

New Responses: Quality of Care

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Off-Label Disclosure

There will be no off-label/investigational uses discussed in this presentation.



Objectives

- Apply the principles of continuous quality improvement to their practice setting in order to improve patient care
- Integrate a culture of quality in their clinical settings



What is Quality?

“The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

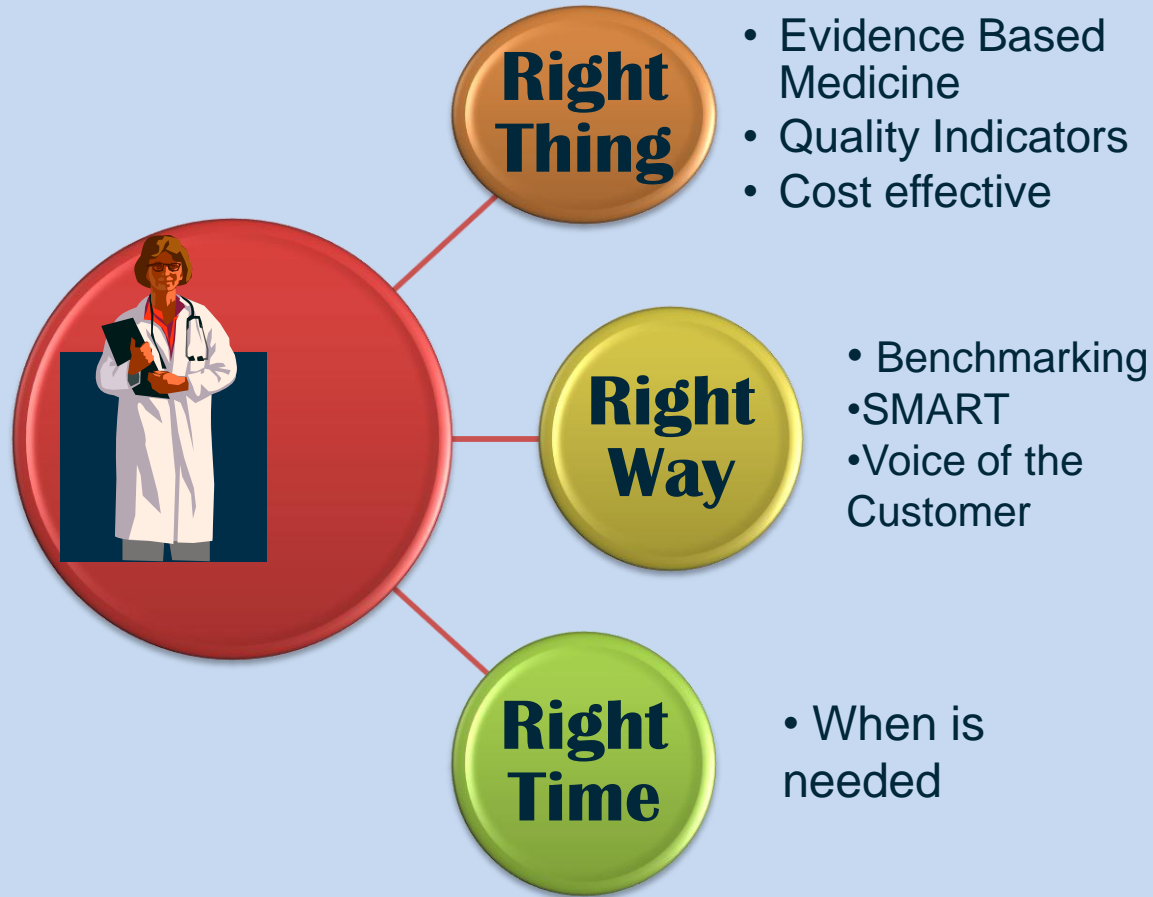
Insanity:

Doing the same thing over and over again and expect different results

IOM, 2001: [Crossing the Quality Chasm](#)



Quality

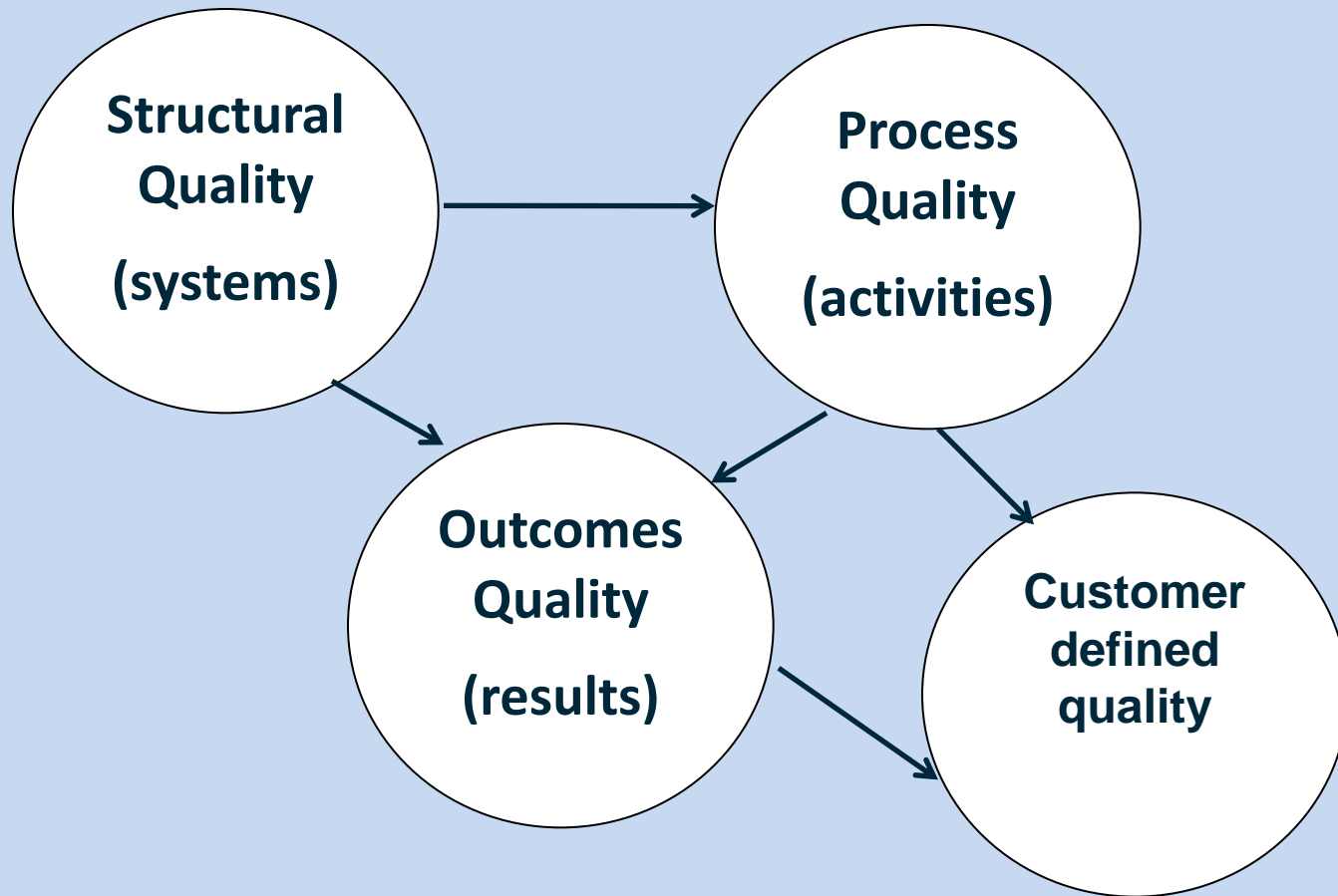


Donabedian: 3 Domains of Quality

Quality is often determined by the systems and infrastructure rather than individual performance



Donabedian: 3 Domains of Quality plus customer/client's perspective



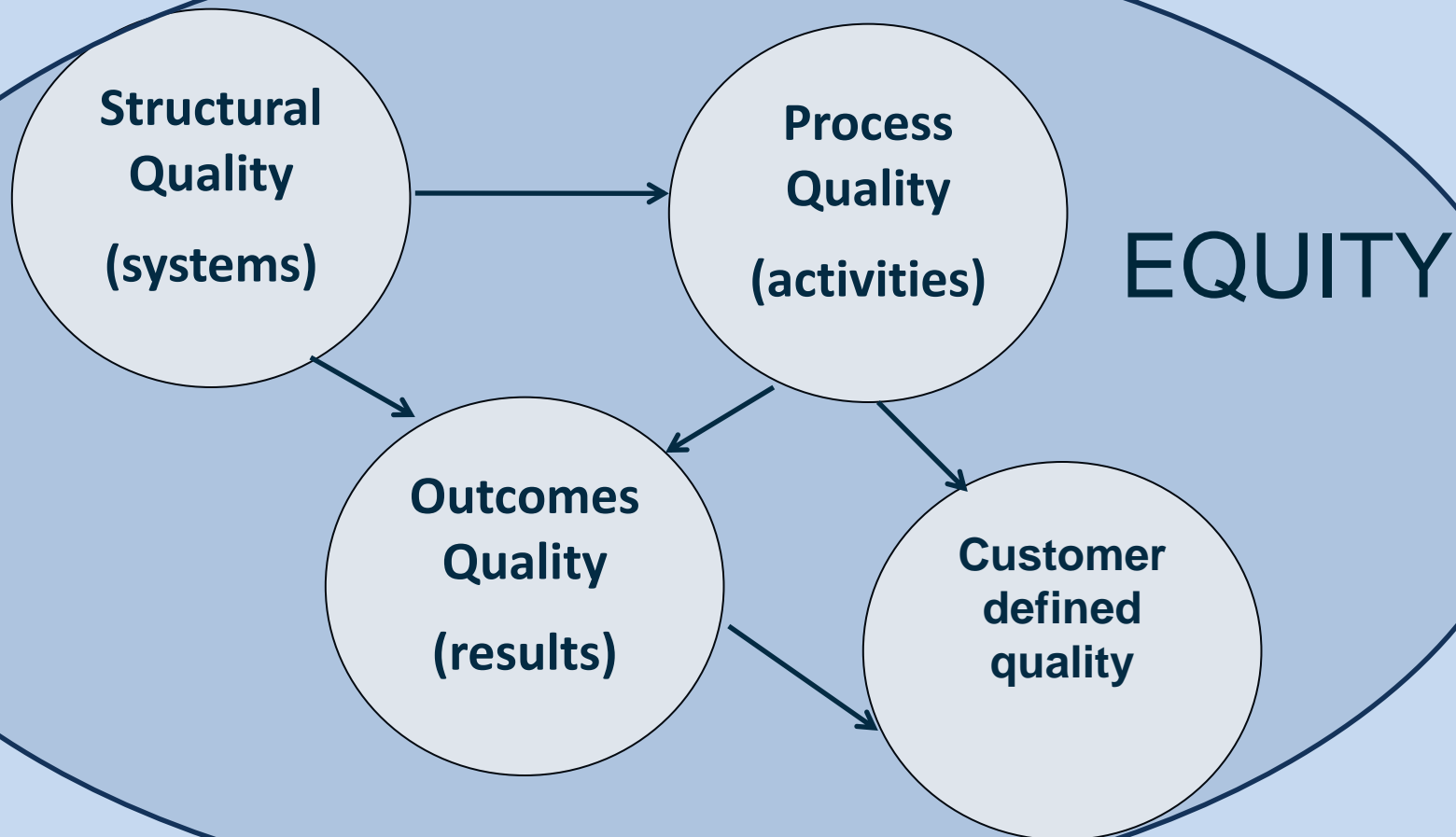
Question

You measure retention and 80% of your patients were seen in the last 3 months at least once. What do you do next?

1. Celebrate by giving the staff donuts and coffee
2. Report to funder and consider your QI work done
3. Move onto the next project
4. Look further into the numbers



Is there a 5th domain from public health perspective?



Where do we look for quality?

- Most indicators look at process
 - Are you doing the right thing
 - TB screen, prevention counseling
- Growing interest in outcomes
 - Is it making a differences
 - Viral suppression, hospitalization
- Consumers
 - Exit survey, focus group



Where do you measure quality in your clinic?

- Process
 - Outcomes
 - Consumers
1. Process only
 2. Process and outcomes
 3. Process, and consumers
 4. All 3
 5. Do not measure quality



What are we talking about?

- Why don't people do what we know works?
- Knowledge/quality or knowledge/"do" gap
- Many reasons, but to know if this is occurring, why and start to address, we first need to do some things...



In 1857, Semmelweis figured out that washing hands was critical to decreasing maternal deaths after delivery. What are estimates of hand washing in hospitals in 2000?

1. 100%
2. 6%
3. 81%
4. 48%



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“Improvements in care cannot be achieved by further stressing current systems of care. The current systems cannot do the job. ***Trying harder will not work***”

IOM, 2001: [Crossing the Quality Chasm](#)



What is quality improvement all about

- Knowing what to do
 - Defining quality
 - Guidelines, SOPs, standards
- Knowing if it being done
 - Performance measurement
- Knowing how to make changes if a problem is found
 - Quality Improvement



What do we know about improving quality?

- Culture and behavior change may be needed
- Measure and re-measure and USE the data
- Team based
 - Everyone's job
- Systems focus
 - Versus focused just on individual encounter and provider
 - No finger-pointing
- Small steps (ex. PDSA)
 - But ultimately need to institutionalize
 - Changes do not need to take significant resources
- Leadership and infrastructure to support activities



The 10 Principles of CQI

1. **Define Quality** vs *“I know it when I see it”*
2. **Customer Orientation** vs *Internal Focus*
3. **Work Process Focus** vs *End Product Focus*
4. **Us Partnerships** vs *We and They*
5. **Proactive** vs *Reactive*



The 10 Principles of CQI

6. **100% Quality Attitude** vs *That's good enough*
7. **Management by Facts** vs *Management by Intuition*
8. **Engagement and Empowerment** vs *“Just follow the plan, man”*
9. **Quality belongs to everyone** vs *“We have a quality department”*
10. **Continuous means continuous** vs *“we measure when its over”*



Leadership as the 11th Principle?

- Leadership sets tone of QI program
- Without leadership's support, program does not flourish
- Leadership also needed within QI program
- All staff should have opportunity to participate in QI with support of leadership

Comparison of QA and QI

	QA	QI
Motivation	Measuring compliance with standards	Continuously improving processes to meet standards
Means	Inspection	Prevention, monitor over time
Attitude	Required, defensive	Chosen, proactive
Focus	Outliers or “bad apples”, individuals	Processes, systems, majority
Players	Selected departments	Organization wide, benchmarking
Disciplines	Within profession	Multidisciplinary approach
Scope	Medical profession focused	Patient care focused
Responsibility	Few	All

Model for Improvement

Questions for Improvement

- What are we trying to accomplish?
- How will we know that a changes is an improvement?
- What change can we make that will result in improvement?

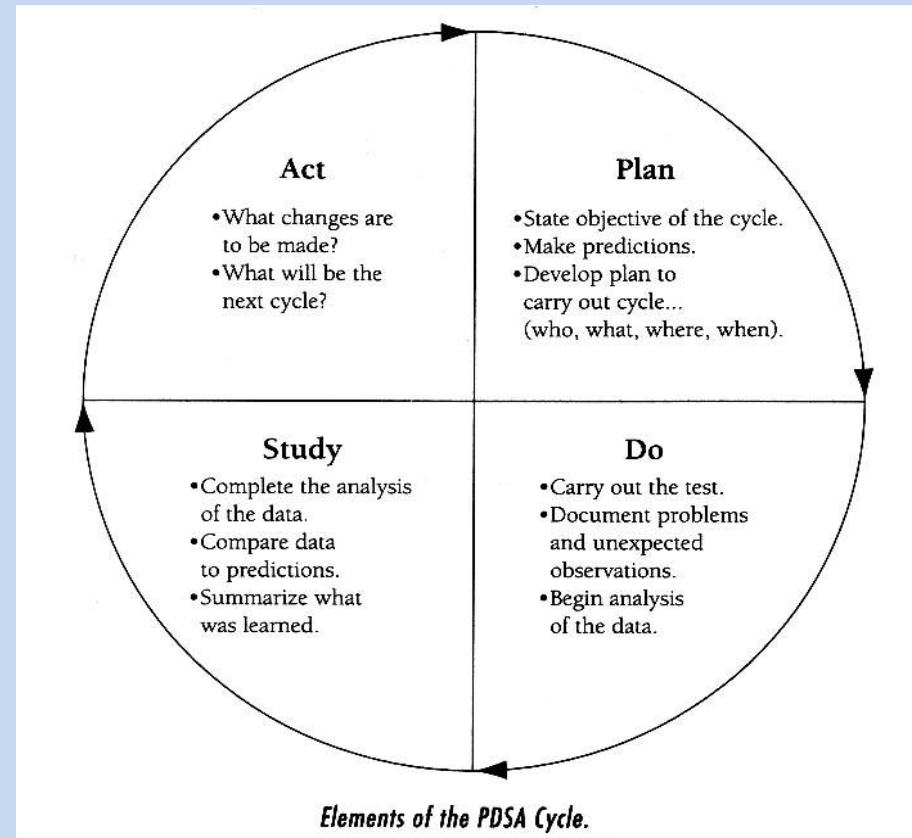
FOCUS

- **F**ind a process that needs improvement
- **O**rganize a team knowledgeable about the process
- **C**larify the knowledge about the process
- **U**nderstand the causes of variations in the process
- **S**elect the improvement



PDSA Cycle (PDCA)

- Plan: plan a change
- Do: try it out on small scale
- Study (check): observe results
- Adopt, adapt or abandon: refine change as needed



QI Project

Pap smear rates at your clinic are 60%. You ask around and other clinics in your area are 80% of higher. What do you do next?

1. Review the literature for proven methods to increase Pap smears in clinical trials
2. Eliminate women who were referred but did not show up and your rate is now 85%
3. You bring together a small team and ask the other clinics how they are achieving this rate
4. You tell your nurse to fix it



What about using reported data?

- Increasing demand
 - RSR
 - Public health
 - Insurance companies
 - CMS

 - Etc, etc



Culture change: Don Berwick's 4 stages

- Stage I: “The data are wrong....”
- Stage II: “The data are right, but it’s not a problem...”
- Stage III: “The data are right, it’s a problem, but it’s not *my* problem...”
- Stage IV: “The data are right, it’s a problem, it’s my problem...”



Don Berwick's 4 stages plus two

- Stage 0: What data?
- Stage I: “The data are wrong....”
- Stage II: “The data are right, but it’s not a problem...”
- Stage III: “The data are right, it’s a problem, but it’s not *my* problem...”
- Stage IV: “The data are right, it’s a problem, it’s my problem...”
- Stage V: “The data are right, it’s a problem, it’s *our* problem...”



So how do you do this in the context of your busy clinic?

- Not more research but more application of existing knowledge
- Steal shamelessly/Share seamlessly
- Promote peer learning within organization and across programs
- Celebrate successes but do not expect too many ‘quick fixes’
- Make sure that successes are sustained



So how do you do this in the context of your busy clinic?

- Integrate into routine work
 - Include quality in weekly agenda
 - Team engagement
- Chose wisely what to measure
 - And what not to measure
- Look for existing data and where new data are needed
- Communicate the results and time to use
 - Graphs, dashboards



Real life experience

- Administrator
- Clinic



Quality and reauthorization and National HIV Strategy

- “particular attention to reducing barriers to routine testing and **disparities** in access and services among affected subpopulations and historically underserved communities”
- Vision: US Strategy on HIV/AIDS 2010
- “.....every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have **unfettered access to high quality**, life-extending care, **free from stigma and discrimination**”
- **Plan to Increase Access to Care and Improve Health Outcomes At-A-Glance**
- *Affordable Care Act*, which will greatly expand access to insurance coverage for people living with HIV, will provide a platform for improvements in health care coverage and quality
- To prevent HIV, we should strive to ensure that all people living with HIV know their HIV status and are linked to and maintained in **high-quality care**
- As the new law takes effect, it also will be important **to ensure that people living with HIV** and HIV health care providers are **included** in the various initiatives that seek to improve the quality of care and integration of services



Affordable Health Care Act

- The law says that a group is a health disparity population when:
- *“there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population.” In addition, it may be determined, “that such term includes populations for which there is a significant disparity in the quality, outcomes, cost, or use of healthcare services or access to or satisfaction with such services as compared to the general population.”*



Some slides were taken from the National Quality Center training materials, for more information, visit:

<http://nationalqualitycenter.org/>

