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Ryan White Part B Quality Management Program

What is QI and Why is it Important?

Session 3

Selecting Quality Improvement Measures

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OBJECTIVE

This educational series is intended to increase the capacity of consumers participating in quality improvement activities at Ryan White HIV/AIDS Program Part B funded agencies.

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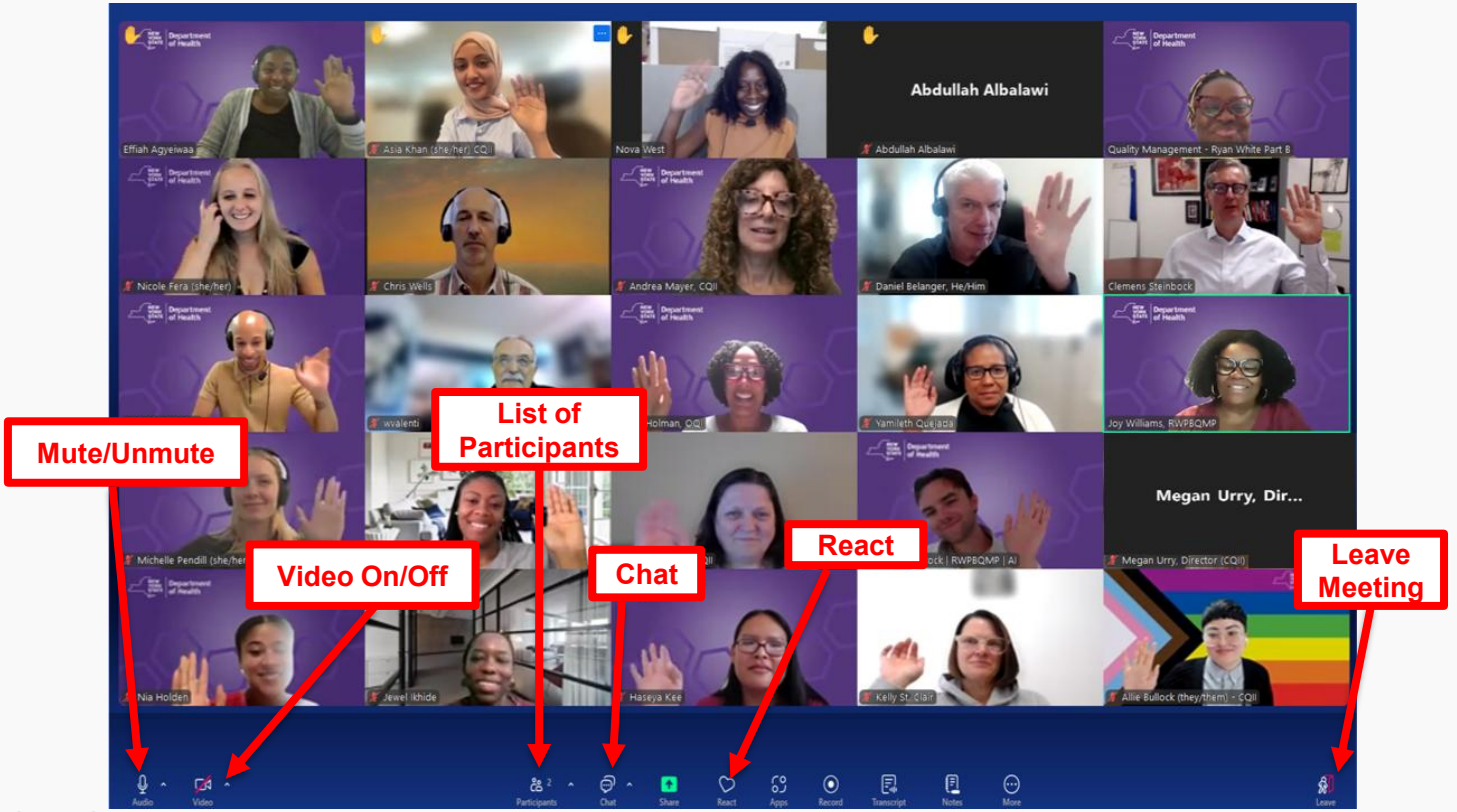
REMINDER ABOUT BASIC ZOOM FUNCTIONS



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GOOD PRACTICES FOR ZOOM PARTICIPATION

Please keep your mic on mute unless you are speaking.

Use the chat to ask for clarifications, post questions, or share your wisdom.

Please use the “raise hand” feature; the moderator(s) will call on you.

Please keep your video on as much as possible.

Re-label your Zoom title to state your name & agency

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Please be reminded that we will record our session for later replay!

GROUND RULES

- Privacy & Confidentiality are Top Priority
- One Mic
- ELMO (Enough Let's Move on)
- Don’t Yuk My Yum
- Agree to Disagree
- Step Up Step Back
- Ouch

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FACILITATORS

Dawn Trotter, CPW

Rich Fowler, CPW

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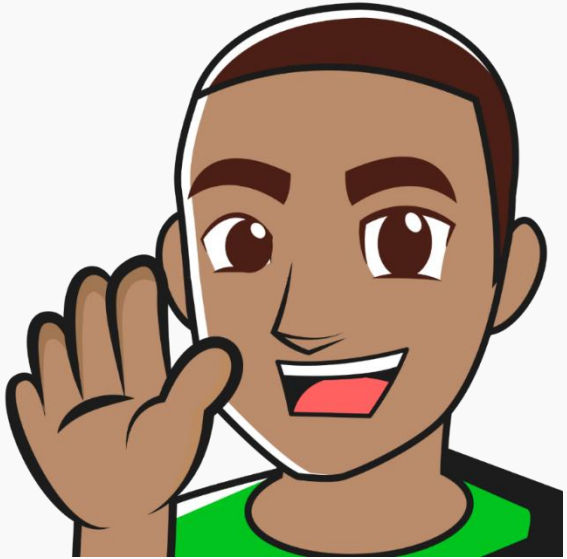
INTRODUCTIONS

Please share your name and one thing you look forward to learning from this training?



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Certificates

Participants will receive a certificate for each session attended that will be sent to the name and email address used to register.

Each session in this series can offer NYS Certified Peer Workers 1.5 continuing education hours

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WHAT WILL YOU LEARN IN THIS WEBINAR?

- Session 1 & 2 Summary
  - Quality of Care & Quality Improvement
  - Model for Improvement
  - Aim Statements
- Selecting Quality Measures

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HEALTHCARE QUALITY

"… the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

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Institute of Medicine. Lohr KN, editor(s). Medicare: a strategy for quality assurance. Vol. 1. Washington (DC): National Academy Press; 1990 May. p. 21.

QUALITY IMPROVEMENT

Quality improvement is a framework used to systematically improve care.
Quality improvement seeks to standardize processes to make care safer, timelier, more effective, more efficient, more equitable, and/or more patient-centered.

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"Quality Measurement and Quality Improvement" – Centers for Medicare and Medicaid Services. Accessed from www.cms.gov

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 we result in improvement?

thinking part

1. Set the Aim
2. Select Measures
3. Develop Change Ideas

PDSA Cycles

doing part

Four steps for <u>TESTING</u> the change ideas you we develop

Plan it, try it, observe the results, and act on what is learned

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THE THINKING PART

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AIM STATEMENT

What?

State the focus of your improvement effort

How good?

Set a numerical goal for outcomes that is ambitious but achievable

By when?

Specify the timeframe

For whom?

Name the consumers or population of focus.

Where?

Define the process or system you want to improve

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EFFECTIVE AIM STATEMENTS SHOULD BE S.M.A.R.T.

Specific – *clear and focused*

Measurable – *can be counted*

Achievable – *can be done*

Relevant – *matters to clients*

Timely – *has a deadline*

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AIM STATEMENT EXAMPLE

The ABC Clinic will improve the viral suppression rate amongst patients with HIV from 75% to 85% by June 30, 2026.

What are you trying to improve?	Viral Suppression Rate
What is the current performance?	Baseline is 75%
How much will it improve?	Goal is 85%
When will it improve?	By June 30, 2026
For whom will it improve?	Patients with HIV

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XYZ STATEMENT

The XYZ Clinic will improve the oral health screening rate among patients diagnosed with HIV from 65% to 90% by March 30, 2026.

What are you trying to improve?	Oral Health Screening Rate
What is the current performance?	65%
How much will it improve?	From 65% to 90%
When will it improve?	By March 30, 2026
For whom will it improve?	Patients living with HIV

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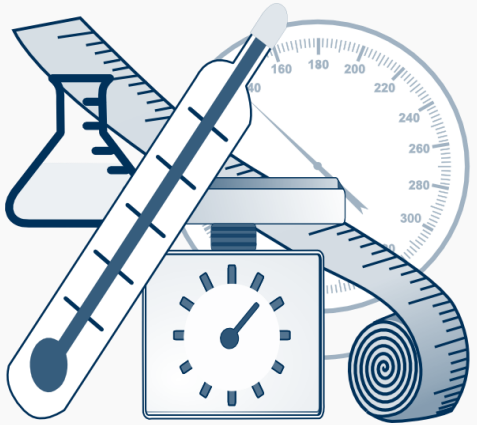
SELECT MEASURES



THE THINKING PART

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DISCUSSION

When you set a goal for yourself, how do you know whether you achieved your goal?

How would you measure your performance towards that goal?

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SCAVENGER HUNT

Paper Clip
Stuffed Animal
Something Sweet

You have 3 minutes

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PERFORMANCE MEASUREMENT

Performance Measurement is the regular collection of data to assess whether the correct processes are being performed and desired results are being achieved.

A **Performance Measure** provides an indication of an organization's performance in relation to a specific process or outcome; an **indicator**.

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WHAT IS A QUALITY MEASURE?

A **Quality Measure** is a tool used to measure specific aspects of care and services that are optimally linked to better health outcomes while being consistent with current professional knowledge and meeting client needs

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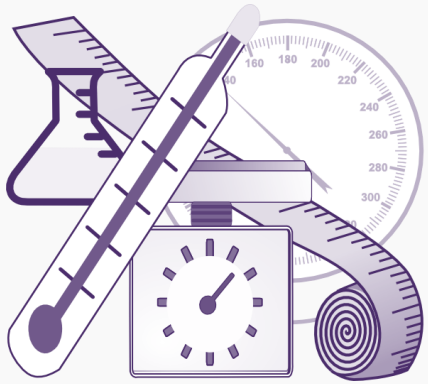
WHAT MAKES A GOOD MEASURE?

- Relevance
- Measurability
- Accuracy
- Improvability



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WHAT MAKES A GOOD MEASURE?

Relevance

- Does the measure affect a lot of people or programs?
- Does the measure have a great impact on the programs or patients/clients in your EMA, state, network or clinic?

Measurability

- Can the measure realistically and efficiently be measured given finite resources?

WHAT MAKES A GOOD MEASURE?

Accuracy

- Is the measure based on accepted guidelines or developed through formal group-decision making methods?

Improvability

- Can the performance rate associated with the measure realistically be improved given the limitations of your services and population?

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EXAMPLE PERFORMANCE MEASURES

HIV Viral Suppression

- Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year

Annual Retention to Care

- Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year

Hepatitis C Treatment

- Number of individuals with a positive HCV RNA test or genotype test, followed by a subsequent HCV RNA negative test or treatment indicated by another data source, without any additional positive HCV RNA test or genotype tests

COFFEE ?

Let’s take a 5-minute break so you can freshen your coffee and stretch your legs

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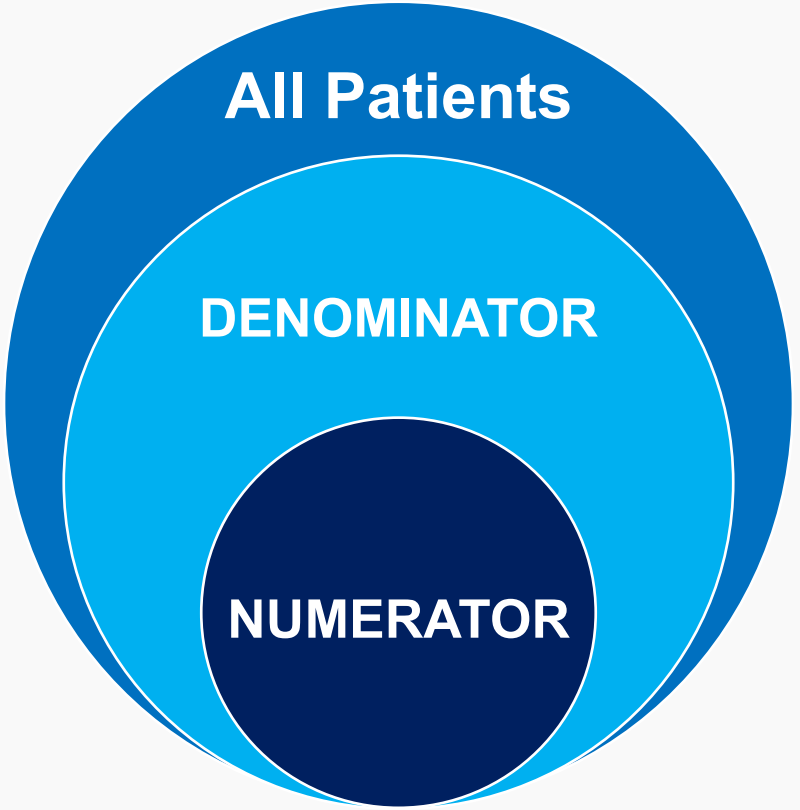
PERFORMANCE MEASURE

Denominator: Which clients should be getting the care?

Numerator: Which clients got the care?



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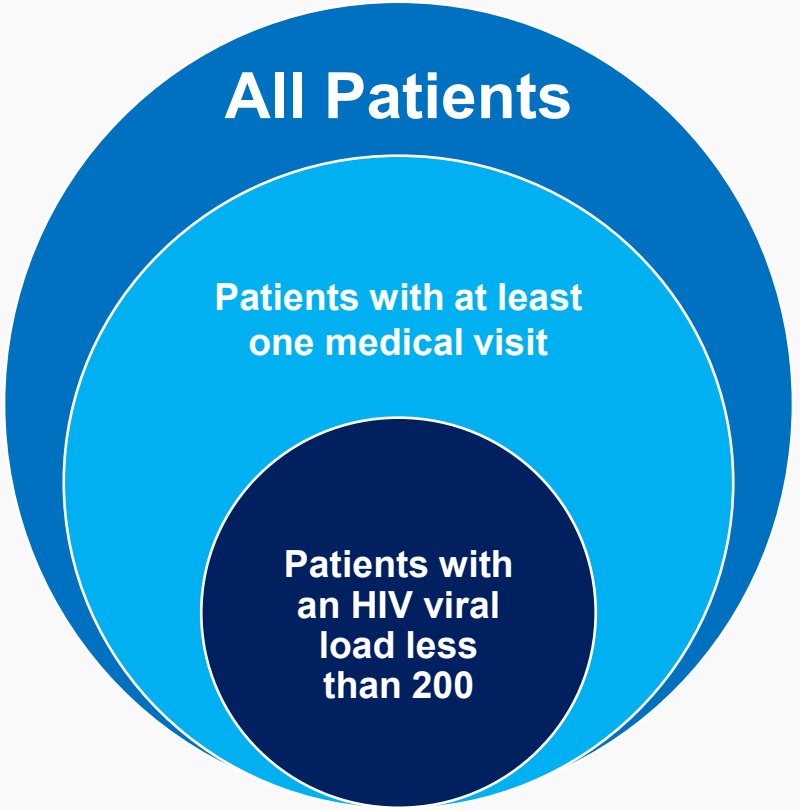
HIV VIRAL SUPPRESSION

Denominator

Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Numerator

Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year



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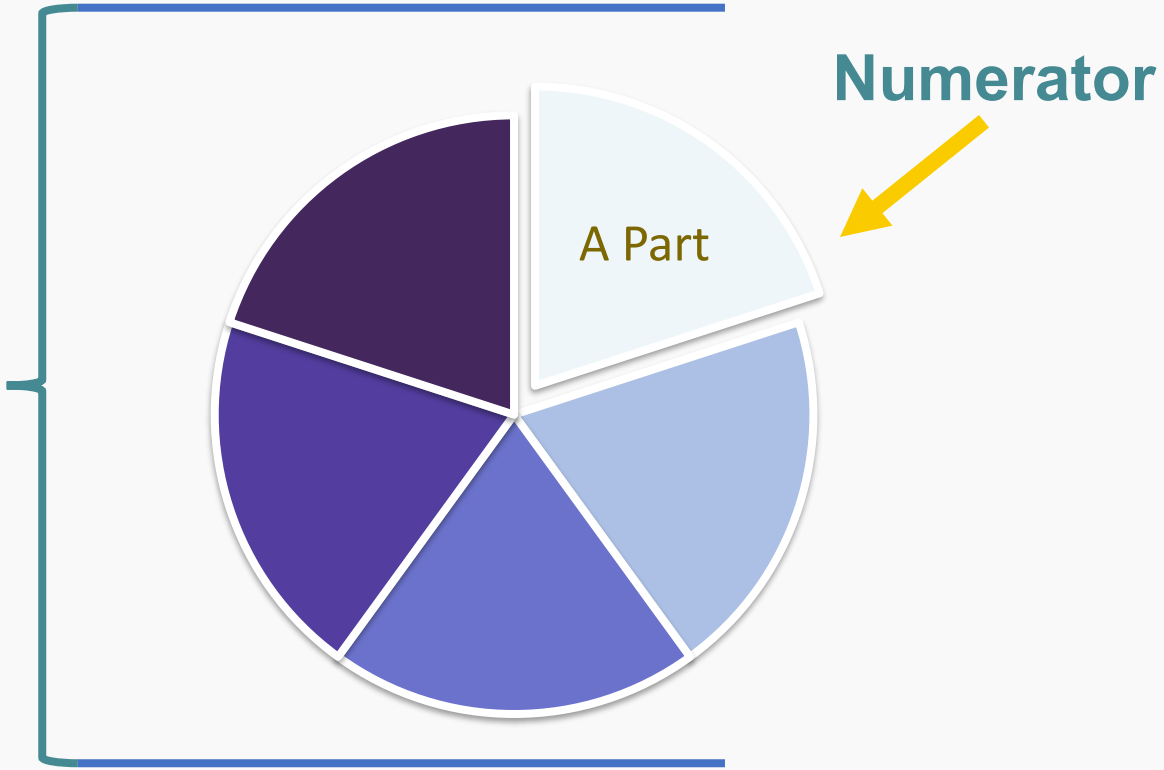
NUMERATOR & DENOMINATOR



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WHY DO WE MEASURE FOR IMPROVEMENT?

- Communicates priorities
- Drives improvement based on actual data
- Separates what you think is happening from what is really happening
- Establishes a baseline: it’s ok to start out with low scores!
- Ongoing/periodic monitoring identifies problems as they emerge
- Measurement allows for comparison across programs and regions

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QUALITY IMPROVEMENT

Outcome	Impact
Improvement for all but maintenance of the equity gap	**Equality in Improvement**
Improvement more in the disadvantaged population	**Decreasing the Gap**
Improvement more in the advantaged population	**Widening the Gap**

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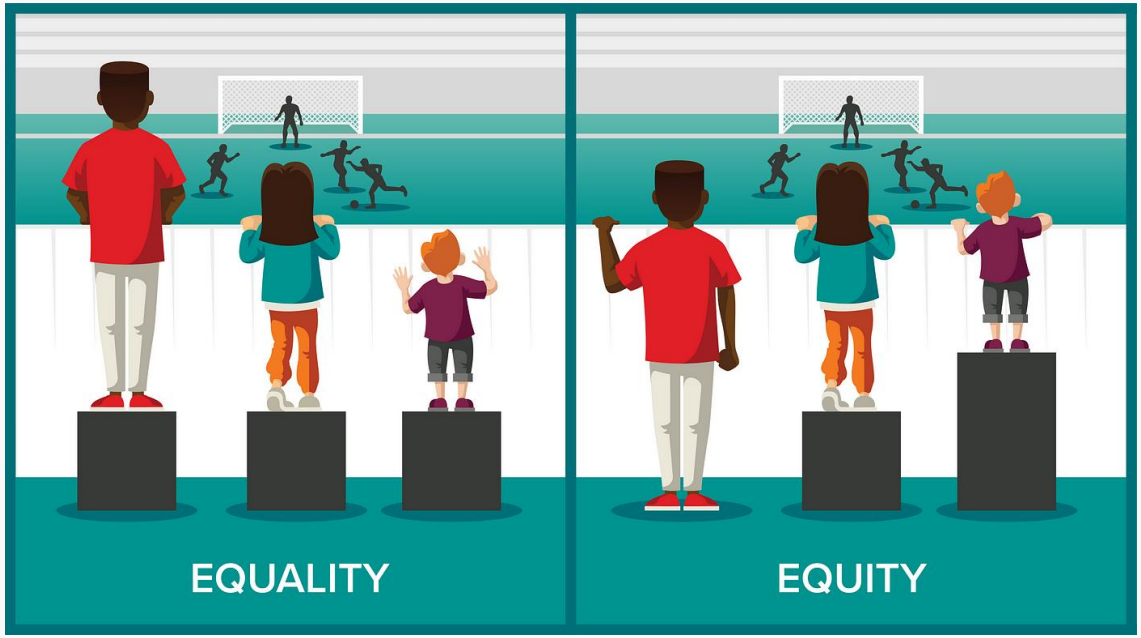
Hirschhorn, L. R., Magge, H., & Kiflie, A. (2021). Aiming beyond equality to reach equity: the promise and challenge of quality improvement. bmj, 374.

EQUITY VERSES EQUALITY



https://medium.com/inspired-ideas

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LOOKING AT THE MEASURES

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Credit: Getty Images/iStockphoto

CHARTS

Charts are **data visualizations** which are used to analyze and present data.

- Charts can be used to show **trends over time**
- Charts can be used to show **comparisons at a point in time**
- Charts can be used to show **relationships**

Commonly used charts include:

- Pie Chart
- Bar Chart
- Run or Line Chart

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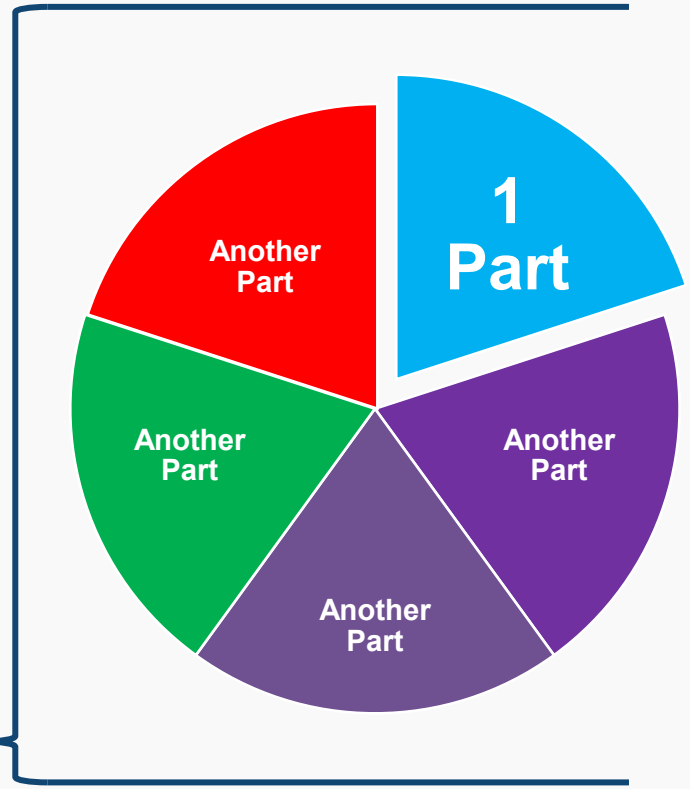
PIE CHARTS

Pie Charts are circular charts used to **compare parts of the whole**.

A pie chart is divided into parts where each part is the size of the amount of the whole it represents.

You can use a pie chart to understand (1) how much of each part is in the whole and (2) the relationship between the parts.



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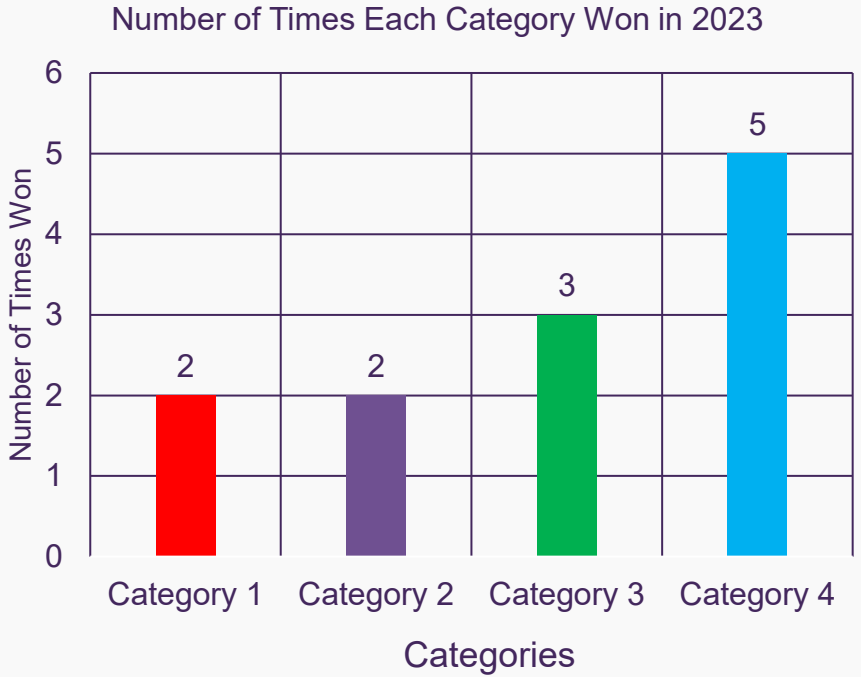
BAR CHART

Bar Charts are composed of **bars** that represent **different categories** of data.

The **length or height** of the bar is **equal to the quantity** within that category of data.

Bar charts are best used to **compare things across categories**.



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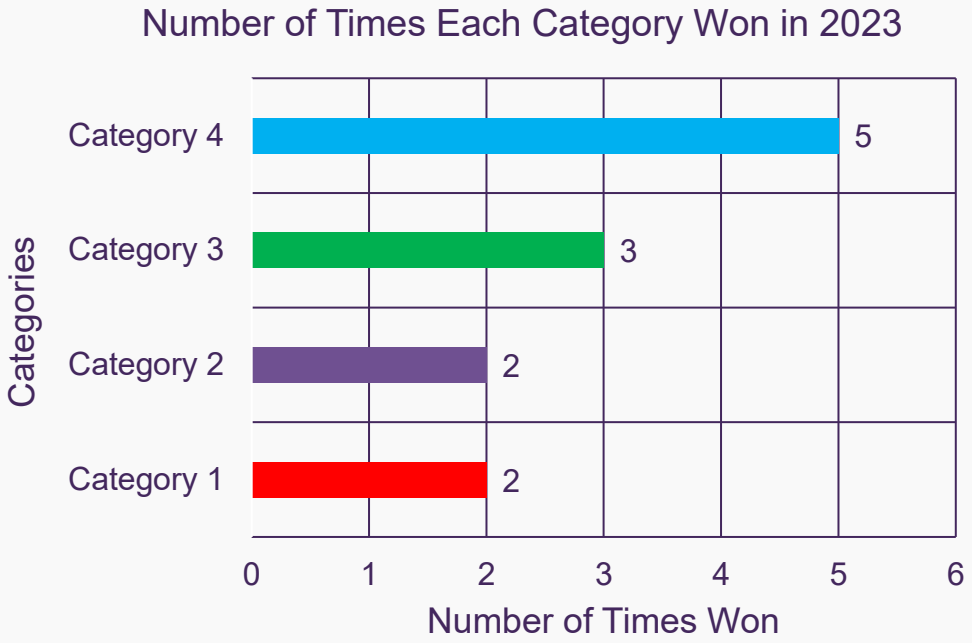
BAR CHART

Bar charts can also be presented horizontally.



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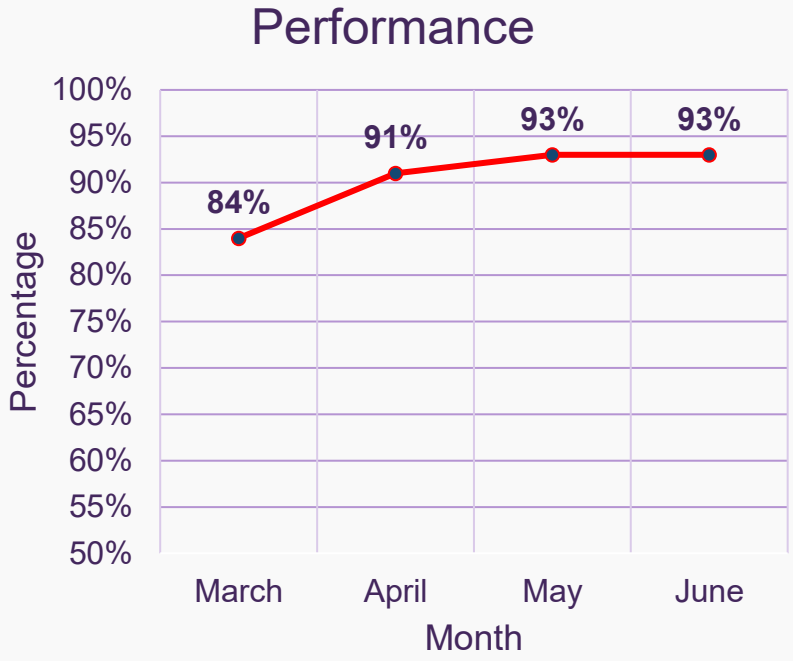
LINE CHART

Line charts represent the change in a quantity with respect to another quantity.

For example, the change in the number of persons who are virally suppressed over 12 months.

- Quantity One: Number of People Virally Suppressed
- Quantity Two: Number of Months

Line charts show change over time.



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QUESTIONS TO ASK OF PERFORMANCE CHARTS

What can I learn from the labels on the chart?

Does the chart have a legend or key to provide more information?

Is the chart comparing something over time or is it comparing things at a point in time?

What do I think the chart is trying to tell me?

What would help me better understand this chart?

The point of presenting data for improvement is so that teams can (1) ask questions and (2) discuss what they think the data mean.

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Aha Moments & Wrap Up

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Evaluation

Let us know if we met our objectives and your expectations today

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Next Session

Title: Developing Change Ideas & Brainstorming

Date: Tuesday, February 3, 2026
11:00 am – 12:30 pm

Contact Information

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Richard Fowler - rfowler@trilliumhealth.org

AI RW Part B Quality Management Program - AIQM@health.ny.gov
https://quality.aidsinstituteny.org/PartBClinicalQualManage/PartBClinicalQualManage

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