Quality Management Advisory Committee (QMAC) Orientation Training

Virginia Ryan White QMAC
and
Cross-Parts Collaborative

Where did QMAC come from?

QMAC History and Background

RWHAP Cross-Part Collaborative History

In 2008, Virginia was one of five states selected for the initial HRSA Cross-Parts pilot QM Collaborative

(Connecticut, New Jersey, Pennsylvania, Virginia, and Texas

The Collaborative worked to assess and improve the quality of care for persons with HIV/AIDS

The Collaborative selected a standard set of care quality measures across the various parts and/or funding streams.

QMAC came out of the collaborative as a way to sustain collaborative activities

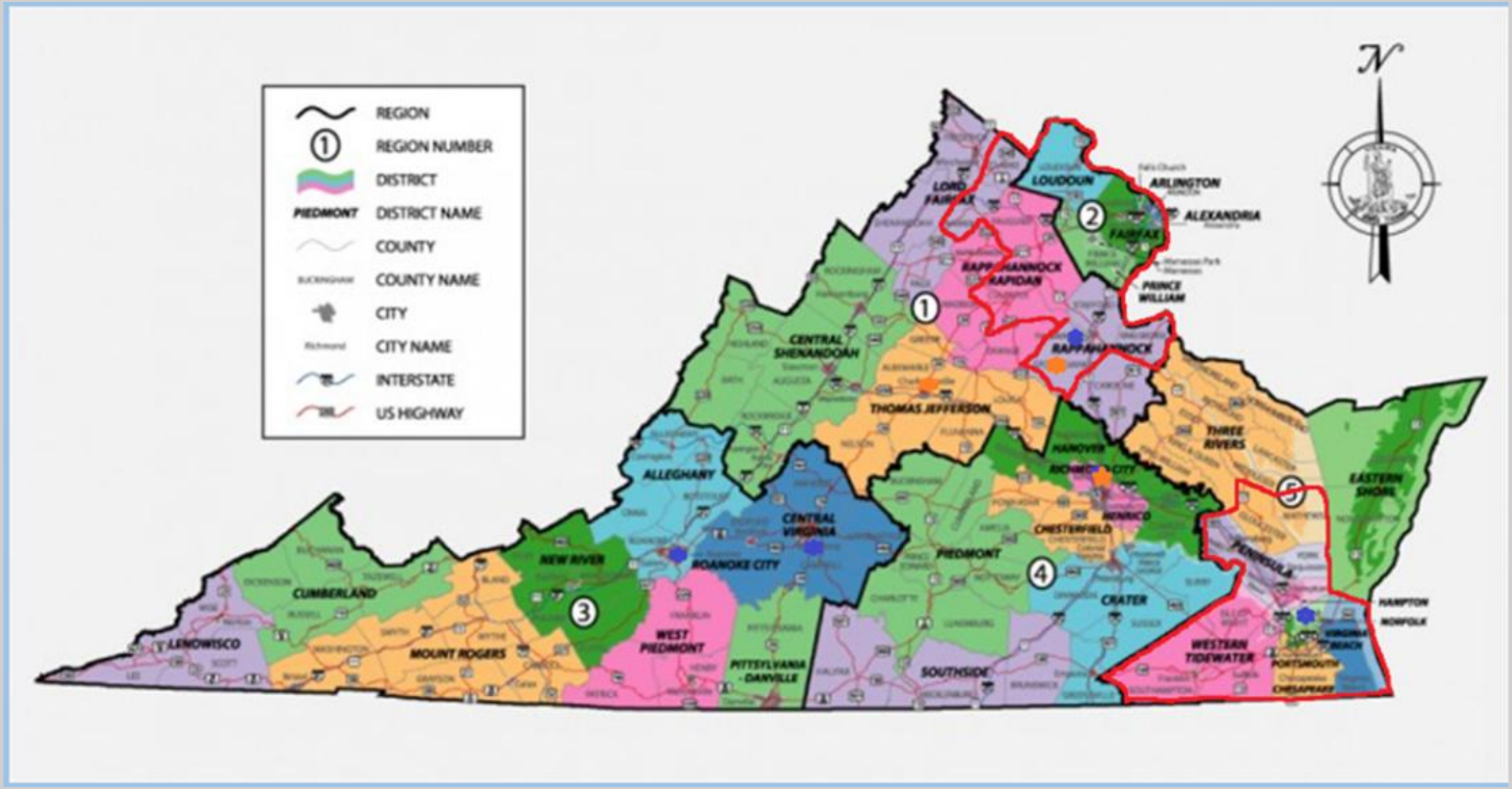
QMAC + Cross-Part Collaborative Aims

1. Reinforce partnerships across Ryan White Parts (A, B, C, D, and F) in the Commonwealth of Virginia

2. Maintain a portfolio of performance measures that are routinely collected for strategic planning and quality improvement projects

3. Plan and implement at least one joint quality improvement project by all RWHAP recipients and subrecipients

Ryan White Funded Areas in Virginia



Purpose of Ryan White Part B

- Since 1991, VDH has administered Ryan White Part B funding for HIV care services to persons with HIV/AIDS
  - Core Medical Services, Support Services
  - Funds the Virginia AIDS Drug Assistance Program (ADAP)

- Ryan White funding is the payer of last resort.

VDH Quality Vision and Mission

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.

Mission Statement:

The RWHAP Part B Quality Management 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.

VDH Quality Values

Values:

- VDH believes in creating HIV services that inspire and promote quality, parity, cost effectiveness, a client-centered approach, stakeholder input, and consumer engagement.

VDH Annual Quality Goals

Goals of the Virginia Part B CQM Program:

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

VDH CQM Program Purpose

The purpose of the RWHAP Part B Clinical Quality Management Program is to **continuously improve the quality of HIV care and services**, and to be **compliant with all applicable service standards** such as:

- Department of Health and Human Services Public Health Service Guidelines
- National priorities
- HRSA Policy Clarification Notices 15-02 and 16-02
- Promising practices that are evidence-informed

What is QMAC?

A deeper dive into QMAC

Virginia QMAC Overview

2009

QMAC integrated into Virginia's Ryan White Part B infrastructure in 2009 as part of the initial 5-state cross-parts collaborative activities.

2011

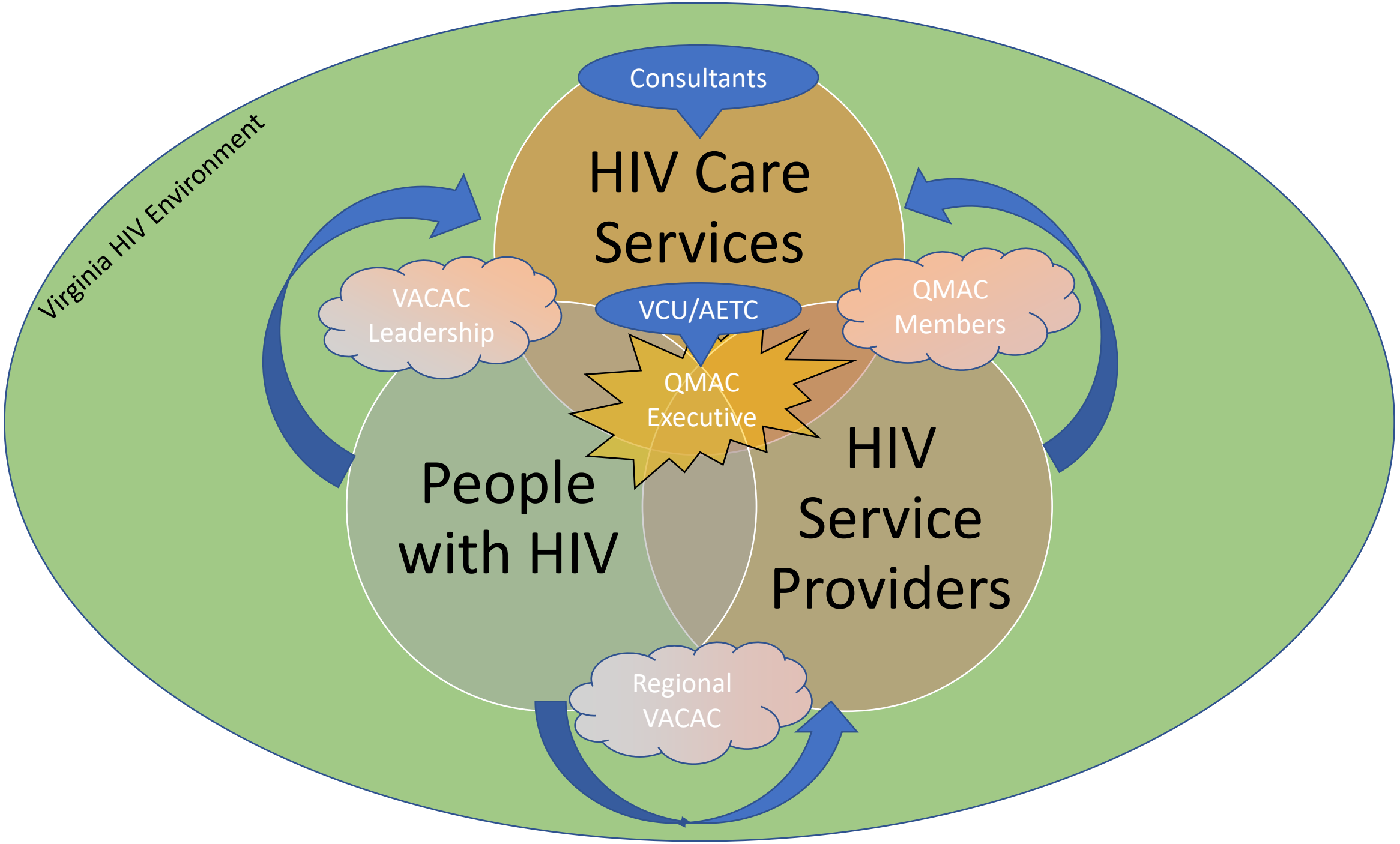
In 2011 QMAC extended to the Virginia Ryan White HIV/AIDS Program (RWHAP) Cross-Parts Collaborative, which had been led by its own "Response Team" from 2008-2011.

2018

In 2018 the QMAC Executive Committee was formed by convening its subcommittee co-chairs in monthly QMAC steering discussions.

2018

In 2018 the Virginia Quality of care Consumer Advisory Committee (VACAC) was brought in as one of the five QMAC subcommittees.


Virginia HIV Environment
Consultants
HIV Care Services
VACAC Leadership
VCU/AETC
QMAC Members
QMAC Executive
People with HIV
HIV Service Providers
Regional VACAC

Virginia QMAC Mission

The QMAC provides a mechanism for stakeholder input on objectives, evaluation, and continuing improvement of HIV care and support services in Virginia and facilitates RWHAP Cross-Parts dialogue.

Virginia QMAC Objectives

1. Promote quality practices
2. Enhance access to equitable services
3. Advise VDH on QM plan + activities
4. Review CQM data + trends
5. Provide mobility for QI projects

Virginia QMAC Membership

- All RWHAP Part B sub-recipients funded by VDH are required to have representation in QMAC.
- Membership is intended to include the full spectrum of the HIV care system including:
  - VDH staff
  - RWHAP recipients and sub-recipients of all Part funding (A, B, C, D, F)
    - Data Managers
    - Clinical Providers
    - HIV Program Administrators
    - QM Coordinators from local sites
    - Others
  - Consumers from all 5 Health Regions in Virginia

What Happens at QMAC Meetings?

- Open with VDH updates and welcome by VDH program leaders
- Training on topic tied to the meeting theme
- QMAC performance measurement and QI project updates
- Breakout groups to drill down on the meeting theme
- Subcommittee and cross-parts reports out
- Close with clinical presentations, programmatic, and provider perspectives

QMAC vs QM Summit

2025 grant year there are 4 quarterly virtual QMAC meetings and no QM Summit

QMAC :

- **Meets 3 quarters out of the year.**
- **Focuses on planning, implementing, and evaluating statewide Quality Improvement (QI) activities.**
- **Open to all VDH funded RWHAP subrecipients.**

QM Summit :

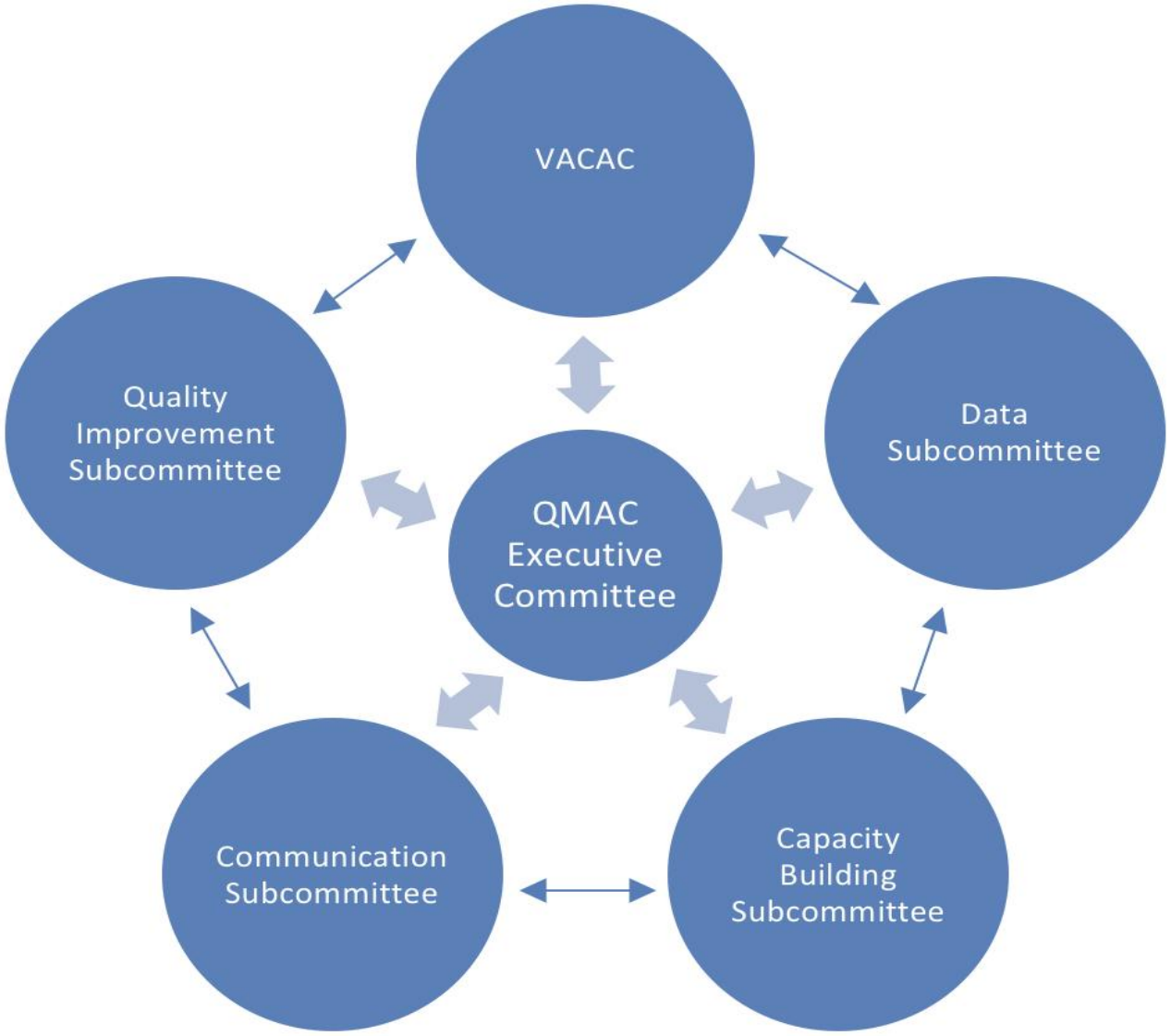
- **Takes place during the 4th quarter.**
- **Broader in scope and participation than QMAC.**
- **Involves all funded subrecipients, with contractual participation required.**
- **Focuses on emerging trends and cross-cutting issues outside of the current statewide QI project.**

Virginia QMAC Organizational Structure

Work of the QMAC is carried out through

- Executive Committee
- Subcommittees
  - Capacity Building
  - Communication
  - Data
  - Quality Improvement
  - Virginia Quality of Care Consumer Advisory Committee (VACAC)**

Virginia QMAC Organizational Structure



How does QMAC do its work?

A look at QMAC subcommittees and QMAC member roles

Executive Committee Responsibilities

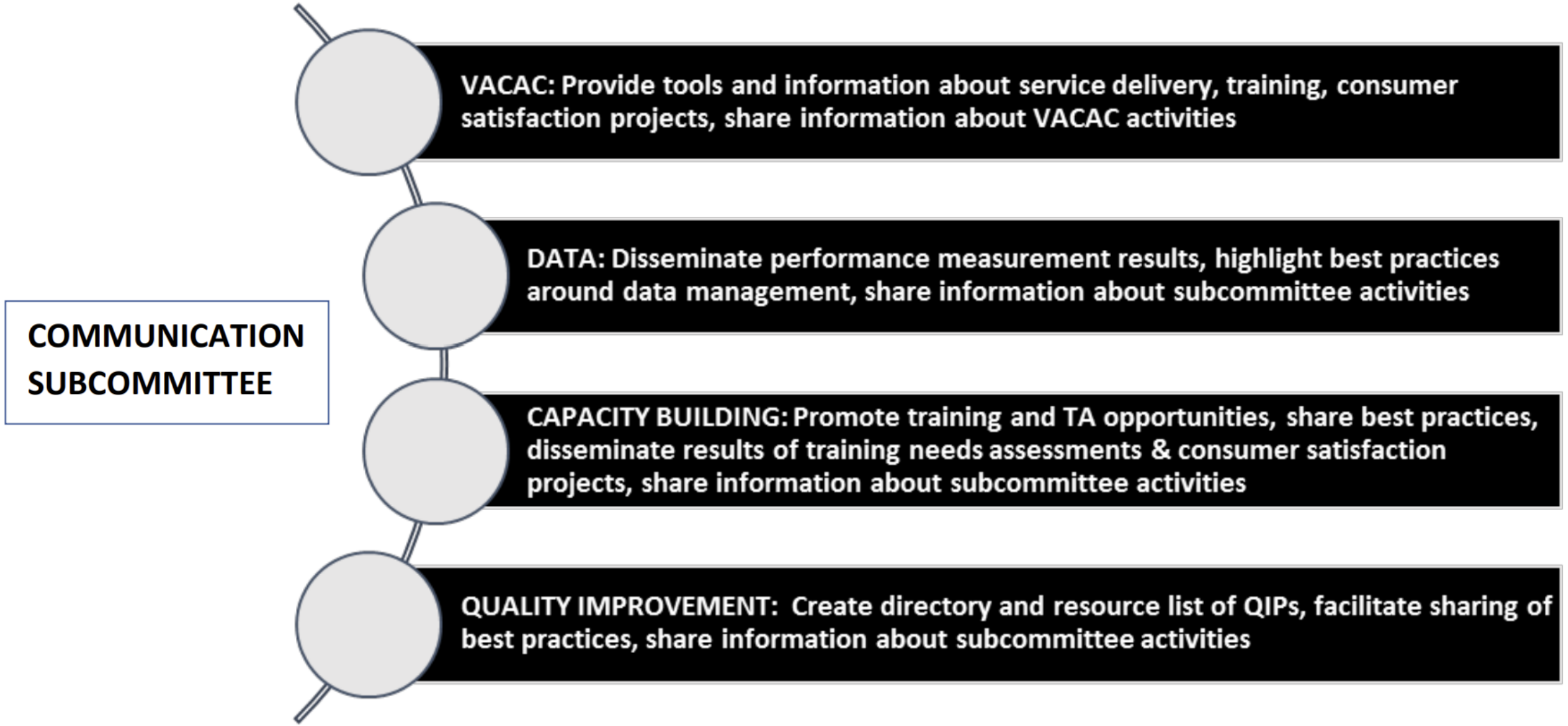
- Define the QMAC structure and process for statewide QM activities;
- Oversee the implementation of subcommittees and overall work plans;
- Assist to coordinate QMAC and subcommittee work;
- Curate annual QIPs for QMAC member consideration;
- Identify key considerations for core QM activities
- Make decisions related to member terminations;
- Oversee QMAC data analysis and reporting activities;
- Participate in planning quarterly QMAC meetings and QM Summit.

Capacity Building Subcommittee Activities

CAPACITY BUILDING SUBCOMMITTEE

- **VACAC:** Provide tools and information about service delivery, offer training, develop onboarding process, identify training needs
- **DATA:** Quantify training needs, identify data-related training topics, highlight best practices around data management
- **COMMUNICATION:** Promote training and TA opportunities, share best practices, encourage participation in QMAC, assist in training needs assessments & consumer satisfaction projects
- **QUALITY IMPROVEMENT**: Identify training needs related to QIPs, facilitate sharing of best practices

Communications Subcommittee Activities

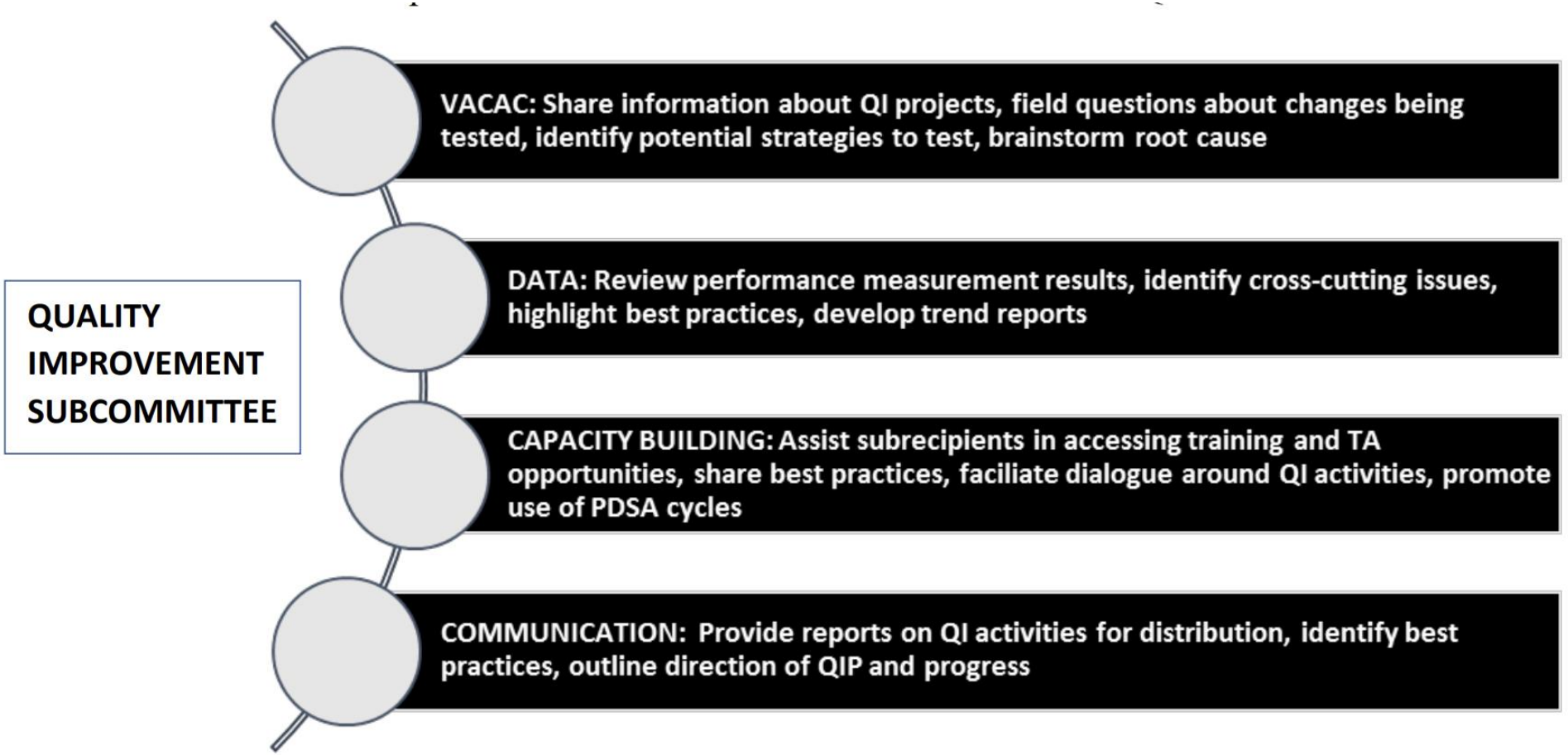


Data Subcommittee Activities

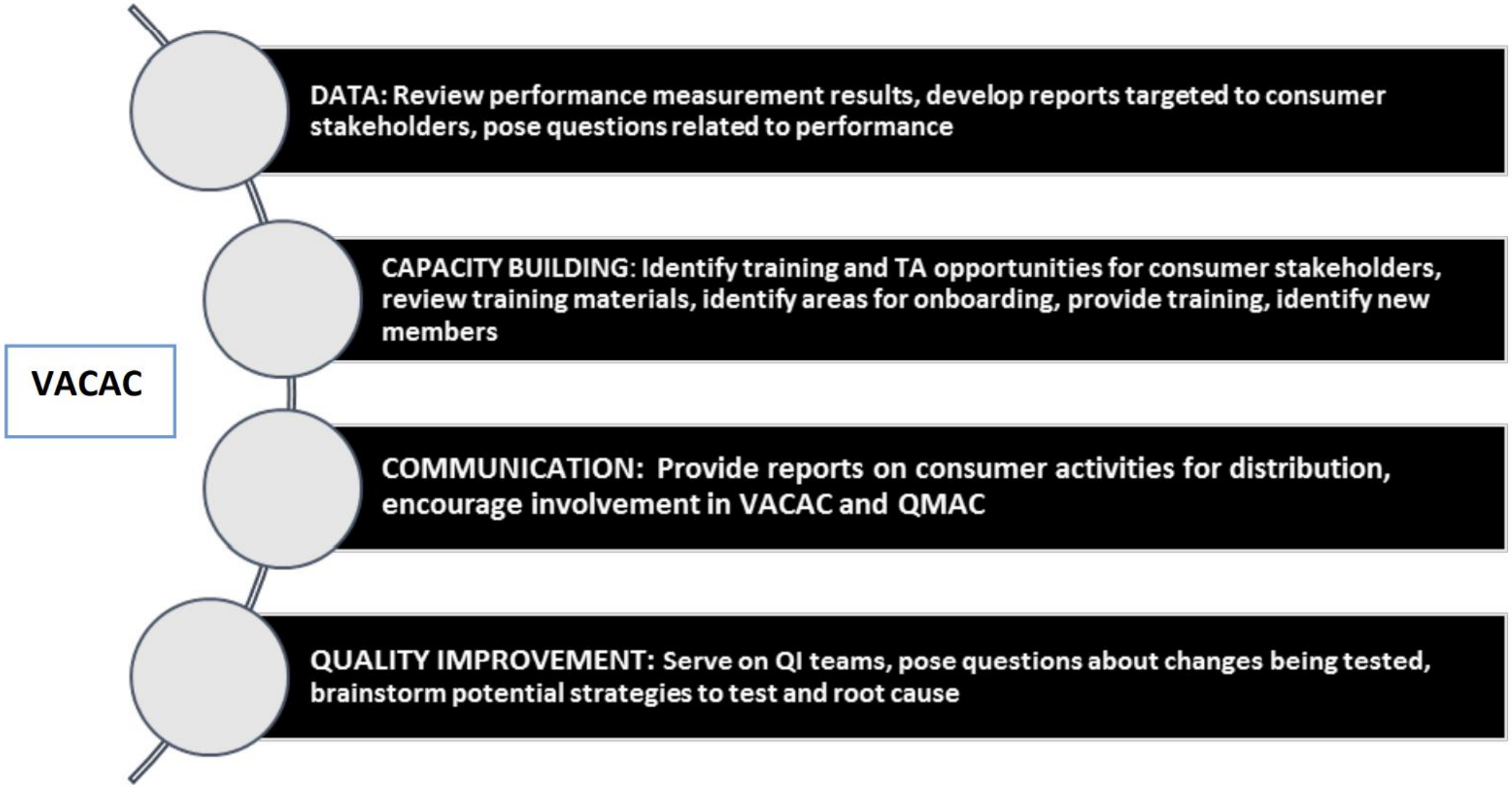
DATA SUBCOMMITTEE

- **VACAC:** Share performance measurement data, interpret data, field questions related to performance
- **CAPACITY BUILDING:** Quantify training needs, identify data-related training topics, highlight best practices around data management; assist in training needs assessments & consumer satisfaction projects
- **COMMUNICATION:** Provide QIP data information for distribution, share best practices related to data management
- **QUALITY IMPROVEMENT:** Identify areas for potential QI projects, monitor performance measurement results & trends of QI projects

QI Subcommittee Activities



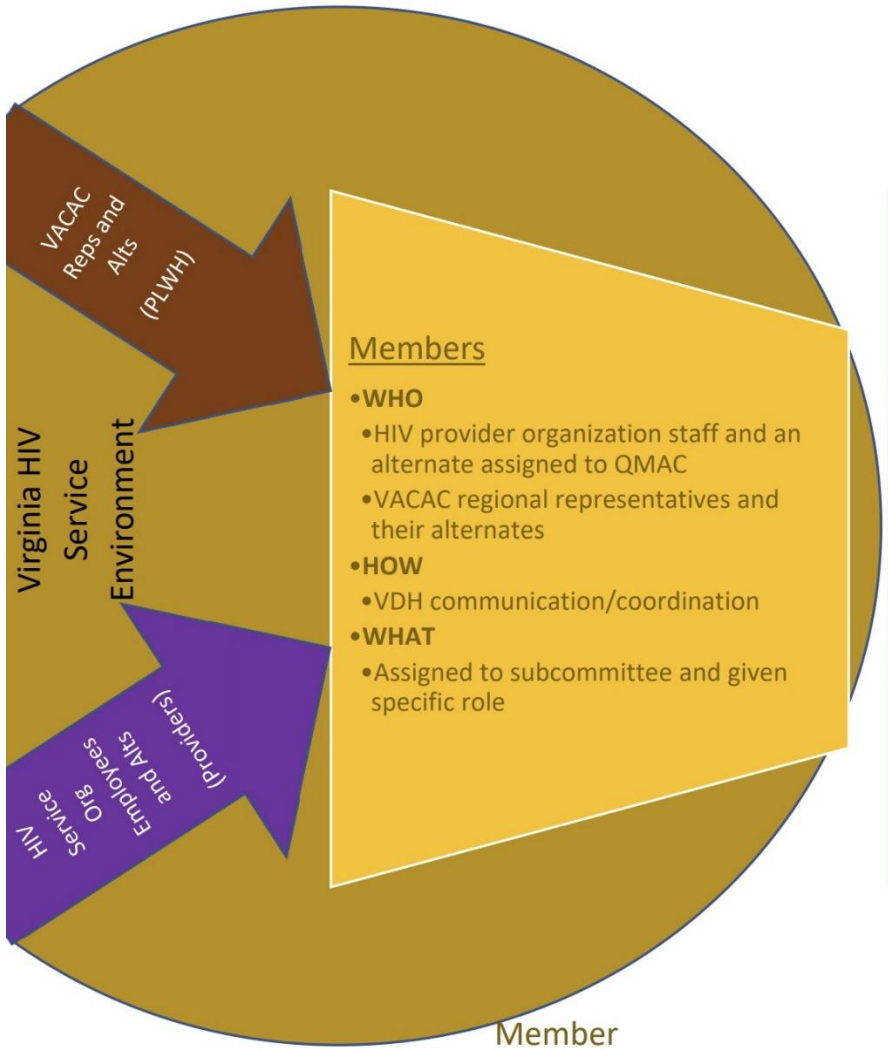
VACAC Activities



What is expected of me?

How to be an awesome QMAC participant

QMAC Member Development



Members

- **WHO**
  - HIV provider organization staff and an alternate assigned to QMAC
  - VACAC regional representatives and their alternates
- **HOW**
  - VDH communication/coordination
- **WHAT**
  - Assigned to subcommittee and given specific role

Subcommittee Leads

- **WHO**
  - Chair and an alternate
  - Co-chair and an alternate
- **HOW**
  - Elected by subcommittee all four leadership roles) for 1 year terms
- **WHAT**
  - Oversees meeting logistics, member engagement, and special projects
  - Part of QMAC Executive Committee

QMAC Leads

- **WHO**
  - PLWH chair
  - Provider chair
  - VDH supports
- **HOW**
  - Elected by QMAC members for 1 year terms
- **WHAT**
  - Contributes to QMAC meeting planning
  - Oversees QMAC Executive Committee

Member Orientation

Subcommittee Leader Orientation

Coordination with VDH

LEARNING → ***LEADERSHIP***

Subcommittee Management

- Subcommittees are led by Chairs and Co-Chairs

- Subcommittee functions are managed using toolkits
  - Subcommittees keep track of their tasks and who is involved
  - Subcommittees report these details to the Executive subcommittee and to VDH leaders

- Your subcommittee leadership will reach out to explore available roles with you
  - No role requires more than 1 hour time commitment per month (in addition to subcommittee meeting and QMAC meetings)

QMAC Attendance Requirements

- Attend All QMAC Meetings
  - Required for all Part B funded subrecipients
  - No excused absences permitted for quarterly QMAC meetings
- Maintain Subcommittee Participation
  - Must attend assigned subcommittee meeting regularly
  - Only 3 excused absences per year
- Coordinate With Your Alternate
  - Primary and alternate should attend the same subcommittee
  - Keep each informed and coordinated

QMAC Attendance Requirements Cont’d

- Be On Time and Fully Present
- Notify if You Can’t Attend
- Noncompliance Triggers Action
  - Frequent absences result in a corrective action plan
- Contractual Requirement
  - Participation is written into subrecipient agreements
  - Your agency is depending on your engagement

Present, Tardy, Excused, Absent

- Part B funded subrecipients must be represented at all QMAC meetings – there are no excused absences and attendance is vital
  - Noncompliance results in a letter of findings and/or corrective action plan
  - Primary representatives must coordinate with alternates

- Only 3 excused absences will be permitted for subcommittee meetings, and no unexcused absences will be permitted.
  - Offenders will receive letters of findings and need a corrective action plan
  - Primary representatives must coordinate with alternates

Selecting and Changing Subcommittees

- QMAC reps and their alternates must attend the same subcommittee
- Do not change subcommittees
- VDH can update your assignment based on request
  - The primary agency rep and alternate must participate in the same subcommittee
  - This same rule applies for VACAC members

QMAC Member Roles & Expectations

QMAC members provide important feedback as stakeholders in the overall statewide HIV service system.

- Complete all assigned tasks related to your subcommittee
  - Coordinate with your alternate as needed
- Avoid overcommitment
  - Work with your employer or VACAC executive if you are overwhelmed
  - Be practical around what you can sign on to do
- Be an active member
  - Be present, give your undivided attention
  - Provide feedback regarding program updates and subcommittee work plans

Key Takeaways

- QMAC plays a vital role in planning, implementing, and evaluating statewide Quality Improvement (QI) activities.

- Active involvement of all members is crucial to harness the collective expertise and diverse perspectives.

Questions & Answers