Clinical Quality Management Plan:
April 2020-March 2023

California Department of Public Health, Office of AIDS
Health Resources and Services Administration
Ryan White HIV/AIDS Program Part B
Clinical Quality Management Program
# Table of Contents

## Introduction
- Vision ......................................................................................................................... 1
- Mission ......................................................................................................................... 1
- Values
  - Health Equity ........................................................................................................... 1
  - Innovation ................................................................................................................. 1
  - Partnership ............................................................................................................... 2
  - Empowerment .......................................................................................................... 2
  - Accountability ......................................................................................................... 2
- CQM Program Goals ............................................................................................... 2

## Infrastructure
- Leadership .................................................................................................................. 3
- CQM Committee ....................................................................................................... 3
- CQM Core Team ....................................................................................................... 3
- CQM Contractors ..................................................................................................... 3
- Stakeholders
  - People Living With HIV ....................................................................................... 4
  - CDPH Stakeholders ............................................................................................... 4
  - California RWHAP Network .................................................................................. 4
  - California Planning Group ..................................................................................... 4

## Performance Measurement ..................................................................................... 4

## Quality Improvement ............................................................................................... 6
- Selecting a QI Project ................................................................................................. 6
- Methodology .............................................................................................................. 6

## CQM Capacity Building ......................................................................................... 7

## Evaluation of CQM Program ................................................................................... 7

## CQM Budgeting - HCP Sub-Recipients ................................................................. 7

## Monitoring HCP Sub-Recipients .............................................................................. 8

## CQM Resources ...................................................................................................... 8

## Appendices ............................................................................................................... 9
Introduction

The California Department of Public Health (CDPH), Office of AIDS (OA), Health Resources and Services Administration (HRSA), 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, which includes OA’s HIV Care Program (HCP), AIDS Drug Assistance Program (ADAP), Minority AIDS Initiative (MAI), and Emerging Communities (EC).

HCP sub-recipients who provide RWHAP Part B services also participate in the CQM program. HCP sub-recipients include 43 HCP-funded agencies that are critical to the success of the CQM program. HCP sub-recipients are generally local health jurisdictions or community-based organizations contracted to provide a range of allowable HIV core medical and supportive services. HCP sub-recipients fall under three categories: (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 Sub-recipients.

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. OA will revise the CQM plan at least every three years. The plan may be revised and updated more frequently based on finding from QI activities or new HRSA policies.

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 and providing CQM capacity building for key stakeholders.

Values

Health Equity

We believe all Californians living with HIV should achieve their full health potential regardless of race, ethnicity, socioeconomic status, gender, religion, sexual orientation, 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 Program Goals:**

**Goal 1:** Improve ongoing assessments of patient care, health outcomes, and satisfaction data

**Goal 2:** Implement QI projects informed by data

**Goal 3:** Increase statewide CQM capacity through collaborative planning, coordination, and technical assistance

**Goal 4:** Ensure people living with HIV are actively involved in CQM planning and activities

The CQM goals are informed by the following:

- The HRSA, HIV/AIDS Bureau (HAB) **Policy Clarification Notice 15-02 and corresponding FAQ document**, which can also be found at https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters.

- Results from the **Center for Quality Improvement and Innovation (CQII) Part B Organizational Assessment Tool**. CQII was formerly known as the **National Quality Center**. The CQM program completes the Organizational Assessment Tool annually.

**Applicability to HCP Sub-Recipients:**

HCP sub-recipients are required to implement CQM activities as directed by OA’s CQM plan. As such, OA does not require HCP sub-recipients to develop and submit agency-specific QM plans for RWHAP Part B activities. However, as a best practice, HCP sub-recipients may choose to develop and implement agency-specific QM plans.

OA has identified the minimum QM activities that HCP sub-recipients are required to conduct based on a track system. The three tracks are based on each sub-recipients’ HCP allocation amount and other RWHAP Parts funding. Refer to Appendix B for HCP sub-recipients’ minimum CQM requirements by track.

HCP sub-recipients that contract with service providers are required to have a process in place to communicate the HCP CQM requirements to the contracted service provider.

Note: HCP sub-recipients that are also RWHAP Part A, C, or D direct recipients are required by HRSA to have their own individual CQM plans.
Infrastructure

Appropriate and sufficient infrastructure is needed to make the CQM program successful and sustainable. OA’s CQM infrastructure consists of leadership, a CQM committee, and stakeholders who together plan, implement, and inform CQM program activities.

Leadership

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

- Chief of the Office of AIDS
- Office of AIDS Medical Officer
- Chief of the HIV Care Branch
- Chief of the ADAP Branch
- Chief of the ADAP & Care Evaluation and Informatics Branch

CQM Committee

The purpose of the CQM Committee is to provide input, oversight, and facilitation of California’s RWHAP Part B CQM plan. Each member serves an important role in ensuring accountability, identifying gaps in care, fostering collaboration, and sharing of knowledge.

The CQM Committee includes members from various program areas within OA and CDPH. Committee membership will be evaluated every three years or more frequently as needed and changed accordingly.

The CQM Committee meets on a monthly basis. Every three months, the CQM Committee members review CQM performance measurement data and make recommendations.

CQM Core Team

The CQM Core Team (herein referred to as “Team Kaizen”) consists of 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.

The CQM work plan defines activities, including timelines and responsible staff assigned to the activity needed to achieve the CQM program goals. Team Kaizen is responsible for the development and implementation of the work plan, including providing activity updates to stakeholders. The work plan is a document internal to OA.

Team Kaizen members include:

- Office of AIDS Medical Officer
- RWHAP Part B CQM Coordinator
- HCP and ADAP Research Scientists
- HCP and ADAP Program Staff

CQM Contractors

The CQM program may utilize contractors to implement certain CQM activities such as training in QI methodology aimed at building capacity and direct coaching during implementation of QI projects.

Applicability to HCP Sub-Recipients:

In order to support all CQM goals, HCP sub-recipients must maintain adequate infrastructure by dedicating staff and resources to conduct CQM activities at any given time.
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. To achieve CQM Goal 4, the CQM program has developed a plan to meaningfully engage PLWH who utilize RWHAP services in the following activities:

- Overall RWHAP Part B program and services feedback
- Performance measurement data review
- QI project selection
- QI project implementation

**CDPH Stakeholders**

Internal stakeholders within OA, including HCP and ADAP staff, have an opportunity to provide feedback on CQM activities in order to ensure coordinated efforts across work groups. Additionally, the RWHAP Part B CQM Coordinator and OA Medical Officer meet regularly with other CDPH programs, such as the Sexually Transmitted Disease Control Branch, Immunization Branch, and Office of Health Equity to provide updates of ongoing CQM activities and seek opportunities for collaboration.

**California RWHAP Network**

OA’s CQM program focuses on collaboration of CQM activities across all RWHAP Parts in California, including Part A, Part C, and Part D recipients. This collaboration is supported by the RWHAP Part B CQM Coordinator and OA Medical Officer, who share Part B CQM activities with the Regional Quality Groups and the California RWHAP network. Whenever feasible, the RWHAP Part B CQM program will support other California RWHAP Parts’ CQM activities.

**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, and people who receive RWHAP (including ADAP) services. The CQM program will continue to solicit CPG members’ input on various CQM activities.

**Performance Measurement**

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 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 PCN 15-02 (updated October 2018), the CQM program prioritized service categories that are highly utilized, highly funded, and critical for performance measures for California.

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)
- ADAP Enrollment System (AES)
- Enhanced HIV/AIDS Reporting System (eHARS)
Further descriptions of ARIES and eHARS is available online at [OA HIV Data Systems](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 page 9 with proposed targets for 2023.

The ADAP and HCP performance measures will also be stratified to assess for disparities in certain populations. The following is a list of identified priority populations, as defined by HRSA and California’s Integrated HIV Surveillance, Prevention, and Care Plan:

- American Indian/Alaska Natives
- Black/African American women
- Black/African Americans
- Latinx women
- Latinxs
- Men of color who have sex with men
- People who inject drugs
- Transgender individuals
- Young adults (18–24 year olds)
- Uninsured PLWH (ADAP only)

### Table 1: ADAP Performance Measures

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Definition</th>
<th>Data Source</th>
<th>2023 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viral Load Suppression(^1)</td>
<td>Percent of enrolled(^3) ADAP clients who have a viral load of &lt;200 copies/ml at the end of the reporting period</td>
<td>eHARS</td>
<td>95%</td>
</tr>
<tr>
<td>Comprehensive Health Care Coverage(^2)</td>
<td>Percent of enrolled ADAP clients with comprehensive insurance coverage at the end of reporting period</td>
<td>AES</td>
<td>85%</td>
</tr>
</tbody>
</table>

\(^1\) Viral load suppression is determined based on the most recent eHARS data available for ADAP clients who matched with eHARS during the year 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.

### Applicability to HCP Sub-Recipients:

In order to support CQM Goal 1, HCP sub-recipients are expected to conduct the following activities:

1. Review HCP’s performance measure data for funded HCP services at least quarterly to inform CQM activities and QI projects.

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

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Performance Measure</th>
<th>Definition (for clients served in the specified service category)</th>
<th>Data Source</th>
<th>2023 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient/Ambulatory Health Services (OAHS)</td>
<td>Viral Load Suppression</td>
<td>Percent of HCP clients who received OAHS who were virally suppressed at their last viral load test during the reporting period</td>
<td>ARIES</td>
<td>95%</td>
</tr>
<tr>
<td>Medical Case Management (MCM) Services</td>
<td>Engagement in Care</td>
<td>Percent of HCP clients who received MCM who had at least one medical visit annually¹</td>
<td>ARIES</td>
<td>90%</td>
</tr>
<tr>
<td>Non-Medical Case Management (NMCM) Services</td>
<td>Comprehensive Health Care Coverage</td>
<td>Percent of HCP clients who received NMCM who have comprehensive healthcare coverage²</td>
<td>ARIES</td>
<td>85%</td>
</tr>
<tr>
<td>Food Bank/Home Delivered Meals</td>
<td>Under Development</td>
<td>Under Development</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>

¹ Clients are deemed to have had at least one medical visit either by having received at least one Outpatient Ambulatory Health Service, or having a viral load lab entered.
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

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### Quality Improvement (QI)

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**

The CQM committee seeks to select QI projects aimed at improving patient care, health outcomes, and patient satisfaction. The CQM committee will select a RWHAP Part B QI project for at least one funded service category at any given time. See Appendix C for Process for Determining RWHAP Part B Quality Improvement Projects.

**Methodology**

Team Kaizen and HCP sub-recipients 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 D for the Model for Improvement QI Roadmap.

**Applicability to HCP Sub-Recipients:**

In order to support CQM Goal 2, HCP sub-recipients are expected to implement OA directed QI projects.

**CQM Capacity Building**

The CQM program values capacity building as a tool that allows the RWHAP Part B program to achieve the established CQM goals. As such, CQM staff will coordinate CQM technical assistance and QI training opportunities for HCP sub-recipients and OA staff.

HCP sub-recipients’ CQM technical assistance/training needs will be assessed through various mechanisms such as: requests in HCP sub-recipients’ progress reports, performance measurement data, PLWH feedback, site visit monitoring data, training evaluations, and needs assessments.

**Applicability to HCP Sub-Recipients:**

In order to support all CQM goals, HCP sub-recipients are expected to participate in CQM capacity building and quality improvement trainings provided by RWHAP Part B CQM program.

**Evaluation of CQM Program**

Evaluating the effectiveness of the CQM program ensures that CQM activities are making changes that positively affect health outcomes. The CQM Committee will evaluate the CQM program using the CQI’s Organizational Assessment Tool for Ryan White HIV/AIDS Program Part B Grantees annually (www.nationalqualitycenter.org/resources/organizational-assessment), assessing both HCP and ADAP. Team Kaizen will utilize the results of the Organizational Assessment Tool to update the CQM goals and CQM work plan.

**CQM Budgeting: HCP Sub-Recipients**

In order to support all CQM goals at the sub-recipient level, OA allows HCP sub-recipients to budget a reasonable portion of their HCP allocation for CQM activities. HCP sub-recipients may request to budget for CQM activities such as:

1. Staff to conduct HCP CQM activities.
2. Activities to implement an OA-directed QI project.
3. Activities to implement a QI project that is not directed by OA, but would improve outcomes for clients served by HCP funds.

**Applicability to HCP Sub-Recipients:**

In order to support all CQM goals, HCP sub-recipients may request to utilize a portion of their HCP allocation for CQM activities. CQM budget requests must follow Budgeting Instructions and receive approval from OA RWHAP Part B CQM Coordinator. For detailed CQM budgeting instructions, contact the assigned HCP Care Operations Advisor.
Monitoring HCP Sub-Recipients

HCP CQM staff monitors HCP sub-recipient compliance with CQM requirements through progress reports, monitoring site visits, and quarterly HCP calls, when applicable.

Applicability to HCP Sub-Recipients:

HCP sub-recipients that contract with service providers are required to have a process in place to monitor the HCP CQM requirements at the contracted service provider level.

Updates to the CQM Plan:

The CQM plan is updated at least every three years. Team Kaizen 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 for input. After receiving input, Team Kaizen finalizes the CQM plan. The CQM plan is approved by collaborating CDPH programs, Office of AIDS Division Chief, and released to stakeholders.

CQM Resources

The following resources are available to the CQM program:

- 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://hab.hrsa.gov/about-ryan-white-hivaidspartment/ryan-white-hivaidspartment-legislation)
  - Target HIV Clinical Quality Management (https://targethiv.org/library/topics/clinical-quality-management)
  - Ryan White Part B Quality Improvement Resources (www.cvent.com/events/2018-hiv-care-program-s-quality-improvement-training/event-summary-76bbd071e52b44519b1dfb5358f8898d.aspx)
  - Pacific AIDS Education and Training Center Program: California Local Partners (https://paetc.org/contact-us)
## Appendix A: RWHAP Part B Sub-Recipients

### Sub-recipients who do not provide direct services but contract with service providers

1. Imperial County Public Health Department  
2. Los Angeles County Public Health  
3. Sacramento County Department of Health and Human Services  
4. City and County of San Francisco Department of Public Health  
5. Solano County Health and Social Services Department

### Sub-recipients who provide direct services and do not contract with service providers

1. Butte County Public Health Department  
2. Contra Costa Health Department  
3. Humboldt County Department of Health and Human Services  
4. Inyo County Health and Human Services  
5. Kings County Health Department  
6. City of Long Beach Department of Health and Human Services  
7. Madera County Public Health Department  
8. Merced County Department of Public Health  
9. Mono County Department of Health Services  
10. Nevada County Health and Human Services Agency  
11. San Joaquin County Public Health Services  
12. San Mateo County Public Health  
13. Santa Barbara County Department of Public Health  
14. Stanislaus County Health Services Agency  
15. Ventura County Public Health  
16. Access Support Network  
17. Ampla Health  
18. Caring Choices  
19. Community Medical Centers  
20. John C Fremont Healthcare District  
21. Community Care Management Corp.  
22. Queen of the Valley Medical Center, CARE Network  
23. Sierra HOPE

### Sub-recipients who provide direct services and also contract with service providers

1. Alameda County Public Health Department  
2. Kern County Department of Public Health  
3. Marin County Health and Human Services  
4. Monterey County Health Department  
5. Orange County Health Care Agency  
6. Plumas County Public Health Agency  
7. Riverside County Department of Public Health  
8. San Bernardino County Department of Public Health  
9. San Diego County Health and Human Services Agency  
10. Santa Clara County Public Health Department  
11. Santa Cruz County Health Services Agency  
12. Tulare County Health and Human Services  
13. Santa Rosa Community Health Centers
Appendix B: HCP Sub-Recipients’ Minimum CQM Requirements by Track

**Track 1**
- Enter required CQM data in ARIES
- Review CQM performance data at least quarterly
- Attend OA CQM QI trainings
- Attend OA QI best practice calls
- Attend CQM technical assistance webinars
- Lead the implementation of OA directed QI projects
- Contribute to other QI projects led by OA
- Collaborate Part A CQM activities with OA CQM activities, when appropriate

**Track 2**
- Enter required CQM data in ARIES
- Review CQM performance data at least quarterly
- Attend OA CQM QI trainings
- Attend OA QI best practice calls
- Attend CQM technical assistance webinar
- Lead the implementation of OA directed QI projects with OA assistance
- Contribute to other QI projects led by OA

**Track 3**
- Enter required CQM data in ARIES
- Review CQM performance data at least quarterly
- Attend OA CQM QI trainings (optional)
- Attend OA QI best practice calls
- Attend CQM technical assistance webinar
- Contribute to QI projects led by OA

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1. All HCP sub-recipients who receive RWHAP Part A funding will be placed under Track 1; regardless if they receive RWHAP Part C and D funding.
2. CQM data is included in the required data elements for the Ryan White HIV/AIDS Program Services Report.
Various factors trigger the need to identify a CQM QI Project. For example, HRSA’s Policy Clarification Notice (PCN) 15-02 requirement.

Assignments may include, but not limited to:
1. Aggregating existing data into a report for discussion
2. Review performance measures
3. Brainstorm potential QI projects relevant to Ryan White Part B

Team Kaizen hosts a kick-off meeting
Team Kaizen members work on assigned task/assignments
Team Kaizen reviews information and data gathered
Team Kaizen develops a recommendation for a CQM QI Project

Recommendations are presented to the CQM Committee

No more than 3 potential QI projects will be presented in the recommendation. The potential projects will be prioritized prior to presenting to the CQM Committee.

Use QI Project Selection Tool to develop/prioritize recommendation.

Team Kaizen gathers information and data gathered

Team Kaizen reviews information and data gathered

Team Kaizen gathers internal & external feedback (including sub-recipients) to determine feasibility and the level of effort to implement the QI Project

Use the Time, Scope, & Resource Tool to gauge project feasibility and timeline.

Does CQM Committee approve of selected CQM QI Project?

Does CQM Committee approve of recommended CQM QI Project?

Final details on the CQM QI Project are presented to the CQM Committee

CQM QI Project is selected

Notification of approval to internal & external stakeholders, including sub-recipients involved in implementing the selected CQM QI Project

Yes

No

Yes

No
**Appendix D: Quality Improvement Roadmap**

**GETTING STARTED**

- Select a QI Project
- Assemble a QI Team

**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?

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

**PLAN**

**DO**

**STUDY**

**ACT**

**SPREAD & SUSTAIN**
Change ideas that are successful

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