

Measurable Improvements in HIV Care | Children's National Hospital, Washington, DC



Pictured from left to right, bottom to top: Joseph Waters, M.D., Adolescent HIV Physician, Lorato Anderson, M.D., Adolescent HIV Physician, Kathy Ferrer, M.D., Pediatric HIV Physician, Randhika Aturaliya, MSPH, Patient Care Navigator/PrEP Coordinator, Hanifa Mohiuddin, MS, Patient Care Navigator/Data Coordinator, Olivia Munger, MPH, Program Lead, Kim Bright, RN, Patient Care Navigator/Pharmacy Access Manager, Simba Kapfumvuti, MSW, LGSW, Medical Case Manager, Melissa Mwembo, Youth Intern, Natella Rakhmanina, M.D., Project Director and Pediatric/Adolescent HIV and Prevention Expert, Tierra Williams, NP, Pediatric HIV Nurse Practitioner, Suzie Bruels, RN, Registered Dietitian, Khadijah Abdullah, MPH, Patient Care Navigator/Outreach Lead, Olubukola Awofeso, Patient Care Navigator/Reporting Coordinator, Marilyn Calderon, MSW, LICSW, Medical Case Manager, Nicole Cornick, MSW, LGSW, Medical Case Manager, Justin Unternaher, MPH, Patient Care Navigator/Project Lead, Lucy Hoagland, MPA, Ryan White Program Coordinator, Kenneth Stallings, Peer Navigator/Outreach Coordinator.

Children's National Hospital also wanted to be sure to include those involved with the project not photographed: Nara Lee, MSW, LICSW, Social Work Manager, Ashley Maxie-Moreman, PhD, Faculty Psychologist, and Emily Edström, MSW, LGSW, Medical Case Manager.

CQII congratulates Children's National Hospital for their outstanding work in quality improvement. We are honored to present them with CQII's 2024 Award for Measurable Improvements in HIV Care.

At the core of Children's National mission is dedication to providing high quality comprehensive medical and support services to children, adolescents, youth, and families whose lives are affected by the HIV epidemic. Located in Washington, DC, Children's National's HIV Prevention and Treatment Services (HPTS) operates a robust clinical quality management (CQM) program funded by the Ryan White HIV/AIDS Program (RWHAP) Part A and Part B, actively participating in local and national quality

collaboratives. Also central to the HPTS service continuum is the Medical Transportation Services (MTS) program, a crucial channel of support for clients requiring assistance with accessing their care appointments, including medical and mental health visits, laboratory tests, and psychosocial support sessions. Other forms of client assistance through MTS include parking passes, metro cards, bus tokens, and UberHealth ridesharing.

MTS assists nearly 96 youth and adolescents, serving clients across Washington, DC, Maryland, and Virginia suburban areas. In June 2023, HPTS leadership began the quality improvement (QI) project by discussing the increased rideshare spending, exacerbated by rising rideshare costs and increased customer uptake of in-person mental health sessions and peer support groups. Upon completing a fishbone diagram and further data analysis, Children's National's HPTS' CQM team identified opportunities to optimize the rideshare program, focusing on cost-efficiency without compromising the care to clients. Flexible rides scheduled on demand, particularly those to and from Maryland, were found to be significantly higher in cost than other UberHealth ride types that are scheduled ahead of time. The case manager workflow was revised to ensure consistent verification of clients' alternate means of transportation, including identifying clients eligible for Medicaid transportation services. Finally, a new protocol for prioritizing client needs for rides was outlined through these combined efforts. Children's National's HPTS' rideshare program was able to significantly reduce overall rideshare spending and allowing more clients to access this important service.

While reflecting on their QI journey, Dr. Rakhmanina noted that pursuing optimal use of the rideshare program was a *“significant challenge and that team members were somewhat skeptical to make changes as the program was perceived as working well for a substantial time.”* The project team leads opted to show the larger team the effects of the flex rides on the MTS budget burn rate to demonstrate the importance of optimization not only for their existing clients, but also future ones in need of transportation services. With buy-in, the group started to see a spark in people. Justin Unternaher stated that people who were not previously involved in QI *“started to become truly invested in the project meetings.”*

Dr. Rakhmanina stated that the secret to success was *“involving the whole team from the beginning of the project. Everyone on the team was made to feel included and engaged.”* Children's National's HPTS holds a bi-annual retreat for the entire program, including student interns, clients, and clients' caregivers. This retreat is an opportunity to get away from the day-to-day minutiae of work, strengthen team relationships, celebrate the work, honor those that have departed the program, and ultimately brainstorm for continued improvement. CQM project team members stay energized by building off each other's passion for the clients. The UberHealth Ridesharing QI project had a cross-disciplinary team that also included clients, such as young people affected by HIV, caregivers, and people on PrEP. Emphasizing the transformative power of a systematic approach to QI, *“the team has switched to more systematic improvement, driven by the culture of quality,”* remarked Dr. Rakhmanina. *“We do the right thing, but we do it in a systematic way.”*

Children's National's commitment to continuous QI is evident in the management of the MTS program. Through a collaborative and data-driven approach, Children's National has optimized the cost efficiency of the MTS, ensuring that more clients can benefit from this indispensable service. When asked for any words of wisdom for others starting out in QI, Olivia Munger emphasized the importance of

perseverance in QI initiatives and went on to say, “Not every project is going to be the success you want it to be, but don’t get discouraged and trust the process.”

Using Quality Improvement to Decrease Medical Transportation Service Funding Burn Rate While Ensuring Access to Healthcare for Adolescents and Youth Living with HIV

Olivia Munger, MPH, RD, LD¹, Justin Unterauer, MPH¹, Nara Lee, MSW, LICSW¹, Natella Rakhmanina, MD, PhD^{1,2,3}

¹Division of Infectious Diseases, Children’s National Hospital (CNH), Washington, DC;

²Department of Pediatrics, The George Washington University School of Medicine, Washington, DC;

³Technical Strategies and Innovation, Elizabeth Glaser Pediatric AIDS Foundation, Washington, DC.



Background

To minimize transportation barriers for adolescents and youth with HIV (AYHIV), Children’s National Hospital’s HIV program offers medical transportation services (MTS) via UberHealth for medical and support appointments through Ryan White federal funding award. QM team noted a sharp rise in the Maryland MTS budget burn rate compared to previous quarters. Overspending early in the grant year could decrease customer ride access throughout the grant year. We describe a QI process to optimize MTS spending and assure sustainable access to MTS among AYHIV.

Table 1 Patient characteristics and average ride cost

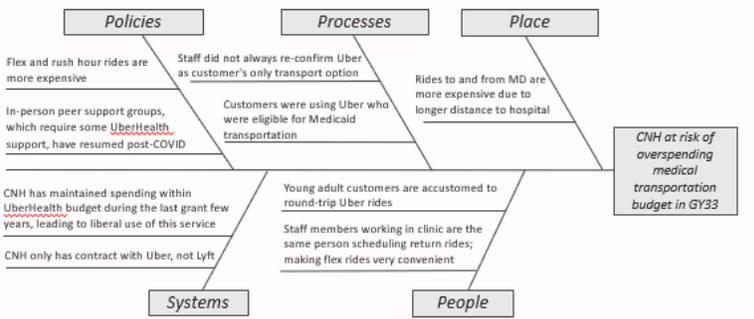
| | DC | MD | VA | Total |
|---------------------------|---------|---------|---------|---------|
| Number of patients | 29 | 33 | 4 | 66 |
| Median Age (yrs) | 19 | 20 | 5.5 | 19 |
| Average ride cost | \$23.12 | \$38.97 | \$47.68 | \$33.24 |

Quality Improvement Design

We used a Fishbone Diagram to identify factors associated with increased MTS spending from January 2023 through December 2023. Risk factors were identified as: a) the distance Maryland resident’s travel; b) staff not consistently confirming availability of all other transportation methods; c) staff utilizing flex rides for convenience; and d) the cost difference between scheduled and flex rides.

Acknowledgements

The HIV program at Children’s National Hospital is supported by the following Ryan White funding: DC DDH MHMTA, 20230124.19, 202080 Part A, 202032 Suburban MD Part A, Part A, Part A, Part A Q3 Initiative (VA), 202405 & 202013 DC Part A, Part A (VA) and Part B, 202405.1.10.16, HES-17-029 Hospital Health Research Initiative Part D. We express gratitude and appreciation to all HPTS multidisciplinary team members for their continued support as we work to improve adherence and health outcomes among AYHIV.



Quality Improvement Outcomes

HPTS decreased the cost of rides by \$9.88 (23%) and provided a total of 611 rides to 96 people while staying within budget; a 21% increase in rides and a 39% increase in unique customers served.



Table 2 Average cost per ride type by jurisdiction

| | DC | MD | VA |
|----------------------|---------|---------|---------|
| Flexible Trip | \$26.44 | \$48.10 | \$61.81 |
| Immediate | \$22.86 | \$31.61 | \$46.92 |
| Scheduled | \$19.09 | \$29.89 | \$35.68 |
| Average | \$23.12 | \$38.97 | \$47.68 |

Table 3 Average cost of Maryland UberHealth rides

| | Q1 | Q2 | Q3 | Q4 |
|----------------------|---------|---------|---------|---------|
| Flexible Trip | \$48.68 | \$55.99 | \$41.47 | \$37.63 |
| Immediate | \$29.91 | \$36.13 | \$27.77 | \$31.41 |
| Scheduled | \$29.82 | \$29.65 | \$30.68 | \$29.80 |
| Average | \$40.19 | \$43.38 | \$35.20 | \$33.50 |

Pictured above is a poster presentation Children’s National shared at the hospital’s 14th Annual Research, Education and Innovation Week in Washington, DC on April 24, 2024, which includes the fishbone diagram that started their QM project.

Contact Information:

Olivia Munger MPH, RD, LD
 Program Lead
omunger@childrensnational.org
 202.476.3416
[HIV Prevention and Treatment Program](#)