











## Evaluation of CQM activities in relation to HIV community needs/surveys

### Stakeholder Involvement

The CQM Program is guided by the Ryan White HIV CQM Committee in consultation with stakeholders of the following entities:

- Texas HIV Syndicate (includes PLWH)
- Texas Medication Advisory Committee (includes PLWH)
- Regional Administrative Agency's (7) Across the State
- Texas HIV Clinical Advisory Panel

### CQM Committee and Program Evaluation

The CQM Committee is responsible for development and ongoing evaluation of; yet is not limited to the following:

- Quarterly CQM Meetings
- Administration and Review of Patient/Client Satisfaction Surveys
- Ongoing Data Validation and Standardization Across Texas
- Program Evaluation Process
- Annual QA/QI Recognition Awards
- Annual Review of CQM Related Policies
- Annual Review of CQM Budget
- Annual Update of the CQM Plan
- Annual Update of Goals and Workplan
- CQM Committee Membership
- Planning and Coordinating CQM Activities & Projects
- CQM Capacity Building Across Administrative Agency's and Subrecipient's
- Data Analysis of Multiple Data Sources Toward Actionable Improvement Activities
- Performance Measure Selection per HRSA PCN 15-02
- Sharing Data with Stakeholders
- Ensuring Inclusion of Input from PLWH in CQM Program
- Annual Update of QA Standards of Care with Related Monitoring Tools
- Annual Evaluation and Update of the QA Monitoring Process
- Annual Evaluation and Update to Monitoring Deficiency Response Plan

The CQM Committee meets quarterly. The following activities will be completed at each quarterly meeting:

- Approval of last meeting minutes
- CQM/QI/QA Capacity Building Activity
- Quarterly data evaluation of progress to goals and ongoing projects
- Evaluation of CQM activities in relation to HIV community needs/surveys

## Texas Ryan White Part-B CQM Committee - 7 Internal Core Members Quarterly Participation at Minimum

Role	Title	Representing	Responsibility
Chair (1)	HIV Care Services Manager	TX DSHS Ryan White Part-B Program	<p>Lead, champion and coordinate program activities with priorities in collaboration with committee members and ADAP leaders</p> <p>Participate in evaluation and approval process of CQM Plan/Program annually at minimum</p> <p>Share program information with executive level leaders at Texas HHS/DSHS</p>
Co-Facilitators (2)	HIV Care Services Quality Coordinator RN  HIV Clinical Consultant RN	TX DSHS Ryan White Part-B Program	<p>Write and update CQM Plan applying input from HIV stakeholders and CQM Committee members.</p> <p>Coordinate and champion activities with program priorities, meeting logistics, and evaluations</p> <p>Record and post meeting minutes</p> <p>Manage QI projects, analyze and share data quarterly at minimum</p>
Regional Program Specialists (4)	HIV Care Services Program Consultants	TX DSHS Ryan White Part-B Program	<p>Inform program of region specific needs and or activities related to CQM</p> <p>Actively participate in the committee activities</p>

### 15 Internal/External Ad Hoc Committee Members

Role	Title	Representing	Responsibility
Data Liaison (1)	ARIES Program Evaluation Team – Epidemiologist, MPH	TX DSHS Ryan White HIV Part-B Data and Program Evaluation	<p>Informs program of data system upgrades and projects</p> <p>Assists the committee with data requests and guidance related to data</p> <p>Assists in data analysis of progress to goals and other data related activities</p>
Grant Specialist (1)	HIV Care Services Ryan White Grant Coordinator	TX DSHS Ryan White Part-B Program	Inform program of grant specific requirements and or activities related to CQM
Quality Assurance Monitoring and Health Access Specialist (2)	Director of Health Access  Senior Manager of Health Access RN	TX DSHS Contractor: Germane Solutions	Inform program of specific needs and or activities related to QA compliance, and trainings
THMP Program Specialist (2)	THMP Manager THMP Regional Manager	TX DSHS Ryan White THMP Program	<p>Inform program of region specific needs and or activities related to ADAP-CQM</p> <p>Share information on the work being done in the Texas Medication Advisory Committee (MAC)</p>
Training Specialists (2)	HIV Care Services and THMP Trainers	TX DSHS Care Services and THMP	Assist with training and capacity building for CQM Program. Actively participate.
Regional AA Quality Leaders (7)	Varied Titles of Quality Leaders from the 7 AA's	7 Regions of the Ryan White HIV Part-B Program across Texas	Inform program of region specific needs and or activities related to CQM

**Evaluation Process Table-** *Bi-Annual evaluation of CQM program is completed in quarter II & IV each calendar year.*

<b>Program Eval Domain's</b>	<b>Areas of Evaluation</b>	<b>Process or Tool Used in Evaluation</b>	<b>Frequency of Evaluation</b>	<b>Responsible Entity for Evaluation</b>
Data Validation	Accuracy Completeness Timeliness	ARIES Data Validation Tool for 2020  CQM OA Tool	Monthly Desktop assessment for accuracy, completeness & timeliness by AA Data Managers  Annual on-site assessment for accuracy by DSHS monitoring contractors	Monthly assessment by Data Managers Bexar/UHS BVCOG Dallas Houston TRG Lubbock/Starcare STDC Tarrant County  Annual assessment by DSHS Monitoring Contractors Germane Solutions DSHS CQM Staff
CQM Committee	Roles & responsibilities  Replacement of members due to vacancy or lack of participation and or appropriateness to ongoing projects  Completion of Quarterly Meetings with related meeting minutes	Roundtable discussion of core committee  CQM OA Tool	Bi-Annually in May & December and as needed	CQM Committee with guidance of CQM Committee Chair
Progress to Goals	Success, barriers, is data showing improvement, is goal attainable and realistic	Review meeting minutes vs. CQM  Workplan for progress to goal assessments  Review outcomes vs. goals	Quarterly	CQM Committee with guidance of Committee Chair
Performance Measures Care Continuum Data	Data shared quarterly at minimum with stakeholders  Data dashboards analyzed and updated at least quarterly  Are performance measure appropriate based on HRSA PCN 15-02 (check percentages of units of service per service category)	Review performance measure portfolio for timely updates  Review dashboard project action plan for timely updates	Quarterly	CQM Committee with guidance of Coordinator and Data Liaison
CQM Contracts	Staff Salaries budgeted under CQM are appropriate  CQM budget to 5% of overall award or 3 million	Ryan White Part-B CQM and program policy	Annually and as needed	HIV Care Services Contract Specialist, Manager and QM Coordinator



## Quality Assurance & Accountability

The Ryan White HIV Part-B Clinical Quality Management (CQM) Program developed Standards of Care for each program funded service category in 2015. This provides the structure for assuring compliance of all State and Federal regulations, laws, program requirements and the most current U.S. Public Health Standards (USPHS) and Health and Human Services (HHS) HIV Clinical Care Guidelines are followed by each funded Texas Ryan White Part-B subrecipient.

Annual program monitoring visits are performed throughout the year at all Texas Ryan White Part-B and State Services funded subrecipient sites to assess and assure compliance to program requirements and that the Standards of Care are met. The Administrative and Clinical Standards of Care are available to our service contractors and the public on the Texas DSHS HIV/STD Program website: [dshs.texas.gov/hivstd/taxonomy/](https://dshs.texas.gov/hivstd/taxonomy/)

The program developed and follows a structured quality assurance deficiency response plan for priority services and quality assurance indicators. The 2020 Texas DSHS Quality Assurance Monitoring Project and Deficiency Response Plan is in appendix C.

### Regional Administrative Agency (AA) CQM Plans.

Texas Ryan White HIV Part-B AA CQM Plans are evaluated annually during program site visits to our seven AA's. This process ensures our subrecipient's are following all HRSA and DSHS requirements related to CQM and allows DSHS to keep abreast of regional goals, needs and ongoing CQM activities across the state.

### Continuous Quality Improvement

The Texas Ryan White HIV CQM Programs' focus is on continuous quality improvement. Quality improvement activities and projects are determined by analyzing multiple sources of data to identify priorities and opportunities for improvement. The CQM Program uses the Plan-Do-Study-Act (PDSA), lean management and other models for quality improvement. The CQM Program always has at minimum one active quality improvement project in progress.

The CQM Program allows for each AA to focus improvement activities in their region as they find appropriate based on data, regional needs, demographics, identified disparities, and other HIV and related opportunities for improvement with approval, support and guidance from DSHS as indicated.

### III. Annual Goals

(1) The Texas Ryan White HIV CQM Programs' primary quality goals for 2020-2021 are: To improve the evaluation processes of the CQM Program to include ARIES data quality with a focus on data validation of data entry using a standardized evaluation tool for assessment of the following:

- Data Completeness per Service Category Requirements
- Data Entry Accuracy
- Data Entry Timeliness

*(See Associated Project Details in Appendix D)*

(2) To support and align goals with the Texas Achieving Together to End the HIV Epidemic in Texas Plan ([achievingtogethertx.org](http://achievingtogethertx.org)) by working to improve the following through capacity building and process improvement:

- Access to Care and HIV Medications
- Retention of Care
- Viral Suppression

*(See Associated Performance Measures listed below and in Appendix B)*

### IV. Performance Measurement

DSHS Ryan White HIV CQM Program has selected the following HIV/AIDS Bureau (HAB) Performance Measures by validating service utilization units of eligible clients and applying the defined criteria of PCN 15-02. Current statewide and subrecipient utilization data reports are in appendix E.

- HAB QM-ADAP 14 Day Application Determination
- HAB QM-ADAP Eligibility At least Twice per Year
- HAB QM-OAHS ARV Prescription
- HAB QM OAHS Viral Suppression
- HAB QM-OAHS Retention Cascade Measure
- HAB QM-OAHS Genotyping
- HAB QM-Oral Health Annual Periodontal Screening
- HAB QM-MCM Retention 24 Month

### V. Communication

Communication is a top priority of the CQM Program. To improve communication across the vast area of Texas; the Program has integrated technology using virtual meeting platforms for many CQM related activities to include CQM Committee Meetings, trainings, corrective action plan check-ins for QA, end+disparities ECHO Collaborative, HIV Syndicate Affinity sessions, monthly regional administrative agency and other meetings.

## Sharing Data with Stakeholders

The CQM Committee shares performance data and project updates at quarterly meetings. Texas DSHS also shares the HIV Statewide Care Continuum and other important related data online available at the following links:

[achievingtogethertx.org/map-of-texas/](http://achievingtogethertx.org/map-of-texas/)  
[achievingtogethertx.org/hiv-in-texas-overview/](http://achievingtogethertx.org/hiv-in-texas-overview/)

Online videos: Texas DSHS HIV/STD/TB Prevention and Care Services Section has developed the following videos to understand why data matters, how we obtain data, and how data is used to inform the Texas HIV Treatment Cascade for all stakeholders of HIV accessible 24/7:

- Why data matters: [youtube.com/watch?v=i3iMAnfjVz4](https://www.youtube.com/watch?v=i3iMAnfjVz4)
- Data sources: [youtube.com/watch?v=YRbxqUnOugg](https://www.youtube.com/watch?v=YRbxqUnOugg)
- HIV Treatment Cascade: [youtube.com/watch?v=2OnQntU2CSE](https://www.youtube.com/watch?v=2OnQntU2CSE)

DSHS HIV Prevention and Care staff visit most if not all regions of Texas throughout each year to provide in person capacity building with presentations of HIV population data to include stratification by age, gender, race, ethnicity, method of HIV acquisition and other data sets and information. DSHS HIV Central Office uses an on-site CQM dashboard display to share with our internal staff and leaders located in Austin Texas.

## Satisfaction Surveys and Needs Assessments

Ongoing satisfaction surveys and regional needs assessments are performed by DSHS on various topics. One example is the TX Medical Monitoring Project (MMP) it is ongoing and provides stakeholder feedback from PLWH who are in and out of care on HIV related topics. All subrecipient's also perform ongoing region-specific surveys and assessments. The CQM program reviews all sources of information listed above in the annual planning of CQM activities. Link to MMP information: [dshs.texas.gov/hivstd/MMP/](http://dshs.texas.gov/hivstd/MMP/). See appendix G.

## VI. Capacity Building & Related Resources

The DSHS CQM Program collaborates with our internal HIV/STD/TB and ADAP/THMP trainers, contractors and external experts to provide and engage in multiple ongoing capacity building trainings for our stakeholders and staff. We also recommend and engage in many of the Health Resource and Service Administration (HRSA) sponsored Center for Quality Improvement and Innovation (CQII) trainings and collaboratives. A comprehensive summary of 2019-2020 CQM capacity building activities, and projects is in appendix J.

VII. **2020 Work Plan - Legend for Status - P: Pending - O: Ongoing - C: Complete**

Month	Activity	Responsible Person(s)	Status
Jan	<ol style="list-style-type: none"> <li>1. Q1-CQM Meeting – Core</li> <li>2. Meeting Minutes &amp; Survey</li> <li>3. Update CQM Data Dashboards</li> <li>4. Weekly ARIES DIP Meeting</li> <li>5. Fundamental’s Session</li> <li>6. HIV Syndicate Affinity Group Sessions</li> <li>7. 2020 Deficiency Response Plan Training</li> <li>8. Provider Panel Face to Face Meeting</li> </ol>	<ol style="list-style-type: none"> <li>1. Julie/Brian</li> <li>2. Julie</li> <li>3. Julie/Brian</li> <li>4. Savanna</li> <li>5. Desty/Anthony</li> <li>6. Jesse/Rosa/Ann</li> <li>7. Julie/Brian</li> <li>8. Brian/Liza</li> </ol>	<ol style="list-style-type: none"> <li>1. C - 1/07/2020</li> <li>2. C - 1/31/2020</li> <li>3. C- 1/21/2020</li> <li>4. O - Weekly</li> <li>5. O - Monthly</li> <li>6. P-Restructure</li> <li>7. C - 2/07/2020</li> <li>8. C - 1/23/2020</li> </ol>
Feb	<ol style="list-style-type: none"> <li>1. End+disparities Regional Group Meeting</li> <li>2. End+disparities Meeting Minutes &amp; Survey</li> <li>3. Implement Data Validation Plan and Tools</li> <li>4. Kickoff 2020 Program Monitoring</li> <li>5. Weekly ARIES DIP Meeting</li> <li>6. Fundamental’s Session</li> <li>7. Case Management Institute</li> <li>8. CQM Monitoring AA - BVCOG</li> </ol>	<ol style="list-style-type: none"> <li>1. Julie/Brian</li> <li>2. Julie</li> <li>3. PIE/Care</li> <li>4. CareSvs/Germane</li> <li>5. Savanna</li> <li>6. Desty/Anthony</li> <li>7. Desty/Rhonda</li> <li>8. Holly/Julie/Blade/Fiscal</li> </ol>	<ol style="list-style-type: none"> <li>1. C -1/29/2020</li> <li>2. C - 1/29/2020</li> <li>3. P - Q2</li> <li>4. C-2/18/2020</li> <li>5. O - Weekly</li> <li>6. O - Monthly</li> <li>7. P - date</li> <li>8. C-2/21/2020</li> </ol>
Mar	<ol style="list-style-type: none"> <li>1. Apr CQM Meeting Prep</li> <li>2. Program Monitoring CAP Progress Check</li> <li>3. HIV Syndicate Affinity Group Sessions</li> <li>4. Fundamental’s Session</li> <li>5. DIP Validation Monitoring Follow Up Evaluation</li> <li>6. CQM Monitoring of AA – UHS</li> </ol>	<ol style="list-style-type: none"> <li>1. Julie/Brian</li> <li>2. Julie/Brian/PC</li> <li>3. Jesse/Rosa/Ann</li> <li>4. Desty/Anthony</li> <li>5. PIE/Care</li> <li>6. Julie/Brian/Jessica</li> </ol>	<ol style="list-style-type: none"> <li>1. P - 3/23/2020</li> <li>2. P - 3/23/2020</li> <li>3. P - Restructure</li> <li>4. O - Monthly</li> <li>5. O - Monthly</li> <li>6. Rsch. July 2020 (Covid-19)</li> </ol>
Apr	<ol style="list-style-type: none"> <li>1. Q2-CQM Meeting – Internal</li> <li>2. Meeting Minutes &amp; Survey</li> <li>3. Fundamentals Session</li> <li>4. Program Monitoring CAP Progress Check</li> <li>5. Update QM Data Dashboards</li> <li>6. HIV Syndicate Meeting</li> </ol>	<ol style="list-style-type: none"> <li>1. Julie/Brian</li> <li>2. Julie</li> <li>3. Desty/Anthony</li> <li>4. Julie/Brian</li> <li>5. Julie/Brian</li> <li>6. Rosa/Jesse/Ann</li> </ol>	<ol style="list-style-type: none"> <li>1. C-internal 4/6/2020</li> <li>2. C - 4/6/2020</li> <li>3. O - Monthly</li> <li>4. O - Monthly</li> <li>5. C - 4/5/2020</li> <li>6. C - 4/29/2020</li> </ol>
May	<ol style="list-style-type: none"> <li>1. Program Monitoring CAP Progress Check</li> <li>2. Run Utilization Reports by Service Category Review Performance Measure Selections</li> <li>3. Mid-Year Program Evaluation of CQM Committee &amp; Program</li> <li>4. Fundamentals Session</li> <li>5. CQM Monitoring of AA – TRG Houston</li> </ol>	<ol style="list-style-type: none"> <li>1. Julie/Brian/PC</li> <li>2. PIE/Care</li> <li>3. CQM Committee</li> <li>4. Desty/Anthony</li> <li>5. Jesse/Rosa/Ann</li> <li>6. Julie/Brian/Jessica</li> </ol>	<ol style="list-style-type: none"> <li>1. O - Monthly</li> <li>2. C - 5/19/2020</li> <li>3. C-7/13/20/20</li> <li>4. O - 5/28/2020</li> <li>5. Resch to Aug</li> </ol>
Jun	<ol style="list-style-type: none"> <li>1. Jul Meeting Prep</li> <li>2. Provider Panel Meeting - Telemedicine</li> <li>3. Fundamentals</li> <li>4. CQM Monitoring of AA – STDC</li> <li>5. CQM Monitoring of AA – Bexar/UHS</li> </ol>	<ol style="list-style-type: none"> <li>1. Julie/Brian</li> <li>2. Brian</li> <li>3. Desty/Anthony</li> <li>4. Julie/Brian/Theresa</li> <li>5. Julie/Brian/Loretta</li> </ol>	<ol style="list-style-type: none"> <li>1. C - 7/10/2020</li> <li>2. C - 6/19/2020</li> <li>3. O - monthly</li> <li>4. Resch to Aug</li> <li>5. Resch to Jul</li> </ol>

Jul	<ol style="list-style-type: none"> <li>1. Q3-CQM Meeting – Core</li> <li>2. Meeting Minutes &amp; Survey</li> <li>3. Update CQM Data Dashboards</li> <li>4. Fundamental’s Session</li> <li>5. Program Monitoring CAP Progress Check</li> <li>6. UHS AA Annual Pro/CQM Monitoring</li> <li>7. Medication Advisory Committee (MAC)</li> </ol>	<ol style="list-style-type: none"> <li>1. Julie/Brian</li> <li>2. Brian</li> <li>3. Julie/Brian</li> <li>4. Desty/Anthony</li> <li>5. Julie/Brian/RPC</li> <li>6. Loretta/Julie</li> <li>7. Rachel/Laura</li> </ol>	<ol style="list-style-type: none"> <li>1. C – 7/13/20</li> <li>2. C – 7/13/20</li> <li>3. C – 7/12/2020</li> <li>4. C – cx in July</li> <li>5. O - monthly</li> <li>6. C – 7/31/2020</li> <li>7. C – 7/31/2020</li> </ol>
Aug	<ol style="list-style-type: none"> <li>1. Update CQM Data Dashboards</li> <li>2. Fundamental’s Session</li> <li>3. HIV Syndicate Affinity Group Sessions</li> <li>4. End QA Program Monitoring</li> <li>5. TRG AA Annual Pro/CQM Monitoring</li> <li>6. STDC AA Annual Pro/CQM Monitoring</li> </ol>	<ol style="list-style-type: none"> <li>1. Julie/Brian</li> <li>2. Desty/Anthony</li> <li>3. Jesse/Rosa/Ann</li> <li>4. CareSvs/Germane</li> <li>5. Jessica/Julie/Brian</li> <li>6. Theresa/Julie</li> </ol>	<ol style="list-style-type: none"> <li>1. C-8/21/2020</li> <li>2. C-8/25/2020</li> <li>3. C-BW</li> <li>4. Resch to Oct.</li> <li>5. C</li> <li>6. C</li> </ol>
Sep	<ol style="list-style-type: none"> <li>1. Oct Meeting Prep</li> <li>2. Select QI/QA Appreciation Award Recipients</li> <li>3. Fundamental’s Session</li> <li>4. HIV Syndicate Affinity Group Sessions</li> <li>5. Program Monitoring CAP Progress Check</li> <li>6. CQM Monitoring of AA – Dallas County</li> <li>7. CQM Monitoring of AA - Tarrant County</li> </ol>	<ol style="list-style-type: none"> <li>1. Julie/Brian</li> <li>2. CQM Committee</li> <li>3. Desty</li> <li>4. Jesse/Rosa/Ann</li> <li>5. Julie/Brian/RPC</li> <li>6. Julie/Brian/Theresa</li> <li>7. Julie/Brian/Loretta</li> </ol>	<ol style="list-style-type: none"> <li>1. C</li> <li>2. C</li> <li>3. C</li> <li>4. C - BW</li> <li>5. C</li> <li>6. C</li> <li>7. C-in progress</li> </ol>
Oct	<ol style="list-style-type: none"> <li>1. Q4-CQM Meeting - Statewide F/F</li> <li>2. Meeting Minutes &amp; Survey</li> <li>3. Update CQM Data Dashboards</li> <li>4. Fundamental’s Session</li> <li>5. HIV Provider Panel – Face to Face Meeting</li> </ol>	<ol style="list-style-type: none"> <li>1. Julie/Brian</li> <li>2. Kalifa</li> <li>3. Julie/Brian</li> <li>4. Desty</li> <li>5. Brian/Liza</li> </ol>	<ol style="list-style-type: none"> <li>1. C– 10/27/2020</li> <li>2. Pending</li> <li>3. Pending</li> <li>4. C-10/27/20</li> <li>5. C-9/21/2020</li> </ol>
Nov	<ol style="list-style-type: none"> <li>1. Year End Program Evaluation</li> <li>2. Select Projects for 2021</li> <li>3. Program Monitoring CAP Progress Check</li> <li>4. SOC and Monitoring Tool Review/Updates</li> <li>5. Fundamental’s Session</li> <li>6. HIV Syndicate Affinity Group Sessions</li> <li>7. Evaluation of ARIES Validation Process &amp; Tools</li> </ol>	<ol style="list-style-type: none"> <li>1. CQM Committee</li> <li>2. CQM Committee</li> <li>3. Julie/Brian/RPC</li> <li>4. CQM Committee</li> <li>5. Desty/Brian</li> <li>6. Jesse/Rosa/Ann</li> <li>7. PIE/Care</li> </ol>	<ol style="list-style-type: none"> <li>1. Pending</li> <li>2. Pending</li> <li>3. Pending</li> <li>4. Pending</li> <li>5. Pending</li> <li>6. Pending</li> <li>7. Pending</li> </ol>
Dec	<ol style="list-style-type: none"> <li>1. Year End Program Evaluation Continued</li> <li>2. Eval/Plan for 2021 Capacity Building</li> <li>3. Eval/Plan for CQM Committee Meeting Schedule &amp; Membership</li> <li>4. DSHS HIV/STD Conference</li> <li>5. Eval of Contracts re: CQM Funded Staff</li> <li>6. Update CQM Plan</li> <li>7. Run/Analyze Utilization Reports – Select 2021 Performance Measures</li> </ol>	<ol style="list-style-type: none"> <li>1. CQM Committee</li> <li>2. CQM Committee</li> <li>3. CQM Committee</li> <li>4. Conference Planning Committee</li> <li>5. Janina/Michelle/ADAP</li> <li>6. Julie/Brian/CQM Comm.</li> <li>7. PIE/Care</li> </ol>	<ol style="list-style-type: none"> <li>1. Pending</li> <li>2. Pending</li> <li>3. Pending</li> <li>4. Pending</li> <li>5. Pending</li> <li>6. Pending</li> <li>7. Pending</li> </ol>

Care Svs: Care Services - PIE: Program Innoformatics and Evaluation - RPC: Regional Program Consultant