



September 24, 2014

Framework for the Virginia Cross-Parts Ryan White Quality Management Collaborative

The Virginia Department of Health is delighted to welcome you to the Virginia Ryan White (RW) Quality Management (QM) Cross-Parts Collaborative meeting to reflect on the journey of the Collaborative, share successes, and develop next steps in Virginia including **RW HIV/AIDS Program Parts A, B, C, D, and F (AIDS Education and Training Centers)**.

Quality Management is a legislative requirement for all Ryan White HIV/AIDS Program Grantees. It is our responsibility to assure that all Grantees have the necessary resources and technical assistance to carry out this mandate.

The Collaborative aims to:

- Strengthen partnerships across RW Parts through regular communication strategies; state-wide quality management priorities; and joint training opportunities to avoid duplication
- Improve collaboration of QM programs across RW Parts
- Have a portfolio of performance measures in place for strategic planning, quality improvement processes, and data that are routinely collected
- Identify at least one joint quality improvement project initiated by VA Cross-Parts Collaborative
- Develop a unified statewide written Cross-Part quality management plan

In 2008, Virginia was one of only five states nationwide selected to participate in the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) Cross-Parts Quality Management Collaborative (the Collaborative). The Collaborative seeks to assess and improve the quality of care for persons living with HIV/AIDS by applying a standard set of care quality measures across the various Parts or funding streams that comprise the Ryan White Program and a unified, state-wide quality management plan. Experience has taught us that multiple funding streams can sometimes lead to confused missions and different service outcomes. The Virginia Collaborative exists to identify ways to improve health outcomes for Ryan White clients across the state, regardless of the source of funding for their care.

For the last five years, the Virginia Cross-Parts members have been collecting a standardized set of HIV performance measures from Ryan White service providers statewide. Cross-Parts data set allows routine review, sharing of quality outcomes, and assessing the status of HIV/AIDS care funded by all Ryan White in Virginia on a number of HRSA defined and generally accepted clinical quality measures, including assessing:

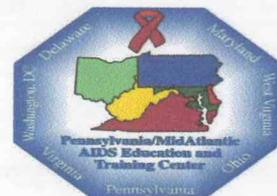
1. Percentage of clients with HIV infection who had 2 or more CD₄ counts performed in the measurement year;
2. Percentage of clients with AIDS who are prescribed a Highly Active Antiretroviral Therapy (HAART) regimen within the measurement year;



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3. Percentage of clients with HIV infection who had two or more medical visits in an HIV care setting in the measurement year;
4. Percentage of clients with HIV infection and CD4 counts below 200 cells/mm³ who were prescribed pneumocystis jiroveci pneumonia (PJP) prophylaxis;
5. Percentage of clients with HIV infection who received testing with results documented for latent tuberculosis infection (LTBI) since HIV diagnosis;
6. Percentage of Grantees submitting performance data to the Collaborative;
7. The Virginia Cross-Parts members also have been exploring how these measures vary by client race and ethnicity, and over time.

There is currently a need to review these measures to match with current Public Health Services Guidelines and the new insurance-based health service delivery environment.

Purpose of this meeting:

Recent areas of emphasis of the new HIV Treatment Guidelines have included early initiation of the treatment, patient retention, management of patients on antiretroviral therapy, and improving clinical information systems. Refinement of measurement strategies to enhance clinical outcomes based on available viral load and CD4 data has also become a major priority. As the course of the HIV epidemic evolves, it continues to present new clinical challenges. Complex medication regimens and new testing technologies (4th Generation) in conjunction with the implementation of Affordable Care Act (ACA) and enrollment into health insurance plans have portrayed a need for continuous innovation and relevant guidance to work with all RW Grantees and other decision-making stakeholders to develop client outcomes monitoring systems. These monitoring systems will support medical care provisioning for the newly insured RWB consumers at the same high levels of quality as consumers within the traditional RWB care network.

Potential Benefits of Statewide RW Cross-Parts Collaboration:

- Create seamless access to quality HIV care and services for consumers, regardless of “Part”
- Develop unified processes for better care coordination & performance data systems (avoiding resource-consuming redundancies)
- Jointly work on common priorities and challenges
- Benefit from expertise and best practices outside your agency
- Pool resources for quality improvement training and capacity building
- Maximize resources
- Reduce duplication and administration burden
- Seamless access to quality HIV care and services for clients

Expectations of this meeting and moving forward

All participating RW Grantees and members are expected to:

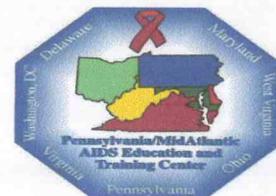
- Strengthen partnerships across all Ryan White Parts. All RW Grantees in Virginia will be expected to contribute to Cross-Parts communication and coordination of QM activities



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- Actively participate at and attend Cross-Parts meetings
- Have a portfolio of performance measures in place for strategic planning and quality improvement processes
- Develop methods for high quality and comprehensive data collection
- Collect and submit monthly data on the identified Collaborative performance measures
- Identify and implement one joint quality improvement project initiated by Cross-Parts Grantees and members
- Encourage commitment from your contractors and partners as there will be an opportunity to add Cross-Parts members and refine the Cross-Parts Quality Management Advisory Committee (QMAC) structure

As the designated representatives of your agencies and/or RW Grantees, we ask that you share all resources and communication provided during this meeting with your Chief Executive Officers and fellow leadership members. We request your participation in this data sharing effort. Participation will only require establishing a data transfer schedule with the Virginia Cross-Parts members. Outcomes will be shared among interested parties at conferences and through other events.

We look forward to your active participation in this RW Cross-Parts Collaborative to improve health outcomes, improve patient safety, and increase the quality of services for the patients you serve.

Thank you for considering our framework. I hope to see you soon at upcoming Virginia RW Cross-Parts Collaborative meeting.

Sincerely,

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