**FY 2018 Clinical Quality Management (CQM) Update (5 Pages)**

1. ***Describe any significant updates you have made to your CQM Plan submitted FY 2017 in each of the following areas.***
	1. ***Quality Statement: Vision and ultimate goal of the CQM program, as it relates to HIV service delivery and outcomes:*** Virginia Department of Health (VDH) Ryan White HIV/AIDS Program (RWHAP) Part B Clinical Quality Management (CQM) Program continued with its mission, vision, and values found in the Quality Management (QM) Plan submitted in Fiscal Year (FY) 2017 with no significant changes outlined during the FY 2018.

* 1. ***Quality Goals: Current priorities for the CQM program, including measureable and realistic goals:*** The quality goals for FY 2018 included: Goal A) Developing and implementing the 2018-2019 RWHAP Part B QM Plan; Goal B) Strengthening the existing Virginia Ryan White Cross-Parts infrastructure to support Quality Improvement (QI) activities in Virginia; Goal C) Ensuring that health-related core and support services, improve the HIV continuum of care status; Goal D) Providing technical assistance (TA) and quality trainings on an ongoing basis; and Goal E) Strengthening internal RWHAP Part B Recipient QI initiatives.
	2. ***Quality Infrastructure:*** The QM Coordinator was the only full-time equivalent staff assigned to the CQM program. In addition, a QM Specialist was added as full-time contractual staff assigned to assist with the CQM program. They updated and monitored the implementation of the QM Plan on a quarterly basis along with oversight RWHAP Part B subrecipients submitted QM plans and their QI Projects (QIP) progress reports. The HIV Care Services (HCS) unit hired a Services Analyst that provided data analysis support to ensure quality data was collected for program management. In addition, two consultants were financially supported by VDH to provide assistance to the QM program including TA to the new QM Specialist as well as review of proposed QIP projects that were selected by HCS. The CQM program continued to utilize stakeholders through the QM Advisory Committee and the Virginia Quality of Care Consumer Advisory Committee.

The QM Advisory Committee (QMAC) provided a mechanism for the Ryan White Cross-Parts input on objectives, evaluation, and continuing improvement of HIV care and support services in Virginia. Successful outcomes of the QMAC in GY18 were the development of the Orientation Manual and training for new and ongoing members on QM as well as a quarterly newsletters informing stakeholders of QI related activities, resources, and improvement projects happening throughout the Cross-Parts Collaborative. Three QMAC quarterly meetings were held to provide venues to share successes and review RW Cross-Parts performance data.

The Virginia Quality of Care Consumer Advisory Committee (VACAC) continued as liaison between consumers, VDH and service providers. In FY18, Fifteen (15) members of the VACAC Executive Committee were trained as trainers in quality and received statewide recognition as champions in Quality during the QM Summit in October 2018. In addition, two (2) VACAC members were able to attend the Center for QI and Innovation (CQII) Training of Trainers in Missouri; four (4) members were invited to the AIDS Drug Assistance Program (ADAP) Advocacy Association in Washington, District of Columbia (DC).; and two (2) members presented at the Human Resources and Services Administration (HRSA) National Ryan White Conference in Washington, DC on fostering consumer involvement in Virginia QM activities and Pre-Exposure Prophylaxis (PrEP) Ambassador Program reaching diverse populations. Additionally, five (5) Executive Committee Members were invited to attend the HIV and Aging conference in Baltimore, MD to address the growing number of older adults living with HIV/AIDS.

Two (2) AIDS Education and Training Centers (AETC) closely worked with VDH to offer HIV treatment education, clinical consultation, capacity building and TA to health care professionals and agencies. Virginia RWHAP Part B has well established relationships with all RWHAP programs (A, C, D and F) in Virginia and continued collaborative partnership, built robust network, and shared best practices throughout the statewide annual QM Summit. In addition, the Care and Prevention Integrated Plan has been a critical area of opportunity for greater collaboration with a great promise in leveraging the strengths and resources of both HIV care and prevention. This collaborative effort increased access to care, quality of critical services, and enhanced planning of joint activities to address the opportunities and any identified health challenges.

* 1. ***Performance Measurement:*** RWHAP Part B recipient and subrecipients consistently monitored selected performance measures. Subrecipients have been reporting data on key performance indicators on a monthly basis. VDH collect HIV Continuum of Care related data and summarized findings broken down by agency, race, ethnicity, sexual orientation, and/or regions. VDH shared these data supported by visual graphics with subrecipients on quarterly basis during planned QMAC meetings to support their efforts to improve care and services.

One to two outcome performance measures were selected and monitored for each funded service including: ADAP, outpatient/ambulatory health services, oral health care, mental health services, medical nutrition therapy, substance abuse outpatient care, medical case management (including treatment adherence counseling), health insurance premium and cost sharing assistance for low-income, early intervention services, non-medical case management services, medical transportation, oral health care, emergency financial assistance, health education/risk reduction, food bank/home-delivered meals, housing, outreach services, medical nutrition therapy, linguistic services, psychosocial, referral for health care and support service, treatment adherence counseling and MAI– Outreach and Education.

The Virginia Commonwealth University (VCU) as a VDH contractor coordinated the statewide Peer Review (PR) services. It provided planning, logistical support and implementation of the PR activities required to assess the quality of services rendered by RWHAP Part B service providers and gauge compliance with clinical requirements and achievement status of improving health outcomes. The team provided needed TA, collected performance measures data, reviewed client charts, as well as discussed improvement activities that address identified gaps. PR team conducted seven (7) site visits getting a biannual PR and four (4) sites received TA in the GY 2018. Over 350 charts were reviewed for performance measures and from those charts a selection of qualified charts were individually reviewed for Outpatient/Ambulatory Health Services (OAHS), Medical Case Management (MCM), Transportation Services, and Oral Health Services. Their peers interviewed a minimum of four Ryan White clients at each site. The Performance Measures for all Peer Reviewed sites were as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| OAHS Performance Measure | % | MCM Performance Measure | % |
| Linkage to Care  | 63% | Linkage to Care  | 72% |
| Retention in Care  | 95% | Retention in Care  | 95% |
| Anti-Retroviral Treatment  | 98% | Anti-Retroviral Treatment  | 98% |
| Viral Load Suppression  | 80% | Viral Load Suppression  | 81% |

The PR team carefully examined a random selection 48 of qualified OAHS charts to determine areas of strengths and challenges. The strengths noted by the reviewers included good documentation of a Prevention/Risk factor reduction/Counseling message at each visit, all current medications documented in the client’s record, and consistent appropriate health outcome based medical plan of treatment developed with the client and present in the client’s record. Nevertheless, identified low rate of achievements included ophthalmology exam or referral if CD4 < 100 or patient treated for diabetes or hypertension, documentation of follow up from referrals in the client’s record, and tuberculosis risk factors reviewed annually and/or as needed.

The MCM Peer Reviewers reviewed over 92 charts and the areas of strength for the sites included the initial assessment completed within 30 days of intake, good documentation of treatment adherence addressed on the MCM Assessment Form, and the acuity scale dated and signed by case managers and the client on the date of completion. Conversely, identified areas of improvement included updating the service plan within appropriate time frame for respective levels, setting up appropriate timeline for completion of projected goals for respective MCM levels, and making service plan or progress notes contain ongoing documentation of activities toward the completion of goals.

Oral Health Peer Reviews went overwhelmingly well with most sites achieving over 90% for the standards in the 82 charts reviewed. The Transportation standards were also met with above 90% achievements for most of the 69 reviewed charts.

A total of 54 Client interviews by peers living with HIV were overall positive with few negative comments such as a need for extended visit hours, front office personnel to be more professional, and more support groups available.

* 1. ***Quality Improvement:*** Subrecipients received a FY 2018 QIP guidance from VDH directing staff to follow standardized processes while implementing the statewide selected improvement project. The main goals were to improve retention and linkage. Each subrecipient monitored and reported performance data per quarter. QIP results and identified best practices were collected and shared to providers during the quarterly QMAC meetings. In addition, HCS conducted an internal QIP to increase the completeness of ADAP applications to allow approvals to be completed within less than 72 hours. HCS monitored each initial application submitted to ADAP on a monthly basis and developed several change cycles. Each change cycle was developed with input from sub-recipients and the HCS QI team to increase linkage to care, medication access and viral load suppression.

Other areas of improvement included skills building and capacity development such as:

* + 1. 2018 QM Summit - VDH in collaboration with the Mid-Atlantic AIDS Education and Training Center (MAAETC) held the Summit called “Making Quality a Breeze.” in October 2018. The Summit was designed to build capacity among all Ryan White providers (A, B, C, D, and F) and consumers to conduct QI activities and enlarge the pool of QI trainees statewide. Eighty-six (86) people attended the Summit. Topics included Cross-Part Learning Model, HIV Care Continuum of Care, Molecular HIV Surveillance and Cluster Investigations, Useful QI Tools, and others.
		2. Case Management Summit - On March 2019, VDH presented the fourth annual Ryan White Case Management Summit entitled “Cultural Humility and Agility: Is It Just Political Correctness?” Over 140 Case Managers, Nurses, Social Workers, Supervisors attended the event. Topics presented covered Implicit Bias, Cultural Humility, Energy Management, Vulnerability, and Honest Conversations on Race, REVIVE! Opioid Overdose Reversal training, Re-Entry Communities, Immigrant Communities, Transgender Communities, and Homelessness. A VDH Town Hall was held to provide an open discussion between VDH and subrecipients on topics such as ADAP, Expanded Medicaid, Housing, etc.
		3. Consumer involvement was strengthened through the VACAC activities.
			1. VDH in collaboration with the VACAC held five consumer regional trainings completed with 165 participants. The topics covered included QM Topics such QI Project, Consumer involvement in Quality, as well as Virginia Medicaid Expansion, ADAP Eligibility, Regional Housing, and focus group. In addition, two consumer trainings were provided to encourage consumer involvement in care.
			2. A training for opioid overdose and naloxone administration education (REVIVE) for laypersons was provided. This provided thirty (30) consumers with skills on understanding and responding to an opioid overdose emergency using naloxone.
			3. VACAC members supported by prevention funding actively continue to participate in the PrEP Ambassador program to encourage integration of HIV prevention strategies by using consumers to provide peer-to-peer engagement.
			4. Twenty (20) VACAC members received skills training to effectively communicate the messages about quality of HIV Care and Treatment by the use of technology to share information on health-related services and to consumer involvement in improving health care delivery system.
1. ***List the performance measures you have identified for each service core and support service category.*** See attached table for list of performance measures.
2. ***Discuss how data and other findings from your performance measurement and quality improvement activities have been used:*** Virginia collected and analyzed HIV Continuum of Care data to inform the monitoring of HIV care, identified trends in HIV-related health outcomes over time and across jurisdictions, clinics and programs, and determined programmatic needs by analyzing gaps and health disparities. VDH solicited feedback through QM committees and subrecipients in planning, implementing, and evaluating quality of care program activities to be responsive to the changes in clinical and scientific knowledge. Recommendations for actions steps were made to address identified needs and service gaps. Some were addressed through the services that are supported in the Statewide QM Plan while others provided a vision for longer-term strategies of ideal system of care. **Several types of qualitative and quantitative data gave VDH and partners information on the HIV Continuum of Care and helped them shape improvement goals:**
	1. Statewide client needs assessment surveys and interviews pointed out unmet need in housing among people living with HIV (PLWH). The HIV continuum of care trends also has shown that individuals with HIV who are homeless or lack stable housing have poorer health outcomes because they are less likely to adhere to their HIV treatment. Consequently, VDH expanded services again to begin offering Housing Services (emergency housing 1-14 days, short-term housing 15-30 days and transitional housing services up to 24 months). VDH conducted a further assessment of Housing Needs in FY2018 by launching a consumer Needs Assessment in the 5 health regions. RWHAP Part B Emergency Financial Assistance and Housing Services providers increased from 11 in FY 2017 to 16 by the end FY 2018.
	2. According to the data in the RW HIV/AIDS Services Report (RSR), providers improved missing data for the RSR in 2017. Only 6% of missing data was reported from subrecipients. To keep improving the accuracy of RWHAP Part B activity reporting, each month, a missing data report is generated by VDH and shared with stakeholders. VDH funded the VCU Survey, Evaluation, and Research Lab to provide technical assistance to subrecipients on the RSR, as well as to review and certify client-level data reports submitted for the RSR.
	3. According to HIV Surveillance data report in February 2018, 8,758 people living with HIV/AIDS in Virginia and received Ryan White Part B services, of which 58% percent of people are over the age 45. To address some of the projected aging issues and provide outreach and education to stakeholders, VDH added the HIV and Aging topic to the 2018 CM Summit to help prepare aging services providers to understand the dynamics of aging with HIV and to better serve older adults living with HIV and AIDS. In addition, five (5) executive committee members from the VACAC were invited to attend the HIV and Aging conference held in Baltimore at John Hopkins University that addressed improving the quality of care for those aging with HIV.
3. ***If you had a site visit finding(s) regarding your CQM plan or CQM program that remains unaddressed in a Corrective Action Plan, identify the Corrective Action Plan item and describe the specific activities underway to come into compliance.***

VDH has addressed the CQM legislative finding related to using CQM funds to carry out administrative duties as well as the area of improvement related to the selection methods of performance measures by subrecipients. Progress has been shared with the HRSA Project Official during the monthly calls.

1. ***If you received training, technical assistance, or support from your HRSA Project Officer regarding your CQM plan or CQM program, describe efforts underway to follow-up on provided assistance. If no assistance was received or no efforts are underway, please note that in your response***. N/A
2. ***Identify any training or technical assistance needs you may have regarding your CQM Plan or CQM Program.*** N/A