

QUALITY MANAGEMENT PLAN FOR RYAN WHITE PART A and B

**Bexar County Department of Community Resources
San Antonio Area HIV Health Services Planning Council
Bexar County Ryan White Community Health Program,
Administrative Agency (AA)**



Background and History

The United States Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act on August 18, 1990. The CARE Act is to improve the quality and availability of care for individuals and families infected and affected by HIV disease by providing emergency assistance to regions most severely affected by the HIV epidemic. In 1996 and again 2000 the legislation was reauthorized to have all CARE Act programs to develop and implement quality management programs. In 2006 the CARE Act was reauthorized to be renamed the Ryan White HIV/AIDS Treatment Modernization Act of 2006 which reinforced the commitment to Quality.

Purposes

The overall purposes of the Bexar County Department Community Resources (DCR), Planning Council (PC) and AA Quality Management Program are to:

1. Ensure that Ryan White funded core medical and support services adhere to HIV clinical practice standards and Public Health Service (PHS) HIV treatment guidelines
2. Align with the National HIV/AIDS Strategy
3. Improve the quality of medical care and support services provided to clients by:
 - a. Ensuring support services links clients to medical care
 - b. Enhancing adherence to HIV medical treatment regimens
 - c. Improving health outcomes for all clients receiving services
 - d. Ensuring the delivery of culturally competent medical and support services
 - e. Delivery of a comprehensive continuum of care towards achieving viral suppression
4. Promote principles of continuous improvement in quality by:
 - a. Providing continuing education and training to providers, consumers, community partners and grantee staff
 - b. Providing a feedback process for consumers and providers to include satisfaction surveys
 - c. Assessing ARIES ability to collect identified outcomes data
 - d. Evaluating data collected to develop new strategies for improvement.
 - e. Provide trending report of performance measures of all funded service categories

Mission

The mission of the Quality Management Program is to ensure that all people living with HIV/AIDS in the San Antonio Transitional Grant Area (SATGA) and Health Service Delivery Area (SAHSDA) of twelve counties, receive the highest quality of medical care and vital health related supportive services. The AA and the PC produce a Part A and Part B Comprehensive Plan for both the SATGA and SAHSDA.

Quality Goal

The goal of the DCR, PC, and AA is to ensure that persons living with HIV and AIDS (PWLH/A) in Region 8 receive the highest quality medical and support services. To accomplish this goal, the AA will ensure adherence to eight principles:

1. Ensure the availability and quality of all core medical services within the SATGA and SAHSDAs (13 core medical services as listed in the legislation)
 - a. Goal – Adherence to standards and expectations

- b. Goal – Ensure the availability of all core medical services
2. Eliminate disparities in access to core medical services and support services for individuals with HIV among disproportionately affected sub-populations and historically underserved communities
 - a. Goal – Ensure access to services for severe needs groups (SNG)
 - b. Goal – Expand transportation services to meet SNG need
3. Specify strategies for identifying individuals who know their HIV status but are not in care, informing them about available medical care and support services, and assisting them in accessing medical care and the use of those services
 - a. Goal – Develop and update a bilingual Resource Guide on available HIV and ancillary services and how to access those services
4. Include a discussion of clinical quality measures
 - a. Goal – Measuring Clinical Outcomes will be presented in narrative form
5. Include strategies that address the primary health care and treatment needs of those who know their HIV status and are not in care, as well as the needs of those currently in HIV/AIDS care systems
 - a. Goal – Through provider targeted development, new and expanded service programs will reduce perceived barriers to care for both those currently in and outside of the system
 - b. Goal – Better understand the reasons for the rate of out of care and never in care PLWH/A
6. Provide goals, objectives, timelines, and appropriate allocation of funds, as determined by the needs assessment.
 - a. Goal – Outcomes will be based on needs assessment and within HRSA guidelines
7. Include strategies to coordinate the provision of service programs for HIV prevention, including outreach and early intervention services
 - a. Goal – Improve effectiveness of (non-prevention) outreach programs
 - b. Goal – Coordinate outreach with early intervention services and care and treatment
8. Include strategies for the prevention and treatment of substance abuse
 - a. Goal – Require coordinated interventions of substance abuse outpatient treatment services, case management, and medical care.

Quality Definitions

- **Quality** is defined as the degree of excellence of a product or service. In terms of Ryan White Part A and B, the quality of a service is the degree to which a service meets or exceeds professional standards of care, guidelines and users' expectations.
- **A Performance Measure** is a quantitative tool that provides an indication of the quality of a service or process.
- **An Outcome** is the benefit or other result (positive or negative) for clients that may occur during or after receiving a service.
- **Quality Assurance** is a program for the systematic monitoring and evaluation (e.g. through performance measurement) of the various aspects of a service to ensure that standards of quality care are being met.
- **Quality Improvement** refers to conducting activities aimed at improving processes to enhance the quality of care and services.

- The term **Quality Management Program** encompasses all grantee-specific quality activities, including the formal organizational quality infrastructure (stakeholders and resources), quality assurance and quality improvement activities.
- In this document, the word **client** is used to describe an individual who is infected with AIDS/HIV and who receives health and/or support services that are funded under Ryan White Part A, MAI, Part B and HOPWA.

Quality Management Infrastructure

Leadership and Accountability

Monitoring and evaluation of the Comprehensive Plan will be the joint responsibility of the San Antonio Area HIV Health Services Planning Council and the Bexar County Department of Community Resources. Joint monitoring and evaluation is essential because the Plan's action steps and tasks involve many different entities within the service system. At the Planning Council level, ongoing monitoring of the Plan will be the responsibility of the Planning Council Liaison. At the AA level, planning staff will be designated for monitoring and evaluation of the Plan. All QM related activities are guided and supported by the QM Committee, QM Single Point of Contact (SPoC) group, the Comprehensive Planning Continuum of Care (CPCC) Committee of the PC, AA QM staff and resource consultants, whom plan, implement, and evaluate performance improvement.

Quality Management Committee

The Quality Management (QM) Committee provides guidance, consultation and input regarding the overall Quality Management Program. A standing QM Committee that is composed of an interdisciplinary group of fourteen members representative of community stakeholders, health professionals and consumers meets quarterly. This committee is led by the Chair of the CPCC Committee of the PC. Therefore there is a direct link between the QM and the PC. The Committee shall meet at a minimum quarterly, to fulfill committee responsibilities. The Committee shall review and revise the Quality Management Plan annually. Review QM processes, individual agency's plans, and annual trending report. The Committee also provides input on annual trainings and QM activities conducted by the AA. The Committee shall make recommendations to the grantee for appropriate education relating to quality improvement concepts and techniques.

The membership of the QM Committee will include at a minimum:

- Credentialed Health Care Professionals with experience providing AIDS/HIV care
- Consumers and community stakeholders
- Provider Representatives (Core Medical and Support Staff)
- Administrative Agency Staff
- Quality Manager Coordinator

Drug Formulary Sub-Committee

The QM has a standing AA Drug Formulary Sub-Committee which is composed of pharmacists, consumers, physicians and other community partners. The Executive Director of each funded agency designates two representatives as their primary and secondary single points of contact (SPoC) for QM. The Drug Formulary Subcommittee developed a waiver application for

medications not on the Ryan White formulary form for providers. To be eligible for a waiver two criteria must be met: 1) the condition treated must be HIV-related; and 2) it is not feasible to treat the condition adequately with medications available on the formulary. The waiver must be signed by a staff member and emailed to the email address listed on the form. The waiver must be approved by the Ryan White Program Manager and/or HIV Coordinator before the medication can be reimbursed. The provider will be notified within (2) business days of approval or denial of the waiver. The committee reviews waivers that have been submitted on a quarterly basis and determines if they are eligible to be placed on the drug formulary. The Chair of the Drug Formulary Sub-Committee provides a report at the QM Committee at each quarterly meeting.

Single Point of Contact (SPoC)

The QM SPoC group meets quarterly for trainings, peer learning, and information sharing. The QM SPoC within each agency is required as part of their QM plan to review low performing measures to access improvement. The QM SPoC is responsible for facilitating their agency QM meetings, plan, and processes. The QM SPoC is also responsible for updating the QM Committee on a quarterly basis on their agency's activities.

Planning Council (PC) Responsibilities

Federal Legislative requirements expect the PC to review and utilize service outcome and quality assurance data of services in the prioritization and allocation of Ryan White Part A and B awards. The PC will be informed of the Quality Management activities. They will review the Quality Management trending report, Standards of Care, service indicators and health outcomes measures to determine whether program objectives were met and to make program changes to improve services and outcomes.

Consumer Responsibility

The consumers will be involved in implementing Quality Management activities, with specific emphasis on input into the Standards of Care, and review of indicators and performance measures as well as by completing client satisfaction surveys and serve on the QM Committee.

Grantee Responsibilities

The Quality Management staff will lead and facilitate the development of the Quality Management Plan, assess the quality management activities, oversee activities conducted, and facilitate the development and implementation of the Quality Management process in the San Antonio TGA and San Antonio HSDA. The QM staff will provide technical assistance and training to contractors to ensure ongoing improvement of services.

Resources

The DCR has designated the Program Manager as the QM Manager and contracts annually for the program and quality management monitoring of all service providers throughout the TGA and HSDA. The AA may also contract for the conduct and development for specific QM strategies/activities.

Quality Management Activities

I. Quality Management Monitoring Tool

The AA will develop an assessment tool to evaluate the Quality Management activities of contracted provider agencies, specifically to review the quality management plans to assess existing quality management activities throughout the TGA and HSDA. This tool will provide a baseline for existing quality management activities and provide valuable information on what contracted provider agencies need in the way of technical assistance in improving their QM activities.

II. Review and Provider Agency Specific Quality Management Plans

Based on the information gathered from Quality Monitoring Tool, the AA will make recommendations to provider agencies to insure their Quality Management Plans meet Ryan White contracted requirements. The Quality Management Plan will represent a critical step to measure and document the quality of its services. The Quality Management Plan will help agencies to evaluate and identify improvement opportunities.

III. Update/Revise Standards of Care

The Standards of Care were developed to establish baseline standards for contracted Ryan White Service across the SATGA and SAHSDA. Revisions to the Standards of Care may be necessitated by advances in medical treatment of HIV/AIDS, changes in Federal Ryan White legislation, new directives from PC in regards to the comprehensive Part A and Part B plan.

IV. Performance Measurement

Measuring the outcome of programs is an essential element in providing quality services. Outcomes help track the progress of the individual clients in the continuum of care, and ensure standards of care are consistent throughout the entire system. Performance indicators will be monitored continuously through review of charts and quarterly analysis of data. The QM team will review the indicators and performance outcome measures and work with the service providers to address areas in which agencies may have difficulty in tracking outcomes. The QM staff will develop tools to collect data for indicators and outcomes from ARIES, chart reviews and semi/annual reports. QM staff and QM committee will review data collection results and make recommendations for improvements.

Expected Outcomes

The Quality Management Program will address the following quality activities:

- Improve access to and retention in care for HIV/AIDS individuals who are aware of their status
- Improve adherence to medical treatment
- Improve quality of services and related outcomes
- Improve culturally competent care provided to HIV/AIDS individuals
- Improve linkage of social support services to medical services
- Use of epidemiological and health outcome data for priority setting
- Evaluate accountability (resources, responsibility, implementation, etc.).

Evaluation

Service providers, PC, the QM committee, and QM staff will work collaboratively throughout the year and conduct a year-end evaluation. In addition, each funded agency will report their QM activities when the AA conducts site visits. A chart of activities and required documents for each agency will be developed and serve as an overall view to determine if each provider is adhering

to best practice standards to ensure services consistently meet and hopefully exceed minimal requirements. Evaluation results will be derived from program monitoring processes, client satisfaction surveys, outcome measures, and data collected from tools used for indicators. QM committee will review the evaluations and recommend strategies for improvement to the QM staff.

Summary

Throughout the year, the QM staff will collaborate with funded agencies, service providers, consumers, QM committee, and PC to continuously work together to improve care, make necessary changes that will improve clinical outcomes and reduce cost.