



Quality Management Advisory Committee (QMAC)

Orientation Manual



Forward

It is my pleasure to welcome you to the Virginia Ryan White Cross-Parts Collaborative Quality Management Advisory Committee (QMAC). The Virginia Department of Health (VDH) relies on the dedication of individuals with pride in their community and the initiative to become involved in the statewide Quality Improvement (QI) process.

This orientation manual is a guide document for all the QMAC members, VDH staff and others interested in the Ryan White programs in Virginia. Orientation is a service that is needed and that should be carried with a great responsibility, in which, hopefully, this manual will help you meet without feeling overwhelmed.

In the various sections of the manual, information has been provided on the basic structure of the QMAC, as well as some guidance on conducting meetings, advice on how you can participate in the QMAC effectively, description on QMAC subcommittees and how they are organized, and details of what is required and expected from members.

You play an essential role in the delivery of quality service to clients served in the Commonwealth. VDH and the QMAC value strong leadership, teamwork, and respect for you and others working to serve our clients. I trust the opportunities you encounter within the QMAC will assist you in achieving not only personal growth but also a high level of satisfaction.

We are looking forward to your contribution as we all work together to provide efficient services that are responsive to the quality of care needs and expectations here in the Commonwealth.

Yours Sincerely,

A handwritten signature in blue ink that reads "Gloria Robinson". The signature is fluid and cursive, with the first name "Gloria" and last name "Robinson" clearly distinguishable.

Gloria Robinson, MSW
Assistant Director of HIV Services
HIV Care Services
Virginia Department of Health

Acknowledgements

We'd like to thank all QMAC members, Virginia Department of Health, Organizational Ideas with a special thank you to the QMAC Capacity Building Subcommittee members and the Eastern Virginia Medical School - Virginia HIV/AIDS Resource and Consultation Center (VHARCC) staff for the development of this manual.

We thank each of you sincerely for all you do to serve Ryan White clients throughout the Commonwealth. The QMAC orientation manual is now officially a dream come true for all of us – **THANKS TO YOU!**

Table of Contents

<i>I.</i>	<i>Purpose</i>	<i>1</i>
<i>II.</i>	<i>Overview of Ryan White Quality Management Program</i>	<i>1</i>
	<i>A. Funding Sources</i>	<i>1</i>
	<i>B. Virginia Ryan White Part B Program.....</i>	<i>2</i>
	<i>C. HIV Care Services</i>	<i>2</i>
	<i>D. Quality Statement</i>	<i>2</i>
<i>III.</i>	<i>Quality Management Advisory Committee</i>	<i>3</i>
	<i>A. History</i>	<i>3</i>
	<i>B. Mission</i>	<i>3</i>
	<i>C. Structure</i>	<i>3</i>
	<i>D. Oversight</i>	<i>4</i>
<i>IV.</i>	<i>Membership.....</i>	<i>5</i>
<i>V.</i>	<i>Structure</i>	<i>5</i>
	<i>A. Executive Committee</i>	<i>7</i>
	<i>C. Data Subcommittee</i>	<i>9</i>
	<i>D. Capacity Building Subcommittee</i>	<i>9</i>
	<i>E. Communication Subcommittee</i>	<i>10</i>
	<i>F. Quality Improvement Subcommittee.....</i>	<i>11</i>
	<i>G. Individual QMAC Member Roles</i>	<i>12</i>
	<i>H. Subcommittee Chair/Co-chair Roles</i>	<i>13</i>
	<i>I. QMAC Chair/Co-Chair Roles</i>	<i>13</i>
	<i>J. PLWH Roles</i>	<i>13</i>
<i>VI.</i>	<i>Meetings.....</i>	<i>14</i>
	<i>A. QMAC Meetings</i>	<i>14</i>
	<i>B. Executive Committee</i>	<i>14</i>
	<i>C. QMAC Subcommittee Meetings</i>	<i>14</i>
	<i>D. Meeting Ground Rules</i>	<i>15</i>
	<i>E. Travel Reimbursement</i>	<i>16</i>
	<i>F. Virginia RWHAP Part B Sub-recipient Reimbursement</i>	<i>16</i>
	<i>G. PLWH Reimbursement.....</i>	<i>16</i>
<i>VII.</i>	<i>QMAC Member Training.....</i>	<i>17</i>
	<i>A. Mentorship Program</i>	<i>17</i>
	<i>B. Mentoring Roles and Responsibilities</i>	<i>18</i>
	<i>C. Onboarding Training</i>	<i>19</i>
	<i>D. QMAC Training Manual.....</i>	<i>20</i>

<i>E.</i>	<i>Ongoing Training for QMAC Members</i>	<i>20</i>
<i>F.</i>	<i>Virginia Consumer Advisory Committee Training</i>	<i>20</i>

Appendix

- Consumer Job Description
- Quality Management Advisory Committee Application
- Draft Consumer Summary
- Comprehensive Virginia Ryan White Part B Quality Management Plan
- Ryan White Eligibility Quality Improvement Plan Reporting Template
- Glasscubes Access
- Resource List
- List of Acronyms
- Brochure

I. PURPOSE

The purpose of this document is to provide insight and guidance on the roles and responsibilities of the Virginia QMAC and related structure.

II. OVERVIEW OF RYAN WHITE QUALITY MANAGEMENT PROGRAM

Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) program Legislation requires the implementation of Clinical Quality Management (QM) programs as a condition of the Notice of Award, the elements of which are delineated in Policy Clarification Notice 15-02¹. The QM expectations for Ryan White HIV/AIDS (RWHAP) Part B recipients include:

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

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

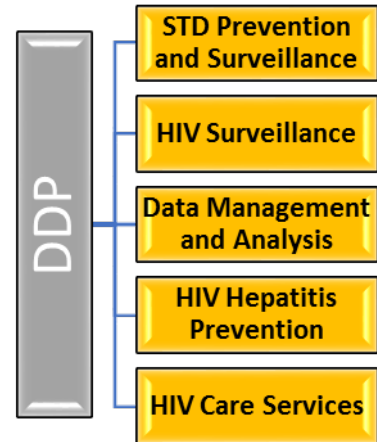
A. Funding Sources

The Health Resources and Services Administration (HRSA) is an agency of the U.S. Department of Health and Human Services (DHHS) that serves the uninsured, isolated or medically vulnerable. Within HRSA, the HIV/AIDS Bureau 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.

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

B. VIRGINIA RYAN WHITE PART B PROGRAM

The RWHAP Part B program is administered by the VDH's Division of Disease Prevention (DDP). DDP is made up of five units, Sexually Transmitted Disease Prevention and Surveillance, HIV Surveillance, Data Management and Analysis, HIV Hepatitis Prevention, and HIV Care Services.



C. HIV CARE SERVICES

VDH, DDP has administered Ryan White Part B funding for HIV care services to People Living with HIV/AIDS (PLWHA) in Virginia since 1991. A major part of Part B funding is for the AIDS Drug Assistance Program (ADAP) that provides medications for low-income, uninsured individuals with HIV/AIDS. The remaining funds provide HIV care services, targeted to deliver medical care and support services to eligible individuals living with HIV/AIDS. Ryan White funding is the payer of last resort.

D. QUALITY STATEMENT

a. Mission Statement:

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

b. Vision:

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

c. Values:

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

d. Goals:

The goals of the RWHAP Part B QM program are to:

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

e. Purpose:

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

- Developing and implementing a statewide QMP;
- Monitoring core selected performance measures across Ryan White recipients and sub-recipients;
- Providing training and technical assistance related to QI; and
- Participating in national QM collaborative projects.

III. Quality Management Advisory Committee

A. History

The QMAC was created by the VDH in 2009 as part of Virginia's Ryan White Part B infrastructure. In 2011, it was extended to include the Virginia RWHAP Cross-Parts Collaborative, which had operated independently of the QMAC from 2008-2011. The QMAC provides a mechanism for stakeholder input on objectives, evaluation, and continuing improvement of HIV care and support services in Virginia and facilitates cross-part dialogue.

B. Mission

The mission of the QMAC is to promote best practices used by RWHAP funded agencies to achieve optimal HIV health outcomes for PLWH in Virginia using established QI methods. QMAC QI activities enhance the ability of PLWH to access services equitably including the elimination of disparities in outcomes among key populations, especially historically underserved communities. The QMAC advises VDH on the statewide RWHAP Part B Quality Management Plan, as well as programmatic, improvement, clinical, and educational issues as needed. The QMAC reviews QI data and assesses implications of trends and program changes, including the impact on other statewide HIV services. The work of the QMAC is carried out through an Executive Committee, five subcommittees; Data, Capacity Building, Communication and QI and the Virginia Quality of Care Consumer Advisory Committee (VACAC).

C. Structure

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

basis to review system-wide QM issues, challenges, and developing strategies to improve care.

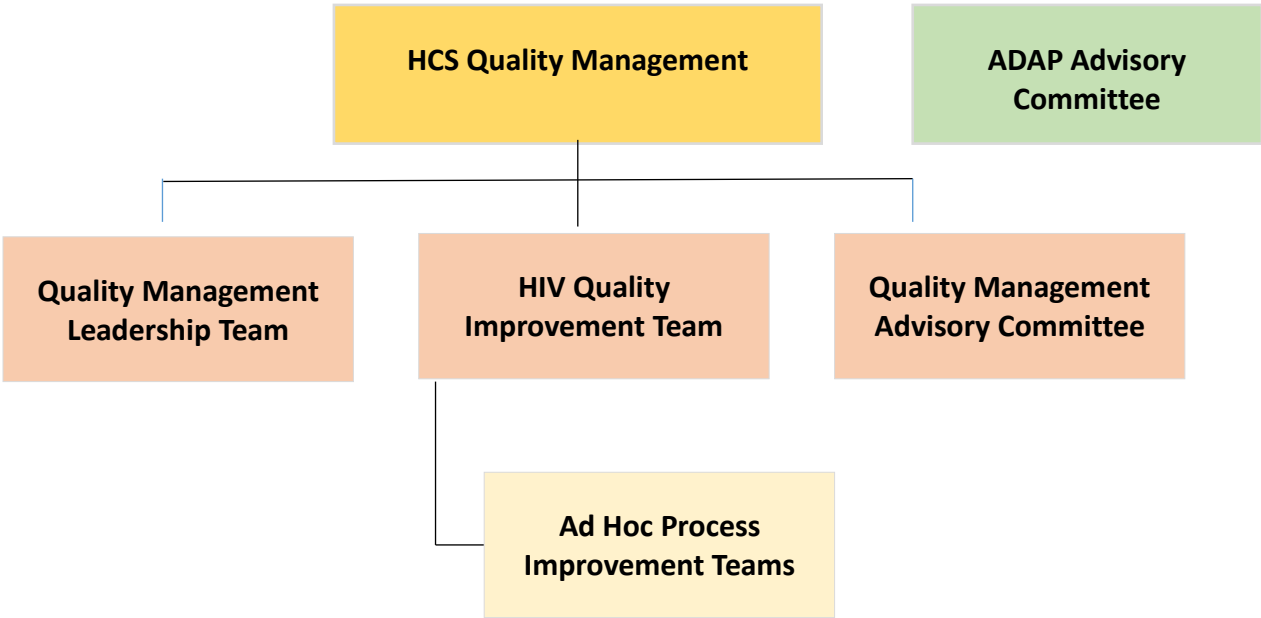
D. Oversight

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

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

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

Internally there are two Quality Teams, QM Leadership Team and HIV QI Team, that support QM/QI activities.



IV. MEMBERSHIP

All RWHAP Part B sub-recipients funded by VDH are required to have representation in the QMAC, membership is intended to include the full spectrum of the HIV care system. The QMAC membership includes:

- VDH Staff
- RWHAP recipients and sub-recipients of all Parts funding (A, B, C, D, F)
- Consumers from the five Virginia health regions
- QM Coordinators from local sites
- Data Managers
- Clinical Providers
- HIV Program Administrators
- Other Key Stakeholders

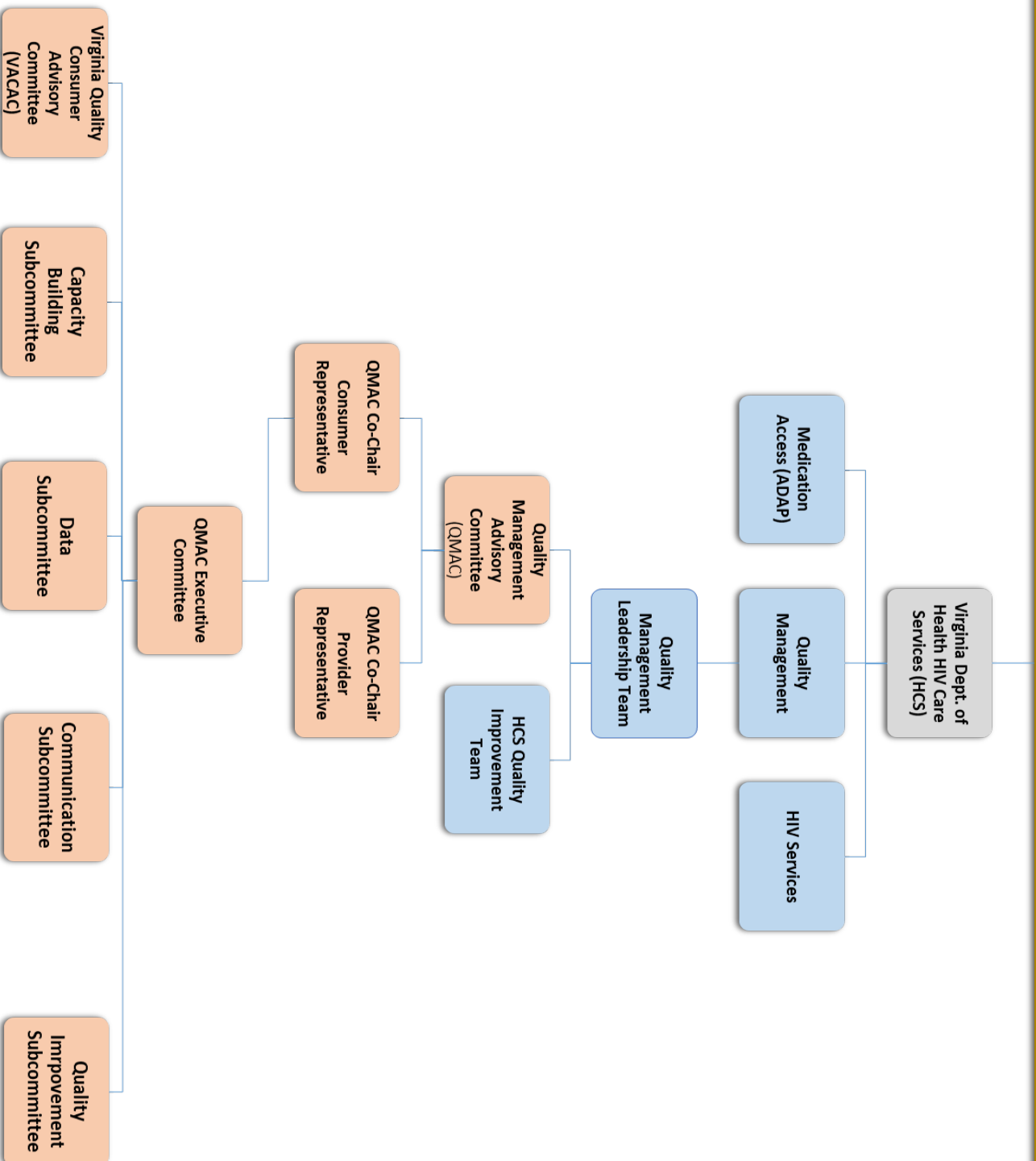
By participating in the QMAC, members are able to provide important feedback as stakeholders in the overall statewide program.

- Participate in developing statewide priorities and QI goals
- Determine statewide quality initiatives and performance indicators and goals
- Provide feedback to address problems and concerns that improve the statewide QM program
- Review system-wide service delivery issues and challenges
- Develop strategies to improve HIV care and ultimately HIV health outcomes
- Review and revise assessment and data collection tools as necessary
- Plan and develop educational strategies for RWHAP providers in Virginia
- Review and recommend revisions to the standards of care to reflect current Public Health Service (PHS) Guidelines and other Federal and state regulations

V. STRUCTURE

The work of the QMAC is led by the Executive Committee and implemented through five subcommittees. Each committee is expected to create and utilize a work plan that drives the relevant activities.

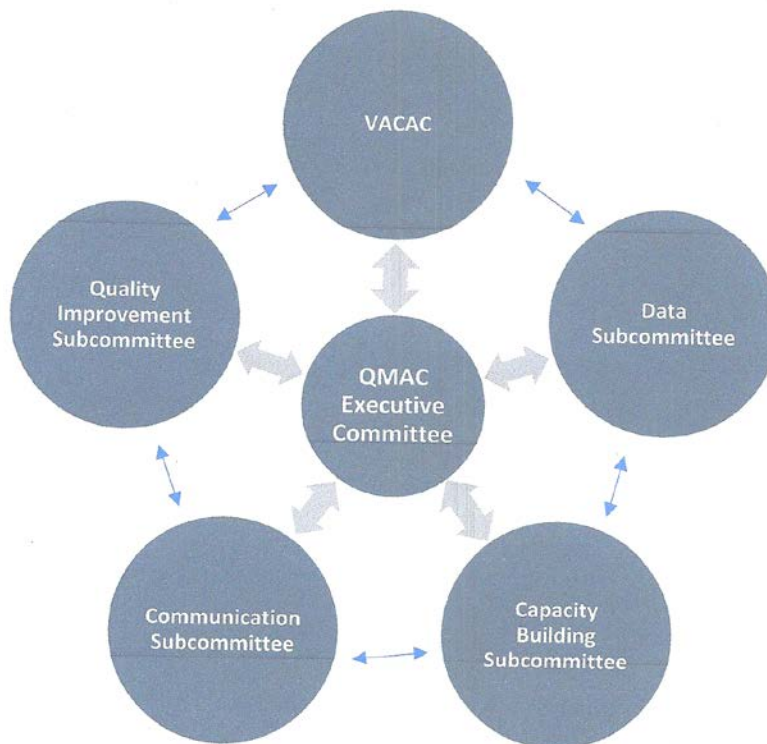
Improved Service Delivery and Patient Care Outcomes



A. *Executive Committee*

The Executive Committee includes VDH staff, the QMAC chair, the chairs of each of the other five subcommittees, and a RWHAP funded program representative to ensure geographic representation from the five Virginia health regions. The 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. Executive Committee responsibilities include:

- Define the QMAC structure and process for statewide QM activities;
- Oversee the implementation of subcommittee and overall QMAC work plans;
- In conjunction with VDH, coordinate QMAC and subcommittee work;
- Curate a menu of annual QIPs for QMAC member consideration;
- Identify key considerations related to performance measurement, service standards, or other core QM activities for discussion at the QMAC meetings;
- Make decisions on new member candidates;
- Make decisions related to member terminations;
- Provide encouragement and enthusiasm for the QMAC membership;
- Oversee QMAC data analysis and reporting activities;
- Participate in planning and implementing quarterly QMAC meetings; and
- Participate in planning and implementing the annual QM Summit.

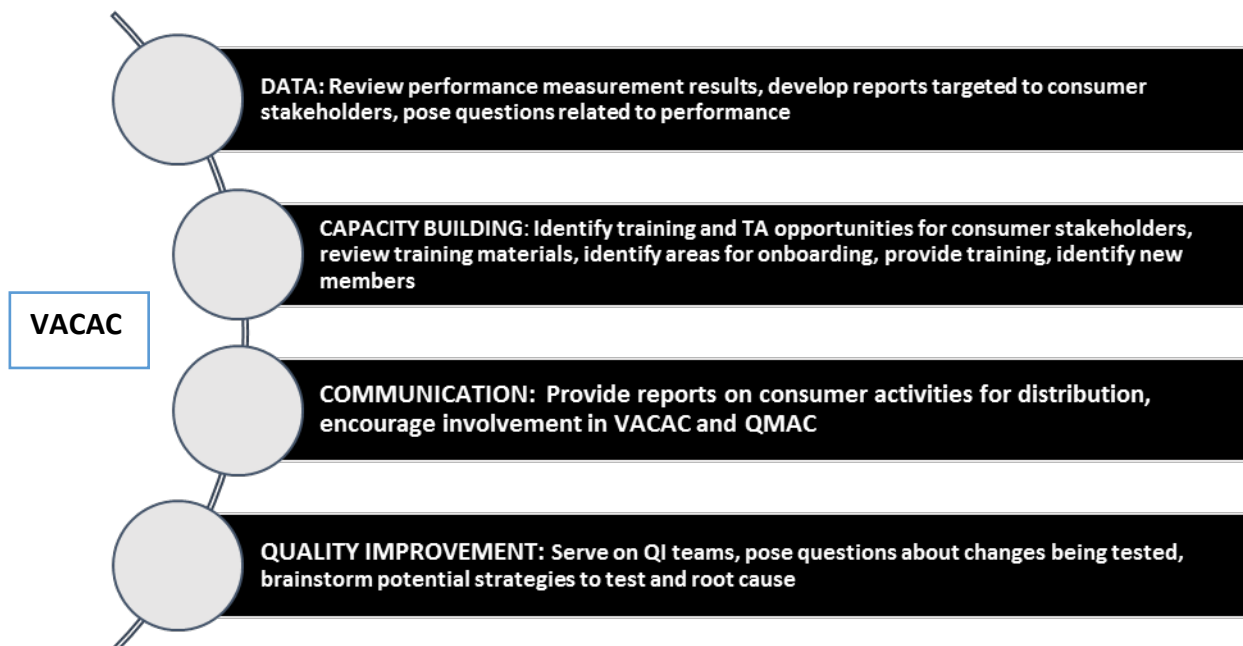


B. VIRGINIA QUALITY OF CARE CONSUMER ADVISORY COMMITTEE (VACAC)

The VACAC is to establish a sustainable partnership with providers to incorporate the experiential perspectives of people living with HIV/AIDS into the QI process. The committee works with VDH to ensure that PLWHA have input into the creation, development, and implementation of all its services and policies.

The VACAC responsibilities are to:

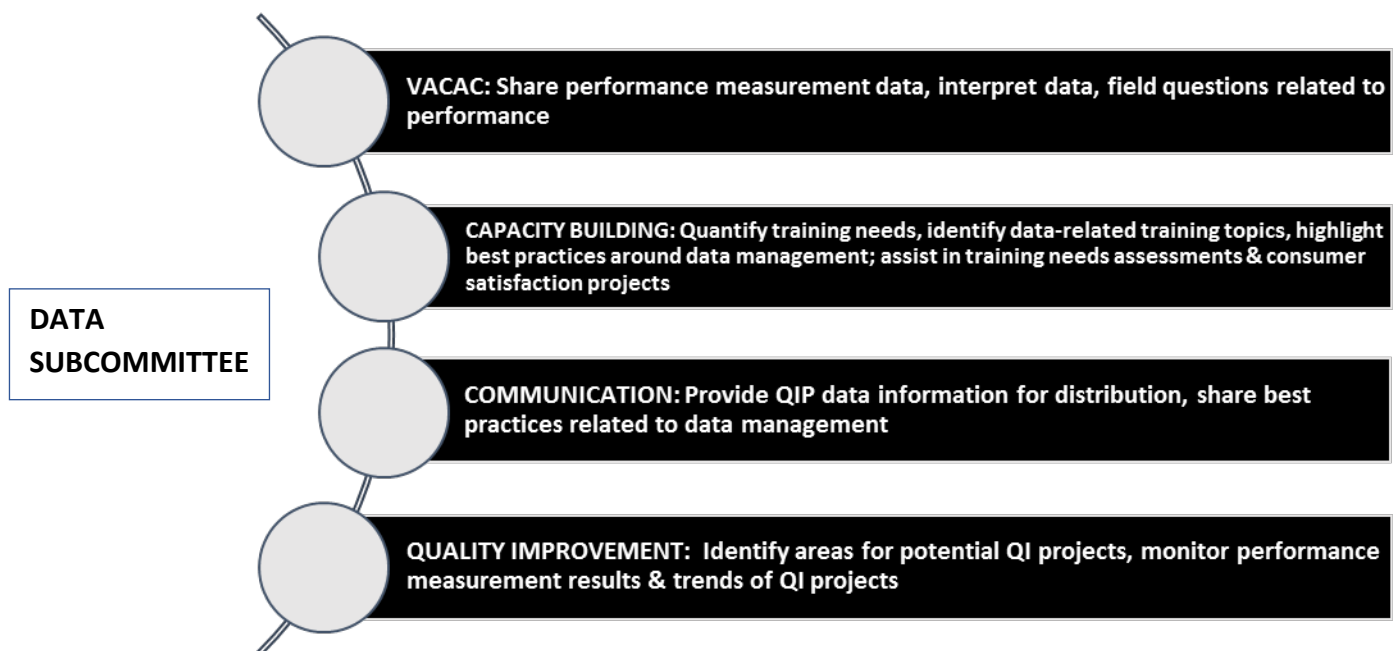
- Act as liaison between consumers, VDH and service providers;
- Engage, educate, and bring together consumers through a variety of activities that support health promotion and quality of life;
- Provide orientations and trainings for new and current VACAC members on QI and the HIV epidemic in Virginia;
- Assess VACAC membership yearly to ensure appropriate special subpopulation representatives are included;
- Provide input on the VDH planning and Quality of Care program; including, but not limited to, performance measurement, needs assessment, QIPs, quality infrastructure requirements, and targeted consumer initiatives;
- Inform and educate consumers about current and future quality initiatives of the VDH's HIV Quality of Care program;
- Participate actively in local groups (i.e., facility-level consumer advisory boards, or QM committees, etc.); and
- Report to Executive Committee and coordinate with QMAC Subcommittees.



C. Data Subcommittee

The Data Subcommittee provides overall guidance on applying data to QI and QM initiatives. This subcommittee is composed of members from the QMAC who have expressed an interest in assisting with data related activities. The responsibilities are to:

- Help determine how to use data in conjunction with QI activities to develop strategies for improving care;
- Monitor performance measurement results and trends for QIPs
- Provide input as requested to the selection and implementation of the selected QI projects;
- Provide QI program data information for distribution to stakeholders;
- Identify areas for potential QIPs;
- Review statewide QI Program and HIV continuum of care related data over time for trends monitoring;
- Identify and explore issues related to specific identified data management systems (CAREWare and E2Virginia);
- Report to and coordinate with the Executive Committee about data management activities/projects as they are reviewed and considered;
- Use reporting tools to summarize data so key stakeholders can make business decisions;
- Identify best practices around data QM; and
- Report to Executive Committee and coordinate with QMAC Subcommittees.

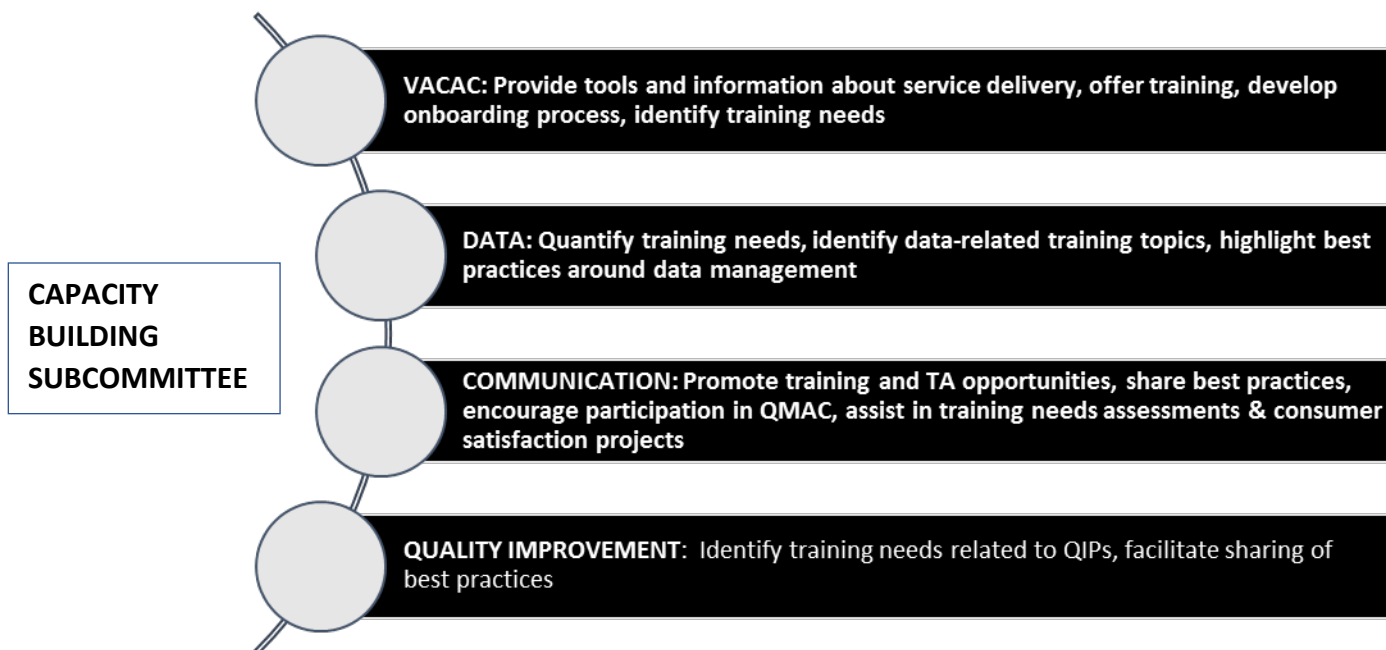


D. Capacity Building Subcommittee

The Capacity Building Subcommittee supports cross-parts quality activities identifying training and technical assistance needs of all stakeholders. The subcommittee is

composed of members who have expressed an interest in assisting with training and capacity building activities. The responsibilities are to:

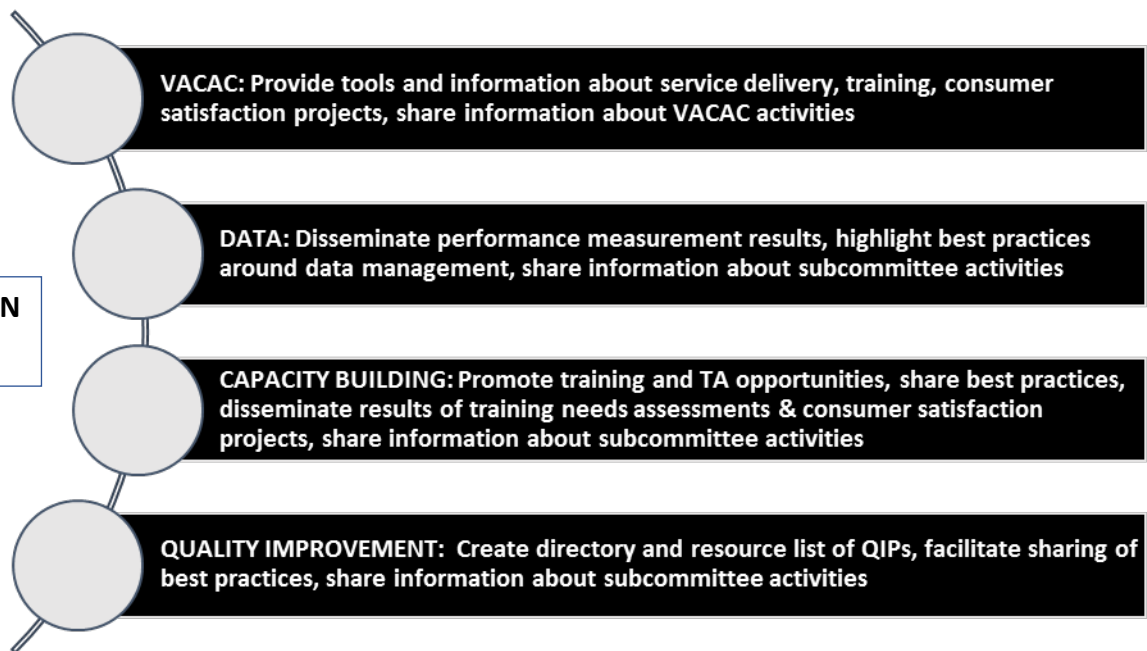
- Work with VDH to strengthen subrecipients quality infrastructure through training needs assessment, skills-building activities, targeted on-site assistance, and resource identification;
- Develop process for requesting technical assistance from the QMAC
- Assess training needs through subrecipient requests, training evaluations needs assessments/consumer satisfaction projects and/or subcommittee interactions;
- Contribute to the development and implementation of QM trainings based on identified needs;
- Provide information about technical assistance and trainings for distribution to stakeholders;
- Empower consumers through education by providing the tools and information about healthcare service delivery;
- Identify models for QM program sustainability;
- Develop and implement an onboarding process for all new members, including a mentor program;
- Encourage and solicit participation in QMAC; and
- Report to Executive Committee and coordinate with QMAC Subcommittees.



E. Communication Subcommittee

The Communication Subcommittee sends variety of official communications and makes recommendations to the QMAC and stakeholders, regarding QI activities. This subcommittee is composed of members who have experience or interest in utilizing various communication modalities targeted to a range of stakeholders. The responsibilities are to:

- Serve as official communication channel for the QMAC and ensure effective communication with other QMAC subcommittees;
- Improve communications between the QMAC and stakeholders;
- Provide information and opportunities to expand QM knowledge and contacts through several modes of communication to QMAC and stakeholders;
- Create QMAC quarterly newsletters including meeting summaries to disseminate;
- Communicate findings and solicit feedback from both internal and external key stakeholders on an ongoing basis;
- Disseminate information received from all subcommittees about QI activities and findings to all stakeholders;
- Give updates regarding QM activities and outcomes to all program staff during QMAC meetings on a quarterly basis;
- Ensure meeting minutes are accurate and distributed within two-week of each meeting.
- Create a directory and resource list of agencies QI programs that include best practices;
- Report to Executive Committee and coordinate with QMAC Subcommittees.

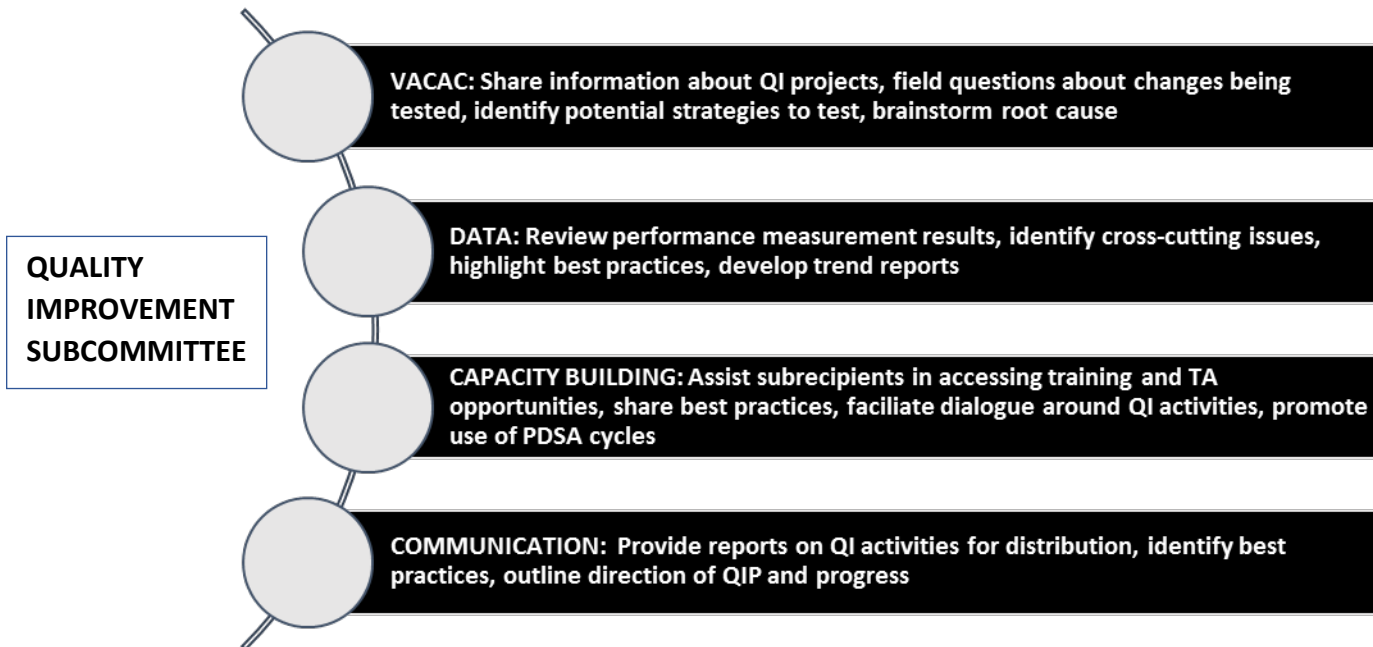


F. Quality Improvement Subcommittee

The QI Subcommittee assists the QMAC with the development of reports, recommendations and best practices related to QI initiatives. This subcommittee is composed of members from the QMAC who have expressed an interest in assisting with QI activities. The responsibilities are to:

- Facilitate a dialogue around QI activities;
- Provide a system of education and technical assistance that increases the use of QI principles and processes from stakeholders;

- Provide reports on QI activities for distribution to stakeholders;
- Guide the direction of the statewide QI program across subrecipients;
- Assess progress and status of QI program, review results, identify cross-cutting issues and best practices of QIPs;
- Assist subrecipients in assessing and improving their quality of care by providing various resources and securing needed technical assistance;
- Promote the Plan, Do, Study, and Act (PDSA) cycle for small tests of change (pilot tests); and
- Report to Executive Committee and coordinate with QMAC Subcommittees



G. Individual QMAC Member Roles

More than 35 individual QMAC members are drawn from the Virginia RWHAP Part B sub-recipient agencies they represent. By participating in the QMAC, members are able to provide important feedback as stakeholders in the overall statewide program. In this capacity, QMAC members are expected to:

Participation in the QMAC not only provides sub-recipients and key stakeholders with an opportunity to provide their input into the overall statewide program, but it is an opportunity to align their organizational HIV quality programs with the state program. As vehicles for alignment, QMAC members are expected to:

- Align home agency QI priorities with statewide priorities and QI goals;
- Review health outcome measure reports and other relevant data in comparison with benchmarks;
- Use continuous improvement methodologies to improve care;
- Collect home agency performance measurement and improvement activity data to share at with the QMAC; and
- Pass knowledge of statewide QM work to colleagues at home.

H. Subcommittee Chair/Co-chair Roles

Any current subcommittee member can be nominated to become the subcommittee chair or co-chair and there are no term limits. Individuals in these roles should be skilled at facilitating discussion and delegating tasks. Subcommittee chairs and co-chairs are expected to:

- Oversee the development of subcommittee work plans and processes;
- Participate in the Executive Committee meetings;
- Provide guidance and coaching to subcommittee members involved in implementing the subcommittee work plan;
- Provide training and resources to subcommittee members during meetings as appropriate; and
- Routinely interact with the other subcommittee chairs to align activities.

I. QMAC Chair/Co-Chair Roles

Any current QMAC member can be nominated to become the QMAC chair and is elected annually. There is no term-limit. The QMAC chair is expected to:

- Serve as the Chair of the Executive Committee;
- In conjunction with VDH, develop agendas and facilitate QMAC and Executive Committee meetings;
- Provide oversight and vision to the QMAC as a whole;
- Review the subcommittees' work plans to ensure alignment with the overarching QMAC work plan.

J. PLWH Roles

The VACAC provides a mechanism for PLWH to have meaningful input into the development of RWHAP Part B policies and programs in Virginia that address their needs. Through their lived experience, consumers are well positioned to assess the quality and effectiveness of RWHAP funded services in Virginia. PLWH are expected to:

- Provide input to the development and implementation of Virginia HIV/AIDS programs and policies;
- Provide experiential feedback on services provided by RWHAP funded organizations in Virginia;
- Ensure significant PLWH input into community programs providing HIV/AIDS-related services;
- Act as a liaison between consumers, RWHAP funded service providers in Virginia, and VDH;
- Educate and bring together consumers through a variety of activities that support and encourage consumer involvement;
- Recruit a diverse membership that is reflective of the local epidemic in terms of race/ethnicity, gender, sexual orientation, age and mode of transmission, and geographical distribution; and
- Serve on the Executive Committee or subcommittees as requested.

VI. MEETINGS

A. *QMAC Meetings*

In-person and virtual meetings will be utilized to implement the QMAC activities.

Face-to-Face Meetings - The QMAC meets face-to-face each quarter at various locations across Virginia. Meetings dates and locations are announced three to four months in advance to facilitate member planning. Meetings are a full day and overnight accommodations are available for members traveling more than 50 miles to the meeting.

Virtual Meetings – When virtual QMAC meetings are necessary, members will be notified at least two months in advance. Meetings will be convened using a platform that allows for use of webcams.

Minutes - Minutes are taken at all QMAC meetings. The minutes record attendance and include all recommendations, requests, and action items. Any QMAC member wishing to propose corrections to the minutes shall propose corrections at the meeting at which the minutes are subject to approval.

Quality Management Summit - The QM Summit is an annual one-day meeting that takes the place of one of the quarterly QMAC meetings. VDH in collaboration with the MidAtlantic AIDS Education and Training Center (MAAETC) and VHARCC will hold an annual QM Summit. The QM Summit is designed to build capacity among Ryan White Providers (Part A, B, C, D, and F) and consumers to conduct QI activities and enlarge the pool of QI trainees statewide. By attending the QM Summit, participants will benefit from a wealth of information and shared-best practices.

B. *Executive Committee*

The Executive Committee will meet on monthly basis by virtual meeting and/or face-to-face based on decision of the committee.

C. *QMAC Subcommittee Meetings*

QMAC Subcommittee meetings are called at the discretion of the subcommittee Chair and contingent on the subcommittee's overall progress in meetings its work plan objectives. The bulk of subcommittee work happens in between QMAC meetings, which is why more frequent brief virtual catch-ups are required to ensure that the work stays on track. Subcommittees are always given face-to-face time during the quarterly QMAC meetings.

Face-to-Face Meetings – Subcommittees routinely have an hour or two during the afternoon of each QMAC meeting to catch up with each other around the work plan progress, complete team-building activities, and to provide training and other assistance to members.

Virtual Meetings – Chairs are responsible for calling meetings with at least one-month notice to facilitate their members' ability to plan and attend the meeting. There is no required timeline or duration for these check-ins, but it is encouraged to happen at least

twice between each QMAC meeting. Meetings will be convened using a platform that allows for use of webcams. Virtual check-ins can be used for more than catching up and represent another opportunity for team building and brief, targeting training.

Minutes – Subcommittee chairs are encouraged to delegate a member to take notes on attendance, main discussion points, and all action items. The minutes are shared with the Executive Committee.

D. Meeting Ground Rules

The ground rules describe the behavior expected of all QMAC participants at all meetings and activities associated with the work of the QMAC. They are designed to ensure that the QMAC can be productive, open to community input, and respectful of its members and visitors. They help to create a positive environment, and to protect all members and public participants from inappropriate and disruptive behavior.

- QMAC members are expected to follow these rules of conduct in QMAC and subcommittee meetings and other QMAC events:
- Everyone participates, no one dominates
- One person speaks at a time
- Stay on subject and follow the agenda – it is everyone’s responsibility
- Success depends on participation 100% – share ideas, ask questions, draw others out
- Deal with the real issues; avoid seeing only what you want to see
- Constructive, honest debate is needed to move ahead together productively
- Be positive, non-judgmental, and open to new ideas
- Respect each other’s thinking and value their contributions
- Manage group work
- Attack problems, not people
- No story telling – a system is not about any one person
- Have fun!
- There are consequences if a QMAC member or other participants fail to comply with the Ground Rules above:
- When a QMAC member or other participant violates these Ground Rules in a meeting, the QMAC or subcommittee Chair is expected to inform him/her that the behavior is unacceptable. Others in attendance are expected to support the QMAC or subcommittee chair in ensuring that everyone follows the Ground Rules. If inappropriate behavior continues and the Chair feels it will disrupt the process, s/he may ask the individual to leave the meeting. Prior to removing the individual, the Chair of the meeting shall publicly state the reason for removal.
- If a member of the QMAC or other participants repeatedly violates the Ground Rules, the QMAC Executive Committee may remove this individual as a member.

E. Travel Reimbursement

Travel reimbursement works differently for subrecipient representatives and PLWH. Both are explained below.

F. Virginia RWHAP Part B Sub-recipient Reimbursement

Unless other arrangements have been made, VDH will not directly reimburse any individual traveling on behalf of a Virginia RWHAP Part B sub-recipient. Instead, individuals must go through their home agency's reimbursement process and receive their payment in full from that process. The sub-recipient agency is then authorized to bill the reimbursed amount against its Virginia RWHAP Part B Continuous QM funds to be reimbursed in turn.

G. PLWH Reimbursement

Travel reimbursement is available to support PLWH participation to QMAC activities and help ensure that all are able to attend regardless of financial circumstances. **No pre-paid assistance is available.** Individuals in travel status for the QMAC must adhere to the same travel regulations as VDH employees such as completing a W-9 form and keeping all receipts for requested reimbursement of expenses with limited exceptions. Details for PLWH travel reimbursement are explained below.

- Participants must fully complete the DDP travel worksheet including whether they were a driver, had passengers, or were a passenger.
- The VDH current mileage reimbursement will be applied. Participants must indicate whether they left and returned to either a home, office, or other location. Mileage is verified by DDP using Google Maps.
- Receipts are not needed for tolls under \$20 (twenty dollars); however, the name of the toll road and amount of the toll must be indicated. Tolls \$20 (twenty dollars) and above require submission of an original receipt.
- Original receipts are needed for parking. The name and location of the parking facility on the travel worksheet must be provided.
- The current maximum daily rate for per diem reimbursement (meals, tips, etc.) will be applied minus any meals that were provided (i.e., lunch). Receipts are not required for meals. For information on current per diem rates visit <https://www.gsa.gov/travel/plan-book/per-diem-rates>
- Please remind any guests of QMAC members that VDH will not pay for their travel or meals (including the group lunch).
- Original receipts, including boarding passes if applicable, are required with the submission of the travel worksheet for bus, train, or plane fare, even if VDH has pre-paid these transportation costs. Original receipts are also needed for shuttles, taxis, etc.

- For special meetings such as the QM Summit, VDH will help alleviate financial barriers for consumers and direct bill lodging (room and tax only) for consumers residing 50 miles or more from the meeting site. Participants are required to pay for any incidentals at the time of check-out including meals that will later be reimbursed by VDH, room service, movies, phone calls, internet connections, etc. Participants should be prepared to have either a credit card or cash deposit to cover incidental charges regardless of whether they expect to have any additional costs on your bill.
- If attendance must be cancelled after 3:00 p.m. on the day prior to your check-in date, the QMAC member is responsible for contacting the hotel directly to cancel the reservation. Individuals who fail to notify VDH or the hotel of their absence will be responsible for paying for the “no-show” room.
- If individuals owe the Commonwealth of Virginia any money (i.e., back taxes, child support), they may not receive a travel reimbursement check. The amount of their check will be directed automatically to the Department of Accounts to offset their debts. In such cases, a letter from the Department of Accounts debt set-off program, stating the amount that was applied to the debt, will be mailed to the individual.
- Please fully complete the travel worksheet and carefully review the travel voucher prior to signing and dating the voucher. By signing the voucher, the member certifies that all information is accurate. Please submit both the worksheet and voucher prior to leaving the meeting. Any receipts that cannot be provided prior to departure should be mailed.
- Members are encouraged to participate in the Virginia Department of Accounts Electronic Data Interchange program for direct deposit of their travel checks. See www.doa.virginia.gov for instructions on signing up for Electronic Data Interchange.
- Members will be asked to complete a W-9 Request for Taxpayer Identification form.

VII. QMAC MEMBER TRAINING

QMAC members are exposed to a great deal of information of many types and are needed to coordinate quick and efficient responses that promote improvement. It is essential that QMAC members are effectively trained and supported to complete their tasks.

Management of the QMAC training plan is the responsibility of the Capacity Building Subcommittee and has three components, all of which are explained here: the buddy and mentorship program, onboarding training, and ongoing training for QMAC members.

A. Mentorship Program

A new buddy and mentorship program is being developed arising from QMAC member feedback collected through a key stakeholder interview process. New QMAC members

will be paired with an existing QMAC member drawn from a pool of volunteers.

Buddies engage in special activities to form a relationship starting with new member Orientation. Part of the Orientation involves icebreakers around story telling that focuses on QMAC work, personal drivers of members in the work, and hands on exercises that relate training to current work in the QMAC. Beyond Orientation, buddies are encouraged to meet the night before each QMAC meeting for the first year to review the agenda and explore issues regarding the QMAC process or work. The Capacity Building Subcommittee maintains the list of active volunteers in addition to a list of the pairings. Members paired in buddies are asked to annually review the relationship and provide input into how to improve the process. Pairs may dissolve at the request of either member for any reason and members who wish to be paired with someone else will be matched again by Capacity Building Subcommittee.

B. Mentoring Roles and Responsibilities

In general, Mentors are usually more experienced and are frequently more senior than the learner and provide support, encouragement, and guidance.

Mentoring is not only a valuable modern tool but is also an age-old tradition, valued by countless generations. In recent times, the mentoring tradition has been followed through organization, craft, apprenticeships, and modern-day “buddy” arrangements.

What do Mentors do?

Mentors perform roles in four key categories:

1. Coach, e.g., showing how to carry out task or activity
2. Facilitate, e.g., by creating opportunities for learners to use new skills
3. Counsel, e.g., by helping learners explore the consequences of potential decisions
4. Network, e.g., referring learners to others when the mentor’s experience is insufficient
5. Train

How will a Mentor be assigned?

1. New members names should be given to the Capacity Building Committee Co-Chair
2. The Chair and Co-Chair will discuss and plan who will assist new members from all subcommittees
3. The Co-Chair will reach out to the senior member, who may come from the collective body and ask them if they would like to be a mentor
4. The Co-Chair will make arrangements for the senior member to have the Mentee information
5. The Mentor should reach out to Mentee and introduce themselves prior to the training. The Mentor will answer any questions the Mentee may have about QMAC and the process

Characteristics of Successful QMAC Mentors

<i>Mentors listen</i>	They maintain eye contact and give mentees their full attention
<i>Mentors guide</i>	Mentors are there to help their mentees find direction, never to push them
<i>Mentors are practical</i>	They give insights about keeping on task and setting goals and priorities
<i>Mentors educate</i>	Mentors educate mentees on selected topics
<i>Mentors provide insight</i>	Mentors use their personal experience to help their mentees avoid mistakes and learn from good decisions
<i>Mentors are accessible</i>	Mentors are available as a resource and a sounding board
<i>Mentors criticize constructively</i>	When necessary, mentors point out areas that need improvement, always focusing on the mentee's behavior, never his/her character
<i>Mentors are supportive</i>	No matter how painful the mentee's experience, mentors continue to encourage them to learn and improve
<i>Mentors are specific</i>	Mentors give specific advise on what was done well or could be corrected
<i>Mentors care</i>	Mentors care about their mentee's progress on the council and, as well as their personal development
<i>Mentors succeed</i>	Mentors not only are successful themselves, but they also foster success in others
<i>Mentors are admirable</i>	Mentors are usually well respected on the council and in the community

C. ONBOARDING TRAINING

A new member onboarding training is being implemented in 2018. QMAC orientation is done the day before the first QMAC meeting of each fiscal year. The orientation program lasts 4 hours, allowing members to travel to the meeting place in the morning and to check into the hotel. As already mentioned, the orientation is a special opportunity for buddies to begin forming their relationship that will be important throughout the new member's first year.

Topics covered in the orientation include an overview of the QMAC, its structure and purpose, member roles and responsibilities, and administrative items. Particular focus is on QMAC's role in HIV service delivery in Virginia and the importance of the work that is done. In addition, the orientation includes an introduction to QM and QM terminology, how our home agency data or personal health information relates to QM, an overview of current QIPs and the activities surrounding them, and review federal and state priorities related to HIV treatment and services in Virginia. In addition to face-to-face orientation training, several virtual training modules are

included and are a part of routine interaction between friends to discuss and apply learning using real clinic or QMAC examples.

D. QMAC TRAINING MANUAL

All new members are given a QMAC orientation manual during their orientation. While the manual will be updated from year-to-year, there will be small incremental changes over time. The current version of the manual is available for review and download under Resources for Virginia Ryan White Service Providers at <http://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/> in the Quality Management dropdown section.

The manual contains an overview of QMAC roles and responsibilities, the QMAC structure and purpose, the QMAC planning year and is updated to include the current QMAC work plan and implementation timeline tied to annual goals.

The online version of the training manual includes numerous training resources that are related to both orientation and the ongoing training for QMAC members.

E. ONGOING TRAINING FOR QMAC MEMBERS

To maintain a consistent level of understanding, competency, and confidence in QMAC subject matter, the Capacity Building Subcommittee maintains an annual training plan that is informed by an annual training assessment. As feasible, training topics that are pertinent to all members will be incorporated into the QMAC meetings. Content from the training plan is also used to inform the QM Summit agenda.

Quality Management Summit - The QM Summit is Quality Management program training that will provide the necessary skills and resources to the participant about key QI concepts; development of QM programs, how to lead QI activities, facilitate QI teams and committees, and help develop appropriate QM programs in compliance with the federal requirements. This training will be an opportunity to address the need for QI infrastructure to help stakeholders acquire the knowledge and develop the skills integral to carrying out ongoing QI work.

F. VIRGINIA CONSUMER ADVISORY COMMITTEE TRAINING

VACAC members are included in all the training activities mentioned above, but added supports are available for PLWH who want to participate in the QMAC. The training of consumers in quality is offered either semi-annually or regionally throughout the year for PLWH across Virginia to gain health numeracy skills to compliment the health literacy skills that are commonly taught in clinics as medical case management intervention. In this training, consumers train consumers using actual Virginia data to raise their competency and confidence to participate in QMAC discussions that are heavy on health care data.

As with other types of training, there are virtual training opportunities available to PLWH beyond the face-to-face Training of Consumers training. Consumers are welcome and encouraged to travel to QMAC the evening before the meeting to discuss application of learning and to frame their perspective on the next day's agenda.

Appendix

Consumer Job Description

Quality Management Advisory Committee (QMAC) Consumer Job Description

Role:

To be an active VDH QMAC member through participation in the quarterly QMAC meetings, providing a consumer perspective, supporting statewide QI activities and by being a quality champion.

Duties and Responsibilities:

- Attend 4 quarterly meetings
- Participate in reviewing the annual evaluation and revision of VDH RWHAP QMP.
- Identify statewide QI programs to improve the quality of care
- Review QM data and provider feedback for refinement of measures and any modifications of the work plan, which would include new QI programs.
- Review the Virginia Cross Parts Collaborative QM projects and achieved improvements.

Qualifications:

QMAC member must be a:

- PLWHA
- Comfortable with data
- Effective communicator
- Comfortable with technology
- Supportive team member
- QI literate
- Have completed either the National Quality Center Training of Consumers in Quality or the Quality Academy Tutorials (1-7,12-15, 22) be found at www.nationalqualitycare.org
 - National Quality Center Quality Academy: Welcome to the National Quality Center
 - What is QI? How Can Key Principles be applied in HIV care?
 - The Ryan White program and its Expectations for Quality
 - QI Resources
 - The QMP
 - QM Infrastructure – How to Establish a QM Committee
 - Measurement and Data in QI – Overview
 - How to Get Started With QI Teams
 - The PDSA Cycle or How Can We Accelerate Improvements in HIV Care?
 - Useful QI Tools
 - Ideas for Change in HIV Care
 - QI for Non-Clinical Services
 -

Recruitment of Consumers:

- Virginia consumers that have completed the National Quality Center Training of Consumers in Quality
- Consumers recommended by their affiliated Ryan White funded provider.

Quality Management Advisory Committee Application

Quality Management Advisory Committee Application

Date:	_____	Source/Referral:	_____
Representation:	_____	Ryan White 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: _____

2018-2019

Comprehensive Virginia Ryan White Part B Quality Management Plan

And

Quality Improvement Projects (instructions and reporting template)

These documents are available on the following website:

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

Glasscubes Access

<https://cqii.glasscubes.com>

Glass Cubes is the virtual online repository for the QMAC. The site is password-protected and by invitation only. All QMAC members are expected to have access to Glass Cubes and to regular check the site for new materials. If you do not currently have access to Glass Cubes and would like to join, please contact either Safere Diawara by phone at (804) 864-8021/by email at Safere.Diawara@vdh.virginia.gov or Jonathan Albright by phone at (804) 864-7951/by email Jonathan.Albright@vdh.virginia.gov. All meeting materials should be posted to Glasscubes.

Resource List

Resource List

AETC National Coordinating Resource Center

<https://aidsetc.org/aetc-program/aetc-national-coordinating-resource-center>

Center for Disease Control and Prevention

<https://www.cdc.gov/hiv/default.html>

Center for Quality Improvement and Innovation (CQII)

<https://targethiv.org/cqii>

Health Resources and Services Administration (HRSA)

<https://hab.hrsa.gov/>

John Hopkins STD/HIV Prevention Training Center

<https://www.stdpreventiontraining.com/resources.html>

MidAtlantic AIDS Education and Training Center

<https://www.maaetc.org/>

National Alliance of State and Territorial AIDS Directors

<https://www.nastad.org/>

National Institute of Health AIDS Information

<https://aidsinfo.nih.gov/>

National Minority AIDS Council

<http://www.nmac.org/resource-library/>

National Quality Center (NQC)

<http://nationalqualitycenter.org/quality-improvement-resources/>

NQC Training of Consumers on Quality (TCQ)

<http://nationalqualitycenter.org/files/tcq-facilitator-guide/>

Body (The Complete HIV/AIDS Resource)

<http://www.thebody.com/>

The Body Pro (The HIV Resource for Health Professionals)

<http://www.thebodypro.com/>

Virginia AIDS drug Assistance Program (ADAP)

<http://www.vdh.virginia.gov/disease-prevention/virginia-aids-drug-assistance-program-adap/>

Virginia HIV/AIDS Resource and Consultation Center

<https://www.vharcc.com/>

List of Acronyms

List of Acronyms used in HIV Care

ADAP	AIDS Drug Assistance Program
AETC	AIDS Education and Training Center
AIDS	Acquired Immune Deficiency Syndrome
CPG	Community HIV Planning Group
DDP	Division of Disease Prevention
DHHS	Department of Health and Human Services
HCS	HIV Care Services
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
MAAETC	MidAtlantic AIDS Education and Training Center
PDSA	Plan, Do, Study, and Act
PHS	Public Health Service
PLWH	People living with HIV
PLWHA	People living with HIV/AIDS
QI	Quality Improvement
QIP	Quality Improvement Projects
QM	Quality Management
QMP	Quality Management Plan
QMAC	Quality Management Advisory Committee
RWHAP	Ryan White HIV/AIDS Program
VACAC	Virginia Consumer Advisory In Quality Committee
VDH	Virginia Department of Health
VHARCC	Virginia HIV/AIDS Resource and Consultation Center

Brochure



What is Ryan White asking from you?

To be an active Virginia Department Health (VDH) Quality Management Advisory Committee (QMAC) member by" participating in the quarterly QMAC meetings, doing committee work and providing a valuable consumer perspective

Who We Are

The Virginia Department of Health Ryan White Program is committed to continuously improving the medical care and services for people living with HIV/AIDS. They do this using monitoring services and by providing a continuous performance management program. This effort requires ongoing communication with stakeholders including consumers, providers and the VDH Ryan White Program.



THE RYAN WHITE
QUALITY MANAGEMENT
PROGRAM

For more information contact:

Virginia Department of Health

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

804.864.7951



THE RYAN WHITE QUALITY MANAGEMENT PROGRAM

HAVE INPUT INTO YOUR CARE AND
SERVICES



Qualifications:

A QMAC member should be a:

- Consumer of Ryan White Services living with HIV/AIDS and any health care professional involved in the care, treatment & prevention of those living with HIV.

- Comfortable with data (we will teach you if you are not)

- A person who is not afraid to speak up and let their opinions be known.

- An email user and also knows how to use the internet.

- Supportive team member.

- Willing to learn about Quality Improvement (QI)

- Attend trainings

- Attend 4 quarterly meetings

- Participate in all activities and assignments



What will The Ryan White Quality

Management Advisory Committee do for you as a consumer?

- Educate yourself about the services you receive.

- For consumers, your transportation, hotel and meal expenses will be paid while attending quarterly meetings and training.

- Your opinion will count and you will impact the services you and other consumers ultimately receive.