Utah Department of
Health & Human Services
Population Health

Clinical quality management plan
Ryan White Part B and ADAP services

Office of Communicable Diseases

April 2023 - March 2024

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Division of Population Health
Office of Communicable Diseases
HIV/STD Elimination, Analysis, Response, and Treatment (HEART) Program
Ryan White Part B Program
Plan time period: April 2023 - March 2024

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Introduction

The CQM plan, required by HRSA describes all aspects of the CQM program including infrastructure, priorities, performance measures, quality improvement activities, responsible parties, work plan with a timeline and evaluation. The plan is reviewed and revised annually by the quality team and program leadership. The process begins with the quality team and is reviewed by leadership for final approval, then posted on the public DHHS/RWB website. The RWB program is part of the HEART program within the DHHS.

Vision

DHHS advocates for, supports, and serves all individuals and communities in Utah. We ensure all Utahns have fair and equitable opportunities to live safe and healthy lives. We achieve this through effective policy and a seamless system of services and programs.

Quality statement

The ultimate goal of RWB is to improve the lives and wellbeing for PLWH by increasing HIV viral suppression to prevent and reduce transmission of HIV. This is done through access to comprehensive HIV care, core medical and support services. We strive to maintain high quality care and optimize resources. Quality efforts target improvement of client care, health outcomes, and satisfaction. The purpose of the CQM program is to collaborate 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.

Quality goals and priorities

Goal

Maintain HIV viral suppression rate for all RWB clients from a 2022 baseline of 93.5% (1,156/1,236) by December 2023
Stretch goal: Increase HIV viral suppression rate for all RWB clients from a 2022 baseline of 93.5% (1,156/1,236) to 94% by December 2023

Data definition: of all clients who were enrolled in RWB for at least one 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? If the client had more than one test in the reporting period, the most recent test is used.
(sources: ClientTrack and EpiTrax)

Objective 1
By December 2023, increase documentation of updated care plan in ClientTrack to 85% from a December 2022 baseline of:
48% (19/40) for MCM
45% (107/236) for IDC NMCM
20% (4/20) for UAF NMCM

Data definition: of all clients who received at least one case management service during the reporting month, how many have a care plan updated in the reporting month or in the six calendar months preceding the reporting month?
(source: ClientTrack)

Objective 2
Increase the percentage of OAHS patients with an HIV viral load test from a December 2022 baseline of 94% (217/231) to 95% by December 2023

Priorities

1. Improvement in care, health outcomes, and satisfaction for PLWH and served by RWB
2. ClientTrack optimization
3. Strategic alignment with DHHS RBA process

Quality infrastructure

The RWB CQM program infrastructure includes: leadership, dedicated staffing and resources, the CQM committee, involvement of PLWH, stakeholders, the CQM plan and evaluation of the CQM program.

Leadership

Leadership champions the quality management program. They guide and support quality management by understanding needs and providing appropriate resources.
(see Appendix A for organizational chart)

Dedicated staff

RWB leaders, staff and partners collaborate to enhance communication, improve efficiency, support the program and 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

  - 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
  - Record and share minutes for CQM committee meetings
  - Assist with:
    - CQM program development and implementation
    - Quality management and CQM meeting facilitation
    - Review, update, evaluate, approve, and support the RWB CQM plan
    - RWB related QI
    - TA and training as needed
    - Contract monitoring
    - Support CAP development and execution as needed
- OCD RWB quality representative
  - Represent RWB for OCD quality updates
  - Review, approve and support the RWB CQM plan
  - Communicate quality updates at internal staff meetings
  - Assist with QI projects
- HEART program manager
  - Guide RWB operations and grant administration
  - Review, approve and support the RWB CQM plan
- Epidemiology manager
  - Guide operations related to statewide surveillance and data abstraction
  - Review, approve and support the RWB CQM plan
- ClientTrack administrator
  - Guide operations related to ClientTrack
  - Review, approve and support the RWB CQM plan
  - Attend the CAC to share and facilitate the CQM plan
- ClientTrack specialist: assist the ClientTrack administrator with operations
- Part B administrator
  - Guide operations related to RWB core medical and support services
  - Review, approve and support the RWB CQM plan
  - Maintain case management, OAHS, and support services standards
  - Contract administration duties
  - Approve, support, and monitor CAP compliance and completion
- ADAP administrator
  - Guide operations related to ADAP services
  - Review, approve and support the RWB CQM plan

    - Maintain ADAP, Health Insurance Premium and Cost-Sharing Assistance, and Universal service standards
    - Contract administration duties
    - Approve, support, and monitor CAP compliance and completion
- HIV prevention manager
    - Guide operations related to HIV prevention
    - Review, approve and support the EIS service standards
- HIV prevention coordinator
    - Guide operations related to EIS
    - Review, approve and support the EIS service standards

Dedicated resources

Dedicated resources are essential to support the program and quality operations include:

- ClientTrack
- EpiTrax
- 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 required to maintain quality competency. This includes attendance to conferences, webinars, classes, technical training, and other as identified

Committees and groups

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

- CAC: consists of members of the Utah HIV community 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.
- UHPG: Utah's integrated HIV planning group is composed of clients, service providers, 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: meets quarterly, supports RWB CQM plan implementation, reviews outcomes, and provides guidance to overcome barriers and achieve program goals.

CQM committee

Role, responsibility, and expectation	
HEART staff	
Senior RN clinical quality consultant	Chair, agenda preparation, meeting facilitation
Quality coordinator	Co-chair, minutes, scheduling, assist with agenda, meeting facilitation, and outcomes report

• ADAP administrator
• Part B administrator
• ClientTrack administrator
• OCD quality representative
• Epidemiology manager
• HEART program manager
	• Review and approve
	  ○ CQM plan and work plan
	  ○ PMs and QI activities
	• Provide
	  ○ Guidance and support
	  ○ QI support
	• Implement CQM activities as appropriate

• ClientTrack specialist
• 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	

• PLWH
• IDC
  ○ Operations manager
  ○ MD
  ○ PA and quality representative
  ○ Case manager
• UAF
  ○ Case manager
  ○ Chief programming officer and quality representative
	• Report on PMs and QI
	• Implement CQM activities as appropriate
	• Review
	  ○ CQM plan and work plan
	  ○ PMs and QI activities
	• Provide
	  ○ Guidance and support
	  ○ Client perspective
	  ○ QI representation and support

CAC	Report on • Activities and QI • PLWH and RWB client perspective • Implement CQM activities as appropriate

Performance measurement

Performance measurement is the process of collecting, analyzing, and reporting data regarding client care, health outcomes, and satisfaction on an individual or population level. PMs assess the services the recipient is funding and reflect local HIV epidemiology-identified needs of PLWH.

2023 performance measurement periods *Includes 100% of RWB clients served in the 12-month measurement period*				
Quarterly reporting	1Q2023	2Q2023	3Q2023	4Q2023
12-month measurement period	April 2022 - March 2023	July 2022 - June 2023	October 2022 - September 2023	January 2023 - December 2023
Quarterly PMs due	May 1	August 1	November 1	February 1, 2024
Quarterly CQM meeting	May 17	August 16	November 15	February 14, 2024

The subrecipient participates in:

- HRSA required performance measurement
- PM monitoring, data collection and reporting as determined by service standards and the CQM committee

Selection of PMs consider the following:

- HRSA HAB performance measure portfolio
- 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
    - Impact on reduction of new HIV diagnoses
    - Access to care and improved health outcomes for PLWH
    - HIV-related disparity and health inequity
    - 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 one unit of service in the 12-month measurement period.

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

Service category/ utilization	HRSA recommended performance measures
NMCM (2) 69% (956/1,388)	Percentage of RWB MCM/NMCM clients who had in the measurement year a care plan: 1. Developed 2. Updated two or more times which are at least three months apart
MCM (2) 23% (321/1,388)	
ADAP (1) 42% (588/1,388)	Percentage of RWB ADAP clients with an HIV viral load less than 200 copies/ml at last test during the measurement year
OAHS (1) 17% (231/1,388)	Percentage of RWB OAHS clients with an HIV viral load less than 200 copies/ml at last test during the measurement year
Oral health (1) 19% (217/1,388)	Percentage of RWB oral health clients who had a preventive service at least once in the measurement year

Data collection, analysis, and reporting

Recipients facilitate development of systems, processes and operational strategies used for data collection, which include both internal and external mechanisms. RWB staff review data for consistency, standardization and alignment with HRSA recommended PMs, program 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, subrecipient or through state established sources such as ClientTrack and EpiTrax. PM and QI data are collected, analyzed and reported quarterly at the RWB CQM committee meeting.

The process includes:

1. Numerator, denominator, and percentage
2. Stratifying the data to identify health disparities
3. Assessing quality of care
4. Plan for sharing the data with stakeholders

5. Plan to use data to inform QI activities
6. Drill down to target interventions, identify improvement opportunities, and monitor compliance
7. Comparison against nationally recognized practice guidelines, outcome standards, or established baselines and benchmarks

Measure	Operational strategy	Data collection	Source/ repository
CM care plan	Of all clients in the reporting month who received at least one CM service, how many have a care plan updated in the month or in the six calendar months preceding the reporting month?	subrecipient	ClientTrack
HIV viral suppression	Of all clients who received at least one service during the reporting period AND who had an HIV viral load test during the reporting period, how many had a viral load less than 200 copies/ml? If the client had more than one test in the reporting period, the most recent test is used.	ClientTrack administrator	ClientTrack EpiTrax
OAHS HIV viral load test	Of all clients who received at least one OAHS service during the reporting period, how many have at least one HIV viral load test recorded in EpiTrax during the reporting period?		
Oral health	Of all clients who received at least one service from a dentist, how many received a preventive exam in the reporting period?		ClientTrack

QI

QI is focused on client care, health outcomes and/or satisfaction. QI priorities and projects are selected based on PM data within one or more funded service categories. QI uses a deliberate, defined approach and methodology to develop and implement activities. This includes:

- RBA (see Appendix D for details on RBA)
- PDSA (see Appendix C for details on PDSA)

Service category/ QI focus	QIP	Data
all services health outcomes	Maintain HIV viral suppression rate for all RWB clients	2022 baseline of 93.5% (1,156/1,236) by December 2023
	Stretch: Increase HIV viral suppression rate for all RWB clients	2022 baseline of 93.5% (1,156/1,236) to 94% by December 2023
OAHS care	IDC: increase the percentage of clients with annual HIV viral load lab testing	December 2022 baseline of 94% (217/231) to 95% by December 2023
CM care	IDC: increase the percentage of care plan documentation in ClientTrack for clients assigned an MCM	2022 baseline of 48% (19/40) to 85% for whom a care plan is indicated by December 2023
	IDC: increase the percentage of care plan documentation in ClientTrack for clients assigned to a NMCM	2022 baseline of 45% (107/236) to 85% for whom a care plan is indicated by December 2023
	UAF: Increase the percentage of care plan documentation in ClientTrack for clients assigned to a NMCM	2022 baseline of 20% (4/20) to 85% for whom a care plan is indicated by December 2023
customer satisfaction	Develop a FAQs sheet	pending

QIPs are documented in the OCD CQI RBA spreadsheet. QI teams are encouraged to use a structured template called the A3. (see Appendix E for details on the A3)

Subrecipients are engaged, supported and monitored through a collaborative approach. RWB offers TA including COA meetings. During the COA meetings subrecipient and RWB staff are engaged and QI activities are supported, documented and monitored. CQM committee quarterly meetings review PM data and QIPs.

Activities

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

- Workshops
- Focus groups, committees, meetings
- Data drill down
- Educational curriculum and training
- Assessment, monitoring tools and reports
- Establishing collaborative partnerships
- Advocacy efforts
- Product development
- Improving and documenting processes
- Quality assurance

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 for details on the work plan)

Program evaluation

RWB quality team evaluates CQM program and activity effectiveness annually. Evaluation is discussed and shared with leadership during regular COA meetings, quarterly CQM committee meetings and/or annual report.

The evaluation includes:

- Assessment of:
  - CQM program activity implementation as described by the CQM plan (including 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. (i.e., 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 for details on the evaluation)

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Changes made to document

Date	Reviewer title	Change description or location
2023.03.27	Quality coordinator	Content and formatting review of RWB and DHHS updates
2023.03.27	Senior RN clinical quality consultant	Formatting, data, staff and organization chart updates. Revised and updated work plan and evaluation

Review and approval routing

Approval group	Date reviewed
RWB senior RN clinical quality consultant: Vinnie Watkins	2023.04.03
RWB quality coordinator: Marcee Mortensen	2023.04.03
ADAP administrator: Allison Allred	2023.04.17
Part B administrator: Seyha Ros	2023.04.17
ClientTrack administrator: Summer Bammes	2023.04.18
HEART program manager: Tyler Fisher	2023.05.04
Office of Communicable Diseases director: Sam Lefevre	2023.05.15

Appendices

Appendix A: organizational chart

Appendix B: work plan

Appendix C: PDSA

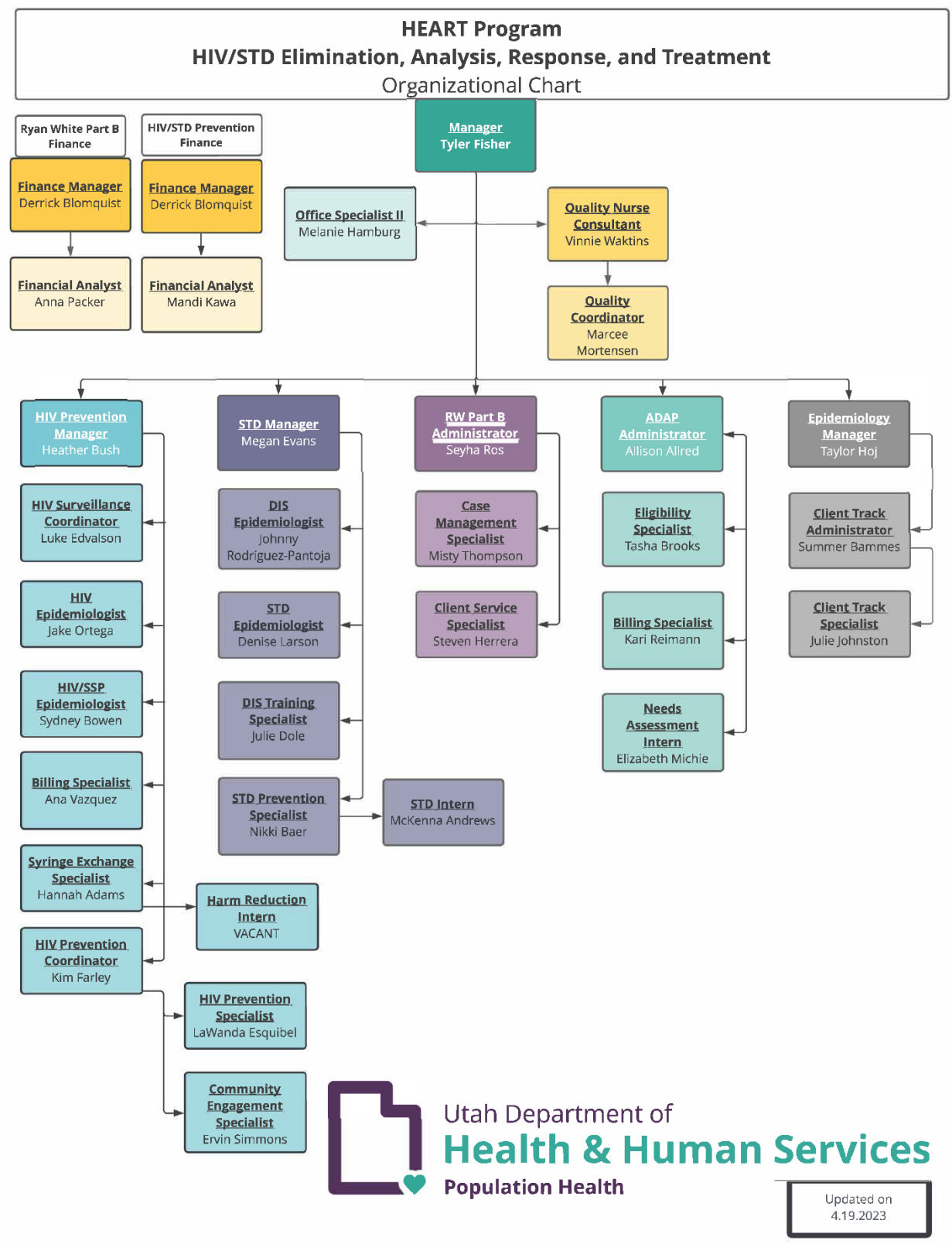
Appendix D: RBA

Appendix E: A3

Appendix F: evaluation

Appendix G: glossary

Appendix A: organizational chart



Appendix B: work plan

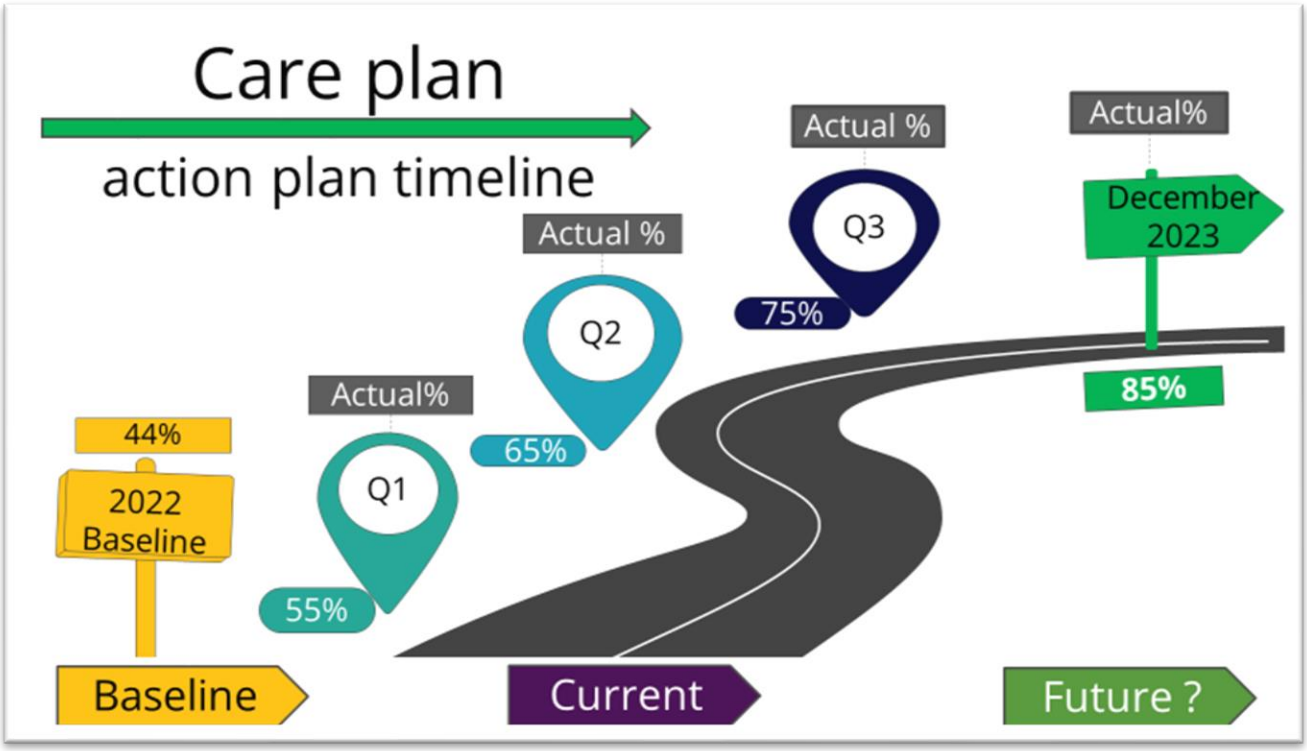
The work plan is designed to guide and visualize the annual plan. It assists team members to use resources effectively so they know what they are responsible for. Internal and external stakeholders and partners are updated on the progress and status of the project via the work plan. This ensures the goals and objectives are streamlined and due dates are met.

Goal

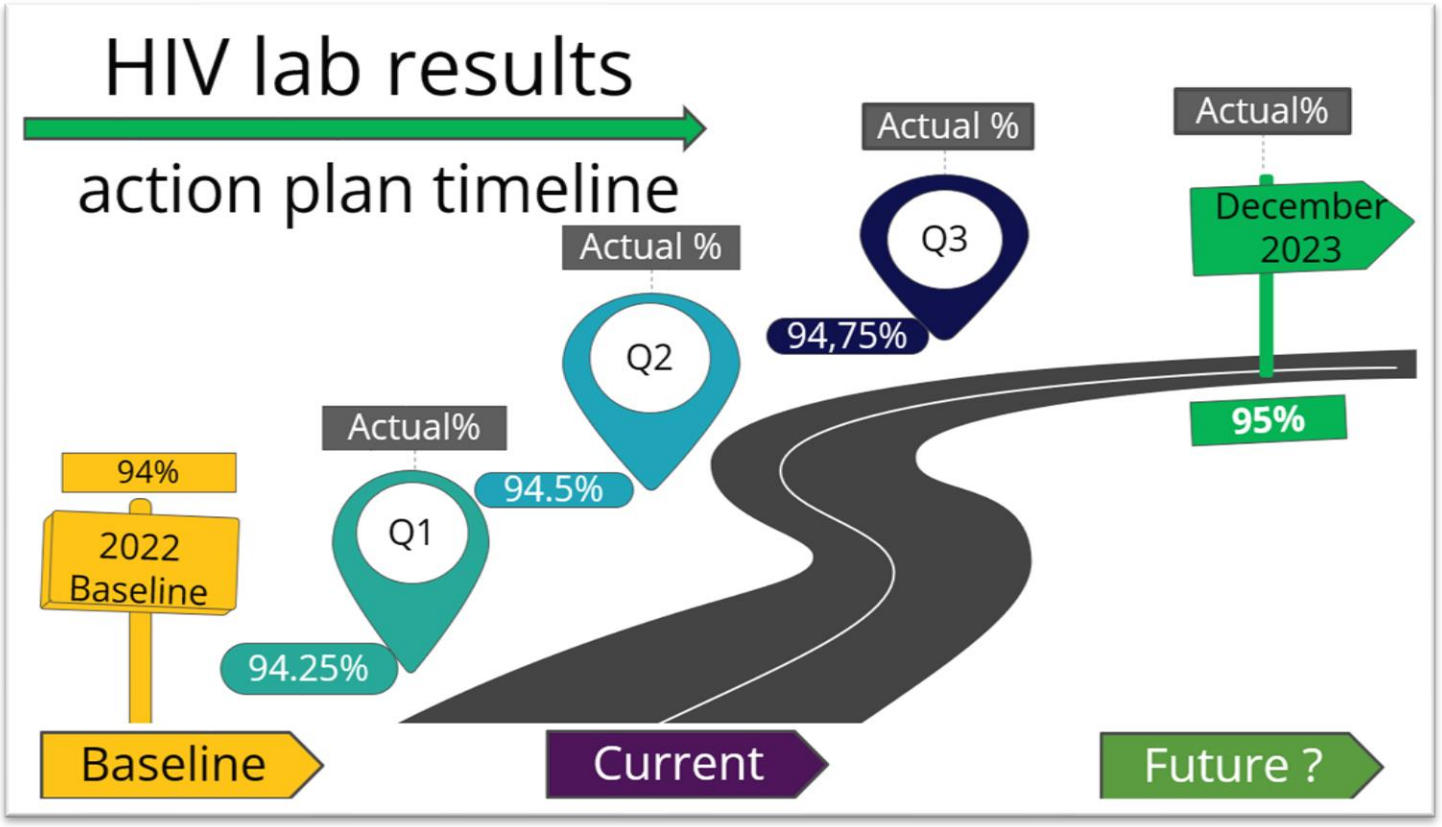
Maintain viral suppression rate for all RWB clients from a 2022 baseline of 93.5% (1,156/1,236) by December 2023

Stretch goal: Increase viral suppression rate for all RWB clients from a 2022 baseline of 93.5% (1,156/1,236) to 94% by December 2023

Objective 1 By December 2023, increase documentation of updated care plan in ClientTrack to 85% from a December 2022 baseline of: 48% (19/40) for MCM 45% (107/236) for IDC NMCM 20% (4/20) for UAF NMCM			
Strategies: ClientTrack optimization, staff competency			
Activities and deliverables	Responsible	Due	Status
DHHS TA support and COA focus group	DHHS	as needed	in progress
Staff training	subrecipient	annual	ongoing
Dedicated resources to conduct monitoring		monthly	
Document workflow policy or process		Q2	pending
Data drill down to identify barriers and plan interventions		monthly	ongoing
Quarterly reporting at CQM meeting		quarterly	



Objective 2 Increase the percentage of OAHS patients with an HIV viral load test from a December 2022 baseline of 94% (217/231) to 95% by December 2023			
Strategies: ClientTrack monthly reports, dedicated staff, CQM quarterly report			
Activities & deliverables	Responsible	Due	Status
Identify and monitor clients: • missing a lab result • with a viral load greater than 200 copies • non-adherent	CM	monthly	ongoing
Determine barriers			
Plan intervention: interdisciplinary team meetings, MCM, ART adherence, other	CM/provider		
Evaluate progress	DHHS	quarterly	


HIV lab results
action plan timeline
Actual %
Q3
94,75%
Actual%
December
2023
95%
Actual %
Q2
94.5%
Actual%
Q1
94.25%
94%
2022
Baseline
Baseline
Current
Future ?

Appendix C: PDSA

The ABCs of PDSA

Grace Gorenflo and John W. Moran

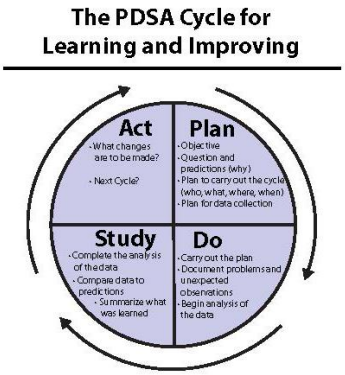
Plan: The purpose of this phase is to investigate the current situation, fully understand the nature of any problem to be solved, and to develop potential solutions to the problem that will be tested.

1. Identify and prioritize quality improvement opportunities. Usually a team will find there are several problems, or quality improvement opportunities, that arise when programs or processes are investigated. A prioritization matrix may help in determining which one to select. Once the quality improvement opportunity has been decided, articulate a problem statement. Revisit and, as appropriate, revise the problem statement as you move through the planning process.
2. Develop an AIM statement that answers the following questions:
    a. What are you seeking to accomplish?
    b. Who is the target population?
    c. What is the specific, numeric measure(s) you are seeking to achieve?
    d. The measurable improvement objective is a key component of the entire quality improvement process. It's critical to quantify the improvement you are seeking to achieve. Moreover, the entire aim statement also will need to be revisited and refined as you move through the planning phase.
3. Describe the current process surrounding the problem in order to understand the process and identify areas for improvements. Flow charts and value stream mapping are two examples of methods to accomplish this.
4. Collect data on the current process. Baseline data that describe the current state are critical to further understanding the process and establishing a foundation for measuring improvements. The data may address, for example, time, people, space, cost, number of steps, adverse events, and customer satisfaction. A host of tools are available to collect and interpret data on the process, such as Pareto charts, histograms, run charts, scatter plots, and control charts. The data collected must be aligned with the measures listed in the aim statement.
5. Identify all possible causes of the problem and determine the root cause. While numerous causes will emerge when examining the quality improvement opportunity, it is critical to delve in and carefully identify the underlying, or root, cause of the problem, in order to ensure an improvement or intervention with the greatest chance of success is selected. Brainstorming is a useful way to identify possible causes and a

cause and effect/fishbone diagram and the 5 Whys are useful for determining the actual root cause.

6. Identify potential improvements to address the root cause, and agree on which one to test. Once the improvement has been determined, carefully consider any unintended consequences that may emerge as a result of implementing the improvement. This step provides an opportunity to alter the improvement and/or develop countermeasures as needed to address any potential unintended consequences. Revisiting the aim statement and revising the measurable improvement objectives are important steps at this point.
7. Develop an improvement theory. An improvement theory is a statement that articulates the effect you expect the improvement to have on the problem. Writing an improvement theory crystallizes what you expect to achieve as a result of your intervention, and documents the connection between the improvement you plan to test and the measurable improvement objective.
8. Develop an action plan indicating what needs to be done, who is responsible, and when it should be completed. The details of this plan should include all aspects of the method to test the improvements, what data will be collected, how frequently data are collected, who collects the data, how they are documented, the timeline, and how results will be analyzed.

Do: The purpose of this phase is to implement the action plan.



1. Implement the improvement
2. Collect and document the data
3. Document problems, unexpected observations, lessons learned and knowledge gained

Study*:* This phase involves analyzing the effect of the intervention. Compare the new data to the baseline data to determine whether an improvement was achieved and whether the measures in the aim statement were met. Pareto charts, histograms, run charts, scatter plots, control charts and radar charts are all tools that can assist with this analysis.

1. Reflect on the analysis, and also consider any additional information that emerged. Compare the results of your test against the measurable objective.
2. Document lessons learned, knowledge gained, and any surprising results that emerged.

Act: This phase marks the culmination of the planning, testing, and analysis regarding whether the desired improvement was achieved as articulated in the aim statement. The purpose is to act upon what has been learned. Options include:

1. Adopt: Standardize the improvement if the measurable objective in the aim statement has been met. This involves establishing a mechanism for those performing the new process to measure and monitor benchmarks on a regular basis to ensure improvements are maintained. Run charts or control charts are two examples of tools to monitor performance.
2. Adapt: The team may decide to repeat the test, gather different data, revise the intervention, or otherwise adjust the test methodology. This might occur, for example, if sufficient data weren't gathered, circumstances have changed (e.g., staffing, resources, policy, environment, etc.), or if the test results fell somewhat short of the measurable improvement goal. In this case, adapt the action plan as needed and repeat the "Do" phase.
3. Abandon: If the changes made to the process did not result in an improvement, consider lessons learned from the initial test, and return to the "Plan" phase. At this point the team might revisit potential solutions that were not initially selected, or delve back into a root cause analysis to see if additional underlying causes can be uncovered, or even reconsider the aim statement to see if it's realistic. Whatever the starting point, the team will then need to engage in the Plan cycle to develop a new action plan, and move through the remaining phases.

PDSA offers a data-based framework based on the scientific method. This simple, yet powerful format drives continuous and ongoing efforts to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

Utah Department of Health & Human Services
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Appendix D: RBA

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 having received ADAP services.			
	3	Numerator, denominator and corresponding percentage of viral suppression for RWB clients having received OAHS services.			
	4	Numerator, denominator and corresponding percent service utilization for RWB service categories in the 12-month measurement period.	Quantity		
	5	Numerator, denominator and corresponding percentage of RWB MCM clients, regardless of age, with a diagnosis of HIV with a documented MCM care plan developed and/or updated two or more times which are at least 3 months apart in the measurement year.			
	6	Numerator, denominator and corresponding percentage of RWB NMCM clients, regardless of age, with a diagnosis of HIV with a documented NMCM care plan developed and/or updated two or more times which are at least 3 months apart in the measurement year.			

Improvement Projects		Accountability Review
Provide a brief summary of current improvement projects / improvement goals		*There are routine meetings to review key performance metrics and progress on improvement goals, so decisions can be made and projects are kept on track.*
1	Maintain viral suppression rate for all RWB clients from a 2022 baseline of 93.5% (1,156/1,236) by December 2023	The CQM Committee meets quarterly with internal staff and external partners to review and report on PMs, QI projects, discuss successes and barriers and identify improvement opportunities. The CQM Committee reviews goals and objectives annually to determine progress and discuss needed adjustments. The Quality Management Plan is revised annually or as needed to reflect changes within the Program.
2	By December 2023, increase documentation of updated care plan in ClientTrack to 85% from a December 2022 baseline of: 48% (19/40) for MCM 45% (107/236) for IDC NMCM 20% (4/20) for UAF NMCM	
3	Increase the percentage of OAHS patients with an HIV viral load test from a December 2022 baseline of 94% (217/231) to 95% by December 2023	

Appendix E: A3

The A3 tool helps see the thinking behind the problem-solving. It is designed to be used while working through the problem, not after the problem is solved. The practice of using A3s guides QIP teams to focus efforts, and make it easier for a leader or coach to review a problem solver's work. 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 lowers risk of 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.

Appendix F: evaluation

The RWB CQM program regularly assesses program activity implementation, performance outcomes, strategies, timelines and deliverables to determine effectiveness of the CQM plan and the work plan. Evaluation and discussion with leadership identifies improvement opportunities and needed resources.

Implementation

Evaluation of the program to implement activities as described in the CQM plan and impact on outcomes. Implementation activities and components include:

Program goals	Evaluation
Are goals focused on client care, health outcomes and satisfaction?	Yes
Is the program effective in achieving the goals?	Yes
Performance measures	
Is the program compliant with HRSA PCN #15-02 required performance measures based on service utilization?	Yes
Quality assurance	
Does the program 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

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 two subrecipients, this system has the ability to add other subrecipients and service categories
- QIPs 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

Outcomes

The effectiveness of the program to make positive change is evaluated through goal, PM and QA outcomes.

Goal	Outcome
Increase viral suppression rate for all RWB clients from a 2020 baseline of 88.9% to 91% by December 2021	90.4% (977/1,081)
Increase viral suppression rate for all RWB clients from a 2021 baseline of 90.4% (977/1,081) to 93% by December 2022	93.5% (1,156/1,236)

HRSA-required performance measures (PMs)					
Color key	No data	QI opportunity Less than 80%	Needs improvement 80-89%	Goal met 90%-99%	Exceeds 100%

Service utilization	Percentage	Minimum # of PMs
Percent of program eligible clients receiving at least one unit of service for a program-funded service category. The minimum number of PMs per service category is based on percentage of service utilization.	≥ 50%	2
	> 15% to < 50%	1
	≤ 15%	0
Non-medical case management (2 PMs) *2022 service utilization 68.9% (956/1,388)*	2021	2022
Care plan developed in the measurement year	No data	No data
Care plan updated two or more times in the measurement year	No data	IDC 45% (107/236) UAF 20% (4/20)
ADAP (1 PM) *2022 service utilization 42.4% (588/1,388)*		
Percentage of RWB ADAP clients with an HIV viral load less than 200 copies/ml at last test during the measurement year	95.6% (710/743)	94.1% (509/541)
Medical case management (2 PMs) *2022 service utilization 23.1% (321/1,388)*		
Care plan developed in the measurement year	No data	No data
Care plan updated two or more times in the measurement year	No data	IDC 48% (19/40)

Outpatient Ambulatory Health Services (1 PM) *2022 service utilization 16.7% (231/1,388)*		
Percentage of RWB OAHS clients with an HIV viral load less than 200 copies/ml at last test during the measurement year	69.4% (163/235)	91.2% (198/217)
Quality assurance		
QA activities, such as site visits and chart reviews, are conducted to retrospectively measure compliance with service standards and inform the CQM program to develop QI activities as needed to ensure improvement in client satisfaction, care and health outcomes.		

Improvement

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

In 2022 factors influencing implementation of quality activities included:

- A new data management system (ClientTrack). This required training, adjustments, and staff acceptance of change.
- Review for data consistency to ensure alignment and standardization with HRSA PMs. This allows for benchmark comparison.

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 FAQs for RWB clients by December 2022	satisfaction	Pending

2022 Evaluation

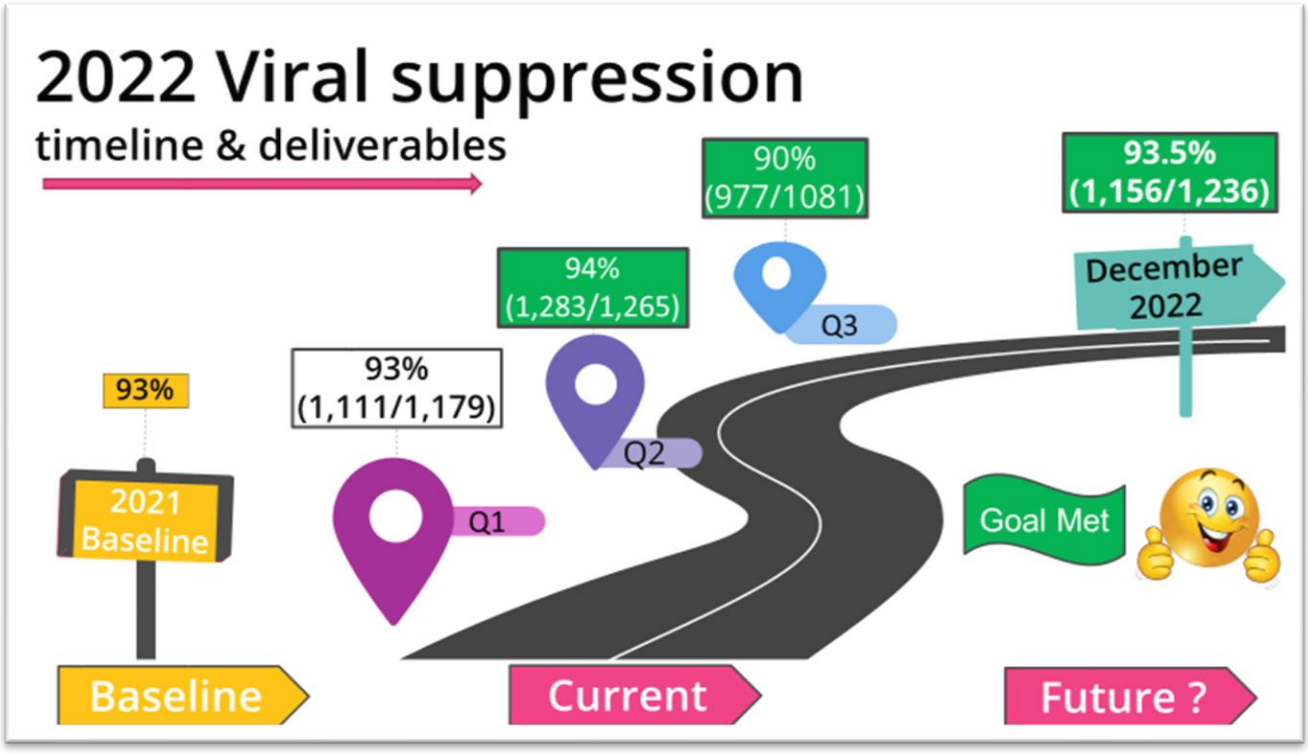
Areas that fall below PM, QA, or contract monitoring expectations are considered for QI.

Formal QI project? less than 80% or no data	Needs improvement 80%-89%	Meets 90%-99%	Exceeds 100%
CM care plan	Clients with HIV viral load lab test	All HIV viral suppression 94% ADAP viral suppression 91% OAHS viral suppression 94%	ADAP applications

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



Appendix G: glossary

A3: a structured template for systematic problem solving based on the principles of PDSA
ADAP: AIDS Drug Assistance Program provides two services: ADAP-medication assistance (ADAP-M) and ADAP-health insurance assistance (ADAP-I), "ADAP" refers to both services unless otherwise specified
CAC: Community Advisory Committee
CAP: Corrective action plan
CDC: Centers for Disease Control and Prevention
ClientTrack: The data system containing Utah RWB client records used to optimize human resources, improve data accuracy and completeness, inform PMs, identify QI opportunities, and run automated reports
COA: Cadence of accountability
CQI: Continuous quality improvement
CQM: Clinical quality management
CQM plan: A written document that outlines the recipient-wide HIV quality program, including a clear indication of responsibilities and accountability, PM strategies and goals, and collaboration of processes for ongoing evaluation and assessment of the Program
DHHS: Utah Department of Health and Human Services and collectively all its operational units. The recipient in Utah that receives RWB funding from HRSA to provide core medical and support services, including ADAP
EIS: Early Intervention Services
EpiTrax: Utah's surveillance system for HIV and other communicable diseases
HAB: HIV/AIDS Bureau
HEART: HIV/STD Elimination, Analysis, Response and Treatment
HIV: Human immunodeficiency virus
HRSA: Health Resources and Services Administration
IDC: University of Utah, Infectious Disease Clinic an OAHS, MCM, and NMCM service provider for RWB clients
MCM: Medical case management
NMCM: Non-medical case management
OAHS: Outpatient ambulatory health services
OCD: Office of Communicable Diseases
PCN: Policy clarification notice
PDSA: Plan, Do, Study, Act
PLWH: People living with HIV
PM: Performance measure
Program: The Utah RWB Program and all related services including ADAP, core medical and support services

QA: Quality assurance refers to a broad spectrum of activities aimed at ensuring compliance with minimum quality standards

QI: Quality improvement is the use of a deliberate and defined improvement process which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community

QIP: Quality improvement project

Quality: The degree to which a health or social support service meets or exceeds established professional standards and user expectations

Quality management program: Encompasses all recipient-specific quality activities, including the formal organizational quality infrastructure and QI-related activities

RBA: Results-Based Accountability is a disciplined way of thinking and acting to improve the quality of life in communities, cities, counties, states and nations. RBA can also be used to improve the performance of programs, agencies and service systems

RWB: Ryan White HIV/AIDS Program Part B in the Treatment Extension Act of 2009 (Public Law 111-87) provides grants to states and territories to improve the quality, availability, and organization of HIV health care and support services for PLWH

Ryan White HIV/AIDS Treatment Modernization Act: The federal legislation created to address the health care and service needs of PLWH and their families in the United States and its territories. It was enacted in 1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, reauthorized in 1996, and again in 2000. In 2006, it was reauthorized as the Ryan White HIV/AIDS Treatment Modernization Act and in 2009 as the Ryan White HIV/AIDS Treatment Extension Act

Strategy: A method or plan of action, a high-level approach that is feasible and influenceable, and when properly executed, will help achieve its higher objective or goal

TA: Technical assistance

UAF: Utah AIDS Foundation a community-based organization. A NMCM and emergency financial assistance service provider for RWB clients

UHPG: Utah HIV Planning Group

Work plan: Outlines the goals, objectives, tasks and action items for the CQM plan