Virginia Department of Health
Division of Disease Prevention HIV Care Services Quality Management Program
Quality Improvement Project Summary
Grant Year 2018

Increasing HIV Linkage and Retention to Care for AIDS Drug Assistance Program and other Ryan White Clients by Enhancing Compliance to Ryan White Eligibility

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INTRODUCTION

In Grant Year (GY) 2018, the Virginia Department of Health (VDH) committed to improving the quality of care and services for people living with HIV (PLWH) through a comprehensive Quality Management Program that involved continuous monitoring, Quality Improvement Projects (QIPs), capacity-building opportunities, and a robust performance measurement program. Virginia Ryan White Part B statewide QIP was selected based on performance data results and focused on a mechanism for integrating change into routine activities. The key principle in this project for improving HIV care was the implementation of an improvement model, which included measuring- testing change- re-measuring, and the application of a change known as the Plan, Do, Study, Act or PDSA Model.

At the local level, each subrecipient was responsible for implementing a QIP using the improvement model. The following quality management requirements were in subrecipients' contractual agreement documents:

1. Each subrecipient was to develop, update and submit an annual Ryan White Quality Management Plan. The plan must include Quality Statement, Quality Infrastructure, Performance Measurement, Annual Quality Goals, Participation of Stakeholders, and Evaluation.

2. **Subrecipients were to complete a program-specific QIP annually based on the selected QIP. In 2018, the QIP was focused on enhancing the completeness rate of all RWHAP eligibility applications and recertifications. Progress of the QIP was reported on a quarterly basis by using a VDH approved QIP reporting template. Each site modified the focus of the statewide QIP to align with their site-specific needs. In addition, all sites were encouraged to undertake additional QIPs that focused on issues specific to their program.**

3. Subrecipients participated in statewide quality management activities (meetings, trainings, improvement projects and data/report submission requests), to include at least three (3) Quality Management Advisory Committee (QMAC) meetings and the annual Quality Management Summit.

The Quality Management Coordinator in collaboration with the Quality Management Specialist and HIV Services Coordinators reviewed progress on subrecipients' Quality Management Plans and QIPs. Feedback was provided in monthly and quarterly report responses as indicated in the subrecipient contract deliverables.

BACKGROUND OF ISSUE

The HIV Care Services Quality Management Leadership Team (QMLT) reviewed the statewide performance measures to find the status of between Ryan White eligibility. In reviewing the HIV Care Continuum performance measures year to date over three years, the retention in care performance measure stayed consistent at average of 74.6% over three year span of 2015 – 2017. Highlighting the goal of reaching 90% for retention in care, the QMLT with input from the QMAC, the decision was to use linkage and retention in care as a focus for the new GY's statewide QIP.

The hypothesis was made that having a high AIDS Drug Assistance Program (ADAP) recertification would yield a higher retention rate due to the requirements for ADAP eligibility to recertify clients every six months. By improving the ADAP eligibility rate, the retention rate would also improve.

For GY 2018, the QIP selected was **The Ryan White Eligibility Quality Improvement Project to Increase Retention to Care for AIDS Drug Assistance Program (ADAP) and other Ryan White Clients by Enhancing Compliance to Ryan White Eligibility**, which entailed action steps for integrating change into routine activities. The selected statewide QIP addressed how agencies can use the tools and methods of QI to improve systems and processes of care in which they practice.

Once approved, VDH began to design the guidance and reporting template. The QIP was introduced at the QMAC meeting in May 2018 and followed by several technical assistance provided to agencies upon request.

PROJECT GOALS AND OVERVIEW

The GY 2018 QIP goal was to increase and maintain monthly recertification rate at 92%. Timely processing client eligibility ensures access to services including medications. Delaying access to services could result in an increased number of new infections. Timely processing eligibilities and accessing services is important to optimizing health care outcomes and preventing new infections. Among the services necessary to improve health outcomes are the need for expedited linkage to and retention in care, and access to medications that suppress viral load, reducing HIV transmission, and leading to fewer new infections.

In addition to our statewide QIP for our agencies, VDH wanted to take a closer look at methods to improve processes around Ryan White eligibility, including ADAP with an aim of reducing barriers to eligibility. VDH chose to do a pilot project With Eastern Virginia Medical School (EVMS) to look at best practices around recertification for Ryan White eligibility.

Grant Year 2018 Statewide QIP

PROJECT DESCRIPTION & METHODOLOGY

The statewide QIP was selected and distributed throughout the Ryan White Part B agency network. The QIP guidance highlighted the project description, background, baseline data, goals, performance measurements (including defined numerators and denominators), and other information to help create the QIP at the local level.

Each funded agency had the opportunity to create a personalized QIP. Agency QIPs were to take into account the diversity of data systems, care systems, and populations served at the agency level. All providers of Ryan White services were included in the statewide measurement data.

The original reporting schedule was for the beginning of each reporting quarter, (e.g., baseline data report due on July 1, 2018). However, under the advisement of the QMAC the date was changed to ensure agencies were able to collect the complete data and submit accurate information. The reporting template was revised/updated to reflect the recommended quarterly report deadlines.

***Methodology*:**

The quality improvement methodology used was the Plan, Do, Study, Act or PDSA cycle. Based on the Model for Improvement developed by Associates in Process Improvement, the Plan-Do-Study-Act method is a way to test a change that is implemented. By going through the prescribed four steps, it guides the thinking process into breaking down the task into steps and then evaluating the outcome, improving on it, and testing again.[1]

VDH defined data based performance measures and provided descriptions on what population, numerator, and denominators for each of the chosen performance measures. This allowed for uniformity in measuring and reporting.

To measure performance and progress, subrecipients collected data for each performance measures as defined by the QIP. VDH did not provide data for this QIP due to the rolling eligibility dates because they were different from the eligibility dates used by subrecipients. This allowed agencies to use their own internal systems to track the performance measures. Each agency was responsible for tracking their individual data and improvement activities each quarter to submit to VDH using the approved reporting template.

[1] "Science of Improvement: How to Improve." Institute for Healthcare Improvement, www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx.

***Intervention Steps to Improve Eligibility*:**

Several diverse range of interventions were developed by subrecipients and used to measure improvement throughout the project period. All agencies created their own individual action steps that they monitored and revised each quarter of the QIP. All interventions were documented through each agency's quarterly reports.

The following were some of the small change steps implemented throughout the QIP by agencies throughout the state and highlight the action steps taken to improve the quality.

- Create an electronic master tracking list of clients in the Ryan White program who were enrolled in ADAP and non-ADAP services
- Mail recertification letters to clients between 30 – 60 days ahead of eligibility end date and appointments
- Educate clients and staff on the importance of Ryan White and ADAP eligibility recertification
- Collaborate to share updated client information with local community organizations that provide additional services
- Partner with local Disease Intervention Specialists (DIS) and Sexually Transmitted Disease services in monitoring clients whereabouts and outreach to clients
- Have face-to-face meetings regarding eligibility end dates with both staff and clients
- Conduct home visits to assist with completing eligibility
- Offer alternative methods to receive eligibility documentation (outside of traditional office hours and location)
- Develop palm cards for clients that include next eligibility date and required documents needed to recertify
- Create new field in CareWare to track completeness of initial ADAP application
- Designate staff person(s) to issue reminders to clients via phone or electronically (text or email)

EVALUATION AND MONITORING

Each performance measure was to be collected from each agency using their internal data systems. The performance measures for the QIP were defined as follows:

Performance Measurement:

A. Ryan White Clients in ADAP:

1. Recertification percentage (This measure will include the 6-month and 12-month recertification)
   a. Numerator: Number of clients due for recertification during the reporting quarter who were successfully recertified
   b. Denominator: Total number of clients due for recertification (6 and 12- month) during the reporting quarter
2. Percentage of incomplete initial applications submitted

a. Numerator: Number of incomplete initial applications returned by VDH during the reporting quarter
b. Denominator: Total number of initial applications submitted to VDH during the reporting quarter

3. Percentage of clients due for recertification during reporting quarter who were not recertified due to inability to reach them.
   a. Numerator: Number of clients due for recertification during reporting quarter who were not recertified due to inability to reach them.
   b. Denominator: Total number of clients due for rectification during reporting quarter.

B. Ryan White Clients not in ADAP:

1. 6-month eligibility rate (Rate as percentage. This measure will include the 12-month/annual recertification)
   a. Numerator: Number of clients due for recertification during quarter who were successfully recertified
   b. Denominator: Total number of clients due for recertification during quarter
2. Percentage of clients due for recertification during reporting quarter who were not recertified due to inability to reach them
   a. Numerator: Number of clients due for recertification during reporting quarter who were not recertified due to inability to reach them
   b. Denominator: Total number of clients due for rectification during reporting quarter.

All subrecipients quarterly reports submitted used the approved VDH QIP Reporting Template. The template recorded data and analysis for the agency to monitor improvement and list action steps that would help reach the goal. The template used baseline data and four quarter to make incremental changes to improve outcomes.

CHALLENGES FACED IN IMPLEMENTATION

At the start of this QIP, over 6,000 individuals were receiving Ryan White services in Virginia, but there were challenges complying with the revised service definitions included in Policy Clarification Notice #16-02, RWHAP Services: Eligibility Individuals & Allowable Uses of Funds. Agencies highlighted these challenges during the implementation of the QIP. The issues were categorized by provider-based or by client-based challenges.

Provider-based Challenges:

- A few agencies were not able to actively participate in the project due to the types of services they provided to Ryan White clients
- Referral based services often did not have access to client data needed to measure improvement for ADAP clients. An amended QIP was created to meet the needs of those agencies

- Not having a system to track if their clients were receiving medication assistance through VDH's ADAP was one of the bigger challenges
- Another challenge faced in implementation was agencies providing Ryan White core services being able to capture clients that are in ADAP
- Staffing transition was noted as a challenge in implementing the QIP. QI Teams were affected by staff transition, (e.g. losing staff, vacancies, etc.) which often caused disruption to the agency's project

Client-based Challenges:

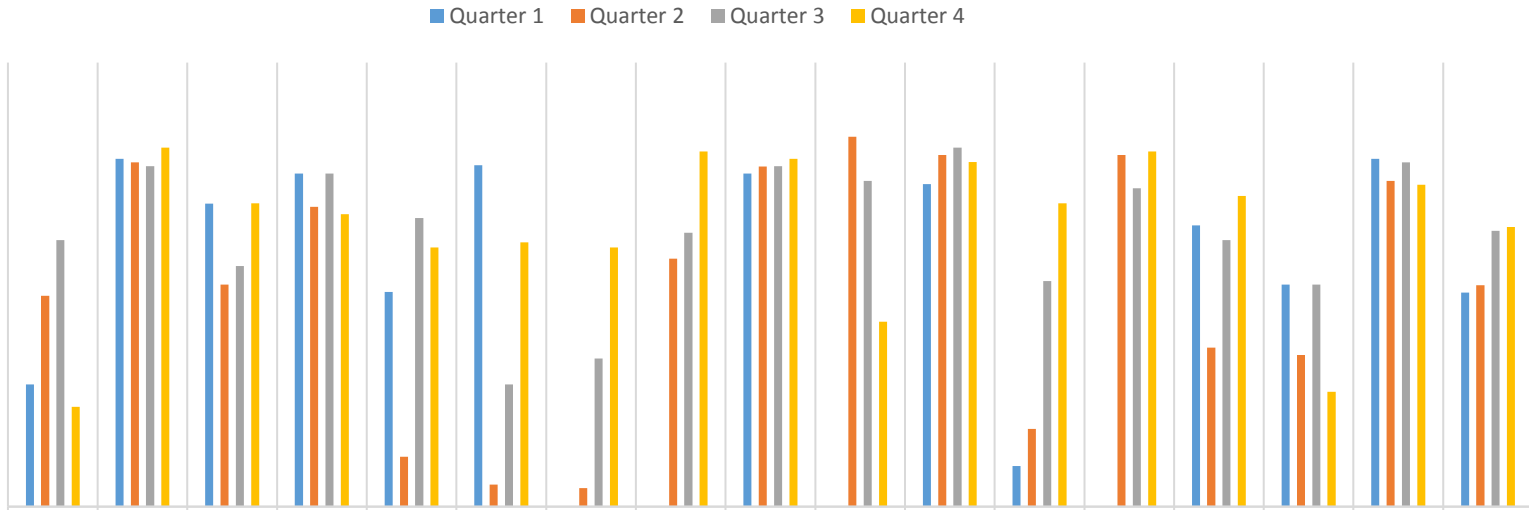
- Client recertification proved to be a challenge for agencies. Ryan White clients, who also qualified for ADAP, struggled to understand the differences between ADAP and Ryan White eligibility and the importance of remaining eligible for both
- Clients were unaware of eligibility end dates for ADAP and/or Ryan White and only contacted agencies when they were in need of medication or care
- Client apathy towards recertification also proved to be a challenge for agencies. Making eligibility a priority challenged clients retention in care
- Stable or self-sufficient clients rarely come to clinic prior to their lab or medical visit
- Client work schedules did not often allow for making or keeping timely appointments. Appointment cancellations due to fluctuating work schedules were a top challenge with improving eligibility outcomes for most agencies.

These issues represented some of the root causes of eligibility that challenged recertifying clients by the eligibility times for both ADAP and non-ADAP services. These challenges allowed agencies to develop intervention/action steps throughout the QIP to help increase the rate of recertification at the individual sites.

DATA & RESULTS

The data collected for the statewide QIP was provided by each agency. Each agency reported data on three performance measures (A1, A2, and A3) for Ryan White clients that were in ADAP. Performance Measure A1, the percentage of Ryan White clients in ADAP that were recertified, saw an increase in the average each quarter.

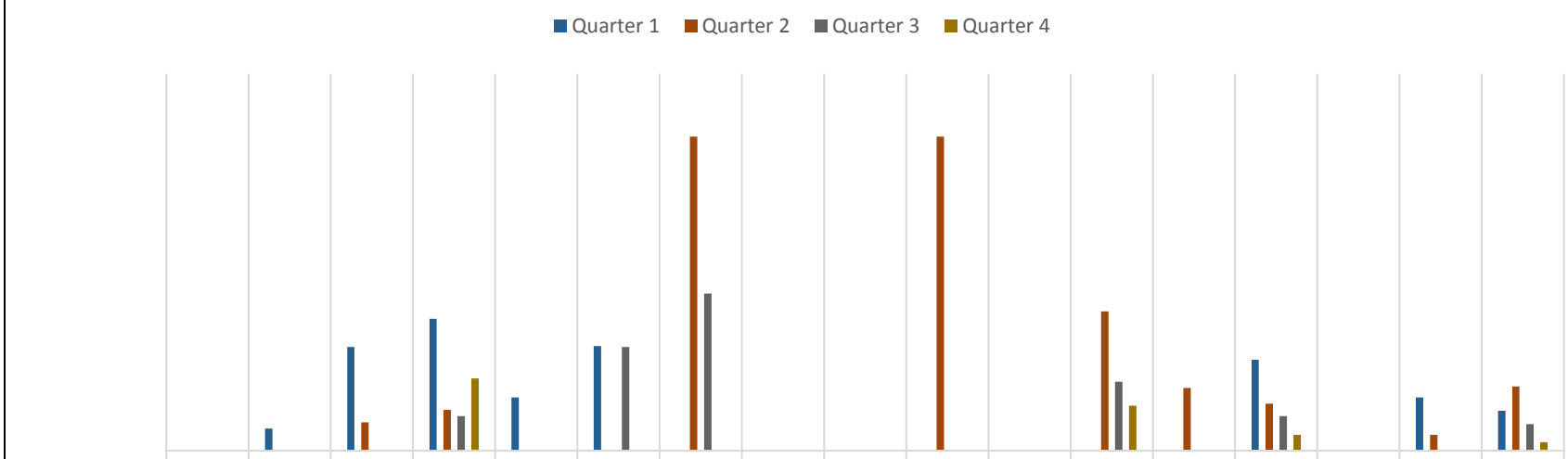
STATEWIDE QIP PERFORMANCE MEASURE A1: PERCENTAGE OF RYAN WHITE CLIENTS IN ADAP RECERTIFIED BY AGENCY



	ARE	CAN	CARILION	CCS	CROSSOVER	ESHD	FAHASS	HCHC	INOVA	LENOWISCO HD	MARY WASHINGTON	NEIGHBORHOOD HEALTH	TRHD	UVA	VCU	VJH	Average
Quarter 1	33%	94%	82%	90%	58%	92%	0%		90%	0%	87%	11%	0%	76%	60%	94%	58%
Quarter 2	57%	93%	60%	81%	14%	6%	5%	67%	92%	100%	95%	21%	95%	43%	41%	88%	60%
Quarter 3	72%	92%	65%	90%	78%	33%	40%	74%	92%	88%	97%	61%	86%	72%	60%	93%	75%
Quarter 4	27%	97%	82%	79%	70%	71%	70%	96%	94%	50%	93%	82%	96%	84%	31%	87%	76%

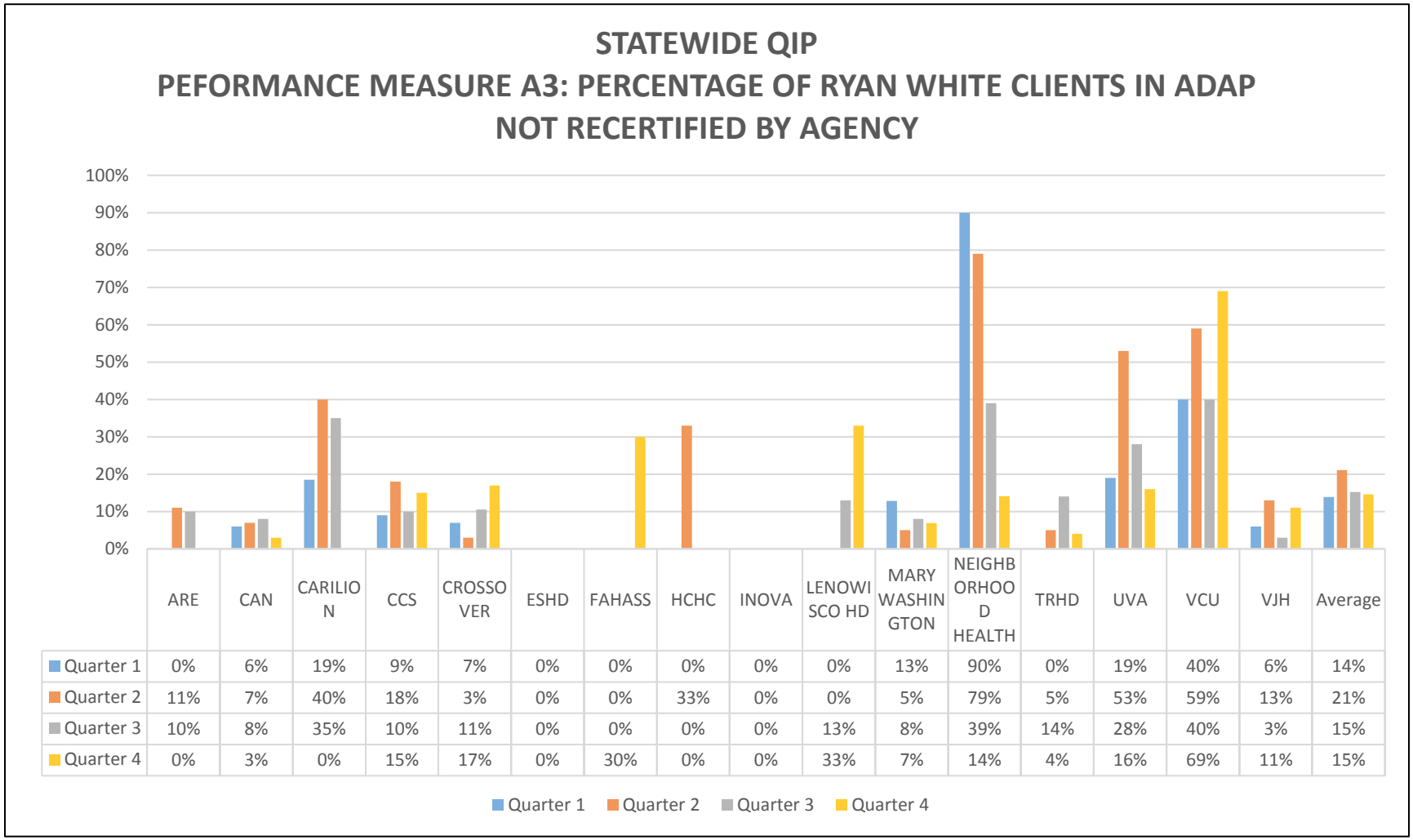
Performance Measure A2, the percentage of initial ADAP applications for Ryan White clients submitted incomplete, overall had a fall with an exception of Quarter 2 having a sharp increase. This is a negative measure. Those who have very good achievement rates have 0% or no bars. If they have bars then interventions were needed to address the data.

STATEWIDE QIP
PEFORMANCE MEASURE A2: PERCENTAGE OF RYAN WHITE CLIENTS IN ADAP INCOMPLETE INITIAL APPLICATIONS SUBMITTED BY AGENCY



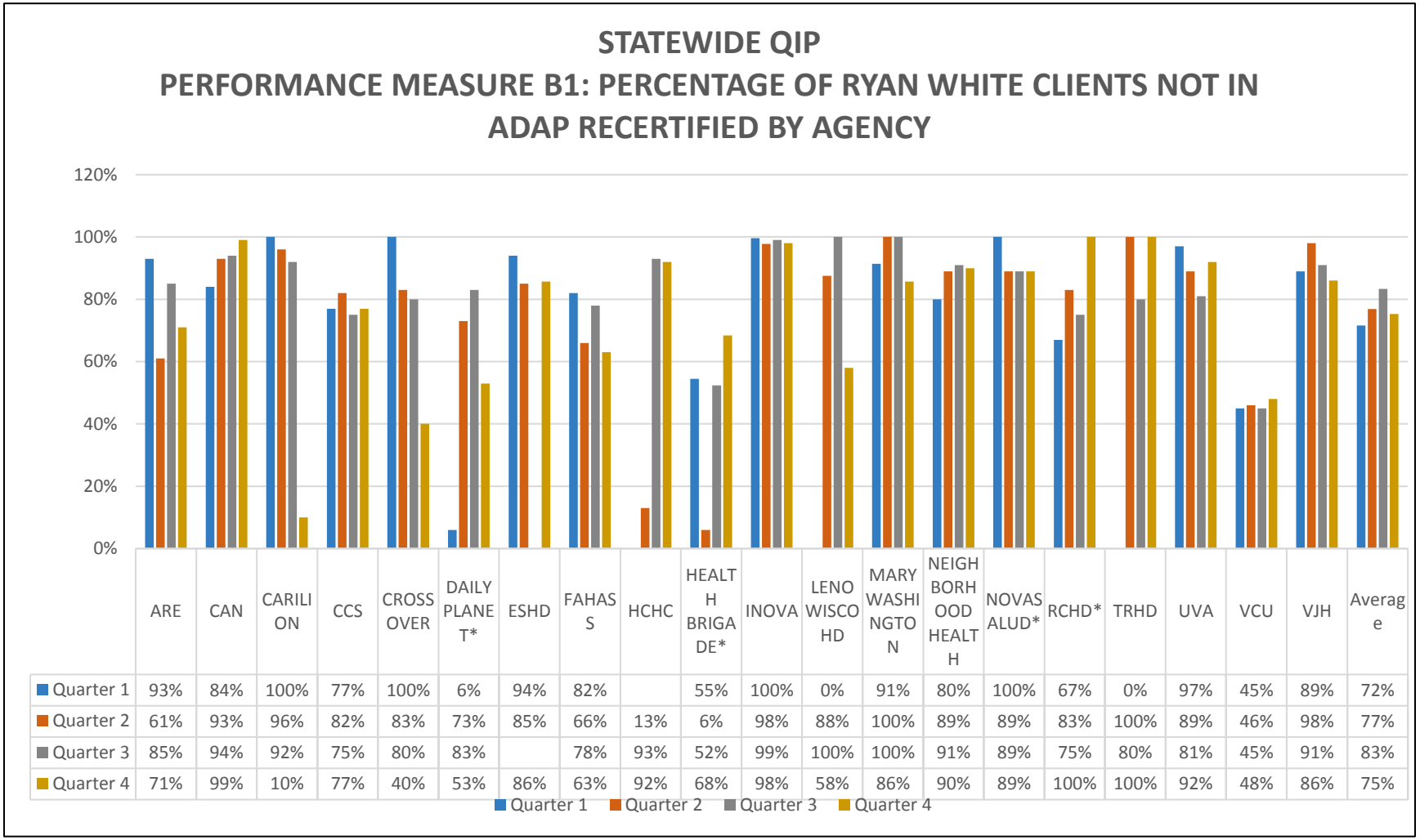
	ARE	CAN	CARILION	CCS	CROSSOVER	ESHD	FAHASS	HCHC	INOVA	LENOWISCO HD	MARY WASHINGTON	NEIGHBORHOOD HEALTH	TRHD	UVA	VCU	VJH	Average
Quarter 1	0%	7%	33%	42%	17%	33%	0%	0%	0%	0%	0%	0%	0%	29%	0%	17%	13%
Quarter 2	0%	0%	9%	13%	0%	0%	100%	0%	0%	100%	0%	44%	20%	15%	0%	5%	20%
Quarter 3	0%	0%	0%	11%	0%	33%	50%	0%	0%	0%	0%	22%	0%	11%	0%	0%	8%
Quarter 4	0%	0%	0%	23%	0%	0%	0%	0%	0%	0%	0%	14%	0%	5%	0%	0%	3%

Performance Measure A3, the percentage of Ryan White clients in ADAP that were not recertified due to being unable to reach them, showed an increase over the quarters.



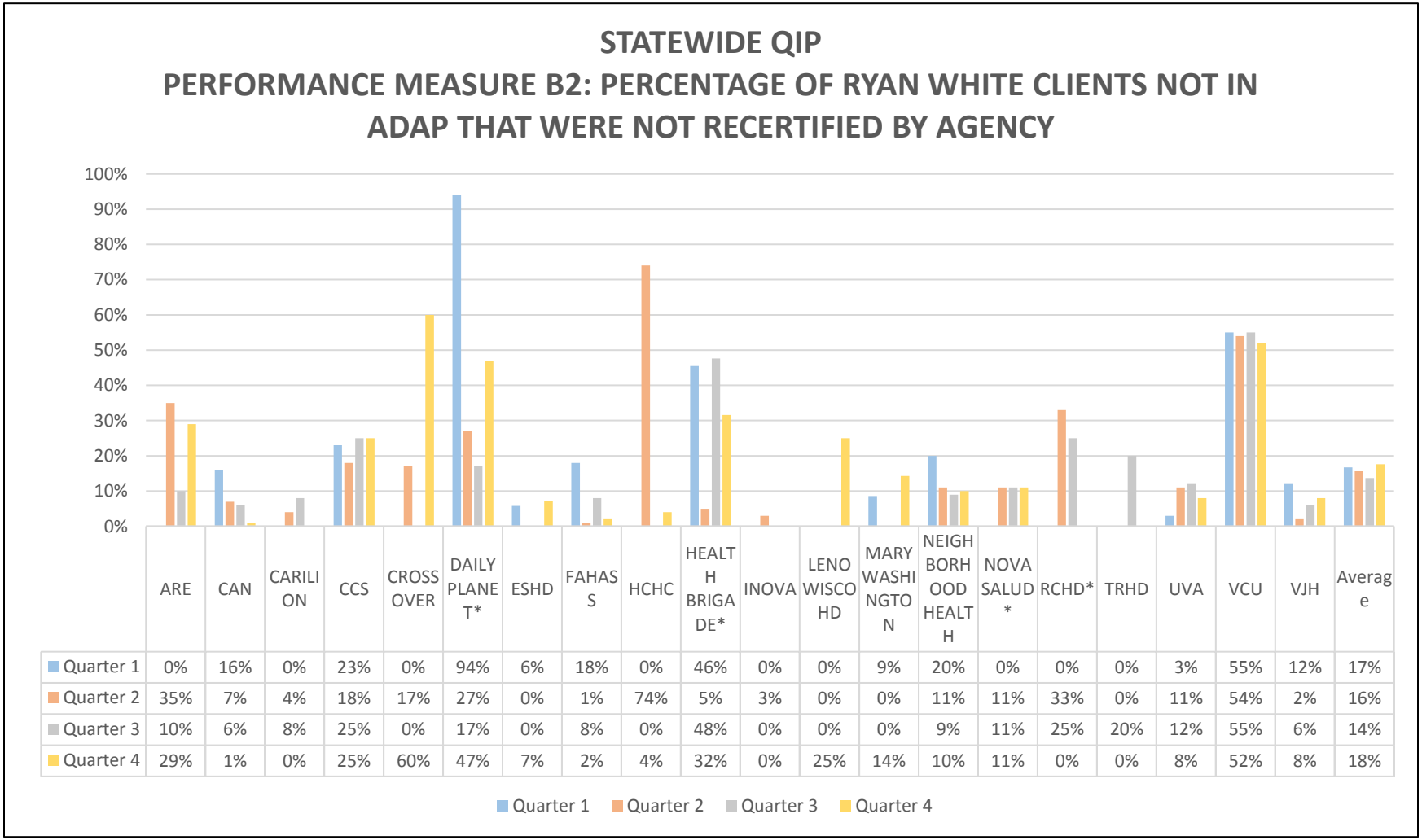
	ARE	CAN	CARILION	CCS	CROSSOVER	ESHD	FAHASS	HCHC	INOVA	LENOWISCO HD	MARY WASHINGTON	NEIGHBORHOOD HEALTH	TRHD	UVA	VCU	VJH	Average
Quarter 1	0%	6%	19%	9%	7%	0%	0%	0%	0%	0%	13%	90%	0%	19%	40%	6%	14%
Quarter 2	11%	7%	40%	18%	3%	0%	0%	33%	0%	0%	5%	79%	5%	53%	59%	13%	21%
Quarter 3	10%	8%	35%	10%	11%	0%	0%	0%	0%	13%	8%	39%	14%	28%	40%	3%	15%
Quarter 4	0%	3%	0%	15%	17%	0%	30%	0%	0%	33%	7%	14%	4%	16%	69%	11%	15%

Each agency also reported data on two performance measures (B1 and B2) for Ryan White clients that were not in ADAP. Performance Measure B1, the percentage of Ryan White clients, not in ADAP, that were recertified saw an increase in the average each quarter after quarter 1.



	ARE	CAN	CARILION	CCS	CROSSOVER	DAILY PLANET*	ESHD	FAHASS	HCHC	HEALTH BRIGADE*	INOVA	LENOWISCOHD	MARYWASHINGTON	NEIGHBORHOOD HEALTH	NOVASALUD*	RCHD*	TRHD	UVA	VCU	VJH	Average
Quarter 1	93%	84%	100%	77%	100%	6%	94%	82%		55%	100%	0%	91%	80%	100%	67%	0%	97%	45%	89%	72%
Quarter 2	61%	93%	96%	82%	83%	73%	85%	66%	13%	6%	98%	88%	100%	89%	89%	83%	100%	89%	46%	98%	77%
Quarter 3	85%	94%	92%	75%	80%	83%		78%	93%	52%	99%	100%	100%	91%	89%	75%	80%	81%	45%	91%	83%
Quarter 4	71%	99%	10%	77%	40%	53%	86%	63%	92%	68%	98%	58%	86%	90%	89%	100%	100%	92%	48%	86%	75%

Performance Measure B3, the percentage of Ryan White clients not in ADAP that were not recertified due to being unable to reach them, decreased in the first three quarters and saw a small increase in quarter 4.



	ARE	CAN	CARILION	CCS	CROSSOVER	DAILY PLANET*	ESHD	FAHASS	HCHC	HEALTH BRIGADE*	INOVA	LENOWISCOHD	MARYWASHINGTON	NEIGHBORHOOD HEALTH	NOVASALUD*	RCHD*	TRHD	UVA	VCU	VJH	Average
Quarter 1	0%	16%	0%	23%	0%	94%	6%	18%	0%	46%	0%	0%	9%	20%	0%	0%	0%	3%	55%	12%	17%
Quarter 2	35%	7%	4%	18%	17%	27%	0%	1%	74%	5%	3%	0%	0%	11%	11%	33%	0%	11%	54%	2%	16%
Quarter 3	10%	6%	8%	25%	0%	17%	0%	8%	0%	48%	0%	0%	0%	9%	11%	25%	20%	12%	55%	6%	14%
Quarter 4	29%	1%	0%	25%	60%	47%	7%	2%	4%	32%	0%	25%	14%	10%	11%	0%	0%	8%	52%	8%	18%

ACCOMPLISHMENTS & BEST PRACTICES

Agencies were able to implement the change principles more easily each quarter by listing and reviewing steps taken to improve the quality of care. All agencies implementing the QIP experienced improvement in communication both internally and externally, education on eligibility and its importance for both clients and staff, identification of both ADAP and non-ADAP clients, and community partnerships. Eligibility and recertification continue to be a challenge for agencies statewide. However, the statewide QIP yielded accomplishments from the implementation across the state. These improvements yielded best practices from throughout the four quarters from agencies around the state.

Communication:

A recurring problem identified throughout the QIP by agencies was that both staff and clients were unaware of eligibility dates for either or both Ryan White and ADAP. Through improved communication, agencies were able to receive updated information from clients and other agencies that helped improve getting a client to recertify. Below are best practices that yielded positive and sustainable results in recertification of both ADAP and non-ADAP clients.

- Use of the Department of Disease Prevention HIV Surveillance Unit secure portal to communicate ADAP client eligibility dates
- Provide list to Community Health Workers of clients who did not respond to letters or phone calls from the agency
- Establish agreement with other local providers to receive eligibility documentation that refer clients to agency for other support services (i.e., Emergency Financial Assistance)
- Agency created a timeline for contacting client regarding their eligibility
- Weekly meetings between Case Managers and Intake Specialists to update on reminders to clients based on a communication timeline
- Case Managers maintaining contact logs of communications attempts to clients
- All staff maintain eligibility tracking log
- Follow-up calls to clients who did not respond to mailed communication within one week of letters being delivered
- Call client the day of the appointment to check if client needs to reschedule
- Physical letter sent out 30-60 days for notifying about client's eligibility date

Education:

Ryan White clients, who may also qualify for ADAP, struggle in understanding the differences between ADAP and Ryan White eligibility and the importance of remaining eligible for both independently. Through educating both clients and staff, agencies saw benefits in acquiring recertification documents and submissions. Below are best practices that yielded positive and sustainable results in recertification of both ADAP and non-ADAP clients.

- Educate clinical staff and clients on Ryan White eligibility and recertification requirements
- Educate clients on why types of information is needed and ways to obtain pieces of information
- Hand-out info sheet on what is needed from out-of-state health systems
- Have monthly meeting with non-Medical Case Managers and Eligibility Coordinator to discuss eligibility of clients
- Educate clients on health benefits and programs
- Inform clients on alternative forms of contact to submit required documentation outside of normal office hours
- Case Managers learn about program clients are in and their ADAP eligibility prior to rendering services
- Use customer satisfaction survey to find out about client knowledge of eligibility requirements
- All staff engage in monitoring eligibility and appointments

Identification Tools and Methods*:*

Knowing a client's eligibility status and if they are accessing medications through ADAP provided a challenge at the beginning of the QIP. Through creating tools and methods that help identify eligibility dates and program enrollment, agencies were able to distinguish clients in both Ryan White and in ADAP. This provided more knowledge on eligibility dates for clients in need of recertifying. Below are best practices that yielded positive and sustainable results in recertification of both ADAP and non-ADAP clients.

- Create a live document with all clients eligibility and ADAP eligibility
- Update list of eligibility dates for clients who are due on a daily basis
- Have two people review Initial ADAP applications before submitting to VDH
- Case Managers schedule clients next appointments while in clinic
- Add eligibility dates on check requests for Ryan White reimbursements
- Identify point of contacts for updated client contact information
- Update CareWare with updated dates from VDH (where applicable)
- Use checklist on ADAP application and review before submitting to VDH
- Case Managers assess eligibility status before providing services
- Monthly audit process to ensure all clients are contacted
- Add question on consumer survey about client knowledge of eligibility requirements
- Use of Positive Links app program and upload recertification documentation

Partnership:

Agencies understood that they were not able to tackle eligibility solely within a department/agency. Through increasing partnerships within the local community, agencies were able to collaborate with outside help to encourage and get information for their Ryan White clients that may access services elsewhere or are hard to reach. This increased more accurate contact information and efforts to capture recertification for hard to reach clients. Below are best

practices that yielded positive and sustainable results in recertification of both ADAP and non-ADAP clients.

- Involve clients in Quality Management committee at agency.
- Work with client and other services to schedule multiple appointments for the same day
- Work with Community Health Educators, Health Program Administrators, Patient Navigators, and Peer Coaches to follow up on clients
- Use DIS and HIV Navigators to support client engagement to care
- Coordinate sharing between Case Managers from different agencies where appropriate or there is overlap in clients accessing services
- Meet with Health Department ADAP Coordinators to determine client needs
- Share responsibility of no-show, cancellation, and rescheduled appointments between clinical and nonclinical staff

CONCLUSION OF STATEWIDE QIP

For clients who were in ADAP, on average saw an increase in the number of clients recertified that were due each quarter. Five agencies that reported having higher than 92% of clients recertified by the fourth quarter. There was also an increase in the number of initial ADAP applications that were submitted to VDH. By the fourth quarter, only 3% of the initial ADAP applications submitted were incomplete. The number of clients not recertified due to agency being unable to contact them remained steady on average.

There was also an increase in the percentage of Ryan White clients not in ADAP that were recertified each quarter. The initial average of 72% was exceeded each quarter with reaching its highest during quarter 3 at 85%. Five agencies reported having 90% or higher recertification rate with their Ryan White clients during the fourth quarter. As with the clients in ADAP, Ryan White clients not in ADAP remained relatively steady on average.

Even with the noted improvement from subrecipients, however, the results of this QIP did not affect the Ryan White statewide ADAP recertification rate. There were barriers that affected the ability to improve the eligibility rates statewide. Some barriers include:

- **The statewide ADAP recertification process use rolling dates for ADAP approval that is different from recertification dates at the agency level**
- **Clients are unaware of their ADAP expiration dates due to being enrolled in both ADAP and Ryan White services**
- **Working with out of state providers to submit necessary documentation needed for eligibility**
- **Case Managers do not have an active knowledge of clients ADAP eligibility dates**
- **Scheduling clients' recertification process around their life and work schedules during traditional office hours.**

RECOMMENDATIONS

Through this QIP it is evident that increasing the eligibility rate is feasible. Through communication, education, identification, and partnership the eligibility rate for ADAP and Ryan White can meet the goal set in this QIP.

Therefore, it is recommended that:

- VDH work closely by communicating ADAP clients' eligibility dates so subrecipients can align eligibility dates for clients. The subrecipients should align their eligibility dates to match VDH's dates once received and approved. This will not work if VDH mirrors agencies end dates due the number of clients statewide and the nature of the rolling dates used by VDH.
- Increasing communication between VDH and subrecipients on eligibility end dates is needed to maximize improvement and efforts statewide.
- VDH continue utilizing the method of supplying the ADAP client lists through the secure portal to agencies.
- It is recommended that VDH partner with agencies to be able to submit updated client information on ADAP lists through the secure portal setup by VDH.
- In working with agencies, VDH should do another PDSA cycle with additional pilot sites to validate the findings identified.
- Discussion with DDP leadership on the process of having eligibility end dates mirroring would further improve on the efforts made in this QIP.

Implementing these recommendations will build a stronger network and improve the quality of care for clients in the commonwealth of Virginia.

Pilot Project QIP

Concurrently, VDH worked with the Eastern Virginia Medical School (EVMS) to assess their Ryan White Eligibility process. Data showed EVMS had a consistently higher recertification rate than the current state average. This led the decision to collaborate with EVMS on best practices for recertification for ADAP clients.

EVMS is funded for multiple Ryan White Parts A, B and Part C programs.

- Ryan White Parts A and Part C programs recertify twice a year on a fixed date.
- However, Ryan White Part B is on a rolling/ongoing cycle.

This allowed VDH to evaluate the recertification process more strategically with two population sets. VDH Chose Part C to use for the QIP while comparing it to the Part B data. A process map was developed to assist with monitoring and data sharing was integral to the success of this QIP. VDH and EVMS monitored recertification at each site. Each agency was responsible for sharing their data with the other to get the most accurate data. VDH defined data based performance measures and provided descriptions on what population, numerator, and denominators for each of the chosen performance measures. This allowed for uniformity in measuring and reporting.

These were a few change steps implemented throughout the pilot project to improve the quality:

- VDH provided eligibility data on EVMS RWHAP Part B clients
- EVMS submitted ADAP recertification applications to VDH via electronic portal[2]
- VDH sent ADAP approval letters that provided the updated eligibility end dates based on the twice a year fixed dates (August 31 and February 28) to clients by mail and EVMS eligibility staff by fax
- Both agencies followed-up with clients that did not recertify by deadline
- To ensure that each agency had the correct information on a client, the implementation of electronic data sharing was used to communicate about client application and eligibility information.

The main problem identified was the rolling recertification date used by VDH ADAP which is different from the one used for EVMS RWHAP Part C clients. As a solution:

- A list of Part C clients was created and compared by both VDH and EVMS
- VDH matched the recertification end dates to match EVMS's
- VDH removed RWHAP Part C ADAP list of ADAP clients from mailing list while EVMS notified clients with a 60-day letter and a phone call
- The outreach to a client was streamlined to improve capturing data more efficiently and minimized duplicative efforts made by both VDH and EVMS.

[2] The electronic portal deleted all information after seven calendar days.

FINDINGS:

- The recertification rate for Part C clients remained higher than the Part B clients due to eligibility time being the same for all Part C clients. Efforts were concentrated on the population that yielded better results. Part C clients ADAP recertification rate went from a baseline of 65% to 85% by the end of the first round and Part B clients ADAP recertification rate went from 35% to 78%. Part C clients remained higher.
- Overall, the QIP improved the ADAP recertification rate for both Part C and Part B clients respectively by focused efforts on eligibility processes.
- Data sharing was successful in that it allowed for real time data sharing to happen between EVMS and VDH. However, due to the nature of secured portal, application data shared through the portal was deleted within seven days and often caused for resubmission of application information.
- The pilot project addressed communication with clients about recertification by having EVMS be the primary outreach. This allowed for one point of contact and caused less confusion for clients receiving notices by mail. (ADAP/other Ryan White services)
- Clients responded to EVMS and was able to recertify more quickly than by completing VDH ADAP application and returning by email.
- Similar to that of the statewide QIP, the pilot project saw improvement over the course of the QIP. However, due to Medicaid Expansion in 2019, clients monitored during this project became eligible for Medicaid and were no longer eligible through Ryan White services.

RECOMMENDATIONS:

Through this QIP it is evident that increasing the eligibility rate is feasible. Through communication, education, identification, and partnership the eligibility rate for ADAP and Ryan White can meet the goal set in this QIP.

Therefore, it is recommended that:

- VDH work closely by communicating ADAP clients' eligibility dates so subrecipients can align their records with these eligibility dates for clients. The subrecipients should align their eligibility dates to match VDH once received and approved. This will not work if VDH mirrors agencies end dates due the number of clients statewide and varying factors of having a robust number services being provided statewide.
- Increasing communication between VDH and subrecipients on eligibility end dates is needed to maximize improvement and efforts statewide.
- VDH continue utilizing the method of supplying the ADAP client lists through the secure portal to agencies. It is recommended that VDH partner with agencies to be able to submit updated client information on ADAP lists through the secure portal setup by VDH.
- In working with agencies, VDH should do another PDSA cycle with additional pilot sites to validate the findings identified.
- Discussion with DDP leadership on the process of having eligibility end dates mirroring would further improve on the efforts made in this QIP.

Implementing these recommendations will build a stronger network and improve the quality of care for clients in the commonwealth of Virginia.