

COMPREHENSIVE VIRGINIA RYAN WHITE PART B QUALITY MANAGEMENT PLAN

Grant Year Period: April 2021 – March 2022



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Comprehensive Virginia Ryan White Part B Quality Management Plan

Grant Year Period: April 1, 2021 – March 31, 2022

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 15-02¹. The Quality Management expectations for Ryan White HIV/AIDS Program (RWHAP) Part B recipients include:

- Assisting funded subrecipients in assuring that grant supported services adhere to established Department of Health and Human Services (HHS) 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 collected and used to monitor the health outcomes.

The Virginia Department of Health (VDH) is committed to improving the quality of care and services for people living with HIV (PWHPWH) through a comprehensive QMP that involves continuous monitoring, Quality Improvement Projects (QIPs), capacity-building opportunities, and a Performance Measure (PM) based program. The VDH Quality Management Plan, which is to be shared with all stakeholders, 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/>

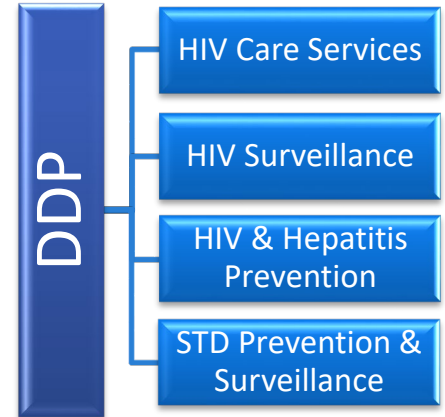
The implementation of the content will be effective April 1, 2021. If you have any questions concerning this plan, please contact Safere Diawara, MPH, Clinical Quality Management Coordinator at (804) 864-8021 or by email at

Safere.Diawara@vdh.virginia.gov

¹ <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. Health and Human Services (HHS) 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. DDP has four units including Sexually Transmitted Disease (STD) Prevention & Surveillance, HIV Surveillance, HIV & Hepatitis Prevention (HHPS), and HIV Care Services (HCS).

VDH provides core medical and support services for over 8,000 HIV/AIDS eligible clients by funding subrecipients, as well as Minority AIDS Initiatives (MAI) and the Emerging Communities (EC) Initiatives. Funded agencies provide core and support services, collect client-level data, and implement QMPs and QIPs to ensure provision of quality services.

HCS 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. VA MAP is primarily supported with federal RWHAP Part B grant funding, though also receives support from state general funds. Other funding sources include pharmaceutical rebates and 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 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 for pickup by clients. Clients who are not eligible for or unable to enroll in other insurance such as the health marketplace, Medicaid or Medicare Part D may receive medications through Direct 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 PWH 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 PWH, 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 in quality within RWHAP Part B funded agencies statewide;
- Improve data management practices and client satisfaction assessment processes.; and
- Enhance the HIV service delivery system and its related health outcomes.

E. Purpose:

The aim of the RWHAP Part B QMP is to continuously improve the quality of care and services delivered, and to be compliant with recognized HHS Services Clinical 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 statewide, cross-jurisdictional and 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 acronym list 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 (QM). The QMP embraces quality infrastructure, performance measures 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 (Administrative duties).

F. **Quality Improvement:**

A description of the ongoing monitoring, evaluation, and improvement process. It includes a 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 and better health outcomes.

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.
- **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:

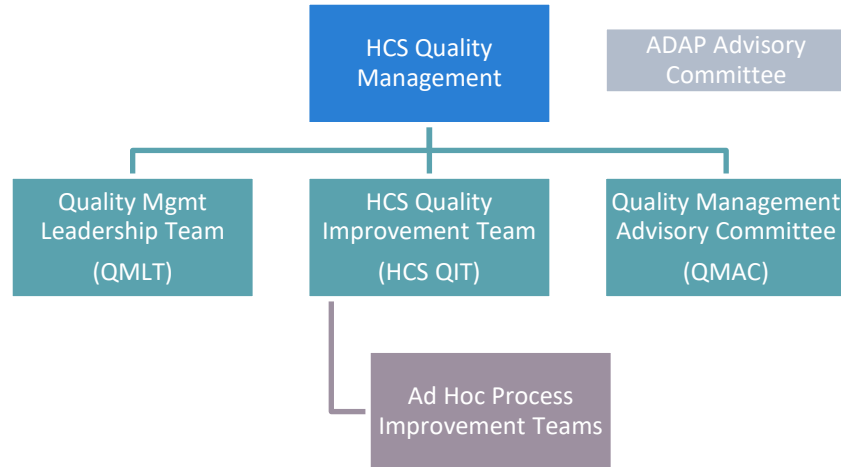
Within DDP, the HCS unit implements the QMP. The Clinical Quality Management Coordinator provides general oversight of the QMP, coordinates program evaluation and quality management activities, oversees service standards and outcome measurement activities, analyzes outcomes data, and integrates the data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

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

The quality activities are supported by an array of staff and supervisors throughout DDP, 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 E, H, and I.



Quality Management Leadership Team (QMLT)

The overarching quality management activities are overseen by HCS'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 monthly. Membership of the QMLT consists of:

- Director of HCS
- Assistant Directors of HCS
- Lead HIV Services Coordinator
- HIV Care Services Analyst
- Ryan White Fiscal Grants Manager
- Clinical Quality Management Coordinator
- Quality Management Specialist
- HIV Care Services Planner
- HIV Care Services Grant Manager

HCS Quality Improvement Team (QIT)

Comprised of HCS staff who meet on a weekly basis. The team monitors implementation of QIPs, reviews relevant performance measures, helps in planning for QMAC meetings, interfaces with QMAC and coordinates other quality activities like trainings and Peer Review process. The team discusses improvement ideas and addresses constructive feedback on improvement initiatives. The HCS QIT consists of:

- HIV Care Services Coordinators
- VA MAP Director and assigned staff

- VA MAP Data Manager
- Clinical Quality Management Coordinator
- Quality Management Specialist
- HIV Care Services Grants Manager
- HIV Care 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.

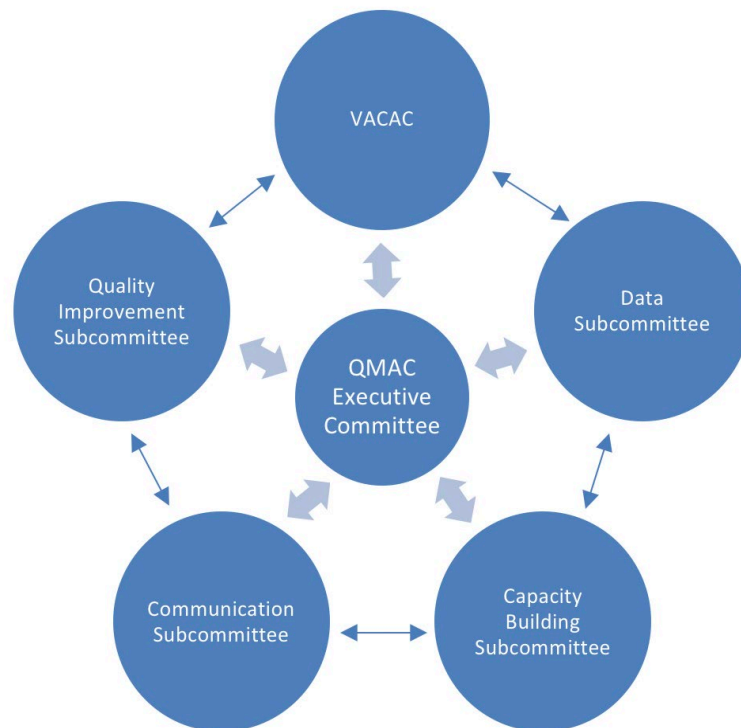
QMAC

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 over 40 members across the five health regions including all RWHAP (A, B, C, D, and F), data managers, physicians, AIDS Education and Training Centers (AETC's), program administrators and PWH. The QMAC is responsible for reviewing quality 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 and 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 PWH 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 PWH. 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* located at

<https://www.vdh.virginia.gov/content/uploads/sites/10/2019/07/QMAC-ORIENTATION-MANUAL-5-2019-FINAL-VERSION.pdf>.

AIDS Drugs Assistance Program (ADAP) Advisory Committee

A separate ADAP 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:

1. Ensuring necessary therapeutics are made available and set up mechanisms to support treatment adherence,

2. Clearly defining how the VA MAP formulary is determined and how it changes over time as new pharmacological knowledge emerges, and
3. 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.

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. PWH 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.health.ny.gov/diseases/aids/general/about/quality.htm>
- 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
- Northern, Eastern and Central/Southwest Virginia HIV/AIDS Resource Consultation Centers: www.vharcc.com
- VA MAP: www.vdh.virginia.gov/MAP
- Quality management information can be found at: <https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/>
- Glasscubes: www.cqii.glasscubes.com

VII. QUALITY MANAGEMENT EXPECTATIONS OF SUBRECIPIENTS

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

1. Each subrecipient must develop, update and submit an annual Ryan White Quality Management Plan as indicated in the subrecipient's contract deliverables. 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 specify 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 Clinical Quality Management Coordinator and the Quality Management Specialist, in collaboration with the HIV Services Coordinators, review progress on Quality Management Plans and QIPs. Feedback is provided in monthly report and quarterly QIP report responses.

2. Subrecipient shall complete a program-specific QIP annually based on the selected QIP. In 2021, the QIP is focused on enhancing the viral load suppression rate – with efforts focused solely on those non-virally suppressed. 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, if needed, that focus on issues specific to their program.
3. Subrecipients 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 and Case Management Summits.

VIII. 2021-2022 WORK PLAN GOALS AND IMPLEMENTATION

The work plan activities are monitored at least quarterly by the Clinical Quality Management Coordinator and the Quality Management 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 2021-2022 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 collects and analyzes performance measurement data to identify and prioritize QIPs, routinely monitors the quality of care provided to PWH, and evaluates 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 Ryan White Part B funded services include:

Indicator to be Measured	Measurement Outcome	Data Elements used to Measure Indicator
Linkage to HIV Medical Care	Percentage of persons who attended a HIV medical care services and had a care marker within 30 days of HIV diagnosis	<p>Numerator: Number of persons who attended a HIV medical care services and had a care marker within 30 days of HIV diagnosis</p> <p>Denominator: Number of persons with an HIV diagnosis in the 12-month measurement period</p>
Retention in HIV Medical Care	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>Numerator: 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>Denominator: 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>

Antiretroviral Therapy Among Persons in HIV Medical Care	Percentage of persons with an HIV diagnosis who are prescribed Antiretroviral therapy in the 12-month measurement period	Numerator: Number of persons with an HIV diagnosis who are prescribed Antiretroviral therapy in the 12-month measurement period Denominator: Number of persons with an HIV diagnosis and who had at least one HIV medical care service in the 12-month measurement period
Viral Load Suppression Among Persons in HIV Medical Care	Percentage of persons with an HIV diagnosis with a viral load <200 copies/mL at last test in the 12-month measurement period	Numerator: Number of persons with an HIV diagnosis with a viral load <200 copies/mL at last test in the 12-month measurement period Denominator: Number of persons with an HIV diagnosis and who had at least one HIV medical care service in the 12-month measurement period

Virginia RWHAP Part B has selected HIV continuum of care (HCC) 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). HCC performance measures apply to all funded services, excluding Oral Health Care and Early Intervention Services (EIS).

The exception for Oral Health Care and EIS Outreach/Education funded services, which will be measured as below:

Oral Health Care 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.
EIS Health Education Indicator to be Measured	Numerator:	Denominator:
Percentage of people enrolled EIS who have documentation of education given regarding HIV disease process, risk reduction, and	Number of people enrolled in RWHAP Part B living with HIV and receiving EIS who have documentation of education	Number of people enrolled in RWHAP Part B-funded program living with HIV and

maintenance of the immune system in the 12-month measurement period	given regarding HIV disease process, risk reduction, and maintenance of the immune system in the 12-month measurement period	receiving EIS services, regardless of age in the 12-month measurement period
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B. Data Collection:

Subrecipients utilize the following methods and databases for data collection: client interviews, chart reviews, and selected/procured VDH statewide 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 selected/procured VDH statewide data system.

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 subrecipient, with the previous method assigning a client to a specific subrecipient based on the client's most recent service date. This provides a more accurate picture of the subrecipient's client base outcomes. Reports highlighting the subrecipient's client outcomes show visual comparison of outcomes compared to the outcomes of all quality management subrecipients 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 subrecipient clients.

VDH collects and analyzes HCC data 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, and follow up with clients who have fallen out-of-care. Identified PWH who were not in care were linked them 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 its agency. Updates on progress made are summarized in the QIP report template, which is submitted on a quarterly basis (see Appendix D).

In addition, VDH will be continuing the Rapid Start Collaborative Initiative. Rapid Start will be expanded from six to 15 sites. Ending the HIV Epidemic, a plan for America to end the HIV Epidemic in the United States within 10 years was launched in 2019. To support this initiative, the Virginia Department of Health (VDH), Division of Disease Prevention (DDP) has implemented a HIV Rapid Antiretroviral Therapy (ART) Start Program, or Rapid Start. The Rapid Start program establishes access to ART and HIV care within 30 days of diagnosis for patients with HIV.

VDH is not advocating for a one-size fits all approach to Rapid ART. We are working to adapt specific intervention models with each agency to fit their needs as HIV care providers for a Rapid Start Program, recognizing implementation varies based on provider capacity and availability. Financial assistance is available to support Rapid Start Programs at each agency and allow access to no-cost health care to Rapid Start patients for the first 30 days (Ryan White eligible and non-Ryan White eligible).

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 a QIT.

XI. PARTICIPATION OF STAKEHOLDERS

Stakeholders are expected to participate in the planning and implementation 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 across the 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;
- PWH;
- The Virginia Local Performance sites OF THE Mid-Atlantic AIDS Education and Training Centers (MAETC); 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, PWH, and advocacy committees regarding each element of the QMP.

The Quality Management staff participates in the HRSA, Center for Quality Improvement and Innovation (CQII), and other Ryan White quality trainings offered to recipients and subrecipients. In addition, Virginia has established an annual Ryan White Cross-Parts **QM and Case Management Summits** 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 Summits are opportunities 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 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. 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 outcomes. Quarterly calls ensure that VA MAP staff are in continued communication with stakeholders regarding program changes, updates, and relevant training.

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. They are 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 PWH. Other methods for distribution of the quality improvement results and requirements include contractual documents, and trainings through VDH, VHARCC, and AETC's. 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 and the DDP Hotlines 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.

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

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. Based on the quality management findings, VDH will refine strategies for the following year. In addition, technical assistance and written site visit report responses are shared with stakeholders who are given the opportunity to provide feedback on the responses.

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 activities; and
 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 client individual chart review, 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 needed corrective action plans. Information is aggregated in an annual report and used to identify cross-cutting training or technical assistance themes. Agencies review the results from their site visit reports and identify areas in need of improvement.
- 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. 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 2021 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 goals and objectives achievement, health outcomes, and client satisfaction will be used to gauge and strengthen program improvement. Data from varied sources are used to plan, design, measure, and improve quality of services. 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 apply 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 PWH 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. In addition, PWH 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 2021 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, 2022.

Ryan White Part B – Virginia Department of Health

Signature: *Gloria Robinson*

Date Reviewed: May 31, 2021

Gloria Robinson, M.S.W.
Assistant Director, HIV Care Services

APPENDIX A: GLOSSARY

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

APPENDIX B: QMAC COMMITTEE APPLICATION FORM

Quality Management Advisory Committee Application

Date:	_____	Source/Referral:	_____
		Ryan White	_____
Representation:	_____	Part:	_____
Name:	_____		
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: 2021 QUALITY MANAGEMENT PROGRAM SUBRECIPIENT REQUIREMENTS SUMMARY

<i>Quality Area</i>	<i>Quality Activity</i>	<i>Responsible Person</i>	<i>Timeline</i>
<i>Quality Management Plan and QIP</i>	Ryan White Provider Quality Management Plan development and submission to VDH	Subrecipients	May 31, 2021
	QIP proposal development and submission to VDH (Selected 2021 Topic is Viral Load Suppression) The proposal should include the site baseline data on selected performance measures	Subrecipients	May 31, 2021
	QIP reports required on quarterly basis	Subrecipients	Project quarterly reports are due: July 15 2021, October 15 2021, January 15 2022, April 15 2022
	Quality Management Plan reports required on monthly basis	Subrecipients	Monthly By March 2022
	Participation in the statewide Peer Review bi-annual site visits activities	Subrecipients	By March 2022
<i>Quality Monitoring</i>	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 Services Coordinators HIV Surveillance team Clinical Quality Management Coordinator Quality Management Specialist	Monthly and quarterly feedback
<i>Planning and Evaluation</i>	QMAC Meetings	QMAC Members	May 26, 2021 August 18, 2021 November 17, 2022

<i>Training</i>	Quality Management Summit	Planning Committee QMAC AETC VHARCC Quality Management Staff	February 16-17, 2022
	Consumers Quarterly Trainings ² (Zoom Conference)	Quality Management Staff VACAC QMAC	June 24, 2021 (E) July 15, 2021 (SW) August 25, 2021 (NW) September 23, 2021 (N) October 20, 2021 (C)
	Case Management Summit (Virtual)	Planning Committee AETC Quality Management Staff	March 3-4, 2022
	Training and technical assistance as needed	Quality Management Staff AETC VHARCC Peer Review	Ongoing

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

APPENDIX D: QUALITY IMPROVEMENT PROJECT REPORTING TEMPLATE

Agency:			
Report Completed by:	Name:		
	Title:		
	Contact Info:		
Date Submitted:			
Report Period:	Start Date:	End Date:	Report Due Date
<input type="checkbox"/> Quarter 1	April 1, 2021	June 30, 2021	July 15, 2021
<input type="checkbox"/> Quarter 2	July 1, 2021	September 30, 2021	October 15, 2021
<input type="checkbox"/> Quarter 3	October 1, 2021	December 31, 2021	January 15, 2022
<input type="checkbox"/> Quarter 4	January 1, 2022	March 31, 2022	April 15, 2022
QIP Title:	Enhanced Quality Improvement Strategies To Increase HIV Viral Load Suppression (VLS) for Ryan White Clients		

cc: Safere Diawara, Camellia Espinal, Ashley Yocum, and your Services Coordinator on reports

GUIDANCE ON USING THE REPORTING TEMPLATE

This template serves as a written method of improvement Plan, Do, Study, Act (PDSA) cycle. Use this template for each quarter to help capture your interventions for improvement using the PDSA cycle. The report is setup in a model of the PDSA cycle that allows a written and visual impact of your change steps to help improve and meet your goals. PDSA method is outlined by:

- **Plan** (Sections 1 & 2) – identifying problems and setting goals.
- **Do** (Section 3) – recording actions chosen to improve the data.
- **Study** (Section 4) – during the analysis of your data you collected.
- **Act** (Section 5) – where capture of data and analysis to determine what action steps can be taken next quarter. These actions will lead you back to the plan phase.

Section 1: BACKGROUND

Monitoring the selected cohort will demonstrate the beneficial effects of antiretroviral therapy (ART) on viral load suppression. In addition, it will give you the opportunities to examine the factors associated with virologic suppression for HIV-infected patients on ART receiving Ryan White services.

Problem Statement: What specific issues do you have with viral load suppression of the cohort data for this reporting quarter?

- Quarter 1:
- Quarter 2:

- Quarter 3:
- Quarter 4:

Section 2: AIM & GOALS

A. Agency Goals Statement: (If needed, update the Aim Statement and Goals quarterly.)

Indicate your agency's Specific, Measurable, Achievable, Realistic, and Timely (SMART) goal based on current cohort data for this reporting quarter. (e.g., *Our agency will have 2 clients from our cohort achieve VLS by April 30th*)

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

QIP Team Members including at least one consumer:

(Names, Titles, Role in this QIP only)

If needed, update the QIP Team Members quarterly.

Name	Role at Agency (Title)	Role with this QIP

Section 3: Intervention & Data Reporting

A. Actions/Change Steps Completed in Previous Quarter:

Describe each intervention/change step you identified last quarter to improve the performance measures of your cohort data for this reporting quarter. *The list below should list your previous submitted action steps from the previous quarter's report.*

List action steps taken to improve your data

List the four main action steps you took to improve data and services this quarter	When did you complete this step?	Will you keep or stop this action step for the coming quarter?
1.		
2.		
3.		
4.		

Performance Reporting Periods: Ryan White Grant Year 2021

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

BASELINE: January 1, 2020 – December 31, 2020 *(Data received in May 2021)*

Quarter 1: June 2020 – May 2021 *(Data received in July 2021)*

Quarter 2: September 2020 - August 2021 *(Data received in October 2021)*

Quarter 3: October 20- November 21 *(Data received in January 2022)*

Quarter 4: March 21 – February 22 *(Data received in April 2022)*

Performance Measurement Definitions

Health Resources and Services Administration (HRSA) defines VLS as the percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.

PERFORMANCE MEASURE

Numerator: Number of patients that have a HIV viral load less than 200 copies/mL at last viral load test.
(Virally Suppressed)

Denominator: Number of patients with a diagnosis of HIV who had at least one care marker during the performance period

- B. Data:** Indicate your performance measure rate/percentage data for each reporting quarter using the VDH data provided with your agency's HIV Continuum of Care data.

		COHORT VLS DATA ONLY			
	Deadline to VDH	Numerator (n)	Denominator (d)	Percentage (n/d x 100)	Total Cohort Clients Remaining Non-suppressed (d – n)
Quarter 1 rate:	July 15, 2021				
Quarter 2 rate:	October 15, 2021				
Quarter 3 rate:	January 15, 2022				
Quarter 4 rate:	April 15, 2022				

Section 4: Data Interpretation & Analysis

- A. **Analysis:** Explain the data by using the following prompts to analyze the data from this reporting quarter.
- a. What are the data telling you?
 - b. Provide insight on what action steps went well for this quarter.
 - c. Provide any Barriers/Challenges for implementing planned action steps.
 - d. What noticeable trends are you finding from cohort VLS data?
 - e. How is this affecting your agency overall VLS data? Regional data?
 - f. What frequency did you receive lab data this quarter? Was there a lag time?
 - g. For this quarter, was there a delay in lab data being entered and/or sent to VDH?
 - h. Do you see updates reflected in the VDH provided data for the quarter?
 - i. Provide discrepancies between your agency VLS data and VDH VLS data: **Please do not include any Private Health Information (PHI)**
 - j. Has access to medication changed for clients in this quarter (e.g., Medicaid eligible, Private Insurance)? Were any clients enrolled into Medicaid or Medicaid eligible?
- B. **Cause and Effect:** Provide the root causes for the cohort that shows cause and effect reasons for the VLS data for the reporting quarter in the space below or attach additional page. **This will be updated each quarter to help identify change steps/interventions.**

The use of updated Driver Diagram or Fishbone models is requested quarterly to show root causes and their effects on the cohort. Root causes and graphs help support analysis listed in section 4A (above).

- C. **Graph:** Provide an accumulative (all quarters reported to date) visual progression for the cohort VLS data below or attach an additional page. *Graphs are visual storytelling and should be able to show your efforts through a graphic depiction. Be sure to use titles, legends, and other detail to your graph. Graphs should match data in the cohort data table listed in section 3B.*

Section 5: Planning New Steps for the Next Quarter

Using the table below describe each of the four action steps (interventions/changes) you will do to improve your current quarterly data reported above. **Do not list more than four action steps.** Your chosen action steps below should always be informed by a data review, understanding the gaps in the care provided, and root causes identified above before they can begin to improve the process of care.

- A. **Interventions/Change Description for the next coming quarter:** Based on your analysis of the data for this quarter's report, what are the four action steps you planning to do for the next 3-month period (Action plan)? *Key quality improvement ideas to remember: principle of 1 to 1 and, small change steps.*

Four Main Action Steps for Next Quarter	Person(s) Responsible	Target Date
<i>What are you going to do?</i>	<i>Who is going to take the lead?</i>	<i>What is the time period for this action step? (Include start date and end date)</i>
1.		
2.		
3.		
4.		

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 WORK PLAN FY 2021-2022

Goal A: Developing and Implementing the 2021 Ryan White Part B Quality Management Plan and Work Plan					
Areas	Objectives	Key action steps	Person/Agency Responsible for Collection	Method of Reporting/Data Sources	Timeline
Quality Management Plan	Plan and Update 2021 Annual Quality Management Plan by April 1, 2021	Develop 2021 Quality Management Plan based on feedback from Quality Management Committees	VDH Quality Management Team	Write and incorporate submitted feedback	March 2021
		Approval process of the Quality Management Plan by VDH and posting it on website	Director HCS	Approval notice	April 2021
	Implement Quality Management Plan during the Grant Year 2021	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	May 2021
	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 2022

Goal B: Strengthening the Existing Virginia Ryan White Quality Management Cross-Parts Infrastructure that Supports Quality Improvement Activities in Virginia					
Areas	Objectives	Key action steps	Person/Agency Responsible for Collection	Method of Reporting/Data Sources	Timeline
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 least 90% of all Ryan White Grantees	Provide related technical assistance as needed	All Ryan White recipients	Selected performance measures data directly entered into Redcap or imported from other data sources	March 2022
	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 26, 2021 August 18, 2021 November 17, 2022
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/Summit	Quality Management Team, Local Mid Atlantic AIDS Education Training Center and Performance sites	Meeting agendas and minutes, action plans, and meeting evaluations.	February 16-17, 2022

APPENDIX E: IMPLEMENTATION OF HIV SERVICES WORK PLAN FY 2021-2022

Goal C: Ensuring that Primary Care and Health-Related Support Services Provided by Funded Agencies improve the HIV continuum of care status					
Area	Objectives	Key action steps	Person/Agency Responsible for Collection	Method of Reporting/Data Sources	Timeline
Quality Improvement Activities	Encourage incorporating RWHAP Part B quality management goals into agencies' Quality Management Plans and 100% of participating subrecipients will timely submit required documents to VDH	Disseminate selected performance measure goals to all agencies	All stakeholders and VDH staff	Written documents, face-to-face meetings, telephone, webs and emails	March 2022
		Implementation of agency selected quality improvement activities to meet annual goals	All providers	Submitted QIP reports on quarterly basis to VDH	July 15, 2021 October 15, 2021 January 15, 2022 April 15, 2022
	Develop strategies to achieve Grant Year 2021 Selected RWHAP Part B Outcome Measures Goals for each funded Services (see Appendix F)	Collect and monitor health outcome measure data and implement needed improvement activities by RWHAP Part B agencies	All providers and VDH staff	Reports on selected measures shared with stakeholders on quarterly basis Follow up on improvement action steps	May 26, 2021 August 18, 2021 November 17, 2022 February 16, 2022
	Case Management Summit to provide at least 150 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 Team, Local Mid Atlantic AIDS Education Training Center and Performance sites	Evaluation of provided trainings and trained number of professional statewide	By March 31, 2022

Peer Review	Peer Review to monitor the selected HIV continuum of care performance measures and address the HRSA policy clarification notice #16-02	Peer Review to assess at least 10 RWHAP Part B funded providers' achievement with selected health outcome measures and client satisfaction status	Peer Review Team and Quality Management Team	Revised Peer Review tools and collection health outcome performance measures and client satisfaction data	By March 2022
Ensure eligibility and recertification determination adheres to most recent HRSA Guidelines	Ensure VA MAP eligibility occurs every year and recertification has been completed every 6 months	Ensure current policy to obtain documentation based on date of last application and 6 months from that date	VA MAP and other HCS staff	VA MAP Database	Monthly by March 2022
		Eligibility and recertification completed at agency level	Recipients and subrecipients	Monthly progress reports, Redcap, Electronic Medical Records, CAREWare and Client Files	Monthly by March 2022

Goal D: Providing Technical Assistance and Capacity Building Trainings on an Ongoing Basis					
Area	Objectives	Key action steps	Person/Agency Responsible for Collection	Method of Reporting/Data Sources	Timeline
Technical assistance and Training Activities	Hold a Ryan White Cross-Parts Annual Quality Management Summit in February 2021	Identify topics, dates, and locations of the Summit. Develop and provide training event	VDH Quality Management Team and other resources	Trainings developed and conducted during the Summit	February 16-17, 2021
	Provide ongoing quality management technical assistance to providers	Provide technical assistance to providers on quality management topics	Quality Management Team and QMAC	Number of requested technical assistance; Number of technical assistance provided	March 2022

	Provide four statewide consumer trainings via webinar/teleconference in quality to promote and support full and effective participation by PWH Projected at least 25 participants per webinar/teleconference	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 Team and VACAC	Trainings developed and conducted. Numbers of consumers trained per region and statewide	May 25, 2021 August 24, 2021 October 26, 2021 January 18, 2022
	Provide ongoing VA MAP technical assistance to consumers, providers and local health department and medication access site staff	Provides technical assistance on Ryan White service options and VA MAP	HCS Staff	Hotlines data; And completed technical assistance report forms	March 2022

APPENDIX E: IMPLEMENTATION OF HIV SERVICES WORK PLAN FY 2021-2022

Goal E: Strengthening Internal Ryan White Part B Grantee Quality Improvement Initiatives					
Area	Objectives	Key Action Steps	Person/Agency Responsible for Collection	Method of Reporting/Data Sources	Timeline
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, 2022
	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 Team 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, 2022
Explore VA MAP-related quality management activities	Strengthen the following three major components by the end of the Grant Year 2021: 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, 2022
		Identify potential VA MAP QIPs on a range of issues. Implement QIPs to streamline the client eligibility/recertification process.	HCS staff and the Quality Management Team	Identified and implemented QIPs	By March 31, 2022

		Train VA MAP staff on quality management concepts	HCS staff and the Quality Management Team	Training evaluations Survey staff satisfaction Number of trainings provided	By March 31, 2022
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APPENDIX F: GRANT YEAR 2021 SELECTED OUTCOME MEASURES GOALS FOR RWHAP B FUNDED SERVICES

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a percentage
<u>Medication Assistance Program (MAP)</u> * Policy Clarification Notice 15-02: Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018): Recipients should identify at least two performance measures for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service.	Numerator: 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. Denominator: Number of MAP clients receiving medications or medication copayments and Medical Case Management services, regardless of age	93%
<u>AIDS Drug Assistance Program</u> * Policy Clarification Notice 15-02: Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018): Recipients should identify at least two performance measures for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the	Numerator: Number of ADAP applicants that are approved or denied for ADAP enrollment within two weeks of ADAP receiving a complete application during the 12-month measurement period. Denominator: Number of ADAP applicants submitting a complete application during the 12-month measurement period	91%

recipients' eligible clients receive at least one unit of service.		
<u>Outpatient/Ambulatory Health Services</u>	<p>Numerator: Number of PWH and receiving Outpatient/Ambulatory Medical, care 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>Denominator: Number of PWH and receiving Outpatient/Ambulatory Medical care services, regardless of age, during the 12-month measurement period</p>	95%
<u>Health Insurance Premium and Cost Sharing Assistance for Low-income</u>	<p>Numerator: Number of PWH 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>Denominator: Number of PWH and receiving Health Insurance Premium and Cost Sharing Assistance for Low-income, regardless of age, during the 12-month measurement period.</p>	96%
<u>Oral Health Care</u>	<p>Numerator: 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>Denominator: Number of people enrolled in the RWHAP Part B-funded program and receiving oral health services,</p>	70%

	regardless of age, during the 12-month measurement period	
<u>Mental Health Services</u>	<p>Numerator: 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 date, and/or an antiretroviral medication prescription and date) during the 12-month measurement period.</p> <p>Denominator: 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>	96%
<u>Medical Nutrition Therapy</u>	<p>Numerator: 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>Denominator: Number of people enrolled in RW Part B-funded Program living with HIV regardless of age and</p>	97%

	receiving medical nutrition services during 12-month measurement period.	
<u>Medical Case Management Services (Including Treatment Adherence)</u>	<p>Numerator: 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>Denominator: 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>	90%
<u>Early Intervention Services</u>	<p>Numerator: Number of newly enrolled EIS clients who have documentation of education given regarding HIV disease process, risk reduction, and maintenance of the immune 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>Denominator: Number of newly enrolled EIS clients.</p>	70%
<u>Substance Abuse Services – Outpatient</u>	<p>Numerator: 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</p>	95%

	<p>CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date)</p> <p>Denominator: Number of people enrolled in RWHAP Part B-funded Program living with HIV regardless of age and receiving Outpatient Substance Abuse services</p>	
<p><u>Non-Medical Case Management</u></p> <p>* Policy Clarification Notice 15-02: Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018): Recipients should identify at least two performance measures for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service.</p>	<p>Numerator: 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>Denominator: Number of people enrolled in RWHAP Part B-funded Program living with HIV regardless of age and receiving non-Medical Case Management services</p>	95%
<p><u>Non-Medical Case Management</u></p> <p>* Policy Clarification Notice 15-02: Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018): Recipients should identify at least two performance</p>	<p>Numerator: Number of people enrolled in RWHAP Part B-funded Program living with HIV and receiving Non-Medical Case Management services, regardless of age, will have an HIV viral load lesser than 200 copies/mL at</p>	95%

measures for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service.	<p>last HIV viral load test during the 12-month measurement period.</p> <p>Denominator: Number of people enrolled in RWHAP Part B-funded Program living with HIV and receiving Non-Medical Case Management services, regardless of age, during the 12-month measurement period.</p>	
<u>Emergency Financial Assistance</u>	<p>Numerator: 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-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>Denominator: Number of Number of people enrolled in RWHAP Part B-funded Program and receiving Emergency Financial Assistance.</p>	96%

<p><u>Food Bank/Home-delivered Meals</u></p>	<p>Numerator: Number of PWH 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>Denominator: Number of PWH and receiving Food Bank/Home-delivered Meals</p>	<p>97%</p>
<p><u>Health Education/Risk Reduction</u></p>	<p>Numerator: Number of PWH 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>Denominator: Number of PWH and receiving Health Education/Risk Reduction services</p>	<p>96%</p>

<u>Housing</u>	<p>Numerator: Number of people enrolled in RWHAP Part B-funded Program living with HIV, regardless of age and 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>Denominator: Number of people enrolled in RWHAP Part B-funded Program living with HIV, regardless of age and receiving Housing services</p>	98%
<u>Linguistics</u>	<p>Numerator: Number of PWH and receiving Linguistic 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>Denominator: Number of PWH and receiving Linguistics services, regardless of age</p>	97%
<u>Medical Transportation Services</u>	<p>Numerator: Number of PWH 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</p>	96%

	<p>CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date).</p> <p>Denominator: Number of PWH regardless of age and receiving Medical Transportation services</p>	
<u>Outreach Services</u>	<p>Numerator: Number of PWH and receiving Outreach services, regardless of age, will have at least two care markers 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>Denominator: Number of PWH and receiving Outreach services, regardless of age</p>	90%
<u>Referral for Health Care</u>	<p>Numerator: Number of PWH 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>Denominator: Number of PWH and receiving Referral for Health Care/Supportive Services, regardless of age</p>	90%
<u>Substance Abuse Services – Residential</u>	<p>Numerator: Number of PWH and receiving Residential Substance Abuse services, will have at least two care</p>	95%

	<p>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>Denominator: Number of PWH and receiving Residential Substance Abuse services</p>	
<p><u>Psychosocial Support Services</u></p> <p>* Policy Clarification Notice 15-02: Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018): Recipients should identify at least two performance measures for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service.</p>	<p>Numerator: Number of PWH and receiving Psychosocial Support services, 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>Denominator: Number of PWH and receiving Psychosocial Support Services</p>	95%
<p><u>Psychosocial Support Services</u></p> <p>* Policy Clarification Notice 15-02: Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018): Recipients should identify at least two performance measures for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater</p>	<p>Numerator: Number of PWH 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>	97%

than or equal to 50% of the recipients' eligible clients receive at least one unit of service.	Denominator: Number of PWH and receiving Psychosocial Support Services	
<u>MAI Outreach Services (Outreach)</u> * Policy Clarification Notice 15-02: Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018): Recipients should identify at least two performance measures for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service.	Numerator: MAI Outreach Services clients will be verified as enrolled in ADAP or another prescription medication program Denominator: Number of MAI Outreach Services clients	75%
<u>MAI Outreach Services (Outreach)</u> * Policy Clarification Notice 15-02: Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018): Recipients should identify at least two performance measures for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service.	Numerator: 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. Denominator: MAI Outreach Services clients	90%

<p><u>MAI Education Services (Education)</u></p> <p>* Policy Clarification Notice 15-02: Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018): Recipients should identify at least two performance measures for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service.</p>	<p>Numerator: Number of MAI clients who receive HIV education services will be verified as enrolled in ADAP or another prescription medication program.</p> <p>Denominator: MAI Education Services clients</p>	<p>65%</p>
<p><u>MAI Education Services (Education)</u></p> <p>* Policy Clarification Notice 15-02: Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018): Recipients should identify at least two performance measures for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service.</p>	<p>Numerator: 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.</p> <p>Denominator: MAI Education Services clients</p>	<p>90%</p>

APPENDIX G: HRSA HIV/AIDS BUREAU SERVICE CATEGORY

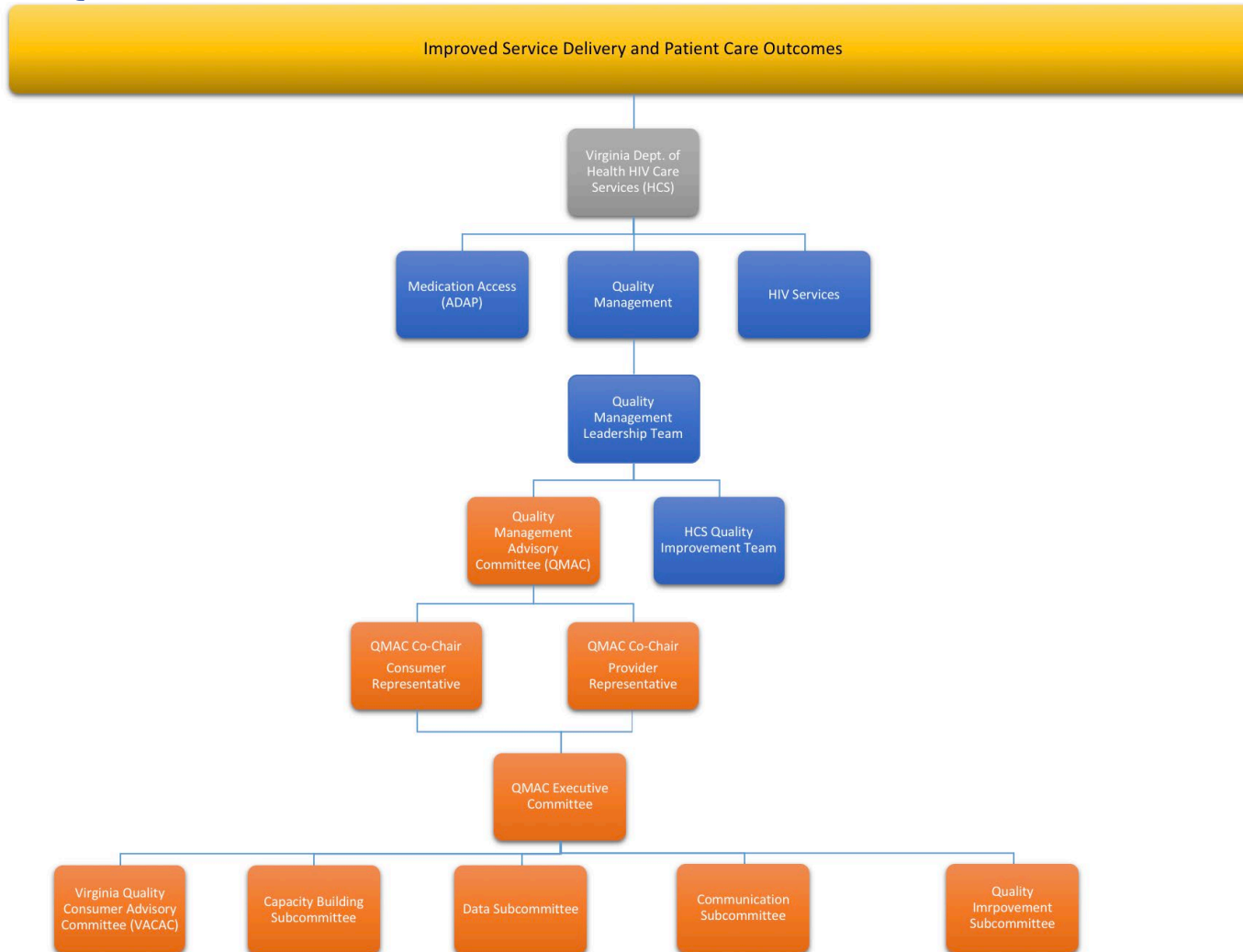
Allowable Program Services	
CORE MEDICAL SERVICES	
1.	AIDS Drug Assistance Program Treatments
2.	AIDS Pharmaceutical Assistance
3.	Early Intervention Services
4.	Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
5.	Home and Community-Based Health Services
6.	Home Health 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
SUPPORT SERVICE	
14.	Child Care Services
15.	Emergency Financial Assistance
16.	Food Bank/Home Delivered Meals
17.	Health Education/Risk Reduction
18.	Housing
19.	Legal Services
20.	Linguistic Services
21.	Medical Transportation
22.	Non-Medical Case Management Services
23.	Other Professional Services
24.	Outreach Services

25.	Permanency Planning
26.	Psychosocial Support Services
27.	Referral for Health Care and Support Service
28.	Rehabilitation Services
29.	Respite Care
30.	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:

https://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

