



Indianapolis Transitional Grant Area
Quality Management Plan
2018 – 2019 (Revised)

Serving 10 counties: Boone, Brown, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, Putnam, Shelby

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Ryan White Part A Quality Management Program-Background

The Indianapolis Transitional Grant Area (TGA) is a ten county geographic area in central Indiana that has been disproportionately affected by HIV/AIDS. The Ryan White HIV/AIDS Treatment Modernization Act of 2006 requires that all Ryan White recipients establish and maintain a quality management program to ensure access to primary HIV care that is consistent with the most recent Public Health Service guidelines; to assure that receipt of such services results in an improvement of health outcomes and quality of life; and to encourage and promote significant and meaningful consumer involvement in maintaining the quality management process.

Quality Management Program Mission

The mission of the Indianapolis quality management program is to improve quality of care and access to medical and supportive services for people living with HIV/AIDS in the TGA. This will be accomplished through the development of a comprehensive quality management plan that uses performance measures and epidemiological data to systematically improve the delivery of medical and support services and access and adherence to medical care.

Quality Statement

The Indianapolis TGA Ryan White HIV Services Program (RWSP) is committed to developing, evaluating and continually improving a quality continuum of HIV care, including treatment and supportive services that meets the identified needs of PLWH and their families, ensures equitable access, and decreases health disparities. The RWSP is designed to address the needs of PLWH in the TGA including those out of care and/or those who are historically underserved or uninsured.

Quality Management Infrastructure

The Clinical Quality Management (CQM) Committee, a core component of the Ryan White Part A QM program, is responsible for identifying quality improvement needs, setting quality improvement (QI) goals, and developing and implementing strategies for improving access to HIV care through continuous CQM/QI activities. This committee focuses at the program level, setting goals and objectives for the TGA as a whole. Committee meetings, which are facilitated by the Medical Advisor and the Part A/MAI Grant and Quality Management Coordinator, are held quarterly during which time information is shared and input provided on quality improvement planning and assessment of initiatives undertaken. All Parts of the Ryan White HIV/AIDS Program that are funded to serve residents in the Indianapolis TGA participate in the CQM Committee; that includes Part A, B, C, F, and MAI. The Parts coordinate their efforts through the quarterly meetings, information dissemination, sharing of CQM and QI data, sharing and participation in the completion of individual CQM Plans, and through goals and implementation of the *Integrated HIV Prevention and Care Plan for the State of Indiana*.

The Medical Advisor informs the CQM Committee and Part A Recipient on TGA-wide medical goals and objectives that will be included in the *Quality Management Plan, Integrated Plan*, and annual *Part A Implementation Plan*. The Medical Advisor provides additional guidance on identifying and prioritizing quality concerns, and establishing quality measures. This position serves as the Chair of the CQM Committee.

Consumer Access Committee is a standing committee of the PC and its members work collaboratively with the Part A, B, C, F and MAI Recipients and Sub-Recipients, and other PC members in identifying and implementing CQM/QI projects related to client satisfaction with service utilization and delivery. The Chair of this committee is also the PC CQM designee. This representative reports back to the Consumer Access Committee and the entire Planning Council on consumer perspective on matters regarding CQM/QI with recommendations.

The Recipient provides quarterly updates of performance measures and outcomes, QI projects, and clinical practice guidelines that impact TGA standards of care to the CQM Committee. The Recipient is responsible for staffing the CQM Committee, including managing meeting logistics. Other responsibilities include fulfilling HRSA reporting requirements, preparing reports for the CQM Committee and/or PC and for the dissemination of that information. Additionally, the recipient is responsible for using the data obtained from CQM/QI to evaluate current programming and to serve as the basis for development and implementation of new programming.

The QM Committee is a standing committee of the Planning Council. Its primary focus is QM topics at the provider level such as local standards of care, training needs, and service delivery consistency across providers. This committee works collaboratively with other PC committees (i.e., Needs Assessment, Systems of Care, and Consumer Access) on projects related to consumer engagement and satisfaction and works with the Priority Setting and Resource Allocation Committee to triage QI priorities. The QM Committee is a cross Part, interdisciplinary committee that is under the direction of the Part A administration. Committee membership is composed of representatives from core and supportive service provider agencies and consumers who reside in the TGA.

Roles and Responsibilities

RWSP Project Director oversees all aspects of the Ryan White HIV Services Program (RWSP) operations and monitoring activities. The Director helps provide guidance to the CQM Committee secures and approves funding for QI initiatives, and serves as one of the CQM contacts for HRSA.

Quality Management Coordinator develops and manages the QM Plan, facilitates the CQM Committee, coordinates quality improvement efforts, ensures continuous quality improvement of Part A and MAI program services, and monitors sub-recipient core and supportive service performance measures and adherence to the Part A Standards of Care.

CAREWare Data Manager is the CAREWare data manager for the RWSP. CAREWare enables data collection and analysis for clinical quality management purposes, including generation of performance measures. This data is used by RWSP leadership and the CQM related committees to plan for quality improvement projects and to effectively measure, analyze and put into effect results from performance/HAB quality measures.

RWSP Epidemiologist is responsible for developing data collection tools, overseeing data collection and management of eHARS and other external data sources, collecting and analyzing surveillance and health outcomes data, completing the annual Epidemiological Profile and Fiscal Utilization presentations to the PC, implementing the local evaluation plan, working with the PC to inform prioritization and allocation decisions, and working with the RWSP Project Director and QM staff to compile data regarding accomplishments, progress, and barriers.

Medical Advisor serves as lead clinical advisor for the Part A CQM program. This position provides medical leadership in quality assessment and improvement activities, and assists in the incorporation of HIV/AIDS treatment guidelines into TGA specific guidelines and/or protocols. In addition, the Medical Advisor participates in quarterly chart reviews/audits of outpatient/ambulatory related HAB measures, makes recommendations for improving performance in low scoring areas, and maintains subject matter expertise in HAB Core Performance Measures. Finally, this is the RWSP's quality champion to provide clinical leadership in physician relationship building for Ryan White quality improvement initiatives and assisting in the development and implementation of provider education programs related to clinical quality improvement activities for the TGA.

CQM/QI Priorities

Performance Measures

The Ryan White Part A Quality Management program has been collecting Group 1 HAB performance measures data since 2008. Measures are reviewed annually by the QM Committee. Measures are revised to reflect changes in the standards of care and to remain current with the changes in the HAB measures.

To ensure consistency of the CQM program goals with the crosswalk released by the HIV/AIDS Bureau on June 11, 2015, services that most directly support improved health outcomes along the HIV Care Continuum provide the framework for the CQM Program. To monitor progress towards implementing the five stages in the HIV care continuum, seven unique performance measures have been adopted. These measures expand across the 15 funded service categories. Performance outcomes will provide quantifiable evidence that can be used to evaluate the quality of care in the TGA and identify improvement opportunities that will support attainment of the goals outlined in the NHAS.

The CQM Program monitors adherence to Part A clinical performance measures on a regular basis. Since 2008, data on selected Group 1 – 3 HAB measures have been collected and used to monitor adherence to HIV/AIDS treatment guidelines and their subsequent impact on client level health outcomes. First priority for QM activities is directed to outcome measures involving any of the five core HAB measures, or any matters impacting client access to services:

1. Viral Load Suppression
2. Prescription of ARV Therapy
3. Medical Visit Frequency
4. Gap in Medical Visits
5. PCP Prophylaxis

Second priority is assigned to measures involving Core service categories which are reviewed annually:

1. EIS
2. Medical Case Management
3. Outpatient/Ambulatory
4. Mental Health Services
5. Oral Health Services
6. Health Insurance Premiums and Cost Sharing
7. Substance Abuse Services
8. AIDS Pharmaceutical Local
9. Nutrition

Priorities for CQM/QI initiatives that target supportive services are prioritized according to the priorities set by the PC.

Performance Measurement

Performance indicators quantitatively tell us something important about our services, and the processes that deliver them. They are a tool to help us understand, manage, and improve what our organizations do.

Performance indicators let us know:

- How well we are doing
- If we are meeting our goals
- If the needs of our consumers are being met
- If and where improvements are necessary

The HIV/AIDS Bureau (HAB) has developed specific performance measures for core clinical services, medical case management, oral health, ADAP, the care system (system-wide) as a whole, and for the pediatric population. These measures can be accessed via:

<http://hab.hrsa.gov/deliverhivaidscares/habperformmeasures.html>. The Indianapolis QM Program has developed measures for other service areas not included in the HAB measures.

Each agency is expected to adhere to the performance measures and submit quarterly reports for service areas they have been contracted for during that grant year. Quarterly data collection will be used to monitor agency compliance with the measures, impact of the measures on the client's health outcomes, and to assess the overall performance in our TGA.

Performance measurement activities include clinical chart reviews, consumer surveys, data collection and analysis, and estimating unfulfilled needs. The following section describes performance measurement activities in the TGA. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) have developed indicators that providers use to monitor the quality of care they provide. The CQM team routinely tracks and monitors measures using CAREWare as well as through chart abstraction and quarterly reports submitted by providers. Furthermore, medical record abstractions are conducted for three funded out-patient medical sites and one oral healthcare site. Clinical chart review and special evaluation reports create a constant stream of incoming data for the CQM Program. The CQM team also assists with the dissemination of feedback to the providers and the identification of baselines. Progress against baselines is checked quarterly and communicated to each sub-recipient and is also made available to the CQM Committee. If a provider distinguishes itself amongst its peer providers by achieving exemplary results, those providers are invited to share their methodology at upcoming training events as well as the provider being highlighted in quarterly CQM reports.

METHODS

Data Collection and Sources

Data regarding outlined performance measures will be collected from each Part A, MAI, and Part C funded agency. The primary sources of data used to collect performance measures include eHARS, electronic medical records, CAREWare and RISE (Ryan White Information Services Enterprise).

The RWSP Epidemiologist collects, manages, extracts, and analyzes eHARS data with which to monitor receipt of, and results from, CD4/viral load tests. The RWSP Data Manager monitors, extracts and analyzes programmatic data, including CQM and performance measures via CAREWare. This data is used to respond to emerging trends within the TGA and subsequent CQM needs and activities. The Epidemiologist and Data Manager work with the RWSP CQM program to extract data to improve clinical quality management, including collecting, aggregating, analyzing and reporting on measurement data, allowing for the RWSP leadership and CQM Committee to more efficiently and effectively plan for quality improvement projects and measure, analyze and put into practice programming that is reflective of the outcomes of the performance/HAB quality measures. These positions work with the CQM program to collect and analyze performance measures allowing for inspection and improvement of health disparities data for populations served by the TGA, allowing for more accurate and effective program development. CAREWare and eHARS are also used to collect and report data on a quarterly basis, both internally and externally, for program assessment and development. The Data Manager in conjunction with the Staff Epidemiologist affords the RWSP the opportunity to retrospectively measure compliance with standards and prepares the site visit team for chart review during their annual monitoring activities.

Chart Abstraction

Chart reviews are conducted at clinical care sites and support service locations quarterly to ensure that HIV services meet public health guidelines, standards of care, and to evaluate performance measures. Ryan White funded agencies will collect performance measurement data on a quarterly basis via chart abstraction.

Chart reviews will also be conducted by QM staff on a quarterly basis. These reviews will focus on the data quality of progress notes, the accuracy with which the service was described, whether or not the service that was provided matches the services for which the Recipient was billed, and for CAREWare users, whether or not the number of units of service that were billed to the Recipient matches the number of units of service that have been entered into CAREWare.

Random chart selection: Charts are randomly selected using either the random numbers table recommended by HIVQUAL or research randomizer. Research randomizer is a random sampling tool that is used to generate random numbers for chart reviews. It can be accessed via: <http://www.randomizer.org/>.

The RWSP first generates a list of clients who accessed a specific service at a specific agency during a specified time period from FUTRIX which pulls information from RISE. This list is then exported into an Excel spreadsheet. The line numbers from Excel serve as the number that is later selected through the randomization process. Once this list is generated it is used at the provider agency as the list of client charts to be reviewed during the site visit.

Annual Quality Goals

Goal 1: Early HIV Disease Detection

- 1.1** Increase the percentage of persons who enter care at an earlier stage of HIV or prior to the development of AIDS.
- 1.2** Increase the percentage of persons who are diagnosed at an earlier stage of HIV and prior to the development of AIDS.
- 1.3** Increase the number of people, aged 13-64 who are at high risk for HIV, and receive annual, routine HIV testing. For those who present HIV negative, referral to prevention programs to assist their remaining negative.

Goal 2: Ensure Access to and Retention in HIV Care

- 2.1** Continually monitor the percentage of eligible Ryan White clients who are actively enrolled in the Ryan White Services program at the end of the measurement period.
- 2.2** Continually monitor the timeliness of entry into care following an initial HIV diagnosis as evidenced by date of first HIV viral load and/or CD4 test.
- 2.3** Monitor the continuity of HIV care as evidenced by a gap in medical visits, defined as no medical visit with an HIV specialist during the last six months of the measurement year.
- 2.4** Continually monitor the percentage of eligible Ryan White clients who are prescribed ARV therapy and achieve viral suppression as evidenced by viral load test results during the measurement year.

Goal 3: Assure the Provision of Quality Core Medical and Supportive Services

- 3.1** Continually monitor quality performance indicators on a quarterly to annual basis through chart reviews and CAREWare to ensure achievement of set goals.
- 3.2** Select one CQM and one QI TGA-wide quality improvement initiatives to pursue each grant year.
- 3.3** Review performance measures outcome data and monitor progress towards QI improvement goals.
- 3.4** Disseminate reports and outcome data to the Planning Council, the committee, providers and other stakeholders on a regular basis during the measurement year, at least quarterly.

Goal 4: Maintain a Comprehensive Quality Management Program and Plan

- 4.1** Update TGA-wide QM plan annually or at least once by the start of the new grant year.
- 4.2** Evaluate annual quality goals for continued relevance and monitoring.
- 4.3** Review data from needs assessment, epidemiological report, and performance measures data as guide for updating QM program goals.
- 4.4** Review sub-recipient QM plans and return evaluations to each agency for the current grant year.

2017 Quality Initiatives

Quality initiatives are those activities that are aimed at improving patient care, health outcomes, and patient satisfaction. Understanding and properly implementing quality improvement is essential to a well-functioning program. A variety of approaches exist to help collect and analyze data and test change. This year, the RWSP will use PDSA (Plan, Do, Study, Act) as the methodology to improve process and/or outcomes. The RWSP will also use root cause analysis to identify problems and an approach for responding to them. In addition Eskenazi clinic one of the RWSP provider is conducting a Pap smear test for all HIV females receiving service at their clinic. This quality initiative is aimed at preventing cervical cancer.

1. The primary quality initiative project for 2016 was to identify disparities in viral load by various demographic and risk characteristics. As these disparities persist this project will be continued for FY2019. The RWSP has historically reported stratified mean viral loads; however, confidence intervals tend to be so wide as to be unusable for group comparisons. Root cause analysis was conducted, leading to identification of (1) huge variability in viral load between individuals and (2) small stratified group sizes as root causes of wide confidence intervals. This finding led to an evaluation of current viral load analysis methods and the CQM Committee worked with the RWSP Epidemiologist to determine a method that would provide more useable data. The result is the primary CQM project for 2018 – 2019 Implementation of the Viral Load Protocol (document attached). The Protocol will be implemented using SAS v.9.4 in-house, but will be translated to R, statistical software available at no cost, for sub-recipients. After Protocol implementation, RWSP staff will work with sub-recipients to implement the program with each of their client bases.

Responsible Party: RWSP Staff, Providers

Target Completion Date: December 2019

Goal: Standardization and institutionalization of the routine creation of a Viral Load Analysis Report that is in accordance with the National HIV/AIDS Strategy and the CDC guidance. We will use this Report to guide efforts to improve viral loads in XXX subpopulation from the baseline of XXX to xxx.

2. Improving cervical cancer screening rates has been a priority in the TGA since 2009, and will continue in 2018-2019. The Eskenazi Infectious Disease Clinic has developed a Performance Improvement Project (PIP) surrounding Cervical Cancer Screening for Women with HIV Infection. Clinical Issue: Abnormal cervical cytology is nearly 11 times more common among women with HIV infection compared with the general female population, and is associated with the presence of human papilloma virus (HPV) infection and immune dysfunction. Cervical cancer screening recommendations for women living with HIV differ from those in the general population, as outlined below in the HHS Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents. The guidelines fail to fully address screening in transgender individuals. For screening purposes, cervical cancer screening should be based on the presence of a cervix rather than on a person's identified gender.

Sexually active women with HIV infection should undergo cervical cancer screening at initial entry to HIV care and again twelve months later. Some experts also repeat cervical cancer screenings every six months. This is consistent with previous guidelines. The screening test used should be determined by the woman's age.

Responsible Party: RWSP Staff, Provider (Eskenazi)

Target Completion Date: December 2019

Goal: Ensure that women with HIV infection who receive care at the Eskenazi Health Infectious Disease Clinic are receiving Cervical Cancer screening in accordance with current clinical guidelines.

2017 Quality Management

Quality Management is the process of assessing the extent to which HIV health services provided to patients under the grant are consistent with the most recent U.S. Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections; and the development of strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV services.

1. A Multiple Performance Measure Aggregate Report was generated on January 25. The report was reviewed by the CQM committee and presented to the PC at the March 2017 meeting. The data report will be shared with providers, PC, and community partners as appropriate. This same process will occur quarterly. The RWSP will update all Performance Measures in the CQM Plan to be consistent with the most current versions from HAB and/or NHAS, and include measures for Substance Abuse, Housing and Oral Health, Treatment adherence which are missing in the 2015 – 2016 Plan. Dissemination methods for the report include electronically, and at committee and/or provider meetings.

Responsible Party: RWSP Staff, Providers

Target Completion Date: Quarterly throughout 2019

Goal: Tracking and reporting of service outcomes in accordance with HAB National Monitoring Standards

2. As a quality improvement initiative, the QM Committee of the PC began work on a survey to evaluate the effects the Case Management Manual is having in providing care to RWSP clients. This manual was developed in FY 17. The survey will be sent out to Medical and non-medical case managers.

Responsible Party: RWSP Staff, QM Committee

Target Completion Date: December 2018

Goal: Standardization of quality expectations for providers of Medical and Non-Medical Case Management services in accordance with HAB National Monitoring Standards

3. The following activity will be undertaken to determine the primary QI for 2018-2019. A root cause analysis will be used to identify a more productive and accurate method for collecting health related data that is currently being under reported. For example, the prescribing of ARVs, cervical cancer screening; hepatitis B and C data; and other health indicators as determined by the CQM Committee of the RWSP. The root cause analysis will lead to the identification of data gaps and the reasons for those gaps and allow the RWSP to devise methods by which to improve its overall health care data and its subsequent analysis for clients.

Responsible Party: RWSP Staff, CQM Committee

Target Completion Date: August 2019

Goal: Improved assessment of the extent to which HIV health services are consistent with the most recent HHS Guidelines in accordance with HAB National Monitoring Standards.

Action Plan

| Tasks | Responsible Party | Timeline |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------|
| Review QM goals and assess for relevance. | QM program coordinator CQM committee | Annually |
| Approve and finalize QM plan | QM program coordinator CQM committee Other stakeholders as needed | Annually |
| Evaluate QM program | Ryan White sub-recipients CQM committee Other stakeholders as needed | Annually |
| Review epidemiological data to identify gaps in medical service delivery. | QM program coordinator HIV epidemiologist CQM committee | Annually |
| Conduct needs assessments to identify gaps in supportive service delivery and coordinate these efforts with assessments conducted by Part B. | QM program coordinator HIV epidemiologist Needs assessment committee CQM committee | Every 1-3 years |
| Engage in continuous performance measurement and quality improvement. Disseminate outcomes. | QM program coordinator Ryan White subcontractors | Every 3 months |
| Collaborate with Part B to conduct client satisfaction surveys to determine quality improvement needs at the service delivery level. | QM program coordinator Needs assessment committee Ryan White Services Program | As Needed |
| Review HIV/AIDS treatment guidelines to assure compliance with the best standards of care. | QM program coordinator CQM committee-leadership branch | Ongoing |

Reporting of Data

Findings for quality management activities will be reported in a manner that is appropriate for the audience. Data will be reported only in the aggregate to the Planning Council, the CQM Committee, within the year-end Progress Report, the grant application and any subsequent HRSA reports or RWSP publications. Client level reporting may be disseminated to the appropriate providing organization. CQM may provide agency-specific data reports directly to each agency for the purpose of enhancing their quality management program and these vendor reports are copied to the RWSP Administration for incorporation into future administrative site visits as well.

Evaluation Criteria of Quality Management Program

Evaluation of the effectiveness of the QM program, its infrastructure and improvement activities will be conducted on an ongoing basis and will be assessed using the criteria outlined below.

- The QM plan is shared with the Planning Council
- The CQM committee is composed of a cross-sectional, multi-disciplinary team
- QM program supports and participates in cross-part collaboration
- The QM plan is reviewed and updated on an annual basis
- QM standards are incorporated into sub-recipient language
- Site visits are conducted on an annual basis, and are based on the standards of care
- Continuous quality improvement training is offered to sub-recipient staff and consumers
- Performance evaluation reports are shared with each sub-recipient agency in a detailed report
- Aggregate performance data is shared with the Planning Council
- Client satisfaction surveys are used as opportunities to determine improvement needs
- Application of ethical principles when collecting, maintaining, using and disseminating performance data

The CQM Committee will consider the following questions as part of the evaluation of the Quality Management Plan:

1. What CQM/QI goals were achieved during the previous measurement year?
2. What performance measurement goals were met in previous measurement year?
 - a. Are results in the expected range? If so, how?
3. How were stakeholders informed of performance measure results?
4. Did our current QM infrastructure work?
 - a. Where are the areas for improvement in our current infrastructure?
5. Did we do what we said we were going to do for each measure and each QI project?
 - a. Why or why not?
6. Are our measures meaningful to helping us understand HIV care systems in Ryan White Part A delivery systems in our TGA?
 - a. Are they helping us identify whether or not we need to make changes?

The staff of the Indianapolis TGA RWSP each plays a role in the annual evaluation of the Quality Management Plan. Evaluation will include assessment of the effectiveness of the infrastructure and quality improvement activities in achieving quality management goals, determine whether work plan goals were achieved, and determine whether performance measures were appropriate and helpful in the priority setting process and resource allocation process. RWSP quality management staff will review the evaluation and submit recommendations, which will then be approved by the CQM Committee and other stakeholders in time for the next update of the QM plan.