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COMPREHENSIVE VIRGINIA RYAN  
WHITE PART B QUALITY  
MANAGEMENT PLAN

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**Grant Year Period: April 2019 – March 2020**



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## Comprehensive Virginia Ryan White Part B Quality Management Plan

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Grant Year Period: April 2019 – March 2020

### I. INTRODUCTION

Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) program Legislation requires the implementation of Clinical Quality Management Programs (QMPs) as a condition of the Notice of Award, the elements of which are delineated in the revised Policy Clarification Notice 15-02<sup>1</sup>. The quality Management expectations for Ryan White HIV/AIDS (RWHAP) Part B recipients include:

- Assisting funded subrecipients in assuring that grant supported services adhere to established Department of Health and Human Services Clinical Guidelines to the greatest extent possible;
- Ensuring that strategies for improvements to quality medical care includes the appropriate access and retention to HIV care, support for treatment adherence and viral load suppression; and
- Ensuring that available data are used to monitor the health outcomes along the HIV continuum of care.

The Virginia Department of Health (VDH) is committed to improving the quality of care and services for people living with HIV (PLWH) through a comprehensive QMP that involves continuous monitoring, Quality Improvement Projects (QIPs), capacity-building opportunities, and a robust performance measurement program. The VDH Quality Management Plan, which is to be shared with all stakeholders and Virginia-based healthcare providers who care for PLWH, frames the HIV Care Services (HCS) continuous quality improvement activities, describes the infrastructure and delineates the performance measures.

This document is available in print and on the following website:

<http://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/>

The implementation of the content will be effective April 1, 2019. If you have any questions concerning this plan, please contact Safere Diawara, MPH, Quality Management Coordinator at (804) 864-8021 or by email at:

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<sup>1</sup> <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/clinicalqualitymanagementpcn.pdf>

## II. AUTHORITY

The Health Resources and Services Administration (HRSA) is an agency of the U.S. Department of Health and Human Services that serves the uninsured, isolated or medically vulnerable. Within HRSA, the HIV/AIDS Bureau (HAB) administers the RWHAP, the largest federal program focused exclusively on HIV/AIDS care. The RWHAP serves those who do not have sufficient health care coverage or financial resources for coping with HIV disease.

## III. VIRGINIA DEPARTMENT OF HEALTH

VDH's Division of Disease Prevention (DDP) administers the RWHAP Part B program. DDP has five units including Sexually Transmitted Disease Prevention and Surveillance, HIV Surveillance, Data Management and Analysis, HIV Hepatitis Prevention, and HIV Care Services.

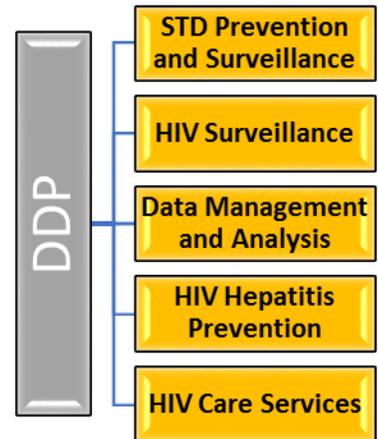
Through these units, the Part B program attempts to meet the needs of eligible PLWH as well as those high-risk populations living throughout the Commonwealth. VDH provides core medical and support services for over 8,000 HIV/AIDS clients by funding subrecipients, as well as Minority AIDS Initiatives and the Emerging Communities Initiatives. Funded agencies provide core and support services, collect client-level data, and implement Quality Management Plans and QIPs to ensure provision of quality services.

DDP provides leadership and support to the funded agencies and is dedicated to the provision of education, information, and health care services that promote and protect the health of all Virginians. The HCS unit within DDP administers the QMP.

The Virginia Medication Assistance Program (VA MAP) provides access to life-saving medications for the treatment of HIV and related illnesses for low-income clients through the provision of medications or through assistance with insurance premiums and medication copayments. The VA MAP program is primarily supported with federal RWHAP Part B grant funding by a formula based on living HIV and AIDS cases. VA MAP also receives support from state general funds; other funding sources include Medicaid reimbursements for clients who receive retroactive eligibility, and voluntary rebates from pharmaceutical manufacturers.

The VA MAP provides insurance cost support or directly purchased medications through the following programs:

- Affordable Care Act (ACA) and Other Insurance: VA MAP pays premiums and medication cost shares (copayments, coinsurance, and deductibles) for plans that meet federal and state VA MAP criteria. VA MAP also supports medication cost shares



- for eligible clients who have other forms of private insurance meeting federal and state VA MAP criteria under the Insurance Continuation Assistance Program (ICAP).
- Medicare Part D Assistance Program: The Medicare Part D Assistance Program pays premiums and medication cost shares for VA MAP eligible clients enrolled in Medicare Part D that is supported by state appropriated State Pharmaceutical Assistance Program (SPAP) funds.
  - Direct Purchase VA MAP: Medications on the VA MAP formulary are purchased at discounted rates by the Central Pharmacy and distributed through local health districts and other medication access sites to provide to the clients. Clients who are not eligible for or unable to enroll in other health marketplace insurance or Medicare Part D may receive medications through Direct Purchase VA MAP.

#### IV. QUALITY STATEMENT

##### A. Mission Statement:

The RWHAP Part B QMP exists to ensure the highest quality core medical care and supportive services for PLWH in Virginia, as well as to provide medication access to them through statewide leadership and stakeholder collaboration.

##### B. Vision:

VDH envisions optimal health and medication access for all PLWH, supported by a health care system that assures ready access to comprehensive, competent, and quality care.

##### C. Values:

VDH believes in creating HIV services that inspire and promote quality, parity, cost effectiveness, client centered, stakeholder input, and teamwork.

##### D. Goals:

The goals of the RWHAP Part B QMP are to:

- Assess quality management needs and build capacity within RWHAP Part B funded agencies statewide;
- Improve existing databases, data management practices, needs assessment and client satisfaction data to document quality of care and service delivery; and
- Enhance the HIV service delivery system.

##### E. Purpose:

The aim of the RWHAP Part B QMP is to continuously improve the quality of care and services of the HIV, and to be compliant with recognized Department of Health and Human Services Guidelines, National Priorities, HRSA Monitoring and Service Standards, and research-based best practices. This will be accomplished by:

- Developing and implementing a statewide Quality Management Plan;
- Monitoring core selected performance measures across Ryan White recipients and subrecipients;

- Providing training and technical assistance related to quality improvement; and
- Participating in national quality management collaborative projects.

## V. DEFINITION OF QUALITY TERMINOLOGY

The following definitions can be found on the TARGET Center website at <https://targethiv.org/cqii> and additional terms can be found in the Glossary in **Appendix A**.

### **A. Quality:**

Quality as defined by the HAB is the degree to which a health or social service meets or exceeds established professional standards and user expectations. Evaluation of the quality of care should consider the quality of ideas, information and suggestions, the quality of the service delivery process, and the quality of life outcomes.

### **B. Indicator:**

A measurable variable or characteristic that can be used to determine the degree of adherence to a standard or the level of quality achieved.

### **C. Performance Measure:**

A quantitative tool that provides an indication of the quality of a service or process. It is a number assigned to an object or event that quantifies the actual output and quality of work performed.

### **D. Quality Management:**

A larger concept, encompassing continuous quality improvement activities and the management of systems that foster such activities: communication, education, and commitment of resources. The integration of quality throughout the organization of the agency is referred to as Quality Management. The QMP embraces quality assurance and quality improvement functions.

### **E. Quality Assurance:**

A broad spectrum of evaluation activities designed to ensure compliance with minimum quality standards. An ongoing monitoring of services for compliance with the most recent Department of Human and Health Services Clinical Guidelines, and adherence to state and federal laws, rules, and regulations.

### **F. Quality Improvement:**

A description of the ongoing monitoring, evaluation, and improvement process. It includes a client-driven philosophy and process that focuses on preventing problems and maximizing quality of care. This focus is a means for measuring improvement to access quality of HIV services.

### **G. Plan, Do, Study, Act Cycles:**

The Plan, Do, Study, Act (PDSA) cycle methodology is a model for performance improvement used for all quality improvement activities:

- **PLAN** – Identify and analyze what you intend to improve, looking for areas that hold opportunities for change.
- **DO** – Carry out the change or test on a small scale (if possible).
- **STUDY** – Complete analysis and synthesis, compare data to prediction in PLAN, and record under what conditions the results could be different. Summarize what was learned, identify if changes led to improvements in the way you had hoped and consider next steps.
- **ACT** – Adopt the change, abandon it, or initiate a new PDSA cycle.

#### **H. Outcomes:**

Results achieved by participants during or after their involvement with a program. Outcomes may relate to knowledge, skills, attitudes, values, behavior, conditions or health status.

#### **I. Outcome Indicator:**

An outcome indicator is the specific information that tracks program success or failure towards meeting standards or projected outcomes. This definition is used to describe observable, measurable characteristics or changes that represent the product of an outcome.

## **VI. QUALITY MANAGEMENT INFRASTRUCTURE**

#### **A. Oversight:**

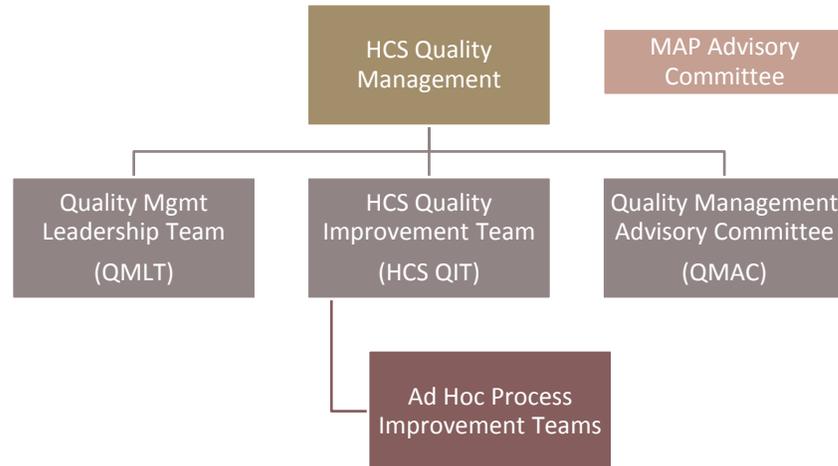
Within DDP, the HCS unit implements the QMP. The Quality Management (QM) Coordinator provides general oversight of the QMP, coordinates program evaluation and quality management activities, oversees service standards and outcome measurement activities, analyzes outcomes data, and integrates the data into requested reports. The Quality Management Coordinator is also responsible for developing the Quality Management Plan, coordinating training on quality management methodology, managing client record reviews and providing technical assistance as appropriate. The Quality Management Coordinator works in collaboration with the Quality Management Advisory Committee (QMAC).

The Quality Management Coordinator is assisted by the Quality Management Specialist who works to plan, organize and oversee funded agencies' quality improvement activities and ensures that funded performance measures and QIP initiatives are focused on improving program efficiencies. The Quality Management Specialist also participates in agency organizational quality management strategic planning and provides technical assistance.

The quality activities are supported by an array of staff and supervisors throughout the Division, with varying levels of authority and responsibilities.

## B. Quality Management Committees:

The Quality Management committee structure involves several groups, which are described and depicted below and included in [Appendices F & G](#).



### Quality Management Leadership Team (QMLT)

The overarching quality management activities are overseen by DDP's QMLT. Charged with providing leadership and oversight for all HCS led quality improvement activities the QMLT ensures adequate resources are available to carry out the annual quality management work plan. The QMLT meets twice a month. Membership of the QMLT consists of:

- Director of HCS
- Assistant Directors of HCS
- Lead HIV Services Coordinator
- HIV Services Analyst
- Business Manager
- Quality Management Coordinator
- Quality Management Specialist
- HIV Services Planner

### HCS Quality Improvement Team (QIT)

Comprised of VDH HCS staff who meet on a weekly basis, the HIV QIT monitors implementation of QIPs, reviews relevant performance measures, plans for QMAC meetings, interfaces with QMAC Subcommittees and coordinates other activities like trainings and Peer Review. The team discusses improvement ideas and addresses constructive feedback on improvement initiatives, reviews the status of PDSA cycles, and discusses other quality-related activities that are being implemented. The HIV QIT consists of:

- HIV Services Coordinators
- VA MAP Director and assigned staff

- VA MAP Data Manager
- Quality Management Coordinator
- Quality Management Specialist
- HIV Services Grants Manager
- HIV Services Planner

#### Ad Hoc Process Improvement Teams

Topic-driven QITs are convened on an ad hoc basis to implement process improvement. Membership is dependent on the issue or process being addressed. The meeting frequency is determined based on the scope of the QIP. For each QIP, a QIP Memo will be established, which includes pertinent information, such as baseline data, intended goal, performance measure and team membership. Updates on progress will be routinely shared with the HCS QIT and will include performance data and changes tested.

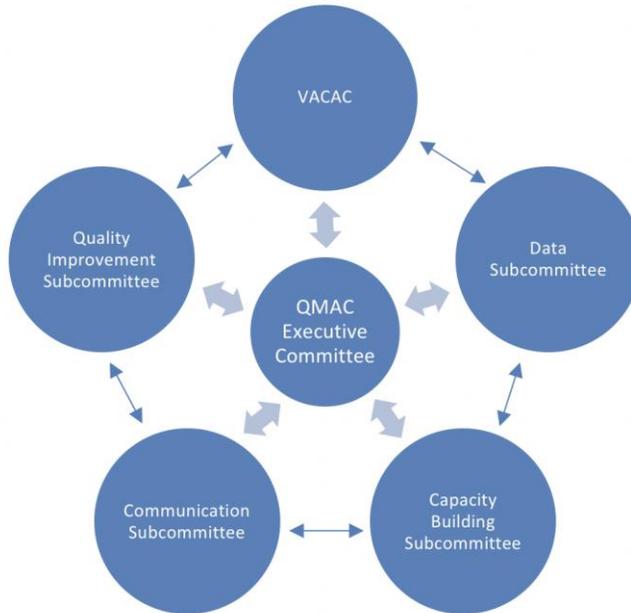
#### QMAC

Implementing quality management across the state requires input, buy-in and support from key stakeholders. The QMAC is established to provide a forum to solicit such input. Membership is comprised of 35 members across the five health regions, All RWHAP (A, B, C, D, and F), data managers, physicians, AIDS Education & Training Centers, program administrators and PLWH. The QMAC is responsible for reviewing data to identify trends, developing priorities, and setting quality improvement goals and measures. Additional responsibilities include reviewing and implementing elements of the Quality Management Plan, reviewing service standards, and developing strategies to improve care processes. Many members of QMAC are also members of the Community HIV Planning Group. The QMAC meets on a quarterly basis to review system-wide quality management issues, challenges, and developing strategies to improve care.

One Executive Committee and five standing Subcommittees are established:

- Executive Committee: Provides oversight and support to the QMAC and works with QMAC members to set goals, determine priorities and provide technical support necessary to implement identified quality initiatives.
- Virginia Quality of Care Consumer Advisory Subcommittee: Ensures PLWH have input into the creation, development and implementation of VDH services, policies and quality activities.
- Data Subcommittee: Provides guidance on applying data to QIPs and quality management initiatives.
- Capacity Building Subcommittee: Supports the development of Ryan White Cross-Parts quality management activities by identifying training and technical assistance needs and strategies to address those needs.
- Communication Subcommittee: Serves as the official communication channel for the QMAC and makes recommendations regarding quality improvement activities.

- Quality Improvement Subcommittee: Guides the implementation of QIPs and assists with recommendations and best practices.



Membership on the QMAC is reviewed annually and is open to all Ryan White providers and PLWH. Participating members who wish to serve on the QMAC must complete the application form (Appendix B). The QMAC co-chairs review all new applications and recommend selection to the Quality Management Coordinator.

Additional information regarding the QMAC, subcommittee structure and key roles and responsibilities is available through the companion document *Virginia QMAC Orientation Manual*.

#### VA MAP Advisory Committee

A separate VA MAP Advisory Committee is established that is comprised of HIV/AIDS medical providers, a pharmacist, consumers, and local health districts' representation. The committee advises VDH on VA MAP programmatic, clinical, educational issues and formulary changes, with particular emphasis on the following: Ensuring necessary therapeutics are made available and set up mechanisms to support treatment adherence;

1. Clearly defining how the VA MAP formulary is determined and how it changes over time as new pharmacological knowledge emerges;
2. Assessing how quickly the VA MAP program adjusts its formulary as new treatment advances are made as well as how quickly new antiretroviral medications are approved as new pharmacological knowledge emerges.
3. Conducting continuous improvement activities of the selected VA MAP performance measures through the training of staff and stakeholders and sharing data about any available improvement efforts.

**C. Peer Review Team:**

A formal Peer Review process is established to assess the quality of services rendered by RWHAP Part B service providers. The Peer Review Team, comprised of a team of medical providers, case managers and consumers, collects performance measure data, reviews client charts and selected QIP data and provides technical assistance. PLWH team members conduct consumer peer-to-peer interviews designed to explore quality of care and satisfaction from the client perspective. The Virginia Commonwealth University HIV/AIDS Resource Center coordinates the Peer Review Team activities. Subrecipients receiving RWHAP Part B funding are reviewed on a biennial schedule.

**D. Dedicated Resources:**

Key resources include the following:

- HRSA/HAB Quality Management Manual: <http://hab.hrsa.gov/affordablecareact/>
- The Center for Quality Improvement and Innovation of the New York State Department of Health: <https://www.careacttarget.org/cqii>
- Ryan White TARGET Center training: <https://careacttarget.org/category/topics/clinical-quality-management>
- The Local Performance Sites of the Mid-Atlantic AIDS Education and Training Center: [www.pamaaetc.org](http://www.pamaaetc.org)
- Virginia Northern, Eastern and Central/Southwest Virginia HIV/AIDS Resource Consultation Center: [www.vharcc.com](http://www.vharcc.com)
- MAP: [www.vdh.virginia.gov/MAP](http://www.vdh.virginia.gov/MAP)
- Quality management information can be found at: <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/HCS/>

## VII. QUALITY MANAGEMENT EXPECTATIONS OF SUBRECIPIENTS

The following quality management requirements are delineated in subrecipients' contractual agreement documents (Appendix C):

Each subrecipient must develop, update and submit an annual Ryan White Quality Management Plan as indicated in the subrecipient's contract deliverables.

1. The plan must include:

- a. **Quality Statement** (Brief purpose describing the end goal of the HIV Quality Program);
- b. **Quality Infrastructure** (Leadership, quality committees, roles and responsibilities, and resources);
- c. **Performance Measurement** (Identifies indicators, who is accountable, how to report and disseminate. Identifies a process in place to use data to develop quality improvement activities);
- d. **Annual Quality Goals** (Select only a few measurable and realistic goals annually and establish thresholds at the beginning of the year for each goal);
- e. **Participation of Stakeholders** (Lists internal and external stakeholders and specifies their engagement in the QMP, includes community representatives and partners, and specifies how feedback is gathered from key stakeholders); and
- f. **Evaluation** (Evaluates the effectiveness of the quality management /quality improvement infrastructure to decide whether to adjust how quality improvement work gets done and review performance measures and QIPs).

The QM Coordinator and QM Specialist, in collaboration with the HIV Services Coordinators, review progress on Quality Management Plans and QIPs. Feedback is provided in monthly report responses.

2. Subrecipient shall complete a program-specific QIP annually based on the selected QIP. In 2019, the QIP is focused on enhancing the viral load suppression rate. Progress of the QIP will be reported on a quarterly basis by using a VDH recommended QIP summary template [Appendix D]. All sites are encouraged to undertake additional QIPs that focus on issues specific to their program.
3. Subrecipient shall participate in statewide quality management activities (meetings, trainings, improvement projects and data/report submission requests), to include at least three (3) QMAC meetings and the annual Quality Management Summit.

### VIII. 2019-2020 WORK PLAN GOALS AND IMPLEMENTATION

The work plan activities are monitored at least quarterly by the QM Coordinator and the QM Specialist and reviewed with the QMAC Executive Committee. Updates and progress are shared at the QMAC quarterly meetings with discussion and suggestions elicited. The full implementation work plan is found in Appendix E. The quality management goals include:

- Goal A. Developing and implementing the 2019-2020 RWHAP Part B Quality Management Plan.

- Goal B. Strengthening the existing Virginia Ryan White Cross-Parts infrastructure to support quality improvement activities in Virginia.
- Goal C. Ensuring that health-related core and support services, including MAP, provided by VDH and funded agencies improve the HIV continuum of care status.
- Goal D. Providing technical assistance and quality trainings on an ongoing basis.
- Goal E. Strengthening internal RWHAP Part B Grantee quality improvement initiatives.

## IX. PERFORMANCE MEASUREMENT

The RWHAP B utilizes performance measurement data to identify and prioritize QIPs, routinely monitor the quality of care provided to PLWH, and to evaluate the impact of changes made to improve the quality and systems of HIV care.

### A. Selected Measures for Ryan White Part B:

Specific clinical and prevention indicators to be measured for all the Ryan White Part B funded services for the current year include:

Indicator to be Measured	Measurement Outcome	Data Elements used to Measure Indicator
<b>Linkage to HIV Medical Care</b>	Percentage of persons who attended a HIV medical care services and had a care marker within 30 days of HIV diagnosis	<p><b>Numerator:</b> Number of persons who attended a HIV medical care services and had a care marker within 30 days of HIV diagnosis</p> <p><b>Denominator:</b> Number of persons with an HIV diagnosis in the 12-month measurement period</p>
<b>Retention in HIV Medical Care</b>	Percentage of persons with an HIV diagnosis who are receiving HIV medical care services who had two care markers in the 12-month measurement period	<p><b>Numerator:</b> Number of people enrolled in RWHAP Part B-funded program living with HIV and receiving HIV medical care services who had at least two care markers in 12-month measurement period that are at least 3 months apart</p> <p><b>Denominator:</b> Number of people enrolled in RWHAP Part B-funded program living with HIV and receiving HIV medical care services who had at least one care marker in the 12-month measurement period</p>

Indicator to be Measured	Measurement Outcome	Data Elements used to Measure Indicator
<b>Antiretroviral Therapy Among Persons in HIV Medical Care</b>	Percentage of persons with an HIV diagnosis who are prescribed Antiretroviral therapy in the 12-month measurement period	<p><b>Numerator:</b> Number of persons with an HIV diagnosis who are prescribed Antiretroviral therapy in the 12-month measurement period</p> <p><b>Denominator:</b> Number of persons with an HIV diagnosis and who had at least one HIV medical care service in the 12-month measurement period</p>
<b>Viral Load Suppression Among Persons in HIV Medical Care</b>	Percentage of persons with an HIV diagnosis with a viral load <200 copies/mL at last test in the 12-month measurement period	<p><b>Numerator:</b> Number of persons with an HIV diagnosis with a viral load &lt;200 copies/mL at last test in the 12-month measurement period</p> <p><b>Denominator:</b> Number of persons with an HIV diagnosis and who had at least one HIV medical care service in the 12-month measurement period</p>

Virginia RWHAP Part B has selected HIV continuum of care related performance measures for each funded service including VA MAP, which include monitoring care markers (CD4 test dates, viral load test dates, antiretroviral therapy prescription dates, and HIV medical care visit dates).

HIV continuum of care (HCC) performance measures apply to all funded services.

*The only exception is for Oral Health Care Services, which will be measured as below:*

Oral Health Care Health outcome Indicator to be Measured	Numerator:	Denominator:
Percentage of persons with an HIV diagnosis who are receiving Oral Health education session in the 12-month measurement period	Number of people enrolled in RWHAP Part B living with HIV and receiving oral Health education session at least once during the 12-mo period	Number of people enrolled in RWHAP Part B-funded program living with HIV and receiving Oral Health Care services, regardless of age.

**B. Data Collection:**

Providers utilize the following methods and databases for data collection: client

interviews, chart reviews, or CAREWare. Redcap is VDH's official client-level data system. In addition, VDH maintains a database specifically for VA MAP eligibility and service information. Overall collected data include:

- Client eligibility and recertification data
- Utilization patterns data
- HIV continuum of care data
- Client Satisfaction data
- Needs assessment data
- Other data as required and/or deemed necessary

### **C. Data Sources:**

The Virginia QMP is responsible for regular analysis and reporting of quality management data that include but is not limited to:

- Client satisfaction surveys/interviews
- HIV continuum of care data
- VA MAP data
- Statewide Coordinated Statement of Need
- Enhanced HIV/AIDS Reporting System data
- Unmet Needs data referring to the population that is out of care

VDH collaborates with all Ryan White Part A, B, C, D and F providers in the Commonwealth to provide client-level data on a monthly basis. Providers that utilize CAREWare directly self-import data into Redcap.

### **D. Reporting Mechanisms of Quality Management Activity Data:**

Compiled data findings from several sources are shared in an aggregated format with HIV providers, VDH leadership, and other stakeholders. Data is pulled from the full list of clients served by each recipient, with the previous method assigning a client to a specific recipient based on the client's most recent service date. This provides a more accurate picture of the recipient's client base outcomes. Reports highlighting the recipient's client outcomes show visual comparison of outcomes compared to the outcomes of all quality management recipients pooled together for the preceding three years prior to the reporting period. These specific data reports also show the visual and temporal change in outcomes for the preceding three years prior to the reporting period for the specific recipient's clients.

VDH collects and analyzes HCC data on a quarterly basis to inform the monitoring of HIV care, identify trends in HIV-related health outcomes over time and across jurisdictions, clinics and programs, and determine programmatic needs by analyzing gaps and health disparities. VDH solicits feedback through Quality Management 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 action steps are made to address identified needs and service gaps. Some may be addressed through the

services that are supported in the Statewide Quality Management Plan while others provide a vision for longer-term strategies of ideal system of care.

Several types of qualitative and quantitative data give VDH and its partner's information on the selected performance measures and help them shape improvement goals and projects. For example, a Data to Care approach has been used to identify, confirm, locate, and follow up with clients who have fallen out-of-care. Identified PLWH who were not in care were linked to—or re-engaged with—HIV care and treatment services. In addition, HIV data from VDH surveillance and mix methods needs assessment revealed high HIV prevalence and incidence rate in the state for young black men who have sex with men (MSM). In response to this finding, VDH redirected funding to host training for providers and consumers focusing on young black MSM to address the identified disparity issues.

## X. QUALITY IMPROVEMENT

Virginia Ryan White QIPs are selected based on performance data results and focus on a mechanism for integrating change into routine activities. Routine measurement is used to assess the impact on care. The key principle in this project for improving HIV care is the implementation of an improvement model, which includes measuring- testing change- re-measuring, and the application of a change known as PDSA Model. At the local level, each subrecipient is responsible for implementing the QIP at his or her agency. Updates on progress made are summarized in the QIP planning and summary template, which is submitted on a quarterly basis (see Appendix D).

The quality improvement activities have been used to:

- Educate staff about quality improvement activities and provide them with the skills to participate in quality improvement processes;
- Set a routine schedule for monitoring and reviewing data;
- Allow participating institutions to align their own continuous improvement initiatives and projects with required QIP processes;
- Communicate results from improvement projects throughout the clinic and the Community; and
- Provide opportunities for all staff to participate in QITs.

## XI. PARTICIPATION OF STAKEHOLDERS

Stakeholders are expected to participate in the planning process of quality improvement activities including QMAC meetings and QIP teams, as needed. Expected roles include:

- Advance buy-in from stakeholders through role clarification;
- Replicate infrastructures and quality management models that work, within specific geographic areas of the state where similar conditions exist;
- Foster relationships cross Ryan White Collaborative; and
- Provide technical capacity to collect and submit quality improvement related data.

In addition to HRSA and VDH, the following groups are stakeholders currently involved in Virginia RWHAP Part B quality improvement activities:

- QMAC;
- Subrecipients;
- Funded Third Party Providers;
- PLWH;
- The Virginia Local Performance Sites of the Mid-Atlantic AIDS Education and Training Centers Performance sites; and
- Virginia HIV/AIDS Resources and Consultation Centers (VHARCC).

## XII. CAPACITY BUILDING

RWHAP Part B continues to build quality improvement capacity through the provision of trainings and technical assistance. In partnership with various stakeholders, VDH develops and conducts comprehensive trainings for providers, PLWH, and advocacy committees regarding each element of the QMP.

The Quality Management staff participates in the HRSA, Center for Quality Improvement and Innovation, and other Ryan White quality trainings offered to recipients and subrecipients. In addition, Virginia has established an annual Ryan White Cross-Parts **Quality Management Summit** designed to build capacity among all Ryan White clinical providers (A, B, C, D and F) and consumer representatives to conduct quality improvement activities and enlarge the pool of quality improvement trainees statewide. The Summit is an opportunity to build the quality improvement capacity needed to ensure that Virginia HIV clinical providers are able to better their Quality Improvement programs. Summit participants access peer-learning opportunities to share best practices and have access to national experts without traveling outside the state.

An **orientation session** is provided to new QMAC members on quarterly basis. Orientation is a service that is needed and is carried with a great responsibility, which helps new members in achieving not only personal growth but also a high level of satisfaction without feeling overwhelmed. It covers basic structure of the QMAC, as well as some guidance on conducting meetings, advice on how to participate in the QMAC effectively, description on how the subcommittees are organized, and details of what is required and expected from members.

VA MAP also continues to build quality improvement capacity through the provision of trainings and technical assistance to HCS staff and stakeholders. Ongoing training for VA MAP staff on use of indicators to measure performance is continuing. Performance data have indicated where potential problems exist and suggest areas for improvement. Staff is actively working on QIPs to improve the VA MAP recertification rates.

Effectively applied, these improvements benefit the clients and can lead to improvements in overall client health.

VHARCC assists VDH with providing identified VA MAP trainings. All stakeholders are encouraged to attend at least one yearly training opportunity related to quality management, process management, leadership development, problem solving, and/or team building.

### XIII. COMMUNICATION

Communication to and between stakeholders is an important part of the quality management process. The purpose, method and frequency of communication depend upon the audiences. There are different communication tools and technique that VDH uses to communicate quality improvement activities and results. Most improvement programs use a balanced mix of paper and electronic communication means, like posters, fliers and brochures, website, QMAC quarterly newsletters, and VDH E-Bulletin. Structured face-to-face meetings such as QMAC meetings and Quality Management Summits are open to all Ryan White providers and PLWH. These forms of communication help to understand the changes, and to build trust. Other methods for distribution of the quality improvement results and requirements include contractual documents, and trainings through VDH, VHARCC, and AIDS Education and Training Centers (AETC). Sharing, for example, individual HCC related performance measures per site using visual management (graphs) pictures the achievement trends in reaching projected goals and approaches. It motivates people and agencies to commit to change, by showing expected benefits and early results.

All VA MAP and Ryan White stakeholders are kept up-to-date with periodic stakeholder emails surrounding ACA enrollment, the QMAC meetings, and the quarterly VA MAP conference calls, and quarterly subrecipient meetings. The VA MAP Hotline and VDH website offer information to respond to questions from stakeholders and clients.

HCS staff participate in regional health meetings, quarterly subrecipient meetings, and Ryan White Part A Planning Council meetings in an effort to provide RWHAP Part B updates to consumers and subrecipients. The QMAC and VA MAP Advisory Committee have representation from all regions of the state, all Ryan White Cross-Parts, and non-RWHAP Part B funded agencies.

### IVX. EVALUATION OF QUALITY MANAGEMENT PROGRAM

The functioning of the QMP is assessed by examining the following components:

- 1) Infrastructure;
- 2) Performance measurement; and
- 3) Quality improvement activities

Based on the findings, VDH will refine strategies for the following year. Regular feedback regarding overall quality improvement is critical in sustaining improvements

over time. VDH communicates findings and solicits feedback from key stakeholders on an ongoing basis and data presentations are made during identified meetings and trainings. In addition, written technical assistance and site visit reports are shared with stakeholders who are given the opportunity to provide feedback on the reports. As part of the annual review, a quality management organizational assessment will be completed in conjunction with the QMAC Executive Committee.

**A. Infrastructure:**

- a. Quality Management Plan: VDH evaluates the Quality Management Plan on a quarterly basis, including assessing the completeness dates of goals and key activities undertaken during the year. Results, challenges, and comments are used to:
  1. Determine the effectiveness of the Quality Management Plan selected infrastructure and activities;
  2. Review annual goals, identify those that have not been met, as well as the reasons these goals were not met, and assess possible strategies to meet them before the next review.
- b. QMAC: structure, purpose and membership are reviewed on quarterly basis and adjustments are completed as needed.

The evaluation areas include assessing if:

1. The QMAC meet at least quarterly and maintain minutes at all its meetings;
2. The monitoring and evaluation of quality management activities, objectives and approaches are effective; and
3. The implementation of action plans to improve or correct identified problems has been completed as planned.

**B. Performance Measurement:**

- a. Quality Indicators: Specific quality indicators are reviewed for appropriateness and continued relevance. Upon completion of the annual review, a new set of quality indicators are identified, quality goals for the upcoming year established, and specific quality initiatives are identified in the updated Quality Management Plan.
- b. Peer Review: Peer Review site visits (including performance measure data extraction and analysis, and client interviews) are performed every other year for each selected services provider agency. Findings from those reviews are used to assist in the development of agency-specific Quality Management Plans and corrective action plans. Agencies review the results from their site visit reports and identify areas in need of improvement. Information is aggregated in an annual report and used to identify cross-cutting themes.

- c. VA MAP: Quality efforts are monitored on ongoing basis and reported on monthly basis including the length of time to determine VA MAP eligibility and/or VA MAP re-certification, and the outcome of the VA MAP application completeness improvement activities. In addition, VA MAP site visits (including chart review) are performed every other year for medication access sites where at least five or more clients are accessing medications. Selected VA MAP charts are reviewed to ensure that all eligibility and recertification documents are in place and are current. Additionally, other issues discovered in the process of reviewing the selected charts may expand the scope of the review.
- d. Goals: Grant Year 2019 Selected Outcome Measures Goals for RWHAP Part B for each funded Services also will be evaluated and shared with stakeholders on quarterly basis and annually shared with HRSA (Appendix F).

**C. Quality Improvement:**

- a. Quality Management Plan: Routine monitoring of the Quality Management Plan, health outcomes, goals and objectives achievement, and client satisfaction and dissatisfaction will be used to gauge and strengthen program improvement. Data from varied sources are used to plan, design, measure, assess and improve quality of services and processes. Quality improvement activities examine and modify existing processes, if needed, to address quality challenges.
- b. QIPs: An evaluation of each QIP will be conducted to assess the effectiveness of project implementation. Areas of exploration could include the following:
  - i. Use of appropriate measures to document progress
  - ii. Ability of sites to implement and sustain change
  - iii. Degree to which sites shared lessons learned and applied those learnings to different settings
  - iv. Active engagement from all team members
- c. Client Interviews: Client interviews provide additional information regarding how well organizations meet PLWH expectations and information pertinent to the organization's quality improvement efforts. In addition to the Peer Review activities, each RWHAP Part B funded provider is contractually required to measure client satisfaction. Peer Review employs the use of a Peer-Administered Survey tool with questions that address the service, the provider, and the health system as whole. In addition, PLWH participate in different needs assessment interviews, focus groups, and surveys to supplement Peer Review client interviews.
- d. Trainings: Each training and workshop utilizes an evaluation to solicit feedback on the process and content of the training, which allows the facilitators to learn from their experiences.

The overarching evaluation strategy strengthens organizational performance and links organizations to operational decision-making within the state system. Results are utilized to enhance the Quality Management Plan, which is submitted to VDH leadership for approval on an annual basis.

### **APPROVAL OF THE 2019 QUALITY MANAGEMENT PLAN**

This plan has been reviewed and approved by the RWHAP Part B Grantee as listed below. This plan will expire March 31, 2020.

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#### **Ryan White Part B – Virginia Department of Health**

Signature:  Date Reviewed: 4/1/19  
Gloria Robinson, M.S.W.  
Assistant Director, HIV Care Services

## **APPENDIX A: GLOSSARY**

<b>ACA</b>	Affordable Care Act
<b>MAP</b>	Medication Assistance Program
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>DDP</b>	Division of Disease Prevention
<b>HAB</b>	HIV/AIDS Bureau
<b>HIV</b>	Human Immunodeficiency Virus
<b>HCS</b>	HIV Care Services
<b>HRSA</b>	Health Resources and Services Administration
<b>MSM</b>	Men who have Sex with Men
<b>PDSA</b>	Plan Do Study Act
<b>PLWH</b>	People Living with HIV
<b>QIP</b>	Quality Improvement Project
<b>QIT</b>	Quality Improvement Team
<b>QMAC</b>	Quality Management Advisory Committee
<b>QMLT</b>	Quality Management Leadership Team
<b>QMP</b>	Quality Management Program
<b>RWHAP</b>	Ryan White HIV/AIDS Program
<b>SPAP</b>	State Pharmaceutical Assistance Program
<b>VDH</b>	Virginia Department of Health

## APPENDIX B: QMAC COMMITTEE APPLICATION FORM

### *Quality Management Advisory Committee Application*

Date: \_\_\_\_\_ Source/Referral: \_\_\_\_\_  
Representation: \_\_\_\_\_ Ryan White \_\_\_\_\_  
Name: \_\_\_\_\_ Part: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Conflict of Interest: \_\_\_\_\_  
Present \_\_\_\_\_  
Employment: \_\_\_\_\_

Are you new to the Quality Management Advisory Committee? Yes  No

Are you interested in becoming a mentor in the future? Yes  No

***In order to participate in the Quality Management Advisory Committee (QMAC) you must first receive written permission from your respective agency/direct manager to attend.***

Did you receive approval from your agency to participate and join QMAC? Yes  No

Please state your qualifications, interest and/or reasons for wanting to be a member of the QMAC:

\_\_\_\_\_  
\_\_\_\_\_

Review Team Comments:	_____
Approval:	_____
QMAC Chair	_____ Date: _____
VDH QM Coordinator:	_____ Date: _____

**APPENDIX C: 2019 QUALITY MANAGEMENT PROGRAM  
SUBRECIPIENT REQUIREMENTS SUMMARY**

<b>Quality Area</b>	<b>Quality Activity</b>	<b>Responsible Person</b>	<b>Timeline</b>
<b>Quality Management Plan and QIP</b>	Ryan White Provider Quality Management Plan development and submission to VDH	Subrecipients	May 31, 2019
	QIP proposal development and submission to VDH (Selected 2019 Topic is Viral Load Suppression) The proposal should include the site baseline data on selected performance measures	Subrecipients	May 31, 2019
	QIP reports required on quarterly basis	Subrecipients	Project quarterly reports are due: April 2019, July 2019, October 2019, January 2020
	Quality Management Plan reports required on monthly basis	Subrecipients	Monthly By March 2020
	Participation in the statewide Peer Review bi-annual site visits activities	Subrecipients	By March 2020
<b>Quality Monitoring</b>	Performance Measures Monitoring ( <i>via Monthly Report and quarterly HIV continuum of care data monitoring reports</i> ) & Feedback ( <i>via Monthly Report Responses and through quality meetings</i> )	Subrecipients HIV Service Coordinators Data team Quality Management Coordinator	Monthly and quarterly feedback
<b>Planning and Evaluation</b>	QMAC Meetings	QMAC Members	May 22, 2019 (Chesapeake, VA) August 21, 2019 (Charlottesville, VA)

			February 19, 2020 (Richmond, VA)
<b>Training</b>	Quality Management Summit in Virginia Beach	Quality Management Summit Planning Committee QMAC AIDS Education and Training Center Virginia HIV/AIDS Resource Consultation Center Quality Management Coordinator	October 23, 2019 (Richmond, VA)
	Consumers Trainings <sup>2</sup>	Quality Management Coordinator QMAC	June 19, 2019 (SW) July 31, 2019 (E) August 20, 2019 (NW) September 25, 2019 (N) October 22, 2019 (C)
	Case Management Summit in Roanoke	Planning Committee AIDS Education and Training Center Quality Management Coordinator	March 6-7, 2020 (Roanoke, VA)
	Training and technical assistance as needed	Quality Management Coordinator AIDS Education and Training Center Virginia HIV/AIDS Resource Consultation Center	Ongoing

<sup>2</sup> Regions listed: Southwest (SW); Eastern (E); Northwest (NW); Northern (N); Central (C)

## APPENDIX D: QUALITY IMPROVEMENT PROJECT REPORTING TEMPLATE

Agency:	
Date:	
Report Period:	<b>Start Date:</b> _____ <b>End Date:</b> _____
Report Completed by:	<b>Name:</b> _____
	<b>Title:</b> _____
	<b>Contact Info:</b> _____
QIP Title:	Increase HIV Viral Load Suppression for Ryan White Clients

### Report Due Dates:

QIP Proposal: May 31, 2019

QIP Reports: July 15, 2019; October 15, 2019; January 15, 2020; April 15, 2020

### Section 1: BACKGROUND

**Problem Statement:** (What specific issues do you have with viral load suppression?)

- Baseline:
- Quarter 1:
- Quarter 2:
- Quarter 3:
- Quarter 4:

**Goals:** To increase statewide Viral Load Suppression rate from 81% to 90%. Indicate your agency's specific achievable goal based on current data.

- Baseline:
- Quarter 1:
- Quarter 2:
- Quarter 3:
- Quarter 4:

## Section 2: AIM

**Agency QIP Aim Statement and Goals:** *(What are you trying to accomplish)*

**If needed, update the Aim Statement and Goals quarterly.**

**QIP Team Members:** *(Names, Titles, Role in QIP only)*

**If needed, update the QIP Team Members quarterly.**

**Selected Performances Measures (PM) (include numerator and denominators):**

Viral Load Suppression measures will be collected by both VDH and the subrecipient which are shared on a quarterly basis.

We define a care marker as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date.

### **Viral Load Suppression Rate:**

#### **Using Your Agency Specific Data**

Performance Measure A1

**Numerator:** number of patients with a HIV viral load less than 200 copies/mL at last viral load test

**Denominator:** patients, regardless of age, with a diagnosis of HIV who had at least one care marker during the performance period

#### **Using VDH Provided Data**

Performance Measure A2

**Numerator:** number of patients with a HIV viral load less than 200 copies/mL at last viral load test

**Denominator:** patients, regardless of age, with a diagnosis of HIV who had at least one care marker during the performance period

## Section 3: Data Reporting

### **Performance Reporting periods: Ryan White Grant Year 2019**

Viral Load Suppression Rate Data provided by the Virginia Department of Health.

Baseline: January 1, 2018 – December 31, 2018

Quarter 1: June 1, 2018 – May 31, 2019

Quarter 2: September 30 – August 31, 2019

Quarter 3: December 1, 2018 to November 30, 2019

Quarter 4: March 1, 2019 – February 28, 2020

**A. Actions/Change Steps Completed:** *Describe below each **intervention** plan/change you performed to improve the performance measures and services for the reported quarter. The list below should be your previous submitted action steps.*

<b>List action steps taken to improve your data</b>		
<i>List the four action steps you took to improve data and services this quarter</i>	<i>When did you complete this step?</i>	<i>Will you keep or stop this action step for the coming quarter?</i>

**B. Data:** Indicate your baseline performance measure rate/percentage that will be addressed through the first quarter (January 1, 2018 – December 31, 2018). VDH will share your baseline data that you will improve with your QIP.

		Agency Viral Load Suppression Data			VDH Viral Load Suppression Data		
Deadline to VDH		Numerator (n)	Denominator (d)	Percentage (n/d x 100)	Numerator (n)	Denominator (d)	Percentage (n/d x 100)
<b>Baseline Data:</b>	May 31, 2019						
	Quarter 1 rate:						
	Quarter 2 rate:						
	Quarter 3 rate:						
	Quarter 4 rate:						

**Section 4: Data Interpretation**

**C. Cause and Effect:** Please provide root causes listing cause and effect reasons for the reported quarter data. Addressing the root causes of poor performance on VL monitoring must involve more than just the health facility team; leadership support across the continuum is essential. Driver Diagram or Fishbone models are encouraged.

**D. Analysis:** *Explain the following findings and what you identify from this reporting quarter.*

- a. What are the data telling you:
- b. Provide insight on what went well for this quarter:
- c. Provide any Barriers/Challenges:
- d. How did your data differ from VDH’s data?
- e. Why did your data differ from VDH’s data?
- f. How did your data get to the VDH data system?

**E. Graphic:** *Progression starting from Baseline through current reporting period (include all quarters reported to date)*

**Section 5: Planning Next Steps for the coming quarter**

**F. Interventions/Change Description for the next coming quarter:** *Describe below each intervention plan/change you will do to improve your current quarterly data reported above (at least four). Based on your analysis of the data for this quarter’s report, what are you planning to do for the next 3-month period (Action plan)?*

*The selected improvement interventions below should be preceded by data review and understanding the gaps in the care provided before they can begin to improve the process of care.*

<b>Action Steps for Next Quarter</b>	<b>Person(s) Responsible</b>	<b>Target Date</b>
<i>What are you going to do?</i>	<i>Who is going to take the lead?</i>	<i>When will the work be done?</i>

**G. Summary Report:** *Overall, analyze the cumulative data and progress towards projected goals and objectives. If applicable, include any technical assistance needed for this quality improvement project with the summary report.*

The work plan includes goals, areas, objectives, key actions, responsible persons and/or parties, reporting methods, timeline, and status/follow-up.

**APPENDIX E: IMPLEMENTATION OF HIV SERVICES WORKPLAN FY 2019-2020**

<b>Goal A: Developing and Implementing the 2019 Ryan White Part B Quality Management Plan and Work Plan</b>					
<b>Areas</b>	<b>Objectives</b>	<b>Key action steps</b>	<b>Person/Agency Responsible for Collection</b>	<b>Method of Reporting/Data Sources</b>	<b>Timeline</b>
Quality Management Plan	Plan and Update 2019 Annual Quality Management Plan by April 1, 2019	Develop 2019 Quality Management Plan based on feedback from Quality Management Committees	VDH Quality Management Coordinator and MAP staff	Write and incorporate submitted feedback	March 2019
		Approval process of the Quality Management Plan by VDH and posting it on website	Director HCS	Approval notice	April 2019
	Implement Quality Management Plan during the Grant 2019	Each Ryan White funded agency is required to have in place an annual Quality Management Plan, selected QIP, and incorporate statewide performance goals into their agency’s quality improvement activities	All subrecipients	Number and percent of RWHAP Part B program with Quality Management Plan and QIP in place	March 2019
	Evaluate Agency QMP on monthly basis for the Quality Management Plan and Quarterly basis for the QIP.	Monitor implementation of Quality Management Plan and QIP through on-site visits, Ryan White data analysis and submitted report documents	HCS staff	Site visit reports, Redcap health outcome performance measure data analysis, and Submitted reports	Monthly and quarterly reports by March 2020

<b>Goal B: Strengthening the Existing Virginia Ryan White Quality Management Cross-Parts Infrastructure that Supports Quality Improvement Activities in Virginia</b>					
<b>Areas</b>	<b>Objectives</b>	<b>Key action steps</b>	<b>Person/Agency Responsible for Collection</b>	<b>Method of Reporting/Data Sources</b>	<b>Timeline</b>
Statewide Ryan White Cross-Parts Collaborative	Implement and monitor a comprehensive set of HIV Continuum of care related performance measures and a QIP by at 100 % of all Ryan White Grantees	Provide technical assistance as needed	All Ryan White recipients	Selected performance measures data directly entered into Redcap or imported from other data sources	March 2020
	Strengthen Virginia Cross-Parts Collaborative by providing consistent opportunities for VA subrecipients to network and exchange ideas on quarterly meetings	Hold consistent quarterly meetings of the QMAC members	Ryan White Quality Management Cross-Parts Collaborative members and invited guests	Meeting agendas and minutes, action plans, and meeting evaluations.	May 24, 2019 August 7, 2019 February 21, 2020
Collaboration with Training and Education Centers	Use Local Mid Atlantic AIDS Education Training Center Performance sites and the Virginia HIV/AIDS Resources and Consultation Centers to provide identified quality management trainings and technical assistance	Plan the Annual Quality Management Summit, consumers training in quality, QMAC meetings, and Case Management trainings.	Quality Management Coordinator, Local Mid Atlantic AIDS Education Training Center and Performance sites	Meeting agendas and minutes, action plans, and meeting evaluations.	March 2020

**APPENDIX E: IMPLEMENTATION OF HIV SERVICES WORK PLAN FY 2019-2020**

<b>Goal C: Ensuring that Primary Care and Health-Related Support Services Provided by Funded Agencies improve the HIV continuum of care status</b>					
<b>Area</b>	<b>Objectives</b>	<b>Key action steps</b>	<b>Person/Agency Responsible for Collection</b>	<b>Method of Reporting/Data Sources</b>	<b>Timeline</b>
Quality Improvement Activities	Encourage incorporating RWHAP Part B quality management goals into agencies' Quality Management Plans and 100% of subrecipients will timely submit required documents to VDH	Disseminate selected performance measure goals to all agencies	All stakeholders VDH staff	Written documents, face-to-face meetings, telephone, webs and emails	March 2020
		Implementation of agency selected quality improvement activities to meet annual goals	All providers	Submitted QIP reports on quarterly basis to VDH	April 2019 July 2019 October 2019 January 2020
	Develop strategies to achieve Grant Year 2019 Selected RWHAP Part B Outcome Measures Goals for each funded Services (see Appendix D)	Collect and monitor health outcome measure data and implement need improvement activities by RWHAP Part B agencies	All providers and VDH staff	Reports on selected measures shared with stakeholders on quarterly basis	April 2019 July 2019 October 2019 January 2020
				Follow up on improvement action steps	
Ensure Case Management quality improvement efforts of its related health outcome performance measures (See Appendix D)	Provide needed trainings and technical assistance on best practices  The increase in compliance lead to increased retention rate and viral load suppression as a desired outcome.	Quality Management Coordinator, Local Mid Atlantic AIDS Education Training Center and Performance sites, and the Virginia HIV/AIDS Resources and Consultation Center	Evaluation of provided trainings and monitoring of HIV continuum data by funded agencies	By March 31, 2020	

	Case Management Summit to provide at least 80 Ryan White Medical and Non-Medical Case Managers an in-depth learning experience on the integration of quality improvement initiatives with models and systems of Case Management.	Planning, implementing and evaluating the Summit	Quality Management Coordinator, Local Mid Atlantic AIDS Education Training Center and Performance sites	Evaluation of provided trainings and trained number professional statewide	By March 31, 2020
Peer Review	Update Peer Review tools to match with the selected HIV continuum of care performance measures and address the HRSA policy clarification notice #16-02	Update Peer Review tools and assess 10 RWHAP Part B funded providers' achievement with selected health outcome measures and client satisfaction status	Peer Review Team and Quality Management Coordinator	Revised Peer Review tools and collection health outcome performance measures and client satisfaction data	By March 2020
Ensure eligibility and recertification determination adheres to most recent HRSA Guidelines.	Ensure MAP eligibility occurs every year and recertification has been completed every 6 months (Appendix D)	Ensure current unit policy to obtain documentation based on date of last application and 6 months from that date	MAP and other HCS staff	MAP Database	Monthly by March 2020
		Eligibility and recertification completed at agency level	Recipients and subrecipients	Monthly progress reports, Redcap, Electronic Medical Records, CAREWare and Client Files	Monthly by March 2020
Outreach	Ensure information regarding all Ryan White programs including MAP is available and communicated.	Periodic stakeholder letters through the listserv; updating MAP website and providing updates at statewide and stakeholder meetings.	MAP and other HCS staff	written documents, power point presentations, emails, website updates	March 2020

<b>Goal D: Providing Technical Assistance and Capacity Building Trainings on an Ongoing Basis</b>					
<b>Area</b>	<b>Objectives</b>	<b>Key action steps</b>	<b>Person/Agency Responsible for Collection</b>	<b>Method of Reporting/Data Sources</b>	<b>Timeline</b>
Technical assistance and Training Activities	Hold a Ryan White Cross-Parts Annual Quality Management Summit in October 2019	Identify topics, dates, and locations of the Summit. Develop and provide training event	VDH Quality Management Coordinator and other resources	Trainings developed and conducted during the Summit	October 30, 2019
	Provide ongoing quality management technical assistance to providers	Provide technical assistance to providers on quality management principles and any needed specific topics	Quality Management Coordinator and QMAC	Number of requested technical assistance; Number of technical assistance provided	March 2020
	Provide five regional consumers training in quality to promote and support full and effective participation by PLWH. Projected at least 25 participants per region.	Identify topics, dates, and locations of the trainings. Train the trainers (all consumers)  Develop and provide training event. It will help them acquire the knowledge and develop the skills integral to carrying out ongoing quality improvement Work.	Quality Management Coordinator and QMAC	Trainings developed and conducted.  Numbers of consumers trained per region and statewide	June 19, 2019 (Southwest); July 31, 2019 (Eastern); August 20, 2019 (Northwest); Sept 25, 2019 (Northern); Oct 22, 2019 (Central)
	Provide ongoing MAP technical assistance to consumers, providers and local health department and medication access site staff	Provides technical assistance on Ryan White service options and MAP	HCS Staff	Hotlines; MAP Database; completed technical assistance report forms	March 2020

**APPENDIX E: IMPLEMENTATION OF HIV SERVICES WORK PLAN FY 2019-2020**

<b>Goal E: Strengthening Internal Ryan White Part B Grantee Quality Improvement Initiatives</b>					
<b>Area</b>	<b>Objectives</b>	<b>Key Action Steps</b>	<b>Person/Agency Responsible for Collection</b>	<b>Method of Reporting/Data Sources</b>	<b>Timeline</b>
Explores opportunities for HCS staff to expand their role and increase engagement in the quality activities	Provide training on various quality concepts, starting with the fundamentals of quality management on monthly basis	Learn how to incorporate quality management into the respective roles.	HCS staff and the Quality Management Team	Training evaluations Survey staff satisfaction Number of trainings provided	By March 31, 2020
	Create mentoring opportunities for all new employee so that staff can shadow someone in the role before taking a lead	Learn the points of intersection, commonality and potential duplication in the role of Service Coordinators and Quality Management Coordinator as it relates to quality management activities	HCS staff and the Quality Management Team	Number of staff that benefited provided mentoring services Survey staff satisfaction	By March 31, 2020
Explore MAP-related quality management activities	Strengthen the following three major components by the end of the Grant Year 2019: 1) performance measurement; 2) QIPs; and 3) infrastructure.	Facilitate cross-communication and learning	HCS staff and the Quality Management Team	Survey staff satisfaction	By March 31, 2020
		Identify potential MAP QIPs on a range of issues Implement QIPs to streamline the client eligibility/recertification process and MAP	HCS staff and the Quality Management Team	Identified and implemented QIPs	By March 31, 2020

		application completeness			
		Train MAP staff and the MAP Advisory Committee on quality management concepts	HCS staff and the Quality Management Team	Training evaluations Survey staff satisfaction Number of trainings provided	By March 31, 2020

## APPENDIX F: GRANT YEAR 2019 SELECTED OUTCOME MEASURES GOALS FOR RWHAP B FUNDED SERVICES

RWHAP Part B is specifically reporting on the following health outcome measures for funded HRSA services. Benchmark data are from Grant Year 2018 achievement rates.

Core and Support Service Category	Performance Measure, including numerator and denominator	Actual Outcome Data, as a percentage	Target/Benchmark, as a percentage
<u>Medication Assistance Program (MAP)</u>	<p><b>Numerator:</b> Number of MAP clients receiving medications or medication copayments and Medical Case Management services, regardless of age, will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.</p> <p><b>Denominator:</b> Number of MAP clients receiving medications or medication copayments and Medical Case Management services, regardless of age</p>	93%	80%
<u>AIDS Drug Assistance Program</u>	<p><b>Numerator:</b> Number of MAP applicants that are approved or denied for MAP enrollment within two weeks of MAP receiving a complete application during the 12-month measurement period.</p> <p><b>Denominator:</b> Number of MAP applicants submitting a complete application during the 12-month measurement period</p>	91%	90%
<u>Outpatient/Ambulatory Health Services</u>	<p><b>Numerator:</b> Number of PLWH and receiving Outpatient/Ambulatory Medical care services, regardless of age, will have an HIV viral load less than 200 copies/mL at</p>	96%	85%

	<p>last HIV viral load test during the 12-month measurement period.</p> <p><b>Denominator:</b> Number of PLWH and receiving Outpatient/Ambulatory Medical care services, regardless of age, during the 12-month measurement period</p>		
<p><u>Health Insurance Premium and Cost Sharing Assistance for Low-income</u></p>	<p><b>Numerator:</b> Number of PLWH and receiving Health Insurance Premium and Cost Sharing Assistance for Low-income, regardless of age, will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.</p> <p><b>Denominator:</b> Number of PLWH and receiving Health Insurance Premium and Cost Sharing Assistance for Low-income, regardless of age, during the 12-month measurement period.</p>	99%	95%
<p><u>Oral Health Care</u></p>	<p><b>Numerator:</b> Number of people enrolled in the RWHAP Part B-funded program and receiving oral health services, regardless of age, will have oral health education session at least once during the 12-month measurement period.</p> <p><b>Denominator:</b> Number of people enrolled in the RWHAP Part B-funded program and receiving oral health services, regardless of age, during the 12-month measurement period</p>	42%	90%
<p><u>Mental Health Services</u></p>	<p><b>Numerator:</b> Number of people enrolled in RWHAP Part B-funded Program who received a Mental Health service, regardless of age, will have at least two care markers in the 12-month measurement period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test</p>	97%	95%

	<p>date, and/or an antiretroviral medication prescription and date) during the 12-month measurement period.</p> <p><b>Denominator:</b> Number of people enrolled in RWHAP Part B-funded Program who received a Mental Health service, regardless of age, during the 12-month measurement period.</p>		
<u>Medical Nutrition Therapy</u>	<p><b>Numerator:</b> Number of people enrolled in RW Part B-funded Program living with HIV regardless of age and receiving medical nutrition services, will have at least two care markers in a 12-month period, that are at least 3 months apart. (Care marker defined as evidenced of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date) during 12-month measurement period</p> <p><b>Denominator:</b> Number of people enrolled in RW Part B-funded Program living with HIV regardless of age and receiving medical nutrition services during 12-month measurement period.</p>	94%	80%
<u>Medical Case Management Services (Including Treatment Adherence)</u>	<p><b>Numerator:</b> Number of people enrolled in RWHAP Part B-funded Program living with HIV and receiving Medical Case Management services, regardless of age, will have an HIV viral load lesser than 200 copies/mL at last HIV viral load test during the 12-month measurement period.</p> <p><b>Denominator:</b> Number of people enrolled in RWHAP Part B-funded Program living with HIV and receiving Medical Case Management services, regardless of age, during the 12-month measurement period.</p>	96%	80%
<u>Early Intervention Services</u>	<p><b>Numerator:</b> Number of newly enrolled EIS clients who have documentation of education given regarding HIV disease process, risk reduction, and maintenance of the immune</p>	99%	75%

	<p>system. The number of people serve could potentially increase and they may a variance in the number of units each clients receive in the EIS encounter.</p> <p><b>Denominator:</b> Number of newly enrolled EIS clients.</p>		
<u>Substance Abuse Services – Outpatient</u>	<p><b>Numerator:</b> Number of people enrolled in RWHAP Part B-funded Program living with HIV regardless of age and receiving Outpatient Substance Abuse services, will have at least two care markers in the 12-month measurement period, that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date)</p> <p><b>Denominator:</b> Number of people enrolled in RWHAP Part B-funded Program living with HIV regardless of age and receiving Outpatient Substance Abuse services</p>	96%	90%
<u>Non-Medical Case Management</u>	<p><b>Numerator:</b> Number of people enrolled in RWHAP Part B-funded Program living with HIV regardless of age and receiving non-Medical Case Management services, will have at least two care markers in the 12-month measurement period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date).</p> <p><b>Denominator:</b> Number of people enrolled in RWHAP Part B-funded Program living with HIV regardless of age and receiving non-Medical Case Management services</p>	96%	85%
<u>Emergency Financial Assistance</u>	<p><b>Numerator:</b> Number of people enrolled in RWHAP Part B-funded Program and receiving Emergency Financial Assistance will have two or more care markers in the 12-</p>	97%	90%

	<p>month measurement period that are at least 90 days apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date).</p> <p><b>Denominator:</b> Number of Number of people enrolled in RWHAP Part B-funded Program and receiving Emergency Financial Assistance.</p>		
<u>Food Bank/Home-delivered Meals</u>	<p><b>Numerator:</b> Number of PLWH and receiving Food Bank/Home-delivered Meals will have at least two care markers in the 12-month measurement period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date).</p> <p><b>Denominator:</b> Number of PLWH and receiving Food Bank/Home-delivered Meals</p>	97%	90%
<u>Health Education/Risk Reduction</u>	<p><b>Numerator:</b> Number of PLWH and receiving Health Education/Risk Reduction services will have at least two care markers in the 12-month measurement period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date).</p> <p><b>Denominator:</b> Number of PLWH and receiving Health Education/Risk Reduction services</p>	92%	90%
<u>Housing</u>	<p><b>Numerator:</b> Number of people enrolled in RWHAP Part B-funded Program living with HIV, regardless of age and</p>	99%	75%

	<p>receiving Housing services, will have at least two care markers in a 12-month measurement period that are at least 6 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date).</p> <p><b>Denominator:</b> Number of people enrolled in RWHAP Part B-funded Program living with HIV, regardless of age and receiving Housing services</p>		
<u>Linguistics</u>	<p><b>Numerator:</b> Number of PLWH and receiving Legal services, regardless of age, will have at least two care markers in the 12-month measurement period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date).</p> <p><b>Denominator:</b> Number of PLWH and receiving Legal services, regardless of age</p>	99%	95%
<u>Medical Transportation Services</u>	<p><b>Numerator:</b> Number of PLWH regardless of age and receiving Medical Transportation services, will have at least two care markers in the 12-month measurement period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date).</p> <p><b>Denominator:</b> Number of PLWH regardless of age and receiving Medical Transportation services</p>	96%	90%
<u>Outreach Services</u>	<p><b>Numerator:</b> Number of PLWH and receiving Outreach services, regardless of age, will have at least two care markers</p>	97%	80%

	<p>in a the 12-month measurement period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date).</p> <p><b>Denominator:</b> Number of PLWH and receiving Outreach services, regardless of age</p>		
<u>Referral for Health Care</u>	<p><b>Numerator:</b> Number of PLWH and receiving Referral for Health Care/Supportive Services, regardless of age, will have at least two care markers in the 12-month measurement period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date).</p> <p><b>Denominator:</b> Number of PLWH and receiving Referral for Health Care/Supportive Services, regardless of age</p>	99%	80%
<u>Substance Abuse Services – Residential</u>	<p><b>Numerator:</b> Number of PLWH and receiving Residential Substance Abuse services, will have at least two care markers in the 12-month measurement period, that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date).</p> <p><b>Denominator:</b> Number of PLWH and receiving Residential Substance Abuse services</p>	99%	90%
<u>Psychosocial Support Services</u>	<p><b>Numerator:</b> Number of PLWH and receiving Psychosocial Support services, will have an HIV viral load less than 200</p>	96%	95%

	<p>copies/mL at last HIV viral load test during the 12-month measurement period.</p> <p><b>Denominator:</b> Number of PLWH Number of PLWH and receiving Health Education/Risk Reduction services</p>		
<u>Psychosocial Support Services</u>	<p><b>Numerator:</b> Number of PLWH and receiving Psychosocial Support services, will have at least two care markers in the 12-month measurement period, that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date)</p> <p><b>Denominator:</b> Number of PLWH Number of PLWH and receiving Health Education/Risk Reduction services</p>	99%	98%
<u>MAI Outreach Services (Outreach)</u>	<p><b>Numerator:</b> MAI Outreach Services clients will be verified as enrolled in MAP or another prescription medication program</p> <p><b>Denominator:</b> Number of MAI Outreach Services clients</p>	75%	70%
<u>MAI Outreach Services (Outreach)</u>	<p><b>Numerator:</b> Number of MAI Outreach Services clients will have an HIV viral load less than 200 copies/mL at last viral load test in the last the 12-month measurement period.</p> <p><b>Denominator:</b> MAI Outreach Services clients</p>	95%	65%
<u>MAI Outreach Services (Education)</u>	<p><b>Numerator:</b> Number of MAI clients who receive HIV education services will be verified as enrolled in MAP or another prescription medication program.</p> <p><b>Denominator:</b> MAI Outreach Services clients</p>	54%	80%

<u>MAI Outreach Services (Education)</u>	<b>Numerator:</b> Number of MAI clients who receive HIV education services will have at least two care markers in the 12-month measurement period that are at least 3 months apart.  <b>Denominator:</b> MAI Outreach Services clients	89%	90%
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**APPENDIX G: HRSA HIV/AIDS BUREAU SERVICE CATEGORY**

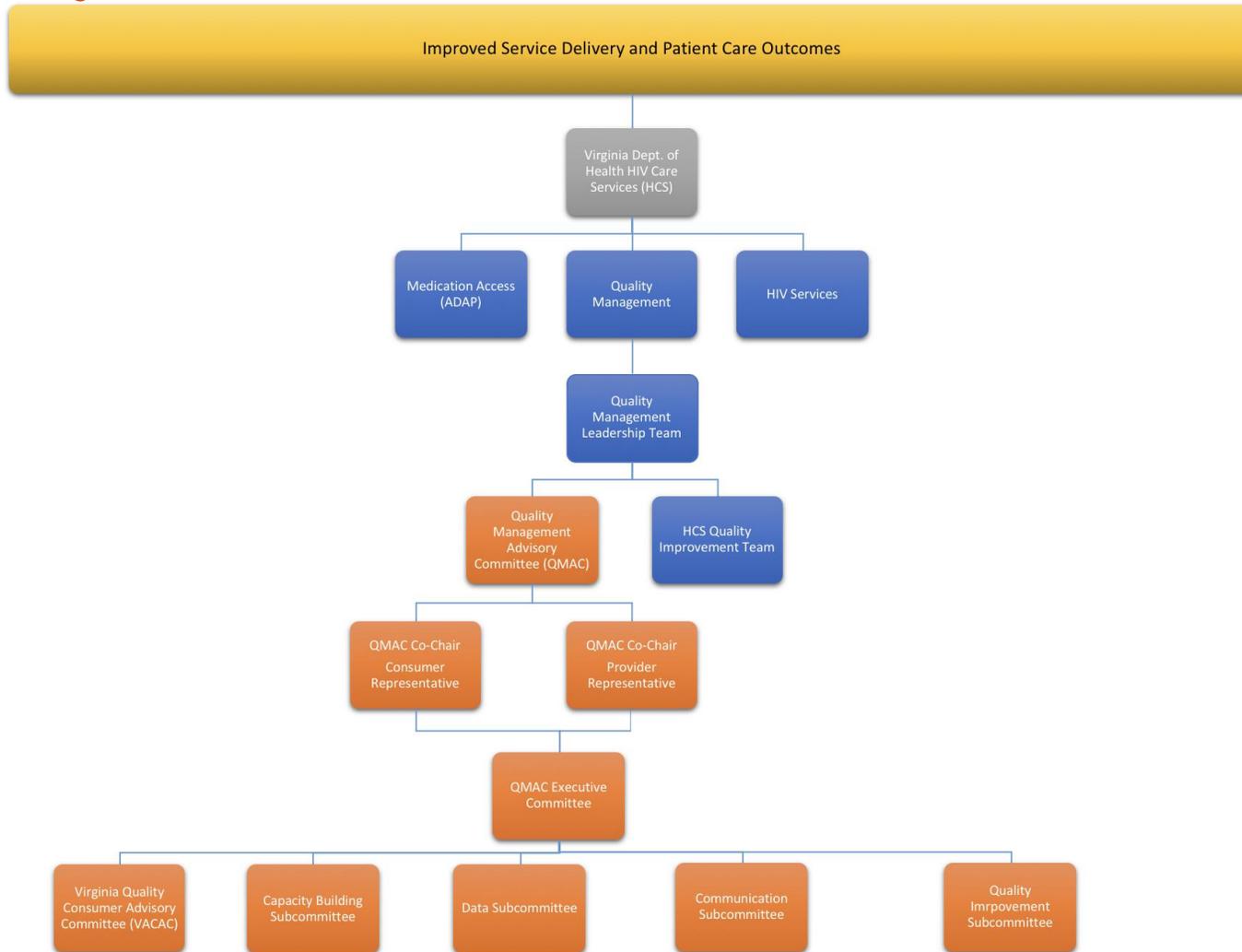
<b>Allowable Program Services</b>	
<b>CORE MEDICAL SERVICES</b>	
1.	AIDS Drug Assistance Program Treatments
2.	AIDS Pharmaceutical Assistance
3.	Early Intervention Services
4.	Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
5.	Home and Community-Based Health Services
6.	Home Health Care
7.	Hospice
8.	Medical Case Management, including Treatment Adherence Services
9.	Medical Nutrition Therapy
10.	Mental Health Services
11.	Oral Health Care
12.	Outpatient/Ambulatory Health Services
13.	Substance Abuse Outpatient Care
<b>SUPPORT SERVICE</b>	
14.	Child Care Services
15.	Emergency Financial Assistance
16.	Food Bank/Home Delivered Meals
17.	Health Education/Risk Reduction
18.	Housing
19.	Linguistic Services
20.	Medical Transportation
21.	Non-Medical Case Management Services
22.	Other Professional Services (including legal services)
23.	Outreach Services

24.	Permanency Planning
25.	Psychosocial Support Services
26.	Referral for Health Care and Support Service
27.	Rehabilitation Services
28.	Respite Care
29.	Substance Abuse Services (residential)

The Ryan White Program Service Definitions were revised by HRSA/HAB in 2016 with an effective date of October 1, 2016. The revised service definitions are included in *Policy Clarification Notice #16-02, RWHAP Services: Eligibility Individuals & Allowable Uses of Funds* available online at:

[http://www.vdh.virginia.gov/content/uploads/sites/10/2016/12/ServiceCategoryPCN\\_16-02Final.pdf](http://www.vdh.virginia.gov/content/uploads/sites/10/2016/12/ServiceCategoryPCN_16-02Final.pdf)

## APPENDIX H: QMAC ORGANIZATIONAL CHART



## APPENDIX I: VIRGINIA QUALITY MANAGEMENT PROGRAM FLOW CHART

