

# Data Disparities Drill Down

## Type of Exercise:

Group exercise, 1 hour 25 minutes

## Target Audience:

Quality Improvement teams interested in focusing their improvement work on subgroups with disparities in viral load suppression (VLS) rates

## QI Tools and Concepts:

- System of Profound Knowledge

## Learning Objectives:

- Understand how to calculate VLS rates for subgroups of patients to identify disparities in health outcomes
- Share ideas with peers about how to improve VLS rates among specific populations

## Concept and Overview:

Health outcomes are often not distributed across the population equally with certain subgroups carrying a higher burden of negative outcomes than others. In this activity, participants will use mock data to look at viral load suppression rates in different subgroups and use their findings to target interventions towards specific subgroups.

Session At-A-Glance	Who?	How Long?
Welcome, Agenda, Learning Objectives	Facilitator	5 Minutes
W. Edwards Deming's System of Profound Knowledge	Facilitator	5 Minutes
Drilling Down Data to Discover Disparities	Participants	50 Minutes
Discussion: Real Life Drill Down	Participants	20 Minutes
Wrap Up	Facilitator	5 Minutes

## Materials

For this quality improvement exercise, you will need the following materials:

- Participant Handouts
  - Mock clinic data handout
  - Subgroups data table handout
  - Data discussion questions handout
- Flash drive with slides on it

## Preparation

To prepare for this quality improvement exercise, complete the following tasks:

- Familiarize yourself with the session's structure and content
- Make copies of the handout (and slides if desired), one per participant
- Print copies of the subgroup data table answer sheets for the facilitators
- Save slides onto a flash drive which you will bring to the session

# Facilitator Instructions for the Day of the Activity

## Setting up the Room

Get to the session early so that you have time to set up the room before it starts. *If participants arrive early, you can ask for their assistance to set up the room if necessary.* Set up for this activity involves the following:

- Arrange tables and chairs into 4 clusters
- Set up slides and ensure that they can be advanced
- Handouts should already be on the tables or at the entrance for participants to pick up as they enter

## Welcome and Introductions

To begin the session, welcome the participants and, if not already done, ask individuals to introduce themselves. If you have time, you can ask participants to share a fun fact about themselves as they introduce themselves!

## Agenda

Provide a brief description of the sessions primary components:

- The System of Profound Knowledge
- Drilling Down Data to Discover Disparities
- Discussion: Real Life Drill Downs

## Learning Objectives

Tell participants that by the end of the session they will:

- Understand how to calculate viral load suppression rates for subgroups of patients to identify disparities in health outcomes
- Share ideas with peers about how to improve VLS rates among specific populations

## W. Edwards Deming's System of Profound Knowledge

Discuss W. Edwards Deming's system of profound knowledge as a framework for thinking about disparities among patient group and quality improvement to address those disparities. Explain the four components of the system of profound knowledge that should be considered: appreciate the system, understand variation, psychology and theory of knowledge.

Explain to participants that as they think about disparities amongst patient groups they should keep in mind:

- **Psychology** of patients and clinic staff
- **Systems** within which the work and live
- **Variation** in lives and data outcomes, both expected and unexpected

- What is **known** about working with this community of patients and how that can impact your work.

## **Drilling Down Data to Discover Disparities**

Explain to participants that they will be split into four groups to represent four different clinic teams.\* Each team will get a brief description of the specific resources available (or not available) at their clinic. Each team will also receive mock patient data for their clinic, including viral load test results and some patient characteristics, and a blank table with 4 subgroups listed at the top. Clinic teams will be asked to identify which patients belong to each subgroup and then to calculate the viral load suppression rate of each cohort of patients. Lastly, each clinic team will discuss, based on their calculations and clinic background information, how they would prioritize process improvements to support viral load suppression

*\*If participants are not already divided into 4 groups, make sure to do so before starting the activity*

Explain that to calculate the viral load suppression rate of a given group, you will need to know the total number of eligible patients and, from that, the total number of patients suppressed at their last viral load test. The number of eligible patients will be as defined by your program. In this activity, it will be the number of patients in a given subgroup. Suppressed will also be as defined by your program.

Review the background on each clinic:

- **Clinic A:** has a special grant to provide care for adolescent girls and young women, does not provide substance use treatment services onsite.
- **Clinic B:** has strong linkage with an organization providing supportive services in the LGBT community and a special funding for providing services to sex workers.
- **Clinic C:** has a support group for adolescent girls/young women and substance use treatment services onsite.
- **Clinic D:** has support groups for MSM and sex workers but no substance use treatment services onsite.

### ***Do you know the Drill?***

Explain to participants that they will now use their mock patient data to identify the patients that belong in each cohort listed in the blank clinic cohorts table. These groups are: adolescent girls/young women (<25), sex workers, people with active injection drug use and men who have sex with men (MSM)\*. Instruct participants that they should record the patient ID number and VL result in the table. Once they have filled in all the patients in the clinic cohort table, participants will calculate the VLS rate for each cohort.

*\*These categories can be changed to others that are more relevant for your context; however, you will need to make sure that the categories you choose allow for the same breakdown of data and you may also need to change the clinic descriptions accordingly.*

Give participants 20 minutes to complete this part of the activity. After 20 minutes have passed, explain to them that they will now have a 20-minute group discussion focusing on the following questions:

1. Given these data results and additional clinic information, how would you prioritize process improvements to support viral load suppression?
2. What other factors would you consider in prioritizing process improvements?
3. Using Deming's System of Profound Knowledge, what is your plan to improve the viral load suppression rate of your clinic?

### **Discussion: Real Life Drill Down**

When 20 minutes have passed, explain to participants that now that they have looked at disparities among patients in their fictional clinics, they are going to think about addressing disparities in their own clinics. Instruct participants to discuss for 20 minutes, the following questions:

- In your actual clinic, what are you currently doing to address disparities?
- What processes are currently in place to help patients who are not viral load suppressed become and sustain VLS?\*
- How can team members in this group work collaboratively to improve the rate of viral load suppression?
- What are the opportunities of a team approach to improving the rate of viral load suppression?
- What are the challenges?
- How can challenges be overcome and opportunities be capitalized upon to move from ideas to action?

*\*You can encourage participants to consider mapping out the current step-by-step processes by developing a process flow diagram.*

### **Next Steps**

When the discussion time has passed, thank everyone for their participation and encourage them to bring this discussion back to others at their clinic. If there are upcoming deadlines or meetings, mention them here. If this is not the last session of the day and you plan on covering this at the end of the meeting, you can skip this part.