Clinical Quality Management Plan 2023 - 2024

California Department of Public Health, Office of AIDS

Health Resources and Services Administration

Ryan White HIV/AIDS Program Part B

Clinical Quality Management Program

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Introduction

The California Department of Public Health (CDPH), Office of AIDS (OA), Ryan White HIV/AIDS Program (RWHAP) Part B, Clinical Quality Management (CQM) program coordinates activities aimed at improving care, health outcomes, and satisfaction for Californians served by the RWHAP Part B grant.

CQM activities focus on programs and services funded by RWHAP Part B. RWHAP Part B funded CDPH/OA programs include:

- AIDS Drug Assistance Program (ADAP)

- Minority AIDS Initiative (MAI)

- HIV Care Program (HCP)

ADAP contractors also contribute to the CQM program activities as directed by OA. ADAP contractors include:

(1) Over 200 enrollment sites who enroll eligible clients into ADAP.

(2) a pharmacy benefits manager who provides pharmacy benefits management services for

ADAP clients; and

(3) an insurance and medical benefits manager who remits health insurance premium payments and medical out-of-pocket payments for eligible clients.

HCP sub-recipients who provide RWHAP Part B services participate in the CQM program. Sub-recipients include 38 HCP-funded agencies that are critical to the success of the CQM program. HCP sub-recipients are local health jurisdictions or community-based organizations contracted to provide a range of HIV core medical and supportive services. There are three categories of HCP subrecipients:

(1) sub-recipients who do not provide direct services but contract with service providers.

(2) sub-recipients who provide direct services and do not contract with service providers; and

(3) sub-recipients who provide direct services and contract with service providers. See Appendix A for a list of RWHAP Part B Subrecipients.

During the 2024 – 2025 Ryan White program year (04/01/24 – 03/31/25), the CQM program seeks to re-engage with the HCP sub-recipients, and ADAP contractors and clients to develop QI projects and activities that are tailored to the needs of people living with HIV in California.

RWHAP legislation mandates the establishment of a CQM program to "assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS and related opportunistic infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services."

OA's CQM plan is a living document that describes all aspects of the CQM program including goals, infrastructure, performance measures, quality improvement (QI) activities, and evaluation of the CQM program. Annual reviews and revisions will be conducted based on findings from QI activities or new HRSA, CDPH, or OA policies.

2023 - 2024

During the 2023 – 2024 Ryan White program year (04/01/23 – 03/31/24),the OA CQM program will undergo a redevelopment period aimed at revitalizing the CQM program and associated activities, with the goal of increasing internal and external capacity to perform quality improvement activities and to create a sustainable infrastructure that enhances support for all Ryan White subrecipients and reflects the needs of PLWH in California.

Primary activities include assessing internal OA policies and practices, conducting internal quality improvement projects to improve program efficacy and efficiency, conducting special studies to inform future planning and quality improvement activities, and reinvigorate vital relationships with stakeholders.

| Re-establish CQM Steering Committee | Review internal OA policies and procedures | Conduct internal quality improvement activities | Conduct special projects | Re-engagement with stakeholders | Reconvene CQM Committee |

Vision

We envision a California where HIV services are continuously improved and provided equitably to end the HIV epidemic.

Mission

The OA RWHAP Part B CQM program works to continuously improve patient care, health outcomes, and satisfaction among Californians with HIV by conducting QI activities, providing CQM capacity building for key stakeholders, and enhancing internal OA policies and practices.

Values

Health Equity

We believe all Californians living with HIV should achieve their full health potential regardless of race, ethnicity, socioeconomic status, gender identity or expression, religion, sexual orientation, national origin, medical condition, or other socially determined circumstances.

Innovation

We value innovation to improve the health of all Californians living with HIV. We support organizations that develop novel approaches to engage people marginalized by the healthcare system. We encourage proactive responses to changes in the healthcare landscape. We promote incorporating advances in HIV treatment to improve HIV care.

Partnership

We value the experience-driven recommendations of people who use Ryan White services, the guidance of our federal funders, and the programmatic expertise of local partners. By collaborating with these entities, as well as other RWHAP-funded organizations, we serve the needs of all Californians living with HIV.

Empowerment

We prioritize person-centered solutions that empower people living with HIV, CQM partners, stakeholders, and the community. We value input from people who use RWHAP services in all aspects of CQM.

Accountability

We hold ourselves accountable to Californians living with HIV and our stakeholders. We are committed to transparency, providing timely feedback, showing improvements over time, and regularly assessing our advancement towards goals, commitments, and responsibilities.

CQM Goals 2023 – 2024

Goal 1: Conduct internal quality improvement activities and data review processes within the OA to identify and enhance existing processes, policies, and programs that support Ryan White subrecipients and Californians living with HIV.

Goal 2: Implement at least one QI project and/or special project for at least one funded service category at any given time informed by data.

Goal 3: Increase OA's quality improvement capacity across branches to enhance program support for individuals living with HIV and maximize health outcomes.

Goal 4: Support ongoing internal assessments of patient care, health outcomes, and satisfaction data.

Goal 5: Continue collecting and reporting the existing ADAP and HCP Performance Measures.

Infrastructure

Leadership

The following OA leaders (herein referred to as CQM management sponsors) guide, endorse, support, and champion the CQM program:

- OA Chief
- OA Medical Officer
- Chief of the ADAP & Care Evaluation and Informatics Branch

Future planning and decision-making processes will involve the inclusion of additional OA leadership, namely the ADAP Branch Chief and Care Branch Chief. Recognizing the significance of their input, feedback, and guidance, these leaders will play a crucial role in ensuring the success of future CQM and quality improvement activities.

The engagement of OA leadership, including the ADAP Branch Chief and Care Branch Chief, underscores our commitment to fostering a culture of quality and continuous improvement within the Office of AIDS and Ryan White programs.

CQM Steering Committee 2023 – 2024

Throughout the duration of the 2023 – 2024 program year, the CQM Steering Committee will assume the responsibilities of the CQM Core Team, serving as an operational entity during the program's process of rebuilding. Subsequently, a new CQM Core Team will be instituted to carry forward program initiatives.

Steering Committee members include:

- o OA Medical Officer

- o OA Chief

- o ADAP and Care Evaluation and Informatics Branch Chief

  - ▪ Chief of the ADAP Evaluation and Monitoring Section

  - ▪ Chief of Care Evaluation and Monitoring Section

- o RWHAP Part B CQM Coordinator

CQM Core Team

The CQM Core Team consists of internal CDPH staff tasked with developing and implementing CQM work plan activities, including CQM program implementation, monitoring sub-recipients, data collection and analysis, evaluation, and capacity building.

CQM Workgroup

As part of the revitalization of the CQM program and 2023 – 2024 goals, a new CQM Committee consisting of CDPH staff, stakeholders, and community leaders will be convened, with efforts to reinstate CQM planning and activities in the 2024 – 2025 year.

Stakeholders

People Living with HIV (PLWH)

Involvement of people being served by the RWHAP program is important to ensure that the needs of PLWH are being addressed by CQM activities. PLWH provide significant insight that will facilitate planning and activities that reflects their needs.

To achieve the 2023 – 2024 CQM goals, the CQM program will develop plans to meaningfully engage with PLWH who utilize RWHAP services in the following activities:

- Discuss future quality improvement and CQM program activities.
- Develop strategies to facilitate the improvement of patient-centered care.

OA Internal Stakeholders

Internal stakeholders within OA, including HCP and ADAP staff, have an opportunity to provide feedback on CQM activities to ensure coordinated efforts across work groups and programs.

California Planning Group (CPG)

CPG is OA's statewide planning and advisory group for HIV care and prevention activities. CPG is currently composed of members nominated by each of the RWHAP Part A Planning Councils and HIV Planning Groups in California, and at-large members. CPG membership includes people who have self-identified as living with HIV, people who receive RWHAP (including ADAP) services, and RWHAP service providers. The CQM program will continue to solicit CPG members' input on various CQM activities.

Performance Measure

Performance measurement is the process of collecting, analyzing, and reporting data regarding quality-of-service delivery, patient care, health outcomes, and satisfaction.

The CQM program selected ongoing performance measures that most accurately assess the services funded by the RWHAP Part B grant and reflect California HIV epidemiologic findings and identified needs of PLWH. Based on HRSA's Policy Clarification Notice 15-02 (updated September 2020), the CQM program identified and developed performance measures for service categories that met HRSA's formula threshold.

Some of the CQM performance measures align with the HRSA/HAB core performance measures, while others were developed to reflect the unique service delivery and data collection processes specific to California RWHAP Part B program.

The following data sources are used to collect and report data for CQM program performance measurement:

- AIDS Regional Information and Evaluation System (ARIES)
  - HIV Care Connect (HCC) anticipated to replaced AIRES in Spring 2024
- ADAP Enrollment System (AES)
- Enhanced HIV/AIDS Reporting System (eHARS)

Descriptions of these systems are available online at OA HIV Data Systems (https://www.cdph.ca.gov/programs/cid/doa/pages/oa_hiv_data_systems.aspx).

The current CQM performance measures are outlined in the table below and at the top of pages 8 and 9. ADAP performance measures are reported according to the Ryan White program year, April 1st – March 31st, and HCP performance measures are reported according to the calendar year, January 1st – December 31st.

The ADAP and HCP performance measures will be stratified to assess for disparities in specific populations, when possible, based upon population sizes. The following is a list of select priority populations, as defined by HRSA and California's Integrated HIV Surveillance, Prevention, and Care Plan:

- American Indian/Alaska Natives
- Black/African American cis women
- Black/African Americans
- Latinx cis women
- Latinxs
- Men of color who have sex with men
- Migrant and immigrant communities
- People experiencing homelessness
- People who inject drugs
- Trans or gender non-conforming individuals
- Young adults (18–24-year-olds)
- Uninsured PLWH (ADAP only)

Table 1: ADAP Performance Measures

Performance Measure	Definition	Data Source	2020 – 2023 CQM Plan Target	RW Program Year Outcome (04/01/22 – 03/31/23) [4]
Viral Load Suppression[1]	Percent of enrolled[3] ADAP clients who have a viral load of <200 copies/ml at the end of the reporting period	eHARS	95%	94.5%
Comprehensive Healthcare Coverage[2]	Percent of enrolled ADAP clients with comprehensive insurance coverage at the end of reporting period	AES	85%	85%

[1] Viral load suppression is determined based on the most recent eHARS data available for ADAP clients who matched with eHARS during the reporting period of interest.

[2] Comprehensive insurance coverage, or coverage that is compliant with the Affordable Care Act, includes both public and private insurance coverage (Medicare, Medi-Cal Share of Costs, and private insurance).

[3] Enrolled ADAP clients are defined as clients that were enrolled in ADAP for at least one day during the reporting period.

[4] As of FY 2022, ADAP Performance Measures are reported according to the Ryan White project year (04/01/22 – 03/31/23)

[5] ADAP performance measures are subject to annual reviews

Table 2: HIV Care Program Performance Measures by Highly Utilized Service Category

Service Category	Performance Measure	Definition	Data Source	2020 – 2023 CQM Plan Target	2022 CY Outcomes (01/01/22 - 12/31/22)[3]
Outpatient/ Ambulatory Health Services (OAHS)	Viral Load Suppression	Percent of HCP clients who received OAHS and were virally suppressed at their last viral load test[1] during the reporting period	ARIES and eHARS	95%	87.2%
Medical Case Management (MCM) Services	Engagement in Care - MCM	Percent of HCP clients who received MCM and had at least one medical visit or one viral load test[1] during the reporting period	ARIES and eHARS	90%	96.0%
Non-Medical Case Management (NMCM) Services	Comprehensive Healthcare Coverage[2]	Percent of HCP clients who received NMCM and have comprehensive healthcare coverage[2] at the end of reporting period	ARIES	85%	81.0%
Food Bank/Home Delivered Meals (FBHDM)	Engagement in Care - FBHDM	Percent of HCP clients who received FBHDM and had at least one medical visit, or one medical case management visit, or one viral load test[1] during the reporting period	ARIES and eHARS	90%	93.0%

[1] Viral load result is based on the most recent data available in ARIES and/or eHARS data available for clients who matched with eHARS during the reporting period of interest.

[2] Clients are deemed to have comprehensive healthcare coverage if they report having insurance in the following categories: Covered CA/ACA, Medicare, Medi-Cal/Medicaid, Tricare, Veteran's Care, or Private insurance.

[3] HCP Performance Measures are reported according to the calendar year (01/01 – 12/31).

[4] HCP Performance Measures to be re-evaluated upon launch of HIV Care Connect (HCC)

Quality Improvement (QI)

Quality improvement (QI) entails the development and implementation of activities to make changes to the program in response to available quantitative and qualitative data. QI project activities should be prospectively documented, and projects must use an established QI methodology.

Selecting a QI Project

For the 2023 – 2024 program year, the CQM committee will select QI projects aimed at improving OA policies and procedures, as well as CQM quality improvement activities and standards.

Methodology

OA's CQ Core Team will implement and document QI activities using the Model for Improvement methodology developed by Associates in Process Improvement and endorsed by the Institute for Healthcare Improvement. This methodology was chosen as it allows for implementation of change while building knowledge sequentially with multiple Plan-Do-Study-Act cycles for each idea. The CQM committee also uses QI tools from other methodologies such as Lean as needed. See Appendix B for the Model for Improvement QI Roadmap.

2023 – 2024 OA CQM QI Projects

CQM Performance Measures Enhancement

The CQM Steering Committee, in collaboration with internal and external stakeholders, will assess and enhance CQM performance measures to ensure efficient data collection and streamline reporting processes. This evaluation will consider upcoming changes in data infrastructure and reporting, specifically the implementation of HIV Care Connect (HCC), expected to launch in April 2024. The objective is to ensure efficacy and ease in collecting and reporting data through this new system.

OA Survey Utilization Review

As an essential data collection tool for OA, a QI project was initiated to evaluate the utilization and processes associated with OA Qualtrics activities. Enhancements in these processes include the publication of a guidance document, streamlining access procedures, and holding collaborative information sessions garnering feedback from OA staff to improve this resource. Completion of this project will conclude by the end of the 2023 – 2024 cycle, with continued maintenance and updates of operational practices ongoing.

ADAP Long-Acting Antiretroviral Therapy (LA-ART) Equity/Utilization Study

Since the approval and distribution of long-acting antiretroviral therapies, it is essential for health departments to ensure that this vital medication is available for all Californians living with HIV. This special project aims to describe the utilization of Cabenuva among California ADAP clients in 2022, with goals to identify these patient populations, as well as highlight and identify disparities. Identified disparities will be assessed and recommendations made for mitigating identified disparities will be implemented in future.

HIV/Mpox Vaccination Incentives Program

As a pilot project, this program is aimed at increasing mpox vaccination rates among people living with HIV and re-engaging patients who are out of care by offering gift card incentives for each vaccine (JYNNEOS) provided. Since the onset of mpox

in 2022, California has seen about 6,000 cumulative cases, with approximately 40% of mpox cases occurring among people living with HIV in California. Recent increases in reported mpox cases indicate a rise of approximately 1 to 7 cases per week from February to August 2023. Less than 30% of people with HIV have received at least one dose of JYNNEOS in California, and this program aims to prioritize vaccinations among this population.

Capacity Building

For the 2023 – 2024 program year, the CQM program is dedicated to enhancing OA's internal capacity through comprehensive program rebuilding and attaining the 2023 – 2024 CQM program goals. By the conclusion of the 2023 – 2024 program year, the OA strives to be fully proficient in delivering QI support and cultivating subrecipient QI capacity for sustained success in the future.

Recent accomplishments in enhancing internal capacity comprise the appointment of a CQM specialist, the re-establishment of the CQM steering committee, and the implementation of a QI project aimed at improving survey efficiency and effectiveness. Additionally, internal policies and procedures for survey resource utilization have been developed and distributed among OA branches.

The CQM program aims to cultivate a collaborative environment among subrecipients, facilitating the sharing of program successes and lessons learned for mutual benefit. The program also aims to establish robust documentation procedures to ensure comprehensive QI activity tracking. By the 2024 -2025 program year, all subrecipients will have access to additional resources and materials, including in-person/virtual trainings, newsletters, and webinars.

Evaluation of CQM Program

Evaluating the effectiveness of the CQM program ensures that CQM activities are making changes that positively affect health outcomes. As part of the 2023 – 2024 CQM activities, the CQM program will work to develop updated methods and tools to efficiently evaluate QI activities and associated outcomes, as well as the CQM program itself.

Updates to the CQM Plan:

The CQM plan undergoes periodic updates on both an annual and quadrennial basis. Annual revisions primarily encompass adjustments related to policy, staffing, and guidelines within the OA and the CDPH. In contrast, the quadrennial revisions entail more substantial modifications, including, but not limited to, changes in HRSA and/or Ryan White HIV/AIDS Program policies and guidelines, along with OA and CDPH policies and standards.

The CQM Coordinator is responsible for writing the initial draft, including creating revisions and making edits. The draft is circulated among the CQM committee members and identified stakeholders as needed for input. After receiving input, the CQM Coordinator finalizes the CQM plan. The CQM plan is approved by the steering committee and the OA Division Chief.

CQM Resources

- HRSA CQM Consultants

- HRSA RWHAP Center for Quality Improvement and Innovation

- Guidance Documents listed below:

  - [Title XXVI of the Public Health Service Act (Section 2618(b)(3)(E))](https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/about-program/legislation-title-xxvi.pdf) (https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/about-program/legislation-title-xxvi.pdf)

  - [The HRSA, HAB Policy Clarification Notice 15-02 and corresponding FAQ document](https://hab.hrsa.gov/program-grantsmanagement/policy-notices-and-programletters), (https://hab.hrsa.gov/program-grantsmanagement/policy-notices-and-programletters)

  - [Target HIV Clinical Quality Management](https://targethiv.org/library/topics/clinicalquality-management) (https://targethiv.org/library/topics/clinicalquality-management)

  - [HIV/AIDS Bureau Performance Measures](https://ryanwhite.hrsa.gov/grants/performance-measure-portfolio) (https://ryanwhite.hrsa.gov/grants/performance-measure-portfolio)

  - [Department of Health and Human Services HIV/AIDS Medical Practice Guidelines](https://clinicalinfo.hiv.gov/en/guidelines) (https://clinicalinfo.hiv.gov/en/guidelines)

  - [HIV/AIDS Bureau Part B Monitoring Standards (Part B specific, Universal Monitoring Standards, and Frequently Asked Questions)](https://hab.hrsa.gov/manageyourgrant/granteebasics.html) (https://hab.hrsa.gov/manageyourgrant/granteebasics.html)

  - [HIV/AIDS Bureau Part B Manual](https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/hab-part-b-manual.pdf) (https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/hab-part-b-manual.pdf)

  - [HIV/AIDS Bureau ADAP Manual](https://hab.hrsa.gov/manageyourgrant/adapmanual.pdf) (https://hab.hrsa.gov/manageyourgrant/adapmanual.pdf)

  - [Ending the HIV Epidemic: A Plan for America](www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview/) (www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview/)

  - [National HIV/AIDS Strategy (NHAS) for 2022-2025](https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025) (https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025)

  - [Ending the Epidemics: Addressing HIV, Hepatitis C, and STIs in California - Integrated Statewide Strategic Plan Overview, 2022–2026](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/CDPH_StratPlan2021_FINAL_ADA.pdf) (https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/CDPH_StratPlan2021_FINAL_ADA.pdf)

  - [Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf) (https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf)

  - [Pacific AIDS Education and Training Center Program: California local partners](https://paetc.org/contact/) (https://paetc.org/contact/)

Appendix

Appendix A: RWHAP Part B Subrecipients

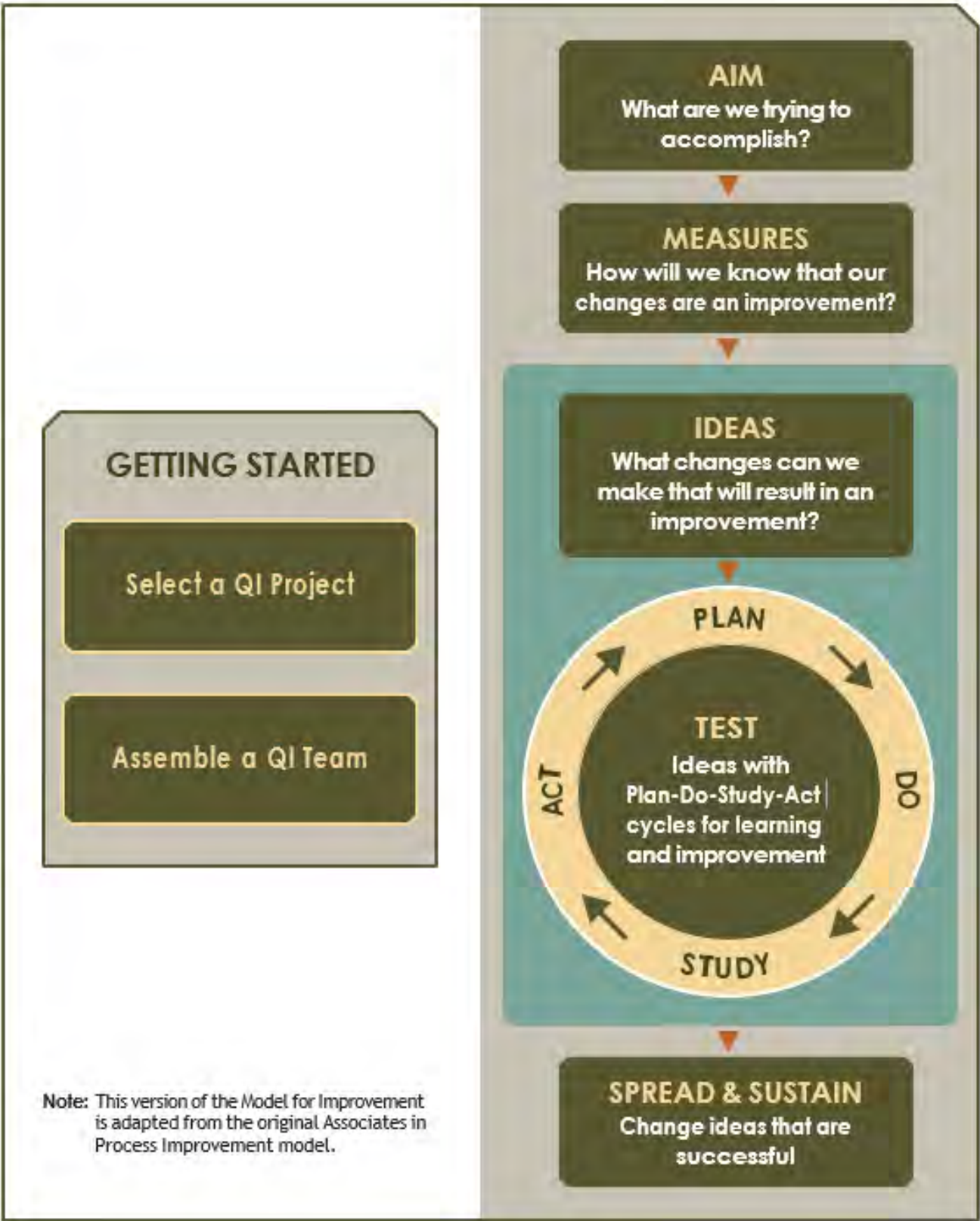| Sub-recipients who do not provide direct services but contract with service providers	Sub-recipients who provide direct services and do not contract with service providers	Sub-recipients who provide direct services and also contract with service providers
• City and County of San Francisco Department of Public Health • Imperial County Public Health Department • Los Angeles County Public Health • Sacramento County Department of Health and Human Services • Santa Clara County Public Health Department	• Access Support Network • Ampla Health • Butte County Public Health Department • City of Long Beach Department of Health and Human Services • Community Care Management Corp. • Community Medical Centers • Humboldt County Department of Health and Human Services • John C Fremont Healthcare District • Kings County Health Department • Madera County Public Health Department • Merced County Department of Public Health • Nevada County Health and Human Services Agency • Orange County Health Care Agency • Queen of the Valley Medical Center, CARE Network • San Joaquin County Public Health Services • San Mateo County Public Health • Santa Barbara County Department of Public Health • Shasta Community Health Center • Sierra HOPE • Solano County Health and Social Services Department • Stanislaus County Health Services Agency • Ventura County Public Health	• Alameda County Public Health Department • Contra Costa Health Department • Kern County Department of Public Health • Marin County Health and Human Services • Monterey County Health Department • Plumas County Public Health Agency • Riverside County Department of Public Health • San Bernardino County Department of Public Health • San Diego County Health and Human Services Agency • San Joaquin County Public Health Services • Santa Clara County Public Health Department • Santa Cruz County Health Services Agency • Santa Rosa Community Health Centers • Tulare County Health and Human Services

Appendix B: Quality Improvement Roadmap

GETTING STARTED

Select a QI Project

Assemble a QI Team

Note: This version of the Model for Improvement is adapted from the original Associates in Process Improvement model.

AIM
What are we trying to accomplish?

MEASURES
How will we know that our changes are an improvement?

IDEAS
What changes can we make that will result in an improvement?

PLAN

DO

STUDY

ACT

TEST
Ideas with Plan-Do-Study-Act cycles for learning and improvement

SPREAD & SUSTAIN
Change ideas that are successful

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