Minority AIDS Initiative (MAI) Continuum of Care (MAI-CoC) Evaluation: Building on the Basics for Continuous Quality Improvement

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Purpose & Activities

**Audience:** People who want to start using data more in their day-to-day lives

**Learning objectives:**
- Improved ability to share data with staff
- Improved ability to plan the use of data (eval plan, logic models)

**CoP activities:**
- 3 webinars (today, Jul 13, Aug 3)
- Homework
- Email/phone support from CoP faculty
South of Market Mental Health Primary Care Clinic
Process Dashboard, March 2014
As of March 12, 2014

282 total clients enrolled
(met grant criteria & enrolled, 8/2012-present)

67 discharged

215 total active clients
(currently enrolled in grant)

Completed vs. Cancelled Clinics
Jan 2014-Mar 2014

36 (84%) Completed Clinics
7 (16%) Cancelled Clinics
Clinic hours lost: 25

Referrals to primary care by BH providers
Aug 2013-Mar 2014

Patients enrolled vs SAMHSA Goal
Jan 2013-Mar 2014

Goal, 20 total
### Purpose(s) of Data:
- QI w/ consumers (Data downloads on quarterly/biannual basis including graphs, tables, and charts)
- QI w/ RICH and Coordination teams (monthly dashboard w/ graphs, tables, and charts reviewed at team meetings; quarterly report w/ aggregate of monthly dashboard reviewed at quarterly Coordination Team)
- Communication with stakeholders ("road show" report updated on a biannual basis)
- Grant management (data required for grant reporting)

* Function of Individual Excel spreadsheets will be replaced by TIER once RICH program has been integrated into the EHR

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Data Method</th>
<th>Purpose</th>
<th>Person(s) Responsible</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many days of onsite care did PCP deliver?</td>
<td>Centricity/ CH HR</td>
<td>Grant management</td>
<td>Katie/CH</td>
<td>Quarterly</td>
</tr>
<tr>
<td>How many hours of onsite care did PCP deliver?</td>
<td>Centricity/ CH HR</td>
<td>Grant management, QI w/ team</td>
<td>Katie/ CH</td>
<td>Quarterly</td>
</tr>
<tr>
<td>How many specialist referrals were made?</td>
<td>Individual Excel spreadsheets*, Excel Analytics</td>
<td>Grant management</td>
<td>Evaluator</td>
<td>Quarterly</td>
</tr>
<tr>
<td>To whom were clients referred for specialty care?</td>
<td>Individual Excel spreadsheets*, Excel Analytics</td>
<td>Grant management</td>
<td>Evaluator</td>
<td>Quarterly</td>
</tr>
<tr>
<td>How many unique clients have been served to date?</td>
<td>TRAC</td>
<td>Grant management, QI w/ team</td>
<td>Katie</td>
<td>Monthly</td>
</tr>
<tr>
<td>How many active clients are there to date?</td>
<td>TRAC</td>
<td>Grant management, QI w/ team</td>
<td>Katie</td>
<td>Monthly</td>
</tr>
</tbody>
</table>
To Participate....

By phone: Please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. (left)

By chat box: Please type your questions into the question box and we will address your questions. (right)
Who are you?

Name?

How are you currently using data in the MAI-CoC world?

What do you want to get out of this CoP?
Why does data management matter?

“If you are not measuring a process you don’t know what you are doing.”

“If you are not measuring processes you can’t improve.”

“If you are not measuring processes you are operating blindly and therefore are at risk for delivering ineffective and wasteful care at best.”

If you are not measuring your care provision and administrative processes you can not achieve the triple aim of population health management, cost containment, customer centered care …in other words survive in healthcare marketplace today.
Data, Information, & Knowledge

What is data?
- Granular or unprocessed information (e.g., one HIV test value)

What is information?
- Information is “big data” that have been organized, measured and communicated in a coherent and meaningful manner (i.e., multiple HIV test values)

What is Knowledge?
- Information evaluated and organized so that it can be used purposefully (e.g., project dashboards)
Process vs. Outcome

**Process Measure**: Answers: How the system works? (percent of patients who received rapid HIV screen)

**Outcome Measure**: Answers: What is the final product, or results? (percent of HIV+ patients with sustained viral suppression)
What is the ultimate purpose of collecting & sharing data?

To turn it into action!

(AKA Continuous Quality Improvement)
Choosing a Good Metric/Key Performance Indicator

- ACTIONABLE
- ACCESSIBLE & CREDIBLE DATA
- COMMON INTERPRETATION
- TRANSPARENT & SIMPLE TO CALCULATE

When metric changes the cause & required actions are clear
Data can be collected with modest effort from source that is trusted
Staff know what the metric means
Method for generating metric is shared & well understood

Source: Gemignani & Gemignani
What is a Dashboard?

A dashboard translates your organization’s strategy into metrics that provide timely information and insights that enable staff to proactively improve decisions, optimize processes, and plans.

In short it, enables staff to monitor, analyze, and manage their work.

Dashboards

Should allow the data to tell a story about the people you serve & the care provided

Should be “simple” to Start - target only a few key aspects of population & their care

Make the display simple – eliminate unnecessary clutter
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Clients Enrolled vs SAMHSA Goal²
Jan 2013- Mar 2014

316  282

Goal, 200
The Dating Game
Do you understand the metric?

Do you think your work affects this metric?

Do you think the current number is accurate?

Do you know what makes this number “good” vs “bad”?

What additional information would you like?
Homework!

1) Choose two metrics to track
   1) Where will you get the data?
   2) Is the source reliable?
   3) Is the information timely?

2) Create a simple dashboard using the two metrics

3) Share the dashboard with staff
   1) Ask them the “data-ing game questions”
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