Virginia Ryan White Part B

Quality Management

2020 Annual Report

HIV Care Services

June 2021

VIRGINIA RYAN WHITE PART B QUALITY MANAGEMENT

FY 20120 END OF YEAR REPORT

FY 2020 CLINICAL QUALITY MANAGEMENT (CQM) UPDATE

a. Describe any significant updates you have made to your <u>CQM Plan</u> submitted Fiscal Year (FY) 2017 in each of the following areas. If no significant updates have been made, please note that for the relevant section(s).

i. Quality Statement: Vision and ultimate goal of the CQM program, as it relates to HIV service delivery and outcomes. No significant changes in the Quality Statement for FY 2020.

ii. Quality Goals: Current priorities for the CQM program, including measureable and realistic goals. No significant changes to the current priorities for the CQM program. The organizational structure of the Virginia Department of Health (VDH) Quality Management (QM) program remained the same in FY 2020. The CQM team used a variety of methods to maintain priorities during FY 2020 due to the coronavirus pandemic. The team consistently monitored the workplan activities, which included quarterly reviews of the plan with the Quality Management Advisory Committee (QMAC). VDH's CQM team maintained regular contact with subrecipients and internal partners to continue routine maintenance on activities at both the recipient and subrecipient levels.

iii. Quality Infrastructure: Elements essential to CQM program successful and sustainable, including leadership, committee(s), staffing, resources, a work plan, consumer/stakeholder involvement, and evaluation.
Leadership & Staffing: The HIV Care Services (HCS) Clinical Quality Management Leadership Team (QMLT) has the chief role in making the Virginia Ryan White HIV/AIDS Program Part B (RWHAP B) CQM program successful and sustainable. The team consists of the RWHAP B Program Director and Assistant Directors, CQM Coordinator, the QM Specialist, HCS HIV Planner, the HCS Service Coordinators and the Lead Coordinator, and Virginia AIDS Drugs Assistance Program (ADAP) staff. At the onset of the national COVID-19 pandemic, the QMLT met to ensure continuity of service provision throughout the state and that CQM and improvement activities continued as a priority for subrecipients. The QMLT provided additional Technical Assistance (TA) around consumer involvement and engagement through the pandemic, innovative case management, innovative service delivery, and achieving Viral Load Suppression (VLS) as the statewide Quality Improvement (QI) program for the Grant Year (GY). In addition to addressing the urgent concerns of the pandemic, the QMLT worked with the Virginia Consumer Advisory Committee (VACAC) to gather

feedback from consumers directly impacted by the pandemic to help inform new and expanded service delivery.

***Committees**:* The QMAC played a vital role in CQM program successes in GY 2020. The QMAC consists of VDH and external stakeholders made up of Ryan White (RW) Cross-Parts providers and consumers. VDH used a learning collaborative model to provide an infrastructure to exchange various ideas, best practices, and other lessons learned. The QMAC held three virtual quarterly meetings and one statewide QM summit that provided a venue to share QI successes, CQM best practices, review RW Cross-Parts performance data, and provide input to VDH on ways to improve Virginia's HIV Continuum of Care (HCC). Specifically, the quarterly meetings focused on ways to sustain and provide successful care in the age of COVID-19. In addition, VDH worked with the QM and Case Management (CM) Summits' Planning Committees, to help design both annual summits respectively. The summits were virtual for the first time due to the pandemic.

Resources: The VDH CQM program procured a memorandum of understanding with Organizational Ideas, LLC (OI) to consult for various RWHAP B program areas and Virginia Commonwealth University (VCU) HIV/AIDS Resource and Consultation Center (VHARCC). The consulting firm provided TA on QM program activities. In addition, the consultant provided capacity building to the VACAC Executive Committee members to support them in conduct of regional activities, training, and engagement for consumers. The Virginia HIV/AIDS Resource and Consultation Center (VHARRC) provided logistical support for the CQM program in GY 2020 and secured virtual space and platforms for all QM events.

Work plan: The work plan for GY 2020 outlines activities, performance measures, goals, and objectives focused on improving the health outcomes and performance measures for HIV care rendered in core medical and support services. VDH reviewed and assessed performance measures on a quarterly basis throughout the grant year to monitor goals.

Stakeholder Involvement: VDH gathered stakeholder input from the QMLT, committees, RW consumers, and other stakeholders throughout the year. The QM Summit Planning Committee conducted the first virtual GY 2020 QM Summit, "*Maintaining Quality of Care during a Global Pandemic*" in February 2021. VDH designed the summit to build capacity during the pandemic among all RW providers and consumers to highlight best practices to maintain quality of care,

engage consumers, and to conduct QI activities addressing VLS. There were over 100 virtual participants and topics included Ending the HIV Epidemic, COVID-19 and Telehealth, The Role of Consumers in Ending the HIV Epidemic, QM 101 and QM 201, Rapid Start in Virginia, and VLS. In addition, VDH held its annual CM Summit with the theme "*CM in the COVID-19 Era: The Show Must Go On"* on March 4-5, 2021. The CM Summit brings together case managers and their leaders across all RW parts A, B, C, and D to share their best practices and tools, to learn from each other and collaborate on how to deliver high-value quality of care and health services. The CM Summit allows VDH to provide case managers with a substantive portion of their annually required continuing education credits and opportunities to reinforce their adherence to RWHAP B CM standards. There were 180 virtual participants. Topics included HIV & Pregnancy, HIV & Comorbidities (Cancer & Diabetes), Mental Health & Telehealth, Women's Health, and Telehealth and Other Virtual Case Managing.

Collaborative Efforts: All RW Cross-Parts Collaborative activities included consumers' involvement. Additional activities included participation in Virginia RW Part A programs located in Norfolk, Virginia (the Norfolk Transitional Grant Area) and Washington, DC (the DC Eligible Metropolitan Area). This collaboration helped assess Virginia's response to the COVID-19 pandemic as well as continue to assess service system needs, set priorities, share resources, and perform QI activities. VDH collaborated with two AIDS Education Training and Consultation Centers (AETCs) to provide capacity building and education in HIV treatment and clinical consultation, as well as, TA to health care professionals and agencies in the Commonwealth of Virginia.

Consumer Involvement*:* The VACAC general body is comprised of consumers in each of the five health planning regions. It has an Executive Committee with representatives from the five health regions as well as from special prioritized groups from Virginia's Integrated Plan. The Executive Committee serves as a liaison among consumers, service providers, and HCS. In FY 2020, VDH coordinated with the VACAC to respond to the pandemic and successfully engaged, educated, and virtually convened consumers to lead 14 statewide consumer meetings. These meetings addressed a number of topics related to COVID-19, as well as RWHAP services. VACAC worked closely with VDH to educate the community on the Affordable Care Act (ACA) special enrollment period to help vigorously pursue client enrollment into health coverage. Additionally, the Virginia ADAP Advisory Committee appointed several Executive Committee members to serve on the Advisory Committee, which increased the number of consumers serving in this role.

Evaluation: VDH evaluates the QM Plan on a quarterly basis, including assessing the completeness dates of goals and key activities undertaken during the year. QMAC's structure, purpose and membership are reviewed on quarterly basis and adjustments are completed as needed. Specific quality indicators are reviewed for appropriateness and continued relevance on monthly basis. Peer Review (PR) site visits (including client individual chart review, performance measures data extraction and analysis, and client interviews) are performed every other year for each selected services provider agency. VDH conducts an evaluation of each QI Project to assess the effectiveness of project implementation. Client interviews provide additional information regarding how well organizations meet People Living with HIV/AIDS (PLWH) expectations and information pertinent to the organization's QI efforts. There are separate evaluations at the VACAC regional and statewide-levels and a new evaluation plan is generated each year including measurable objectives. Outputs are collected by various VACAC stakeholders over the course of the year.

iv. **Performance Measurement:** Process of collecting, analyzing and reporting data for a set of measures tied to patient care, health outcomes, or patient satisfaction. See question 7b for instructions on how to describe updates to specific performance measures. VDH, as well as subrecipients, monitored RWHAP B selected performance measures for FY 2020. Based on funding allocations, VDH monitored at least one performance measure for both core and support services. Subrecipients reported data on key performance indicators monthly. On a quarterly basis, VDH also collected, monitored, and summarized HIV Continuum of Care data for RWHAP B. VDH provided a breakdown of the data shown by subrecipient, race, ethnicity, sexual orientation, and/or regions to relevant stakeholders on quarterly basis. In addition to the statewide performance data monitoring, VDH established a statewide independent PR team. Their responsibilities include monitoring the RWHAP B contracted providers' provision of quality care and adherence to VDH's and HRSA's RWHAP B service standards. Due to COVID-19, the site visits were virtual for the ten selected sites. Due to the limitation of virtual file sharing between VCU and the contracted agencies, PR was unable to collect performance measures data in FY 2020. PR did successfully expand the site visit process to review three new RW core medical and support services: Mental Health, Substance Abuse Outpatient, and Non-Medical CM. Additional RWHAP B sites piloted modules and provided feedback to help improve the PR site visit tool and standards.

v. **Quality Improvement:** Development and implementation of activities to improve patient care, health outcomes, or patient satisfaction based on analysis of performance measure data and using a defined approach. Virginia saw an increase in the statewide VLS rate for RWHAP clients through QI efforts in FY 2019. VDH, along with stakeholders, agreed to continue the focus on VLS in FY 2020, but focused the QI program on a cohort of virally unsuppressed clients,

with the aim of finding methods to improve service delivery to achieve VLS. All subrecipients employed activities by using the Plan, Do, Study, Act (PDSA) model to improve patient outcomes, systems and processes of care in which they practice. Subrecipients have successfully submitted quarterly QI program reports to VDH that included small change steps, data collection and analysis, root causes, to inform new interventions to help improve the baseline data each quarter. VDH provided written and oral feedback on a quarterly basis to subrecipients, including HCC data and QI program report responses. COVID-19 had a notable impact on the HCC measures as subrecipients reported client hesitancy in using technologies for medical appointments, delays in lab reporting or client hesitancy to get lab work completed, and other barriers presented by the pandemic. Only a few agencies reported an increase of clients in their cohort that reached VLS throughout the QI program with seven of twenty-four sites either maintaining or increasing their VLS rate throughout the project.

b. **Are you currently using client thresholds to determine whether a performance measure is needed for each funded service category as described in Policy Clarification Notice (PCN) #15-02 Clinical Quality Management Policy (*updated 11/30/2018*)? If yes, briefly describe the data used to determine the number of clients served. If no, briefly describe why.**
Yes. RWHAP B used a methodology that measured the number of clients utilizing a RW core medical and support services over the total population of RW Part B clients in FY19 to determine the performance measure(s) needed in FY20 (Please see the uploaded document, "Virginia FY 2020 RWHAP B APR CQM PM Table.")

For each performance measure, indicate the most recent outcome and any corresponding targets or benchmarks. Outcome data percentages should be in aggregate across all service providers. You can provide this information in tabular or outline format, as appears below.
Please see the document, "Virginia FY 2020 RWHAP B APR CQM PM Table."

c. **Discuss how data and other findings from your performance measurement and quality improvement activities have been used to inform funding decisions, enhance service delivery, and improve health outcomes for people living with HIV in your state/jurisdiction. Identify the specific performance measures, quality improvement activities, and corresponding results that have been used to inform your work in these areas. Describe any challenges you may have**.
Virginia collected and analyzed 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. In FY 2020, due to data collection issues, VDH based performance measures on HCC data for each service category. VDH solicited feedback through QM committees, consumers, and subrecipients in planning, implementing, and evaluating quality of care program activities. The COVID-19 pandemic presented challenges with staffing as VDH

prioritized surveillance staff for the statewide emergency response to the pandemic, which resulted in slightly delayed routine data reports. However, Virginia maintained monitoring HCC data on a quarterly basis to identify trends. Using the QMAC, the VACAC, and surveillance data, VDH was able to support clients during the COVID-19 restrictions. The VACAC assisted the agency in collecting surveys of clients' needs at the beginning of the pandemic. In response, VDH coordinated with the VACAC to provide monthly psychosocial support calls and Zoom meetings for consumers statewide. These calls provided VDH with feedback from consumers throughout the pandemic.