

Virginia Department of Health
Ryan White Part B Program Quality Management Program

**QUALITY IMPROVEMENT PROJECT (QIP)
Guidance for Virginia Ryan White Part B Grant Year 2021**

Project Description

The Virginia Ryan White HIV/AIDS Program (RWHAP) Part B Quality Management Advisory Committee (QMAC) selects a statewide Quality Improvement Project (QIP) as a way to improve systems and processes of care in which they practice. Through the QIP, quality improvement tools and methods are applied. The QIP topic chosen for Grant Year 2021 is **Viral Load Suppression (VLS), using Enhanced Quality Improvement Methods**, a continuation of the QIP focusing on action steps for integrating change into routine care activities for people with HIV (PWH). Specifically, this QIP will focus on virally unsuppressed clients. Improving VLS has implications for improving health outcomes and decreasing the risk of transmitting the virus to others.

Viral load monitoring offers a number of benefits to patients on Anti-Retroviral Treatment (ART), including:

1. Timely indication of the need for adherence support;
2. Early detection of the possibility of developing drug-resistant mutations;
3. Detection of clients at increased risk for opportunistic infections;
4. Guiding timely decisions for switching to a more appropriate treatment regimen if treatment failure is confirmed.

In addition, a suppressed viral load in PWH prevents disease progression, and helps them live longer, healthier lives. **PWH who are virally suppressed effectively have no risk of sexually transmitting HIV to persons who are HIV-negative.**

The key principle of this quality improvement project is the Plan, Do, Study, and Act (PDSA), a problem solving model for improvement of processes or carrying out change. In a PDSA cycle, measuring, testing change, re-measuring, and the application of a new change are used for improving outcome.

The QIP Reporting Template is based on this improvement model and each component of the PDSA are captured in the document.

Background:

Virginia RWHAP Part B base award directly funds service providers throughout the five health regions of the state, and includes the Minority AIDS Initiatives (MAI) and Emerging Communities (EC) funds. Funded services provide core and support services to improve early linkage to care, retention in care, and viral suppression for low-income HIV-positive clients. In addition, RWHAP Part B provides funding for HIV medication access through the Virginia AIDS Drug Assistance Program (ADAP).

A VDH baseline assessment for the state indicates an 83% Ryan White VLS rate at the end of calendar year 2020. Thus, VDH has identified viral load monitoring as one of the focal areas for improvement, and will assist all subrecipients to integrate approaches to improve

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their VLS performance measure to 90% by the end of the 2021 Ryan White grant year. Virginia's QMAC will meet on a quarterly basis to review progress and will provide recommended changes that sites can test to attain improved VLS rate. VDH will also provide technical assistance to sites as requested.

Documentation Requirements:

Staff and consumer involvement in the QIP should be well defined and identify support available to sustain selected interventions. Subrecipients will utilize the approved VDH QIP Template to document and report interventions accumulatively on a quarterly basis.

Baseline:

As of December 2020, the statewide Viral Load Suppression rate is 83%.

Projected Goals:

Contribution to increasing the statewide viral load suppression rate to 90% by using enhanced methods to improve a virally unsuppressed cohort by the end of the March 31, 2022.

Performance Measurement:

The focus of the QIP will be data-driven to understand characteristics of PWH who are virally unsuppressed and measure QI efforts to achieve viral suppression. VDH will provide quarterly data and provide any technical assistance needed to ensure proper monitoring, data exchange and reconciliation.

The QIP will provide opportunities to:

- Allow participating funded agencies to align their own continuous improvement initiatives and projects with the statewide required QIP processes;
- Set a routine schedule for monitoring and reviewing viral load data;
- Educate staff, agencies, and clients about quality improvement activities and provide them with the skills to participate in Ryan White improvement processes; and;
- Share results from improvement projects with agency staff, VDH and others.

Scope

We propose that each funded agency will:

1. Develop efficient methods of monitoring and improving viral load suppression status;
2. Assess internal processes to achieve greater improvement results; and

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3. Conduct and report descriptive analyses of improvement processes that are associated with sustained change through VDH required reporting processes and template.

QI Teams

A quality improvement team including clinical providers, data managers, consumers and administrators, should be established within each funded agency to manage the QIP process:

- QI team develops and executes a detailed plan on how the QIP activities should be implemented at the site; and
- Agency's leaders are encouraged to play a key role by creating a culture that supports quality improvement.

QI Team Responsibilities

- Develop and implement the selected QIP;
- Collect data and analyze results on regular basis to address and identify gaps;
- Use PDSA tools and continually measure whether the changes actually produce the service delivery improvements expected; and
- Report to VDH on quarterly basis.

Project Period

Timeline is from April 1, 2021 to March 31, 2022.

Data Collecting

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

Initial Data

- Use VDH provided data to help identify specific gaps and needs
- Analyze the data to create the background of your proposed project:
 - Define problem statement on what issues are presented by your agency data
 - Define Specific, Measurable, Achievable, Relevant and Time Bound (S.M.A.R.T.) goals and objectives for the QIP
 - Provide purpose (the aim) and goal statement of the QIP
 - Identify team members and assigned tasks in the QIP and necessary tools for the project
 - Understand the performance measures and their indicators (numerator, denominator, etc.)
 - Analyze initial data with specific question and plan intervention/action steps to improve the data for the virally unsuppressed cohort

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Quarterly Data

- Use VDH provided data as well as data pulled from your internal data system to help identify current gaps that need to be addressed
- Develop a data analysis plan that addresses: *(please see reporting template for guided questions on the following)*:
 - Identifying root causes
 - Highlighting successes and barriers
 - Notating discrepancies
 - Identifying medication access
 - Data sharing between agency and VDH
- Submit accumulative quarterly report to VDH using the approved QIP reporting template for the current grant year.

Communicating & Tracking Results

In addition to the statewide communication resources, results of QIP findings should be presented to the agency's quality committees, leadership and staff. Findings should be used for future planning and improvement activities at least on monthly basis.

The areas of change processes for improvement may involve but are not limited to:

- Client and family education and engagement
- Healthcare worker capacity building
- Service utilization tracking and documentation
- Set up agreement with clinical facility to share electronic VL test results
- Conduct weekly/monthly reviews of VL data quality
- Offer peer-led support groups tailored for specific patient populations
- Develop partnerships and data sharing agreements with regional providers

To measure effectiveness of improvement methods, small incremental change process should be used. Tracking your change steps help to identify what improved your data and services. It will help determine what further actions you can take to continue improvement versus what steps should not be continued. In addition to knowing what actions improved your data, you are also able to form best practices and share successes.

Technical Assistance

If you are in need of technical assistance, you have many options available. Contact members of the QMAC or other agencies for opportunities to share their successful strategies and experience that may work in your agency. Also, please feel free to contact Safere Diawara, Clinical Quality Management Coordinator via email or phone at Safere.Diawara@vdh.virginia.gov and (804) 864-8021 or Ashley Yocum, HIV Services Planner at Ashley.Yocum@vdh.virginia.gov (804) 864-7621.

Below you will find a list of online resources, which you can use to help your agency with the QIP.

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- **QI Resources** (Center for Quality Improvement and Innovation, CQII):
 - <https://targethiv.org/library/quality-academy-quality-improvement-resources>
 - <http://nationalqualitycenter.org/quality-improvement-resources/>
- **QIP Reporting Guidance and Template** (VDH Webpage under Quality Management): <http://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/>
- **SMART Goals Tips:** <https://notejoy.com/resources/smart-goals-definition>
- **Glasscubes*** (Online repository for QMAC documents): <https://cqii.glasscubes.com/> *Access is required please send email to Jonathan Albright Williams at Jonathan.albright@vdh.virginia.gov to gain access.