CDPH Office of AIDS Clinical Quality Management (CQM) Program

ACEI Branch, Office of AIDS, 2025-2026

Objectives

Overview of CQM program

Review components of 2024 - 2027 CQM Plan

Discuss yearly program goals and activities

What is Clinical Quality Management?

- Coordinates activities aimed at improving care, health outcomes, and satisfaction for Californians served by the RWHAP Part B grant.
 - Ryan White HIV/AIDS Program Part B Requirement
 - Clinical Quality Management Plan 2024-2027 (PDF)
- Identify performance measures for service categories that meet HRSA's utilization formula
 - i.e. Outpatient/Ambulatory Health Services
- Collect and analyze performance measurement data at least quarterly
 - Viral Load Suppression
- Conduct quality improvement activities within at least one funded service category at any given time

HRSA CQM Policy Clarification Notice 15-02 and Frequently Asked Questions

Components of Clinical Quality Management

Infrastructure

Foundational framework of individuals needed to make the CQM program successful and sustainable

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

Quality Improvement The development and implementation of activities to make changes to the program in response to available quantitative and qualitative data.

Vision

 We envision a California where HIV services are continuously improved and provided equitably to end the HIV epidemic and fosters support for communities affected by HIV, Hepatitis C Virus (HCV) and sexually transmitted infections (STIs) in California.

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

• Prioritize achieving the full health potential of all Californians living with HIV, regardless of socially determined circumstances.

Innovation

• We value innovation in improving the health of individuals living with HIV, supporting novel approaches and proactive responses in advancing HIV treatment and 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.

Empowerment

• We prioritize person-centered solutions that empower people living with HIV, CQM partners, stakeholders, and the community.

Accountability

• We are committed to transparency, providing timely feedback, showing improvements over time, and regularly assessing our advancement towards goals, commitments, and responsibilities.



Clinical Quality Management Program

California Ryan White HIV/AIDS Program Part B

CQM Plan

- Living document that describes all aspects of the CQM program
 - Infrastructure
 - Performance measures
 - Quality improvement
 - Evaluation of program
- Expands on CQM activities and goals for subsequent years
 - 2024 2025
 - 2025 2026
 - 2026 2027

2024 – 2027 CQM Program Goals

Goals Overview

- Achievable/measurable goals for the program
- Yearly themes leading up to launch of a comprehensive CQM program

2024 - 2025

Enhancing QI Infrastructure and Initiatives 2025 - 2026

Cultivating
Stakeholder/Consumer
Relationships via QI
Activities

2026 - 2027

Introducing the Comprehensive CQM Program



Annual CQM Goals & Activities

Continue collecting and reporting the existing ADAP and HCP Performance Measures

Provide technical support to subrecipients

Conduct program evaluation



Fostering Growth: 2024 – 2025: Enhancing QI Infrastructure and Initiatives

Re-establish partnerships with HCP subrecipients and ADAP contractors

Develop QI training tools/resources for OA Staff

Conduct at least 3 internal QI projects

- Client Satisfaction Survey
- HCC System Launch & Training
- ADAP Call Center

Re-evaluate HCP performance measures upon launch of HIV Care Connect (HCC)

Convene CQM 2024 - 2025 Workgroup (CDPH, Office of AIDS)

2024 – 2025 CQM Program Key Accomplishments

- Launched the PWH Mpox Vaccine Incentives Pilot program and developed a foundation for incentive-based programs.
- Published a 4-year program plan.
- Established processes for collecting and reporting ADAP CQM Performance Measurements.
- Conducted meetings with program partners.
- Conducted a program evaluation.
- Planned for future QI projects.
- Created a central CQM and QI hub SharePoint.

Building Bridges: 2025 – 2026 Cultivating Stakeholder/Consumer Relationships via QI Activities

Report program updates to program partners

Establish CQM SharePoint resource hub for program partners

Launch one QI project

Re-evaluate HCP performance measures

2025 – 2026 CQM Program Goals Timeline

Q1: April – June 2025

Launch QI project
Publish CQM QI
SharePoint Hub
Conduct outreach
to CQM partners

Q2: July – Sept 2025

Plan QI project
Send project
updates to
program partners
Revise HCP PM
processes and
reporting

Q3: Oct – Dec 2025

project
Close out previous
QI project

Launch new QI

Q4: Jan – March 2026

Conduct program evaluation



Clinical Quality Management Program

2026 – 2027 Introducing the Comprehensive CQM Program

Convene 2026 - 2027
CQM workgroup
(CDPH/OA, external stakeholders/consumers)

Conduct at least 3 QI projects (internal and external)

Prepare for next 4 years

Infrastructure

CQM Workgroup (Subject to change annually)

- Consumers
- External stakeholders
- Internal OA/CDPH personnel

CQM Core Team

- CQM Specialist
- ACEI Branch Chief
- OA Chief
- OA Medical Officer
- CEM Section Chief
- ADAP Branch Chief *
- Care Branch Chief *



*Dependent on active QI project

Stakeholders

PLWH, consumers

CPG/Community Workgroups

Office of AIDS/CDPH Staff

ADAP Enrollment Workers/Call Center

HCC Users/Organizations

Center for Quality Improvement & Innovation (CQII)

Health Resources and Services Administration (HRSA)

Performance Measures (PMs)

- Review PMs quarterly (PCN 15-02)
 - Issue quarterly reports for stakeholders
- Determine 2024 2027 Targets
- Performance measures are stratified by race, age, sexual orientation and gender identity (SOGI), insurance status, and additional risk categories.

- ADAP Performance Measures
 - Viral Load Suppression
 - Comprehensive Healthcare Coverage
- HCP Performance Measures
 - Performance Measures
 - Outpatient/Ambulatory Health Services – Viral Load Suppression
 - Medical Case Management Engagement in Care – MCM
 - Non-Medical Case Management Services – Comprehensive Healthcare Coverage
 - Food Bank/Home Delivered Meals Engagement in Care – FBHDM

HIV Care Program (HCP) Performance Measures

Service Category	Performance Measure	Definition
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 during the reporting period
Medical Case Management (MCM)	Engagement in Care - MCM	Percent of HCP clients who received MCM and had at least one medical visit or one viral load test1 during the reporting period
Non-Medical Case Management (NMCM)	Enrollment in Comprehensive Healthcare Coverage	Percent of HCP clients who received NMCM and have comprehensive healthcare coverage at the end of reporting period
Food Bank/Home-Delivered Meals (FOOD)	Engagement in Care - FOOD	Percent of HCP clients who received FBHDM and had at least one medical visit, or one medical case management visit, or one viral load test1 during the reporting period

ADAP Performance Measures

Performance Measure	Definition
Viral Load Suppression	Percent of enrolled ADAP clients who have a viral load of <200 copies/ml at the end of the reporting period
Comprehensive Health Care Coverage	Percent of enrolled ADAP clients with comprehensive insurance coverage at the end of the reporting period

Quality Improvement: QI Projects

 The development and implementation of activities to make changes to the program in response to available data.

QI projects based on

Performance Measures HAB Measures Guidance the
Syndemic
Goals

OA/CDPH Goals

Client Feedback HIV National Strategy



Capacity Building

- Developing QI/evaluation materials that can be used internally at OA/provided to subrecipients for reference/utilization.
 - Some materials specific to ADAP and Care Branches
- Resource hub/SharePoint for subrecipients and OA staff

Act Plan • What changes are • Questions and to be made? predictions. Plan to carry out • Next cycle. the cycle Study Do Conduct analysis • Carry out the plan. Compare to Document problems & findings prediction. Summarize results • Data analysis

Program Evaluation: Overview

- Develop metrics for evaluation of CQM program/QI activities
- Evaluation Metrics

Why?

- Ensure we are on the right path to providing appropriate/efficient care and services to our communities.
- Pause and reflect on program and activities
- Helps team understand what worked and what needs improvement

When?

- End of a QI project
- End of project cycle

Who?

- Key Stakeholders
- CQM Core Team
- Workgroups
- Subrecipients

What?

Did we make a case for change?



Program Evaluation: Sustainability

- Evaluate sustainability of program and practices
 - Ability of a program to maintain effectiveness and impact over time
- Develop a sustainability checklist ensure the program is maintaining processes and goals
 - Is the program prepared to assist with implementation/resources?
 - Peer-to-peer technical assistance and mentoring
 - Creating a training plan

Updates to CQM Program

- Annual reviews/revisions
 - Based on changing OA/HRSA Guidance
 - Reviewing program goals
 - Updates in program infrastructure
 - New collaborations/partnerships
- 4-year plan revisions
 - Linked to funding cycles (current cycle 2023 2027)
 - Based on directive and evaluation of previous 4 years

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