Clinical Quality Management Plan
2024-2025

Nassau-Suffolk Eligible Metropolitan Area
2024-2025 Clinical Quality Management Plan

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Nassau-Suffolk EMA's Ryan White HIV/AIDS Clinical Quality Management Program

INTRODUCTION

DEFINITION

Clinical Quality Management is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction by establishing standards and systems to measure and improve performance.

To be effective, a CQM program requires:
- Specific aims based in health outcomes;
- Support by identified leadership;
- Accountability for CQM activities;
- Dedicated resources; and
- Use of data and measurable outcomes to determine progress and make improvements to achieve the aims cited above.

In order to develop a CQM program that improves patient care, health outcomes, and patient satisfaction, certain components are necessary. The three necessary components are *infrastructure, performance measurement,* and *quality improvement*, and each of these components have a distinct role in the overall CQM program.

See Attachment A for General Guidance for Ryan White HIV/AIDS Clinical Quality Management Programs

I. QUALITY STATEMENT

The Nassau-Suffolk EMA Ryan White HIV/AIDS Program (RWHAP) is committed to developing, evaluating and continually improving a quality continuum of HIV care, including treatment and supportive services that meets the needs of People with HIV (PWH) and their families, ensures equitable access, and decreases health disparities. The ultimate goal of the quality efforts RWHAP is to address the needs of PWH in the EMA including those out of care and those who are historically underserved or uninsured.

II. PURPOSE

The purpose of the Nassau-Suffolk EMA Quality Management Program is:
1. To provide context, terminology and tools for quality improvement for sub-recipients (direct service providers), consumers, and community representatives across the EMA;
2. To provide a means of accountability with documented and quantitative measures of performance for all services provided to PLWH; and
3. To monitor the N-S EMA's compliance with the *National HIV/AIDS Strategy (2022-2025)*, New York State's *Ending-the-Epidemic* (ETE) initiative and the HIV/AIDS Bureau (HAB) performance measures.

III.   FRAMEWORK

The National HIV/AIDS Strategy (HIV Plan) sets forth bold targets for ending the HIV epidemic in the United States by 2030, including a 75% reduction in new HIV infections by 2025 and a 90% reduction by 2030. The HIV Plan articulates goals, objectives, and strategies to prevent new infections, treat people with HIV to improve health outcomes, reduce HIV-related disparities, and better integrate and coordinate the efforts of all partners to achieve the bold targets for ending the HIV epidemic in the United States.

The goals of the HIV Plan are:
> Goal 1: Prevent New HIV Infections
> Goal 2: Improve HIV-Related Health Outcomes of People with HIV
> Goal 3: Reduce HIV-Related Disparities and Health Inequities
> Goal 4: Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic among
> All Partners and Stakeholders

 (See Attachment B for goals, objectives and strategies of the National HIV/AIDS Strategy)

New York State's *Ending-the-Epidemic* (ETE) initiative is a three-point plan that:

1. Identifies persons with HIV who remain undiagnosed and link them to health care.

2. Links and retains persons diagnosed with HIV in health care to maximize virus suppression so they remain healthy and prevent further transmission.

3. Facilitates access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative.

IV.   MISSION

The overall **mission** of the Nassau-Suffolk EMA CQM Program is to continuously improve health outcomes, the quality of care, and the client experience for Persons with HIV receiving services from the Part A program.

The N-S EMA must consider the inequities in the social determinants of health, which are significant contributors to health disparities and highlight the need to focus not only on HIV prevention and care efforts, but also on how programs, practices, and policies affect communities of color and other populations that experience HIV disparities.

Racial and ethnic minority groups are more likely to be uninsured compared to non-Hispanic whites, limiting their access to health care. Barriers to health care access include lack of transportation and childcare, inability to take time off work, experiences with housing instability or homelessness, communication and language barriers, racism, discrimination, and lack of trust in health care providers.

Sexual and gender minority populations also face health disparities. Barriers to health care include stigma, discrimination, medical mistrust, safety, and lack of access to affirming mental health care. Sexual and gender minorities face greater health challenges than heterosexuals

due in part to inequities such as stigma and discrimination. Sexual and gender minority populations have lower levels of health insurance and access to regular health care compared to heterosexuals.

V.   VISION

The overall *vision* of the CQM Program includes a systemic process for planning, designing, measuring, assessing, and continuously improving performance with the following components:

1. *Develop* a planning mechanism incorporating baseline data from internal data and input from leadership, staff, and patients. Clinical, operational, and programmatic aspects of patient care will be reviewed.
2. *Evolve and refine* measurement systems for identifying trends in care and significant events by regularly collecting and recording data and observations relating to the provision of patient care across the continuum.
3. *Employ* assessment procedures to determine efficacy and appropriateness and to judge how well services are delivered and whether opportunities for improvement exist.
4. *Focus* on improving quality in all of its dimensions by implementing multidisciplinary, data driven project teams and encouraging participatory problem solving.
5. *Promote* communication, dialogue, and information exchange with regard to findings, analyses, conclusions, recommendations, actions and evaluations pertaining to performance improvement.
6. *Strive* to establish collaborative relationships with community agencies for collectively promoting the general health and welfare of the community served.

In addition to an EMA-wide Clinical Quality Management Plan, each program funded under RWHAP Part A should have their own organizational Clinical Quality Management plan that delineates goals and objectives towards attainment of the contracted service goals and health outcomes.

VI.   PRIORITIES

Priority Areas of Focus:

The N-S EMA will focus on the key focus areas (according to the National Strategy) with the greatest potential to strengthen its HIV response are:

- Diagnose HIV as early as possible and promptly link people to care and treatment;
- Support all people with HIV to achieve and maintain viral suppression and improve health-related quality of life as they age with HIV;
- Scale-up PrEP awareness and access efforts for people for whom it is indicated and desired, particularly from Black and Latino communities, and support medication adherence and continued use;
- Address stigma, discrimination, and other social and structural determinants of health that inhibit HIV prevention, testing, and care; and

- Support the development and implementation of innovative approaches to mitigate the impact of viral hepatitis and STIs, especially syphilis, gonorrhea, chlamydia, and the connection of past and present trauma on the health outcomes for communities disproportionately affected by infectious diseases.

Priority Populations:

To focus efforts and resources for the greatest impact, the N-S EMA prioritizes efforts to reduce disparities and improve HIV outcomes among

- gay, bisexual, and other men who have sex with men, in particular Black, Latino, and American Indian/ Alaska Native men;
- Black women;
- transgender women;
- youth aged 13–24 years; and
- people who inject drugs.

Priority Services:

In accordance with the current priority setting and resource allocations approved by the Nassau-Suffolk HIV Health Services Planning Council, Part A funds are allocated to: 15 subrecipients providing core and support services to approximately 3,000 PLWHA in the EMA. The Nassau-Suffolk CQM program is designed to engage in CQM activities for the following service categories:

CORE MEDICAL SERVICES
Outpatient Ambulatory Health Services
Medical Case Management Services
Mental Health Services
Medical Nutrition Therapy
Oral Health Care
SUPPORT SERVICES
Medical Transportation Services
Other Professional Services
Emergency Financial Assistance
MINORITY AIDS INITIATIVE (MAI)
Medical Case Management Services
Mental Health Services
Medical Transportation Services

NASSAU-SUFFOLK EMA 2024 ANNUAL QUALITY MANAGEMENT PROGRAM GOALS

Goal I: Maintain a Clinical Quality Management Plan for the purpose of driving and guiding the formal assessment and evaluation of the quality of services provided in the Nassau-Suffolk EMA.

Goal II: Ensure compliance with service standards of subrecipients within the Nassau-Suffolk EMA.

Goal III: Monitor performance measures for all Part A funded priority categories based on HAB/HRSA Performance Measures and best practices.

Goal IV: Promote and foster Continuous Quality Improvement (CQI) initiatives across the EMA that focus on the elimination of disparities.

Goal V: Coordinate and collaborate across Ryan White Programs (Parts A, B, C and D) and other HIV Care and Prevention programs in planning Quality Management activities.

To assess the success of improving patient outcomes and meeting priorities, the CQM program has set goals with objectives in its CQM Work Plan (see Attachment C for full work plan).

COMPONENTS OF A CLINICAL QUALITY MANAGEMENT PROGRAM

I.   INFRASTRUCTURE

In the Nassau-Suffolk EMA, Nassau County Department of Health has been designated as the recipient through an intergovernmental agreement (IGA) between Nassau and Suffolk Counties. The NC Health Commissioner serves as the official designee for processing Ryan White Part A/MAI funds and has delegated administrative responsibility for the Ryan White Program to the Ryan White Program Director. The Program Director provides oversight of the Ryan White Part A/MAI grant, ensures that all conditions of award are met, and is the liaison between HRSA, the Counties and the administrative agent. The Program Director also monitors the scope of work and deliverables of the administrative agent. The Program Director reports directly to the Nassau County Health Commissioner who is the designee for the CEO in Nassau County and works closely with the Fiscal Director who oversees all monetary aspects of the Part A grant.

Many of the administrative functions of the RWHAP Part A grant are subcontracted to United Way of Long Island which serves as the administrative agent/technical support agency (TSA). In this capacity, UWLI assists the Nassau County Department of Health in conducting the daily operations of portions of the grant and is responsible for the development, implementation and oversight of the Nassau-Suffolk EMA's *Clinical Quality Management Program*.

The roles and responsibilities of the Clinical Quality Management program in the Nassau-Suffolk EMA are as follows:

A. **RECIPIENT/ADMINISTRATIVE AGENT** (Nassau County Department of Health and United Way of Long Island)

The Technical Support Agency (TSA) - United Way of Long Island has the ultimate responsibility for the EMA's Clinical Quality Management Program, by overseeing the CQM program and by issuing provider contracts to deliver HIV/AIDS services in alignment with approved Service Standards (SS).

The TSA also:

- Establishes the Ryan White Clinical Quality Management Program (CQM) and ensures adequate resources to carry out the Quality Management Work Plan.
- Assesses funded agencies' compliance with the Standards of Care and US Public Health Service guidelines and reports the findings to the Planning Council.
- Provides and facilitates QM-related technical assistance trainings to funded agencies individually and across categories.
- Reviews and revises the Quality Management Plan and Work Plan annually.
- Serves as liaison/advisor to the Planning Council.
- Establishes performance goals and reviews benchmarks for service standards and quality indicators.
- Coordinates collection of client surveys and performance measures data, analyzes and reports findings to the Planning Council, subcontractors, and other key stakeholders.
- Provides technical assistance, training, and support to funded agencies in the design and implementation of agency-specific quality management activities.
- Facilitates collaboration and coordination among funded agencies to enhance quality of care.
- Develops annual reports to summarize the quality management activities conducted within the EMA.
- Develops quarterly TA bulletins to communicate provider best-practices, areas for improvement, QI education, and general Ryan White office announcements.
- Provides recommendations to the Planning Council for the improvement of service delivery in the EMA based on Clinical Quality Management Program findings.

See Attachment D for UWLI's CQM Team Roles & Responsibilities

B. **N-S EMA HIV HEALTH SERVICES PLANNING COUNCIL**

The Planning Council committees actively engage in ongoing monitoring, evaluation, and improvement processes.

The primary committee involved in the EMA's CQM Program is the Clinical Quality Management (CQM) Committee of the Planning Council. This committee meets five times a year and is led by

two chairs, one who is an individual with HIV. The committee develops and implements quality improvement initiatives and works with the Recipient to revise the Quality Management Plan as needed. The CQM Committee receives and reviews data on each service category quarterly. This data is then forwarded to the Executive Committee and then to the Planning Council. Recommendations are then issued to the Recipient.

- In conjunction with Part A Recipient/United Way of Long Island, the Clinical Quality Management Committee (CQM) develops and revises standards of care and performance measures for funded services.
- Reviews and approves the CQM Program Quality Management Plan.
- Updates the CQM Work Plan
- Reviews performance of the Part A program.
- Reviews performance and outcome data annually to recommend quality improvement projects.

The remainder of the Planning Council committees are involved as needed to:
a) Integrate deliverables from quality improvement efforts (primarily full population-based data) into their work plans,
b) Serve as links between the HIV/AIDS community and the Council,
c) Collaborate with the Recipient on issues regarding quality improvement, and
d) Oversee development of a comprehensive plan for HIV service delivery identifying needs and gaps in service.

The Finance SubCommittee determines allocation of funding categories, and monitors expenditures and service utilization data. CQI data is used in the reallocation of funds to ensure service categories not meeting benchmarks (if applicable) do not receive additional funding. The Finance Committee also considers the requests and recommendations for reallocating Ryan White Part A funds that were not expended as planned in the fiscal year and makes recommendations to the Planning Council on reallocating these funds.

The Executive Committee assesses the data and makes recommendations to the Planning Council.

See Attachment E for full List of Planning Committees and Responsibilities

C. PROVIDER/SUBRECIPIENT RESPONSIBILITIES

Contracted providers (clinical and non-clinical) are responsible for implementation of a QM Plan for all contracted activities and are required to report on the CQI progress in their Continuing Funding Applications in accordance with PCN 15-02 (updated 09/01/2020) and provider contracting language. At the request of the TSA, agencies providing HIV Primary Medical Care must submit their cascades of care for review.

Contracted providers serve as 'experts' during the development, review, update, and improvement of service standards. They help develop the components of service categories across service areas. Service standards establish the minimal level of service or care that Nassau-Suffolk EMA providers must offer and meet the most recent United States Public Health Service guidelines (HHS guidelines), comply with regulatory mandates, and reflect professional society standards.

Providers are responsible for ensuring that quality management components are met and for:
- Ensuring that the medical management of HIV infection is in accordance with HHS HIV-related guidelines
- Complying with relevant service category definitions and EMA standards of care
- Developing and implementing a CQM program that includes the following:
    1. A written CQM Plan
    2. A leader and team to oversee the plan
    3. Organizational goals, objectives, and priorities
    4. Performance measures and mechanisms to collect data
    5. Project-specific CQI plans
    6. Communication of results to all levels of the organization, including consumers when appropriate
- Participating in the Clinical Quality Management Committee and monitoring performance measures as determined by the Part A CQM Plan
- Ensuring that all physicians and all other licensed medical professionals possess current licensure and/or certification. Any lapse in licensure and/or the occurrence of suspension that deems a medical professional unable to practice medicine under current laws is to be immediately reported to the agency's specific contract administrator.
- Participating in the HIV clinical and medical case management chart reviews conducted by United Way of Long Island.
- Entering performance management data in CAREWare and in HRSA's HIVQM Module (at least on a quarterly basis).
- Providing CQM Plan, reports, and other information related to the agency CQM Program as requested by United Way.

D. Consumers
Consumers are key stakeholders and participate in clinical quality management as part of the Planning Council, committees, and subcommittees, and provide first-hand information and experience on how services are received in the field. The Clinical Quality Management Committee is always co-chaired by a consumer.

II. PERFORMANCE MEASUREMENT

According to HRSA HAB's Policy Clarification Notice 15-02, "Performance measurement is the process of collecting, analyzing, and reporting data regarding patient care, health outcomes on an individual or population level, and patient satisfaction. In order to appropriately assess

outcomes, measurement must occur. Measures should be selected that best assess the services provided by the N-S EMA and that reflect local HIV epidemiology and identified needs of people with HIV."

The N-S EMA includes HRSA HIV/AIDS Bureau measures and NHAS indicators that align with the national goals to end the HIV epidemic and identifies at least two performance measures where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service. The EMA also identifies at least one performance measure where greater than 15% and fewer than 50% of the recipients' eligible clients receive at least one unit of service.

Percent of RWHAP eligible clients receiving at least one unit of service for a RWHAP-funded service-Category	Minimum number of performance measures
>=50%	2
>15% 50 <50%	1
<=15%	0

The EMA analyzes performance measure data to assess quality of care and health disparities and uses the performance measure data to inform quality improvement activities.

Performance measurement reviews are conducted on a quarterly basis via the Clinical Quality Management Committee. Opportunities for improvement and potential quality improvement projects are identified through performance measurement data. The resulting performance data from these reviews are presented in aggregate as well as individual reports so that agencies are able to evaluate the systems of care at their institutions. These reviews provide both an assessment of the effectiveness of program services and stimulate quality improvement efforts.

III. DATA COLLECTION

Data is collected on a monthly, quarterly, and annual basis and is used to identify gaps or underutilization in care and service delivery. The Nassau-Suffolk EMA utilizes CAREWare for client-level data reporting and performance measurement for all Part A funded subrecipients. Subrecipients are contractually required to enter CAREWare data within two weeks of an encounter to assist with completeness and validity of reporting. Other data is collected from funded agencies, consumers, or external stakeholders to compare performance or identify opportunities for quality improvement. Data sources include the following:

- CAREWare
- RW Data Reports (Monthly Program Services, Financial Report)
- Chart Review Tools
- Program Monitoring Tools
- CQM Plans from Part A Subrecipients
- Provider Level Cascades of Care

- HIV QM Module
- Client Satisfaction Surveys
- Administrative Mechanisms
- Community Forums
- Consumer Needs Assessments
- State Surveillance Data

IV. EVALUATION

The following information outlines the process for ongoing evaluation and assessment of the CQM Plan, Quality Improvement Projects (QIP) and the performance measures in the Part A Implementation Plan (the annual plan that describes the planning council's service priorities and funding allocations for each prioritized service category). Additionally, the Implementation Plan describes goals, objectives and outcomes developed to support achievement of the Comprehensive Plan's goals and objectives. (All services identified in this plan must be consistent with the Ryan White Part A and MAI planned allocations report).

A. CONTINUOUS QUALITY IMPROVEMENT

Continuous Quality Improvement Projects

Continuous quality improvement entails the development and implementation of activities to make changes to the program in response to the performance data results and are supported and monitored by the Quality Manager. To do this, subrecipients are required to implement quality improvement activities aimed at improving patient care, health outcomes, and patient satisfaction based on prior year's findings. Subrecipients are expected to implement quality improvement activities using a defined approach or methodology (e.g., model for improvement, Pods, etc.). Continuous quality improvement activities should be implemented in an organized, systematic fashion. As a result, the recipient is able to understand if specific changes or improvements had a positive impact on patient health outcomes or were indicative of further necessary changes in RWHAP funded services. All quality improvement activities should be documented.

The process to determine focal areas for quality improvement projects includes an annual review at the start of the Fiscal Year by the Clinical Quality Management Committee of trended results of quality measures. Included among the quality measures are three sources of data:

(1) HRSA HIV-AIDS Bureau Performance Measures
(2) Quality Indicators and Outcomes from Implementation Plans (Formula/Supplemental and Minority AIDS Initiative (MAI))
(3) Quality Outcomes from Scope of Service reviews.

Based on the indicators and outcomes in which subrecipients are experiencing difficulty in achieving defined thresholds or meeting national medians, one to two specific areas are distilled for review by the committee. Once a CQI activity is agreed upon, the Quality Manager

and the CQM Committee will create a CQI Project Work Plan to address the difficulty providers are experiencing.

B.   Service Standards

The Service Standards are reviewed and updated annually through an extensive process in the CQM committee. The process of refining Service Standards includes a review of the compliance and/or regulatory matrix for each service category utilizing the National Monitoring Standards issued in 2022, review and integration of the United States Public Health Service treatment guidelines (if applicable), and review of prior site visit findings. Discussion with provider groups assists in the refinement and updating of Service Standards each year to remain current with revised treatment guidelines or regulations. Current SSs exist for the priorities listed below.

- Outpatient Ambulatory Health Services
- Emergency Financial Assistance
- Other Professional Services (Legal)
- Medical Case Management Services
- Mental Health Services
- Medical Nutritional Therapy
- Medical Transportation Services
- Oral Health Care

C.   Improvement Tools

The Model for Improvement (MFI)

The MFI uses a rapid cycle process called Plan Do Study Act (PDSA) cycles to test the effects of small changes, make them, and ultimately spread the effective changes through the practice or organization. The MFI begins by asking three simple questions:

1.   What are we trying to accomplish?
    ⇨ Using an Aim statement is best for stating the proposed accomplishment because it:
        - is a clear, explicit, summary of what your team hopes to achieve over a specific amount of time including the magnitude of change you will achieve; and
        - guides the work by establishing what success looks like.
2.   How will we know that a change is an improvement?
3.   What changes can we make that will result in improvement?

Quality improvement teams then introduce and test changes designed to achieve the improvement aims using successive PDSA cycles until they arrive on a change they believe will produce the desired results and is ready for implementation and spread.

The Continuous Quality Improvement cycle of Plan-Do-Study-Act (PDSA) outlined in the diagram below is used for CQI Projects:

The Model for Improvement

This cycle consists of first determining which quality improvement projects will be examined. Following subject determination, data is collected and results examined and then implemented. Results of implementation are monitored with refinement to the plan based on results. Use of a PDSA is integral to the development, implementation and refinement of SOC that define how services are delivered in the EMA, and interdisciplinary processes.

The five critical components needed to apply the Model for Improvement are:

1. An improvement project that can be:
   o process-focused related to saving time, money or improving quality of a service or system, or
   o outcome-focused on improving health status, behavior, attitude, and/or knowledge.
2. People who will test the interventions or changes.
3. A family of measures, including impact and process measures. A few of the measures should have the potential of being tracked at least monthly.
4. Interventions to be tested that are grounded in science.
5. Time, usually 6 to 16 months, to allow for multiple tests of interventions.

See Appendix F for additional tools.

D. PERFORMANCE MEASURES

Performance measurement is the process of collecting, analyzing, and reporting data regarding patient care, health outcomes on an individual or population level, and patient satisfaction. The N-S EMA Service Standards include performance measures for each priority based on the HIV/AIDS Bureau performance measures, the HIV Strategic Plan and the U.S. Department of

Health & Human Services. The measures are reviewed annually by the Quality Manager and the CQM Committee, in conjunction with the annual review of the Service Standards.

The Clinical Quality Management Committee (CQM) will review and evaluate all data related to subrecipient performance measurement. Performance Management reports will be reviewed on a quarterly basis, including stratifying the data to identify health disparities. CQM also approves the utilization of all HRSA/HAB performance measures by service category as well as the Service Standards. Data review and analysis of performance measures and CQI projects will occur quarterly. The EMA will also employ the usage of HRSA's HIV QM Module to monitor subrecipient viral load suppression rates and care/service plan implementation.

E.   EVALUATION

1.   Annual Site Visits

The Technical Support Agency (United Way of Long Island) conducts annual comprehensive program, quality, and fiscal site visits.

Monitoring:
- All necessary information in the monitoring tool will be reviewed
- Providers are expected to have all necessary materials on site/available for the completion of the monitoring as well as ensuring that all UWLI staff have access to the agency EMR. Staff will be available to answer questions as needed.

Quality Review:
- Organizational assessments are conducted with each facility to evaluate their quality improvement program and identify areas for development or refinement.
- The Quality Manager reviews the current agency CQM plan along with program data including performance measures, client satisfaction reports, and agency progress on annual quality goals.
- TSA staff may also conduct a quality review of client charts to ensure fidelity to the service standards and best practices.
- Technical Assistance can be provided during the visit to assist the program with their Clinical Quality Management Plan and CQI projects.

F.   Compliance with Service Standards/Capacity Building

Providers with statistically significant failure to comply with the Service Standards and systematic issues are provided technical assistance to implement changes to improve client level outcomes and quality improvement. Along with this, resolution of system-wide quality improvement issues is conducted in areas that meet or are deficient in performance as outlined in the HAB performance measures.

Attachment A

General Guidance for Ryan White HIV/AIDS Clinical Quality Management Programs

INTRODUCTION

Clinical Quality Management (CQM)
Clinical Quality Management is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction.

Title XXVI of the Public Health Services Act RWHAP Part A establishes requirements for clinical quality management (CQM). For Part A recipients, these requirements include a cap on CQM costs not to exceed the lesser of 5 percent of the amount received under the grant or $3 million. RWHAP Part A is required to establish a CQM program to:

(1) Assess the extent to which HIV health services provided to clients 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
(2) Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

It is the responsibility of the RWHAP recipient to work directly with their subrecipients to provide overall direction and to implement, monitor and exchange any needed data for performance measure data and/or quality improvement activities.

There is a large body of evidence that suggests that a robust and effective CQM program contributes to overall improvements in the delivery of quality health care. Coordination of CQM program activities is encouraged across all RWHAP funded recipients and subrecipients within a service area to maximize the impact of improved health outcomes and to support a reduction in data burden and alignment of performance measurement.

COMPONENTS OF A CQM PROGRAM

A CQM program is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction. To be effective a CQM program requires:
- Specific aims based in health outcomes;
- Support by identified leadership;
- Accountability for CQM activities;
- Dedicated resources; and
- Use of data and measurable outcomes to determine progress and make improvements to achieve the aims cited above.

CQM activities should be continuous and fit within and support the framework of grant functions. Recipients are strongly encouraged to use the *HIV National Strategic Plan* (2021 - 2025) to frame CQM activities and goals.

In order to develop a CQM program that improves patient care, health outcomes, and patient satisfaction, certain components are necessary. These necessary components are Infrastructure, Performance Measurement, and Quality Improvement. Each of these components have a distinct role in the overall CQM program.

I. Infrastructure

Appropriate and sufficient infrastructure is needed to make the CQM program successful and sustainable. Infrastructure is needed to plan, implement, and evaluate CQM program activities. RWHAP funds can be used to establish an appropriate infrastructure for a CQM program. An ideal infrastructure consists of:

- **Leadership:** Leadership to guide, endorse, support and champion the CQM program
- **Committee:** A CQM committee that develops the CQM program and corresponding activities
- **Dedicated Staffing:** Staffing who are responsible for CQM duties and resources, as well as any contractors that may be funded to assist with CQM work
- **Dedicated Resources:** Funding that is adequate for CQM infrastructure and activities. Allowable CQM costs include training and capacity building to recipients and subrecipients on CQM; membership dues to CQM-related professional organizations, quality-related certification, recertification, and continuing education, and the cost to implement CQM activities (e.g., collecting performance measurement data). Resources for building capacity to carry out CQM activities (training, etc.)
- **Clinical Quality Management Plan:** A clinical quality management plan that describes all aspects of the CQM program including infrastructure, priorities, performance measures, quality improvement activities, action plan with timeline and responsible parties, and evaluation of the CQM program
- **People with HIV Involvement:** Involvement of people with HIV that reflect the population being served to help ensure that the needs of people with HIV are being addressed by CQM activities
- **Stakeholder Involvement**: Stakeholder involvement (e.g., subrecipients, other recipients in region, planning body members and/or its committee members) that provides input on CQM activities to be undertaken
- **CQM Program Evaluation:** A plan that evaluates the effectiveness of the CQM program to ensure that the CQM activities are making changes that positively affect outcomes. This evaluation includes assessing whether CQM program activities have been implemented as prescribed by the quality management plan (including the action plan). Recipients should regularly evaluate their QM activities through the collection of detailed information. Part of the evaluation should include identifying factors (i.e., staff acceptance of change, improved clinical performance) that affect the quality improvement activities. Evaluation also

identifies effective improvement strategies that can be scaled up or implemented in other facets within a system of care. Additional elements of the team and its ability to meet timelines and deliverables as described in the action plan in order to determine the success of the planned process.

Although the infrastructure will vary in scope among recipients, the inclusion of all these elements creates a strong foundation for the CQM program.

The Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) requires that Part A recipients have:
- Established and implemented a quality management plan with annual updates.
- Established processes for ensuring that services are provided in accordance with the Department of Health and Human Services (HHS) treatment guidelines and standards of care.
- Incorporated quality-related expectations into Request for Proposals (RFP's), Continuing Funding Applications (CFA's), and EMA contracts, including at the subrecipient level.

II. Performance Measurement

Performance measurement is the process of collecting, analyzing, and reporting data regarding patient care, health outcomes on an individual or population level, and patient satisfaction. In order to appropriately assess outcomes, measurement must occur. Measures should be selected that best assess the services the recipient is funding and that reflect local HIV epidemiology and identified needs of people with HIV.

Recipients are strongly encouraged to include HRSA HIV/AIDS Bureau measures and NHAS indicators that align with the national goals to end the HIV epidemic.

Percent of RWHAP eligible clients receiving at least one category of service for a RWHAP-funded service category	Minimum number of performance measures
>=50%	2
>15% to <50%	1
<=15%	0

Recipients should identify at least two performance measures for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service. Recipients should identify at least one performance measure for RWHAP services categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than 15% and fewer than 50% of the recipients' eligible at least one unit of service. Recipients do not need to identify a performance measure for RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where fewer than or equal to 15% of the recipients' eligible clients receive at least one unit of service.

Recipients should analyze performance measure data to assess quality of care and health disparities and use the performance measure data to inform quality improvement activities. Recipients should have an established process to collect and analyze (e.g. calculate the numerator, denominator, and percentage) performance measure data at least quarterly.

III. Quality Improvement

Quality improvement entails the development and implementation of activities to make changes to the program in response to the performance data results. To do this, 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 (e.g., model for improvement, Lean). Quality improvement activities should be implemented in an organized, systematic fashion. As a result, the recipient is able to understand if specific changes or improvements had a positive impact on patient health outcomes or were indicative of further necessary changes in RWHAP funded services. All quality improvement activities should be documented. Recipients should conduct quality improvement activities within at least one funded service category at any given time.

APPLICABILITY TO SUBRECIPIENTS

Recipients are to identify the specific CQM program activities for their service area. These specific CQM program activities should be documented in the recipient's CQM plan. Specific CQM program activities include a 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, have the resources to conduct CQM activities in their organizations, and implement a CQM program in their organizations, as identified in the written agreements between the recipient and subrecipient. 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 and their funded subrecipients within service areas.

PRIORITIES FOR THE CLINICAL QUALITY MANAGEMENT PROGRAM

- Establish a quality management structure within the Ryan White HIV/AIDS Part A Program that supports quality improvement activities in the EMA.
- Implement data driven performance management systems to monitor subrecipient performance and identify areas for quality improvement.
- Ensure the satisfaction of services received by PWH residing in the EMA.

Attachment B – National HIV/AIDS Strategy Goals & Objectives

Goal 1: Prevent New HIV Infections
1.1 Increase awareness of HIV

    1.1.1   Develop and implement campaigns, interventions, and resources to provide education about comprehensive sexual health; HIV risks; options for prevention, testing, care, and treatment; and HIV-related stigma reduction.

    1.1.2   Increase knowledge of HIV among people, communities, and the health workforce in geographic areas disproportionately affected.

    1.1.3   Integrate HIV messaging into existing campaigns and other activities pertaining to other parts of the syndemic, such as STIs, viral hepatitis, and substance use and mental health disorders, as well as in primary care and general wellness, and as part of annual reproductive health visits and wellness visits.

1.2 Increase knowledge of HIV status

    1.2.1   Test all people for HIV according to the most current USPSTF recommendations and CDC guidelines.

    1.2.2   Develop new and expand implementation of effective, evidence-based, or evidence-informed models for HIV testing that improve convenience and access.

    1.2.3   Incorporate a status-neutral approach to HIV testing, offering linkage to prevention services for people who test negative and immediate linkage to HIV care and treatment for those who test positive.

    1.2.4   Provide partner services to people diagnosed with HIV or other STIs and their sexual and/or syringe-sharing partners.

1.3 Expand and improve implementation of safe, effective prevention interventions, including treatment as prevention, PrEP, PEP, and SSPs, and develop new options

    1.3.1   Engage people who experience risk for HIV in traditional public health and health care delivery systems, as well as in nontraditional community settings.

    1.3.2   Scale up treatment as prevention (i.e., U=U) by diagnosing all people with HIV, as early as possible, and engaging them in care and treatment to achieve and maintain viral suppression.

    1.3.3   Make HIV prevention services, including condoms, PrEP, PEP, and SSPs, easier to access and support continued use.

    1.3.4   Implement culturally competent and linguistically appropriate models and other innovative approaches for delivering HIV prevention services.

    1.3.5   Support research into the development and evaluation of new HIV prevention modalities and interventions for preventing HIV transmissions in priority populations.

    1.3.6   Expand implementation research to successfully adapt evidence-based interventions to local environments to maximize potential for uptake and sustainability.

1.4 Increase the diversity and capacity of health care delivery systems, community health, public health, and the health workforce to prevent and diagnose HIV

1.4.1 Provide resources, incentives, training, and technical assistance to expand workforce and systems capacity to provide or link clients to culturally competent, linguistically appropriate, and accessible HIV testing, prevention, and supportive services especially in areas with shortages that are geographic, population, or facility based.

1.4.2 Increase the diversity of the workforce of providers who deliver HIV prevention, testing, and supportive services.

1.4.3 Increase the inclusion of paraprofessionals on prevention teams by advancing training, certification, supervision, financing, and team-based care service delivery.

1.4.4 Include comprehensive sexual health and substance use prevention and treatment information in curricula of medical and other health workforce education and training programs.

Goal 2: Improve HIV-Related Health Outcomes of People with HIV

2.1 Link people to care immediately after diagnosis and provide low-barrier access to HIV treatment

2.1.1 Provide same-day or rapid (within 7 days) start of antiretroviral therapy for persons who are able to take it; increase linkage to HIV health care within 30 days for all persons who test positive for HIV.

2.1.2 Increase the number of schools providing on-site sexual health services through school-based health centers and school nurses, and linkages to HIV testing and medical care through youth-friendly providers in the community.

2.2 Identify, engage, or reengage people with HIV who are not in care or not virally suppressed

2.2.1 Expand uptake of data-to-care models using data sharing agreements, integration and use of surveillance, clinical services, pharmacy, and social/support services data to identify and engage people not in care or not virally suppressed.

2.2.2 Identify and address barriers for people who have never engaged in care or who have fallen out of care.

2.3 Increase retention in care and adherence to HIV treatment to achieve and maintain long-term viral suppression and provide integrative HIV services for HIV-associated comorbidities, coinfections, and complications, including STIs

2.3.1 Support the transition of health care systems, organizations, and patients/clients to become more health literate in the provision of HIV prevention, care, and treatment services.

2.3.2 Develop and implement effective, evidence-based, or evidence-informed interventions and supportive services that improve retention in care.

2.3.3 Expand implementation research to successfully adapt effective evidence-based interventions, such as HIV telehealth, patient and peer navigators, accessible pharmacy services, community health workers, and others, to local environments to facilitate uptake and retention to priority populations.

2.3.4 Support ongoing clinical, behavioral, and other research to support retention in care, medication adherence, and durable viral suppression.

2.4 Increase the capacity of the public health, health care delivery systems, and health care workforce to effectively identify, diagnose, and provide holistic care and treatment for people with HIV

2.4.1   Provide resources, value-based and other incentives, training, and technical assistance to expand workforce and systems capacity to provide or link clients to culturally competent and linguistically appropriate care, treatment, and supportive services especially in areas with shortages that are geographic, population, or facility based.

2.4.2   Increase the diversity of the workforce of providers who deliver HIV care and supportive services.

2.4.3   Increase inclusion of paraprofessionals on teams by advancing training, certification, supervision, reimbursement, and team functioning to assist with screening/management of HIV, STIs, viral hepatitis, and mental and substance use disorders and other behavioral health conditions.

2.5 Expand capacity to provide whole-person care to older adults with HIV and long-term survivors

2.5.1   Identify, implement, and evaluate models of care that meet the needs of people with HIV who are aging and ensure quality of care across services.

2.5.2   Identify and implement best practices related to addressing psychosocial and behavioral health needs of older people with HIV and long-term survivors including substance use treatment, mental health treatment, and programs designed to decrease social isolation.

2.5.3   Increase HIV awareness, capability, and collaboration of service providers to support older people with HIV, including in settings such as aging services, housing for older adults, substance use treatment, and disability and other medical services.

2.5.4   Promote research, cross-agency collaborations, and sharing of research discoveries that address specific aging-related conditions in people with HIV, and other comorbidities and coinfections that can impact people with HIV of all ages.

2.5.5   Develop and optimize collaborative multi-agency and multi-sectoral approaches and strategies to address emergent and evolving challenges facing people living with HIV at various life stages to support healthy aging with HIV.

2.6 Advance the development of next-generation HIV therapies and accelerate research for HIV cure

2.6.1   Promote research and encourage public-private partnerships to accelerate new therapies to achieve sustained viral suppression and to address drug toxicity, viral resistance, adherence, and retention in care and stigma associated with ART use.

2.6.2   Increase investment in innovative basic and clinical research to inform and accelerate a research agenda to discover how to sustain viral suppression, achieve ART-free remission, reduce and eliminate viral reservoirs, and achieve HIV cure.

Goal 3: Reduce HIV-Related Disparities and Health Inequities
3.1 Reduce HIV-related stigma and discrimination

3.1.1   Strengthen enforcement of civil rights laws (including language access services and disability rights), promote reform of state HIV criminalization laws, and assist states in protecting people with HIV from violence, retaliation, and discrimination associated with HIV status, homophobia, transphobia, xenophobia, racism, substance use, and sexism.

3.1.2   Ensure that health care professionals and front-line staff complete education and training on stigma, discrimination, and unrecognized bias toward populations with or

who experience risk for HIV, including LGBTQI+ people, immigrants, people who use drugs, and people involved in sex work.

3.1.3   Support communities in efforts to address misconceptions and reduce HIV-related stigma and other stigmas that negatively affect HIV outcomes.

3.1.4   Ensure resources are focused on the communities and populations where the need is greatest, especially Black, Latino, and American Indian/Alaska Native and other people of color, particularly those who are also gay and bisexual men, transgender people, people who use substances, sex workers, and immigrants.

3.1.5   Create funding opportunities that specifically address social and structural drivers of health as they relate to Black, Latino, and American Indian/Alaska Native and other people of color.

3.2 Reduce disparities in new HIV infections, in knowledge of status, and along the HIV care continuum

3.2.1   Increase awareness of HIV-related disparities through data collection, analysis, and dissemination of findings.

3.2.2   Develop new and scale up effective, evidence-based or evidence-informed interventions to improve health outcomes among priority populations and other populations or geographic areas experiencing disparities.

3.3 Engage, employ, and provide public leadership opportunities at all levels for people with or who experience risk for HIV

3.3.1   Create and promote public leadership opportunities for people with or who experience risk for HIV.

3.3.2   Work with communities to reframe HIV services and HIV-related messaging so that they do not stigmatize people or behaviors.

3.4 Address social and structural determinants of health and co-occurring conditions that impede access to HIV services and exacerbate HIV-related disparities

3.4.1   Develop whole-person systems of care and wellness that address co-occurring conditions for people with or who experience risk for HIV.

3.4.2   Adopt policies that reduce cost, payment, coverage, and/or access barriers to improve the delivery and receipt of services for people with or who experience risk for HIV.

3.4.3   Improve screening and linkage to services for people with or who experience risk for HIV who are diagnosed with and/or are receiving services for co-occurring conditions.

3.4.4   Develop and implement effective, evidence-based and evidence-informed interventions that address social and structural determinants of health among people with or who experience risk for HIV including lack of continuous health care coverage, HIV-related stigma and discrimination in public health and health care systems, medical mistrust, inadequate housing and transportation, food insecurity, unemployment, low health literacy, and involvement with the justice system.

3.4.5   Increase the number of schools that have implemented LGBTQ-supportive policies and practices, including (1) having a Gay/Straight Alliance (GSA), Gender Sexuality Alliance, or similar clubs, (2) identifying safe spaces, (3) adopting policies expressly prohibiting discrimination and harassment based on sexual orientation or gender identity, (4)

encouraging staff to attend professional development, (5) facilitating access to out-of-school health service providers, (6) facilitating access to out-of-school social and psychological service providers, and (7) providing LGBTQ-relevant curricula or supplementary materials.

3.4.6   Develop new and scale up effective, evidence-based or evidence-informed interventions that address intersecting factors of HIV, homelessness or housing instability, mental health and violence, substance use, and gender especially among cis- and transgender women and gay and bisexual men.

3.5 Train and expand a diverse HIV workforce by further developing and promoting opportunities to support the next generation of HIV providers including health care workers, researchers, and community partners, particularly from underrepresented populations

3.5.1   Promote the expansion of existing programs and initiatives designed to increase the numbers of non-White research and health professionals.

3.5.2   Increase support for the implementation of mentoring programs for individuals from diverse cultural backgrounds to expand the pool of HIV research and health professionals.

3.5.3   Encourage the implementation of effective recruitment of community partners through community-based participatory research and social networking approaches.

3.6 Advance HIV-related communications to achieve improved messaging and uptake, as well as to address misinformation and health care mistrust

3.6.1   Develop and test strategies to promote accurate creation, dissemination, and uptake of information and to counter associated misinformation and disinformation.

3.6.2   Increase diversity and cultural competence in health communication research, training, and policy.

3.6.3   Expand community engagement in health communication initiatives and research.

3.6.4   Include critical analysis and health communication skills in HIV programs to provide participants with the tools to seek and identify accurate health information and to advocate for themselves and their communities.

3.6.5   Expand effective communication strategies between providers and consumers to build trust, optimize collaborative decision-making, and promote success of evidence-based prevention and treatment strategies.

Goal 4: Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic among All Partners and Interested Parties

4.1 Integrate programs to address the syndemic of HIV, STIs, viral hepatitis, and substance use and mental health disorders in the context of social and structural/institutional factors including stigma, discrimination, and violence

4.1.1   Integrate HIV awareness and services into outreach and services for issues that intersect with HIV such as intimate partner violence, homelessness or housing instability, STIs, viral hepatitis, and substance use and mental health disorders.

4.1.2   Implement a no-wrong-door approach to screening and linkage to services for HIV, STIs, viral hepatitis, and substance use and mental health disorders across programs.

4.1.3   Identify and address funding, policy, data, workforce capacity, and programmatic barriers to effectively address the syndemic.

4.1.4   Coordinate and align strategic planning efforts on HIV, STIs, viral hepatitis, substance use disorders, and mental health care across national, state, and local partners.

4.1.5   Enhance the ability of the HIV workforce to provide naloxone and educate people on the existence of fentanyl in the drug supply to prevent overdose and deaths and facilitate linkage to substance use disorder treatment and harm reduction programs.

4.2 Increase coordination among and sharing of best practices from HIV programs across all levels of government (federal, state, tribal, local, and territorial) and with public and private health care payers, faith-based and community-based organizations, the private sector, academic partners, and the community

4.2.1   Focus resources including evidence-based and evidence-informed interventions in the geographic areas and priority populations disproportionately affected by HIV.

4.2.2   Enhance collaboration among local, state, tribal, territorial, national, and federal partners and the community to address policy and structural barriers that contribute to persistent HIV-related disparities and implement policies that foster improved health outcomes.

4.2.3   Coordinate across partners to quickly detect and respond to HIV outbreaks.

4.2.4   Support collaborations between community-based organizations, public health organizations, education agencies and schools, housing providers, and health care delivery systems to provide linkage to and delivery of HIV testing, prevention, care, and treatment services as well as supportive services.

4.3 Enhance the quality, accessibility, sharing, and uses of data, including HIV prevention and care continua data and social determinants of health data

4.3.1   Promote the collection, electronic sharing, and use of HIV risk, prevention, and care and treatment data using interoperable data standards, including data from electronic health records, in accordance with applicable law.

4.3.2   Use interoperable health information technology, including application programming interfaces (APIs), clinical decision support tools, electronic health records and health IT products certified by the Office of the National Coordinator's Health IT Certification Program, and health information exchange networks, to improve HIV prevention efforts and care outcomes.

4.3.3   Encourage and support patient access to and use of their individual health information, including use of their patient-generated health information and use of consumer health technologies in a secure and privacy supportive manner.

4.4 Foster private-public-community partnerships to identify and scale up best practices and accelerate HIV advances

4.4.1   Adopt approaches that incentivize the scale up of effective interventions among academic centers, health departments, community-based organizations, allied health professionals, people with HIV and their advocates, the private sector, and other partners.

4.4.2   Expand opportunities and mechanisms for information sharing and peer technical assistance within and across jurisdictions to move effective interventions into practice more swiftly.

4.4.3   Develop and optimize collaborative multi-agency and multi-sectoral approaches and strategies to address emergent and evolving challenges facing persons of all ages living with HIV.

a.   **Improve mechanisms to measure, monitor, evaluate, and use the information to report progress and course correct as needed in order to achieve the Strategy's goals**

4.5.1   Streamline and harmonize reporting and data systems to reduce burden and improve the timeliness, availability, and usefulness of data.

4.5.2   Monitor, review, evaluate, and regularly communicate progress on the National HIV/AIDS Strategy.

4.5.3   Ensure that the National HIV/AIDS Strategy's goals and priorities are included in cross-sector federal funding requirements.

4.5.4   Strengthen monitoring and accountability for adherence to requirements, targets, and goals by funded partners.

4.5.5   Identify and address barriers and challenges that hinder achievement of goals by funded partners and other interested parties.

Attachment C – Work Plan

Nassau-Suffolk EMA Work Plan for 2024

Nassau-Suffolk HIV Health Services Planning Council
Clinical Quality Management Committee

CQM WORK PLAN 2024 – 2025

Goal 1: Maintain a Clinical Quality Management Plan for the purpose of driving and guiding the formal assessment and evaluation of the quality of services provided in the Nassau-Suffolk EMA.					
OBJECTIVES	**ACTIVITIES**	**LEAD**	**STAFF/RESOURCES**	**DEADLINE**	**PROGRESS TO DATE**
A. Review, evaluate, and update EMA CQM Plan annually.	1. Review CQM Plan in CQM Committee annually. 2. Develop Annual Work Plan for CQM Committee based on the annual goals. 3. Use the *National HIV/AIDS Strategy (2022-2025)* to frame CQM activities and goals. 4.Review/evaluate/update QM Work Plan on a quarterly basis at CQM Committee Meeting 5. Provide technical assistance to	CQM Committee and Technical Support Agency (TSA) Staff	Quality Manager, CQM Committee, and TSA Staff	1. April 18, 2024 2. Approve Work Plan at April CQM Committee meeting 3. 1st Quarter 2024 4. Quarterly through February 2025 5. Upon request	

	subrecipients on the development of CQM Plans, work plans and or CQI projects.				

Goal 2: Ensure compliance with service standards of subrecipients within the Nassau-Suffolk EMA.

OBJECTIVES	ACTIVITIES	LEAD	STAFF/RESOURCES	DEADLINE	PROGRESS TO DATE
A. Monitor EMA compliance with service standards.	1. Utilize information from monthly data reports and narratives, site visit reviews, and chart audits to ensure subrecipient compliance with service standards.	CQM Committee and Technical Support Agency (TSA) Staff	Quality Manager, CQM Committee, and TSA Staff	1. Monthly and through site visits ending in February 2025	
B. Review Service Standards to reflect any changes.	1. Review PCN #16.02 for any changes to Program Services: Eligible Individuals & Allowable Uses of Funds			~~1.~~ Complete by April 18, 2024	

Goal 3: Monitor performance measures for all Part A funded priority categories based on HAB/HRSA Performance Measures and best practices.

OBJECTIVES	ACTIVITIES	LEAD	STAFF/RESOURCES	DEADLINE	PROGRESS TO DATE

A. Assess sub-recipient progress in meeting performance measures for funded priorities.	1. Monitor performance measure achievement and provide technical assistance as needed. 2.Share performance data with CQM Committee. 3. Explore feasibility of adding N-S EMA specific performance measures.	Technical Support Agency (TSA) Staff	Quality Manager, CQM Committee, and TSA Staff	1. Quarterly 2. Quarterly 3. Complete by August 2024	
B. Disseminate updated/revised performance measures for funded priority categories.	1. Provide guidance/technical assistance to subrecipients to improve methods for entering and collecting data into and from CAREWare.	Quality Manager	Quality Manager, CQM Committee, and TSA Staff	1. As needed.	

Goal 4: Promote and foster continuous quality improvement initiatives across the EMA that focus on the elimination of disparities.					
OBJECTIVES	**ACTIVITIES**	**LEAD**	**STAFF/RESOURCES**	**DEADLINE**	**PROGRESS TO DATE**
A. Establish and promote EMA wide Quality improvement initiatives.	1. Identify and develop at least one (1) QI initiative annually for the EMA. 2. Document and report progress on QI initiative(s).	CQM Committee and Technical Support Agency (TSA) Staff	Quality Manager, CQM Committee, and TSA Staff	1. April 2024 2. April 2024 through February 2025	

	3. Communicate best practices and QI progress with community stakeholders on a regular basis. 4. Trend CAREWare data and identify disparities in care or outcomes.			3. April 2024 through February 2025	
B. Ensure data is accurate and consist throughout EMA.	1. Review CAREWare Data Dictionary with subrecipients during new staff orientations and at provider meetings.	Technical Support Agency (TSA) Staff	Quality Manager and Data Manager	1. On-going throughout grant year.	

Goal 5: Coordinate and collaborate across Ryan White Programs (Parts A, B, C and D) and other HIV Care and Prevention programs in planning Quality Management activities.					
OBJECTIVES	**ACTIVITIES**	**LEAD**	**STAFF/RESOURCES**	**DEADLINE**	**PROGRESS TO DATE**
A. Engage other HIV funded programs in Quality Management Planning and Improvement Initiatives.	1. Continue to have Parts A, B, and D staff attend joint QM Committee meetings and share QI data and best practices. 2. Invite and involve representatives from other HIV Care and Prevention funded programs in QM Planning activities.	CQM Committee and Technical Support Agency (TSA) Staff	Quality Manager, CQM Committee, and TSA Staff	1. Ongoing 2024-2025 2. Ongoing 2024-2025	

	3. Inform the NYLinks regional group and the Ending the Epidemic groups of the Nassau-Suffolk EMA's CQM efforts. 4. Participate in National Cross Collaborative Quality Improvement projects.			3. November 2024 4. As applicable	
B. Promote the coordination of prevention and care quality improvement activities.	1. Provide updates on progress of meeting goals of integrated plan.				

Attachment D – TECHNICAL SUPPORT AGENCY – UNITED WAY OF LONG ISLAND

CQM TEAM Roles & Responsibilities:

Senior Vice President:
- Provides overall Part A program leadership and coordination of HIV care activities.
- Provides grant oversight and management, administers allocation of resources, and works with Quality Manager to ensure the development and implementation of the CQM Plan, including systems-level Continuous Quality Improvement (CQI) projects.
- Ensures the implementation of National Monitoring Standards (NMS) in service standard development, contract management, and all relevant EMA activities.
- Includes the National Goals to End the HIV Epidemic and the Governor's 3 Point Plan to end HIV/AIDS in program planning.
- Monitors sub recipient and EMA progress to ensure compliance with the HIV Care Continuum by implementing improvement strategies as needed.

Quality Manager:
- Coordinates all Clinical Quality Management Meetings with Planning Associate and other TSA staff.
- Coordinates system-level CQI projects in coordination with the Clinical Quality Management Committee.
- Develops, implements, and monitors CQI activities with guidance from the Senior Vice President.
- Ensures the development, implementation, and evaluation of the CQM Plan and Work Plan.
- Ensures revision of the CQM Plan annually and updates the Work Plan on a quarterly basis.
- Completes and presents required reports related to CQM to the Nassau-Suffolk Planning Council Committees and EMA stakeholders.
- Ensures CQM/CQI and other related HIV-training is available to agencies and staff.
- Provides technical assistance to the RW Part A sub recipients in the development of CQM Plan and CQI activities.
- Participates in Part A quality-related committees and activities: attending all Planning Council Clinical Quality Management meetings.
- Develops and revises CQM guidelines and policies.
- Attends all Part A and other relevant conferences on Clinical Quality Management to maintain current knowledge of CQM tools and techniques.

- Reviews sub recipient CQM Plans, conducts annual CQM site visits, and provides technical assistance as needed.
- Ensures CQM/CQI findings and reports are shared at regularly scheduled RW recipient CQM Team meetings.
- Provides ongoing data analysis of CAREWare performance management reports to ensure the region's program specific goals and HAB/HRSA performance measures are being met.
- Consults with the Consumer Involvement Committee to ensure consumer involvement in Clinical Quality Management projects and improvement efforts.

Data Manager:
- Collaborates with NYSDOH Epidemiology Section, Part B, and Prevention programs to facilitate optimal use of available data.
- Designs procedures for the collection and evaluation of QI data.
- Monitors provider entry of performance measurement data.
- Provides data-related technical assistance and training to agency providers and data entry staff.
- Creates RW Data reports by service priority, charts, and spreadsheets for data analysis.
- Develops performance management reports in CAREWare to monitor agency progress on meeting EMA goals and HAB/HRSA Performance Measures.
- Works directly with Quality Manager to review data and identify areas for agency and program improvements.
- Monitors CAREWare reports with Quality Manager and Program Administrator to review program and agency progress.

Program Administrator:
- Reviews sub recipient QM Plans and conducts annual site visits to ensure the quality of service delivery in the EMA.
- Attends Clinical Quality Management meetings and provides guidance and clarification on EMA goals and objectives.
- Ensures the implementation of performance management metrics in the EMA and monitors CAREWare reports with the Quality Manager and Data Manager to review both program and agency progress.
- Works with the Quality Manager on the development of EMA specific trainings designed to improve performance in the region.
- Analyzes agency specific care continuum data to monitor the region's progress in improving the EMA's Viral Load Suppression (VLS) rate.

Attachment E – Planning Council Committees and Responsibilities

Table 2: Committees and their responsibility in the Ryan White Part A Infrastructure	
STRATEGIC ASSESSMENT & PLANNING (SAP) COMMITTEE	This committee establishes and reviews statistical data and develops estimates of the HIV/AIDS population and their service needs. The Committee also sets priorities for the region and approves the amount of funding allocated to each priority by the Finance Subcommittee. In addition, this committee assists with the development of the Comprehensive Service Plan for the region.
FINANCE SUBCOMMITTEE	This subcommittee reports to the SAP Committee and is responsible for the allocation of funds to the priorities established by the SAP Committee. No member of this subcommittee can work for or be affiliated with an agency that is a recipient of Ryan White Part A funds.
CLINICAL QUALITY MANAGEMENT (CQM) COMMITTEE	This committee is responsible for evaluating how well services meet community needs; identifying, reviewing and recommending members to the Planning Council; managing the established Council grievance process; and conducting an annual assessment of the administrative mechanism in the region. This committee works closely with the Consumer Involvement Committee to increase participation and involvement of infected/affected people and communities in Planning Council activities.
CONSUMER INVOLVEMENT COMMITTEE (CIC)	The committee addresses issues affecting people living with HIV/AIDS (PLWH/A) from a consumer point of view. Part of the mission of this group is to encourage outreach, education, empowerment and advocacy for PLWH/A. Membership is restricted to consumers only.
MEMBERSHIP SUBCOMMITTEE	This subcommittee is responsible for Identifying, reviewing, and recommending members to the Council based upon Ryan White legislatively mandated membership requirements. Members must be voting members of the CQM Committee. The meeting shall be chaired by the CQM Committee chairs and shall be held on an as needed basis directly following the CQM Committee meeting. Each member will be asked to sign a statement which indicates that they will not vote on potential nominees who are affiliated with any agency/institution of which the member is an employee or serves on the board of directors. The committee addresses issues affecting people living with HIV/AIDS (PLWH/A) from a consumer point of view. Part of the mission of this group is to encourage outreach, education, empowerment and advocacy for PLWH/A. Membership is restricted to consumers only.
EXECUTIVE COMMITTEE	This committee handles all administrative functions associated with internal management and budget review, grant application, reporting and oversight, coordination with other HIV consortia, planning and coordinating bodies; and procedures for Council record keeping and functions. This Committee also annually reviews the Council's Bylaws and reviews and evaluates the annual grant application and the Minority AIDS Initiative Application grant application. As per the Bylaws, members of the Executive Committee hold current Chair positions of the PC, SAP, CQM, and CIC committees. All other members are appointed by the Chair and Vice-Chair of the Planning Council as needed.

Joint Part A, B and HIV/AIDS providers and consumers and service-specific are represented in EMA.

Attachment F - QUALITY IMPROVEMENT TOOLS & TECHNIQUES

Pods (3 Phases)

Historically, quality improvement projects used 'pods' or small work groups of providers as a discussion vehicle convened by administrative staff to process quality improvement ideas. Initially, these were confined to single service categories. The services that met in pods included Oral Health Care, Mental Health Services, Medical Case Management Services and Outpatient/Ambulatory Health Services.

Pods typically follow a three-stage process, which may occur within two to three meetings, but can convene more frequently for complex service categories or interdisciplinary issues.

Meeting 1: Pod formation: Objective, Process, Review of Regulatory/Compliance Matrix
Meeting 2: Distillation of findings, outcomes
Meeting 3: Formation of findings into revised Standard of Care, possible pilot in field

The "Pod" meetings present findings of the data collection and analysis to the contracted agencies, as well as facilitate discussions on the current SS, potential areas of concern with the SS, and then revisions to the Standards. The goal of the pods is to create SS that are not process driven, but focus on client clinical outcomes as a result of the care and services provided. For example, pod meetings can compare outcomes by service category to HRSA/HAB Performance Measures to distinguish where the EMA is at median, benchmark (Top 10% or 25%) or above, and implement changes as needed to improve client level outcomes and quality improvement.

Super-Pod vs. Pod

A Super-Pod assembles providers from different service categories and also includes the recipient, consumers and others to review a specific issue that has been determined to *cut across several services* representing a process failure. The QI Storyboard, a methodical approach to quality improvement projects is used to guide participants through resolution of process issues.

(1) TEAM INFORMATION	(2) CURRENT SITUATION	(3) REASONS FOR IMPROVEMENT
▪ List team members, meet brief periods, even over phone, with data. ▪ 8-10 people at maximum	Purpose statement (driving need for improvement) succinctly stated with issue, relevance and time period in which issue presented.	List 3-4 reasons that this issue is critical or important.
(4) ANALYZE ROOT CAUSES	**(5) DEVISE POTENTIAL SOLUTIONS**	**(6) ANALYZE RESULTS**
Use flow diagrams, cause & effect tools, consensus scoring to determine root or underlying causes of symptoms of issue(s).	Summarize possible solutions with field tests and probabilities to determine best solution or set of solutions and sequence.	After field test, analyze results. Look for unintended consequences (good or bad) and behaviors/actions of people vs. what was expected.
(7) FUTURE PLANS	**(8) LESSONS LEARNED**	**(9) FOCUS OF NEXT CYCLE**
Focus on next opportunity specific to this issue (based on findings in 6) or related to this issues.	Summarize what was learned that wasn't known prior to this process and determine applicability to other issues.	Decide what the focus of the next cycle will be and if the team will be maintained or members cycle off.

Process Flow Diagrams

These diagrams track changes over time. A specific type of process flow diagram is Statistical Process Control Analysis, which is a 'run' chart or chart tracking process change over time.

Cause and Effect / Fishbone Diagrams

These diagrams analyze process dispersion in a simple, visual tool. The resulting diagram illustrates the main causes and sub-causes leading to an effect (symptom).

Support & Barriers Brainstorming

This tool shows support to a solution contrasted with factors that could prevent it from being solved.

Data Mapping

Mapping is the ability to map data into causal diagrams that lead to determining root cause versus underlying system.

Step-by-Step Clinical Quality Management Guide: Nine Critical Steps

Quality management programs can take many shapes and forms and will be most effective if they are individualized to meet the needs of a specific organization. While each program will look different, successful quality management programs have key characteristics that are critical to the efficient functioning of the program. The following pages outline nine steps that can be used to develop and implement a solid quality program.

Regardless of where an organization stands in the development of a clinical quality management program, the nine steps outlined can either serve as a checklist for those with plans already in place or as a stepping stone for those just beginning. While it may take a significant amount of time before all nine steps are achieved, the most important concept is to get started.

Implementing A Quality Management Program: Nine Critical Steps

STEP ONE *Confirm Commitment of Leadership & Establish Supportive Organizational Structure*

- ☑ Establish support of program leadership for Quality Management (QM) and confirm commitment.
- ☑ Commit resources to support QM activities.
- ☑ Provide education about CQI tools and techniques to all levels of staff, including senior leadership.
- ☑ Establish a method to inform all levels of staff, including senior leadership and Board of Director's about QM initiatives.
- ☑ Delineate expectations of staff related to QM.
- ☑ Delineate specific QM responsibilities of staff.

STEP TWO *Establish Quality Management Plan*

- ☑ Establish Quality Guidance Team, Steering Committee or utilize existing leadership meetings to oversee the QM program.
- ☑ Develop an organizational QM plan which delineates goals and objectives for the QM program.[2]
- ☑ Establish QM priorities.
- ☑ Develop a time line or calendar of activities for the year.
- ☑ Select a QM approach, such as PDSA or the Chronic Care Model.
- ☑ Clarify QM responsibilities of staff.

STEP THREE *Determine Performance Measures & Collect Baseline Data*

☑ Based on QM priorities, determine performance measures.

☑ Develop indicators to measure performance.

☑ Define measurement population and delineate eligibility criteria.

☑ Create a data collection plan to include:
- Sampling strategy
- Determine method of data collection, i.e. chart abstraction, interviews

☑ Create data collection tools
- Create instructions for data collection tools
- Train personnel who will collect data
- Conduct pilot test of tool

☑ Establish process of communicating with staff about measurement process

☑ Collect data

STEP FOUR *Analyze Data*

☑ Analyze data and review the results.

☑ Identify areas where additional data is required.

☑ If historical data are available, compare for trends.

☑ Display and distribute data to communicate findings and results.

☑ Identify areas for improvement and select a quality improvement project.

STEP FIVE *Develop Project-Specific CQI Plan*

☑ Establish project-specific QM team that represents all staff integral to the service or issue.

☑ Identify a team leader or sponsor.

☑ Delineate specific goals for the team.

☑ Allocate time and resources for the team.

☑ Delineate team responsibilities.

☑ Develop timeline for reporting findings and improvement strategies.

STEP SIX — *Study and Understand the Process*

☑ Analyze the root causes.

☑ Utilize CQI tools and techniques to understand the process, such as flow charts, facilitated brainstorming, cause & effect diagrams, fishbone, etc.

☑ Document and track progress by using activity logs, issue identification logs, meeting minutes, etc.

☑ Report progress to senior leadership and staff on a regular, defined basis.

STEP SEVEN — *Develop and Implement an Improvement Plan*

☑ Identify potential solutions to make improvement to the systems of care.

☑ Recognize quick fixes and longer term solutions.

☑ Try a small test of change and analyze results.

☑ Refine improvement plan.

☑ Develop timeline for implementation of plan.

☑ Delineate team responsibilities.

☑ Implement changes.

☑ Track changes and improvement actions.

STEP EIGHT — *Remeasurement*

☑ Determine interval for remeasurement.

☑ Remeasure indicator after change has been implemented.

☑ Look for incremental improvement.

☑ Communicate results to team, staff and leadership.

☑ Determine need for and/or level of remeasurement on an ongoing basis.

☑ Develop a plan for sustained improvement.

STEP NINE — *Celebrate Success*

☑ Communicate results of the project to all levels of the organization, including consumers when appropriate.

☑ Congratulate team in public forum, i.e. staff meetings, Board of Director meetings.

☑ Select a new project and begin at Step 3.

Glossary

- **Quality** is the degree to which a health or social service meets or exceeds established professional standards and user expectations. Evaluation of the quality of care should consider 1) the quality of the inputs 2) the quality of the service delivery process and 3) the quality of outcomes in order to continuously improve systems of care for individuals and populations.
- **Quality Improvement (QI)** refers to activities aimed at improving performance and is an approach to the continuous study and improvement of the processes of providing services to meet the needs of the individual and others. This term generally refers to the overriding concepts of continuous quality improvement and total quality management.
- **Continuous Quality Improvement (CQI)** is generally used to describe the ongoing monitoring, evaluation, and improvement processes. It is a patient/client-driven philosophy and process that focuses on preventing problems and maximizing quality of care. The key components of CQI are:
  - ✓ Patients/clients and other consumers are first priority.
  - ✓ Quality is achieved through people working in teams.
  - ✓ All work is part of a process, and processes are integrated into systems.
  - ✓ Decisions are based on objective, measured data.
  - ✓ Quality requires continuous improvement.
- **Total Quality Management (TQM)** is a somewhat larger concept, encompassing continuous quality improvement activities and the management of systems that foster such activities: communication, education, and commitment of resources.
- **Quality Assurance (QA)** refers to a broad spectrum of evaluation activities aimed at ensuring compliance with minimum quality standards.
- **Performance** is the way in which an individual, a group, or an organization carries out or accomplishes its important functions and processes.
- A **Performance Measure** is a quantitative tool that provides an indication of an organization's performance in relation to a specified process or outcome.
- An **Indicator** is a measure used to determine, over time, an organization's performance of a particular element of care. The indicator may measure a particular function, process, or outcome.
- **Outcomes** are benefits or other results (positive or negative) for clients that may occur during or after their participation in a program. Outcomes can be client-level or system-level.
- A **Process** is a sequence of tasks to get an outcome. It is a goal directed interrelated series of actions, events, mechanisms, steps.
- A **System** is a group of related processes.
- **Team** refers to a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable. Project teams are just one element of a quality effort, though an extremely important one. Teams should include a team leader or project sponsor to lead the initiative.
- **Continuum of Care** relates to a system of connected services designed to match an individual's needs with the appropriate level and type of medical, psychological, health,

or social service within an organization or across multiple organizations. Assuring quality of care across the continuum can be especially challenging.

- **Root Cause Analysis** describes the process of developing permanent solutions to problems by first identifying all of the contributing and underlying causes of a problem.
- **Chronic Care Model** is a tool to improve the care of individuals with chronic illness, including HIV/AIDS, which focuses on six essential elements: Self-Management and Adherence, Decision Support, Clinical Information System, Delivery System Design, Organization of Health Care, and Community. The model was originally developed by Ed Wagner, MD, MPH.
- **PDSA or Plan-Do-Study-Act** is a widely used framework for testing change on a small scale.