Utah Department of
Health & Human Services
Population Health

Clinical quality management plan
Ryan White Part B and ADAP services

Office of Communicable Diseases

April 2024-March 2025

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Definitions

"A3" means a template for quality improvement based on the principles of PDSA

"ADAP" means AIDS Drug Assistance Program

"CAC" means Community Advisory Committee

"CAP" means corrective action plan

"CDC" means Centers for Disease Control and Prevention

"COA" means cadence of accountability

"CQI" means continuous quality improvement

"CQM" means clinical quality management

"DHHS" means Utah Department of Health and Human Services

"EIS" means early intervention services

"HAB" means HIV/AIDS Bureau

"HEART" means HIV/STD Elimination, Analysis, Response and Treatment

"HIV" means human immunodeficiency virus

"HRSA" means Health Resources and Services Administration

"IDC" means University of Utah, Infectious Disease Clinic

"IH" Intermountain Health

"MCM" means medical case management

"NMCM" means non-medical case management

"OAHS" means outpatient ambulatory health services

"OCD" means Office of Communicable Diseases

"PCN" means policy clarification notice

"PDSA" means plan, do, study, act

"PLWH" means people living with HIV

"PM" means performance measure

"QA" means quality assurance

"QI" means quality improvement

"QIP" means quality improvement project

"RBA" means results-based accountability

"RWB" means Ryan White HIV/AIDS Program Part B

"TA" means technical assistance

"UHPG" means Utah HIV planning group

Introduction

The CQM plan describes all aspects of RWB CQM, including infrastructure, priorities, performance measures, quality improvement activities, responsible parties, work plan, timeline, and evaluation. The plan is reviewed and revised annually. It is posted on the public DHHS/RWB website.

DHHS Mission

The Utah Department of Health and Human Services will support and serve all individuals and communities throughout Utah. It will do so through effective policy and the

operations of an effective and efficient seamless system of services and programs that is centered around the individuals and communities the department serves.

DHHS Vision

Ensure all Utahns have fair and equitable opportunities to live safe and healthy lives.
To get to our vision, we will:

- Ensure quality care, services and programs are accessible where and when they're needed
- Foster safe and supportive environments
- Improve health outcomes, both physical and mental
- Create a high-quality and efficient department
- Build public trust in DHHS

Quality statement

The goal of RWB is to improve the lives and well-being of PLWH by increasing HIV viral suppression to prevent and reduce transmission of HIV. This is done through access to comprehensive HIV care, and core medical and support services. We strive to maintain high-quality care and optimize resources. Quality efforts target improvement in client care, health outcomes, and satisfaction. RWB CQM collaborates with internal and external stakeholders, the CQM Committee, and clients to provide equal access to the continuum of care, eliminate health disparities across jurisdictions, and measure performance to determine the degree to which funded HIV care and support services achieve the standards.

Goals and priorities

Goal:

Increase HIV viral suppression to prevent and reduce transmission of HIV. ([National benchmark 2022: 89.6%](#))

Increase the percentage of RWB clients with an HIV viral load test in the last 12 months from a December 2023 baseline of 87.8% (1350/1538) to 90% by December 2024.

Objective 2
Maintain or increase viral suppression for clients in care for 12 months or longer.

Objective 3
Maintain or increase viral suppression for clients in care for less than 12 months.

Priorities

- Increase access to care by supporting new service providers
- Increase access to care by offering expanded services
- Strategic alignment with the DHHS RBA process

Additional service providers and services became available in April 2024.

- Outpatient ambulatory health services expanded from 1 to 2 service providers
- Non-medical case management is provided through DHHS
- Outreach services is a new service category available to clients

Infrastructure

The RWB CQM infrastructure includes:

- Leadership
- Dedicated staffing and resources
- Involvement of PLWH, partners, and stakeholders
- CQM committee
- CQM plan
- CQM program evaluation

Leadership

Leadership guides, supports, and champions quality management by understanding needs and providing appropriate resources.
(see Appendix A for the organizational chart)

Dedicated staff

RWB leaders, staff, and partners collaborate to enhance communication, improve efficiency, and support RWB quality operations across the HIV continuum of care to meet community needs. Staff are either partially or fully funded through rebates.

- Senior RN clinical quality consultant
    - Develop and implement the CQM program
    - Write, review, evaluate, update, approve, and support the RWB CQM plan
    - Guide and facilitate quality management
    - Facilitate CQM committee meetings and minutes
    - Approve, assist, monitor, and oversee RWB-related QI
    - Provide quality TA and training as needed
    - Contract monitoring
    - Support CAP development and execution as needed
- Quality coordinator
    - Guide, facilitate, and document QI
    - Provide QI TA and training as needed
    - Contract monitoring
    - Assist with CAP development and execution
    - Assist with the CQM plan
- OCD RWB quality representative
    - Represent RWB for OCD quality updates
    - Communicate RWB quality updates at internal staff meetings

- o Assist with QI projects
- HEART program manager
  - o Guide RWB operations and grant administration
  - o Review, approve, and support the RWB CQM plan
- Epidemiology manager
  - o Guide operations related to statewide surveillance and data abstraction
  - o Guide development of valid and relevant measures
  - o Review and support the RWB CQM plan
- Senior business analyst
  - o Guide operations related to RWB data collection and reporting
  - o Produce quarterly reports on all quality measures
  - o Review and support the RWB CQM plan
  - o Attend quarterly CAC and UHPG meetings to share quality updates and facilitate consumer engagement
- Health program specialist: assist the senior business analyst with operations and reporting
- Part B administrator
  - o Guide operations related to RWB core medical and support services
  - o Review and support the RWB CQM plan
  - o Maintain case management, OAHS, and support services standards
  - o Contract administration duties
  - o Approve, support, and monitor CAP compliance and completion
- ADAP administrator
  - o Guide operations related to ADAP services
  - o Review and support the RWB CQM plan
  - o Contract administration duties
  - o Maintain ADAP, health insurance premium and cost-sharing assistance, and Universal service standards
  - o Approve, support, and monitor CAP compliance and completion
- HIV prevention manager
  - o Guide operations related to HIV prevention
  - o Review, approve, and support the EIS service standards
- HIV prevention coordinator
  - o Guide operations related to EIS
  - o Review, approve, and support the EIS service standards

Dedicated resources

Resources dedicated to RWB and quality operations include:
- ClientTrack: primary data system for RWB client services and outcomes
- EpiTrax: surveillance system for HIV and communicable diseases
- Web-based tools such as Google, Trello, and Lucid
- Time and tools for personnel to maintain quality operations, prepare and hold meetings, share progress with stakeholders, and provide TA related to QI

- Funding for education is required to maintain quality competency. This includes attendance to conferences, webinars, classes, technical training, and other as identified

Committees and groups

These provide the infrastructure to communicate, collaborate, and achieve results along the HIV care continuum. These groups include the following:

- CAC: consists of current and former RWB clients to assist in providing direction to RWB. PLWH are recruited to participate in quality management and advisory groups through RWB and provider agency contact, and at town hall meetings.
- OCD quality committee: consists of members from each program within OCD to ensure RBA alignment.
- Utah HIV Planning Group (UHPG) is composed of Utahns living with HIV, service providers, and government agencies including representatives of DHHS and HEART. UHPG provides perspective and expertise to coordinate access, prevention, and treatment services for PLWH, and those at highest risk for contracting HIV.
- CQM committee: supports RWB CQM plan implementation, and outcome review, and provides guidance to overcome barriers and achieve RWB goals. The CQM meets quarterly in February, May, August, and November.

CQM committee

HEART staff and role	Responsibility and expectation
Senior RN clinical quality consultant	Chair, schedule, agenda preparation, facilitate meeting and minutes, CQM plan, and work plan (see Appendix B for work plan)
Quality coordinator	Co-chair, assist with agenda and meeting facilitation
Sr. business analyst	Prepares and presents the outcomes report
- ADAP administrator - Part B administrator - Sr. business analyst - OCD quality representative - Epidemiology manager - HEART program manager - HIV prevention manager - HIV prevention coordinator	- Review - CQM plan and work plan - PMs and QI activities - Provide - Guidance and support - QI support - Implement CQM activities as appropriate
Subrecipients and stakeholders	Responsibility and expectation
- PLWH - Contracted service providers - Operations manager - PA and quality representative	- Report on PMs and QI - Implement CQM activities as appropriate - Review - CQM plan and work plan - PMs and QI activities

o Case manager ● CAC ● Other	● Provide o Guidance and support o Client perspective o QI representation and support

Performance measurement

Performance measurement includes collecting, analyzing, and reporting data regarding client care, health outcomes, and satisfaction on an individual or population level. PMs reflect local HIV epidemiology-identified needs of PLWH and assess the services provided by the subrecipient who receives funding through DHHS.

2024 performance measurement periods *Includes 100% of RWB clients served in the 12-month measurement period*				
Quarter	1	2	3	4
12-month measurement period	April 2023-March 2024	July 2023-June 2024	October 2023-September 2024	January 2024-December 2024
PM data collection	April 20	July 20	October 20	January 20

The subrecipient participates in:
● HRSA required performance measurement
● PM monitoring, data collection, and reporting as determined by service standards and the CQM committee

The selection of PMs considers the following:

● HRSA HAB performance measure portfolio
● HRSA HAB reporting requirements
● Service utilization
● Data accessibility
● Program goals and priorities
● Deficiencies identified by QA monitoring
● Collaboration with internal and external partners
● Clinical guidelines, service standards, and evidence-based recommendations
● HRSA experts and clinical HIV leaders
● National HIV/AIDS strategy
   o   Impact on reduction of new HIV diagnoses
   o   Access to care and improved health outcomes for PLWH
   o   HIV-related disparity and health inequity
   o   Coordinated response to the national HIV epidemic

The number of required PMs is defined in HRSA PCN #15-02, and is based on service utilization where the client receives at least 1 unit of service in the 12-month measurement period. See Appendix C for performance measures.

Service category Funded by direct RWB funds, rebates, and or income	Utilization percentage	Required # of PMs
	≥ 50%	2
	≥ 15% and < 50%	1
PMs not required	< 15%	0

Service category/ CY2023 utilization	Performance measures
NMCM (2) 67.6% (1,040/1,538)	1. Percentage of enrolled clients with an active CM assignment beginning within the past 12 months 2. Percentage of clients assigned to NMCM with a documented DLA-20 within the previous six months
MCM (1) 24.1% (371/1,538)	Percentage of clients assigned to MCM with a documented IDT case review within the previous 6 months
ADAP (1) 46.4% (714/1,538)	Percentage of RWB ADAP clients with an HIV viral load less than 200 copies/ml at the last test during the measurement year
OAHS (1) 17.4% (267/1,538)	Percentage of RWB OAHS clients with an HIV viral load less than 200 copies/ml at the last test during the measurement year
Oral health (1) 18.1% (278/1,538)	Percentage of RWB oral health clients who had a periodontal exam at least once in the measurement year

Recipients facilitate the development of systems, processes, and operational strategies used for data collection, analysis, and reporting. RWB staff review data for consistency, standardization, and alignment with PMs, goals, and priorities. RWB provides guidance and training as needed to subrecipients for measure prioritization and data collection. (This may include survey tools, spreadsheets, or web-based programs.) Data may be collected and entered by RWB staff, subrecipients, or through state-established sources such as ClientTrack and EpiTrax. RWB staff collect, analyze, and report data each quarter. They report findings at the RWB CQM committee meeting.

The performance measurement process includes:
● Reporting the numerator, denominator, and percentage for each measure
● Stratifying the data to identify health disparities
● Assessing the quality of care
● Reporting performance outcomes
● Using PM and QA data to inform QI activities
● Drilling down to target interventions, identify improvement opportunities, and monitor compliance

- Comparison against nationally recognized practice guidelines, outcome standards, or established baselines and benchmarks

QI

The focus of QI is the improvement of client care, health outcomes, and or satisfaction. QI priorities and projects are selected based on PM data within 1 or more funded service categories. QI uses a deliberate, defined approach and methodology to develop and implement activities.

This includes RBA. (see [Appendix D](#))

Service category/ QI focus	Measure
All services health outcomes	Increase the percentage of RWB clients with an HIV viral load test in the last 12 months from a December 2023 baseline of 87.8% (1350/1538) to 90% by December 2024
OAHS	Maintain or increase the percentage of OAHS clients with annual HIV viral load lab testing from a 2023 baseline of 98.1% (262/267) by December 2024
CM	Increase the percentage of clients assigned to NMCM who have a DLA-20 assessment within the past 6 months from a 2023 baseline of 50.1% (67/132) to 90% by December 2024
MCM	Increase the percentage of clients assigned to MCM who have a documented IDT review within the past 12 months from a December 2024 baseline of 9.6% (26/272)

QIPs are documented in the OCD CQI RBA plan. QI teams are encouraged to use a structured template such as the A3. (see [Appendix E](#))

Subrecipients and RWB staff collaborate on QI activities. RWB offers TA including COA meetings. During the COA meetings subrecipient and RWB staff review QI activity progress, and documentation and monitor impact. PM data and QIPs are reviewed quarterly by the CQM committee.

Activities

RWB and subrecipients participate in the CQM plan and activities.
Examples of activities:

- Focus groups, committees, meetings
- Data drill down
- Assessment, monitoring tools, and reports
- Technical assistance
- Training
- Establishing collaborative partnerships
- Improving and documenting processes

Work plan

The work plan provides an overview of goals, objectives, strategies, activities, implementation timelines, and accountability. It is developed, shared, and communicated with the CQM committee, and other appropriate internal and external stakeholders, leadership, and clients (see [Appendix B](#)).

CQM evaluation

CQM activity effectiveness is evaluated annually. Evaluation is discussed and shared with the leadership of the CQM committee. The evaluation includes:

- Assessment of:
    - CQM activity implementation as described by the work plan
    - CQM activities to positively affect outcomes
    - Timelines and deliverables as described in the work plan to determine the effectiveness of the planned process
- Identification of:
    - Factors that affect the QI activities. (staff acceptance of change, improved clinical performance)
    - Effective improvement strategies that can be scaled up or implemented in other facets within a system of care

(see [Appendix F](#))

Appendices

Appendix A: [organizational chart](#)

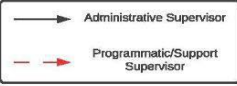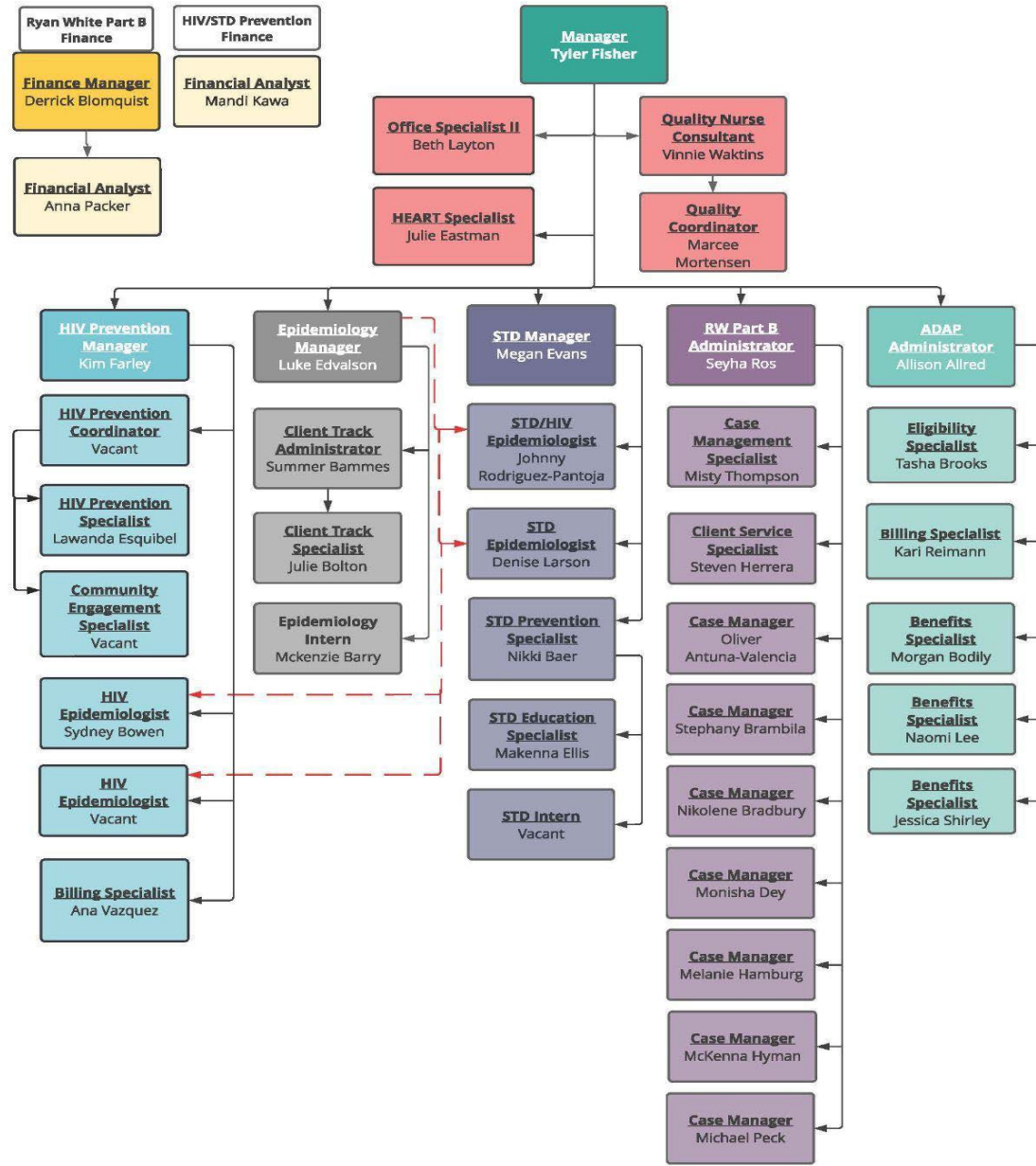Appendix B: [work plan](#)

Appendix C: [performance measures](#)

Appendix D: [RBA](#)

Appendix E: [A3](#)

Appendix F: [evaluation](#)

Appendix A: organization chart

HEART Program
**HIV/STD Elimination, Analysis, Response, and Treatment**
Organizational Chart

Ryan White Part B Finance
Finance Manager
Derrick Blomquist

Financial Analyst
Anna Packer

HIV/STD Prevention Finance
Financial Analyst
Mandi Kawa

Manager
Tyler Fisher

Office Specialist II
Beth Layton

HEART Specialist
Julie Eastman

Quality Nurse Consultant
Vinnie Waktins

Quality Coordinator
Marcee Mortensen

HIV Prevention Manager
Kim Farley

HIV Prevention Coordinator
Vacant

HIV Prevention Specialist
Lawanda Esquibel

Community Engagement Specialist
Vacant

HIV Epidemiologist
Sydney Bowen

HIV Epidemiologist
Vacant

Billing Specialist
Ana Vazquez

Epidemiology Manager
Luke Edvalson

Client Track Administrator
Summer Bammes

Client Track Specialist
Julie Bolton

Epidemiology Intern
Mckenzie Barry

STD Manager
Megan Evans

STD/HIV Epidemiologist
Johnny Rodriguez-Pantoja

STD Epidemiologist
Denise Larson

STD Prevention Specialist
Nikki Baer

STD Education Specialist
Makenna Ellis

STD Intern
Vacant

RW Part B Administrator
Seyha Ros

Case Management Specialist
Misty Thompson

Client Service Specialist
Steven Herrera

Case Manager
Oliver Antuna-Valencia

Case Manager
Stephany Brambila

Case Manager
Nikolene Bradbury

Case Manager
Monisha Dey

Case Manager
Melanie Hamburg

Case Manager
McKenna Hyman

Case Manager
Michael Peck

ADAP Administrator
Allison Allred

Eligibility Specialist
Tasha Brooks

Billing Specialist
Kari Reimann

Benefits Specialist
Morgan Bodily

Benefits Specialist
Naomi Lee

Benefits Specialist
Jessica Shirley

Administrative Supervisor

Programmatic/Support Supervisor

Utah Department of
Health & Human Services
Population Health

Updated on
06.11.2024

Work plan: Outlines the goals, objectives, tasks, and action items for the CQM plan
The work plan is designed to guide and visualize the annual plan. It helps team members use resources effectively so they know their responsibilities. Internal and external stakeholders and partners are updated on the progress and status of the project via the work plan. This ensures the goals and objectives are streamlined and due dates are met.

Goal
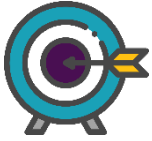
Increase or maintain viral suppression rate for RWB clients from a 2023 baseline of 92.3% (1,246/1,350) by December 2024

Objective												
Increase the percentage of RWB clients with an HIV viral load test from a December 2023 baseline of 87.8% (1,350/1.538) to 90% by December 2024												

Strategies:
ClientTrack monthly reports
Dedicated staff

Activities and deliverables								Responsible				
Identify and monitor clients: ● missing a lab result ● with a viral load greater than 200 copies ● non-adherent								CM				
Status	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Determine barriers								CM				
Status	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Intervention: interdisciplinary team meetings, MCM, ART adherence, and other								CM				
Status	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Evaluate progress at quarterly clinical quality management committee meeting								DHHS				
Status	Feb			May		Aug			Nov			

<p style="text-align:center; color:teal;">Appendix C: performance measures</p>

Viral suppression

Of all clients who were enrolled in RWB for at least 1 day during the reporting period AND who had an HIV viral load test recorded in EpiTrax during the reporting period, how many had an HIV viral load less than or equal to 200 copies/ml? The most recent test is used if the client had more than 1 test in the reporting period (sources: ClientTrack and EpiTrax).

Case management assignment

Description:
The percentage of enrolled clients with an active CM assignment beginning within the past 12 months.

Denominator:
The number of clients enrolled in Ryan White Part B for at least 1 day during the reporting period.

Numerator:
The number of clients who have a case management assignment in ClientTrack that:
  A. was marked active on the last day of the reporting period, or the last day of the client's enrollment, and
  B. has a beginning date within 12 months of the end of the reporting period.

Baseline:
DHHS RWB March 31, 2024 CM assignment baseline: 67/132

NMCM DLA-20 assessment

Description:
The percentage of clients assigned to NMCM with a documented DLA-20 within the previous 6 months.

Denominator:
The number of enrolled clients assigned to NMCM on the last day of the reporting period.

Numerator:
The number of clients from the denominator with a DLA-20 updated date within 6 months of the last day in the reporting period.

Exclusions:
No exclusions

Baseline:
DHHS RWB March 31, 2024 DLA-20 documentation baseline:

Appendix D: RWB results-based accountability

Result	Performance measures		Measure type	Trending	Standards
What is the intended result/purpose of the group's work?	*List the measures the team uses to determine whether it is successful, or doing the things that influence success, in meeting its intended result/purpose*		*What the team does (quantity) How well it does it (quality) Is anyone better off (customer impact or impact on the Utah population)*	*Are data trended?*	*Note the standard or performance expectation for each measure, where appropriate*
Provide access to comprehensive HIV care, core medical and support services for Ryan White Part B clients to **achieve an undetectable HIV viral load**, to prevent and reduce transmission of HIV.	1	Numerator, denominator, and corresponding percentage of **viral suppression for all RWB clients**.	Customer impact	Yes	> 90%
	2	Numerator, denominator, and corresponding percentage of **viral suppression for RWB clients who received ADAP services**.			
	3	Numerator, denominator, and corresponding percentage of **viral suppression for RWB clients who received OAHS services**.			
	4	Numerator, denominator, and corresponding percent **service utilization for RWB service categories** in the 12-month measurement period.	Quantity		

The A3 tool helps see the thought behind the problem-solving. It is designed to be used while working through the problem, not after the problem is solved. An A3 guides QIP teams to focus efforts and makes it easier for a leader or coach to review a problem solver's work. It aligns with the plan, do check, act methodology. See the template and example below.

Improvement Effort: (name of the effort)
Sponsor/Sponsor Coalition: (supervisors/managers/executives sponsoring this effort)
Person(s) working on this: (person or team working on this improvement)

Date started: _____
Current date
Primary customer: (who is the main end-use customer of the product/service from this process?)

PLAN

1 Reason for Improvement	4 Gap Analysis	7 Complete Implementation
Succinct statement of what you want to improve, and why (with background about the issue or opportunity)	Analysis of why there is a difference (gap) between boxes 2 (Initial State) and 3 (Target State) (Use flowcharts, root cause analysis charts, etc. to display visually)	What is left to do to implement the Solution(s), after learning from your Rapid Experiments? **DO**
2 Initial State	5 Possible Solution(s)	8 Evaluate Implementation
What does the initial state look like (including measurement of the current situation) (Use graphs, charts, picture etc. to display visually)	Ways for closing that gap (including an action plan for implementation and assignment of responsibility and accountability)	Current status of Implementation. And measuring and evaluating the results of what you implemented: did you close the gap (Initial State vs. Target State)? **STUDY**
3 Target State	6 Rapid Experiments / Pilots	9 Insight and Next Steps
Where do you want / need to be, including a clear, measureable target (Use graphs, charts, picture etc. to display visually)	Small-scale testing of Possible Solutions (if applicable) to close the gap **DO**	Lessons learned and future opportunities **ACT**

Increasing Percentage of Viral Suppression in Ryan White Part B Clients

Improvement Effort: Increase the number and percentage of Ryan White Part B clients with a viral load lab result in the measurement year
Team Leads: Mandy Danzig, LCSW & Christine Tang, PA
Person(s) working on this: Mandy, Christine, Taylor, Mitzi, Vinnie, Marcee, Summer, Julie, Seyha & Allison

Date started: 2021.06.01
Current date: 2022.05.11
Primary customer: Infectious Disease Clinic Ryan White Part B Clients

1 Reason for Improvement *PLAN*	4 Gap Analysis *PLAN*	7 Complete Implementation *DO*
People living with HIV are at increased risk of illness and death. Adherence with Antiretroviral Therapy (ART) reduces the HIV level. Viral load laboratory tests determine the level of the virus. A lower viral load of HIV improves the health outcomes, quality of life and virus transmission. We aim to improve adherence through regular viral load testing of RWB clients and to decrease the number and proportion of clients with unknown viral load. The purpose of this quality improvement project (QIP) is to identify clients who have missed necessary lab tests and apply appropriate intervention(s).	• Analysis of clients missing a viral load lab result will be assessed. Past data collection *manual*; present data collection *automated*. • Christine will run reports and the clients we look at initially will be those who are missing a lab result in the most recent 2 or more quarters. • Manual checks to identify lab results that do not appear on automated report.	A focus on clients with missing and viral loads greater than 200 copies along with adherence reports have provided a process to identify clients and increased case management and IDT case review and adherence.
2 Initial State *PLAN*	5 Possible Solution(s) *DO*	8 Evaluate Implementation *STUDY*
Data are used to determine frequency of viral load testing and level of virus. • #/% with no viral load each quarterly report (12-month period). 2Q20: 78, 3Q20: 104, 4Q20: 120, 1Q21: 157. • #/% with no viral load in current and previous quarterly report (two 12-month periods) • #/% of clients missing 1 viral load in the quarter in measurement period, 2 quarters, 3 quarters and 4 quarters	Identify clients missing a viral load to: • determine barriers (care coordination, delay/gap in care, psychosocial [mental health, substance use, transportation…], inability to contact, lost to care, moved, refuse services, death, etc.) • increase ART adherence • identify those with medical reasons for elevated viral load	• 2020 114 missing VLlab: 2021 • Q1 157/1294 = 12% • Q2 160/1494 = 11% • Q3 55/1250 = 4% • Q4 107/1081 = 10%
3 Target State *PLAN*	6 Rapid Experiments / Pilots *DO*	9 Insight and Next Steps *ACT*
All RWB clients to have a current viral load less than 200 copies/ml.	Compare current measurement period with previous one; client's who appear on both lists with no viral load lab will be passed along to Taylor (CM) for further intervention (e.g., seeing if they're assigned a case manager [CM], chart audit, IDT case review, client touch point, PEER Navigation, etc.).	The processes established are beneficial to the client and will continue. The next focus for improvement in increasing documentation of service plan for clients receiving case management.

See the resources below for more information on PDCA methodology and the A3 process.

https://www.phf.org/resourcestools/Documents/ABCs_of_PDCA.pdf

 How to use A3

Appendix F: evaluation

Assessment of quality activities, work plan implementation, performance outcomes, strategies, timelines, and deliverables determines the effectiveness of the CQM plan. Evaluation and leadership discussion identify improvement opportunities and needed resources.

Implementation

Evaluation of RWB activities and components include:

Goals	Evaluation
Are goals focused on client care, health outcomes, and satisfaction?	Yes
Is RWB effective in achieving the goals?	Yes
Performance measures	
Is RWB compliant with HRSA PCN #15-02 required performance measures based on service utilization?	Yes
Quality assurance	
Does RWB have quality assurance activities along the HIV Care Continuum?	Yes
Activities	
Focus groups, committees, meetings	Yes
Data drill down	Yes
Assessment, monitoring tools, and reports	Yes
Technical assistance	Yes
Training	Yes
Establishing collaborative partnerships	Yes
Improving and documenting processes	Yes

Outcomes

The effectiveness of RWB in making positive change is evaluated through goal, PM, and QA outcomes.

2023 Performance measurement periods Includes 100% of RWB clients served in the 12-month measurement period				
Quarter	1Q2023	2Q2023	3Q2023	4Q2023
12-month measurement period	April 2022-March 2023	July 2022-June 2023	October 2022-September 2023	January 2023-December 2023
Performance measure data collection	May 1, 2023	August 1, 2023	November 10, 2023	February 10, 2024
Clinical quality management committee meeting	May 17, 2023	August 16, 2023	November 29, 2023	February 14, 2024

Utah Ryan White Part B Program
4Q2023 Outcomes report (*February 2024*)

Color key	No data	Needs improvement less than 80%	Improving 80-89%	Goal met 90%-99%		Exceeds goal 100%

Acronyms	*ADAP*: AIDS Drug Assistance Program, *EIS*: Early Intervention Services, *HRSA*: Health Resources and Services Administration, *MCM*: Medical Case Management, *NMCM*: Non-Medical Case Management, *OAHS*: Outpatient Ambulatory Health Services

Performance measure	Benchmark / Goal	2020	2021	2022	2023 YTD	Comments
Number of confirmed new HIV cases in Utah in the calendar year	2025 Getting to Zero	131	136	153	162	2024 YTD: 20
RWB viral suppression (calendar year)	2023: 93.5%	94.0% (1,283/1,365)	90.4% (977/1,081)	93.5% (1,156/1,236)	See quarterly data below	
RWB labs reported	CY 2022: 89.0% (1,236/1,388) 2023 Goal: 95%	1Q *Apr 2022-Mar 2023*	2Q *July 2022-June 2023*	3Q *Oct 2022-Sep 2023*	4Q *Jan 2023-Dec 2023*	For Q4: All clients were matched in EpiTrax
		89.8% (1,333/1,485)	89.3% (1,228/1,375)	89.4% (1,169/1,307)	87.8% (1,350/1,538)	
RWB viral suppression	2023: 93.5%	92.0% (1,227/1,333)	93.0% (1,142/1,228)	92.9% (1,086/1,169)	92.3% (1,246/1,350)	

RWB labs reported: Of all clients who were enrolled in RWB for at least one day during the measurement period, how many had a viral load test recorded in EpiTrax during the measurement period?
RWB viral suppression: Of all clients who were enrolled in RWB for at least one day during the measurement period AND who had a viral load test recorded in EpiTrax during the measurement period, how many had a viral load less than 200 copies/mL? If the client had more than one viral load test in the measurement period, the last test is used.
Sources: ClientTrack and EpiTrax

2023 Service utilization HRSA PCN #15-02

Service utilization & HRSA-required performance measures (PMs)

Service category (# PMs required)	CY 2022	1Q2023 *Apr 2022-Mar 2023*	2Q2023 *Jul 2022-Jun 2023*	3Q2023 *Oct 2022-Sep 2023*	4Q2023 *Jan 2023-Dec 2023*	Of all the clients who were enrolled in RWB for at least 1 day during the measurement period, how many:
NMCM (*2 PM*)	68.9% (956/1,388)	68.4% (1,016/1,485)	76.6% (1,053/1,375)	80.0% (1,046/1,307)	67.6% (1,040/1,538)	Received at least 1 NMCM service.
ADAP (*1 PM*)	45.1% (626/1,388)	45.5% (676/1,485)	47.3% (650/1,375)	52.7% (689/1,307)	46.4% (714/1,538)	Received at least 1 ADAP service (medication, premium, and/or cost-sharing).
Medication	42.4% (588/1,388)	44.5% (661/1,485)	44.9% (618/1,375)	52.6% (687/1,307)	45.5% (700/1,538)	Received at least 1 ADAP medication.
Premium	12.4% (172/1,388)	13.3% (198/1,485)	13.5% (185/1,375)	13.4% (175/1,307)	10.7% (165/1,538)	Received at least 1 ADAP premium.
Cost-sharing	6.3% (87/1,388)	7.3% (108/1,485)	10.0% (136/1,375)	10.2% (133/1,307)	8.6% (132/1,538)	Received at least 1 ADAP cost-sharing payment.
Postage	4.9% (68/1,388)	4.2% (63/1,485)	4.4% (60/1,375)	4.5% (59/1,307)	3.6% (55/1,538)	Received at least 1 mailed prescription.
MCM (*2 PM*)	23.1% (321/1,388)	19.6% (291/1,485)	21.2% (291/1,375)	23.0% (300/1,307)	24.1% (371/1,538)	Received at least 1 MCM service.
OAHS (*1 PM*)	21.5% (299/1,388)	17.9% (266/1,485)	21.7% (299/1,375)	23.5% (307/1,307)	17.4% (267/1,538)	Received at least 1 visit or lab.
OAHS visits	17.0% (235/1,388)	13.0% (192/1,485)	16.3% (224/1,375)	18.0% (235/1,307)	17.4% (267/1,538)	Received at least 1 outpatient visit.
OAHS labs	18.3% (254/1,388)	16.4% (244/1,485)	19.9% (274/1,375)	19.7% (257/1,307)	17.2% (265/1,538)	Received at least 1 outpatient lab.
Oral health enrollment (*1 PM*)	19.6% (272/1,388)	17.8% (265/1,485)	17.7% (244/1,375)	20.2% (264/1,307)	18.1% (278/1,538)	Enrolled in oral health.
Oral health service	11.0% (152/1,388)	10.5% (156/1,485)	11.7% (161/1,375)	12.2% (160/1,307)	11.2% (173/1,538)	Received at least 1 dental service.
Transportation (*0 PM*)	6.0% (83/1,388)	6.6% (98/1,485)	8.4% (116/1,375)	7.7% (101/1,307)	6.4% (98/1,538)	Received at least 1 rideshare, gas voucher, or transit pass.

Rideshare	1.4% (20/1,388)	1.1% (16/1,485)	1.3% (18/1.375)	1.8% (23/1,307)	1.6% (25/1,538)	Received at least 1ne ride.
Gas voucher	2.7% (38/1,388)	2.6% (39/1,485)	3.0% (41/1,375)	2.3% (30/1,307)	2.0% (31/1,538)	Received at least 1 gas voucher.
Transit pass	2.1% (29/1,388)	3.5% (46/1,485)	3.5% (48/1,375)	4.0% (52/1,307)	3.1% (47/1,538)	Received at least 1 transit pass.
Food (0 PM)	2.7% (37/1,388)	5.7% (84/1,485)	5.3% (73/1,375)	5.1% (67/1,307)	2.2% (34/1,538)	Received at least 1 food voucher.
EFA (0 PM)	2.2% (30/1,388)	2.3% (34/1,485)	2.9% (40/1,375)	4.4% (57/1,307)	3.6% (55/1,538)	Received at least 1 rent or utility payment.

Service category performance measures

ADAP	CY 2022	1Q2023 Apr 2022-Mar 2023	2Q2023 Jul 2022-Jun 2023	3Q2023 Oct 2022-Sep 2023	4Q2023 Jan 2023-Dec 2023
Labs reported	92% (541/588)	91.6% (619/676)	91.5% (595/650)	92.3% (635/688)	92.4% (660/714)
Viral suppression	94.1% (509/541)	93.2% (577/619)	94.5% (562/595)	92.8% (589/635)	93.3% (616/660)

ADAP labs reported: Of all RWB clients who received at least one ADAP service (medication, premium, or cost-sharing) during the measurement period, how many have at least 1 viral load test recorded in EpiTrax during the measurement period?
ADAP viral suppression: Of all RWB clients who received at least 1 ADAP service (medication, premium, or cost-sharing) during the measurement period AND who had a viral load test recorded in EpiTrax during the measurement period, how many had a viral load less than 200 copies/mL? If the client had more than 1 viral load test in the measurement period, the last test is used.
Sources: ClientTrack and EpiTrax

OAHS	CY 2022	1Q2023 Apr 2022-Mar 2023	2Q2023 Jul 2022-Jun 2023	3Q2023 Oct 2022-Sep 2023	4Q2023 Jan 2023-Dec 2023
Labs reported	93.9% (217/231	97.7% (260/266)	98.0% (293/299)	97.1% (298/307)	98.1% (262/267)

				92.5% (271/293)	91.6% (273/298)	92.4% (242/262)

At least one OAHS service during the measurement period, how many have at least 1 viral load test recorded in EpiTrax during the measurement period?
OAHS viral suppression: Of all RWB clients who received at least 1 OAHS service during the measurement period AND who had a viral load test during the measurement period, how many had a viral load of less than 200 copies/mL? If the client had more than 1 viral load test in the measurement period, the last test is used.

MCM		CY 2022	1Q2023 *Apr 2022-Mar 2023*	2Q2023 *Jul 2022-Jun 2023*	3Q2023 *Oct 2022-Sep 2023*	4Q2023 *Jan 2023-Dec 2023*	Comments
Care plan updated within 6 months	IDC	53.3% (24/45)	63.6% (35/55)	43.1% (25/58)	81.5% (66/81)	78.0% (39/50)	Operational strategy to support the official HRSA measure.
	DHHS	0% (0/12)	0% (0/7)	0% (0/6)	83.3% (10/12)	69.2% (9/13)	

MCM care plan: This is measured each month, the number shown reflects the last month in the measurement period. Of all RWB clients who received at least 1 MCM service during the month being measured, how many have a care plan updated in the measurement month or the 6 calendar months preceding the measurement month?
Source: ClientTrack

NMCM		CY 2022	1Q2023 *Apr 2022 - Mar 2023*	2Q2023 *Jul 2022 - Jun 2023*	3Q2023 *Oct 2022 - Sep 2023*	4Q2023 *Jan 2023 - Dec 2023*	Comments
Care plan updated within six months	UAF	20% (4/20)	27.3% (6/22)	22.7% (5/22)	68.4% (13/19)	42.9% (6/14)	Operational strategy to support the official HRSA measure.
	IDC	45.1% (102/226)	36.6% (75/205)	33.3% (48/144)	29.5% (46/156)	13.5% (23/170)	

NMCM care plan: This is measured each month, the number shown reflects the last month in the measurement period. Of all RWB clients who received at least 1 NMCM service during the measurement month, how many have a care plan updated in the measurement month or the 6 calendar months preceding the measurement month?
Source: ClientTrack

Oral Health	CY 2022	1Q2023 *Apr 2022- Mar 2023*	2Q2023 *Jul 2022- Jun 2023*	3Q2023 *Oct 2022- Sep 2023*	4Q2023 *Jan 2023- Dec 2023*	Comments
Preventive screening or examination	New measure 2023	89.0% (138/155)	78.3% (126/161)	75.6% (121/160)	78.6% (136/173)	Preventive codes are D1110, D1120, D4910, D0120, and D4341.

Oral health preventive screening or examination: Of all RWB clients who received at least 1 service from a dentist, how many received a preventive screening or examination in the measurement period?

EIS	CY 2022	1Q2023 *Apr 2022-Mar 2023*	2Q2023 *Jul 2022-Jun 2023*	3Q2023 *Oct 2022-Sep 2023*	4Q2023 *Jan 2023-Dec 2023*	Comments
HIV positivity rate	1.6% (22/1,385)	1.0% (14/1,356)	0.96% (14/1,464)	1.1% (14/1,276)	0.85% (12/1,404)	
HIV positivity rate *New diagnosis*	68.1% (15/22)	64% (9/14)	71.4% (10/14)	64.3% (9/14)	58.3% (7/12)	
Linkage to HIV medical care within 30 days	77% (17/22)	71.4% (10/14)	71.4% (10/14)	57.1% (8/14)	50% (6/12)	Q1: Linked 90 days 12/14 = 85.7% Q2: Linked 90 days 11/14 = 78.6% Q3: Linked 90 days 11/14 = 78.6% Q4 Linked 90 days 11/12 = 91.6%
Linkage to HIV medical care within 30 days *New diagnosis*	86.6% (13/15)	77.8% (7/9)	70% (7/10)	55.5% (5/9)	42.8% (3/7)	Q1: Linked 90 days 8/9 = 88.9% Q2: Linked 90 days 7/10 - 70% Q3: Linked 90 days 7/9 = 77.7% Q4: Linked 90 days 6/7 - 86.7%

EIS HIV positivity: Proportion of HIV-positive test results from all HIV tests given to EIS clients in the measurement period.
EIS linkage to HIV medical care: Percentage of EIS clients who tested positive for HIV who were linked to HIV medical care in the measurement period
(The client attended a routine HIV medical care visit within 30 days of HIV diagnosis).

Strategies

Effective improvement strategies identified, which can be scaled up or implemented in other facets within a system of care:

- ClientTrack is working well with 2 subrecipients. This system can add other subrecipients and service categories
- QIPs are documented using a consistent methodology such as PDSA and the A3 template.
- Franklin Covey's 4 Disciplines of Execution is a process that can be adapted to any project.

Improvement

The RWB CQM committee meets quarterly to review, report, and identify QIPs. Successes, barriers, and factors affecting improvement activities are identified and discussed. QIPs in the table below list the improvement project, focus, and results.

Factors influencing the implementation of quality activities include:
- Incorporating information obtained from ClientTrack into workflows and performance measures
- Making sure the data collected reflects the work of the program.
- Assessment of improvement activities on patient care, satisfaction, and health outcomes.

Improvement	Focus	Results
Increase viral suppression rate for all RWB clients from a 2021 baseline of 90.4% (977/1,081) to 93% by December 2022	care satisfaction	93.5% (1,156/1,236)
Identify CM baseline for care plan documentation in ClientTrack by December 2022	care satisfaction	MCM 48% (19/40) NMCM 43% (111/256)
Increase OAHS HIV viral load lab results from a 2021 baseline of 88% (206/235) by December 2022	care outcomes	94 % (217/231)
Develop a web-based FAQ for RWB clients by December 2022	satisfaction	Pending

2023 Evaluation

QI project opportunity less than 80%	Needs improvement 80%-89%	Meets 90%-99%
• Care plan • Oral health preventive screening or health examination • EIS linkage to HIV medical care within 30 days	HIV labs reported	• Viral suppression • OAHS & ADAP HIV labs reported

HRSA viral suppression benchmark: People with HIV who take HIV medication as prescribed and reach and maintain viral suppression cannot sexually transmit the virus to their partner. Among RWHAP clients receiving HIV medical care in 2020, 89.4 percent are virally suppressed, which is a significant increase from 69.5 percent virally suppressed in 2010.

Timelines and deliverables

Evaluation includes the effectiveness of the team and its ability to meet timelines and deliverables as described in the work plan.