Idaho Department of Health and Welfare
Family Planning, STD and HIV Programs
Ryan White Part B Program

HIV QUALITY MANAGEMENT PLAN

Updated 3/26/2012

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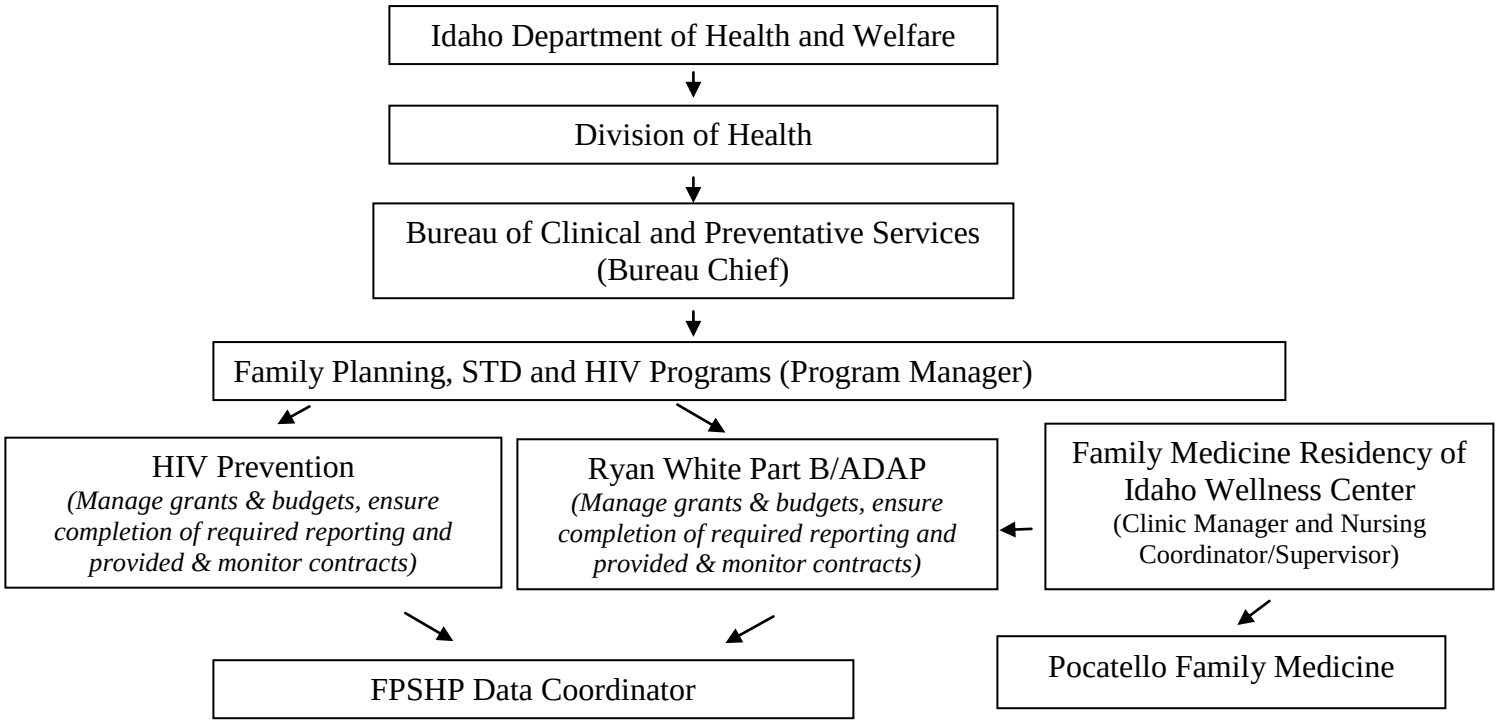
Quality Statement

The Idaho Department of Health and Welfare's Family Planning, STD and HIV Programs, in cooperation with the HIV Quality Management Committee and the Idaho Advisory Council on HIV and AIDS (IACHA), are committed to developing and continually improving a quality continuum of care statewide meeting the identified needs of people living with HIV and AIDS.

HIV Quality Management Infrastructure

Programmatic Leadership

Please review the flow chart to see the leadership provided for the HIV Quality Management Committee.



Family Planning, STD and HIV Programs (FPSHP) charged the Ryan White Part B Program (RWPB) Coordinator with the task of ensuring the development and oversight of an HIV QM Program. The FPSHP Data Coordinator provides QM support and has access to RWPB data. Other program staff can provide access to data as needed. The HIV QM Coordinator is responsible for ensuring accuracy of data collection methods and reporting. The Wellness Center and Pocatello Family Medicine will provide clinical data for ADAP and RWPB clients. The goal for CY2012 is to have Ryan White Part B funded agencies collect and report all data required for calculating the measures included in the QM Plan.

HIV Quality Management Committee

Recognizing that individual members bring unique skill sets, each member will provide different roles in the development, implementation, evaluation and support of the QM Program and written plan. Each member serves an important role in helping ensure accountability and standardization of efforts, identifying gaps in care and fostering collaboration and sharing of knowledge.

Members of the QM Committee are expected to participate in at least one yearly face-to-face meeting and at least one conference call each year.

The following table describes the current and potential membership of the QM Committee.

Agency/Title	Role	Resource/Area of Expertise	Current Status
Ryan White Part B Program Coordinator	Quality Management Leader	RWPB Programs	Participating
Statewide HIV Quality Management Coordinator	QM Coordinator/ Communication conduit	QM Plan and QM Data	Participating
Family Planning, STD and HIV Programs Manager	Policy & Department influence	FPSHP Program Manager	Providing oversight
HIV Surveillance Program Manager	Provide access to HARS data and Epi Report	HARS Data Epi Report	Participating
Family Planning, STD and HIV Programs Data Coordinator	Statewide data collection conduit	CAREWare and ADAP Data	Participating
HIV Prevention Program Coordinator	Statewide HIV prevention providers contact	HIV Prevention Program Manager	Participating
Ryan White Part C Program Manager	Clinical Data Expert	RW Part C Program and Data	Participating
Special Needs Grant Administrator	Statewide housing issues expert	HOPWA Program	Participating
Part C Nurse	Clinical process/procedures expert	RW Part C Case Program	Participating
Medicaid Representative	Provide Medicaid specific information	HIV Care-specific training	Not yet contacted

Agency/Title (continued)	Role (continued)	Resource/Area of Expertise (continued)	Current Status (continued)
Pocatello Family Medical Center RN	PFMC Data Expert	RW Part C Patient Care Program/ Medicaid adherence Liaison for the Pocatello Family Medicine HIV Quality Team	Participating
Northwest AIDS Education & Training Coordinator	Link to community health providers	HIV Medical Education	Participating
Health District Representative	Policy and procedure influence/ health district perspective	Health Districts	Participating
Co-Chairs from IACHA's Data Committee, Research Committee and Finance Committee	Community & planning committee information link	Statewide review and guidance	Participating
Mental Health Provider Representative	Link to mental health providers	Mental Health information	Not yet contacted
Primary Care Provider Representative	Link to primary care providers	Primary Care information	Not yet contacted
Oral Health Representative	Link to oral health care providers	Dental information	Not yet contacted

Influence of the National HIV/AIDS Strategy

In response to the *National HIV/AIDS Strategy* released in July 2010, HRSA added expanded language to several components of the Ryan White Part B Program responsibilities. The section called Early Identification of Individuals with HIV/AIDS (EIIHA) is the identifying, counseling, testing, informing, and referring of diagnosed and undiagnosed individuals to appropriate services, as well as linking newly diagnosed HIV positive individuals to care.

The Idaho QM Committee has previously chosen to align the performance measurements with *The National HIV Strategy*, which identifies three primary goals:

1) Reducing the number of people who become infected with HIV
2) Increasing access to care and improving health outcomes for people living with HIV
3) Reducing HIV-related health disparities

Performance Measurement

Program goals use the following definitions:

Active ADAP Clients Definition:

- *Client enrolled into ADAP program and/or client is eligible and on ADAP waitlist*[*]
- *Client received at least one medication order during the reporting period*

Active Part B Clients Definition:

- *Client enrolled into Part B program*
- *Enrollment date falls on or before reporting period start date*
- *Client receives at least one RWPB funded service during reporting period*
- *Includes clients NOT in ADAP*

≥18 Definition:

- *Client meets active client definition*
- *Client is 18 years or older during the entire 12 months of the calendar year*

Medical Visit Definition:

- *An HIV care setting is one which received Ryan White HIV/AIDS Treatment Modernization Act of 2006 funding to provide HIV care and has a quality management program in place to monitor the quality of care addressing gaps in quality of HIV care.*
- *A "provider with prescribing privileges" is a health care professional who is certified in their jurisdiction to prescribe ARV therapy (i.e. MD, PA, or NP)*

Measurement Year:
The time period from January 1 to December 31

The following tables describe the details of the performance measures which are divided into the following categories:

1. Quality of Care
2. Retention in Care
3. Monitored Viral Load
4. Program Eligibility

[*] *When ADAP waitlist is necessary*

1. QUALITY OF CARE MEASURES

Measurement Outcome	Indicator to be Measured	Data Elements used to Measure Indicator	Data Source & Methods	Analyzing & Reviewing Data
1. Percent of ADAP and/or Part B clients with HIV infection who had two or more CD4 T-cell counts performed in the measurement year GOAL: 90 percent	Change in the number of ADAP and/or Part B clients reporting CD4 tests completed every six months	**Numerator:** Number of active ADAP and/or Part B clients who had two or more CD4 T-cell counts performed at least three months apart during the measurement year **Denominator:** Clients who have had at least one ADAP order and/or Part B MCM visit in the first and second half of the year AND at least one medical visit in the first half and second half of the measurement year	Part B MCMs and The Wellness Center submit to the RWPB Data Coordinator ADAP Database CAREWare Clinic EMR	RWBP/ADAP Coordinator and QM Coordinator responsible for reviewing data and presenting to the QM Committee
2. Percent of ADAP and/or Part B clients with HIV infection who had two or more Viral Load counts performed in the measurement year GOAL: 90 percent	Change in the number of ADAP and/or Part B clients reporting viral load tests completed every six months	**Numerator:** Number of active ADAP and/or Part B clients who had two or more Viral Load counts performed at least three months apart during the measurement year **Denominator:** Clients who have had at least one ADAP order and/or Part B MCM visit in the first and second half of the year AND at least one medical visit in the first half and second half of the measurement year	Part B MCMs and The Wellness Center submit to the RWPB Data Coordinator ADAP Database CAREWare Clinic EMR	RWBP/ADAP Coordinator and QM Coordinator responsible for reviewing data and presenting to the QM Committee
3. Percentage of active ADAP and/or Part B clients with HIV infection and a CD4 T-cell count below 200 cells/mm^3 who were prescribed PCP prophylaxis during the measurement year GOAL: 90 percent (with follow up to determine reason some clients did not meet measure)	Change in number of ADAP and/or Part B clients with HIV infection and a CD4 T-cell count below 200 cells/mm^3 who were prescribed PCP prophylaxis during the measurement year	**Numerator:** Number of active ADAP and/or Part B clients with CD4 T-cell counts below 200 cells/mm^3 who were prescribed PCP prophylaxis during the measurement year **Denominator:** Clients who have a CD4 T-cell count below 200 cells/mm^3 and who had at least one ADAP order and/or at least one MCM visit in the first half and second half of the measurement year	Monitor data in the ADAP Database and CAREWare	RWBP/ADAP Coordinator and QM Coordinator responsible for reviewing data and presenting to the QM Committee

Measurement Outcome (continued)	Indicator to be Measured (continued)	Data Elements used to Measure Indicator (continued)	Data Source & Methods (continued)	Analyzing & Reviewing Data (continued)
4. Percentage of ADAP and/or RWPB clients who have documented SAMISS completion in CAREWare during measurement year GOAL: To be determined in 2013	Change in number of ADAP and/or Part B clients with documented mental illness and substance abuse screenings documented in CAREWare during the measurement year	**Numerator:** Number of active ADAP and/or Part B clients with documented mental illness and substance abuse screening during the measurement year **Denominator:** Number of active ADAP and/or RWPB clients who completed an MCM Assessment during the measurement year	Monitor data in CAREWare	QM Coordinator RWBP/ADAP Coordinator RWPB Medical Case Managers

2. RETENTION IN CARE

Measurement Outcome	Indicator to be Measured	Data Elements used to Measure Indicator	Data Source & Methods	Analyzing & Reviewing Data
1. Percent of ADAP and/or Part B clients who had two or more medical visits in an HIV care setting during the measurement year GOAL: 90 percent (with QI project to follow up with clients who do not meet measurement)	Change in number of ADAP and/or Part B clients reporting general HIV medical care visits every six months	**Numerator:** Number of active ADAP and/or Part B clients who had two or more medical visits at least three months apart during the measurement year **Denominator:** Clients who have had an ADAP order and/or Part B MCM visit at anytime during the measurement year	Monitor data in the ADAP Database and CAREWare The Wellness Center Reports Clinic EMR	RWBP/ADAP Coordinator and QM Coordinator responsible for reviewing data and presenting to the QM Committee
2. Percentage of active ADAP and/or Part B clients who were newly enrolled with a medical provider with prescribing privileges who had a medical visit in each of the 4-month periods in the measurement year GOAL: to be determined in 2013	Change in number of newly enrolled ADAP and/or Part B clients who had a medical visit in each of the 4-month periods	**Numerator:** Number of active ADAP and/or Part B clients who had at least one medical visit in each 4-month period of the measurement year **Denominator:** Number of active ADAP and/or Part B clients, regardless of age, who were newly enrolled with a medical provider AND had at least one medical visit with a provider with prescribing privileges in the first 4 months of the measurement year	Monitor data in the ADAP Database and CAREWare The Wellness Center Reports Clinic EMR	RWBP/ADAP Coordinator responsible for reviewing data and presenting to the QM Committee

3. MONITORED VIRAL LOAD SUPPRESSION				
Measurement Outcome	**Indicator to be Measured**	**Data Elements used to Measure Indicator**	**Data Source & Methods**	**Analyzing & Reviewing Data**
1. Track and monitor viral loads of HIV positives for the following communities: • State of Idaho • Health districts • Race • Ethnicity • Gender • Risk factor	Patients by most recent viral load (if over six months, QM Coordinator will contact the MCM)	**Numerator:** Total viral load of active ADAP and/or Part B clients **Denominator:** Number of active ADAP and/or Part B clients (at the time that the measurement is run)	CAREWare	RWBP/ADAP Coordinator and QM Coordinator responsible for reviewing data

4. PROGRAM ELIGIBILITY MEASURES				
Measurement Outcome	**Indicator to be Measured**	**Data Elements used to Measure Indicator**	**Data Source & Methods**	**Analyzing & Reviewing Data**
1. Percent of clients accessing RWPB and/or ADAP services with eligibility documented in CAREWare (HIV Status, Income, Insurance Status) GOAL: 70 percent	Change in number of missing or incomplete fields	**Numerator:** Number of newly enrolled and recertified ADAP and/or RWPB clients with all eligibility requirements documented in CAREWare **Denominator:** Number of ADAP and/or RWPB clients recertified or enrolled (greater than 30 days) during the measurement year	Medical Case Managers and clinic staff submit documentation Must be documented during recertification and intake in CAREWare	RWBP/ADAP Coordinator and QM Coordinator responsible for reviewing data
2. Proportion of ADAP and/or RWPB enrollees recertified for eligibility criteria every six months GOAL: 70 percent	Change in number of ADAP and/or RWPB enrollees recertified for eligibilty criteria at least every six months	**Numerator:** Number of active ADAP and/or RWPB enrollees recertified during the preceding six months **Denominator:** ADAP and/or RWPB clients active for the entire reporting period	Medical Case Managers and clinic staff submit documentation Documented during recertification in CAREWare Random audits of files at state office	RWBP/ADAP Coordinator and QM Coordinator responsible for reviewing data

Ryan White Part B Contracts Quality Assurance

Contract quality assurance within the QM Program involves projects aimed at the monitoring and evaluation of the various aspects of medical case management to help ensure that standards of quality care are being provided.

Quality Assurance Project	Person Responsible	Data Source and Method
1. Review SAMISS entry results to ensure accuracy for both Substance Abuse and Mental Illness screenings	RWBP/ADAP Coordinator QM Coordinator RWPB Medical Case Managers	Review MCM CAREWare Manual Discuss entry methods on MCM conference call Run SAMISS screening report on CAREWare
2. Collect and trend case characteristics of individual with VL greater than/equal ≥ 100,000	RWBP/ADAP Coordinator QM Coordinator RWPB Medical Case Managers	CAREWare Database MCMs Medical Providers ADAP Database
3. Begin tracking clients who do not make medical visit measure (see QM Retention in Care Measure #1) to determine cause	RWBP/ADAP Coordinator QM Coordinator RWPB Medical Case Managers	1. Review and identify clients who did not meet the first measure and those clients who fell out of the second half of the measure in 2011 2. Request data from MCMs 3. Research and document reasons clients did not have a medical appointment (i.e. Did they come back into care? Did they not come back? Do we know why/why not?)

Capacity Building

Capacity building within the QM Program involves projects to enhance systems of care to improve:

1. The capacity to collect accurate data
2. The capacity to meet HRSA reporting requirements
3. The capacity to share data to determine QI needs

Project	Person Responsible	Data Source and Method
Provide QM 101 training to MCMs	RWPB/ADAP Coordinator QM Coordinator MCM	NQC Regional Training in Boise, Idaho, scheduled for April 13, 2012

Quality Improvement

The following are the 2012 QI Projects identified by the QM Committee:

QI Project	PDSA Cycle	Timeline	Person(s) Responsible
1. Improve program recertification rates	***Plan (Completed):*** Ensure coordination between state and contracted agency recertification dates. ***Do (Completed):*** Continue to provide MCMs updated Excel spreadsheet identifying clients and, associated recertification dates, form submission dates and calculated number of days late. ***Study (Completed):*** • D7: found out that the fax machine was not working to send in recertifications • QM Committee opinion: enforce recertification grace period ***Act:*** • Include in MCM Policies and Procedures the repercussions of failing to follow 30-day grace period • Include language in MCM Policies and Procedures that *all* clients (ADAP and RWPB) must be recertified every 6 months • Determine how to continue QI project	Provide MCMs list of clients with recertification dates every January and July	QM Working Group RWPB Medical Case Managers

QI Project (continued)	PDSA Cycle (continued)	Timeline (continued)	Person(s) Responsible (continued)
2. Contract Level QI Project: District 7 will use an option CAREWare to attach scanned documents rather than using the fax machine	***Plan:*** Begin using CAREWare Document Attachment Module ***Do:*** By June 30, 2012 having module available for use by District 7 ***Study:*** Determine if the state received all recertifications with correct attachments ***Act:*** Determine how to continue QI project	Module available for use by June 30, 2012	RWPB Coordinator District 7 staff
3. Improve medical visit rates	***Plan:*** Discussed methodology at the February 2012 QM Meeting ***Do:*** • Provide MCMs list of clients who have not had a medical appointment in the first quarter, first half and third quarter of the year • After the 2nd and 4th quarters, the RWBP/staff willwork with MCMs to answer the following questions for clients who fell out of the measure. 1. Did MCM contact clients to inform them of the need to have a medical appointment? 2. How many times did MCM contact clients? ***Study:*** Study changes in the rate of medical appointments attended by Part B and ADAP clients ***Act:*** • Determine if rates changed • Determine cause of the rate change (if applicable) • Determine if the rate change was an improvement Determine next steps of QI project	RWBP/ADAP Coordinator provide MCMs list of clients with no medical appointment for the first quarter, first half and third quarter of the year QM Committee compare rates every six months QM Committee discuss continuation of QI project during the 2013 QM Meeting	QM Working Group RWPB Medical Case Managers

QI Project (continued)	PDSA Cycle (continued)	Timeline (continued)	Person(s) Responsible (continued)
4. Become more informed of the process of tracking newly diagnosed HIV cases and identify how they get into care district-by-district	***Plan:*** RWBP/ADAP Coordinator and State HIV Epidemiologist develop questionnaire for MCMs and Disease Investigation Specialists (DSI) to elicit referral process in each health district. ***Do:*** • Create form to distribute to MSMs and DSIs • Distribute form to MCMs and DSIs ***Study:*** Review results of submitted questionnaires ***Act:*** Determine next steps at the QM Committee meeting in 2013	Develop questionnaire by July 2012	RWBP/ADAP Coordinator State HIV Epidemiologist

Participation and Communication with Stakeholders

The following table describes the groups and agency stakeholders currently involved in HIV care activities and in providing data for the QM Committee.

Stakeholder	Type of Involvement	Modes of Communication	Frequency and Interval of Communication
Consumer (People living with HIV/AIDS)	1. Participate with QM Committee 2. Participate in Needs Assessment Survey 3. Develop annual client satisfaction survey	1. Provide reports on QM Program outcomes and QM Committee meetings 2. Review survey results at QM Committee meetings. Survey results on FPSHP Website or consider publishing results to be distributed by MCMs	1. Attend QM Committee meetings 2. Completion and review of Needs Assessment Survey to be completed and reviewed every 1-3 years
Contractors: • North Idaho AIDS Coalition • Inland Oasis • Wellness Center, Part C Clinic • Center for Community and Justice • Southeastern Public Health District • Eastern Idaho Public Health District • Pocatello Family Medical Center	1. Enter client data on ss as required by Idaho RWPB Medical Case Management Policies and Procedures and CW Manual 2. Participate with MCM Chart Review 3. Participate in QI project 4. Ensure standards of service according to contracts	1. Enter required client data into CW 2. Site visits by RWPB Staff 3. As determined by needs of QI projects 4. Medical Case Managers review contract requirements	1. a) RWPB staff provide data reports to contractor during meetings and trainings b) Provide data reports to QM Committee at meetings as needed 2. Every 2 years 3. To be determined 4. Yearly or when requirements updated or changed
Idaho Advisory Council on HIV and AIDS (IACHA)	1. Planning group guidance 2. Provide data collected for Community Planning Group activities 3. Maintain membership on QM Committee	Ensure one co-chair from the Data Committee, Finance Committee and Research Committee attend QM meetings and conference calls	Co-chairs attend QM meetings (one face-to-face and three conference calls per year)

Quality Management Program Evaluation

The goal of evaluating the QM Program is to determine whether or not the program made a difference. The QM Committee will be charged with the following:

1. Determining the effectiveness of the QM Program infrastructure and activities
2. Reviewing annual goals and identifying those that have been met and those that have not (and the reasons these goals were not met)
3. Reviewing appropriateness of measures and identifying new measures that should be introduced.

The evaluation process is explained in the table below.

Process	Timeline	Agreement Process
Compare Idaho data to neighboring states and HIVQual data	Annually at the face to face QM Committee meeting	
QM Committee members will complete the National Quality Center/HAB Part B Quality Management Program Assessment prior to the face to face meeting. The RWBP/ADAP Coordinator will cumulate the assessments and present results at the meeting.	Annually at the face to face QM Committee meeting	Consensus voting allowing for follow up when full consensus is not achieved
Distribute following questions to QM Committee to be discussed during yearly meeting: 1.What QI goals were achieved during the previous measurement year? 2. a) What clinical measure goals were met in previous measurement year? b) Are results in the expected range? If so, how? 3.a) What MCM/ADAP goals were met in previous measurement year? b) Are results in the expected range? If so, how? 4.How were stakeholders informed? 5.Did our current infrastructure work? 6.Did we do what we said we were going to do for each measure and each QI project? Why? Why not? 7.Are our measures meaningful to helping us understand HIV care systems in Idaho? Are they helping us identify whether or not we need to make changes?	Annually at the face to face QM Committee meeting	

Process to Update the Quality Management Plan

To ensure a useful and current QM Plan, it is essential to update the plan in a systematic and consistent manner. The process upon which the QM Plan will be updated is explained in the table below.

Process	Timeline	Agreement Process
Ryan White Parts B and C working group will discuss needed updates to the QM Plan during monthly meetings	Monthly	Proposed updates to the QM Plan will be shared with the QM Committee for approval
QM Committee members and stakeholders will bring proposed QI projects and performance measurements to the attention of the RWBP/ADAP Coordinator to be addressed at the QM Committee face-to-face meetings	As needed	Consensus voting allowing for follow up when full consensus is not achieved

Appendix 1

Glossary of Terms and Acronyms

ADAP (AIDS Drug Assistance Program) -the state of Idaho's program that funds HIV medication for people who are HIV positive and unable to pay for the medications they need. This program is administered by the Family Planning, STD and HIV Programs

AIDS (Acquired Immune Deficiency Syndrome) - the disease which is often the final stage of HIV progression within the body. AIDS is characterized by opportunistic infections, high viral load counts of HIV within the blood, and low T-cell counts

ARV (Antiretroviral Drugs) - medications for the treatment of infection by retroviruses, primarily HIV. Different classes of antiretroviral drugs act at different stages of the HIV life cycle

FPSHP - Family Planning, STD, and HIV Programs - the programs operate within the Idaho Department of Health & Welfare, Bureau of Clinical and Preventive Services and include STD Control, HIV Prevention, Ryan White Part B, Family Planning, and Viral Hepatitis. The infrastructure of the FPSHP allows for program coordination at the state and local level. State funding appropriated by the Idaho State Legislature for HIV Care (Ryan White Part B) is allocated to the FPSHP for HIV Care by the Division of Public Health.

HAART (Highly Active Anti-Retroviral Therapy) – a combination of several antiretroviral drugs for the treatment of HIV

HAB (HIV/AIDS Bureau) - bureau within the Department of Health and Human Services, Health Resources and Services Administration, which administers the Ryan White HIV/AIDS Program which funds several programs

HARS (HIV and AIDS Reporting System) - a collection of computer programs and data files developed by the Division of HIV/AIDS Prevention at the CDC that simplifies the management and analysis of HIV and AIDS surveillance data

HIV (Human Immunodeficiency Virus) - the virus that causes AIDS by deteriorating the immune system by destroying the T-cells

HRSA (Health Resources and Services Administration)- the federal agency within the Department of Health & Human Services that administers and oversees the Ryan White Care Act. The Family Planning, STD and HIV Programs is a recipient of Ryan White Part B. Family Practice Residency of Idaho and the Community Health Association of Spokane (CHAS) are recipients of Ryan White Part C which serve Idaho residents.

IACHA (Idaho Advisory Council on HIV and AIDS) - the community planning group which advises the Family Planning, STD and HIV Programs in the designed and implementation of HIV and AIDS care and prevention services/interventions in Idaho

IDAPA (Idaho Administrative Procedures Ac) - These are the rules governing Idaho state programs; these are the Ryan White Part B Program Rules

MCM (Medical Case Management) - addresses the needs of clients who are HIV positive disease, assisting them to overcome the obstacles they face in obtaining critical services

NWAETC/LPS (The Northwest AIDS Education and Training Center Local Performance Site) - offers HIV treatment education, clinical consultation, capacity building and technical assistance to health care professionals and agencies in Washington, Alaska, Montana, Idaho, and Oregon

PLWH/A - people living with HIV and AIDS

QA (Quality Assurance) (also known as Outcomes Evaluation) – answers the question, "Did the program make a difference?" QM usually addresses initial outcomes such as increased knowledge, may also address intermediate outcomes such as success in obtaining services, and can include evaluation of longer-term results or impacts such as the programs ultimate impact on morbidity or mortality among clients living with HIV and AIDS.

QI (Quality Improvement) – a formal and systematic process of identifying problems in service delivery, designing activities to overcome this problems, and following up to ensure that correction action have been effective and no new problems have developed. The emphasis is usually on ensuring that minimum standards of care are met. It is an approach for improving service delivery that is closely related and complementary to program evaluation.

QM Program (Quality Management Program) – a systematic process with identified leadership, accountability, and dedicated resources and uses data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks

RWPB (Ryan White Part B) - a program administered by the Idaho Department of Health & Welfare's Family Planning, STD and HIV Programs. Services provided by RWPB include the ADAP and other direct care services as defined in IDAPA 16.02.05