

HOUSING WORKS COMMUNITY HEALTHCARE

LEVERAGING MULTIPLE PROGRAMS AND
QUALITY IMPROVEMENT INITIATIVES

AGENDA

- Housing Works Overview
- Hep C Treatment Incentive Program
- CQI Program
- The PDSA Process

Hepatitis C Elimination



Advocacy

The Issues



Testing

Expanded, more effective testing and data sharing will increase our ability to diagnose, and care.



Treatment

Treating HIV as soon as possible reduces both complications and the risk of transmission to other people.



Prevention

We supports the use of the full range of HIV prevention tools, including condoms, PrEP, and PEP.



Housing

Safe, affordable, and stable housing is a key intervention in treating people living with chronic conditions.



Access to Services

Ensuring the availability of essential supportive services like housing, nutrition, and employment.



Justice

Ending HIV Stigma, and advocating for justice for all.

Youth and Prevention Services



Case Management



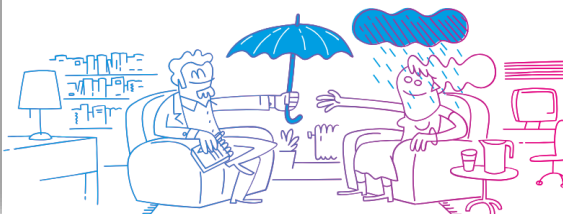
Wellness & Prevention



AIDS Adult Day Community Healthcare



Behavioral Health & Substance Use



Bookstore Cafe Thrift Shops Shop Online

Primary Care



HEPATITIS C TREATMENT INCENTIVE PROGRAM 2016 - PRESENT

- Provides screening and assessment testing
- Patient Navigation – including medication prior approval support
- Pillboxing or DOT
- Lab testing for up to one year to ensure SVR is attained and maintained
- Up to \$500 in incentives

The poster features a central image of a boxer in a yellow and black outfit, standing in a boxing ring and punching a large, glowing virus particle. The background is a gradient from pink at the top to green at the bottom. The text is bold and black, with 'DEFEAT HEP C FOR GOOD!' being the most prominent. At the top, it says 'World Championship Healthcare'. At the bottom, it includes the slogan 'The cure is yours—faster and easier than ever before. STEP INTO THE RING TODAY!' and the phone number '1 (800) END-HEPC'. The World Championship Healthcare logo is in the bottom left corner.

World Championship Healthcare

**DEFEAT
HEP C
FOR GOOD!**

**The cure is yours—faster
and easier than ever before.
STEP INTO THE RING TODAY!**

1 (800) END-HEPC

WORLD CHAMPIONSHIP
COMMUNITY
HEALTHCARE

AGENCY BUY-IN/ CQI PROGRAM

Leverage senior leadership involvement – Buy-In starts at the top



Include Hepatitis C as a metric across departments



Make programs responsible for monitoring Hep C status of clients/patients



Leverage other programs/ contracts for Hep C screening (YP, CP, HR), screening and referral



Hold monthly site and clinic disciplinary meetings



Hold monthly All Program CQI Review Meeting

QUALITY/DATA RESOURCES

- Integration of medical and case management software
- Dedicated QI staff
- Staff training
- Established QI plan
- System of Accountability

HEP C PREPPING PATIENTS REENGAGEMENT

Background .

- DBHC has 29 clients in the Prepping stage of their hepatitis C care.
- 3 of these clients are actively working with our providers to complete their medical evaluation and begin treatment.
- The remaining 26 clients are at a standstill in their hepatitis C care. Many of these clients are still engaged in a Housing Works support program but are not engaged with primary care.
- These clients should be reengaged with our providers to continue their hepatitis C evaluation and encouraged to begin treatment.
- **The intention of this project is to identify the level of engagement of our Prepping clients and move those fit for treatment into the Treatment stage of their hepatitis C care, through outreach, education, and encouragement.**
- We will also identify those clients lost to care from Housing Works and disenroll them from the hep C TIP program.

PLAN:

Describe the change or intervention specific to this cycle	Target Population	When will this be done?	Where will this be done?	Target Number or Percent
Social programs will outreach and reengage clients to DBHC primary care by using phone calls, in-person encouragement, and case conferences with primary care providers.	Hep C positive clients that are in the "Prepping" stage of their Hep C treatment	6/22/2017 to 7/14/2017	DBHC Primacy Care	5 Clients (n=26)

Specific questions to address in this cycle:

1. Which of Hep C-positive clients are good candidates for treatment?
2. How can we connect these clients to primary care for Hep C treatment?
3. Is targeted CM outreach an effective method of linking clients to Hep C treatment?
4. What Hep C-positive clients are lost to care from Housing Works primary care and social programs?

List the tasks and steps needed to test the change/intervention	Person or program responsible	Date the task will be completed	Notes
1. Hep C coordinator will identify Hep C-positive clients in the "Prepping" stage of treatment at the start of the PDSA cycle and email to CM teams.	DBHC Hep C Coordinator	6/20/17	
2. Case Management teams will review list of clients and determine level of engagement for each client	Case Manager from applicable program	6/22/17 - 6/28/17	
3. Case Management teams will perform outreach to clients with limited program engagement and coordinate with Hep C coordinator to schedule appointment for client with provider.	Case Manager from applicable program	6/28/17 - 7/5/17	CMs can utilize Hep C coordinator for outreach as well

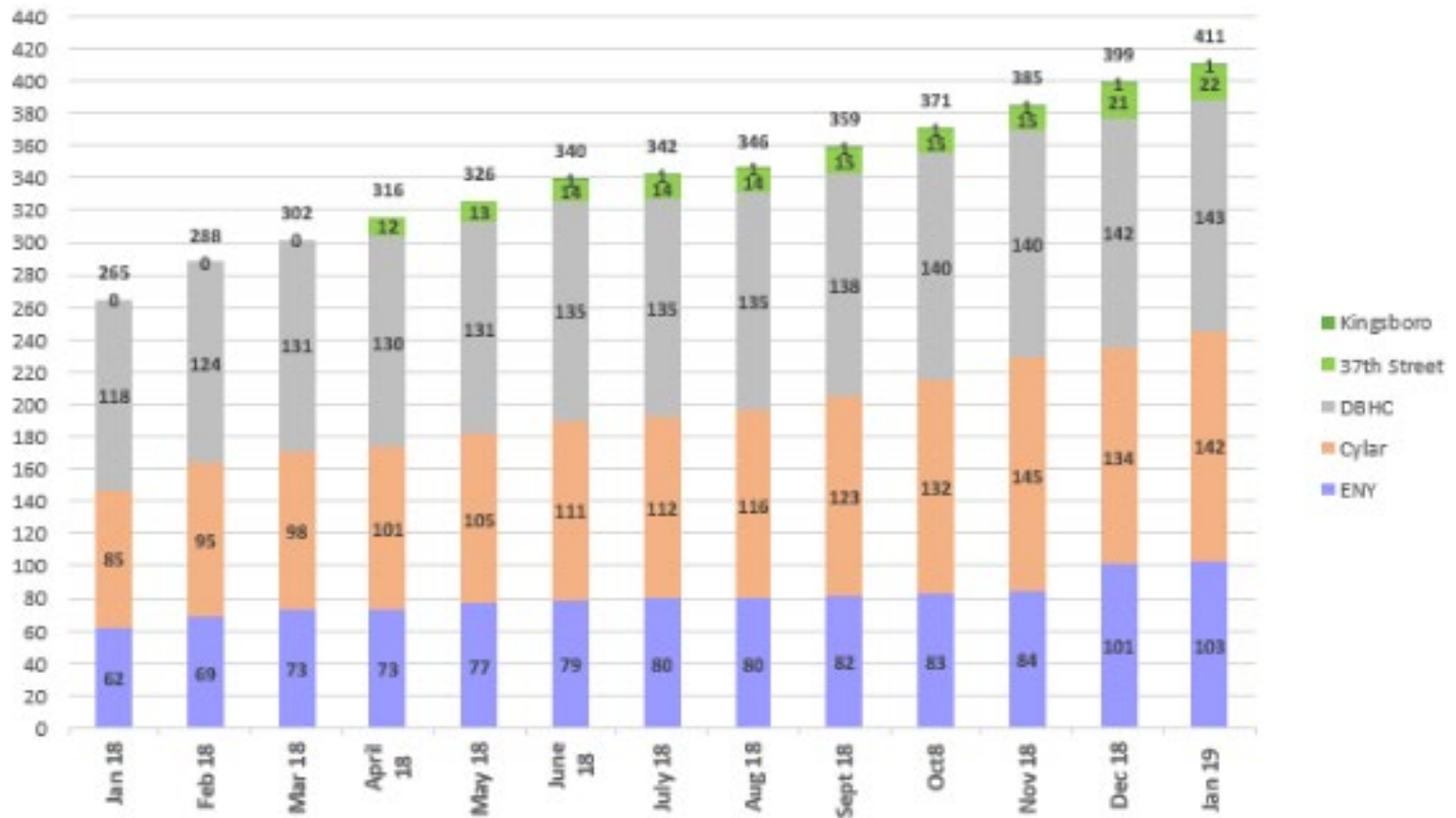
<p>4. Case Management teams will meet with clients actively engaged in their program and coordinate with Hep C coordinator to schedule appointment for client with provider.</p>	<p>Case Manager from applicable program</p>	<p>6/28/17 - 7/5/17</p>	<p>CMs can utilize Hep C coordinator for outreach as well</p>
<p>5. Hep C coordinator will schedule appointment in clinic with provider as a case conference and invite case manager via Outlook.</p>	<p>DBHC Hep C Coordinator</p>	<p>6/28/17 - 7/5/17</p>	
<p>6. Case manager will attend conference with provider, patient, and Hep C coordinator.</p>	<p>Case manager from each applicable program</p>	<p>6/28/17 - 7/14/17</p>	<p>Case managers should reserve the 20 minutes prior to and after the conference to accommodate flow in clinic.</p>

7. Hep C coordinator will manage schedule for reengaged patients and communicate with case managers.	DBHC Hep C Coordinator	6/28/17 - future	
8. Case Management teams will send reasons why any client resists clinic reengagement/treatment to Hep C coordinator.	Case manager from each applicable program	7/7/17	
9. Case Management teams will send list of clients lost to care from program to Hep C coordinator.	Case manager from each applicable program	7/7/17	
10. Hep C coordinator will disenroll patients lost to care from TIP program.	DBHC Hep C Coordinator	7/10/17	
11. Hep C coordinator will track success and report findings at next QI Meeting	DBHC Hep C Coordinator	Next QI Meeting (8/2/2017)	

List the tasks and steps needed to collect and analyze the data	Person responsible	When will this be done?	Where will the data be collected or analyzed?	How will the data be shared?
1. Document barriers to reengagement.	DBHC Hep C Coordinator	6/28/17 – 7/14/17	Collected and tracked in spreadsheet maintained by Hep C coordinator	Weekly email
2. Document completion of appointment/reengagement	DBHC Hep C Coordinator	6/28/17 – 7/14/17	Collected and tracked in spreadsheet maintained by Hep C coordinator	Weekly email
3. Aggregate program data	DBHC Hep C Coordinator	7/31/17	Excel	
4. Data will be presented in graphs and added to the PDSA and presented at the next Site-DBHC Meeting.	DBHC Hep C Coordinator	By 8/1/2017	Excel-Power Point	

HEP C TIP PROGRAM RESULTS

Ever Enrolled in Hep C TIP: 2-1-19



PROJECT SUCCEED

- Hepatitis C Navigation Team
- Quality and Data Teams
- Harm Reduction
- Retention and Adherence
- Clinical Team

PROJECT SUCCEED YTD

- Originally identified 147 untreated patients
- Through process of data cleaning, chart review, outreach and engagement, we whittled the list down to 62 who remain in need of treatment.
- Of the 62, 25 have been treated or are in treatment
- An additional 5 have been outreached and engaged, but have not begun treatment
- Others remain lost to care or did not attend appointments after re-engagement

TAKE - ALWAYS

- Get Buy-In
- Resources are needed
- Data speaks, but don't take it at face value
- Systematic and structured approach is a must
- Integrated care is key

QUESTIONS

