



Quality Management through a Collaborative Learning Process: Virginia Ryan White Part B Peer Review

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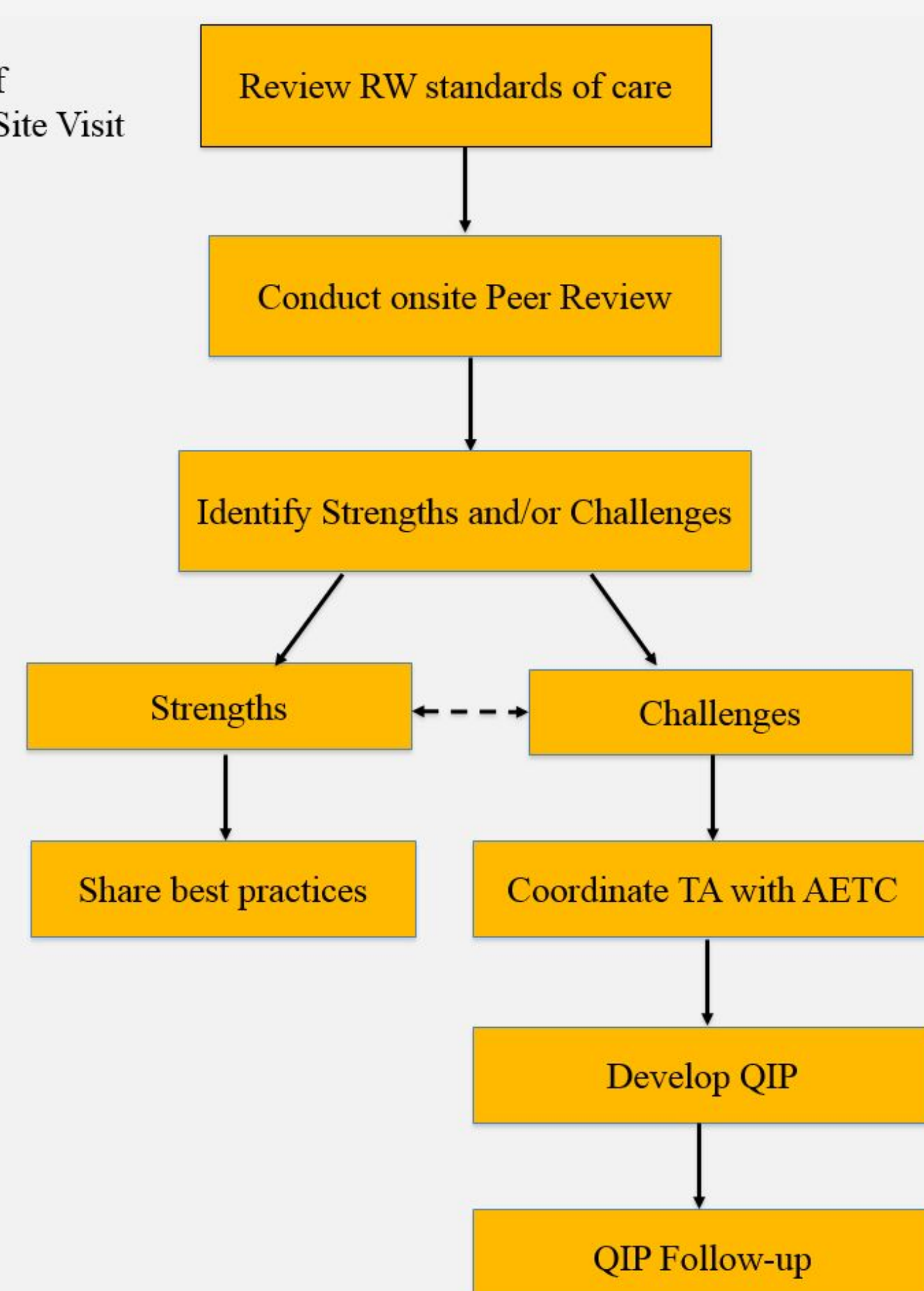
Introduction

The Virginia Ryan White Part B (RWB) Peer Review Team works in collaboration with the Virginia Department of Health (VDH) and over 30 subrecipients receiving RWB funding. The Peer Review standardized process was developed to serve as a collaborative learning opportunity and to assist agencies in identifying strengths and challenges. Identified challenges drive Quality Improvement Projects (QIP) and strengths highlight quality efforts.

Method

Peer Review is a quality improvement process comprised of education, data collection, feedback and technical assistance between professional peers and RWB agencies. Service standards and review modules were developed by VDH for outpatient ambulatory medical care, case management, oral health, transportation, and consumer interviews. Service standards and modules are reviewed and shared with all RWB funded agencies. Professional peers are recruited throughout the state to conduct onsite biennial reviews through clinical chart evaluations. Data are collected through REDCap, a secure online database. Consumer peer interviews are also conducted at each site visit to assess patient satisfaction with services provided. At the end of each site visit, a collaborative meeting is held to share strengths and challenges. Strengths identify best practices that can be shared across sites. Challenges identify technical assistance needs that are coordinated with Virginia’s AIDS Education Training Center and drive QIPs. At the end of each grant year, a compiled annual report is generated with an analysis of statewide results.

Figure 1. Process Map of Individual Peer Review Site Visit



Results

Analysis

Between fiscal year 2012 and 2014, 15 RWB sites were reviewed. The Peer Review Program has shown improved outcomes for patients along the HIV Care Continuum with 10% increase in appropriately timed testing of viral load and CD4 counts. Oral health assessments and referrals increased by 28%. Case management reviews showed an increase in case management contacts. A 24% improvement in the frequency of client contacts and a 15% increase in clients accessing case management services were found. Five agencies received case management technical assistance.

Results in Figures 2-4 represent data prior to and after the enactment of the Affordable Care Act. RWB sample sizes decreased due to RW clients obtaining insurance.

Lessons Learned

A standardized process of education, data collection, feedback and follow-up has been developed that provides a structured pathway for Quality Improvement. While this is conducted at the state level, RW entities of any size can also modify this method to fit their internal quality activities. Regions within states can form a Quality Collaborative that can replicate this process. Internal and external agency participation allows professionals to streamline and improve patient care.

Manual chart reviews can help identify challenges that may not be identified through automated data reporting such as access to third party medical records.

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