



Q M Corner

A Quarterly Insight into the HIV Service Provided in the Atlanta EMA

Overview of Atlanta EMA QM Program

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Special points of interest:

- Overview of QM Program
- 2016 Data Review
- Current QI Projects
- Program Updates

The Atlanta Eligible Metropolitan Area (EMA) Ryan White Part A Recipient in collaboration with the Quality Management (QM) Committee of the Metropolitan Atlanta HIV Health Services Planning Council (Planning Council) oversees the Ryan White Part A Quality Management Program to assess the quality of care delivered by Part A. A **quality management program** is the coordination of activities aimed at improving client care, health outcomes, and client satisfaction by monitoring standards of care, measuring performance, and implementing quality improvement projects.

The **standards of care** ensure that uniformity of service delivery exists for consumers to receive the same quality regardless of

where the service is provided. **Performance measures** are used to assess progress towards meeting standards and achieving goals. Ongoing **quality improvement projects** are aimed at improving identified areas by implementing activities to further examine and modify existing processes to address challenges with in-depth evaluation. Other components of a quality management program include the use of Quality Management Plan and QM Work Plan as guiding documents for program activities.

All Part A funded agencies are required to maintain a quality management program. For more information on program components, please review [HRSA Policy Clarification Notice I5-02](#).

Service Utilization

The Planning Council assesses the service needs of the Atlanta EMA and establishes priorities for the allocation of funds. At every Executive and general Planning Council meeting, the Council is presented with data from the Part A Office. The utilization data represents the

service usage by consumers per service category. This quarter, the Planning Council met on March 16, 2017. Overall, there was a 9% increase of clients served from FY2014-2016. Service categories that experienced notable percent change during this timeframe were;

Psychosocial Support with 39% increased utilization; Food-bank/Home-delivered Meals with 25% increased utilization; and Medical Transportation with 18% increased utilization.

DATA
REVIEW

Core Services Utilization

Core Service Category	FY2014	FY2015	FY2016
Outpatient Ambulatory Health Services	12,688	12,659	13,449
Oral Health	3,199	3,235	3,112
Medical Case Management	7,632	8,166	8,180
Medical Nutrition Therapy	1,281	1,468	1,243
Mental Health	2,530	2,506	2,653
Substance Abuse-Outpatient	993	1,127	971

Support Services Utilization

Support Service Category	FY2014	FY2015	FY2016
Childcare	124	144	99
Food Bank/Home Delivered Meals	1,302	1,609	1,634
Legal Services	124	128	122
Linguistics	309	374	318
Medical Transportation	2,706	3,026	3,180
Non-medical Case Management	8,714	9,513	10,252
Psychosocial Support	2,290	2,031	3,186

The HIV/AIDS Bureau (HAB) revised its performance measure portfolio in November 2013 to emphasize critical areas of HIV care and to better align with the HIV Care Continuum. The Core Performance Measures were identified as those most critical to care and treatment of persons living with HIV/AIDS. The Atlanta EMA has elected to measure the following HAB Core Performance Measures:

HIV Viral Load Suppression - % viral load less than 200 copies/mL

Prescribed Antiretroviral therapy (ART) - % prescribed ART

Medical Visit Frequency - % with at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits

Gap in Medical Visits - % who did not have a medical visit in the last 6 months

Service Performance

The Quality Management (QM) Committee of the Planning Council is tasked with setting standards and reviewing quality outcomes of service categories based on committee-approved and defined measures. Each quarter, the QM Committee is presented with data from the previous quarter, calendar, or fiscal year to assess service performance. Last quarter, the QM Committee met on January 4, 2017 to

finalize the Performance Measure Portfolio by selecting HAB Measures (4 Core Measures, 9 Adolescent/Adult Measures, 3 Archived Measures) and 20 EMA Measures to monitor for 2017. Service Measures can be found [here](#). This quarter, the QM Committee met on April 6, 2017 to review comparison data, trends data, and EMA data.

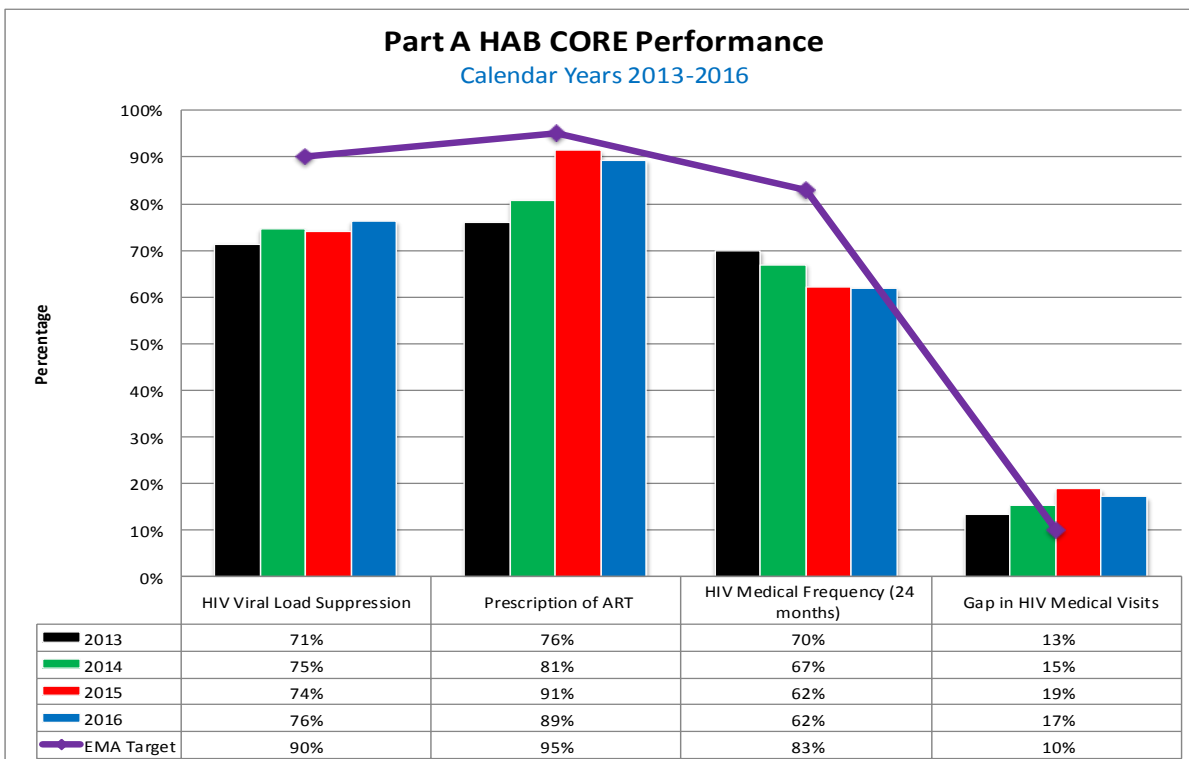
Comparison Data

HAB CORE Performance Measure	National	Regional	State	Part A
HIV Viral Load Suppression	84%	84%	78%	76%
Prescription of ART	96%	96%	78%	89%
HIV Medical Visit Frequency (24 months)	70%	65%	64%	62%
Gap in HIV Medical Visits	14%	14%	18%	17%

Chart 1. HAB Core Measures—Calendar Year 2016. Comparison of National, Regional, State, and Part A performance

Trends Data

Chart 2. HAB Core Measures—Calendar Years 2013-2016. Part A Core Performance



DATA REVIEW

Overview of Quality Improvement Projects

The QM Committee and the RW Part A Recipient determine 1-2 quality improvement projects to conduct annually. Quality improvement projects include the development and implementation of activities to make changes to the

program in response to data results and are implemented in an organized, systematic fashion. Quality improvement activities improve health delivery and outcomes and client satisfaction. This year, Ryan White Quality Management

Program aims to: investigate data collection/ reporting processes by examining CAREWare data software usage and improve client wait-time by conducting time-studies.

QI
PROJECTS

CAREWare Project

Method:

Plan-Do-Study-Act

Metric (s):

- ◆ % Prescribed ART
- ◆ % Data entered as defined
- ◆ % missing data field

CAREWare is a free, electronic health and social support services information system developed by HRSA's HIV/AIDS Bureau for Ryan White HIV/AIDS Program recipients and subrecipients. All Ryan White Part A funded agencies utilize CAREWare to manage data. It is important that the data processes are standardized. CAREWare projects were launched in Fall 2016 and will continue throughout the year to investigate processes related to data entry, reporting, and interpretation.

Plan-Do- Study- Act is a common quality improvement methodology.



Time-Study Projects

Method:

Define-Measure-Analyze-Improve-Control

Metric (s):

- ◆ Median Office Visit Cycle Time
- ◆ % Linked to Care

Ryan White Quality Management Program aims to conduct two time-study projects to address both direct and indirect wait time. Direct wait time is related to the amount time clients wait to be served by a provider on the day of appointment. Indirect wait time is the amount of time between a client's request for an appointment and the time of that scheduled appointment. Both types of wait times can impact client health. The lack of availability of timely and convenient appointment slots may lead to delays to the access of care. Decreased client wait-times may increase overall patient satisfaction and retention in care. The time-study projects will start May 2017.



FY 2016 Organizational Assessment

The QM Committee evaluated the Part A QM Program for fiscal year 2016 using the Part A Organizational Assessment tool developed by National Quality Center (NQC). The evaluation tool assessed all key organizational components needed for a successful quality management program. The assessment was distributed in-person during the March 2017 QM Committee Meeting, and electronically via email. NQC Coach, Judy Popkin, also evaluated the pro-

gram. The averages of the assessment were tallied and stage of development identified for each assessed program component. Based on the results, the goal for FY 2017 is to improve program components that were identified in the implementation stage.

PROGRAM
UPDATES

FY16 Summary of Results

Stages of Program Development	QM Program Components
Full Systematic Approach to Quality Management ↑	
Progress toward Systematic Approach to Quality Management ↑	<ul style="list-style-type: none"> • QM Environment • QM Infrastructure • QM Plan • QM Program Evaluation
Implementation	<ul style="list-style-type: none"> • Workforce Engagement • EMA Data Measurement & Analysis • Subrecipient Data Measurement & Analysis • QI Initiatives • Consumer Involvement • Patient Outcomes Data • Disparities in Care and Outcomes Data
↑ Beginning Implementation ↑ Planning and Initiation ↑ Getting Started	

Quality Management Plan Checklist

The purpose of the Quality Management (QM) Plan is to guide the development and implementation of a coordinated approach to addressing quality improvement for the Atlanta EMA's Ryan White Part A continuum of medical care and support services. Each Ryan White Part A funded service provider is required to submit an agency quality management plan on **September 15, 2017** with second quarter reports. The processes and procedures outlined in the Quality Management Plan will be used to monitor and improve the delivery of services, reduce health disparities, and attain viral suppression for consumers of

Ryan White services. The Quality Management Plan should include but not limited to;

- ◆ Description of quality infrastructure
- ◆ Details of performance measurement system to include HRSA/HAB clinical performance measures and/or EMA service measures
- ◆ Outline of quality improvement process

For additional components of an ideal Quality Management Plan, please review the [NOC QM Plan Checklist](#).

PROGRAM
UPDATES

FY2017 Newly Funded Service Category

The Metropolitan Atlanta HIV Health Services Planning Council (Planning Council) voted on March 16, 2017 to fund a new support category; Referral for Health Care and Support Services. According to [HRSA PCN-16-02](#), this support service category is described as follows:

“Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).”

Subservice and unit definitions for CAREWare can be found in the [CAREWare Data Dictionary](#).

Eligibility Expansion

Per policy PPPN-001 Client Eligibility, clients whom have an income $\leq 400\%$ **FPL** are eligible to receive Ryan White services as payer of last resort. Policy outlines requirements for client eligibility including acceptable forms of documentation related to proof of HIV status, income eligibility, county of residence, and payer of last resort. PPPN-001 policy and all the FY 2017 Policies and Procedures are now published on the Ryan White website. Please refer to programmatic policies by [clicking here](#).

Upcoming QM Meetings

QM Meetings are held every first Thursday from 10:00am-12:00pm at Grady IDP. The Standards Review Schedule:

- ◆ June 1, 2017: Standards of Care Development– Referral for HealthCare and Support Services
- ◆ July 6, 2017: Standards of Care Review– Psychosocial Support
- ◆ August 3, 2017: Standards of Care Review—Mental Health and Substance Abuse

Conferences, Trainings, and Webinars

May 24, 2017 **Opioids and Pain Management** 12:00pm ET

Source: AETC MidAtlantic AETC

The purpose of this webinar is to enable participants to understand opioid use in patients with HIV and discuss the importance of pain management.

Upon completion, participants will be able to:

- Explain opioid pharmacology
- Demonstrate importance of pain management
- Describe FDA updates on opioid use and statistics on opioid epidemic

[Link to register](#)

June 1, 2017 **RSR Town Hall** 2:00pm– 3:00pm ET

Source: Target Center

The purpose of this webcast is to get feedback from grant recipients on challenges or issues experienced during the 2016 RSR submission process. Technical assistance contractors will be on-hand to address questions and concerns.

[Link to register](#)

August 21-23,2017 **2017 Ryan White HIV/AIDS Program Clinical Care Conference**

San Antonio, Texas

Source: HRSA HAB and AETC



The HRSA HIV/AIDS Bureau funded AIDS Education and Training Center (AETC) Program’s 17th Ryan White HIV/AIDS Program (RWHAP) Clinical Care Conference to provide state-of-the-art research, care, and treatment updates for experienced clinical decision makers (physicians, advanced practice nurses, and physician assistants) who are responsible for the day-to-day medical care and treatment of persons living with HIV and those integral to the provision of medical care in HRSA funded RWHAP sites.

[For more information.](#)

ANNOUNCEMENTS
AND RESOURCES

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The purpose of the Atlanta EMA Ryan White Part A program is to improve the availability and quality of care for low-income, uninsured, and underinsured individuals and families affected by HIV in the 20-County Atlanta Eligible Metropolitan Area (EMA). Funds support clients as they progress through the HIV care continuum and include core medical and support services. Ryan White Part A funds are used to address service needs and gaps as the implementation of the Affordable Care Act continues. Funds are also used to support the Quality Management program and Metropolitan Atlanta HIV Health Services Planning Council, the planning body that plans for the comprehensive delivery of HIV/AIDS services and allocation of resources for the Atlanta EMA.



Additional Resources

AIDS Education Training Center:

- ◆ <https://aidsetc.org/>
- ◆ **Southeast AETC:** <http://www.seaetc.com>

HRSA/HAB:

- ◆ <https://hab.hrsa.gov/clinical-quality-management>

National Quality Center (NQC):

- ◆ www.nationalqualitycenter.org

TARGET Center: Technical Assistance:

- ◆ <http://www.careacttarget.org>

Direct questions regarding Newsletter to:

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