Ohio Department of Health
HIV Ryan White Part B Section
Ohio Ryan White Part B Quality Management Program

HIV Quality Management Plan

Quality Statement

The mission of the Ohio Ryan White Part B Quality Management (QM) program is to systematically monitor, evaluate, and continuously improve equitable access to, and the quality of, HIV treatment and support services provided to persons living with HIV/AIDS (PLWHA). This is accomplished by 1) ensuring Part B-funded services meet the established national care standards; 2) establishing and monitoring quality improvement programs and activities of our sub-recipients 3) developing and implementing the QM Plan; 4) conducting and facilitating quality improvement projects; and 5) maintaining the performance measurement system in the HIV Ryan White Part B Program.

The vision of the Ohio Ryan White Part B QM program is for all Part B-eligible clients served by our program to achieve viral suppression. This is accomplished by monitoring client outcomes, identifying obstacles, developing SMART objectives, and utilizing a structured quality improvement strategy to reach these goals. The ultimate goal is to improve client health outcomes for the greatest number of PLWHA who are eligible for and receive our services.

Please see *Attachment 1: Key Terms Found in HIV Quality Management Plan* for definitions of terms used in this plan.

Legislative Background: Clinical Quality Management

Quality Management is so vitally important to the provision of quality services and client outcomes that language mandating a clinical quality management program was added to the federal Ryan White program legislation in 2006. Per legislation, clinical quality management 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 infection, 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 11/30/2018 and available at https://hab.hrsa.gov/sites/default/files/hab/Global/CQM-PCN-15-02.pdf) is a key foundation for this plan. FAQs for PCN 15-02 are available at: https://hab.hrsa.gov/sites/default/files/hab/Global/clinicalqualitymanagementfaq.pdf.

Last Revised: 05/13/2020

I. <u>Quality Infrastructure</u>

Leadership Support

HIV Ryan White Part B program has a solid organizational infrastructure that supports quality management initiatives. This support is critical in sustaining quality management, including quality improvement, activities over time. The HIV Ryan White Part B program is housed within the ODH/HIV/STD/TB program. The Ryan White Part B Quality Management (QM) program is overseen by the Quality Management Manager who is responsible for the QM program's development, implementation, evaluation and improvement.

The Ohio Department of Health (ODH) also supports quality improvement in a number of ways, including having an Office of Performance Improvement (OPI) that includes a Quality Improvement Committee (QIC) and Quality Improvement Plan (QIP). OPI focuses on ODH's ability to meet its goals and achieve its mission by measuring the efficiency and effectiveness of its operations. OPI integrates agency strategic planning, quality improvement initiatives, and performance measures and standards. OPI is the ODH lead on coordinating Continuous Quality Improvement (CQI) initiatives across the agency. The QIC consists of at least one representative from each Office within ODH and includes a member from the HIV QI committee. is a member of the committee. QIC members are responsible for assisting with creating department policy and procedures as they relates to QI, public health re-accreditation board and ensuring the alignment of the QI goals with the ODH strategic plan. The QIP is the policy and procedure guidance developed to empower ODH's systematic management, deployment and review of quality improvement throughout the agency.

RW Part B Quality Management Plan

The HIV Quality Management Plan outlines the QM program's infrastructure, performance measurement system and process for QI projects. It is updated each year by the Part B QI committee and the HIV Administrators, and HIV Program Managers must approve the final plan.

As part of the RW Part B QM Plan review, performance measures are evaluated to determine which measures are still effective in assessing of clinical and nonclinical (program/process) HIV care. The RW Part B QI committee compares goals with results with goals and the findings are reflected in the QM Plan for the following year. The RW Part B QI committee and other stakeholders assist in the review of performance

measures and may make suggestions for changes. The plan and other measures are evaluated to ensure alignment with the Ohio HIV Integrated Prevention and Care Plan. Finally, the effectiveness of the quality infrastructure is evaluated to identify areas for improvement.

HIV Quality Management Program Standards

HIV Quality Management Program Standards lay the framework for HIV QM program expectations and outline the components of the QM program. It is expected that the HIV QM program as well as all HIV sub-recipients will implement and abide by the standards. The standards are updated annually by the HIV Care Data and Quality team and RW QI committee.

The HIV Quality Management Program Standards are included in Attachment 2.

HIV Care Data and Quality Team

The HIV Care Data and Quality team is comprised of a program manager, a quality management coordinator, HIV viral suppression nurse, and four epidemiologists. This team is responsible for oversight for the HIV Clinical Quality Management Program including the RW Part B QI committee and the RW Part B QM Plan and QI projects. The QM program manager reports and works closely with the other HIV/STD/Hepatitis program managers and HIV staff.

RW Part B Quality Improvement Committee

The HIV Quality Improvement committee was formed to provide 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 Intervention and Treatment program areas including the AIDS Drug Assistance Program (ADAP), Community-Based Program (including case management), the administrative support team, HIV Prevention, HIV Surveillance and STI Prevention. The committee meets a minimum of four times a year to standardize implementation of continuous quality improvement practices within the Part B programs and for HIV care sub-grantees and providers.

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

• Revise RW Part B Quality Improvement (QI) Plan
• Review and approve Part B QI Program Standards
• Stakeholder and consumer involvement
• QI program evaluation

- Evaluate methods for completing evaluation of QI committee structure
- Review QI language in RFPs, contracts, etc. and recommend changes (as needed)
- Provide a representative for the Ohio Department of Health Quality Improvement PHAB Domain 9 (Quality Improvement Activities and Culture core workgroup)
- Provide a representative for the Ohio Department of Health Quality Improvement Committee, when possible
- Identify program performance measures, including setting benchmarks/goals, as applicable
- Review performance data at least quarterly to identify questions, concerns, and improvements
- Provide guidance for QI projects (both projects currently in progress and projects being explored)
- Viral Load Suppression (VLS) activities statewide update (e.g. Data to Care, RW All-Parts QI work, Ending the HIV Epidemic, CM agencies)

The stakeholder(s) participation is included in Attachment 3.

Quality Improvement Capacity Building

The Ryan White HIV Part B program continues to build QI capacity by regularly implementing the following activities:

- Reviewing Case Management sub-recipients' annual QM Plans

  Funded medical case management agencies are required to submit an annual QM Plan, an evaluation and to respond to QM requirements in their annual grant proposals. The HIV QM team reviews the quality improvement documents from case management agencies to identify where follow-up or QI technical assistance would be beneficial. If several agencies have identified a need, then an appropriate QI training is created using the most effective method of delivery. If these needs cannot be combined or addressed together, then direct technical assistance is provided to each sub-grantee agency. Any quality improvement projects identified by subrecipients are tracked in Attachment 5.

- Quality Improvement for Part B-funded medical providers

  All Part B-funded medical providers are required to have a clinical QM program in place per their provider agreement. The nurse on the Care Data and Quality team, whose focus is viral load suppression (VLS), builds relationships with providers and provides technical assistance as needed to ensure QI activities (particularly for viral suppression) are being conducted and to provide resources/referrals for HIV/STI/Hep and QI expertise when needed.

- Reviewing and addressing data and monitoring needs

  HIV epidemiologists and quality management staff review HIV data and develop strategies to improve data as needed. They collaborate with all HIV programs to ensure these improvement efforts have minimal burden on programs and/or providers.

- Providing CQI training

  The Ryan White Part B program web site contains QI e-learning opportunities for program staff and stakeholders based on identified needs. Progressive levels of CQI training and additional complementary training are offered both in-person and via the web. Training and technical assistance needs are monitored each year and all trainings include an evaluation of the training provided.

Evaluation of RW Part B QI Program

The RW Part B QM program is evaluated using the *Organizational Assessment Tool for Quality Management Programs* QI tool 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. This tool is used by the HIV Care Data and Quality team and the RW Part B QI committee to assess the Part B QM program. Scores from the QMAT are compared with scores from prior years to identify patterns, strengths and areas for improvement.

In addition to the QMAT, 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 annual evaluation is completed by the members, allowing them opportunity to provide feedback on the committee. The RW Part B QI committee reports to the HIV program managers on a regular basis.

The results and subsequent workplans are developed based on these evaluations and are shared with stakeholders.

Evaluation of RW Part B-Funded Entities Quality Management Programs

Quality management plans submitted by Ryan White Part B-funded case management agencies 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).

Additionally, the Ryan White Part B case management agencies provide quarterly reports on their work plan activities and objectives required in the ODH Request for Proposal (RFP). The Part B program developed an electronic database system, the Ryan White Application Database (RWAD) which allows for the consistency across agencies for the collecting and reporting data for grant objectives and services provided. The following client health outcomes are measured in RWAD, then reviewed quarterly by HIV staff and CM agencies.

Measure	Case Management Client Outcome
1	Clients with a primary care/ID physician visit in the past 6 months
2	Clients prescribed HIV ART medications in the past 6 months
3	Clients not prescribed HIV ART medications in the past 6 months
4	Clients currently taking ART medications
5	Clients currently not taking ART medications
6	Clients' self-report of taking all doses of medication, as prescribed in the last week
7	Clients' self-report of taking all doses of medication, as prescribed in the last 30 days
8	Clients who have missed doses of medication in the last 30 days
9	Clients who have had a mental health diagnosis
10	Clients who did not need mental health services in the prior 6 months
11	Clients who needed but did not receive mental health services in the prior 6 months (for any reason)
12	Clients who needed and received mental health services in the prior 6 months
13	Clients with at least one oral health visit in the past 6 months
14	Clients who missed or skipped dental visits in the past 6 months
15	Clients who report stable or permanent housing
16	Clients who report temporary housing
17	Clients who report homelessness
18	Clients who have been referred to housing services
19	Clients with secondary HIV prevention /info education to increase knowledge about transmission, resistance, and reinfection

The HIV Care Data and Quality team also conducts standard of care reviews for funded outpatient/ambulatory health services (OAHS) providers. The nurse reviews outcomes data related to medical care (especially viral suppression) and works with medical providers as needed to continue to improve outcomes. Funded medical services must

meet established Health and Human Services (HHS) Guidelines for the Treatment of HIV. Additionally, all programs that received funding through the QI Innovation grant will receive an annual monitoring review.

II. <u>Performance Measurement</u>

Performance measurement describes a system used to track outcomes and progress towards ensuring that provided services are as good as or better than the national treatment standards. There are two important steps to measuring performance:

1) Identifying critical aspects of care provided, and
2) Developing measures for determining progress in care.

Our performance measures are chosen based on guidance from several sources:

- National HIV measures
- HRSA/HAB measures
- Case management work plan
- RW Part B implementation plan
- QI prioritization based upon available data
- Internal and external stakeholders (such as RW Part B QI Committee and stakeholders)
- Integrated HIV Prevention and Care Plan
- Ending the HIV Epidemic Plan

RW Part B Program obtains data from multiple sources, including but not limited to:

- Client outcome measures
- Client enrollment data
- Client claims data
- Annual surveys
- Needs assessments
- Client laboratory test results (from medical providers as well as ELR/HIV surveillance)
- Epidemiology data for Ohio
- Other data collected through the AIDS Drug Assistance Program (ADAP)
- Established best practices for case managers and providers

The current QM Performance Measures (effective 04/16/2020) are included in Attachment 4.

III. <u>Quality Improvement Projects</u>

The 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 QI committee. The QM team member works with the idea originator to further define the idea. 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 selected as a QI project.

Criteria for pursuing projects include one or more the following:

• Alignment with existing mission's or strategic plan
• Impact on client health outcomes
• Number of people affected
• Financial impact
• Timeliness
• Capacity
• Availability of baseline data or present data collection efforts

Ideas are vetted by RW Part B QI committee or Quality Care and Data team to determine priority level. From this prioritized list, QI projects are selected.

All quality improvement project aims are ultimately focused on improving client outcomes and 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's 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. PDSA, Lean, Six Sigma, etc.) which include QI tools such as a project charter, fish bone diagram, solution and effect diagram, impact control matrix, SIPOC, process map, etc. Documentation is completed throughout the QI process and storyboards are developed for completed QI projects.

Feedback is gathered from stakeholders throughout the QI project at the completion of each cycle or phase (e.g. PDSA) to identify areas where the QI staff and the QI project teams can improve for future cycles.

An evaluation is conducted at the end of the QI project cycle by the RW Part B QI committee/QM team to determine if the QI project met established benchmarks.

Current Quality Improvement projects will be included in Attachment 5.

Attachment 1: Key Terms Found in the HIV Quality Management Plan
Attachment 2: HIV Quality Management Program Standards
Attachment 3: Participation of Stakeholders
Attachment 4: Current Quality Management Performance Measures
Attachment 5: Current Quality Improvement Projects

AIDS Drug Assistance Program: ADAP is the mechanism by which eligible Ohioans with HIV are able to 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 as a result of providing wrap-around services (e.g., paying insurance premiums, payment of medication copayments, etc.), most commonly referred to as a HIPP (health insurance premium payment) client.

Annual Quality Goals: These are the goals selected by staff in the Ohio Ryan White Part B Quality Management (QM) program and stakeholders for each year's quality improvement focus.

ART—Antiretroviral Therapy: Antiretroviral therapy is prescription medication given to individuals infected with human immunodeficiency virus (HIV) infection using anti-retroviral HIV drugs.

Baseline: An initial measurement of a population or program.

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

Bureau of Infectious Disease: The Goal of the Bureau of Infectious Diseases (BID) is to prevent and control the spread of infectious diseases (e.g. Ohio's list of reportable infectious diseases and reporting requirements, including timelines for reporting and surveillance case definitions, are included in the Ohio Department of Health's Infectious Disease Control Manual (IDCM).

Cause and Effect Diagrams: This quality management tool is used for problem solving 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 is composed of HIV Prevention and Care stakeholders including representatives from all Ryan White Parts, consumers, medical providers, disease intervention specialists, medical case management, and ODH HIV/STD/HEP Prevention, Care and Surveillance staff.

Community-Based Program Network: Composed of medical case managers and clinical supervisors, agency-based quality improvement personnel, and other representatives. Representatives from this group are also considered by key stakeholders.

CQI—Continuous Quality Improvement: 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.

CQM—Clinical Quality Management Program: A CQM program is a systematic process with identified leadership, accountability, and dedicated resource 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. (https://hab.hrsa.gov/sites/default/files/hab/Global/CQM-PCN-15-02.pdf)

DMAIC: This acronym, comprised of the first letters of the words used to comprise the approach (Define, Measure, Analyze, Improve, and Control), 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 of various kinds the order and connection of which shows 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; what it takes to reach the vision. A goal may or may not be measureable.

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

HHS—Health and Human Services: In the U.S., HHS is the 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 CDC.

HIV Care Data and Quality Management Team: composed of one program manager, one quality management coordinator, an infectious disease control consult nurse, and four epidemiologists. 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 HIV QI committee, HIV QM Plan and QI projects.

HIV Quality Improvement Committee: Provides ongoing operational guidance to the HIV Quality Improvement team within the Ryan White Part B program to implement the HIV Clinical Quality Management program objectives. It meets at least quarterly and consists of members from each program within the HIV Care Services Section.

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

HIV, STI, & Viral Hepatitis Interventions and Treatment Section- The section at the Ohio Department of Health who oversees services for Ohio Ryan White Part B, AIDS Drug Assistance Program, HIV Prevention program and STI Prevention program for Ohio.

HRSA—Health Resources and Services Administration: HRSA is an agency within the US Department of Health and Human Services (HHS) and is the federal agency that funds the Ryan White programs in the United States.

Impact Control Matrix: This quality management tool is used to compare multiple potential solutions against two key variables in order 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 amount of resources available to work on the improvements.

Indicator(s): A measure which 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.

- Universal: http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf
- Fiscal: http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringpartb.pdf
- Program: http://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringpartb.pdf

HRSA Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation (CQII): (formerly known as National Quality Center or NQC) Funded by the HRSA HIV/AIDS Bureau, NQC provides no-cost, state-of the-art technical assistance for all Ryan White HIV/AIDS Treatment Modernization Act of 2006 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 TGAs – Cleveland and Columbus), Part B (HCS - statewide), Part C (seven grantees from across the state), Part D (two grantees – Cleveland and Toledo), Part F (AETC – Columbus and Cincinnati).

Ohio HIV Integrated Prevention and Care Plan: 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 current Ohio Integrated HIV Prevention and Care Plan is for 2017-2021 and is available on the Ohio Department of Health website.

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.

PDSA: A continuous quality improvement model consisting out of a logical sequence of four repetitive steps for continuous improvement and learning: Plan, Do, Study (Check) and Act. PDSA is very similar to DMAIC.

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

Process Mapping: This quality management tool used to display the current process and information flow. The purpose is to understand the current process in order to identify opportunities for improvement by mapping all of 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 HIV Quality Management team with the aim to improve client health outcomes. These are presented as SMART objectives and include baseline/benchmark data.

QMAT—Quality Management Assessment Tool: An organizational assessment tool developed by the HRSA Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation (CQII): (formerly known as National Quality Center NQC and adopted by HIV Quality Management team that 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.

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

QI—Quality Improvement: 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.

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 Program.

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: This term references the variety of tools used to identify how processes, programs, and services can be improved. These tools include such things as flow charts, case and effect diagrams, logic models, SWOT analyses, SIPOC, and process mapping for examples.

QM—Quality Management: 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.

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

RWHAP—Ryan White HIV/AIDS Program: 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 where the acronym is comprised of the first letters of the words used to comprise the approach (Specific, Measurable, Attainable, Relevant, and Timely)

Solution and Effect Diagrams: This quality improvement tool 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 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 derives its name (an acronym) for the words used to describe its relevant parts: Strengths, Weaknesses, Opportunities, and Threats.

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

Ohio Department of Health HIV 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. The minimum components of an HIV Quality Management Program are the following:

1) Infrastructure for Quality Program
   - Each quality program should have a quality plan that is reviewed and updated annually describing the mission of the quality program, key quality principles and objectives, and the infrastructure of the quality program.
   - The quality plan should specifically a) outline quality committees including membership, frequency of meeting and reporting mechanisms, b) specify accountability for all quality improvement activities within the program, c) describe processes to evaluate, assess, and follow-up on quality findings, d) link the quality program to organization's overall quality program and e) detail 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 (Infrastructure, Performance Measurement and QI project components 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 of 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, stakeholders, shared among staff, and used for future planning.

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

Bureau of Infectious Disease provides leadership support and shares ODH QM information with HIV section (as needed) and shares HIV QM information with other bureaus in the department (as desired).

Combined Community Planning Group (CCPG) is responsible for providing guidance on Part B programming, assessing the quality of HIV care, and recommending medications to the Director for approval for the OHDAP formulary. The CCPG group collaborates with the QI committee to implement quality improvement activities.

Community-Based Program Network case managers are responsible for collecting and submitting client intake and eligibility data, client outcomes data, and submitting claims data. Supervisors and quality improvement personnel are responsible for quality management activities in the agencies and in the network. The Community based network collaborates with the QI committee to implement quality improvement activities.

Ohio All-Parts Group 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 in person and by conference call at least twice a year and collaborates with the QI committee to implement quality improvement activities.

Data resources software available to the HIV QM Program includes: SAS, Crystal Reports, MS Office products, RW CAREWare, and an ODH-developed web-based programs for data management (i.e., Ryan White Application Database, Tableau). HIV receives IT support from the ODH Office of Management Information Systems to provide database management, interface development, and build reporting tools.

Miscellaneous resources provided as needed through ODH (e.g., in state travel, administrative functions, equipment).

The first two pages that follow show the performance measures effective as of 04/16/2020. For each goal, the following details are provided:
- The measure itself
- The timeframe
- The baseline data or benchmark being used and the time period for which the baseline data were collected
- Four columns that will be populated on a quarterly basis with data to illustrate progress in meeting each of the articulated goals.

Following the itemized list of goals described above are several pages (pages 3-5) that explain the actual data elements and definitions being used to derive the data. This ensures that data assessments are standardized and that calculations done from quarter to quarter are based on the same queries and understanding of how each percentage was derived.

Several notes are useful in understanding the particular service codes and other data sources that are included in each equation used to calculate the measures. These are included at the end of this attachment.

Measure	Measure Timeframe	Date/Baseline (Benchmark)	Goal	Report Date ending with June 2020	Report Date ending with Sept 2020	Report Date ending with Dec 2020	Report Date ending with March 2021
Improve viral suppression percentages for clients in HIV medical care	12 months	**5826/7038 (82.8%)**	85	82.8%			
Improve Annual Retention in HIV Medical Care	12 months	**2786/7038 (39.6%)**		39.6%			
Improve Retention in Oral Health Care	6 or 12 months	**3190/5942 (53.7%)**		53.7%			
Decrease the number of Medicaid-eligible[2] clients enrolled in ADAP Formulary	12 months	**TBD**					
Increase the number of ADAP clients with a paid insurance premium or Rx copay, who received an **ART** dispense	12 months	**1413/2015 (70.1%)**		70.1%			
Increase the number of ADAP clients with a paid insurance premium or medical copay, who received a **viral load test** that was less than 200 copies/mL	12 months	**2115/2669 (79.2%)**		79.2%			
Improve Medical Case Management Viral Suppression	12 months	**3397/4984 (68.2%)**		68.2%			
Increase the number of clients in Medical Case Management	12 months	N/A					

with an updated Individualized Service Plan							
Increase the number of Non-Medical Case Management screening forms completed	12 months	N/A					
The percentage of clients who reduce their housing "Impact Area Total" score on the self-sufficiency matrix by at least two points	Quarterly or 6 months	N/A					

Quality Performance Measures Definitions

Measure	Numerator	Denominator	Most Recent Result/ Data Source
Improve viral suppression percentages for clients in HIV medical care	Number of Part B clients in the denominator with a viral load <200 copies/mL at last test in the 12–month measurement period	Number of Part B clients who had at least one medical encounter[1] in the 12-month measurement period	**5826/7038 (82.8%)**
Improve Annual Retention in HIV Medical Care	Number of clients in the denominator who had at least two HIV medical care encounters[1] at least 90 days apart within the 12-month measurement year; at least one of the two medical encounters needs to be a medical visit with a provider with prescribing privileges	Number of clients, regardless of age, with a diagnosis of HIV who had a least one HIV medical encounter[1] within the 12-month measurement year	**2786/7038 (39.6%)**

Improve Retention in Oral Health Care	Number of clients in the denominator that report "yes" to having at least one oral health visit in past 6 months	Number of clients in Medical Case Management or Non-Medical Case Management who have a completed Client Outcome Assessment within the measurement period	**3190/5942 (53.7%)**
Decrease the number of Medicaid-eligible[2] clients enrolled in ADAP Formulary	Number Medicaid-eligible clients who remain enrolled in ADAP Formulary	Number of clients enrolled in ADAP Formulary and who have applied for Medicaid within the measurement period	**TBD**
Increase the number of ADAP clients with a paid insurance premium or Rx copay, who received an ART dispense	Number of clients who received an ART dispense, through a CVS pharmacy	Number of clients enrolled in ADAP with a paid insurance premium or Rx copay, as evidenced by PPL service codes, within the measurement period	**1413/2015 (70.1%)**
Increase the number of ADAP clients with a paid insurance premium or medical copay, who received a viral load test that was less than 200 copies/mL	Number of clients who received a viral load test that was less than 200 copies/mL	Number of clients enrolled in ADAP with a paid insurance premium or medical copay, as evidenced by PPL service codes, within the measurement period	**2115/2669 (79.2%)**
Improve Medical Case Management Viral Suppression	Number of clients in the denominator with a viral load <200 copies/mL at last test within the measurement period	Number of clients enrolled in Medical Case Management within the measurement period	**3397/4984 (68.2%)**

Increase the number of clients in Medical Case Management with an updated Individualized Service Plan	Number of clients' charts with an updated Individualized Service Plan	Number of Medical Case Management clients' charts pulled for monitoring within the measurement period	N/A in Ryan White Application Database
Increase the number of Non-Medical Case Management screening forms completed	Number of clients' charts with a screening form completed	Number of Non-Medical Case Management clients' charts pulled for monitoring within the measurement period	N/A in Ryan White Application Database
The percentage of clients who reduce their housing "Impact Area Total" score on the self-sufficiency matrix by at least two points	Number of clients in the denominator who decreased their score by at least two points from the first score to the last score during the measurement period	Number of Part B-funded housing case management clients who completed a minimum of two "Impact Area Total" scores on the self-sufficiency matrix during the measurement period	N/A in Ryan White Application Database

Notes/Comments:

[1] "HIV medical encounter" is a medical visit with a provider with prescribing privileges or an HIV viral load test

[2] The ADAP coordinators receive a list monthly with the number of clients who have a pending Medicaid status and are enrolled in ADAP Formulary. When it is determined that a client has Medicaid, the enrollment status is changed from ADAP Formulary to Medicaid Co-payments.

Attachment #5: 2019-2020 Current Quality Improvement Projects

QI Project Name	Date Started/Project Timeframe	Description	Project Phase (P, D, S, A or other?)	Next step(s)	Status
In Care/Not Suppressed	6/20	Create client, share with agencies, & rerun list	Study	Compare data list	Pending outcome of data review

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