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EDMUND G. BROWN JR.
Governor

**OFFICE OF AIDS
HIV Care Program**

**Management Memorandum
Memorandum Number: 11-01**

June 2, 2011

TO: HIV CARE PROGRAM CONTRACTORS

SUBJECT: POLICY FOR QUALITY MANAGEMENT INDICATORS

A quality management (QM) program is required by the Health Resources and Services Administration and California Department of Public Health, Center for Infectious Diseases, Office of AIDS (OA) for Ryan White Part B, HIV Care Program (HCP)-funded agencies. QM data plays a critical role in helping to identify gaps in services as well as helping to ensure the delivery of quality services to clients. Information gathered through a QM program should be used as part of each agency's planning process and ongoing assessment of progress toward achieving program goals. Client level clinical indicators should be included for service providers delivering medical services. As stated in the Memorandum of Understanding Exhibit A-1, contractors are to ensure all service providers have a QM plan.

QM plans should describe:

- Roles and responsibilities of staff members and or committees overseeing;
- QM activities;
- QM indicators and benchmarks to assess and monitor the quality of services provided;
- Data collection process utilized;
- QM activities used for data analysis; and
- Process for developing and implementing an improvement plan.

OA is implementing a QM plan that will monitor performance on the following three non-clinical indicators and five HIV/AIDS Bureau (HAB) clinical indicators to be incorporated into QM plans for HCP service providers effective fiscal year 2011-12.

- 1) OA non-clinical indicators for all HCP providers:
 - a. Percentage of clients with documentation of HIV status indicated;
 - b. Percentage of clients with poverty level indicated; and
 - c. Percentage of clients with documentation of insurance status.

- 2) HAB's Group 1 HIV/AIDS Clinical Performance Measures for Adults and Adolescents for all HCP-funded for Outpatient /Ambulatory Medical Care:
 - a. Percentage of clients with HIV infection who had two or more CD4 T-cell counts performed at least three months apart during the measurement year;
 - b. Percentage of clients with HIV infection who had two or more medical visits in an HIV care setting in the measurement year;
 - c. Percentage of clients with AIDS who are prescribed highly active antiretroviral therapy;
 - d. Percentage of clients with HIV infection and a CD4 T-cell count below 200cells/mm³ who were prescribed pneumocystis pneumonia prophylaxis; and
 - e. Percentage of pregnant women with HIV infection who are prescribed antiretroviral therapy.

Service providers may add additional program specific or other HAB indicators to their QM plan. The HAB QM Technical Assistance Manual can be accessed at <ftp://ftp.hrsa.gov/hab/QM2003.pdf>. HAB's performance measures Web page also contains a wealth of information, including more detailed descriptions of its performance measures and frequently asked questions (<http://hab.hrsa.gov/deliverhivaidscares/habperformmeasures.html>). Service providers and contractors using the AIDS Regional Information and Evaluation System (ARIES) can monitor their progress in meeting HAB Group 1 and 2 Clinical Performance Measures (except the lipid screening Group 2 measure) by running the QM reports which are found on the Compliance Reports page (for those users that have appropriate ARIES permissions).

The **October 2008** ARIES Advisor newsletter provides a description of HAB's Group 1 clinical measures and how each is defined in ARIES; the newsletter can be accessed at www.projectaries.org and then click on the Newsletter link. Additionally, ARIES contains Fix-It reports which can improve your performance on the three non-clinical indicators; resources can be found at www.projectaries.org, click on the Training section and then go to Focused Technical Assistance (FTA). These PowerPoint FTA presentations contain instructions on how to run Fix-It Reports for the eligibility documents (e.g., documentation of HIV status), poverty level, and insurance status.

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Questions and/or requests for additional assistance in developing and monitoring QM plans and activities should be directed to your HCP Advisor or Teena Evans, OA, at (916) 323-1032; teena.evans@cdph.ca.gov or Lorene Vanzandt at (916) 449-5981; Lorene.vanzandt@cdph.ca.gov. Assistance with running the QM reports in ARIES should be directed to the ARIES Help Desk at 866-411-ARIES (866-411-2743).



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Attachments

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