

Clinical Quality Management Program

ACEI Branch, Office of AIDS
California Department of Public Health



Clinical Quality Management Program

California Ryan White HIV/AIDS Program Part B

Objectives

- Provide an overview of the following:
 - Ryan White HIV/AIDS Program
 - California's RWHAP Part B Programs
 - Clinical Quality Management Program
 - Performance Measures
 - Quality Improvement



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California Ryan White HIV/AIDS Program Part B

Ryan White HIV/AIDS Program

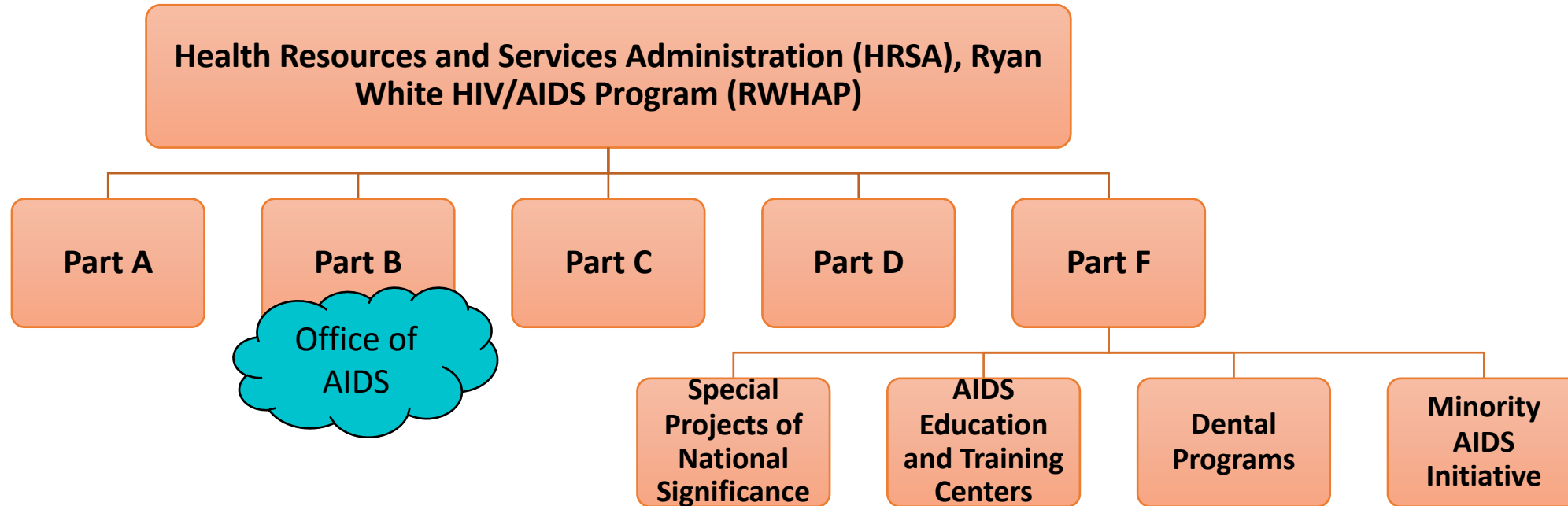
Part B



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Ryan White HIV/AIDS Program Structure



<https://hab.hrsa.gov/about-ryan-white-hivaids-program/about-ryan-white-hivaids-program>



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California RWHAP Part B Programs

AIDS Drug Assistance Program (ADAP)

(~39,000 clients)

HIV Care Program (HCP)

(~11,000 clients)

Minority AIDS Initiative (MAI)

(~2,000 clients)

As of 2020, there were 139,703 people living with HIV in California. 1.39% increase compared to 2019.

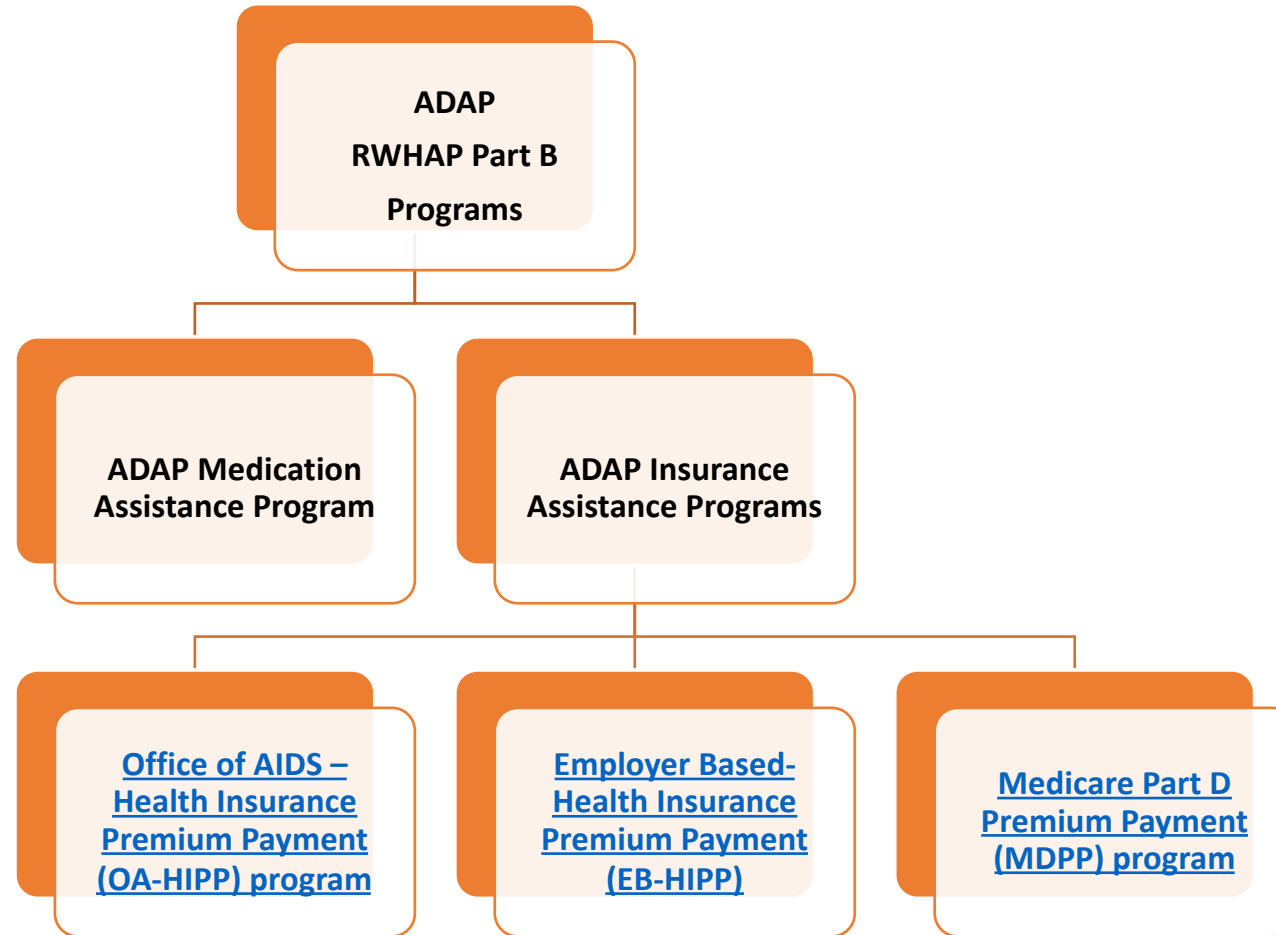
71.8% were in HIV care and 63% achieved viral suppression



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California ADAP RWHAP Part B Programs



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RWHAP Part B Services Categories:

Core Medical Services

- AIDS Drug Assistance Program (ADAP) Treatments
- AIDS Pharmaceutical Assistance
- Early Intervention Services
- Health Insurance Premium and Cost-Sharing Assistance
- Home and Community-Based Health Services
- Home Health Care
- Hospice
- Medical Case Management, including Treatment Adherence Services
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health care
- Outpatient/Ambulatory Health Services
- Substance Abuse Outpatient Care



RWHAP Part B Service Categories: Support Services

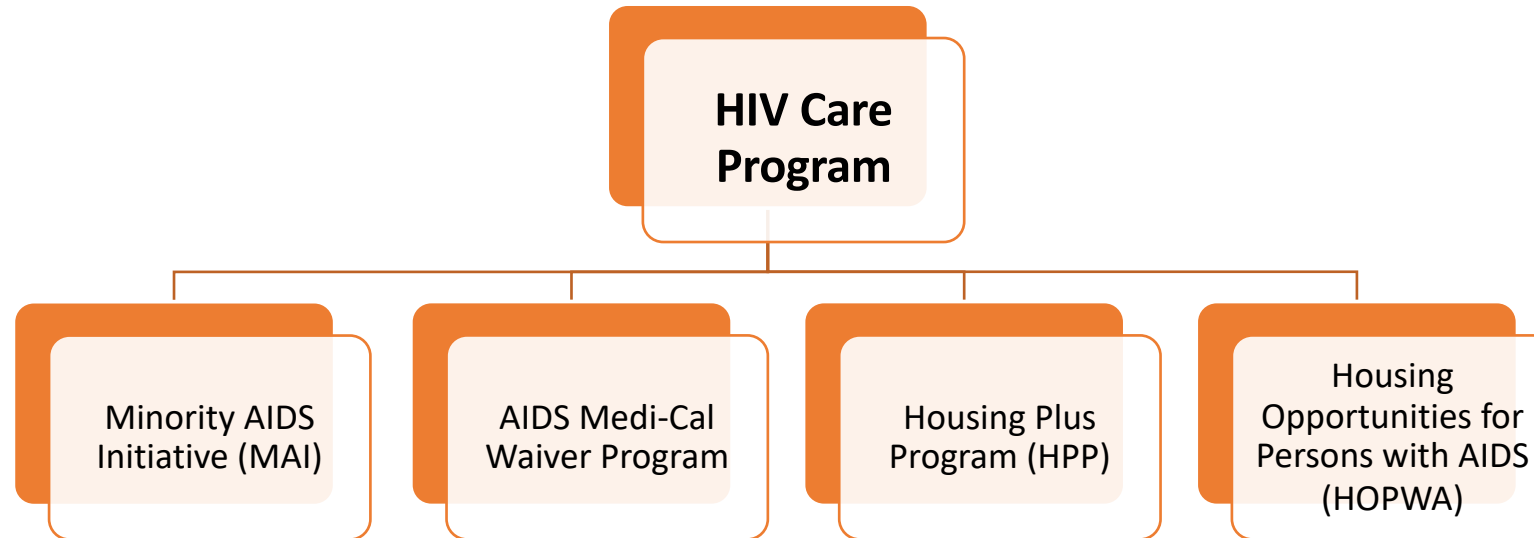
- Child Care Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/ Risk Reduction
- Housing
- Linguistic Services
- Medical Transportation
- Non-Medical Case Management Services
- Other Professional Services
- Outreach Services
- Psychosocial Support Services
- Referral for Health Care and Supportive Services
- Rehabilitation Services
- Respite Care
- Substance Abuse Services (residential)



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California Ryan White HIV/AIDS Program Part B

California ADAP RWHAP Part B HIV Care Program (HCP)



- Subcontracts with 40 health departments and community-based organizations
- Provide core medical care and essential support services to low-income and uninsured Californians with HIV
- Served 14,843 clients in 2022



HIV Care Program: Housing Plus Program (HPP)

Housing Plus Program (HPP)

Increase the number of HIV-positive people of color who are engaged and retained in HIV care and treatment

- Intended to stabilize housing as a targeted intervention to engage and retain clients of color in HIV care and treatment.
- Funds three counties with high percentage of HCP clients of color who are in unstable or temporary housing
 - Kern
 - San Joaquin
 - Santa Clara



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HIV Care Program: Minority AIDS Initiative

Minority AIDS Initiative

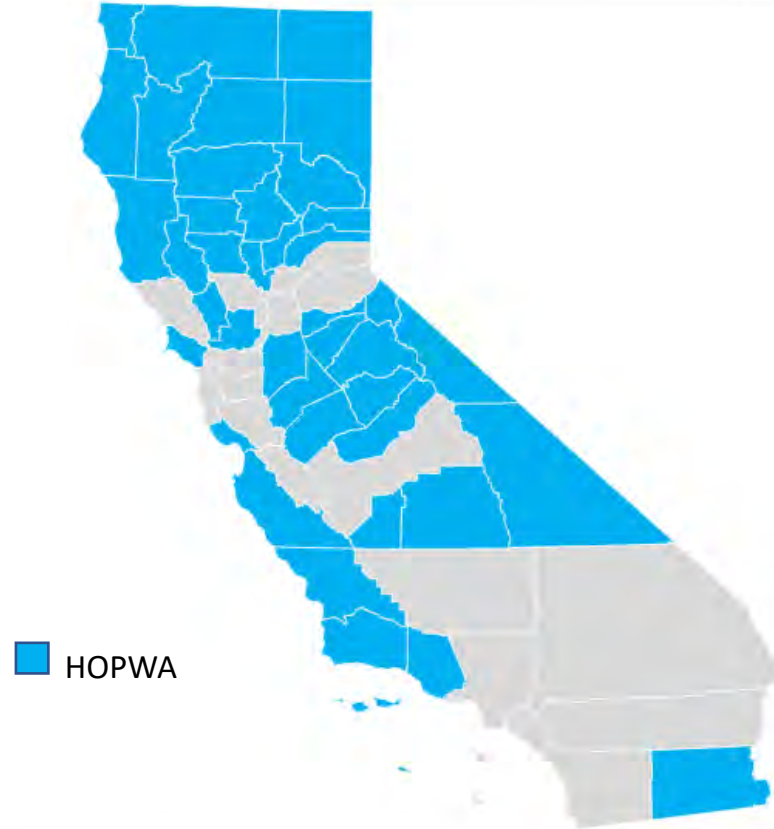
Education and outreach to improve access to medication assistance programs for people of color living with HIV

- Services provided to local health departments and community-based organizations in 18 counties
- Assistance addressing barriers to successful engagement in care, education, treatment adherence, and risk reductions.
- Relaunch of MAI program expected April 2024



HIV Care Program: Housing Opportunities for Persons with HIV AIDS (HOPWA) Program

- \$5 million program funded by the U.S. Department of Housing and Urban Development (HUD)
- Subcontract with 20 health departments, housing authorities, and community-based organizations to serve 40 suburban and rural communities
- Fund housing assistance and supportive services designed to reduce or prevent homelessness among Californians living with HIV
- Served 1,104 clients in 2022



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California Ryan White HIV/AIDS Program Part B

California RWHAP Part B Clinical Quality Management (CQM) Program Overview



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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
- Identify performance measures for service categories that meet HRSA's utilization formula
- Collect and analyze performance measurement data at least quarterly
- 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](#)



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California RWHAP Part B CQM Program

- Coordinates activities aimed at improving care, health outcomes, and satisfaction for Californians served by the RWHAP Part B grant.
 - [Clinical Quality Management Plan 2020-2023 \(PDF\)](#)

Clinical Quality Management Plan 2023 – 2024
(Expected November 2023)



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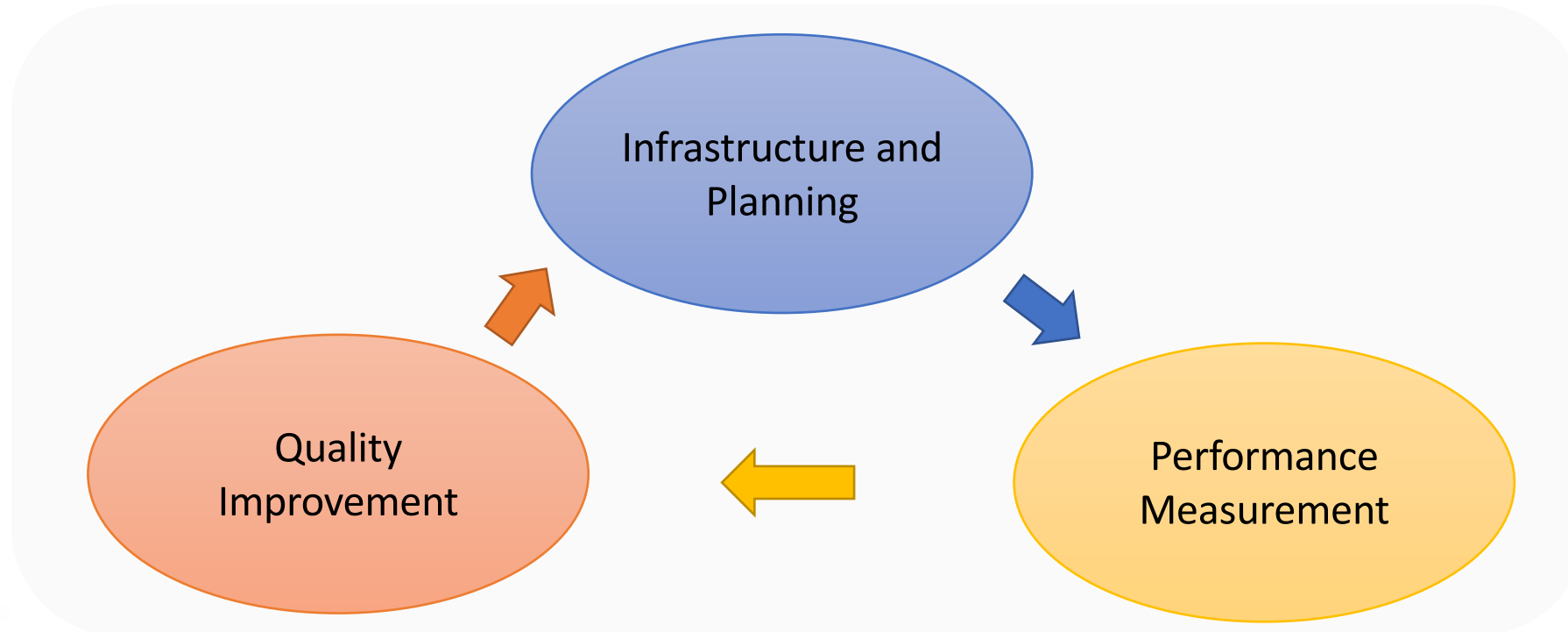
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Goals 2023 - 2024

1. Conduct internal quality improvement activities and data review processes within OA to identify and enhance existing processes, policies, and programs that support Ryan White subrecipients and Californians living with HIV.
2. Implement at least one QI project and/or special project informed by data.
3. Increase OA's quality improvement capacity across branches to enhance program support for individuals living with HIV and maximize health outcomes.
4. Support ongoing internal assessments of patient care, health outcomes, and satisfaction data.
5. Create an organizational assessment tool for conducting annual evaluations aimed at enhancing the CQM program and QI activities.
6. Continue collecting and reporting the existing ADAP and HCP Performance Measures.



CQM Program Components



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Performance Measurements



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Performance Measurement

- Performance measurement is the process of collecting, analyzing, and reporting data regarding
 - Quality of service delivery
 - Patient care
 - Health outcomes
 - Patient satisfaction
 - Service accesses



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CQM Program Performance Measures

HRSA provides guidelines to help CQM programs determine:

- Which services require performance measures
- How many measures to develop

[HRSA's Policy Clarification Notice 15-02](#)



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CQM Program Performance Measures: Development

- Developed performance measures that most accurately assess:
 - Needs of people living with HIV
 - Services funded by RWHAP Part B
 - Reflect California's HIV epidemiologic findings
- Leveraging existing data:
 - Maximize use of consistent measures across sites and local and state levels
 - Minimize effort needed for effective reports



Part B CQM Program Performance Measurements

- Services addressed by performance measures:
 - ADAP (*two measures*)
 - Outpatient Ambulatory Health Services (*one measure*)
 - Medical Case Management Services (*one measure*)
 - Non-Medical Case Management Services (*one measure*)
 - Food Bank/Home-Delivered Meals (*one measure*)



Data Systems

- The following data systems are used to collect and report data for CQM program performance measures:
 - AIDS Regional Information and Evaluation System (ARIES)
 - HIV Care Connect (HCC) – Launching early 2024
 - ADAP Enrollment System (AES)
 - Enhanced HIV/AIDS Reporting System (eHARS)



ADAP Performance Measures

Performance Measure	Definition	Data Source	2023 Target	Actual Outcome (04/01/22 – 03/31/22)
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 Health Care 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 use the project year (04/01/22 - 03/31/23)

5 ADAP performance measures are subject to annual reviews.



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California Ryan White HIV/AIDS Program Part B

HCP Performance Measures

Service Category	Performance Measure	Definition	Data Source	2023 Target	Actual Outcome (01/01/22 – 12/31/22) ³
Outpatient/ Ambulatory Health Services (OAHS)	Viral Load Suppression ¹	Percent of HCP clients who received OAHS who were virally suppressed at their last viral load test during the reporting period	ARIES	95%	87.2%
Medical Case Management (MCM) Services	Engagement in Care	Percent of HCP clients who received MCM who had at least one medical visit annually ¹	ARIES	90%	96.0%
Non-Medical Case Management (NMCM) Services	Comprehensive Health Care Coverage ²	Percent of HCP clients who received NMCM who have comprehensive healthcare coverage ²	ARIES	85%	81.0%
Food Bank/Home Delivered Meals	Engagement in Care	Percent of HCP clients who received MCM who had at least one medical visit or a medical case management service annually ¹	ARIES and eHARS	90%	91.0%

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).

*HCP performance measures will be re-evaluated upon release of HIV Care Connect in 2024



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California Ryan White HIV/AIDS Program Part B

Infrastructure



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2023 – 2024 CQM Infrastructure

Leadership (CQM Management Sponsors)

- OA Division Chief
- OA Medical Officer
- ADAP and Care Evaluation and Informatics Branch Chief

CQM Steering Committee

- OA Division Chief
- OA Medical Officer
- ADAP and Care Evaluation and Informatics Branch Chief
- ADAP Evaluation and Monitoring Section Chief
- Care Evaluation and Monitoring Section Chief
- RWHAP Part B CQM Coordinator



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California Ryan White HIV/AIDS Program Part B

Quality Improvement



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What is quality improvement (QI)?

- The development and implementation of activities to make changes to the program in response to available data.
- *Examples:*
 - Improve efficiency for determining Ryan White services eligibility.
 - Increase subrecipient capacity to collect performance measures.
 - Improve recipient processes for collecting client feedback.
 - Improve Outpatient/Ambulatory Health Services providers' ability to offer same day appointments for newly diagnosed clients and those re-engaging in care.



Why is quality improvement important?

- Identifies deficiencies in clinical processes and patient outcomes
- Improves internal and external programmatic processes and policies
- Currently, OA CQM Program is working to ***develop QI projects and revised processes tailored towards the primary needs of subrecipients and PLWH.***



Contact Us

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California Ryan White HIV/AIDS Program Part B