

HRSA Ryan White HIV/AIDS Program

**CENTER FOR QUALITY  
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# Advancing Quality Improvement with Lean & Agile Methods

**Justin Britanik, CQII Coach**  
National Quality Improvement TA Call

June 3, 2025  
4:00 pm EDT



**Department  
of Health**



HRSA Ryan White HIV/AIDS Program

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“

“Agility: the ability to quickly change direction while traveling at a high speed.”

— DONALD G. REINERTSEN

The Principles of Product Development  
Flow: Second Generation Lean Product  
Development

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# Quick Self-Assessment

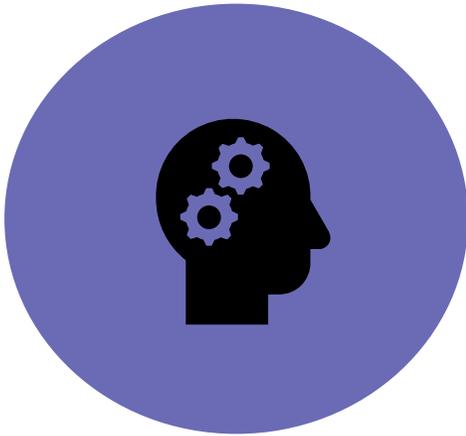
Before we begin, let's reflect on your current quality management process:

How long does it typically take to implement a new quality improvement (QI) initiative?

1. One – two weeks
2. About a month
3. A quarter or more
4. A grant year or more

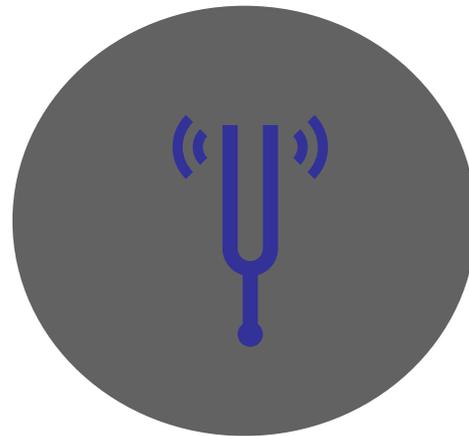
# Learning Objectives

As a result of this presentation, you will:



## Understand

The philosophies behind Lean and Agile.



## Optimize

Teams to improve outcomes, service delivery, and satisfaction.



## Examine

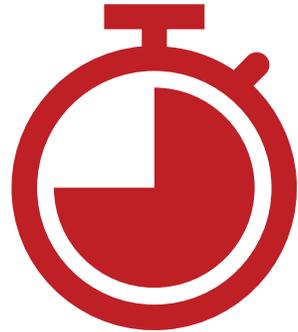
Opportunities to apply Agile ways of working in clinical quality management (CQM) programs and QI projects.



## Be Inspired

To act, from a case study of Lean and Agile methodologies benefiting an AIDS Drug Assistance Program (ADAP).

# Your Opinions...



What slows our progress on QI down?



What hurdles exist when changing direction on a QI Project?

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# THE LEAN-AGILE PHILOSOPHY

# Lean-Agile Mindset | Embracing New Thoughts and Behaviors

## Growth Mindset

"I can learn whatever I want to."  
"Challenges help me grow."  
"Failure is an opportunity to learn."  
"I like to try things that push me beyond what I'm used to."



## Fixed Mindset

"I'm either good at it or I'm not."  
"Effort is for those who aren't smart enough."  
"If I fail, it means I'm not smart."  
"When I do poorly, I try to avoid similar situations."



Dweck, Carol S. *Mindset: The New Psychology of Success*. New York: Random House, 2006.

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# Growth Mindset



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**"Challenges help me grow."**

**"Failure is an opportunity to learn."**

**"I like to try things that push me  
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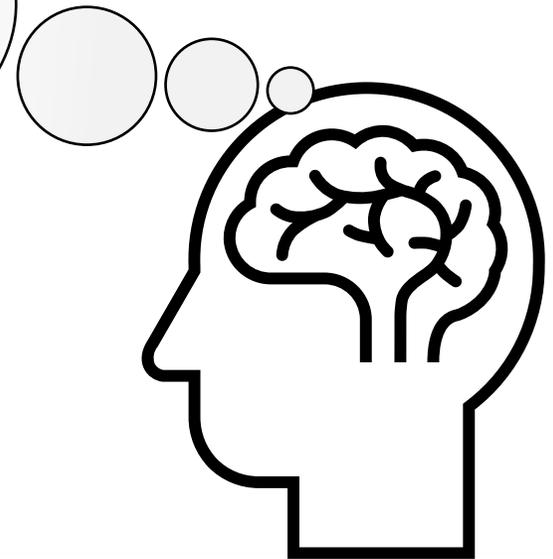
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**“When I do poorly, I try to avoid similar situations.”**



# Lean Agility



Self-organized teams delivering patient/client-centric value quickly with technical proficiency.



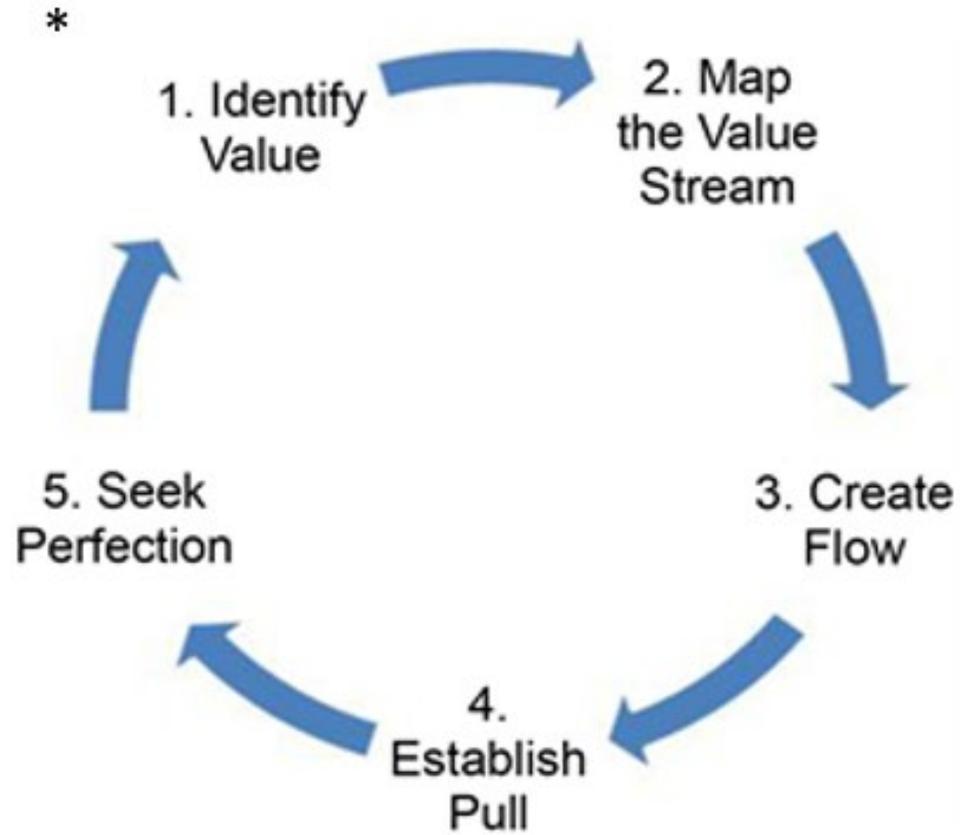
Values and principles derived from the Agile manifesto for software development and Lean manufacturing.



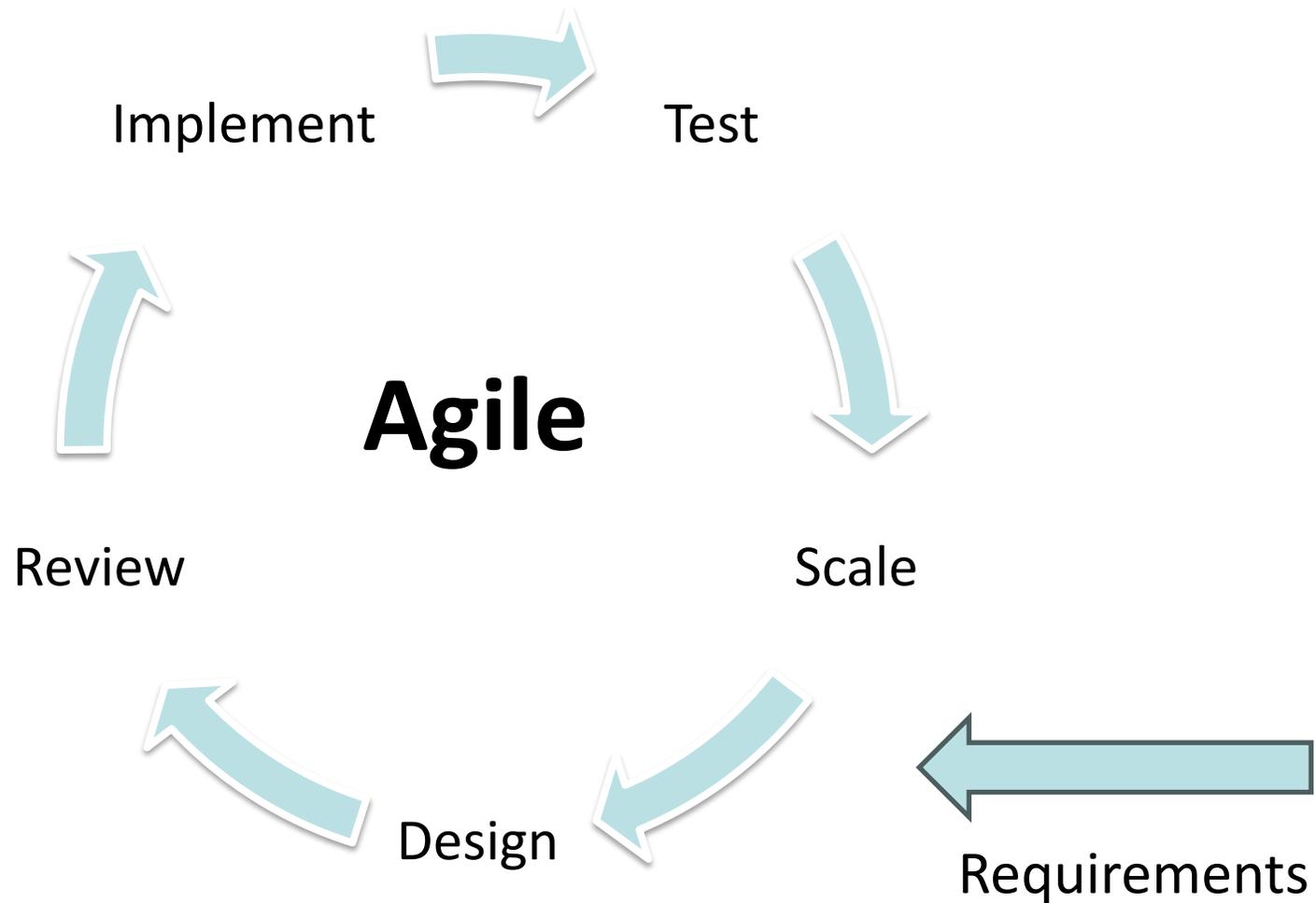
Adopting Lean-Agile practices, responding quickly to change, accelerating intervention implementation.

**In QI, this could look like quicker localized implementation of evidence-based interventions to address priority gaps.**

# Lean



*\*This Photo* by Unknown Author is licensed under [CC BY-SA-NC](#)



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# ORGANIZE AROUND VALUE

# Quick Review of Value

- **Value Added Step** – the client wants it, it fundamentally changes the service experience, AND it must be done right the first time. **All three elements must be present to be Value Added.**
- **Requirements** - required by the client, required by the organization, or required by law. **Challenge requirements** – things like policies can be changed and aren't necessarily always requirements!
- **Non-Value Added (NVA)** – everything else! We can't get rid of all NVA, some of it (sometimes over 50%) is inherent to the process. Also, **NVA does NOT mean unimportant.** For example, data collection are technically NVA but can be critical to the success and sustainability of the process improvement.

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# Operational Value Stream (OVS)

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Sequence of activities to deliver product or service to client

Types: Fulfillment, Service, Supporting

Cut across departments and functions

Contain steps, people, systems, information flow

Define who clients are and value delivered

Enable identifying delays and bottlenecks

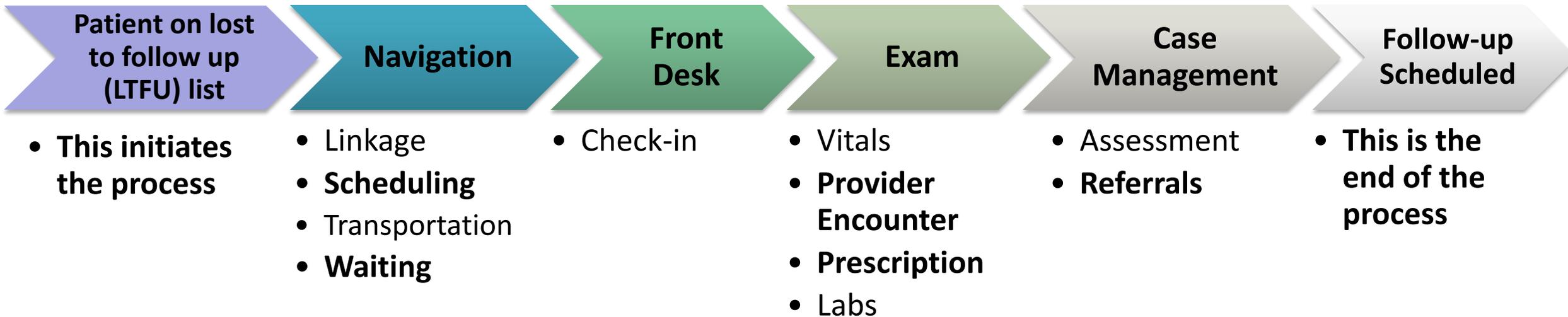
Shorten time by optimizing flow

Map value streams to highlight improvements

Focus on reducing wait times between steps

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# Value Stream Map (VSM) – Rapid Re-engagement in Antiretroviral Therapies (ART)

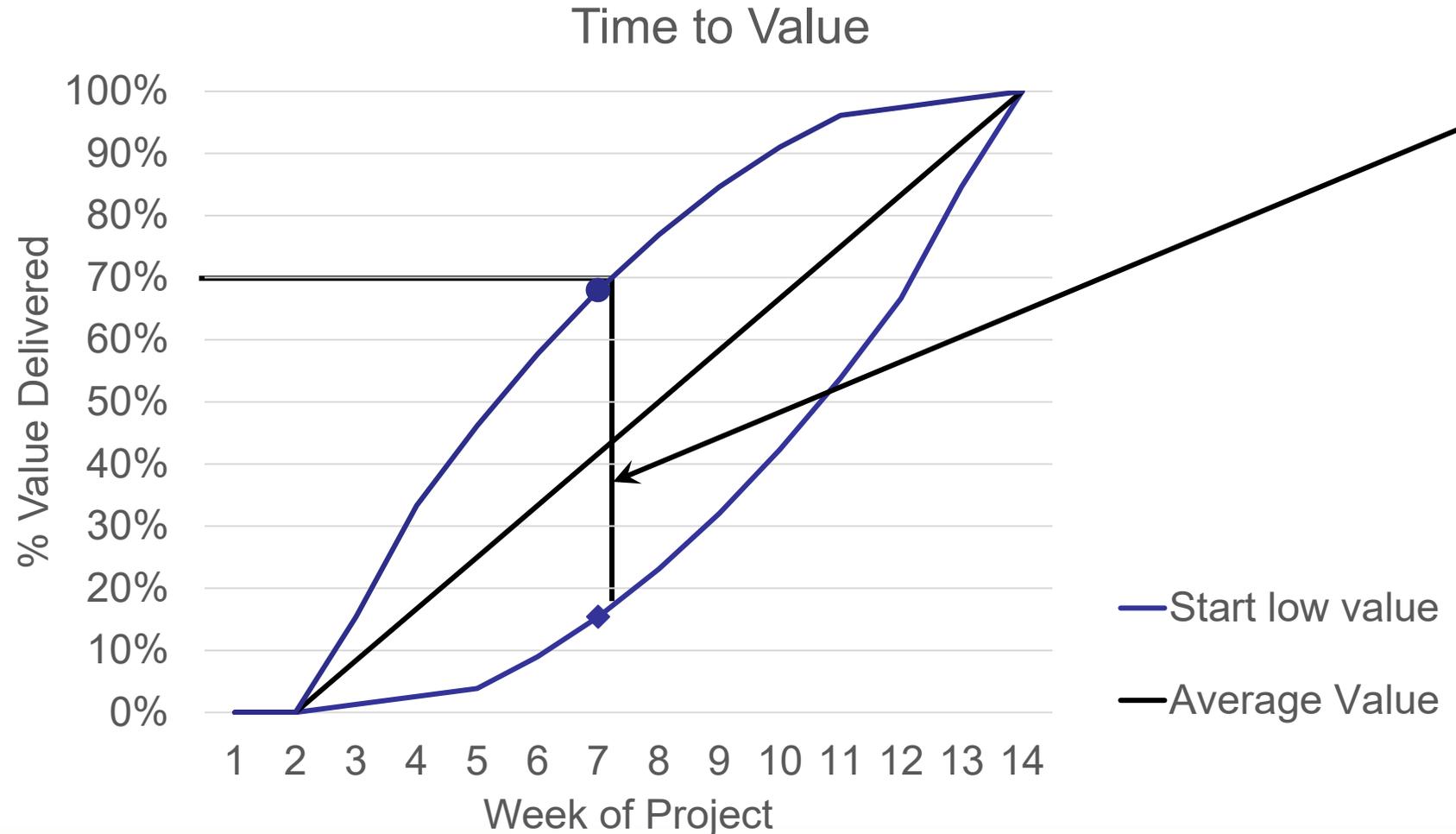


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# Where Do I Begin? – Introducing Time To Value

- Here is a helpful exercise to help prioritize and manage unexpected challenges, or urgent interruptions.
  - As a team, review the goal of the project.
  - Talk through each deliverable and assign a value in descending order starting at number one, for each task.
  - Start with the number one task...why?

# Where Do I Begin? | Introducing Time To Value



Let's say a competing priority hits in the seventh week of your project, if you start with high value first, you've already completed the most important part(s) of the project.

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# IMPLEMENT THE RIGHT SOLUTION

# Improving Relentlessly

## Improving

**Satisfaction** – patient and client, staff, stakeholders, surveys, Net Promoter Score (NPS).

**Flow** – limiting work in process (WIP), managing queues, automating processes, improving handoff, and removing waste.

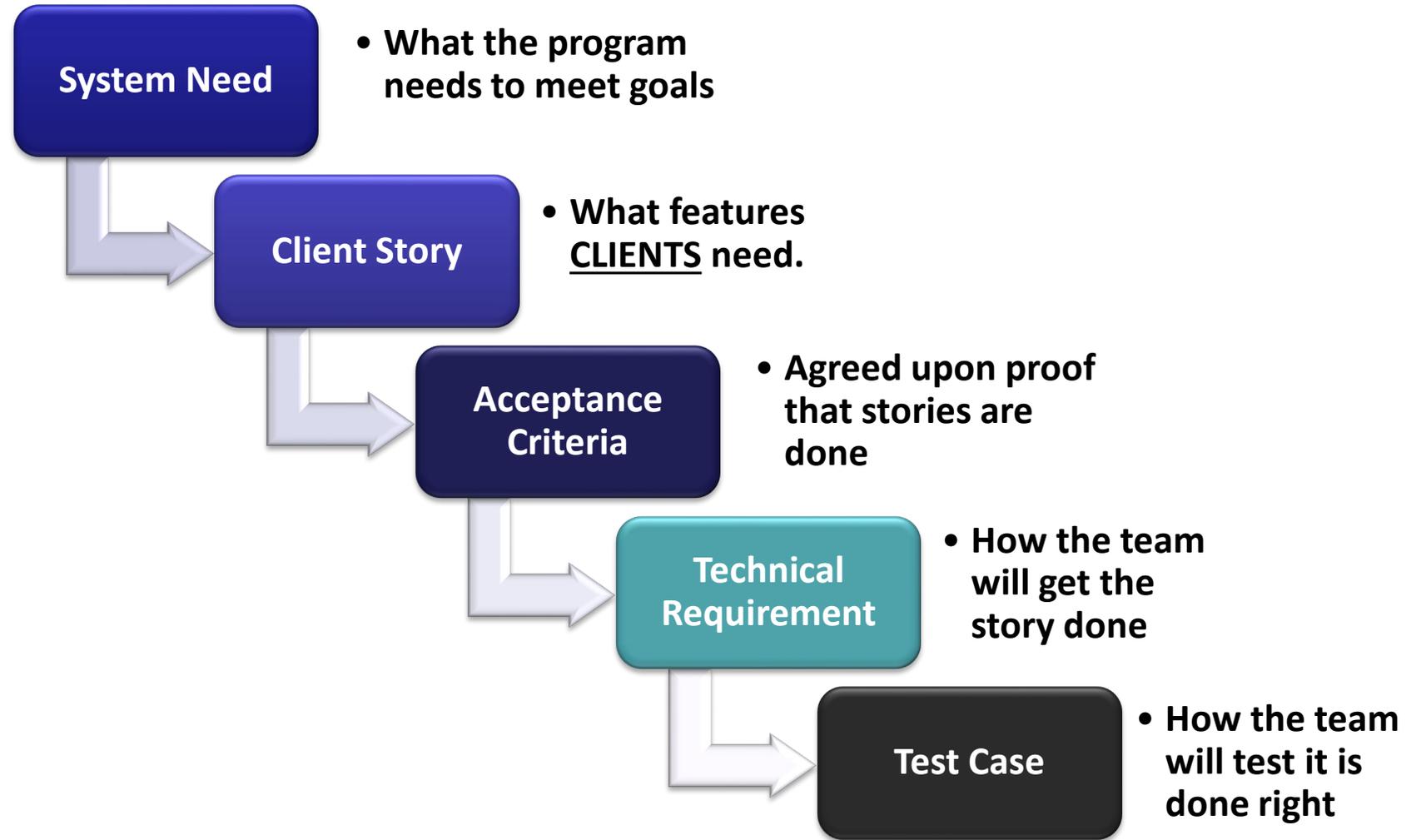
**Outcomes** – defining and measuring value metrics and quantitative management of clinical indicators.

# Stories and Roles

**We need to understand the goals, and pain points of those delivering and receiving services**

- System users are the people who use, maintain, and interact with the improvement or intervention.
  - Users include clients, patients, and staff.
- System roles are all the activities that users play a part in within the improvement or intervention.
  - We must understand how users interact and how they would ideally like to interact.

# From Need to Done



# User Stories Describe Requirements that Deliver Value

## Requirement

- Template:
  - **As a** <user role>,  
**I want to** <solve problem or address need>  
**So that** <achieve outcome(s)>
- Example:
  - *As a Part B Quality Program Director  
I want to see a real-time dashboard of viral suppression rates broken down by subpopulation and service category.  
So that I can quickly identify variations and initiate focused quality improvement activities without waiting for quarterly reports in a data informed manner.*

## Acceptance Criteria

- Template:
  - **I know this will be done when:**
    - **Given** <Scenario> **when** <Action>  
Then <Expected Result>
  - OR**
  - Detailed Bulleted List
- Example:
  - **Scenario:** The Program Director views the board.
    - **Given** *I am viewing the board,*  
**When** *I click the filter in the tool and select a subpopulation.*  
**Then** *All metrics automatically update to show only that subpopulation.*

# Tips for Gathering Requirements

**Dream big** 

At this stage ask for the moon.

**Focus on value** 

Identify and prioritize requirements that will deliver the most value to the users.

**Iterative process** 

Requirements may be refined and updated throughout the session based on feedback and collaboration among participants.

**Minimal Notes** 

The focus is on capturing just enough information to move forward with the project or solution, rather than creating extensive documentation that may not be useful.

**Solution Agnostic** 

The solution isn't preselected; the best solution will be chosen that meets the requirements.



# TIPS FOR AGILE TEAM PLANNING

# The Lines of Communication | A Case For Agile Teams

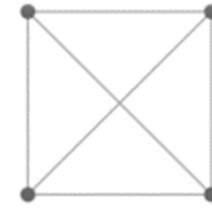
The bigger the team, the more thought, time, and effort are required to keep everyone informed.

Often the **effort of coordinating communication** of adding more people to a team **outweighs the additional impacts**.

Communication must be **efficient, standardized**, and responsive to the needs of **recipients** to avoid this.



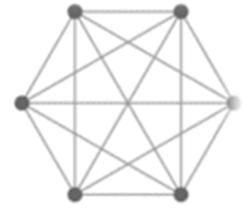
3 people, 3 lines



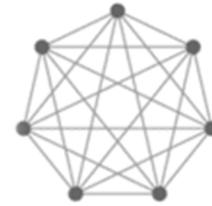
4 people, 6 lines



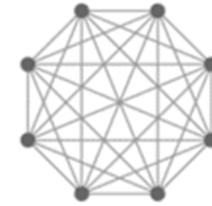
5 people, 10 lines



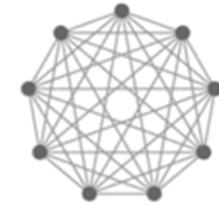
6 people, 15 lines



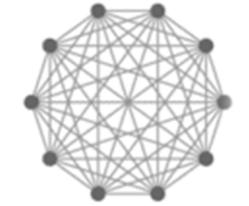
7 people, 21 lines



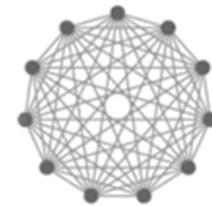
8 people, 28 lines



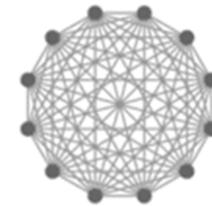
9 people, 36 lines



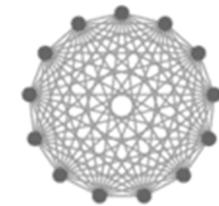
10 people, 45 lines



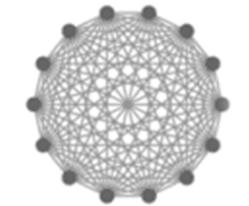
11 people, 55 lines



12 people, 66 lines

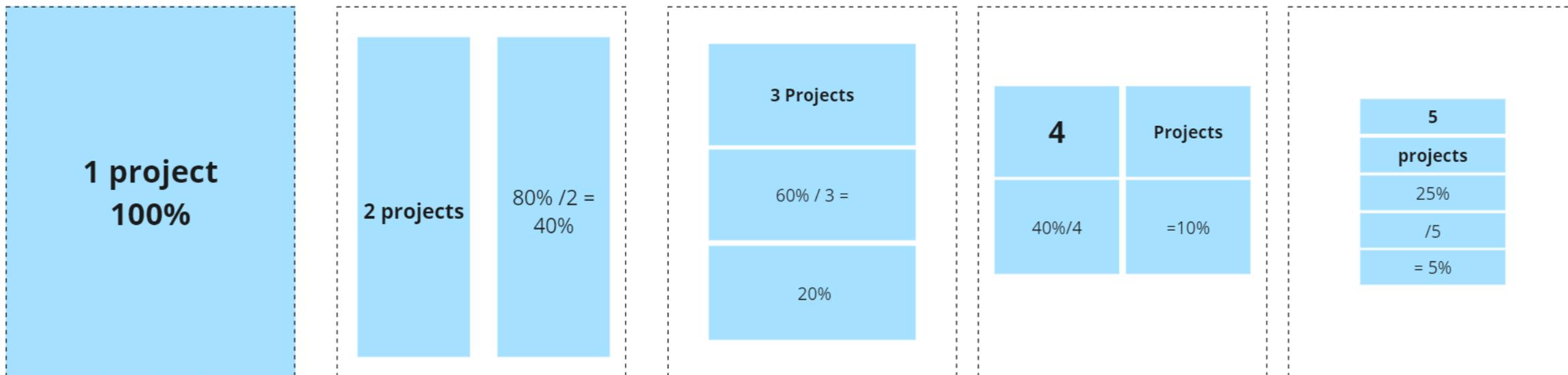


13 people, 78 lines



14 people, 91 lines

# Inefficiency in Multitasking | A Case for Agile Teams



# Forming Agile Teams

## Agile Team Characteristic

Small, cross-functional, self-managing, empowered, meets commitments, understands impact, promotes joy in work.

## Agile Team Roles

Agile coach, process owner, team members.

## Terminology and Events

Sprint, sprint planning, daily standup, sprint review, sprint retrospective.

## Kanban

Visualizing workflow, limiting work in process, managing flow, continuous delivery, explicit policies, feedback loops, collaborative improvement.

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# Self-Organized Team Roles

## The Team Decides:

- Objectives
- Priorities
- The path forward
- The overall approaches

## The Individual Decides:

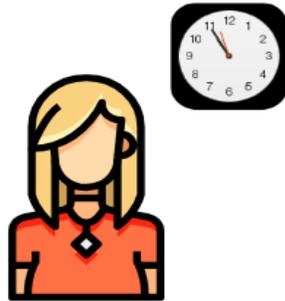
- How to complete tasks – just needs to be within specifications.
- How to maximize impact of goals – includes strategies and tactics to contribute to goals.

**Instead Of Just “Doing What the Leader Says,” The Team Is Working To Make The End Goal Better For The Sake Of Clients, Stakeholders...and Themselves!**

# Elements of High-Functioning Teams



# Working Asynchronously



Communication in real time

← **SYNCHRONOUS** →

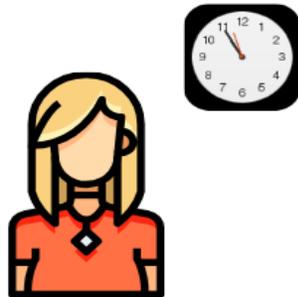
- Instant feedback
- Responsive interaction
- May be inconvenient



Communication occurs  
when participants are ready

→ **ASYNCHRONOUS**

- More time to think
- More in-depth responses
- More flexibility
- More Convenient
- Requires more planning & standardization



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# Team Planning Elevates Team Dynamics

## Benefits of Team Planning

- Improved alignment and collaboration across the team
- Standardized format for collaboration and cross-functional work
- Increased transparency and visibility of work
- Ability to adapt and respond to changes quickly
- Enhanced team engagement and ownership
- Continuous improvement and learning opportunities

What could a  
standardized  
*Team Planning  
Approach* look like?

**Quarterly  
Meeting  
Agenda  
Topics**

Introduction and Alignment

Reviewing Data Analysis

Reviewing the Backlog in the CQM Plan

Capacity Planning

Prioritizing Tasks

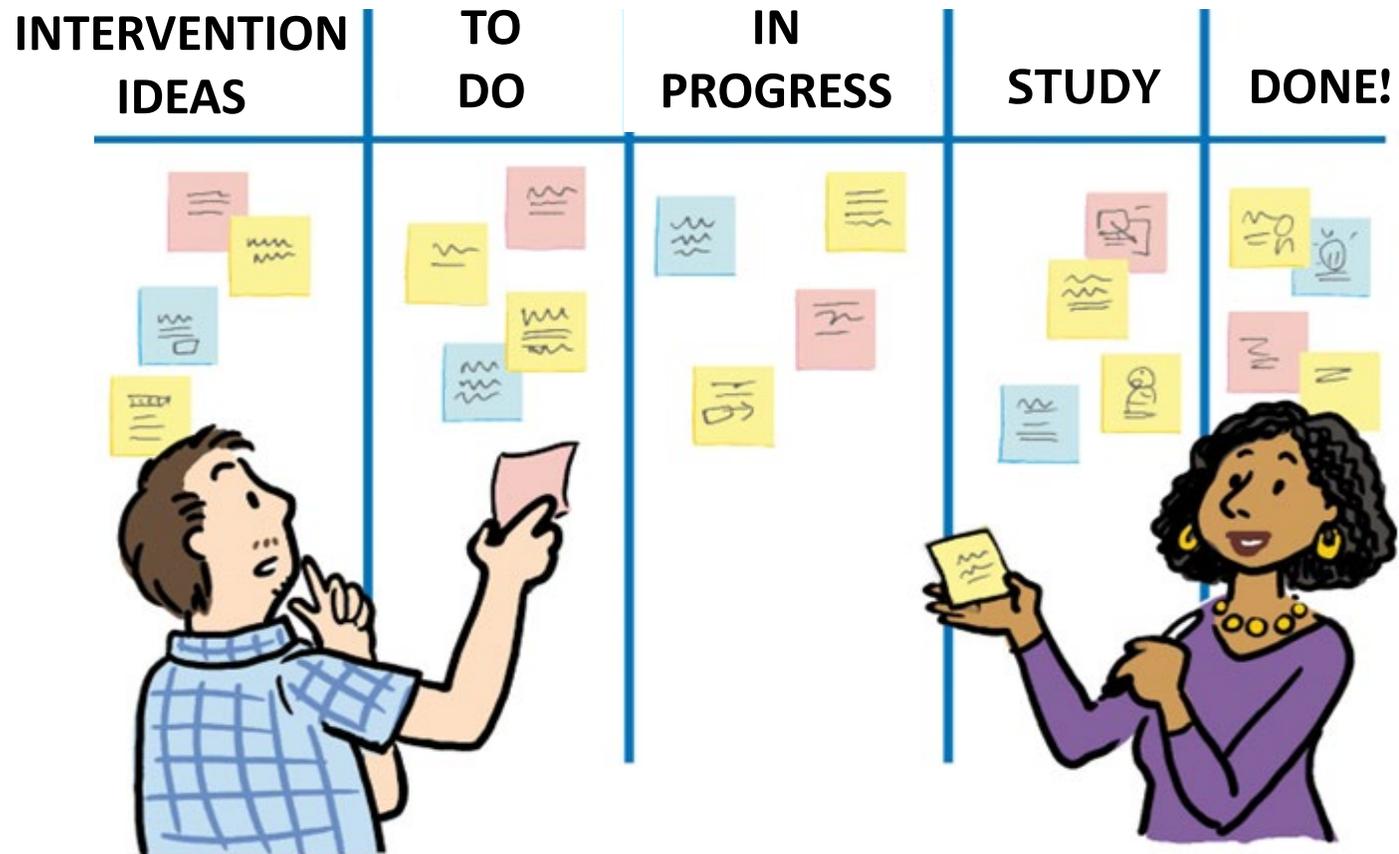
Assigning Tasks

Finalizing Commitments

Approval

Wrap up and Discussion

# Kanban



# Preparation Before Planning



Review Kanban and run data reports.

- \*Review progress since last quarter.
- \*Compare planned accomplishments to actual.
- \*What milestones and outcomes have been achieved?



Identify the team and stakeholders involved.



Gather inputs from stakeholders that may not be reflected in the tool (objectives, priorities, constraints).

# Introduction and Alignment



Recap the overall CQM objectives and vision from program leadership and the CQM Plan.



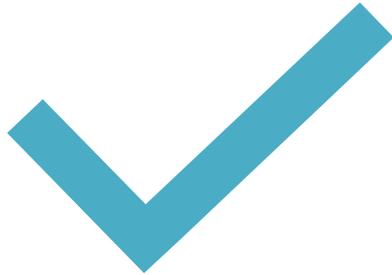
Align the team on the strategic initiatives and quality programs that are relevant to their Area of Responsibility.



Discuss any dependencies or constraints that may impact the team's capacity or planning.

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# Review the Backlog



Check off all the tasks you finished last time.



If anything is left, decide when you will do it and who is in charge.

# Figure Out How Much Capacity You Have



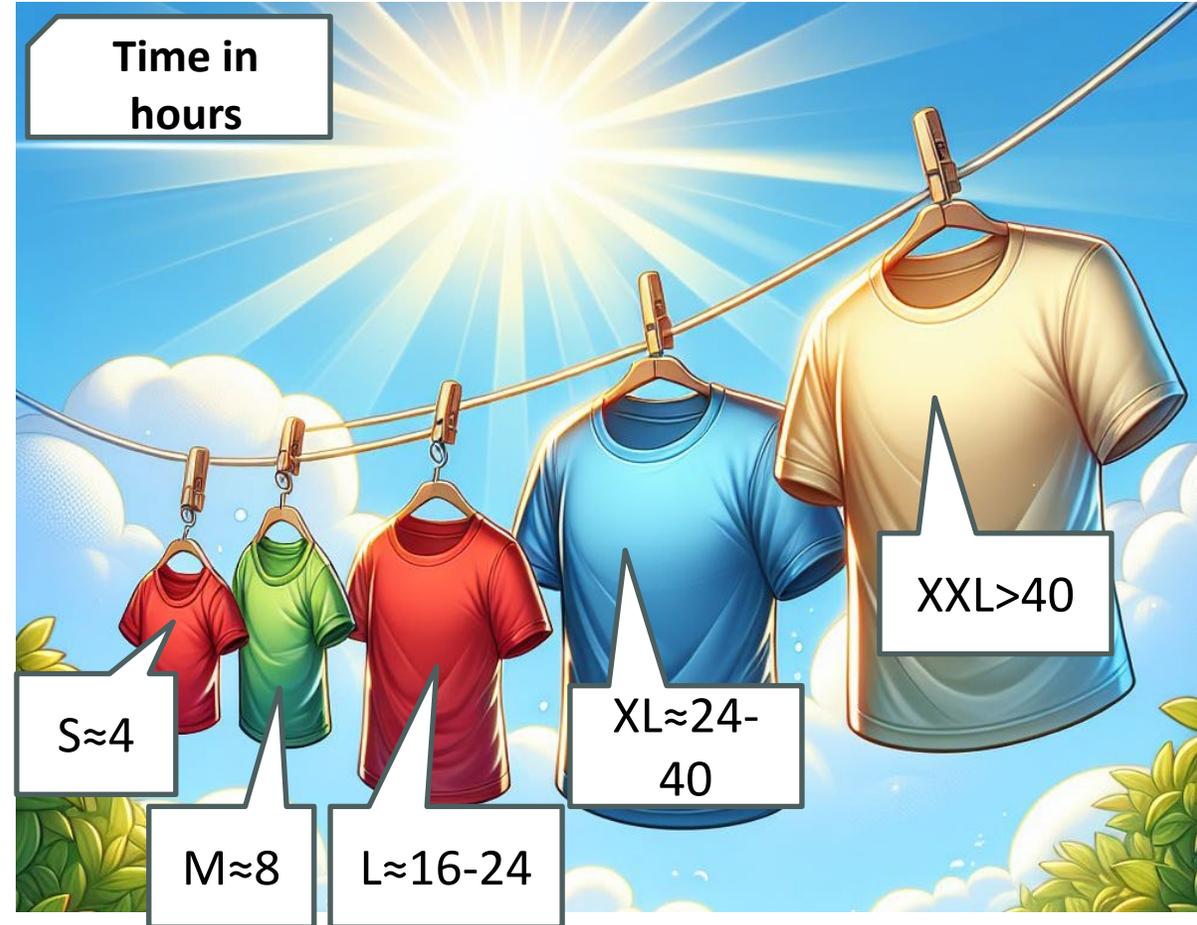
Calculate the available time – team shares current commitments.



Characterize blocks of available time as XS, S, M, L, XL, or XXL.



Think about how much you did before and adjust for any time off.



# Pick and Discuss Tasks

- Breakdown strategic initiatives into project activities or tasks, if necessary.
- Prioritize the backlog with the most valuable and feasible tasks.
- Choose the most important tasks to work on this quarter.
- Discuss how tough, big, or tricky each task is:
  - e.g., XS, , S , M , L , XL , XXL
- Stop when you have filled your capacity.
- Identify any risks, dependencies, or assumptions associated with the planned work.



# Define Needed Roles and Responsibilities

## Team Lead

- Person that is accountable for the strategic initiatives.
- Provides leadership in vision and backlog prioritization during planning.

## Project Manager

- Person who is responsible for guiding the plan for the work.
- Provides facilitation and barrier removal during planning.

## Team Members

- People who are responsible for getting the work done.
- Share their experience and expertise during planning.
- Provide commitment and task execution.

# Structure Work with Tools and Templates that Reflect the Mindset and Set of Principles for Delivering Value Quickly

## Agile Ways of Working (AWOW)



- Focuses on client needs, adaptation, teamwork, accountability.
- Values people over process, working processes over documentation.
- Promotes iterative implementation, continuous improvement.



# DoR and DoD

**The Definition of Ready (DoR)** helps us ensure alignment and teams are set up for success!

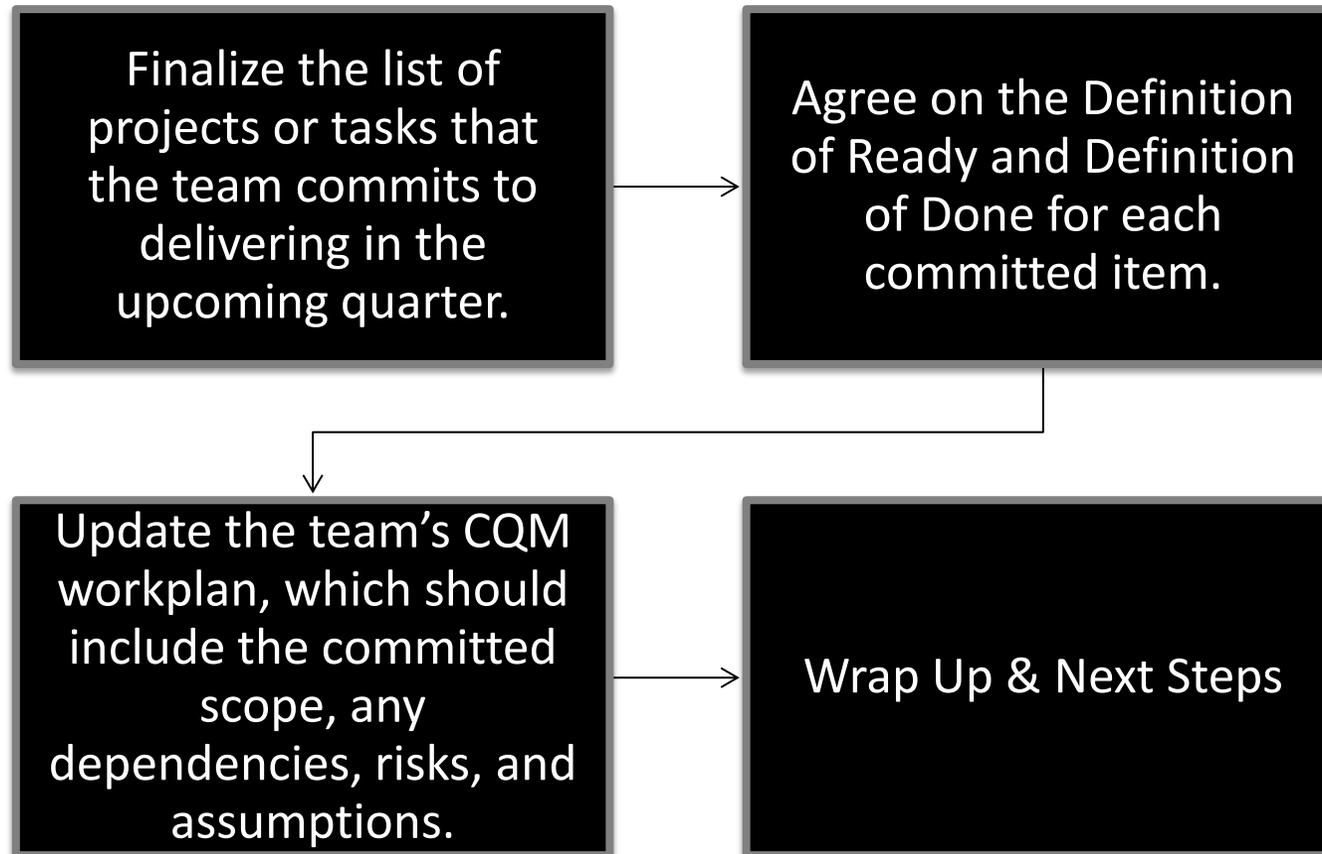
- Requirements defined and understood
- Dependencies identified
- Acceptance criteria clear
- Work is sized appropriately
- Team has capacity to complete work



**The Definition of Done (DoD)** sets quality standards for completing work!

- Improvement work meets requirements
- Key feature validation completed
- Documentation updated
- Work peer reviewed
- Improvement team has approved
- Retrospective held

# Finalize Commitments and Create the Team Plan for the Quarter



# Key Practices to Implement AWOW in QI Projects

## Regular standup meetings

- Each participant shares recent accomplishments, work items of focus, blocks/impediments, resources needed or resources to share.

# Key Practices to Implement AWOW in QI Projects (Continued)

## Retrospectives

- Team meeting to reflect on what went well, what can improve. Brainstorm opportunity to adjust processes and try new things with open and candid discussion.

# Key Practices to Implement AWOW in QI Projects

## Iterative Development

- Incorporate the idea of most valuable player ("MVP") into intervention implementation, and plan work in 10 week and two-week cycles to test hypothesis and learn quickly.

# Key Practices to Implement AWOW in QI Projects

Visual boards  
to track work

- Use Kanban so everyone can celebrate accomplishments and be aware of priorities and goals going forward.

# Key Practices to Implement AWOW in QI Projects

Sharing work  
early and  
often

- Breakdown big interventions into small PDSA cycles and assess their effectiveness early and often. Make other teams aware to avoid duplication and synergize.

# Key Practices to Implement AWOW in QI Projects

Define  
priorities and  
goals

- Use DoR and DoD to foster alignment.

# How Do You Currently Plan?



Which interventions to implement?



How much time should we allocate to implementing these interventions?



How are work items in your CQM plan reviewed and reassessed to ensure they are still appropriate?



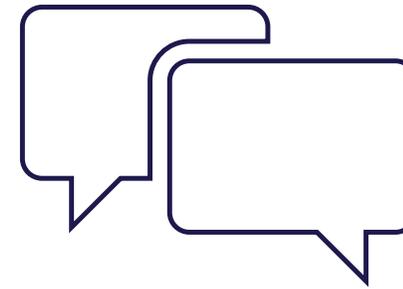
How are larger projects broken down into manageable chunks?



How does the committee reach alignment on goals and measures?



How are priorities selected?



**HOW IS YOUR CQM COMMITTEE CURRENTLY GETTING FEEDBACK ON HOW QI PROJECTS ARE BEING IMPLEMENTED AND SUSTAINED?**

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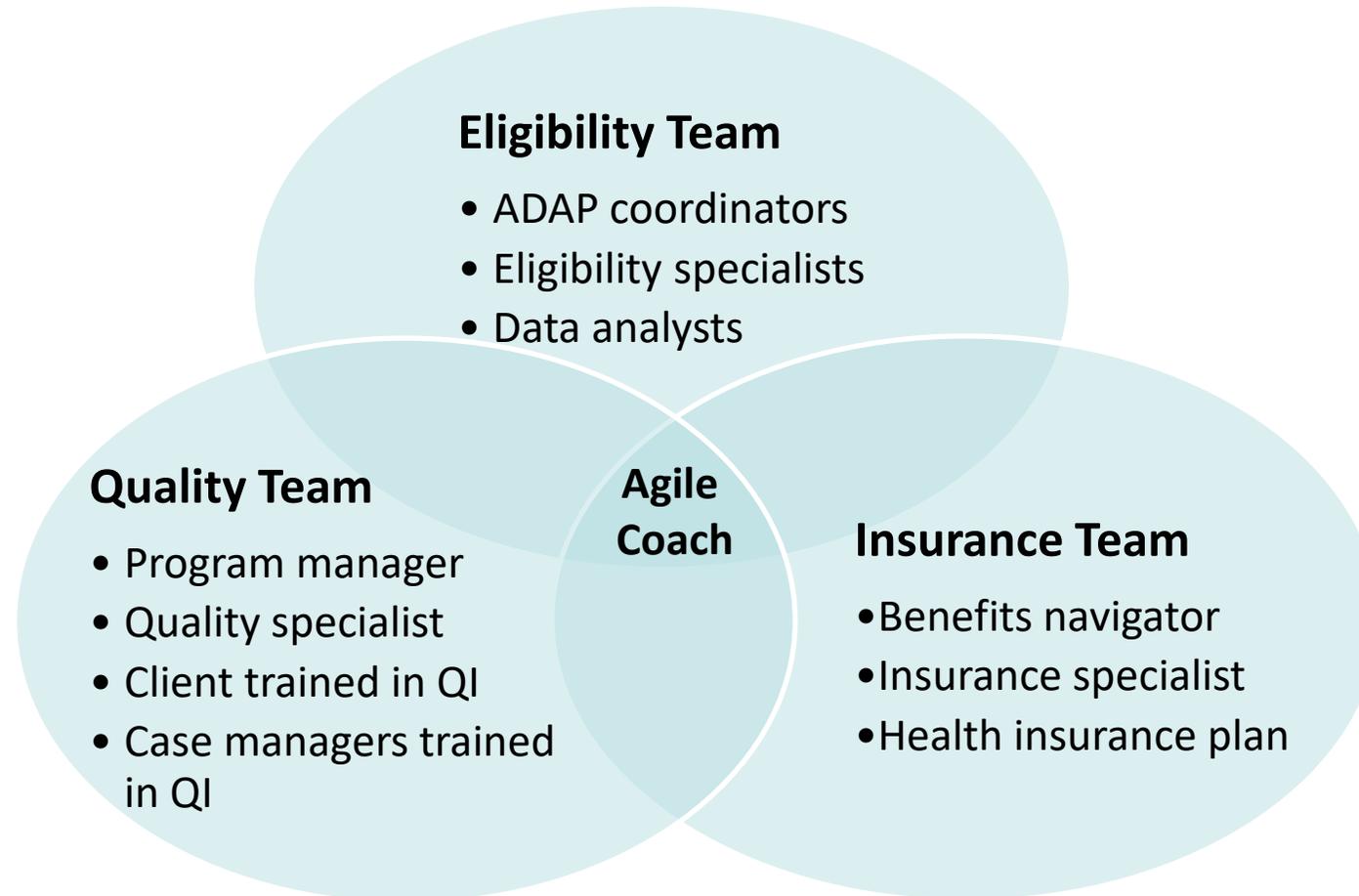
# CASE STUDY

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# Initial Challenges

- The state ADAP program faced significant operational challenges:
  - 45+ day application processing time
  - 30% application error rate
  - 15% missed enrollment deadlines for Healthcare
  - 68% staff satisfaction rate
  - Low client satisfaction scores
  - Manual tracking systems still used despite having a client level data solution

# Team Structure



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# Monday and Thursday Virtual Huddles

15-minute standing meeting focused on:

- **Each participant shares:**

1. Completed since last meeting

- "I completed assessment of 5 applications for health care coverage"
- "I updated 3 client contact records"

2. Focus until next meeting

- "I will follow up on missing documentation for pending applications"
- "I will update the assessment checklist"

3. Barriers and Resources Needed

- "Need access to updated income verification system"
- "Assistance needed with updating policies to match project goals"

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# Definition of Ready and Done for Application

## Definition of Ready

- ✓ Complete application form
- ✓ Income verification (last 30 days)
- ✓ Residency documentation
- ✓ HIV diagnosis verification
- ✓ Insurance information
- ✓ Signed consent forms
- ✓ Contact information verified

## Definition of Done

- ✓ Eligibility verified and documented
- ✓ Insurance plan selected
- ✓ Premium payment processed
- ✓ Client notification sent
- ✓ Data entered in system
- ✓ Documentation filed
- ✓ Follow-up schedule created

## RWHAP ADAP Process Management Board

### Future Work

#### Review Health Care Coverage Options High

Analyze available Marketplace plans for next enrollment period

Due: 2024-03-01

#### Update Assessment Documentation Medium

Revise guidelines for required documentation

Due: 2024-03-15

### Current Work

#### Process Q1 Assessments High

Complete eligibility assessments for current quarter

Due: 2024-02-15

### Quality Review

#### Outreach Materials Medium

Review updated communication materials

Due: 2024-02-10

### Completed

#### Electronic Portal Launch High

Implementation of new application system

Due: Completed

# Process Improvements

**Streamlined Application Review**

**Eliminated Rework of Quality Assurance (QA) Checks**

**Automated Notifications**

**Standardized Documentation**

**Clear Handoff Procedures**

**Regular Feedback Loops**

# Performance Improvement

**Processing  
time reduced  
to 14 days  
(69%  
reduction)**

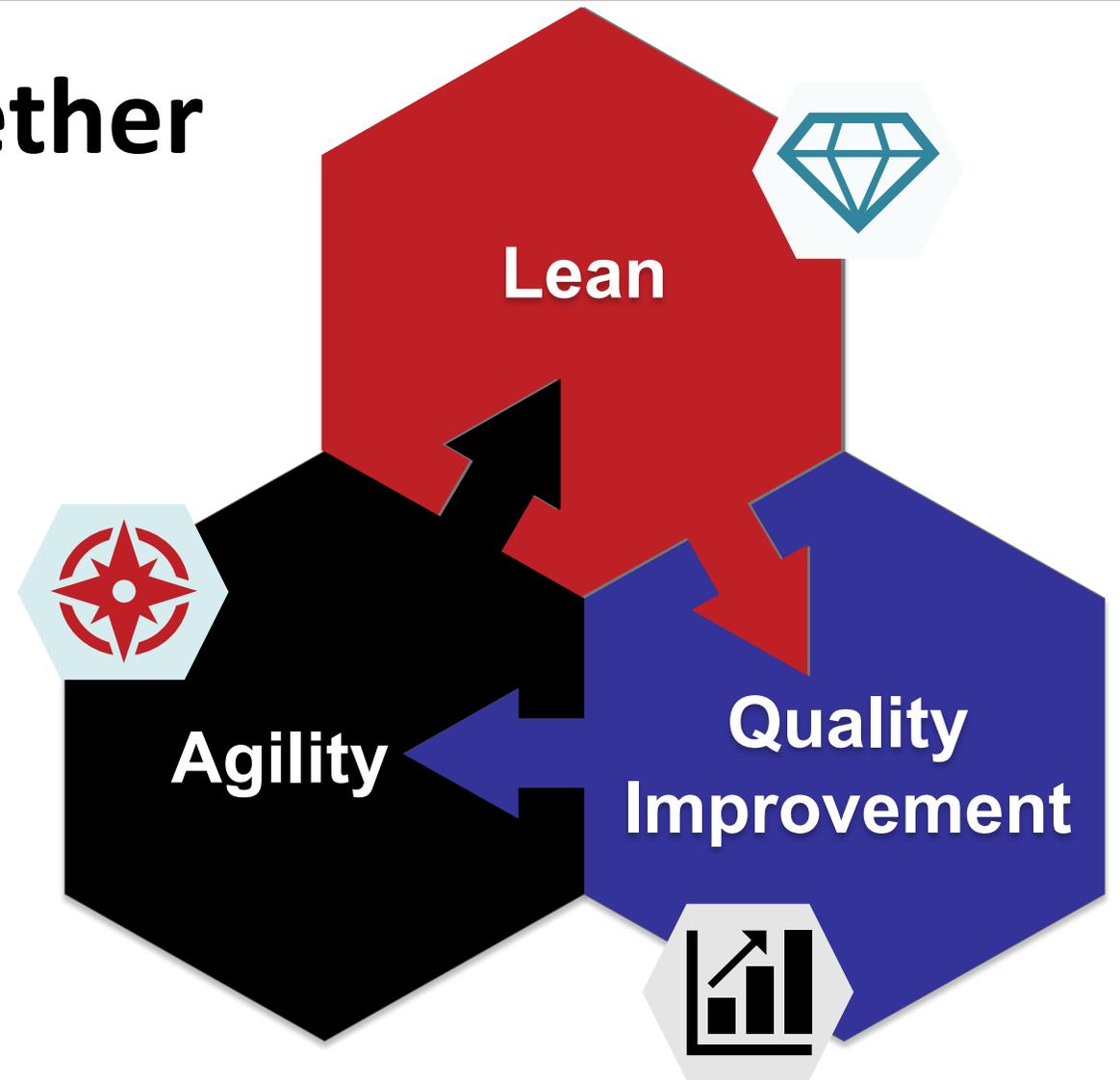
**Application  
errors  
decreased by  
45%**

**Affordable Care  
Act enrollment  
success rate  
increased to  
92%**

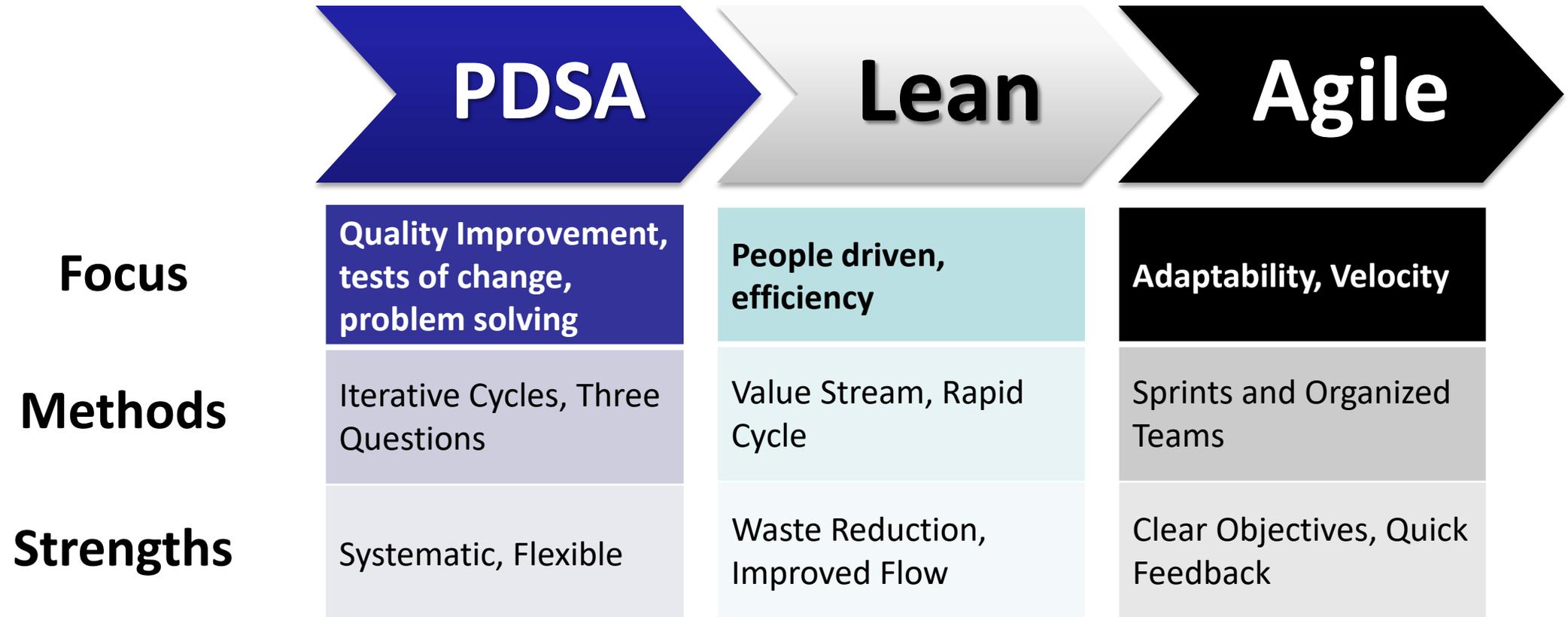
**Client  
satisfaction  
improved by  
35%**

This was accomplished in just over three months. A similar project in 2018 using traditional methods yielded no tangible improvements after a year!

# Putting the Pieces Together



# These Ideas Are Synergistic



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# Key Implementation Tools



## Frequent Huddles

15 – 20-minute updates several times per week

Responsibility of the team



## Kanban Board

Visual work tracking  
Accelerating flow



## Team Planning

Breaking quarterly work into 2–3-week cycles

Matching capacity and work item size



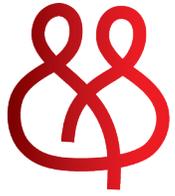
## Design Thinking

Framing high-value ideas as user and patient stories

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# Things to Try by Next Tuesday

- QI Project Management
  - Visual tracking of performance measures with Kanban
  - Organize around value by prioritizing value over the classic impact/feasibility
  - Team planning rapid PDSA cycles using T-shirt sizing
  - Establish DoR and DoD for each PDSA cycle
  - Do regular team retrospectives



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# Questions?

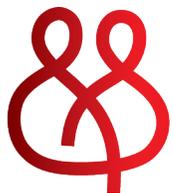


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# Contact Information

## Coach Contact

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## Learn More

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212-417-4684 (fax)

Info@CQII.org



Department  
of Health



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# Thank You!

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$7M with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).