



**Ryan White Program Part B  
Quality Management Plan  
April 2013-March 2014**



**Georgia Department of Public Health  
Division of Health Protection  
HIV Office**

**Last Revised March 2013**

# 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, 2013 to March 31, 2014**. 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 Eva Williams at 404-657-3113, Michael (Mac) Coker at (404) 463-0387 or Pamela Phillips at **(404)-657-8993**.

## Georgia Ryan White Program Part B Clinical 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 patients 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 health districts by monitoring core performance measures across RW Program Part B sub-recipients.
- ❖ Improving alignment across services through standardization of case management.
- ❖ Improving alignment across RW Programs by expanding quality related collaboration.

## C. 2012 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 at least two 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. Assure that at least two quality improvement activities occur in each district during the year.
- 1.d. Communicate findings to key stakeholders at least biannually.
- 1.e. Update the QM plan at least annually and the QM work plan at least quarterly.
- 1.f. Require that all districts revise written QM plans annually, and submit quarterly QM progress reports.

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

Objectives include:

- 2.a. Increase the percentage of Georgia ADAP clients recertified for ADAP eligibility criteria at least semi-annually to 95% or greater.
- 2.b. Increase the percentage of new Georgia ADAP applicants placed on the waiting list or denied for ADAP services within two weeks of ADAP receiving a complete application to 95% or greater.
- 2.c. Increase the percentage of correctly completed waiting list ADAP applications submitted to ADAP to 95% or greater.
- 2.d. Conduct an internal audit of up to 5% of ADAP recertification forms annually.
- 2.e. Monitor programmatic compliance and adherence to antiretroviral regimens from the PBM.
- 2.f. Systematically review data collected by the ADAP to identify inappropriate antiretroviral 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% or greater.
- 3.c. Conduct an internal audit quarterly of up to 5% of HICP new client applications and/or recertification forms.

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

Objectives include:

- 4.a. Monitor performance measures in all 16 Part B funded sites at least annually.
- 4.b. Increase the percentage of HIV-infected clients who have a dental examination at least annually from **26%** to **50%.\***
- 4.c. Increase the percentage of HIV-infected female clients  $\geq$  18 years old who have a PAP smear at least annually from **78%** to **90%.\***
- 4.d. Monitor the implementation of the Acuity Scale and Self Management Model.
- 4.e. Revise the *Georgia HIV/AIDS Case Management Standards* by **March 31, 2014.**
- 4.f. Coordinate quality-related activities across Ryan White Programs (Parts A, B, C, and D) in Georgia.
- 4.g. The percentage of HIV-infected pregnant women prescribed antiretroviral therapy will be 95% or greater.
- 4.h. Revise the *Georgia Medical Guidelines for the Care of HIV- Infected Adults and Adolescents* by **December 31, 2013.**
- 4.i. **Collaborate with partners to monitor the implementation of the Affordable Care Act (ACA).**
- 4.j. **Monitor In+Care Campaign Measures and utilize data to facilitate quality improvement.**

\*Data from 2009 clinical chart review

## **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 sub-recipients to ensure that RW Program Part B funds are the payor 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 Epidemiology

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 Sub-Recipients

- RW Program Part B sub-recipients are responsible for ensuring quality management components of the Grant-in-Aid agreements are met.
- The FY **2013-2014** Grant-In-Aid deliverables include the following QM language:
  - Ensure that the medical management of HIV infection is in accordance with the DHHS HIV-related guidelines including:
    - Antiretroviral treatment
    - Maternal-child transmission
    - Post-exposure prophylaxis
    - Management of tuberculosis and opportunistic infections
    - HIV counseling and testing
  - 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.
    - **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 Medical Doctors, Pharmacists, and all other licensed medical professionals possess current licensure and/or certification. Ensure that all Medical Doctors 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, 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 continuous quality improvement plan (CQI).
  - 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 chart reviews by HIV Office Medical Advisor and Nurse Consultants.
- 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. 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 and revised according to activities by acuity level.
  - Documentation in the case notes and the ISP of coordination and follow-up of medical treatments and treatment adherence.
- Participate in case management site visits and chart reviews.

## **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 sub-recipients 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:

- The HIV Office Director – Duties include:
  - ◆ HIV Office leadership and coordination of HIV care and prevention activities.
- The HIV Care Program Manager – Duties include:
  - ◆ Grant oversight and management including: ensuring the development and implementation of the QM plan and systems-level continuous quality improvement (CQI) projects.
- The HIV Care District Liaisons – Duties include:
  - ◆ Closely monitor the programmatic and fiscal requirements of all contracts and Grant-in-Aid awards including quality management requirements.
  - ◆ Ensure QM/QI findings/reports are shared regarding systems-level CQI projects.
  - ◆ Monitor general RW Program performance measures (located in Appendix D).
- RW Program Part B QM staff members:
  - ◆ 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 sub-recipients 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 on GA RW Programs committees as indicated.
- 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/policies as indicated.
- **Attend educational conferences or other events sponsored by HRSA, DPH, SEATEC, professional organizations or other appropriate sponsoring organizations to maintain current knowledge of HIV clinical practice and/or Quality Management.**
- ◆ The QM Coordinator - Duties include:
  - Assisting with coordination of day-to-day operations of the QM Program:
    - Participating on the QM Core Team.
    - 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.
  - 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 sub-recipients 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 committees as indicated.
  - Attending the Metro Atlanta EMA Planning Council and Quality Management Committee meetings.
  - **Attend educational conferences or other events sponsored by HRSA, DPH, SEATEC, professional organizations or other appropriate sponsoring organizations to maintain current knowledge of HIV case management and/or Quality Management.**
- ◆ HIV Medical Advisor - Duties include:
  - Participating on the QM Core Team.

- Providing medical expertise and technical assistance to the HIV Office, ADAP, RW Program Part B sub-recipients and others.
- Chairing the HIV Medical Advisory Committee.
- 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.
- ◆ 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 sub-recipients 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 activities.
  - **Attend educational conferences or other events sponsored by HRSA, DPH, SEATEC, professional organizations or other appropriate sponsoring organizations to maintain current knowledge of HIV clinical practice and/or Quality Management.**
- ◆ Part-time QM Data Manager – Duties include:
  - Collaborating with HIV/AIDS Epidemiology Unit and the CAREWare data team.
  - Designing procedures for the collection and evaluation of data.
  - Providing technical assistance.
  - Analyzing data.
  - Creating reports, graphs, charts, and spreadsheets to summarize and explain data.

- The AIDS Drug Assistance Program (ADAP)/Healthcare Insurance Continuation Program (HICP) Manager – Duties include:
  - ◆ Coordinating ADAP/HICP and all related components of the QM plan including CQI projects and performance measures.
  - ◆ Ensuring QM/QI findings/reports are shared regarding systems-level CQI projects.
  - ◆ **Attend educational conferences or other events sponsored by HRSA, DPH, SEATEC, 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 ACP.
  - ◆ Ensuring QM/QI findings/reports are shared regarding systems-level CQI projects.
  - ◆ Medication-related system improvements of ADAP including the ACP.
  - ◆ Providing pharmacy expertise and technical assistance to the HIV Office , ADAP, Ryan White Program Part B sub-recipients and others.
  - ◆ Participating on the HIV Medical Advisory Committee.
  - ◆ Participating in the revision of the HIV/AIDS-related nurse protocols.
  - ◆ **Attend educational conferences or other events sponsored by HRSA, DPH, SEATEC, professional organizations or other appropriate sponsoring organizations to maintain current knowledge of HIV clinical practice and/or Quality Management.**
- CAREWare Team Leader – Duties include:
  - ◆ Maintaining the CAREWare database, generating reports from CAREWare, and delegating to CAREWare staff as needed.
- Peer Advocates/Consumers – Duties include:
  - ◆ Representing the patient 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 sub-recipient (District HIV Coordinator) – Duties include:

- ◆ Representing his/her agency/program.
  - ◆ Suggesting quality improvement process 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 activities of the Perinatal HIV Advisory Council and coordinating activities when possible.
  - All other RW Program Part B HIV Office staff – Duties include:
    - ◆ Participating in the QM plan as needed. (See Appendix C. for 2013 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 sub-recipients, 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 sub-recipients/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 **subcommittee** 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 members including: the QM staff, HIV Care Manager, Part B Planner, ADAP/HICP Manager, ADAP Pharmacy Director, ADAP and HICP staff, District Liaisons, CAREWare Team Leader and CAREWare 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 Sub-Recipient's QM Committee**

- Each sub-recipient is required to convene and maintain a local HIV-specific QM committee.
- This committee should contain representation of key stakeholders including: an identified committee chair, a medical provider, nurse, case manager, clerk, consumer, and other relevant persons.
- Local QM committees should meet at least quarterly and guide HIV care related QM activities.
- The local QM committee is responsible for developing, implementing, monitoring and evaluating the local QM plan.

### **C. Resources**

- ❖ Human Resources and Services Administration (HRSA)
  - HIV/AIDS Bureau (HAB)
- ❖ National Quality Center (NQC)
- ❖ The Metro Atlanta EMA Ryan White Part A Quality Management Committee
- ❖ The Southeast AIDS Education and Training Center (SEATEC)
- ❖ HIV/AIDS Epidemiology Unit
- ❖ Ryan White Programs Part C and D
- ❖ Other DPH personnel as needed
- ❖ Local sub-recipients

### **D. Performance Measurement System**

The following outlines the processes for ongoing evaluation and assessment:

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

## **E. Coordination with Other Statewide QI/QA Activities**

### **1. Coordination across RW Programs**

- The RW Program Part B QM Plan focuses on collaboration of quality activities across all RW Parts in Georgia.
- 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.
- 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**

- The HIV Nurse Consultants participate on the DPH Nursing QA/QI Team led by the Office of Nursing.
- The QM staff collaborates with the Office of Performance Improvement.
- The Core Team includes an *ad hoc* member of the HIV/AIDS Epidemiology Unit.

- An HIV Prevention Representative attends Core Team meetings. The Core Team collaborates on strategies to reduce perinatal HIV transmission in Georgia.
- The HIV Nurse Consultants have collaborative relationships with Program Collaboration Service Integration (PCSI), which includes Tuberculosis (TB), Sexually Transmitted Disease (STD), Immunization, Refugee Health, and Hepatitis to provide technical assistance and training as needed.
- At least one member of the Core Team will participate on the Georgia Oral Health Coalition.
- The Core Team will collaborate with other sections and share quality findings within DPH as indicated.

### 3. Coordination with ADAP/HICP

- 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.
- The GA ADAP/HICP QM Workgroup meets as a subcommittee and reports to the QM Core Team.

### 4. Feedback from Key Stakeholders

- The Core Team communicates findings and solicits feedback from both internal and external key stakeholders on an ongoing basis.
- Presentations are made during RW Part B Coordinators meetings, Consortia meetings, RW Programs meetings, and others as identified.
- Written reports are shared with key stakeholders.
- Stakeholders are given the opportunity to provide feedback to reports and to prioritize quality activities.
- The HIV Office maintains current Part B QM plans, reports, and other related information on the Office's web pages.
- **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**

- The HIV Data Team, HIV/AIDS Epidemiology Unit, and others assist with data collection strategies.
- 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 sub-recipients
  - Pharmacy Benefits Manager (PBM) database
  - Client satisfaction surveys
  - Case Management Chart Review Tool
- Data collection is based on appropriate sampling methodologies.

## **2. Reporting Mechanisms**

- Ryan White Program Part B sub-recipients 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 sub-recipients, 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)

- HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Groups 1 and 2 measures are incorporated into the performance measurement process. Other HAB performance measures are incorporated as finalized or indicated.
- The Part B District reports include performance measures from the Part B Implementation Plan.
- The HIV Nurse Consultants and Medical Advisor will review RW Part B HIV clinical charts for key clinical performance measures.
- The QM Coordinator reviews case management charts for performance measures.
- District Liaisons monitor general RW programmatic and some ADAP performance measures.

- ADAP/HICP staff review ADAP and HICP performance measures through databases.

## 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/patient 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.
- ❖ The following statewide clinical CQI objectives are included in this plan:
  - Increase the percentage of HIV-infected clients who have a dental examination at least annually from **26%** to 50%.
  - Increase the percentage of HIV-infected female clients  $\geq 18$  years old who have a Pap smear at least annually from **78** to 90%.

## 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 sub-recipients.
- ❖ NQC training materials and resources are utilized as much as possible.
- ❖ QM technical assistance/training needs are assessed through requests in sub-recipients' applications, monitoring of local QM plans/programs and quarterly reports, and through training evaluations and/or needs assessments.

## 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 QI 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)

**GA Ryan White Part B Program QM Plan - APPENDIX A**  
**April - June 2013 Work Plan**

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

Objectives	Strategies	Lead	Staff/ Resources	Timeline	Progress notes
<p>1-1 Provide quality improvement/ management training workshops based on identified needs.</p>	<p>1-1.a. Plan and conduct training based on identified needs.                      1-1.b. Identify topics, dates, and locations for next training(s).                      1-1.c. Participate on a <b>Statewide Ryan White Part B</b> conference planning committee and ensure that quality topics are included on the conference agenda.                      1-1.d. Coordinate quality training efforts with HIVQual consultant.                      1-1.e. <b>Collaborate with partners to implement clinical and/or case management training based on identified needs.</b></p>	<p>Eva Williams, Michael "Mac" Coker, and Pamela Phillips</p>	<p>Part A                      HIVQual Consultant</p>	<p>1-1.a. <b>May 1, 2013 and as needed</b>                      1-1.b. As needed                      1-1.c. <b>Monthly until September 2013</b>                      1-1.d. <b>April 1, 2013 and as needed</b>                      1-1.e. As needed</p>	
<p>1-2 Assure that quality improvement projects occur at the state and local levels during the year.</p>	<p>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. Solicit input from QM Core Team regarding statewide improvement efforts.                      1-2.f. Monitor participation in the In+Care Campaign.                      1-2.g. Collaborate with key stakeholders (IDI Director, GPHL, courier, submitters) to improve quality of HIV viral load specimens.                      1-2.h. <b>Collaborate with the Centers for Medicaid and Medicare Services (CMS) on CQI projects as they are identified.</b></p>	<p>Eva Williams, Michael "Mac" Coker, Pamela Phillips and <b>Rachel Powell</b>                      District Liaisons</p>	<p>Care Team                      NQC training materials and assessment tools                      Local Committees</p>	<p>1-2.a. <b>Quarterly</b>                      1-2.b. <b>Quarterly</b>                      1-2.c. As needed                      1-2.d. Quarterly in July, October, and January                      1-2.e. <b>Quarterly</b>                      1-2.f. <b>Per Campaign due dates</b>                      1-2.g. <b>Monthly</b>                      1-2.h. <b>As needed</b></p>	

2 April-June 2013 Work Plan

Objectives	Strategies	Lead	Staff/ Resources	Timeline	Progress notes
<p>1-3 Communicate findings to key stakeholders at least biannually.</p>	<p>1-3.a. Present at <b>Statewide Part B Meetings</b> and other applicable meetings.                      1-3.b. Share progress reports with <b>All Parts and across programs as appropriate</b>, specifically share work plans with progress notes completed.                      1-3.c. Update QM information on the HIV Office web page.</p>	<p>Eva Williams, Michael "Mac" Coker, and Pamela Phillips</p>	<p>QM Core Team</p>	<p>1-3.a. When scheduled                      1-3.b. At least bi-annually                      1-3.c. As needed</p>	
<p>1-4 Update the QM plan at least annually and the QM work plan at least quarterly.</p>	<p>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.</p>	<p>Eva Williams, Michael "Mac" Coker, Pamela Phillips</p>	<p>QM Core Team</p>	<p>1-4.a. Quarterly                      1-4.b. Annually                      1-4.c. Annually                      1-4 d. Annually</p>	
<p>1-5 Require that all 16 RW Part B- funded Health Districts revise written QM plans annually, and submit quarterly QM progress reports.</p>	<p>1-5.a. Obtain quarterly QM reports from the Part-B funded health plan districts and monitor QM activities, work plan and PMs.                      1-5.b. Develop summary report of quarterly performance measures and share with HIV Coordinators.                      1-5.c. Obtain revised QM plans from each Part-B funded health district by the end of the month of the renewal date (Jan. 31st, April 30th, or July 31st).                      1-5.d. Review local QM plans and provide feedback.</p>	<p>Eva Williams, Michael "Mac" Coker, Pamela Phillips, and <b>Rachel Powell</b>  District Liaisons</p>	<p>District HIV Coordinators and Local QM Committees  QM Core Team</p>	<p>1-5.a. Quarterly                      1-5.b. Quarterly                      1-5.c. Per annual renewal date                      1-5.d. Per annual renewal date</p>	

**GA Ryan White Part B Program QM Plan - APPENDIX A**  
**April - June 2013 Work Plan**

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

Objectives	Strategies	Lead	Staff/ Resources	Timeline	Progress notes
<p><b>2-1.</b> Maintain the percentage of new ADAP applications approved or denied for ADAP enrollment within 2 weeks of ADAP receiving a <b>complete application to 95% or greater.</b></p>	<p>2-1.a. Generate monthly reports to monitor this objective and share quarterly with the <b>ADAP/HICP Subcommittee.</b>                      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 ADAP Policies and Procedures manual.                      2-1.g. Provide or coordinate ADAP-related training for ADAP/HICP Enrollment Site Coordinators and case managers.                      2-1.h. Communicate updates in the GA ADAP via conference calls, email listserv, and HIV <b>Office</b> web pages.                      2-1.i. Convene the Georgia ADAP/HICP Quality Management <b>Subcommittee</b> at least quarterly.</p>	<p>Libby Brown,                      Cotina Routh,                      Kimberly Kirkpatrick                      Morrow</p>	<p>Pamela Phillips                      ADAP Associates</p>	<p>2-1.a. Monthly, quarterly                      2-1.b. Quarterly                      2-1.c. As needed                      2-1.d. Monthly                      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</p>	

Objectives	Strategies	Lead	Staff/ Resources	Timeline	Progress notes
<p><b>2-2.</b> Maintain the percentage of Georgia ADAP clients recertified for ADAP eligibility criteria at least semi-annually to 95% or greater.</p>	<p>2-2.a. Generate monthly reports to monitor this objective and share quarterly with the ADAP/HICP Subcommittee.</p> <p>2-2.b. Utilize reports to communicate with district and agency staff regarding clients' recertification status.</p> <p>2-2.c. Monitor the ADAP enrollment sites systems to track ADAP client recertification due dates.</p> <p>2-2.d. Provide technical assistance to those who need assistance developing or improving their system to track ADAP client recertification due dates.</p> <p>2-2.e. Ensure that ADAP coordinators and case managers comply with the approved Georgia ADAP Policies and Procedures manual.</p> <p>2-2.f. Provide or coordinate ADAP-related training for ADAP/HICP Enrollment Site Coordinators and case managers.</p> <p>2-2.g. Monitor ADAP enrollment sites adherence to the ADAP "Procedures for Discontinuation."</p> <p>2-2.h. Communicate updates in the GA ADAP via conference calls, email listserv, and HIV Office web pages.</p> <p>2-2.i. Convene the Georgia ADAP/HICP Quality Management Workgroup at least quarterly.</p> <p>2-2.j. Generate monthly reports of the % of discontinued clients enrolling in ADAP, and share quarterly with the ADAP/HICP Subcommittee.</p>	<p>Libby Brown, Cotina Routh, Kimberly Kirkpatrick Morrow</p>	<p>Pamela Phillips  Roderick Newkirk  ADAP associates</p>	<p>2-1.a. Monthly, quarterly 2-1.b. Monthly. 2-1.c. During admin. site visits as needed 2-1.d. As needed 2-1.e. During internal review as needed 2-1.f. As needed on location or at the State office 2-1.g. During administrative site visits as needed 2-1.h. As needed 2-1.i. Quarterly 2-1.j. Monthly, quarterly</p>	

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Objectives	Strategies	Lead	Staff/ Resources	Timeline	Progress notes
<p>2-3 Maintain the percentage of correctly completed new ADAP applications submitted to ADAP to 95% or greater.</p>	<p>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 ADAP Policies and Procedures manual.            2-3.e. Provide or coordinate ADAP-related training for ADAP/HICP Enrollment Site Coordinators and case managers as needed.            2-3.f. Communicate updates in the GA ADAP via conference calls, email listserv, and HIV Unit web pages.            2-3.g. Convene the Georgia ADAP/HICP Quality Management Workgroup at least Quarterly.            2-3.h. Implement an electronic ADAP application submission process.            2-3.i. Monitor the implementation of an electronic ADAP application submission process.</p>	<p>Libby Brown,            Cotina Routh,            Kimberly Kirkpatrick            Morrow,            Roderick Newkirk</p>	<p>Pamela Phillips            ADAP Associates</p>	<p>2-3.a. Monthly            2-3.b. Monthly            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. April 1, 2013            2-3.i. Daily</p>	

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Objectives	Strategies	Lead	Staff/ Resources	Timeline	Progress notes
<p>2-4 Conduct an internal audit of up to 5% of ADAP new client applications and/or recertification forms annually.</p>	<p>2-4.a. Review complete audit of all active client files.                      2-4.b. Utilize the "ADAP Documentation Checklist" to evaluate if ADAP applications or recertification forms were correctly completed and if approved or denied according to ADAP policies and procedures.                      2-4.c. For applications or recertification 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.</p>	<p>Libby Brown,                      Cotina Routh</p>	<p>ADAP Team                      QM Team</p>	<p>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</p>	
<p>2-5 Monitor programmatic compliance and adherence to antiretroviral regimens.</p>	<p>2-5.a. Instruct Districts participating in the ACP to utilize PBM reports to routinely monitor clients who pick up medications.                      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.</p>	<p>Libby Brown,                      Cotina Routh,                      Gay Campbell-                      Welsh</p>		<p>2-5.a. Monthly                      2-5.b. Quarterly                      2-5.c. As needed                      2-5.d. As indicated</p>	
<p>2-6 Systematically review data collected by the ADAP to identify inappropriate antiretroviral therapy (ART) regimens or components.</p>	<p>2-6.a. Discuss with PBM how to best monitor for inappropriate ART regimens or components including development of a report and a system to alert pharmacists if these regimens are ordered.                      2-6.b. Report inappropriate ART regimens or components.                      2-6.c. Require ADAP contract pharmacies to maintain a separate ADAP medication error log.                      2-6.d. Create a report form to notify ADAP of issues/problems relating to inappropriate ART regimens.</p>	<p>Libby Brown                      Gay Campbell-                      Welsh</p>	<p>QM Team                      PBM                      Dr. Katner</p>	<p>2-6.a. As needed                      2-6.b. As needed                      2-6.c. As indicated during audits                      2-6.d. Dec. 31, 2013</p>	

**GA Ryan White Part B Program QM Plan - APPENDIX A**  
**April - June 2013 Work Plan**

**Goal 3: Improve the quality of the Georgia Healthcare Insurance Continuation Program (HICP)**

Objectives	Strategies	Lead	Staff/ Resources	Timeline	Progress notes
<p>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</p>	<p>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 HICP policy manual by the ADAP/HICP enrollment sites.                      3-1.e. Obtain internal approval for revised eligibility criteria.                      3-1.f. Post approved HICP eligibility criteria on the HIV Office and PBM web pages.                      3-1.g. Ensure that ADAP/HICP coordinators and case managers are aware of updates to the revised HICP policy manual.                      3-1.h. Provide or coordinate HICP-related training for ADAP/HICP Enrollment Site Coordinators and case managers.                      3-1.i. Communicate updates in the GA HICP via conference calls, email listserv, and HIV Office web pages.                      3-1.j. Convene the Georgia ADAP/HICP Quality Management Workgroup at least quarterly.                      3-1.k. Implement an electronic HICP application submission process.                      3-1.l. Monitor the implementation of an electronic HICP application submission process.</p>	<p>Libby Brown,                      Cotina Routh,                      Kimberly Kirkpatrick                      Morrow</p>	<p>HICP Team                      District Liaisons                      Pamela Phillips</p>	<p>3-1.a. Monthly                      3-1.b. Monthly                      3-1.c. As needed                      3-1.d. During internal reviews as needed                      3-1.e. June 30, 2013                      3-1.f. Dec. 31, 2013                      3-1.g. June 30, 2013                      3-1.h. As needed                      3-1.i. Monthly                      3-1.j. Quarterly                      3-1.k. April 1, 2013                      3-1.l. Daily</p>	

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Objectives	Strategies	Lead	Staff/ Resources	Timeline	Progress notes
<p>3-2 Conduct an internal audit of up to 5% of HICP new client applications and/or recertification forms quarterly.</p>	<p>3-2.a. Review complete audit of all active client files.            3-2.b. Utilize the "ADAP Documentation Checklist" to evaluate if ADAP applications or recertification forms were correctly completed and if approved or denied according to ADAP policies and procedures.            3-2.c. For applications or recertification forms that were incomplete, request and obtain required documentation.            3-2.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.</p>	<p>Libby Brown,            Cotina Routh</p>	<p>HICP Team            QM Team</p>	<p>3-2.a. <b>Annually</b>            3-2.b. <b>Daily</b>            3-2.c. <b>As indicated</b>            3-2.d. <b>Quarterly</b>            3-2.e. <b>Quarterly</b></p>	

**GA Ryan White Part B Program QM Plan - APPENDIX A**  
**April - June 2013 Work Plan**

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

Objectives	Strategies	Lead	Staff/ Resources	Timeline	Progress notes
<p>4-1 Monitor the approved HAB performance measures (PM) in all 16 Part B-funded sites at least annually.</p>	<p>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.  <b>4-1.c. Provide technical assistance to improve the accuracy of CAREWare HAB Measure data.</b>                      4-1.d. Conduct clinical and CM chart reviews.                      4-1.e. Provide technical assistance to districts on generating PMs reports.                      4-1.f. Create custom reports in CAREWare for performance measures.  <b>4-1.g. Collaborate with Part A to evaluate the accuracy of the ambulatory care subservice category with regard to the HAB PMs.</b></p>	<p>Eva Williams,                      Pamela Phillips,                      Michael "Mac"                      Coker, Rachel                      Powell                       District                      Liaisons                       Kimberly                      Kirkpatrick                      Morrow                       Part A</p>	<p>QM Core Team</p>	<p>4-1.a. As needed                      4-1.b. Quarterly                      4-1.c. As needed                      4-1.d. Dec 31,                      2013                      4-1.e. As needed.                      4-1.f. As needed                      4-1.g. Dec. 31,                      2013</p>	

Objectives	Strategies	Lead	Staff/ Resources	Timeline	Progress notes
<p>4-2 Increase the percentage of HIV-infected clients who have a dental examination at least annually from 26% to 50%.</p>	<p>4-2.a. Instruct Districts to include this measure as a CQI project in revised local QM plan, if rates lower than state goal (50%).</p> <p>4-2.b. Monitor local CQI activities and provide technical assistance.</p> <p>4-2.c. Collaborate with the <b>Director of the Oral Health Prevention Program</b>, Grady IDP Director and SEATEC to provide HIV education to PH dental staff.</p> <p>4-2.d. Monitor measure quarterly through CAREWare.</p> <p>4-2.e. Participate on the Georgia Oral Health Coalition.</p> <p>4-2.f. Solicit input from QM Core Team regarding statewide improvement efforts.</p> <p>4.2.g. Explore ways to maximize available resources e.g., PH dental programs, and dental hygiene schools.</p> <p>4.2.h. Participate in the action steps of the State Oral Health Plan.</p> <p><b>4-2.i. Encourage health districts to participate in regional oral health group meetings.</b></p> <p>4-2.j. Provide sample MOUs for dental hygiene schools and PH dental programs.</p> <p>4-2.k. Meet with the <b>Director of the Oral Health Prevention Program</b> to discuss dental issues.</p> <p>4-2.l. Share district best practices at QM Core Team Meetings.</p>	<p>Eva Williams, Michael "Mac" Coker, Dr. Katner, Pamela Phillips, <b>Rachel Powell</b></p> <p>Kimberly Kirkpatrick Morrow</p>	<p>QM Core Team</p> <p>David Reznik, DDS</p> <p>State Oral Health Office Staff</p> <p>GA Oral Health Coalition</p>	<p>4-2.a. Prior to date revised district QM Plan is due</p> <p>4-2.b. Quarterly and as needed</p> <p>4-2.c. Mar. 2014</p> <p>4-2.d. Quarterly</p> <p>4-2.e. Quarterly</p> <p>4-2.f. Quarterly</p> <p>4-2.g. Mar. 2014</p> <p>4-2.h. Mar. 2014</p> <p>4-2.i. As indicated</p> <p>4-2.j Dec. 2013</p> <p>4-2.k. As identified</p> <p>4-2.l. Quarterly as identified</p>	

Objectives	Strategies	Lead	Staff/ Resources	Timeline	Progress notes
4-3 Increase the percentage of HIV-infected female clients $\geq$ 18 years old who have a Pap smear at least annually from <b>78%</b> to 90%.	<p>4-3.a. Instruct Districts to include this measure as a CQI project in revised local QM plan, if rates lower than state goal (90%).</p> <p>4-3.b. Monitor local CQI activities and provide technical assistance.</p> <p>4-3.c. Monitor measure quarterly through CAREWare.</p> <p>4-3.d. Solicit input from QM Core Team regarding statewide improvement efforts.</p> <p>4-3.e. Share district best practices at QM Core Team Meetings.</p>	<p>Eva Williams, Michael "Mac" Coker, Dr. Katner, Pamela Phillips and Rachel Powell</p> <p>Kimberly Kirkpatrick Morrow</p>	<p>QM Core Team</p> <p>FP State Office Staff</p> <p>BCCP Nurse Consultants</p> <p>SEATEC</p>	<p>4-3.a. Prior to date revised district QM Plan is due</p> <p>4-3.b. Quarterly and as needed</p> <p>4-3.c. Quarterly</p> <p>4-3.d. Quarterly</p> <p>4-3.e. Quarterly and as identified</p>	
4-4 Monitor the implementation of the Acuity Scale and Self Management Model.	<p>4-4.a. Provide technical assistance to districts utilizing an acuity scale and self management model.</p> <p>4-4.b. Provide informal feedback on acuity scale and self management model usage during CM chart reviews.</p>	<p>Pamela Phillips and CM Subcommittee</p>	<p>QM Core Team</p>	<p>4-4.a.As needed</p> <p>4-4.b. Dec. 2013</p>	
4-5 Revise the Georgia HIV/AIDS Case Management Standards by <b>March 31, 2013</b> .	<p>4-5.a. Subcommittee to meet monthly to revise the GA HIV/AIDS Case Management Standards.</p> <p>4-5.b. Revise the Standards to include sections related to an Acuity Scale and Self Management Model.</p>	<p>Pamela Phillips and CM Subcommittee</p>	<p>QM Core Team</p>	<p>4-5.a. Monthly</p> <p>4-5.b. Mar. 2013</p>	

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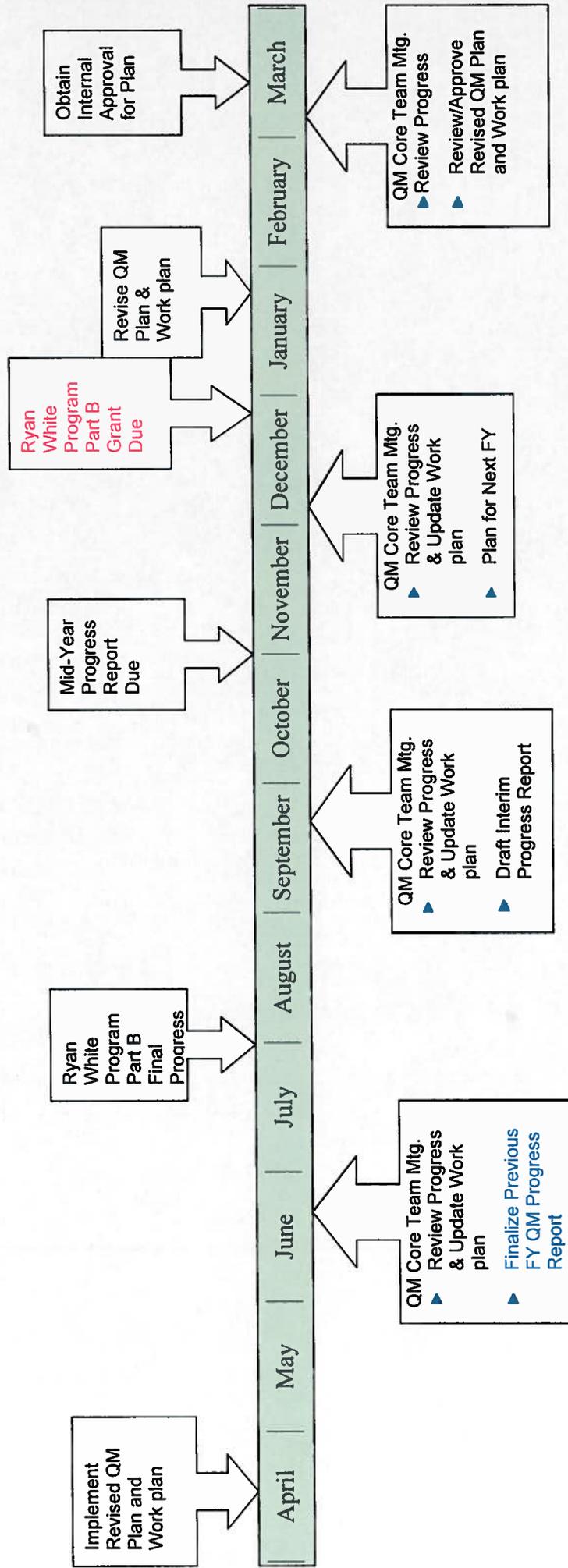
Objectives	Strategies	Lead	Staff/ Resources	Timeline	Progress notes
4-6 Coordinate quality-related activities across Ryan White Programs (Parts A, B, C, and D) in GA.	4-6.a. Attend the Part A Planning Council and QM Committee. 4-6.b. Include across Ryan White Programs representation on the Part B QM Core Team. 4-6.c. Provide quality-related training to RW staff statewide based on identified needs. 4-6.d. Coordinate quality training efforts with HIVQual consultant.	Eva Williams, Michael "Mac" Coker, and Pamela Phillips	Part A QM Committee Part B QM Core Team SEATEC	4-6.a. Monthly 4-6.b. Mar. 2014 4-6.c. As needed 4-6.d. As needed	
4-7 Screen HIV infected clients for mental health and substance abuse initially and at least annually.	4-7.a. Review screening tools for potential adoption.	Dr. Katner, QM Core Team		4-7.a. June 2013	
4-8 The percentage of HIV-infected pregnant women prescribed antiretroviral therapy will be 95% or greater.	4-8.a. Collaborate with the HIV Prevention Representative. 4-8.b. Participate on the Perinatal HIV Advisory Council and subcommittees. 4-8.c. As part of the clinical chart review, assess management of pregnant HIV-infected women.	John Malone Perinatal HIV Advisory Council Eva Williams, Michael "Mac" Coker, and Dr. Katner	SEATEC QM Core Team	4-8.a. Mar. 2014 4-8.b. Quarterly 4-8.c. As indicated	
4-9 Revise the GA DPH, Medical Guidelines for the Care of HIV-Infected Adults and Adolescents by December 31, 2013.	4-9.a. Complete revisions with strategy to maintain only DPH-specific components. 4-9.b. Develop timeline to complete first draft.	Eva Williams, Michael "Mac" Coker, and Dr. Katner	Medical Advisory Group PH Programs HIV Coordinators HIV clinical staff	4-9.a. Dec. 2013 4-9.b. April 2013	
4-10 Collaborate with partners to monitor implementation of the Affordable Care Act (ACA).	4-10.a. Communicate updates as they are received. 4-10.b. Implement trainings and technical assistance based on identified needs. 4-10.c. Ensure that ACA-related topics are on the agenda of the statewide Ryan White Part B Meeting.	Eva Williams, Michael "Mac" Coker, Pamela Phillips	HIV Care Team	4-10.a. As needed 4-10.b. As needed 4-10.c. Sept. 2013	

Objectives	Strategies	Lead	Staff/ Resources	Timeline	Progress notes
<p>4-11 Monitor In+Care Campaign Measures and utilize data to facilitate quality improvement.</p>	<p>4-11.a. Collect data on In+Care Measures 1,2,3,4 from all Part B districts.                      4-11.b. Provide regular updates and summary spreadsheets to the districts for quality use.                      4-11.c. Provide technical assistance to districts with difficulty obtaining In+Care data.                      4-11.d. Utilize In+Care Campaign data to collaborate with other Parts on retention in care.                      4-11.e. Set Part B benchmarks for the In+Care Measures once a sufficient amount of data is obtained.                      4-11.f. Encourage and highlight In+Care Campaign related quality projects.                      4-11.g. Provide health districts with information and updates from the National In+Care Campaign.</p>	<p>Eva Williams, Michael "Mac" Coker, Pamela Phillips, Rachel Powell</p>	<p>Kimberly Kirkpatrick Morrow                      In+Care Campaign Coach</p>	<p>4-11.a. As indicated                      4-11.b. As indicated                      4-11.c. As needed                      4-11.d. As indicated                      4-11.e. June 2013                      4-11.f. As identified                      4-11.g. As needed</p>	
<p>4-12 Continually monitor compliance with RW Part B program requirements.</p>	<p>4-12.a. Conduct site visits and provide summary reports, including feedback as appropriate.                      4-12.b. Implement a tool to conduct contracts site visits.                      4-12.c. Assess services provided at the district level and share common findings.                      4-12.d. Provide technical assistance to districts in need of compliance support.                      4-12.e. Develop processes to improve compliance with RW Part B program requirements.</p>	<p>Jeff Moody, Chiquita Covington, Shandrecka Murphy</p>	<p>Eva Williams, Michael "Mac" Coker, Pamela Phillips</p>	<p>4-12.a. Dec. 31, 2013                      4-12.b. April 1, 2013                      4-12.c. Quarterly and as needed                      4-12.d. As needed                      4-12.e. As needed</p>	

## Appendix B. Annual QM Plan Timeline

# Annual QM Plan Timeline

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Appendix C.  
**2013-2014 Ryan White Part B Program  
Quality Management Committees**

## **Ryan White Part B QM Program 2013-2014 Quality Management Core Team Members**

- ❖ Susan Alt, RN, District HIV Director, District 9-1 Coastal (Parts B, C and D)
- ❖ Marisol Cruz-Lopez, MS, DBA , HIV Care Manager
- ❖ Vacant, Consumer Advocate
- ❖ Libby Brown, BA, ADAP/HICP Manager
- ❖ Gay Campbell-Welsh, RPh, ADAP Pharmacy Director
- ❖ Chiquita Covington, MPA, HIV Care District Liaison
- ❖ Michael (Mac) Coker, RN, MSN, ACRN, HIV Nurse Consultant
- ❖ LaShawne Graham, BSW, MSPSE, Social Services Provider 1, Adult Health Promotion Clinic North, District 8-1 (Parts B and C)
- ❖ NaTasha Howard, MPH, Director of HIV/AIDS Services, Haven of Hope, District 4 (Parts B and C)
- ❖ Sandra Jump, RN, District 9-2 Coffee Wellness Center
- ❖ Harold Katner, MD, HIV Medical Advisor (Parts B and C)
- ❖ Kimberly Kirkpatrick, CAREWare Team Leader
- ❖ Jeff Moody, HIV Care District Liaison
- ❖ Jacqueline Muther, Grady IDP (Parts A and D)
- ❖ **John Malone, HIV Prevention**
- ❖ Shandrecka Murphy, HIV Care District Liaison
- ❖ Roderick Newkirk, CAREWare Operations Analyst
- ❖ Pamela Phillips, BSW, MSA, Part B QM Coordinator
- ❖ **Rachel Waltenburg Powell, MPH, Part B QM Data Manager**
- ❖ **Mirelys M. Ramos, MPH, CHES, Part B Ryan White Specialist**
- ❖ Nicole Roebuck, LMSW, AID Atlanta (Part A)
- ❖ Tina Washington, Senior Peer Advocate, Chatham CARE Center
- ❖ Kathy Whyte, Fulton Co. Government (Part A)
- ❖ Eva Williams, FNP, MPH, AACRN, HIV Nurse Consultant (Part B QM Team Lead)

## **Ryan White Part B QM Program 2013-2014 Case Management Subcommittee**

- ❖ Robbie Bowman, RN, STD/HIV Coordinator, South Central Health District
- ❖ Adolphus Major Lead Consumer Advocate, District 8-2
- ❖ Brandon Cawthon, MSW, Social Services Provider I, Northeast Health District
- ❖ Michael (Mac) Coker, RN, MSN, ACRN, HIV Nurse Consultant
- ❖ Karen Cross, LCSW, Clinical Case Manager Team Leader, AID Gwinnett, East Metro
- ❖ Chanel Dixon, MSW, Ed.D, HIV Program Manager, Southwest Health District
- ❖ LaShawne Graham, BSW, MSPSE, Social Services Provider 1, South Health District
- ❖ Maryette Horton, BSW, Quality Assurance Coordination, Southwest Health District
- ❖ Sister Judy Jones, M. Div., Case Manager, West Central Health District
- ❖ Sheryl Lewis, MBA, Communicable Disease Specialist, Southeast Health District
- ❖ Mikita Lofton, BSW, Behavior Health Specialist Supervisor, North Central Health District
- ❖ Doris Pearson, Social Services Provider I, ADAP/HICP Coordinator, East Central Health District
- ❖ Pamela Phillips, BSW, MSA, HIV Quality Management Coordinator
- ❖ Jane Powell, LMSW, Social Services Provider, Northeast Health District
- ❖ Nicole Roebuck, LMSW, Director of Client Services, AID Atlanta
- ❖ Terrena Sanks, Med, Medical Case Manager, LaGrange Health District
- ❖ Betty Simmons, MA, Case Manager Supervisor, Coastal Health District
- ❖ Jeffery D. Vollman, MPA, District HIV Director, North GA Health District
- ❖ Eva Williams, FNP, MPH, AACRN, HIV Nurse Consultant (Part B QM Team Lead)

**Ryan White Part B QM Program  
2013-2014 Georgia ADAP/HICP QM Subcommittee**

- ❖ Libby Brown, BA, ADAP/HICP Manager
- ❖ Valerie Buice, Program Associate, Haven of Hope, District 4
- ❖ Gay Campbell-Welsh, RPh, ADAP Pharmacy Director
- ❖ Michael (Mac) Coker, RN, MSN, ACRN, HIV Nurse Consultant
- ❖ Mary Dillard, ADAP/HICP Coordinator, Specialty Clinic, District 1-1
- ❖ Harold Katner, MD, HIV Physician Consultant (Parts B and C)
- ❖ Shanna Mattis, MSW, Emory Midtown
- ❖ LaDonna Peoples, ADAP Team Lead
- ❖ Cotina Routh, ADAP/HICP Eligibility Manager
- ❖ Linda Thomas, HICP Team Lead
- ❖ 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
<b>General Ryan White Program Performance Measures</b>			
Ryan White funds are used as payor of last resort	<p>Clients screened for other healthcare providers and insurance.</p> <p>Eligible clients referred for enrollment into Medicare, or Medicaid</p>	<p>Documentation indicating that clients are screened at intake and recertified every 6 months.</p> <p>Documentation that clients are referred for enrollment into Medicare or Medicaid.</p>	Client record review
<p>Eligibility documented for all clients receiving Ryan White Program Part B services:</p> <ul style="list-style-type: none"> <li>- HIV status</li> <li>- Income</li> <li>- Proof of residency</li> <li>- Assets</li> </ul>	<p>Documented HIV+ status.</p> <p>Clients with documentation of financial screening initially then every 6 months; and income below or at 300% of FPL.</p> <p>Documentation of GA residency.</p>	<p>Documentation of HIV test result or physician signed statement of HIV infection.</p> <p>Documentation of financial screening and proof of residency at intake and every 6 months.</p>	Client record review
Ryan White-funded providers coordinate the delivery of services and funding mechanisms with other programs or providers.	<p>Memoranda of agreements (MOA) exist with community partners.</p> <p>Contracts executed for subcontracted services.</p> <p>Districts conducted site visits where subcontracted services are provided.</p>	<p>MOA on file</p> <p>Contracts on file</p> <p>Documentation of site visits to subcontractors and evaluation of the quality of services provided by subcontractors.</p>	<p>Review of MOAs and contracts.</p> <p>Site visit reports for subcontractors.</p> <p>Evaluation of the quality of services, such as performance measure reports and client satisfaction surveys.</p>

Criteria	Indicators	Data Elements	Data Sources & Methods
Client security and confidentiality maintained.	<p>Employees' signed confidentiality agreements.</p> <p>Charts secured under lock.</p> <p>Electronic records are password protected.</p> <p>Access to areas with medical records and computers restricted</p>	<p>Signed confidentiality agreements.</p> <p>Locked storage area for client charts and other information.</p> <p>Computers password protected and secure while in use.</p> <p>Layout of clinic prevents unauthorized access to records and computers.</p>	<p>Review of employee files</p> <p>Observation of security/ confidentiality measures.</p> <p>Review of written policy and procedures regarding security and confidentiality.</p>
<p>Ryan White funded providers ensure that every client is informed about:</p> <ul style="list-style-type: none"> <li>- Client confidentiality</li> <li>- Client grievance</li> <li>- Client rights &amp; responsibilities</li> </ul>	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.	<p>Review of District level client satisfaction survey results annually.</p> <p><b>Results from 2013 Statewide Client Satisfaction Survey</b></p>
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.	<p>Written Quality Management Plan.</p> <p>Copies of the most current report of CQI activities and results.</p>	Review of quality management plans and reports

Criteria	Indicators	Data Elements	Data Sources & Methods
<b>Case Management Performance Measures</b>			
All case managed clients receiving case management services will have a Ryan White Part B standardized intake or equivalent completed within 30 days of beginning the initial intake assessment.	Percent of newly enrolled or reactivated clients in case management who had an intake and assessment completed.	N: # of newly enrolled or reactivated clients in case management and had an intake and assessment completed during the measurement year.  D: # of clients who were newly enrolled or reactivated in case management during the measurement year.	Client chart review
All newly enrolled or reactivated case management clients will have a comprehensive ISP within 30 days of beginning the initial intake assessment	Percent of clients newly enrolled or reactivated with a documented comprehensive ISP within 30 days of beginning the initial intake assessment	N: # of clients newly enrolled or reactivated in case management who had a comprehensive ISP within 30 days of beginning the initial intake assessment  D: # of clients who were newly enrolled or reactivated in case management during the measurement year.	Client chart review
Ensure that all case managed clients have Individualized Service Plan (ISP) goals established after initial assessment.	Percent of case managed clients who had ISP goals established after initial assessment.	N: # of case managed clients who had ISP goals established after initial assessment.  D: # of case managed clients who had ISPs completed at initial assessment during the measurement year.	Client chart review
Case managed clients should have documented evidence of coordination of services required to implement the ISP during service provision.	Percent of chart documentation that reflect evidence of coordination of services required to implement the ISP during service provision, referrals and follow-up.	N: # of client charts with documentation reflecting evidence of 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

<b>Criteria</b>	<b>Indicators</b>	<b>Data Elements</b>	<b>Data Sources &amp; Methods</b>
Ensure that clients receiving medical case management services have ongoing monitoring to assess the efficacy of the ISP.	Percent of client charts with documented evidence of ongoing monitoring to assess the efficacy of the ISP.	N: # of client charts 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 services should have periodic re-evaluation and adaptation of the ISP at least every 6 months.	Percent of client charts with documented evidence of periodic re-evaluation and adaptation of the ISP at least every 6 months.	N: # of client charts with documented evidence of periodic re-evaluation and adaptation of the ISP at least every 6 months during the measurement year  D: # of case managed clients in a measurement year.	Client chart review  CAREWare-pending
Case managed client chart documentation must reflect assistance with linkage to other 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
Ensure that all clients receiving medical case management services have documentation which includes coordination and follow up of medical treatment.	Percent of client chart documentation which includes coordination and follow-up of medical treatment.	N: # of MCM client charts 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 clients must have documented evidence of ongoing assessment of client and other key family members' needs and personal support system.	Percent of clients charts who had documented evidence of ongoing assessment of client and other key family members' needs and personal support system.	N: # of clients charts with documented evidence of ongoing assessment of client and other key family members' needs and personal support system.  D: # of case managed clients in the measurement year.	Client chart review
All clients receiving medical case management services will have treatment adherence assessed at least every 4 months.	Percent of medical case management clients who charts had a documented treatment adherence visit 2 or more times at least 4 months apart.	N: # of MCM clients 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
All medical case management clients will attend 2 or more HIV medical visits during a measurement year.	Percent of medical case management clients chart who had 2 or more documented medical visits by the case manager in an HIV care setting in a measurement year at least 3 months apart	N: # of MCM clients chart who had 2 or more documented medical visits by the case manager in an HIV care setting in a measurement year at least 3 months apart.  D: # of medical case management clients in the measurement year	Client chart reviews  CAREWare pending
Documentation should reflect that client advocacy has occurred during service provision.	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

<b>Criteria</b>	<b>Indicators</b>	<b>Data Elements</b>	<b>Data Sources &amp; Methods</b>
<p>Ensure that benefits/entitlement counseling and referral services were provided.</p>	<p>Percent of clients charts who had documented that benefits/entitlement counseling and referral services were provided.</p>	<p>N: # of client charts who had documented evidence that benefits/entitlement counseling and referral services were provided in the measurement year.</p> <p>D: # of medical case management clients in the measurement year</p>	<p>Client chart reviews</p>
<p>Case management chart documentation of services and encounters must include:</p> <ul style="list-style-type: none"> <li>○ Client Identifier on all pages</li> <li>○ Date of each encounter</li> <li>○ Types of services provided</li> <li>○ Types of encounters/communication</li> <li>○ Duration and frequency of encounters</li> </ul>	<p>Percent of client charts who had documented services and encounters.</p>	<p>N: # client charts who had documented services and encounters.</p> <p>D: # of case management clients in the measurement year</p>	<p>Client chart reviews</p>
<p>All entries in the client record by the case manager should contain the case manager's professional title and signature.</p>	<p>Case management documentation should contain the case manager's professional title and signature.</p>	<p>N: # of client charts with documentation reflecting the case manager's professional title and signature.</p> <p>D: # of clients charts in the measurement year</p>	<p>Client chart reviews</p>

<b>Criteria</b>	<b>Indicators</b>	<b>Data Elements</b>	<b>Data Sources &amp; Methods</b>
<b>Obtain assurances and documentation showing that case management staff are operating as part of the clinical care team.</b>	<b>Percent of case managed client charts who had documentation showing that case management staff are operating as part of the clinical care team.</b>	<b>N: # of case managed client charts who had documentation showing that case management staff are operating as part of the clinical care team in the measurement year.</b>  <b>D: # of case managed clients in the measurement year.</b>	<b>Client chart reviews</b>
<b>Case management client documentation must ensure that housing referrals include: housing assessment, search, placement, advocacy, and financial assistance received.</b>	<b>Percent of case managed client charts who had documented housing referrals include: housing assessment, search, placement, advocacy, and financial assistance received</b>	<b>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</b>  <b>D: # of case managed clients in the measurement year.</b>	<b>Client chart reviews</b>
<b>Case managed client documentation must reflect that clients received assistance in obtaining stable long-term housing.</b>	<b>Percent of case management clients chart who had documentation reflecting that clients received assistance in obtaining stable long-term housing.</b>	<b>N: # of case management clients chart who had documentation reflecting that clients received assistance in obtaining stable long-term housing in the measurement year.</b>  <b>D: # of case managed clients in the measurement year</b>	<b>Client chart reviews</b>

Criteria	Indicators	Data Elements	Data Sources & Methods
Provide written assurances and maintain documentation showing that case management services are provided by trained professionals who are either medically credentialed or trained health care staff who are part of the clinical care team.	Review credentials and/or evidence of training of health care staff providing case management services.	N: # 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
<b>ADAP Performance Measures</b>			
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 ADAP applicants who are reviewed for continued ADAP eligibility.	System to track ADAP recertification  N: # of ADAP clients who are reviewed for continued ADAP eligibility at least 2 times at least 3 months apart in the measurement year  D: # of ADAP clients in the measurement year	Review of ADAP recertification tracking systems  Client record review  Custom report from CAREWare  Georgia Health Partnership Portal to verify Medicaid eligibility
All ADAP medications must be appropriately stored and handled after delivery to the ACP (ADAP Contract Pharmacy).	ACP's appropriately store and handle all ADAP medications.	Review drug storage areas for proper sanitation, temperature control, light, ventilation, moisture control, segregation, security, and if required refrigeration.	Onsite observation of medication storage on pharmacy site visits
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	Custom reports from CAREWare

Criteria	Indicators	Data Elements	Data Sources & Methods
		D: # of ADAP applications submitted to State ADAP Office during the reporting period	
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 patient 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 8 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
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

Criteria	Indicators	Data Elements	Data Sources & Methods
ADAP will conduct an internal audit of up to 5% of ADAP new client applications and/or recertification forms quarterly to determine if the applications and recertifications are completed and approved or denied according to ADAP policies and procedures.	Percent of ADAP new client applications and/or recertification forms that were correctly completed during the quarter.	<p>N: # of ADAP new client applications and/or recertification forms that were correctly completed during the reporting period.</p> <p>D: # of ADAP new client applications and/or recertification forms reviewed during the reporting period.</p>	Internal audit of ADAP new client applications and/or recertification forms
<b>Clinical Performance Measures – General</b>			
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.	<p>N: # of HIV-infected clients who were clinically stable prior to the measurement year</p> <p>D: # of HIV-infected clients who had at least 1 medical visit prior to the measurement year and had 2 or more medical visits in the measurement year.</p>	Clinical chart review
Data collection to assess how many new Ryan White Program clients have an AIDS diagnosis.	Percent of HIV-infected new clients with an AIDS diagnosis admitted during the quarter of interest	<p>Numerator (N): # of clients with an AIDS diagnosis newly admitted for any service during the quarter of interest</p> <p>Denominator (D): # of HIV-infected clients newly admitted for any service during the quarter of interest</p>	CAREWare
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	<p>N: # of HIV-infected clients who received HIV risk counseling as part of their medical care.</p> <p>D: # of HIV-infected clients who had at least 2 medical visits in the measurement year.</p>	CAREWare

Criteria	Indicators	Data Elements	Data Sources & Methods
HIV-infected clients should receive substance abuse 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
<b>Clinical Performance Measures – Physical and Dental Exams</b>			
HIV-infected clients will receive a complete physical examination at least annually.	Percent of HIV-infected clients who had a complete physical examination within the measurement year	N: # of HIV-infected clients who had a complete physical examination within the measurement year  D: # of HIV-infected clients who had at least 2 medical visits during the measurement year	Clinical chart review
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 2 medical visits during the measurement year.	CAREWare  Clinical chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
<b>Clinical Performance Measures – Medical Visits</b>			
HIV-infected clients should be seen at least every 6 months for routine medical evaluation and monitoring.	Percent of HIV-infected clients who had 2 or more medical visits (i.e., seen by a physician, PA, APRN) in an HIV care setting in the measurement year.	N: # of HIV-infected clients who had medical visits in an HIV care setting 2 or more times at least 3 months apart during the measurement year  D: # of HIV-infected clients who had medical visits at least once during the measurement year.	CAREWare
HIV-infected clients should be seen every 3-6 months for routine medical evaluation and monitoring.	1) Percent of HIV-infected clients who had at least 1 medical visit during each 6 month period of the measurement year  2) Percent of HIV-infected clients who were seen by an HIV specialist during each half of the measurement year	1) N: # of HIV-infected clients who had a medical visit 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  2) N: # of HIV-infected clients who were seen by an HIV specialist 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
<b>Clinical Performance Measures – CD4 Counts and HIV Viral Loads</b>			
HIV-infected clients should have CD4 counts measured at baseline then repeated at least every 3-6 months.	Percent of HIV infected clients who had CD4 counts performed 2 or more times in the measurement year (at least every 6 months).	N: # of HIV-infected clients who had CD4 counts performed 2 or more times at least 3 months apart in the measurement year (at least every 6 months)  D: # of HIV-infected clients who had at least 2 medical visits in the measurement year	CAREWare  Clinical chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
HIV-infected clients who are clinically stable (ie, 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 2 medical visits during the measurement year, with at least 60 days in between each visit.	CAREWare pending  Clinical chart review
<b>Clinical Performance Measures – Antiretroviral Therapy</b>			
HIV-infected clients will be appropriately managed on highly active 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 2 medical visits 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 trimester of the measurement year.	N: # of HIV-infected clients on ART who were clinically stable during each trimester of the measurement year  D: # of HIV-infected clients on ART and who had at least 2 medical visits 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 trimester of the measurement year.	N: # of HIV-infected clients on ART who were clinically unstable and had resistance testing performed within each trimester of the measurement year  D: # of HIV-infected clients on ART who were clinically unstable within each trimester of the measurement year	Clinical chart review
HIV-infected clients receiving ART should improve their immune status.	Percent of HIV-infected clients on ART with CD4 counts > 200/mm <sup>3</sup> within the last 4 months of the review period	N: # of HIV-infected on HAART clients with CD4 counts > 200/mm <sup>3</sup> within the last 4 months  D: # of HIV-infected clients	CAREWare  Clinical chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
		on ART who had at least 1 CD4 count performed within the last 4 months	
HIV-infected clients should have undetectable viral loads.	Percentage of HIV-infected clients, regardless of age, with a diagnosis of HIV/AIDS with a VL below limits of quantification at last test during the measurement year.	N: # of clients with VL < 200 copies/mL at the last test during the measurement year  D: # of clients, regardless of age, with a diagnosis of HIV/AIDS who had at least 2 medical visits during the measurement year with at least 60 days in between each visit; and had a viral load test during the measurement year.	Clinical chart review
HIV-infected clients diagnosed with AIDS will be prescribed ART.	Percent of HIV-infected clients diagnosed with AIDS who were prescribed ART.	N: # of clients with AIDS who were prescribed ART within the measurement period  D: # of clients with AIDS who received at least one medical visit during the measurement period	CAREWare  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 2 <sup>nd</sup> and 3 <sup>rd</sup> trimesters  D: # of HIV-infected pregnant females who had at least 2 medical visits during the measurement year	CAREWare  Clinical chart review
HIV-infected clients who are taking ART will be assessed and counseled for adherence during each medical visit.	Percent of HIV-infected clients on ART who were assessed and counseled for adherence 2 or more times in the measurement year.	N: # of HIV-infected clients on ART who were assessed and counseled for adherence as part of their medical care 2 or more times at least 3 months apart during the measurement year  D: # of HIV-infected clients on ART who had at least 2 medical visits during the measurement year	CAREWare  Clinical chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
<p>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.</p>	<p>Percent of HIV-infected clients on ART who had a fasting lipid panel in the measurement year.</p>	<p>N: # of HIV-infected clients on ART who had a fasting lipid panel in the measurement year</p> <p>D: # of HIV-infected clients on ART who had at least 2 medical visits during the measurement year</p>	<p>CAREWare</p> <p>Clinical chart review</p>
<p><b>Clinical Performance Measures – Pelvic Exams, Pap Smears and Sexually Transmitted Infection (STI) Screening</b></p>			
<p>HIV infected female clients 18 yrs. or older <u>or</u> who reported sexual activity will receive a pelvic examination and a Pap smear at least annually</p>	<p>Percent of HIV-infected female clients who received a pelvic examination and a Pap smear in the measurement year.</p>	<p>N: # of HIV-infected female clients who had at least one pelvic examination and Pap smear results documented in the measurement year</p> <p>D: # of HIV-infected female clients 18 years or older <u>or</u> who reported sexual activity and had at least 2 medical visits during the measurement year</p>	<p>CAREWare</p> <p>Clinical chart review</p>
<p>All female clients with abnormal Pap smear results will be referred for diagnostic evaluation.</p>	<p>Percent of HIV-infected female clients with abnormal Pap smear results referred for diagnostic evaluation (e.g., colposcopy plus biopsy)</p>	<p>N: # of HIV-infected female clients with abnormal Pap smear results referred for diagnostic evaluation</p> <p>D: # of female clients with abnormal Pap smear results</p>	<p>Referral modules in CAREWare or manual referral logs</p> <p>Clinical chart review</p>

Criteria	Indicators	Data Elements	Data Sources & Methods
All female clients with abnormal Pap smear results will complete a diagnostic evaluation within 60 days of abnormal screening results.	Percent of HIV-infected female clients with abnormal Pap smear results that completed diagnostic evaluation within 60 days of abnormal screening	N: # of female clients with abnormal Pap smear results that completed diagnostic evaluation within 60 days  D: # of female clients with abnormal Pap smear results	Referral modules in CAREWare or referral logs  Clinical chart review
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
<b>Clinical Performance Measures – Syphilis, TB, and Hepatitis Screening</b>			
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 2 medical visits in the measurement year	CAREWare  Clinical chart review

Criteria	Indicators	Data Elements	Data Sources & Methods
<p>HIV-infected clients without a history of previous tuberculosis (TB) treatment or positive TB skin test (TST) will be screened for TB at least annually.</p>	<p>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.</p> <p>1-b) Percent of HIV-infected clients who had a TST read by a trained healthcare worker within 72 hours of placement</p> <p>2) Percent of HIV-infected clients who completed TB screening (i.e., had a TST placed and read within 72 hours, or <b>Interferon-Gamma Release Assay (IGRA) performed</b>) at least once in the measurement year.</p>	<p>1-a) N: # of HIV-infected clients who had a <b>TB screening test</b> in the measurement year</p> <p>D: # of HIV-infected clients who had at least 2 medical visits during the measurement year and did not have a history of TB treatment or positive TST</p> <p>1-b) N: # of HIV-infected clients who had a TST read within 72 hours of placement.</p> <p>D: # of HIV-infected clients who had a TST placed in the measurement year</p> <p>2) N: # of HIV-infected clients who completed TB screening during the measurement year</p> <p>D: # of HIV-infected clients with at least 2 medical visits in the measurement year and did not have a history of TB treatment or positive TST</p>	<p>CAREWare</p> <p>Clinical chart review</p>
<p>All HIV-infected persons with a TST induration of <math>\geq 5</math>mm (positive TST) and/or active TB disease will be referred to the TB Program for co-management</p>	<p>Percent of HIV-infected clients with a TST induration of <math>\geq 5</math>mm (positive TST) and/or active TB disease who were referred to the TB Program during the measurement year</p>	<p>N: # of HIV-infected clients with a TST induration of <math>\geq 5</math>mm (positive TST) and/or active TB disease who were referred to the TB Program during the measurement year</p> <p>D: # of HIV-infected clients with a TST induration of <math>\geq 5</math>mm (positive TST) and/or active TB disease and who had at least 2 medical visits in the measurement year</p>	<p>CAREWare – Referral modules</p> <p>Clinical chart review</p>

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 patients, 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.	<p>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.</p> <p>D: # of clients, regardless of age, with a diagnosis of HIV/ADS and who had at least 2 medical visits during the measurement year, with at least 60 days in between each visit.</p>	CAREWare pending
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.	<p>N: # of HIV-infected clients who have documentation of HCV status</p> <p>D: # of HIV-infected clients who had at least 2 medical visits during the measurement year.</p>	Clinical chart review CAREWare
All HIV-infected and HBV or HCV-infected clients should receive counseling to avoid alcohol consumption at least annually.	Percent of HIV-infected and HBV or HCV-infected clients who received counseling to avoid alcohol consumption at least once during the measurement year.	<p>N: # of HIV-infected and HBV or HCV-infected clients who have documentation that they received counseling to avoid alcohol consumption during the measurement year.</p> <p>D: # of HIV-infected and HBV or HCV-infected clients who had at least 2 medical visits during the measurement year.</p>	Clinical chart review
<b>Clinical Performance Measures – Hepatitis, Influenza and Pneumococcal Vaccination</b>			
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	<p>N: # of HIV-infected clients with documentation of having ever completed the vaccination series for Hepatitis B</p> <p>D: # of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the</p>	CAREWare GA Immunization Program Review

Criteria	Indicators	Data Elements	Data Sources & Methods
		<p>measurement year.</p> <p><b>N: # of HIV-infected clients who completed the HBV vaccination series and had antibody response assessed.</b></p> <p><b>D: # of HIV-infected clients who completed the HBV vaccination series</b></p> <p><b>N: Number of HIV-infected clients who completed the HBV vaccination series and had antibody response assessed within 1 month after completion.</b></p> <p><b>D: # of HIV-infected clients who completed the HBV vaccination series since the previous clinical chart review measurement year.</b></p>	Clinical chart review
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).	<p><b>N: # of HIV-infected clients who received influenza vaccination</b></p> <p><b>D: # of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year</b></p>	CAREWare
All HIV-infected clients with CD4 counts >200 cells/mm <sup>3</sup> should receive the pneumococcal vaccine.	Percent of clients with HIV infection who ever received pneumococcal vaccine.	<p><b>N: # of HIV-infected clients who ever received pneumococcal vaccine</b></p> <p><b>D: # of HIV-infected clients who ever had a medical visit with a provider with prescribing privileges at least once in the measurement year</b></p>	CAREWare

Criteria	Indicators	Data Elements	Data Sources & Methods
<b>Clinical Performance Measures – Opportunistic Infection Prophylaxis and Screening</b>			
All HIV-infected clients with CD4 counts below 200 cells/mm <sup>3</sup> should receive chemo-prophylaxis against <i>Pneumocystis pneumonia</i> (PCP).	Percent of HIV-infected clients with CD4 counts below 200 cells/mm <sup>3</sup> who were prescribed PCP prophylaxis in the measurement year.	N: # of HIV-infected clients with CD4 counts below 200 cells/mm <sup>3</sup> who were prescribed PCP prophylaxis  D: # of HIV-infected clients with CD4 counts below 200 cells/mm <sup>3</sup> and who had at least 2 medical visits during the measurement year.	CAREWare  Clinical chart review
All HIV-infected clients with CD4 counts below 50 cells/mm <sup>3</sup> should receive chemo-prophylaxis against <i>Mycobacterium avium</i> complex (MAC).	Percent of HIV-infected clients with CD4 counts below 50 cells/mm <sup>3</sup> who were prescribed MAC prophylaxis in the measurement year.	N: # of HIV-infected clients with CD4 counts below 50 cells/mm <sup>3</sup> who were prescribed MAC prophylaxis  D: # of HIV-infected clients with CD4 counts below 50 cells/mm <sup>3</sup> and who had at least 2 medical visits during the measurement year.	CAREWare  Clinical chart review
All HIV-infected clients, except those with known toxoplasmic disease, should be screened for Toxoplasma.	Percent of clients with HIV infection for whom Toxoplasma screening was performed at least once since the diagnosis of HIV infection.	N: # of HIV-infected clients who have documented Toxoplasma status in health record  D: # of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year.	CAREWare

Criteria	Indicators	Data Elements	Data Sources & Methods
<b>In+Care Campaign Performance Measures – Retention in Care</b>			
<p><b>In+Care Measure 1: Gap Measure</b></p> <p>HIV-infected clients should not have more than 6 months between medical visits.</p>	<p>Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who did not have a medical visit with a provider with prescribing privileges in the last 180 days of the measurement year</p>	<p>N: # of patients who had no medical visits in the last 180 days of the measurement year</p> <p>D: # of patients, regardless of age, with a diagnosis of HIV/AIDS who had at least one medical visit with a provider with prescribing privileges in the first 6 months of the measurement year</p>	CAREWare
<p><b>In+Care Measure 2: Medical Visit Frequency</b></p> <p>HIV-infected clients should have at least one medical visit in each 6 month period in the last 2 years.</p>	<p>Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who had at least one medical visit with a provider with prescribing privileges in each 6 month period of the 24 month measurement period with a minimum of 60 days between medical visits.</p>	<p>N: # of patients with a least one medical visit in each 6 month period of the 24 month measurement period with a minimum of 60 days between the first medical visit in the prior 6 month period compared to the last medical visit in the subsequent 6 month period.</p> <p>D: # of patients, regardless of age, with a diagnosis of HIV/AIDS with at least one medical visit with a provider with prescribing privileges in the first 6 months of the 24 month measurement period.</p>	CAREWare
<p><b>In+Care Measure 3: Patients Newly Enrolled in Medical Care</b></p> <p>HIV-infected clients who are newly enrolled should have frequent medical visits.</p>	<p>Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who were newly enrolled with a medical provider with prescribing privileges who had a medical visit in each of the 4 month periods of the measurement year.</p>	<p>N: # of patients who had at least one medical visit in each 4 month period of the measurement year.</p> <p>D: # of patients, regardless of age, with a diagnosis of HIV/AIDS who were newly enrolled with a medical provider AND had at least one medical visit with a provider with prescribing privileges in the first 4 months of the measurement year.</p>	CAREWare

Criteria	Indicators	Data Elements	Data Sources & Methods
<p>In+Care Measure 4: Viral Load Suppression</p> <p>HIV-infected clients with suppressed viral replication are less likely to transmit the HIV virus.</p>	<p>Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with a viral load less than 200 copies/mL at last viral load test during the measurement year.</p>	<p>N: # of patients with a viral load less than 200 copies/ml at last viral load test during the measurement year.</p> <p>D: # of patients, regardless of age, with a diagnosis of HIV/AIDS with at least one medical visit with a provider with prescribing privileges in the measurement year.</p>	<p>CAREWare</p>

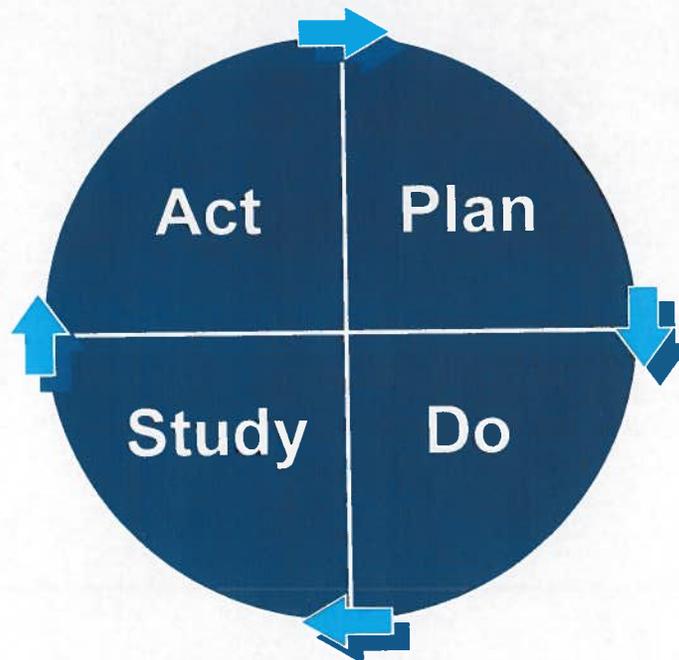
## Appendix E. Model for Improvement

## 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

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



From the HAB/NQC Ryan White Program Part B Collaborative, LS1, National Quality Center (NQC)

## Testing Change (PDSA) Worksheet

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?

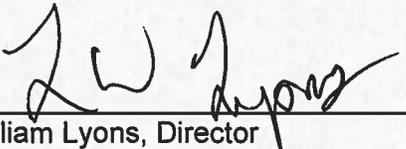
## Appendix F. QM Plan Approval

**QM Plan and Work Plan Approval**

The FY2013-2014 RW Part B QM Plan and Work Plan are approved by the following:

Ryan White Part B QM Core Team

3/29/13  
Date

  
William Lyons, Director  
HIV Office  
Georgia Department of Public Health

3-1-13  
Date