



# Department of Health

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Bureau of HIV, STIs, and  
Viral Hepatitis

## **Ryan White Part B and Ohio HIV Drug Assistance Program (OHDAP)**

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Clinical Quality Management Plan 2025 - 2026

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## Quality Statement

The mission of the Ohio Ryan White Part B Clinical Quality Management (CQM) program is to systematically monitor, evaluate, and continuously improve access to, and the quality of, HIV treatment and support services provided to Persons Living with HIV/AIDS (PLWHA) in our state. This is accomplished by:

- 1) Ensuring Part B-funded health services meet the established national care standards.
- 2) Establishing and monitoring the quality improvement programs and activities of our subrecipients.
- 3) Developing and implementing the CQM Plan.
- 4) Conducting and facilitating quality improvement projects.
- 5) Maintaining and updating the performance measurement system in the HIV Ryan White Part B Program.

The vision of the Ohio Ryan White Part B CQM program is for all Part B-eligible clients served by our program to achieve viral suppression. The goal is to improve client health outcomes for the greatest number of PLWHA who are eligible for and who receive program services. This is accomplished by monitoring client outcomes, identifying barriers, developing Specific, Measurable, Achievable, Relevant, Time-bound, (SMART) objectives, and utilizing a structured quality improvement strategy to reach this goal.

Please see [Attachment 1](#): “Key Terms Found in HIV Quality Management Plan” for definitions of terms used in this plan.

## CQM: A Federal Requirement

Quality Management is vitally important to the provision of quality services and client outcomes. Language mandating a CQM program was added to the federal Ryan White (RW) program legislation in 2006. Per legislation, CQM programs must be established “to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS and the related opportunistic infections, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.” The HIV/AIDS Bureau, Clinical Quality Management Policy Clarification Notice 15-02 (updated 09-01-2020 and available at [PCN-15-02](#)) is a key foundation for this plan. Frequently Asked Questions (FAQs) for PCN 15-02 are available at: [PCN-15-02 FAQ](#).

## Quality Infrastructure

### Leadership

The Ryan White Part B program has a solid organizational infrastructure that supports quality management initiatives. This support is critical in sustaining quality improvement activities. The Ohio HIV Ryan White Part B program is housed in the Bureau of HIV, STI, and Viral Hepatitis (BHSH). The Part B data and quality manager, who is responsible for the CQM program’s development, implementation, evaluation, and improvement, oversees the Ryan White Part B CQM program. This position reports to the HIV Care & Prevention data administrator and works closely with the Ryan White Part B HIV Client Services and Ohio HIV Drug Assistance Program (OHDAP) managers. These administrators assist in guiding and championing the CQM program by participating in, reviewing, and approving quality improvement activities and documents. They also provide CQM updates to the Bureau Chief, as indicated.

The Ohio Department of Health (ODH) also supports quality improvement led by the Center of Public Health Excellence (CPHE). The CPHE team coordinates performance management and continuous quality improvement initiatives across all programs in the agency. ODH has an agency-wide Quality Improvement Committee (QIC) that creates a Quality Improvement Plan (QIP) for the department. The QIC is comprised of representatives from health programs and administrative offices across ODH, and both the Part B data and quality manager and the Quality Improvement Coordinator have participated in the past. The QIP is the policy and procedure guidance developed to empower ODH’s systematic management, deployment, and review of quality improvement throughout the agency.

## HIV Quality Management Program Standards

The HIV Quality Management (QM) Program Standards (included in [Attachment 2](#)) lay the framework for HIV QM program expectations and outline the components of the HIV QM program. It is expected that the HIV QM program (as well as all RW-funded program subrecipients) will implement and abide by these standards. The standards are updated annually by the HIV care data and quality team and Ryan White Part B Quality Improvement (QI) committee.

## Quality Improvement Committee

The RW Part B QI Committee provides guidance for the quality management efforts across the Ryan White Part B program. The RW Part B QI Committee aims to have at least one representative from each of the ODH HIV, STI, and Viral Hepatitis program areas, including the OHDAP, HIV Client Services (including case management), the administrative support team, HIV Prevention, HIV Surveillance, and STI Prevention. The committee is chaired by a member of the HIV care data and quality team and meets quarterly (at minimum). The purpose of the RW Part B QI Committee is to provide direction for RW Part B and OHDAP quality improvement activities, with an aim to increase viral suppression for Ohioans living with HIV by guiding, approving, and monitoring the annual CQM work plan. Meeting notes are distributed after each meeting and saved on the program's shared drive, so they are accessible by all internal partners. Notes are maintained for a minimum of five years, so they are available as needed for Health Resources and Services Administration site visits.

The scope of work for the RW Part B QI Committee includes, but is not limited to:

- Revising the RW Part B Clinical QM Plan.
- Reviewing and approving Part B QI Program Standards.
- Developing, monitoring, and evaluating annual QI goals.
- Participating in QI evaluation.
- Reviewing QI language in Request for Proposals (RFPs), contracts, etc. and recommending changes (as needed).
- Reviewing performance data at least quarterly to identify questions, concerns, and improvements.
- Providing guidance for QI projects (both projects currently in progress and projects being explored).
- Receiving and sharing updates on cross-cutting HIV and STI activities, such as Data to Care, RW All-Parts QI initiatives, Ending the HIV Epidemic planning, HIV Integrated Plan, etc.

## Quality Management Staffing

The HIV care data and quality team includes a program manager, a quality improvement coordinator, HIV viral suppression nurse, two epidemiologists, and two data analytic specialists. This team is responsible for HIV CQM program oversight which includes the RW Part B QI committee and the RW Part B QM Plan and QI projects. The Part B Data and Quality team program manager collaborates with the other HIV/STI/Viral Hepatitis program managers and staff by sharing the efforts discussed above and soliciting feedback and/or information about concerns that they bring back to the team.

The quality improvement coordinator is responsible for providing QI support to RW Part B HIV Client Services subrecipients as they implement and maintain their own QM programs, and the HIV viral suppression nurse works with Part B-funded medical providers related to QI activities with a clinical focus. The [Subrecipients Involvement with QI section](#) of this document provides more details regarding engagement of subrecipients in QI.

The RW epidemiologists and data analytic specialists are responsible for data needs for the RW Part B and OHDAP programs. The epidemiologists, data analytic specialists, and quality management staff review program data and develop strategies to improve data quality and completeness (as needed). They collaborate with all HIV care programs to ensure these improvement efforts have minimal burden on programs and/or providers and subrecipients.

The RW Part B program has several QI learning opportunities and training options based on identified needs. Progressive levels of CQI training and additional complementary training are offered through virtual meetings and online. Training and technical assistance needs are monitored each year, and all trainings include an evaluation of the training provided. The Part B Data and Quality team program manager and the individual conducting the training review evaluations of each training. They make any adjustments to the training content deemed appropriate or helpful to participants.

## Quality Management Plan

The RW Part B Quality Management Plan outlines the QM program's infrastructure, performance measurement system, and process for QI projects, and is updated annually. The process starts at the end of each calendar year with the quality improvement coordinator. The RW Part B QI Committee members review the plan and provide input on any necessary changes. As part of the revision process, annual goals and performance measures are evaluated and updated. The initial draft is sent to the Part B Data and Quality manager for review. Once there is consensus by the Part B QI Committee and RW part B managers on the final draft, it is forwarded to the HIV RW Part B Managers (i.e., HIV Care & Prevention data administrator, HIV/STI/Viral Hepatitis Section administrator, HIV Client Services manager, and Ohio HIV Drug Assistance program manager) for final review and signature approval. The HIV Care & Prevention Data Administrator shares the progress and final plan with the Bureau Chief and other senior leaders as applicable. The annual QI goals, performance measures, and QI projects are then monitored routinely and reviewed during the quarterly RW Part B QI Committee meetings.

## People with HIV and Stakeholder Participation

People living with HIV influence the development and implementation of the CQM program and QI activities through several means, such as participation in client satisfaction surveys, needs assessment activities, HIV Integrated Plan Implementation groups, local subrecipient QI activities, and other local and state advisory groups, such as the Combined Community Planning Group (CCPG), including the Community Involvement workgroup. A wide variety of local and state program partners also provide input into CQM activities. A list of current stakeholder participation is in [Attachment 4](#).

## Evaluation of the Effectiveness of Quality Management Program

The effectiveness of the previous year's CQM is evaluated annually as part of the RW Part B QM Plan review. The RW Part B QI Committee reviews the quality infrastructure, performance measures, annual goals, and other QI activities to determine the progress made during the year, and their effectiveness in assessing clinical and non-clinical areas of HIV care. Accomplishments and items not completed are assessed to determine strengths and areas for improvement. Using information from the evaluation, in addition to new emerging needs, the committee makes recommendations and approves annual goals for the upcoming year.

The RW Part B QM Program is also assessed annually using the "Organizational Assessment Tool for Quality Management Programs" QI adapted from the HRSA Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation (CQII) and is referred to as the Quality Management Assessment Tool (QMAT). The QMAT identifies the essential elements associated with a sustainable quality management program. The quality improvement coordinator and Part B Data and Quality Manager review scores from the QMAT, including scores from previous years, to identify patterns, strengths, and areas for improvement. Results are shared with the Part B QI Committee to inform CQM activities.

Evaluation of the RW Part B QI Committee structure and work takes place throughout the year as activities are completed, with a more comprehensive QM program evaluation completed annually. The members complete the annual evaluation, allowing them the opportunity to provide feedback to the committee.

All evaluation and assessment results are used in the development of future CQM activities.

## CQM Annual Goals

The RW HIV Quality Improvement (QI) Committee develops CQM annual goals. The Committee has identified the following goal priorities for 2025-2026:

- Infrastructure Goal: Increase the availability of QI training for all stakeholders, including people living with HIV.
- Performance Measure Goal: Establish the system to further disseminate the Ryan White performance measures quarterly.
- Quality Improvement Goal: Patient health outcomes, satisfaction, and care will be improved by streamlining the Ryan White Part B CQM and Data Team shared computer file drive to increase efficiency for the transfer of knowledge during staffing transitions.

Each priority has a dedicated team or workgroup that will create a work plan (see [Attachment 5](#)), including measurable objectives, key actions, and desired outcome(s). Work plans will be developed within the first quarter of the CQM Plan implementation which follows the Ryan White year. Workgroups are also responsible for monitoring the status of established goals, and documenting progress and any area(s) of need. Workgroup meetings will be scheduled as needed, with status updates provided to the RW Part B QI Committee at least quarterly. RW Part B managers will receive summaries on workgroup progress. The HIV Care & Prevention data administrator will keep the bureau chief and other leaders informed as needed, and the Part B Data and Quality Manager will keep the ODH Center for Public Health Excellence informed per ODH's QI policy.

## Performance Measurement

### Performance Measure Selection and Review

Performance measurement describes a system used to track outcomes and progress towards ensuring provided services are as good as or better than the national treatment standards. This is accomplished through identifying critical aspects of care, developing measures for determining progress, and ensuring the availability of complete, accurate, and timely data. The Part B QI Committee selects the RW Part B performance measures. They are reviewed annually for relevance and approved by both the Part B QI Committee and RW Part B managers. The Performance Measure Standard Operating Procedure is stored on the program shared computer drive.

Client utilization and selected FY25 Performance Measures are included in [Attachment 6](#).

### Performance Measure Data Collection

The RW Part B Program obtains data for the selected performance measures primarily from the Ryan White Application Database (RWAD). RWAD data, and its sources, include data:

- Entered directly by HIV Client Services subrecipient agency staff or the OHDAP administrative assistant into the database:
  - o Client demographics.
  - o Medical information, such as medical provider, client's self-reported labs, etc.
  - o Insurance coverage.
  - o Outcome data, such as medication adherence, dental visits, housing, and mental health service needs.
- Entered via weekly upload from our third-party administrator (TPA) which includes fee-for-service disbursements:
  - o Client information, such as name and client identification number.
  - o Service provided, service category and service date.
  - o Payee information, including entity name and amount paid.

- Entered via monthly upload from the contracted OHDAP pharmacy:
  - o Client information, such as name and client identification number.
  - o Medications dispensed, including quantity dispensed and the national drug code for each drug dispensed.
  - o Payment information, such as full pay, partial pay, and type of insurance coverage.
- Entered directly by ODH RW Part B Program staff or uploaded via an Excel file:
  - o Clinical data from medical providers, including lab dates, lab values, medical visit dates, syphilis screening, etc.
- Entered via a match with HIV Surveillance data two to three times per year:
  - o Client lab dates and values (CD4+ counts and viral loads) reported to HIV Surveillance through electronic lab reporting. Current Ohio Law requires reporting of CD4+ counts and viral loads (regardless of the value reported).

RW Part B HIV client services subrecipients assist by entering client information (e.g., Part B program application, outcomes information, etc.) directly into RWAD. Medical providers submit clinical data that is uploaded or entered directly into RWAD. The third-party administrator and OHDAP pharmacy contractor send claims data on a regular basis that are also uploaded into RWAD.

## Performance Measure Analysis and Distribution

Part B HIV Care epidemiologists use SAS and Tableau software to analyze performance measure data. Viral suppression is stratified by age, race, and gender when possible. Performance measure data is shared quarterly with the Part B QI committee.

Data is reviewed each quarter by the Part B QI committee to monitor progress, and to identify successes and opportunities for improvement. Areas of concern are brought to the attention of the Ryan White (RW) Part B managers and administrators. The committee documents and explores these concerns for possible future quality activities and improvement options. The 2025-2026 Performance Measure annual goal focuses on ways to share performance measure data more widely, including using Ohio Department of Health performance measurement system.

[Attachment 6](#): Performance Measures Summary includes the summary of performance measures, including data sources and methods of collections.

## Quality Improvement

### Quality Improvement Methodology

The aim of all quality improvement projects undertaken in our program is to improve client care, client satisfaction and/or client health outcomes. Each QI project must have a clearly defined benchmark or method of measuring progress/movement. All relevant stakeholders are involved and, if needed, additional staff or stakeholders are either added to the project team or consulted as subject matter experts. The project status, progress, and results are communicated to staff and stakeholders, at a minimum, on a quarterly basis.

We use standard industry quality management tools and techniques to develop and implement projects (e.g., Plan, Do Study, Act (PDSA), Lean, Six Sigma, etc.) which include QI tools, such as the project charter, fish bone diagram, solution and effect diagram, impact control matrix, SIPOC, process map, etc. Documentation is completed and reviewed throughout the QI process.

Feedback is gathered from stakeholders at the completion of each cycle or phase (e.g., PDSA) to identify areas for improvement in future cycles. The RW Part B QI Committee and/or QM team conduct an evaluation at the end of the QI project cycle.



## Quality Improvement Project Selection

The Ryan White (RW) Part B QM program uses a quality improvement process whereby any internal or external stakeholder may suggest an idea for a QI project. The idea must be presented to a member of the HIV care data and quality team or member of the Part B QI committee. The QM team member then works with the idea originator to further define the idea or suggestion. In conjunction with the RW Part B QI committee, HIV managers, HIV staff and other appropriate stakeholders, the defined idea may be further analyzed and then selected as a QI project.

Criteria for pursuing projects include one or more of the following:

- Alignment with existing mission or strategic plan.
- Impact on client health outcomes, client satisfaction, and/or client care.
- Number of people affected/impacted.
- Financial impact.
- Timeliness.
- Capacity.
- Availability of baseline data or present data collection efforts.

Ideas are vetted by the Ryan White (RW) Part B QI committee or the HIV care data and quality team to determine priority level. From this prioritized list, QI projects are selected.

## Quality Improvement Project Documentation

Quality Improvement projects are documented on the PDSA Project Template form ([Attachment 3](#)).

## Subrecipients Involvement with QI

Subrecipients are engaged, supported, and monitored with respect to QI activities in several ways. Each year, RW Part B HIV client services subrecipients must submit an annual QM Plan and conduct at least one QI project during the grant year. Their submitted QM Plans are assessed for strengths and areas for improvement using a checklist adapted from the HRSA Ryan White HIV/ AIDS Program Center for Quality Improvement and Innovation (CQII). The checklist is stored on the internal program shared drive for use by the QI Coordinator. RW Part B HIV client services subrecipients must respond to QM portions in the Request for Proposals (RFPs) and must submit client outcomes-related information with each Part B grant application submitted to ODH. Outcomes data are shared with each funded RW Part B HIV client services agency on a quarterly basis, with follow-up by RW Part B staff to help identify any areas of improvement. Ongoing assessments are also completed to identify any QI technical assistance needs for each agency. If several agencies have identified a similar need, then appropriate QI training is developed for them using the most effective delivery method available. Any quality improvement projects identified by subrecipients are documented per the PDSA Project Template ([Attachment 3](#)).

The HIV Care Data and Quality viral suppression nurse also conducts site visits for funded outpatient/ambulatory health services providers. This nurse reviews outcome data related to medical care (especially viral suppression) and works with medical providers as needed to continue to improve outcomes. RW Part B-funded medical providers must have clinical QM activities in place per their provider agreement. The HIV viral suppression nurse builds relationships with providers, conducts site visits, and provides technical assistance as needed to ensure QI activities are being conducted, they also provide resources/referrals for HIV/STI/Hepatitis and QI expertise when needed.

The Ryan White Part B and OHDAP programs also support the Quality Innovations in the Continuum of HIV Care grants. These grants are for three years and are intended to test innovative strategies in helping Ohioans living with HIV be linked to medical care, retained in care, receive HIV medications, and achieve viral suppression. The grants are designed to focus on Plan-Do-Study-Act cycles, and progress is documented quarterly via program and data reports.



## CQM Work Plan

The CQM work plan, including the 2025-2026 annual goals, is in [Attachment 5](#). The work plan includes the overall goal for each area and the remainder of the work plan (i.e., objective(s), key actions, target dates, responsible individuals, and outcome/impact) will be completed by work groups within the first quarter of the Ryan White grant year.

The work plan development, implementation, monitoring, and evaluation is shared and communicated via the steps outlined above in the “[Infrastructure: Evaluation of the Effectiveness of Quality Management Program](#)” section.

## Attachment 1: Ryan White Part B Key Terms

**Annual Quality Goals:** These are the goals selected by the Ryan White Part B Quality Improvement Committee to determine each year's quality improvement focus.

**Antiretroviral Therapy (ART):** Antiretroviral therapy is prescription medication given to individuals with human immunodeficiency virus (HIV) infection. When taken consistently over time, ART can reduce the amount of virus in the individual's bloodstream (viral load suppression), making it impossible to transmit HIV during sex.

**Baseline:** An initial measurement of a population or program.

**Benchmark:** A target to be reached; a near-term standard with which an indicator or a particular performance measure is compared; a level of performance established as a standard of quality.

**Bureau of HIV, STI, and Viral Hepatitis (BHS):** The goal of the ODH Bureau of HIV, STI, and Viral Hepatitis is to prevent and control the spread of HIV, STI, and viral hepatitis. It includes the Ohio Ryan White Part B program, the Ohio HIV Drug Assistance Program (OHDAP), the HIV Prevention program (including Monitoring & Evaluation), the HIV and STI Surveillance programs, the STI Prevention program, and the viral hepatitis program for Ohio.

**Cause and Effect Diagrams:** This quality management tool is used for problem solving. It offers a systematic way to brainstorm the various factors that may be causing a problem. It prompts people to ask: "Why is this occurring?" (Sometimes called a Fish Bone Diagram).

**Combined Community Planning Group (CCPG):** A group that meets quarterly and includes HIV Prevention and Care stakeholders, including representatives from all Ryan White Parts in Ohio, consumers, medical providers, disease intervention specialists, medical case managers, and ODH HIV, STI, Viral Hepatitis Prevention, Care and Surveillance staff.

**Continuous Quality Improvement (CQI):** An agency's ongoing effort to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured. Also, CQI is an ongoing effort to improve the efficiency, effectiveness, quality or performance of services, processes, capacities, and outcomes. Among the most widely used models for continuous improvement is a four-step quality model, the Plan-Do-Study-Act (PDSA) cycle, also known as the Plan- Do-Check-Act (PDCA) cycle and Lean Six Sigma.

**Clinical Quality Management Program (CQM):** A CQM program is a systematic process with identified leadership, accountability, and dedicated resources that uses data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks. Quality management programs also focus on linkages, efficiencies, and provider and client expectations in addressing outcome improvement and are adaptive to change. Please see [PCN-15-02](#) for specific HRSA guidance on CQM.

**Define, Measure, Analyze, Improve, and Control (DMAIC):** This approach is a systematic, data-driven approach to improvement that is a core process of the Six Sigma set of techniques. DMAIC is very similar to PDSA.

**Fish Bone Diagram:** (See Cause and Effect Diagrams)

**Flow Chart:** This quality management tool is used to describe a process being studied. It is a type of diagram that can be used to represent a workflow or process and shows the steps as boxes, as well as the inter-relationships and decision points. It is less detailed than a process map.

**Goal:** A broad, general statement of what will be achieved and how things will be different after implementing a project or program; what it takes to reach the vision. A goal may or may not be measurable.

**Health and Human Services (HHS):** In the United States, HHS is the federal government's principal agency for protecting the health of all Americans and providing essential services, especially for those who are least able to help themselves. Health and Human Services includes HRSA (where the Ryan White program is located) and the Centers for Disease Control and Prevention (CDC).

**HIV/AIDS Bureau (HAB):** Within HRSA, the HIV/AIDS Bureau has responsibility for oversight of the Ryan White HIV/AIDS Program (RWHAP) in the U.S.

**HIV Care Data and Quality Management Team:** This team consists of a program manager, a quality improvement coordinator, HIV viral suppression nurse, two epidemiologists, and two data analytic specialists. The team is responsible for providing data reporting for HIV Care programs and organizing Part B quality improvement (QI) activities. The QM team is responsible for the oversight for the HIV Clinical Quality Management Program, including the Part B QI committee, HIV QM Plan and QI projects.

**HIV Part B Quality Improvement (QI) Committee:** Provides ongoing operational guidance to the HIV Quality Improvement team within the Ryan White Part B program and the Ohio HIV Drug Assistance Program (OHDAP) to implement the HIV Clinical Quality Management program objectives. It meets at least quarterly and consists of members from each program within the Ryan White Part B program along with other interested staff.

**HIV Quality Management Program Standards:** These standards are updated annually by Ohio Ryan White Part B Quality Management (QM) program, lay the framework for QM program expectations, and outline the minimum components of a QM program.

**Health Resources and Services Administration (HRSA):** HRSA is an agency within the U.S. Department of Health and Human Services (HHS) and is the federal agency that funds the Ryan White programs in the U.S.

**Impact Control Matrix:** This quality management tool is used to compare multiple potential solutions against two key variables to select the items the team should begin to implement first. This tool is typically used when there is a long list of good ideas but a limited number of resources available to work on the improvements.

**Indicator(s):** A measure that helps to quantify the progress towards achievement of a goal.

**Measure(s):** A basis for comparing performance or quality through quantification.

**Metrics:** The collection of measures used in assessing performance. Metrics can include such things as goals, indicators, measures, standards, baselines, and benchmarks.

**National Monitoring Standards:** In 2011, the HIV/AIDS Bureau at HRSA developed national monitoring standards (fiscal, program, and universal) to guide grantees in operating a Ryan White program. The Monitoring Standards define performance measures/methods, grantee responsibility, provider/sub-grantee responsibility (if any), and include source citations for each standard. The most recent version, updated in 2022, can be found [here](#).

**HRSA Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation (CQII):** This program was formerly known as National Quality Center, or NQC. Funded by the HRSA HIV/AIDS Bureau, CQII provides no-cost, state-of-the-art technical assistance for all Ryan White HIV/AIDS Program (RWHAP) HRSA-funded grantees to improve the quality of HIV care nationwide.

**Ohio All-Parts Group:** Composed of representatives from all Ryan White Parts that are funded in Ohio: Part A (two Transitional Grant Agencies – Cleveland and Columbus), Part B (HIV Care Services – statewide), Part C (seven grantees from across the state), Part D (two grantees – Cleveland and Toledo), Part F (Midwest AIDS Education and Training Center at the University of Cincinnati).

**Ohio HIV Drug Assistance Program (OHDAP):** OHDAP is the mechanism by which eligible Ohioans with HIV receive prescription medication to treat their HIV disease and related conditions. The program includes distribution of formulary medications directly to eligible program clients (formulary client) or by providing wrap-around services (e.g., paying insurance premiums, payment of medication copayments, etc.), referred to as a HIPP (health insurance premium payment) program client.

**Ohio HIV Integrated Prevention and Care Plan:** This is a vehicle to identify HIV prevention and care needs, existing resources, barriers, and gaps within Ohio, and it outlines the strategies to address them. It also articulates the existing and needed collaboration among people living with HIV, service providers, funded program implementers, and other stakeholders. The Integrated Plan for 2022-2027 was submitted to CDC and HRSA in December 2022. Ohio's HIV Prevention and Care Plan, 2027-2031 is due to our federal funder on June 30, 2026, and planning is underway for this third five-year plan.

**Part B - Ryan White Part B Program:** This refers to the federal program established by the Ryan White HIV/AIDS Treatment Modernization Act, 42 USC 300ff et seq (as in effect on January 1, 2009) and administered by the director of health under division (D) of section 3701.241 of the Revised Code Part B.

**Plan-Do-Study-Act (PDSA):** A continuous quality improvement model consisting of a logical sequence of four repetitive steps for continuous improvement and learning: Plan, Do, Study (Check), and Act.

**Performance Measure:** A measure of how well a program is working, the efficiency and effectiveness of the work performed, and the results achieved. A performance measure may relate to knowledge, skills, attitudes, values, behavior condition, or status, (e.g., % of patients who keep appointment).

**Policy Clarification Notice (PCN):** HRSA has written notices posted on their website that articulate the various policies and procedures they require their sub-grantees (e.g., the Ohio Department of Health) to follow. These same policies and procedures must be followed by any ODH grantee who receives Ryan White funding. The Policy Clarification Notices are available at: [HRSA Policy Notices](#).

**Process Mapping:** This quality management tool is used to display the current process and information flow. The purpose is to understand the current process to identify opportunities for improvement by mapping all the steps in the current process and identifying the job function that completes each step. It is a more detailed approach than a flowchart.

**Program Activities:** These are specific program activities that have been selected by the HIV Quality Management team with the aim to improve client health outcomes. These are presented as SMART objectives and include baseline/benchmark data.

**Quality Management Assessment Tool (QMAT):** An organizational assessment tool developed by the HRSA Ryan White HIV/AIDS Program (RWHAP)-funded Center for Quality Improvement and Innovation (CQII). QMAT assesses the presence of the essential elements associated with a sustainable quality management program.

**Quality:** An essential characteristic or attribute of a product, program, service, or process that helps determine the level of excellence or intrinsic value. Quality is determined by the end-user or customer of the product and can be expressed in a range from poor to high quality.

**Quality Assurance (QA):** The maintenance of a desired level of quality in a service or product, especially by means of inspection to measure compliance with established standards.

**Quality Improvement (QI):** Quality improvement is a formal approach to the analysis of performance and systematic efforts to improve it. It is accomplished through continuously improving processes to meet or exceed established standards. Opportunities for quality improvement are often detected through quality assurance activities (e.g., process mapping).

**Quality Improvement Capacity Building:** Use of various methods to expand quality improvement knowledge, skills, resources, and implementation throughout all aspects of the Ryan White Part B programming in Ohio.

**Quality Improvement Projects:** A quality improvement project contains a planned sequence of systematic and documented activities aimed at improving a process. Improvements can be made in two ways, either by 1) improving the process itself, and/or 2) by improving the outcomes of the process.

**Quality Improvement Tools:** Refers to the variety of tools used to identify how processes, programs, and services can be improved. These tools include such things as flow charts, cause and effect diagrams, logic models, Strengths, Weaknesses, Opportunities & Threats (SWOT) analyses, SIPOC (supplier, inputs, process, outputs, customer, and process) mapping for examples.

**Quality Management (QM):** QM ensures that an organization, product, or service is of consistent high quality. It includes both quality assurance and quality improvement activities.

**Quality Management Plan:** A written document that outlines the HIV Clinical Quality Management program, including a clear indication of responsibilities and accountability, performance measurement strategies and goals, and elaboration of processes for ongoing evaluation and assessment of the program. Also known as Clinical Quality Management Plan or CQM Plan.

**Ryan White Application Database (RWAD):** This ODH web-based system is designed to document client eligibility and enrollment in any of the Ryan White Part B programs in Ohio.

**Ryan White HIV/AIDS Program (RWHAP):** This is the name of the program within the HIV/AIDS Bureau (HAB) at the Health Resources and Services Administration (HRSA). Originally named the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, the program had several name changes when reauthorized in 1996, 2000, 2006, and 2009 (as the Ryan White HIV/AIDS Treatment Extension Act of 2009) and is now called the Ryan White HIV/AIDS Program (RWHAP).

**SIPOC:** This quality improvement tool used for process improvement derives its name (an acronym) from the words used to describe its relevant parts: Supplier, Input, Process, Output, and Customer. The results of a SIPOC analysis are displayed in a table format.

**Six Sigma:** A set of tools originally developed by Motorola in 1986. The tools are used to improve the quality of process outputs by identifying and removing the causes of defects (errors) and minimizing variability in manufacturing and business processes.

**SMART:** A method to create objectives that are specific, measurable, achievable, relevant, and time-bound.

**Solution and Effect Diagrams:** This quality improvement tool is used to identify changes and recommendations. It offers a systematic way to brainstorm the various solutions to reach a positive outcome (effect). It prompts people to ask: “How can we do this?” Similar to the cause-and-effect diagram.

**Standards:** An established level of performance or quality; the minimum acceptable measurement expected or desired.

**Storyboards:** Collection of information in a written format that offers a clear, logical, and convincing picture of key points in the improvement project and can be an effective venue for telling the story as the team moves through its improvement work.

**SWOT Analysis Model:** This quality improvement tool used for process analysis focuses on **S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats. The results of a SWOT analysis are often presented as a matrix.

**Third Party Administrator (TPA):** The Ryan White Part B program may use the services of a TPA to pay for HIV-related medical services and medications.

# Attachment 2: QI Program Standards

## Ohio Department of Health Ryan White Part B Program

### HIV Clinical Quality Management Program

**Knowledge. Excellence. Innovation.**

## HIV Quality Management Program Standards

As the Ohio Ryan White HIV/AIDS Part B grantee, the Ohio Department of Health (ODH) is required by our funder, the Health Resources and Services Administration (HRSA), to set quality expectations for Part B program services. A formal quality management program that embraces quality improvement (QI) philosophy must be in place as part of the HIV service delivery program and must adhere to [HAB-PCN 15-02](#). Per HRSA, the minimum components of an HIV Quality Management Program are the following:

### 1) Infrastructure for Quality Program

- Each quality program should have an annually reviewed and updated quality plan describing the mission of the program, key quality principles and objectives, and the infrastructure of the program.
- The quality plan should specifically:
  - o Outline quality committees, including membership, frequency of meeting, and reporting mechanisms.
  - o Specify accountability for all quality improvement activities within the program.
  - o Describe processes to evaluate, assess, and follow up on quality findings.
  - o Link the quality program to the organization's overall quality program, and,
  - o Explain the roles and responsibilities of leadership and its commitment of resources for the quality program.
- Specific programmatic annual goals regarding quality projects and performance measures should be set and shared with program staff. These goals should be formally reviewed and updated by the quality committee at least annually.
- Members of different professional disciplines and programmatic backgrounds should be included in the quality committee membership to ensure multiple stakeholders are represented, and to encourage sharing of ideas.
- The objectives, progress, and results of quality activities and performance measurement indicators should be routinely communicated to staff and stakeholders to increase participation in the quality program.
- At a minimum, education should be provided to all section staff annually. Education should include QI-related topics, including, but not limited to, quality improvement principles, and quality program goals and objectives.
- The quality program should routinely assess patients' needs and/or satisfaction and integrate consumer feedback into the quality program.
- Consumer involvement should be incorporated into all three components (infrastructure, performance measurement, and quality improvement) of the program standards.

### 2) Performance Measurement

- The quality program should describe its clinical and non-clinical indicators, including written definitions, desired health outcomes, and frequencies of review in the quality plan. Indicators should be updated at least annually and reflect current standards of care.
- The program should routinely measure the quality of care with the involvement of staff and consumers and review results in quality committees. A work plan for follow-up action(s) should include implementation steps, anticipated barriers (including how to mitigate them) and a timetable for completion of each step.
- Performance data results should be shared with staff, clients, and other stakeholders.

### 3) Quality Improvement Projects

- The process of selection and prioritization of quality improvement activities should be clearly outlined and should respond to external expectations and internal priorities. Staff should be involved in the selection of quality initiatives and these quality initiatives should be documented as part of a written work plan.
- A process for reviewing results of quality initiatives should be integrated into the quality program.
- The agency/program's quality committee should oversee and provide support and feedback on quality improvement projects.
- Project specific quality improvement teams with cross-functional representation should be formed to address specific quality improvement opportunities and continue to monitor change.
- Results of quality improvement projects should be presented to quality committees and stakeholders, shared among staff, and used for future planning.



## Attachment 3: PDSA Project Template

Directions: Use this Plan-Do-Study-Act (PDSA) tool to plan and document your progress and test changes. The project leader/manager/coordinator should complete this tool with review and input by the project team. Start by answering the first two questions on the form. As you plan to test changes to meet your aim, answer question 3 below and plan, conduct, and document your PDSA cycles. It typically takes multiple PDSA cycles to achieve your aim.

Use as many forms as you need to track your PDSA cycles.

### Model for Improvement: Three questions for improvement:

**1. What are we trying to accomplish (aim)?**

State your aim. (How does it improve patient care, health outcomes, and patient satisfaction?)

**2. How will we know that change is an improvement (measures)?**

Describe the measurable outcome(s) you want to see.

**3. What change can we make that will result in an improvement?****3.1 Define the processes currently in place; Use process mapping, flow charting, or another tool.**

**3.2 Identify opportunities for improvement.** (Look for causes for problems, pinpoint where breakdowns have occurred, determine if work-a-rounds have been added, or if there are duplicate or unnecessary steps, etc.)

**3.3 Decide what you will change in the process, and determine your intervention based on your analysis.** (Identify better ways to do things that address the root causes of the problem, incorporate processes that have worked for other organizations, and gather the best evidence for what might work.)

<b>Plan</b> <ul style="list-style-type: none"> <li>• What change are you testing with the PDSA cycles(s)?</li> <li>• What do you predict will happen and why?</li> <li>• Who will be involved in this PDSA? (Whenever feasible, it will be helpful to involve direct care staff.)</li> <li>• Plan a small test of change.</li> <li>• How long will the change take to implement?</li> </ul>	<b>List your action items along with person(s) responsible, including timelines.</b>
<b>Do</b> <ul style="list-style-type: none"> <li>• Carry out the test on a small scale.</li> <li>• Document observations, including any problems and unexpected findings.</li> <li>• Collect data you identified as needed during the 'Plan' stage.</li> </ul>	<b>Describe what happened when you ran the test.</b>
<b>Study</b> <ul style="list-style-type: none"> <li>• Study and analyze the data.</li> <li>• Determine if the change resulted in the expected outcome.</li> <li>• Were there implementation lessons?</li> <li>• Summarize what was learned. Look for: unintended consequences, surprises, successes, and failures.</li> </ul>	<b>Describe the measured results and compare them to the predictions.</b>
<b>Act</b> <ul style="list-style-type: none"> <li>• Based on what was learned from the test:</li> <li>• Adapt– modify the changes and repeat PDSA cycle.</li> <li>• Adopt– consider expanding the changes in your organization to additional residents, staff, and units.</li> <li>• Abandon– change your approach and repeat PDSA cycle.</li> </ul>	<b>Describe what modifications to the plan will be made for the next cycle based on what you learned.</b>

## Attachment 4: Stakeholder Participation

**HIV Managers and Administrators communicate** programmatic QI-related needs to the QM Program team. HIV Care, Prevention, Surveillance Manager(s) select program representatives to serve on the Ryan White (RW) Part B QI committee and communicate outcomes to internal partners (including staff) and external stakeholders. HIV managers and administrators collaborate with the Part B QI committee to implement quality improvement activities.

**Bureau of HIV, STI, and Viral Hepatitis (BHSB)** provides leadership support and shares ODH QM information with overall bureau (as needed) and with other bureaus in the agency (as desired).

**Combined Community Planning Group (CCPG)** is responsible for addressing statewide activities, outreach efforts, capacity building, successes, and barriers to reaching the objectives related to providing effective services to served communities. CCPG meets quarterly. The Part B QI Committee collaborates with the CCPG group as needed for QI activities.

**Ryan White Part B-funded HIV Client Services** is composed of case management staff and supervisors at our sub-recipient agencies. HIV Client Services subrecipient agency staff are responsible for collecting and submitting client intake and eligibility data, client outcomes data, and submitting claims data to the Ohio Department of Health (ODH). Supervisors and quality improvement personnel at the sub-recipient agencies are responsible for quality management activities in the agencies and in the network. The HIV Client Services network collaborates with the Part B QI committee to implement quality improvement activities.

**Ohio All-Parts Group** includes representatives from each of Ohio's Ryan White Parts and is responsible for participating in and setting goals/actions for the Ohio HIV Integrated Prevention and Care Plan, collaborating in the provision of HIV care throughout the state, and coordinating QI efforts designed to improve viral suppression rates and other areas of the HIV care continuum. Ohio All-Parts Group meets quarterly and collaborates with the Part B QI committee to implement quality improvement activities.

**Ohio's Integrated HIV Prevention and Care Plan** implementation will not be successful without highly engaged stakeholders. We are working to ensure stakeholder participation in each of the implementation groups. This is explained in much greater detail in the Integrated Plan itself.

## Attachment 5: 2025-2026 CQM Work Plan

**Infrastructure Goal:** Increase the availability of QI trainings for all stakeholders including people living with HIV/AIDS (PLWHA).

Objective	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/ Comments

**Performance Measurement Goal:** Further develop the formal system for disseminating Ryan White Part B performance measures data.

Objective	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/ Comments

**Performance Measurement Goal:** Further develop the formal system for disseminating Ryan White Part B performance measures data.

Objective	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/ Comments

When developing work plans, create SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) objectives.

## Attachment 6: Performance Measures Summary

### MCM-1: Medical Case Management Viral Suppression

- Funded service category: Medical Case Management (MCM).
- Funded service category utilization: Baseline MCM client utilization for 1/1/2024 – 12/31/2024: 1,325/3,069 (43%).
- Performance Measure Description: Improve viral suppression percentages for clients enrolled in MCM during the measurement year.
- Included in Implementation Plan: Yes.
- Similar national measures: HRSA Viral Suppression performance measure; National Quality Forum Measure #2082.
- Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.
- Denominator: Number of clients enrolled in MCM during the reporting period, regardless of age, with a diagnosis of HIV with at least one medical visit in measurement year.
- Data source: Ryan White Application Database (RWAD). Contributors to the data: third party administrator, HIV Client Services subrecipient agency staff, client self-report; medical prescribers, HIV surveillance. Medical visits are visits with a provider who has prescribing privileges. Medical visits should be pulled from all sources, including our third-party administrator (TPA) for paid medical visits (both full-pay and co-pay) and information included on the verification of medical information and treatment (VMIT) forms received for client medical visits during the period of interest.
- Frequency of data collection: Ongoing, real-time data collection.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources (HIV Client Services subrecipient agency staff, medical prescribers, third-party administrator; HIV Surveillance labs); recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team.
- Method for sharing data: Share quarterly with HIV Care quality improvement (QI) Committee and Ryan White program managers and administrators. Also approved for sharing with RW-funded HIV Client Services subrecipient agencies.

### MCM-2: Medical Case Management Annual Retention in Medical Care

- Funded service category: MCM.
- Funded service category utilization: Baseline MCM client utilization for 1/1/2024 – 12/31/2024: 1,325/3,069 (43%).
- Performance Measure Description: Improve annual retention in HIV medical care for clients enrolled in MCM during the measurement year.
- Included in Implementation Plan: Yes.
- Similar national measures: HRSA MCM Annual Retention performance measure.
- Numerator: Number of patients in the denominator who had at least two HIV medical care encounters at least 90 days apart within a 12-month measurement year. At least one of the two HIV medical care encounters needs to be a medical visit with a provider who has prescribing privileges.
- Denominator: Number of clients enrolled in MCM during the measurement year, regardless of age, with a diagnosis of HIV who had at least one HIV medical encounter within the 12-month measurement year. Exclusions: Clients who died during the measurement year.
- Data source: RWAD. Contributors to the data: third party administrator, HIV Client Services subrecipient agency staff, client self-report, medical prescribers, HIV surveillance. HIV medical care encounter is a medical visit with a provider with prescribing privileges or an HIV viral load test. Use same medical visit data for other outcomes (Public Partnerships Limited (PPL) and VMIT).
- Frequency of data collection: Ongoing collection.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources (HIV Client Services subrecipient agency staff, medical prescribers, third-party administrator; HIV Surveillance labs); recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team.
- Method for sharing data: Share quarterly with HIV Care quality improvement (QI) Committee and Ryan White program managers and administrators. Also approved for sharing with RW-funded HIV Client Services subrecipient agencies.

## NMCM-1: Housing Case Management Viral Suppression

- Funded service category: Non-Medical Case Management (NMCM).
- Funded service category utilization: Baseline NMCM client utilization for 1/1/2024 – 12/31/2024: 732/2,351 (31%).
- Performance Measure Description: Improve viral suppression percentages for clients working with a housing case manager during the measurement year.
- Included in Implementation Plan: Yes.
- Similar national measures: HRSA Housing Case Management Viral Suppression performance measure; National Quality Forum Measure #2082.
- Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.
- Denominator: Number of clients working with a housing case manager during the reporting period, regardless of age, with a diagnosis of HIV with at least one medical visit in measurement year.
- Data source: RWAD. Contributors to the data: third party administrator, HIV Client Services subrecipient agency staff, client self- report, medical prescribers, HIV surveillance. Use Housing CM checkbox in client application. Medical visits are visits with a provider who has prescribing privileges. Medical visits should be pulled from all sources, including PPL paid medical visits (both full-pay and co-pay) and VMIT medical visit dates.
- Frequency of data collection: Every six months as part of client's Part B/Ohio HIV Drug Assistance Program (OHDAP) application.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources and recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team.
- Method for sharing data: Share quarterly with HIV Care quality improvement (QI) Committee and Ryan White program managers and administrators. Also approved for sharing with RW-funded HIV Client Services subrecipient agencies.

## NMCM-2: Non-Medical Case Management Viral Suppression

- Funded service category: NMCM.
- Funded service category utilization: Baseline NMCM client utilization for 1/1/2024 – 12/31/2024: 732/2,351 (31%).
- Performance Measure Description: Improve viral suppression percentages for clients enrolled in NMCM during the measurement year.
- Included in Implementation Plan: Yes.
- Similar national measures: HRSA Viral Suppression performance measure; National Quality Forum Measure #2082.
- Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.
- Denominator: Number of clients enrolled in NMCM during the reporting period, regardless of age, with a diagnosis of HIV with at least one medical visit in measurement year.
- Data source: RWAD. Contributors to the data: third party administrator, HIV Client Services subrecipient agency staff, client self- report, medical prescribers, HIV surveillance. Medical visits are visits with a provider who has prescribing privileges. Medical visits should be pulled from all sources, including from the database of the third-party administrator to include paid medical visits (both full-pay and co-pay) and VMIT medical visit dates.
- Frequency of data collection: Every six months as part of client's Part B/OHDAP application.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources and recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team.
- Method for sharing data: Share quarterly with HIV Care quality improvement (QI) Committee and Ryan White program managers and administrators. Also approved for sharing with RW-funded HIV Client Services subrecipient agencies.

## ADAP-1: AIDS Drug Assistance Program (ADAP) Full Pay/Formulary Viral Suppression

- Funded service category: ADAP Formulary [known as the Ohio HIV Drug Assistance Program (OHDAP) in Ohio].
- Funded service category utilization: Baseline ADAP Formulary client utilization for 1/1/2024 – 12/31/2024: 1,086/7,150 (15%).
- Performance Measure Description: Improve viral suppression percentages for clients with a full- pay/Formulary medication dispense through the Pharmacy Benefits Manager during the measurement year.
- Included in Implementation Plan: Yes.
- Similar national measures: HRSA ADAP Full pay/Formulary Viral Suppression performance measure; National Quality Forum Measure #2082.
- Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.
- Denominator: Number of clients with a full-pay/Formulary medication dispensed through the Pharmacy Benefits Manager during the reporting period, regardless of age, with a diagnosis of HIV with at least one medical visit in measurement year.
- Data source: RWAD. Contributors to the data: third party administrator, HIV Client Services subrecipient agency staff, client self- report, medical prescribers, HIV surveillance. Medical visits are visits with a provider who has prescribing privileges. Medical visits should be pulled from all sources, including PPL paid medical visits (both full-pay and co-pay) and VMIT medical visit dates.
- Frequency of data collection: Every six months as part of client's Part B/OHDAP application.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources and recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team.
- Method for sharing data: Share quarterly with HIV Care quality improvement (QI) Committee and Ryan White program managers and administrators. Also approved for sharing with RW-funded HIV Client Services subrecipient agencies.

## ADAP-2: AIDS Drug Assistance Program (ADAP) Application Determination

- Funded Service Category: ADAP Formulary [known as the Ohio HIV Drug Assistance Program (OHDAP) in Ohio].
- Funded service category utilization: Baseline ADAP Formulary client utilization for 1/1/2024 – 12/31/2024: 1,086/7,150 (15%).
- Performance Measure Description: Increase the percentage of ADAP applications approved or denied for new ADAP enrollment within five business days of ADAP receiving a complete application in the measurement year.
- Included in the Implementation Plan: Yes.
- Similar national measures: HRSA ADAP Application Determination Performance Measure.
- Numerator: Number of applications in the denominator that were approved or denied for new ADAP enrollment within five business days of ADAP receiving a complete application in the measurement year. New ADAP enrollment refers to individuals who applied to ADAP for the first time ever, excluding those who have been recertified as eligible or individuals who have been reinstated as enrolled clients after a period of having been decertified. This numerator excludes clients who have moved out of state and then returned, clients who move on and off ADAP because of fluctuations in eligibility for a Medicaid/Medically Needy program, based on whether they met the spenddown requirements.
- Denominator: Total number of complete ADAP applications, regardless of age, for new ADAP enrollment received in the measurement year, excluding ADAP applications for new ADAP enrollment that were incomplete or incorrectly filled out, or received by ADAP within the last 14 days (two weeks) of the measurement year. A complete application is one that is submitted to ADAP/HIPP coordinators for review.
- Data Source: RWAD. Contributors to the data: agency staff, OHDAP coordinators.
- Frequency of data collection: Ongoing.
- Method of data collection: HIV Client Services subrecipient agency staff, or clients if applying directly without a case manager.



- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team. Run quarterly and annually for the state overall, by HIV planning region and by subrecipient agency. HRSA guidance for data selection: Was the ADAP application for a new ADAP enrollment complete (Y/N)? If yes, was the application the client submitted received by the ADAP program before the last five business of the measurement year? If yes, was the determination on the application made by the ADAP program? (Y/N) If yes, was the ADAP application approved or denied within five business days of receiving the ADAP application? (Y/N)
- Method for sharing data: Share quarterly with HIV Care quality improvement (QI) Committee and Ryan White program managers and administrators. Share via email quarterly with subrecipient agencies.

## **HIPP-1: HIPP Premium and/or co-pay Viral Suppression**

- Funded service category: HIPP.
- Funded service category utilization: Baseline HIPP client utilization for 1/1/2024 – 12/31/2024: 1,872/6,490 (29%).
- Performance Measure Description: Improve viral suppression percentages for clients with a co-pay medication dispense through the Pharmacy Benefits Manager and/or paid premium during the measurement year.
- Included in Implementation Plan: Yes.
- Similar national measures: HRSA Viral Suppression performance measure; National Quality Forum Measure #2082.
- Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.
- Denominator: Number of clients with a co-pay medication dispense through the Pharmacy Benefits Manager and/or paid premium during the reporting period, regardless of age, with a diagnosis of HIV with at least one medical visit in measurement year.
- Data source: RWAD. Contributors to the data: third party administrator, HIV Client Services subrecipient agency staff, client self- report, medical prescribers, HIV surveillance. Medical visits are visits with a provider who has prescribing privileges. Medical visits should be pulled from all sources, including PPL paid medical visits (both full-pay and co-pay) and VMIT medical visit dates.
- Frequency of data collection: Every six months as part of client's Part B/OHDAP application.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources and recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team.
- Method for sharing data: Share quarterly with HIV Care quality improvement (QI) Committee and Ryan White program managers and administrators. Also approved for sharing with RW-funded HIV Client Services subrecipient agencies.

## **HIPP-2: Health Insurance Premium Payment (HIPP) Application Determination**

- Funded Service Category: HIPP
- Funded service category utilization: Baseline HIPP client utilization for 1/1/2024 – 12/31/2024: 1,872/6,490 (29%).
- Performance Measure Description: Increase the percentage of HIPP applications approved or denied for new HIPP enrollment within five business days of ADAP receiving a complete application in the measurement year.
- Included in the Implementation Plan: Yes.
- Similar national measures: HRSA HIPP Application Determination Performance Measure.
- Numerator: Number of applications in the denominator that were approved or denied for new HIPP enrollment within five business days of ADAP receiving a complete application in the measurement year. New HIPP enrollment refers to individuals who applied to HIPP for the first time ever, excluding those who have been recertified as eligible or individuals who have been reinstated as enrolled clients after a period of having been decertified. This numerator excludes clients who have moved out of state and then returned, clients who move on and off HIPP because of fluctuations in eligibility for a Medicaid/Medically Needy program, based on whether they met spenddown requirements.
- Denominator: Total number of complete HIPP applications, regardless of age, for new HIPP enrollment received in the measurement year, excluding HIPP applications for new HIPP enrollment that were incomplete or incorrectly filled out, or received by ADAP within the last 14 days (two weeks) of the measurement year. A complete application is one that is submitted to ADAP/HIPP coordinators for review.
- Data Source: RWAD. Contributors to the data: agency staff, OHDAP coordinators.
- Frequency of data collection: Ongoing.

- Method of data collection: HIV Client Services subrecipient agency staff, or clients if applying directly without a case manager.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team. Run quarterly and annually for the state overall, by HIV planning region and by subrecipient agency. HRSA guidance for data selection: Was the HIPP application for a new HIPP enrollment complete (Y/N)? If yes, was the application the client submitted received by the ADAP program before the last five business of the measurement year? If yes, was the determination on the application made by the ADAP program? (Y/N) If yes, was the HIPP application approved or denied within five business days of receiving the HIPP application? (Y/N)
- Method for sharing data: Share quarterly with HIV Care quality improvement (QI) Committee and Ryan White program managers and administrators. Share via email quarterly with subrecipient agencies.

## FA-1: Financial Assistance Viral Suppression

- Funded service category: Multiple (Outpatient/Ambulatory Health Services; Mental Health Services, and Oral Health Services); service categories included in Financial Assistance (FA) RWAD enrollment.
- Funded service category utilization: Baseline FA client utilization for 1/1/2024 – 12/31/2024: 1,115/6,148 (18%) for all service categories combined. Individual service category client utilization is Outpatient/Ambulatory Health Services 13%, Mental Health Services <1%, and Oral Health Services 7%.
- Performance Measure Description: Improve viral suppression percentages for clients enrolled in FA during the measurement year.
- Included in Implementation Plan: No.
- Similar national measures: HRSA EFA Viral Suppression performance measure; National Quality Forum Measure #2082.
- Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.
- Denominator: Number of clients with an EFA enrollment during the reporting period, regardless of age, with a diagnosis of HIV with at least one medical visit in measurement year.
- Data source: RWAD. Contributors to the data: third party administrator, HIV Client Services subrecipient agency staff, client self- report, medical prescribers, HIV surveillance. Medical visits are visits with a provider who has prescribing privileges. Medical visits should be pulled from all sources, including PPL paid medical visits (both full-pay and co-pay) and VMIT medical visit dates.
- Frequency of data collection: Ongoing real time data collection.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources (HIV Client Services subrecipient agency staff, medical prescribers, third-party administrator (HIV Surveillance labs); recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team.
- Method for sharing data: Share quarterly with HIV Care quality improvement (QI) Committee and Ryan White program managers and administrators. Also approved for sharing with RW-funded HIV Client Services subrecipient agencies.

## CORE-1: Viral Suppression

- Funded service category: Core Measure (multiple service categories).
- Funded service category utilization: N/A.
- Performance Measure Description: Improve viral suppression percentages for all clients enrolled in any Part B service during the measurement year.
- Included in Implementation Plan: No.
- Similar national measures: HRSA Viral Suppression performance measure; National Quality Forum Measure #2082.
- Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.
- Denominator: Number of clients enrolled in any Part B service during the reporting period, regardless of age, with a diagnosis of HIV with at least one medical visit in measurement year.

- Data source: RWAD. Contributors to the data: third party administrator, HIV Client Services subrecipient agency staff, client self- report, medical prescribers, HIV surveillance. Medical visits are visits with a provider who has prescribing privileges. Medical visits should be pulled from all sources, including PPL paid medical visits (both full-pay and co-pay) and VMIT medical visit dates.
- Frequency of data collection: Ongoing real time data collection.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources (HIV Client Services subrecipient agency staff, medical prescribers, third-party administrator; HIV Surveillance labs); recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team. HRSA guidance for data selection: Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the patient have at least one medical visit during the measurement? (Y/N) If yes, did the patient have a HIV viral load test with a result?
- Method for sharing data: Share quarterly with HIV Care quality improvement (QI) Committee and Ryan White program managers and administrators. Also approved for sharing with RW-funded HIV Client Services subrecipient agencies.

## CORE-2: Prescribed Anti-Retroviral Therapy (ART)

- Funded service category: Core Measure (multiple service categories).
- Funded service category utilization: N/A.
- Performance Measure Description: Increase percentage of patients, regardless of age, with a diagnosis of HIV who are prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year.
- Included in Implementation Plan: No.
- Similar national measures: HRSA Prescribed ART performance measure; National Quality Forum Measure #2083.
- Numerator: Number of patients from the denominator prescribed HIV ART during the measurement year.
- Denominator: Number of patients from the denominator prescribed HIV ART during the measurement year.
- Data source: RWAD. Contributors to the data: contract pharmacy, HIV Client Services subrecipient agency staff, client self-report, medical prescribers.
- Frequency of data collection: Ongoing real time data collection.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources (contract pharmacy, medical prescribers HIV Client Services subrecipient agency staff); recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team. HRSA guidance for data selection: Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the patient have at least one medical visit during the measurement year? (Y/N) If yes, was the patient prescribed HIV ART during the measurement year? (Y/N)
- Method for sharing data: Share quarterly with HIV Care quality improvement (QI) Committee and Ryan White program managers and administrators. Also approved for sharing with RW-funded HIV Client Services subrecipient agencies.

## CORE-3: Annual Retention

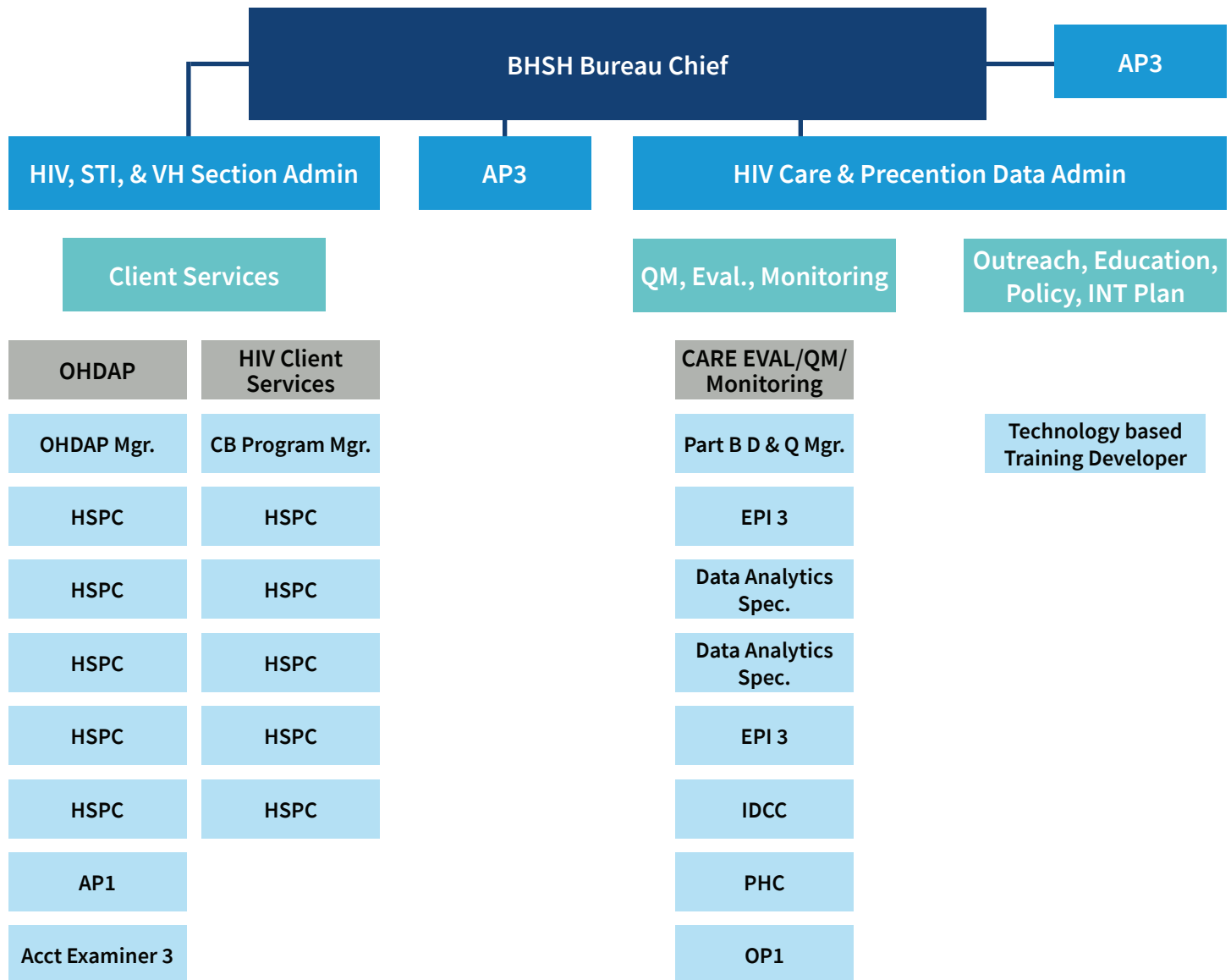
- Funded service category: Core Measure (multiple service categories).
- Funded service category utilization: N/A.
- Performance Measure Description: Improve annual retention in HIV medical care for all clients enrolled in any Part B service during the measurement year.
- Included in Implementation Plan: No.
- Similar national measures: HRSA Annual Retention performance measure.
- Numerator: Number of patients in the denominator who had at least two HIV medical care encounters at least 90 days apart within a 12-month measurement year. At least one of the two HIV medical care encounters needs to be a medical visit with a provider who has prescribing privileges.
- Denominator: Number of patients, regardless of age, with a diagnosis of HIV who had at least one HIV medical encounter within the 12-month measurement year.
- Data source: RWAD. Contributors to the data: third party administrator, HIV Client Services subrecipient agency staff, client self- report, medical prescribers, HIV surveillance. Exclusions: Clients who died during the measurement year. HIV medical care encounter is a medical visit with a provider with prescribing privileges or an HIV viral load test. Use same medical visit data for other outcomes (PPL and VMIT).

- Frequency of data collection: Ongoing real time data collection.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources (HIV Client Services subrecipient agency staff, medical prescribers, third-party administrator; HIV Surveillance labs); recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team. HRSA guidance for data selection: Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the patient have at least two medical care encounters during the measurement year? (Y/N) b. If yes, did the patient have an HIV viral load test within the measurement year? (Y/N) c. If yes, did the patient have at least one additional medical visit encounter with a provider with prescribing privileges within the measurement year? (Y/N) d. Or did the patient have two medical visits with provider with prescribing privileges within the measurement year? (Y/N)
- Method for sharing data: Share quarterly with HIV Care quality improvement (QI) Committee and Ryan White program managers and administrators. Also approved for sharing with RW-funded HIV Client Services subrecipient agencies.

\*Additional funded service categories not included above:

- Linguistics – 55/5,140 (1%).
- Medical Transportation – 49/5,140 (1%).
- Referral for Health Care and Support Services – 504/5,140 (10%).
- Health Education/Risk Reduction – 101/5,140 (2%).
- Early Intervention Services.

## Attachment 7: Ryan White Part B Organizational Chart



BSSH – Bureau of HIV, STI, and Viral Hepatitis

AP – Administrative Professional

QM – Quality Management

HSPC – Health Services Program Consultant

EPI – Epidemiology Investigator

IDCC – Infectious Disease Control Consultant

PHC – Public Health Consultant

OP – Office Professional