COMPREHENSIVE VIRGINIA RYAN WHITE PART B CLINICAL QUALITY MANAGEMENT PLAN

Grant Year Period: April 2024 – March 2025

DIVISION OF DISEASE PREVENTION

HIV CARE SERVICES UNIT

VDH VIRGINIA DEPARTMENT OF HEALTH

Revised (May 2024)

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I. GENERAL INFORMATION

The current clinical quality management (CQM) plan is for the grant year (GY) 2024: April 1, 2024 – March 31, 2025. The plan was last updated and approved on May 1, 2024.

Authority

The Health Resources & Services Administration (HRSA) Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) Bureau (HAB) Ryan White HIV/AIDS Program Part B (RWHAP B) provides grant awards to assist states and territories in developing access to continuous high quality comprehensive HIV care, as well as treatment aimed to improve the quality and availability of care for low-income, uninsured, and underinsured individuals and families affected by HIV.

The RWHAP B legislation requires a CQM program as a condition of award notice[1]. This notice clarifies HRSA RWHAP B expectations for CQM programs, which include:

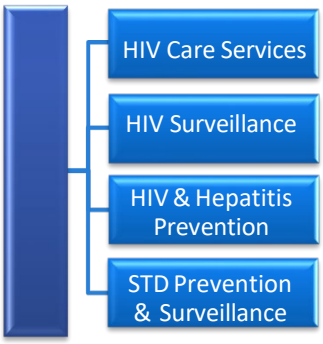
- Assisting funded agencies provide grant-supported services adhering to established Department of Health and Human Services (HHS) clinical guidelines;
- Ensuring that strategies for quality medical care include appropriate access to and retention in HIV care, support for treatment adherence, and viral load suppression; and
- Ensuring data collection, monitoring health outcomes of people with HIV (PWH), also referred to as consumers.

Virginia Department of Health

The Virginia Department of Health (VDH) is committed to improving the quality of care and services for PWH through the *Comprehensive Virginia Ryan White Part B Clinical Quality Management Plan* (VDH CQM Plan). This plan is shared with all stakeholders, involves continuous quality improvement (QI) activities, describes the infrastructure of the Virginia RWHAP Part B CQM program, and defines performance measures (PM).

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, 2024. If you have any questions concerning this plan, please contact Camellia Espinal, Quality Management Specialist at (804) 864-7207, or by email at c.espinal@vdh.virginia.gov

Division of Disease Prevention (DDP)
The VDH Division of Disease Prevention (DDP) has four units consisting of: 1) Sexually Transmitted Disease (STD) Prevention & Surveillance, 2) HIV Surveillance, 3) HIV & Hepatitis Prevention Services, and 4) HIV Care Services (HCS), which administers RWHAP B.



As of May 2023, VDH provided core medical and support services through funded subrecipients to over 6,600 clients, as reported within the *Virginia RWHAP Part B Annual Progress Report*. Funded agencies provide core and support services, collect client-level data, implement CQM programs, and execute quality improvement projects (QIPs) to ensure provision of quality services.

HIV Care Services (HCS)
The HCS unit provides leadership and support to the RWHAP B-funded agencies dedicated to the promotion of HIV education, health equity, and quality health care services across Virginia. Within HCS, the Virginia Medication Assistance Program (VA MAP) administers the RWHAP B AIDS Drugs Assistance Program (ADAP). VA MAP provides access to life-saving medications for the treatment of HIV and related illnesses for low-income clients by directly providing medications or through financial assistance with insurance premiums and medication copayments.

A new Pharmacy Benefit Manager (PBM) model is scheduled to begin midway through GY2024. The new model will allow clients to access medications at retail pharmacies that accept Ramsell cards or via mail order rather than local health departments. VA MAP funding is primarily supported through the federal RWHAP Part B grant; additional sources include state general funds, pharmaceutical rebates, and Medicaid reimbursements.

VA MAP services consist of:
1. Direct Medication Assistance Program (Direct MAP): If a client has no insurance coverage for HIV/AIDS medications, Local Health Departments (LHD) or designated subrecipient sites can provide the medicine.
    - Medication ships from the VDH Central Pharmacy to the LHD or alternate medication access site.
    - Enrolled clients receive a 30-day supply of medication at a time.
    - Clients may change their pick-up site from one site to another by calling the VA MAP Central Office. A letter noting the change will be sent to the client, medical provider, the old access site, the new access site, and pharmacy.
    - Only VA MAP Formulary medications will be sent to the LHD or a predetermined, alternate medication access site.
    - The VA MAP Central Office staff communicates to the LHD, or alternate medication access site staff as needed about client eligibility and medication pick-up to ensure ongoing VA MAP services.

2. Medicare Prescription Assistance Program (MPAP): VA MAP clients enrolled in Medicare can receive help with monthly premiums and cost shares. Cost shares are medication deductibles and medication co-payments. VA MAP will assist with co-payments for medications on the Medicare formulary. Clients can pick up medications at any pharmacy that accepts their Medicare plan and is within the Ramsell network. Medication copayment assistance will cover medications on the VA MAP Formulary and the Ryan White Part B Formulary.

3. Insurance Continuation Assistance Program (ICAP): Individuals with certain private insurance with medication benefits are eligible for VA MAP assistance with their medication co-payments and deductibles if all other qualifications are met. If a client loses insurance, the client can access medications through the Direct Medication Assistance Program if the client continues to meet VA MAP eligibility criteria. Medication copayment assistance will cover medications on the VA MAP Formulary and the Ryan White Part B Formulary.

4. Health Insurance Marketplace Assistance Program (HIMAP): VA MAP supports costs for insurance premiums and medication cost shares for clients who enroll in VDH-approved plans in the federal Insurance Marketplace under the Affordable Care Act.

II. QUALITY STATEMENT

Mission Statement

The RWHAP Part B CQM Program ensures the highest quality core medical care and support services to PWH in Virginia, as well as providing medication access through stakeholder collaboration.

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.

Values

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

Purpose

The Virginia RWHAP Part B CQM Program continuously aims to improve the quality of HIV care and services delivered, in full compliance with recognized *HHS Services Clinical Guidelines*[2], *HRSA Monitoring Standards*[3], *RWHAP Part B Service Standards*[4], national priorities, and research-based best practices. VDH will accomplish this by:

- Ensuring statewide implementation of the Virginia CQM Plan;
- Monitoring core performance measures (PM) across RWHAP B subrecipients and third-party providers;
- Implementing selected quality improvement projects;
- Providing training and technical assistance related to quality improvement; and
- Participating in statewide, cross-jurisdictional, and/or national CQM collaborative projects.

III. QUALITY MANAGEMENT TERMINOLOGY[5]:

1. **Quality:**
   Quality is the degree to which a health or social service meets or exceeds established professional standards and user expectations.

2. **Indicator:**
   A quality indicator is a tool to assess specific aspects of care and services that are linked to better health outcomes while being consistent with current professional knowledge and meeting client needs.

3. **Performance Measure:**
   Performance measures are an indication of an organization's performance in relation to a specified process or outcome.

4. **Quality Management:**
   Quality management under the Ryan White HIV/AIDS Program (RWHAP) involves activities to improve client health outcomes. These efforts focus on establishing standards and systems to measure and improve performance.

5. **Quality Assurance:**
   The process of identifying problems in service delivery, designing activities to overcome these problems, and following up to ensure that no new problems have developed and that corrective actions have been effective. The emphasis is on meeting minimum standards of care

6. **Quality Improvement:**
   An ongoing process of monitoring and evaluating activities and outcomes to continuously improve service delivery. Clinical quality improvement seeks to prevent problems and to maximize the quality of care.

7. **Plan, Do, Study, Act:**
   The PDSA methodology is a cyclical model for performance improvement used for all quality improvement activities:

   i. **PLAN** – Make predictions about what will happen and why.
   ii. **DO** – Carry out the change on a small scale.
   iii. **STUDY** – Analyze the test cycle and reflect on the findings.
   iv. **ACT** – Decide if modifications are needed for the attempted changes.

8. **Outcomes:**
   Results achieved by participants during or following their involvement with a program. Outcomes may relate to knowledge, skills, attitudes, values, behavior, conditions, or health status.

9. **Outcome Indicator:**
   An outcome indicator is the specific information that tracks program success or failure toward meeting standards or projected outcomes. Outcome indicators describe observable, measurable characteristics or changes that represent the product of an outcome.

IV. ANNUAL QUALITY GOALS

1. Develop and implement targeted strategies and quality innovations to improve Virginia RWHAP Part B client health outcomes.
2. Strengthen Virginia RWHAP Part B quality improvement initiatives.
3. Maintain and monitor performance measurement for the purpose of assessing outcomes, quality of care, and health disparities based on service categories and quality indicators.
4. Provide continual quality trainings and technical assistance.
5. Strengthen RWHAP Part B Grantee Quality Improvement Initiatives.

V. QUALITY INFRASTRUCTURE

Infrastructure is the organizational structure needed to enhance CQM program goals and RWHAP B services with quality, and patient-centered care through support by leadership, accountability for CQM activities, and dedicated resources.

Oversight

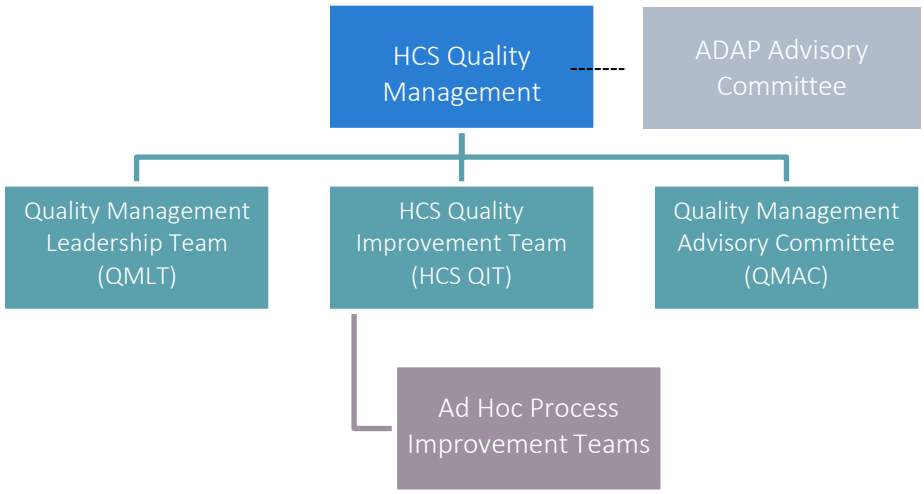
Virginia RWHAP Part B CQM infrastructure consists of dedicated staff, a CQM committee, an operational CQM plan, consumer involvement, capacity building, clear processes for communication, and program evaluation. The manager of clinical and data administration (CDAT) supervises staff activities to ensure successful implementation of program goals and objectives. Additional CDAT manager responsibilities include:

- assisting with CQM and data operations;
- providing guidance on policies and procedures;
- overseeing performance management activities; and
- working collaboratively with the Quality Management Advisory Committee (QMAC), the Virginia Quality of Care Consumer Advisory Committee (VACAC), and the statewide RWHAP cross-parts collaborative.

Two quality management specialists assist the CDAT manager to facilitate regular meetings for the QMAC, VACAC, and special project meetings. They develop a strong CQM infrastructure (CQM plan, committees, and data-collection strategy), participate in QI activities, review performance measures, and evaluate subrecipient reports. The quality management specialists (one full-time employee and one contractual employee), along with other HCS staff, form the HCS quality improvement team (HCS QIT).

Within the CDAT team, are six data team members. Their responsibilities include:

- coordinating, analyzing, and reporting the calculation of PM and QIP data,
- collaborating with stakeholders for accuracy in the client-level data system,
- training stakeholders on RHWAP B Unified Eligibility policies, and
- overseeing program data and presenting results at QMAC quarterly meetings.



Clinical Quality Management Committees

HCS Quality Management Leadership Team (QMLT)

The HCS QMLT oversees all Virginia RWHAP Part B CQM activities. This team meets weekly to ensure adequate resources are available to carry out the annual VDH CQM work plan. The team performs ongoing monitoring of current CQM data trends, remains current on updates to program guidelines, and offers solution-oriented approaches to ensure equitable access to client services.

Membership of the QMLT consists of:

- Director of HCS
- Senior Program Advisor
- Managers of HCS
  - Clinical and data administration
  - Fiscal manager
  - Grant manager
  - Medication Access
  - Services coordination
- HCS data analysts
- Quality management specialists
- HCS HIV planner

HCS Quality Improvement Team (HCS QIT)

This team is comprised of HCS personnel who meet on a routine or ad hoc basis. The team monitors implementation of QIPs, reviews relevant PM, interfaces with QMAC, and coordinates quality trainings and the Virginia Commonweatlh University (VCU) Peer Review process. The team discusses improvement ideas and addresses constructive feedback on improvement initiatives. The HCS QIT consists of:

- Manager of clinical and data administration
- Quality management specialists
- HCS data specialists
- HCS planner
- HCS grants manager
- HCS services coordinators
- VA MAP assigned staff

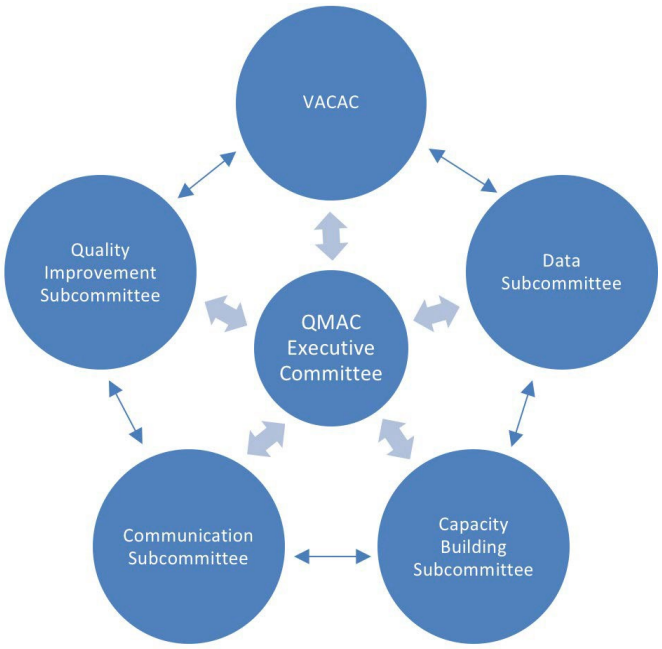
QMAC

Ensuring consistent quality management throughout the state requires collaborative input from various stakeholders. QMAC meets quarterly to review system-wide quality management successes and challenges, developing strategies to improve care, and serving as a platform to actively engage its diverse members. Furthermore, QMAC plays a pivotal role in establishing quality improvement goals, aiming to implement components of the VDH CQM plan and service standards, as well as identifying trends as areas of improvement. Membership consists of individuals across the five health regions, including all RWHAP Parts (A, B, C, D, and F), data managers, physicians, AIDS Education and Training Centers (AETCs), program administrators, and PWH.

QMAC has an executive committee and five subcommittees:

- Executive Committee: Provides support to QMAC infrastructure, determines priorities, and helps implement statewide quality initiatives.
- Virginia Quality of Care Consumer Advisory Committee (VACAC): Establishes a sustainable partnership with providers to incorporate the experiential perspectives of PWH into the QI process. VACAC acts as a liaison between consumers, VDH, and service providers by engaging, educating, and bringing consumers together.
- Data Subcommittee: Reviews data integration with QI efforts, monitors performance measurement results, and analyzes statewide HIV Care Continuum data for health outcome trends.
- Capacity Building Subcommittee: Supports the development of RWHAP cross-parts quality management activities by identifying effective strategies for training and technical assistance needs.
- Communication Subcommittee: Serves as the primary communication channel for QMAC, ensuring effective communication with other subcommittees and stakeholders. Using various communication sources, the subcommittee disseminates information regarding QMAC activities.
- Quality Improvement Subcommittee: Assists in the evaluation of QI processes and assessments of statewide QI initiatives.

QMAC reviews membership annually and is open to all RWHAP providers and PWH. Stakeholders requesting to serve on QMAC must complete an application (Appendix B). The QMAC co-chairs review new applications and recommend selections to the CDAT manager.



Additional information regarding the QMAC, subcommittee structure, key roles, and responsibilities is available through the companion document *Virginia QMAC Orientation Manual,* located at https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/.

ADAP Advisory Committee

The ADAP Advisory Committee consists of HIV medical providers, a pharmacist, consumers, and representatives from local health districts. The committee advises VDH on VA MAP program changes, clinical updates, educational issues, and formulary changes, with particular emphasis on the following:

1. Ensuring availability of necessary therapeutics and establishing mechanisms to support treatment adherence.
2. The review and approval of additions or deletions to the Virginia ADAP (VA MAP) formulary in response to emerging pharmacological knowledge.

The Virginia RWHAP B CQM plan is inclusive of all ADAP services. The VA MAP staff are members of the HCS QIT and oversee the ADAP Advisory Committee to plan improvement activities.

Peer Review

VDH has a formal peer review process to assess the quality of services rendered by RWHAP B providers. The Virginia Commonwealth University (VCU) uses a professional Peer Review team comprised of subrecipient medical providers, case managers, and consumers. Activities include collecting performance measure data, reviewing client charts, and providing technical assistance. Consumer team members conduct peer-to-peer interviews designed to explore quality of care and satisfaction from the client perspective.

The VCU Peer Review team reviews subrecipients receiving RWHAP B funding on a biennial schedule. Select service standards reviewed by Peer Review include Outpatient/Ambulatory Health Services, Oral Health Care, Mental Health Services, Substance Use – Outpatient Care, Medical Case Management, including Treatment Adherence Services, and Non-medical Case Management Services. Providers from each service category apply to conduct the review process and are trained using modules based on the current Virginia services standards. Participating providers and consumers are compensated for their time via an honorarium.

Dedicated Resources:

Key resources include the following:

- HRSA/HAB Quality Management Guide: https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-02-cqm.pdf
- The Center for Quality Improvement and Innovation: Center for Quality Improvement and Innovation | TargetHIV
- RWHAP TARGET Center training: https://targethiv.org/library/topics/clinical-quality-management
- The Local Performance Site of the AIDS Education and Training Center (AETC): www.maaetc.org
- Northern, Eastern and Central/Southwest Virginia HIV/AIDS Resource Consultation Centers (VHARCC): www.vharcc.com
- VA MAP: https://www.vdh.virginia.gov/disease-prevention/vamap/
- Quality management information can be found at: https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/

CQM Expectations of Subrecipients

The primary role of RWHAP B subrecipients, also referred to as funded agencies, is to provide medical and support services to all eligible PWH who reside in Virginia. To foster early treatment for individuals newly diagnosed with HIV, subrecipients are responsible for maintaining appropriate relationships with partners constituting key points of access to health care regions. These key points include HIV testing centers, emergency departments, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, and STD clinics, among others. They must meet all service standards set forth by the state and must align with the HRSA RWHAP Universal and Part B Program and Fiscal National Monitoring Standards.

VDH developed and refined its monitoring system to track subrecipient participation in CQM program activities. This system uses the HRSA CQM checklist components below and required subrecipient contract agreement documents (Appendix C):

1. Each subrecipient must develop, update, and submit an annual RWHAP B CQM plan, as indicated in the subrecipient contract agreement. The plan must include:
   a. **Quality Statement-** a brief, visionary statement that describes the goal of quality efforts and purpose of the CQM program.

b. **Quality Infrastructure-** a description of leadership, quality committees, roles and responsibilities, and resources.
c. **Performance Measurement-** identifies indicators, who is accountable, how to report and disseminate information; identifies a process in place using data to develop quality improvement activities.
d. **Annual Quality Goals-** outlines annual CQM priorities, with specific, measurable, achievable, realistic, and timely (SMART) goals that establish endpoints for the most important areas of need.
e. **Quality Improvement-** describes the QI approach or methodology used, how QI projects are selected, and the QI documentation process.
f. **Work Plan-** provides a thorough overview of the implementation of the CQM program, establishing timelines, milestones, and accountability for all CQM activities as outlined in the CQM plan.

The CQM team, in collaboration with the HCS services coordinators, reviews progress on subrecipient CQM plans and QIPs. Additionally, they provide feedback on subrecipient quarterly reports and quarterly QIP reports.

2. Subrecipients shall complete a RWHAP B QIP annually based on the selected QIP topic. QIP progress is reported quarterly using a VDH QIP template (Appendix D). Additionally, all sites are encouraged to undertake supplemental QIPs that focus on issues specific to their program, as needed.

3. Subrecipients shall participate in statewide CQM activities (meetings, trainings, improvement projects, and data/report submission requests), to include at least three QMAC meetings, two annual summits, and one biennial summit (Quality Management, Case Management, and VACAC Summits).

Evaluation of the CQM Program

The CQM evaluation process helps determine program success with significant improvements, clearly stating all intended goals and objectives. The Virginia RWHAP B CQM program assesses the following components:

1) Infrastructure,
2) Performance measurement, and
3) Quality improvement activities.

The VDH CQM Plan outlines routine monitoring of the annual CQM goals, objectives, and health outcomes, gauging client satisfaction. Additionally, the CQM plan strengthens program improvement, using data from varied sources to plan, measure, and improve quality of services. Quality improvement activities examine and modify existing processes, if needed, to address quality challenges.

Continuous QI process feedback is critical for sustaining improvements over time. VDH communicates findings and solicits feedback from key stakeholders, offering data presentations for selected meetings and trainings. Based on the QM findings, VDH shares technical assistance, provides site visit report results, and refines strategies for the following year with stakeholders.

1) **Infrastructure:**
   a. **Quality Management Plan:** VDH develops the CQM Plan annually, evaluates it quarterly, and analyzes focused activities toward goal completion. Results are used to:
      1. Determine the effectiveness of the VDH CQM plan selected activities (see indicators Appendix E); and
      2. Review annual goals, identifying those met or not met, as well as the reasoning, and assessing possible strategies to meet annual goals before the next review.

   b. **QMAC:** Review of structure, purpose, and membership occur quarterly, with adjustments as needed.

      Evaluation includes assessing:
      1. The quarterly occurrence of QMAC meetings, and minutes for all meetings; and
      2. The completion status of projected action steps planned to improve or correct identified problems.

2) **Performance Measurement:**
   a. **Quality Indicators:** Quality indicators for funded services are reviewed quarterly 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 are established, and specified quality initiatives are updated in the VDH CQM plan.

   b. **Peer Review:** Site visits (including client chart reviews, PM data extraction and analysis, and client interviews) are conducted biennially for selected subrecipient services. Peer Review findings help subrecipients develop CQM plans, assess areas for improvement, and guide corrective action plans when needed. The Peer Review annual report uses aggregate data to identify crosscutting themes and training needs.

   c. **VA MAP:** The VA MAP site visits (including chart review) are conducted biennially for medication access sites where at least five or more clients receive medications. Select VA MAP charts are reviewed to ensure that all eligibility assessments and client assessment reviews (CARs) are in place and current. Additionally, other issues discovered in the review process of the selected charts may expand the scope of the review.

   d. **Goals:** Grant Year 2024 Selected Outcome Measures Goals for RWHAP B funded services are evaluated and shared with stakeholders on a quarterly basis and annually with HRSA (Appendix G).

3) **Quality Improvement**

a. **QIPs:** Evaluating each QIP assesses the effectiveness of project implementation. Areas of exploration could include:
   i. Use of appropriate measures to document progress;
   ii. Ability of sites to implement and sustain change;
   iii. Degree to which sites share lessons learned and apply those learnings to different settings; and
   iv. Active engagement from all team members.

b. **Client Interviews:** Client interviews provide insight as to how well subrecipients meet client expectations, as well as feedback regarding QI efforts. In addition to the Peer Review activities, each RWHAP B-funded provider is contractually required to measure client satisfaction. Clients participate in various needs assessments, focus groups, and surveys to supplement Peer Review client interviews.

c. **Training:** Each training uses a feedback evaluation on educational content, allowing facilitators to improve from each experience.

d. **Overall Clinical Quality Management Evaluation:** VDH uses an annual CQM Organizational Assessment Tool (See Appendix F) to identify essential elements associated with a sustainable Virginia RWHAP B CQM program. Findings from the assessment identify gaps in the CQM program to set improvement priorities and to evaluate the program conformance to HAB guidelines. The tool, implemented by the QMAC Quality Improvement Subcommittee, uses results to focus VDH and subrecipient work plans on priorities, setting direction, and assuring the allocation of resources for the Virginia RWHAP B CQM program. VDH, stakeholders, and consumers all provide important input during the assessment process.

The overarching evaluation strategy strengthens organizational performance and links subrecipients to operational decision-making within the state system. Finally, the results enhance the VDH CQM plan before submission to VDH leadership for annual review and approval.

VI. PERFORMANCE MEASUREMENT

Performance Measurements (PM) use data and measurable outcomes to determine progress toward defined health outcomes. Previously referenced, *HRSA PCN 15-02,* defines a performance measurement as "the process of collecting, analyzing, and reporting data regarding patient care, health outcomes on an individual or population level, and patient satisfaction." The VDH CQM measurement system consists of several data collection systems assessing outcome measures selected by the CDAT team. VDH and the QMAC approve core PM goals annually and collaborate on steps for measurement.

Using RWHAP B performance measures, VDH analyzes data to identify and prioritize QIP topics, routinely monitor the quality of care provided to clients, and evaluate possible

improvements. Subrecipients are encouraged to assess program outcomes along the HIV care continuum (HCC). The HCC includes the diagnosis of HIV, linkage to HIV medical care, retention in HIV medical care, prescription of antiretroviral therapy (ART), and HIV viral load suppression. Program outcome assessment ensures that linkage to, and engagement in care begins as early as possible.

A. Selected HRSA Measures for Ryan White Part B[6]:

The following guidance must be used for RWHAP Part B PM service categories (funded by direct RWHAP funds, rebates, and/or program income):

- Two performance measures where greater than or equal to 50% of the subrecipients' eligible clients receive at least one unit of service;
- At least one performance measure where greater than 15% and fewer than 50% of the eligible clients receive at least one unit of service; and
- No performance measure required where fewer than or equal to 15% of the RWHAP-eligible clients receive at least one unit of service.

The service utilization report is presented quarterly to the QMAC for review. QMAC, in collaboration with VDH, select the performance measures portfolio by deciding the measure for, and calculating the number of performance measures per, each funded service category (see Appendix G).

B. Data Collection:

VDH developed a plan for data collection processes, reporting of timeframes, and determining completeness of data reported for performance measures. Data will be collected in a systematic method that features secure access based on roles and work-related responsibilities. Subrecipients use client interviews, chart reviews, electronic health information systems, the VDH statewide data system Care Marker database, and the client-level data system Provide Enterprise®, to collect the following data:

- Client eligibility and recertifications
- Service utilization units
- HIV Care Continuum progress
- Client satisfaction
- Client demographics
- Needs assessments
- Other data as required

C. Data Sources:

The Virginia RWHAP B CQM program is responsible for regular analysis and reporting of CQM data that include:

- Client interviews/satisfaction surveys
- Care Marker database
    - Medicaid Encounter Data & Black Box matching
- Provide Enterprise®
    - CAREWare

- Enhanced HIV/AIDS reporting system (eHARS) data

VDH collaborates with all RWHAP Parts (A, B, C, D, and F) providers throughout the state to provide client-level data monthly. Providers who use CAREWare directly export data into Provide Enterprise®.

D. Frequency of Data Collection:
The CDAT team analyzes, and shares select RWHAP B PM data for each funded service quarterly, in accordance with *PCN 15-02,* as referenced on the previous page. Data are reviewed for relevance, need, and any existing health disparities. Following the review of the selected PM data, VDH shares findings with subrecipients and other stakeholders through QMAC quarterly meetings.

E. Reporting Mechanisms of Quality Management Activity Data:
VDH shares compiled data findings from several sources in an aggregated format with HIV care providers, VDH leadership, and other stakeholders, including consumers.

VDH collects and analyzes quality-related data to monitor HIV care, identifying trends in HIV-related health outcomes over time and across jurisdictions and determining program needs by analyzing gaps and health disparities. Additionally, VDH solicits feedback through active stakeholder involvement for planning, implementing, and evaluating quality of care program activities. As a result, recommendations for action steps address identified needs and service gaps, as well as visions for longer-term strategies.

F. Data Used:
Both qualitative and quantitative data inform VDH and stakeholders on the selected PMs to help shape improvement goals and projects. For example, the Data-to-Care strategy helps to identify and follow up with clients out-of-care, as well as service delivery gaps and disparities. VDH reports findings quarterly, using de-identified data. The generated outcome reports are used by QMAC and VDH to identify gaps in care and service delivery.

VII. QUALITY IMPROVEMENT

Quality improvement (QI) activities help identify specific changes that improve patient health outcomes. Virginia's RWHAP B QIPs are selected based on PM data results, focusing on mechanisms for integrating change into routine activities. The key principle for improving HIV care is the PDSA Model (mentioned previously), which includes measuring, testing change, re-measuring, and the implementation of the change.

Quality Improvement Project
VDH, in collaboration with QMAC, selects a statewide QIP to identify effective QI strategies to improve systems and processes of care. The QIP topic for grant year 2024 is **"**Targeted Strategies to Increase ART Initiation and Linkage to Care Rates among Clients Newly Diagnosed." This QIP focuses on the benefit of targeted strategies to ART initiation processes to improve ART initiation rates, as well as linkage to care. In addition, this topic allows the opportunity to examine factors associated with virologic suppression for PWH on ART.

At the local level, each subrecipient is responsible for implementing the statewide selected QIP. The QIP report template summarizes progress and is submitted on a quarterly basis (see Appendix D). VDH provides quarterly data and any technical assistance needed to ensure proper monitoring, data exchange and reconciliation of any discrepancies. The QM team reviews reports and submits subrecipient feedback regarding strengths and areas for improvement. Ongoing technical assistance is available to all subrecipients by request, or as identified by the CQM team through a demonstrated need.

Capacity Building

Building capacity in CQM involves a deep understanding of, and commitment to, continuously enhancing QI services. This includes incorporating the capabilities of PMs alongside integrated systems to identify improvement areas in Virginia's RWHAP B activities. Provisions for CQM technical assistance include training and capacity building for the VDH staff and subrecipients on CQM-related certification and continuing education.

- Virginia RWHAP B CQM staff participate in HRSA-supported Center for Quality Improvement and Innovation (CQII) trainings and webinars for ongoing QM skills development. This support allows staff to coordinate technical assistance/training for RWHAP B-funded agencies.
- Virginia RWHAP B CQM staff now includes a dedicated staff trainer to provide technical assistance and ad-hoc trainings on Unified Eligibility and Provide Enterprise®. This resource maintains collaboration and supports subrecipients in their routine operations.
- Subrecipient CQM plans and QIP reports, subrecipient CQM program monitoring, quarterly reports, and training evaluations are tools assessing CQM technical assistance and training needs.
- To highlight QI best practices, VDH selects funded agencies demonstrating success with improvement projects. In addition, VDH provides awards at the Quality Management Summit, including the Virginia RWHAP Quality Innovator Award and the Virginia Ryan White Leadership Award.
- In partnership with stakeholders, VDH develops and conducts comprehensive trainings for providers, PWH, and advocacy committees about each element of the CQM program.
- The CQM staff participate in federal HRSA, and statewide RWHAP quality trainings offered to subrecipients.
- Virginia established the annual Quality Management Summit, Case Management Summit, and VACAC Summit. The summits' purpose is to build capacity among all RWHAP clinical providers (Parts A, B, C, D, and F) and consumer representatives to conduct QI activities and increase QI trainings statewide. Summit participants have access to peer-learning opportunities that share best practices and feature national experts.

- Orientation sessions for new QMAC members are available quarterly allowing new members to achieve a higher-level understanding of QMAC. Orientation covers the basic structure of the QMAC, guidance on conducting meetings, effective QMAC participation, subcommittee descriptions, as well as requirements and expectations of all members.

VIII. WORK PLAN

HCS staff monitor the CQM work plan activities, at least quarterly, and review findings with the QMAC executive committee. VDH shares updates and progress at QMAC quarterly meetings to facilitate discussions and suggestions for improvement. Appendix E includes the full implementation work plan.

Approval of the 2024 Comprehensive Virginia RWHAP Part B Quality Management Plan

Plan review and approval designated by the RWHAP Part B Grantee as listed below. This plan will expire March 31, 2025.

Ryan White Part B – Virginia Department of Health

Signature: Safere Diawara **Date:** Effective 4/1/2024

Safere Diawara, MPH
Manager, Clinical and Data Administration

APPENDIX A: GLOSSARY

ACA	Affordable Care Act
ADAP	AIDS Drug Assistance Program
AETC	AIDS Education Training Center
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CHPG	Community HIV Planning Group
CQII	Center for Quality Improvement and Innovation
CQM	Clinical Quality Management
DDP	Division of Disease Prevention
EIS	Early Intervention Services
HAB	HIV/AIDS Bureau
HCC	HIV Continuum of Care
HIV	Human Immunodeficiency Virus
HCS	HIV Care Services
HHS	Health and Human Services
HRSA	Health Resources and Services Administration
MAP	Medication Assistance Program
MSM	Men who have Sex with Men
PDSA	Plan, Do, Study, Act
PM	Performance Measure
PWH	People with HIV
QIP	Quality Improvement Project
QIT	Quality Improvement Team
QMAC	Quality Management Advisory Committee
QMLT	Quality Management Leadership Team
RWHAP	Ryan White HIV/AIDS Program
STD	Sexually Transmitted Disease
VA MAP	Virginia Medication Assistance Program
VDH	Virginia Department of Health
VHARCC	Virginia HIV/AIDS Resource Consultation Centers
VLS	Viral Load Suppression

APPENDIX B: QMAC COMMITTEE APPLICATION FORM

Quality Management Advisory Committee Application

Date:		Source/Referral:	
Representation:		Ryan White Part:	
Name:			
Mailing Address:			
City/State/Zip:			
Work Phone:		Cell Phone:	
E-mail:			
Conflict of Interest:			
Present Employment:			

To participate in the Quality Management Advisory Committee (QMAC), you must receive prior approval from your respective agency/direct manager.

Are you new to the Quality Management Advisory Committee? Yes ☐ No ☐

Are you interested in becoming a mentor in the future? Yes ☐ No ☐

Did you receive approval from your agency to participate and join QMAC? Yes ☐ No ☐

Please state your qualifications, interest, or reasons for wanting to be a member of the QMAC:

Review Team Comments:			
APPROVAL:			
QMAC Chair		Date:	
VDH QM Coordinator:		Date:	

APPENDIX C: QUALITY MANAGEMENT SUBRECIPIENT REQUIREMENTS

Quality Area	Quality Activity	Responsible Person	Timeline
Quality Management Plan and QIP	CQM plan development and submission to VDH.	Subrecipients	May 31, 2024
	QIP proposal development and submission to VDH; should include site baseline data on the selected PM.	Subrecipients	May 31, 2024
	QIP reports; required quarterly.	Subrecipients	Quarterly reports due: July 15, 2024 October 15, 2024 January 15, 2025 April 15, 2025
	CQM plan updates; required monthly	HCS Service Coordinators Subrecipients	Monthly by March 2025
	Participate in the statewide Peer Review biennial site visits activities.	Subrecipients	By March 2025
Quality Monitoring	PM Monitoring & Feedback *(Via monthly calls, quality meetings, and quarterly PM data reports)*	HCS Service Coordinators HIV Surveillance team Manager of clinical and data administration QM Specialists	Monthly and quarterly feedback
Planning and Evaluation	QMAC Meetings	QMAC Members	May 15, 2024 August 28, 2024 February 5, 2025
Training	Quality Management Summit	Planning Committee: QMAC AETC VHARCC HCS QIT	November 8, 2024
	Quarterly Consumer Trainings (Virtual)	CQM Staff VACAC QMAC	May 21, 2024 August 20, 2024 October 15, 2024 January 21, 2025
	Case Management Summit	Planning Committee: AETC CQM Staff	March 6-7, 2025
	Training and technical assistance, as needed	CQM Staff AETC VHARCC	By March 2025, as requested

APPENDIX D: GY24 QIP REPORTING TEMPLATE

Agency:		
Report Completed by:	**Name:**	
	Title:	
	Contact Info:	
Date Submitted:		
Report Period:	**Data to Agency**	**Report Due Date**
QIP Proposal	**May 1, 2024**	**May 31, 2024**
Quarter 1	**June 14, 2024**	**July 15, 2024**
Quarter 2	**September 16, 2024**	**October 15, 2024**
Quarter 3	**December 16, 2024**	**January 15, 2025**
Quarter 4	**March 15, 2025**	**April 15, 2025**
QIP Title:	Targeted Strategies to Increase ART Initiation and Linkage to Care Rates among Clients Newly Diagnosed	

cc: *Camellia Espinal, Lynea Hogan, and your Services Coordinator on reports*

Guidance on Using the Reporting Template

This template is a written method of the Plan, Do, Study, Act (PDSA) cycle. Use this template each quarter to capture your interventions for improvement. The 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)* – analyzing your collected data.
- **Act** *(Section 5)* – data and analysis determine what action steps to take in the next quarter. These actions will lead you back to the plan phase.

Section 1: BACKGROUND

Monitoring newly diagnosed clients beginning rapid ART will demonstrate the benefit of early antiretroviral therapy (ART) initiation, improving linkage to care, and improving viral load suppression (VLS) rates. In addition, this project examines other factors associated with virologic suppression for people with HIV (PWH) on ART.

Problem Statement: What specific issues do you have with ART initiation for the reporting quarter?

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

Section 2: AIM & GOALS

A. Agency Goals Statement: (Update the projected Goals for the upcoming quarter.)

Indicate your agency's projected **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**imely (SMART) goal based on the quarter's data analysis. *(e.g., Our agency **will have** 5 ART initiation clients between days 0-7 by April 30th)* ***This should reflect a future date within the next quarter.***

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

B. QIP Team Members: Update the QIP Team Members quarterly.

- List names, titles, and roles for the current quarter QIP only
- Include at least one consumer; *omit client name* and indicate "Consumer"

Name	Role at Agency (Title)	Role with this QIP

Section 3: Intervention & Data Reporting

A. <u>Actions/Change Steps Completed in Previous Quarter:</u>
Describe each intervention/change step identified **last quarter** to improve the performance measures of your cohort data for this reporting quarter.

- This table should list action steps from the previous quarter's Section 5A report*.
- Column II should include a **date of completion** or "Incomplete", not "Ongoing".

**Skip this table for the QIP proposal*

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.		

<u>Performance Reporting Timeline</u>

Baseline: January 1, 2023 – December 31, 2023
Quarter 1: June 1, 2023 – May 30, 2024
Quarter 2: September 1, 2023 – August 30, 2024
Quarter 3: December 1, 2023 – November 30, 2024
Quarter 4: March 1, 2023 – February 28, 2025

Performance Measurement Definitions:
The Health Resources and Services Administration (HRSA) defines linkage to care as completing an outpatient appointment with a clinical provider who has the skills and ability to treat HIV infection, including prescribing ART. (VLS data will be located within the HIV Care Continuum portion of the VDH-provided data packet.)

B. Linkage to Care

Performance Measure

Numerator: Number of clients newly diagnosed in the reporting timeline and considered linked to care with at least one care marker reported within 30 days of diagnosis date.

Denominator: Number of clients newly diagnosed with a confirmed HIV Positive status during the reporting timeline.

	Agency Linkage to Care Data			VDH Linkage to Care Data		
	Numerator (n)	**Denominator (d)**	**Percentage (n/d x 100)**	**Numerator (n)**	**Denominator (d)**	**Percentage (n/d x 100)**
Baseline Data:						
Quarter 1 rate:						
Quarter 2 rate:						
Quarter 3 rate:						
Quarter 4 rate:						

C. Time from Diagnosis to ART Initiation

Performance Measure

Numerator: Number of newly diagnosed HIV clients who have initiated antiretroviral medication (ART) within 30 days of their HIV diagnosis.

Denominator: Number of newly diagnosed HIV clients during the reporting period.

ART Initiation for Clients Newly Diagnosed												
	Same Day			1 - 7 Days			8 - 14 Days			15-30 Days		
	Numerator (n)	Denominator (d)	Percentage (n/d x 100)	(n)	(d)	(n/d x 100)	(n)	(d)	(n/d x 100)	(n)	(d)	(n/d x 100)
Baseline												
Quarter 1:												
Quarter 2:												
Quarter 3:												
Quarter 4:												

Section 4: Data Interpretation & Analysis

A. **Analysis:** Explain the data by using the following prompts to analyze the data specific to this reporting quarter.

a. What are this quarter's data telling you?

i. Linkage

ii. ART

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 ART initiation data?

e. How is this affecting your overall agency data?

f. For this quarter, was there a delay in lab data being entered and/or sent to VDH?

g. Are the VDH-provided data consistent with your agency data?

h. Provide discrepancies between your agency ART initiation data and VDH ART initiation data: ***Do not include Private Health Information (PHI)or Personally Identifiable Information (PII)***

B. **<u>Cause and Effect:</u>** Provide root causes that display cause and effect reasoning for ART initiation data for this reporting quarter. Please complete in the section below or attach as an additional page. This will be **updated each quarter** to help identify change steps/interventions.

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

C. **<u>Graph:</u>** Provide a cumulative *(all quarters reported to date)* visual progression for the Linkage to Care data below or attach an additional page. *Graphs are visual storytelling and show your efforts through image depiction. Be sure to use titles, legends, and other details on your graph. Graph data should match the cohort data table listed in section 3B.*

Section 5: Planning New Steps for the Next Quarter

Using the table below describe each new action step (interventions/changes) you will take to improve your current quarterly data reported above. ***Do not list more than four action steps***. Your chosen action steps below should address issues identified in:

- the problem statement,
- data analysis, and
- the root cause-effect assessment from this reporting period.

A. **Interventions/Change Description for the next quarter:** Based on your data analysis of this quarter's report, what are the four action steps you plan to do for the next 3-month period? *Key quality improvement ideas to remember: the principle of 1 to 1, and small change steps.* ***The target date should reflect a future start and end date.***

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

B. **Summary Report:** *Overall, analyze the cumulative data and progress toward projected goals.* *If applicable, include any technical assistance needed for this quality improvement project with the summary report.*

APPENDIX E: GY24 IMPLEMENTATION WORK PLAN

The CQM workplan will be reviewed and revised quarterly, at a minimum, by the QMAC.

	1. Develop and implement targeted strategies and quality innovations to increase Virginia RWHAP Part B client health outcomes.					
Areas	**Objectives**	**Key action steps**	**Person/Agency Responsible for Collection**	**Supporting Elements**	**Evaluation Metrics**	**Timeline**
Targeted strategies and quality innovations to improve health outcomes for clients over 50 years of age.	Improve overall health outcomes for PWH 50 years of age and older, by creating a collaborative for HIV and Aging Program innovations	Develop specific Educational Outreach	HIV and Aging collaborative educational outreach subgroup members	Develop HIV and Aging educational materials	% of educational materials developed to address identified needs	By March 31, 2025
		Form at least five Interdisciplinary Care Teams within Virginia Ryan White Program clinics	HIV and Aging collaborative interdisciplinary care subgroup members	Identify and implement interdisciplinary care members at each agency.	# of interdisciplinary teams out of 5 teams	By March 31, 2025
		Create professional development training opportunities	HIV and Aging collaborative geriatrics workforce enhancement of subgroup members	Train RWHAP and primary care clinicians in geriatrics specializations	# of trainings completed out of the # of clinicians who requested training	By March 31, 2025
		Incorporate the "geriatric approach" into HIV case management standards	HIV and Aging collaborative case management subgroup members	Identify 5 sites that will implement the geriatric assessment tool through the CM program	# of pilot sites who implemented the advanced CM assessment tool	By March 31, 2025

		Develop psychosocial support for PWH 50 years of age and older, of all gender identities and sexual orientations, in-person and virtually	HIV and Aging collaborative psychosocial support subgroup members	Identify and implement diverse psychosocial support activities	# of events implemented including the psychosocial type	By March 31, 2025
Innovate Ending the HIV Epidemic (EHE), community-driven solutions to address racial, ethnic, and geographic disparities	Participate in the VDH Trauma Informed Healing-Centered Approaches (TIHCA) Community of Learning (CoL)	Educate clients on diverse TIHCA strategies.	TIHCA CoL workgroup and pilot sites	Provide creative psycho-social support to clients who may be experiencing increased traumatic stress. To increase viral load suppression and retention in care.	# of clients who received psycho-social support annually.	By March 31, 2025
		Educate pilot agency staff on TIHCA strategies and evaluation methods.	TIHCA CoL workgroup	Provide TIHCA pilot site staff training to improve organizational capacity, with a goal to increase viral load suppression and retention in care for clients.	# of trainings attended by TIHCA pilot agencies out of five required trainings.	March 11-15, 2024 May 29, 2024 August 27, 2024 September 24, 2024 January 28, 2025

	2. Strengthen Virginia RWHAP Part B quality improvement initiatives.					
Areas	**Objectives**	**Key action steps**	**Person/Agency Responsible for Collection**	**Supporting Elements**	**Evaluation Method**	**Timeline**
Engage Virginia RWHAP Cross-parts Collaborative to identify quality improvement opportunities affecting client health care outcomes.	Provide subrecipients opportunities to exchange ideas at QMAC quarterly meetings	Hold three QMAC quarterly meetings	QMAC RWHAP Cross-Parts Collaborative members and invited guests	Meeting agendas, minutes, evaluations, and action plans	Number of quarterly QMAC meetings held in GY24	May 15, 2024 August 28, 2024 February 19, 2025
	Collaboration with Training and Education Centers assistance	Plan the Quality Management, Case Management, and VACAC Summit, QMAC meetings, and CQM capacity building trainings	QM team and AETC performance sites	Meeting agendas, minutes, evaluations, and action plans	Number of QM, VACAC and CM Summits held	November 8, 2024 March 6-7, 2025 July 18-20, 2025
					Number of QMAC meetings held	May 15, 2024 August 28, 2024 February 19, 2025

	3. Maintain and monitor performance measurement for the purpose of assessing outcomes, quality of care, and health disparities based on service categories and quality indicators.					
Area	**Objectives**	**Key action steps**	**Person/Agency Responsible for Collection**	**Supporting Elements**	**Evaluation Metric**	**Timeline**
Quality Improvement Activities	100% timely submission rate of subrecipient QIP quarterly reports to VDH.	Promote and foster the implementation of QI activities with subrecipients to meet annual goals	All providers	QIP reports submitted quarterly to VDH	Percentage of RWHAP Part B subrecipients that have submitted a QIP quarterly report out of total RWHAP Part B funded agencies.	July 15, 2024 October 15, 2024 January 15, 2025 April 15, 2025
	Develop strategies to achieve Grant Year 2024 Selected RWHAP Part B Outcome Measure Goals for each funded service (See Appendix G)	Collect and monitor PM outcome data and implement needed improvement activities by RWHAP Part B agencies	All providers and VDH staff	Reports on selected PMs shared with stakeholders quarterly Follow up on QI action steps	Number of quarters that VDH shared PM data with stakeholders out of 4 quarters	By March 31, 2025
		Collect CQM report card feedback from subrecipients.	CDAT staff Subrecipients	Share CQM report card summary, annually, at QMAC.	Percentage of RWHAP Part B Providers that submitted feedback.	By March 31, 2025
	Analyze the Virginia RWHAP Part B Annual Progress Report (APR) outcomes for measurable results.	Discuss updated APR outcomes with stakeholders annually.	CDAT staff	Review updated performance measure, client retention, and service utilization data at QMAC.	Number of RWHAP Part B agencies attending the QMAC APR outcomes meeting of all RWHAP Part B agencies.	By March 31, 2025

	4. Provide continual technical assistance and quality trainings					
Area	**Objectives**	**Key action steps**	**Person/Agency Responsible for Collection**	**Supporting Elements**	**Evaluation Metric**	**Timeline**
Technical assistance and Training Activities	Identify subrecipient needs for CQM and quality improvement technical assistance.	Facilitate CQM technical assistance trainings for needs identified.	CDAT staff	Number of technical assistance sessions provided	Percentage of technical assistance activities provided; of all subrecipients requests	By March 31, 2025
	Provide training for Virginia RWHAP Part B subrecipients on CQM requirements and quality improvement projects.	Identify topics, dates, and locations of the trainings. Develop and provide training opportunities to facilitate ongoing QI initiatives	QM committees, VCU ARC, and VACAC	Completed training agendas and minutes.	Number of participants trained statewide.	May 31, 2024 July 15, 2024 October 15, 2024 January 15, 2025 April 15, 2025
	Provide Unified Eligibility Assessment and Provide Enterprise® technical assistance calls to providers.	Provide technical assistance calls on Unified Eligibility Assessment and Provide Enterprise®	CDAT staff	Unified Eligibility Assessment meeting agenda and minutes	Number of quarterly calls completed out of four calls by CDAT staff	April 19, 2024 July 19, 2024 October 11, 2024 January 17, 2025

	5. Strengthen RWHAP Part B Grantee Quality Improvement Initiatives					
Area	**Objectives**	**Key Action Steps**	**Person/Agency Responsible for Collection**	**Supporting Elements**	**Evaluation Metric**	**Timeline**
Increase HCS staff engagement in QI activities	Provide training on various quality concepts and updates.	Incorporate quality management into staff's respective roles	HCS staff and the QM Team	Number of trainings provided Training evaluations	Number of internal trainings provided to HCS Staff	By March 31, 2025
	Cross-train staff on QM program tasks as it relates to their role in HCS.	All new employees will complete fundamental QM training through HCS Training module	HCS staff and the QM Team	Number of staff that completed QM trainings	Number of new staff that completed QM trainings in HCS Training Module	By March 31, 2025

APPENDIX F: VIRGINIA RYAN WHITE CQM ASSESSMENT TOOL

(Modified from the HEALTHQUAL National Organizational Quality Assessment Tool[7])

Name:

Date of Completion: _____

Quality Infrastructure					
A.1. Is a RWHAP CQM plan in place to engage all partners (providers and consumers) within the state?					
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**

Score 0	No quality structure is in place to oversee quality management activities planning, assessment, and implementation statewide.
Score 1	Only a loose quality structure is in place; few subrecipients involved; knowledge of quality structure among subrecipients is limited.
Score 2	Consumers and community members/groups solicited, as part of a targeted strategy, to provide feedback to VDH through a formal process for ongoing and systematic participation in the CQM program.
Score 3	Strong representation of subrecipients in the Virginia quality program; subrecipients across all parts are represented in the HIV quality structure; findings and performance data results shared.
Score 4	Consumers and community members/groups, through a formal quality management and consumer advisory committees are involved in the review of QM performance data and discussing quality during formal QMAC meetings and training in quality management principles and methods.
Score 5	Senior leaders of all subrecipients across parts statewide actively support the quality infrastructure and planned activities; key roles and responsibilities clearly identified, and individuals assigned; adequate resources available to initiate and sustain quality improvement activities statewide; members of the quality structure routinely trained on quality improvement tools and methodologies; the infrastructure reviewed and updated periodically.
Comment:	

A.2. Are cross-part communication strategies in place to solicit feedback from all RWHAP Subrecipients and to promote Quality improvement activities across the state?					
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**

Score 0	No communication strategies are in place to solicit feedback from all Ryan White program subrecipients and to promote quality improvement activities across the state.
Score 1	Recipients and subrecipients only informed about cross-part Quality Management Advisory Committee (QMAC) activities on an as-needed basis.
Score 2	Communication and knowledge of quality management characterized by specific activities and use of standard modes of communication (e.g., print, electronic, face-to-face, virtual, phone, emails, etc.)
Score 3	Communication strategies in place routinely informing subrecipients about quality improvement activities in the state; regular QMAC updates sent out to subrecipients; subrecipients of all Parts are included; subrecipients asked to provide feedback about upcoming Cross-part activities.
Score 4	Communication and knowledge management formally integrated into the Virginia RWHAP B QM program. The CQM team implements communication at various levels by audience (internal VDH, providers, patients, key stakeholders). All stakeholder partners communication resources to share successful implementation strategies for QIP and QM activities.
Score 5	All subrecipients in the state across all RWHAP parts regularly informed about quality activities, including Quality Management Summit and Case Management Summit; a written communication plan is in place and updated routinely (meeting minutes and newsletters); QIP successes routinely shared with all subrecipients in the state; multiple communication channels (email, mail, internet, etc.) identified to communicate with subrecipients; feedback of subrecipients used to strengthen the cross-part quality program; quality improvement successes of subrecipients openly shared for peer learning.
Comment:	

A.3. Is a comprehensive VDH CQM plan written to guide the statewide quality management activities?					
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**

Score 0	VDH has no or minimal written quality plan in place to envision and guide Virginia CQM activities, if any in existence, written plan does not reflect current day-to-day operations.
Score 1	The VDH QM plan loosely outlined a written subrecipient quality management plan to envision and guide CQM activities.
Score 2	The work plan includes a timetable for implementation.
Score 3	The VDH QM plan describes the quality infrastructure, performance measurement, indication of leadership and goals; the VDH QM plan shared with subrecipients across the state through VDH website; the VDH QM plan reviewed and revised.
Score 4	The work plan implemented and regularly used to manage the RWHAP Part B QM program including a process for performance measurement data review, which is routinely used to track improvement, and is modified as needed to achieve annual goals/targets.
Score 5	A comprehensive and detailed VDH QM plan is developed, with a clear indication of responsibilities and accountability across all Ryan White subrecipients within a state, quality committee infrastructure, outline of performance measurement strategies, and elaboration of processes for ongoing evaluation and assessment; engagement of key stakeholders is described; the quality plan is reviewed and revised at least annually; quality plan fits within the framework of other statewide quality improvement and quality assurance activities; subrecipients within the state are aware of the plan and are involved in reviewing and updating the plan; a work plan is in place to detail the implementation of the written plan.
Comment:	

Performance Measurement						
B.1. Are appropriate performance and outcome measures selected, and methods outlined to collect and analyze statewide performance data?						
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**	
Score 0	No appropriate performance or outcome measures selected to collect and analyze statewide performance data; methods to collect and analyze the data not outlined.					
Score 1	Only indicators selected minimally required by external parties; no process took place to annually review and update performance measure indicators and its definitions; methods to collect data not described.					
Score 2	Performance measurement captures data from all subrecipients across the Commonwealth based on identified VDH measures including core or supportive service indicators. Performance measures specifically defined by numerator/denominator and expected data sources.					
Score 3	Selection of indicators based on input from subrecipients; indicators include appropriate clinical or system measures to measure performance across all RWHAP Parts; indicators reflect accepted standards of care; indicator information shared with subrecipients statewide; processes outlined to measure and analyze statewide performance data.					
Score 4	Performance measurement captures data on all selected performance indicators and directly linked to a defined set of RWHAP B goals and priorities. Performance measurement conducted to routinely evaluate and analyze data for the purposes of improvement prioritization at the local and state levels. It is assessed and refined on a quarterly basis.					
Score 5	Portfolio includes clinical and system indicators with written indicator descriptions; measures annually reviewed, prioritized and aligned with statewide quality goals; all indicators operationally defined, and augmented with specific targets or target ranges, including desired health outcome; statewide data collection plans clearly outlined and strategies to analyze data detailed and routinely updated; stratification by race/ethnicity included in the analyses to detect health care disparities.					
Comment:						

B.2. Are performance data collected to assess the quality of HIV care and services statewide across all RWHAP Parts?						
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**	
Score 0	No cross-part performance data collected across subrecipients to assess the quality of HIV care and services statewide.					
Score 1	Basic cross-part performance measurement systems in place; some data collected but not fully utilized; no process established to share data or only used for punitive purposes.					
Score 2	Performance data formally documented into VDH-approved databases and routinely reviewed by VDH and the QMAC.					
Score 3	A system to measure key quality aspects among subrecipients of all parts established; data collected, analyzed, and routinely disseminated to providers; data collected from most subrecipients around the state; steps taken to coordinate the data collection efforts across RWHAP Parts.					
Score 4	Performance measure data monitored and tracked. Performance measure data used for QM program planning, QM program decision making supported by leadership, and presented at conferences, regional group meetings, in written reports, online, etc.					
Score 5	Quality measured by clinical and system measures; data included from all RWHAP subrecipients in the state; results and findings routinely shared with subrecipients to inform and foster quality improvement activities; data collection activities streamlined to avoid duplicative efforts across parts; a detailed data collection plan across subrecipients is developed and updated periodically; stratification by race/ethnicity included in the analyses to detect health care disparities.					
Comment:						

Quality Improvement Activities						
C.1. Are statewide QIP goals developed in collaboration with RWHAP Subrecipients?						
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**	
Score 0	No annual QIP goals established for the HIV quality improvement program.					
Score 1	Goals for the quality program do not reflect current priorities; subrecipients unaware of these goals; goals selected without participation of subrecipients of all parts; goals only based on external requirements.					
Score 2	The VDH and subrecipient QM plans describe the organizational quality structure, which includes program leadership and accountability, frequency of quality committee meetings, roles and responsibilities of members, and goals and objectives of the QM program.					
Score 3	Annual QIP goals developed and prioritized based on the input of subrecipients statewide; goals based on past performance and external requirements; some subrecipients aware of quality goals; no process in place to routinely review and update goals.					
Score 4	The VDH and subrecipients' quality management plans clearly define responsibilities and accountability across the state. They describe the quality committee infrastructure, and outline performance measurement strategies including the process for routine review and revision. The QM plans include the process for setting improvement priorities and identifying stakeholders.					
Score 5	Annual QIP goals selected with the collaboration of all subrecipients statewide; goals set for quality projects and PM and actively communicated statewide across parts; goals relevant to HIV care and include systems measures; at minimum, annual review, and update of goals; goals incorporate consumer feedback.					
Comment:						

C.2. Are joint QIP(s) conducted with the engagement of Ryan White subrecipients?					
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**

Score 0	QIPs not conducted across subrecipients to improve key systems and/or quality of care issues.
Score 1	Quality improvement activities focus on individual subrecipients; projects across subrecipients used for inspection; selection of quality activities only done across a few subrecipients.
Score 2	Selected RWHAP B statewide quality improvement activities responsive to program goals linked to patient health outcomes as defined by performance measures and determined based on statewide and regional performance data results. Quality improvement activities include provision of necessary resources to implement QIP and follow QI methods, principles, and tools to understand causes and make effective changes in the Virginia RWHAP B systems of care delivery.
Score 3	Several subrecipients have input in the selection of statewide quality projects; quality improvement activities focus on subrecipients across parts; at least one quality project across parts conducted in the last 12 months; quality improvement activities tracked.
Score 4	Selected Virginia RWHAP B quality improvement activities ongoing based on analysis of performance data and other relevant program information, including program reviews and assessments; subrecipients supported with appropriate resources, including dedicated personnel directly responsible for QM program management and implementation to achieve effective and sustainable results; support of performance data collection, with results routinely reported to senior leaders, key stakeholders, providers, and community members.
Score 5	Structured process of selection and prioritization of quality projects is in place; all subrecipients of all parts involved in the statewide QIP; findings routinely shared with all subrecipients and presented to the cross-part quality infrastructure; the goals for projects routinely reviewed to ensure relevance.
Comment:	

Capacity Building for Quality Improvement						
D.1. Are quality improvement training and technical assistance on quality improvement offered to HIV providers statewide?						
Score 0	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**	
Score 0	No quality improvement training and/or technical assistance on quality improvement offered to subrecipients across parts..					
Score 1	No structured process in place to train subrecipients on quality improvement across parts; limited technical assistance resources available to build capacity for quality improvement.					
Score 2	Training for improvement conducted for VDH staff, providers, and/or health care facilities. Training is a part of a formal process based on requests from individual providers and/or health care facilities instead of a planned expansion.					
Score 3	Capacity to train subrecipients available; training opportunities routinely exist to train subrecipients across parts; invitations to quality improvement trainings shared across subrecipients; peer learning network opportunities exist.					
Score 4	Training for improvement includes plans to expand training capability to groups of local, regional, and statewide staff to strengthen sustainability. Training is one of several components to building capacity, including coaching, peer exchange, collaborative sharing opportunities, and online/distance learning wherever possible and includes routine tracking of trainer competencies.					
Score 5	A formal, statewide capacity-training program in place to train subrecipients of all parts; an annual training schedule developed based on needs assessments including input by subrecipients; process in place to triage TA requests from individual subrecipients; technical assistance on quality improvement provided by quality improvement experts; routine sharing of best practices across subrecipients.					
Comment:						

APPENDIX G: GY24 PERFORMANCE MEASURE GOALS

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a Percentage
AIDS Drug Assistance Program	**Numerator:** Number of Virginia MAP clients who received medications or medication copayments and Medical Case Management services, regardless of age, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	93%
	Denominator: Number of Virginia MAP clients who received medications or medication copayments and Medical Case Management services, regardless of age during the 12-month measurement period.	
	Numerator: Number of uninsured Virginia MAP clients who received direct medications regardless of age, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	85%
	Denominator: Number of uninsured Virginia MAP clients who received direct medications, regardless of age during the 12-month measurement period.	
Outpatient Ambulatory Health Services	**Numerator:** Number of PWH who received Outpatient Ambulatory Health Services, regardless of age, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	95%
	Denominator: Number of PWH who received Outpatient Ambulatory Health Services, regardless of age, during the 12-month measurement period.	

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a Percentage
Outpatient Ambulatory Health Services	**Numerator:** Number of PWH enrolled in RWHAP Part B-funded Program who received Outpatient Ambulatory Health Services, regardless of age, with at least two care markers in the 12-month measurement period that are at least 3 months apart, during the 12-month measurement period.	99%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded Program who received an Outpatient/Ambulatory Health Services, regardless of age, during the 12-month measurement period.	
Health Insurance Premium and Cost Sharing Assistance for Low-income	**Numerator:** Number of PWH who received Health Insurance Premium and Cost Sharing Assistance Services for Low-income, regardless of age, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	96%
	Denominator: Number of PWH who received Health Insurance Premium and Cost Sharing Assistance Services for Low-income, regardless of age, during the 12-month measurement period.	
Oral Health Care	**Numerator:** Number of PWH who received Oral Health Services, regardless of age, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	94%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded Program living with HIV who received Oral Health Services, regardless of age, during the 12-month measurement period.	

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a Percentage
Mental Health Services	**Numerator:** Number of PWH enrolled in RWHAP Part B-funded Program who received a Mental Health Service, regardless of age, with at least two care markers in the 12-month measurement period that are at least 3 months apart, during the 12-month measurement period.	96%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded Program who received Mental Health Services, regardless of age, during the 12-month measurement period.	
Medical Nutrition Therapy	**Numerator:** Number of PWH who received Medical Nutrition Services, regardless of age, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	87%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded Program living with HIV who received Medical Nutrition Services, regardless of age, during the 12-month measurement period.	
Medical Case Management Services (Including Treatment Adherence)	**Numerator:** Number of PWH enrolled in RWHAP Part B-funded Program who received Medical Case Management Services, regardless of age, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	90%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded Program living with HIV who received Medical Case Management Services, regardless of age, during the 12-month measurement period.	

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a Percentage
Medical Case Management Services (Including Treatment Adherence)	**Numerator:** Number of PWH enrolled in RWHAP Part B-funded Program who received Medical Case Management Services (Including Treatment Adherence), regardless of age, with at least two care markers in the 12-month measurement period that are at least 3 months apart, during the 12-month measurement period.	95%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded Program living with HIV who received Medical Case Management Services, regardless of age, during the 12-month measurement period.	
Early Intervention Services	**Numerator:** Number of PWH enrolled in RWHAP Part B-funded program who received Early Intervention Services, regardless of age, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	87%
	Denominator: Number of PWH who received Early Intervention Services, regardless of age, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	
Substance Abuse Services – Outpatient	**Numerator:** Number of PWH enrolled in RWHAP Part B-funded program, regardless of age, who received Outpatient Substance Abuse Services, with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	95%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded program, regardless of age, who received Outpatient Substance Abuse Services.	

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a Percentage
Non-Medical Case Management Services	**Numerator:** Number of PWH enrolled in RWHAP Part B-funded program, regardless of age, who received Non-Medical Case Management Services, with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	95%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded program regardless of age who received non-Medical Case Management Services during the 12-month measurement period.	
	Numerator: Number of PWH enrolled in RWHAP Part B-funded program who received Non-Medical Case Management Services, regardless of age, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	95%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded Program living with HIV who received Non-Medical Case Management Services, regardless of age, during the 12-month measurement period.	
Emergency Financial Assistance	**Numerator**: Number of PWH enrolled in RWHAP Part B-funded Program who received Emergency Financial Assistance with two or more care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	96%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded Program who received Emergency Financial Assistance.	

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a Percentage
Food Bank/Home-Delivered Meals	**Numerator:** Number of PWH who received Food Bank/Home-delivered Meals with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	97%
	Denominator: Number of PWH who received Food Bank/Home-delivered Meals during the 12-month measurement period.	
Health Education/Risk Reduction	**Numerator:** Number of PWH who received Health Education/Risk Reduction services with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	96%
	Denominator: Number of PWH who received Health Education/Risk Reduction services during the 12-month measurement period.	
Housing	**Numerator:** Number of PWH enrolled in RWHAP Part B-funded program, regardless of age who received Housing services, with at least two care markers in a 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	98%
	Denominator: Number of PWH enrolled in RWHAP Part B-funded program, regardless of age, who received Housing services.	
Linguistics	**Numerator:** Number of PWH who received Linguistic services, regardless of age, with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	97%

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a Percentage
	Denominator: Number of PWH who received Linguistics services, regardless of age, during the 12-month measurement period.	
Medical Transportation Services	**Numerator:** Number of PWH regardless of age who received Medical Transportation Services, with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	96%
	Denominator: Number of PWH, regardless of age, who received Medical Transportation Services during the 12-month measurement period.	
Outreach Services	**Numerator:** Number of PWH who received Outreach services, regardless of age, with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	90%
	Denominator: Number of PWH who received Outreach services, regardless of age. during the 12-month measurement period.	
Substance Abuse Services – Residential	**Numerator**: Number of PWH who received Residential Substance Abuse services, with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	95%
	Denominator: Number of PWH who received Residential Substance Abuse services during the 12-month measurement period.	

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a Percentage
Psychosocial Support Services	**Numerator:** Number of PWH who received Psychosocial Support Services, with an HIV viral load less than 200 copies/mL at last HIV viral load test during the 12-month measurement period.	95%
	Denominator: Number of PWH who received Psychosocial Support Services during the 12-month measurement period.	
Psychosocial Support Services	**Numerator:** Number of PWH who received Psychosocial Support Services, with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	97%
	Denominator: Number of PWH who received Psychosocial Support Services during the 12-month measurement period.	
MAI (Education)	**Numerator:** Number of MAI clients who receive HIV Education Services will be verified as enrolled in ADAP or another prescription medication program.	65%
	Denominator: MAI Education Services clients, during the 12-month measurement period.	
	Numerator: Number of MAI clients who receive HIV Education Services with at least two care markers in the 12-month measurement period, that are at least 3 months apart, during the 12-month measurement period.	85%
	Denominator: Number of MAI Education Services clients.	

Core and Support Service Category	Performance Measure, including numerator and denominator	Target as a Percentage
MAI Outreach Services (Outreach)	**Numerator:** Number of MAI Outreach Services clients verified as enrolled in ADAP or another prescription medication program.	60%
	Denominator: Number of MAI Outreach Services clients during the 12-month measurement period.	
MAI Outreach Services (Outreach)	**Numerator:** Number of MAI Outreach Services clients with an HIV viral load less than 200 copies/mL at last viral load test in the last the 12-month measurement period.	90%
	Denominator: MAI Outreach Services clients during the 12-month measurement period.	

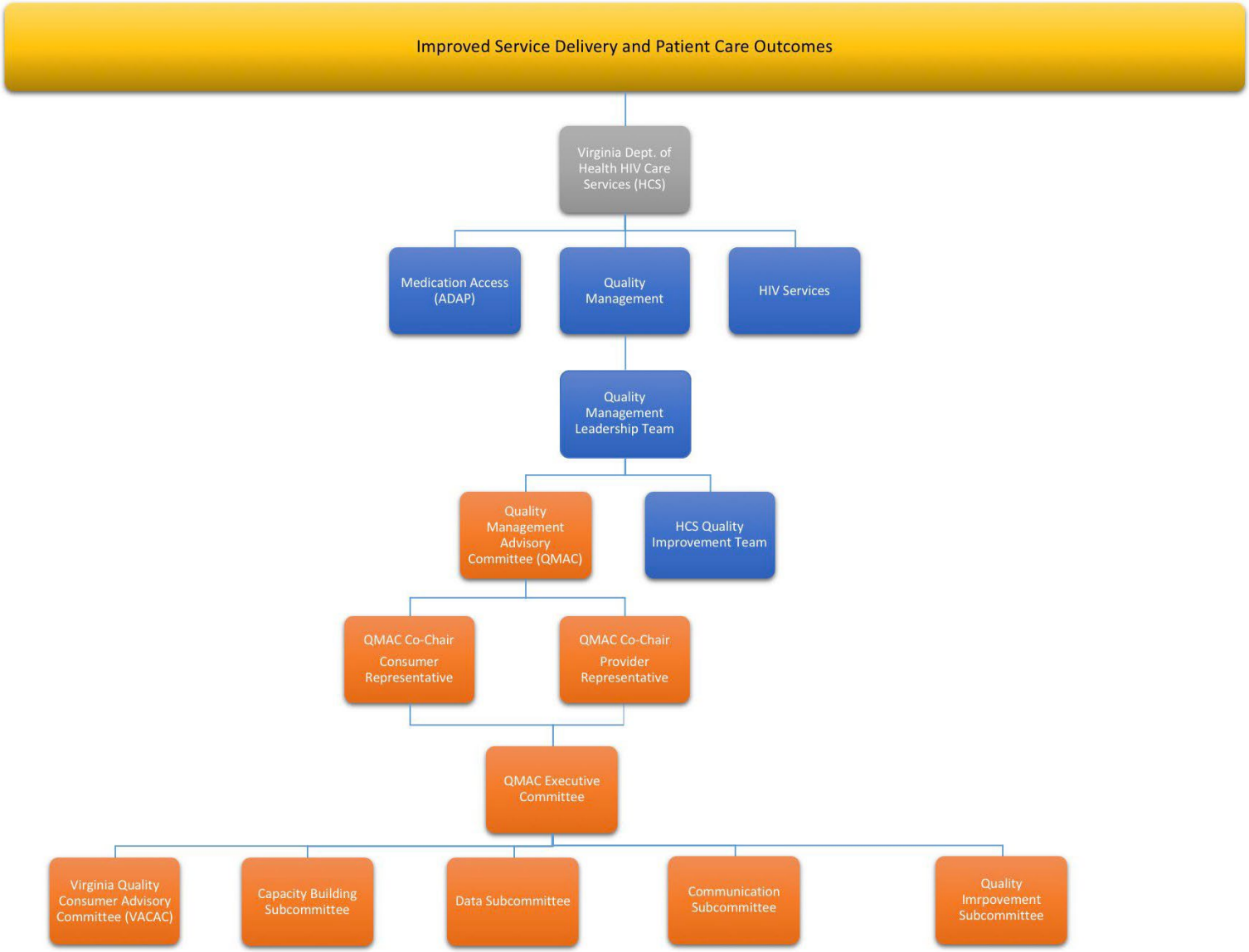
APPENDIX H: HRSA HIV/AIDS BUREAU SERVICE CATEGORY

Allowable Program Services CORE MEDICAL SERVICES	
1.	ADAP 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

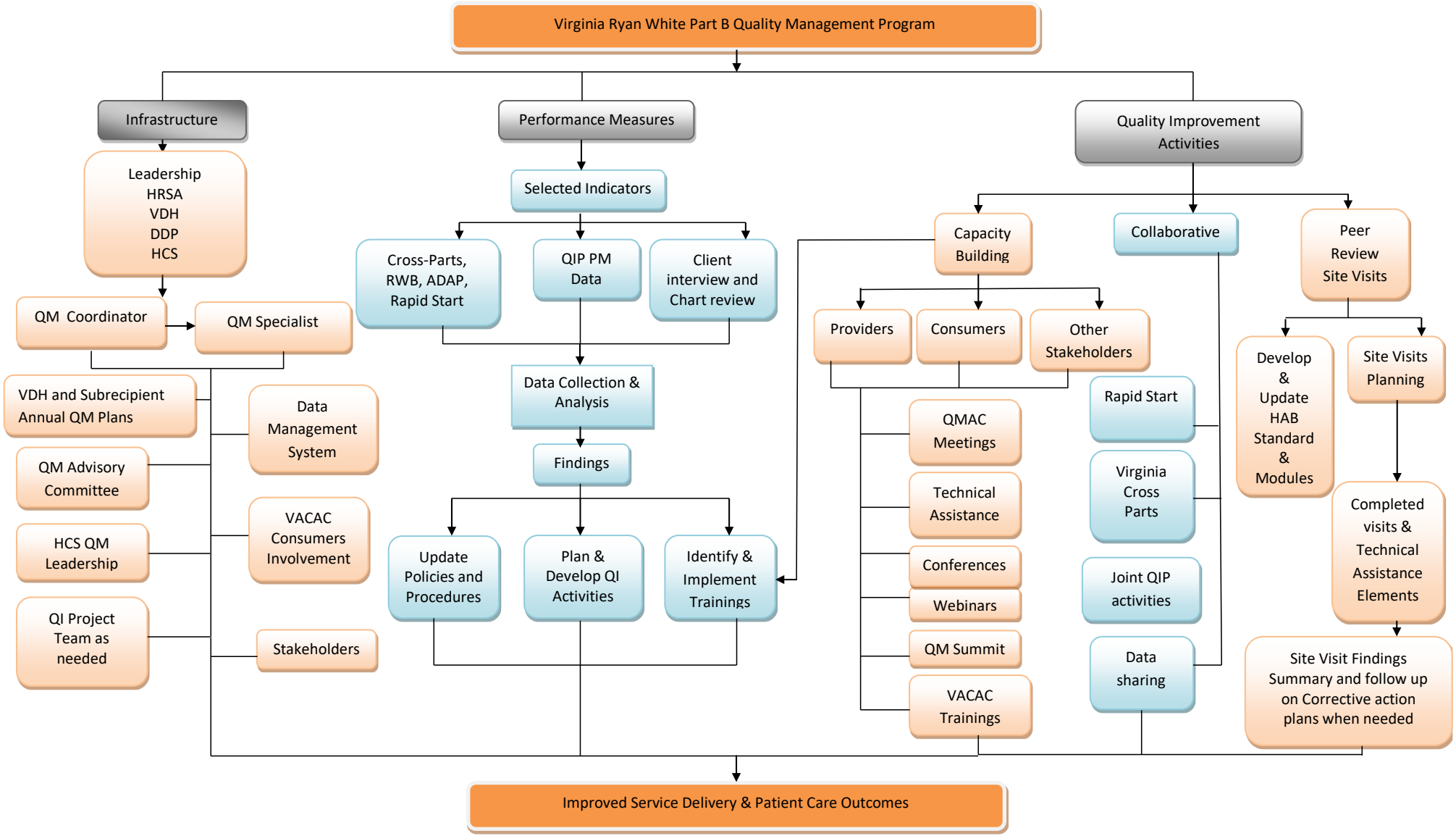
SUPPORT SERVICE	
14.	Childcare Services
15.	Emergency Financial Assistance
16.	Food Bank/Home Delivered Meals
17.	Health Education/Risk Reduction
18.	Housing
19.	Legal Services
20.	Linguistic Services
21.	Medical Transportation
22.	Non-Medical Case Management Services
23.	Other Professional Services
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 RWHAP Program Service Definitions 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*.

APPENDIX I: QMAC ORGANIZATIONAL CHART



APPENDIX J: VIRGINIA QUALITY MANAGEMENT PROGRAM FLOW CHART



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