

# LVTGA RYAN WHITE PART A CQI MEETING

March 30, 2023 | Jessica Rios



**LAS VEGAS TGA**  
PART A HIV/AIDS PROGRAM  
CLARK | MOHAVE | NYE COUNTIES



# Icebreaker

Why do you believe consumer input is important to our CQI process?

# OUR MISSION AND VISION

## Mission

The mission of the RWPA CQM program is to implement a proactive process that can positively impact health outcomes of LVTGA clients accessing core medical and support services.

## Vision

RWPA creates an annual integrated CQI plan and quality improvement system to support subrecipients so they can deliver optimal care services and quality of care that will make a positive difference in the lives of persons infected and affected by HIV.



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Paper \$

People

Plan

Process

Purpose

Infrastructure

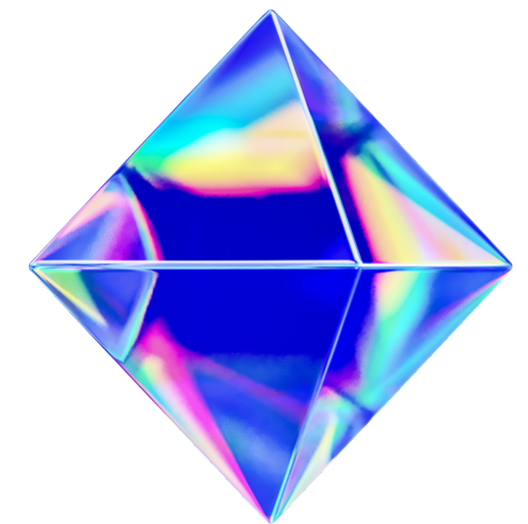
Quality Improvement

Performance Measures

strategic

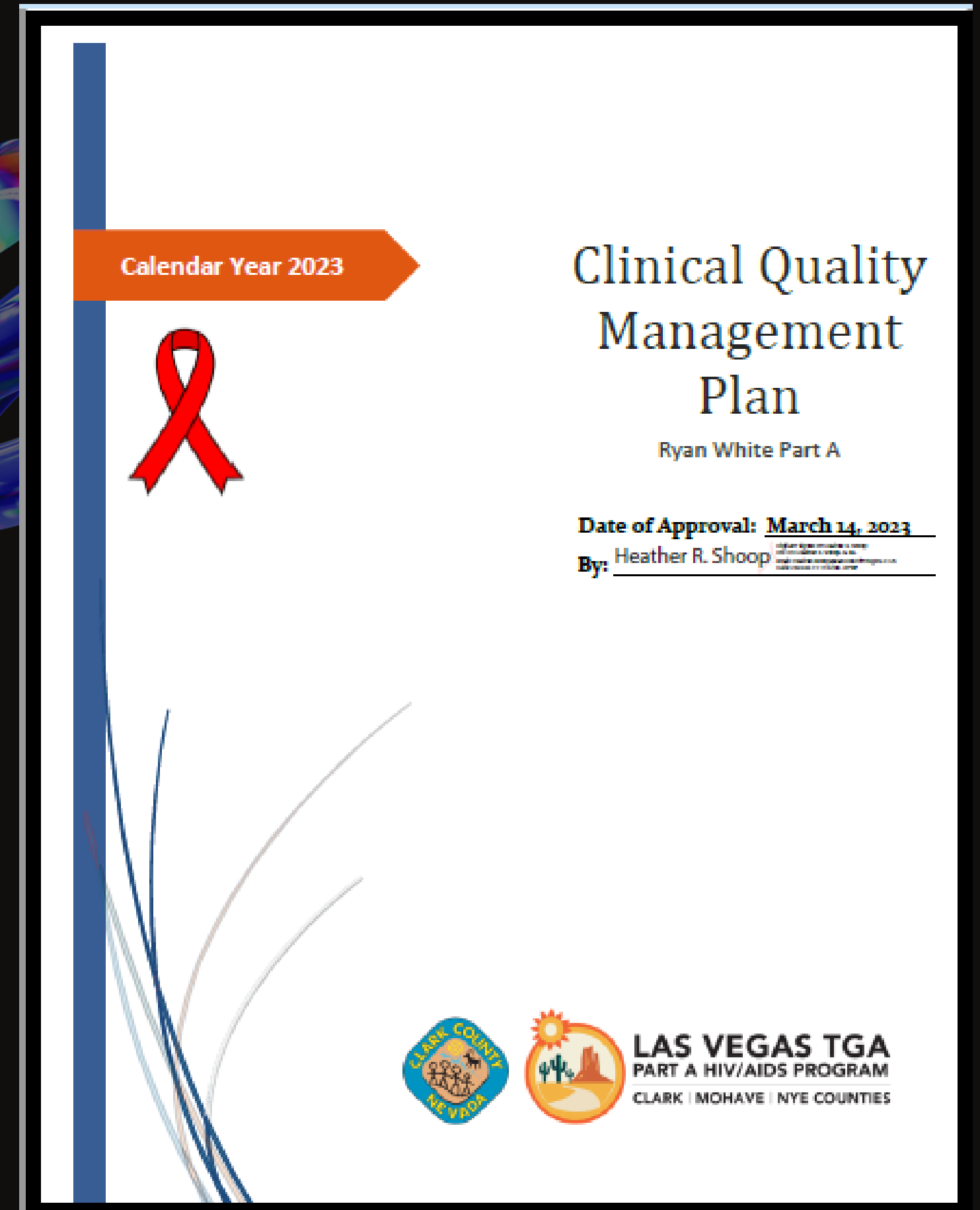
automatic

The many strands that are woven into the LVTGA CQM Program consists of multiple activities working together in a synchronized manner that is ongoing.



# Clinical Quality Management Plan CY2023

- Our plan is a "living document"
- Outlines the CQM infrastructure, goals, activities, evaluation and action steps were are spearheading for the year
- Guiding document and resource for all the work we do
- Timelines in this document communicate when deliverables are due, so our providers have ample time to plan ahead and submit thier best work



Interactive Exercise to Teach Quality Improvement in HIV Care

# The Tennis Ball Game



## PLAN DO STUDY ACT (PDSA) FORM

**Directions:** Use this Plan-Do-Study-Act (PDSA) form as a tool to plan and document your progress with tests of change conducted as part of your quality improvement project(s). This tool should be completed by the Las Vegas TGA designated Single Point of Contact (SPOC) with review and input of the project team. Answer the questions below to plan, conduct, and document your PDSA cycles. Keep in mind that quality improvement usually involves multiple PDSA cycles in order to achieve an aim. Use as many forms necessary to track your PDSA cycles. Please refer to the Specific, Measurable, Achievable, Relevant and Time Specific (SMART) Goals from the Las Vegas TGA Annual Quality Management Plan Calendar Year 2023. Quarterly Data Reporting is due by the 10th day of May, August, November, and February. \*If the data reporting day falls on a weekend or holiday, data reporting will be due on the last working day before the holiday or weekend.

Agency: \_\_\_\_\_

SPOC: \_\_\_\_\_

Quarter:  Q1  Q2  Q3  Q4

Baseline Data: 2022

Data Reporting: \_\_\_\_\_



### PLAN

**Test/Implementation Plan:** Make prediction(s). List your action steps and person(s) responsible for the PDSA. What resources will be needed? Plan a small test of change. How long will it take to implement (use the 2023 CQI timeline as a guide)?

**Data Collection Plan:** Who will collect the data? What data/measures will be collected? When will the collection of data take place? How will the data (measures or observations) be collected and displayed? What decisions will be made based on data?

### DO

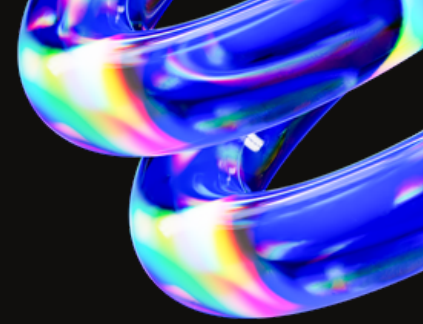
**Activities/Observations:** Record activities/observations that were done in addition to those listed in the plan:

### STUDY

**Prediction: Learning (comparison of questions, predictions, and analysis of data):** Copy, paste and compare the prediction from the "Plan" above and evaluate learning. Complete analysis of the data. Insert graphic analysis whenever possible. Summarize what was learned. Did the change lead to an improvement? Why or why not?

### ACT

Describe the next PDSA Cycle: Based on the learning in "Study," what is your next test?



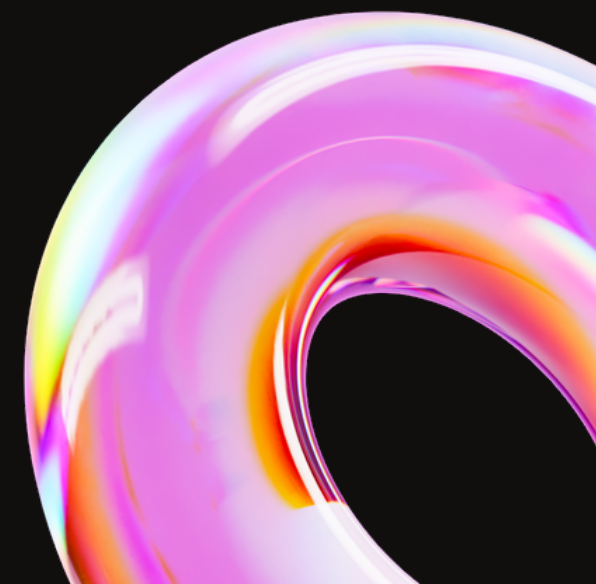
# SERVICE UTILIZATION REPORT

Performance Measures to study are determined by service category for each Calendar Year using the following table as a guide.

**2 Performance measures are needed for service categories that are  $\geq 50\%$**

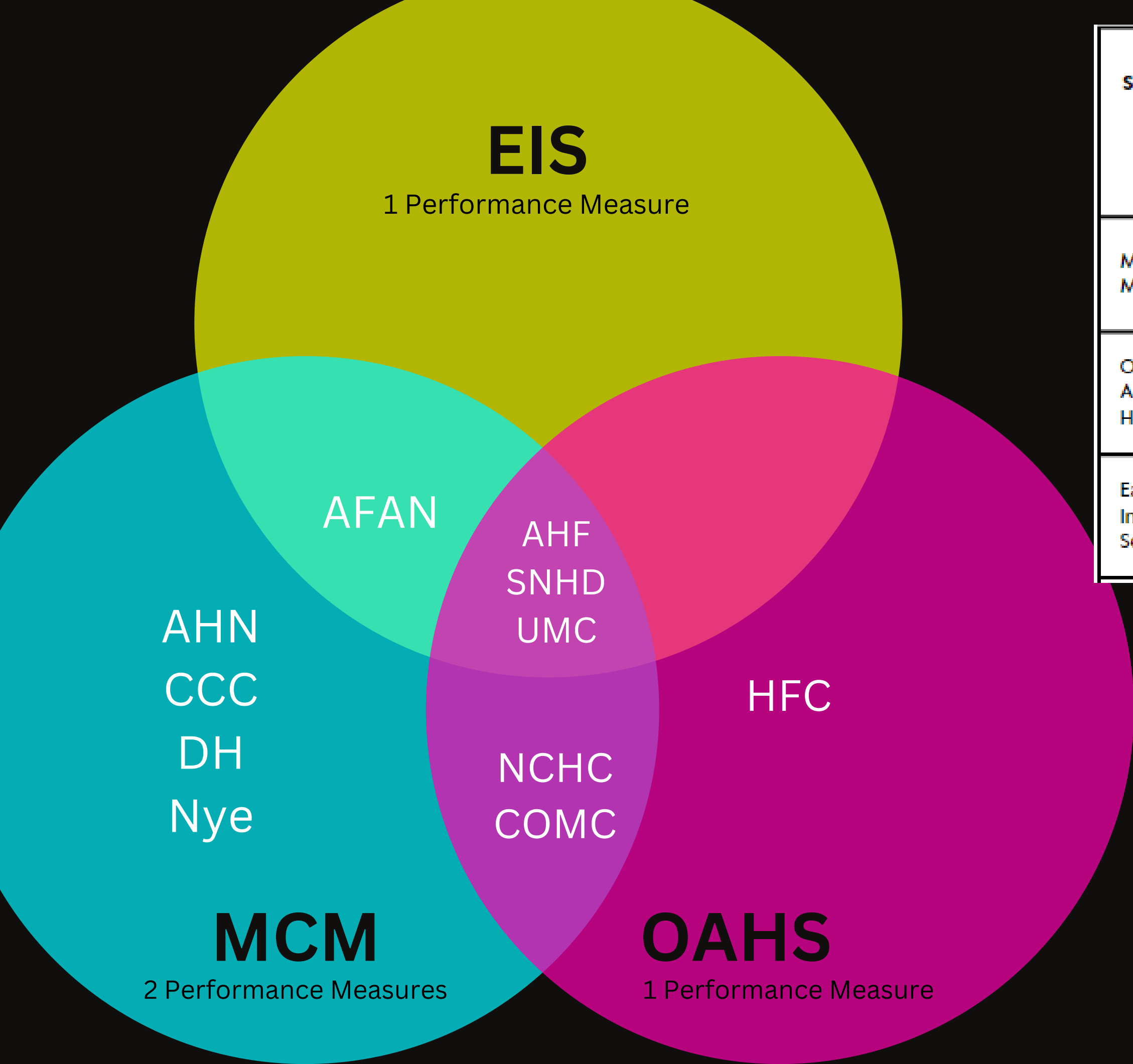
**1 Performance measure is needed for service categories that are  $>15$  to  $<50\%$**

**0 Performance measures are needed for service categories that are  $\leq 15\%$**



Service Category Selection to Monitor for CY2023	Based on CY2022 Unduplicated Clients Served 4,496	Percent of RWHAP eligible clients receiving at least one unit of services for RWHAP-Funded service category	Performance Measure(s) needed
Medical Case Management	4115	81.89%	2
Outpatient / Ambulatory Health Services	904	17.99%	1
Early Intervention Services	741	14.75%	1
<ul style="list-style-type: none"> <li>• Emergency Financial Assistance ----- 1.25%</li> <li>• Food Bank/ Home Delivered Meals ---- 4.88%</li> <li>• Health Education/ Risk Reduction ----- 7.34%</li> <li>• Health Insurance Premium &amp; Cost Sharing Assistance --- 7.70%</li> <li>• Linguistics Services ----- 0.48%</li> <li>• Medical Nutrition Therapy ----- 8.98%</li> <li>• Medical Transportation Services ----- 6.49%</li> <li>• Mental Health Services ----- 2.91%</li> <li>• Oral HealthCare ----- 2.39%</li> <li>• Psychosocial Support ----- 1.81%</li> <li>• Substance Abuse Outpatient Care ----- 0.46%</li> </ul>			0





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# OUR GOALS



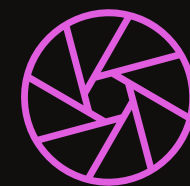
## GOAL # 1

Promote continuous quality improvement initiatives across the TGA.



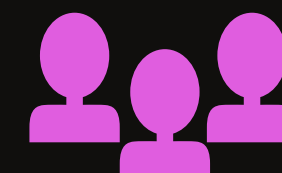
## GOAL # 2

Improve the quality of core medical and support services provided by TGA.



## GOAL # 3

Improve the performance measurement system to appropriately assess outcomes for people with HIV.



## GOAL # 4

Ensure the comprehensive involvement of people with HIV in the quality improvement process.

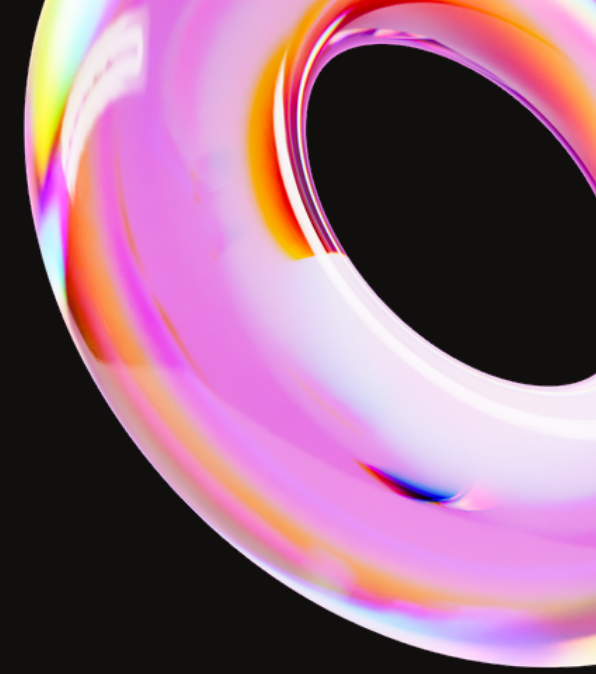
# DID WE MEET OUR TGA 2022 GOALS?

Service Category	2021 Baseline Data	2022 TGA Goal	Actual 2022 Percentage
EIS Viral Suppression	75.95%	80%	74.86%
MCM Viral Suppression	83.35%	86%	83.03%
OAHS Viral Suppression	89.42%	92%	90.57%
MCM Retention In Care	73.79%	77%	76.10%

	OVS-EIS	OVS-MCM	OVS-OAHS	C5-MCM
<b>TGA Baseline Data 2021</b>	75.95%	83.35%	89.42%	73.79%
<b>TGA Goal 2022</b>	80.00%	86.00%	92.00%	77.00%
<b>EOY 2022 Percentages</b>	74.86%	83.03%	90.57%	76.10%
<b>Difference</b>	-5.40%	-3%	-1%	-1%

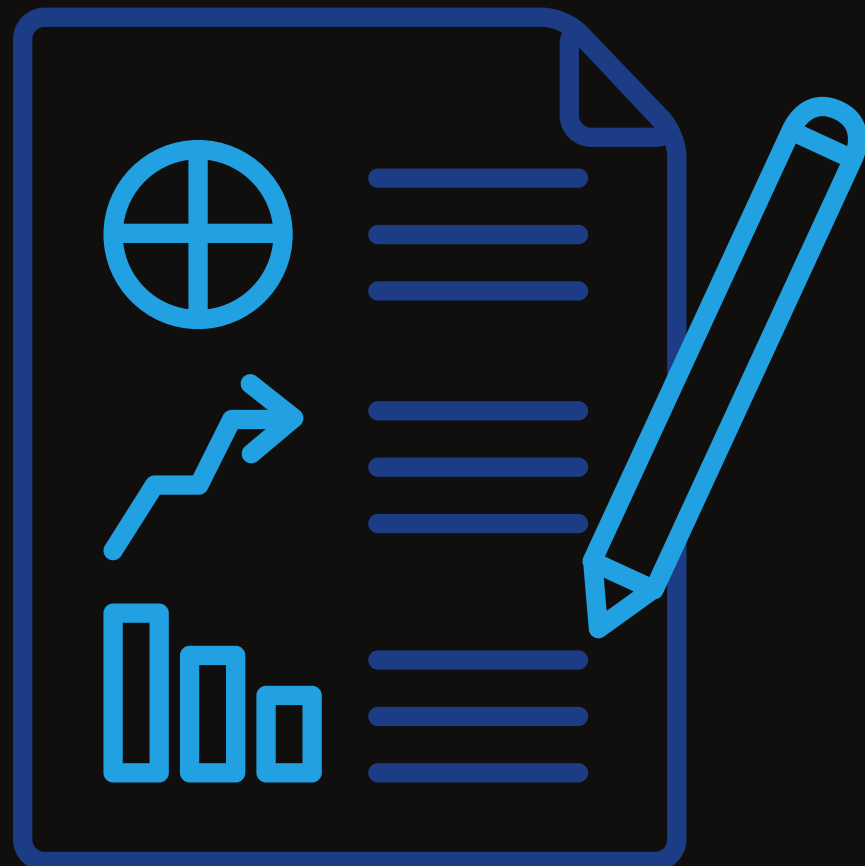
# Projected Goals for 2023

Service Category	2022 Baseline Data	2023 TGA Goal
EIS Linkage to Care	62.25%	75%
MCM Viral Suppression	83.03%	85%
MCM Retention In Care	76.10%	80%
OAHS Viral Suppression	90.57%	92%



# Lab Data Days

- AM & PM sessions are held every quarter
- Sessions are intended to support subrecipients to use data to develop actionable steps.



Quarter	Date	AM	PM
1	03/01/2023	9 - 10	2-3
2	06/01/2023	9 -10	2-3
3	09/06/2023	9-10	2-3
4	12/06/2023	9-10	2-3

# General Discussion & Closing



# Thank You!



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