



Adherence 2017

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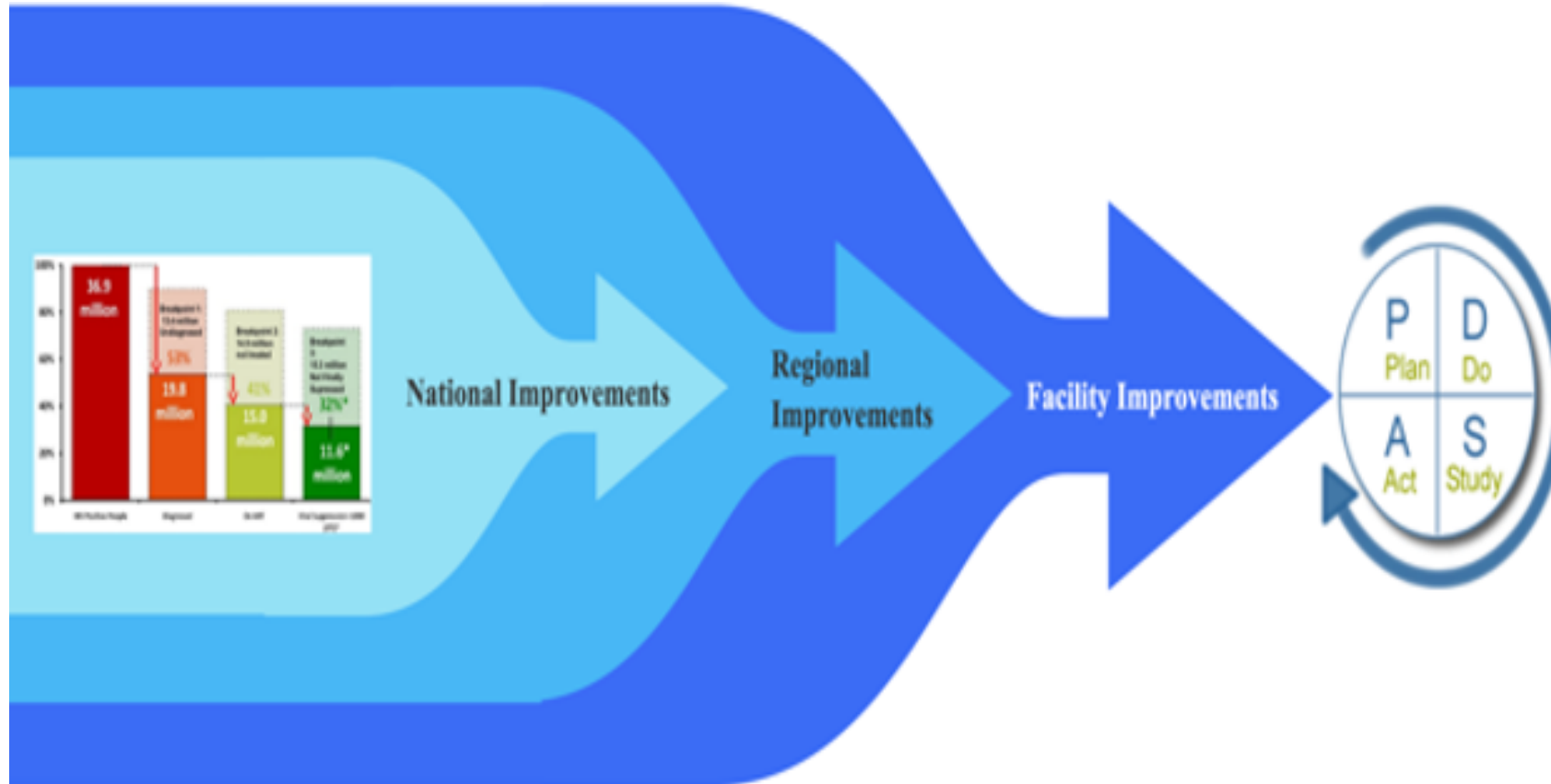
Actioning Cascades in Healthcare Organizations: Integrating Cascades into Quality Management

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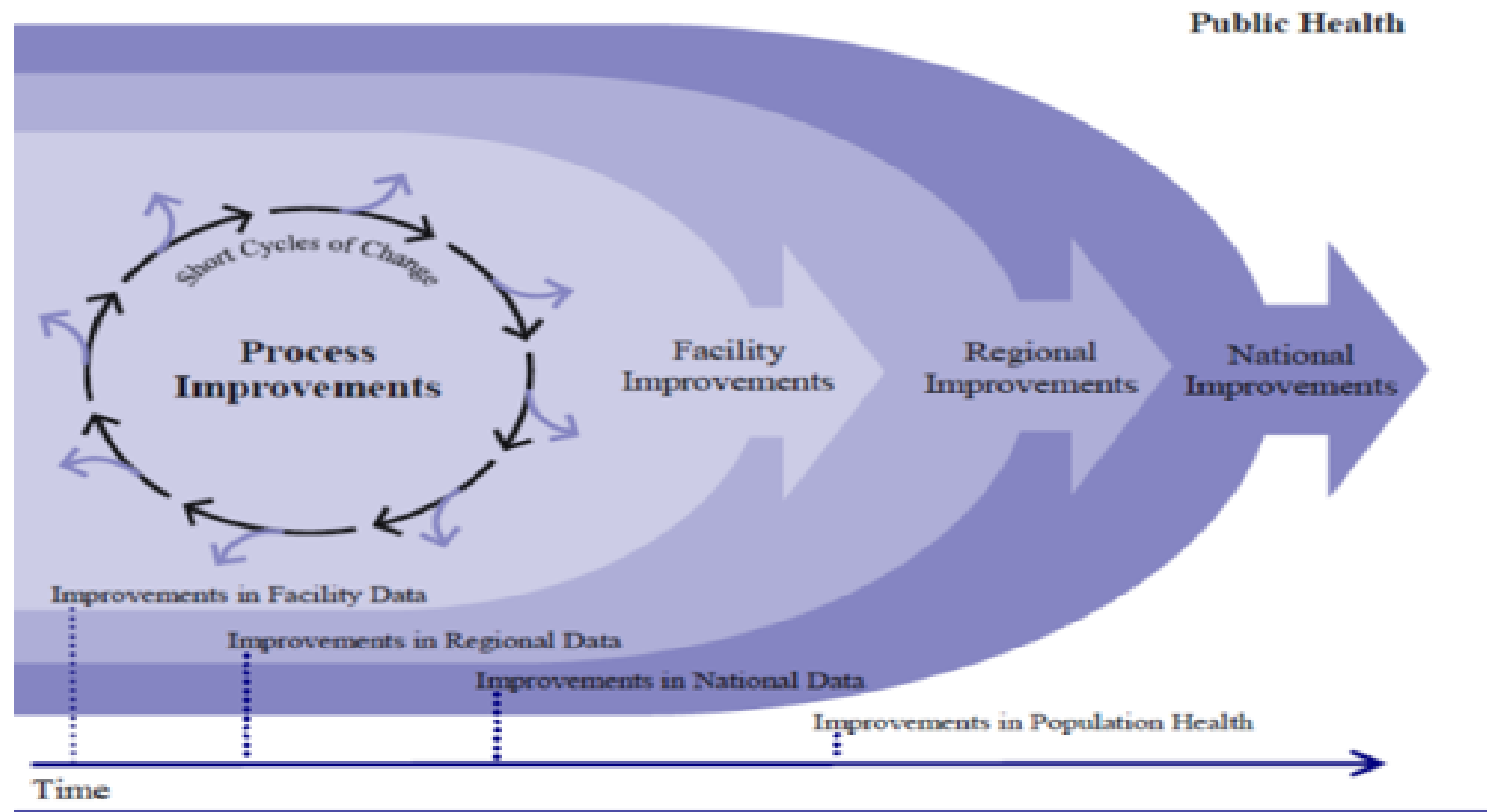
June 5, 2017 – Adherence 2017, Miami

Linking population health data and quality improvement



...and

Linking quality improvement with public health outcomes



Why construct an organizational cascade

Ending the Epidemic

- To assess how all PLWH who touch an institution are linked to ongoing care that results in achievement of viral load suppression.
- To identify areas of focus for reaching and engaging those patients in the community who are not connected to care and to spark associated improvement activities – within the community and in partnership with other agencies.
- To visually portray the success of agencies in achieving both patient and public health outcomes related to Ending the Epidemic.

Why construct an organizational cascade

Quality Improvement

- To monitor the extent and quality of care being delivered to ***all*** HIV-positive patients seen in an organization, and not just those that are actively engaged in its HIV program.
- To identify gaps in the sequences of steps between diagnosis and viral load suppression as they are delineated by the cascade.
- To develop data-driven plans to address the gaps identified to drive improvements through quality management programs and QI activities.

What is required for the submission?

New York State HIV Quality of Care Program 2017 for CY2016 Data

- New patient cascade
- Established patient cascade
- Methodology
 - A detailed description of cascade methodology that addresses, among other topics, the sources of data used in the cascades, and approaches used to verify the status of patients presumed to be lost-to-care.
- Improvement plan
 - An improvement action plan that analyzes gaps in care that come to light through construction of the cascades, and outlines the organization's approach to remedying these gaps through QI activities.

Components of an effective cascade

- Required elements:
 - Title
 - Clearly labeled axes
 - Legends
 - Caseload: case volume of open and active patients
 - Clear delineation of data for multiple sites, when applicable
 - Measures: clear, easy-to-read labels; proportions and raw figures are presented to specify denominators
- Optional elements:
 - Performance benchmarks from state or region
 - Analysis by key populations
 - Additional measures
- *Each organizational team is encouraged to maximize its creativity in the process of visualizing its cascades*

Cascade measures

Measure	Calculation for newly diagnosed patients cascade	Calculation for established patients cascade
Linkage to HIV medical care	<p><i>Denominator:</i> Number of patients newly diagnosed with HIV during the measurement year.</p> <p><i>Numerator:</i> Number of patients who attended a routine HIV medical visit within 3 calendar days of diagnosis if linked to care within the organization, and within 5 calendar days of diagnosis if linked to care at an outside organization during the measurement year.</p>	<p>Not applicable</p>
Prescription of ART	<p><i>Denominator:</i> Number of patients newly diagnosed with HIV during the measurement year.</p> <p><i>Numerator:</i> Number of patients prescribed ART during the measurement year.</p>	<p><i>Denominator:</i> Number of patients in active caseload.</p> <p><i>Numerator:</i> Number of patients prescribed ART during the measurement year.</p>
Viral load suppression	<p><i>Denominator:</i> Number of patients newly diagnosed with HIV during the measurement year.</p> <p><i>Numerator:</i> Number of patients with a HIV viral load less than 200 copies/mL at last HIV viral load testing during the measurement year.</p>	<p><i>Denominator:</i> Number of patients in active caseload.</p> <p><i>Numerator:</i> Number of patients with a HIV viral load less than 200 copies/mL at last HIV viral load testing during the measurement year.</p>

30 days will no longer be regarded as “timely” linkage to care.



All patients matter—differentiating active and open caseloads

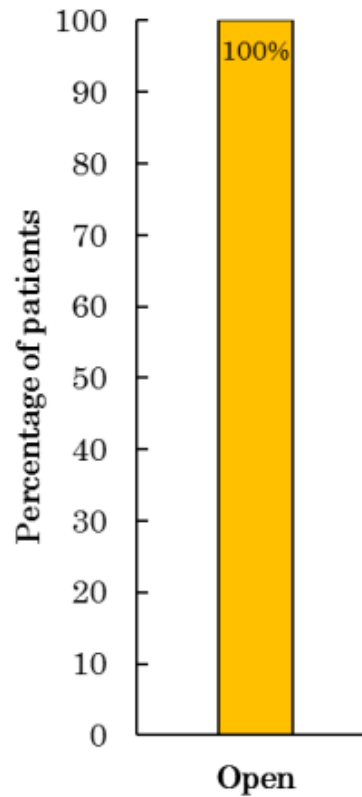
Open caseload: HIV+ patients who “touched the facility.”

Active caseload: HIV+ patients *who received services in the HIV program.*

“Active” patients are not counted as a proportion of “open” patients.

Exclusions: Patients who have died, are incarcerated or who have been confirmed to be in care outside the organization. **Numbers of patients in each group are to be reported.**

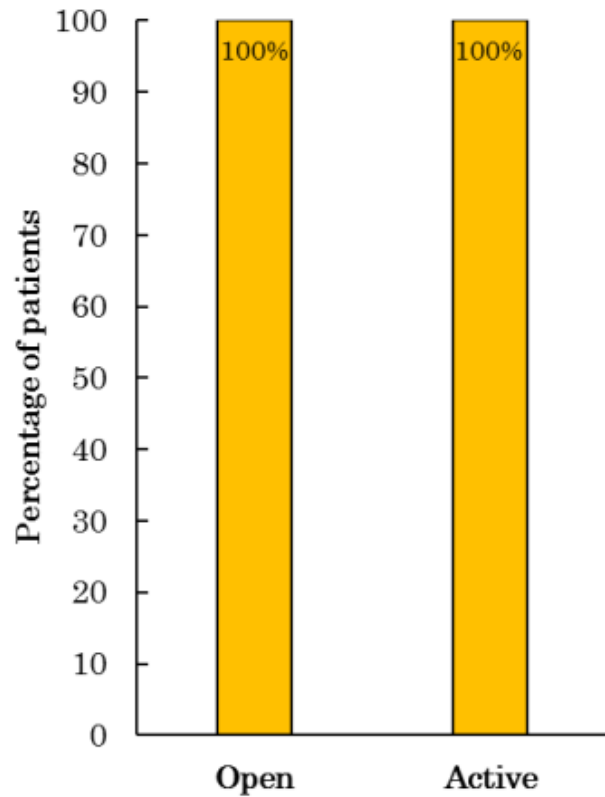
Open caseload



Definition:

Number of patients, regardless of age, with a known diagnosis of HIV who received services **anywhere in the organization**—whether routine, urgent, or emergent—during the measurement year.

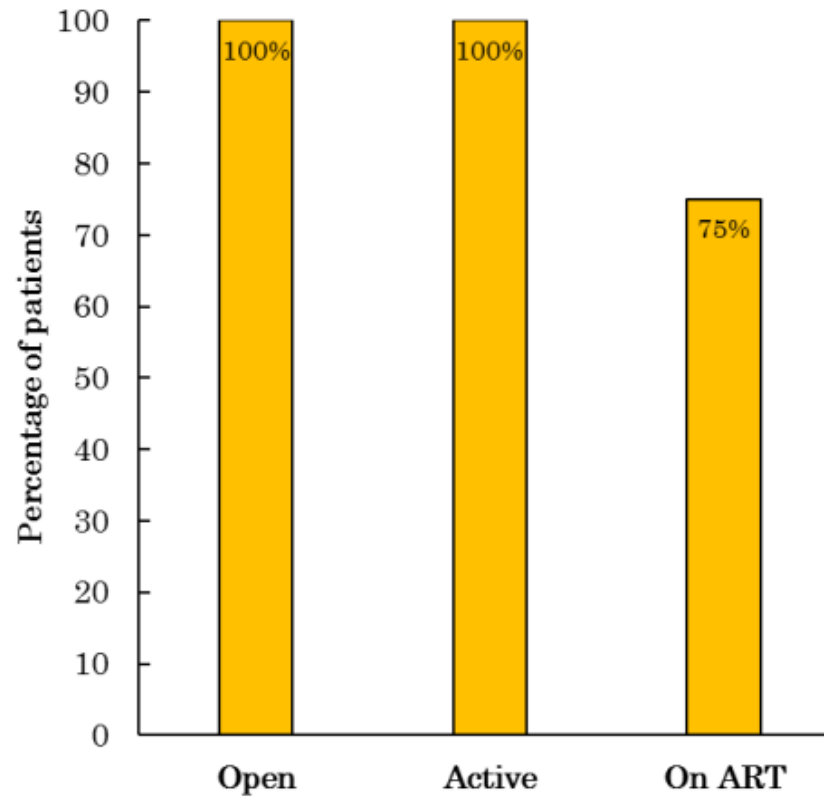
Active caseload



Definition:

Number of patients, regardless of age, with a known diagnosis of HIV who **received services in the HIV program** of the organization during the measurement year.

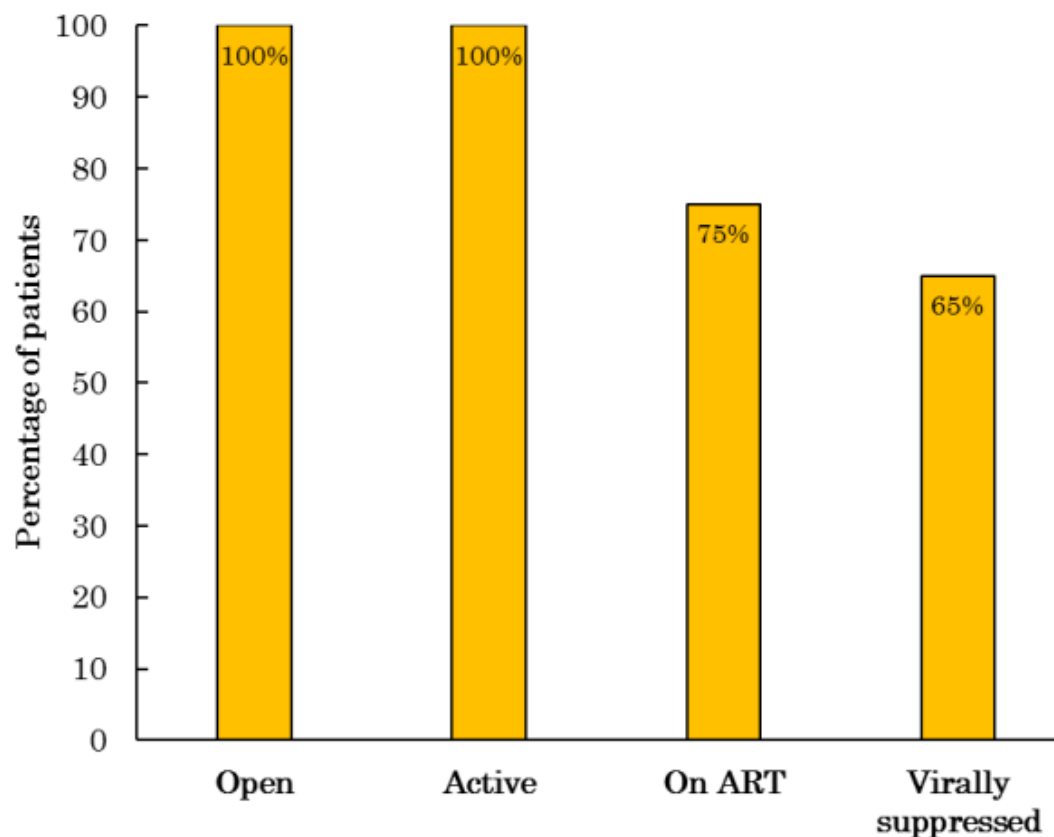
Prescription of antiretroviral therapy



Definition:

Proportion of patients from the active caseload that were prescribed ART during the measurement year.

Viral load suppression



~~Retention~~

Definition:

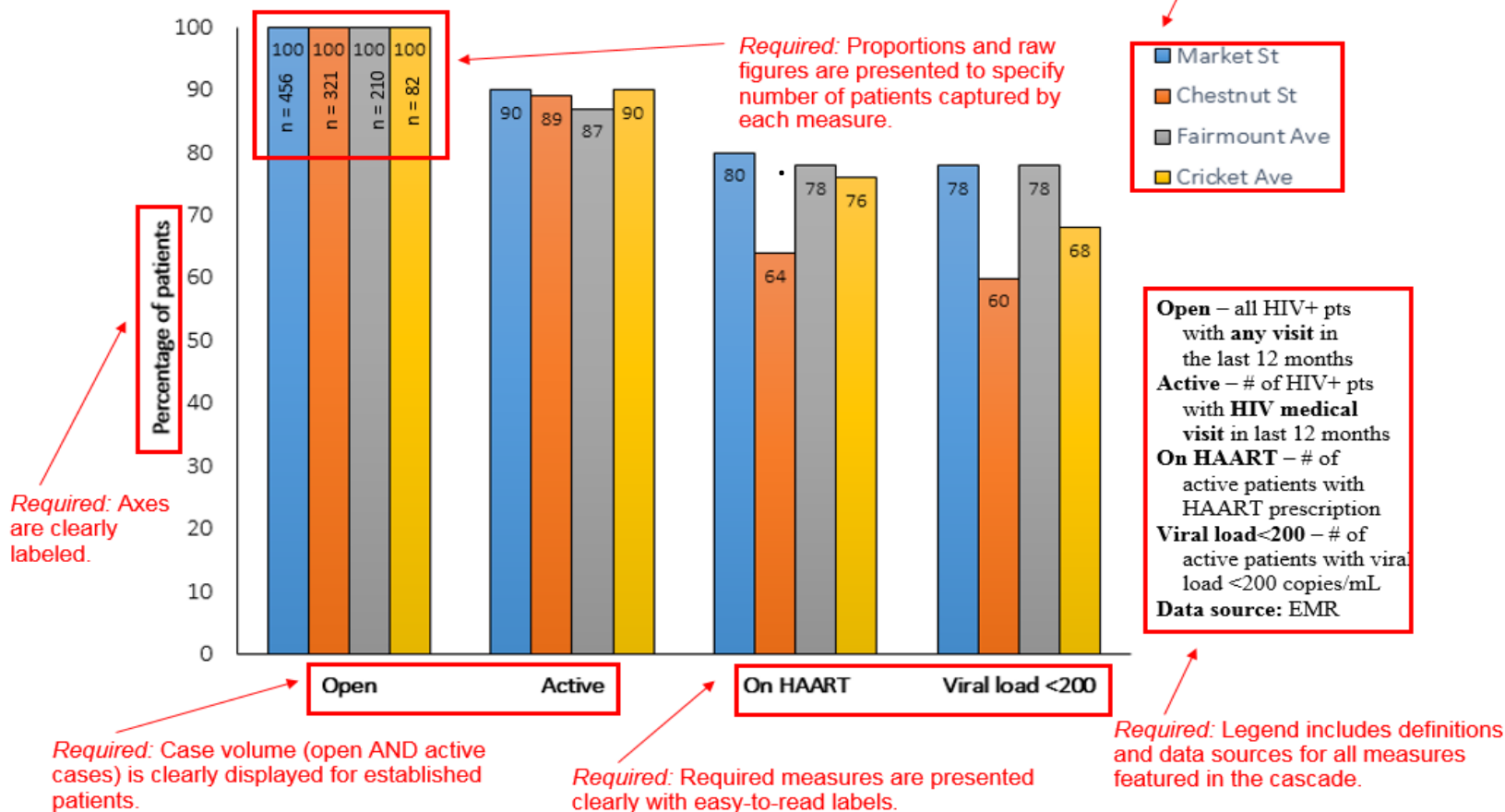
Proportion of patients from the active caseload with a viral load <200 copies/mL at last viral load testing during the measurement year.

The anatomy of an effective cascade

Required: Title specifies patient population being captured (established), and year (2016) from which data are drawn.

HIV Care Cascade – Established Patients, FY 2016 *Southwest Hospitals and Clinics*

Required: Breakdowns by site are made for organizations with multiple sites of care.



Cascade methodology report

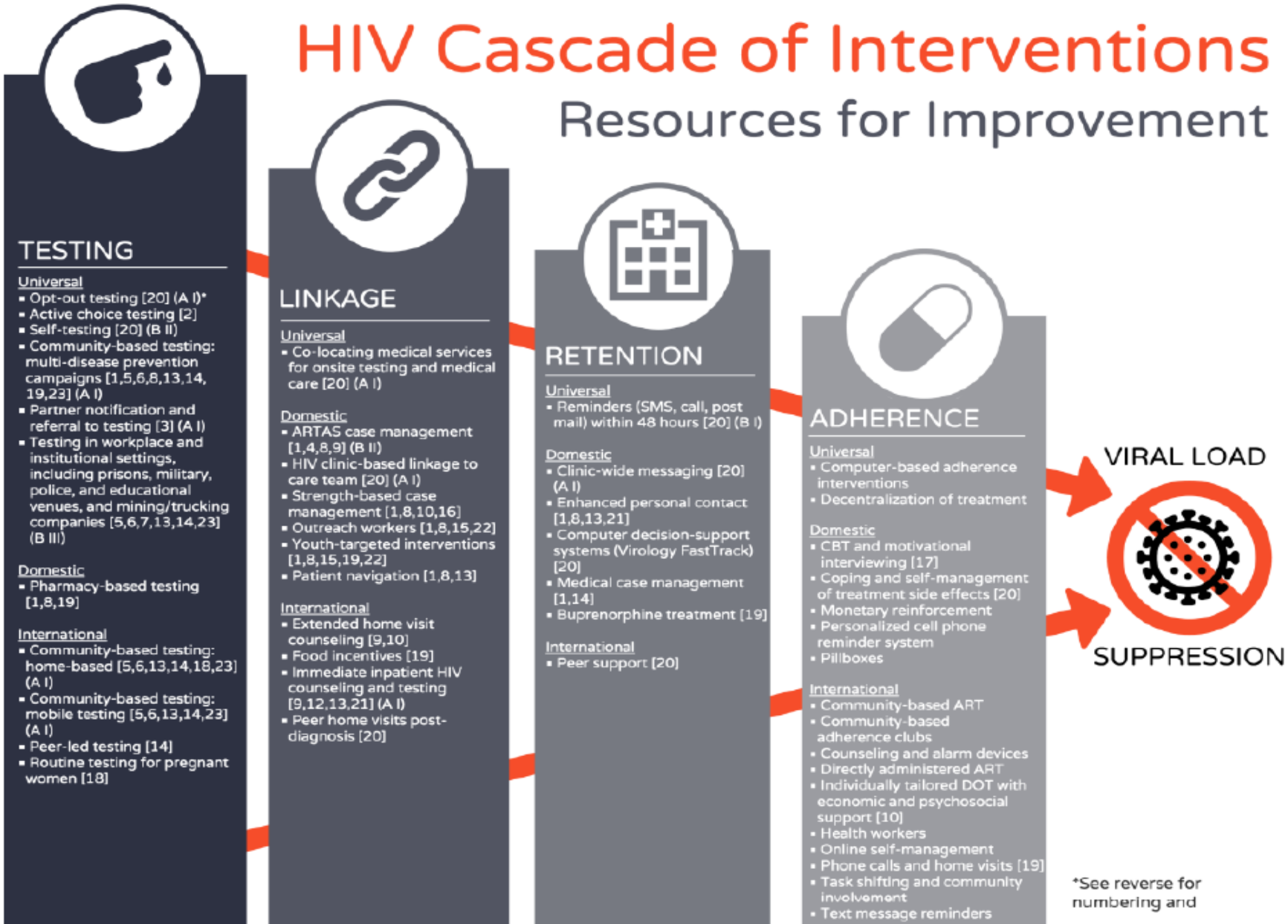
- Sources of data and their limitations
- Differences in methods for open and active caseloads
- Number of patients who have died, been incarcerated, in care at an outside institution or whose disposition is unknown
- How was the care status of patients obtained for those in care elsewhere or who are deceased?
- Who was involved with data extraction, analysis and presentation

Improvement Plan

- Detailed description of gaps revealed in the cascade
 - Cite specific data and explain how results do not meet state, regional or local goals
- Improvement goals
 - SMART: specific, measurable, time-bound and relevant
 - Proposed action steps with timelines for completion of action steps
 - Description of how goals will be evaluated
 - Staff responsible for execution of improvement plan

HIV Cascade of Interventions

Resources for Improvement



Coaching and technical support

- Coaching is integrated into regular QI coaching relationships
- Webinars
- Virtual office hours
- Written guidance document
- Communication established through dedicated email at NYSDOH/AI

Staff Resources

- Leadership: Medical Director
- Quality of care Program Director
- QI coaches (5)
- Data manager
- Program assistants to coordinate listserv, facilitate webinar, monitor submissions, screen emails, perform first screen of submission for completeness

Process for review of cascades

- Initial screen by program assistant
- Referral to coach for first approval and ongoing interaction to address outstanding items or needed corrections
- Final review by designated staff member
- Final approval by Medical Director

An Example from Callen-Lorde

Successes

- Translating population health data for use in clinical care: provider engagement!
- Fostering collaboration between providers within a facility
- Addressing public health and individual health goals
- Sparking improvement activities that address the care of *all* HIV patients, and not just those actively engaged
- Expanding the “toolkit” to end the epidemic in NYS
- Underscoring the power of data visualization

Challenges

- Engagement of facility leadership
- Engagement of facility IT personnel
- Interoperability of EMR systems within facilities
- Missing data!
- Data literacy
- Variable QI capacity

The way forward

- Showcase successes
- Focus quality improvement work statewide on identified gaps
- Integrate cascades into routine quality submissions
 - Consider more frequent cascade generation
- Use large-scale databases to ascertain care status
 - Data warehouses
 - RHIOs
- Launch stigma reduction initiative
 - Health facility assessment (Nyblade-RTI)
 - Consumer survey
 - Improvement plans
- Launch tobacco cessation QI campaign
- Address causes of mortality as a sentinel event

Organizational Cascades:

Summary

- A structured approach to integrate public health goals into clinical care.
- A visual framework for conceptualizing long-term engagement and VLS while engaging staff participation to achieve results.
- Contribute to regional and statewide epidemic control initiatives through actions within organizations.
- Facilitate identification of gaps to identify areas for targeted interventions.
- Stretch programs by starting with “open cases” to reach beyond their walls to engage community resources.