Quality Management Advisory Committee (QMAC) Manual

VDH VIRGINIA DEPARTMENT OF HEALTH

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II. INTRODUCTION

The Virginia Ryan White HIV/AIDS Program (RWHAP) Part B Clinical Quality Management (CQM) infrastructure consists of dedicated staff, a CQM committee, an operational CQM plan, consumer involvement, capacity building, clear processes for communication, and program evaluation.

Purpose

This document provides detailed guidance on the roles and responsibilities of the Virginia Quality Management Advisory Committee (QMAC) and its associated structure.

Overview of the Ryan White CQM Program

The Ryan White HIV/AIDS Program (RWHAP) legislation mandates implementing CQM programs as a condition of the Notice of Award. These requirements are outlined in Policy Clarification Notice (PCN)15-02. The CQM expectations for RWHAP Part B recipients include the following:

- Supporting funded subrecipients to ensure that grant-supported services align with the Department of Health and Human Services (HHS) Clinical Guidelines.
- Implementing strategies to improve the quality of medical care, ensuring appropriate access, retention in HIV care, and support for treatment adherence.
- Utilizing quality data to monitor health outcomes across the HIV continuum of care.

The Virginia Department of Health (VDH) is committed to improving the quality of care and services for people with HIV (PWH), also known as consumers. This commitment is carried out through a comprehensive CQM program, which includes continuous monitoring, quality improvement projects (QIPs), capacity-building initiatives, and a performance measurement system.

The VDH CQM plan, designed for distribution to all stakeholders involved in HIV care, outlines the continuous quality improvement (QI) activities of the HIV Care Services (HCS) program. It also describes the CQM infrastructure and defines the selected performance measures to ensure effective program implementation and health outcome improvements.

Using the QI methodology, Model for Improvement, VDH asks the following:

- What are we trying to accomplish?
- How will we know that change is an improvement?
- What change can we make that will result in an improvement?

III. FUNDING SOURCES

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services (HHS), provides support to uninsured, isolated, or medically vulnerable populations. Within HRSA, the HIV/AIDS Bureau (HAB) administers the Ryan White HIV/AIDS Program (RWHAP), the largest federal initiative exclusively focused on HIV/AIDS care. RWHAP serves individuals who lack adequate health care coverage or financial resources to manage HIV.

IV. VIRGINIA RYAN WHITE PART B PROGRAM

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.

V. HIV CARE SERVICES

Since 1991, the HIV Care Services (HCS) unit has administered Ryan White Part B funding for PWH in Virginia. A significant portion of this funding supports the AIDS Drug Assistance Program (ADAP), known in Virginia as the Virginia Medication Assistance Program (VAMAP), which provides medications to low-income, uninsured individuals with HIV/AIDS. The remaining funds are allocated to deliver HIV care and support services, with a primary focus on providing medical care to eligible individuals. Ryan White funding serves as the payer of last resort. Additionally, the program is supported by CQM, data analysis, grant and fiscal management, and service planning assistance.

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:
The Virginia Department of Health envisions optimal health outcomes and medication access for all PWH, supported by a health care system that provides comprehensive, competent, and quality care.

Values:
VDH is dedicated to creating HIV services that are:

- Client-centered
- Equitable and accessible
- Cost-effective
- Focused on quality and continuous improvement
- Driven by stakeholder input
- Collaborative and team-oriented

Goals:
The RWHAP Part B Clinical Quality Management program strives to:

- Assess CQM needs and build capacity within RWHAP Part B-funded agencies across Virginia.
- Improve databases, data management practices, needs, assessments, and client satisfaction metrics to document quality of care and service delivery.
- Enhance the statewide HIV service delivery system to better meet the needs of PWH.

VI. HCS QUALITY MANAGEMENT AND QMAC STRUCTURE

Within DDP, the HIV Care Services (HCS) Quality Management program ensures effective oversight and collaboration across statewide QI initiatives for PWH.

Leadership and Oversight

- Clinical and Data Administration Team (CDAT) Manager: Provides strategic oversight of CQM and data operations, performance management, and collaboration with QMAC, the Virginia Quality of Care Consumer Advisory Committee (VACAC), and the RWHAP Cross-Parts Collaborative.
- Quality Management Specialists: Support the CDAT Manager by facilitating QMAC, VACAC, and special project meetings, building a strong CQM infrastructure, participating in QI activities, and evaluating subrecipient reports.
- Data Team: Coordinates and analyzes performance measures, ensures data accuracy, trains stakeholders on RWHAP policies, and presents findings at QMAC meetings.

HCS Quality Management Structure

- Quality Management Leadership Team: Provides strategic direction for all quality initiatives.
- HIV Quality Improvement Team (HIV QIT): Implements quality improvement activities and oversees ad hoc process improvement teams addressing specific challenges.
- Quality Management Advisory Committee (QMAC): Guides statewide quality improvement, supported by an Executive Committee and five subcommittees: Data, Capacity Building, Communication, Quality Improvement, and VACAC.
- ADAP Advisory Committee: Operates adjacent to HCS Quality Management, addressing issues related to the AIDS Drug Assistance Program (ADAP) and the formulary.

VII. QUALITY MANAGEMENT ADVISORY COMMITTEE

History

QMAC was established by VDH in 2009 as a part of the Virginia Ryan White Part B infrastructure. In 2011, it was expanded to incorporate the Virginia RWHAP Cross-Parts Collaborative, which operated independently from 2008 to 2011. QMAC serves as a mechanism for stakeholder input on objectives, planning, implementation, and program evaluation, ongoing improvement of HIV care and support services in Virginia, and it facilitates RWHAP cross-part collaboration.

Mission

The mission of QMAC is to promote the best practices among RWHAP-funded agencies to achieve optimal HIV health outcomes for PWH in Virginia through established QI methods. QMAC's QI activities enhance equitable access to services for PWH, with a focus on eliminating disparities in outcomes among key populations, particularly those historically underserved.

QMAC provides guidance to VDH on the statewide RWHAP Part B Quality Management Plan, programmatic and improvement activities, and clinical and educational issues as needed. The committee reviews QI data, evaluates trends, and assesses the implications of program changes, including their impact on other statewide HIV services.

QMAC operates through an Executive Committee and five subcommittees:

- Data
- Capacity Building
- Communication
- Quality Improvement
- VACAC

Framework

Effective implementation of CQM across the state requires input, collaboration, and support from key stakeholders. QMAC serves as a forum to gather and incorporate such input.

QMAC comprises members representing all five health regions and includes representatives from Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, D, and F; data managers; physicians; AIDS Education and Training Centers (AETC); program administrators; and PWH.

1. Responsibilities
   QMAC is responsible for:
   - Reviewing and implementing elements of the Quality Management Plan (QMP).
   - Reviewing and updating service standards.
   - Developing strategies to improve care processes and outcomes.

   Many QMAC members also serve on the Community HIV Planning Group (CHPG), fostering collaboration and alignment between the two groups.

2. Meetings
   QMAC convenes quarterly to address system-wide CQM issues, challenges, and best practices. During these meetings, members develop strategies to enhance care and ensure continuous QI.

Format and Frequency

The Quality Management Advisory Committee (QMAC) uses both in-person and virtual meetings to implement its activities effectively. Meeting schedules are designed to accommodate active participation while ensuring consistency in progress toward organizational goals.

QMAC holds quarterly in-person meetings across Virginia to engage PWH and other stakeholders. Meetings are full-day events and may require overnight accommodation for members traveling over 50 miles, at the expense of the subrecipient; accommodation can be secured at the state rate. Meeting dates are set before the grant year begins, with locations announced three months in advance for planning purposes. One of the quarterly meetings is replaced by the annual Quality Management (QM) Summit, a collaborative effort by VDH and the MidAtlantic AIDS Education Training Center (MAAETC) at Virginia Commonwealth University. The QM Summit strengthens capacity among Ryan White providers and consumers through training, resource sharing, and best practices to enhance statewide QI initiatives.

Subcommittees have dedicated time during in-person meetings for collaboration. To maintain progress between in-person meetings, subcommittees also meet monthly. Meeting schedules are planned to avoid conflicts with major holidays or other significant events.

Subcommittee Meetings
QMAC subcommittees meet monthly, as needed, to advance their work plan objectives, with most of their work occurring between quarterly QMAC meetings. Virtual monthly meetings and occasionally additional check-ins to ensure consistent progress. Subcommittees also have designated time during in-person QMAC meetings for face-to-face discussions and collaborative work. Meeting schedules are carefully planned to avoid conflicts with major holidays.

Minutes
Minutes are recorded at all QMAC subcommittee meetings to document attendance, recommendations, requests, and action items. Members wishing to propose corrections to the minutes should do so at the meeting where the minutes are subject to approval.

Meeting Ground Rules
Ground rules outline expected behavior for QMAC participants to ensure meetings are productive, respectful, and inclusive of community input. These rules foster a positive environment and safeguard participants from inappropriate or disruptive behavior.

Rules of Conduct
- Equal participation: All members should have an opportunity to contribute, and no one should dominate discussions.
- Stay on topic: Discussions must remain focused and aligned with the agenda.
- Be respectful: Acknowledge and respect the perspectives of others, maintain a professional tone, and avoid interrupting others when they are speaking.
- Actively participate: Listen intently, ask questions, and contribute to discussions.
- Engage constructively: Honest, productive feedback is essential for progress.
- Maintain a positive attitude: Be open-minded, respectful, and receptive to new ideas.
- Confidentiality: Respect the confidentiality of discussions and refrain from recording or sharing meeting content without permission.

Enforcement of Ground Rules

- Initial Violations: If a participant violates the ground rules, the Chair will address the individual by informing them of the unacceptable behavior. If the behavior persists and disrupts the meeting, the Chair may ask the individual to leave after publicly stating the reason.
- Repeated Violations: If a participant repeatedly breaches the ground rules, the QMAC Executive Committee may consider removing the individual from membership.

VIII. MEMBERSHIP

All RWHAP Part B subrecipients funded by VDH are required to have representation in QMAC. Membership is intended to include the full spectrum of the HIV care system.

The QMAC Application is accessible through the link below:
https://redcap.vcu.edu/surveys/?s=YH9R3JFAP38TPHEK

QMAC Member Roles and Responsibilities

By participating in QMAC, members play a pivotal role in shaping and improving the statewide CQM program. Members are key stakeholders, providing valuable feedback and expertise to guide statewide initiatives.

QMAC members are expected to:

- Participate in the selection and prioritization of statewide CQM goals, objectives, and performance indicators.
- Provide constructive feedback and propose evidence-based strategies to address challenges, improve service delivery, and enhance health outcomes for PWH.
- Collaborate on the development of statewide CQM initiatives, educational strategies, and best practices for QI activities.
- Review qualitative and quantitative data to identify system-wide delivery issues and recommend solutions.
- Monitor health outcome trends and advise on strategies to reduce disparities, particularly for underserved and marginalized populations.
- Ensure RWHAP service standards align with current Public Health Service (PHS) Guidelines and regulatory requirements.
- Work with VACAC to integrate consumer perspectives into the CQM program.

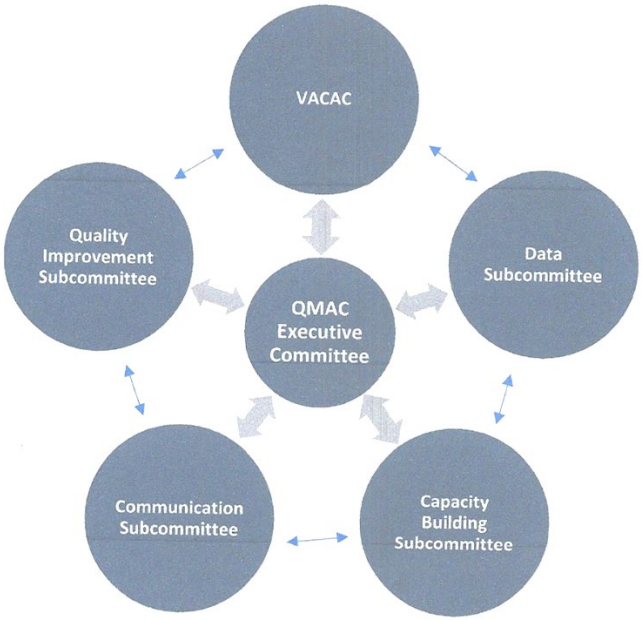
IX. QMAC STRUCTURE

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

Executive Committee Overview

The Executive Committee is composed of Virginia Department of Health (VDH) staff, QMAC co-chairs, co-chairs of each of the five subcommittees, and representatives from

RWHAP-funded agencies. The Executive Committee provides oversight and support to QMAC and collaborates with QMAC members to set goals, establish priorities, and offer technical assistance needed to implement identified quality initiatives. The committee meets virtually on a quarterly basis.



Executive Committee Responsibilities

The Executive Committee's key responsibilities include:

- Defining and refining the structure and processes of QMAC.
- Overseeing the implementation of subcommittee work plans.
- Participating in the selection of annual QIP topics.
- Identifying and recommending key items for discussion at QMAC meetings, including agenda support for performance measurement, service standards, and other core CQM activities. Providing encouragement and motivation to QMAC members to support active engagement.

1. QMAC Subcommittee Roles And Responsibilities

A. Chair and Co-Chair Responsibilities

Any current QMAC member can be nominated to become a QMAC chair. There is no term limit. The QMAC chair is expected to:

- Serve as chair of the executive committee.
- Collaborate with VDH to develop agendas, as well as facilitate QMAC and Executive Committee meetings.
- Provide strategic oversight and vision for the overall direction of QMAC.
- Ensure subcommittee work plans align with the overarching QMAC work plan.

B. Subcommittee Chair/Co-chair Roles

Any current subcommittee member is eligible to be nominated for the subcommittee chair or co-chair, and there are no term limits for these roles. Individuals in these positions should be skilled in facilitating and delegation skills.

Subcommittee chairs and co-chairs are expected to:

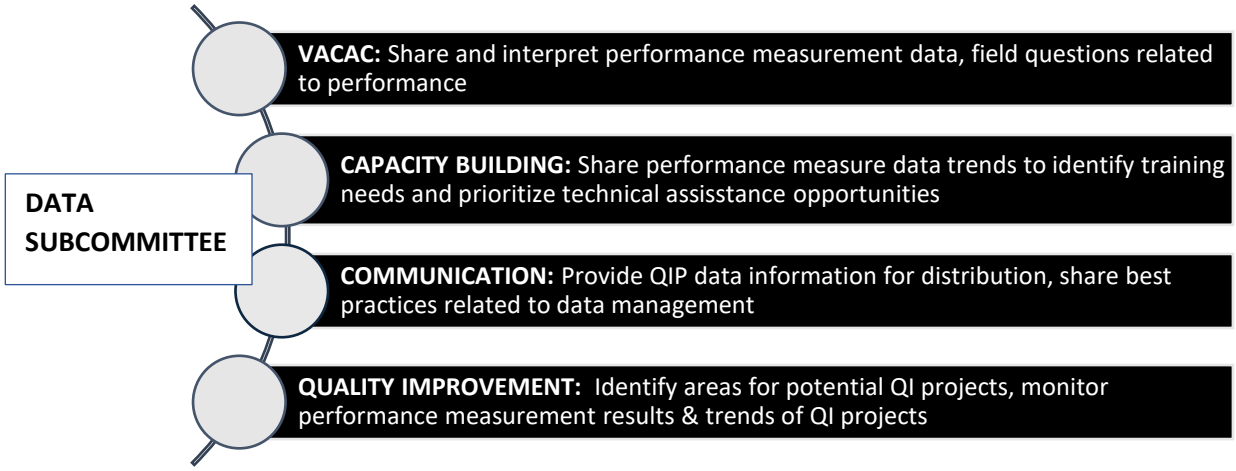
- Oversee the development of subcommittee work plans and processes.
- Participate in Executive Committee meetings.
- Provide guidance to subcommittee members involved in implementing the subcommittee work plan.
- Offer training and resources to subcommittee members during meetings, as appropriate; and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

2. Subcommittees

A. Data Subcommittee

The Data Subcommittee provides guidance on the application of data in CQM and QI initiatives. It is composed of QMAC members who have expressed interest in data-related activities. The subcommittee's responsibilities include:

- Assisting in how to effectively leverage data to support QI activities and develop strategies for improving care delivery.
- Monitoring performance measurement trends to inform QIPs.
- Providing input on the selection and implementation of identified QIPs.
- Identifying potential areas for future QIPs based on data analysis.
- Reviewing statewide CQM program data, including trends in the HIV continuum of care, to monitor progress and identify areas for improvement.
- Report regularly to the Executive Committee and coordinate efforts with other QMAC subcommittees to align objectives and initiatives.



B. Capacity Building Subcommittee

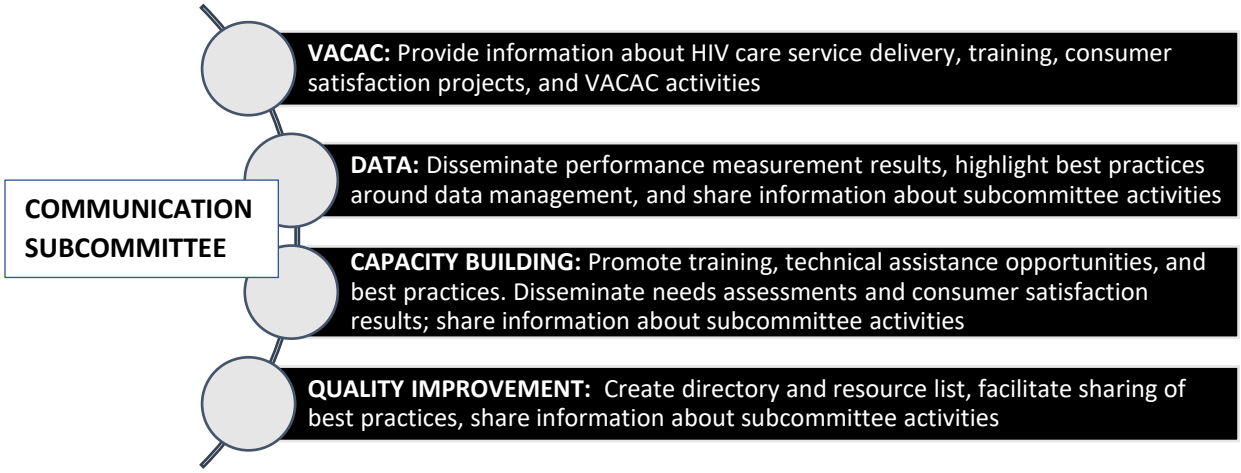
The Capacity Building Subcommittee supports RWHAP cross-part quality activities and identifies training and technical assistance needs for all stakeholders. The subcommittee is composed of members who have expressed an interest in assisting with training and capacity-building activities. Responsibilities are:

- Collaborate with VDH to enhance subrecipients' CQM infrastructure through training needs assessments, skill-building activities, targeted on-site assistance, and resource identification.
- Assess training needs using stakeholder needs assessments, training evaluations, consumer satisfaction projects, and subcommittee interactions.
- Contribute to the development and delivery of CQM training, based on identified needs to strengthen stakeholder capabilities.
- Share information about available technical assistance and various training courses for dissemination to stakeholders.
- Empower consumers by providing tools, education, and resources related to healthcare service delivery and QI.
- Develop and implement an onboarding process for new members.
- Report regularly to the Executive Committee and coordinate efforts with other QMAC subcommittees to align objectives and initiatives.

C. Communication Subcommittee

The Communication Subcommittee serves as the primary communication channel for QMAC, ensuring effective dissemination of information to stakeholders, and facilitating collaboration with other QMAC subcommittees. It is composed of members with experience or interest in communication strategies. The responsibilities are to:

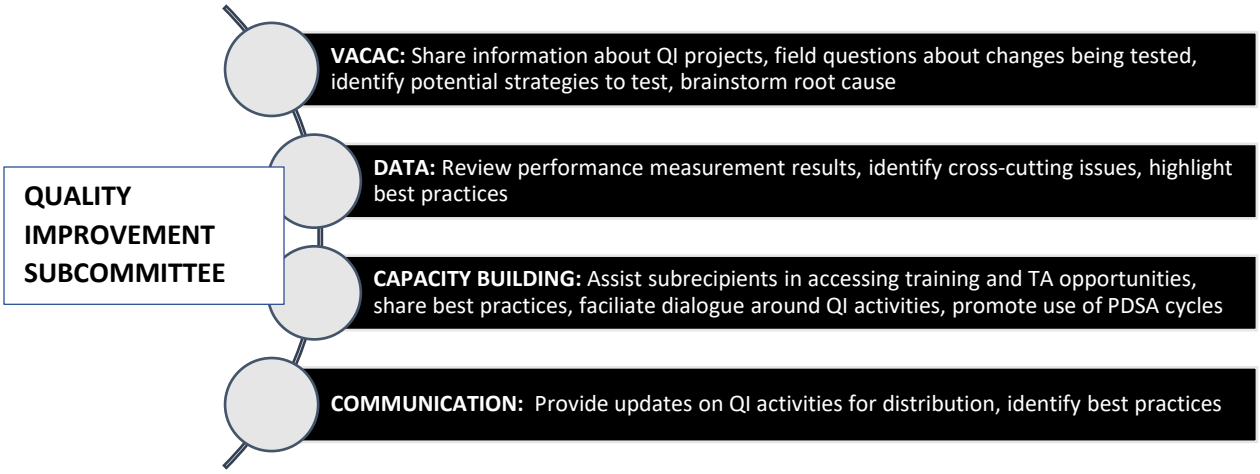
- Facilitate communication between QMAC and stakeholders to improve understanding of CQM initiatives.
- Develop and distribute QMAC quarterly newsletters, resource lists, and other communication materials through appropriate channels.
- Disseminate information from all subcommittees regarding QI activities, outcomes, and best practices.
- Develop and maintain a directory of agencies' QI programs and best practices to serve as a resource for stakeholders.
- Report regularly to the Executive Committee and coordinate communication efforts with other QMAC subcommittees.



D. Quality Improvement Subcommittee

The Quality Improvement Subcommittee supports QMAC by providing guidance, recommendations, and expertise related to QI initiatives. This subcommittee is composed of QMAC members who have expressed an interest in contributing to QI efforts. The responsibilities are to:

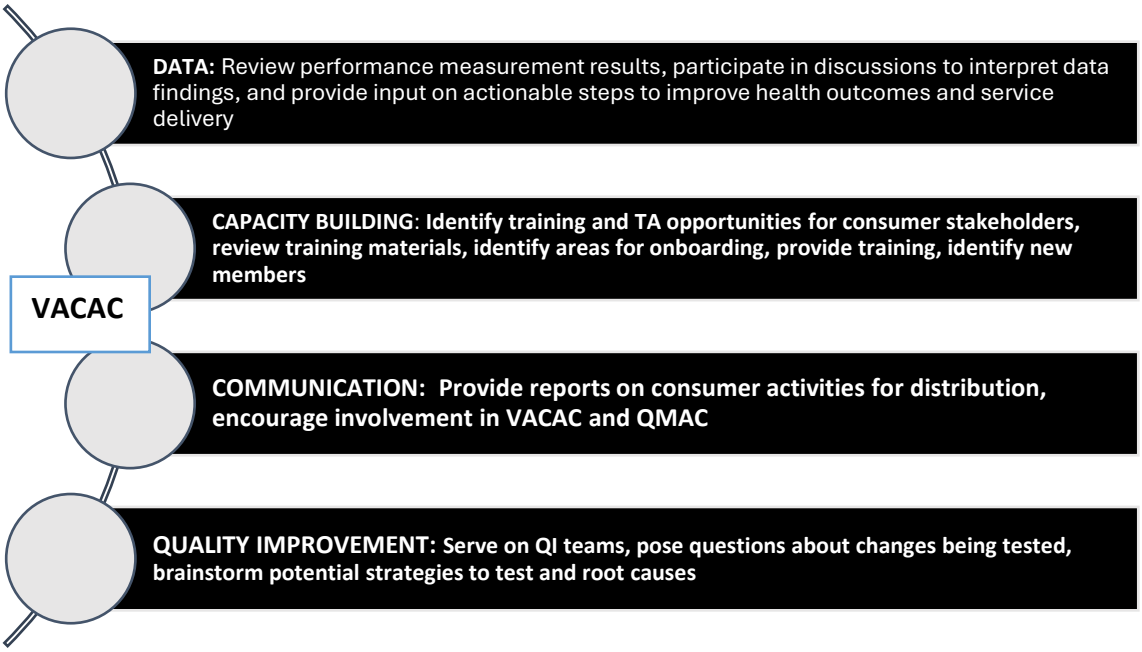
- Facilitate dialogue among stakeholders to support QI activities and foster collaboration.
- Guide the direction of the statewide QI program by assessing progress, reviewing results, and highlighting best practices.
- Assist subrecipients in improving the quality of care by offering resources and securing necessary technical assistance.
- Report regularly to the Executive Committee and coordinate efforts among QMAC subcommittees to align objectives and initiatives.



E. VACAC

The function of VACAC is to establish a sustainable partnership with providers to incorporate the experiential perspectives of PWH into the QI process. The committee works with VDH to ensure that PWH have input into the creation, development, and implementation of all its services and policies. The VACAC responsibilities are to:

- Act as a liaison between consumers, VDH, and RWHAP service providers to foster communication and collaboration.
- Engage, educate, and support consumers through activities that promote health, quality of life, and active participation in community programs.
- Provide input into RWHAP planning, including quality infrastructure, performance measurement, needs assessments, and consumer-focused initiatives.
- Keep consumers informed about current and future quality initiatives.
- Conduct training for new VACAC members on CQM topics, the HIV epidemic in Virginia, and consumer engagement.
- Actively participate in local consumer groups (e.g., advisory boards, planning councils) and collaborate with QMAC subcommittees to align objectives and initiatives.
- Recruit and maintain a diverse membership that reflects the perspectives of various communities across Virginia.



VII. VACAC: TRAINING AND TRAVEL REIMBURSEMENT

The VACAC aims to establish a sustainable partnership with providers to integrate the experiences of PWH into the QI process. The committee collaborates with VDH to ensure that PWH have a role in shaping the creation, development, and implementation of all services and policies.

VACAC Training

VACAC members are included in all CQM training activities and receive additional support tailored to PWH interested in QMAC participation. Consumer-specific quality training may be provided via:

- Quarterly VACAC meetings.
- Regional events are held throughout the year.
- The VACAC Summit.

Virtual training opportunities are also available to increase accessibility. VACAC members are encouraged to meet in the evening prior to QMAC meetings to discuss VACAC-specific and CQM-related business and prepare their perspectives for the following day's agenda.

Travel Reimbursement
Travel reimbursement policies differ for subrecipient representatives and PWH participating in QMAC activities. Details for each group are outlined below:

A. Virginia RWHAP Part B Subrecipient Reimbursement
VDH does not directly reimburse individuals traveling on behalf of a Virginia RWHAP Part B subrecipient agency. Travelers must follow their home agency's reimbursement process to receive payment. The subrecipient agency may then bill the reimbursed amount to its Virginia RWHAP Part B CQM funds for reimbursement.

As stated in the Comprehensive Virginia Ryan White Part B Quality Management Plan, "Subrecipients are expected to allocate appropriate resources to participate in quality management activities, including attendance at QMAC meetings, the Quality Management Summit, and other required training and capacity-building opportunities as outlined in the program guidelines.". If you have any questions regarding reimbursement, please contact your agency.

B. Consumer Reimbursement
Travel reimbursement is available to support the participation of PWH in QMAC activities, ensuring attendance regardless of financial circumstances. Pre-paid assistance is not available, and participants must adhere to VDH travel regulations. Contact VCU for details regarding reimbursement for consumers. Documentation may include:

- Completed W-9 form to add the consumer to the vendor database.
- The departure address the consumer is traveling from.
- A signed expense report confirming the departure address and travel mileage.

Please check the following link for the most recent reimbursement rate:
https://www.gsa.gov/travel/plan-a-trip/transportation-airfare-rates-pov-rates-etc/privately-owned-vehicle-pov-mileage-reimbursement

VIII. QMAC MEMBER TRAINING

QMAC members are exposed to a wide range of information and must coordinate prompt and efficient responses to drive improvement. To ensure members are equipped to perform their roles effectively, the Capacity Building Subcommittee manages the QMAC training plan, which includes the following key components:

- Buddy and Mentorship Program
- Onboarding Training
- Ongoing Training for QMAC Members

A. Mentorship Program
Beginning Grant Year 2025, new QMAC members will be paired with an existing QMAC member drawn from a pool of volunteers. The program is designed to foster connection, support, and understanding of QMAC roles and responsibilities.

Structure of the Mentorship Program

1. Pairing Process:
    - New members' names are submitted to the Capacity Building Subcommittee Co-Chair.
    - The Chair and Co-Chair coordinate with senior QMAC members across all subcommittees to identify suitable mentors.
    - The Co-Chair contacts potential mentors to confirm interest and shares the mentee's information upon acceptance.
    - Mentors are encouraged to reach out to their assigned mentee before the orientation training to introduce themselves.
2. Mentor and Mentee Engagement:
    - Mentors and mentees are encouraged to meet virtually before each QMAC meeting during the mentee's first year.
    - The initial meeting includes participation in the new member orientation.
    - Pairs discuss the upcoming agenda and review any issues or questions related to current QMAC activities.
3. Feedback and Reassessment:
    - Annually, the Capacity Building Subcommittee collects feedback from mentorship pairs to improve the program.
    - Either member can request to dissolve the pairing at any time and be reassigned if necessary.

B. Mentoring Roles and Responsibilities

Mentors provide guidance, encouragement, and insights based on their QMAC experience. They:

1. Listen attentively to mentees and provide undivided attention.
2. Guide mentees to find direction without imposing their views.
3. Share practical advice on setting goals, staying on task, and managing responsibilities.
4. Educate mentees on QMAC processes and CQM-related topics.
5. Provide insights based on personal experience to help mentees avoid mistakes and learn from successes.
6. Critique constructively, focusing on behavior and actions rather than personal characteristics.
7. Support mentees through challenges and encourage continuous learning.
8. Offer specific advice, highlighting both strengths and areas for improvement.
9. Foster mentees' growth within the council and their personal development.
10. Model success and professionalism within QMAC and the broader community.

Characteristics of Successful QMAC Mentors

Mentors listen	They maintain eye contact and give mentees their full attention
Mentors guide	Mentors are there to help their mentees find direction, never to push them
Mentors are practical	They give insights into keeping on tasks and setting goals and priorities
Mentors educate	Mentors educate mentees on selected topics

Mentors provide insight	Mentors use their personal experience to help their mentees avoid mistakes and learn from good decisions
Mentors are accessible	Mentors are available as a resource and a sounding board
Mentors criticize constructively	When necessary, mentors point out areas that need improvement, always focusing on the mentee's behavior, never his/her character
Mentors are supportive	No matter how painful the mentee's experience, mentors continue to encourage them to learn and improve
Mentors are specific	Mentors give specific advice on what was done well or could be corrected
Mentors care	Mentors care about their mentee's progress on the council and, as well as their personal development
Mentors succeed	Mentors not only are successful themselves, but they also foster success in others
Mentors are admirable	Mentors are usually well-respected on the council and in the community

C. Onboarding Training

- The Capacity Building Subcommittee is responsible for coordinating and facilitating the onboarding training for all new QMAC members.
- New members must attend the QMAC orientation before participating in any meetings.
- In-person QMAC orientation is scheduled for the evening before each quarterly QMAC meeting and lasts approximately one hour.
- The orientation includes:
    - An overview of QMAC's structure, purpose, and the roles and responsibilities of its members.
    - Administrative processes and expectations.
    - The role of QMAC in Virginia's HIV service delivery and the importance of its work.
- In addition to the in-person orientation, new members receive a QMAC Orientation Manual, available both as physical copy and digitally through the VDH website.

D. CQM Technical Assistance Training for Subrecipient Staff

- Subrecipient staff can request CQM technical assistance training using the following link: https://redcap.vdh.virginia.gov/redcap/surveys/?s=H7T8LMWA7PYNXLFN

APPENDIX A: RESOURCE LIST

AETC National Coordinating Resource Center
https://aidsetc.org/aetc-program/aetc-national-coordinating-resource-center

Centers for Disease Control and Prevention
https://www.cdc.gov/hiv/default.html

Center for Quality Improvement and Innovation (CQII)
https://targethiv.org/cqii

Health Resources and Services Administration (HRSA)
https://hab.hrsa.gov/

MidAtlantic AIDS Education and Training Center
https://www.maaetc.org/

National Alliance of State and Territorial AIDS Directors
https://www.nastad.org/

Body (The Complete HIV/AIDS Resource)
http://www.thebody.com/

The Body Pro (The HIV Resource for Health Professionals)
http://www.thebodypro.com/

Virginia AIDS drug Assistance Program (ADAP)
https://www.vdh.virginia.gov/disease-prevention/vamap/

Virginia HIV/AIDS Resource and Consultation Center
https://www.vharcc.com/

Virginia Ryan White Part B CQM Plan and Statewide Quality Improvement Project
https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/

APPENDIX B: LIST OF ACRONYMS

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