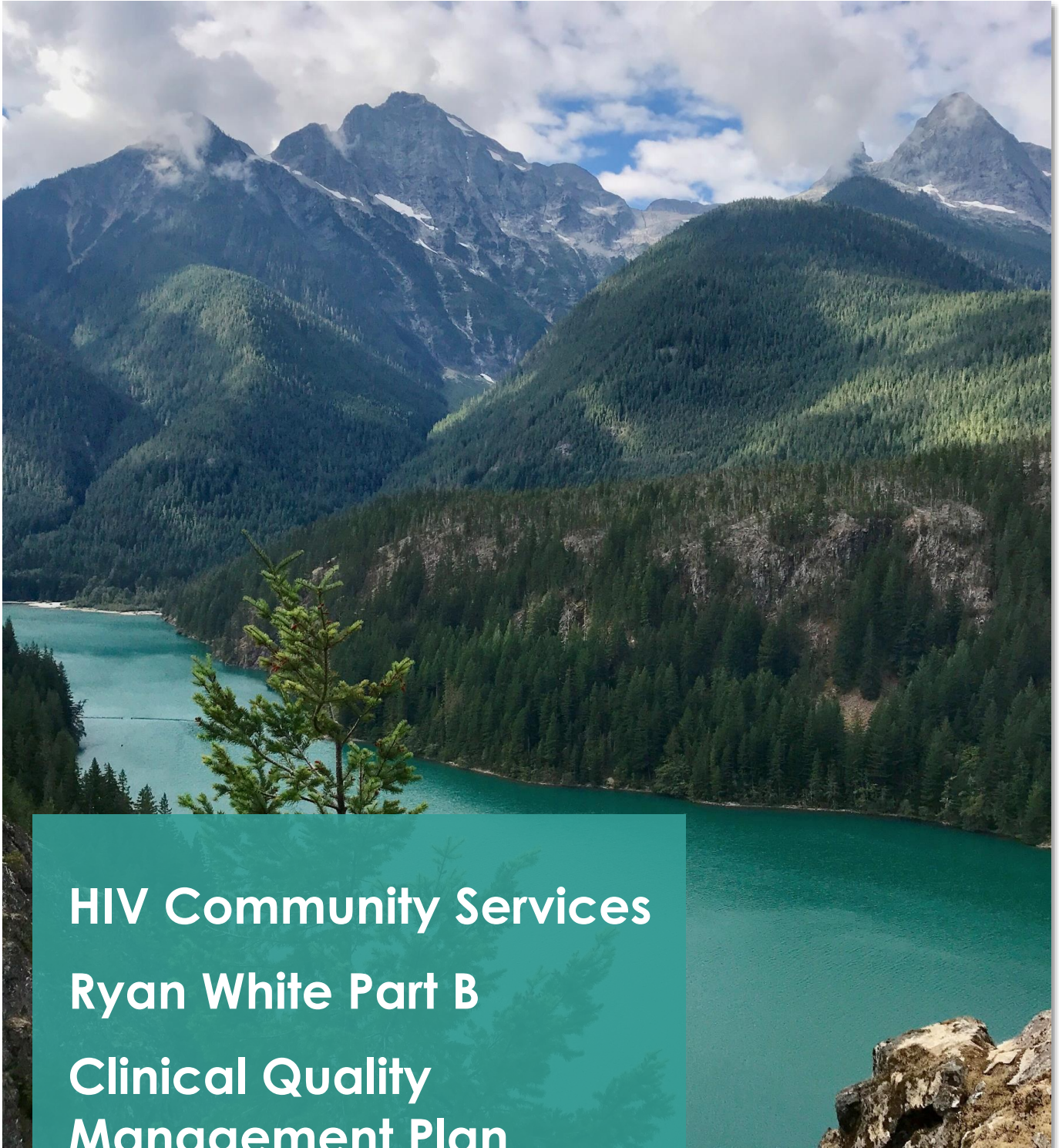


# 2022-2023



**HIV Community Services  
Ryan White Part B  
Clinical Quality  
Management Plan**

2022-2023



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## Introduction

This updated clinical quality management plan provides a complete look at all the quality improvement activities in the Office of Infectious Disease programs, including human immunodeficiency virus (HIV), sexually transmitted infections (STI), and hepatitis C (HCV). All HIV care and prevention contractors must include clinical quality management plans and quarterly reports.

This plan is a living document and will be updated regularly. The updates will reflect changes in situation, HIV clinical care guidance, federal recommendations, and other continuous improvement efforts. A description of the entire Washington State HIV Planning System is available on our main HIV/AIDS Planning web page ([www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIVAIDS/Planning](http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIVAIDS/Planning)).

If you have questions regarding this plan, please contact Karlos Johnson, Quality Management Coordinator, Washington State Department of Health at (360) 236-2335 or email at [Karlos.Johnson@doh.wa.gov](mailto:Karlos.Johnson@doh.wa.gov).

## HIV Care Program Mission and Clinical Quality Statement

### Vision

End HIV by preventing new HIV infections in Washington State.

### Mission

The mission of HIV Client Services is to suppress viral load by ensuring access to quality services for people living with HIV in Washington State.

### Clinical Quality Statement

The Washington State Department of Health (DOH) HIV Client Services Program engages Ryan White Part B clients (the community program's sub-recipients) and Ryan White Part B program staff in clinical quality management activities. The Clinical Quality Management Program works to improve access and commitment to quality HIV/AIDS treatments and care for people living with HIV/AIDS in Washington. The clients we serve are healthier, and the service systems we support are more efficient and effective because of our quality management activities.

Title XXVI (26) of the Public Health Service Act (Ryan White HIV/AIDS Program) requires a clinical quality management program to:

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- Assess the extent to which HIV health services provided to patients are consistent with current Public Health Service guidelines (<https://clinicalinfo.hiv.gov/en/guidelines>) for the treatment of HIV and related opportunistic infections, which are illnesses that arise as a result of impaired immunity in advanced stages of HIV infection.
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.
- Use demographic, clinical, and usage data to evaluate and address characteristics of the local HIV epidemic and quality of care.
- Include appropriate leaders and stakeholders throughout the quality improvement process.
- Put into action continuous processes to improve quality of care.

DOH has adopted the above guidelines. They are the backbone of the HIV Community Services standards for quality improvement.

## Quality Management

A quality management program focuses on how well provided services meet the guidelines set for the prevention and treatment of HIV. It emphasizes health outcomes and program improvement. Washington State Department of Health (DOH) HIV Client Services Program provide high quality services by coordinating activities aimed at improving client care, health outcomes, and experience (satisfaction). An effective quality management program should include specific objectives based on health outcomes, support from identified leadership, accountability, dedicated resources, and the use of data and measurable outcomes.

## HIV Community Services Provider Requirements

Providers are required to:

- Develop a quality management plan based on DOH provided template or otherwise approved by DOH.
- Implement at least one quality improvement project each calendar year which can be extended to meet outcome goals.
- Enter data into DOH statewide data system, which is necessary to produce DOH selected Performance Measures.
- Measure patient/client experience and/or customer feedback annually.
- Submit a quarterly quality management report using the DOH provided template within 30 days after the end of each quarter.

- Participate in DOH sponsored quality management activities, such as training and statewide quality improvement committee.

## State Quality Management Plan

The Office of Infectious Disease is committed to reducing disparities and improving health equity and outcomes related to HIV, STIs, and HCV. This approach includes using peer navigators and linkage to care specialists that provide better regional support. We aim to link Black American/African Born and Hispanic/Latina/o/x individuals living with HIV with access to medical care, case management, supportive services, and partner services.

As of March 2022, this statewide plan is currently in the planning phase. Performance measures such as annual retention in care, prescribed antiretroviral therapy (ART) HIV viral load testing/suppression and quality of life will be tracked, monitored, and evaluated to determine optimal health outcomes. We will inform all subrecipient agencies once the plan enters the execution phase in January 2023. The Quality Management Coordinator will conduct training(s) and offer technical assistance to ensure the newly implemented performance measures are tracked and monitored. Agencies will continue monitoring HIV/AIDS Bureau (HAB) performance measures while using the data generated from the Provide Groupware Technologies, Inc (GTI) database to assist with inter-agency identified Quality Management Plans.

## Agency Quality Management Plan

DOH will provide a template that includes all the requirements of the quality management plan. If HCS provider wishes to use an alternative format, they must receive approval from the Quality Improvement Coordinator. All quality management plans must include a description of the quality infrastructure, performance measures, and quality improvement. DOH can provide Technical Assistance upon request.

## Quality Improvement Projects Model for Improvement (Plan Do Study Act [PDSA])

Providers should seek quality improvement projects that aim to improve client care. The PDSA is a simple yet powerful tool for accelerating improvement.

- **Plan:** Identify the problems, including their components, then plan strategies and tests that might result in improvement.
- **Do:** Use the strategies designed to address problems.
- **Study:** Collect and analyze data to see if strategies improve results
- **Act:** If the strategies are effective, make them an ongoing activity. If they are effective, return to the Plan stage and use data to identify new ways to address problems.



# Quality Improvement

## Performance Measures

DOH uses performance measures to determine progress and identify areas for improvement for each service category. Detailed descriptions of performance measures are available in the quarterly report template and from the DOH Clinical Quality Management Program Coordinator.

Providers may track additional performance measures based on an unexpected impact or other disparities as defined by the HIV Planning Steering Group and program data. Potential focus areas are youth, over age 50, transgender, women, and social justice issues.

## Client Experience

One measure client experience is to involve the quality management program. Doing so ensures that the provider addresses clients' needs in quality management activities, including selecting quality improvement projects. Client satisfaction or experience surveys are one method for identifying areas for improvement. Clients should also be involved in survey design and testing.

## Quarterly Reports

DOH will provide a template that includes all of the requirements. Due dates are:

<b>Calendar Quarter</b>	<b>Due Date</b>
January 1 – March 31	April 30
April 1 – June 30	July 30
July 1 – September 30	October 30
October 1 – December 31	January 30

## Scope of Clinical Quality Management Plan

The importance of quality improvement is made clear by the specific legislative requirement under the (Ryan White HIV/AIDS Treatment Modernization Act of 2006.) The requirement refers to “the establishment of a clinical quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS and related opportunistic infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.” Quality improvement efforts will include Affordable Care Act requirements, be consistent with Meaningful Use and be consistent with United States Health and Human Services Civil Rights requirements.

The HIV Client Services Programs includes a variety of funding sources and provides a variety of services. Funding sources include:

State: General Funds State

Federal: Ryan White Part B (base)

Federal: AIDS Drug Assistance Program (ADAP)

340B rebates

The new service model uses the Federal service category definitions for HIV core medical and support services, regardless of funding source. The HIV Client Services provides funding (state and/or federal) for the following approved service categories for an engagement and retention in HIV medical care.

All HIV Community Services sub-recipients are required to enter or submit data into Provide by Groupware Technologies, Inc (GTI) for services provided and HIV clinical quality measures. All HIV Community Service sub-recipients must report their impact on HIV clinical quality performance measures for all services to the diagnosed clients.

DOH provides a clinical quality management plan template and quarterly reporting template for sub-recipients and funded entities. The quality improvement coordinator works with the funded entities to develop plans and provides any needed technical assistance and coaching.

The Clinical Quality Management Plan, while scheduled around the Federal Ryan White Part B Funding Fiscal Year and the State Fiscal Year, includes all activities and services in the HIV Client Services Program.

## Infrastructure



### Clinical Quality Management Infrastructure

#### *Leadership Infrastructure*

The Quality Management Coordinator, supervised by the HIV Client Services Program Manager, with the Early Intervention Program Supervisor (ADAP) and the Community Programs Supervisor (Part B/state funding), will be responsible for coordinating the planning,

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implementation, monitoring and evaluation of quality management (QM) activities. The Quality Improvement Coordinator is responsible for leading and facilitating the HIV Quality Improvement Group, a statewide workgroup of HIV Care providers and clients.

### Membership and Meeting Structure

The HIV Client Services internal quality improvement committee (QI Committee) includes members from each program area within HIV Client Services. The QI Committee is re-examining prior indicators, previously stated quality improvement needs of the Section, and the revised HAB performance measures. The QI Committee will meet at least four times a year. -The goal is to expand committee membership.

Table 1: 2022 Quality Improvement Internal Committee Members

Name	Affiliation
Karlos-Ryan Johnson	Washington State Department of Health (DOH)
Heather Hill	Benton-Franklin Health District
Crystal Chi	Blue Mountain Heart to Heart
Jasmine Gruenstein	Cascade AIDS Project (CAP)
John O’Lague	Coastal Community Action Program (CCAP)
Jessica Bowen	Confluence Health
Richard Prasad	Country Doctor Community Health Center
Patricia Ogunmola-Nazzal	WA State Department of Corrections
Alejandra Grillo-Roa	Entre Hermanos
Sandra Herrera	Harborview Medical Center
Ashley Duren	Kitsap Public Health District
Ada Santerre-Nigaglioni	Lifelong
Dory Nies	Pierce County AIDS Foundation (PCAF)
Kurt Ragin	People of Color Against AIDS Network (POCAAN)
Stacie Lechot	Spokane Regional Health District
Kristie Campbell	Yakima Farm Workers/New Hope Clinic

The HIV Quality Improvement Group previously known as the Quality Management Planning and Evaluation Group, meet quarterly. Members from Parts A, B, C, D, AIDS Education and Training Centers (AETC) and people living with HIV/AIDS (PLWH). This group works with the National Quality Center to expand membership develop a statewide multi-agency clinical quality improvement project/goal.

### Data Collection Infrastructure

DOH implemented the Washington State centralized Provide (GTI) database for all Part B sub-recipients.- DOH and Ryan White Part A funded providers can access Provide (GTI) through a

secure connection. Provide (GTI) is used to generate Ryan White reports. All contracted care providers enter data into Provide (GTI).

HIV Client Services uses Provide (GTI) to report the progress on sub-recipient's clinical QM performance measures. The Medical Case Management Supervisors use chart audits to verify and collect site-based performance measures as outlined in the Washington State Medical Case Management Standards. They conduct chart audits as part of DOH monitoring site visits.

### ***Internal DOH Quality Management Meeting Structure***

The internal Clinical Quality Management Committee meets on an as needed basis at least four times a year. The Quality Improvement Coordinator participates in regular staff and program meetings, which allows to update all HIV Client Services staff about Clinical Quality Management (CQM) activities and get regular staff input. The CQM Committee uses ad-hoc meetings when special issues develop or the need arises. Meetings focus on annual contract decisions for indicator reporting. Additional meetings cover the quarterly results reporting by Ryan White Part B sub-recipients.

### ***Performance and Clinical Quality Measurement Choices***

Measurement requires high quality data, standardized measures and getting information to stakeholders. Subrecipients report performance measures quarterly to DOH. DOH reviews these Reports and provides feedback to subrecipients-

### ***Clinical Quality Improvement Measurement***

HIV Client Services will focus on quality improvement measures that align with the National HIV/AIDS Strategy, HAB Measures, End AIDS Washington recommendations, National Quality Center In+Care Measures and National Quality Forum (NQF) Endorsed Measures. HIV Client Services requires all sub-recipients and contracted providers to track performance measures identified in the Clinical Quality Management Plan. DOH gives sub-recipients a quarterly dashboard on all required performance measures.

The subrecipient's Clinical Quality Management/Improvement program will report quarterly on the following performance measures:

#### **HAB Clinical Performance Measures – Core**

1. HIV Viral Load Suppression (95%) – Percentage of HIV+ persons with a HIV viral load suppressed to <200 copies/mL. The denominator is all diagnosed HIV+ persons who received any service from the sub-recipient.
2. Prescription of HIV Antiretroviral Therapy (90%) - Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement.

3. HIV Medical Visit Frequency (90%) - Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.
4. Gap in HIV Medical Visits (20%)- Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year. (Inverted Measure)
5. Annual Retention in Care (80%) - Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year.

### **HAB Clinical Performance Measures – Medical Case Management**

1. Medical Case Management: Care Plan (90%) - Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year.
2. Gap in HIV Medical Visits (20%) - Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year. Inverted Measure
3. HIV Medical Visit Frequency (90%) - Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.

DOH encourages sub-recipients to identify additional relevant measures for their clients by race/ethnicity, gender or risk factors to ensure health equity and reduce health disparities. DOH may require additional performance measures, or the subrecipient may submit for DOH approval of additional performance measures as appropriate to meet Washington State End AIDS goals. HIV Client Services monitors the care plan during site visits. Each subrecipient will be responsible for a local indicator based on an assessment of local improvement needs.

Quality can be measured and improved at multiple levels –

1. Community – Population based denominator (i.e. percentage of viral load (VL) or cluster of differentiation 4 (CD4) test from the prevalent population). Results from incidence population or results of the tested prevalence by geography, risk, race/ethnicity, or gender.
2. All Ryan White Sub-recipients – denominator based on all Persons Living with HIV/AIDS (PLWH) in the Ryan White system or those active in EIP for example.
3. Practice or Agency setting – denominator is those served by the individual Ryan White funded agency. Each of the current medically case managed clients for example.
4. Individual practitioner – how is the quality of care for the practitioner’s case managed clients. A practitioner can be the medical provider or the case manager.

### **Customer/Client Satisfaction**

Projects that examine satisfaction should address the whole experience satisfaction for clients. -The internal clinical quality management committee will determine the most effective

methods and options for conducting an evaluation of client satisfaction for the Ryan White fiscal year 2022.

## National Goals

- Nationally there are still multiple indicators, however, the federal government is making efforts to streamline indicators and create common definitions. The U.S. Health and Human Services, the agency in which Health Resources and Services Administration HIV/AIDS Bureau (HRSA/HAB) sits, approved seven common core indicators on November 6, 2013.

HIV Client Services will follow four common indicators and the HAB performance measurement group that HAB announced on November 6, 2013, Those followed can be found at (<https://ryanwhite.hrsa.gov/grants/performance-measure-portfolio>) are:

- Linkage to Medical Care (System Performance Measure)
- Retention in Care (HIV Medical Visit Frequency – Core Performance Measure)
- Anti-Retroviral Treatment (Core Performance Measure)
- Viral Load Suppression (Core Performance Measure)

**The two remaining common core indicators;** HIV positivity and Late HIV Diagnosis are primarily addressed by the DOH Infectious Disease Prevention Section. HIV Client Services and the Infectious Disease Prevention Section will work together once someone is diagnosed with HIV/AIDS.

## HIV Client Services Program Quality Goals and Workplan

July 1, 2022 – June 30, 2023

Annual quality goals describe the priorities of the HIV Client Services Program's Clinical Quality Management Program. This Clinical Quality Management Plan includes quality goals for the entire program, and goals specific to different sections within our program: the Case Management & Community Programs and the Early Intervention Program (ADAP).

The HIV Client Services Section annually reviews quality goals to ensure relevance to current practice guidelines, current contracted services, and progress results. We develop action plans for the goals with SMART (specific, measurable, attainable, realistic, and time-defined) objectives and identify responsible parties for each goal.

## **Goal 1: Build a clinical quality management infrastructure within HIV Client Services Staff and among contracted partners.**

- 1.1 The internal clinical quality management committee reviews the Clinical Quality Management (CQM) Plan at least annually.
- 1.2 The internal clinical quality management committee meets at least quarterly.
- 1.3 CQM activities align with End AIDS and national CQM priorities and support the goals of the National HIV/AIDS.
- 1.4 Use data from sub-recipient agencies and existing data sets (surveillance, lab) to assess quality of care.
- 1.5 Conduct annual QM site visits of sub-recipient agencies and provide feedback.
- 1.6 Sub-recipient agencies use client feedback in planning, service delivery, and CQM.

## **Goal 2: Maintain a robust CQM program to monitor and improve the quality of services that includes the participation of providers and clients**

- 2.1 Monitor implementation of the CQM Plan, and review and revise it annually.
- 2.2 CQM activities align with city/county, state, and national CQM priorities and support the goals of the National HIV/AIDS.
- 2.3 Convene CQM Committee quarterly during the contract year.
- 2.4 Review performance measures and QI projects on an annual basis.
- 2.5 Monitor data collection processes for accuracy and completeness.
- 2.6 Use data to identify and engage in CQI activities.
- 2.7 Deliver CQM training for agencies.
- 2.8 All sub-recipient agencies have active CQM programs that include client involvement and client satisfaction activities.

## **Goal 3: Create capacity building opportunities while promoting professional development**

- 3.1 Distribute information pertaining to specific program development for CQM Program Managers (i.e., National Minority AIDS Council, Center of Quality Improvement and Innovation).
- 3.2 Assist agencies with establishing Community Advisory Boards (CAB).
- 3.3 Recruitment and retention of Persons Living with HIV/AIDS as CQM Committee Members.



## CLINICAL QUALITY MANAGEMENT WORK PLAN 2022-2023

The work plan guides the implementation of the CQM Plan. For each objective, the period of activity is highlighted in green, and the date of completion is noted with an "X." Primary responsibility for each objective is noted in the last column (\*Lead: 1 CQM Coordinator; 2 QI Committee; 3 Service Providers).

Goals and Objectives	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Lead*
<b>Goal 1: Build a clinical quality management infrastructure within HIV Client Services Staff and among contracted partners.</b>													
The internal clinical quality management committee will review the Clinical Quality Management Plan at least annually	Implementation of this objective occurs continuously throughout the year												1
The internal clinical quality management committee meets at least quarterly-	Implementation of this objective occurs continuously throughout the year												1
CQM activities align with End AIDS, and national CQM priorities and support the goals of the National HIV/AIDS	Implementation of this objective occurs continuously throughout the year												1
Data from sub-recipient agencies and existing data sets (surveillance, lab) are used to assess quality of care	X			X			X			X			1, 2
Conduct annual QM site visits of sub-recipient agencies and provide feedback	x	X	X	X					X	X	X	X	1
Sub-recipient agencies use client feedback in planning, service delivery & CQM	Implementation of this objective occurs continuously throughout the year												3
<b>Goal 2: Maintain a robust CQM program to monitor and improve the quality of services that includes the participation of providers and clients</b>													
Monitor implementation of the CQM Plan and review and revise annually										X	X	X	1,2
CQM activities align with city/county, state, and national CQM priorities and support the goals of the National HIV/AIDS	Implementation of this objective occurs continuously throughout the year												1,2
Convene CQM Committee quarterly during the contract year				X			X			X			1,2
Review performance measures and QI projects on an annual basis	X						x						3
Monitor data collection processes for accuracy and completeness	X			X			X			X			1
Use data to identify and engage in CQI activities	Implementation of this objective occurs continuously throughout the year												3
Deliver CQM training for agencies	Implementation of this objective occurs continuously throughout the year												3
All sub-recipient agencies have active CQM programs that include client involvement and client satisfaction activities	X						x						3

Goal 3: Create capacity building opportunities while promoting professional development		
Disseminate information pertaining to specific program development for CQM Program Managers (i.e., National Minority AIDS Council, Center of Quality Improvement and Innovation)	Implementation of this objective occurs continuously throughout the year	1
Assist agencies with establishing Community Advisory Boards (CAB)	Implementation of this objective occurs continuously throughout the year	1,3
Recruitment and retention of Persons Living with HIV/AIDS as CQM Committee Members	Implementation of this objective occurs continuously throughout the year	1,3

## Evaluation of Annual Quality Goals

Gathering data on each objective will help us understand how well we met each annual quality goal and objective. The Quality Improvement Coordinator will work with the necessary individuals to gather and analyze data. Once compiled, the Quality Improvement Coordinator will use the results to work with appropriate stakeholders to develop and implement technical assistance and improvement plan(s).

Health Disparities – while not isolated in the goals above, DOH includes reducing health disparities as an important outcome. Health Disparities examination has been added to the quality improvement plan template for funded entities.

We must begin to analyze our data to identify and address disparities. The first step is to ensure complete data reporting on all demographic elements. The second step is to analyze the data for each performance measure by gender, race/ethnicity, age, sexual orientation, insurance status, and other patient characteristics. DOH has two full-time staff to address disparities and stigma. –These positions are:

1. Stigma Reduction Consultant – Ray Harris
2. Culturally Linguistic Appropriate Services (CLAS) Implementation Consultant - Bilingual – Columba Fernandez

## **Model for Improvement**

The Washington State DOH was one of the first in the nation to earn the Public Health Advisory Board Accreditation. Accreditation aims to promote high performance and continuous improvement across DOH. The efforts of HIV Client Services quality improvement complement the agency's efforts.

## **Monitoring Implementation of Quality Improvement**

Quality reviews are conducted by the HIV Client Services Case Management Coordinator. The Case Management Coordinator shares the findings of site visits with the HIV Client Services Internal Clinical Quality Management committee. Funded entities use the clinical quality management plan template to develop their individual plans. Reports are submitted quarterly (by the funded entities) to the Quality Improvement Coordinator using the quarterly reporting template. The reports are reviewed, and coaching and technical assistance are provided based on need.

## **Impact of Quality Improvement**

Subrecipients are provided with a dashboard of the results of their activities on quality improvement activities on performance measures.

**Quality Management Plan**

January 1, 2023, to December 31, 2023 (to be revised 7/1/2023)

**Agency:**

**Quality Management Lead:**

**Contact information:**

<b>Phone:</b>
<b>Email:</b>

**I. QUALITY INFRASTRUCTURE, PLWH**

**A. List the staff or group responsible for your quality management activities. Include the individuals or the members of the group that reviews performance data, selects improvement goals, develops/selects/implements/modifies improvement activities, reviews client satisfaction results, etc.**

**B. Describe the structure that will facilitate accomplishing quality management activities (include the frequency of meetings). Programs must keep minutes or other documentation of these meetings or quality management discussions.**

**C. How will you involve community members in improving funded services and on the Quality Management (QM) committee?**

- a. Describe how you will invite and select people for participation on the QM committee?**
- b. How will community members be involved in selection, design, and analysis of quality improvement projects?**
- c. How will you ensure that the QM committee represents the diversity of your client base?**

**D. How will you measure client experience/satisfaction with funded services?**

- a. Describe how clients will be involved in the design of community members experience survey or focus group?**
- b. Describe how your agency will determine cultural appropriateness of the services provided?**

II. QUALITY MANAGEMENT PERFORMANCE MEASURES, PLWH

**PERFORMANCE AND HEALTH OUTCOME MEASURES**

Performance management systems depend on timely and accurate data to provide the information needed to identify problems and areas for improvement activities. Provide GTI is the information management system used to collect, manage, and report the quality of care for PLWH.

CODE	SERVICE CATEGORY - CORE	PERFORMANCE GOAL
<a href="#">2082</a>	<b>HIV Viral Suppression</b> - Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year.	95%
<a href="#">2083</a>	<b>Prescription of HIV Antiretroviral Therapy</b> - Prescription of HIV Antiretroviral Therapy	90%
<a href="#">2079</a>	<b>HIV Medical Visit Frequency</b> - Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.	90%
<a href="#">2079</a>	<b>Gap in HIV Medical Visits</b> - Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year. *Inverted Measure*	20%
<a href="#">None</a>	<b>Annual Retention in Care</b> - Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year.	80%

CODE	SERVICE CATEGORY - MEDICAL CASE MANAGEMENT	PERFORMANCE GOAL
<a href="#">None-MCM</a>	<b>Care Plan</b> - Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year.	<b>90%</b>
<a href="#">None</a>	<b>Gap in HIV Medical Visits</b> - Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year (that is documented in the medical case management record). *Inverted Measure*	<b>20%</b>
<a href="#">None</a>	<b>HIV Medical Visit Frequency</b> - Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.	<b>90%</b>

### III. QUALITY IMPROVEMENT, PLWH

All agencies must identify at least one improvement project to implement for the year. If your agency chooses more than one improvement project, please complete sections A, B, and C below for each. An example improvement project could include a reviewing your demographic data and identifying any health disparities. For example, is the viral suppression percentage the same for all populations served? If no, explore why not, try a small test of change (use Plan Do Study Act) and report your findings.

#### Implementing Quality Management - Quarterly Reporting Requirements

<u>Reporting Time Period</u>	<u>Measurement Year</u>	<u>Report Due Date</u>
January 1 – March 31	April 1 – March 31	April 30
April 1 – June 30	July 1 – June 30	July 30
July 1 – September 30	October 1 – September 30	October 30
October 1 – December 31	January 1 – December 31	January 30

**A. What have you identified to accomplish?**

1. Improvement Project. Provide a brief description of the improvement project you will be working on. (e.g., what problem are you trying to address? What are you hoping to accomplish?)
  
2. Set Project Aim. What time-specific and measurable improvement are you working to achieve?
  
3. Justification. Why did you choose this project? Refer to past audit results or other data.

**B. How will you know when a change is an improvement?**

1. Establish Measures. What data elements will you use to measure your progress? Identify at least one measure. Copy/paste the following table for additional measures.

Measure Name	
Numerator	
Denominator	
Data sources	
Baseline (most recent results)	

**C. Implementing quality improvement (what change will you make that will result in an improvement?)**

1. Who will be involved in this improvement project? It may include non-staff such as consumers and medical providers.
  
2. Identify key dates for planning and implementing this improvement project. Include:
  - Project Start date
  - How often, or the dates, for re-measuring performance on the measures listed in B above to see if your improvement activities are helping?
  
3. Resources needed?



