2023

TARRANT COUNTY
HIV ADMINISTRATIVE AGENCY

Ryan White HIV/AIDS Program
Policies & Procedures Manual for

Subrecipient Clinical Quality Management Policies & Procedures

TARRANT COUNTY | 2300 Circle Drive, Suite 2306, Fort Worth, TX 76119

Tarrant County HIV Administrative Agency

Clinical Quality Management Policies and Procedures

Revised 04/30/2022

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Tarrant County HIV Administrative Agency

Clinical Quality Management Policies and Procedures

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Overview

PURPOSE:

The purpose is to provide guidance for subrecipients and contractors regarding the Clinical Quality Management Program. It is the responsibility of Tarrant County HIV Administrative Agency (Recipient) to ensure that all contracted entities maintain a high level of accountability in the services that they provide under the Ryan White HIV Programs. This section details the policies and procedures set by the Recipient in regard to Clinical Quality Management for all subrecipients that provide services under contract with Tarrant County HIV Administrative Agency. These policies are to provide guidance for subrecipients on their Clinical Quality Management Programs to ensure compliance with legislative, policy, and grants management requirements.

SCOPE OF COVERAGE:

This policy applies to **Ryan White Part A:** Grant Year: March 1st-Febraury 28th/29th; Counties served: Tarrant, Parker, Hood, Johnson

RESOURCES:

Additional resources are provided in Attachment A: Clinical Quality Management Plan

Evaluating Client Satisfaction

POLICY:

This policy and these procedures for evaluating client satisfaction apply to all Subrecipients service agencies who receive funds from Ryan White HIV/AIDS Treatment Modernization Act Part A, Part B, Part C, Part D, Texas Department of State Health Services (DSHS) State Services funds, Ending the HIV Epidemic (EHE), and Housing Opportunities for Persons with AIDS (HOPWA) grant funds.

SUBRECIPIENT PROCEDURES:

1) All Subrecipient service providers must take part in all client perception/satisfaction initiatives (including but not limited to; studies, surveys, and assessments) conducted by the Administrative Agency.

2) All Subrecipient service providers must track client perception/satisfaction and effectiveness of services through conducting a patient/client satisfaction survey at a minimum annually; All Subrecipient service providers must create a client/consumer satisfaction survey administration plan to include:
    - When the survey will be offered to consumers,
    - Who will offer and distribute the survey to consumers,
    - What will be said to consumers when offering the survey,
    - How surveys will be collected, and
    - Who will compile the results.

3) The Subrecipient service provider's client satisfaction survey must be appropriately worded to elicit potential barriers to access, cultural sensitivity, and designed to be completed independently. However, accommodations should be made for clients hindered by poor eyesight, an inability to read, or any other limitation/barrier, including monolingual, which prevents them from completing the survey alone.

4) The client satisfaction survey must be available in English and Spanish.

5) All client satisfaction surveys must be administered by the subcontracting service provider at least annually and must be compiled so the data can be analyzed, and the results can be disseminated as well as incorporated into quality improvement initiatives. Subrecipients must apply this data to improve program operations and health outcomes.

6) These procedures must be documented and available for review by the Tarrant County HIV Administrative Agency (AA).

Monitoring Adverse Outcomes

PURPOSE: To establish a procedure for monitoring, reviewing, and following-up on adverse clinical outcomes.

POLICY: The Tarrant County HIV Administrative Agency shall use the following procedures to monitor, review, and follow-up on adverse clinical outcomes identified through random review of client records, data review from Provide Enterprise (PE), media releases, complaints, subcontractor monitoring, notification from HRSA, and any other communication mechanism.

DEFINITIONS:

Administrative Agency: Also, AA. The Tarrant County HIV Administrative Agency

Provide Enterprise: Also, PE. The client-level database utilized for Ryan White program, data, and quality monitoring.

PROCEDURES:

When a potential adverse outcome is identified the following process is followed:

1. The staff identifying the outcome notifies Grant Coordinator, Quality and Planning within 24 hours, and the QM staff consults to research and verify the information;
2. The Administrative Agency staff will work together to develop the corrective action applicable to the issue;
3. Depending on the adverse outcome, the Grant Coordinator, Quality and Planning will notify the provider first by phone, depending on the urgency of the outcome, and followed up in writing by email;
4. Provider will notify client/s of the adverse outcome by phone, mail, e-mail, flyers, media, website, face-to-face contacts, during visits, etc... For emergency outcomes, clients will be notified within 24 hours by phone, home visit or other face-to-face contact. Provider will document their efforts and at least three attempts must be made to contact the client;
5. For emergency adverse outcomes, the AA will assist the Provider to assess immediate needs of the clients and to facilitate access to services. Depending on the adverse outcome, the Texas Rapid Public Health Needs Assessment Instrument may be utilized;
6. Non-emergency adverse outcomes will be addressed on a case-by-case basis with priority given according to client need. The AA staff will work together to perform follow up monitoring and to report final results of the corrective actions taken and documented in LifeQI to address the adverse outcome to stakeholders and to the Clinical Quality Management Committee; and
7. Provider will maintain all documentation related to adverse outcomes and will furnish to AA upon request.

Performance Measures and Data Monitoring

PURPOSE: To establish a schedule and a system for the collection of, reporting on, and quality improvement of client level data.

POLICY: The Tarrant County HIV Administrative Agency shall use Provide Enterprise (PE) as the primary resource for reporting quality measures established in the Performance Measure Section of the Clinical Quality Management Plan. As such, it is necessary that client utilization and other data be monitored at least quarterly to ensure consistency in ongoing data entry.

DEFINITIONS:

Administrative Agency: Also AA. The Tarrant County Public Health HIV Administrative Agency

Planning Council: Also, PC. The North Central Texas HIV Planning Council

PE: Provide Enterprise

1. Data Collection/Source:

All Subcontracting Agencies shall be trained in the collection of required data elements for reporting on Performance Measure, RSR, and other reports as required by HRSA, the TC AA, the Planning Council and other entities as required:

A. Trainings will be consistent with the Data Improvement and Training Plan;
B. Data is collected consistent with all HRSA Data and Security Policies;
C. Data unavailable in PE will be reviewed by CQM staff via individual chart abstractions.

2. Data Validation:

The Administrative Agency shall ensure consistency of data through regular monitoring:

A. Service utilization data shall be monitored for trends at least quarterly;
B. Random client-level data elements shall be monitored monthly for spot-checks; and
C. All PE data shall be monitored in accordance with all applicable Data Policies.

Clinical Quality Management Committee

POLICY:

This policy and these procedures apply to the Tarrant County HIV Clinical Quality Management Program.

PURPOSE:

Establishment of a Clinical Quality Management (CQM) 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, (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and

- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV services.

PROCEDURES:

Each year the Clinical Quality Management Committee will meet bi-monthly at minimum and evaluate the Clinical Quality Management Program and work plan annually.

The committee includes the Grant Coordinator, Quality and Planning, representatives from subrecipients funded in the core and support service categories, People Living with HIV (PLWH), and medical provider(s), who is a certified infectious disease physician.

Roles and Responsibilities for Quality Improvement Activities of the Committee:

1) Establishment and approval of the Annual Clinical Quality Management Plan
2) Annual review, revision and approval of the Clinical Quality Management Program
3) Identification and approval of Indicators and other quality issues.
4) Annual review of the Clinical Quality Management Program.

Other committee functions include

1) Long term strategic planning for quality, including development and periodic modification of the Clinical Quality Management Plan.
2) Setting priorities for quality improvement action by developing, overseeing implementation and evaluation results of annual work plans.
3) Monitoring performance, including regularly scheduled review of performance on applicable Health and Human Service (HHS) Public Health Service standards and on non-clinical standards related to access, linkages, retention, viral suppression, and support services.
4) Initiating, supporting, overseeing, and evaluating quality improvement projects.
5) Designing new systems and procedures consistent with quality management principles.
6) Educating staff in quality principles and methods to maintain internal and external accountability for quality management.

The following processes are used to identify quality issues:

1) Data analysis from Provide Enterprise (PE) reports
2) Monitoring review reports from data, programmatic, and quality management site visits
3) Report from results of customer satisfaction surveys

Ad hoc committees may be developed as needed, including the formulary committee.

Attachment A: Clinical Quality Management Plan- CY 2023

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Tarrant County HIV Administrative Agency

Clinical Quality Management Plan

Last Updated: 8/7/23

Grants Manager

Quality and Planning Coordinator

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Mission & Vision:

The Clinical Quality Management Program (CQM) will work with all subrecipients to continuously improve the care and health outcomes among People with HIV (PWH) particularly around consumer care, consumer satisfaction, and health outcomes.

The CQM program will improve patient care, health outcomes, and patient satisfaction for PWH by utilizing all available data to understand needs in the service population, present this data to stakeholders to steer QM/QI projects, educate subrecipients, consumers, and the community about QM/QI, and facilitate QI activities with our subrecipients.

Quality Statement:

Tarrant County HIV Administrative Agency (TC AA) is committed to developing and continually improving a quality continuum of HIV treatment and supportive services that meets the identified needs of people with HIV/AIDS (PWH) and their families. The Clinical Quality Management (CQM) Program supports this mission by gathering and reporting on the data and information needed to measure both program and service quality and then implementing improvement activities based upon the data analysis. The key components of the CQM program are:

- Performance measure outcome data;
- Data analysis and presentation;
- Identification of data driven opportunities for improvement by clinical chart review abstraction, program monitoring, and client satisfaction;
- Monitoring compliance with the grant, including adherence of clinical services to Department of Health and Human Service guidelines;
- Implementation of performance improvement initiatives utilizing PDSA and Lean Six Sigma framework;
- Facilitate the active involvement of subrecipients in the implementation of multidisciplinary data driven quality improvement/assurance projects; and
- Promote communication among the Administrative Agency, subrecipients, Planning Council, and PWH regarding performance improvement issues.

Authority:

Title XXVI of the Public Health Service Act, Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C and D, requires the establishment of a clinical quality management (CQM) 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/HHS guidelines for the treatment of HIV disease and related opportunistic infections; and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV core medical and support services.

CQM is a key RWHAP and Ending the HIV Epidemic (EHE) component for optimizing health outcomes for all persons with HIV (PWH), and ultimately for decreasing HIV incidence. CQM costs required to maintain a CQM program to assess the extent to which services are consistent with the current HHS guidelines for the treatment of HIV and to develop strategies to improve access to and quality of services. Examples of CQM costs include:

- Implementation of CQM program;
- Clinical quality improvement activities;

- Data collection for CQM purposes (collect, aggregate, analyze, and report on measurement data on a quarterly basis at a minimum);
- AA CQM staff training/TA (including travel and registration) - this includes HRSA sponsored or HRSA approved training; and
- Training of subrecipients on CQM.

Quality assurance activities are administrative costs and not considered CQM costs. For further guidance on CQM, refer to PCN 15-02 Clinical Quality Management Policy Clarification Notice.

Definition of Quality:

HRSA defines "quality" as the degree to which a health or social service meets or exceeds established professional standards and user expectations. In order to continuously improve systems of care, evaluation of the quality of care should consider:

- The quality of the inputs,
- The quality of the service delivery process, and
- The quality of outcomes.

Quality Infrastructure:

- Leadership and Accountability:

Tarrant County designates the HIV Administration to provide oversight and management of all HIV grants received by Tarrant County. The HIV Grants Manager is responsible for all HIV grant related activities and resides under the Assistant County Administrator as well as guides, endorses, supports, and champions the CQM program. The Grant Coordinator Quality and Planning reports to the HIV Grants Manager and has responsibility for oversight of clinical quality management and planning activities. The HIV Grants Manager and the Grant Coordinator Quality and Planning are involved in all aspects of the clinical quality management program. The Grants Manager guides, endorses, supports, and champions the CQM program by attending monthly and quarterly meetings, staying current on all quality improvement activities, and closely monitors collaborative activities. Leadership is engaged in and supports the establishment of clear goals and objectives, communication of program/organizational vision, creating and sustaining shared values, active support of ongoing QI activities and provisions of necessary resources for implementation.

- Quality Management Committee:

The TC AA designed a quality management program that enables the Grant Coordinator Quality and Planning to oversee quality management activities in collaboration with the Quality Management Committee. The CQM committee develops the CQM program and corresponding activities.

The Quality Management Committee is scheduled to meet quarterly but required to meet biannually to provide guidance, consultation, and input regarding the overall Quality Management program. The Quality Management Committee establishes annual quality improvement goals, assesses performance data, promotes quality improvement within provider agencies, and monitors quality assurance initiatives.

Membership shall consist of TC AA staff, including the HIV Grants Manager and the Grant Coordinator, Quality and Planning, Grants and Data Coordinator; multidisciplinary service provider staff representing Ryan White Part A, B, C, D, State Services, and EHE programs, including physicians, nurses, data managers, case managers, and PWH of HIV. For current membership, please refer to the **Quality Management Committee Roster**.

The Quality Management Committee provides leadership by determining system wide quality initiatives, and prioritizing performance indicators. The committee establishes quality improvement

goals, reviews performance related data, develops strategies to improve care, and tracks quality improvement initiatives.

The committee is co-chaired and facilitated by the Grant Coordinator Quality and Planning and a committee member living with HIV or the CQM Consultant. The Co-Committee Chairs are responsible for:

- Establishing agenda for CQM meetings based on data, performance measures and current trends;
- Facilitating CQM committee meetings;
- Preparing and distributing minutes of the CQM meeting;
- Providing data;
- Establishing timelines; and
- Documenting quality improvement projects

All meetings' minutes are sent to the CQM Committee for reference.

Quality Management Committee Roster [1]

Committee Member	Specialty	Agency / Affiliation
Kristine Nukala	Nurse, Clinical Manager	AIDS Healthcare Foundation
Sandra Najuna	Senior Project Manager Quality Contracts	AIDS Healthcare Foundation
Michelle Pantaleo	Director of Client Services	AIDS Outreach Center
Will Mitchell	Case Manager, Supervisor	AIDS Outreach Center
Nadia Winston	Nurse Practitioner	CAN Community Health
Demi McDowell	Practice Administrator	CAN Community Health
Courtney Sherman	Dr. Quality Assurance and Compliance	CAN Community Health
Heather Vaughan	Ryan White Program Manager	CAN Community Health
******* ********	Consumer	Consumer/PC Member
******* ********	PLWH, Public Health EHE	Consumer, TCPH EHE
******* ********	Consumer	Consumer
Eve Auselime	Practice Manager, LMSW	JPS Healing Wings
Donna Carter	Nurse	JPS Healing Wings
Dani Cameron	Project Manager/Quality Management	JPS Healing Wings
Tilena Conner	HIV/AIDS Clinic Manager	Preventive Medicine Clinic
Katrice Goodman	Program Manager	Salvation Army of Fort Worth
Jasmone Brown	Lead Case Management Specialist	Salvation Army of Fort Worth
Carla Storey	Director of Programs	Samaritan House
Deven Stepney	Planning Council Coordinator	Tarrant County Planning Council
Rebecca Seymore	*Financial Analyst*	*Tarrant County HIV AA*
Lonnetta Wilson	*HIV Initiatives Program Manager*	*Tarrant County HIV AA*
Jonathan Ford	*EHE Community Engagement Specialist*	*Tarrant County HIV AA*
Lisa Muttiah	*HIV Grants Manager*	*Tarrant County HIV AA*
S. Renee Thomas	*Grants and Data Coordinator*	*Tarrant County HIV AA*
Kaitlyn Malec	*Asst. Quality and Planning Coordinator*	*Tarrant County HIV AA*
Kaitlin Lopez	*Grant Coordinator, Quality and Planning*	*Tarrant County HIV AA*

- Committee Roles and Responsibilities:
  1) Strategic planning
     - Develops the HIV quality management plan
     - Prioritizes goals and projects
     - Outlines the quality program infrastructure
     - Identifies performance measures
     - Plans for program evaluation

  2) Facilitating innovation and change

- Removes barriers to making and sustaining improvements
- Prepares staff for change

3) Promotes communication gives everyone at the facility a voice in the quality management program

4) Providing guidance and assurance

- Oversees the progress of quality activities
- Helps quality improvement teams in their work
- Supports changes that result from quality improvement projects
- Listens, observes, responds to staff concerns
- CQM Contractor attends CQM Committee meetings to provide additional technical assistance and guidance

5) Allocating resources
- Makes staff time available for quality committee meetings and quality improvement project teamwork
- Ensures that staff has the tools, knowledge and data necessary to participate in quality improvement work

6) Establishing a common culture
- Demonstrates a true commitment to the quality program
- Successful buy-in to the quality program means “not to get people to do what they are told but to do what they are not told”

Administrative Agency Responsibilities:

The Tarrant County HIV Administrative Agency oversees and facilitates the quality management activities throughout the system of care for Ryan White Part A, Part B, Part C, Part D, HOPWA, State Services, and Ending the HIV Epidemic. The grants manager is ultimately responsible for all CQM-related activities and authorizes the Grant Coordinator Quality and Planning and the CQM committee to plan, implement, and evaluate performance improvements in the Fort Worth TGA and HSDA. The Grant Coordinator Quality and Planning position has the following responsibilities in accordance with Policy Clarification Notice 15-02:

- Ensuring compliance with HIV Standards of Care and Department of Health and Human Services guidelines;
- Co-chairing CQM meetings;
- Researching and providing information on best practices among subrecipients;
- Monitoring performance measure data on a quarterly basis;
- Identification of quality improvement/assurance activities;
- Providing capacity building activities, including training and technical assistance to enhance quality improvement activities for AA staff, the community, PLWH, and subrecipient agencies;
- Collecting client satisfaction data, including following up on suggestions by PLWH to improve care and services;
- Assess the extent in which core medical and related support services for improving access and reducing disparities in health outcomes for the MAI population are being provided;
- Assures compliance with all HRSA Conditions of Award related to the Part A and MAI grants;
- Participating in Planning Council committees; and
- Assuring consumer participation in CQM activities.

To address the bold challenges of Ending the HIV Epidemic (EHE) the TC AA introduced the Ending the HIV Epidemic in Tarrant County Plan. Together with the National HIV/ AIDS Strategy and pillars two and four of the Ending the HIV Epidemic (EHE) Initiative, TC AA's CQM program outlines strategies to address the following goals:

- Increase the percentage of diagnosed PLWH who are virally suppressed to 89% by 2023
- Increase the percentage of diagnosed PLWH who are linked and retained in care to 85% by 2023
- Link individuals newly diagnosed with HIV to care and treatment, including through Rapid Start treatment programs.
- Find innovative and effective ways to re-engage individuals who are aware of their infection but are not receiving HIV care and treatment.
- Support those already in care who have not yet achieved viral suppression.

The *HIV Grants and Data Coordinator* is responsible for client and provider level indicator data.

The TC AA contracts with Collaborative Research for Clinical Quality Management initiatives. Collaborative Research is contracted to define and execute the process for performing routine medical record/chart abstraction review to verify compliance with current HIV treatment guidelines.

See Appendix E for CQM staff roles, responsibilities, and job descriptions.

Subrecipient Responsibilities:

The current Ryan White-funded Continuum of Care includes medical clinics and social service organizations that provide services through contracts with Tarrant County.

- All subrecipients will fulfill CQM activities outlined in PCN 15-02, with a focus on improving patient care, health outcomes and patient satisfaction. The Subrecipient will implement and maintain a Quality Management program which complies with HRSA Clinical Quality Management Policy Clarification Notice #15-02. The Ryan White program requires the establishment of a clinical quality management (CQM) program that assesses the extent to which care and services provided are consistent with federal, state, and local standards of HIV/AIDS care and services, and develops strategies for ensuring that such services are consistent guidelines for improving access to, and quality of HIV Service. The Subrecipient will:
    - Develop a CQM program that improves patient care, health outcomes, and patient satisfaction, and consists of:
        - Specific aims based in health outcomes.
        - Support by identified leadership.
        - Accountability for CQM activities.
        - Dedicated CQM resources.
        - Use of data and measurable outcomes to determine progress and make improvements to achieve the aims cited above.
    - Have a CQM committee:
        - With at minimum two people with HIV.
        - That meets quarterly but at minimum bi-annually, in a stand-alone meeting, with an agenda and meeting minutes.
    - A CQM plan:

        - Detailing at minimum two quality improvement projects per calendar year.
        - Identifying performance measures to be reviewed.
        - Explaining the CQM infrastructure within the agency.
    - Consistent utilization of data and measurable outcomes to make improvements and measure progress towards improving outcomes across the HIV Continuum of Care, and review performance data at least quarterly.
    - Dedicate staff responsible for carrying out CQM responsibilities who attend TC AA CQM capacity building activities.
    - Involve people with HIV that reflect the population that is being served in quality initiatives.
    - Focus on linkage to HIV medical care and support services.
    - Focus on Viral Load Suppression
    - Focus on Retention in HIV medical care and support services.
    - Track client perception/satisfaction and effectiveness of services.
    - Conduct quality management activities, including participation on a County wide CQM committee, and participation in County wide CQM initiatives.
    - *Participation by clinical staff in the formulary committee.*
- Further, the Subrecipient will, upon request, provide evidence that the Quality Management Program is active and on-going. The County may inspect the minutes of the Quality Management Committee; documentation of quality improvement activities/projects and outcomes; and other summary documents related to quality improvement activities. HRSA performance measures and health outcomes will be tracked, documented, and reported to the TC AA through the Provide Enterprise client data system. Subrecipients will participate in system-wide quality management activities and be responsible for developing quality management activities at the subrecipient level.
- All funded service categories should have two (2) identified performance measures and the corresponding performance measure data collected. Provide Enterprise is the data collection system for performance measure data to demonstrate health outcomes. The two (2) performance measures which apply to all funded service categories are annual retention in care and viral load suppression.
- Quality improvement activities should be implemented based on, at a minimum, viral load suppression and retention in care performance measure data.
- Subrecipients will participate in Client Satisfaction Surveys
- Subrecipients will annually complete a Quality Management Organizational/Cultural Assessment.

Consumer Involvement:

People living with HIV (PLWH) in the Fort Worth TGA/HSDA are encouraged to participate in the clinical quality management committee and the quality consumer advisory board known as the HIV Health Improvement Team (HIT HIV). HIT HIV participants receive training based on the Center for Quality Improvement and Innovation (CQII), PLWH in Quality Training, and the National Minority AIDS Council (NMAC) Building Leaders of Color. The HIT HIV training is offered annually. HIT HIV is a consumer driven advisory board, with PLWH taking the lead in trainings and meeting facilitation. The HIT HIV consumer advisory board meets monthly (at minimum quarterly) and advises the CQM Committee and the TC AA on grant related activities.

In addition, the CQM Committee and Local AIDS Pharmaceutical Assistance Program (LPAP) Medication Formulary Committee has a minimum of two consumer representatives.

Performance Measurement:

The HRSA HIV/AIDS Bureau (HAB) has developed performance measures that subrecipients use to monitor the quality of care they provide. In addition, there are seven Common Indicators for HHS-funded prevention treatment and care services. TC AA tracks and monitors the HHS Common Indicators and the HAB Core performance measures for all service categories. Performance measures reflect key aspects of care, can be either clinical or service oriented, and can evaluate processes or health outcomes. Important considerations in the development of performance measures include the following:

- Relevance to the overall mission and vision;
- National, state, and local initiatives;
- Consumer input and meaningfulness (i.e., results easily understood, potential for improvement, etc.).

Selection of specific performance measures is based on the goals and objectives of the TC AA plans, consumer feedback, and in combination with HRSA/HAB recommendations and other local, state and national initiatives including the national Ending the HIV Epidemic (EHE) initiative. Data from selected performance measures are reviewed regularly and data are stratified to evaluate for disparities and target improvement activities. Provide Enterprise has reports which support evaluating HIV/AIDS Bureau (HAB) performance measure data with a built-in disparities' calculator. The report analyzes aggregate data for disparities and produces the results in a table format. The report shows disparities identified in the following populations: transgender, MSM of color, Black and Hispanic Women, and Youth (age 13-24). Results are analyzed and shared with subrecipients monthly during one-on-ones. The TC AA will monitor Viral Load Suppression and Retention in Care of all Service Categories for 2023 and the Medica Case Management Care Plan indicator.

Performance Measure: HIV Viral Load Suppression
National Quality Forum #: 2082

Description: 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.

Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Patient Exclusions: None

Data Elements:

Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)
- a. If yes, did the patient have at least one medical visit during the measurement year? (Y/N)
  - i. If yes, did the patient have a HIV viral load test with a result <200 copies/mL at the last test? (Y/N)

Performance Measure: Annual Retention in Care

National Quality Forum #: None

Description: Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year.

Numerator: Number of patients in the denominator who had at least two HIV medical care encounters at least 90 days apart within a 12-month measurement year. At least one of the two HIV medical care encounters needs to be a medical visit with a provider with prescribing privileges.

Denominator: Number of patients, regardless of age, with a diagnosis of HIV who had at least one HIV medical encounter within the 12-month measurement year.

An HIV medical care encounter is a medical visit with a provider with prescribing privileges or an HIV viral load test.

Patients Exclusions: Patients who died at any time during the measurement year.

Data Elements: Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)
- a. If yes, did the patient have at least <u>two</u> medical care encounters during the measurement year? (Y/N)
  - i. If yes, did the patient have a HIV viral load test within the measurement year? (Y/N)
  - ii. If yes, did the patient have at least one additional medical visit encounter with a provider with prescribing privileges within the measurement year? (Y/N)
  - iii. Or, did the patient have two medical visit with provider with prescribing privileges within the measurement year? (Y/N)

Performance Measure: Medical Case Management: Care Plan

National Quality Forum #: None

Description: Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan[1] developed and/or updated two or more times in the measurement year

Numerator: Number of medical case management patients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year

Denominator: Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year

Provide Enterprise has a HAB measure compliance report, which has built-in reports that calculate compliance of the measures. Furthermore, key performance measures are reviewed at a minimum quarterly, desktop monitoring is conducted using Provide Enterprise, and through quarterly chart abstraction. Performance measure data is analyzed first by the Grant Coordinator, Quality and Planning, Assistant Quality and Planning Coordinator, Grants Manager, and the Grants and Data Coordinator. Performance measure data is shared with Subrecipients, Planning Council, CQM Committee, HIT HIV, and the community at minimum quarterly but often monthly. Each Subrecipient is given a baseline figure representing their accomplishments regarding each measure during the prior calendar year and receives monthly performance measure reports. Progress against baselines is checked monthly during one-on-one's and quarterly communicated back to each provider during Quality Management meetings, with recommendations for improvement. If a provider distinguishes itself among its peer subrecipients by achieving exemplary results, those subrecipients are then paired with struggling sites as a promising practice model to work together on improving results. In addition to the HRSA HAB performance measures, The Common Indicators and HAB performance measures are:

Common Indicators:
- HIV Positivity
- Late HIV Diagnosis
- Linkage to HIV Medical Care
- Retention in HIV Medical Care
- Antiretroval Therapy Among Persons in HIV Medical Care
- Viral Load Suppression
- Housing Status

Core Measures:
- Viral Load Suppression
- Prescribed Antiretroviral Therapy
- Medical Visit Frequency
- Gap in Medical Visits
- PCP Prophylaxis

Data Collection Plan and Process:

The HIV Grant & Data Coordinator (Data Manager) ensures that provider sites enter necessary data into the client-level data system, Provide Enterprise, to assure the ability to measure performance. The Data Manager and Data Analyst review provider compliance with data entry and importing requirements to track baseline and quarterly compliance with set goals and objectives. Monitoring of data accuracy and integrity allows the quality of the data used for performance measures to be as error free as possible. The Data Manager and/or Data Analyst refer performance measurement concerns to the Grants Manager and Grant Coordinator Quality and Planning for consideration of referral to CQM committee. All Subrecipient staff must take the online DSHS Security and Confidentiality Training upon hire, annually, and/or prior to gaining access to data system(s). The purpose of the Security Training is to ensure staff are aware of and adhere to security and confidentiality requirements.

LPAP Medication Formulary Committee:

The Formulary Committee will meet quarterly to review the formulary and can be called upon for expedited evaluations. The Formulary Committee will complete periodic reviews of the formulary to assure it is current and meets USPHS guidelines. Medications approved by the Texas HIV Medication Program (THMP) will be added to the formulary when approval notice is distributed. The Formulary Committee may choose to have the ability to meet more frequently or add needed meetings if requests to add medications to the formulary are received. If a third-party payer is not available, the subrecipient may choose to use EFA as a stopgap to pay for the off-formulary medication until the LPAP committee meets and approves the addition.

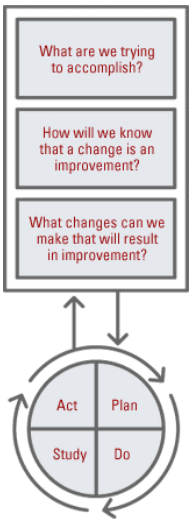
The committee make-up, must include the following required representatives:

- medical professionals with prescribing ability
- pharmacists
- consumer representation

Clinical and Program Monitoring:

On an annual basis, all clinical, support and Housing Opportunities for Persons with AIDS (HOPWA) will be monitored for compliance with program requirements. Clinical consultants conduct chart abstractions for Outpatient Ambulatory Medical Care, Oral Health and Medical Case Management. The Grant Coordinator Quality and Planning will participate in each of the clinical reviews and conduct Quality Management monitoring. The Data Manager, and Data Analyst will participate in reviews as well. Blinded results from all clinical and quality monitoring will be presented to the CQM Committee for review and consideration for quality improvement initiatives.

Utilizing Data for Quality Improvement:



The CQM Committee will track the HRSA HAB clinical performance measures and outcomes data, and specifically focus on the annual improvement goals for quality improvement projects. Emphasis will be placed on measures which relate to the National HIV/AIDS Strategy, including retention in care and viral load suppression. The Quality Management Committee recommends subrecipients use the Model for Health Care Improvement from the Institute for Healthcare Improvement to accelerate the improvement process. The model is data driven and utilizes The Plan, Do, Study, Act methodology to test improvements. Improvement will be monitored over time using data from Provide Enterprise and LifeQI. The CQM Committee will provide oversight for at least one system wide quality improvement initiative annually.

Continuous quality improvement (CQI) refers to a management process or "approach to the continuous study and improvement processes or providing health care services to meet the needs of individuals and others" (Joint Commission, Glossary). The CQI process facilitates the primary goal of improving health outcomes and quality of life for people living with HIV.

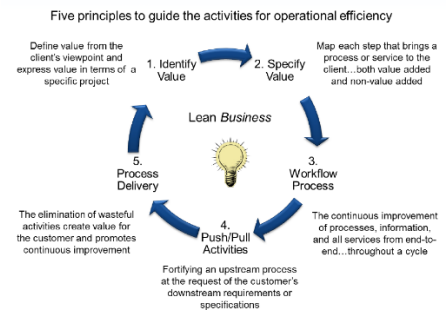
QI projects are established by the CQM committee and through data and analysis that the TC AA pulls. If technical assistance or other support or resources are needed to implement a QI project, TC AA CQM staff and leadership will work directly with the project teams/subrecipient to build capacity for these efforts. Quality improvement projects are documented using various methods, including templates, storyboards, LifeQI, and meeting minutes. Information is shared with stakeholders through routine and ad-hoc meetings, in-person and phone communication, emails, and newsletters.

Utilizing Lean and Six Sigma:

Since 2020, subrecipient and AA staff began taking Green Belt certification courses in Lean Six Sigma. Key Lean principles that were implemented were of reducing non-value-added activities, mistake-proofing tasks, and relentlessly focusing on reducing waste to improve health care delivery. Lean helps operationalize the change to create workflows, handoffs, and processes that work over the long term. A key focus of change is on reducing or eliminating seven kinds of waste and improving efficiency (Levinson & Renick, 2002):

- Overproduction
- Waiting; time in queue
- Transportation

- Nonvalue-adding processes
- Inventory
- Motion
- Costs of quality, scrap, rework, and inspection



Six Sigma is used to improve coordination between care coordination, providers, and clients, reduce unnecessary appointments and reduce waiting times for appointments. The initiative defines and measures process indicators, analyzes descriptive statistics, and develops strategies based on the results. These strategies involve changing clinical protocol for clients, increasing the autonomy of staff, reorganizing the scheduling office, and specializing processes. Locally a CQI initiative using Six Sigma adheres to five principles:

Quality Improvement Initiatives & Resources:

Lean Six Sigma Green Belt Certification Program:
The Lean Six Sigma program will aid in quality improvement efforts and increase the capacity to improve health outcomes and client/patient experience and access to care. Six Sigma training is a supplement to PDSA cycles. Six Sigma aims at improving agency efficiency and the client/patient experience. Six Sigma will aid leaders within the TC AA and subrecipient agencies to define, measure, analyze, improve, and control processes and improvement throughout the services they provide.

Life QI:
At minimum one person from each subrecipient and two from the TC AA have access to Life QI. Life QI is an all-in-one web-based solution to quality improvement. Life QI will allow the members to share projects, track QI data, analyze outcomes and performance measures, and improve accordingly. Life QI will help develop PDSA cycles, charting, collaboration, productivity, increasing patient satisfaction, response times, and improving health outcomes.

IHI Open School:
The TC AA and all subrecipients have access to IHI Open School for one year. IHI Open School courses aim to improve HIV care and health care services. This tool provides a framework for assessing a quality management program's organizational framework and identifying areas in a quality management program that need development. Assessment tools for Ryan White are available as guidance.

Care Coordination Check-ins:
Care Coordination Check-ins are for all Care Coordination staff; this includes Case Managers, Non-Medical Case Managers, Patient Navigators, Peer Navigators, Outreach, EIS, and AEW staff. The COVID-19 pandemic accelerated the meeting timeline and provided evidence on how critical quality improvement initiatives and training are for all staff. Care Coordination meetings cover quality initiatives, needs assessments of clients, and offer useful resources to the Care Coordination staff. Meetings occur at minimum once a month.

Cultural Humility & Diversity, Equity, and Inclusion (DEI) Training:
The TC AA continues to provide yearly DEI training. This initiative addresses Quality Performance Goal # 4: By 2023, reduce disparities in the viral load of the following populations: Youth, Black MSM Youth, Hispanic Youth.

Collaboratives:
CAI/Housing Works Housing Collaborative
Housing Learning Community, hosted by the TAP-IN team at CAI and Housing Works. Focuses on launching new housing initiatives. Activities include reviewing key activities, detailed roll-out timeline, key components of the initial capacity assessment, and networking with other jurisdictions in the housing cohort.

CAI Trauma-Informed Care (TIC) Collaborative
One of the key goals of this collaborative is to support subrecipients and jurisdictional leaders in understanding and addressing that integrating trauma-informed care supports improved outcomes for clients living with HIV and the staff that care for them. This is an important strategy to support ending the epidemic. The focus of this collaborative will be TIC and client-centered care that is culturally competent, addresses Social Determinants of Health, improving health outcomes, and can transform systems so clients are more likely to engage in care and stay engaged.

Cluster Detection and Response Collaborative
The Cluster Detection and Response (CDR), hosted by CQII and the TAP-IN team at CAI focuses on launching a localized CDR plan and will provide collaborative teams with the opportunity to engage in CDR conversations and build a shared community to improve cluster detection and response, understand needed roles and responsibilities to accomplish change related to CDR efforts, and be introduced to quality improvement methodology and tools to support the participating EHE jurisdictions in their efforts.

Evaluation and Review:

Clinical Quality Management Plan:
The Grant Coordinator Quality and Planning will review the overall CQM plans, as well as focus on the goals and objectives on an annual basis, completing the process and producing a revised plan by the beginning of the next Calendar Year. The plan will be reviewed and approved by the Quality Management Committee and the TC AA. The CQM Plan is a living document that can be updated as the CQM Committee and the TC AA deems necessary based on data, trends, and performance measures.

Quality Management Committee:
The Grant Coordinator Quality and Planning will evaluate the execution of the CQM committee by collecting evaluations at the end of each meeting that will survey the preparedness of the staff, the applicability of the topics, and overall productiveness of the committee. Additionally, at the end of the calendar year, the committee will produce a report on all the activities that the CQM committee took part in throughout the year. This report will be written by the Grant Coordinator Quality and Planning, with participation from the committee, and will be published on the TC AA Website.

Subrecipient QI projects:
The CQM staff will collect data in a variety of ways to evaluate performance regarding the training of subrecipient staff in QI and providing TA for QI projects. The CQM staff use an evaluation tool to survey the subrecipients for knowledge and skills in QI at the beginning, as well as at the end of a training or project. Lastly, the CQM staff will rely on utilization and outcomes data to evaluate success of individual QI projects. Performance Measures: Performance measures, definitions, and indicators will be reviewed every six months. At the end of each calendar year, the QM team will compile a report detailing outcomes on performances measures for each subrecipient, service category and for the jurisdiction overall.

The Grant Coordinator Quality and Planning in collaboration with the Quality Management Committee will evaluate the CQM program at the end of the calendar year and set goals for the upcoming year. Evaluation will include:

- Assessment of the effectiveness of the CQM infrastructure;
- Review of quality improvement initiatives to determine if improvements have been made;
- Evaluation of quality management goals to determine if goals were achieved;
- Review of performance measures;
- Review of training needs in comparison to training provided in person or online;
- Review of use of client satisfaction data;
- Review of provider level quality management programs;
- HIV QUAL annual assessment; and
- Goal setting for upcoming year.

***2020-2021 Evaluations were not conducted due to staff turnover because of COVID-19.*

Clinical Quality Management Program:

Evaluation of the CQM Program and Infrastructure

The objectives, scope, and organization of the CQM program is evaluated at least annually by the CQM committee and revised as needed. The evaluation will also look closely at the effectiveness of the program including the collaborative, interdisciplinary involvement, services and stakeholders and the impact of QI initiatives on HIV care, health outcomes and patient satisfaction. As a central element of the evaluation, the CQM committee uses the NQC Part A Org Assessment Tool to assess the CQM program and infrastructure. Results of the evaluation findings are used to develop new and/or revised CQM program activities, performance measures, and quality goals.

The purpose of the CQM program and infrastructure evaluation is to:

- Evaluate the overall effectiveness of the CQM program
- Identify quality issues and make recommendations for improvement in quality of HIV clinical care and services to consumers
- Identify barriers and solutions to address unmet goals
- Identify new goals and/or re-establish unmet goals for the upcoming year

Capacity Building:

The Center for Quality Improvement and Innovation (CQII) formally known as the National Quality Center's (NQC) quality academy will be used as the model for online training. Staff and stakeholders will be given copies of the CQII quality improvement resource site to use for

continued self-learning. The CQII quality academy can also be accessed on the Web via: https://targethiv.org/cqii .

Process to Update CQM Plan:

On an annual basis, the Quality Management Committee will review and update the CQM plan with the Grant Coordinator Quality and Planning. The update will include performance measures, goals and performance data. The Grant Coordinator Quality and Planning will draft edits to the plan and present to the Committee for approval.

Quality Performance Goals	Baseline	2019	2020	2021	2022	2023
1. By the end of 2023, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 87 percent. (NHAS) Data Source: Provide Enterprise (PE)	80%	79.6%	83%***	80%***	83%***	
2. By 2022, increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent. (NHAS) Data Source: Provide Enterprise (PE)	71%	86% (PE)	73%***	70%***	76%***	
3. By 2022, Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of diagnosis to at least 85 percent. (NHAS) Data Source: DSHS	Will establish baseline	---	Pending DSHS Surveillance Data	Pending DSHS Surveillance Data	Pending DSHS Surveillance Data	
4. By 2022, reduce disparities in the viral load of the following populations: Youth, Black MSM Youth, Hispanic Youth. Need to establish baseline data. Goal is to increase viral load suppression among the identified populations by 20%. Data Source: Provide Enterprise (PE)	Will establish baseline	---	77.08%/77.78%/76.47%	74.59%/70.73%/84.38%***	83.57%/73%/63%	
5. In 2022, grow the CQM Program and build capacity for providing TA to subrecipients focusing on creating a culture of continuous quality improvement by improving and supporting a CQM Committee, establishing a system to visualize and communicate performance measure data, and engaging and supporting subrecipients in implementing QI projects within their agencies. See Appendix A.	---	---	The TC AA provided subrecipient agencies with three new QI resources and professional development opportunities	The TC AA provided subrecipient agencies with new QI resources, professional development opportunities, and technical assistance.	The TC AA provided subrecipient agencies with new QI resources, professional development opportunities, and technical assistance.	

***EMR/EHR IMPORT to Provide Upload Errors, **Provisional Data, *Due to the ARIES limitations, the data validity cannot be substantiated.

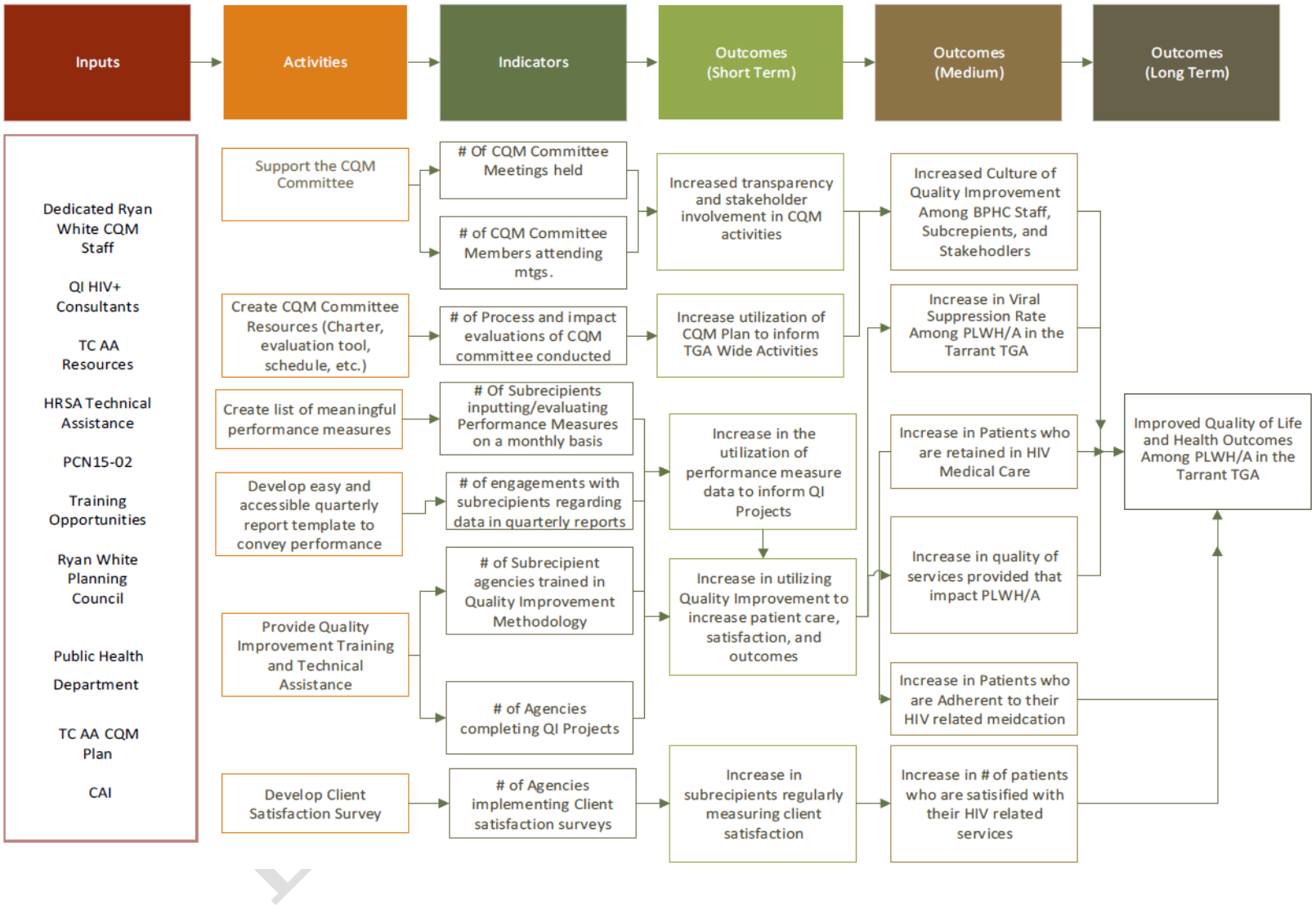
Participation of Stakeholders

Stakeholder Participation	Involvement in CQM Program	CQM Program Communication Methods
PLWH	• Representation on CQM Committee • Provides feedback through Positive Voices Coalition • Participates in client satisfaction surveys • Make suggestions/ recommendations for quality improvement initiatives to the CQM program. • Reviews CQM reports • Makes suggestions/recommendations to subrecipients on quality improvement needs	• Quarterly CQM reports • Quarterly CQM updates at planning council meetings • Participation on CQM committee • Periodic presentations at Positive Voices
Subrecipients	• Provide care to PLWH consistent with Department of Health and Human Service guidelines • Ensure that quality management components of their contract are met • Assist the grantee in meeting the medical and supportive service needs of PLWHA Adhere to standards of care specific to their program service area(s) • Develop a quality management plan for their agency or project • Provides grantee with requested performance data in respective service category • Participates in continuous quality improvement	• Quarterly CQM Committee meetings • Technical assistance and education via NQC tutorials and quality improvement workshops • Quarterly CQM performance reports • Detailed annual CQM performance report
Quality Management Committee	• Determines quality goals and improvement priorities • Participate in discussions about performance results • Participate in quality improvement projects as needed • Review needs assessment and epidemiological data to identify quality improvement needs at a systems level.	• Quarterly meetings • Quarterly reports to the Planning Council at large • Written and verbal reports
The Ryan White Planning Council	• Works in collaboration with the CQM committee in defining the standards of care for medical and supportive service categories • Reviews and updates standards of care on an annual basis • Review standards of care reports • The AA provides CQM Updates monthly on data, QI projects, and performance to help inform service standards development, directives, the How Best to Meet the Need process, and Priority setting.	• Monthly meetings • Quarterly updates • Annual report card
Grants and Data Manager	• Provides technical support and data on service utilization.	• Email • Written and verbal reports • Written data requests

Appendix A: FY 2023 Annual Quality Goal 5:

Goal 5: To create a culture of continuous quality improvement within the HIV System of Care and among Subrecipients		
Objective 1: Support the QM Committee, Grant Coordinator Q&P meets with QM Committee at least 4 times a yr, and develops the QM Plan and corresponding activities.		
Action Steps	**Responsible Party**	**Deadline**
1. Continuous growth of the QM Committee through guidance from a HRSA TA, recruitment of members, and creation of a yearly committee charter.	Grant Coordinator Quality and Planning & Assistant Quality and Planning Coordinator	Q1 2023
2. The CQM Committee will conduct regular meetings during which data is presented and reviewed and decisions are voted on that influence the work of the QM Program.	Grant Coordinator Quality and Planning & Assistant Quality and Planning Coordinator	End of 2023
3. Both process and impact evaluations will be conducted on QM Committee activities. Process evaluations will be conducted through evaluation forms completed by the QM Committee members at the end of each meeting. Impact evaluation will be completed at the end of each calendar year to evaluate QM Committee activities	Grant Coordinator Quality and Planning & Assistant Quality and Planning Coordinator	End of 2023
4. There will be an established set of activities for which the QM Committee is responsible for each year	Grant Coordinator Quality and Planning and QM Committee	End of 2023
5. QM Committee will represent the demographic makeup of the Tarrant County, accomplished through strategic recruitment and outreach.	Grant Coordinator Quality and Planning	End of 2023
Objective 2: Develop a robust portfolio of performance measures and data displays that are meaningful for each service category and subrecipients by 2023		
Action Steps	**Responsible Party**	**Deadline**
1. The TC AA will have an efficient system (judged by how easy to navigate, enter data, and understand data in the system) for tracking data on a quarterly basis.	Grant Coordinator Quality and Planning	End of 2023
2. There will be a practice of evaluating performance measures annually to make sure they are meaningful for agencies and the goals of the TC AA. This evaluation process will include reviewing and collecting input on performance measures with agencies, as well as through analysis of data that was collected throughout the year.	Grant Coordinator Quality and Planning & Program and Data Coordinator	End of 2023
3. The QM Program will develop a "user friendly" report to deliver to subrecipients to communicate about performance measure data on a quarterly basis.	Grant Coordinator Quality and Planning & Data Analyst	End of 2023
4. There will be regular communication with subrecipients regarding CQI projects including monthly calls or correspondence to collect information on QI projects (PDSA cycles, projects plans, troubleshooting, etc.), and to receive updates on QI/QA activities.	TC AA Staff	End of 2023
6. The TC AA will host an annual CQM session during the HIV Symposium where subrecipients will be able to present story boards of QI/QA projects and the TC AA will host speakers on the importance of QI in improving health outcomes for PWH	TC AA Staff	End of 2023

Appendix B: FY 2023 Logic Model



Appendix C: Quality Improvement Projects 2023

QI Project Planning and Reporting Form 2023

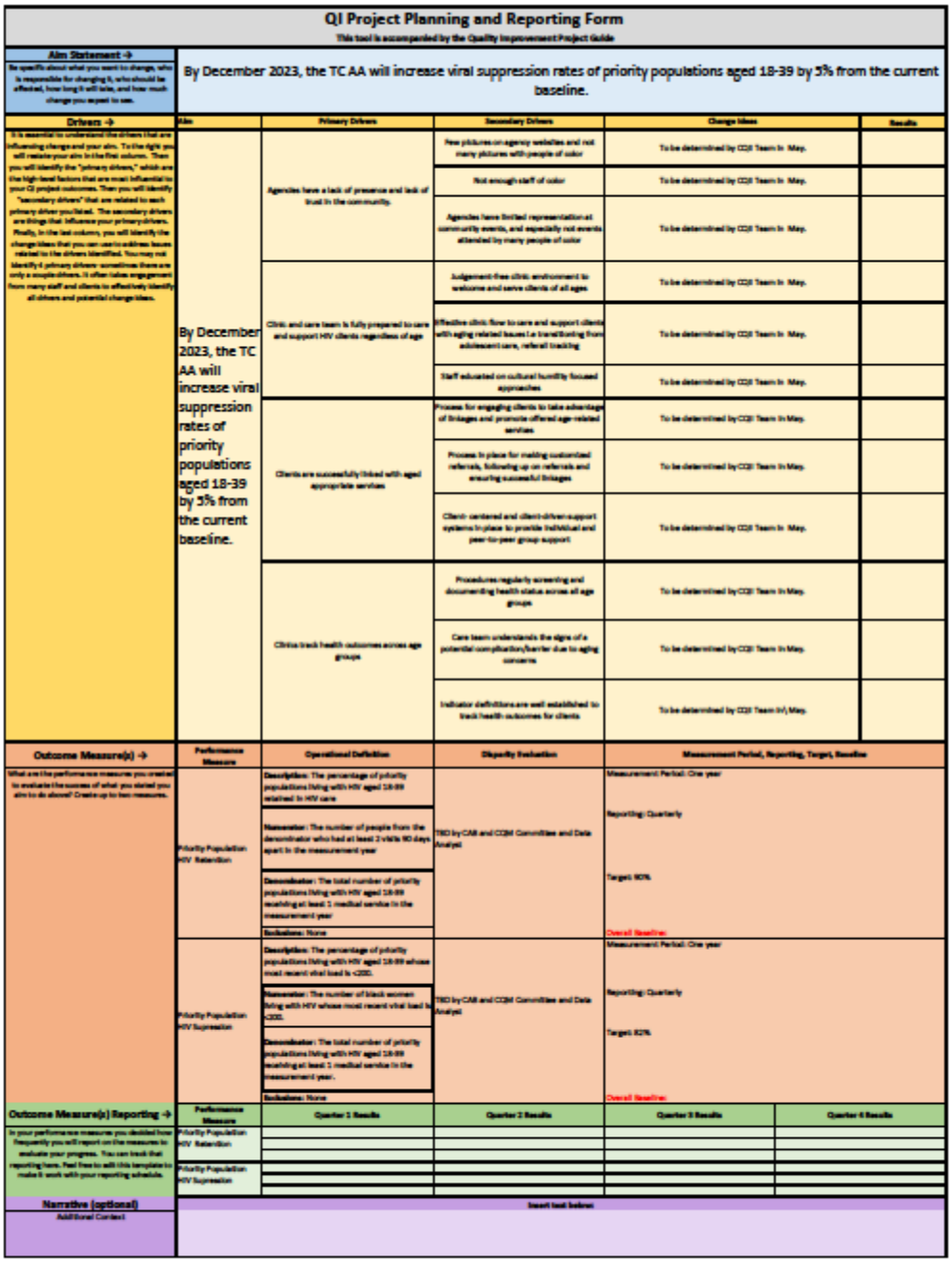
Aim Statement →	
Be specific about what you want to change, who is responsible for changing it, who should be affected, how long it will take, and how much change you expect to see.	The TC AA will increase the percentage of Black/Latino MSM retained in HIV care to by 3% in 2023.

Drivers →	Aim	Primary Drivers	Secondary Drivers	Change Ideas	Results
It is essential to understand the drivers that are influencing change and your aim. To the right you will restate your aim in the first column. Then you will identify the "primary drivers," which are the high-level factors that are most influential to your QI project outcomes. Then you will identify "secondary drivers" that are related to each primary driver you listed. The secondary drivers are things that influence your primary drivers. Finally, in the last column, you will identify the change ideas that you can use to address issues related to the drivers identified. You may not identify 4 primary drivers- sometimes there are only a couple drivers. It often takes engagement from many staff and clients to effectively identify all drivers and potential change ideas.	The TC AA will increase the percentage of Black/Latino MSM retained in HIV care to by 3% in 2023.	Agencies have a lack of presence and lack of trust in the community.	Few pictures on agency websites and not many pictures with people of color	Include staff and board photos on website-for sub agencies	
			Not enough staff of color	Increase diversity in staff by creating a multi-faceted strategic approach to training and professioanl development for PWH	
			Agencies have limited representation at community events, and especially not events attended by many people of color	Increase agency representation at community events	
		MSM in the community do not have support groups or social gatherings	Community culture is not accepting of MSM	Increase outreach and marketing to the MSM community in general as a means to reach MSM with HIV services	
			Local "gay bars" do not feel like safe or welcoming spaces for people of color	TBD by CAB and CQM Committee	
		MSM in our commmunity often don't feel comfortable openly identifying as MSM	Strong religious roots in the community make it less acceptable to be openly MSM	Make marketing efforts broadly focused on all people of color so that MSM do not feel as if they're revealing their sexual behavior by utilizing services	
			TBD by CAB and CQM Committee		
		TBD by CAB and CQM Committee	TBD by CAB and CQM Committee	TBD by CAB and CQM Committee	

Outcome Measure(s) →	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting, Target, Baseline
What are the performance measures you created to evaluate the success of what you stated you aim to do above? Create up to two measures.	Black and Latino MSM HIV Retention	**Description**: The percentage of Black and Latino MSM clients retained in HIV care **Numerator**: The number of people from the denominator who had at least 2 visits 90 days apart in the measurement year **Denominator**: The total number of Black and Latino MSM receiving at least 1 medical service in the measurement year **Exclusions**: None	TBD by CAB and CQM Committee and Data Analyst	Measurement Period: One year Reporting: Quarterly Target: 72% Baseline: 70.08%
	Black and Latino MSM HIV Suppression	**Description**: The percentage of Black and **Numerator**: The number of Black MSM clients whose most recent viral load is <200 **Denominator**: The total number of Black and Latino MSM receiving at least 1 medical service in the measurement year **Exclusions**: None	TBD by CAB and CQM Committee and Data Analyst	Measurement Period: One year Reporting: Quarterly Target: 80% Baseline: 78.65%

Outcome Measure(s) Reporting →	Performance Measure	Quarter 1 Results	Quarter 2 Results	Quarter 3 Results	Quarter 4 Results
In your performance measures you decided how frequently you will report on the measures to evaluate your progress. You can track that reporting here. Feel free to edit this template to make it work with your reporting schedule.	Black and Latino MSM HIV Retention				
	Black and Latino MSM HIV Suppression				

Narrative	Insert text below:
Additional Conetext	The TC AA will increase the percentage of Black/Latino MSM retained in HIV care



QI Project Planning and Reporting Form

This tool is accompanied by the Quality Improvement Project Guide

Aim Statement →

Be specific about what you want to change, who is responsible for changing it, who should be affected, how long it will take, and how much change you expect to see.

By December 2023, the TC AA will increase viral suppression rates of priority populations aged 18-39 by 3% from the current baseline.

Drivers →	Aim	Primary Drivers	Secondary Drivers	Change Ideas	Results
It is essential to understand the drivers that are influencing change and your aim. To the right you will restate your aim in the first column. Then you will identify the "primary drivers," which are the high-level factors that are most influential to your QI project outcomes. Then you will identify "secondary drivers" that are related to each primary driver you listed. The secondary drivers are things that influence your primary drivers. Finally, in the last column, you will identify the change ideas that you can use to address issues related to the drivers identified. You may not identify 4 primary drivers- sometimes there are only a couple drivers. It often takes engagement from many staff and clients to effectively identify all drivers and potential change ideas.	By December 2023, the TC AA will increase viral suppression rates of priority populations aged 18-39 by 3% from the current baseline.	Agencies have a lack of presence and lack of trust in the community.	Few pictures on agency websites and not many pictures with people of color	To be determined by CQI Team in May.	
			Not enough staff of color	To be determined by CQI Team in May.	
			Agencies have limited representation at community events, and especially not events attended by many people of color	To be determined by CQI Team in May.	
		Clinic and care team is fully prepared to care and support HIV clients regardless of age	Judgement-free clinic environment to welcome and serve clients of all ages	To be determined by CQI Team in May.	
			Effective clinic flow to care and support clients with aging related issues i.e transitioning from adolescent care, referral tracking	To be determined by CQI Team in May.	
			Staff educated on cultural humility focused approaches	To be determined by CQI Team in May.	
		Clients are successfully linked with aged appropriate services	Process for engaging clients to take advantage of linkages and promote offered age-related services	To be determined by CQI Team in May.	
			Process in place for making customized referrals, following up on referrals and ensuring successful linkages	To be determined by CQI Team in May.	
			Client- centered and client-driven support systems in place to provide individual and peer-to-peer group support	To be determined by CQI Team in May.	
		Clinics track health outcomes across age groups	Procedures regularly screening and documenting health status across all age groups	To be determined by CQI Team in May.	
			Care team understands the signs of a potential comorbidity/barrier due to aging concerns	To be determined by CQI Team in May.	
			Indicator definitions are well established to track health outcomes for clients	To be determined by CQI Team in May.	

Outcome Measure(s) →	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting, Target, Baseline
What are the performance measures you created to evaluate the success of what you stated you aim to do above? Create up to two measures.	Priority Population HIV Retention	Description: The percentage of priority populations living with HIV aged 18-39 retained in HIV care Numerator: The number of people from the denominator who had at least 2 visits 90 days apart in the measurement year Denominator: The total number of priority populations living with HIV aged 18-39 receiving at least 1 medical service in the measurement year Exclusions: None	TBD by CAB and CQM Committee and Data Analyst	Measurement Period: One year Reporting: Quarterly Target: 90% Overall Baseline:
	Priority Population HIV Supression	Description: The percentage of priority populations living with HIV aged 18-39 whose most recent viral load is <200. Numerator: The number of black women living with HIV whose most recent viral load is <200. Denominator: The total number of priority populations living with HIV aged 18-39 receiving at least 1 medical service in the measurement year. Exclusions: None	TBD by CAB and CQM Committee and Data Analyst	Measurement Period: One year Reporting: Quarterly Target: 82% Overall Baseline:

Outcome Measure(s) Reporting →	Performance Measure	Quarter 1 Results	Quarter 2 Results	Quarter 3 Results	Quarter 4 Results
In your performance measures you decided how frequently you will report on the measures to evaluate your progress. You can track that reporting here. Feel free to edit this template to make it work with your reporting schedule.	Priority Population HIV Retention				
	Priority Population HIV Supression				

Narrative (optional)	Insert text below
Additional Context	

Appendix D: Work Plan 2023

Goal: By 2023, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 89 percent. (NHAS) Data Source: Provide Enterprise (PE)				
Objectives	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/Comments
Increase the number of PLWH who are Aging (50+) to become virally suppressed	Conducting Aging Study Non/VLS Project	6/2023-12/2023	Kaitlin Lopez Kaitlyn Malec H.O.P.E Collaborative Research (CR)	CR Currently conducting study H.O.P.E Started Creating evaluation tool for aging services
Increase the number of PLWH who are in priority populations to become virally suppressed	Conduct QIPs and CQII EHE Interventions & Collaborative Non/VLS Project	24 months (ending 12/2023)	Kaitlin Lopez Kaitlyn Malec Subrecipient agencies	13 months of activities
Increase the number of PLWH who are youth, MSM, and Newly Diagnosed to become virally suppressed	Conduct QIPs in HIT HIV Newly Diagnosed University PL Cares Non/VLS Project	CY 2023	Kaitlin Lopez Kaitlyn Malec HIT HIV	Ongoing Activities Evaluation begins Dec 2023
Goal: By 2023, increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent. (NHAS) Data Source: Provide Enterprise (PE)				
Objectives	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/Comments
Increase the number of PLWH who are Aging (50+) to retain in care	Conducting Aging Study	6/2023-12/2023	Kaitlin Lopez Kaitlyn Malec H.O.P.E Collaborative Research (CR)	CR Currently conducting study H.O.P.E Started Creating evaluation tool for aging services
Increase the number of PLWH who are in priority populations to	Conduct QIPs and CQII EHE Interventions & Collaborative Non/VLS Project	24 months (ending 12/2023)	Kaitlin Lopez Kaitlyn Malec Subrecipient agencies	13 months of activities

become virally suppressed				
Increase the number of PLWH who are youth, MSM, and Newly Diagnosed to retain in care	Conduct QIPs in HIT HIV Newly Diagnosed University PL Cares	CY 2023	Kaitlin Lopez Kaitlyn Malec HIT HIV	Ongoing Activities Evaluation begins Dec 2023
Goal: By 2023, Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of diagnosis to at least 85 percent. (NHAS) Data Source: DSHS				
Objectives	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/Comments
Increase linkage for PLWH who are Aging (50+) to care	Conducting Aging Study	6/2023-12/2023	Kaitlin Lopez Kaitlyn Malec H.O.P.E Collaborative Research (CR)	CR Currently conducting study H.O.P.E Started Creating evaluation tool for aging services
Increase the number of PLWH who are in priority populations to become virally suppressed	Conduct QIPs and CQII EHE Interventions & Collaborative Non/VLS Project	24 months (ending 12/2023)	Kaitlin Lopez Kaitlyn Malec Subrecipient agencies	13 months of activities
Increase linkage for PLWH who are youth, MSM, and Newly Diagnosed to care	Conduct QIPs in HIT HIV Newly Diagnosed University PL Cares	CY 2023	Kaitlin Lopez Kaitlyn Malec HIT HIV	Ongoing Activities Evaluation begins Dec 2023
Goal: By 2023, reduce disparities in the viral load of the following populations: Youth, Black MSM Youth, Hispanic Youth. Need to establish baseline data. Goal is to increase viral load suppression among the identified populations by 20%. Data Source: Provide Enterprise (PE)				
Objectives	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/Comments
Increase the number of PLWH who are youth, Black MSM, and Hispanic MSM Diagnosed to become virally suppressed	Conduct QIPs in HIT HIV Newly Diagnosed University PL Cares Acuity Tool Development	CY 2023	Kaitlin Lopez Kaitlyn Malec HIT HIV	Ongoing Activities Evaluation begins Dec 2023

	CQM Mini Grants PREMS PROMS Housing Collab Trauma Informed Collab			
Goal: In 2023, grow the CQM Program and build capacity for providing TA to subrecipients focusing on creating a culture of continuous quality improvement by improving and supporting a CQM Committee, establishing a system to visualize and communicate performance measure data, and engaging and supporting subrecipients in implementing QI projects within their agencies. See Appendix A.				
Objectives	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/Comments
Build capacity for RW Subrecipient agencies in Tarrant County	Sub report cards CQM Committee Meetings Organization Culture Assessments Telehealth/med assessments CQM Mini Grants Technical Assistance LifeQI Lean Six Sigma Non-VLS Project IHI Open School	CY 2023	Kaitlin Lopez Kaitlyn Malec	Ongoing Activities Evaluation Jan 2024 by CQM Committee

Appendix E: CQM Staff Roles, Responsibilities, and Job Descriptions

Manager, HIV Grants - County Administrator's Office
Class Code: 20003369

SUMMARY:

The HIV Grants Manager is responsible for overall administration of the Ryan White Part A, Part B, Part C, and Part D; State Services; and Housing Opportunities for People Living with HIV (HOPWA) grant programs. The federal funding from the Health Resources and Services Administration (HRSA) and state funding from the Texas Department of State Health Services (DSHS) are for HIV core and support services in the Fort Worth/Arlington Transitional Grant Area and the Tarrant County Health Services Delivery Area. The Grants Manager is responsible for overseeing the preparation of competitive grant applications; the procurement process; and financial, quality management, and programmatic compliance. The Grants Manager ensures Tarrant County complies with federal and state regulations and ensures subrecipients maintain compliance with Federal, State, and locally defined regulations; standards of care; performance measures; and outcomes. The incumbent directs and provides oversight for the County's appointed External Review Committee and External Grievance Committee. This position provides critical input on the overall development and coordination of the local HIV/AIDS Care Continuum and provides leadership in support of the state and federal plans to End the HIV Epidemic.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Serves as project director and administrator for HIV/AIDS federal and state grants. Acts as primary point of contact for funders. Interprets Ryan White legislation and HRSA and DSHS policy. Ensures adherence to legislative and policy requirements.
2. Manages the daily operations of the HIV Administrative Agency including ensuring all grant deliverables are met, providing budget oversight, hiring and supervision of staff, ensuring staff are appropriately trained for their respective positions, coaching staff, and completing performance evaluations according to grant regulations and internal county procedures.
3. Oversees annual HIV administrative and service delivery budgets for state and federal grants including the development and management of budgets for grant applications and vendor contracts.
4. Responsible for the coordination and implementation of subrecipient monitoring for compliance with federal, state, and local regulations and standards of care.
5. Directs the development and implementation of programs, policies, and procedures as required by grant funding sources.
6. Responsible for the preparation and submission of grant applications for federal and state funding.
7. Responsible for the procurement of subrecipients and vendors including requests for proposal development, technical assistance workshops, working with external committees, and contract preparation for each subrecipient.
8. Oversees the client level database. Participates in clinical quality management program and quality improvement projects, data collection and analysis, and performance review and reporting. Participates in AA Clinical Quality Management Committee (CQM).
9. Directs and coordinates all grievances filed by subrecipient service providers or clients.
10. Coordinates with other county departments including Auditor's Office, Criminal District Attorney's Office, Purchasing Office, and Administrator's Office.

11. Participates in state-wide and national HIV services workgroups and conferences, including presentations at meetings.
12. Develops and maintains orientation materials for all new subrecipient service providers. Plans annual subrecipient trainings.
13. Promotes and maintains positive working relationship with North Central Texas HIV Planning Council, subrecipients, community organizations, and federal and state partners.
14. Ensures capacity building by fostering medical and support service providers especially in rural counties.
15. Responsible for preparation of federal and state compliance monitoring visits.

Coordinator, Grant/Quality and Planning - County Administrator's Office Class Code: 20005504

SUMMARY:

Coordinates and implements quality management (QM) and continuous quality improvement (CQI) activities and leads planning efforts to improve and enhance delivery of quality HIV services. Oversees a structured, system-wide approach for quality management and service delivery planning. Performs complex analysis of performance data including health outcome, compliance, patient satisfaction, and epidemiologic data. Prepares reports, develops requests for proposal/quote and assists with federal and state grant applications. Provides quality assurance oversight specific to HIV medical and support services provided by subrecipients. Provides technical assistance and guidance to subrecipients to ensure compliance with applicable federal, state, and local regulations.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Researches and implements the HIV QM program; initiating on-going data collection, integration, analysis, and reporting activities to ensure funded primary care and health-related support services meet established Public Health Service and other guidelines for service delivery.
2. Provides training, support, and technical assistance to subrecipients in the development and implementation of agency-specific outcome measures and CQI efforts consistent with Health Resources and Services Administration (HRSA) and Texas Department of State Health Services (TX DSHS).
3. Analyzes and researches performance data for quality and planning purposed. Tracks performance measure data and continuum of care data. Oversees the collection of patient satisfaction data for all funded services. Provides an analysis of the data to appropriate stakeholders.
4. Actively works to identify and recruit agencies to deliver Ryan White HIV services based on strategic planning initiatives, service gaps and needs.
5. Assists with the coordination of HRSA and TX DSHS competitive grant applications. Assists in preparing Conditions of Award for HRSA and TX DSHS, and grant related reports.
6. Participates in all activities related to the design and implementation of the QM program including meetings with consultants, subrecipients, people with HIV, planning bodies, and other stakeholders involved in QM activities.
7. Participates in the development of the Integrated HIV Prevention and Care Plan, needs assessments, and work plans to assure progress towards ending the HIV epidemic, and to support strategic goals. Facilitates focus groups and consumer advisory boards, as needed.

8. Participates in planning council meetings to share current guidance regarding federal, state, and local regulations which impact the delivery of services.
9. Develops and maintains mechanism for implementing and monitoring HIV Standards of Care.
10. Provides training, support, and technical assistance to subrecipients to ensure compliance with applicable federal, state, and local grant reporting requirements.
11. Provides written reports to HIV grants manager, subrecipients, planning council, and funders.

MINIMUM REQUIREMENTS:

Bachelor's degree in Business Administration, Public Health/Administration, Social Work, or a related field with four (4) years relevant experience in quality management and continuous quality improvement (CQI) program implementation activities, planning, and technical assistance. A Master's degree in Business Administration, Public Health/Administration, Social Work, or a related field can substitute for two (2) years of experience. Experience with federal grants is preferred.

Coordinator, HIV Grant and Data - County Administrator's Office Class Code 20005290

SUMMARY:

Responsible for researching, identifying, developing and responding to HIV/AIDS competitive grant opportunities. Collects, analyzes, summarizes and reports data, including epidemiologic, demographic and HIV/AIDS service outcomes data, for grant preparation and reporting. Prepares and submits federal, state and local conditions of grant award and required reports. Develops, edits and modifies local requests for proposals in accordance with federal, state and local regulations. Manages the HIV/AIDS client level database for HIV/AIDS services within a 38-county region. Determines trends and develops graphs and charts to visually display performance data. Provides technical assistance and creates a curriculum for training data improvement staff at subcontracting service providers. Conducts compliance site visits with subcontracting agencies to ensure compliance with data requirements. Provides statistical analysis of client-level data for evaluation and planning. Ensures HIPAA compliance related to protected health information for the HIV Administrative Agency (AA) and subcontractors. Performs initial and periodic compliance data security risk assessments and conducts ongoing compliance monitoring at subcontracting service provider locations.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Researches, identifies, develops and responds to HIV/AIDS competitive grant opportunities. Coordinates grant preparation team to efficiently respond to grant opportunities. Serves as lead, coordinates timelines, and serves as the liaison to the funder entity.
2. Develops, edits and modifies local requests for proposals in accordance with federal, state and local regulations.
3. Collects, analyzes, summarizes and reports data, including epidemiologic, demographic and HIV/AIDS service outcomes data, for grant preparation and reporting. Provides statistical analysis of client level data for evaluation and planning.
4. Manages the HIV/AIDS client level data base for HIV/AIDS services including monitoring, researching, analyzing and summarizing client services data. Ensures HIPAA compliance.

5. Assists with the technical review process for grant applications from potential service providers.
6. Submits a subcontractor training plan and data improvement plan to the Texas Department of State Health Services as required. Submits reports to funders as required.
7. Prepares and submits federal, state and local conditions of grant award and required reports.
8. Examines service utilization data trends based on client level data from the HIV database. Provides trend data analysis to the HIV Planning Council for purposes of determining funding allocations.
9. Creates curriculum for and provides training on use of client level data system based on changes developed and required by funders, rules and regulations.

MINIMUM REQUIREMENTS:

Master's degree in Business Administration, Public Health or a related field with two (2) years relevant experience in grant preparation and writing and database management, monitoring and technical assistance or Bachelor's degree in Business Administration, Public Administration or a related field with four (4) years relevant experience in grant preparation and writing, database management, monitoring and technical assistance. Must possess a valid Texas Driver's License. Experience working with databases; managing, analyzing, and interpreting data; displaying data with consideration given to health literacy levels of the audience; working with performance outcome data and working on data improvement plans; and providing data-related training. Must have excellent written and verbal communication skills and be proficient in researching, interpreting, summarizing and analyzing data. Requires analytical and quantitative abilities to produce reports based on outcomes and health indicators and knowledge of federal and state grant guidelines and regulations pertaining to grants administration.

Assistant Coordinator, Quality and Planning - County Administrator's Office
Class Code:

SUMMARY:

The Quality and Planning Specialist will aid in the coordination and maintenance of quality management (QM) and continuous quality improvement (CQI) activities; and support planning efforts to improve and enhance delivery of quality HIV services. Monitors contractor compliance with contracts, grants, and quality assurance. Participates in development of Request for Proposals and proposal scoring. Collects relevant data and prepares reports on performance data including health outcome, compliance, patient satisfaction, and epidemiologic data. Provides quality assurance assistance specific to HIV medical and support services provided by subrecipients. Coordinates technical assistance to subrecipients to ensure compliance with applicable federal, state, and local regulations and compliance with contract guidelines, contractual and programmatic service standards.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Contributes to the design and execution of the QM/Planning program including meetings with consultants, subrecipients, people with HIV, planning bodies, and other stakeholders involved in QM/Planning activities.
2. Assists in conducting annual chart abstractions and studies to ensure established performance measures and quality indicators are met. Conducts technical assistance when service standard measures are not met.

3. Evaluates performance data for quality and planning purposes. Tracks and reports performance measure data and continuum of care data. Creates programmatic monitoring reports with corrective action plans as needed.
4. Serves as an advisor in the collection and dissemination of patient satisfaction survey/data for all funded services.
5. Identify and build opportunities for collaboration with other local, State, and Federal organizations, actively working to identify and recruit agencies to deliver Ryan White/Ending the HIV Epidemic services and/or create community partnerships with.
6. Conducts contract monitoring of agency contracts for compliance and performance. Assists in annual contract review and updates. Reviews and reports status on all ongoing contracts.
7. Assists in the development and implementation of relevant policy and procedures.
8. Participates in preparing and scoring Requests for Proposals, Requests for Bids and Requests for Quotes.
9. Participates in the development of the Integrated HIV Prevention and Care Plan, needs assessments, and work plans to assure progress towards ending the HIV epidemic, and to support strategic goals.
10. Develop and conduct consumer focus groups to identify program priorities and needs.
11. Participates in planning council meetings to share current guidance regarding federal, state, and local regulations which impact the delivery of services.
12. Provides written reports to HIV Grants Manager, Grant Coordinator Quality and Planning, subrecipients, planning council, and funders.
13. Performs all other related duties as required.

MINIMUM REQUIREMENTS:

Bachelor's degree in Business Administration, Public Health/Administration, Nursing, Social Work, or a related field with two (2) years relevant experience in quality management and continuous quality improvement (CQI) program implementation activities, planning, and technical assistance. A Master's degree in Business Administration, Public Health/Administration, Social Work, or a related field can substitute for one (1) year of experience. Experience with federal grants is preferred. Knowledge of Public Health Services guidelines and health care service delivery systems, sensitivity to community needs, and understanding of critical funding processes for HIV/AIDS programs. Understanding of health outcome and performance measure data. Ability to conduct strategic planning. Knowledge of federal and state grant guidelines and regulations pertaining to grants administration.