Clarifying Ryan White HIV/AIDS Program Clinical Quality Management Program Expectations

Review of Policy Clarification Notice 15-02: Clinical Quality Management

December 12, 2018 and December 13, 2018

Marlene Matosky
Chief, Clinical and Quality Branch
Division of Policy and Data
HIV/AIDS Bureau (HAB)
Health Resources and Services Administration (HRSA)





Health Resources and Services Administration (HRSA) Overview

• Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

• Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care





HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.





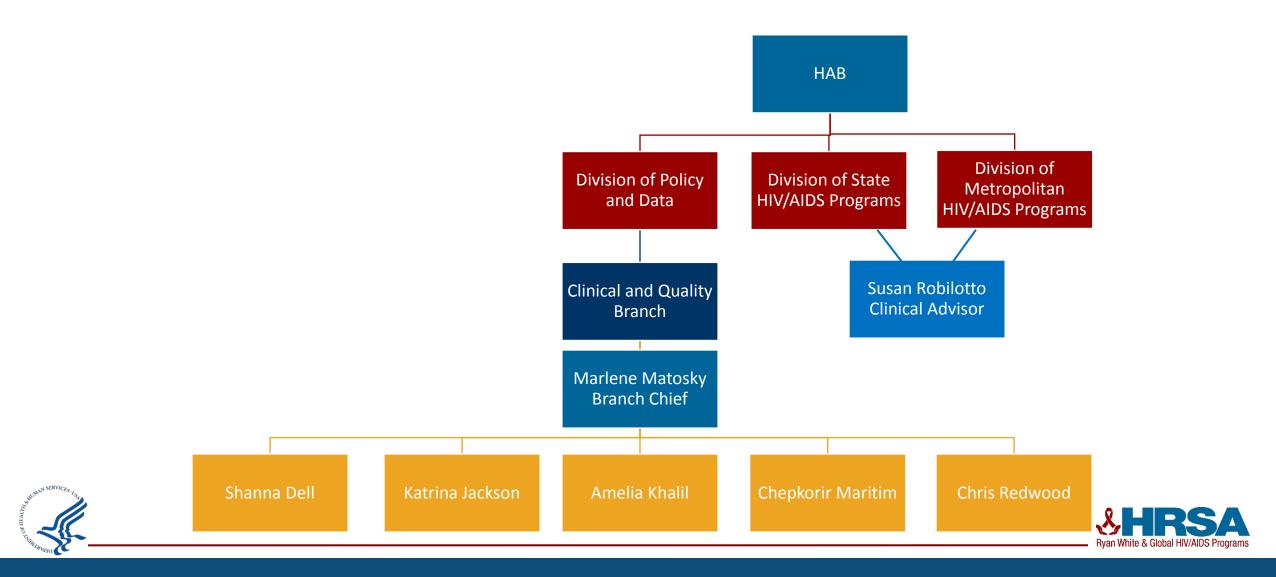
Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV
 - More than half of people living with diagnosed HIV in the United States more than 550,000 people receive care through the Ryan White HIV/AIDS Program (RWHAP)
- Funds grants to states, cities/counties, and local community based organizations
 - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 84.9% of Ryan White HIV/AIDS Program clients were virally suppressed in 2016, exceeding national average of 59.8%





Meet the HIV/AIDS Bureau Staff



Objectives

 Learn the essential components that are required for a clinical quality management (CQM) program

 Understand the expectations of how to develop and implement a CQM program

 Become familiar with resources available to assist in building a solid CQM program that can positively impact health outcomes





Ryan White HIV/AIDS Program Treatment Modernization Act of 2006

<u>Title XXVI of the Public Health Service (PHS) Act (Public Law 109-415, December 19, 2006)</u>

All Ryan White HIV/AIDS Program recipients are required "to establish clinical quality management programs to:

Measure

Assess the extent to which HIV health services are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections;

Improvement

Develop strategies for ensuring
that such services are consistent
with the guidelines for
improvement in the access to and
quality of HIV services"





Clinical Quality Management Policy Clarification Notice 15-02

Purpose:

This policy clarification notice (PCN) is to clarify the Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) expectations for clinical quality management (CQM) programs.

Scope of Coverage: RWHAP Parts A, B, C, and D Recipients and Subrecipients



https://https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters



Structure of the Policy Clarification Notice

- Scope of coverage
- Purpose of PCN
- Background
- Components of a CQM Program
 - o Infrastructure
 - Performance Measurement
 - Quality Improvement
- Related Activities
 - Quality Assurance
 - Grant Administration
- Applicability to Subrecipients
- Resources





Components of a CQM Program

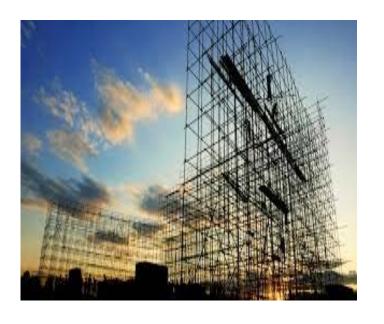
- A CQM program is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction.
- CQM activities should be continuous and fit within and support the framework of grant administration functions.
- Components of a CQM program
 - 1. Infrastructure
 - 2. Performance measurement
 - 3. Quality improvement





Infrastructure

- Leadership
- Committee
- Dedicated Staffing
- Dedicated Resources
- Quality Management Plan
- Consumer Involvement
- Stakeholder Involvement
- Evaluation of CQM Program







Leadership:

- Leadership to guide, endorse, and champion the CQM program
- Internal and external facing

CQM committee:

Develops the CQM program and corresponding activities

Dedicated Staffing:

 Staff who are responsible for CQM duties and resources, as well as any contractors that may be funded to assist with CQM work





Dedicated Resources:

 Resources for building capacity in order to carry out CQM activities (e.g., training on collecting performance measurement data)

CQM Plan:

 Describes all aspects of the CQM program including infrastructure, priorities, performance measures, quality improvement activities, action plan with a timeline and responsible parties, and evaluation of the CQM program





Consumer Involvement:

 PLWH involvement that reflects the population that is being served and ensures that the needs of PLWH are being addressed by CQM activities

Stakeholder Involvement:

 Stakeholder involvement (e.g., subrecipient, other recipients in region, planning body and/or its committees, consumers) that provides input on CQM activities to be undertaken





Evaluation of CQM Program:

- Evaluation includes assessing whether CQM program activities have been implemented as prescribed by the quality management plan (including the action plan).
- Recipients should include regular evaluation of their CQM activities in order to maximize the impact of the program.
- Part of the evaluation should include identifying factors (i.e., staff acceptance of change, improved clinical performance, etc.) that affect the quality improvement activities.





Evaluation of CQM Program:

- Evaluation also identifies effective improvement strategies that can be scaled up or implemented in other facets within a system of care.
- Additional elements of an evaluation include:
 - Effectiveness of the team
 - The teams ability to meet timelines and deliverables as described in the action plan in order to determine the success of the planned process





Performance Measurement

 Measures should be selected that best assess the services the recipient is funding.

 Recipients are strongly encouraged to include HRSA HIV/AIDS Bureau core measures.





Performance Measurement

How many measures?

Recipients should have:

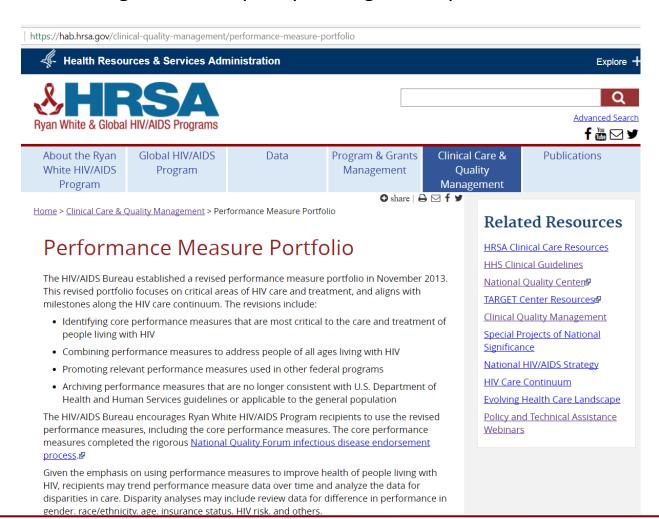
- 2 performance measures for service categories where greater or equal to 50% of eligible clients receive at least one unit of service
- 1 performance measure for service categories where greater than 15% and less than 50% of eligible clients receive at least one unit of service
- No performance measures for service categories where equal or less than 15% of eligible clients receive at least one unit of service





HIV/AIDS Bureau Performance Measures

https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio







HIV/AIDS Bureau Performance Measures

https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio

Category	Downloads	
Frequently Asked Questions:	General FAQ (PDF – 44 KB)	
General Information	Revised Measures FAQ (PDF – 194 KB)	
Revised Portfolio	Children FAQ (PDF – 66 KB)	
• Children	Oral Health FAQ (PDF – 38 KB)	
Oral Health	ADAP FAQ (PDF – 55 KB)	
• ADAP	System FAQ (PDF – 51 KB)	
• System	Adolescent/Adult FAQ (PDF – 175 KB)	
Adolescent/Adult		
Core:		
HIV Viral Suppression	Core Measures (PDF – 193 KB)	
Prescription of HIV Antiretroviral Therapy		
HIV Medical Visit Frequency		
Gap in HIV Medical Visits		
PCP Prophylaxis		
All Ages:		
 HIV Drug Resistance Testing Before Initiation of Therapy 	All Ages Measures (PDF – 244 KB)	
Influenza Immunization		
Lipid Screening		
Tuberculosis Screening		
Adolescent/Adult:		
Cervical Cancer Screening	Adolescent and Adult Measures (PDF –	





Performance Measurement

<u>Frequency</u>: Regularly collect and analyze performance measure data which would occur more frequently than data collection for reporting - quarterly at a minimum.

<u>Analysis</u>: Collect and analyze performance measure data that allows for inspection and improvement of health disparities across different target populations.





Quality Improvement

- Quality improvement entails the development and implementation of activities to make changes to the program in response to the performance data results.
- Recipients are required to implement quality improvement activities aimed at improving patient care, health outcomes, and patient satisfaction.
- Recipients are expected to implement quality improvement activities using a defined approach or methodology.
- Recipients should be conducting quality improvement activities for at least one funded service category at any given time.
 - Quality improvement activities may span multiple service categories.





Applicability to Subrecipients

- Recipients are to identify the specific CQM program activities for their service area or network.
 - CQM activities include performance measure portfolio, frequency of performance measure data collection, and identification of quality improvement activities, among other items.
- Recipients need to ensure that their subrecipients that provide services have the:
 - Capacity to contribute to the recipient's CQM program
 - Resources to conduct CQM activities in their organizations
 - Implement a CQM program in their organizations





Applicability to Subrecipients

- Recipients are expected to provide guidance to subrecipients on prioritizing measures and collecting data.
- Recipients need to work with subrecipients to identify improvement opportunities and monitor quality improvement activities at the subrecipient locations.
- Prioritization of CQM activities should be coordinated across RWHAP recipients within service area and subrecipients funded through the recipient.





Legislative Language for CQM Budgeting

Part	Legislation	Budget Amount
Α	Sec. 2604.(h)(5)	Not to exceed the lesser of 5% of amounts received under the grant or \$3,000,000
В	Sec. 2618.(b)(3)(E)	Not to exceed the lesser of 5% of amounts received under the grant or \$3,000,000
С	Sec. 2664.(g)(5)	Reasonable amount
D	Sec. 2671.(f)(2)	Reasonable amount





Use of CQM and Administrative Funds

Activity	CQM	Administrative
Staffing to implement clinical quality management program activities	✓	
Staffing to develop and/or update service standards		✓
Staffing to conduct grants monitoring of subrecipients		✓
Electronic health record interface with other providers		✓
Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)	✓	
Monitoring site visits	✓ If the purpose of the site visit is to assess or monitor CQM activities	





Related Activities: Quality Assurance

Quality assurance:

- Refers to a broad spectrum of activities aimed at ensuring compliance with minimum quality standards.
- Include the retrospective process of measuring compliance with standards.
- Part of the larger administrative function of a recipient's program or organization and informs the clinical quality management program.





Related Activities: Quality Assurance

- Quality assurance activities by themselves do not constitute a CQM program.
- Quality assurance is not the same as quality improvement.

Quality Assurance ≠ Quality Improvement





Related Activities: Grant Administration

- Grant administration refers to the activities associated with administering a RWHAP grant or cooperative agreement.
- The intent of grant administration is not to improve health outcomes. Therefore, they are not CQM activities.

Grant Administration ≠ Clinical Quality Management





Resources

Requesting CQM technical assistance:

- Complete a technical assistance request form located at:
 - https://careacttarget.org/cqm-ta-request
- Submit completed technical assistance request form to:
 - RWHAPQuality@hrsa.gov

Implementation Center for Quality Improvement:

- Cooperative agreement to assist RWHAP recipients and subrecipients with implementing <u>clinical quality</u> <u>improvement methodologies and concepts</u>, as required by the Ryan White HIV/AIDS Treatment Extension Act of 2009, to improve HIV health outcomes for PLWH.
 - https://careacttarget.org/cqii





Questions

Clinical Quality
Management Questions???

RWHAPQuality@hrsa.gov

HIV/AIDS Bureau Performance Measure Questions???

HIVmeasures@hrsa.gov





Contact Information

Marlene Matosky

Branch Chief, Clinical and Quality

Branch

Division of Policy and Data

HIV/AIDS Bureau (HAB)

Health Resources and Services

Administration (HRSA)

Email: mmatosky@hrsa.gov

Phone: 301-443-0798

Web: hab.hrsa.gov

Susan Robilotto

Clinical Advisor

Division of Metropolitan and

Division of State HIV/AIDS Programs

HIV/AIDS Bureau (HAB)

Health Resources and Services

Administration (HRSA)

Email: srobilotto@hrsa.gov

Phone: 301-443-6554

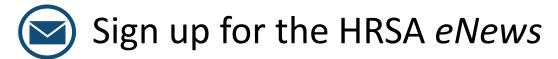
Web: hab.hrsa.gov





To learn more about our agency, visit

www.HRSA.gov



FOLLOW US: (f) (in)











