



**Hennepin County
Ryan White Program
Quality Management**

Def. Quality *(source: HRSA HAB & IoM)*

The degree to which a health or social service meets or exceed established professional standards and user expectations.



Outline

- HRSA definition & expectations
 - Standards
- Structure
 - Staffing
 - QMAC
 - CQM Plan
 - PM
 - Goals
 - QLC
 - Our QI & Progress: reporting, Org assessment
- Sub recipient QM expectations
 - QI Projects
 - Reporting
 - Site Visits
- Data
 - Importance of good data
 - Integrated Plan & CQM crosswalk thru CC



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The Legislation

The recipient shall provide for the establishment of a clinical quality management program to:

- assess the extent to which Ryan White funded services are consistent with the most recent Public Health Service guidelines
- develop strategies to ensure services are consistent with the guidelines



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Minimum Expectations of QM Program

- Clinical quality management plan (CQM Plan)
- Ensured funded services are provided in accordance with guidelines and standards of care
- QM expectations are incorporated into RFPs and contracts
- Client level data is used as part of the jurisdiction's planning process and assessment to examine & refine services based on outcomes



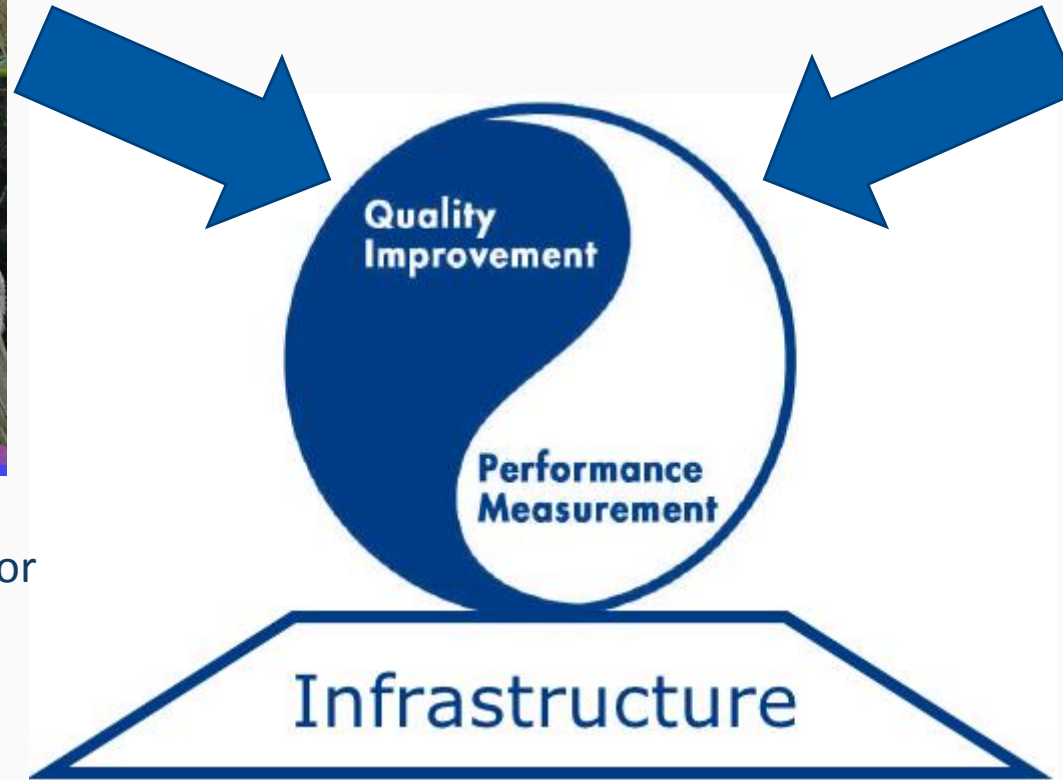
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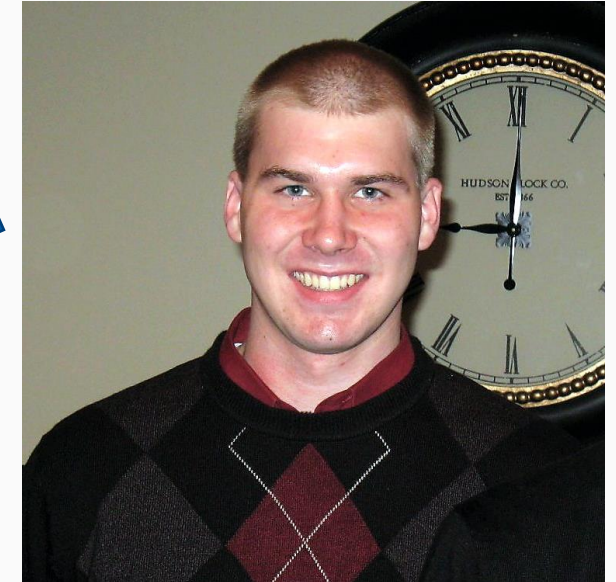
Part A Quality Management



Anika Kalewoun
Quality Management Coordinator
Started June, 2016



The Hennepin County TGA Ryan White Program



Aaron Peterson
Data & Outcomes Coordinator
Started March 2017



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WHAT IS QMAC

The QMAC provides advice to the funders of HIV/AIDS services in Minnesota on quality management initiatives across publicly-funded HIV/AIDS services including:

- Reviewing annual funder quality management plans
- Establishing quality goals and measures
- Provider quality improvement plan process, and
- Assisting in forming a Quality Learning Community.



Who is QMAC

- Consumers of Ryan White **and** MDH Funded Prevention Services
- Providers of Ryan White **and** MDH Funded Prevention Services
- Government Partners
 - Part A: Hennepin County Ryan White Program ("Hennepin County")
 - Part B: Minnesota Department of Human Services HIV/AIDS Unit ("DHS")
 - Part C: Hennepin County Medical Center ("HCMC")
 - Part D: Hennepin County Medical Center ("HCMC")
 - Part F: MN MATEC
 - MDH: HIV/AIDS Prevention Unit ("MDH")
- MN Department of Health
 - Epidemiology
 - Prevention
 - CAREWare



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Clinical Quality Management Plan

- Describes structure and resources dedicated to QM
- Outlines performance measurements and goals as well as how they are developed
- Describes work to be done in a year
- Explains how quality management is communicated to various stakeholders



CQM Plan: Goals

1. **Quality Goal 1.** All Minnesota funders will draft their own quality plan or participate in drafting an integrated quality plan and present it to QMAC for feedback.
 - i. **2017 YTD progress: Parts A, B, C, & D have presented their plans to QMAC**
2. **Quality Goal 2.** 70% of Ryan White Part A & B Clients have viral load test within the past 12 months in CAREWare.
 - i. **Baseline:** CY 2016 baseline is $2485/4287 = 58\%$
 - ii. **2017 YTD progress: 44%**
3. **Quality Goal 3.** 1% of Ryan White Part A & B clients (consumers) attend a workshop, webinar, conference etc. on advocating for the best quality HIV Care & prevention.
 - i. **Baseline:** 12 consumer participated ($12/4238$ clients = 0.3%)
 - ii. **2017 YTD progress: $36/3836 = 0.9\%$ consumers have participated in quality management related trainings thus far this CY**



CQM Plan: Goals

4. **Quality Goal 4.** Every Ryan White Part A & B provider can develop a **relevant** Care Continuum for their client population and specific disproportionately affected population Care Continuums.
 - i. **Baseline:** None to date
 - ii. **2017 YTD progress:** none documented
5. **Quality Goal 5.** [Identify any disparities](#) that exist in health outcomes for Ryan White Part A & B clients HIV/AIDS and share information to stakeholders inform action.
 - i. **Baseline:** None to date
 - ii. **2017 YTD progress:** none documented
6. **Quality Goal 6.** All funders and providers implement an internal QI or QA project and monitor, evaluate, and communicate the results of the project to QMAC and/or their funder
 - i. **Baseline:** All providers have been required to implement and report on QI or QA projects, while some funders have undertaken QI projects, they were not required to report outcomes
 - ii. **2017 YTD progress:** Hennepin County funded providers have all submitted their 2017 Quality Improvement Plan. Hennepin County has multiple QI projects underway itself stemming from the Part A Organizational Assessment.



Quality Learning Community

- Inter-agency collaborative to organize and promote learning opportunities and resources to improve HIV/AIDS services
- In person workshops with online options, online sharing of resources
- This year so far:
 - Quality Improvement Projects
 - Consumer training on self-advocacy & engagement
- Future:
 - eHARS to CAREWare: Data to Care
 - Universal Standards
 - PrEP Community Forum
 - Disparities Analysis



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Quality Management Expectations of Providers

- Meet universal and service-specific standards
- Ensure services provided align with Public Health and professional guidelines
- Continuously improve health outcomes for RW clients
- Implement quality improvement projects annually
- Report to Hennepin County on performance measures and quality improvement progress quarterly
- Submit required data to CAREWare



Hennepin County Funded Provider QI Plan Results

- Mandate of HRSA and Hennepin County
- 13 providers
- 34 goals
- 18 goals met, 16 goals were not met
- Performance improved in 23 goals
- Only in 5 goals did performance decrease
- In 4 goals performance remained stable
- In 2 goals performance measure wasn't applicable

a goal without
a plan is just
a wish - Antoine de Saint Exupéry



Part A Initiated Quality Improvement Projects

- Integrated QMAC
- QLC
- Reduced reporting requirements
- CAREWare QI Project



Part A Organizational Assessment & Action Plan

- Highly recommended tool from HRSA/National Quality Center
- [Has tools for Part A, Part B, Part C, and Part D](#)
- Can be adapted for provider use
- Expectation of NQC for training
- Part A team did it this spring
- Findings
- Actions/Priorities



Importance of Good Data

- SMART Goals are dependent on reliable data

- Specific

S

- **Measurable**

M

- **Achievable**

A

- Relevant

R

- Time-bound

T

What is data?

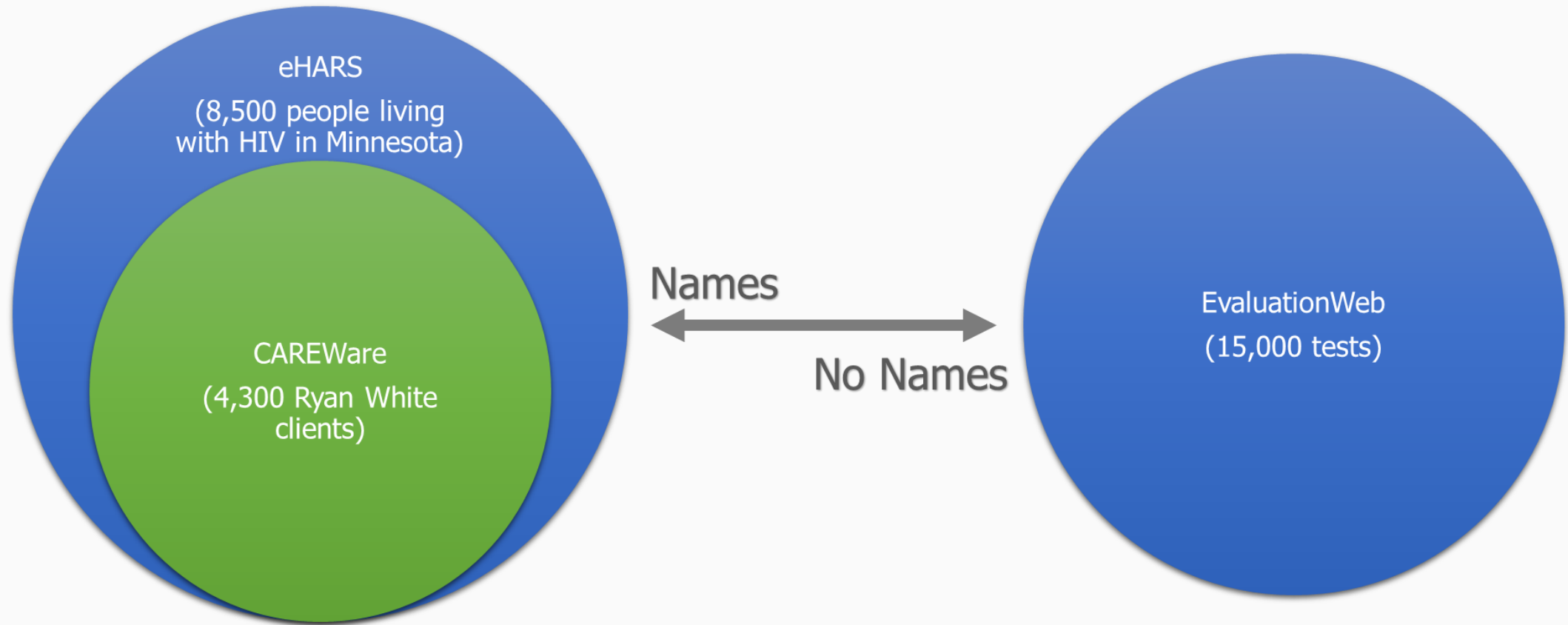
Quantitative

- eHARS / Surveillance
 - Incidence – New cases
 - Prevalence – Total cases
- CAREWare
- EvaluationWeb
- Surveys

Qualitative

- Client case studies
- Focus groups
- One on one interviews

Where is the testing and service data coming from?



Integrated Plan vs Clinical Quality Management

Integrated Plan

- 2017- 2021, with 2016 as a baseline year
- Measures look at all people living with HIV and at risk for HIV in Minnesota and the TGA (11 county metro area plus two counties in Wisconsin)

Clinical Quality Management Plan

- Updated annually
- Focuses on just Ryan White and MDH funded clients
- Includes measures on data completeness

Prevention

Measure	IP or CQM	Baseline (CY2016)	Goal (CY2017)	Goal (CY2021)	Update, as of Jun 30, 2017
1.2 Increase by 60% access and utilization of PrEP at MDH funded organizations	IP	400	N/A	640	---
1.3 Increase by 60% access and utilization of PrEP to African American communities at MDH funded organizations	IP	136 (34% of 400)	N/A	218	---
Percentage of individuals identified as PrEP candidates (have negative HIV test) that initiated PrEP therapy at MDH funded sites	CQM	47%	65%	N/A	73%

Diagnosed

Measure	IP or CQM	Baseline (CY2016)	CQM Goal (CY2017)	IP Goal (CY2021)	Update, as of Jun 30, 2017
Increase by 20% the number of disproportionately affected communities getting tested for HIV through MDH and Ryan White funded organizations	IP	See monitoring plan for breakdown	N/A	See monitoring plan for breakdown	N/A
Percentage of HIV positives tests in the measurement year (MDH funded)	CQM	0.46%	1%	N/A	0.5%
Percentage of HIV positives tests in the measurement year (Ryan White Part A funded)	CQM	No baseline	1%	N/A	0/210 = 0%

Linked to Care

Measure	IP or CQM	Baseline (CY2016)	Goal (CY2017)	Goal (CY2021)	Update, as of Jun 30, 2017
Increase to 85% the proportion of individuals who attend a HIV medical care visit within 30 days of HIV diagnosis	IP	30 days: 79%	N/A	85%	N/A
Percentage of persons linked to care with in 30 and 90 days after initial HIV diagnosis or being found out of care. (Statewide, all people in eHARS)	CQM	30 days: 79% 90 days: 87%	30 days: 80% 90 days: 90%	N/A	30 days: 83% 90 days: 90%
Percentage of persons linked to care with in 30 and 90 days after initial HIV diagnosis or being found out of care. (Ryan White funded only)	CQM	30 days: 79% 90 days: 82%	30 days: 80% 90 days: 90%	N/A	30 days: 60% 90 days: 60%

Retained in Care

Measure	IP or CQM	Baseline (CY2016)	Goal (CY2017)	Goal (CY2021)	Update, as of Jun 30, 2017
Percentage of people living with HIV retained in care	IP	70%	N/A	90%	---
Percentage of African Americans, African-born, and Hispanic Ryan White clients retained in care	IP	See monitoring plan for breakdown	N/A	90%	---
Percentage of Ryan White clients, who have had a medical visit in the last 6 months	CQM	Jan – Jun 2016: 81% Jul – Dec 2016: 80%	90%	N/A	76%
% of Ryan White clients who did not have appt in last 6 mos who were referred to care	CQM	4.1%	50%	N/A	23%

Retained in Care

Measure	IP or CQM	Baseline (CY2016)	Goal (CY2017)	Goal (CY2021)	Update, as of Jun 30, 2017
Referral rate of Ryan White clients who have not had a medical appointment in the past six months	CQM	Jan – Jun 2016: 18% Jul – Dec 2016: 21%	50%	N/A	23%
Percentage of RW clients with annual periodontal exam	CQM	Not tracked	Not set	N/A	Not tracked
Percentage of RW MCM clients with current care plans	CQM	83%	75%	N/A	56%

ART

Measure	IP or CQM	Baseline (CY2016)	Goal (CY2017)	Goal (CY2021)	Update, as of Jun 30, 2017
Increase to 92% the proportion of Ryan White Outpatient Ambulatory Care (OAC) clients who are prescribed ART in the 12-month measurement period	IP	See monitoring plan for breakdown	N/A	92%	N/A
Increase to 92% the proportion of RW OHCS African American, African-born, and Hispanic clients who are prescribed ART in the 12-month measurement period	IP	See monitoring plan for breakdown	92%	N/A	N/A
Percentage of HIV patients prescribed ART	CQM	Not tracked	80%	N/A	No update
Percentage of RW Outpatient Healthcare Clients on ART	CQM	73%	80%	N/A	51%

ART

Measure	IP or CQM	Baseline (CY2016)	Goal (CY2017)	Goal (CY2021)	Update, as of Jun 30, 2017
% of ADAP application processed with 14 days of received application	CQM	No baseline	97%	N/A	N/A
% of ADAP enrollees who were reviewed for continued ADAP eligibility 6 months after enrollment	CQM	No baseline	TBD	N/A	59.7%

Virally Suppressed

Measure	IP or CQM	Baseline (CY2016)	Goal (CY2017)	Goal (CY2021)	Update, as of Jun 30, 2017
Increase to 80% the proportion of individuals living with HIV who achieve viral suppression	IP	62%	N/A	80%	N/A
Increase to 80% proportion of African American, African-born, and Hispanic clients who achieve viral suppression	IP	See monitoring plan for breakdown	N/A	80%	N/A
Percentage of all Ryan White clients, who achieve viral suppression	CQM	90% Missing VL: 42%	95% Missing VL: <25%	N/A	88% Missing VL: 79%
Percentage of OHCS Ryan White clients who achieve viral suppression	CQM	90% Missing VL: 4%	95% Missing VL: 0%	N/A	90% Missing VL: 36%

Data Completeness

Measure	IP or CQM	Baseline (CY2016)	Goal (CY2017)	Update, as of Jun 30, 2017
70% of Ryan White Part A & B Clients have viral load test within the past 12 months in CAREWare.	CQM	58%	70%	21%