



Ryan White Part B Quality Management Plan

April 2022 – March 2023

**Ryan White Part B Program
Quality Management Program
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Version

Version #	Editor	Revision Date	Description of Change
1	Maria Sutton	3/1/17	Initial document creation
2	Garett Switzer	4/27/17	General updates/update performance indicators
3	Garett Switzer	10/28/18	Updates based on HRSA auditor comments
4	Brittney Graham and Uche Okeke	3/13/19	Edits and updates based on QM consultant and HRSA recommendations
5	Brittney Graham, Uche Okeke and Garett Switzer	3/20/20	Quality Improvement and Performance Indicators Updates
6	Garett Switzer	2/10/21	Edits and updates
7	Garett Switzer	1/15/22	General updates; revise Performance Measures

The Ryan White HIV/AIDS (RWHA) Part B Program awards grants to assist States and Territories in developing and/or enhancing access to a comprehensive continuum of high-quality HIV care and treatment for low-income people living with HIV (PLWH). In order to assess whether RWHA-funded services are delivering high quality HIV care, clinical quality management programs are essential. By ensuring compliance with guidelines and protocols, by employing quality improvement methods and through training and technical assistance, clinical quality management programs help grantees develop and improve their systems of care, which is demonstrated by the improved health of the PLWH.

Section 2618(b)(3)(E) of the Public Health Service (PHS) act requires that “Each State that receives a grant under section 2611 shall provide for the establishment of a clinical quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent PHS guidelines for the treatment of HIV/AIDS and related opportunistic infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.”

The Tennessee Ryan White Part B Program QM Plan is outlined in this document. This plan is a “living” document and will periodically be updated and developed and will expand the Ryan White Part B Quality Management (QM) programs. This QM Plan is effective April 1, 2022 through March 31, 2023. If you have any questions concerning this plan, please contact Garrett Switzer at (615) 253-2512 or Garrett.Switzer@tn.gov.

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Quality Statement

The Tennessee Department of Health (TDH) Ryan White Part B Program in cooperation with the Quality Management Committee are committed to developing and continually improving a continuum of quality care statewide, meeting the identified needs of people living with HIV and AIDS (PLWHA).

Vision Statement

To provide a continuum of care and support services that promotes optimal health, decreases HIV transmission, eliminates health care disparities and promotes consumer empowerment and self-determination.

Mission Statement

The mission of the Tennessee Department of Health's Ryan White Part B Quality Management program is to ensure access to comprehensive, high-quality care and support services for PLHIV in Tennessee by:

- Ensuring adherence to clinical guidelines and standards of care
- Routinely collecting, analyzing, and disseminating programmatic data
- Engaging stakeholders in the development and implementation of activities aimed at improving quality of care, health outcomes, and patient satisfaction
- Maintaining a client-centric approach that incorporates consumers into planning and evaluating processes

Quality Management Infrastructure

The Ryan White Part B Program resides in the HIV/STD/Viral Hepatitis program area located within the Office of Communicable & Environmental Diseases & Emergency Preparedness.

Tennessee Department of Health

The State of Tennessee (through the Department of Health) is the recipient of the Ryan White Program Part B grant. The Department of Health administers the grant through the Ryan White Part B Program, which is part of the HIV/STD/Viral Hepatitis Program. The Program Director is responsible for administration of the grant including supervision of the person(s) who is responsible for the development and implementation of the quality management (QM) plan.

The Ryan White Part B Program

The purpose of this program is to provide emergency assistance to localities that are disproportionately affected by the HIV epidemic and to make financial assistance available to states and other public or private nonprofit entities to provide for the development, organization, coordination, and operation of more effective and cost-efficient systems for the delivery of essential services to individuals and families with HIV disease.

Ryan White Part B program staff monitors all Ryan White Program Part B funded recipients and sub-recipients to ensure that Ryan White Part B funds are payer of last resort. The Ryan White Part B Program leadership is dedicated to the quality improvement process and guides the quality management plan.

The Ryan White Part B Program Director is responsible for administration of the grant including closely monitoring the programmatic and fiscal requirements of all contracts and grant awards, including quality management requirements, and supervision of the Quality Management Director and Quality Management Public Health Nurse Consultant who are responsible for the QM program. Duties include:

- Communicate with standing and ad hoc statewide committees and subcommittees
- Facilitate the Case Management Subcommittee
- Supervise QM staff members
- Participate in the CQM Committee
- Oversee and monitor services provided by COE

The Quality Management Director closely monitors the programmatic and fiscal requirements of the Quality Management Program and functions as the key contact and team leader for quality management. Duties include:

- Coordinate day-to-day QM program operations
- Recruit QM committee members
- Chairs and coordinates QM committee meetings
- Ensure development, implementation, and evaluation of the QM plan and work plan
- Revise the QM plan annually and the Work plan annually
- Oversees the development and routine analysis of QM performance measures
- Develops and oversees an annual statewide QI project that targets disparities
- Ensure QM/Quality Improvement (QI) and other HIV related training is available and conducted at least once a year

- Conduct site visits to review QI activities
- Participate in the Metro Nashville and Memphis/Shelby County TGA quality committee meetings
- Function as the QM liaison between the RWHA Part B and the HIV/STD/Viral Hepatitis Surveillance and Data Management Program
- Evaluate the efficacy of the QM program

The Quality Management Public Health Nurse Consultant's primary responsibilities include:

- Assist with coordination of day-to-day operations of the QM Program
- Facilitate the approval of performance measures by the COE Advisory Committee
- Ensure QM/QI training is conducted at least once a year
- Assist with the revision of the QM plan and Work plan
- Provide technical assistance to the RWHA Part B Program recipients and sub recipients in meeting Quality Management QM requirements
- Review performance indicators to ensure compliance with HRSA
- Participate in the TDH State CQI Team
- Evaluate and provide technical assistance for medical case management care plans

HIV/STD/Viral Hepatitis Deputy Director responsibilities include:

- Participating in the QM Statewide committee
- Providing clinical expertise and technical assistance to the HIV Program, ADAP, Ryan White Part B recipients and others
- Chairing the HIV COE Advisory Committee (COEAC)
- Reviewing and revising the HIV/AIDS-related nurse protocols as necessary
- Participating in QM activities for ADAP and HIV viral load testing
- Overseeing the annual evaluation of the QM program

The Ryan White Part B Epidemiologist is responsible for the preparation of quarterly performance measurement reports, and other data analysis for quality improvement activities. This role is integral in providing the data that guides quality improvement initiatives, and assessing the efficacy of quality improvement interventions. The duties include:

- Developing quarterly Ryan White Part B performance measurement reports for the QM committee

- Developing data visualizations for QM related presentations and trainings
- Ensuring sub-recipient data quality and completeness
- Participating in QM planning and strategy meetings
- Analyzing statewide QI project data

Designated Ryan White Part B program staff members are responsible for participating in the QM Committee.

Quality Management Committee

The purpose of the quality management committee is to provide oversight and facilitation of the Tennessee Ryan White Part B QM Plan and coordination with other Ryan White Parts. The committee also provides a mechanism for the objective review, evaluation and continuing improvement and uniformity of HIV care and support services throughout Tennessee. The committee ensures the RWHA Part B Quality Management Program is implemented in accordance with the Health Resources and Services Administration/HIV/AIDS Bureau (HRSA/HAB) *Quality Management Technical Assistance Manual*, by adhering to the following requirements:

- An updated QM plan
- A leader and team to oversee the QM program
- Organizational goals, objectives, and priorities
- Performance measures and mechanisms to collect data
- Project-specific continuous quality improvement plan (CQI)
- Communication of QI results to all levels of the organization, including consumers when appropriate
- Participate in quarterly meetings, during the statewide Ryan White Part B QM Program, as well as Committee conference calls held between the statewide meetings
- Monitor performance measures as recommended by the COE Advisory committee
- Provide information related to the local QM program as requested by the HIV QM staff
- Allow the HIV Program staff access to all QM information and documentation
- Participate in the collection of statewide outcome indicators as identified by the HIV Program
- Participate in the development and implementation of statewide case

management standards

Quality Management Committee Structure

Recognizing that individual members bring unique skill set, each member will provide different roles in the development, implementation, evaluation and support of the QM program and written plan. Each member serves an important role in helping ensure accountability and standardization of efforts, identifying gaps in care and fostering collaboration and sharing of knowledge.

- The statewide QM committee membership will be reviewed annually and changes made accordingly. Membership is open to all subrecipients and consumers
- Persons interested in volunteering will submit requests to the Ryan White Part B QM Director
- Composition - The committee will include the following members:
 - The HIV/STD/Viral Hepatitis Program Deputy Director
 - The Ryan White Part B Director
 - Ryan White Part B Program QM staff
 - AIDS Drug Assistance Program (ADAP) Director
 - Ryan White Part B Epidemiologist
 - Consumer(s)
 - Ryan White Part B Program sub-recipients
 - Representatives from Ryan White Parts A, C, and/or D Programs

Quality Management Committee Communication

- The committee will convene quarterly to review updates to QM activities
- The Statewide committee will share QM/QI findings/reports within TDH; with the HIV/STD/Viral Hepatitis Program, Ryan White Part B Program recipients/Community planning groups, and others
- Quality Management Director will provide appropriate QM/QI findings/reports to applicable parties as requested

HIV Centers of Excellence

The Centers of Excellence clinics consist of a coordinated network of clinics and private practitioners across the State which provides a comprehensive approach to AIDS and HIV therapy. The network includes 1) Centers of Excellence clinics and "satellite clinics" in areas of the State where there is limited access to HIV services

which saves patients from having to travel long distances for medical care; 2) consultation services to the "satellite" clinics by a physician and experienced medical staff from a private not-for-profit lead medical center whose practice is limited solely to HIV/AIDS treatment; and 3) provide a statewide system of medical case management.

Staff:

- HIV/STD/Viral Hepatitis Medical Director
- Ryan White Part B / Program Director
- Quality Management Director
- Quality Management Public Health Nursing Consultant
- ADAP Director/Public Health Program Director

Re-designation of HIV Centers of Excellence Network

What: Part B staff are responsible for oversight and monitoring of the clinical network and the services performed. Quality Management staff performs annual monitoring of clinic services to ensure that PHS guidelines are met and services meet HAB Performance Measures standards. The Part B Services and Formulary Committee reviews annual monitoring results and recommend sites for re-designation as Centers of Excellence. Re-designations are submitted to the Commissioner of Health each year for final approval.

When: Annual monitoring schedule is developed during the first quarter of each calendar year. Part B Services and Formulary Committee meet during the fourth quarter of each calendar year. Once a date is determined, Quality Management staff is responsible for notifying committee members. Quality Management staff complete the necessary paperwork to meet "Sunshine Law" notifications as relates to public meetings.

Who: The HIV/STD/Viral Hepatitis Medical Director is responsible for convening the Part B Services and Formulary Committee. If necessary, the Director of HIV/STD, the Ryan White Part B Director and the Ryan White Part B Assistant Director can complete the task.

How: The Quality Management staff performs monitoring visits onsite at each location. The Part B Services and Formulary Committee meeting is convened by the HIV/STD/Viral Hepatitis Medical Director and the Quality Management Director at a predetermined location.

Provision of Part B Services (Outpatient Medical Care, Medical Case

Management, Mental Health, and other services)

What: Part B staff are responsible for oversight and monitoring of the clinical network and the services performed. Quality Management staff members perform annual monitoring of medical case management services. Quality Management staff performs annual monitoring of clinic services to ensure that PHS guidelines are met and services meet HAB Performance Measures standards.

When: Annual monitoring schedule is developed during the first quarter of each calendar year.

Who: Quality Management staff is responsible for monitoring activities. If necessary, the Director of HIV/STD, the Ryan White Part B Director and the Ryan White Part B Assistant Director can complete the task.

How: The Quality Management staff performs monitoring visits onsite at each location.

Performance Measures

The RWHAP Part B program collects and analyzes performance measure data to monitor the quality and efficacy of select funded services, identify areas for improvement, and evaluate disparities in the client population. Performance measures are selected by the Ryan White Part B QM Director, with guidance provided by the Ryan White Part B Epidemiologist. Service data will be analyzed annually, and the appropriate number of performance measures will be developed with respect to HRSA's guidelines.

The CAREWARE database will be utilized whenever possible to collect data for statewide performance measures. In some instances, data will also be obtained from RWES and/or eHARS. Quarterly data analysis reports will be developed by the RW Part B Epidemiologist and shared with the QM Director, ADAP Director, RWHAP Part B Director, RWHAP Part B Assistant Director, and the QM committee.

Subrecipients are expected to collect and enter client level data. Subrecipients will be made aware of the performance measures being analyzed by the QM program, and will be provided TA by the RW Part B Epidemiologist and/or the CAREWARE Administrator as needed.

See 'Attachment 1' for selected performance measures monitored by the RWHA Part B program.

Implementation

The implementation plan, or work-plan, is used as a guide to track Ryan White Part B QM activities. The work-plan includes activities, output measures, timelines, and specifies accountability for implementing QM related tasks. The work-plan is developed annually, and updated quarterly by the QM Director, and reviewed quarterly by the QM committee to track progress.

See 'Attachment 2' for the updated work plan.

Data Collection

Ryan White Part B Program recipients will be required to report data on key performance indicators through RW Contract reports. A data feedback mechanism evaluates, assesses, and follows-up on HIV quality findings. Findings are shared with HIV providers, Ryan White Part B Program sub-recipients, Community Planning Groups, the HIV/STD Program, the TDH leadership, and others. Findings are used to develop new QI activities.

Technical assistance is provided by TDH, and TDH sub-contractors, to sub-recipients in the form of both on-site and remote learning training sessions to help improve data collection and data quality. The HIV/STD/Viral Hepatitis Surveillance Program will assist with data collection and analysis. Data Sources will include the following:

- Enhanced HIV/AIDS Reporting System (eHARS)
- Vital Records Registry
- Pharmacy Management database
- ADAP Data Report
- Data collection will be implemented utilizing appropriate sampling methodology.

The Ryan White Part B Program will collect data utilizing:

- Ryan White Eligibility System (RWES)
- CAREWare
- Clinical Indicators Chart Review Tool
- Reports from Contractors
- Client satisfaction surveys
- Case management monitoring tools

Quality Improvement Projects

The Statewide QM committee will approve statewide QI projects utilizing data to guide project selection. Subrecipients will be expected to participate in statewide QI projects led by TDH. Subrecipients participating in statewide QI projects will report quarterly on their progress/activities using data collection forms designed and distributed by the QM Director. The QM Director will collect quarterly QI progress reports, and report project data to the QM committee. A report evaluating the QI project will be written by the QM Director and presented to the QM committee at the end of the measurement year.

Continuous Quality Improvement (CQI) Methodology will be utilized and will include the following:

- The Model for Improvement (PDSA Cycles [Plan/Do/Study/Act])
- Flow chart analysis
- Cause and effect diagrams
- Brainstorming
- Activity logs

Quality Goals

The statewide QM Director and the QM Committee select and prioritize quality goals based on relevant data. The data used to develop quality goals are obtained through a variety of sources, including:

- Surveillance reports
- Service use data
- Continuum of care data
- Needs assessment reports
- Client satisfaction surveys/interviews

The quality goals of the Ryan White Part B program for the 2022-23 grant year are to:

1. Increase the percentage of virologically suppressed clients aged 25-34
2. Increase client satisfaction with Ryan White funded services for clients aged 45 years and older

Clients aged 25-34 have the lowest percentage of linkage to care within 3 months, the lowest rates of retainment, and the lowest rates of viral suppression. Clients aged 45 and older account for over 50% of all RW Part B clients in

Tennessee. Aging with HIV has become an emerging issue with its own set of unique challenges.

The QI project charter ('Attachment 3') outlines the statewide QI project being undertaken to address the quality goal(s).

Capacity Building

Capacity building within the QM Program involves improving TDH's position as a leader in quality improvement. TDH QM staff attends training seminars facilitated by CQII. Additionally, TDH QM staff will stay subscribed to updates from CQII and attend QM webinars when offered.

Additional resources for capacity building are provided by:

- The Center for Quality Improvement and Innovation of the New York State Department of Health provides technical assistance, training, and QI resources
- The Metro Nashville and Memphis/Shelby County TGA Ryan White Part A Quality Committee
- The Tennessee AIDS Education and Training Center
- HIV/AIDS Surveillance Program
- Providers from Ryan White Part C and D Programs
- Other TDH personnel as needed
- Local Community Planning Groups

Participation and Communication with Stakeholders

Consumers

One of the priorities of the RWHA Part B program is to engage consumers in quality management activities. The QM Consumer Committee is comprised entirely of Ryan White Part B consumers. All four planning regions are represented in the QM Consumer Committee. Members of the Consumer Committee participate in quarterly meetings, and attend the annual statewide meeting. The consumers on the QM Consumer Committee receive quarterly performance measurement reports and QI project reports. Feedback on the quality of services and consumer satisfaction is also obtained via annual Needs Assessment studies.

Subrecipients

All subrecipients are represented at the annual statewide conference, and they

receive performance measurement and QI progress reports quarterly. Subrecipients provide feedback on the RWHA Part B Program annually at the statewide meeting. An annual assessment is conducted to gauge subrecipient QM capacity and need for technical assistance.

All Ryan White Grantees

The Performance Measures Subcommittee has members from Parts A, C, and D. The Case Management Subcommittee has representatives from all parts as applicable. The Part B QM Director attends the Metro Nashville and Memphis/Shelby County Part A QM committee meetings. Ryan White Parts A, C, and D are represented in the statewide QM committee, and at least one member from each part attends statewide meetings and Part B QM committee conference calls. The RWHA Part B QM Director coordinates annually with Memphis and Nashville TGA to develop reporting tools in an effort to reduce redundancies for subrecipients who receive both Part A and Part B funding.

Tennessee Department of Health

The QM Director participates in the TDH State CQI Team led by the Office of Nursing (OON). Members of this Team include OON staff, State Office nurse consultants, Regional Nursing Directors, a Regional Health Director; representatives from the TDH Laboratory, Pharmacy Director, Office of Nutrition, Administration Support, and Health Administration.

AIDS Drug Assistance Program

The Program Director responsible for the Part B ADAP is a member of the statewide QM Committee. The ADAP Director participates in regular QM meetings involving inter-departmental members. The ADAP Director works with the QM Director to identify QI projects on an annual basis.

Quality Management Program Evaluation

The goal of evaluating the QM Program is to determine whether or not the program is effective. The QM Director utilizes a revised copy of the NQC CQM Organizational Assessment Tool to conduct an annual assessment of the QM program. The results of the CQM assessment are presented to and reviewed by the Ryan White Part B Director, Ryan White Part B Assistant Director, and the Deputy Director of HIV/STI/Viral Hepatitis. The results of the assessment are also shared with the QM Committee and the QM Consumer Committee.

Process to Update the Quality Management Plan

To ensure a useful and current QM plan, it is essential to update the plan in a systematic and consistent manner. The QM plan is reviewed and updated annually to reflect changes in the RWHA Part B program in Tennessee. This is a living document.

Acronyms

RWHAP: Ryan White HIV/AIDS Program

PLWH: People living with HIV/AIDS

QM: Quality management

TN: Tennessee

TDH: Tennessee Department of Health

CQI: Continuous quality improvement

COE: Centers of Excellence

ADAP: AIDS Drug Assistance Program

COEAC: Center of Excellence Advisory Committee

TGA: Transitional Grant Area

CQII: Center for Quality Improvement and Innovation

OON: Office of Nursing

eHARS: Enhanced HIV/AIDS Reporting System

RWES: Ryan White Eligibility System

MCM: Medical case manager

Attachment 1:

HIV PERFORMANCE MEASURES FOR 2022-2023

SERVICE: Outpatient Ambulatory (Primary) Care		
<u>MEASURE: Viral Load Suppression</u> <i>DESCRIPTION: Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year</i>	Exclusions	Data Source
<u>Numerator:</u> Number of patients, regardless of age, with a diagnosis of HIV, with at least one outpatient medical visit with an HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year	N/A	Careware, Subrecipient data
<u>Denominator:</u> Number of patients, regardless of age, with a diagnosis of HIV with at least one outpatient medical visit in the measurement year	N/A	Careware, Subrecipient data
SERVICE: Medical Case Management		
<u>MEASURE: Viral Load Suppression</u>	Exclusions	Data Source
<u>Numerator:</u> Number of patients, regardless of age, with a diagnosis of HIV, with at least one medical case management visit, with an HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year	N/A	Careware, Subrecipient data
<u>Denominator:</u> Number of patients, regardless of age, with a diagnosis of HIV with at least one medical case management visit in the measurement year	N/A	Careware, Subrecipient data
<u>MEASURE: Receipt of HIV Medical Care</u> <i>DESCRIPTION: Percentage of patients, regardless of age, with a diagnosis of HIV, with at least one HIV medical lab (VL test)</i>	Exclusions	Data Source
<u>Numerator:</u> Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical case management visit in the first nine months of the measurement year and received at least one medical lab (VL test) in the measurement year	Clients who died during the measurement year; clients who did not have a medical visit in the first 9 months of measurement year	Careware, Subrecipient data
<u>Denominator:</u> Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical case management visit in the first nine months of the measurement year	Clients who died during the measurement year; clients who did not have a medical visit in the first 9 months of measurement year	Careware, Subrecipient data
SERVICE: Food Bank		
<u>MEASURE: Viral Load Suppression</u>	Exclusions	Data Source

<u>Numerator:</u> Number of patients, regardless of age, with a diagnosis of HIV, approved for Food Bank service, with an HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year	N/A	Careware, Subrecipient data
<u>Denominator:</u> Number of patients, regardless of age, with a diagnosis of HIV approved for Food Bank service in the measurement year	N/A	Careware, Subrecipient data
SERVICE: Medical Transportation		
<u>MEASURE: Receipt of HIV Medical Care</u>	Exclusions	Data Source
<u>Numerator:</u> Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical transportation service in the first nine months of the measurement year and received at least one HIV lab (VL) in the measurement year	Clients who died during the measurement year; clients who did not have a medical visit in the first 9 months of measurement year	Careware, Subrecipient data
<u>Denominator:</u> Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical transportation service in the first nine months of the measurement year	Clients who died during the measurement year; clients who did not have a medical visit in the first 9 months of measurement year	Careware, Subrecipient data
SERVICE: AIDS Drug Assistance Program (ADAP)		
<u>MEASURE: ADAP Application Determination</u> <i>DESCRIPTION: Percentage of ADAP applications approved or denied for new ADAP enrollment within 14 days of ADAP receiving a complete application in the measurement year</i>	Exclusions	Data Source
<u>Numerator:</u> Number of applications that were approved or denied for new ADAP enrollment within 14 days (two weeks) of ADAP receiving a complete application in the measurement year	N/A	RWES
<u>Denominator:</u> Total number of complete ADAP applications for new ADAP enrollment received in the measurement year	N/A	RWES
<u>MEASURE: Viral Load Suppression</u>	Exclusions	Data Source
<u>Numerator:</u> Number of ADAP recipients, regardless of age, with a diagnosis of HIV with an HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year	Clients who were disenrolled in the first 6 months of measurement year	RWES
<u>Denominator:</u> Number of clients enrolled in ADAP in the measurement year	Clients who were disenrolled in the first 6 months of measurement year	RWES