Georgia Department of Public Health

Ryan White Part B Program
Quality Management Plan
April 1, 2016 – March 31, 2017

Georgia Department of Public Health
Division of Health Protection
HIV Office

Introduction

Ryan White HIV/AIDS legislation requires clinical quality management (QM) programs as a condition of grant awards. The QM expectations for Ryan White (RW) Program Part B grantees include: 1) Assist direct service medical providers funded through the CARE 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 Program Part B QM Plan is outlined in this document. This document is considered a ”living” document and the Georgia Department of Public Health (DPH), Division of Health Protection, HIV Office will continue to develop and expand the RW Program Part B Clinical QM program and plan. This QM Plan is effective **April 1, 2016 to March 31, 2017.** A timeline for annual implementation, revision, and evaluation of the Plan is located in Appendix B of this document. If you have any questions concerning this plan, please contact Michael (Mac) Coker at (404) 463-0387 or Pamela Phillips at (404) 657-8993.

Georgia Ryan White Part B Program
Quality Management Plan

I. Quality Statement

A. Mission

The mission of the RW Part B Clinical Quality Management Program is to ensure the highest quality of medical care and supportive services for people living with HIV/AIDS in Georgia.

B. Vision

The vision of the QM Program is to ensure a seamless system of comprehensive HIV services that provide a continuum of care and eliminates health disparities across jurisdictions for people living with HIV/AIDS in Georgia. This will be accomplished by:

- ❖ Assessing the extent to which HIV health services provided to clients 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 quality management plan.
- ❖ Improving access to AIDS Drug Assistance Program (ADAP) and Health Insurance Continuation Program (HICP) services by improving the application and recertification processing.
- ❖ Improving alignment across funded agencies by monitoring core performance measures across RW Program Part B funded agencies.
- ❖ Improving alignment across services through standardization of case management.
- ❖ Improving alignment across RW Programs by expanding quality related collaboration.

C. 2016 Goals and Objectives

Goal 1: Continuously implement a statewide RW Part B quality management plan, which is updated at least annually.
Objectives include:

1.a. Provide quality improvement (QI)/quality management (QM) training workshops based on identified needs.
1.b. Assure that at least two quality improvement projects occur at the state and local level during the year.
1.c. Communicate findings to key stakeholders at least biannually.
1.d. Update the QM plan at least annually and the QM work plan at least quarterly.
1.e. Require that all RW Part B funded agencies revise written QM plans**/work plans** annually and submit quarterly QM 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. Increase the percentage of new ADAP applications approved or denied for ADAP enrollment within 2 weeks of ADAP receiving a complete**d** application to 95% or greater.
2.b. Increase the percentage of Georgia ADAP clients recertified for ADAP eligibility criteria at least semi-annually to 95**%** or greater.
2.c. Increase the percentage of correctly completed new ADAP applications submitted to 95**%** or greater.
2.d. Conduct an internal audit of up to 5% of ADAP new client application forms annually.
2.e. Monitor programmatic compliance and adherence to antiretroviral regimens **through the data collection system.**
2.f. Systematically review data collected by the 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. Increase the percentage of active HICP clients recertifying before the 6 month due date to prevent delays in payments for health insurance premiums to 95% or greater.
3.b. **Increase the percentage of correctly completed new HICP applications submitted to HICP to 95%.**
3.c. Conduct an internal audit quarterly of up to 5% of HICP new client applications and/or recertification forms quarterly.

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

4.a. Monitor performance measures, including stratified core measures in all 16 Part B funded agencies.
4.b. Design and implement statewide continuous quality improvement (CQI) projects to improve HAB Core performance measures to address the care continuum in Georgia.
4.c. Monitor the implementation of the Acuity Scale and Self-Management Model.
4.d. **Implement** the *Georgia HIV/AIDS Case Management Standards.*
4.e. Coordinate quality-related activities across Ryan White Programs (Parts A, B, C, and D) in Georgia.
4.f. The percentage of HIV-infected pregnant women prescribed antiretroviral therapy will be 95% or greater.
4.g. Monitor, assess and improve perinatal systems of care for HIV infected women and their infants utilizing the FIMR-HIV methodology.
4.**h**. Revise the ***Georgia Ryan White Part B Clinic Personnel Guidelines.***
4.**i**. Monitor measures to verify compliance with HRSA regulations related to the health insurance marketplace.
4.**j. Continually monitor compliance with RW Part B, Emerging Community (EC) and Minority AIDS Initiative (MAI) program requirements.**

D. Quality Management Work Plan

- The QM plan includes a "living" Work Plan that is updated at least quarterly.
- The Work Plan specifies objectives and strategies for QM plan goals. (The Work Plan is attached in a separate file as Appendix A)

E. Quality Management Plan Timeline

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

II. Organizational Infrastructure

A. Leadership and Accountability

1. Georgia Department of Public Health

The State of Georgia through the Department of Public Health (DPH) is the recipient of the Ryan White Program Part B grant. The DPH administers the grant through the Division of Health Protection, HIV Office. Within the HIV Office, the HIV Director oversees the HIV Care Manager. The HIV Care Manager is responsible for ensuring administration of the grant, including the development and implementation of the quality management (QM) plan.

2. HIV Office

The HIV Office provides oversight and management of the RW Program Part B grant. The HIV Office monitors all RW Program Part B funds and funded agencies to ensure that RW Program Part B funds are the payer-of-last-resort. The HIV Office leadership is dedicated to the quality improvement process and guides the quality management plan.

3. Other DPH Sections

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

4. Ryan White Program Part B Funded Agencies

a. RW Program Part B funded agencies are responsible for ensuring quality management components of the Grant-in-Aid agreements are met.
b. The FY **2016**-**2017** Annex Grant-In-Aid (GIA) deliverables include the following QM language, as referenced in the Georgia RW Part B/ADAP Policies and Procedures:
   - ❖ Funded agencies are required to fulfill the QM components of the RW Part B Program contractual agreements (Annex-GIA or contract). These requirements include: ensure that the medical management of HIV infection is in accordance with DHHS HIV-related guidelines; ensure that CM services are provided in accordance with the GA HIV/AIDS CM Standards; develop and implement a QM program that includes the following: a written QM plan; a leader and team to oversee the QM program; organizational goals, objectives, and priorities; performance measures and mechanisms to collect data; project-specific CQI plans; and communication of results to all levels of the organization, including consumers when appropriate; participate in the state Part B QM Program; and monitor performance measures as determined by the QM Core Team.

- Ensure that the medical management of HIV infection is in accordance with the DHHS HIV-related guidelines including **but not limited to:**
  - Antiretroviral treatment
  - Maternal-child transmission
  - Post-exposure prophylaxis
  - Management of tuberculosis and opportunistic infections
  - HIV counseling and testing **i.e. https://aidsinfo.nih.gov/guidelines**
- Ensure compliance with the HIV Office manual, *Medical Guidelines for the Care of HIV-Infected Adults and Adolescents*, current edition.
- Ensure that registered nurses (RNs) and advanced practice registered nurses (APRNs) practice under current HIV/AIDS-related nurse protocols. The recommended protocols include:
  - Georgia DPH, Office of Nursing, Nurse Protocols for Registered Professional Nurses in Public Health, Section 12 HIV/AIDS-related **i.e. https://dph.georgia.gov/office-nursing**.
  - DHHS, HRSA, Guide for HIV/AIDS Clinical Care, current edition.
  - Georgia DPH, Office of Nursing, Guidelines for Public Health APRN Prescriptive Authority, if applicable.
- 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 HIV Care District Liaisons are to immediately be notified.
- Develop and implement a quality management (QM) program according to the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) expectations for RW grantees. Include the following:
  - A written QM plan and work plan, which is updated annually.
  - A leader and team to oversee the QM program.
  - QM goals, objectives, and priorities.
  - Performance measures and mechanisms to collect data.
  - Project-specific CQI plan (e.g., work plan).
  - Communication of results to all levels of the organization, including consumers when appropriate.
- Participate in the statewide Part B QM Program.
- Monitor performance measures as determined by the Part B QM Program.
- Participate in HIV clinical and case management chart reviews conducted by state office QM staff.

- ❖ Provide QM plan, reports, and other information related to the local QM program as requested by the HIV Care District Liaison and/or State Office QM staff. Allow the HIV Care District Liaison and/or State Office QM staff access to all QM information and documentation.
- ❖ Ensure compliance with the Georgia HIV/AIDS Case Management Standards (current edition)**.** Include the following:
  - Case managers utilize the standardized case management client intake form or an equivalent.
  - All case managed clients have an Individualized Service Plan (ISP) developed within 30 days of intake. Districts utilizing the standardized Case Management Acuity Scale and Self-Management Model will revise the ISP as specified according to the Acuity by Level Activities document. The remaining districts must provide documentation that Medical Case Management client's had an ISP developed and/or updated two or more times per year.
  - Documentation in the ISP and case notes of coordination and follow-up of medical treatments and treatment adherence.
  - Monitor the standardized Case Management Acuity Scale and Self-Management Model into service provision.

B. Quality Management Committee(s)

1. Quality Management Core Team

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

b. Membership
- ❖ The Core Team membership will be reviewed annually and changes made accordingly.
- ❖ Membership by consumers and RW Program Part B funded agencies will be on a voluntary basis.
- ❖ Persons interested in volunteering will submit requests to the HIV Office or Core Team.
- ❖ Composition and Roles/Responsibilities

  The Core Team will include the following members:
  - Senior DPH Leadership: Any or all of the positions below, or their designees, may attend meetings to represent the involvement of senior leadership.

HIV Office Staff

- The HIV Office Director – Duties include:
  HIV Office leadership and coordination of HIV care and prevention activities.
- The HIV Care Program Manager – Duties include:
  Responsible for grant oversight and management, allocation of resources, and ensuring the development and implementation of the QM plan, including systems-level CQI projects.
- The HIV Care District Liaisons – Duties include:
  - Closely monitor the programmatic and fiscal requirements of all contracts and Annex-GIA awards including QM requirements
  - Ensure QM/QI 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.
- Nurse Consultant (QM Team Leader). Duties include:
  - Functioning as the key contact and team leader for quality management.
  - Coordinating the day-to-day QM Program operations.
  - Supervising QM staff members.
  - Recruiting QM Team members.
  - Coordinating QM Team meetings.
  - Coordinating systems-level CQI projects.
  - Ensuring development, implementation, and evaluation, of the QM plan and Work Plan.
  - Ensuring revision of the QM plan at least annually, and the Work Plan at least quarterly.
  - Completing and submitting required reports related to QM.
  - Ensuring QM/QI and other HIV-related training is available.
  - Closely monitoring assigned districts' QM plans and quarterly reports.
  - Providing technical assistance to the RW Program Part B funded agencies in the development of local QM plans and nursing/clinical services.
  - Conducting site visits to review QM plans and activities, and/or to review clinical performance indicators.
  - Participating on the DPH Nursing QA/QI Team.
  - Participating in GA Ryan White Programs quality-related committees and activities**.**
  - Attending the metro Atlanta EMA Quality Management Committee meetings.
  - Participating in the revision of the HIV/AIDS-related nurse protocols.

- Developing and revising HIV-related medical 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.

– Nurse Consultant - Duties include:
  - Assisting with coordination of day-to-day operations of the QM Program:
    - Planning meetings and/or conference calls.
    - Communicating with the Core Team and subcommittees.
    - Completing reports and other assignments.
    - Participating in systems-level CQI projects.
  - Participating on the QM Core Team.
  - Closely monitoring assigned districts' QM plans and quarterly reports.
  - Providing technical assistance to the RW Program Part B funded agencies in the development of local QM plans and activities.
  - Conducting site visits to review QM plans and activities, adherence activities, or clinical performance indicators.
  - Coordinating the revisions of nurse protocols.
  - Developing or revising medical guidelines, polices, and/or procedures.
  - Attending the Metro Atlanta EMA Quality Management Committee meetings.
  - Participating in GA Ryan White Programs quality-related committees and activities.
  - 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.

– QM Coordinator - Duties include:
  - Assisting with coordination of day-to-day operations of the QM Program:
    - Planning meetings and/or conference calls.
    - Communicating with the Core Team and subcommittees.
    - Completing reports and other assignments.
    - Facilitating the Case Management Subcommittee.
    - Participating in systems-level CQI projects.
  - Participating on the QM Core Team.
  - Ensuring the development, implementation, and evaluation of statewide case management standards and tools.
  - Ensuring QM/QI and case management training is available.

- Assisting with the revision of the QM plan and Work Plan.
- Closely monitoring assigned districts' QM plans and quarterly reports.
- Providing technical assistance to the RW Program Part B funded agencies in the development of local QM plans and activities.
- Conducting site visits to review QM plans and activities, and/or to review case management services.
- Participating in GA Ryan White Programs quality-related committees and activities.
- Attending the Metro Atlanta EMA Planning Council and 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 Section IDI/HIV - Duties include:
  - Participating on the QM Core Team.
  - Providing medical expertise and technical assistance to the HIV Office, ADAP, RW Program Part B funded agencies and others.
  - Chairing the HIV Medical Advisory Committee (HIV-MAC).
  - Conducting site visits to review clinical performance measures including: management and utilization of antiretroviral therapy.
  - Revising and approving the HIV/AIDS-related nurse protocols.
  - Providing training to HIV providers and others as indicated.
  - Mentoring physicians inexperienced in HIV care.
  - Assisting with QM-related reports and assignments.
  - Assisting with development and/or revisions of medical guidelines, polices, and/or procedures.
– Part-time QM Data Manager – Duties include:
  - Collaborate with the HIV Epidemiology Section and RW Statistical Analyst to facilitate optimal use of available data for QM activities
  - Designing procedures for the collection/evaluation of data
  - Providing data-related technical assistance
  - Analyzing data
  - Assisting with the data component of quality reports. Create reports, graphs, charts, and spreadsheets to summarize and explain data.
– The AIDS Drug Assistance Program (ADAP)/Healthcare Insurance Continuation Program (HICP) Manager – Duties include:

- Managing and coordinating ADAP/HICP and all related components of the QM plan including CQI projects and performance measures
- Facilitating the ADAP/HICP Workgroup.
- Ensuring QM/QI 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:
  - Training the ADAP **Contract Pharmacy (ACP) Network personnel**
  - Monitoring of the ADAP contract pharmacies
  - Medication-related system improvements of ADAP including the contracted pharmacies
  - Providing pharmacy expertise and TA to the HIV Office, ADAP, Part B funded agencies and others
  - Participating on the HIV Medical Advisory Committee
  - Participating in the revision of the HIV/AIDS-related nurse protocols.
  - Ensuring QM/QI 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.
– RW Statistical Analyst – Duties include:
  - Maintaining the CAREWare database
  - Providing TA and training to state and district staff
  - Creating custom reports to collect performance measure data
  - Generating reports from CAREWare.
  - Delegating to CAREWare staff as needed.

Other QM Core Team Members

– Peer Advocates/Consumers – Duties include:
  - Representing the client's perspective on ways to improve quality of services.
  - Suggesting quality improvement process and projects.
  - Providing direct feedback on services and barriers including:
    - Needs assessments.
    - Satisfaction surveys.
    - Interviews.

- Representative from HIV/AIDS Surveillance (Ad hoc) – Duties include:
  - Providing HIV and AIDS case reporting data for planning and quality improvement opportunities as needed.
- Ryan White Program Part B funded agencies (District HIV Coordinator) – Duties include:
  - Representing his/her agency/program.
  - Suggesting quality improvement processes and projects.
  - Providing direct feedback on services and barriers.
  - Ensuring that Part B QM activities align with his/her local QM plan/activities.
- Representatives from RW Program Parts A, C, and D – Duties include:
  - Representing their agencies/programs and ensuring that Part B QM activities align across RW Programs statewide.
- Medicaid Representative (Ad hoc) – Duties include:
  - Assisting with Medicaid-related QM activities as needed.
- Representative from HIV Prevention – Duties include:
  - Updates on HIV Prevention activities and coordinating activities when possible.
- Representative from Fetal Infant Mortality Registry (FIMR)/HIV Program – Duties include:
  - Updates on progress of program implementation and sharing aggregate data as indicated.
- All other RW Program Part B HIV Office staff – Duties include:
  - Participating in the QM plan as needed. (See Appendix C. for **2016**-**2017** Core Team Members).

c. Communication
   - ❖ The Core Team meets at least once quarterly. In-person meetings are preferred.
   - ❖ Additional conference calls and electronic communication is ongoing.
   - ❖ The Core Team shares QM/QI findings/reports within DPH; with the HIV Office, RW Program Part B funded agencies, and others.
   - ❖ District Liaisons ensure QM/QI findings/reports are shared at Consortia meetings.

d. General Core Team Responsibilities
   - ❖ A Nurse Consultant serves as the key contact and team leader for quality management.

- ❖ At least one member of the QM Core Team routinely attends the Metro Atlanta EMA Planning Council and Part A Quality Management Committee meetings.
- ❖ The Core Team is responsible for guiding the overall QM program including determining priorities, setting goals, creating/revising the work plan (see Appendix A.), preparing reports, and evaluating the program and plan.
- ❖ The 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 HIV Office, RW Program Part B funded agencies/Consortia, leadership within DPH, and others.
  - Reviews and updates the QM plan annually.
  - Makes recommendations to the HIV Office for appropriate education related to QI topics.
  - Conducts evaluation activities.

2. Subcommittees

Subcommittees will be created by the Core Team as needed.

a. Case Management Subcommittee

- ❖ Goal: The committee identifies gaps in service provision, sets priorities for system expansion, discusses case manager training needs, and develops strategies to address client issues.
- ❖ Membership: Members of the subcommittee are selected to represent all Ryan White Parts and other case management agencies providing services to people living with HIV/AIDS (PLWHA) in Georgia. (See Appendix C. for committee members.)
- ❖ Responsibilities:
  - Comply with the Core Team's overall goals and Work Plan.
  - Communicate with the Core Team.
  - Submit meeting minutes in predetermined format.
  - Monitor Ryan White Program Part B CM standards.

b. Georgia ADAP/HICP Quality Management Subcommittee

- ❖ Goal: Improve access to ADAP and HICP services by improving the application and recertification process.
- ❖ Membership: Will consist of 11 members and include a diverse mix of State Office staff, medical and pharmacy experts, case

managers, and consumers. (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.
- ❖ The subcommittees will meet quarterly approximately 2-3 weeks prior to the quarterly Core Team meeting. Meetings will take place via phone conferencing.

3. State Office HIV Care Team

a. Goal: Plan, implement, monitor and evaluate quality, including CQI projects, to improve HIV care systems.

b. Members: State Office HIV Care Team includ**e**: the HIV Nurse Consultant Team Lead, HIV Nurse Consultant, QM Coordinator, HIV Care Manager, Ryan White Specialist, ADAP/HICP Manager, ADAP Pharmacy Director, ADAP and HICP staff, District Liaisons, CAREWare Team Leader, **QM Data Manager** and staff.

c. Responsibilities include:
- ❖ Developing, implementing, monitoring and evaluating the QM Plan.
- ❖ Identifying areas for improvement projects.
- ❖ Conducting and evaluating improvement projects.
- ❖ Documenting improvement projects and results.
- ❖ Utilizing CQI methodologies such as PDSA (Plan, Do, Study, Act) cycles for small tests of change.
- ❖ Reporting back to QM Core Team as appropriate.
- ❖ Systematizing changes if appropriate.

4. Local Funded Agencies QM Committee

a. Each funded agenc**y** is required to convene and maintain a local HIV-specific QM committee.
b. 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.
c. Local QM committees should meet at least quarterly and guide HIV care related QM activities.
d. The local QM committee is responsible for developing, implementing, monitoring and evaluating the local QM plan.

C. Resources

1. Human Resources and Services Administration (HRSA)HIV/AIDS Bureau (HAB)
2. National Quality Center (NQC)
3. The Metro Atlanta EMA Ryan White Part A Quality Management Committee
4. **Georgia AIDS Education & Training Center (Georgia AETC)**
5. HIV/AIDS Epidemiology Unit
6. Ryan White Programs Part C and D
7. Other DPH personnel as needed
8. Local funded agencies

D. Performance Measurement System

The following outlines the processes for ongoing evaluation and assessment:

1. The Core Team determines quality projects and guides the process.
2. Data is used to identify gaps in care and service delivery.
3. The details for statewide **C**QI activities are described in the QM Work Plan (see Appendix A).
4. All project findings are prepared by the Core Team, and shared with RW Program Part B funded agencies, the HIV Office, and within the DPH.
5. Evaluation of **C**QI projects is ongoing. The Work Plan is updated at least quarterly.
6. The Part B CAREWare database is utilized whenever possible to collect data for statewide performance measures.
7. RW Program Part B funded agencies monitor selected performance measures and report to the Program. The Core Team reviews these measures and compiles reports.
8. RW Program Part B funded agencies and general RW Program performance measures are monitored by the District Liaisons for compliance with the Annex-GIA award deliverables. (See Appendix D. Monitoring Table)
9. HIV Nurse Consultants, **QM Coordinator** and the Medical Advisor review HIV clinical **and case management** charts in Part B-funded agencies for performance measures (See Appendix D. Monitoring Table). Findings are summarized and reported back to each site with a request for improvement plan based on findings.
10. The QM Coordinator monitors Ryan White Part B funded agencies for compliance with case management standards and performance measures.
11. The QM Core Team annually assesses the QM Program for effectiveness.

E. Coordination with Other Statewide QI/QA Activities

1. **Coordination across RW Programs**

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

2. **Coordination within DPH**

    a. The HIV Nurse Consultants participate on the DPH Nursing QA/QI Team led by the Office of Nursing.
    b. The QM staff collaborates with the Office of Performance Improvement.
    c. The Core Team includes an ad hoc member of the HIV/AIDS **Surveillance** Unit.
    d. HIV Prevention Representative and FIMR/HIV representative attend Core Team meetings. The Core Team collaborates on strategies to reduce perinatal HIV transmission in Georgia.
    e. At least one member of the Core Team will participate on the Georgia Oral Health Coalition.
    f. The Core Team will collaborate with other sections and share quality findings within DPH as indicated.

3. **Coordination with ADAP/HICP**

    a. The overall RW Program Part B QM plan includes goals specific to ADAP/HICP. The ADAP/HICP Manager and ADAP Pharmacy Director are members of the Core Team.
    b. The GA ADAP/HICP QM Workgroup meets as a subcommittee and reports to the QM Core Team.

4. **Feedback from Key Stakeholders**

    a. The Core Team communicates findings and solicits feedback from both internal and external key stakeholders on an ongoing basis.
    b. Presentations are made during RW Part B Coordinators meetings, Consortia meetings, RW Programs meetings, and others as identified.
    c. Written reports are shared with key stakeholders.
    d. Stakeholders are given the opportunity to provide feedback to reports and to prioritize quality activities.

e. The HIV Office maintains current Part B QM plans, reports, and other related information on the Office's web pages.
f. The process to complete the Statewide Coordinated Statement of Need (SCSN) involves feedback from key stakeholders including but not limited to consumers, representatives from All Ryan White Parts, HIV Prevention, and faith-based organizations.

III. Implementation

A detailed QM Work Plan is 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.

A. Data Collection

1. Data Collection Strategies

a. The HIV Data Team, HIV/AIDS **Surveillance** Unit, and others assist with data collection strategies.
b. Data Sources include the following:
   - ❖ CAREWare
   - ❖ RW Data Reports
   - ❖ Enhanced HIV/AIDS Reporting System (eHARS)
   - ❖ Vital Records
   - ❖ Clinical Chart Review Tool
   - ❖ Programmatic monitoring tools
   - ❖ Reports from funded agencies
   - ❖ Pharmacy Benefits Manager (PBM) database
   - ❖ Client satisfaction surveys
   - ❖ Case Management Chart Review Tool
   - ❖ Clinic/District specific surveys
c. Data collection is based on appropriate sampling methodologies.

2. Reporting Mechanisms

- Ryan White Program Part B funded agencies are required to report data on key performance indicators.
- The Core Team reviews and compiles findings.
- District Liaisons and/or Ryan White Program Part B QM staff review sub-recipient QM plans and reports for effectiveness and accuracy.
- Findings are shared with HIV providers, RW Program Part B funded agencies, Consortia, the HIV Office, the DPH leadership, and others.
- Findings are used to guide CQI activities.

3. Performance Measurement

Key clinical and non-clinical performance indicators are measured statewide. (See Appendix D Monitoring Table)
HRSA/HAB released new HIV Performance Measures in October 2013. The new performance measures will be integrated into review tools and prioritized. The new measures will be integrated in CAREWare as they become available.

a. HRSA/HAB introduced 5 new Core Measures and archived several measures. Four of five Core Measures are available in CAREWare and our Quarterly PM portfolio has been revised and updated. All 5 Core Measures have been integrated into the Clinical Chart Review and PMs for the Chart Review have also been revised.
b. The Part B District reports include performance measures from the Part B Implementation Plan.
c. The HIV Nurse Consultants and Medical Advisor will review RW Part B HIV clinical charts for key clinical performance measures.
d. The QM Coordinator and HIV Nurse Consultants review case management charts for performance measures.
e. District Liaisons monitor selected general RW programmatic measures.
f. ADAP/HICP staff review ADAP and HICP performance measures through data reports.

B. Quality Improvement Projects

- The Core Team and/or the State Office Care Team select and prioritize statewide or system QI projects.
- Data is utilized to guide project selection.
- CQI Methodology is utilized and includes the following:
  - The Model for Improvement (PDSA [Plan/Do/Study/Act] Cycles). (See Appendix E).
  - Flow chart analysis
  - Cause and effect diagrams
  - Brainstorming
  - Observational studies/ client flow
  - Activity logs
- *The Testing Change (PDSA) Worksheet* will be utilized to document tests of change during QI projects (See Appendix E).
- Improvement projects are documented in the QM work plan.
- Sub-recipient QM plans include CQI projects.
- **Sub-recipients will report progress on CQI projects quarterly.**
- The following statewide clinical CQI objectives are included in this plan:
  - Design and implement **2** statewide CQI projects to improve HAB Core performance measures to address the care continuum in Georgia.

    - **Retention in Care: Identify and share best practices for appointment processes, client no shows and multiple appointment rescheduling that results in gaps in services. Implement clinic specific CQI projects focusing on reducing the percentage of no shows**
    - **Re-engagement in Care: Identify and share best practices for re-engagement in care. Utilize CAREWare to identify clients out of care for more than 1 year. Implement clinic specific CQI projects to re-engage clients in care.**
  - **Assure that quality improvement projects occur at the state and local levels during the year.**
    - **Please see the two Care Continuum CQI projects above**
    - **Dental: Identify barriers to dental visits in each funded district. Design and implement state and/or local CQI projects to overcome barriers.**

C. Capacity Building

- Ryan White Program Part B QM staff participates in NQC trainings and webinars to support their ongoing QM skills development. This enables staff to provide and coordinate technical assistance/training for RW Program Part B funded agencies.
- NQC training materials and resources are utilized as much as possible.
- QM technical assistance/training needs are assessed through requests in funded agencies applications, monitoring of local QM plans/programs and quarterly reports, and through training evaluations and/or needs assessments.
- **CQI Best Practices Incentive Program. Beginning Quarter Two in FY2016-17, funded districts will be selected to showcase best practices and/or success with improvement projects.**
  - **One clinic will be selected per quarter.**
  - **The selected clinic will receive a certificate acknowledging appreciation for their contributions to improve the quality of care for clients.**
  - **At the end of the 4th quarter of the FY, after a clinic has been selected for that quarter, the QM Core Team will select one CQI Champion from the quarterly recipients.**
  - **The CQI Champion clinic will receive special recognition.**

IV. Evaluation

A. Self-Assessment

- ❖ The QM Core Team completes the *HAB/NQC Collaborative Ryan White Program Part B QM Assessment Tool* at least annually.
- ❖ The QM plan is assessed using the *Checklist for the Review of an HIV-Specific Quality Management Plan,* assessment tool developed by the NQC.
- ❖ The QM Core Team completes an annual assessment and subsequent revision of the QM plan.
- ❖ The QM Core Team evaluates the RW Part B QM Program on an annual basis including rating the completeness of strategies.

B. Evaluation of Local QM Plans

QM staff members annually review local QM plans including work plans, CQI activities, progress on case management standards and performance indicators. They provide feedback regarding each plan.

C. External Evaluation

QM 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 QM Program.

D. DPH Evaluation

- ❖ At least annually, findings are reported to leadership within DPH.
- ❖ A revised QM plan is submitted to HIV Office leadership for approval on an annual basis.

Appendix A.
Quality Management Work Plan

(See attached file. The Work Plan is updated quarterly)

Georgia Ryan White Part B Program Quality Management
2016-2017 Work Plan

Goal 1: Continuously implement a statewide RW Part B Quality Management (QM) Plan, which is updated at least annually.

Objectives	Strategies	Lead	Staff Resources	Timeline	Progress Notes
1-1 Provide quality improvement (QI) / quality management (QM) training workshops based on identified needs.	1-1.a. Plan and conduct two quality management trainings based on identified needs. 1-1.b. Identify topics, dates, and locations for next training(s). 1-1.c. Participate on a Statewide Ryan White Part B conference planning committee and ensure that quality topics are included on the conference agenda. 1-1.d. Consider using webinars to share best practices and provide QM training. 1-1.e. Collaborate with partners to implement clinical and/or case management training based on identified needs.	Michael "Mac" Coker, Pamela Phillips, and **Rachel Powell**	Part A HIVQual Consultant	1-1.a. **5/30/16** 1-1.b. **4/30/16** 1-1.c. **TBD** 1-1.d. As needed 1-1.e. As needed	
1-2 Assure that quality improvement projects occur at the state and local levels during the year.	1-2.a. Facilitate system improvements by utilizing CQI methodologies. 1-2.b. Review local CQI projects and provide technical assistance (TA). 1-2.c. Meet with and provide onsite TA to local QM committees. 1-2.d. Monitor local quarterly QM reports for CQI and best practices. 1-2.e. **Showcase CQI best practices and acknowledge through an incentive program** **1-2.f. Develop template for monitoring CQI projects at the state and district levels.** **1-2.g. Share updates and s**olicit input from QM Core Team regarding statewide improvement efforts.	Michael "Mac" Coker, Pamela Phillips and Rachel Powell	Care Team NQC 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. **Quarterly beginning 7/1/16** **1-2.f. 4/30/16** **1-2.g.** Quarterly 1-2.**h**. Monthly **1-2.1. As needed**	

	1-2.**h**. Monitor GPHL HIV viral load specimen reports. 1-2.**i**. Collaborate with the Centers for Medicaid and Medicare Services (CMS) on CQI projects as they are identified.				
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 QM information on the HIV Office web page. 1-3.d. Explore strategies to involve district staff in the statewide quality process.	Michael "Mac" Coker, Pamela Phillips, **and Rachel Powell**	QM Core Team	1-3.a. **TBD** 1-3.b. At least bi- annually 1-3.c. As needed 1-3.d. As needed	
1-4 Update the QM plan at least annually and the QM work plan at least quarterly.	1-4.a. Revise work plan quarterly. 1-4.b. Send QM plan to PH Clinical and Nursing Coordinators and HIV Coordinators. 1-4.c. Share QM Plan with DPH and HIV Office stakeholders. 1-4.d. Place revised QM plan on HIV Office web pages.	Michael "Mac" Coker, Pamela Phillips, **and Rachel Powell**	QM Core Team	1-4.a. Quarterly 1-4.b. Annually 1-4.c. Annually 1-4 d. Annually	
1-5 Require that all RW Part B funded agencies revise written QM plans/**work plans** annually and submit quarterly QM progress reports **to include CQI project updates.**	1-5.a. Obtain quarterly QM reports from the Part B funded agencies and monitor QM activities **(CQI project updates)**, work plan and PMs. 1-5.b. **Review** revised QM plans from each Part B funded health agency by the end of the month of the renewal date (Jan. 31st, April 30th, or July 31st). 1-5.c. **Provide feedback on local QM plans to the funded health agency.**	Michael "Mac" Coker, Pamela Phillips, and Rachel Powell District Liaisons	District HIV Coordinators and Local QM Committees QM 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. Increase the percentage of new ADAP applications approved or denied for ADAP enrollment within 2 weeks of ADAP receiving a complete application to **95%** or greater.	2-1.a. Generate monthly reports to monitor this objective and share quarterly with the ADAP/HICP Subcommittee. 2-1.b. Evaluate reports for trends in ADAP State Office performance in processing new applications. 2-1.c. Conduct CQI projects to decrease length of time to determine ADAP eligibility or ineligibility by ADAP State Office. 2-1.d. Utilize reports to communicate with district and agency staff regarding their rates of correctly completed ADAP application submissions. 2-1.e. Provide technical assistance on ADAP applications and required supporting documentation to staff and agencies. 2-1.f. Ensure that ADAP coordinators and case managers comply with the approved Georgia Ryan White Part B/ADAP/HICP Policies and Procedures. 2-1.g. Provide or coordinate ADAP-related training for ADAP/ HICP Enrollment Site Coordinators and case manager. 2-1.h. Communicate GA ADAP updates via conference calls, email listserv, and HIV Office web pages. 2-1.i. Convene the Georgia ADAP/HICP Quality Management Subcommittee at least quarterly.	**Satin Francis**, Alysia Johnson, and **CAREWare Data Team**	Pamela Phillips ADAP **Team**	2-1.a. Monthly, quarterly 2-1.b. Quarterly 2-1.c. As needed 2-1.d. Quarterly 2-1.e. As needed 2-1.f. During internal review as needed 2-1.g. As needed 2-1.h. As needed 2-1.i. Quarterly	

2-2. Increase the percentage of Georgia ADAP clients recertified for ADAP eligibility criteria at least semi-annually to **95%** or greater.	2-2.a. Generate monthly reports to monitor this objective and share quarterly with the ADAP/HICP Subcommittee. 2-2.b. Utilize reports to communicate with district and agency staff regarding clients' recertification status. 2-2.c. Monitor the ADAP enrollment sites systems to track ADAP client recertification due dates. 2-2.d. Provide technical assistance to those who need assistance developing or improving their system to track ADAP client recertification due dates. 2-2.e. Ensure that ADAP coordinators and case managers comply with the approved Georgia ADAP Policies and Procedures manual. 2-2.f. Provide or coordinate ADAP related training for ADAP/ HICP Enrollment Site Coordinators and case managers. 2-2.g. Conduct administrative site visits. 2-2.h. Communicate GA ADAP updates via conference calls, email listserv and HIV Office web pages. 2-2.i. Convene the Georgia ADAP/ HICP Quality Management Workgroup at least quarterly. 2-2.j. Generate reports of the percentage of discontinued clients enrolling in ADAP, and share quarterly with the ADAP/HICP Subcommittee. 2-2.k. **Monitor the implementation of the self-attestation recertification process.**	**Satin Francis**, Alysia Johnson, and **CAREWare Data Team**	Pamela Phillips ADAP **Team**	2-2.a. Monthly, quarterly 2-2.b. Monthly. 2-2.c. During admin. site visits as needed 2-2.d. As needed 2-2.e. During internal review as needed 2-2.f. As needed on location or at the State office 2-2.g. **Annually** 2-2.h. As needed 2-2.i. Quarterly 2-2.j. Monthly, quarterly 2-2.k. Monitor monthly	

2-3 Increase the percentage of correctly completed new ADAP applications submitted to **95%** or greater.	2-3.a. Generate monthly reports to monitor this objective, and share quarterly with ADAP/ HICP Workgroup. 2-3.b. Utilize reports to communicate with district and agency staff regarding their rates of correctly completed new ADAP application submissions. 2-3.c. Provide technical assistance on ADAP applications and backup documentation to staff and agencies as needed. 2-3.d. Ensure that ADAP coordinators and case managers comply with the approved Georgia Ryan White Part B/ADAP/ HICP Policies and Procedures. 2-3.e. Provide or coordinate ADAP related training for ADAP/ HICP Enrollment Site Coordinators and case managers as needed. 2-3.f. Communicate GA ADAP updates via conference calls, email listserv, and HIV Office web pages. 2-3.g. Convene the Georgia ADAP/ HICP Quality Management Workgroup at least Quarterly. 2-3.h. Monitor the implementation of an electronic ADAP application submission process.	**Satin Francis**, Alysia Johnson, and **CAREWare Data Team**	Pamela Phillips ADAP **Team**	2-3.a. Monthly 2-3.b. Quarterly 2-3.c. As needed 2-3.d. During internal reviews as needed 2-3.e. As needed 2-3.f. As needed 2-3.g. Quarterly 2-3.h. Daily	
2-4 Conduct an internal audit of up to 5% of ADAP new client application forms annually.	2-4.a. Review complete audit of all active client files. 2-4.b. Utilize the "ADAP Documentation Checklist" to evaluate if ADAP applications **and** forms were correctly completed and if approved or denied according to ADAP policies and procedures.	**Satin Francis** and Alysia Johnson	ADAP Team QM Team	2-4.a. Annually 2-4.b. Daily 2-4.c. As needed 2-4.d. Quarterly 2-4.e. Quarterly 2-4.f. Quarterly	

	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 GA ADAP/HICP QM Workgroup to initiate CQI projects as indicated.				
2-5 Monitor programmatic compliance and adherence to antiretroviral regimens through the data collection system.	2-5.a. Instruct Districts to utilize PBM reports to routinely monitor clients 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	**Satin Francis and** Alysia Johnson	2-5.a. Monthly 2-5.b. Quarterly 2-5.c. As needed 2.5.d As indicated	
2-6 Systematically review data collected by the 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 to monitor inappropriate ART regimens or components. 2-6.c. Require ADAP contract pharmacies to maintain a separate ADAP medication error log.	Gay Campbell	QM Team PBM 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**	

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

Objectives	Strategies	Lead	Staff Resources	Timeline	Progress Notes
3-1 Increase the percentage of active HICP clients recertifying before the 6-month due date to prevent delays in payments for health insurance premiums to 95% or greater.	3-1.a. Generate monthly reports to monitor this objective. 3-1.b. Utilize reports to communicate with district and agency staff regarding clients' recertification status. 3-1.c. Provide technical assistance on HICP applications and backup documentation to staff and agencies as needed. 3-1.d. Encourage adherence to the Georgia Ryan White Part B/ADAP/HICP Policies and Procedures by the ADAP/ HICP enrollment sites. 3-1.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. 3-1.f. Provide or coordinate HICP related training for ADAP/ HICP Enrollment Site Coordinators and case managers. 3-1.g. Communicate GA HICP updates via conference calls, email listserv, and HIV Office web pages. 3-1.h. Convene the Georgia ADAP/ HICP Quality Management Workgroup at least quarterly. 3-1.i. Monitor the implementation of an electronic HICP application submission process.	**Satin Francis,** Alysia Johnson, **and CAREWare Data Team**	HICP Team District Liaisons **QM Team**	3-1.a. Monthly 3-1.b. Monthly 3-1.c. As needed 3-1.d. During internal reviews as needed 3-1.e. As needed 3-1 f. As needed 3-1.g. Monthly 3-1.h. Quarterly 3-1.i. Daily	

3-2 **Increase the percentage of correctly completed new HICP applications submitted to HICP to 95%**.	**3-2 a. Generate monthly reports to monitor this objective and share quarterly with the ADAP/HICP Workgroup** **3-2 b. Utilize the reports to communicate with the district and enrollment staff** **3-2 c. Provide technical assistance on HICP applications and backup documentation to staff and/or agency as needed** **3-2 d. Ensure that HICP coordinators and case managers comply with the approved Georgia Ryan White Part B/ADAP/HICP Policies and Procedures** **3-2 e. Provide or coordinate HICP related training for ADAP/HICP enrollment site coordinators and case managers as needed.**	**Satin Francis, Alysia Johnson and CAREWare Data Team**	**HICP Team** **District Liaisons** **QM Team**	**3-2 a. Monthly** **3-2 b. Quarterly** **3-2 c. As needed** **3-2 d. Daily** **3-2 e. As needed**	
3-3 Conduct an internal audit quarterly of up to 5% of HICP new client application**s and/or recertification** forms **quarterly**.	3-**3**.a. Review complete audit of all active client files. 3-**3**.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-**3**.c. For application forms that were incomplete, request and obtain required documentation. 3-**3**.d. Create quarterly report card from CAREWare summarizing key findings. 3-2.e. Share findings with the ADAP/HICP QM subcommittee Workgroup to initiate CQI projects as indicated.	**Satin Francis** and Alysia Johnson	HICP Team QM Team	3-**3**.a. Annually 3-**3**.b. Daily 3-2.c. As indicated 3-**3**.d. Quarterly 3-**3**.e. Quarterly	

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 16 Part B funded agencies.	4-1.a. Include HAB measures in monitoring tools, chart reviews, and QM 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 Measure data and reports. 4-1.d. Conduct clinical and CM chart reviews. 4-1.e. Create custom reports in CAREWare for performance measures. 4-1.f. Collaborate with Part A to obtain an update on the accuracy of the ambulatory care subservice category with regard to the HAB PMs.	Michael "Mac" Coker, Pamela Phillips and Rachel Powell **Elandis Miller** Part A	QM Core Team District Liaisons	4-1.a. As needed 4-1.b. Quarterly 4-1.c. As needed 4-1.d. As needed 4-1.e. As needed 4-1.f. As needed	
4-2 Design and implement **2** statewide CQI projects to improve HAB Core performance measures to address the Care Continuum in Georgia.	4-2.a. Utilize stakeholder buy-in and data to select **Care Continuum** measures for statewide quality improvement. 4-2.b. **Research best practices on how to improve the measures.** **4-2.c. Design statewide CQI projects to improve the measure using CQI methodologies.** **4-2.d. Ensure funded agencies** include the measures in their local QM Plans **4-2.e. Collect data and use the PDSA cycle to test interventions and monitor changes.** **4-2.f. Create an incentive program for CQI Best Practices.** 4-2.**g**. Obtain and disseminate best practices	Michael "Mac" Coker, Pamela Phillips and Rachel Powell	QM Core Team HRSA/HAB National Quality Center	4-2.a. **3/31/16** 4-2.b**. Ongoing** 4-2.c. **3/31/16** 4-2.d. **4/30/16** 4-2.e. **Ongoing** 4-2.**f**. **3/31/16** 4-2.g. Quarterly 4-2.h. Quarterly **4-2.1. As Needed**	

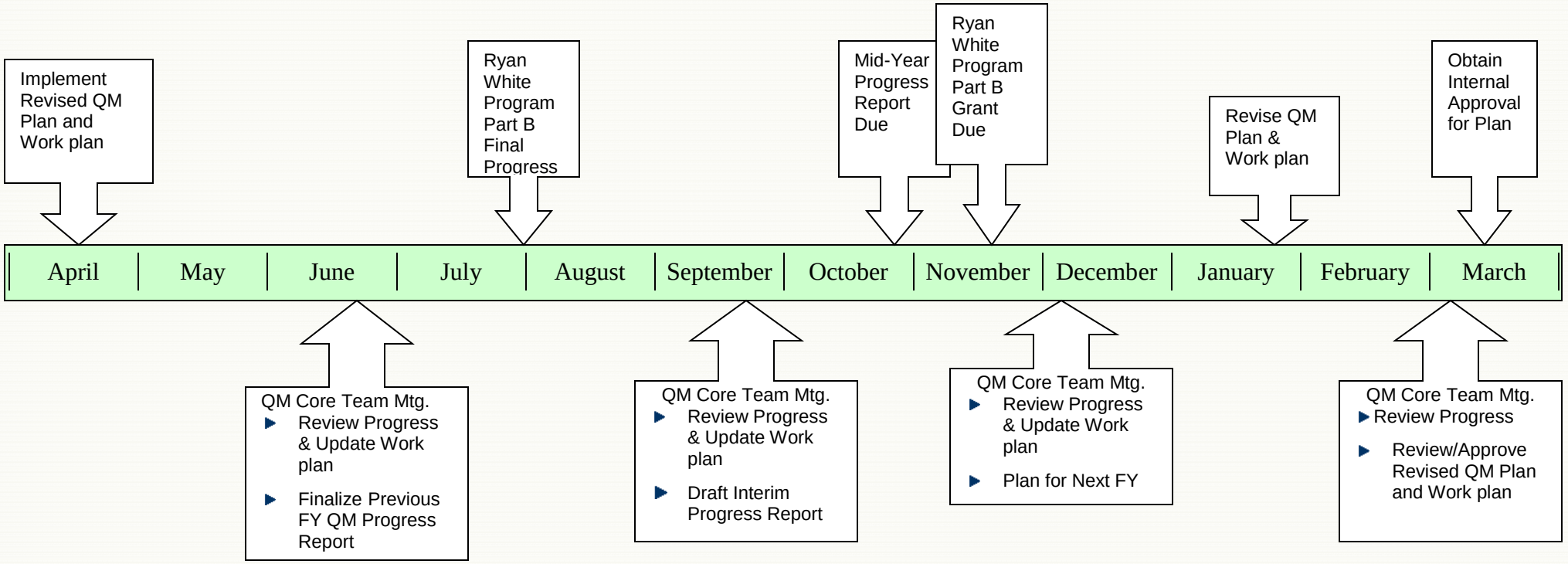
	from health districts. 4-2.**h**. Utilize Core Performance Measure data to collaborate with other Parts on retention in care 4-2.**i**. Collaborate with other DPH Programs and sections working on linkage and retention in care.				
4-3 Monitor the implementation of the Acuity Scale and Self-Management Model.	4-3.a. **Conduct CM Chart Reviews** **4-3.b.** Provide technical assistance to districts utilizing an acuity scale and self-management model.	Pamela Phillips and CM Subcommittee	QM Core Team	4-3.a. **12/31/16** **4-3.b.** As needed	
4-4 **Implement** the *Georgia HIV/AIDS Case Management Standards.*	4-4.a. **Distribute revised CM Standards document to the HIV Coordinator in each district via email.** **4-4.b. Conduct conference call with each district to discuss the revised CM Standards.** 4-4.c. **Provide technical assistance to Districts to assist with implementation of the CM Standards.**	Pamela Phillips and CM Subcommittee	QM Core Team	4-4.a. **4/15/16** 4-4.b. **8/1/16** 4-4.c. **As needed**	
4-5 Coordinate quality-related activities across Ryan White Programs (Parts A, B, C, and D) in Georgia.	4-5.a. Attend the Part A Planning Council and QM Committee. 4-5.b. Include across Ryan White Programs representation on the Part B QM 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.**	Michael "Mac" Coker, and Pamela Phillips	Part A QM Committee Part B QM Core Team **GA AETC**	4-5.a. Monthly 4-5.b. **Quarterly** 4-5.c. As needed 4-5.d As needed **4-5.e As needed**	

4-6 The percentage of HIV-infected pregnant women prescribed antiretroviral therapy will be 95% or greater.	4-6**.a. As part of the RW Part B clinical chart review, assess management of pregnant HIV-infected women.**	Dr. Felzien **and Michael "Mac" Coker**	QM Core Team	**4-6.a. 12/31/16**	
4-7 Monitor, assess and improve perinatal systems of care for HIV infected women and their infants utilizing the FIMR-HIV methodology.	**4-7.a. Identify cases of perinatal HIV transmission and/or exposures.** **4-7.b. Collect information on care from prenatal care records, labor & delivery, pediatric records and maternal interview.** **4-7.c. Convene Community Review Team (CRT) meetings to review cases, identify systems issues and develop recommendations for systemic improvement.** **4-7.d. Convene a Community Action Team meeting to initiate systems change.**	**Malembe Ebama, Yolanda Cameron and Dr. Felzien**	**QM Core Team** **https://dph.georgia.gov/georgia-fimrhiv**	**4-7.2.a Ongoing** **4-7.2.b. Ongoing** **4-7.2.c. Quarterly** **4-7.2.d. On Hold**	
4-**8** Revise the GA DPH, *Medical Guidelines for the Care of HIV-Infected Adults and Adolescents*	4-**8**.a. Complete revisions to retain only the Clinic Personnel section.	Michael "Mac" Coker, and Dr. Felzien	Medical Advisory Group PH Programs HIV Coordinators HIV Clinical Staff	4-**8**.a. **As needed**	

4-**9** Monitor measures to verify compliance with HRSA regulations related to the health insurance marketplace.	4-**9**.a. Communicate updates as they are received. 4-**9**.b. Provide technical assistance based on identified needs, including tools to assist districts with compliance.	**Mirelys Ramos, Rolanda Hall, DeWan Green, Eric Wade, and Shandrecka Murphy**	HIV Care Team	4-**9**.a. As needed 4-**9**.b. As needed	
4-**10 Continually monitor compliance with RW Part B, Emerging Community (EC) and MAI program requirements.**	4-**10**.a. Conduct site visits and provide summary reports, including feedback as appropriate. 4-**10**.b. Update site visit tools for districts and contractors in accordance with federal program requirements. 4-**10**.c. Assess services provided at the district level and share common findings with the QM Core Team. 4-**10**.d. Provide technical assistance to districts in need of compliance support. 4-**10**.e. Develop processes to improve compliance with RW Part B**, EC, and MAI program requirements** for applicable districts.	**Mirelys Ramos, Rolanda Hall, DeWan Green, Eric Wade, and Shandrecka Murphy**	Michael "Mac" Coker, and Pamela Phillips	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.
Annual QM Plan Timeline

Annual QM Plan Timeline



Appendix C.
2016-2017 Ryan White Part B Program Quality Management Committees

Ryan White Part B QM Program
2016-2017 Quality Management Core Team Members

- Adolphus “Tony” Major, Lead Consumer Advocate, District 8-2
- Alysia Johnson, BHS, ADAP/HICP Assistant Manager
- **Bridget Harris MSW, Assistant Director Ryan White Part A**
- Cindy Dankwa, District 4
- **Deborah “Deb” Bauer MPH, Ryan White Part D**
- **DeWan Green MPA, District Liaison**
- **Eric Wade BS, District Liaison**
- FIMR/HIV Representative (rotating)
- Gay Campbell, RPh, ADAP Pharmacy Director
- Gregory S. Felzien, MD, AAHIVS, Medical Advisor, Division of Health Protection/IDI-HIV
- Kacie McRae, Consumer, District 8-1
- LaShawne Graham, BSW, MSPSE, Social Services Provider 1, Adult Health Promotion Clinic North, District 8-1 (Parts B and C)
- Malembe S. Ebama, MPH, HIV Prevention Representative
- Marisol Cruz, MS, DBA, HIV Care Manager
- Michael (Mac) Coker, RN, MSN, ACRN, HIV Nurse Consultant
- Mirelys M. Ramos, MPH, CHES, **Assistant HIV Care Manager**
- Nicole Roebuck, LMSW, AID Atlanta (Part A)
- Vacant, Nurse Consultant (Part B QM Team Lead)
- Pamela Phillips, BSW, MSA, Part B QM Coordinator
- Rachel Waltenburg Powell, MPH, Part B QM Data Manager
- Rolanda Hall, MPH, District Liaison
- Sandra Jump, RN, District 9-2 Coffee Wellness Center
- **Satin Francis, ADAP/HICP Program Manager**
- **Shandrecka Murphy, MPH, HIV Care District Liaison**
- Susan Alt, RN, BSN, ACRN District HIV Director, District 9-1 Coastal (Parts B, C and D)

Ryan White Part B QM Program
2016-2017 Case Management Sub-committee

- Adolphus “Tony” Major Lead Consumer Advocate, Southwest Health District
- Alysia Johnson, BHS, ADAP/HICP Assistant Manager
- Flossie Loud, SST., III, Southwest Health District
- Johnny Rogers, **Medical Case Manager, Haven of Hope LaGrange**
- Jeffery D. Vollman, MPA, District HIV Director, North GA Health District
- Karen Cross, LCSW, Clinical Case Manager Team Leader, AID Gwinnett, East Metro
- LaShawne Graham, BSW, MSPSE, Social Services Provider 1, South Health District
- LaToya Robinson, BSW, ADAP Coordinator, SSP III, Southwest Health District
- Michael (Mac) Coker, RN, MSN, ACRN, HIV Nurse Consultant
- Nicole Roebuck, LMSW, **Acting Executive Director**, AID Atlanta
- Pamela Phillips, BSW, MSA, HIV Quality Management Coordinator
- Sheryl Lewis, MBA, Communicable Disease Specialist, Southeast Health District
- **Vacant** (Part B QM Team Lead)

Ryan White Part B QM Program
2016-2017 Georgia ADAP/HICP QM Sub-committee

- **Satin Francis,** ADAP/HICP **Program** Manager
- Valerie Buice, Program Associate, Haven of Hope, District 4
- Gay Campbell, RPh, ADAP Pharmacy Director
- Michael (Mac) Coker, RN, MSN, ACRN, HIV Nurse Consultant
- Mary Dillard, ADAP/HICP Coordinator, Specialty Clinic, District 1-1
- Alysia Johnson, BHS, ADAP/HICP Assistant Manager
- Gregory S. Felzien, MD, AAHIVS, Medical Advisor, Division of Health Protection/IDI-HIV
- Vacant, Consumer Advocate

Appendix D.
Monitoring Table

Georgia HIV Client Services Quality Management Program
Monitoring Table

Note: For data collected through client record or chart review, the indicator, numerator and denominator of the Measure are calculated according to the sample size of charts provided for review.

Note: Measures with a numerator or denominator stating "medical visit with a provider with prescribing privileges" or similar are captured according to the current CAREWare service categories. The current CAREWare service categories count medical, lab and nursing visits and does not yet have the capability to separate medical or other visits only.

Criteria	Indicators	Data Elements	Data Sources & Methods
General Ryan White Program Performance Measures			
Ryan White funds are used as payer-of-last-resort	Clients screened for other healthcare providers and insurance. Eligible clients referred for enrollment into Private Insurance, Medicare, or Medicaid	Documentation indicating that clients are screened at intake and recertified every 6 months. Documentation that clients are referred for enrollment into Private Insurance, Medicare or Medicaid.	Client record review
Eligibility documented for all clients receiving Ryan White Program Part B services: - HIV status - Income - Proof of residency - Other healthcare coverage	Documented HIV+ status. Clients with documentation of financial screening initially then every 6 months; and income at or below 300% of FPL. Documentation of GA residency. Documentation of "vigorous pursuit" and other coverage including Private Insurance, Medicare, or Medicaid.	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 6 months.	Client record review

Criteria	Indicators	Data Elements	Data Sources & Methods
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. Districts 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 client satisfaction surveys.
Client 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 client 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/ confidentiality measures. Review of written policy and procedures regarding security and confidentiality.
Ryan White funded providers ensure that every client is informed about: - Client confidentiality - Client grievance - Client rights & responsibilities	Percent of clients informed of confidentiality policy, grievance policies and procedures, and rights and responsibilities.	Documentation in chart that client is informed of confidentiality policy, grievance policies and procedures, and rights and responsibilities initially then annually.	Client record review
HIV-infected clients are satisfied with the Ryan White Program Part B services they receive.	Percent of clients who indicate they are satisfied with the services they have received.	Client responses to questions about their satisfaction with specific services.	Review of District level client satisfaction survey results. Results from 2013 Statewide Client Satisfaction Survey

Criteria	Indicators	Data Elements	Data Sources & Methods
Ryan White-funded providers implement QM 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 clients 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 client 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: # of newly enrolled or reactivated case managed client 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: # of newly enrolled or reactivated case managed client during the measurement year.	Client Chart Review
All case managed client charts containing a completed Acuity Scale in accordance with the Activities by Acuity Document.	Percent of case managed client charts containing a completed Acuity Scale in accordance with the Activities by Acuity Document.	N: # of case managed client charts containing a completed Acuity Scale in accordance with the Activities by Acuity Document during the measurement year. D: # of case managed client containing a completed Acuity Scale during the measurement year.	Client Chart Review

Criteria	Indicators	Data Elements	Data Sources & Methods
Ensure that the Acuity Scale, ISP, and/or Supportive/Self-Management Assessment documents are updated in accordance with the Activities by Acuity Level Document.	Percent of chart that have updated Acuity Scale, ISP, and Supportive/Self-Management Assessment documents in accordance with the Activities by Acuity Level Document during the measurement period.	N: # of charts that had an updated Acuity Scale, ISP, and Supportive/Self-Management Assessment documents in accordance with the Activities by Acuity Level Document during the measurement year. D: # of case management charts that had an updated Acuity Scale, ISP, and Supportive/Self-Management Assessment during the measurement year.	Client Chart Review
Medical Case managed clients (acuity level 3-4) should have documented evidence of coordination of services required to implement the ISP during service provision.	Percent of chart documentation (acuity level 3-4) that reflect evidence of coordination of services required to implement the ISP during service provision, referrals and follow-up.	N: # of client charts (acuity level 3-4) with documented evidence reflecting coordination of services required to implement the ISP during service provision, referrals and follow-up during the measurement year. D: # of case managed clients in a measurement year.	Client chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
Ensure that clients receiving medical case management (acuity level 3-4) services have continuous monitoring to assess the efficacy of the ISP.	Percent of client charts (acuity level 3-4) with documented evidence of ongoing monitoring to assess the efficacy of the ISP.	N: # of client charts (acuity level 3-4) with documented evidence of ongoing monitoring to assess the efficacy of the ISP during the measurement year. D: # of medically case managed clients in a measurement year.	Client chart review
Clients receiving medical case management (acuity level 3-4) services should have periodic re-evaluation and adaptation of the ISP at least every 3-6 months in accordance with the Activities by Acuity Document.	Percent of client charts (acuity level 3-4) with documented evidence of periodic re-evaluation and adaptation of the ISP at least every 3-6 months.	N: # of client charts (acuity level 3-4) 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: # of case managed clients in a measurement year.	Client chart review
Ensure that clients receiving medical case management services have (acuity level 3-4) documentation which includes coordination and follow up of medical treatment.	Percent of client chart (acuity level 3-4) documentation which includes coordination and follow-up of medical treatment.	N: # of MCM client charts (acuity level 3-4) with documentation including coordination and follow-up of medical treatment. D: # of MCM clients in a measurement year.	Client chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
All Case managed client 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 clients are eligible.	Percent of client chart documentation must reflect assistance with linkage to other programs for which clients are eligible.	N: # of client charts with documentation reflecting assistance with linkage to other programs for which clients are eligible during the measurement year. D: # of case managed clients in a measurement year.	Client chart review
All case managed clients (all levels of acuity) must have documented evidence of ongoing assessment of client and other key family members' needs and personal support system as needed.	Percent of clients charts (all levels of acuity) who had documented evidence of ongoing assessment of client and other key family members' needs and personal support system, as needed.	N: # of clients charts (all levels of acuity) with documented evidence of ongoing assessment of client and other key family members' needs and personal support system, as needed. D: # of case managed clients in the measurement year.	Client chart review
Clients receiving medical case management services (acuity level 3-4) will have treatment adherence assessed at least every 4 months.	Percent of medical case management clients (acuity level 3-4) who's charts had a documented treatment adherence visit 2 or more times at least 4 months apart.	N: # of MCM clients (acuity level 3-4) who had a documented treatment adherence visit 2 or more times at least 4 months apart in a measurement year. D: # of MCM clients in the measurement year.	Client chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
All medical case management clients (acuity level 3-4) who did not have a medical visit in the last 6 months as documented by case manager. (Gap in HIV medical visit)	Percent of medically case managed client (acuity level 3-4) charts who did not have a medical visit in the last 6 months.	N: # of medically case managed client (acuity level 3-4) charts who did not have a medical visit in the last 6 months during the measurement year. D: # of case managed clients in a measurement year.	Client chart reviews
All medically case managed client 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. (MCM Medical: Visit Frequency)	Percent of medically case managed client 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: # of medically case managed client 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: # of medically case managed clients in a measurement year.	Client chart reviews

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

Criteria	Indicators	Data Elements	Data Sources & Methods
Case managed client documentation (all levels of acuity) must reflect that clients received assistance in obtaining stable long-term housing as needed.	Percent of case managed client charts who had documentation reflecting that clients received assistance in obtaining stable long-term housing.	N: # of case management clients chart who had documentation reflecting that clients received assistance in obtaining stable long-term housing in the measurement year. D: # of case managed clients in the measurement year	Client chart reviews
All Case management chart documentation of services and encounters must include: ○ Client Identifier on all pages ○ Date of each encounter ○ Types of services provided ○ Types of encounters/ (face-to-face, telephone contact, etc.) communication ○ Duration and frequency of encounters ○ Key activities	Percent of client charts who had documented services and encounters.	N: # client charts who had documented services and encounters. D: # of case management clients in the measurement year	Client chart reviews
All entries in the client 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: # of client charts with documentation reflecting the case manager's professional title and signature. D: # of clients charts in the measurement year.	Client chart reviews

Criteria	Indicators	Data Elements	Data Sources & Methods
Obtain assurances and documentation showing that case management staff is operating as part of the clinical care team.	Percent of case managed client charts that had documentation showing that case management staff is operating as part of the clinical care team.	N: # of case managed client charts that had documentation showing that case management staff is operating as part of the clinical care team in the measurement year. D: # of case managed clients in the measurement year.	Client chart reviews
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: # of staff with credentials and/or evidence of training of health care staff providing case management services in the measurement year. D: # of staff providing case management services in your Ryan White Part B program within your district in the measurement year.	Client chart reviews
ADAP Performance Measures			
All ADAP clients must recertify for ADAP every 6 months. Note: Verifying Medicaid status is part of ADAP policy	ADAP enrollment sites have systems to track ADAP client recertification due dates. Percentage of eligible ADAP applicants who successfully recertified according to their recertification due date.	System to track ADAP recertification N: # of ADAP clients who are reviewed for continued ADAP eligibility in the measurement period. D: # of ADAP clients in the measurement period.	Review of ADAP recertification tracking systems Client record review Custom report from CAREWare Georgia Health Partnership Portal to verify Medicaid eligibility

Criteria	Indicators	Data Elements	Data Sources & Methods
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: # of correctly completed ADAP applications submitted to ADAP during the reporting period D: # of ADAP applications submitted to ADAP during the reporting period	Custom reports from CAREWare
Initial ADAP applications should be correctly and completely submitted	Percent of ADAP applications sent back for specified deficiencies	N: # of ADAP applications sent back to ADAP enrollment sites for a specified deficiency D: # of ADAP applications submitted to State ADAP Office during the reporting period	Custom reports from CAREWare
State ADAP Office will approve or deny clients for ADAP services within 2 weeks of receiving a complete ADAP application.	Percent of new ADAP applications approved or denied for ADAP enrollment within 2 weeks of ADAP receiving a complete application during the reporting period.	N: # of applications that were approved or denied within two weeks of ADAP receiving a complete application during the reporting period D: # 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 client discontinues or terminates ADAP services. Clients are discontinued from ADAP services if the client has not picked-up medications for 60 or more consecutive days and/or if the client 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 Client chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
ADAP clients 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: # 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: # of inappropriate ARV regimen or components that are prescribed and funded by ADAP	PBM reports – in process Client chart review **ACP Network On-Site Audits**
ADAP will conduct an internal audit of up to 5% of ADAP new client applications quarterly to determine if the applications and recertification's are completed and approved or denied according to ADAP policies and procedures.	Percent of ADAP new client application forms that were correctly completed during the quarter.	N: # of ADAP new client applications that were correctly completed during the reporting period. D: # of ADAP new client applications reviewed during the reporting period.	Internal audit of ADAP new client applications
Clinical Performance Measures – General			
HIV-infected clients who are in medical care should be clinically stable.	Percent of HIV-infected clients who were clinically stable prior to the measurement year.	N: # of HIV-infected clients who were clinically stable prior to the measurement year D: # of HIV-infected clients who had at least 1 medical visit prior to the measurement year and had **1** or more medical visits in the measurement year.	Clinical chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
HIV-infected clients should receive ongoing risk reduction counseling as part of their medical care.	Percent of HIV-infected clients who received HIV risk counseling within the measurement year	N: # of HIV-infected clients who received HIV risk counseling as part of their medical care. D: # of HIV-infected clients who had at least **1** medical visit in the measurement year.	CAREWare
HIV-infected clients should receive substance **use** screening when they initiate primary medical care.	Percent of new clients with HIV infection who have been screened for substance use (alcohol and drugs) in the measurement year	N: # of HIV-infected clients who were screened for substance use within the measurement year. D: # of HIV-infected clients who were new during the measurement year, and had a medical visit with a medical provider with prescribing privileges at least once in the measurement year.	CAREWare
HIV-infected clients should receive mental health screening when they initiate primary care.	Percent of new clients with HIV infection who have had a mental health screening	N: # of HIV-infected clients who received a mental health screening D: # of HIV-infected clients who were new during the measurement year, and had a medical visit with a provider with prescribing privileges at least once in the measurement year.	CAREWare
Clinical Performance Measures – Physical and Dental Exams			
HIV-infected clients will receive an oral examination by a dentist at least annually.	Percentage of HIV-infected clients who received an oral examination by a dentist in the measurement year	N: # of HIV-infected clients who had an oral exam by a dentist in the measurement year D: # of HIV-infected clients who had at least **1** medical visit during the measurement year.	CAREWare Clinical chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
Clinical Performance Measures – Medical Visits			
Core 3: Medical visit frequency - Percentage of clients, regardless of age, with a diagnosis of HIV 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	**Percentage of clients, regardless of age, with a diagnosis of HIV 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**	**N: # of clients 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: # of clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6-months of the 24-month measurement period**	**CAREWare** **Clinical Chart Review**
HIV-infected clients should be seen every 6 months for routine medical evaluation and monitoring.	Percent of HIV-infected clients who had at least 1 medical visit **with an HIV specialist** during each 6-month period of the measurement year	N: # of HIV-infected clients who had a medical visit **with an HIV specialist** at least once during each 6-month period of the measurement year D: # of HIV infected clients who had medical visits at least once during the measurement year	Clinical chart reviews
Core 4: Gap in HIV medical visits - Percentage of clients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6-months of the measurement year	**Percentage of clients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6-months of the measurement year**	**N: # of clients in the denominator who did not have a medical visit in the last 6-months of the measurement year** **D: # of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year**	**CAREWare** **Clinical chart review**

Criteria	Indicators	Data Elements	Data Sources & Methods
Clinical Performance Measures – CD4 Counts and HIV Viral Loads			
HIV-infected clients who are clinically stable (i.e, suppressed for 2-3 years) may consider having HIV viral load measured at least every 6 months.	Percentage of clients, regardless of age, with a diagnosis of HIV/AIDS with a viral load test performed at least every 6 months during the measurement year.	N: # of clients with a viral load test performed every 6 months D: # of clients, regardless of age, with a diagnosis of HIV/AIDS who had at least **1** medical visit during the measurement year, with at least 60 days in between each visit.	Clinical chart review
Core 1: Viral load suppression - Percentage of clients, regardless of age, 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	**Percentage of clients, regardless of age, 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: # of clients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year** **D: # of clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year**	**CAREWare** **Clinical chart review**
Clinical Performance Measures – Antiretroviral Therapy			
Resistance testing before the initiation of ART	**Percentage of new clients (first visit within the review year) who had resistance testing performed before the initiation of ART**	**N: # of new clients on whom resistance testing was performed before the initiation of ART** **D: Number of new clients prescribed ART**	**Clinical chart review**
Core 2: Prescription of ART - Percentage of clients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	**Percentage of clients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year**	**N: # of clients from the denominator prescribed HIV antiretroviral therapy during the measurement year** **D: # of clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year**	**CAREWare** **Clinical chart review**

Criteria	Indicators	Data Elements	Data Sources & Methods
HIV-infected clients will be appropriately managed on antiretroviral therapy (ART).	Percent of HIV-infected clients on ART according to Department of Health and Human Services (DHHS) antiretroviral treatment guidelines in the measurement year.	N: # of HIV-infected clients on ART according to DHHS guidelines in the measurement year D: # of HIV-infected clients on ART and who had at least **1** medical visit in the measurement year	Clinical chart review ADAP reviews and reports
HIV-infected clients on ART should be clinically stable.	Percent of HIV-infected clients on ART who were clinically stable during each **6-month period** of the measurement year.	N: # of HIV-infected clients on ART who were clinically stable during each **6-month period** of the measurement year D: # of HIV-infected clients on ART and who had at least **1** medical visit in the measurement year	Clinical chart reviews
HIV-infected clients on ART who are clinically unstable should have resistance testing done.	Percent of HIV-infected clients on ART who were clinically unstable and had resistance testing performed within each **6-month period** of the measurement year.	N: # of HIV-infected clients on ART who were clinically unstable and had resistance testing performed within each **6-month period** of the measurement year D: # of HIV-infected clients on ART who were clinically unstable within each **6-month period** of the measurement year	Clinical chart review
HIV-infected pregnant females should be prescribed ART.	Percent of HIV-infected pregnant females who were prescribed ART.	N: # of HIV-infected pregnant females who were prescribed ART during the 2nd and 3rd trimesters D: # of HIV-infected pregnant females who had at least **1** medical visit during the measurement year	CAREWare Clinical chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
HIV-infected clients on ART should have lipids monitored before ART initiation or switch; if borderline or abnormal at last measurement, every 6 months; or if normal, at least annually.	Percent of HIV-infected clients on ART who had a fasting lipid panel in the measurement year.	N: # of HIV-infected clients on ART who had a fasting lipid panel in the measurement year D: # of HIV-infected clients on ART who had at least **1** medical visit during the measurement year	CAREWare Clinical chart review
Clinical Performance Measures – Pelvic Exams, Pap Smears and Sexually Transmitted Infection (STI) Screening			
HIV infected female clients 18 yrs. or older or who reported sexual activity will receive a pelvic examination at least annually	Percent of HIV-infected female clients who received a pelvic examination in the measurement year.	N: # of HIV-infected female clients who had at least one pelvic examination documented in the measurement year D: # of HIV-infected female clients 18 years or older or who reported sexual activity and had at least **1** medical visit during the measurement year	CAREWare Clinical chart review
HIV infected female clients 18 yrs. or older or who reported sexual activity will receive a Pap smear at least annually	**Percent of HIV-infected female clients who received a Pap smear in the measurement year.**	**N: # of HIV-infected female clients who had at least one Pap smear results documented in the measurement year** **D: # of HIV-infected female clients 18 years or older or who reported sexual activity and had at least 1 medical visits during the measurement year**	**CAREWare** **Clinical chart review**
All female clients with abnormal Pap smear results will be referred for diagnostic evaluation.	Percent of HIV-infected female clients with abnormal Pap smear results referred for diagnostic evaluation (e.g., colposcopy plus biopsy)	N: # of HIV-infected female clients with abnormal Pap smear results referred for diagnostic evaluation D: # of female clients with abnormal Pap smear results	Referral modules in CAREWare or manual referral logs Clinical chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
HIV-infected clients at risk for an STI should be screened for Chlamydia at least annually.	Percent of clients with HIV infection at risk for STIs who had a test for Chlamydia within the measurement year.	N: # of HIV-infected clients who had a test for Chlamydia D: # of HIV-infected clients who were either newly enrolled in care, sexually active, or had an STI within the last 12 months, and had a medical visit with a provider with prescribing privileges at least once in the measurement year.	CAREWare
HIV-infected clients at risk for an STI should be screened for Gonorrhea at least annually.	Percent of clients with HIV infection at risk for STIs who had a test for Gonorrhea within the measurement year.	N:# of HIV-infected clients who had a test for Gonorrhea D: # of HIV-infected clients who were either newly enrolled in care, sexually active, or had an STI within the last 12 months, and had a medical visit with a provider with prescribing privileges at least once in the measurement year.	CAREWare
Clinical Performance Measures – Syphilis, TB, and Hepatitis Screening			
HIV-infected clients will be screened for syphilis at least annually.	Percent of HIV-infected clients who were screened for syphilis (i.e., RPR or VDRL) in the measurement year	N: # of HIV-infected clients who had an RPR or VDRL done in the measurement year D: # of HIV-infected clients who had at least **1** medical visit in the measurement year	CAREWare Clinical chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
HIV-infected clients without a history of previous tuberculosis (TB) treatment, positive TB skin (TST) test or positive IGRA will be screened for TB at least annually.	1-a) Percent of HIV-infected clients with a TST (i.e., purified protein derivative (PPD) by the Mantoux method) placed in the measurement year. 1-b) Percent of HIV-infected clients who had a TST read by a trained healthcare worker within **48 to** 72 hours of placement 2) Percent of HIV-infected clients who completed TB screening (i.e., had a TST placed and read within **48 to** 72, or Interferon-Gamma Release Assay (IGRA) performed) at least once in the measurement year.	1-a) N: # of HIV-infected clients who had a TB screening test in the measurement year D: # of HIV-infected clients who had at least **1** medical visit during the measurement year and did not have a history of TB treatment or positive TST 1-b) N: # of HIV-infected clients who had a TST read within **48 to** 72 hours of placement. D: # of HIV-infected clients who had a TST placed in the measurement year 2) N: # of HIV-infected clients who completed TB screening during the measurement year D: # of HIV-infected clients with at least **1** medical visit in the measurement year and did not have a history of TB treatment or positive TST	CAREWare Clinical chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
All HIV-infected clients will be screened for Hepatitis B at least once since HIV diagnosis, unless there is documented infection or immunity.	Percent of clients, regardless of age, for whom Hepatitis B screening was performed at least once since the diagnosis of HIV/AIDS or for whom there is documented infection or immunity.	N: # of clients for whom Hepatitis B screening was performed at least once since the diagnosis of HIV/AIDS or for whom there is documented infection or immunity. D: # of clients, regardless of age, with a diagnosis of HIV/ADS and who had at least **1** medical visit during the measurement year, with at least 60 days in between each visit.	CAREWare **Clinical chart review**
All HIV-infected clients must be screened for Hepatitis C virus (HCV) at least once after HIV diagnosis.	Percent of HIV-infected clients for whom HCV screening was performed at least once since HIV diagnosis.	N: # of HIV-infected clients who have documentation of HCV status D: # of HIV-infected clients who had at least **1** medical visit during the measurement year.	Clinical chart review CAREWare
Clinical Performance Measures – Hepatitis, Influenza and Pneumococcal Vaccination			
All HIV-infected clients who do not have evidence of Hepatitis B (HBV) virus infection or past immunity should receive the HBV vaccination series.	Percent of clients with HIV infection who completed the vaccination series for Hepatitis B	N: # of HIV-infected clients with documentation of having ever completed the vaccination series for Hepatitis B D: # of HBV susceptible HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year. N: # of HIV-infected clients who completed the HBV vaccination series and had antibody response assessed. D: # of HIV-infected clients who completed the HBV vaccination	CAREWare GA Immunization Program Review Clinical chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
		series	
All non-allergic HIV-infected clients should receive the influenza vaccine at least annually.	Percent of clients with HIV infection who have received influenza vaccination within the measurement period (year).	N: # of HIV-infected clients who received influenza vaccination D: # of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year	CAREWare **Clinical chart review**
All HIV-infected clients with CD4 counts >200 cells/mm^3 should receive the pneumococcal vaccine.	Percent of clients with HIV infection who ever received pneumococcal vaccine.	N: # of HIV-infected clients who ever received pneumococcal vaccine D: # of HIV-infected clients who ever had a medical visit with a provider with prescribing privileges at least once in the measurement year	CAREWare
Clinical Performance Measures – Opportunistic Infection Prophylaxis and Screening			
All HIV-infected clients with CD4 counts below 200 cells/mm^3 should receive chemo-prophylaxis against *Pneumocystis* pneumonia (PCP).	Percent of HIV-infected clients with CD4 counts below 200 cells/mm^3 who were prescribed PCP prophylaxis in the measurement year.	N: # of HIV-infected clients with CD4 counts below 200 cells/mm^3 who were prescribed PCP prophylaxis D: # of HIV-infected clients with CD4 counts below 200 cells/mm^3 and who had at least **1** medical visit during the measurement year.	CAREWare Clinical chart review
All HIV-infected clients with CD4 counts below 50 cells/mm^3 should receive chemo-prophylaxis against *Mycobacterium avium* complex (MAC).	Percent of HIV-infected clients with CD4 counts below 50 cells/mm^3 who were prescribed MAC prophylaxis in the measurement year.	N: # of HIV-infected clients with CD4 counts below 50 cells/mm^3 who were prescribed MAC prophylaxis D: # of HIV-infected clients with CD4 counts below 50 cells/mm^3 and who had at least **1** medical visit during the measurement year.	CAREWare Clinical chart review

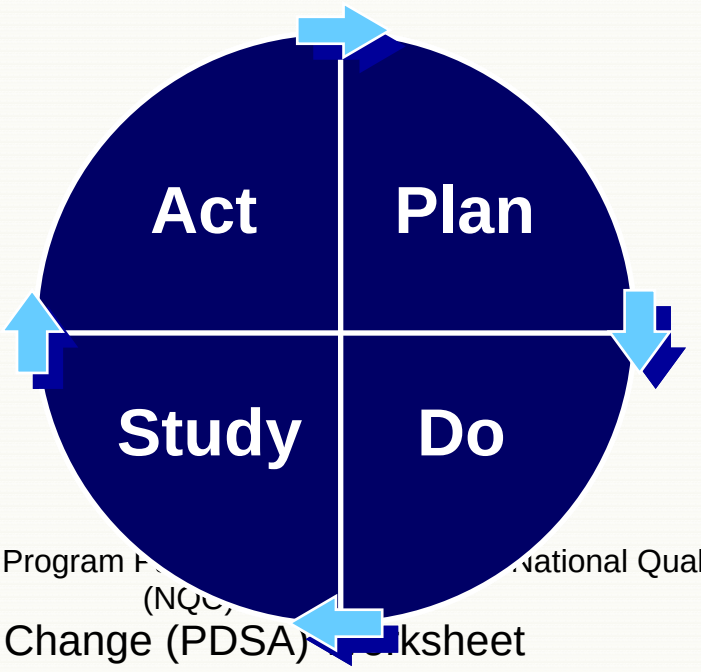
Appendix E.
Model for Improvement

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?

PDSA Cycles

ACT What changes are to be made? Next cycle? **Adapt, Adopt, Abandon?**	**PLAN** Objective Questions and **predictions** (why) Plan to carry out the cycle (who, what, where, when)
STUDY Complete the analysis of the data **Compare data to predictions** Summarize what was learned	**DO (Small Scale)** Carry out the plan Document problems and unexpected observations Begin analysis of the data



From the HAB/NQC Ryan White Program F… …National Quality Center (NQC)

Testing Change (PDSA) …ksheet

Date: _____Cycle#:____Began: _____Completed:_____Team: ____

PLAN *(fill out before the test/cycle)*
What is the purpose of this cycle?

Details: Who, What, Where, When, How

What do we expect (predict) will be the effect or outcome of the change?

If our expectation (prediction) is on target, what will be our next test/cycle or action?

DO and STUDY *(fill out during and after the test/cycle)*
Was the test/cycle carried out as we planned? Yes No If no, why not?

What did we observe that was not part of our plan?

How did we study and understand the result?

How did or didn't the outcome of this test/cycle agree with our expectation (prediction)?

What did we learn from this test/cycle?

ACT: (fill out after the test/cycle is completed)
Given the above understanding and learning, what are we going to do now?

Are there forces in our organization that will help or hinder these changes?

Appendix F.
QM Plan Approval

FY2016-2017 QM Plan and Work Plan Approval

The FY**2016-2017** RW Part B QM Plan and Work Plan are approved by the following:

Ryan White Part B QM Core Team

3/28/2016
Date

Marisol Cruz, HIV Care Manager
Georgia Department of Public Health

3/29/2016
Date

William Lyons, HIV Office Director
Georgia Department of Public Health

3-24-16
Date