Virginia Ryan White Part B Quality Management

2023 Annual Report

HIV Care Services

5. FY 2023 CLINICAL QUALITY MANAGEMENT (CQM) UPDATE

a. Describe any significant updates you have made to your CQM Plan submitted FY 2023 in each of the following areas. If no significant updates have been made, please note that for the relevant section(s).

i. **Quality Statement:** No significant changes in the Quality Statement for FY 2023.

ii. **Quality Goals:** No significant changes in the Quality Goals for FY 2023.

iii. **Quality Infrastructure:** *Leadership & Staffing:* The HIV Care Services (HCS) unit restructured its key personnel and staffing for the Ryan White HIV/AIDS Program Part B (RWHAP B) in FY 2023. The HCS leadership made key updates to maximize management and enhancement of program activities and goals. Respective to CQM activities, the CQM Coordinator, QM Specialists, and HCS Data Analysts combined to form the Clinical Data and Administration Team (CDAT). Additionally, the program hired a Women, Infants, Children, and Youth (WICY) Coordinator in January 2024 and added to the CDAT. This restructure has allowed for more data informed decisions within the Virginia RWHAP B. See Virginia's Progress Report Narrative (section 2) of this annual progress report for more information.

Committees: No significant changes.

Resources: No significant changes.

Workplan: VDH made changes to the CQM work plan following release of the HRSA PCN 21-02 requirements to align RWHAP B services and standards to the new policy.

Stakeholder Involvement: Virginia RWHAP B continued its engagement with several stakeholders for CQM activities. All program stakeholder bodies continue to meet routinely to actively review service delivery, data, and other relevant Virginia RWHAP B programmatic actions. Key stakeholders for CQM activities include Virginia's Community HIV Planning Group, the Quality Management Advisory Committee (QMAC), and the Virginia Consumer Advisory Committee (VACAC) which all were integral in providing feedback to HCS on the HIV services delivery system in FY 2023. In addition, each body participated in various technical assistance and educational sessions provided by VDH to enhance their knowledge of HIV and Ryan White programs and grant management, CQM and Quality Improvement (QI) principles, as well as share best practices, and network with colleagues statewide. A primary focus of FY 2023 for the respective stakeholders was a focus on services through the lens of health disparities and equity for people with HIV (PWH).

Virginia RWHAP B CQM began engaging new stakeholders by building an integrated network of public health and clinical professionals to improve outreach and services for WICY with HIV. Stakeholders include HIV Prevention and Care Services staff, Maternal and Child Health staff involved in the Commonwealth's Title V grant, healthcare institutions/clinics, community-based organizations, agencies, and programs within the various localities within all levels, and interested individuals involved in community outreach. The primary goal of this new stakeholder

involvement is to reduce barriers for WICY with HIV accessing relevant services and improving health outcomes.

Consumer Involvement: VDH continued to receive active participation from RWHAP consumers as an integral part of the CQM activities. The VACAC served as the liaison between consumers and service providers, assisted in engaging, educating, and bringing together consumers through a variety of QI activities during FY 2023.

Evaluation: The Virginia RWHAP B continued evaluating the CQM infrastructure, performance measurement, and QI activities during FY 2023 per routine CQM activities outlined in the CQM Plan. The QMAC QI subcommittee completed the annual statewide CQM organizational assessment survey and presented the results at the November 2023 QMAC meeting. Informed by the survey responses, the VDH provided technical assistance, shared site visit report results, and refined quality of care strategies with RWHAP stakeholders throughout the grant year. The HCS data team worked diligently to optimize the Provide Enterprise client-level data system, Provide®, with the end goal of improving the collection and analysis of RWHAP B services and client data. This required collaboration across various HCS subject matter experts and program areas.

iv. **Performance Measurement: Process of collecting, analyzing, and reporting data for a set of measures reflective of patient care, health outcomes, and/or patient satisfaction.** The CDAT analyzed the annual service utilization data and identified the number of performance measures (PM) needed for each funded service category. The PM data assessed quality of care, health disparities, patient satisfaction, and the effectiveness of QI activities. The HCS data team developed a plan for the PM data collection process including reporting timeframes and a quality assurance review of reported data. VDH established that the frequency of sharing reports with RWHAP B subrecipients would be quarterly at minimum. Subrecipients reported data for key PM indicators through quarterly monitoring reports submitted to VDH service coordinators and direct data entry or through monthly data imported into Provide®. The HCS data analysts implemented a tracking log to ensure proper importation and record generation of RWHAP B data not entered in the state database directly. The HCS staff provided training and technical assistance to the subrecipients for accurate data entry, end-user functionality, and importing into Provide®. VDH also collected care marker data from other data sources (e.g., eHARS database, lab data, etc.) to complement the calculations of selected PM across funded service category and further stratified by subrecipients, race, ethnicity, risk factors, and/or regions. The CQM staff reviewed each measure's outcome and determined which PM met guidelines as defined by the HRSA PCN 15-02 and target goals.

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.** The VDH developed and trained its subrecipients on the processes for implementing selected quality initiatives and subsequently received QI project (QIP) plans from subrecipients for review and approval. In FY 2023, VDH and QMAC elected the statewide QIP *"Viral Load Suppression (VLS) among Clients Aged 13-34 and Expediting Antiretroviral Treatment (ART) Initiation for Clients Newly Diagnosed*" which had a bifurcated focus to achieve improvement in health outcomes. One focus was a cohort of individuals newly diagnosed aged 13-34, with the aim of identifying interventions to increase VLS rates. The second

focus of the project included a second cohort of all newly diagnosed clients and expediting time to ART initiation. All subrecipients used the Plan, Do, Study, Act (PDSA) strategy and a Cause-and-Effect analysis (e.g., driver diagram or fishbone diagrams) to improve patient health outcomes, health systems, and care processes. HCS provided subrecipients with guidance and a reporting template to promote standardization of statewide information. In addition, CDAT provided Virginia's RWHAP B programmatic data to subrecipients to aid in setting subrecipient's respective benchmarks and goals. HCS additionally provided quarterly data packages to subrecipients which helped identify inconsistencies in the client-level data received in Provide® and to review health outcomes including care markers (e.g., VLS, etc.) for clients that may have received care from multiple providers. HCS provided quarterly written and oral feedback to subrecipients based on their submitted quarterly reports.

b. Are you currently using client thresholds to determine whether a performance measure is needed for each funded service category as described in <u>Policy Clarification Notice (PCN) #15-02 Clinical Quality Management</u>? If yes, briefly describe the data used to determine the number of clients served. If no, briefly describe why. Yes. The HCS data analysts measured thresholds by using the Provide® data system to gather the number of clients utilizing RWHAP B services over the total population of RWHAP B clients in FY 2022 to determine the PM for FY 2023. All RWHAP B subrecipients have access to Provide® to either manually add service data or, if CAREWare users, import it via a process developed by the HCS data team. The condition for PM inclusion, when applicable, was any client receiving any RWHAP B service during the 12-month reporting period. The HCS data team presented the PM data by funded services in the quarterly QMAC meetings held in May 2023, August 2023, and February 2024.

c. List the performance measure(s) you have identified for each required core medical and support service category. Please see the uploaded document, "VIRGINIA RWHAP B FY 2023 APR SECTION 5 CQM PERFORMANCE MEASURES UPDATE."

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 (PWH) in your state or 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. The Virginia RWHAP B maintained the goal to understand and improve service provision, the quality of the services, and the performance of all funded RWHAP B subrecipients throughout the state in FY 2023. The VDH collected a variety of qualitative and quantitative data to evaluate and guide improvement efforts; to answer questions; and to make and support decisions.

Inform funding decisions

Provide® is the official system of record for all client-level data for Virginia RWHAP B. Various RWHAP B staff continued to review the functionality of the system in FY 2023 and worked with Groupware Technologies (GTI), the contracted vendor of the data system, to assess the various data received from the system end-users. The staff identified gaps in functionality and established an optimization project that resulted in recruitment of additional dedicated staff. This includes creating new scope of work for GTI and evaluation of program needs. Additionally, the CDAT identified the

need for routine training of end-users on entering client eligibility accurately; the need for improvements in end-user communication; and the need for tracking communications with GTI. These align with the RWHAP B and agency policies. Provide® continues to undergo improvements to ensure validity and reliability of all RWHAP B related data. The CDAT continued to host TA sessions, and conduct training events for subrecipients and staff, and routinely monitored the data system while implementing enhancements to meet programmatic needs.

Enhance service delivery

Based on Virginia's most recent Unmet Needs data, about 60 percent of RWHAP clients with a new HIV diagnosis have a detectable viral load and are not in care are in the age group of 15-34. This data informed the focus of the FY 2023 statewide QIP, primarily the antiretroviral therapy (ART) initiation of all clients newly diagnosed and aged 13-34. For ART initiation among RWHAP clients aged 13-34, VDH reviewed the rapid ART processes, to include subrecipients that are not participating in the Rapid Start program. Through this QIP, agencies concentrated efforts towards linkage to care, ART initiation, and VLS; hence, a goal of the QIP was to improve health outcomes through a Rapid Start process approach. The CQM team continued to support provider sites that were interested in initiating the Rapid Start program at their respective sites and will enhance focus on providers who serve the clients in the first cohort aged 13–34 years. The CQM team also focused on building capacity of the subrecipients to develop more collaborations and partnerships in their respective communities to have a full and robust rapid ART process.

The CQM team also initiated a PDSA strategy for Virginia's RWHAP client Unified Eligibility (UE) policy and procedures. The CDAT audited the UE Assessments, or UEAs, completed by subrecipients to help identify gaps in the UE policy. This strategy ensured an open line of communication and provided support to subrecipients around this programmatic and cultural change. The CDAT used the audit data to summarize errors captured during the weekly audit process, and then conducted technical assistance calls with the subrecipients. The audit facilitated a review of the process elements that may have previously and even incorrectly categorized clients as ineligible. Thus, by using the PDSA cycle, Virginia could improve eligibility rates and streamline the process for ending services of only verified ineligible clients while helping promote health equity within the Virginia RWHAP B service delivery. These actions improved service access and informed the CDAT of a need to further update the functionality of the data system.

Improve health outcomes for PWH

According to Virginia's client-level data, nearly 50 percent of PWH in Virginia are age 50 and older, which is on trend with the national landscape of PWH. To address this need of HIV care in Virginia's aging population, HCS initiated the HIV and Aging Services Expansion Collaborative pilot project. The project adopted an interdisciplinary and patient-centered approach to integrate geriatric clinical services, case management, mental health services, substance use disorder treatments, and safe medication practices. The project began in FY 2023 and involved all levels of stakeholders from inception, using a collaborative learning model, to make it a full system's approach that will adequately address and be responsive to the needs of this growing population. This effort aims to improve health outcomes and quality of life of PWH aged 50 and older through educational outreach, geriatrics workforce, interdisciplinary care, advanced case management models and psychosocial activities.

The VDH planned an initiative for incorporating Trauma Informed Healing Centered Approaches (TIHCA) into select RWHAP B agencies in FY 2023. During September 2022, agencies that offered HIV/Hepatitis prevention and/or HIV care services completed a VDH-issued REDCap survey inquiring about subrecipients' understanding and integration of Trauma-Informed Principles (TIPs). The responses revealed significant gaps in resources and training related to TIPs. Specifically, over 50 percent of respondents expressed a lack of resources, while 46 percent had not engaged in any TIPs training. Moreover, 51 percent were uncertain about how to transition into a trauma-informed organization, and 53 percent struggled to apply TIPs in their daily work. Based on the survey responses, VDH invited eight agencies to participate in an 18-month Community of Learning pilot initiative, ensuring representation from each of Virginia's health regions and working with the agencies to identify TICHA needs within their respective organizations. The goal of TICHA is to enhance client retention in care, viral suppression and to prevent employee burnout in subrecipient agencies. Furthermore, VDH initiated a TIHCA-specific curriculum for agency personnel, with completion expected by December 2024. VDH anticipates improvements in health outcomes of PWH, including increased rates of viral suppression and reduced HIV transmission throughout the state.

Challenges

There were challenges related to Virginia RWHAP B efforts to improve ART initiation for newly diagnosed clients. Barriers continue for subrecipients as they have limited access to updated client medical information especially in time-sensitive cases where successful linkages to care are vital (e.g., new HIV diagnosis). Specifically, the staff at non-clinical and/or referring agencies expressed difficulty in accessing clients' lab information from the clients' HIV care clinical sites. The VDH is addressing this by making further improvements to Provide® which can likely alleviate this concern among RWHAP B agencies for shared clients. To further address this challenge, the CDAT will encourage RWHAP clinical and non-clinical agencies to continue discussing this issue and explore innovative solutions and facilitate collaboration during upcoming QMAC quarterly meetings with regional breakout sessions.

The implementation of TIHCA initiatives also encountered challenges. These included staff turnover within agencies and the need to establish appropriate monitoring and evaluation methods for TIHCA activities. Program revisions in FY 2024 to the TIHCA evaluation metrics will assist the review of the project effectiveness through health outcomes performance measurement developed.