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Health Services**

CQM Evaluation and Organizational Assessments 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 common components of a CQM program evaluation.
- Explain how the Organizational Assessment (OA) of the AA provides the backbone for regional CQM strategic development.
- Describe the connection between AA-level and provider-level OA implementation.
- Interpret results from OA scores for use in generating tools, trainings, and other needed supports for the AA and funded provider organizations as needed.
- Apply Achieving Together as an overarching framework for regional CQM and QI strategy.



CQM Evaluation



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Polling Questions



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How Does This Work in Texas?

Evaluation Information ROLL UP

HRSA

DSHS

AA

Providers

Funder

Recipient

Sub-
recipients

Sub-Sub-
recipients

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

Source: IHI Sustaining
 QI White Paper

DSHS

AA's

Providers

Providers

Patients and Families

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Quality Control (Operations)			Quality Improvement (System Change)		
Key Tasks	Data for Control	Guidance	Key Tasks	Data for Improvement	Aims Alignment
<ul style="list-style-type: none"> Define core values Articulate principles Obtain and deploy resources Monitor "Big Dots" Frequent frontline observation 	<ul style="list-style-type: none"> "Big Dot" system metrics, process and outcomes metrics Reports to external stakeholders 	<ul style="list-style-type: none"> Coaching (all tiers) in workplace Monitor T2 standard work 	<ul style="list-style-type: none"> Monitor environment, anticipate change Quality planning: <ul style="list-style-type: none"> Set strategic direction Commission and drive system-wide initiatives Consistent messaging Celebrate improvement 	<ul style="list-style-type: none"> Aggregated system process and outcomes metrics T2, system QI project status and metrics Population, organization impact 	<ul style="list-style-type: none"> Negotiate T2 strategic goals Launch, prioritize system QI initiatives
<ul style="list-style-type: none"> Interdepartmental coordination Obtain and deploy resources Define department metrics Monitor department operations, planning 	<ul style="list-style-type: none"> T2 summary of daily operational issues Standard department operational metrics 	<ul style="list-style-type: none"> Coaching T1 on standard work Monitor staff, process capability Monitor T1 standard work 	<ul style="list-style-type: none"> Conduct root cause analysis Quality planning: Commission T1 projects Lead interdepartmental projects 	<ul style="list-style-type: none"> Aggregated unit process and outcomes metrics T1 project status and metrics Staff QI capacity 	<ul style="list-style-type: none"> Negotiate T1 goals Launch, prioritize, monitor T2 projects
<ul style="list-style-type: none"> Monitor unit operational status Define unit standard work, metrics Manage shift staffing, shift patient priorities, etc. Incident response, escalation 	<ul style="list-style-type: none"> Summary of daily operational issues Standard unit operational metrics Incident reports 	<ul style="list-style-type: none"> Coaching "what to do and how" Coaching on problem detection and response Monitor frontline standard work 	<ul style="list-style-type: none"> Coordinate with improvement specialist to surface problems, best practices Lead T1 QI projects Lead root cause analysis Lead daily PDSA 	<ul style="list-style-type: none"> Unit project status and metrics Problems for escalation to T2 projects PDSA results 	<ul style="list-style-type: none"> Launch, prioritize, monitor unit-level QI projects
<ul style="list-style-type: none"> Situational awareness, prioritize care tasks Define frontline standard work Adjust to usual process variation, patient needs Respond to atypical process variation 	<ul style="list-style-type: none"> Observations of care process and environment Patient feedback and observations Clinical data, tallies of process operation 	<ul style="list-style-type: none"> Clear communication to support patient and family decisions and expectations 	<ul style="list-style-type: none"> Undertake simple process fixes ("See-Solve") Identify ideas for change Engage in PDSA 	<ul style="list-style-type: none"> Identify problems for escalation to T1 Ideas for improvements 	<ul style="list-style-type: none"> Participation in QI teams for aligned improvement Engage patients in improvement
Patient Care Interface			Patient Care Interface		
<ul style="list-style-type: none"> Trigger acute system responses Report on current symptoms, situation, emerging needs, etc. 	<ul style="list-style-type: none"> Presentation Stories and observations "What matters to me?" 	<ul style="list-style-type: none"> Candid talk, transparent dialogue Post quality data (online) 	<ul style="list-style-type: none"> QI team participation 	<ul style="list-style-type: none"> Identify process problems, offer suggestions Stories and observations 	<ul style="list-style-type: none"> Patients and families shape aims for improvement
			Tier 3 Executive, VP		
			Tier 2 Dept. Manager, Director		
			Tier 1 Unit Manager		
			Charge Nurse, Frontline Staff		
			PATIENTS and FAMILIES		

CQM Evaluation Components

- Process Measures – results (rooted in compliance performance)
- Outcome Measures – results (rooted in CQM performance)
- CQM Plan Workplan
- CQM Capacity Building Plan
- Organizational Assessments – aggregate provider-level OAs
- Organizational Assessment – AA-level OA

Ideal Evaluation Timeframes

- Every year is recommended
 - Even if the AA CQM Plan isn't revised contemporaneously with evaluation.
 - There are many moving pieces that make less frequent evaluation a challenge.
 - Annual evaluation helps providers get used to yet another cycle.
- Like other CQM activities the name of the game is “just-in-time”... in other words, our evaluation is intended to drive both sustainability and remediation.
 - Too frequent and it will feel like you are chasing your tail
 - Too infrequent and it will feel like you are standing still

CQM Evaluation Report

- Minimal narrative is needed
 - Save for overarching findings or themes of findings
 - Tie findings to recommendations for the next cycle
 - Goal for narrative is to drive stakeholder discussions that lead to the next cycle's activities
- Overemphasize graphics and visuals to present the data
- Base the evaluation on program priorities mixed with what is of the greatest interest and importance to your stakeholders

Facilitated Dialogues – Call to Action

- **STEP 1: Gauging stakeholder interest:**
 - ASK “of all the many things we did this past year, what feels the most important to you? Is anything not important?”
- **STEP 2: Using evaluation data:**
 - PRESENT the evaluation data
 - ASK “based on the data, what can we do differently next year? Did we over or under-do it? Are we appropriately ready/trained? Are we all at the same starting point?”
 - CREATE smaller discussion groups to cover more ground faster

AA Scale and CQM Evaluation

- Evaluation is for everyone, regardless of AA size or makeup.
- The robustness of information and inclusion of stakeholders in the evaluation DOES vary:
 - A/B Overlapping AAs
 - Part B only AAs (no part A)
 - Part B AAs that have a Part A core



Discussion



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Organizational Assessments



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OA Basics

- Validated tool to assess Operational Quality of RWHAP CQM Programs
 - Rooted in the Baldrige Award methodology, created by HAB and NQC/CQII
 - Validated by JSI through NQC/CQII
 - Helps to frame the components of CQM excellence in a domains format
 - Domains cannot be clustered statistically, but may be grouped
- Standard next steps for RWHAP CQM program sophistication
 - Helps to drive the CQM Plan workplan
- Various formats for different Parts funding
 - Assesses provider-level vs system-level CQM programs and their sophistication

OA Scoring

- Scores of 3 are considered COMPLIANT with HAB expectations, particularly PCN1502
 - Scores less than three show the need for corrective action
 - All boxes must be checked at a given scoring level for that score to hold
- Cross-walks are available to show how PCN1502 and the OA are related to each other
 - It is wise to add your contract requirements as a third basis of cross-walking the OA and PCN1502 to help AA staff and funded provider understanding
- When scoring the tool, always start with a 3 and work forward or backward as needed.
 - When working backward, explain that the goal is to bring performance up to a score of 3 ASAP.

AA-Level vs Provider-Level

- At the AA level we use the Part A OA (as opposed to the Part B OA)
 - Reviews the system of care and care network
 - Reviews the way the system promotes quality and helps to drive high quality outcomes
- At the provider level we use the Part C/D OA
 - Reviews the provider organization
 - Reviews the way the provider organization promotes quality and helps to drive high quality outcomes

AA OA Builds on Provider OA

- AAs represent the sum of their parts in many ways to create the system of care
 - OAs at the provider-level can help the AA to direct time-limited TA or ongoing resources to assist all funded providers or a subset as needed
 - OAs at the provider-level allow advisory groups to weigh in on system-level priorities in order to better direct resources and supports
- AAs can work together to develop training sets and action steps
- DSHS can provide a set of materials to help direct AAs and their funded providers move quickly toward Achieving Together
 - Specific provider-level activities enrich the regional approach

OA Domains

AA-level OA

- Quality Management (x3)
- Capacity Building (x1)
- Measurement, Analysis and Use of Data for QI (x2)
- QI Initiatives (x1)
- Consumer Involvement (x1)
- Evaluation (x1)
- Achievement of Outcomes (x2)
- HIV Care Continuum (x1)

Provider-level OA

- Quality Management (x3)
- Capacity Building (x1)
- Measurement, Analysis and Use of Data for QI (x1)
- QI Initiatives (x1)
- Consumer Involvement (x1)
- Evaluation (x1)
- Achievement of Outcomes (x2)
- HIV Care Continuum (x1)
- Organizational Integration (x1)

Common Elements

- If you do this well, you are likely to score well on the OA
 - **Communication with stakeholders** (A1, A2, A3, B1, C1, C2, D1, E1, F1, G2, H1)
 - **Performance Measurement** (A1, A2, A3, C1, C2, D1, E1, G1, G2, H1)
 - **Clear contract language** (A1, A2, A3, B1, C1, D1, F1, H1)
 - **Foster a collaborative approach to providing regional health services** (A1, A2, C2, F1, G1, H1)
 - **Training of stakeholders** (A1, A3, B1, C1, D1, E1)

Example

- Remediation:

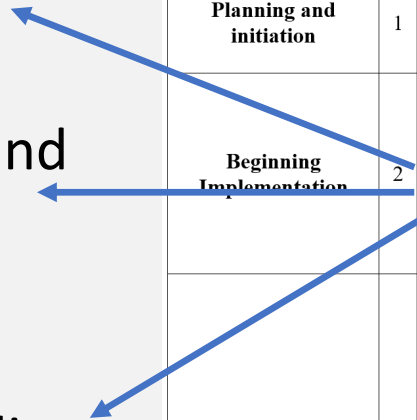
- DATA focus in quality culture... **GET THAT DATA!**
- CONTRACTs should impress on providers what is really needed of them... **GET THOSE TEETH!**
- RESOURCE sets that are tied to QI activities to show providers what is expected/needed... **SUPPORT SUPPORT SUPPORT**

A.1. To what extent does the Part A recipient create an environment that focuses on improving the quality of HIV care?		
Getting Started	0	<input type="checkbox"/> The recipient is not actively supplying guidance to subrecipients or internally on the need for, and priority of, a CQM program.
Planning and initiation	1	<input checked="" type="checkbox"/> The recipient has no jurisdiction-wide plan for improving quality across service categories. <input checked="" type="checkbox"/> The recipient is primarily focused on external requirements and supporting compliance with regulations. <input checked="" type="checkbox"/> The recipient is inconsistent in use of data to identify opportunities for improvement. <input checked="" type="checkbox"/> Subrecipients are advised to conduct QI activities but no real guidance exists.
Beginning Implementation	2	The recipient is: <input checked="" type="checkbox"/> Somewhat involved in coordinating quality meetings internally or with the planning council or advisory body. <input type="checkbox"/> Is engaged in quality of care with focus on use of data to identify opportunities for improvement. <input checked="" type="checkbox"/> Inconsistently directs improvement efforts internally. <input type="checkbox"/> Provides contractual language on a subrecipient's responsibilities to have a CQM program consisting of a solid infrastructure, performance measures and to conduct QI activities but does not provide oversight. <input type="checkbox"/> Supplies some resources for QI activities but not enough to advise the development of a robust CQM program.
Implementation	3	The recipient: <input type="checkbox"/> Provides routine leadership to support the CQM program. <input checked="" type="checkbox"/> Provides routine and consistent allocation of staff or staff time for QI depending on the EMA/TGA size and number of supported subrecipients. <input type="checkbox"/> Actively engages in QI planning and evaluation. <input type="checkbox"/> Engages the planning council or advisory council in QI efforts including support for a quality committee. <input type="checkbox"/> Clearly communicates quality goals and objectives to all subrecipients via contractual language and monitors their QI efforts. <input type="checkbox"/> Recipient provides technical assistance to subrecipients as needed to ensure they meet performance standards. <input type="checkbox"/> Periodically reviews performance measures and outcomes to inform program priorities to subrecipients and how to use data/ improvement ideas. <input type="checkbox"/> Attentive to national health care trends/priorities that pertain to the EMA/TGA.

Another Example

- **IDENTIFY** roles and responsibilities of all system hands in QI
- **DATA** review process and the timing of sharing/discussing is needed
- **INCLUDE** planning bodies in CQM and QI planning/learning

A.2. To what extent does the recipient have an effective CQM infrastructure to oversee, guide, evaluate, and improve the quality of HIV services provided by subrecipients?		
Getting Started	0	<input checked="" type="checkbox"/> A quality management committee has not yet been developed or formalized <input checked="" type="checkbox"/> Does not provide guidance to the subrecipients on conducting effective QI activities <u>The recipient:</u>
Planning and initiation	1	<input type="checkbox"/> May review data triggered by an event or problem, or generated by regulatory urging. <input type="checkbox"/> Has minimally integrated quality activities into other existing meetings or with a planning council or advisory body. – use of data is the achilles heel <u>The recipient:</u>
Beginning Implementation	2	<input checked="" type="checkbox"/> Has plans to hold regular CQM committee meetings, but meetings may not occur regularly and/or do not focus on performance data. <input type="checkbox"/> Has identified roles and responsibilities for individual who participate in the recipient's QI efforts. <input type="checkbox"/> Has not yet implemented a structured process to routinely review data for improvement. <input type="checkbox"/> Has minimally involved the planning council in CQM planning. <input checked="" type="checkbox"/> Provides minimal guidance to the subrecipients on conducting effective QI activities (either through vague contract language or not stressing QI in site visits). <u>The recipient:</u>
Implementation	3	<input checked="" type="checkbox"/> Has a formally established CQM program led by a Program Director, Medical Director or senior clinician specifically tasked with active oversight of the work of the quality committee. <input type="checkbox"/> Has an annual schedule of meeting dates, outlined tasks and responsibilities, and meeting notes for its CQM committee which meets at least quarterly, as codified in the CQM plan for the EMA/TGA. <input type="checkbox"/> Reviews and/or discuss performance data at each quarterly quality committee meeting by service category, including consumer satisfaction, if available. <input type="checkbox"/> Clearly articulates the responsibility of the subrecipient to conduct QI activities. <input type="checkbox"/> Actively utilizes a workplan to closely monitor progress of quality activities in the EMA/TGA including subrecipients. <input type="checkbox"/> Discusses QI data with the planning council or advisory board by service category at least yearly to assist in service planning. <input type="checkbox"/> Has established a systematic performance review process for subrecipient data, including clinical, consumer satisfaction and operational measures. <input type="checkbox"/> Supports prioritization of quality goals based on data, and critical areas of care are addressed in coordination with broader strategic goals for HIV care.



Grouping Results by Domain

EXAMPLE grouping based on above SCORING EXAMPLES noting that we are SOLUTION-oriented in the notes

- A1 – enhance contract language around CQM expectations for subrecipients, develop additional resources for subrecipients around CQM (website, templates, instructions, tools, etc.)
- A2 – train the planning council in quality of care, complete and disseminate the document spelling out various party’s CQM responsibilities, become more data focused and leverage data outside database as a bridge
- A3 – enhance the CQM Plan to include all the elements included for a 3 score, prepare the planning council for involvement through training (end of year). Enhance contract language. Improve the description of the evaluation in the CQM plan so it is clearer how annual goals and objectives are updated.

Create a Narrative Summary

What are the major findings from the Organizational Assessment?

Please number and link all findings with key recommendations and suggestions. Major findings should address all components especially those with – but not limited to - a score below 3.

The CQM team at the Administrative Agency is highly knowledgeable when it comes to RWHAP quality expectations and processes as governed by PCN 15-02. They need stronger support from program leadership to ensure they are able to do their jobs effectively in the field with Part A subrecipient organizations. Data is the major achilles heel of the program, as the subrecipient organizations push back on data collection and performance measurement, service category definitions, and the native sophistication of the recipient agency based on the lack of useful data. Lack of strong contract language and reinforced expectations through desk top monitoring, onsite visits, use of organizational assessments and high quality training programs have allowed the subrecipients to get by without making a meaningful effort to join system-wide efforts to address data quality, participate in one-off capacity building, or to organize QI projects related to network-wide prerogatives.

A1 – 1

A2 – 0

A3 – 1

B1 – 0

C1 – 0

C2 – 0

D1 – 0

E1 – 1

F1 – 0

G1 – 0

G2 – 1

H1 – 0

Create a Master List of Reccos

- KISS – package the recommendations from each section of the OA to have them in one place.
 - Are there actions to be taken that will address multiple deficiencies? If so, then highlight those for your stakeholders (more juice for the squeeze)
- Blend the master list (and OA narrative summary) with the rest of the CQM evaluation data.
 - Use the OA as a “backbone” since all areas are included and it will be simple to tie in results from CQM Plan workplan, capacity building plan, data collection plan, and QI project plan
- Facilitation of reporting upward and engaging stakeholders so we can discuss where best to place our limited energy/resources.

Discussion



Achieving Together and OAs



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OA Domains Related to AT

- Workforce Engagement
- CQM Performance Measurement
- Quality Improvement
- Consumer Involvement
- Achievement of Outcomes
- HIV Care Continuum

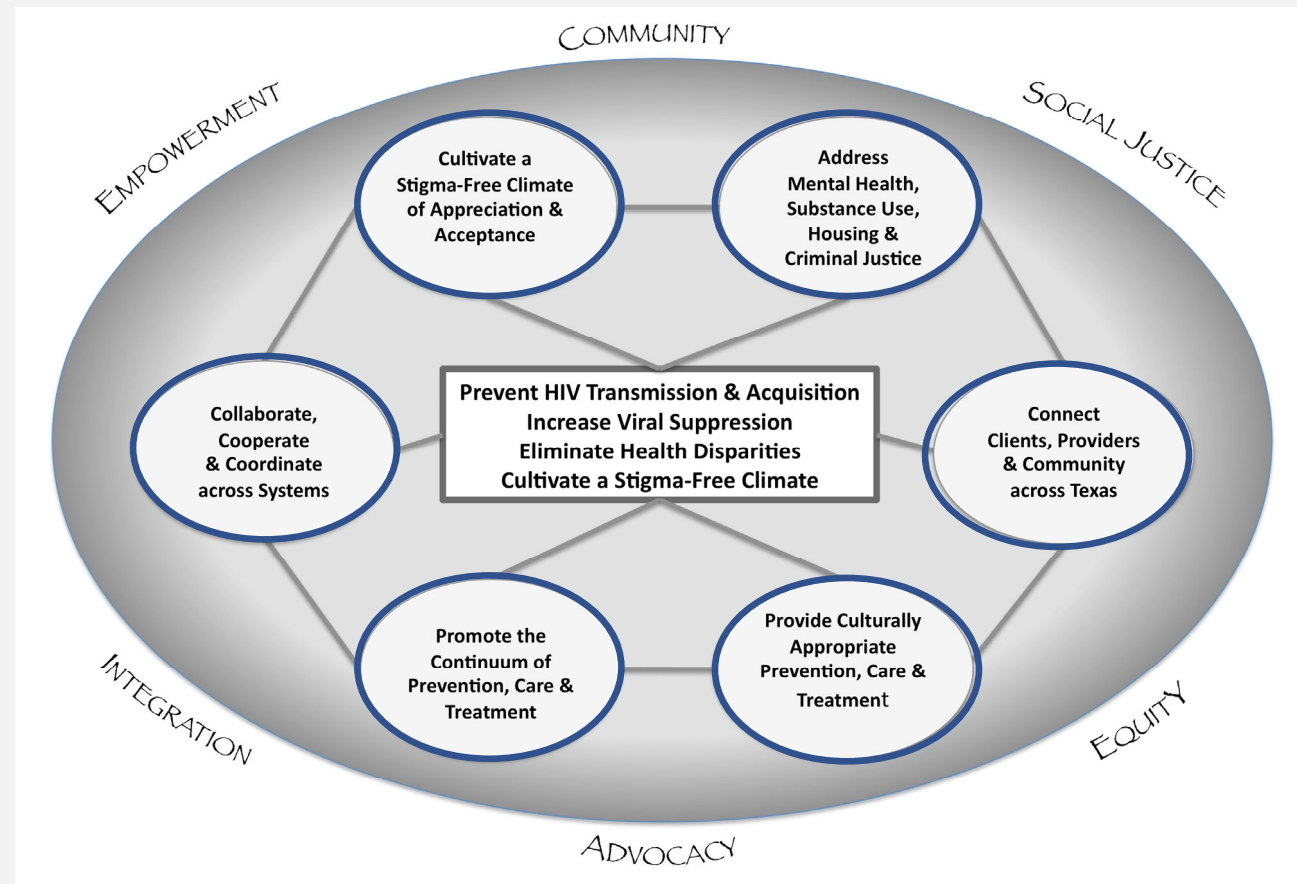
In coming months, we'll have **FOUR** more sessions tying AT to provider-level CQM using data and their OA results



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Achieving Together

A Community Plan to End the HIV Epidemic in Texas



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Achieving Together

A Community Plan to End the HIV Epidemic in Texas

by 2030...

Combination Prevention **90 90 90 50**

For everyone with increased vulnerability

90% of PLWH are diagnosed

90% of people who are diagnosed are on ART*

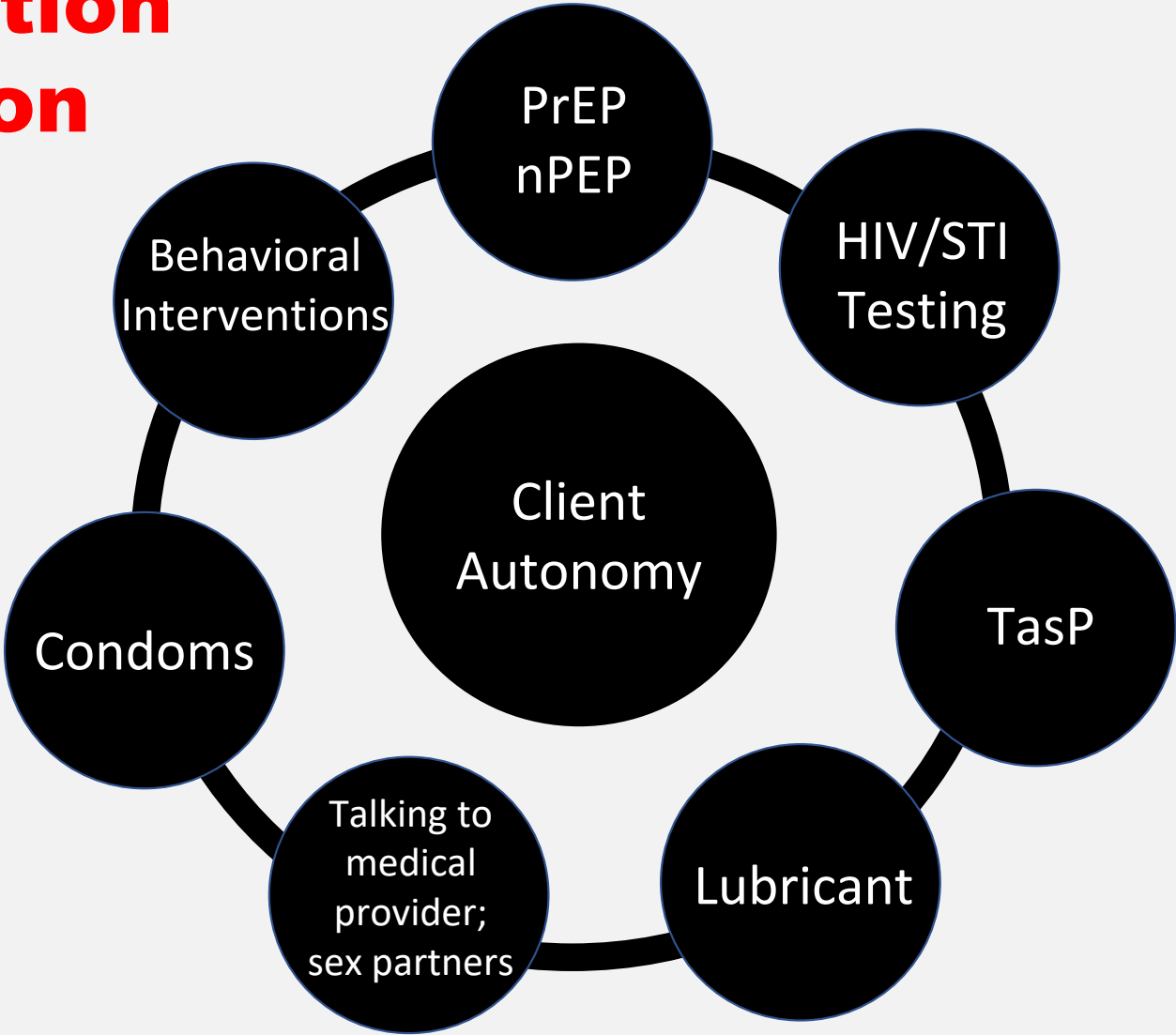
90% of people on ART* achieve viral suppression

50% decrease in incidence



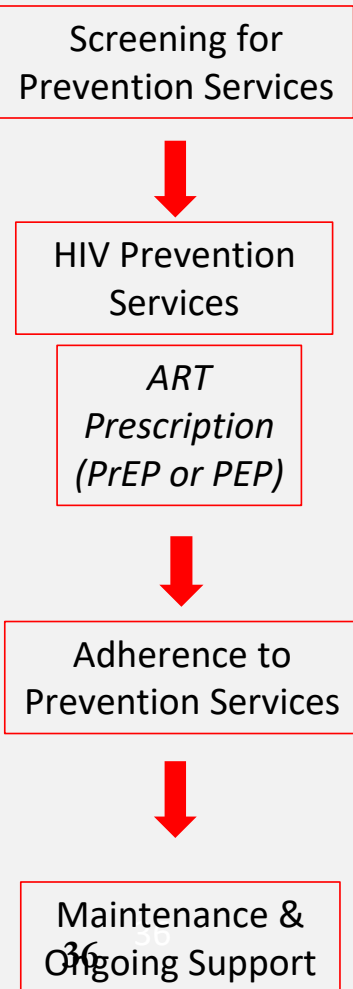
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Combination Prevention

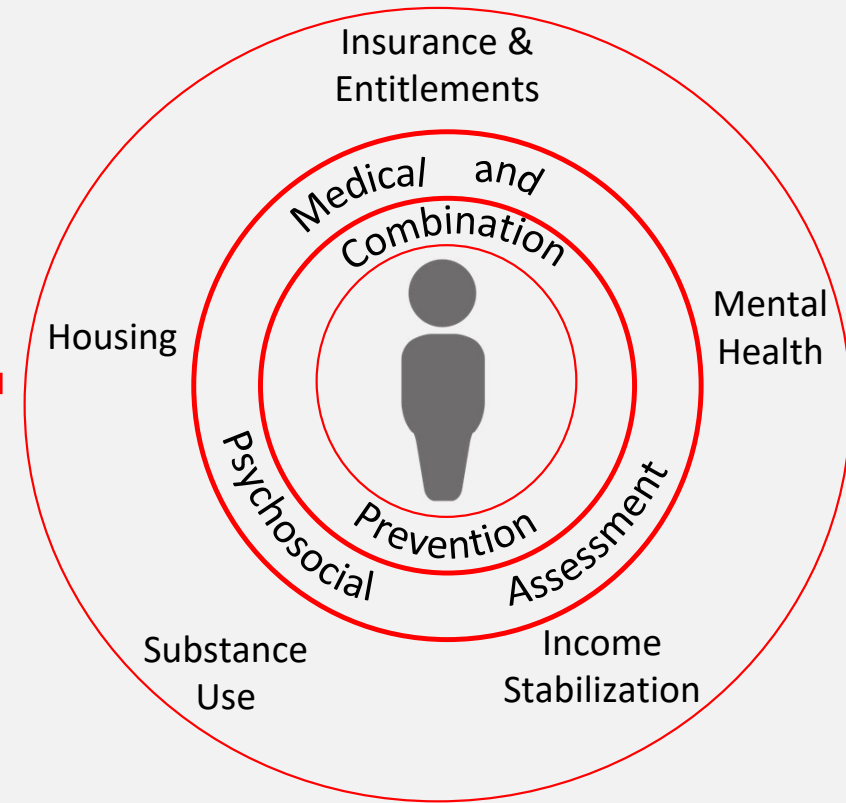


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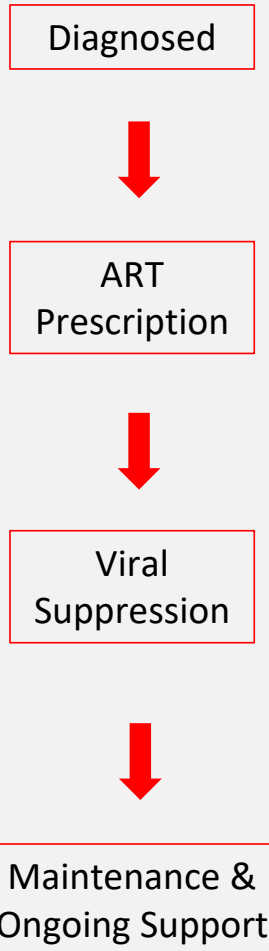
HIV Prevention Continuum



STATUS  **NEUTRAL**



HIV Care Continuum



Repeat Testing

Stakeholder Engagement

- SO much of our work in AT and EHE is rooted in the community
 - Combination prevention approaches, and HIV care continuum
 - The OA provides a framework to stand up these activities!
- Workforce engagement and engagement of advisory bodies/groups is essential to driving onward progress
 - Planning AND Evaluation are key ties to engage stakeholders
 - Get information from folks who know best (avoiding assumptions)
- **AVOID RUBBER STAMPING!!**

Texas Part B Required CQM PMs

SERVICIE SUMMARY: RSR CATEGORY	UDC	% Total	UOS	PCN 15-02: # of PM REQUIREMENTS	HRSA/HAB PERFORMANCE MEASURE	Q4-2019	Q1-2020	Q2-2020	Q3-2020	Q4-2020
Number of clients served (UDC) and total number of units (UOS) grouped by RSR										
AIDS Pharmaceutical Assistance	5,038	15.41%	32,490.00	1	ARV Prescription	75%	76%	77%	84%	
Case Management (non-medical)	6,161	18.85%	54,486.40	1	Retention of Care (Cascade)	96%	95%	95%	95%	
Child Care Services	1	0.00%	2							
Early Intervention Services	1,416	4.33%	18,099.00							
Emergency Financial Assistance	1,608	4.92%	3,049.00							
Food Bank/Home-Delivered Meals	3,479	10.64%	71,080.80							
Health Education/Risk Reduction	295	0.90%	974							
Home and Community-Based Health Services	24	0.07%	973							
Hospice Services	12	0.04%	486							
Housing Services	201	0.61%	3,600.00							
Linguistic Services	79	0.24%	2,506.00							
Medical Case Management (including Treatment Adherence)	4,495	13.75%	40,672.00	0	ARV Prescription	75%	76%	77%	84%	
Medical Nutrition Therapy	241	0.74%	1,639.00							
Medical Transportation Services	3,979	12.17%	30,386.35							
Mental Health Services	1,038	3.17%	4,568.00							
Oral Health Care	4,478	13.70%	12,865.00							
Other Professional Services	136	0.42%	1,488.00							
Outpatient/Ambulatory Health Services	11,759	35.97%	93,218.94	1	Viral Suppression	83%	81%	82%	82%	
Outreach Services	1,119	3.42%	2,355.00							
Psychosocial Support Services	129	0.39%	2,868.00							
Referral for Health Care/Supportive Services	20,610	63.04%	84,869.00	2	Retention of Care (Cascade)/ Viral Suppression	96%/83%	95%/81%	95%/82%	95%/82%	
Rehabilitation Services	69	0.21%	71							
Respite Care	14	0.04%	56.6							
Substance Abuse Services - Outpatient	49	0.15%	145							
Treatment Adherence Counseling	979	2.99%	4,232.00							
Total:	32,693	100.00%	467,180.09							

Pending Full Data Sets

Use of Data

- Establish your data collection system as a means to the end for Achieving Together.
 - Engage HIV provider organizations around optional performance measures beyond what is required by DSHS for Part B – creativity is important!
- Data should be one of the central means of engaging HIV provider agencies and other key stakeholders in regional discussions around change ideas, progress, and next steps
- Identify qualitative data sources that adds important context to the quantitate data sources

Recommended QI Pursuits

- The Achieving Together framework includes many hints on where to look for QI projects
 - Behavioral health integration, income stabilization, stigma reduction, etc
- Consider supporting a region-wide QI project, but allow for flexibility
 - Recall that 2 of our AAs have Part A cores and all of our regions have independently funded Part C and D agencies.
 - Only those 3 AAs that overlap completely with Part As should insist on universal participation (C/D entities cannot deny their role in your system)
 - There is still flexibility in specific aspects of QIP implementation and there are multiple ways that large provider organizations can leverage leadership other than to say NO!

Question & Answer



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





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