/share minutes)
- Collect/report all required data in ARIES
  - Method to validate data
- Care continuum and other data stratified to identify disparities
- Participate in annual program monitoring
- Provide updates on program progress to all stakeholders
- At least 1 QI project always ongoing that is linked to one of DSHS's 4 Strategic Domains

DSHS

AA's

Providers

Providers

Source: IHI Sustaining QI White Paper

Quality Control (Operations)				Quality Improvement (System Change)		
Key Tasks	Data for Control	Guidance		Key Tasks	Data for Improvement	Aims Alignment

• Define core values
• Articulate principles
• Obtain and deploy resources
• Monitor "Big Dots"
• Frequent frontline observation
	• "Big Dot" system metrics, process and outcomes metrics
	• Reports to external stakeholders
		• Coaching (all tiers) in workplace
		• Monitor T2 standard work
			Tier 3 Executive, VP	• Monitor environment, anticipate change
				• Quality planning:
				  ◦ Set strategic direction
				  ◦ Commission and drive system-wide initiatives
				• Consistent messaging
				• Celebrate improvement
					• Aggregated system process and outcomes metrics
					• T2, system QI project status and metrics
					• Population, organization impact
						• Negotiate T2 strategic goals
						• Launch, prioritize system QI initiatives

• Interdepartmental coordination • Obtain and deploy resources • Define department metrics • Monitor department operations, planning	• T2 summary of daily operational issues • Standard department operational metrics	• Coaching T1 on standard work • Monitor staff, process capability • Monitor T1 standard work	**Tier 2 Dept. Manager, Director**	• Conduct root cause analysis • Quality planning: Commission T1 projects • Lead interdepartmental projects	• Aggregated unit process and outcomes metrics • T1 project status and metrics • Staff QI capacity	• Negotiate T1 goals • Launch, prioritize, monitor T2 projects
• Monitor unit operational status • Define unit standard work, metrics • Manage shift staffing, shift patient priorities, etc. • Incident response, escalation	• Summary of daily operational issues • Standard unit operational metrics • Incident reports	• Coaching "what to do and how" • Coaching on problem detection and response • Monitor frontline standard work	**Tier 1 Unit Manager**	• Coordinate with improvement specialist to surface problems, best practices • Lead T1 QI projects • Lead root cause analysis • Lead daily PDSA	• Unit project status and metrics • Problems for escalation to T2 projects • PDSA results	• Negotiate unit goals • Launch, prioritize, monitor unit-level QI projects
• Situational awareness, prioritize care tasks • Define frontline standard work • Adjust to usual process variation, patient needs • Respond to atypical process variation	• Observations of care process and environment • Patient feedback and observations • Clinical data, tallies of process operation	• Clear communication to support patient and family decisions and expectations	**Charge Nurse, Frontline Staff**	• Undertake simple process fixes ("See-Solve") • Identify ideas for change • Engage in PDSA	• Identify problems for escalation to T1 • Ideas for improvements	• Participation in QI teams for aligned improvement • Engage patients in improvement
Patient Care Interface				**Patient Care Interface**		
• Trigger acute system responses • Report on current symptoms, situation, emerging needs, etc.	• Presentation • Stories and observations • "What matters to me?"	• Candid talk, transparent dialogue • Post quality data (online)	**PATIENTS and FAMILIES**	• QI team participation	• Identify process problems, offer suggestions • Stories and observations	• Patients and families shape aims for improvement

Administrative Agencies Perspectives

- Administrative Agencies are responsible for:
  - Regional CQM Plan that is tied to the statewide plan
    - Evaluating the regional plan
  - Regional Quality Committees
    - Internal CQM Committee
    - External CQM Committee
  - Regional CQM performance measures are aligned with TX DSHS CQM performance measures
  - Regional QI projects aligned with TX DSHS QI project frameworks

Other Administrative Agency Activities

- Achieving Together
- US EHE planning and implementation
- Other initiatives
  - National learning collaboratives and campaigns
  - Fast Track Cities

Administrative Agency Leadership

- HIV is a passion-based industry (more than even general healthcare)
  - AA have opportunities to help providers achieve their goals
  - Achieving Together, USEHE, and other initiative goals
  - Alignment/Programming that works for folks locally
- Help providers to do “the right thing”
  - Capacity building as needed across the region
  - Common QI project reporting and communication tools
  - Common standards for quality using the validate OA tool
- Mechanisms for consumer involvement

Discussion

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CQM Resources

- PCN 15-02
- PCN 15-02 FAQs
- HRSA-HAB Center for Quality Improvement and Innovation
- HRSA-HAB Target Center
- NQC Quality Academy
- NASTAD
- National Quality Forum
- Institute for Healthcare Improvement
- American Society for Quality
- Texas DSHS CQM Staff!
- Hager Health, LLC!

Webinars in Virtual Training Series

Title	Date
Regional CQM Committees and CQM Plans	12/14 10am CT
Regional CQM Performance Measure Data/Activities	1/20 11am CT
Regional CQM Capacity Building and Evaluation	2/22 9am CT

Question & Answer

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