

Texas RWHAP Part B Contractor Meeting and Quality Management Summit March 20, 2019

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Health Resources and Services Administration (HRSA)**



Objectives

- Learn the essential components that are required for a clinical quality management (CQM) program
- Understand the expectations of how to develop and implement a CQM program
- Become familiar with resources available to assist in building a solid CQM program that can positively impact health outcomes



Ryan White HIV/AIDS Program Treatment Modernization Act of 2006

[Title XXVI of the Public Health Service \(PHS\) Act \(Public Law 109-415, December 19, 2006\)](#)

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Measure

Assess the extent to which HIV health services are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections;

Improvement

Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services”

See §§ 2604(h)(5), 2618(b)(3)(E), 2664(g)(5), and 2671(f)(2) of the PHS Act.



Clinical Quality Management Policy Clarification Notice 15-02

The purpose of this policy clarification notice (PCN) is to clarify the Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) expectations for clinical quality management (CQM) programs.

<https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>



Policy Clarification Notice 15-02 Scope of Coverage

	CQM Section of Legislation	CQM PCN
Scope/Coverage	Parts A-D	Parts A-D
Components	Individual sections for each Part	One narrative that applies to all Parts
Purpose	Requirements	Clarification of Legislation

Structure of Policy Clarification Notice 15-02

- Scope of coverage
- Purpose of PCN
- Background
- Components of a CQM Program
 - **Infrastructure**
 - **Performance Measurement**
 - **Quality Improvement**
- Related Activities
 - Quality Assurance
 - Grant Administration
- Applicability to Subrecipients
- Resources



Components of a CQM Program

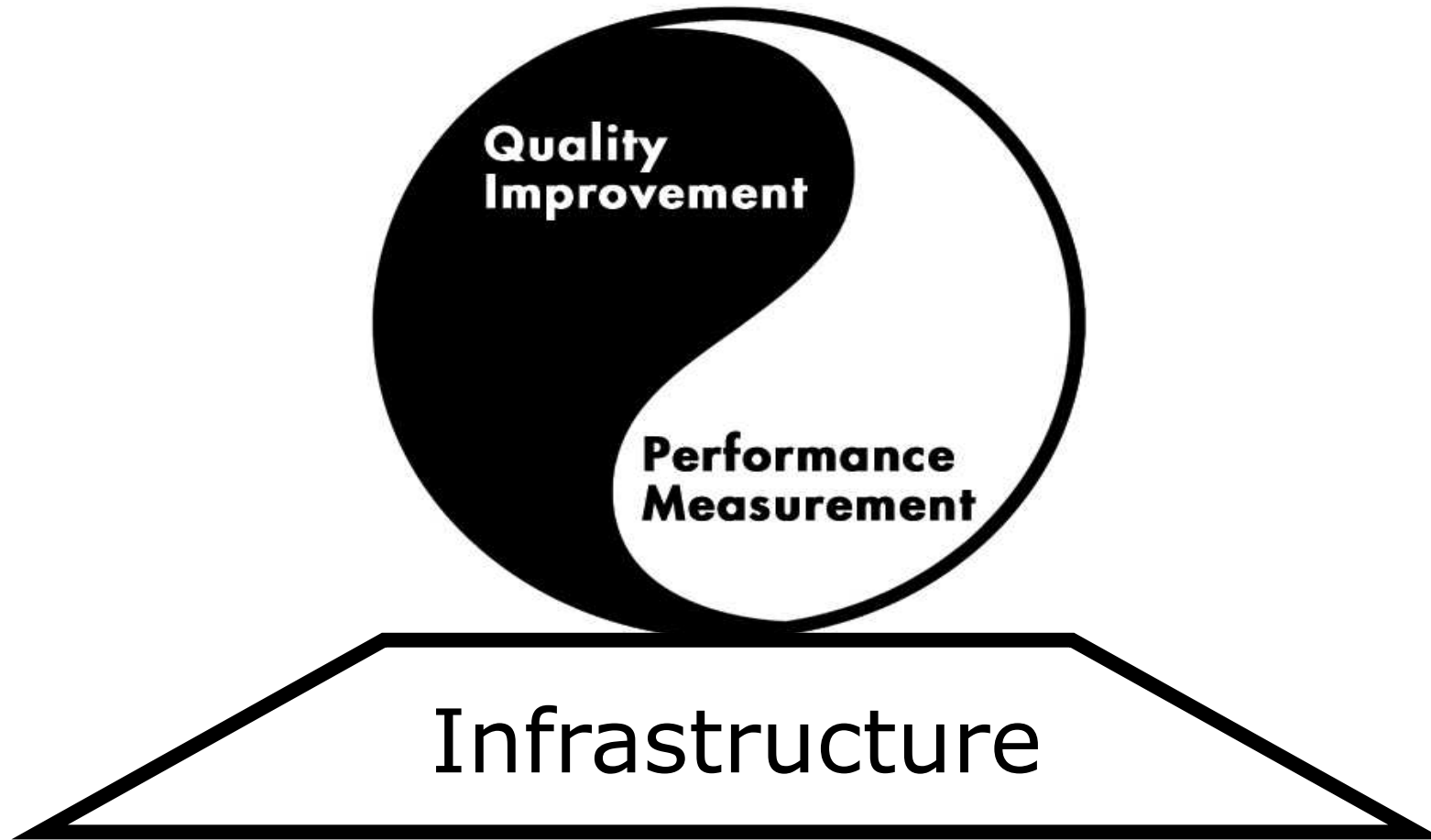
Infrastructure, Performance Measurement, and Quality Improvement

- A CQM program is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction.
- CQM activities should be continuous and fit within and support the framework of grant administration functions.

What is the Overall Purpose of a Clinical Quality Management Program?

- Form a sustainable quality infrastructure
- Develop a performance measurement system
- Initiate quality improvement activities
- Involve people living with HIV

Infrastructure enhances systematic implementation of improvement activities



Infrastructure

- Leadership
- Committee
- Dedicated Staffing
- Dedicated Resources
- Quality Management Plan
- Consumer Involvement
- Stakeholder Involvement
- Evaluation of CQM Program



Infrastructure Components

Leadership:

- Leadership to guide, endorse, and champion the CQM program
- Internal and external facing

CQM committee:

- Develops the CQM program and corresponding activities

Dedicated Staffing:

- Staff who are responsible for CQM duties and resources, as well as any contractors that may be funded to assist with CQM work

The Quality Management Committee

- Builds the HIV program's capacity and capability for quality improvement
- Involves program leaders and other key staff to cement their personal commitment to quality
- In a large organization, links the HIV quality program with the organization's overall quality program

Purposes of a Clinical Quality Management Committee

- **Strategic Planning**
- **Overseeing of quality management implementation**
- **Provide guidance and reassurance**
- **Build capacity for quality improvement**

Who Might Be on the Quality Committee?

For a Teaching Hospital (HIV Caseload: 700)	For a Neighborhood Health Center (HIV Caseload: 100)	For a Network (City or State jurisdiction) (HIV Caseload: 20,000)
<ul style="list-style-type: none"> ▶ Chief of Infectious Diseases ▶ AIDS Center Administrator ▶ Director of Ambulatory Care ▶ Director of Quality Improvement ▶ Director of Nursing ▶ AIDS Center Nurse Practitioner ▶ Clinic Coordinator for Case Management ▶ Senior Staff Nurse ▶ Patient Representative ▶ Part D Provider 	<ul style="list-style-type: none"> ▶ Medical Director ▶ Senior Staff Nurse ▶ HIV Nurse ▶ Case Manager ▶ Patient Representative 	<ul style="list-style-type: none"> ▶ Ryan White Program Coordinator ▶ State AIDS Director ▶ Medical Director ▶ Quality Manager/Contractor ▶ Medicaid ▶ CDC Prevention ▶ Part C or Part D contractor ▶ Subcontractors (Case Manager, housing, food bank, etc.) ▶ Patient Representative

Infrastructure Components

Consumer Involvement:

- Reflects the population that is being served and ensures that the needs of PLWH are being addressed by CQM activities

Stakeholder Involvement:

- Stakeholder (e.g., subrecipient, other recipients in region, planning body and/or its committees, consumers) provide input on CQM activities to be undertaken



PLWH Participate in the Quality Committee

Barriers and Challenges

- Patient confidentiality and professional conduct
- Quality improvement knowledge
- Staff comfort level

Ideas

- Participation of HIV infected staff
- Consider time of day for meeting
- Make phone participation possible

Facilitators and Successes

- Training for all committee members – consumers and staff the same
- Staff mentor for consumer

Consumer Advisory Board

Barriers and Challenges

- Difficult to recruit and maintain participation
- Cultural and linguistic diversity patient population
- Fear of reprisal
- Transitions into a support group
- Same consumers always participate

Facilitators and Successes

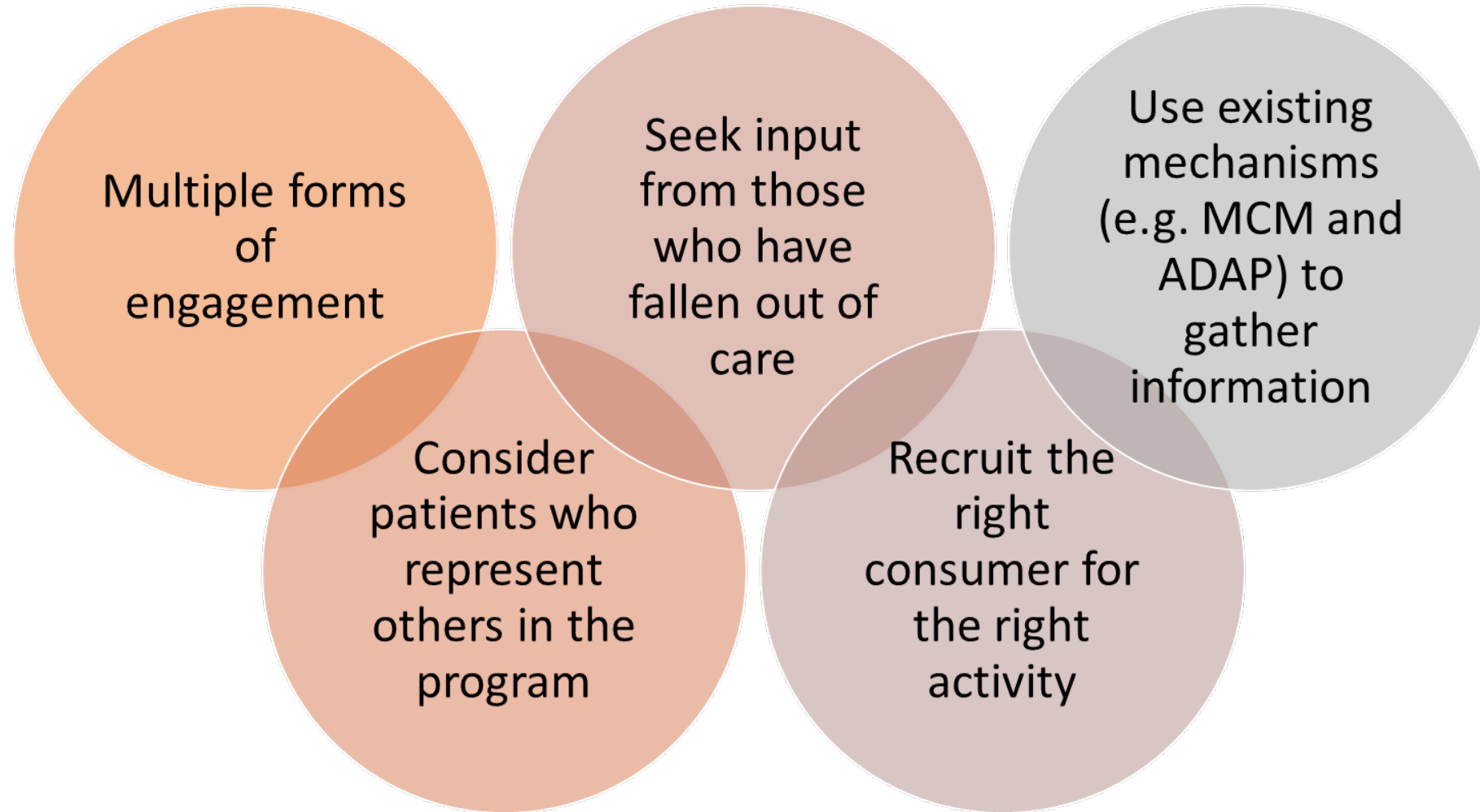
- Incubator for ideas
- Less formal format can improve engagement
- Gateway to further engagement in program and CQM activities (both consumers and staff)



Surveys and Comment Boxes

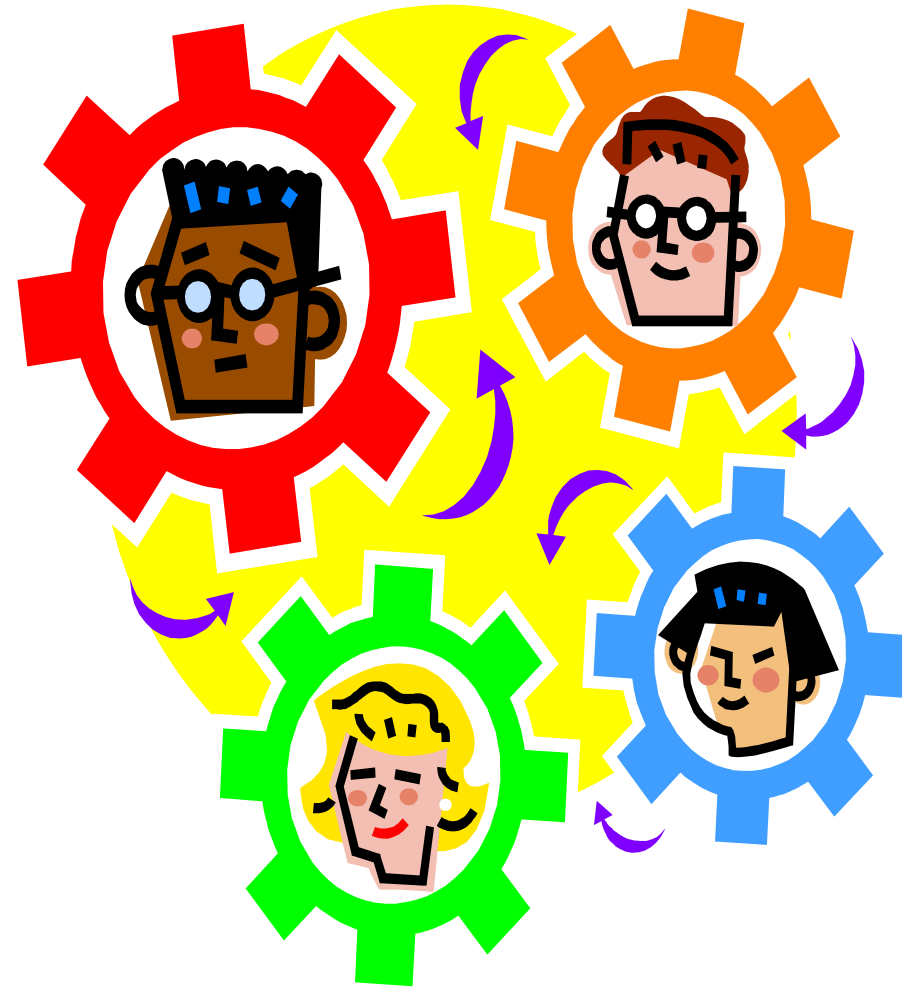


Diversify Consumer Engagement



Engagement of Stakeholders

- How will staff, providers, consumers and others be involved in the CQM program?
 - Engage internal and external stakeholders
 - Communicate information about quality improvement activities
 - Provide opportunities for learning about quality



Infrastructure Components

Dedicated Resources:

- Resources for building capacity in order to carry out CQM activities (e.g., training on collecting performance measurement data)

CQM Plan:

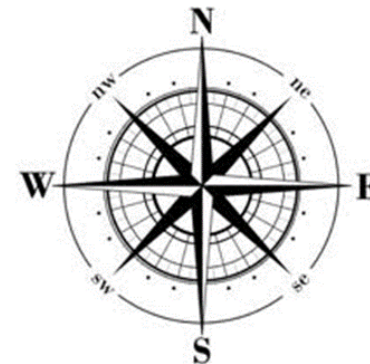
- Describes all aspects of the CQM program including infrastructure, priorities, performance measures, quality improvement activities, action plan with a timeline and responsible parties, and evaluation of the CQM program

Clinical Quality Management Program and Clinical Quality Management Plan

Clinical Quality Management Program



Clinical Quality Management Plan



Components of a CQM Plan

- Quality statement
- Annual quality goals
- Infrastructure
- Performance measurement
- Quality improvement
- CQM program evaluation
- Work plan

Tips for developing a CQM Plan

- Organize a planning team
- Speak to the components of a CQM plan - include a functional work plan
- Do not use vague language - identify roles and responsibilities, distinct timelines, and clear objectives
- Create actionable items to address main components
- Use available resources
- Allow for flexibility



Revising/Updating an Existing CQM Plan

Assemble a review team to determine:

- What are the results of our last CQM plan evaluation?
 - What new activities should be added?
 - What activities should be deleted?
 - What activities do we continue?
- Are the objectives still relevant? Actionable?
- Is the work plan being implemented?
- Is program progress being tracked?
- Does program progress correlate to the work plan action items?
- How and when to amend, document and implement?



Infrastructure Components

Evaluation of CQM Program:

- Evaluation includes assessing whether CQM program activities have been implemented as prescribed by the quality management plan (including the action plan).
- Recipients should include regular evaluation of their CQM activities in order to maximize the impact of the program.
- Part of the evaluation should include identifying factors (i.e., staff acceptance of change, improved clinical performance, etc.) that affect the quality improvement activities.



Infrastructure Components

Evaluation of CQM Program:

- Evaluation also identifies effective improvement strategies that can be scaled up or implemented in other facets within a system of care.
- Additional elements of an evaluation include:
 - Effectiveness of the team
 - The teams ability to meet timelines and deliverables as described in the action plan in order to determine the success of the planned process



Legislative Requirement for Clinical Quality Management

Part	Legislation	Funding
A	Sec. 2604.(h)(5)	Not to exceed the lesser of 5% of amounts received under the grant or \$3,000,000
B	Sec. 2618.(b)(3)(E)	Not to exceed the lesser of 5% of amounts received under the grant or \$3,000,000
C	Sec. 2664.(g)(5)	Reasonable amount
D	Sec. 2671.(f)(2)	Reasonable amount

Performance Measurement



Ryan White HIV/AIDS Program Treatment Modernization Act of 2006

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What is Performance Measurement?



- Use data to determine progress toward meeting defined objectives
- Reflect professional guidelines and standards
 - Ex. HHS HIV treatment guidelines, local standards of care/service standards

Why Measure?

- Separate what you *think* is happening from what is really happening
- Communicates priorities - focus on the same aspects of care
- Role in quality improvement
 - Identify areas for improvement
 - Link performance data to quality improvement activities; effectiveness of different quality improvement strategies?
- Provide information about the quality services
- Way to compare performance across programs and over time
- The National HIV/AIDS Strategy sets clear goals for improvement in HIV care



Performance Measurement



- Measures should be selected that best assess the services the recipient is funding.
- Recipients are strongly encouraged to include HRSA HIV/AIDS Bureau core measures.

HIV/AIDS Bureau Performance Measures

<https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>

The screenshot shows the HRSA website's navigation bar with the HRSA logo and a search bar. Below the navigation bar, there are tabs for 'About the Ryan White HIV/AIDS Program', 'Global HIV/AIDS Program', 'Data', 'Program & Grants Management', 'Clinical Care & Quality Management' (which is selected), and 'Publications'. The main content area features the title 'Performance Measure Portfolio' and a paragraph explaining the revised portfolio. A list of bullet points follows, detailing the revisions. To the right, a 'Related Resources' sidebar lists various links. The HRSA logo is also present in the bottom right corner of the page.

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Home > [Clinical Care & Quality Management](#) > Performance Measure Portfolio

Performance Measure Portfolio

The HIV/AIDS Bureau established a revised performance measure portfolio in November 2013. This revised portfolio focuses on critical areas of HIV care and treatment, and aligns with milestones along the HIV care continuum. The revisions include:

- Identifying core performance measures that are most critical to the care and treatment of people living with HIV
- Combining performance measures to address people of all ages living with HIV
- Promoting relevant performance measures used in other federal programs
- Archiving performance measures that are no longer consistent with U.S. Department of Health and Human Services guidelines or applicable to the general population

The HIV/AIDS Bureau encourages Ryan White HIV/AIDS Program recipients to use the revised performance measures, including the core performance measures. The core performance measures completed the rigorous [National Quality Forum infectious disease endorsement process](#).

Given the emphasis on using performance measures to improve health of people living with HIV, recipients may trend performance measure data over time and analyze the data for disparities in care. Disparity analyses may include review data for difference in performance in gender, race/ethnicity, age, insurance status, HIV risk, and others.

Related Resources

- [HRSA Clinical Care Resources](#)
- [HHS Clinical Guidelines](#)
- [National Quality Center](#)
- [TARGET Center Resources](#)
- [Clinical Quality Management](#)
- [Special Projects of National Significance](#)
- [National HIV/AIDS Strategy](#)
- [HIV Care Continuum](#)
- [Evolving Health Care Landscape](#)
- [Policy and Technical Assistance Webinars](#)



HIV/AIDS Bureau Performance Measures

<https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>

Category	Downloads
Frequently Asked Questions: <ul style="list-style-type: none"> • General Information • Revised Portfolio • Children • Oral Health • ADAP • System • Adolescent/Adult 	General FAQ (PDF – 44 KB) Revised Measures FAQ (PDF – 194 KB) Children FAQ (PDF – 66 KB) Oral Health FAQ (PDF – 38 KB) ADAP FAQ (PDF – 55 KB) System FAQ (PDF – 51 KB) Adolescent/Adult FAQ (PDF – 175 KB)
Core: <ul style="list-style-type: none"> • HIV Viral Suppression • Prescription of HIV Antiretroviral Therapy • HIV Medical Visit Frequency • Gap in HIV Medical Visits • PCP Prophylaxis 	Core Measures (PDF – 193 KB)
All Ages: <ul style="list-style-type: none"> • HIV Drug Resistance Testing Before Initiation of Therapy • Influenza Immunization • Lipid Screening • Tuberculosis Screening 	All Ages Measures (PDF – 244 KB)
Adolescent/Adult: <ul style="list-style-type: none"> • Cervical Cancer Screening 	Adolescent and Adult Measures (PDF – 135 KB)



Selecting Performance Measures & Building a Portfolio

Do the measures:

- Reflect the epidemic in jurisdiction?
- Reflect the services provided/funded?
- Too few, too many?
- Identify areas for improvement?
- Included in the QM plan?
- Align with the annual quality goals?

Can the recipient:

- Collect data to calculate the measure?
- Track and trend data?
- Analyze the data for disparities?
- Report on the results?

Performance Measurement

Frequency: Regularly collect and analyze performance measure data which would occur more frequently than data collection for reporting - quarterly at a minimum.

Analysis: Collect and analyze performance measure data that allows for inspection and improvement of health disparities across different target populations.

Applicability to Subrecipients

- Recipients are expected to provide guidance to subrecipients on prioritizing measures and collecting data.
- Recipients need to work with subrecipients to identify improvement opportunities and monitor quality improvement activities at the subrecipient locations.
- Prioritization of CQM activities should be coordinated across RWHAP recipients within service area and subrecipients funded through the recipient.

Questions



Resources

Requesting CQM technical assistance:

- Complete a technical assistance request form located at:
 - <https://careacttarget.org/cqm-ta-request>
- Submit completed technical assistance request form to:
 - RWHAPQuality@hrsa.gov

Implementation Center for Quality Improvement:

- Cooperative agreement to assist RWHAP recipients and subrecipients with implementing clinical quality improvement methodologies and concepts, as required by the Ryan White HIV/AIDS Treatment Extension Act of 2009, to improve HIV health outcomes for PLWH.
 - <https://careacttarget.org/cqii>



Questions

Clinical Quality Management
Questions???

- RWHAPQuality@hrsa.gov

HIV/AIDS Bureau Performance
Measure Questions???

- HIVmeasures@hrsa.gov



Contact Information

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