2020

Georgia Ryan White Part B, Clinical Quality Management Plan

Georgia Department of Public Health, Division of Health Protection, Office of HIV/AIDS

Contents

Introduction

About this Document

Ryan White HIV/AIDS legislation requires clinical quality management (CQM) programs as a condition of grant awards. The CQM expectations for Ryan White (RW) Part B Program recipients include: 1) Assist direct service medical providers funded through the Ryan White HIV/AIDS Treatment Extension Act in assuring that funded services adhere to established HIV clinical practice standards and Department of Health and Human Services (DHHS) Guidelines to the extent possible; 2) Ensure that strategies for improvements to quality medical care include vital health-related supportive services in achieving appropriate access and adherence with HIV medical care; and 3) Ensure that available demographic, clinical and health care utilization information is used to monitor the spectrum of HIV-related illnesses and trends in the local epidemic.

The Georgia RW Part B Program CQM Plan is outlined in this document. This document is considered a "living" document and revisions may be made as the Georgia Department of Public Health (DPH), Division of Health Protection, Office of HIV/AIDS continues to develop and expand the RW Part B CQM Program and Plan. This Plan is effective April 1, 2020 to March 31, 2021**.** A timeline for annual implementation, revision, and evaluation of the Plan is in Appendix B of this document. Any questions regarding this plan, may be directed to the RW Part B Program CQM Team: Sandra Metcalf (404) 657-3113.

Ryan White Overview

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, now the Ryan White HIV/AIDS Treatment Extension Act of 2009 is a Federal legislation that addresses the unmet health needs of people living with HIV (PLWH) by funding primary health care and support services that enhance access to and retention in care. First enacted by Congress in 1990, it was amended and reauthorized in 1996, 2000, 2006 and 2009. For FY2020 total Ryan White CARE Act funding was $2.38 billion.

The Ryan White HIV/AIDS Treatment Modernization Extension Act of 2009

Federal funds are awarded to agencies located throughout the country, which deliver care to eligible individuals under funding categories called Ryan White Parts.

- **Part A** provides emergency assistance to Eligible Metropolitan Areas and Transitional Grant Areas that are most severely affected by the HIV/AIDS epidemic.
- **Part B** provides grants to all 50 States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and five (5) U.S. Pacific Territories or Associated Jurisdictions.
- **Part C** provides comprehensive primary health care in an outpatient setting for PLWH.
- **Part D** provides family-centered care involving outpatient or ambulatory care for women, infants, children, and youth living with HIV.
- **Part F** provides funds for a variety of programs:
    - **The Special Projects of National Significance Program** grants fund innovative models of care and supports the development of effective delivery systems for HIV care

- **The AIDS Education and Training Centers Program** supports a network of regional centers and several National centers that conduct targeted, multidisciplinary education and training programs for health care providers treating people living with HIV/AIDS
- **Dental Programs** provide additional funding for oral health care for people with HIV

HIV Care Continuum

The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the HIV Care Continuum or the HIV Treatment Cascade. The HIV Care Continuum includes the diagnosis of HIV, linkage to HIV medical care, lifelong retention in HIV medical care, appropriate prescription of antiretroviral therapy (ART), and ultimately HIV viral load suppression.

Subrecipients, also referred to as funded agencies, are encouraged to assess the outcomes of their programs along the HIV Care Continuum. Subrecipients should work with their community and public health partners to improve outcomes across the Continuum, so that individuals diagnosed with HIV are linked and engaged in care and started on ART as early as possible.

Quality Statement

Mission

The mission of the Ryan White Part B Clinical Quality Management Program is to ensure the highest quality of medical care and supportive services for PLWH in Georgia.

Vision

The vision of the Clinical Quality Management Program is to ensure a seamless system of comprehensive HIV services that provide a continuum of care and eliminates health disparities across jurisdictions for PLWH in Georgia. This will be accomplished by:

- Assessing the extent to which HIV health services provided to PLWH under the grant are consistent with the most recent DHHS guidelines for the treatment of HIV disease and related opportunistic infections.
- Developing strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.
- Continuously implementing a statewide clinical quality management plan.
- Improving access to AIDS Drug Assistance Program (ADAP) and Health Insurance Continuation Program (HICP) services by improving application and recertification processing.
- Improving alignment across subrecipients by monitoring core performance measures across RW Part B Program subrecipients.
- Improving alignment across services through standardization of case management.
- Improving alignment across RW Programs by expanding quality related collaboration.

Organizational Infrastructure

In Georgia, the Ryan White Part B Program is administered by the Georgia Department of Public Health (DPH), Division of Health Protection, Office of HIV/AIDS. The Office of HIV/AIDS funds agencies in 16 public health districts to deliver HIV/AIDS services throughout the state. These agencies are responsible for planning and prioritizing the delivery of HIV services in their respective geographic areas. All subrecipients provide primary care services. Support services are funded based on the availability of resources. The Ryan White Part B Program also funds the Georgia ADAP and HICP, which provides medication for the treatment of HIV/AIDS to eligible PLWH or assists with health insurance premiums and co-pays.

The primary role of subrecipients is to provide medical and support services to all eligible PLWH who reside in Georgia. Subrecipients are responsible for maintaining appropriate relationships with entities in the area they serve that constitute key points of access to the health care system for PLWH (emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease (STD) clinics, and others) for the purpose of facilitating early intervention for individuals newly diagnosed with HIV/AIDS and individuals knowledgeable of their HIV status but not in care. Services provided must meet all service standards set forth by the state, and must align with HRSA's Ryan White Universal and Part B Programmatic and Fiscal National Monitoring Standards.

Leadership and Accountability

Georgia Department of Public Health

The State of Georgia through the Georgia Department of Public Health (DPH) is the recipient of the Ryan White Part B Program grant. Georgia DPH administers the grant through the Division of Health Protection, Office of HIV/AIDS.

Office of HIV/AIDS

The Office of HIV/AIDS provides oversight and management of the RW Part B Program grant. The Office of HIV/AIDS Director provides leadership and coordination of HIV care and prevention activities. The Office of HIV/AIDS leadership is dedicated to the quality improvement process and guides the CQM Plan. The HIV Care Manager is responsible for ensuring administration of the grant, including the development and implementation of the CQM Plan.

Other DPH Sections

HIV/AIDS Surveillance: The Office of HIV/AIDS continues to work with the HIV/AIDS Epidemiology Unit to utilize HIV and AIDS case reporting data for planning and quality improvement opportunities.

Ryan White Part B Program Subrecipients

RW Part B subrecipients are responsible for ensuring quality management components of the Grant-in-Aid and contractual agreements are met. The FY2020-2021 CQM deliverables include the following language, as referenced in the Georgia RW Part B/ADAP/HICP Policies and Procedures: Subrecipients are expected to refer to the Georgia Ryan White Part B CQM Plan which contains goals, objectives and strategies to ensure the implementation and monitoring of quality management activities, as well as compliance with HRSA's CQM expectations at both the state and local levels. Office of HIV/AIDS Ryan White Part B Program activities are delineated in the plan, including capacity building and providing quality-related technical assistance to funded health agencies. The statewide CQM Core Team provides oversight and facilitation of the plan and is composed of multidisciplinary professionals, with representation from each funded agency, including agency staff and/or consumers. Subrecipients are expected to comply with the following requirements:

- Ensure that the medical management of HIV infection is in accordance with the United States Department of Health and Human Services (DHHS) HIV-related guidelines.
- Ensure compliance with the Georgia Department of Public Health (DPH), Ryan White Part B Clinic Personnel Guidelines (current edition).
- Ensure that registered professional nurses (RNs), advanced practice registered nurses (APRNs), and physician assistants (PAs) practice under current HIV/AIDS-related nurse and PA protocols. The recommended protocols and/or resources include the following as applicable:
    - Georgia Department of Public Health, Office of Nursing, Standard Nurse Protocols for Registered Professional Nurses in Public Health, Adults living with HIV (current edition).
    - Georgia Department of Public Health, Prescriptive Authority for Advanced Practice Registered Nurses Toolkit (current edition).
    - Georgia Department of Public Health Policy #PT-18001, Georgia ADAP and APRN Prescriptive Authority for Nurses Not Employed by Public Health Policy and Procedure (current edition).
    - Georgia Department of Public Health Policy #PT-18002, Georgia AIDS Drug Assistance Program Physician Assistant Provider Status Policy and Procedure (current edition).
- Compliance with United States Department of Health and Human Services (DHHS) HIV-related guidelines is a requirement of the Health Resources and Service Administration (HRSA) for sites receiving Ryan White HIV/AIDS Treatment Extension Act funding. The DHHS guidelines are considered "living" documents and are available online at the AIDSinfo website http://aidsinfo.nih.gov/.
- Ensure that all physicians, pharmacists, and all other licensed medical professionals possess current licensure and/or certification.
- Ensure that all physicians are practicing under current HIV/AIDS-related protocols and are practicing under the current laws of the State of Georgia. If there is any lapse in licensure and/or the occurrence of suspension that deems a medical professional unable to

practice medicine under current laws, the Office of HIV/AIDS's District Liaison is to be notified immediately.

- Develop and implement a CQM Program according to HRSA's HIV/AIDS Bureau (HAB) expectations for Ryan White recipients, to include the following:
  - A leader and team to oversee the CQM Program
  - CQM goals, objectives and strategies
  - A written CQM Plan, updated annually and Work Plan, updated quarterly Continuous Quality Improvement (CQI) projects that incorporate Quality Improvement (QI) methodologies to address performance measures below state goals, updated quarterly
  - Performance measures and mechanisms to collect data
  - Communication of results to all levels of the organization, including consumers as appropriate
- Participate in the statewide Part B CQM Program.
- Monitor performance measures as determined by the Part B CQM Program.
- Participate in HIV clinical and case management chart reviews conducted by state office CQM staff.
- Provide CQM Plans, reports (to include CQI activities), and other information related to the subrecipient, also referred as the local CQM Program, as requested by the Office of HIV/AIDS Ryan White Part B District Liaison and/or CQM staff. Allow the District Liaison and/or CQM staff access to all CQM information and documentation.
- Ensure compliance with the Georgia Ryan White Part B Case Management Standard Operating Procedures (current edition).

Clinical Quality Management Committees

Quality Management Core Team

Purpose

- To provide oversight and facilitation of the Georgia RW Part B CQM Plan.
- To provide a mechanism for the objective review, evaluation, and continuing improvement of HIV care and support services.

Membership

- The Core Team membership will be reviewed annually, and changes made accordingly.
- Each RW Part B Program subrecipient must identify one primary representative and an alternate to represent their district. The primary representative is an active member of the CQM Core Team, and the alternate will be available to serve on the team if the team member cannot attend. (See Appendix C for committee members.)
- Membership by Consumers/Peer Advocates is voluntary. There will be two female and two male members for the entire CQM Core Team. The Consumer/Peer Advocate does not represent a particular district, but rather represents Consumers

who have access to RW Part B Program services. Consumers/Peer advocates are selected as needed following submission of candidates.
The Core Team will include the following members:

Senior Office of HIV/AIDS Leadership:

Any or all of the positions below, or their designees, may attend meetings to represent the involvement of senior leadership.

Office of HIV/AIDS Staff

- The Office of HIV/AIDS Director – Duties include:
  - Office of HIV/AIDS leadership
  - Coordination of HIV care and prevention activities.

- The HIV Care Program Manager – Duties include:
  - Grant oversight and management, including allocation of resources
  - Ensuring development/implementation of the CQM Plan and CQI projects.

- Assistant HIV Care Program Manager – Duties include:
  - Assists with grant oversight and management
  - Supervises District Liaison Team
  - Ensures development/implementation of programmatic monitoring policies, tools and activities

- HIV Care District Liaisons – Duties include:
  - Closely monitor the programmatic and fiscal requirements of all contracts and Annex-GIA awards including CQM requirements
  - Ensure CQM/CQI findings and reports are shared at the local level
  - Participate in systems-level CQI projects
  - Monitor general programmatic performance measures
  - Ensure complete implementation of National Monitoring Standards (NMS) at the state and local levels

- Quality Management Nurse Consultant Team Lead. Duties include:
  - Supervise the CQM Nurse Consultants
  - Coordinate day-to-day CQM Program operations and meetings
  - Coordinate systems-level CQI projects
  - Ensure development, implementation, and evaluation, of the CQM Plan and Work Plan
  - Ensure revision of the CQM Plan at least annually, and the Work Plan at least quarterly
  - Oversee the submission of required reports related to CQM to upper management
  - Coordinate and ensure CQM/CQI and other HIV-related training is available
  - Closely monitor assigned subrecipients' plans and quarterly reports

- Oversee technical assistance provision to RW Part B Program subrecipients by staff (i.e. development of local CQM Plans, nursing/clinical services and case management)
- Coordinate site visits to review CQM Plans and activities and/or clinical performance indicators
- Participate on the DPH Office of Nursing QA/QI Team
- Participate in Georgia Ryan White Programs quality-related committees and activities
- Participate in revision of the HIV/AIDS-related nurse protocols
- Develop and revise HIV-related medical guidelines and other guidelines/polices as indicated
- Metro Atlanta EMA Planning Council, Part A and Part D Quality Management Committee meetings
- Attend educational conferences or other events sponsored by HRSA, DPH, GA AIDS Education Training Center (AETC), professional organizations or other appropriate sponsoring organizations to maintain current knowledge of HIV case management and/or Quality Management

- Quality Management Nurse Consultant - Duties include:
  - Assist with coordination of day-to-day operations of the CQM Program:
    - Plan meetings and/or conference calls
    - Communicate with the Core Team and subcommittees
    - Complete reports and other assignments
    - Participate in systems-level CQI projects
    - Participate on the CQM Core Team
  - Closely monitor assigned subrecipients' CQM Plans and quarterly reports
  - Provide technical assistance to RW Part B Program subrecipients in the development of local CQM Plans and activities
  - Conduct site visits to review CQM Plans and activities and/or clinical performance indicators
  - Coordinate revisions of nurse protocols
  - Develop or revise medical guidelines, polices, and/or procedures
  - Attend Metro Atlanta EMA Planning Council, Part A and Part D Quality Management Committee meetings
  - Attend educational conferences or other events sponsored by HRSA, DPH, GA AETC, professional organizations or other appropriate sponsoring organizations to maintain current knowledge of HIV clinical practice and/or Quality Management

- Case Management Team - Quality Management Coordinator - Duties include:
  - Assist with coordination of day-to-day operations of the CQM Program:
    - Plan meetings and/or conference calls
    - Communicate with the Core Team and subcommittees
    - Complete reports and other assignments

        - Participate in systems-level CQI projects
    - Participate on the CQM Core Team
    - Ensure development, implementation, and evaluation of statewide case management Standard Operating Procedures (SOPs) and tools
    - Ensure CQM/ CQI and case management training is available
    - Assist with revision of the CQM Plan and Work Plan
    - Closely monitor assigned subrecipients' CQM Plans and quarterly reports
    - Provide technical assistance to the RW Part B Program subrecipients in the development of local CQM Plans and activities
    - Conduct site visits to review CQM Plans and activities, and/or to review case management services
    - Participate in Georgia Ryan White Programs quality-related committees and activities
    - Attend Metro Atlanta EMA Planning Council, Part A and Part D Quality Management Committee meetings
    - Attend educational conferences or other events sponsored by HRSA, DPH, GA AETC, professional organizations or other appropriate sponsoring organizations to maintain current knowledge of HIV case management and/or Quality Management

- Medical Advisor - IDI/HIV Section - Duties include:
    - Participate on the CQM Core Team
    - Provide medical expertise and technical assistance to the Office of HIV/AIDS, ADAP, RW Part B Program subrecipients and others
    - Chair the HIV Medical Advisory Committee (HIV-MAC).
    - Conduct site visits to review clinical performance measures including management and utilization of antiretroviral therapy
    - Revise and approve the HIV/AIDS-related nurse protocols
    - Provide training to HIV providers and others as indicated
    - Mentor physicians inexperienced in HIV care
    - Assist with CQM-related reports and assignments
    - Assist with development and/or revisions of medical guidelines, polices, and/or procedures

- Quality Management Data Manager – Duties include:
    - Collaborate with the HIV Epidemiology Section and RW Database Manager to facilitate optimal use of available data for CQM activities
    - Design procedures for the collection/evaluation of data
    - Provide clinic chart review/performance measure data-related technical assistance
    - Analyze data
    - Assist with the data component of quality reports. Create reports, graphs, charts, and spreadsheets to summarize and explain data

- AIDS Drug Assistance Program (ADAP)/Health Insurance Continuation Program (HICP) Manager – Duties include:
  - Manage and coordinate ADAP/HICP, Hepatitis C Program and all related components of the CQM Plan including CQI projects and performance measures
  - Provide ADAP/HICP related technical assistance to support CQI project goals and performance
  - Facilitate ADAP/HICP trainings
  - Facilitate Georgia ADAP/HICP CQM Subcommittee
  - Ensure CQM/CQI findings/reports are shared regarding systems-level CQI projects
  - Attend educational conferences or other events sponsored by HRSA, DPH, GA AETC, professional organizations or other appropriate sponsoring organizations to maintain current knowledge of HIV clinical practice and/or Quality Management

- ADAP Pharmacy Director – Duties include:
  - Supervise the ADAP Business Operations Specialist
  - Provide HIV and Hepatitis C medication management training and educational resources for the ADAP Contract Pharmacy (ACP) Network
  - Oversight and monitoring of daily ADAP pharmacy operations for the ACP Network
  - Oversight and monitoring of ADAP contract pharmacy on-site audits and visits to review contract compliance including antiretroviral therapy management and dispensing
  - Pharmaceutical-related system improvements of ADAP and the ACP Network
  - Provide pharmacy expertise and TA to the Office of HIV/AIDS, ADAP, Part B subrecipients and others
  - Participate on the HIV Medical Advisory Committee
  - Participate in the revision of the HIV/AIDS-related nurse protocols
  - Ensure CQM/QI findings/reports are shared regarding systems-level CQI projects
  - Develop and revise HIV-related medication guidelines and other guidelines/polices as indicated
  - Attend educational conferences or other events sponsored by HRSA, DPH, GA AETC, professional organizations or other appropriate sponsoring organizations to maintain current knowledge of HIV clinical practice and/or Quality Management

- Ryan White Database Manager – Duties include:
  - Maintain CAREWare database
  - Provide TA and training to state and subrecipient staff
  - Create custom reports to collect performance measure data.
  - Generate CAREWare reports
  - Delegate duties to CAREWare staff as needed

Other CQM Core Team Members

- Consumers/Peer Advocates – Duties include:
  - Represent the PLWH's perspective on ways to improve quality of services
  - Suggest quality improvement process and projects
  - Provide direct feedback on services and barriers including:
    - Needs assessments
    - Satisfaction surveys
    - Interviews

- Representative from HIV/AIDS Surveillance (Ad hoc) – Duties include:
  - Provide HIV and AIDS case reporting data for planning and quality improvement opportunities as needed

- RW Part B Program Subrecipients - HIV/QM Coordinator– Duties include:
  - Agency/program representative
  - Provide feedback for CQI projects
  - Provide feedback on services and barriers
  - Ensure that subrecipient CQM Plan/activities align with RW Part B CQM activities

- Representatives from RW Program Parts A, C, and D – Duties include:
  - Represent their agencies/programs
  - Promote alignment across RW Programs statewide

- Medicaid Representative (Ad hoc) – Duties include:
  - Assist with Medicaid-related CQM activities as needed

- Representative from HIV Prevention – Duties include:
  - Provide updates on HIV Prevention activities
  - Coordinate activities across programs as possible

- Representative for HIV Perinatal Program – Duties include:
  - Provide updates on program implementation
  - Share aggregate data as indicated

- All other RW Part B Program Office of HIV/AIDS staff – Duties include:
  - Participate in activities of the CQM Program/Plan as needed. (See Appendix C for 2020-2021 Core Team Members)

Communication

- The Core Team meets at least once quarterly. Meetings are through internet-based meeting platforms, telephonic conference calls and/or in-person.
- Additional conference calls and electronic communication is ongoing, as needed.

- The Core Team shares CQM/CQI findings/reports within DPH; with the Office of HIV/AIDS, RW Part B Program subrecipients, and others.

General Core Team Responsibilities

- The Quality Management Nurse Consultant Team Lead serves as the key contact and team leader for the CQM Program.
- At least one member of the CQM Core Team routinely attends the Metro Atlanta EMA Planning Council, Part A and Part D Quality Management Committee meetings.
- The Core Team is responsible for guiding the overall CQM Program including determining priorities, setting goals, creating/revising the Work Plan (see Appendix A), preparing reports, and evaluating the program and plan.
- The Core Team:
  - Determines the need for subcommittees and guides the subcommittee's Work Plan
  - Actively participates in meetings, conference calls, and other activities as needed
  - Determines performance measures, and identifies indicators to assess and improve performance
  - Shares findings with the Office of HIV/AIDS, RW Part B Program subrecipients/consortia, DPH leadership and others
  - Reviews and updates the CQM Plan annually
  - Makes recommendations to the Office of HIV/AIDS for appropriate education related to CQI topics
  - Conducts evaluation activities

Subcommittees

Subcommittees are created by the Core Team and are ad-hoc. Subcommittees meet at least quarterly when active via internet-based platforms and/or phone conferencing.

Georgia ADAP/HICP Clinical Quality Management Subcommittee

- **Goal**: Improve access to ADAP and HICP services.
- **Membership**: Will consist of a diverse mix of Office of HIV/AIDS staff, medical and pharmacy experts, case managers, and consumers. Members will be determined as needed if the committee needs to be called into session. (See Appendix C for committee members.)
- **Responsibilities**:
  - Comply with the Core Team's overall goals and Work Plan
  - Actively communicate with the Core Team
  - Submit meeting minutes in predetermined format
  - Monitor ADAP/HICP policy, processes, and progress from a quality management viewpoint
  - Identify ADAP/HICP problems/issues and make recommendations for improvement

Office of HIV/AIDS HIV Care Team

- **Goal**: Plan, implement, monitor and evaluate quality, including CQI projects, to improve HIV care systems.
- **The HIV Care Team includes**: the HIV Nurse Consultant Team Lead, HIV Nurse Consultant(s), Case Management Team QM Coordinator, HIV Care Manager, ADAP/HICP Manager, ADAP Pharmacy Director, HIV Medical Advisor, ADAP and HICP staff, District Liaisons, RW Database Manager, QM Data Analyst and staff.
- **Responsibilities**:
  - Develop, implement, monitor and evaluate the CQM Plan
  - Identify areas for improvement projects
  - Conduct and evaluate improvement projects
  - Document improvement projects and results
  - Utilize CQI methodologies such as the Model for Improvement and Plan, Do, Study, Act (PDSA)
  - Report back to CQM Core Team as appropriate
  - Systematize changes if appropriate

Local Subrecipients and CQM Committees

- Each subrecipient is required to convene and maintain a local HIV-specific CQM committee.
- This committee should contain representation of key stakeholders including an identified committee chair, a medical provider, nurses, case managers, clerks, consumers, and other relevant persons.
- Local CQM committees should meet at least quarterly and guide HIV care related CQM activities.
- The local CQM committee is responsible for developing, implementing, monitoring and evaluating the local CQM Plan.

Coordination with Other Statewide QM/QI Activities

Coordination across Ryan White Programs

- The RW Part B Program CQM Plan focuses on collaboration of quality activities across all RW Parts in Georgia.
- The RW Part B CQM Core Team involves participation of members from RW Parts A, C, D and F.
- A CQM staff person attends the Metro Atlanta EMA and Part D QM Committee meetings. The Core Team collaborates across RW Programs on CQM activities, when possible.

Coordination within DPH

- HIV Nurse Consultants participate on the DPH Nursing QA/QI Team led by the State Office of Nursing.
- The Core Team includes an ad hoc member of the HIV/AIDS Surveillance Unit.
- The Core Team includes HIV Prevention and HIV Perinatal Coordinator representatives. The Core Team collaborates on strategies to reduce perinatal HIV transmission in Georgia.
- A Core Team member participates on the Georgia Oral Health Coalition as available
- The Core Team collaborates with other sections and shares quality findings within DPH as indicated.

Coordination with ADAP/HICP

- The overall RW Part B Program CQM Plan includes goals specific to ADAP/HICP. The ADAP/HICP Manager, ADAP/HICP Assistant Manager, HIV Medical Advisor and ADAP Pharmacy Director are members of the Core Team.
- The Georgia ADAP/HICP CQM Subcommittee meets as needed and reports to the CQM Core Team.

Feedback from Key Stakeholders

- The Core Team communicates findings and solicits feedback from both internal and external key stakeholders, i.e., RW Part B Program Coordinators, consortia and RW Program meetings, on an ongoing basis.
- Written reports are shared with key stakeholders.
- Stakeholders are given the opportunity to provide feedback to reports and to prioritize quality activities.
- The Office of HIV/AIDS maintains current Part B CQM Plans, reports, and other related information on the Office's web pages.
- Georgia's 2017-2021 HIV Prevention and Care Plan which includes the Statewide Coordinated Statement of Need, reflects the shared vision and values regarding how best to deliver HIV prevention and care services through three political jurisdictions and their respective planning bodies.

Capacity Building

- Ryan White Part B Program CQM staff participate in Center for Quality Improvement and Innovation (CQII) trainings and webinars to support their ongoing CQM skills development. This enables staff to provide and coordinate technical assistance/training for RW Part B Program subrecipients. In addition, subrecipients and the CQM Core Team are informed of CQII trainings and webinars.
- CQII training materials and resources are utilized as much as possible.
- CQM technical assistance/training needs are assessed through requests in subrecipients' applications, monitoring of local CQM Plans, programs. quarterly reports and through training evaluations and/or needs assessments.

- Subrecipients are selected to showcase best practices and/or success with improvement projects.
- The network of RW Part B providers are encouraged to complete ongoing HIV care training through sources such as HRSA/HAB, AETC, The National Curriculum, and to obtain professional HIV certifications, i.e., AAHIVS, ACRN.
- The HIV Medical Advisor provides training and serves as a medical consultant as needed.

Evaluation

Self-Assessment/CQM Plan Evaluation

- The CQM Core Team completes the *Organizational Assessment Tool for Ryan White HIV/AIDS Program-funded Part B Recipients* at least annually.
- The CQM Core Team completes an annual assessment and subsequent revision of the CQM Plan.
- The CQM Core Team evaluates the RW Part B CQM Program on an annual basis including rating the completeness of strategies.

Evaluation of Subrecipient CQM Plans

- CQM staff members annually review subrecipient CQM Plans including Work Plans, CQI activities, progress on Case Management SOPs and performance indicators. The state CQM staff provides feedback and technical assistance, as indicated to subrecipients.

External Evaluation

- CQM Plans and progress are reported to HRSA during Part B grant applications and progress reports. HRSA provides external feedback regarding the Georgia RW Part B Program CQM Program.

DPH Evaluation

- At least annually findings are reported to leadership within DPH.
- A revised CQM Plan is submitted to Office of HIV/AIDS leadership for approval on an annual basis.

Resources

- Human Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) - https://hab.hrsa.gov/
- Center for Quality Improvement & Innovation (CQII) - https://careacttarget.org/cqii
- The Metro Atlanta EMA Ryan White Part A Quality Management Committee - http://www.ryanwhiteatl.org/
- Georgia AIDS Education & Training Center (Georgia AETC) - http://www.msm.edu/Research/research_centersandinstitutes/ga-aetc.php
- HIV/AIDS Epidemiology Unit - https://dph.georgia.gov/georgias-hivaids-epidemiology-surveillance-section
- Ryan White Part B Service Standards
- Ryan White Programs Part C and D
- Other DPH personnel as needed
- Subrecipients
- National HIV/AIDS Strategy for the United States: Updated to 2020
- The National HIV Curriculum - https://www.hiv.uw.edu/

Performance Measurement System

The Georgia Department of Public Health, Office of HIV/AIDS administers statewide HIV Prevention and Care Programs. The Georgia Ryan White Part B Program leads a comprehensive system of HIV care and treatment, in alignment with the four National Strategy primary goals:

- Reduce new HIV infections
- Increase access to care and optimize health outcomes for people living with HIV (PLWH)
- Reduce HIV-related health disparities and health inequities, and
- Achieve a more coordinated national response to the HIV epidemic

The Georgia Ryan White Part B Program acknowledges the importance of HIV/AIDS Bureau (HAB) Core Performance Measures as key indicators of progress towards National Strategy goals. The Quality Management Core Team establishes annual Core Performance Measure goals and collaborates on steps to measure and accomplish these goals. The table below depicts fiscal year 2020-2021 goals for HAB Core Performance Measures, definitions and previous year's outcomes. Further details on data collection are in the sections to follow.

Georgia Ryan White Part B Program				
Performance Measure	**FY 2020-2021 Goals**	**Outcomes**		
		Dec 2017	**Dec 2018**	**Dec 2019**
HIV Viral Load Suppression	90% of PLWH will have a HIV viral load (VL) less than 200 copies/mL at last HIV VL test during the measurement year.	80%	82%	84%
	Numerator: Number of PLWH in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.			
	Denominator: Number of PLWH, who had at least one Outpatient Ambulatory Health Service (OAHS) visit in the measurement year.			
Prescription of HIV Antiretroviral Therapy	90% of PLWH were prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year.	87%	91%	95%
	Numerator: Number of PLWH from the denominator prescribed HIV antiretroviral therapy during the measurement year.			
	Denominator: Number of PLWH who had at least one OAHS visit in the measurement year.			
HIV Medical Visit Frequency	85%[1] of PLWH had at least one HIV medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between HIV medical visits.	56%	61%	67%
	Numerator: Number of PLWH in the denominator who had at least one OAHS visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first OAHS visit in the prior 6-month period and the last OAHS visit in the subsequent 6-month period.			
	Denominator: Number of currently active[2] PLWH who had at least one OAHS visit in the first 6 months of the 24-month measurement period.			
Gap in HIV Medical Visits	Percent of PLWH who did not have a HIV medical visit in the last 6 months of the measurement year will be 10%[4] or less.	24%	17%	13%

Georgia Ryan White Part B Program				
Performance Measure	**FY 2020-2021 Goals**	**Outcomes**		
		Dec 2017	**Dec 2018**	**Dec 2019**
	Numerator: Number of PLWH in the denominator who did not have an OAHS visit in the last 6 months of the measurement year.			
	Denominator: Number of currently active[2] PLWH who had at least one OAHS visit in the first 6 months of the measurement year.			
Pneumocystis jiroveci Pneumonia (PCP) Prophylaxis	95%[5] of PLWH with a CD4 count below 200 cells/mm³ or percentage less than 14% during the measurement year were prescribed PCP prophylaxis.	74%	84%	80%
	Numerator: Number of PLWH in the denominator who were prescribed PCP prophylaxis within the measurement year.			
	Denominator: Number of PLWH who had at least one OAHS visit in the measurement year with a CD4 count below 200 cells/mm³ or percentage less than 14%.			
Annual Retention in Care	Percent[6] of PLWH who had at least two encounters within the 12-month measurement year.	N/A	N/A	N/A
	Numerator: Number of PLWH in the denominator who had at least two HIV medical care encounters at least 90 days apart within a 12-month measurement year. At least one of the two HIV medical care encounters need to be a medical visit with a provider with prescribing privileges.			
	Denominator: Number of PLWH who had at least one HIV medical encounter within the 12-month measurement year. An HIV medical care encounter is a medical visit with a provider with prescribing privileges or an HIV viral load test.			

[1]Change from FY2019-2020 goal of 68%
[2]Added "currently active" FY2020-2021
[4]Change from FY2019-2020 goal of 15% or less
[5]Goal established FY2020-2021
[6]Goal to be determined

Data Collection

Data Collection Strategies

- The HIV Data Team, HIV/AIDS Surveillance Unit, and others assist with data collection strategies.
- Data Sources include the following:
    - CAREWare
    - RW Data Reports
    - Clinical Chart Review Tool
    - Programmatic monitoring tools
    - Reports from subrecipients
    - Pharmacy Benefits Manager (PBM) database
    - PLWH satisfaction surveys
    - Case Management Chart Review Tool
    - Clinic/district specific surveys
- Data collection is based on appropriate sampling methodologies.

Reporting Mechanisms

- Ryan White Part B Program subrecipients are required to report data on key performance indicators.
- CQM staff review data and compiles findings.
- CQM staff review subrecipient CQM Plans and reports for effectiveness and accuracy.
- Findings are shared with RW Part B CQM Core Team, HIV providers, RW Part B Program subrecipients, the Office of HIV/AIDS, DPH leadership, and others.
- Findings are used to guide CQI activities.

Performance Measurement

Key clinical and non-clinical performance indicators are measured statewide. (See Appendices D and E). HRSA/HAB HIV Performance Measures (PMs) are integrated into review tools and CAREWare.

- HRSA/HAB Core Measures are available in CAREWare. The quarterly PM portfolio is revised and updated as needed. Core Measures are integrated into the Clinical and Case Management Chart Reviews.
- The Part B subrecipient reports include performance measures from the Part B Implementation Plan.
- The HIV Nurse Consultants and Medical Advisor review RW Part B Program HIV clinical charts for key clinical performance measures.
- The Case Management Team reviews case management charts for compliance with case management performance measures.
- District Liaisons monitor selected general RW programmatic measures.

- ADAP/HICP staff review ADAP and HICP performance measures through data reports.
- Performance measures developed for Ryan White Part B Program should also be used by subrecipients to assess the efficacy of the programs and to analyze and improve the gaps along the Continuum.

Performance Measurement Evaluation

- Data is used to identify gaps in care and service delivery.
- Evaluation of CQI projects is ongoing. The Work Plan is updated at least quarterly.
- The Part B CAREWare database is utilized whenever possible to collect data for statewide performance measures.
- RW Part B Program subrecipients monitor selected performance measures and report to the Program. The Core Team reviews these measures and compiles reports.
- RW Part B Program subrecipients and general RW Program performance measures are monitored by the District Liaisons for compliance with the Annex-GIA and/or contract award deliverables. (See Appendix E Monitoring Table)
- HIV Nurse Consultants, Case Management Team and the Medical Advisor review RW Part B subrecipient clinical and case management charts for performance measures (See Appendices D and E). Findings are summarized and reported back to each site with a request for improvement plan based on findings.
- The Case Management Team monitors Ryan White Part B subrecipients for compliance with case management SOPs and performance measures.
- The CQM Core Team assesses the CQM Program for effectiveness, at least annually.

Clinical Quality Management

Clinical Quality Management Work Plan

- The Clinical Quality Management Plan includes a "living" Work Plan that is updated at least quarterly.
- The Work Plan specifies objectives and strategies for CQM Plan goals listed below in Clinical Quality Management and further detailed in the Clinical Work Plan included in Appendix A.

Clinical Quality Management 2020-2021 Goals and Objectives

Goal 1: Continuously implement a statewide RW Part B Clinical Quality Management plan, that is updated at least annually.

Objectives include:

1.a. Provide quality improvement (QI)/quality management (QM) training based on identified needs.
1.b. Assure that subrecipients conduct at least one quality improvement project each the year, to include any Core Measures that are below state goals.
1.c. Communicate findings to key stakeholders at least biannually.
1.d. Update the CQM Plan at least annually and the CQM Work Plan at least quarterly.

1.e. Require that all RW Part B Program subrecipients revise written CQM Plans annually, Work Plans quarterly and submit quarterly CQM progress reports to include Continuous Quality Improvement (CQI) project updates.

Goal 2: Improve efficiency of the Georgia AIDS Drug Assistance Program (ADAP).

Objectives include:

2.a. Monitor viral load suppression among ADAP PLWH and maintain viral load suppression at 80% or greater.
2.b. Monitor the percentage of new ADAP applications that were determined to be approved in the measurement quarter at 90% or greater.
2.c. Monitor the percentage of ADAP semi-annual recertifications that were determined to be approved in the measurement quarter at 90% or greater.
2.d. Conduct an internal audit of up to 5% of ADAP PLWH application forms.
2.e. Monitor programmatic compliance and adherence to antiretroviral regimens through the data collection system.
2.f. Systematically review data collected by ADAP to identify inappropriate antiretroviral therapy (ART) regimens or components.

Goal 3: Improve efficiency of the Georgia Healthcare Insurance Continuation Program (HICP).

Objectives include:

3.a. Monitor viral load suppression among HICP PLWH and maintain viral load suppression at 80% or greater.
3.b. Monitor the percentage of new HICP applications that were determined approved in the measurement quarter at 90% or greater.
3.c. Monitor the percentage of HICP semi-annual recertifications that were determined to be approved in the measurement quarter at 90% or greater.
3.d. Conduct an annual audit of HICP applications and/or recertifications.

Goal 4: Improve the quality of health care and supportive services.

Objectives include:

4.a. Monitor performance measures, including stratified core measures in all subrecipients.
4.b. Continue CQI project to improve core measures for HIV Medical Visit Frequency and Gap in HIV Medical Visits.
4.c. Continually monitor the Acuity Scale and Self-Management Model.
4.d. Implement the *Georgia HIV/AIDS Case Management Standard Operating Procedures.*
4.e. Participate in quality-related activities across Ryan White Programs (Parts A, B, C, and D) in Georgia.
4.f. The percent of pregnant women living with HIV prescribed antiretroviral therapy will be 95% or greater.
4.g. Monitor, assess and improve perinatal systems of care for women living with HIV and their infants.

4.h. Design and implement a statewide CQI Project to increase ADAP utilization.
4.i. Monitor measures to verify compliance with HRSA regulations related to "vigorous pursuit" and payer of last resort.
4.j. Monitor compliance with RW Part B and Emerging Communities (EC) program requirements.

Clinical Quality Management Plan Timeline

- The CQM Plan includes a timeline to ensure annual revision of the CQM Plan.
- The timeline incorporates development, implementation, and revision of the plan based on the Ryan White Part B Program grant year.
- The timeline includes quarterly CQM Core Team meetings, review and updates to the CQM Plan and Work Plan. (See Appendix B)

Clinical Quality Management Program Performance Measures

- Performance measures for the upcoming project period for each funded service category(s) are included in Appendices D and E.

Continuous Quality Improvement

- The CQM Core Team and/or the Office of HIV/AIDS Care Team select and prioritize statewide or system CQI projects
- Performance measure data is utilized to guide project selection
- Primary CQI Methodologies utilized include, (see Appendix F):
    - Model for Improvement
    - Plan-Do-Study-Act (PDSA)
- Improvement projects are documented in the CQM Work Plan
- Subrecipient CQM Plans include CQI projects
- Subrecipients report progress on CQI projects quarterly

Continuous Quality Improvement Projects and Goals

CQI projects are selected to align with overarching National HIV/AIDS Strategy, Georgia RW Part B Program outcomes on HAB Performance Measures and HRSA recommendations. CQI projects are detailed in the CQM Work Plan included as Appendix A in an attached file. The Work Plan is revised at least quarterly by members of the Core Team. The Work Plan includes goals, objectives, strategies, assignments, timeline, and progress for performance goals and outcome measures.

- The CQM Plan includes a "living" Work Plan (Appendix A) that is updated at least quarterly
- The Work Plan specifies objectives and strategies for CQM Plan goals. The following statewide clinical CQI projects are included in this plan and project are detailed in the Work Plan
- Improve rates for HIV Medical Visit Frequency and Gap in HIV Medical Visits:

- Use CAREWare data to assess and measure rates
- Review processes for CAREWare data entry and provide technical assistance, as needed
- Provide CQM Team focused technical assistance, as needed
- Identify and share best practices for appointment processes, PLWH no show follow-up, rescheduling and re-engagement in care that results in higher medical visit frequency rates and lower rates for gap in services
- Require subrecipients to implement clinic specific CQI projects with the aim to improve these measures if they are not meeting state goals

- Increase utilization of ADAP
  - Complete PDSA cycle utilizing No Scripts Filled List
  - Engage CQM Peers and Consumers to provide feedback regarding barriers to accessing ADAP
  - Research best practices to improve medication adherence through case management/psycho-social supports

APPENDICES

Appendix A

Clinical Quality Management Work Plan

Georgia Ryan White Part B Program

FY2020-2021

Clinical Quality Management Work Plan

Goal 1: Continuously implement a statewide RW Part B Program Clinical Quality Management Plan, that is updated at least annually.

Objectives	Strategies	Lead	Staff Resources	Timeline	Progress Notes
1-1 Provide quality improvement (QI) / quality management (QM) training based on identified needs.	1-1.a. Plan and conduct quality management trainings based on identified needs. 1-1.b. Share information on CQII training with CQI Core Team and subrecipients. 1-1.c. Share best practices during CQM Core Team meetings. 1-1.d. Collaborate with partners to implement clinical and/or case management training based on identified needs.	Sandra Metcalf, Donnie Gillum, Deidre Williams	CQM Core Team Care Team CQII Part A	1-1.a. As needed 1-1.b. As available 1-1.c. Two times per year 1-1.d. To be determined (TBD)	
1-2 Assure that subrecipients conduct at least one Continuous Quality Improvement (CQI) project each year, to include any Core Measures that are below state goals.	1-2.a. Facilitate system improvements by utilizing CQI methodologies. 1-2.b. Review subrecipient CQI projects and provide technical assistance (TA). 1-2.c. Provide TA to subrecipient CQM committees. 1-2.d. Monitor subrecipient quarterly CQM reports for CQI and best practices. 1-2.e. Showcase CQI best practices. 1-2.f. Share updates and solicit input from CQM Core Team regarding statewide improvement efforts.	Sandra Metcalf, Donnie Gillum, Deidre Williams	Care Team Training materials and assessment tools District Liaisons Local Committees	1-2.a. Quarterly 1-2.b. Quarterly 1-2.c. As needed 1-2.d. Quarterly 1-2.e. As available 1-2.f. Quarterly	

1-3 Communicate findings to key stakeholders at least biannually.	1-3.a. Present at Statewide Part B Meetings and other applicable meetings. 1-3.b. Share progress reports with all Parts and across programs as appropriate, specifically share Work Plans with progress notes completed. 1-3.c. Update CQM information on the Office of HIV/AIDS web page. 1-3.d. Explore strategies to involve subrecipients in the statewide quality process.	Sandra Metcalf, Donnie Gillum, Deidre Williams	CQM Core Team Care Team	1-3.a. TBD 1-3.b. Quarterly 1-3.c. As needed 1-3.d. As needed	
1-4 Update the CQM Plan at least annually and the CQM Work Plan at least quarterly.	1-4.a. Revise CQM Plan annually and distribute to subrecipients with summary of revisions. 1-4.b. Share CQM Plan with DPH and Office of HIV/AIDS stakeholders. 1-4.c. Place revised CQM Plan on Office of HIV/AIDS web pages. 1-4.d. Revise Work Plan quarterly and share during CQM Core Team meetings.	Sandra Metcalf, Donnie Gillum, Deidre Williams	CQM Core Team Care Team	1-4.a. Annually 1-4.b. Annually 1-4.c. Annually 1-4.d. Quarterly	
1-5 Require that all RW Part B Program subrecipients revise written CQM Plans annually, Work Plans quarterly and submit quarterly CQM progress reports to include CQI project updates.	1-5.a. Obtain quarterly CQM reports from subrecipients and monitor CQM activities (CQI project updates), Work Plan and PMs. 1-5.b. Review revised CQM Plans from subrecipients. 1-5.c. Provide feedback on local CQM Plans to subrecipients.	Sandra Metcalf, Donnie Gillum, Deidre Williams, District Liaisons	District HIV Coordinators Local CQM Committees CQM Core Team	1-5.a. Quarterly 1-5.b. Per annual renewal date 1-5.c. Per annual renewal date	

Goal 2: Improve efficiency of the Georgia AIDS Drug Assistance Program (ADAP).

Objectives	Strategies	Lead	Staff Resources	Timeline	Progress Notes
2-1 Monitor viral load suppression among ADAP PLWH and maintain viral load suppression at 80% or greater.	2-1.a. Create quarterly report from the CAREWare database. 2-1.b. Utilize the report to communicate with the district and enrollment staff 2-1.c. Share findings with ADAP/HICP CQM Subcommittee as needed	Satin Francis	Satin Francis Alysia Johnson CAREWare Data Team	2-1.a. Quarterly 2-1.b. Quarterly 2-1.c. As Needed	
2-2 Monitor the percentage of new ADAP applications that were determined to be approved in the measurement quarter at 90% or greater.	2-2.a. Generate quarterly reports to monitor this objective and share with the enrollment sites and CQM Core team. 2-2.b. Evaluate reports for trends in ADAP Office of HIV/AIDS performance in processing applications. 2-2.c. Utilize reports to communicate with district and agency staff regarding their rates of correctly completed ADAP application submissions. 2-2.d. Provide technical assistance on ADAP applications and required supporting documentation to staff and agencies. 2-2.e. Ensure that ADAP coordinators and case managers comply with the approved Georgia Ryan White Part B/ADAP/HICP Policies and Procedures. 2-2.f. Provide or coordinate ADAP-related training for ADAP/ HICP enrollment site coordinators and case managers. 2-2.g. Communicate Georgia ADAP updates via conference calls, email listserv, and Office of HIV/AIDS web	Satin Francis, Alysia Johnson, CAREWare Data Team	Case Management Team ADAP Team	2-2.a. Quarterly 2-2.b. Quarterly 2-3.c. Quarterly 2-3.d. As needed 2-3.e. During internal review as needed 2-3.f. As needed 2-3.g. As needed 2-3.h. As needed	

	pages.2-2.h. Convene the ADAP/HICP CQM Subcommittee as needed.				
2-3 Monitor the percentage of ADAP semi-annual recertifications that were determined to be approved in the measurement quarter at 90% or greater.	2-3.a. Generate quarterly reports to monitor this objective and share with the enrollment sites and ADAP/HICP CQM Subcommittee as needed. 2-3.b. Utilize reports to communicate with district and agency staff regarding PLWH recertification status. 2-3.c. Monitor the ADAP enrollment sites systems to track ADAP PLWH recertification due dates. 2-3.d. Provide technical assistance to those who need assistance developing or improving their system to track ADAP PLWH recertification due dates. 2-3.e. Ensure that ADAP coordinators and case managers comply with the approved Georgia ADAP Policies and Procedures manual. 2-3.f. Provide or coordinate ADAP related training for ADAP/ HICP enrollment site coordinators and case managers. 2-3.g. Conduct administrative site visits. 2-3.h. Communicate Georgia ADAP updates via conference calls, email listserv and Office of HIV/AIDS web pages. 2-3.i. Convene the ADAP/ HICP CQM Subcommittee as needed.	Satin Francis, Alysia Johnson, CAREWare Data Team	Case Management Team ADAP Team	2-3.a. Quarterly 2-3.b. Monthly 2-3.c. Monthly 2-3.d. As needed 2-3.e. Ongoing 2-3.f. As needed 2-3.g. Annually 2-3.h. As needed 2-3.i. As needed	
2-4 Conduct an internal audit of up to 5% of ADAP PLWH applications. .	2-4.a. Review complete audit of all active PLWH files. 2-4.b. Utilize the “ADAP Documentation Checklist” to evaluate if ADAP	Satin Francis, Alysia Johnson	ADAP Team CQM Team	2-4.a. Daily 2-4.b. Daily 2-4.c. As needed 2-4.d. Quarterly	

	applications and forms were correctly completed and if approved or denied according to ADAP policies and procedures. 2-4.c. For applications and forms that were incomplete, request and obtain required documentation. 2-4.d. Create quarterly Report Card from CAREWare summarizing key findings. 2-4.e. Share findings with ADAP district or agency enrollment sites. 2-4.f. Share findings with the ADAP/HICP CQM Subcommittee to initiate CQI projects as indicated.			2-4.e. Quarterly 2-4.f. As needed	
2-5 Monitor programmatic compliance and adherence to antiretroviral regimens through the data collection system.	2-5.a. Instruct subrecipients to utilize PBM reports to routinely monitor PLWH who pick up medications from the ACP Networks. 2-5.b. Review PBM compliance/ adherence reports. 2-5.c. Provide medication adherence training to ADAP contract pharmacies. 2.5.d. Conduct ACP Network audits.	Gay Campbell	Gay Campbell Satin Francis Alysia Johnson	2-5.a. Quarterly 2-5.b. Quarterly 2-5.c. As needed 2-5.d As needed	
2-6 Systematically review data collected by ADAP to identify inappropriate antiretroviral therapy (ART) regimens or components.	2-6.a. Discuss with PBM how to best monitor for inappropriate ART regimens or components including the development of electronic reports and real time hard-halt adjudication rejections at pharmacy point of service if inappropriate regimens are prescribed. 2-6.b. Review PBM reports and pharmacy audit tools to monitor inappropriate ART regimens or components.	Gay Campbell	Gay Campbell Dr. Felzien	2-6.a. As needed 2-6.b. As needed 2-6.c. As indicated during audits 2-6.d. As indicated during audits 2-6.e. As needed 2-6.f. As needed	

	2-6.c. Utilize PBM reports and pharmacy audit tools to provide training and assistance to ACP Network regarding inappropriate ART regimens or components. 2-6.d. Require ADAP contract pharmacies to maintain a separate ADAP medication error log. 2-6.e. Provide access to current updates of HIV and related medication guidelines and resources for ACP Network, 2-6.f. Provide updates to the DPH HIV/Antiretroviral Quick Sheet in accordance with current HHS Guidelines.				

Goal 3: Improve efficiency of the Georgia Healthcare Insurance Continuation Program (HICP).

Objectives	Strategies	Lead	Staff Resources	Timeline	Progress Notes
3-1 Monitor viral load suppression among HICP PLWH and maintain viral load suppression at 80% or greater.	3-1.a. Create quarterly report from the CAREWare database 3-1.b. Utilize the reports to communicate with the district and enrollment staff 3-1.c. Share finding with ADAP/HICP CQM Subcommittee as needed.	Satin Francis	Satin Francis Alysia Johnson CAREWare Data Team	3-1.a. Quarterly 3-1.b. Quarterly 3-1.c. As needed	
3-2 Monitor the percentage of new HICP applications that were determined approved in the measurement quarter at 90% or greater.	3-2.a. Generate monthly reports to monitor this objective. 3-2.b. Utilize reports to communicate with district and agency staff regarding PLWH recertification status. 3-2.c. Provide technical assistance on HICP applications and backup documentation to staff and agencies as needed. 3-2.d. Encourage adherence to the Georgia Ryan White Part B/ADAP/HICP Policies and Procedures by the ADAP/ HICP enrollment sites. 3-2.e. Ensure that ADAP/HICP coordinators and case managers are aware of updates to the Georgia Ryan White Part B/ADAP/HICP Policies and Procedures. 3-2.f. Provide or coordinate HICP related training for ADAP/ HICP enrollment site coordinators and case managers. 3-2.g. Communicate Georgia RW Part B HICP updates via conference calls, email listserv, and HIV Office web pages. 3-2.h. Convene the ADAP/ HICP CQM Subcommittee as needed.	Satin Francis, Alysia Johnson, CAREWare Data Team	HICP Team District Liaisons CQM Team	3-2.a. Monthly 3-2.b. Monthly 3-2.c. As needed 3-2.d. During internal reviews as needed 3-2.e. As needed 3-2.f. Quarterly or by request 3-2.g. Quarterly 3-2.h. As needed	

3-3 Monitor the percentage of HICP semi-annual recertifications that were determined to be approved in the measurement quarter at 90% or greater.	3-3.a. Generate quarterly reports to monitor this objective and share quarterly with the ADAP/HICP CQM Subcommittee 3-3.b. Utilize the reports to communicate with the district and enrollment staff 3-3.c. Provide technical assistance on HICP applications and backup documentation to staff and/or agency as needed 3-3.d. Ensure that HICP coordinators and case managers comply with the approved Georgia Ryan White Part B/ADAP/HICP Policies and Procedures 3-3.e. Provide or coordinate HICP related training for ADAP/HICP enrollment site coordinators and case managers as needed.	Satin Francis, Alysia Johnson, CAREWare Data Team	HICP Team District Liaisons CQM Team	3-3.a. Quarterly 3-3.b. Quarterly 3-3.c. As needed 3-3.d. Daily 3-3.e. As needed	
3-4 Conduct an annual audit of HICP applications and/or recertifications.	3-4.a. Review complete audit of all active PLWH files. 3-4.b. Utilize the "HICP Documentation Checklist" to evaluate if HICP applications or recertification forms were correctly completed and if approved or denied according to HICP policies and procedures. 3-4.c. For application forms that were incomplete, request and obtain required documentation. 3-4.d. Create quarterly report card from CAREWare summarizing key findings. 3-4.e. Share findings with the ADAP/HICP CQM Subcommittee to initiate CQI projects as indicated.	Satin Francis, Alysia Johnson	HICP Team CQM Team	3-4.a. Annually 3-4.b. Daily 3-4.c. As needed 3-4.d. Quarterly 3-4.e. As needed	

Goal 4: Improve the quality of health care and supportive services.

Objectives	Strategies	Lead	Staff Resources	Timeline	Progress Notes
4-1 Monitor performance measures, including stratified core measures, in all subrecipients.	4-1.a. Include HAB PMs in monitoring tools, chart reviews and CQM Plans. 4-1.b. Generate quarterly reports from CAREWare on the HAB PMs and share with HIV Coordinators. 4-1.c. Provide technical assistance to improve the accuracy of CAREWare HAB PM data and reports. 4-1.d. Conduct clinical and CM chart reviews.	Sandra Metcalf, Donnie Gillum, Deidre Williams, CAREWare Data Team	CQM Core Team District Liaisons	4-1.a. As needed 4-1.b. Quarterly 4-1.c. As needed 4-1.d. Annually	
4-2 Continue CQI project to improve core measures for HIV Medical Visit Frequency and Gap in HIV Medical Visits.	4-2.a. Use CQI methodologies throughout the project. 4-2.b. Track statewide data for decreased rate for HIV Medical Visit Frequency and/or increased rate for Gap in HIV Medical Visits via HAB Report. 4-2.c. Consult with subrecipients and CAREWare team to increase knowledge of data entry processes. 4-2.d. Review CQM Quarterly Reports for CQI Projects targeting these PMs and missed appointment follow-up data. 4-2.e. Provide CQM Team focused technical assistance. 4-2.f. Share best practices with subrecipients. 4-2.g. Assist subrecipients to develop CQI projects to improve on measures for HIV Medical Visit Frequency and Gap in HIV Medical Visits.	Sandra Metcalf, Donnie Gillum, Deidre Williams	CQM Core Team Care Team HRSA/HAB CQII	4-2.a. Ongoing 4-2.b. Quarterly 4-2.c. Ongoing 4-2.d. Quarterly 4-2.e. As needed 4-2.f. As available and needed 4-2.g. As needed	

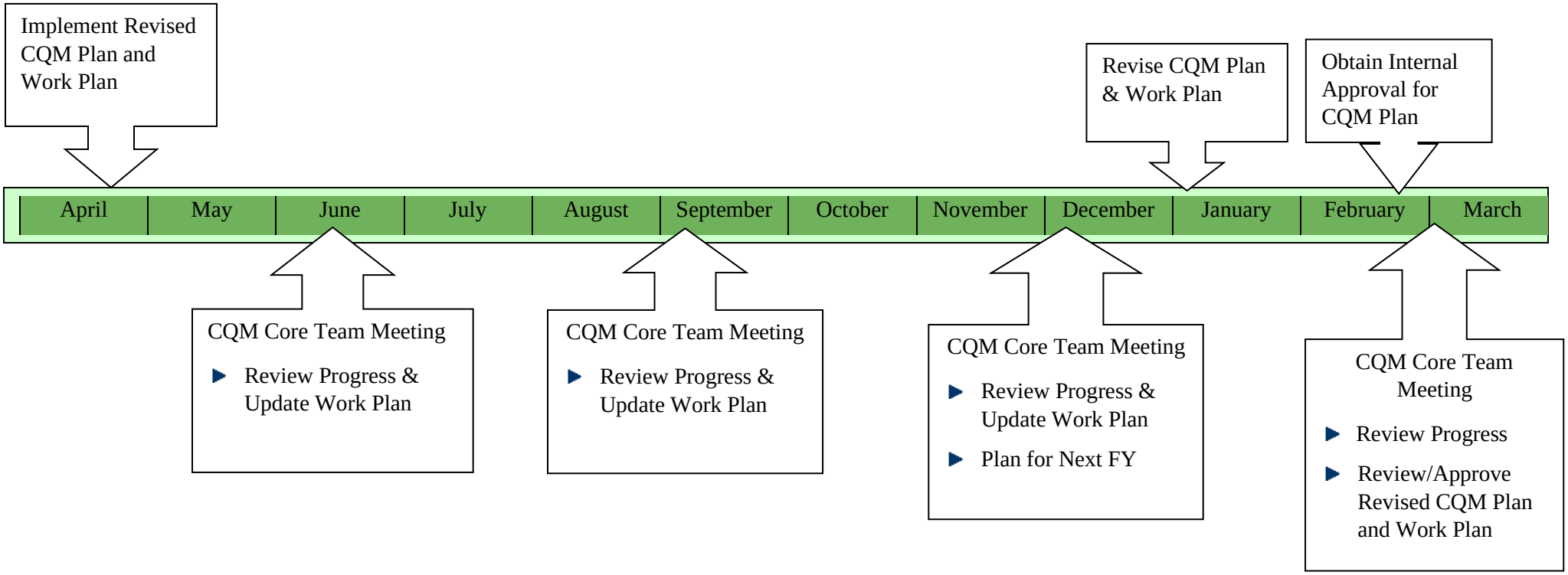
4-3 Continually monitor the Acuity Scale and Self-Management Model.	4-3.a. Conduct CM Chart Reviews 4-3.b. Provide technical assistance to subrecipients for case management strategies and techniques to increase success from best practice methodologies.	Donnie Gillum, Deidre Williams	CQM Core Team	4-3.a. Biennial and as needed 4-3.b. As needed	
4-4 Implement the Georgia HIV/AIDS Case Management Standard Operating Procedures (SOPs).	4-4.a. Revise CM SOPs annually. 4-4.b. Distribute CM SOPs to subrecipient HIV Coordinators with summary of revisions. 4-4.c. Place revised CM SOPs on Office of HIV/AIDS web pages. 4-4.d. Provide technical assistance to subrecipients to assist with implementation of the CM SOPs.	Donnie Gillum, Deidre Williams	CQM Core Team	4-4.a. Annually 4-4.b. Annually 4-4.c. Annually 4-4.d. As needed	
4-5 Participate in quality-related activities across Ryan White Programs (Parts A, B, C, and D) in Georgia.	4-5.a. Attend Part A and Part D CQM Committee meetings and Part A Planning Council meetings as available. 4-5.b. Include across Ryan White Programs representation on the Part B CQM Core Team. 4-5.c. Provide quality-related training to RW staff statewide based on identified needs. 4-5.d. Coordinate quality training efforts with GA AETC. 4-5.e. Participate in Integrated Planning efforts.	Sandra Metcalf, Donnie Gillum, Deidre Williams	Part A CQM Committee Part D CQM Committee Part B CQM Core Team GA AETC	4-5.a. As scheduled 4-5.b. Quarterly 4-5.c. As needed 4-5.d As needed 4-5.e As needed	
4-6 The percent of pregnant women living with HIV prescribed antiretroviral therapy will be 95% or greater.	4-6.a. As part of the RW Part B Program clinical chart review, assess management of pregnant women living with HIV.	Dr. Felzien, Sandra Metcalf	CQM Core Team	4-6.a. Biennial and as needed.	
4-7 Monitor, assess and improve perinatal systems of care for	4-7.a. Collaborate with WIC to incorporate HIV content into the breastfeeding classes to address risk of mother-to-child transmission	Rhonda Harris	Rhonda Harris	4-7.a. Ongoing 4-7.b. Ongoing 4-7.c. Ongoing 4-7.d. Ongoing	

women living with HIV and their infants.	4-7.b. Collaborate with Perinatal Case Management Program (PCM) to implement HIV and syphilis testing to identify all undiagnosed pregnant women. 4-7.c. Create Standard Operating Procedure (SOP) for all RW Part A, B, C, D providers, case managers, and referred Obstetricians & Gynecologists to improve the coordination of care between prenatal care and HIV care. 4-7.d. Partner with Georgia AIDS Education Training Center (GA-AETC) to work directly with hospitals and providers to enhance clinical practice in prevention of mother-to-child transmission of HIV.		Perinatal Working Group CQM Core Team		
4-8 Design and implement a statewide CQI Project to increase ADAP utilization.	4-8.a. Use CQI methodologies throughout the project. 4-8.b. Distribute and analyze No Scripts Filled List to monitor ADAP utilization. 4-8.c. Provide CQM Team focused technical assistance. 4-8.d. Engage CQM Peer/Consumer representatives to provide feedback regarding barriers to accessing medication and suggestions to increase adherence to ADAP. 4-8.e. Research best practices to improve medication adherence through CM/psycho-social supports. 4-8.f. Report on project during CQM Core Team meetings.	Sandra Metcalf, Donnie Gillum, Deidre Williams	CQM Core Team Care Team HRSA/HAB CQII	4-8.a. Ongoing 4-8.b. Monthly 4-8.c. As needed 4-8.d. Ongoing 4-8.e. TBD 4-8.f. Quarterly	

4-9 Monitor measures to verify compliance with HRSA regulations related to the "vigorous pursuit" and payer of last resort.	4-9.a. Communicate updates as they are received. 4-9.b. Provide technical assistance based on identified needs, including tools to assist subrecipients with compliance.	Mirelys Ramos, Rolanda Hall, DeWan Green, Eric Wade, Shandrecka Murphy	HIV Care Team	4-9.a. As needed 4-9.b. As needed	
4-10 Monitor compliance with RW Part B Program and Emerging Communities (EC) program requirements.	4-10.a. Conduct site visits and provide summary reports, including feedback as appropriate. 4-10.b. Update site visit tools for subrecipients and contractors in accordance with federal program requirements. 4-10.c. Assess services provided at the district level and share common findings with the CQM Core Team. 4-10.d. Provide technical assistance to subrecipients in need of compliance support. 4-10.e. Develop processes to improve compliance with RW Part B Program and EC program requirements for applicable subrecipients.	Mirelys Ramos, Rolanda Hall, DeWan Green, Eric Wade, Shandrecka Murphy	Sandra Metcalf	4-10.a. Ongoing 4-10.b. Annually 4-10.c. Quarterly and as needed 4-10.d. As needed 4-10.e. As needed	

Appendix B
Clinical Quality Management Plan
Annual Timeline

Clinical Quality Management Plan Timeline



Appendix C

Georgia Ryan White Part B Program

Clinical Quality Management Committees

Clinical Quality Management
Core Team Members

- Ada Figueroa-Monell, RN-BSN, Specialty Care Clinic Manager
- Adolphus Major, Lead Consumer Advocate/ Program Assistant
- Alysia Johnson, BHS, ADAP/HICP Assistant Manager
- Cathy Graves, RN, County Nurse Manager
- Brandon Dykes, HIV Program Manager
- Damon Johnson Jr., Program Manager (Part F)
- Deborah “Deb” Bauer, MPH, Ryan White (Part D)
- Deidre Williams, MA, RW Part B Quality Clinical Case Manager
- DeWan Green, MPA, District Liaison
- Donnie Gillum, BSCJ, MBA HM, RW Part B Quality Clinical Case Manager
- Ebony Wardlaw, HIV Data Manager
- Eric Wade, BS, District Liaison
- Flossie Loud, BSW, SST III
- Gay Campbell, RPh, ADAP Pharmacy Director
- Gregory Felzien, MD, AAHIVS, Medical Advisor, Division of Health Protection/IDI-HIV
- Hawa Kone, MS, Ryan White Program Coordinator
- Heather Wademan, LCSW, Quality and Compliance Manager
- Jamila Booker, Quality Coordinator
- Janet Eberhart, RN-BSN, District Immunization Coordinator
- Jared Brumbeloe, MPH, Ryan White Database Manager
- Jeffery Vollman, MPA, District HIV Director
- Jocelyn McKenzie, MPH, Quality Management Program (Part A)
- Malela Rozier, MSW, MA, BS, HIV Program Coordinator

- Marisol Cruz, DBA, MS, HIV Care Manager
- Masonia Traylor, Peer Advocate
- Mirelys M. Ramos, MPH, CHES, Assistant HIV Care Manager
- Paula Upshaw, LPN, Quality Manager/Special Projects Planner
- Rebecca Moges-Banks, MPH, Ryan White Program Coordinator
- Rhonda Harris, MPH, MS, HIV Perinatal Coordinator
- Robin Grant, RN, MSN, Wellness Program Quality Manager
- Roderick Newkirk, Database Analyst II
- Rolanda Hall, MPH, District Liaison
- Rosemary Donnelly, MSN, ANP-BC, ACRN, Director of Clinical Care
- Sandra Metcalf, MPH, RN, ACRN, QM Nurse Consultant Team Lead
- Satin Francis, BS, ADAP/HICP Program Manager
- Shandrecka Murphy, MPH, District Liaison
- Susan Alt, BSN, ACRN, District HIV Director
- Suzette Thedford, MPH, Quality Program Analyst
- Teresa Hritz, RN Infectious Disease Coordinator
- Torrance Walden, Peer Support Advocate
- Vivian Momah, MPH HIV Prevention & Care Planning Group Coordinator
- Wanda Collier, Certified Peer Specialist

Clinical Quality Management
ADAP/HICP Subcommittee Members

- Alysia Johnson, BHS, ADAP/HICP Assistant Manager
- Gay Campbell, RPh, ADAP Pharmacy Director
- Gregory S. Felzien, MD, AAHIVS, Medical Advisor, Division of Health Protection/IDI-HIV
- Marisol Cruz, DBA, MS, HIV Care Manager
- Mirelys M. Ramos, MPH, CHES, Assistant HIV Care Manager
- Sandra Metcalf, MPH, RN ACRN, HIV Nurse Consultant
- Satin Francis, ADAP/HICP Program Manager
- Jared Brumbeloe, MPH, Ryan White Database Manager

Appendix D
Service Category
Performance Measure Table

Performance measures are assigned to funded service categories as per guidance provided under PCN 15-02. Additional Performance Measures are included in Appendix E.

Service Category	Performance Measure	Description	Numerator	Denominator
Outpatient/Ambulatory Medical Care	HIV Viral Load Suppression	Percentage of PLWH with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year	Number of PLWH in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year	Number of PLWH who had at least one medical visit in the measurement year
	Prescription of Antiretroviral Therapy	Percentage of PLWH prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	Number of PLWH from the denominator prescribed HIV antiretroviral therapy during the measurement year	Number of PLWH who had at least one medical visit in the measurement year
	HIV Medical Visit Frequency	Percentage of PLWH who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	Number of PLWH in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the subsequent 6-month period	Number of actively enrolled PLWH who had at least one medical visit in the first 6-months of the 24-month measurement period
	Gap in HIV Medical Visits	Percentage of PLWH who did not have a medical visit in the last 6 months of the measurement year	Number of PLWH in the denominator who did not have a medical visit in the last 6 months of the measurement year	Number of actively enrolled PLWH who had at least one medical visit in the first 6 months of the measurement year

Service Category	Performance Measure	Description	Numerator	Denominator
Medical Case Management	HIV Medical Visit Frequency	Percentage of PLWH who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	Number of PLWH in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the subsequent 6-month period	Number of actively enrolled PLWH who had at least one medical visit in the first 6-months of the 24-month measurement period
	Gap in HIV Medical Visits	Percentage of PLWH who did not have a medical visit in the last 6 months of the measurement year	Number of PLWH in the denominator who did not have a medical visit in the last 6 months of the measurement year	Number of actively enrolled PLWH who had at least one medical visit in the first 6 months of the measurement year
Non-Medical Case Management	HIV Medical Visit Frequency	Percentage of PLWH who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	Number of PLWH in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the subsequent 6-month period	Number of actively enrolled PLWH who had at least one medical visit in the first 6-months of the 24-month measurement period
	Gap in HIV Medical Visits	Percentage of PLWH who did not have a medical visit in the last 6 months of the	Number of PLWH in the denominator who did not have a medical visit in the last 6 months of the	Number of actively enrolled PLWH who had at least one medical visit in the first 6 months of the

Service Category	Performance Measure	Description	Numerator	Denominator
		measurement year	measurement year	measurement year
AIDS Drug Assistance Program	HIV Viral Load Suppression	Percentage of ADAP PLWH with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year	Number of ADAP PLWH in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test within one year of end date of quarter measured	Number of ADAP PLWH and any ADAP service in the quarter measured
	Completion of new ADAP applications	Percentage of new ADAP applications that were determined to be complete, incomplete, pending, approved or denied in the measurement quarter	Number of applications in the denominator that were approved in the measurement quarter	All ADAP applications received in the quarter measured
			Number of applications in the denominator that were denied in the measurement quarter	
			Number of applications in the denominator that were pending (submitted prior to end of quarter but not yet processed) in the measurement quarter	
			Number of applications in the denominator that were submitted correctly in the measurement quarter	

Service Category	Performance Measure	Description	Numerator	Denominator
			Number of applications in the denominator that were submitted incorrectly in the measurement quarter	
Health Insurance Continuation Program	HIV Viral Load Suppression	Percentage of HICP PLWH with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year	Number of HICP PLWH in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test within one year of end date of quarter measured	Number of HICP PLWH and any HICP service in the quarter measured

Appendix E
Clinical Quality Management
Monitoring Table

Clinical Quality Management Monitoring Table

Service Category Performance Measures are included in Appendix D.

Criteria	Indicators	Data Elements	Data Sources & Methods
General Ryan White Program Performance Measures			
Ryan White funds are used as payer-of-last-resort.	PLWH screened for other healthcare providers and insurance. Eligible PLWH referred for enrollment into private insurance, Medicare, or Medicaid	Documentation indicating that PLWH are screened at intake and recertified every 6 months. Documentation that PLWH are referred for enrollment into private insurance, Medicare or Medicaid.	Record review
Eligibility documented for all PLWH receiving Ryan White Part B Program services: • HIV status • Income • Proof of residency • Other healthcare coverage	Documented HIV positive status. PLWH with documentation of financial screening initially then every 6 months; and income at or below 400% of Federal Poverty Level (FPL). Documentation of Georgia residency. Eligibility for other funding sources is vigorously and consistently pursued (e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, or State-funded HIV	Documentation of HIV test result or physician signed statement of HIV infection. Documentation of financial screening, proof of residency, and healthcare coverage status at intake and every six months.	Record review

Criteria	Indicators	Data Elements	Data Sources & Methods
	programs, and/or private sector funding, including private insurance).		
Ryan White-funded providers coordinate the delivery of services and funding mechanisms with other programs or providers.	Memoranda of agreements (MOA) exist with community partners. Contracts executed for subcontracted services. Subrecipients conducted site visits where subcontracted services are provided.	MOA on file. Contracts on file. Documentation of site visits to subcontractors and evaluation of the quality of services provided by subcontractors.	Review of MOAs and contracts. Site visit reports for subcontractors. Evaluation of the quality of services, such as performance measure reports and PLWH satisfaction surveys.
PLWH security and confidentiality maintained.	Employees' signed confidentiality agreements. Charts secured under lock. Electronic records are password protected. Access to areas with medical records and computers restricted.	Signed confidentiality agreements. Locked storage area for PLWH charts and other information. Computers password protected and secure while in use. Layout of clinic prevents unauthorized access to records and computers.	Review of employee files. Observation of security and confidentiality measures. Review of written policy and procedures regarding security and confidentiality.
Ryan White funded providers ensure that every PLWH is informed about: • PLWH confidentiality • PLWH grievance • PLWH rights & responsibilities	Percent of PLWH informed of confidentiality policy, grievance policies and procedures, and rights and responsibilities.	Documentation in chart that PLWH is informed of confidentiality policy, grievance policies and procedures, and rights and responsibilities initially then annually.	Record review

Criteria	Indicators	Data Elements	Data Sources & Methods
PLWH are satisfied with the Ryan White Part B Program services they receive.	Percent of PLWH who indicate they are satisfied with the services they have received.	PLWH responses to questions about their satisfaction with specific services.	Review of district level annual PLWH satisfaction survey results.
Ryan White-funded providers implement CQM Plans with Continuous Quality Improvement (CQI) projects.	Percent of Ryan White Part B-funded programs with written quality management plans and a current report of CQI activities and results.	Written quality management plan. Copies of the most current report of CQI activities and results.	Review of quality management plans and reports.
Case Management Performance Measures			
All newly enrolled or reactivated case management PLWH will have an Intake, Acuity Scale, and Individualized Service Plan (ISP), and progress/case note completed within 15-30 days of initial intake assessment.	Percent of newly enrolled or reactivated case managed PLWH charts with an Intake, Acuity Scale, and Individualized Service Plan (ISP), and progress/case note completed within 15-30 days of initial intake assessment based on level of acuity in accordance with the Activities by Acuity Document.	N: Number of newly enrolled or reactivated case managed PLWH charts with an Intake, Acuity Scale, and Individualized Service Plan (ISP), and progress/case note completed within 15-30 days of initial intake assessment during the measurement year. D: Number of newly enrolled or reactivated case managed PLWH during the measurement year.	Chart Review

Criteria	Indicators	Data Elements	Data Sources & Methods
Ensure that the Acuity Scale is updated every 3-6 months in accordance with the Activities by Acuity Level Document.	Percent of charts that have an Acuity Scale updated every 3-6 months in accordance with the Activities by Acuity Level Document during the measurement period.	N: Number of charts that had an Acuity Scale updated every 3-6 months in accordance with the Activities by Acuity Level Document during the measurement year. D: Number of case management charts that had an updated Acuity Scale during the measurement year.	Chart Review
All case management PLWH must have re-evaluation and adaptation of the ISP at least every 3-6 months in accordance with the Activities by Acuity Document.	Percent of case management PLWH charts with documented evidence of periodic re-evaluation and adaptation of the ISP at least every 3-6 months.	N: Number of case management PLWH charts with documented evidence of periodic re-evaluation and adaptation of the ISP at least every 3-6 months at least 3 months apart during the measurement year. D: Number of case managed PLWH in a measurement year.	Chart review
Ensure that PLWH receiving case management services have continuous monitoring to assess the efficacy of the ISP.	Percent of charts with documented evidence of ongoing monitoring to assess the efficacy of the ISP.	N: Number of charts with documented evidence of ongoing monitoring to assess the efficacy of the ISP during the measurement year. D: Number of medically case managed PLWH in a measurement year.	Chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
Ensure that PLWH receiving medical case management (MCM) services have (acuity level 4) documentation which includes coordination and follow up of medical treatment.	Percent of charts (acuity level 4) documentation which includes coordination and follow-up of medical treatment.	N: Number of MCM charts (acuity level 4) with documentation including coordination and follow-up of medical treatment. D: Number of MCM PLWH in a measurement year.	Chart review
PLWH receiving MCM services (acuity level 4) will have treatment adherence assessed at least every 3 months.	Percent of MCM PLWH (acuity level 4) charts with a documented treatment adherence visit 2 or more times at least 3 months apart.	N: Number of MCM PLWH (acuity level 4) with a documented treatment adherence visit 2 or more times at least 3 months apart in a measurement year. D: Number of MCM PLWH in the measurement year.	Chart review
All MCM PLWH (acuity level 3-4) who did not have a medical visit in the last 6 months as documented by case manager.	Percent of MCM PLWH (acuity level 3-4) charts which did not have a medical visit in the last 6 months.	N: Number of MCM PLWH (acuity level 3-4) charts that did not have a medical visit in the last 6 months during the measurement year. D: Number of case managed PLWH in a measurement year.	Chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
All MCM PLWH charts (acuity level 3-4) who had at least one medical visit in the 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit as documented by the case manager.	Percent of MCM PLWH charts (acuity level 3-4) that had at least one medical visit in the 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit.	N: Number of MCM PLWH charts (acuity level 3-4) that had at least one medical visit in the 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit during the measurement year. D: Number of MCM PLWH in a measurement year.	Chart review
All case managed PLWH chart documentation must reflect assistance with linkages to programs (health care, psychosocial and other services, as well as assist to access other public and private programs) for which PLWH are eligible.	Percent of PLWH chart documentation must reflect assistance with linkage to other programs for which PLWH are eligible.	N: Number of PLWH charts with documentation reflecting assistance with linkage to other programs for which PLWH are eligible during the measurement year. D: Number of case managed PLWH in a measurement year.	Chart review
All case managed PLWH (all levels of acuity) must have documented evidence of ongoing assessment of PLWH and other key family members' needs and personal support system as needed.	Percent of PLWH charts (all levels of acuity) with documented evidence of ongoing assessment of PLWH and other key family members' needs and personal support system, as needed.	N: Number of PLWH charts (all levels of acuity) with documented evidence of ongoing assessment of PLWH and other key family members' needs and personal support system, as needed. D: Number of case managed PLWH in the measurement year.	Chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
Documentation should reflect that PLWH specific advocacy has occurred during service provision (all levels of acuity).	Percent of PLWH charts with documented evidence of PLWH advocacy (e.g., promotion of PLWH needs for: transportation, housing or/and scheduling of appointments) has occurred during service provision.	N: Number of PLWH charts with documented evidence of PLWH advocacy (e.g., promotion of PLWH needs for: transportation, housing or/and scheduling of appointments) has occurred during service provision in a measurement year. D: Number of case managed PLWH in the measurement year.	Chart review
Ensure that benefits/entitlement counseling and referral services were provided to access other public and private programs, as needed to eligible PLWH for all levels of acuity.	Percent of PLWH charts with documented that benefits/entitlement counseling and referral services were provided.	N: Number of PLWH charts with documented evidence that benefits/entitlement counseling and referral services were provided in the measurement year. D: Number of case managed PLWH in the measurement year.	Chart review
Case management PLWH documentation (all levels of acuity) must ensure that housing referrals include housing assessment, search, placement, advocacy, and financial assistance received for which PLWH are eligible.	Percent of case managed PLWH charts with documented housing referrals include housing assessment, search, placement, advocacy, and financial assistance received.	N: Number of case managed PLWH charts with documented housing referrals include housing assessment, search, placement, advocacy, and financial assistance received in the measurement year. D: Number of case managed PLWH in the measurement year.	Chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
Case managed PLWH documentation (all levels of acuity) must reflect that PLWH received assistance in obtaining stable long-term housing as needed.	Percent of case managed PLWH charts with documentation reflecting that PLWH received assistance in obtaining stable long-term housing.	N: Number of case management PLWH chart with documentation reflecting that PLWH received assistance in obtaining stable long-term housing in the measurement year. D: Number of case managed PLWH in the measurement year.	Chart review
All Case management chart documentation of services and encounters must include: • PLWH Identifier on all pages • Date of each encounter • Types of services provided • Types of encounters/ communication (i.e., face-to-face, telephone contact) • Duration and frequency of encounters	Percent of PLWH charts with documented services and encounters.	N: Number PLWH charts with documented services and encounters. D: Number of case management PLWH in the measurement year.	Chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
All case management case note documentation must be written in either Assessment, Plan, Intervention, and Assessment (APIE) or Subjective, Objective, Assessment, and Plan (SOAP) format case note in accordance with the Georgia RW Part B Case Management SOPs.	Percent of case notes documentation that reflect APIE or SOAP format was utilized in accordance with the GA RW Part B Case Management Standards.	N: Number of charts that utilized APIE or SOAP format case note documentation. D: Number of PLWH charts in the measurement year.	
All entries in the PLWH record by the case manager should contain the case manager's professional title and signature.	Case management documentation should contain the case manager's professional title and signature.	N: Number of PLWH charts with documentation reflecting the case manager's professional title and signature. D: Number of PLWH charts in the measurement year.	Chart review
Obtain assurances and documentation showing that case management staff is operating as part of the clinical care team.	Percent of case managed PLWH charts that had documentation showing that case management staff is operating as part of the clinical care team.	N: Number of case managed PLWH charts that had documentation showing that case management staff is operating as part of the clinical care team in the measurement year. D: Number of case managed PLWH in the measurement year.	Chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
Provide written assurances and maintain documentation showing that case management services are provided by trained professionals who are either medically credentialed or trained health care staff who are part of the clinical care team.	Review credentials and/or evidence of training of health care staff providing case management services.	N: Number of staff with credentials and/or evidence of training of health care staff providing case management services in the measurement year. D: Number of staff providing case management services in your Ryan White Part B Program within your district in the measurement year.	Chart review
ADAP Performance Measures			
All ADAP PLWH must recertify for ADAP every six months. Note: Verifying Medicaid status is part of ADAP policy.	ADAP enrollment sites have systems to track ADAP PLWH recertification due dates. Percent of eligible ADAP applicants who successfully recertified according to their recertification due date.	System to track ADAP recertification. N: Number of ADAP PLWH who are reviewed for continued ADAP eligibility in the measurement period. D: Number of ADAP PLWH in the measurement period.	Review of ADAP recertification tracking systems. PLWH record review Custom report from CAREWare. Georgia Health Partnership Portal to verify Medicaid eligibility.
Local ADAP enrollment site representatives will submit correctly completed ADAP applications to the State ADAP Office.	Percent of correctly completed ADAP applications submitted to ADAP Office during the reporting period.	N: Number of correctly completed ADAP applications submitted to ADAP during the reporting period. D: Number of ADAP applications submitted to ADAP during the reporting period.	Custom reports from CAREWare.

Criteria	Indicators	Data Elements	Data Sources & Methods
Initial ADAP applications should be correctly and completely submitted.	Percent of ADAP applications sent back for specified deficiencies.	N: Number of ADAP applications sent back to ADAP enrollment sites for a specified deficiency. D: Number of ADAP applications submitted to State ADAP Office during the reporting period.	Custom reports from CAREWare.
State ADAP Office will approve or deny PLWH for ADAP services within two weeks of receiving a complete ADAP application.	Percent of new ADAP applications approved or denied for ADAP enrollment within two weeks of ADAP receiving a complete application during the reporting period.	N: Number of applications that were approved or denied within two weeks of ADAP receiving a complete application during the reporting period. D: Number of complete applications received during the reporting period.	Custom reports from CAREWare.
Local ADAP enrollment site representatives must inform the State ADAP Office when a PLWH discontinues or terminates ADAP services. PLWH are discontinued from ADAP services if the PLWH has not picked-up medications for 60 or more consecutive days and/or if the PLWH has not recertified within the last 6 months.	Local ADAP enrollment sites follow the ADAP "Procedures for Discontinuation." ADAP Discontinuation Forms are completed and sent to ADAP.	Procedures for discontinuation. Discontinuation Forms	Review of procedures during site visits. Chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
ADAP PLWH will receive appropriate antiretroviral (ARV) regimens.	Percent of identified inappropriate ARV regimen or component prescriptions that are reviewed and resolved by ADAP during the measurement year.	N: Number of ARV regimens or component prescriptions listed in the Table, "Antiretroviral Regimens or Components that Should Not Be Offered At Any Time," of the DHHS ART guidelines that are reviewed and resolved by ADAP during the measurement year. D: Number of inappropriate ARV regimen or components that are prescribed and funded by ADAP.	PBM reports – in process. ACP Network On-Site Audits.
ADAP will conduct an internal audit of new PLWH applications quarterly to determine if the applications and recertifications are completed and approved or denied according to ADAP policies and procedures.	Percent of ADAP new PLWH application forms that were correctly completed during the quarter.	N: Number of ADAP new PLWH applications that were correctly completed during the reporting period. D: Number of ADAP new PLWH applications reviewed during the reporting period.	Internal audit of ADAP new PLWH applications.
Clinical Performance Measures – General			
PLWH will receive ongoing risk reduction counseling as part of their medical care.	Percent of PLWH who received HIV risk counseling within the measurement year.	N: Number of PLWH in the denominator who received HIV risk counseling as part of their medical care. D: Number of PLWH who had at least one medical visit[1] in the measurement year.	CAREWare CM Chart Review

Criteria	Indicators	Data Elements	Data Sources & Methods
PLWH will receive substance use screening during the measurement year.	Percent of PLWH who have been screened for substance use in the measurement year.	N: Number of PLWH in the denominator who were screened for substance use within the measurement year. D: Number of PLWH who had a at least one medical visit[1] in the measurement year.	CAREWare CM Chart Review
PLWH will receive behavioral health screening during the measurement year.	Percent of PLWH who have had a behavioral health screening.	N: Number of PLWH in the denominator who received a behavioral health screening. D: Number of PLWH who had at least one medical visit[1] in the measurement year.	CAREWare (HAB21 mental health screening) CM Chart Review
Clinical Performance Measures – Oral Health Exams			
PLWH will receive an oral examination by a dentist at least annually.	1) Percent of PLWH who received an oral examination by a dentist at least once in the measurement year. 2) Percent[2] of PLWH who received an oral examination by a dentist or dental hygienist at least once in the measurement year.	1) N: Number of PLWH in the denominator who had an oral exam by an oral health provider in the measurement year. D: Number of PLWH who had at least one medical visit[1] during the measurement year. 2) N: Number of PLWH in the denominator who had an oral exam by a dentist or dental hygienist in the measurement year. [4] D: Number of PLWH who had at least one medical visit[5] with a provider with	CAREWare Clinical Chart Review

Criteria	Indicators	Data Elements	Data Sources & Methods
		prescribing privileges during the measurement year.	
Clinical Performance Measures – Medical Visits			
Gap in HIV medical visits - Percent of PLWH, who did not have a medical visit in the last 6-months of the measurement year.	Percent[2] of PLWH who did not have a medical visit in the last 6-months of the measurement year.	1) N: Number of PLWH in the denominator who did not have a medical visit in the last 6-months of the measurement year. D: Number of PLWH (active in CAREWare), who had at least one medical visit[1] in the first 6-months of the measurement year, excluding those who died at any time during the measurement year. 2) N: Number of PLWH in the denominator who did not have a medical visit in the last 6-months of the measurement year. D: Number of PLWH, who had at least one medical visit[5] in the first 6-months of the measurement year, excluding those with documentation of no longer receiving care (i.e., deceased, transferred, lost to follow-up, etc.) at any time during the measurement year.	CAREWare Clinical chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
HIV Medical visit frequency - Percent of PLWH, who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.	Percent[2] of PLWH who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.	1) N: Number of PLWH in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period. D: Number of PLWH (active in CAREWare), who had at least one medical visit[1] in the first 6-months of the 24-month measurement period, excluding those who died at any time during the 24-month measurement period. 2) N: Number of PLWH in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit5 in the subsequent 6-month period.	CAREWare Clinical Chart Review

Criteria	Indicators	Data Elements	Data Sources & Methods
		D: Number of PLWH, who had at least one medical visit in the first 6-months of the 24-month measurement period, excluding those with documentation of no longer receiving care (i.e., deceased, transferred, lost to follow-up, etc.) at any time during the measurement period.	
Clinical Performance Measure – HIV Viral Loads			
PLWH should have viral load repeated every 3-4 months or as clinically indicated to confirm continuous viral suppression. Clinicians may extend the interval to six months for adherent, stable PLWH whose viral load has been suppressed for more than two years.	Percent[2] of PLWH, with a viral load test performed at least every six months during the measurement year.	N: Number of PLWH in the denominator with a viral load test performed every six months. D: Number of PLWH, who had at least one medical visit[5] during the measurement year excluding those with documentation of no longer receiving care (i.e., deceased, transferred, lost to follow-up, etc.) at any time during the measurement year.	Clinical chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
Viral load suppression - Percent of PLWH, with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.	Percent[2] of PLWH, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.	N: Number of PLWH in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year. D: Number of PLWH, who had at least one medical visit[1,5] in the measurement year.	CAREWare Clinical chart review
Clinical Performance Measures – Antiretroviral Therapy			
Resistance testing before the initiation or re-initiation of ART.	Percent[2] of new PLWH (first visit within the review year) who had resistance testing performed before the initiation or re-initiation of ART.	N: Number of PLWH in the denominator in which resistance testing was performed before the initiation or re-initiation of ART. D: Number of new PLWH who had at least one medical visit[5] in the measurement year and prescribed ART.	Clinical chart review
Prescription of ART - Percent of PLWH, prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year.	Percent[2] of PLWH, prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year.	N: Number of PLWH in the denominator prescribed HIV antiretroviral therapy during the measurement year. D: Number of PLWH, who had at least one medical visit[1,5] in the measurement year.	CAREWare Clinical chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
PLWH will receive appropriate antiretroviral (ARV) regimens, based on current DHHS guidelines.	Percent[2] of PLWH on ARV according to Department of Health and Human Services (DHHS) antiretroviral treatment guidelines in the measurement year.	N: Number of PLWH in the denominator on ARV according to DHHS guidelines in the measurement year. D: Number of PLWH on ARV and who had at least one medical visit[5] in the measurement year.	Clinical chart review
All pregnant females living with HIV should receive ART, to prevent perinatal transmission as early in pregnancy as possible.	Percent[2] of pregnant females living with HIV who were prescribed ART.	N: Number of pregnant females living with HIV in the denominator who were prescribed ART. D: Number of pregnant females living with HIV who had at least one medical visit[1,5] during the measurement year.	CAREWare Clinical chart review
PLWH will have lipids evaluated at least annually.	2) Percent[2] of PLWH, who had a lipid panel in the measurement year.	1) N: Number of PLWH in the denominator who had a lipid panel in the measurement year. D: Number of PLWH on ART who had at least one medical visit[1,5] during the measurement year.	CAREWare Clinical chart review
Clinical Performance Measures – Cervical Cancer Screening and Sexually Transmitted Infection (STI) Screening			
Females living with HIV should commence receiving cervical cancer screening within 1 year of the onset of sexual activity regardless of mode of	1) Percent of females living with HIV who were screened for cervical cancer in the last three years.	1) N: Number of females living with HIV in the denominator who were screened for cervical cancer in the last three years.	CAREWare

Criteria	Indicators	Data Elements	Data Sources & Methods
HIV transmission (e.g., sexual activity, perinatal exposure) but no later than 21 years old.		D: Number of females living with HIV 21 years or older in the measurement year and who had at least one medical visit[1]. (excludes PLWH with hysterectomy for non-dysplasia/non-malignant indications).	
	2) Percent[2] of females living with HIV who received cervical cancer screening per DHHS guidelines.	2) N: Number of females living with HIV in the denominator who had cervical cancer screening documentation, per DHHS guidelines, in the measurement year. D: Number of females living with HIV 18 years or older or who reported sexual activity and had at least one medical visit[5] during the measurement year. (excludes women with hysterectomy for benign reason).	Clinical chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
All females living with HIV with abnormal cervical cancer screening results will have documentation for diagnostic evaluation.	Percent[2] of females living with HIV with abnormal cervical cancer screening results having documentation for diagnostic evaluation (e.g., repeat cytology in 6 to 12 months for ASC-US without HPV testing, colposcopy plus biopsy, etc.).	N: Number of females living with HIV in the denominator with abnormal cervical cancer screening results and documentation for diagnostic evaluation. D: Number of females living with HIV 21 years or older or sexually active and had at least one medical visit[5] during the measurement year. (excludes women with hysterectomy for benign reason) with abnormal cervical cancer screening results.	Clinical chart review
PLWH at risk for an STI will be screened for chlamydia at least annually.	Percent of PLWH who had a test for chlamydia within the measurement year.	N: Number of PLWH in the denominator who had a test for chlamydia. D: Number of PLWH, 18 years of age or older, and had a medical visit[1] at least once in the measurement year.	CAREWare
PLWH at risk for an STI will be screened for gonorrhea at least annually.	Percent of PLWH who had a test for gonorrhea within the measurement year.	N: Number of PLWH in the denominator who had a test for gonorrhea. D: Number of PLWH, 18 years of age or older, and had a medical visit[1] at least once in the measurement year.	CAREWare

Criteria	Indicators	Data Elements	Data Sources & Methods
PLWH will be screened for syphilis at least annually.	Percent[2] of PLWH who were screened for syphilis in the measurement year.	N: Number of PLWH in the denominator who had a serologic test for syphilis performed in the measurement year. D: Number of PLWH, 18 years of age or older, who had at least one medical visit[1,5] in the measurement year.	CAREWare Clinical chart review
Clinical Performance Measures – Tuberculosis and Hepatitis Screening			
PLWH without a history of previous tuberculosis (TB) treatment, positive TB skin (TST) test or positive Interferon-Gamma Release Assay (IGRA) will be screened for TB.	1) Percent of PLWH with documentation of TB screening test performed at least once since the diagnosis of HIV infection. 2) Percent[2] of PLWH who completed TB screening (i.e., had a TST placed and interpreted within 48 to 72 hours, or Interferon-Gamma Release Assay (IGRA) performed) at least once since diagnosis of HIV.	1) N: Number of PLWH in the denominator who had documentation that a TB screening test was performed at least once since diagnosis of HIV infection. D: Number of PLWH who had at least one medical visit[1] during the measurement year, PLWH 2) N: Number of PLWH in the denominator who had TB screening test performed and results interpreted at least once since diagnosis of HIV infection. D: Number of PLWH who had at least one medical visit[5] in the measurement year, excluding PLWH with documentation of a medical reason for not performing TB screening test.	CAREWare Clinical chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
All PLWH will be screened for Hepatitis B infection status.	Percent of PLWH, for whom Hepatitis B screening was performed or for whom there is documented infection or immunity.	1) N: Number of PLWH in the denominator for whom Hepatitis B screening was performed or for whom there is documented infection or immunity. D: Number of PLWH with a diagnosis of HIV and who had at least one medical visit[1] during the measurement year.	CAREWare
All PLWH will be screened for Hepatitis A infection status.	Percent of PLWH for whom Hepatitis A screening was performed or for whom there is documented infection or immunity.	1) N: Number of PLWH in the denominator for whom Hepatitis A screening was performed or for whom there is documented infection or immunity. D: Number of PLWH with a diagnosis of HIV and who had at least one medical visit[1] during the measurement year.	CAREWare
All PLWH must be screened for Hepatitis C virus (HCV) at least once after HIV diagnosis.	Percent[2] of PLWH for whom HCV screening was performed at least once since HIV diagnosis.	N: Number of PLWH in the denominator with documentation of HCV status. D: Number of PLWH who had at least one medical visit[1,5] during the measurement year.	CAREWare Clinical chart review
Clinical Performance Measures – Hepatitis, Influenza and Pneumococcal Vaccinations			
All PLWH who do not have evidence of Hepatitis B (HBV) virus infection, past immunity, valid	1) Percent of PLWHPLWH who completed the vaccination series for Hepatitis B.	1) N: Number of PLWH in the denominator with documentation of having ever completed the	CAREWare

Criteria	Indicators	Data Elements	Data Sources & Methods
contraindications or reasons to defer, should receive the HBV vaccination series followed by assessment of antibody response.		vaccination series for Hepatitis B. D: Number of PLWH who had a medical visit[1] at least once in the measurement year, PLWH, or excluding those with evidence of current infection or immunity.	
	2) Percent[2] of PLWHPLWH who completed the vaccination series and antibody assessment for Hepatitis B according to DHHS Guidelines	2) N: Number of PLWH in the denominator with documentation of having completed the vaccination series and antibody assessment for Hepatitis B per DHHS Guidelines. D: Number of HBV susceptible PLWH who had a medical visit[5] with a provider with prescribing privileges at least once in the measurement year, excluding PLWH newly enrolled during the measurement year, or with valid contraindications or PLWH refusals.	Clinical chart review
All PLWH who do not have evidence of Hepatitis A (HAV) virus infection, past immunity, valid contraindications or reasons to defer, should receive the HAV vaccination series	1) Percent of PLWH who completed the vaccination series for Hepatitis A.	1) N: Number of PLWH in the denominator with documentation of having ever completed the vaccination series for Hepatitis A. D: Number of PLWH who had a medical visit[1] at least once in the measurement	CAREWare

Criteria	Indicators	Data Elements	Data Sources & Methods
followed by assessment of antibody response.		year, excluding those with evidence of current infection or immunity.	
	2) Percent[2] of PLWH who completed the vaccination series and antibody assessment for Hepatitis A according to DHHS Guidelines	2) N: Number of PLWH in the denominator with documentation of having completed the vaccination series and antibody assessment for Hepatitis A per DHHS Guidelines. D: Number of HAV susceptible PLWH who had a medical visit[5] with a provider with prescribing privileges at least once in the measurement year, excluding PLWH newly enrolled during the measurement year, or with valid contraindications or PLWH refusals.	Clinical chart review
All PLWH without valid contraindications should receive the influenza vaccine annu3ally.	Percent[2] of PLWH who have received influenza vaccination within the measurement period.	1) N: Number of PLWH in the denominator who received influenza vaccination during the current measurement period (8/1 to 9/30; 8/1 to 12/30; 8/1 to 3/31; 8/1 to 6/30). D: Number of PLWH who had a medical visit[1] during the current measurement period (8/1 to 9/30; 8/1 to 12/30; 8/1 to 3/31; 8/1 to 6/30).	CAREWare

Criteria	Indicators	Data Elements	Data Sources & Methods
		2) N: Number of PLWH in the denominator with documentation of receipt of influenza vaccination in the flu season measured. D: Number of PLWH who had a medical visit[5] with a provider with prescribing privileges in the measurement year, and whose first visit was before June 30th excluding PLWH with documentation of valid reasons to defer influenza vaccine (contraindications, PLWH refusal).	Clinical chart review
All PLWH without valid contraindications, should receive the pneumococcal vaccine.	Percent of PLWHPLWH who have received pneumococcal vaccines (PCV13 and PPSV23).	N: Number of PLWH in the denominator who have received pneumococcal vaccines (PCV13 and PPSV23). D: Number of PLWH who had a medical visit[1] at least once in the measurement year. PLWH	CAREWare
Clinical Performance Measures – Opportunistic Infection Prophylaxis			
All PLWH with CD4 counts less than 200 cells/mm^3 or CD4 percentages less than 14% should receive chemo-prophylaxis against *Pneumocystis* pneumonia (PCP).	Percent[2] of PLWH who were prescribed PCP prophylaxis.	1) N: Number of PLWH in the denominator who were prescribed PCP prophylaxis. D: Number of PLWH with CD4 counts below 200 cells/mm^3 or CD4 percentages less than 14% and who had at least one	CAREWare

Criteria	Indicators	Data Elements	Data Sources & Methods
		medical visit[1] during the measurement year, PLWH. 2) N: Number of PLWH in the denominator with CD4 counts below 200 cells/mm^{3}or CD4 percent less than 14% who were prescribed PCP prophylaxis. D: Number of PLWH with CD4 counts below 200 cells/mm^3 or CD4 percentages less than 14% and who had at least one medical visit[5] during the measurement year, excluding PLWH who did not receive PCP prophylaxis because there was a CD4 count above 200 cell/mm³ during the three months after a CD4 count below 200 cells/mm³ or documented CD4 count 100-200 cells/mm^3 and HIV RNA remain below limit of detection for at least 3-6 months.	Clinical chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
All PLWH with CD4 counts below 50 cells/mm^3 who do not immediately initiate ART should receive chemo-prophylaxis against *Mycobacterium avium* complex (MAC).	Percent[2] of PLWH with CD4 counts below 50 cells/mm^3 who were prescribed MAC prophylaxis in the measurement year.	N: Number of PLWH in the denominator with CD4 counts below 50 cells/mm^3 who were prescribed MAC prophylaxis. D: Number of PLWH with CD4 counts below 50 cells/mm^3 and not on ART who had at least one medical visit1[1,5] during the measurement year, excluding those with disseminated MAC.	CAREWare Clinical chart review

[1]CAREWare - Outpatient/Ambulatory Medical Care visits include i.e., primary care, lab, medication pick up.

[2]Clinical chart review percent is weighted average.

[4]PLWH self-report not accepted.

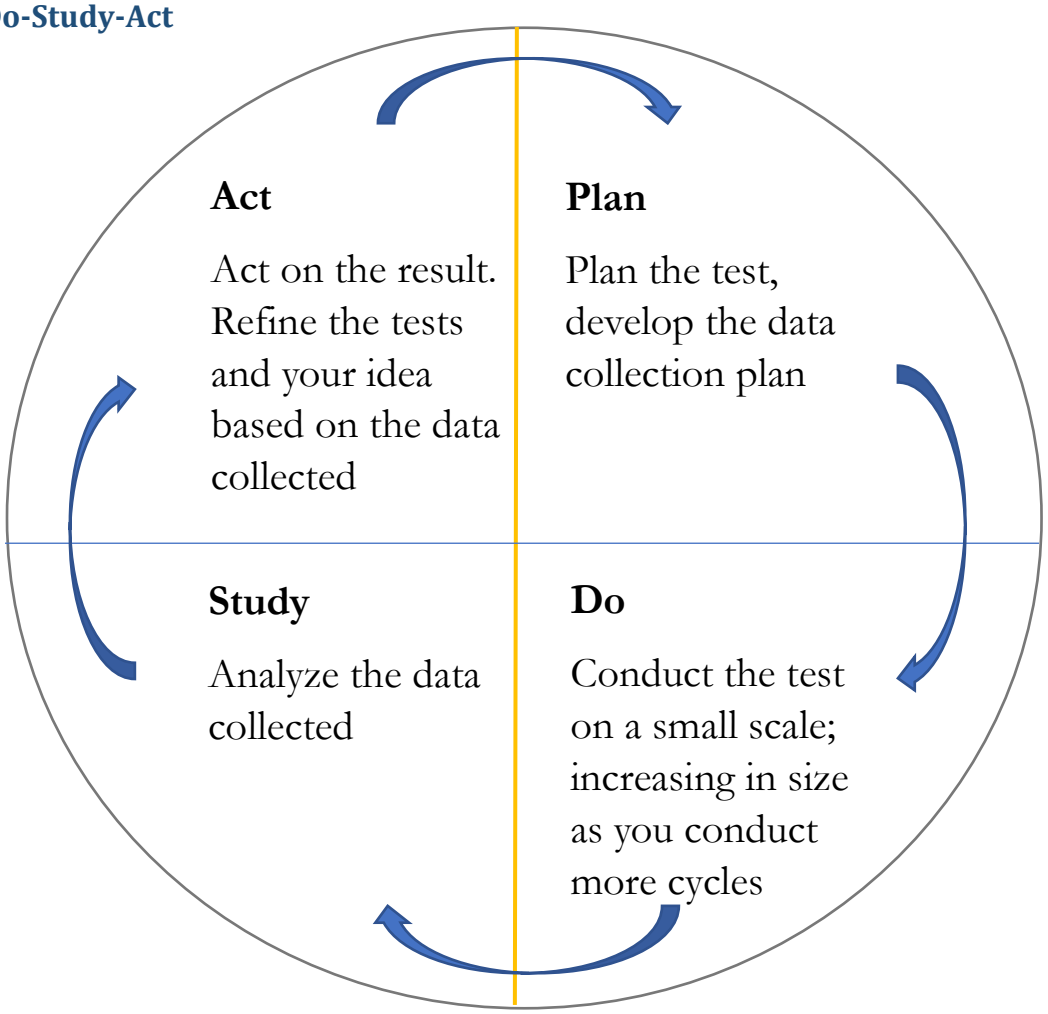
[5]Clinical chart review - medical visit with a prescribing provider before November 1st of measurement year.

Appendix F
Continuous Quality Improvement Methodologies

Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

Plan-Do-Study-Act



How many folks will be involved as test participants?

- Think about how many individuals need to be "tested" so you will have a high degree of confidence in your change
  - Use Calculator.net to guide you
  - This is a guide for you; don't let the perfect be the enemy of the good
- Plan out the engagement of these individuals and assure that they are available to participate, for instance:
  - If your tests involve consumers, arrange your tests on days or times that consumers will be available
  - If you have staff that are part time but integral to your tests, ensure their availability

PDSA Cycle Worksheet

Use the PDSA Cycle template to document your tests. As you type into the boxes on the right, they will expand to accommodate your verbiage.

Plan What change are you testing with the PDSA cycle(s)? What do you predict will happen and why? Who will be involved in this PDSA? (e.g., one staff member or resident, one shift?). Whenever feasible, it will be helpful to involve direct care staff. Plan a small test of change. How long will the change take to implement? What resources will they need? What data need to be collected? Start thinking of your step measures so you will collect the data you need to make a judgement about the test.	List your action steps along with person(s) responsible and timeline.
Do Carry out the test on a small scale. Document observations, including any problems and unexpected findings. Collect data for the step measures you identified during the "plan" stage.	Describe what actually happened when you ran the test.
Study Study and analyze the data. Determine if the change resulted in the expected outcome. Were there implementation lessons? Summarize what was learned. Look for: unintended consequences, surprises, successes, failures.	Describe the measured results and how they compared to the predictions.
Act Based on what was learned from the test. If you're not convinced that a very small test is a good indication, run another. Don't abandon after one test. Look at your data and determine is some modification is needed to your hypothesis or if you are collecting the pertinent data. Make changes accordingly. You may have to scrap your idea if multiple tests do not bear out the hypothesis. That's ok, you learned something you didn't know before. This gives you the opportunity to rethink your ideas and refine them or determine they are not viable.	Describe what modifications to the plan will be made for the next cycle from what you learned.

PDSA graphics and worksheet, December 10, 2019, provided by Center for Quality Improvement and Innovation (CQII)

Appendix G

Clinical Quality Management Plan Approval

Georgia Ryan White Part B

FY2020-2021

Clinical Quality Management Plan and Work Plan Approval

The FY2020-2021 CQM Plan and Work Plan are approved by the following:

Recoverable Signature

X Sandra Metcalf 4/3/2020

Sandra Metcalf, MPH RN ACRN
on behalf of Ryan White Part B CQM Core Team
Signed by: 3bde0249-18bb-49d1-9332-d2f393151c5f

Recoverable Signature

X Marisol Cruz 4/7/2020

Marisol Cruz, DBA HIV Care Manager
Georgia Department of Public Health
Signed by: 3bde0249-18bb-49d1-9332-d2f393151c5f

Recoverable Signature

X W. Lyons 4/7/2020

William Lyons, HIV Office Director
Georgia Department of Public Health
Signed by: 3bde0249-18bb-49d1-9332-d2f393151c5f