



POLICY AND PROCEDURE NOTICE: PPPN-032 CLINICAL QUALITY MANAGEMENT

Summary and Purpose of PPN: To guide the implementation and administration of Ryan White Part A Clinical Quality Management (CQM) Program.

Authority:

- Title XXVI of the Public Health Service (PHS) Act §§ 2604(h)(3), 2604(h)(5), 2618(b)(3)(E), 2664(g)(5), and 2671(f)(2)
- HAB Policy Clarification Notice #15-02
- HAB National Monitoring Standards
- US Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Ryan White HIV/AIDS Program (RWHAP) Part A Manual – Revised 2013
- National HIV AIDS Strategy (NHAS)
- Fulton County Ryan White Part A Contract/Agreement

Background:

Title XXVI of the Public Health Service Act RWHAP Parts A – D requires the establishment of a clinical quality management (CQM) program to:

- Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines, (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV services.

The CQM requirement applies directly to Parts A – D recipients; it is the responsibility of the recipient to work directly with their subrecipients to implement, monitor and provide any needed data on the program.

Policy and Procedures:

1. The Ryan White Part A Program shall establish, maintain, monitor, and analyze a continuous QM program which complies with federal regulations and HRSA/HAB expectations.
 - The NHAS will be used to frame QM activities and goals. HRSA, HAB and HHS measures that align with NHAS will be used to measure outcomes and progress.
 - Subrecipients are contractually required to undertake and maintain CQM program(s) in accordance with the HRSA National Monitoring Standards and Policy Clarification

Notice 15-02 to ensure that persons living with HIV disease, who are eligible for treatment and health related support services, receive those services and that the quality of those services meet certain approved criteria (i.e., Eligible Metropolitan Area (EMA) adopted service standards of care, Public Health Service (PHS) treatment guidelines).

2. Ryan White Part A Program will specify in Requests for Proposal (RFP), contracts, Memorandums of Understanding (MOU) and/or statements of work the Ryan White Part A Program's quality-related expectation for each service category.
3. Ryan White Part A Program shall provide guidance to subrecipients on the implementation of an effective QM program including, but not limited to, prioritizing measures and collecting data.
 - Ryan White Part A Program will identify the specific CQM program activities for the EMA. Specific CQM program activities include a performance measure portfolio, frequency of performance measure data collection, and identification of quality improvement (QI) activities, among other items.
4. The Ryan White Part A Program shall designate a QM Specialist to each subrecipient to monitor and evaluate subrecipients' QM program.
5. Ryan White Part A Program shall provide technical assistance and training based on the needs of the subrecipients. The subrecipient will participate in training activities to further continuous QM knowledge.
6. The Ryan White Part A Program shall evaluate the effectiveness of the QM program as a key component in ensuring that QM activities are making changes that positively affect outcomes by:
 - Assessing whether QM program activities have been implemented as prescribed by the Quality Management Plan (including the Work Plan)
 - Identifying factors (i.e., staff acceptance of change, improved clinical performance, etc.) that affect the QI activities
 - Identifying effective improvement strategies that can be scaled up or implemented in other facets within a system of care
 - Examining the effectiveness of the team and its ability to meet timelines and deliverables as described in the WorkPlan in order to determine the success of the planned process
7. Ryan White Part A Program shall conduct chart reviews and site visits to monitor compliance with the QM Plan, HHS Guidelines, and the RWHAP quality expectations.

8. The Ryan White Part A CQM Program shall have the necessary components of infrastructure, performance measurement, and QI at the recipient and subrecipient level.

Quality Management Infrastructure

1. The Ryan White Part A Program shall develop and maintain the appropriate and sufficient infrastructure to plan, implement, and evaluate the QM program including but not limited to:
 - Supportive leadership guiding and endorsing the QM program
 - QM Committee/Team that develops the program and coordinates activities
 - Dedicated staff member(s) who are responsible for QM duties and resources
 - Accountability for CQM activities
2. Ryan White Part A Program will ensure that subrecipients have the capacity to contribute to the QM program, have the resources to implement a QM program and conduct QM activities in their organizations as identified in the written agreements between the Ryan White Part A Program and subrecipient.
3. Ryan White Part A QM Program Manager will develop, implement, monitor and update the EMA quality management plan annually with input from QM Committee. Subrecipient will maintain and update an agency-specific QM plan and work plan annually. A copy of the subrecipient's QM Plan must be submitted within 30 days of executed contract.
4. The Ryan White Part A Program shall update EMA standards of care and/or performance measures based on approved criteria (i.e., HHS guidelines, federal or state legislation, or professional standards) and distribute updates to subrecipients.
5. The QM Program will incorporate involvement of stakeholders that provide input on CQM activities, including the involvement of PLWH that reflect the populations being served to ensure needs are being addressed. The Ryan White Part A Program shall work with subrecipients, the Planning Council, and the Planning Council's Quality Management Committee (QM Committee) in QM activities.
 - Ryan White Part A QM Team shall meet regularly with the QM Committee to plan, implement, and evaluate performance improvements based on approved quality standards and measures.
 - The subrecipient shall identify a QM designee to collaborate with the Ryan White Part A Program in QM activities and attend the QM Committee Meetings.
 - CQM Program shall involve the participation of members from Parts B, C, and D. The Part A QM Manager or designee shall attend Part B and Part D quarterly meetings and collaborate on statewide QM activities.
 - Subrecipients are required to participate in the needs assessment processes to provide information that will lead to the development of a continuous QI system.

- Each subrecipient shall have a consumer advisory board to provide an avenue for client feedback and participation in improvement activities.

Performance Measurement System

1. The subrecipient shall establish and maintain a performance measurement system to collect and analyze performance measurement data to assess quality of care and health disparities and use the performance measure data to inform QI activities.
2. The Ryan White Part A Program shall review and analyze subrecipient-level and aggregate performance data routinely. Aggregate performance measure data is presented and shared at least quarterly to the QM Committee.
3. Performance measurement system should at a minimum include HAB/EMA measures and analyzed at least quarterly by the QM team. The Ryan White Part A Program shall identify at least two performance measures for the RW service categories where greater than or equal to 50% of eligible clients receive at least one unit of service; at least one performance measure for RW service categories where greater than 15% and less than 50% of eligible clients receive at least one unit of service.
4. Ryan White Part A Program is not required to identify a performance measure for service categories where less than or equal to 15% of the eligible clients receive at least one unit of service.
5. Subrecipients are required to enter client-level data into CAREWare and monitor quality of data. Performance measures are available in CAREWare for data analysis and reporting.

Quality Improvement Activities

1. The QM Program shall implement QI activities aimed at improving patient care, health outcomes, and patient satisfaction that will incorporate:
 - Specific aims based in health outcomes
 - Use of data and measurable outcomes to determine progress and make improvements to achieve program aims
2. The QM Program will routinely review data to select and utilize QI tools and activities to identify and prioritize improvement projects.
3. Subrecipients will use a team-based approach to execute QI projects.
4. Subrecipients will conduct at least **one** QI project annually. At a minimum, subrecipients will implement and/or participate in EMA QI project(s) as determined by Part A Office.

5. QI project teams shall form based on the nature of the improvement project. QI project team lead will develop a data collection plan for each project based on project goals and timeline for implementation.
6. The QI project team will monitor, track, and share progress with stakeholders.

Verification

- Documentation of QM Plan
- Review of organizational chart to include dedicated QM staff
- Review of standard operating procedures and protocols related to delivery of care
- Review of performance measurement portfolio
- Documentation of routine performance measure reports and analysis summaries
- Documentation of QI activities

Related Activities

Quality Assurance

Quality assurance refers to a broad spectrum of activities aimed at ensuring compliance with minimum quality standards.

- The Ryan White Part A Program will measure compliance with standards (e.g., HHS guidelines, professional guidelines, service standards) through annual site visits and chart reviews. Ryan White Part A Program may choose to have subcontractors for some or all of the CQM activities, such as clinical chart reviews.
- Subrecipient data is reviewed by the Ryan White Part A Program and aggregate data by QM Committee. The results of quality assurance activities can be used to guide QI activities and projects by informing the Ryan White Part A Program of compliance to standards. The Ryan White Part A Program will respond to multiple incidents of noncompliance in accordance with corrective actions (see: [FCRW PPPN-064 Corrective Action Plans](#) and [FCRW PPPN-034 Annual Programmatic Site Visits](#)).

Quality Service Standards

Quality Service Standards will be developed for each funded service category with recommendations from the QM Committee. Subrecipients will adhere to the EMA Service Standards of Care. Standards of care will include: the service category definition; intake and eligibility; key services components and activities; personnel qualifications (including licensure); assessment and service plan; transition/discharge; case closure protocol; client right/responsibilities; grievance processes; cultural/linguistic competency; privacy/confidentiality (including securing records); and recertification requirements.

Quality Management Plan

The QM Plan describes all aspects of the CQM program including infrastructure, priorities, performance measures, QI activities, Work Plan, and evaluation process of the CQM program. Fulton County Part A QM Plan details the implementation of a coordinated approach to addressing quality assessment and process improvement for the Atlanta EMA's Ryan White Part A continuum of medical care and support services. The plan is available on the Part A program's website: www.ryanwhiteatl.org

Other resources

Health and Human Services Guidelines:

<https://aidsinfo.nih.gov/guidelines>

<http://www.cdc.gov/hiv/prevention/programs/pwp/index.html>

<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>

HAB Performance Measures:

<http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html>

Center for Quality Improvement and Innovation:

<https://targethiv.org/cqii>

Institute for Healthcare Improvement (IHI):

<http://www.ihl.org/>

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