eCQM as a Quality Improvement Initiative

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**Summary and rationale of the initiative objective**

The eCQM of choice is HIV Screening – CMS349v2. HIV is a communicable infection that has a prolonged asymptomatic period. There are more tens of thousands of new HIV infections in America every year and as people shun treatments, they end up developing AIDS within the first ten years of infection. Despite the decision to shun ARVs, HIV management is simple where the drugs delay progression of HIV into AIDS thereby improving the patient’s quality of life and overall life expectancy (ECQI, n.d). The CDC recommends regular screening of persons between 15 and 65 years of age at least after every three months to ensure that one is not infected. In an instance where one is infected, they undergo medical evaluation to determine the suitable time for them to start on anti-retroviral drugs.

In addition, people that have a heightened risk of contracting the virus such as doctors, nurses, and caregivers are advised to undertake regular HIV screening to ensure that they are in peak condition. Although HIV screening is now a routine test, the patient must consent to the test. On the other hand, health facilities that undertake screening must keep records about the people that undergo HIV screening. HIV screening is important because one takes control of their health in a major way and gets educated on how to continue protecting themselves from HIV/AIDS or how to improve their lives using the available treatments if they test positive for the virus. Besides, HIV infections are manageable and one can live a long and happy life as long as they adhere to their doctor’s instructions and continue taking their antiretroviral medication (ECQI, n.d).

**Desired outcomes using the CQI strategy**

HIV testing and counseling services involve pre-test counseling, undertaking the HIV test, post-test counseling, linkage, and referral of the patient to other appropriate health services like STI management and family planning where needed. The patient is also given a referral for laboratory tests that check for diseases like TB, which attack immunocompromised patients. Therefore, because of the vast nature of treatments and health services involved, health facilities handling HIV screening are expected to adhere to World Health Organization Guidelines and standards that aim at ensuring that only quality services are offered during HIV screening. The CQI strategy ensures that the services provided to the public are equitable, efficient, timely, patient-centered, effective, and well-tolerated (ECQI, n.d). The focus of the CQI strategy is adolescents and young adults because if clinical practices like HIV screening are nurtured at an early age, the infection will be caught on time and the person can start treatment early and live a healthy life.

In addition, they learn about HIV prevention and management at an early age and therefore understand the importance of abstinence and use of protection. If they test positive for the virus, they learn about proper adherence to medication, contact tracing and regular checkups to ensure that they do not develop diseases like tuberculosis (Patel, 2016). Failure to meet the high quality standards will deter the public from seeking HIV screening services and promote unnecessary acquisition and transmission of HIV among the populations because they are uneducated on the importance of testing for HIV/AIDS and untested. Therefore, adopting eCQM as a quality improvement initiative that focuses on HIV screening ensures that the delivered screening services are of high quality, and improves delivery of services to those that need it most. Every health facility involved in this initiative is working towards with towards a larger course with the target *UNAIDS 90-90-90* that is aimed at ending the AIDS menace by 2030 (Patel, 2016).

**CQI strategy employed**

The CQI strategy employed in eCQM as a quality improvement initiative of HIV screening is Top Quality Management. The strategy holds every party involved in the process responsible for ensuring that only quality output is attained. Everything about the strategy is standardized to ensure that errors are minimal regardless of where the operations are taking place. As mentioned earlier, all health facilities that undertake HIV screening strictly adhere to the policies and rules set by the World Health Organization (Wagner et al, 2017). Everything involved in HIV screening has a standard of practice from training to support and health personnel undertake HIV testing in the same way, In case any changes are to be introduced, tests of change are undertaken to ensure that the changes are necessary.

**Implementation, testing and monitoring plan**

When one visits a HIV testing center or a laboratory for HIV screening services, they get a registered nurse or a laboratory technician that first takes their information. The patient’s names, age, gender, and last day of HIV testing is recorded in a health records book before the testing begins. Once their information is written down, the patient is briefly educated about HIV and its transmission. They are also reminded that HIV is manageable and one can live with the infection for a long time as long as they adhere to ARV treatments. The third part of the session involves explaining to the patient how the test works. The medical officer is expected to ensure that the patient understands what the control is, how a positive test appears, and how a negative test appears. Once the patient is aware about the HIV test, the patient’s finger is sterilized and pricked and a drop of blood is drawn and placed on the test kit. An agent is added and the patient waits for their results as they observe the test kit. It is important to mention to the patient about sexually transmitted infections and the need to wear protection during sex because one can also contract other infections that increase one’s risk of contracting HIV. Based on the results, the patient can go home if they are negative for HIV and they are advised to maintain a safe lifestyle. However, if the test is positive for HIV, a confirmatory test should be done to confirm whether the patient is HIV positive and which HIV type he or she is carrying. Once the results are obtained, the patient is either referred to another facility for further evaluation or ARV treatment. Counseling is vital throughout the testing process because it is stressful and the patient is in a better position to listen to their options. Follow-up is undertaken with the patient as well as their nearest health facility for convenience purposes. The patient is closely monitored so that their condition does not advance into AIDS, which is difficult to manage more so if other diseases like tuberculosis develop.

**Incorporating EHR in eCQM, risk assessment, and training**

Incorporating EHR into eCQM helps in tracking and ensuring that health facilities are providing quality health care services to patients in accordance to the laws and policies in place. When combined, EHRs and eCQM results in timely, equitable, patient-centered, efficient, safe, and effective care (CMS, 2021). All aspects of patient care including clinical processes, public health, care coordination, and patient safety improve. Risk assessment is also easier because electronic reporting is adopted and this form of reporting ensures that all scopes of practice are met and a detailed risk assessment form is filled. Since all patient information is in one place, predicting future risks is also easier. Training is also easier when EHR is incorporated in eCQM because there is a distinct SOP that should be adhered to and the evaluation of every trainee is recorded and readily accessible for future reference and evaluations.

References

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