

**HIV Care Services VDH
RW Part B Orientation
October 12, 2017**



**Virginia Ryan
White HIV/AIDS
Program Part B**

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Clinical Quality Management (CQM) Program

- CQM program is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction.
- Virginia Ryan White Part B CQM activities continue to support the framework of Health Resources and Services Administration (HRSA) required grant administration functions.
- Components of Virginia CQM program addressing HRSA PCN #16-02
 1. Infrastructure
 2. Performance measurement
 3. Quality improvement

Clinical Quality Management (CQM)

Policy Clarification Notice (PCN)
#15-02 (Revised 12/05/16)
Replaces Policy #10-02

AIMS

- Legislative requirements of the Ryan White HIV/AIDS Program
- Improve the quality of services offered to patients
- Improve patient health outcomes
- Identify efficiencies and cost savings

QM Priorities

Each HRSA/HAB RW recipient must:

- Establish a QM program
- Have a QM plan and QI activities
- Assess the extent to which HIV health services are consistent with the most Health and Human Services' guidelines.

VDH Quality Management Plan

- The QM plan activities are monitored at least quarterly by the Quality Management Committees. Selected Quality Management goals include:
 - To assess quality management needs and build capacity within Ryan White Part B funded agencies statewide
 - To improve existing databases and data management practices, utilize outcomes data, needs assessment and client satisfaction data to help gauge service quality and improve service delivery
 - To conduct Ryan White Part B eligibility for complying with federal policies
 - Providing technical assistance and trainings on an ongoing basis.

Performance Measures

- Virginia RWB program has selected HIV continuum of care related measures for each funded service including:
 - Linkage to HIV Medical Care (30 days and 90 days)
 - Retention in HIV Medical Care (12 months and 24 months)
 - Antiretroviral Therapy (ART)
 - Viral Load Suppression
- Selected measures are based on HRSA HIV/AIDS Bureau released core measures.
- How many measures: A total of 21 measures are currently monitored

Performance Measures (cont'd)

Frequency:

- Performance measure data analysis is completed on quarterly basis.
- Findings are quarterly shared with stakeholders during the QMAC and Contractors meetings

Analysis:

- VDH communicates findings and solicits feedback from key stakeholders
- Performance measure results are used to identify area for improvement
 - Health disparities across different target populations
 - Health outcomes
 - Process
- Plan, Do, Study, and Act cycle is used to continuously checking progress in each step of the focused process
- This process assists teams in focusing on specific improvement activities

Selected Performance Measures For Grant Year 2017

See Handouts

Subrecipients Quality Management Plans

- Subrecipient shall develop/update and submit an annual Ryan White QM Plan. The plan must include:
 - **Quality Statement** (Brief purpose describing the end goal of the HIV quality program)
 - **Quality Infrastructure** (Leadership, quality committees, roles and responsibilities, and resources)
 - **Performance Measurement** (Identifies indicators, who is accountable, how to report and disseminate, and process in place to use data to develop Quality Improvement (QI) activities)
 - **Annual Quality Goals** (Select only a few measurable and realistic goals annually and establish thresholds at the beginning of the year for each goal)
 - **Participation of Stakeholders** (Lists internal and external stakeholders and specify their engagement in the QM Program, include community representatives and partners, and specifies how feedback is gathered from key stakeholders)
 - **Evaluation** (Evaluates the effectiveness of the QM/QI infrastructure to decide whether to improve how quality improvement work gets done and review PMs).
- Subrecipient shall include updates on QM plan implementation and monitoring each month through the submitted monthly progress reports.

Quality Improvement Projects (QIP)

- Sub-recipients shall complete a program-specific quality improvement project (QIP) annually based on enhancing medication adherence by utilizing standards from HRSA, including:
 - viral load suppression
 - CD4 count
 - frequency of medical appointments
 - prescribing of highly active antiretroviral therapy (ART) medication.
- QIP Proposal submission due 60 days after the beginning of Grant Year
- QIP reports to be submitted on quarterly basis

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Quality Improvement

- Implemented quality improvement activities:
 - Oral Health Care Improvement Project (2013 and 2014)
 - Case Management Improvement Project (2014 and 2015)
 - HIV/AIDS Treatment and Medication Adherence Quality Improvement Project (2015 - 2017)
- Progress of the quality improvement project will be reported on a quarterly basis by using a Plan, Do, Study, Act template.
- The Plan, Do, Study, Act (PDSA) cycle methodology is a model for performance improvement used for all our QI activities
 - **Plan** - Identify and analyze what you intend to improve
 - **Do** - Carry out the change or test on a small scale
 - **Study** - What was learned
 - **Act** - Adopt the change

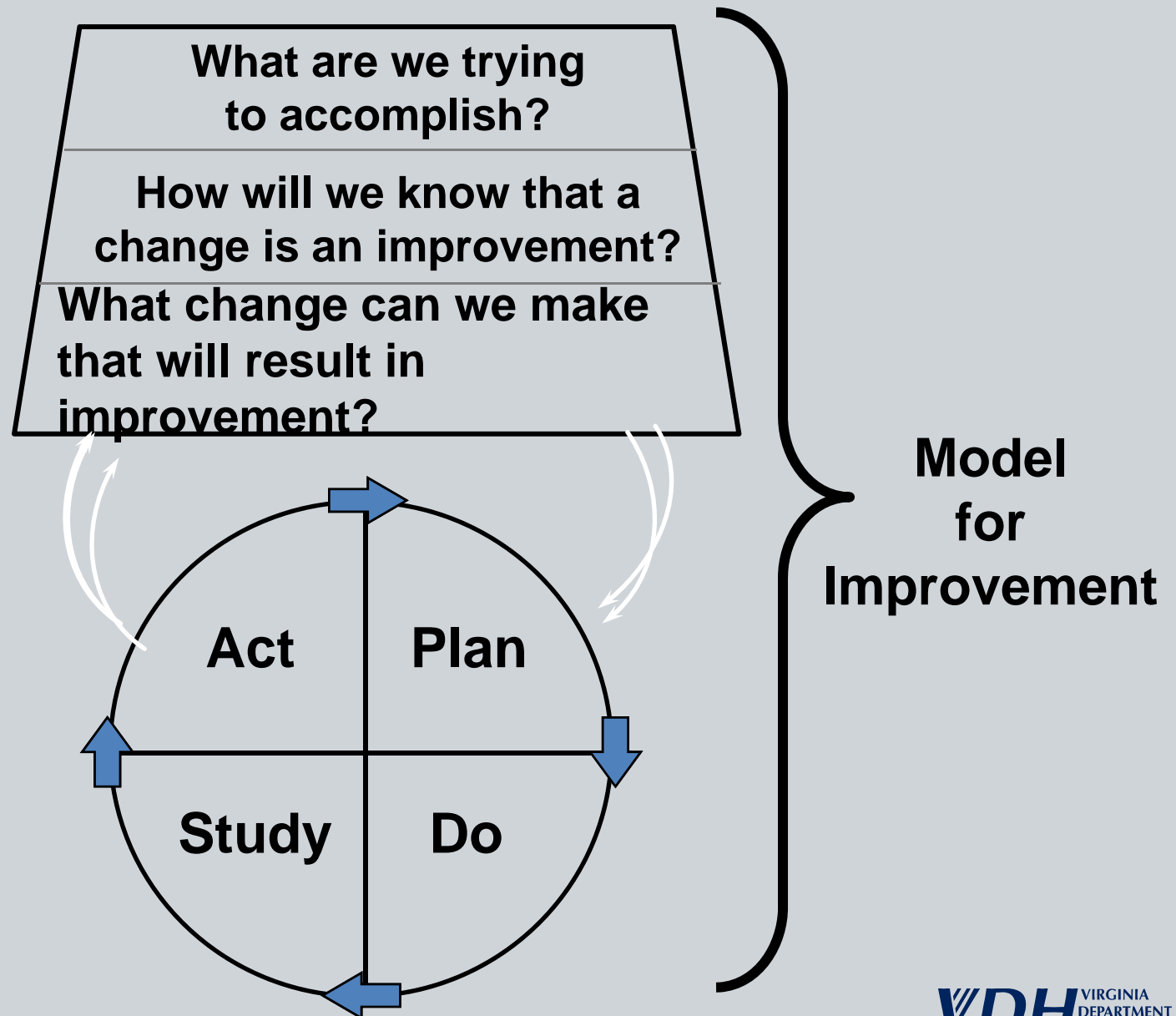
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Model for Improvement



Quality Improvement ADAP Activities

- Increase initial ADAP applications completion rate from 49% to 75% by the end of November, 2017
 - An ADAP application is considered “complete” if :
 - all questions on the application are answered
 - signed and dated by the client and agency representative
 - all supporting documents are received
 - Proof of Income
 - Proof of VA residency
 - Proof of health insurance status
 - Medical Certification form
 - All supporting documents for the application should be included in the packet for a smoother transition/process

Quality Improvement ADAP Activities

- The Virginia ADAP application has been updated to include a checklist of the items needed to complete an application.
- As of 9/29, the completeness rate of new ADAP applications received was 71%.

2017 QUALITY MANAGEMENT PROGRAM REQUIREMENTS

Quality Area	Quality Activity	Responsible Person	Timeline
Quality Management (QM) plan and Quality Improvement Project (QIP)	Ryan White Provider Quality Management Plan development and submission to VDH	Recipients	60 days after the start date of the grant year
	QIP proposal development and submission to VDH (selected topic is HIV/AIDS medication treatment and Adherence) The proposal should include the site baseline data on selected performance measures	Recipients	60 days after the start date of the grant year
	QIP and QM Plan reports required on monthly basis	Recipients	Monthly QIP quarterly reports are due: July 2017, October 2017, January 2018, and April 2018
Quality Monitoring	Performance Measures (PM) Monitoring (via Monthly Report) & Feedback (via Monthly Report Response)	Recipients HIV Service Coordinators QM Coordinator	Monthly
Planning and Evaluation	Quality Management Advisory Committee (QMAC) Meeting	QMAC Members	May 10, 2017 August 30, 2017 February 10, 2018
Training	Case Management Retreat	Planning Committee AETC QM Coordinator	March 2-3, 2018
	Training and TA as needed	QM Coordinator AETC/VHARCC	Ongoing

'QI is not QA'

	<i>Quality Assurance</i>	<i>Quality Improvement</i>
Motivation	Measuring compliance with standards	Continuously improving processes to meet standards
Means	Inspection –solving problems	Prevention
Focus	Individuals, “bad apples”	Processes and Systems
Responsibility	Few	All

Peer Review

In FY 2012, VDH contracted with VCU Peer Review Program to conduct the State-wide Peer Review Program.

- Peer review 50% of the Ryan White Part B funded agencies per year
- Focused on Outpatient Ambulatory Medical Care (OAMC), Case Management (CM), Medical transportation, Oral Health Care, Administrative review, data collection (performance measures and Ryan White eligibility), and consumer peer interviews
- Selected sites for FY 2017 are: Centra Health, Appalachian Assistance Coalition, Council of Community Services (CCS), Eastern Shore Health District, Eastern Virginia Medical School (EVMS), Valley AIDS Network (VAN), Virginia Commonwealth University (VCU) WYCC Clinic, Lenowisco Health Department, University of Virginia (UVA)
- Collect identified performance measurements from **ALL Patients** regardless of funding for each of the agencies having Peer Review **EXCEPT EVMS**

Quality Management Advisory Committee

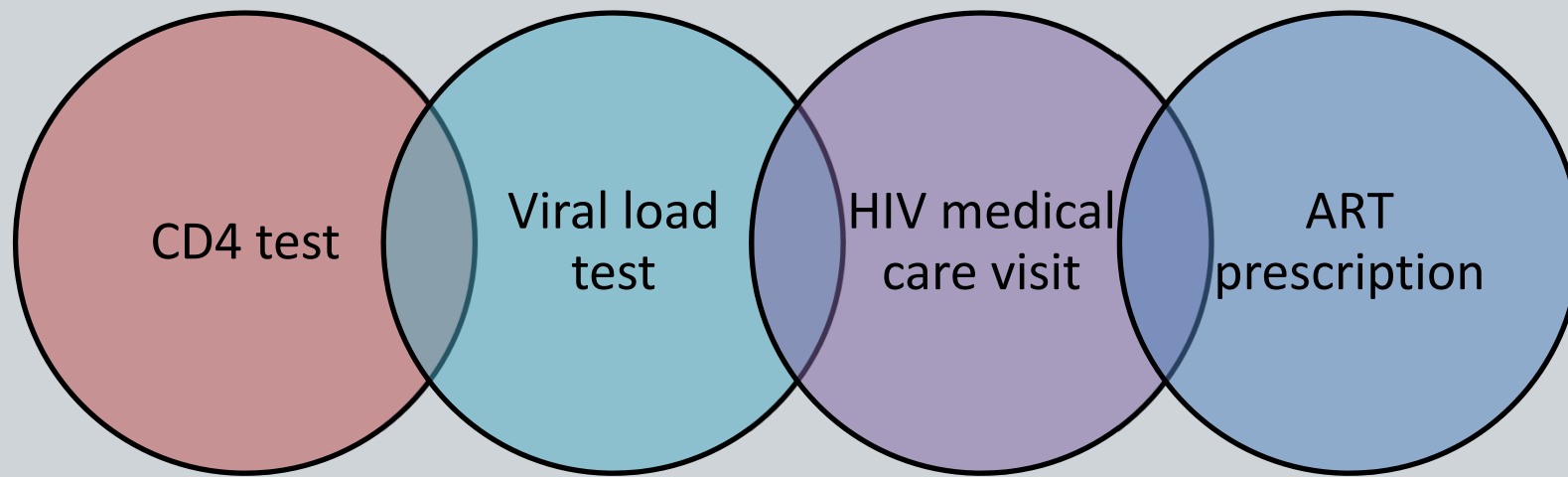
- Quality Management Advisory Committee is comprised of 35 members (25 providers and 10 consumers) including:
 - Representatives from the five health regions
 - All Ryan White people living with HIV/AIDS
 - Data managers
 - Physicians
 - AIDS Education & Training Centers
 - Program Administrators.
- Membership on the Quality Management Advisory Committee is reviewed annually and is open to all Ryan White providers and people living with HIV/AIDS.

Quality Management Advisory Committee

- Members are responsible for:
 - participating in quarterly meetings to review system-wide quality management issues and challenges
 - developing strategies to improve care
 - developing and coordinating the implementation of the Quality Management plan
 - participating in annual evaluation of the Quality Management plan
 - planning of educational strategies for Ryan White-funded providers
 - determining annual performance indicators' benchmarks.

Defining the HIV Continuum of Care in Virginia

What's considered a care marker?



Linkage



Evidence of a care marker within 30/90 days of initial HIV diagnosis

Evidence of Care



Evidence of at least one care marker in 12 months

Retention



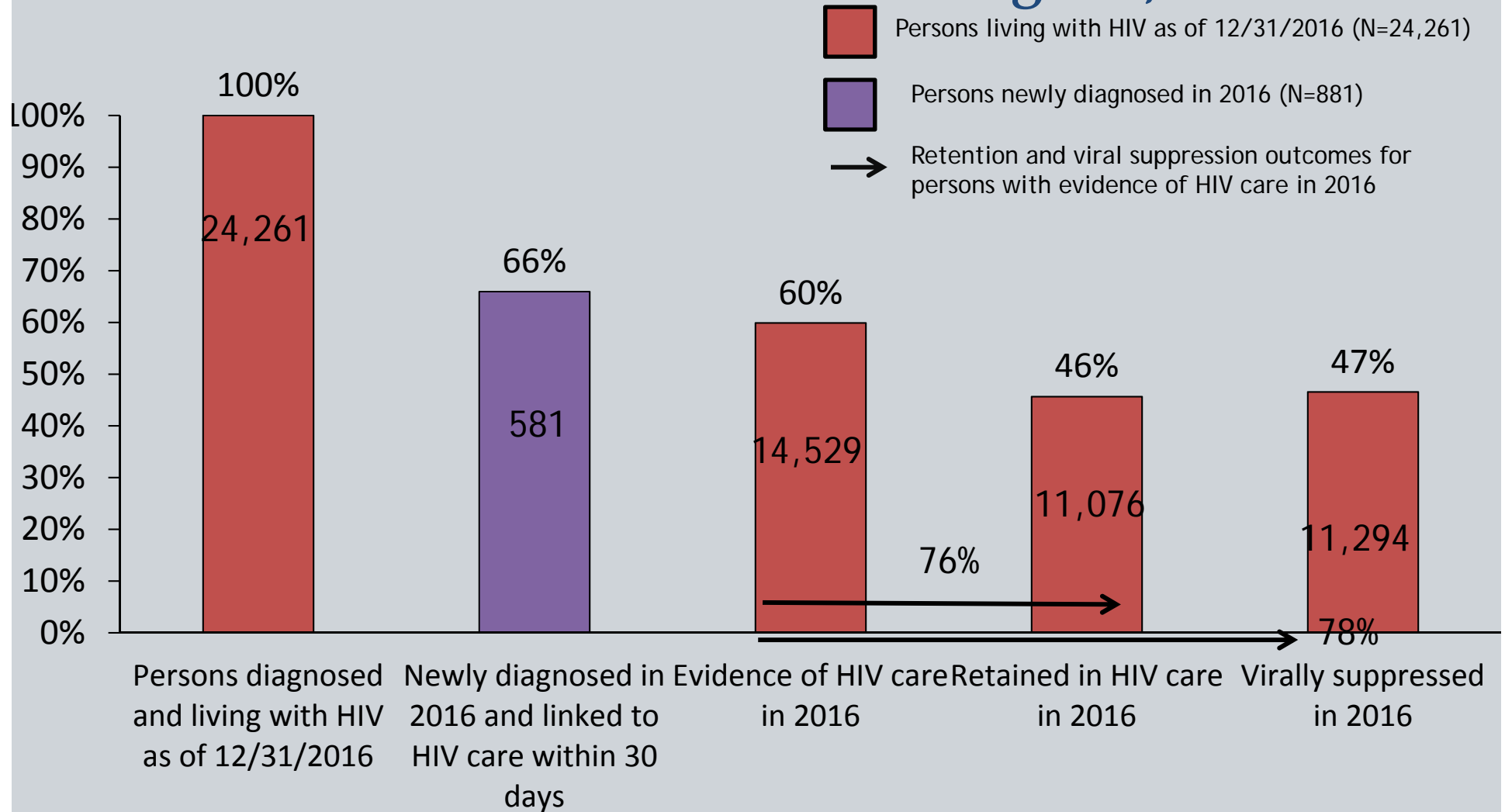
2 or more care markers in 12 months at least 3 months apart

Viral Suppression



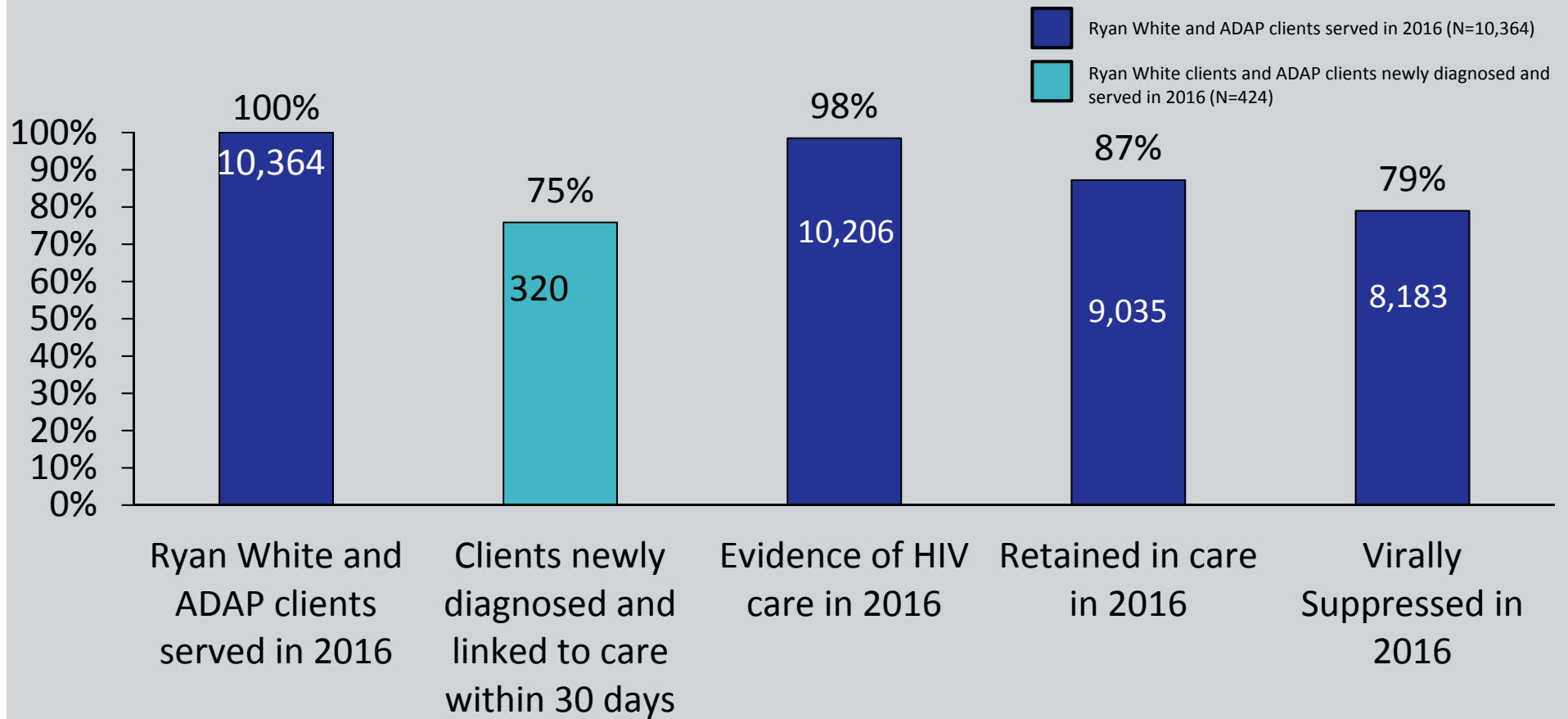
Last viral load <200 copies/mL in the time period being measured

HIV Continuum of Care in Virginia, 2016



Data reported to the Virginia Department of Health as of April 2017; Accessed June 2017. 2016 data is considered preliminary.

Ryan White and ADAP HIV Continuum of Care in Virginia, 2016



Data current as of September 2017; Accessed September 2017; Virginia Department of Health, Division of Disease Prevention. Data for 2016 should be considered preliminary and may be incomplete due to reporting delay.

QM Resources

- **Dedicated Resources**

- HRSA/HAB QM Manual: <http://hab.hrsa.gov/affordablecareact/>
- The National Quality Center: <http://www.NationalQualityCenter.org>
- Ryan White TARGET Center training: <https://careacttarget.org/category/topics/quality-management>
- Mid-Atlantic AIDS Education and Training Center (MAETC): www.pamaaetc.org
- Virginia HIV/AIDS Resource Consultation Center (VHARCC): www.vharcc.com
- VDH QM: <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/HCS>
- ADAP : www.vdh.virginia.gov/ADAP
- Clinical Quality Management PCN 15-02: <https://hab.hrsa.gov/sites/default/files/hab/Global/clinicalqualitymanagementpcn.pdf>

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Rather than adding (2), (3), or (4) to your continuation title, you might want to consider just stating the title and then adding Cont'd.
For example, rather than Infrastructure (2) you could use Infrastructure Cont'd

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