Quality of Care Program
2018 Quality Management Plan
Agenda

- Mission and Quality Statement
- QOC Program Standards
- Annual Quality Goals
- Measurable Objectives and Key Strategies
- Improvement Initiatives
- Next Steps
- Q&A
Mission

The NYS Department of Health AIDS Institute is committed to spreading a culture of quality improvement to every provider of HIV clinical care and supportive services in NYS to end the HIV epidemic in NYS by 2020.
Quality Statement

The NYS QOC Program is committed to ensuring equitable access to HIV care that promotes the health and wellbeing of all people living with HIV in NYS. The QOC Program collects data on the performance of HIV providers, uses these data to identify areas for improvement, and fosters improvement both by supporting improvement activities and building capacity for quality management.
QOC Program Standards

• The standards outline the expectations for all HIV ambulatory programs
• Most recently revised in 2017, these standards are consistent with the HIV/AIDS Bureau Policy and include five domains:
  – Infrastructure of HIV QM Programs (Quality Management Program)
  – Performance Measurement
  – Quality Improvement Activities
  – Staff Involvement
  – Consumer Involvement
Quality Improvement Goals and Initiatives

Improvement goals and initiatives are aligned with the goals of the AIDS Institute and the Governor’s Ending the Epidemic (ETE initiative. They are pursued through, and coordinated across, various components of the QOC Program.
Goal 1: Increase viral suppression of PLWH who are served by ambulatory HIV providers in NYS.
Goal 1. Measurable objective:

increase percentage of persons living with diagnosed HIV infection with viral suppression to 85 percent by 2020 (NHAS Goal: 80 percent) (ETE metrics).
Key strategies include…

• Integrate viral suppression rates into all QOC Program activities to drive improvement

• Automatic monthly extraction of viral suppression rates from EMRs of community health centers participating in Azara supported by CHCANYS

• Build capacity among consumers to partner with their health care providers to improve their viral suppression rates

• Publicly disseminate viral suppression data through posting on Health Data NY (health.data.ny.gov) and ETE dashboard (etedashboardny.org)

• Match Medicaid and surveillance databases to identify unsuppressed patients enrolled in Medicaid managed care plans who are not virally suppressed
Goal 2: Continue implementation of organizational HIV treatment cascades to reduce gaps in HIV care and guide regional and local improvement activities, with an emphasis on addressing open patients.
Measurable objectives

Development of organizational HIV care and treatment cascades:
increase the percentage of HIV ambulatory care organizations in NYS completing organizational HIV cascades to 100 percent by 2018

Cascade improvement plans: increase the percentage of ambulatory care organizations developing improvement plans in response to their cascade results to 100 percent by 2018
Key Strategies include…

- HIV programs submit organizational HIV cascades, based on standardized guidance
- Complete a formal review of the submitted cascades and quality improvement plans, including an assessment by the QI coaches, followed by review and approval by the Medical Director
- Provide technical assistance and coaching to organizations with low scores on cascade measures
Goal 3: Assessment of HIV-related stigma at the HIV provider level and development of organization-specific improvement plans to reduce stigma.
Goal 3. Measurable Objectives

- HIV-related stigma assessments: increase the percentage of HIV care organizations completing annual stigma assessments from 75 to 85 percent by 2018

- HIV-related stigma plans: increase the percentage of organizations developing annual improvement plans informed by organizational stigma assessment findings from 75 to 85 percent by 2018
Key Strategies include...

- HIV programs conduct a stigma assessment among health care workers and consumers based on provided guidance.
- HIV programs submit improvement plans to identify QI follow-up activities in response to organizational stigma assessment findings.
- Prepare feedback for HIV providers that submitted stigma assessment findings and improvement plans.
- Provide technical assistance and coaching to providers.
Goal 4: Promote tobacco screening to measurably reduce tobacco use among PLWH in NYS.
Measurable Objectives

- Tobacco screening: increase the percentage of PLWH in NYS who were screened for tobacco use by a health care provider to 90 percent by 2018

- Tobacco counseling: increase the percentage of PLWH in NYS who were provided tobacco cessation counseling to 80 percent by 2018

- 7-Day Quit Rate: increase the percentage of PLWH screened and identified as tobacco users who abstained from tobacco use for at least 7 consecutive days during the reporting period to 25 percent
Key Strategies include…

• Provide an online platform to self-report tobacco measures and access benchmark reports

• Provide an HIV tobacco cessation toolkit

• Host multiple webinars for providers and consumers to learn more about strategies to reduce tobacco use
Goal 5: Increase consumer involvement in local QM programs and in regional quality improvement efforts.
Measurable Objectives

• Availability of consumer QI trainings in NYS: increase the number of consumer participants across NYS to 300 by 2018

• Consumer representation in peer Learning Networks and NYLinks: increase the percentage of consumers attending Learning Networks and NYLinks meetings to 25 percent
Key Strategies include…

• Include consumer-related agenda items in Learning Network and NYLinks meetings

• Deliver consumer trainings through Learning Networks

• Conduct focus groups with consumers to generate ideas to increase the number of consumers attending Learning Network and NYLinks meetings
Improvement Initiatives

• Organizational Treatment Cascades
• Mortality Review
• HIV Healthcare Equity and Stigma Survey
• HIV Tobacco Cessation Improvement Campaign
Questions?