Comprehensive Virginia Ryan White Part B Clinical Quality Management Plan

Grant Year Period: April 2026 – March 2027

HIV Care Services Unit
Division of Disease Prevention
Office of Epidemiology

VDH VIRGINIA DEPARTMENT OF HEALTH

Revised: March 2026

Table of Contents

I. GENERAL INFORMATION

The clinical quality management (CQM) plan is for the grant year (GY) 2026: April 1, 2026 – March 31, 2027. This document provides a narrative of the CQM program, outlines annual goals, the work plan, processes, procedures, tools, and resources that the Virginia RWHAP B CQM program will use to ensure the quality and integrity of CQM guidelines.

Authority

The Health Resources & Services Administration (HRSA) Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) Bureau (HAB) administers the Ryan White HIV/AIDS Program Part B (RWHAP B) to provide grant awards that support states and territories in enhancing access to continuous high-quality comprehensive HIV care. The program aims to improve the quality and availability of care for low-income, uninsured, and underinsured individuals and families affected by HIV. RWHAP B legislation mandates the establishment of a CQM program as a condition of award notice. For more information on HRSA RWHAP B expectations for CQM programs, refer to Policy Clarification Notice (PCN) 15-02[1].

Virginia Department of Health

The Virginia Department of Health (VDH) is dedicated to protecting and promoting the health of Virginians. The VDH is made up of a statewide Central Office in Richmond and 35 local health districts. These entities work together to promote healthy lifestyle choices that can combat chronic disease, educate the public about emergency preparedness and threats to their health, and track disease outbreaks in Virginia.

Division of Disease Prevention (DDP)

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

HIV Care Services (HCS)

The HCS unit is dedicated to enhancing the quality of care and services for people with HIV (PWH) through the *Comprehensive Virginia Ryan White Part B Clinical Quality Management Plan* (VDH CQM Plan). This plan outlines the infrastructure of the Virginia RWHAP Part B CQM program, quality improvement (QI) activities, annual goals, and performance measures (PM).

HCS provides leadership and support to the RWHAP B-funded agencies dedicated to promoting HIV education, health equity, and quality health care services across Virginia through funding core medical and support services. Within the RWHAP B program, 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.

This document is updated annually located on the VDH HIV Care Services website[2]. The implementation of the content will be effective April 1, 2026. If you have any questions concerning this plan, please contact Camellia Espinal, Quality Management Specialist at C.Espinal@vdh.virginia.gov.

WHAT ARE WE TRYING TO ACCOMPLISH?

II. QUALITY STATEMENT

Mission Statement

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

Vision

VDH envisions optimal health and medication access for all people with HIV, 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 aims to improve the quality of HIV care and services delivered, in full compliance with recognized Health and Human Services (*HHS) Services Clinical Guidelines*[3], *HRSA Monitoring Standards*[4], *RWHAP Part B Service Standards*[5], national priorities, and research-based best practices.

III. ANNUAL QUALITY GOALS

1. Develop and implement targeted strategies and quality innovations to improve Virginia RWHAP B client health outcomes.
2. Strengthen Virginia RWHAP 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 training and technical assistance.
5. Strengthen RWHAP B recipient quality improvement initiatives.

IV. QUALITY INFRASTRUCTURE

Infrastructure is the organizational framework 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 B CQM infrastructure consists of dedicated staff, a CQM advisory committee, an operational CQM plan, consumer involvement, capacity building, clear processes for communication, and program evaluation. The manager of the clinical and data administration team (CDAT) supervises staff activities to ensure the successful implementation of program goals and objectives.

Two quality management specialists assist the CDAT manager to facilitate regular meetings for QMAC, Virginia Quality of Care Advisory Committee (VACAC), and special projects. The quality management specialists develop a strong CQM infrastructure, participate in QI activities, review performance measures, and evaluate subrecipient reports.

Within CDAT, there are data analysts, data specialists, and a trainer. Collectively, data team responsibilities include:

- coordinating, analyzing, and reporting the calculation of PM and quality improvement project (QIP) data,
- collaborating with stakeholders for accuracy in the client-level data system, and
- presenting program data results at the QMAC quarterly meetings and at any other identified events.

Clinical Quality Management Committees

The HCS Quality Management Leadership Team (QMLT) oversees all Virginia RWHAP B CQM activities. This team consists of HCS managers that meet weekly to ensure that adequate resources are available to carry out the goals outlined in the VDH CQM work plan. The QMLT monitors CQM data trends, remains current on updates to program guidelines, and offers solution-oriented approaches to ensure equitable access to client services.

QMAC

Ensuring consistent quality management processes across the state requires collaborative input from various stakeholders. QMAC meets quarterly to review system-wide successes and challenges within the CQM program, develop strategies to enhance care, and actively engage its diverse membership. Stakeholder collaboration is crucial in setting quality improvement goals, implementing components of the VDH CQM plan, and identifying trends for improvement. Membership includes representatives from the five Virginia health regions, across all RWHAP Parts (A, B, C, D,

and F), including AIDS Education and Training Centers (AETCs), program administrators, and PWH.

QMAC contains 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): Incorporates the experiential perspectives of PWH into the QI process. It 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 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.

Additional information regarding QMAC is available through the *Virginia QMAC Orientation Manual,* located on the VDH HIV Care Services website[2].

ADAP Advisory Committee

The ADAP Advisory Committee consists of HIV care 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.

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. They must meet all service standards set forth by the state and must align with the HRSA RWHAP Part B Program requirements, in addition to National Monitoring Standards.

1) Each subrecipient must develop, update, and submit an annual RWHAP B CQM plan, as indicated in the subrecipient contract agreement. CQM plans should include components based on the HRSA HAB RWHAP expectations outlined in the Clinical Quality

Management Plan Review Checklist[2], which includes descriptions of the narrative, resources, and tips for each required component.

2) Subrecipients shall complete a RWHAP B QIP annually based on a selected QIP topic. QIP progress must be reported quarterly using the VDH QIP template[2]. Additionally, all sites are encouraged to undertake supplemental QIPs, as needed, to address issues specific to their program.

3) Subrecipients shall participate in statewide CQM activities including meetings, trainings, improvement projects, and data requests, and attend at least three QMAC meetings annually. Subrecipient-required CQM reports and activities are listed in Appendix C.

HOW WILL WE KNOW THAT A CHANGE IS AN IMPROVEMENT?

Evaluation of the CQM Program

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

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 Appendix D).
      2. Review annual goals, identifying those met or not met, and assess strategies for new annual goals.

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

2) **Performance Measurement:**
   a. **Quality Indicators:** Review of indicators, quarterly, for appropriateness and continued relevance. After the annual review, a new set of quality indicators are identified, quality goals for the upcoming year are established, and quality initiatives are updated in the VDH CQM plan.
   b. **Goals:** Grant year RWHAP B Selected Outcome Measures Goals are evaluated and shared quarterly with stakeholders and annually with HRSA (Appendix D).

3) **Quality Improvement**
   a. **QIPs:** Quarterly report evaluation 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. Adjustment between agency and VDH data; and
iv. Active engagement from QIP team members.

b. **Client Interviews:** Client interviews provide insight into how well subrecipients meet client expectations, as well as feedback regarding QI efforts. Additionally, each subrecipient is contractually required to measure client satisfaction. Clients may participate in needs assessments, focus groups, or surveys.
c. **Training:** Each training course uses a feedback evaluation on educational content, allowing facilitators to improve from each experience, in addition to allowing feedback for future training topics.
d. **Clinical Quality Management Assessment**: VDH distributes an organizational assessment t2, every other grant year, to identify gaps in the CQM program, to set improvement priorities, and to evaluate the program conformance to HAB guidelines. Improvement ideas from the GY25 assessment results are listed for implementation within the GY26 VDH CQM plan. The next CQM organizational assessment will be distributed in GY27.

V. PERFORMANCE MEASUREMENT

The VDH CQM performance measurement system comprises data collection systems that assess outcome measures selected by the CDAT. Annually, VDH and QMAC approve core PM goals and collaborate on the steps for measurement.

Using RWHAP B PM, VDH analyzes data to identify and prioritize QIP topics, routinely monitors the quality of care provided to clients, and evaluates potential improvements. Subrecipients are encouraged to assess program outcomes across the HIV care continuum (HCC), which includes HIV diagnosis, linkage to HIV medical care, retention in HIV medical care, prescription of antiretroviral therapy (ART), and HIV viral load suppression. Assessing program outcomes ensures that linkage to and engagement in care begin 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):

- The two performance measures where greater than or equal to 50% of the recipient's 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 QMAC for review. In collaboration with VDH, QMAC selects the PM portfolio by deciding the measure for, and calculating the number of PM per, each funded service category.

B. Data Collection:

VDH developed a plan for data collection processes, reporting of timeframes, and completeness of data reported for PM. VDH collects data in a systematic method that features secure access based on roles and work-related responsibilities. The VDH statewide Care Marker database and the client-level data system, Provide Enterprise®, collect the following data:

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

C. Data Sources:

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

- Client interviews/satisfaction surveys
- Care Marker database, Medicaid Encounter data, and Black Box matching
- Provide Enterprise® and CAREWare data
- 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 to Provide Enterprise®.

D. Frequency of Data Collection:

The CDAT team analyzes and shares select RWHAP B PM data for each funded quarterly service, 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 aggregate 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.

F. Data Used:
Both qualitative and quantitative data inform VDH and stakeholders on the selected PMs to help shape improvement goals and projects. VDH reports findings quarterly, using de-identified data.

VI. QUALITY IMPROVEMENT

Quality improvement activities are designed to identify specific processes and systematic changes that enhance patient health outcomes. Virginia's RWHAP B QIPs are selected based on PM data results and emphasize integrating changes into routine activities.The key principle for improving HIV care is the Model for Improvement, which includes the Plan, Do, Study, Act (PDSA)cycle. The Model for Improvement asks three questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What change can we make that will result in improvement?

The PDSA cycle involves planning, testing, analysis, and implementation. Testing begins on a small scale to make informed and strategic decisions towards the goal.

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 2026 is **"**Targeted Strategies to Increase ART Initiation and Linkage to Care Rates among Clients Newly Diagnosed." The QIP has a dual focus, identifying targeted strategies to increase linkage to care rates and expediting the time to ART initiation among newly diagnosed clients. CQM staff work with subrecipients to develop QIP reports based on the Model for Improvement, with the PDSA cycle, and root cause analysis. Additionally, 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. Progress is summarized in a QIP template, which must be submitted quarterly. VDH provides quarterly data and offers technical assistance needed to support proper monitoring, data exchange, and reconciliation of any discrepancies. The CQM team reviews these reports and provides feedback on strengths and areas for improvement. Ongoing technical assistance is available to all subrecipients upon request, or as identified by the CQM team, based on demonstrated need. The CQM program utilizes REDCap to send VDH data packages, receive subrecipient quarterly reports, provide report feedback, and receive report revisions.

Capacity Building
Provisions for CQM technical assistance include training for subrecipients and VDH staff on CQM-related processes, best practices, and continuing education.

- VDH CQM staff participate in Center for Quality Improvement and Innovation (CQII) trainings to continually develop CQM skills to effectively coordinate technical assistance and training for RWHAP B-funded agencies.
- Tools, such as subrecipient CQM plans and QIP reports, are used to assess and address CQM technical assistance and training needs.
- Using input from stakeholders, VDH develops comprehensive training for providers, PWH, and advisory committees about the CQM program.
- Virginia will partner with the AETCs to determine the feasibility of establishing the annual Quality Management Summit, Case Management Summit, and VACAC Summit. The summit's purpose is to build capacity among all RWHAP providers (Parts A, B, C, D, and F) and consumer representatives to conduct QI activities statewide.

WHAT CHANGE CAN WE MAKE THAT WILL RESULT IN IMPROVEMENT?

VII. WORK PLAN

HCS staff monitor the CQM work plan activities at least quarterly and review findings with the QMAC executive committee. VDH provides updates and progress reports during the QMAC quarterly meetings to foster discussion and suggestions for improvement (see Appendix D).

Dedicated Resources:

Key resources include:

- HRSA/HAB Clinical Quality Management Guidance: https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-02- cqm.pdf
- The MidAtlantic AIDS Education and Training Center (AETC): www.maaetc.org
- VA MAP: https://www.vdh.virginia.gov/disease-prevention/vamap/
- VDH CQM documents: HIV Care Services - Disease Prevention

Approval of the 2026 Comprehensive Virginia RWHAP Part B Quality Management Plan

Plan review and approval is designated by the RWHAP Part B Grantee as listed below. This plan will expire on March 31, 2027.

Ryan White Part B – Virginia Department of Health

Signature: Safere Diawara **Date:** April 1, 2026

Safere Diawara, MPH
Manager, Clinical and Data Administration Team

APPENDIX A: GLOSSARY

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
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
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
VA MAP	Virginia Medication Assistance Program
VDH	Virginia Department of Health
VLS	Viral Load Suppression

APPENDIX B: QUALITY MANAGEMENT TERMINOLOGY

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 used to assess specific aspects of care and services 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:**
   Quality assurance is retrospective process, involving a series of steps that ensure compliance with quality standards.

6. **Quality Improvement:**
   Quality improvement is 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.

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, 2026
	QIP proposal development and submission to VDH; should include site baseline data on the selected PM.	Subrecipients	May 31, 2026
	QIP reports are required quarterly.	Subrecipients	July 15, 2026 October 15, 2026 January 15, 2027 April 15, 2027
	CQM plan updates are required monthly	HCS Service Coordinators Subrecipients	March 31, 2027
	Participate in the statewide Peer Review biennial site visits activities.	Subrecipients	March 31, 2027
Quality Monitoring	PM Monitoring & Feedback *(Via monthly calls, quality meetings, and quarterly PM data reports)*	HCS Service Coordinators HIV Surveillance team Manager of CDAT QM Specialists	Monthly and quarterly feedback
Planning and Evaluation	QMAC Meetings	QMAC Members	May 13, 2026 August 19, 2026 November 4, 2026 February 10, 2027
Training	Quarterly Consumer Trainings (Virtual)	CQM Staff VACAC QMAC	May 19, 2026 August 18, 2026 October 13, 2026 February 2, 2027
	Case Management Summit	Planning Committee: AETC HCS staff Virginia Cross-Parts staff	April 21-22, 2026
	Training and technical assistance, as needed	CQM Staff AETC	March 31, 2027; as scheduled, requested, or deemed necessary

APPENDIX D: GY26 IMPLEMENTATION WORK PLAN

Goal 1: Strengthen the Virginia CQM infrastructure across RWHAP B stakeholders through clear communication, active participation, renewed buy-in, and quality improvement education to support CQM initiatives.					
1.1) Provide CQM Training and Development to internal/external stakeholders by March 31, 2027.					
A. Provide continuous learning opportunities through planned CQM training.	CDAT staff QMAC members	Training attendee list and presentation slides	# of trainings completed, out of # of trainings listed in CQM calendar	_/_	March 31, 2027
B. Develop QMAC Mentorship Program in collaboration with stakeholders.		Mentorship Guide	Completion of the Mentorship Guide	☐	March 31, 2027
1.2) Foster a CQM Feedback Culture by March 31, 2027.					
A. Create polls/surveys for each CQM meeting and training to facilitate open feedback	CDAT staff HCS staff QMAC members	Polls/survey results for each CQM meeting and training	% of stakeholder entity responses, out of all stakeholder entities; per poll/survey average	_%	March 31, 2027
1.3) Determine streamlined methods for information sharing by May 31, 2026, to establish seamless communication with stakeholders.					
A. Establish processes for shared CQM documents, trainings, polls/surveys, and QMAC Mentor Program by June 30, 2026	CDAT staff QMAC members	CQM Communication Tracker	Completion of the CQM Communication tracker	☐	June 30, 2026
B. Update communication tracker to show progress by March 31, 2027.	CQM team	Completed CQM Communication tracker	# of quarters CQM Communication tracker was updated out of 4 quarters	☐	Quarter 1
				☐	Quarter 2
				☐	Quarter 3
				☐	Quarter 4

Goal 2: Establish and maintain a routinized review of performance measure data by service category to collect quality improvement data and identify challenges with meeting performance measures.					
2.1) Collect, compile, and review performance measure data with internal and external partners, quarterly, by March 31, 2027.					
Key Action Steps	**Entity Responsible**	**Supporting Elements**	**Evaluation Metric**	**Timeline/ Frequency**	
A. Collect data, review performance measures internally, and streamline data sets for quality improvement in quarters throughout GY26	HCS Team, Data Team	PM template, evaluation	% of PM data sets pulled and cleaned by internal deadline out of data sets requiring correction	_%	March 31, 2027
B. Present performance measure data to external partners and solicit feedback for improvement, quarterly, throughout GY26	CDAT and QMAC Members Data Team	PM template, evaluation	PM data shared and feedback solicited for the reporting quarter	☐	Quarter 1
				☐	Quarter 2
				☐	Quarter 3
				☐	Quarter 4
C. Utilize data for GY26 end-of-year reporting and planning GY27 quality improvement activities	CDAT	PM template, evaluation, APR, PTR, and CQM plan	Completion of GY27 projections	☐	March 31, 2027
2.2) Devise a new method for collecting Virginia RWHAP B statewide patient satisfaction data by March 31, 2027.					
A. Develop a tool to collect patient satisfaction data	CDAT	Needs assessment, Patient satisfaction evaluation tool	Creation of tool	☐	October 31, 2026
B. Collect statewide patient satisfaction data	CDAT, Planner, and VACAC	Patient satisfaction tool	% of subrecipient agencies represented among survey responses	_%	December 31, 2026
C. Review patient satisfaction data with internal and external partners	CDAT, HCS Team, QMAC Members	PM template, evaluation, APR, PTR, and CQM plan	Completion of patient satisfaction data review	☐	March 31, 2027

Goal 3: Strengthen quality improvement initiatives for VDH and subrecipient staff by providing targeted training and technical assistance based on the area of need.					
3.1) Use existing GY25 technical assistance requests and stakeholder feedback data to determine the top three areas of need, by June 30, 2026.					
Key Action Steps	**Entity Responsible**	**Supporting Elements**	**Evaluation Metric**	**Timeline/ Frequency**	
Technical Assistance					
A. Compile the GY25 technical assistance data	CDAT	REDCap, Excel spreadsheet	Completion of a spreadsheet demonstrating the compiled technical assistance data	☐	June 30, 2026
B. Analyze the compiled data to determine the top three areas of need			Completion of a document demonstrating the analysis methods used to determine the top three areas of need	☐	
3.2) By 12/31/26, VDH will create job aids/FAQ documents to explain how to handle the three most requested technical assistance topics.					
A. Create an aid to supplement the most requested topic.	CDAT	Job aids/FAQ documents	Creation of job aid/FAQ document 1	☐	August 31, 2026
B. Create an aid to supplement the second most requested topic.			Creation of job aid/FAQ document 2	☐	October 31, 2026
C. Create an aid to supplement the third most requested topic.			Creation of job aid/FAQ document 3	☐	December 31, 2026
Training					
3.3) Use existing GY25 CQM requests for assistance, stakeholder feedback, and the organizational assessment data to determine the three most common areas of need for additional training by June 30, 2026.					
A. Compile the GY25 requests for assistance and organizational assessment data	CDAT		Completion of a spreadsheet with data, analysis, and methods used	☐	June 30, 2026
B. Analyze the data to determine the three most common areas of need for additional training					
3.4) Create training materials for each of the three topics by December 31, 2026.					
A. Create training to teach about the most common area of need	CDAT		Creation of training materials for each of the three areas	☐	August 31, 2026
B. Create training to teach about the second most common area of need				☐	October 31, 2026
C. Create training to teach about the third most common area of need				☐	December 31, 2026

Goal 4: Strengthen the quality and consistency of CQM activities across RWHAP B subrecipients by addressing gaps in QI knowledge, onboarding, and access to structured QI support.

4.1) Restructure the CQM orientation process and onboarding toolkit by March 31, 2027.

Key Action Steps	Entity Responsible	Supporting Elements	Evaluation Metric	Timeline/ Frequency	
A. Create onboarding toolkit containing CQM overview, QIP guide, CQM plan checklist, CQM calendar, and root cause analysis supplemental guide	CQM team	Compiled CQM onboarding toolkit	Completion of a CQM onboarding toolkit	☐	June 30, 2026
B. Facilitate onboarding of new CQM subrecipient staff with CQM onboarding toolkit and REDCap data system trainings		Training attendance records	# of trainings completed, out of # of trainings requested	_/_	March 31, 2027

4.2) Support RWHAP B subrecipients in continuous improvement of QI activities by March 31, 2027.

Key Action Steps	Entity Responsible	Supporting Elements	Evaluation Metric	Timeline/ Frequency	
A. Provide targeted technical assistance based on QIP submissions, CQM plan reviews, and engagement of QI activities	CQM team	Technical assistance log	# of TA sessions completed, out of # of TA sessions requested	_/_	March 31, 2027
B. Facilitate a root cause analysis training to assist subrecipients with the development of QIP reports		Training materials and coaching	% of RWHAP B subrecipient agencies attending	_%	March 31, 2027
C. Provide structured QIP feedback that align with the RWHAP B CQM initiatives		QIP Feedback reports	% of QIP feedback reports completed, out of all QIP quarterly reports submitted	_%	March 31, 2027

References

[1] *HIV/AIDS Bureau Policy 15-02 Clinical Quality Management Policy Clarification Notice Purpose of PCN*. (n.d.). https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-02-cqm.pdf

[2] https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/

[3] (n.d.). https://ryanwhite.hrsa.gov/grants/clinical-care-guidelines-resources#clinical-protocols

[4] (n.d.). https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/program-monitoring-faq.pdf

[5] (n.d.). https://nastad.org/sites/default/files/2021-12/PDF-Service-Standards-RWHAP-ADAPs.pdf

[6] *Performance Measure Portfolio | Ryan White HIV/AIDS Program*. (n.d.). Ryanwhite.hrsa.gov. https://ryanwhite.hrsa.gov/grants/performance-measure-portfolio