



Winter 2013

Volume 1, Issue 1

DC Collaborative News

- The Collaborative created its first Quality Management Plan in 2011. Progress is now being made to update the plan for beyond 2013.
- The Response Team has the following positions open: Capacity Building Lead, Lead Trainer, and Data Team Support Members. Interested people can email justin.britanik@dc.gov
- The Collaborative has been busy submitting and presenting abstracts. This included at the International AIDS Society 2012 World AIDS Conference, and the Ryan White All-Grantee Meeting.
- Project Space has been replaced by the Glasscubes workspace, you can use your old Project Space username and password to login. Contact Justin at justin.britanik@dc.gov for help.

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Welcome!

By Rachel Smith, Collaborative Co-Chair \ Maryland Provider

Welcome to the DC EMA HIV Quality Improvement Collaborative! This learning collaborative is about QUALITY and it is here for you. It is made up of over 30 diverse agencies providing HIV care in The District of Columbia, Northern Virginia,

Suburban Maryland and West Virginia. By working toward common goals we have strengthened our ability to improve overall care of HIV in the metropolitan area. We have strengthened consumer involvement by encouraging their

participation in quality improvement activities. We encourage you to continue your involvement by submitting data regularly, and attending learning sessions to broaden our network of individuals, providers, and consumers engaged in quality activities as we continue to provide enhanced HIV care across the DC region.



Response Team FAQs

By Rachel McLaughlin, Quality Improvement Lead \ DC Provider

What is a Response Team?

Simply, it is the leadership committee of the Collaborative. Individuals participate in all calls and Learning Sessions, direct and assist the agency representatives, and facilitate the work of the Collaborative.

Who is on the Response Team?

Our Response Team currently has 9 members and 3 vacancies. We hope to fill all of the roles and welcome participation from all RW providers in the EMA.

Team Leaders:

Lena Lago, DC HAHSTA, lana.lago@dc.gov
 Rachel Smith, Greater Baden Medical Services, RSmith@gbms.org

Quality Improvement Lead:
 Rachel McLaughlin, Whitman-

Walker Health, rmclaughlin@whitman-walker.org

Communication Lead:
 Justin Britanik, DC HAHSTA, justin.britanik@dc.gov

Data Lead:
 Khalil Hassam, Carl Vogel Center, khassam@carlvogelcenter.org

Consumer Capacity Building Lead:
 Martha Cameron, dccollaborative@novaregion.org

Secretary:
 Tarsha Moore, Children's National Medical Center, tlharris@childrensnational.org

Sweepers:
 Angela Wood, Family Medical and Counseling Services, afulwood@fmcsinc.org

Andre Farquharson, Howard University, afarquharson@howard.edu

Vacancies: Provider Capacity Lead, Lead Trainer, Facilities Lead



Response Team at LS6

L to R: Khalil Hassam/Data Lead, Rachel McLaughlin/ QI Lead, Justin Britanik/ Communicator, Lena Lago/Co-Lead, Amelia Khalil/ Provider Capacity, Rachel Smith/ Co-Lead



Best Practice Performers

Oral Exams:

FAHASS (VA) – 71%

LCDP (DC)– 64%

Children’s

(DC Pediatric) – 60%



QI Project Highlights

- Navigation and Tracking best practices
- Dental 101 training for consumers
- Compiling a directory of dental resources providing services to PLWHA

Oral Health Quality Improvement Project: Let Me See Your Smile!

By Justin Britanik Communicator/Part A & Part B Grantee

When the Collaborative originally convened in 2011, the initial Quality Improvement projects that were chosen by participants were Syphilis Screening, and Retention In Care. There were a number of reasons for these choices; they were important, they needed a regional level approach, they were attainable, and they could replicate best practice from other learning collaborative initiatives.

After five rounds of data collection and analysis, it was quite obvious that the indicator that was most in need of attention was Oral Health. Not only did the data show it, but consumers were vocal about the challenges to accessing Oral Health services. It was not limited to one region of the Metropolitan Area either. In the District, Northern Virginia, Suburban Maryland, and West Virginia, Oral Health

Screening Measures were all below 50%.

Evidently, it was time for the Collaborative to make this measure a priority. In May 2012, at a Collaborative Learning Session, the project was introduced.

“Let Me See Your SMILE!” is a joint project of over 30 ambulatory medical and medical case management providers to ensure that all HIV-positive clients had an oral examination at least once in the rolling measurement year.

To achieve this goal, Collaborative Providers will use a five prong approach of Provider Education, Patient Education, Navigation/ Tracking, Resource Identification and Staff Training.

Tools to support each area will be posted on the National

Quality Center (NQC) Glasscubes. Glasscubes is an on-line secure forum and workspace dedicated to The Collaborative. This includes lists of Quality Improvement Strategies, Test of Changes (PDSA) Cycles and results, and the Brainstorming Activity from Learning Session 6.

There will be monthly Oral Health committee meetings by conference call, to keep work going on the project.

Look for updates on the Quality Improvement Project to be posted on Glasscubes as a component of the EMA-wide data report. We will be using the quarterly data to measure our improvements.



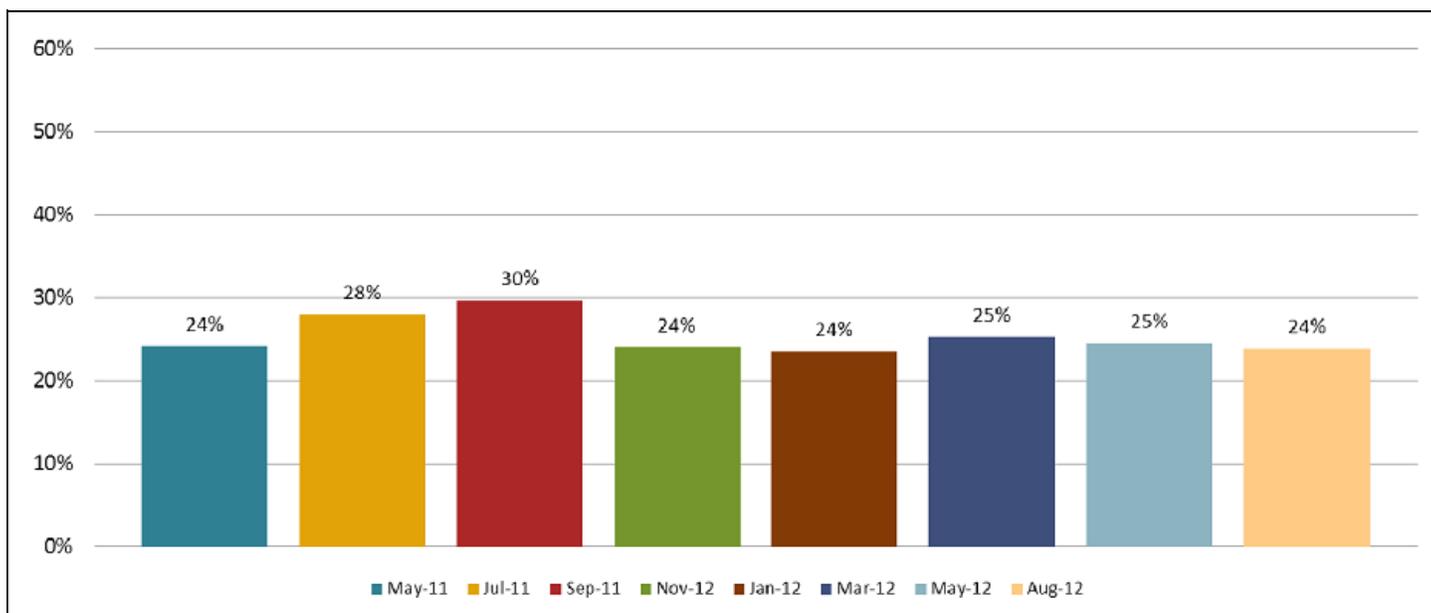
Performance Measure: Oral Exam	OPR-Related Measure: Yes www.hrsa.gov/performance/metrics/measure.htm
Percent of clients with HIV infection who received an oral exam by a dentist at least once during the measurement year	
Numerator:	Number of clients who had an oral exam by a dentist during the measurement year, based on patient self report or other documentation
Denominator:	Number of clients with HIV infection who had a medical visit with a provider with prescribing privileges at least once in the measurement year
Patient Exclusions:	None
Data Element:	1. Is the client HIV-infected? (Y/N) a. If yes, did the client receive an oral exam by a dentist during the measurement year?(Y/N)

Focus on Data:

Rounds 1-8 Trends EMA-Wide - Oral Exams

Compiled by Khalil Hassam, Data Lead/ DC Provider

While all other DC EMA Collaborative data measures are consistently above the 80% mark, oral health exams continue to linger below 30%. This data clearly shows the need for an Oral Health focused Quality Improvement Project. Utilizing a multi-pronged approach consisting of Provider Education, Patient Education, Navigation/Tracking, Resource Identification and Staff Training, the DC Collaborative is actively working to increase the Percentage of HIV-infected oral health patients who had an oral examination at least once in the past 12 months.



The Collaborative is designed to strengthen quality improvement activities across the EMA. Quality matters, and so does data. Data is an invaluable tool for making quality decisions and is the driving force behind Collaborative activities. This is not a punitive process, and as such there are no associated penalties with the level of performance, regardless of the values reported. On the contrary, providers are supported with a variety of opportunities to enhance their ability to report data and improve the overall quality of services provided. Through quarterly in-person meetings, quality improvement trainings, and technical assistance calls/webinars, and access to the new Glasscubes interactive workspace. Don't worry if your data may not be complete or accurate. Just use the "Data Limitations" space in the template. Chances are there are resources available through The Collaborative that can improve your data. Each and every provider agency, grantee, clinician, case manager QM staff person, and consumer stands to gain the most out of this process from our cooperative full participation.



Dr. Farquharson is an Associate Professor of Oral Pathology, Howard University College of Dentistry in Washington, DC

“Dental (oral health) management of medically compromised including HIV/AIDS patients has assumed great importance in oral healthcare delivery. “

The Dentistry as a management for HIV/AIDS

by: André Farquharson, D.D.S, Response Team Member\ DC Oral Health Provider

Hello, I am Dr. Andre Farquharson. I would like to share why Oral health is vital to the overall health of people living with HIV/AIDS.

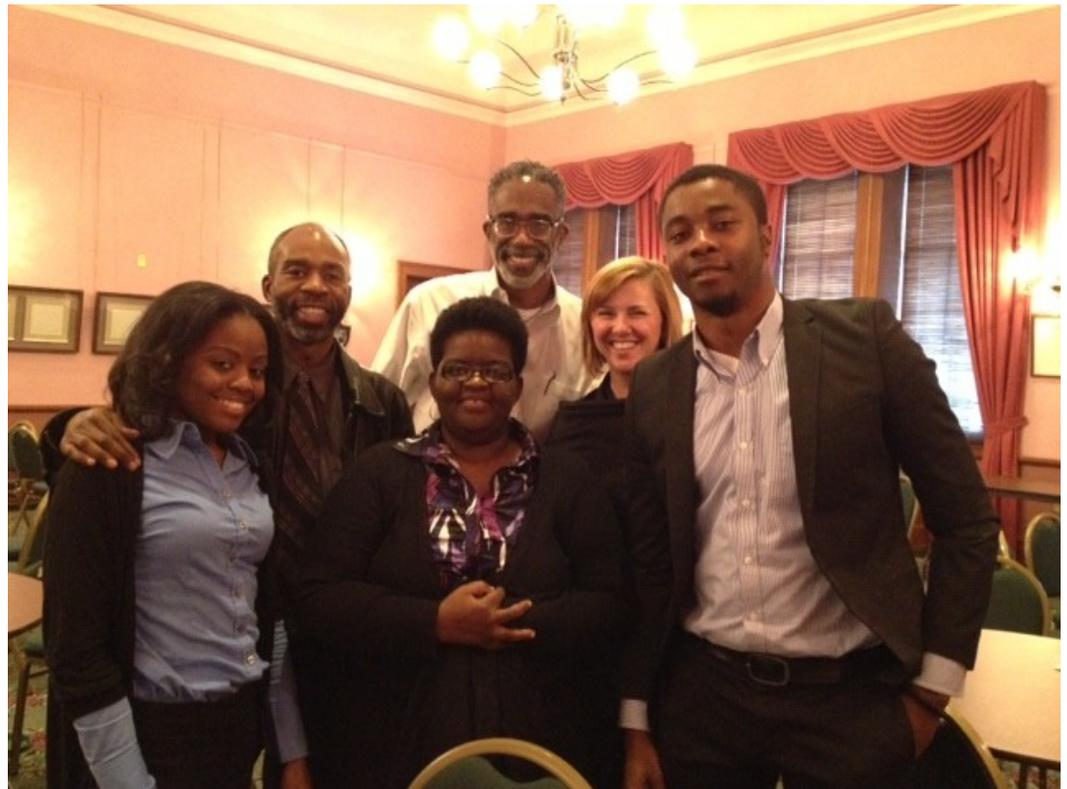
The oral cavity (mouth) is the primary entry for food and nutrition. The oral cavity is open to the outside environment and many organisms (bacteria, fungal, viral) are present under balanced conditions. When the immune system is compromised as in the case with someone that is infected with HIV/AIDS, it will affect the oral cavity. The oral cavity will then show signs of disease manifestation. For this reason it is very important that a patient get an appointment to see an oral health (dental) provider to assess the changes taking

place in the oral cavity. This is done through Extra and Intra-oral examination and earlier detection and earlier intervention for a better treatment outcome.

Dental (oral health) management of medically compromised including HIV/AIDS patients has assumed great importance in oral healthcare delivery. An important reason for that is the relationship between disease and living longer. As increases in diseases and disabilities grow there will be a greater demand, responsibilities and challenges from healthcare providers. A multitude of diseases have an impact on oral healthcare services. HIV infection can coexist with other disease such as cancer,

hypertension, diabetes, hepatitis and tuberculosis. This underscores the need for current, reliable, and practical information to refer patients to oral health (dental) provider which can minimize or prevent potential problems related to general health and ongoing oral health-dental problems.

To meet this challenge, constant awareness and collaboration is needed to connect organizations and clinics to maintain continuity of care.



Interview with Martha Cameron

By Rachel McLaughlin

Martha Cameron is the Team Leader of The Positive All-Parts Collective for Quality (Q-PAC). The group began as the Consumer Team of the DC Collaborative and has evolved into a model for engaging consumers to improve the quality of HIV care services by increasing patient self-management and active consumer participation in quality improvement.

RM: Hi, Martha.

MC: Hi, Rachel.

RM: Would you mind telling us a little bit about the current state of Q-PAC? How it came to into formation and where the group heading in the future?

MC: I think right now we have 9 active members who have pretty much been there from the beginning. We got together in the fourth Learning Session after one of the presentations that I made as the Consumer Representative on the Response Team. We asked for people to come on board and everybody was just so excited! We went through four training sessions where we learned about QI principles, Quality 101, and Data Measurement. All 9 members have been trained to some level. Now we are involved in training others.

RM: How does one become a member of Q-PAC?

MC: The idea had been to go around to help other consumers become involved in Quality at their agencies. Through that, we hope to be able to recruit people to come on board. We want this to multiply. When we have someone represented from an agency, then they can train other people. Kind of like a trainer of trainers. We are about to have an organizational development process where we will make the process of coming on board more clear. Some people may come in with or without skills. We don't want to impose limits. Other people may come on who are just interested in advocacy. We are going to define the levels of membership. We also want champions! Amelia Khalil has been our champion. We want people like that to be on board as well.

RM: Can you talk about what Q-PAC's role is with respect to the Oral Health quality improvement project that the Collaborative is undertaking?

MC: I can tell you that one of the key things that has been coming up as we've been meeting consumers is definitely how consumers feel about Oral Health and dental visits. Some of them have not been aware that they have access to oral health care. Some are worried about simple things, like transmission in a dentist's office. We are very excited about getting that information out there. Having said that, we really want to be sure we have the right information. So Q-PAC is looking forward to getting a "Dental 101" module that we can share with other consumers, to do PDSAs around dental care. We have noticed that in every training, something has come up about dental that really needs attention.

RM: Thank you so much for your time, Martha. We really appreciate all of your efforts.

MC: Thank you for all that you are doing, Rachel.



Q-PAC is excited for other regions to duplicate their success through their participation in the development of the National Quality Center's Training of Consumers on Quality (TCQ).

**"One of the key things that has been coming up as we've been meeting consumers is definitely how consumers feel about Oral Health and dental visits."
-Martha Cameron, Q-PAC**



Positive All-Parts Collaborative for Quality

Q-PAC recently presented their efforts to Grantees, Providers, and peers from across the nation last November. At the 2012 Ryan White All-Grantee Meeting held in Washington, DC a 90 minute Workshop entitled "Activation of Q-Pac". You can see the slide deck here: <http://www.slideshare.net/AdamTThompson/ryan-white-all-grantee-meeting>



Cross Part Quality Collaborative

Consumer Contact
dccollaborative@novaregion.org

NQC Glasscubes
<https://nationalqualitycenter.glasscubes.com/>



The D.C. Quality Management Collaborative engages Grantees, healthcare providers, and people living with HIV/AIDS in the Washington, D.C. metro area, including grantees and sub-recipients from Washington, D.C. Maryland, Virginia and West Virginia, to jointly improve HIV care across regional boundaries.

The initiative was launched in early 2011. Through intense work over the past two year the DC Collaborative has moved closer to its vision of a well-defined network of community partners and resources providing seamless accessibility to quality HIV-related care and services for all consumers in the region.

We're on the web!

<http://doh.dc.gov/service/dc-quality-collaborative>

Thank You, Amelia Khalil!

By Lena Lago, Co-Lead/ Part A & B Grantee

Amelia Khalil, the DC EMA Collaborative's Provider Capacity Building Lead, transitioned to a position at HRSA in mid-November. In addition to Amelia's position at the Northern Virginia Regional Commission, her participation on the DC EMA Ryan White Planning Council, and consumer advocacy efforts throughout the EMA, she played an integral role on the Collaborative's Response Team.

Highlights of just a few of Amelia's contributions to the DC EMA's quality

management activities during her time on the Response Team include an EMA-wide Provider Capacity Needs Assessment, and spearheading the region's first HIV Quality Summit. In collaboration with the Consumer Capacity Building Lead and Team, another noteworthy accomplishment is the creation of the Q-PAC and development of a consumer-driven model for engaging consumers in the quality improvement process that is now being adopted nationally.

Amelia, your altruism and level of success serve as a reminder to us all of what can be accomplished with good intentions and determination. You will be greatly missed by all of the Response Team Q-PAC and Collaborative members!



Amelia Khalil pictured with Q-PAC members .