Virginia Ryan White Part B Quality Management

2022 Annual Report

HIV Care Services

5. FY 2022 CLINICAL QUALITY MANAGEMENT (CQM) UPDATE

a. Describe any significant updates you have made to your CQM Plan submitted FY 2022 in each of the following areas. If no significant updates have been made, please note that for the relevant section(s).

i. Quality Statement: Vision and goals of the CQM program, as it relates to HIV service delivery and outcomes. No significant changes in the Quality Statement for FY 2022.

ii. Quality Goals: No significant changes in the Quality Goals for FY 2022.

iii. Quality Infrastructure: Elements essential to CQM program success and sustainability, including leadership, committee(s), staffing, resources, a workplan, consumer/stakeholder involvement, and evaluation.

Leadership & Staffing: The RWHAP B program created a classified full-time equivalent (FTE) position for the quality management team.

Committees: No significant changes.

Resources: Virginia Department of Health (VDH) worked with Organizational Ideas, LLC to continue consultation services for various RWHAP B program areas, and with Virginia Commonwealth University (VCU) AIDS Education and Training Center (AETC), to provide logistical support for the CQM program and secure needed platforms for all CQM events.

Work plan: VDH made changes to the CQM work plan due to the HRSA PCN 21-02 requirements. Changes made were to align RWHAP B services and standards to the new policy.

Stakeholder Involvement: The state Integrated HIV Prevention and Care Plan planning group, the Quality Management Advisory Committee (QMAC), and Virginia Consumer Advisory Committee (VACAC) proved integral in soliciting feedback to the HIV services delivery system. Virginia RWHAP B used feedback gathered from HIV prevention and care providers and consumers for possible improvements to statewide care and prevention services. The FY 2022 QM Summit, "Forward Together: The New Frontiers of Quality HIV Care" hosted by VDH in November, had 133 attendees and built CQM capacity by highlighting best practices among RWHAP Parts A, B, C, D, and F, or Cross-Parts, providers, and consumers. Further, VDH held its annual CM Summit, "*Hope Through Equity,"* in March 2023 both in-person and virtually. This summit allowed the 208 attendees, both Medical and Non-Medical Case Managers and other frontline subrecipient staff, to learn new skills, share best practices, and network with colleagues statewide by focusing on health equity for People with HIV (PWH).

Collaborative Efforts*:* The Virginia RWHAP Cross-Parts collaborative worked to strengthen capacity across all Ryan White programs in the state, and to implement Quality Improvement (QI) activities that advance the quality of HIV care. VDH participates in the RWHAP A programs for the Norfolk Transitional Grant Area and the Washington, D.C. Eligible Metropolitan Area. Additionally, VDH works closely with

the two AETC and the three Virginia HIV/AIDS Resources and Consultation Centers in offering various educational and clinical training opportunities, and consultation services. The AETC partners serve on quality committees such as QMAC, Case Management Standards, VACAC, and Community HIV Planning Group.

Consumer Involvement: VDH has active participation of consumers as an integral part of the CQM activities. Through maintaining the statewide Virginia Quality in Care Consumer Advisory Committee (VACAC), VDH continued to accomplish the goals of the consumers across the commonwealth. The primary goal of VACAC is acting as liaison between consumers and service providers. Additionally, VACAC assisted in engaging, educating, and bringing together consumers through a variety of quality improvement activities in FY 2022. The VACAC Executive Committee provided quarterly orientations and trainings for new and current members on QI and the state of Virginia's HIV epidemic. Activities during the FY included statewide quarterly consumer meetings (virtually through Zoom); surveys and key informant interviews at the agency level; agency consumer advisory boards; and attending VDH's Community HIV/AIDS Planning Group meetings. At these meetings, VACAC members made decisions about the types of services that PWH need or recommend be available in the community and discussed potential improvements to quality HIV care. Additionally, the VACAC offered several educational programs to increase capacity for consumers to fill any QI educational gaps.

In March of 2023, VACAC leadership completed a series of four sessions on developing storytelling knowledge and skills. The VACAC understood that such methodology can not only prove therapeutic for patients but also lead to important system and service redesigns for providers to improve patient experience. VDH also held the second in-person, statewide VACAC Summit in March 2023 with 152 consumers. The stated goal of the summit was increasing consumers' participation in local CQM committees or regional QI activities. During the summit, the participants also joined Virginia RWHAP B's statewide needs assessment, public hearings, and town halls activities.

Evaluation*:* The Virginia RWHAP B CQM program evaluation assesses infrastructure, performance measurement, and QI activities. The evaluation assists in determining whether the program is making significant improvements, with continuous QI process feedback proving critical for sustaining ongoing improvements. VDH reviews specific quality indicators for appropriateness and continued relevance monthly. The RWHAP B staff monitor subrecipients work plan goals and objectives, and the CQM team reviews subrecipient QI project quarterly reports. The RWHAP B Peer Review team monitors subrecipients' compliance with service standards through chart reviews, performance measures (PMs), client interviews, and by providing assessments regarding each organization's success in meeting consumers' expectations. Each subrecipient receives summarized findings with a request for improvements, based on these findings. Subrecipients must submit an improvement plan within 45 days of receiving the report. Additionally, VDH reviews QMAC's structure, purpose, and membership quarterly, and adjusts as needed. The QMAC QI subcommittee completed the annual statewide CQM organizational assessment survey and presented

the results at the QMAC meeting. Based on the QM findings, VDH shared technical assistance, provided site visit report results, and refined quality of care strategies for FY 2023 with stakeholders.

iv. **Performance Measurement: Process of collecting, analyzing, and reporting data for a set of measures tied to patient care, health outcomes, or patient satisfaction.** The VDH and the QMAC team retrieved the annual service utilization report, viewed the number of measures needed for each funded service category, and selected the measures. Through this collaboration, VDH established the frequency of reporting to the RWHAP B subrecipients, with data reported at minimum quarterly. The CQM data team developed a plan for the performance measure (PM) data collection process, to include collection, reporting timeframes, and determining completeness of reported data. Subrecipients reported data for key PM indicators monthly or imported data using CAREWare. VDH also collected care markers for selected PMs by RWHAP B funded services, broken down by subrecipient, race, ethnicity, risk factors, and/or regions. The CQM team reviewed each measure's outcome and determined the extent to which each PM met guidelines as defined by the most recent HIV/AIDS Bureau PM portfolio. The PM data assess quality of care, health disparities, patient satisfaction, and the effectiveness of QI activities.

The CQM team responded to the finding received during the Virginia's 2022 HRSA RWHAP B Comprehensive Site Visit. The RWHAP B developed a corrective action plan in response to all findings in the CSV report. The HIV Care Services (HCS) unit re-organized and re-structured to encourage cross collaboration and to facilitate data-driven decision making across teams within the unit. A direct result of this restructuring was adding staff to the CQM team to assist with activities including routine data analysis. HCS created a dedicated data analyst team with two FTE positions to address the data needs of HCS including perform routine data collection and analysis of CQM performance measures on a quarterly basis. The newly hired data team helped to extract and present performance measure data to the RWHAP team and during the quarterly RWHAP Cross-Parts QMAC meeting in February 2023. The team will be a part of each quarterly meeting going forward. The CQM team began reviewing and analyzing findings for HCS Program Reviews for assessment and evaluation of RWHAP B to help address health disparities for service utilization, unmet need, capacity building, integrated planning, and resource allocation review. The CQM team developed processes to collect the needed data and began to routinely assess for program enhancements and quality improvements and will present the data as needed.

v. **Quality Improvement: Development and implementation of activities to improve patient care, health outcomes, or patient satisfaction based on analysis of performance measure data and using a defined approach.** VDH developed, and trained its subrecipients on, the process and procedures for implementing selected quality initiatives. Subsequently, VDH received different QI project plans from subrecipients for recommendations and approval. In FY 2022, statewide QI projects focused on a cohort of virally unsuppressed clients, with the aim of finding interventions to increase viral load suppression (VLS) rates. All subrecipients used the Plan, Do, Study, Act (PDSA), Cause and Effect Diagrams, or Fishbone Diagrams to improve

patient health outcomes, health systems, and care processes. VDH equipped subrecipients with guidance and a reporting template to promote statewide standardization and consistency in information shared with stakeholders. VDH provided written and oral feedback on a quarterly basis to subrecipients. In 2022, clients receiving RWHAP B services performed 27 percentage points better for VLS when compared to clients across the state. This highlights the effectiveness of the program in providing access to HIV care and to the goal of care; HIV virologic suppression.

b. Are you currently using client thresholds to determine whether a performance measure is needed for each funded service category as described in Policy Clarification Notice (PCN) #15-02 Clinical Quality Management? If yes, briefly describe the data used to determine the number of clients served. If no, briefly describe why. Yes. RWHAP B methodology measured the number of clients utilizing RWHAP B services over the total population of RWHAP B clients in FY 2021 to determine the needed PMs in FY 2022.

c. List the performance measure(s) you have identified for each required core medical and support service category. For each performance measure, indicate the most recent outcome and any corresponding targets or benchmarks. Outcome data percentages should be in aggregate across all service providers. You can provide this information in tabular or outline format, as appears below Please see the uploaded document, "VIRGINIA RWHAP B FY 2022 APR SECTION 5 CQM UPDATE PERFORMANCE MEASURES."

d. Discuss how data and other findings from your performance measurement and quality improvement activities have been used to inform funding decisions, enhance service delivery, and improve health outcomes for people with HIV in your state/jurisdiction. Identify the specific performance measures, quality improvement activities, and corresponding results that have been used to inform your work in these areas. Describe any challenges you may have. VDH's ongoing goal is to understand and improve service provision, the quality of the services, and the performance of funded subrecipients. VDH collected both qualitative and quantitative data to evaluate and guide improvement efforts; to make judgements; to answer questions; and to monitor and support improvement. The CQM team completed the third year of the Rapid Start collaborative pilot project with 16 provider sites, statewide. The teams utilized the collaborative learning improvement model as an effective way of testing small changes. Strong relationships between HIV testing sites, disease intervention specialists for active referrals, and care facilities were necessary for quick referrals, and ultimately a successful Rapid Start program. Throughout the three-year initiative, VDH saw an increased rate of 98% for consumers linked to care within 30 days of a new HIV diagnosis, as compared to both RWHAP B agencies without a Rapid Start program (89%) and total statewide (79%). Agencies initiated ART medications within an average of four days of a new HIV diagnosis, as compared with the statewide average of 28 days. The Rapid Start clients achieved higher rates of VLS (87%) overall, compared to both RWHAP B agencies (79%) and statewide (62%) rates. Virginia's Rapid Start Collaborative team participated in the NACCHO and Cicatelli Associates Inc.'s RWHAP Rapid ART Jurisdictional Playbook development. The playbook will share Virginia's

best practices for other RWHAP funded settings to improve outcomes for PWH and used to support replication by others. The success of the Rapid Start program led VDH to expand Rapid Start to the entire Virginia RWHAP B program starting in FY 2023.

The number of Tuberculosis (TB) disease cases in Virginia were mostly among men (56%) in 2022 (VDH 2022 TB Fact Sheet). Minority groups continue to be among those heavily represented with TB. Individuals born outside the US; those older than 64; and HIV clients represent 87%, 33.3%, and 2.1%, of the TB caseload, respectively. The CQM team worked with the VDH TB program staff to update the Virginia RWHAP B Outpatient Ambulatory Health Service Standards to add specific TB-related requirements to the following sections: assessment, service plan, and provision of services, as well as initial laboratory work including TB testing, education about latent tuberculosis infection risks, and treatment.

According to the 2021 HRSA Ryan White Client Level Data Report (RSR), the VLS data by housing status for Virginia was 91.2% for stable housing, 78.4% for temporary housing, and 75% for unstable housing. GY 2022 public hearings, town halls, and consumer needs assessments identified the scarcity of resources addressing housing issues. Housing is inherently expensive and presents challenges for RWHAP B to directly address. There are challenges in locating willing landlords; affordable and safe housing; and housing that meets minimal standards throughout the state. VDH initiated a work group in late fall of 2022 to create initiatives to address these challenges to ensure clients have access to stable housing, better ensure care retention; and improve VLS for people temporarily and unstably housed; the group is working on its recommendations to present the to RWHAP B leadership team.

In October 2022, HCS held a RWHAP Review to assess and provide information on service utilization, health disparities, unmet needs, HCS internal and external capacity building, care and prevention integrated plan, and resources allocation process. The CQM data team supported the need to initiate and launch the RWHAP unified eligibility quality improvement project. This Plan, Do, Study, and Act process has already shown how important it is to maintain an open line of communication and a culture of support with subrecipients. By March 2023, we have been able to identify and correct more than 300 eligibility errors, which translates to better service delivery for those clients who are eligible, and ensures we are using RWHAP services for eligible clients.

The COVID19 pandemic, staffing challenges, data transition and migration issues with Provide Enterprise® database, all presented impediments to Virginia's CQM program in FY 2022. Another challenge is many primary care providers (PCPs) are often unwilling to provide care to PWH, offer routine STI testing, or collect sexual histories. This is particularly troublesome as some Infectious Disease specialists are also pushing these services to the PCPs. PCPs need additional education to provide routine HIV care and testing and to engage them at the state and provider network level. Efforts to routinize HIV in different curricula, including in schools and colleges, will be critical to assuring adequate HIV prevention and care in community health centers, federally qualified health centers, and private practices in coming years. It would be extremely beneficial to have greater collaboration and resource-sharing among mental health/substance abuse

providers, housing authorities, Medicaid, Affordable Care Act navigators, and veteran's services.