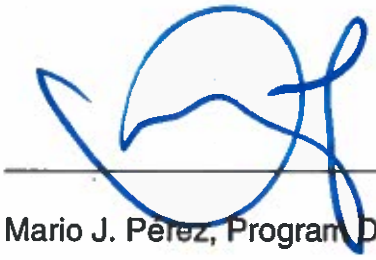
Division of HIV and STD Programs

Ryan White HIV/AIDS Program Clinical Quality Management Plan Jan 2019 – Dec 2019

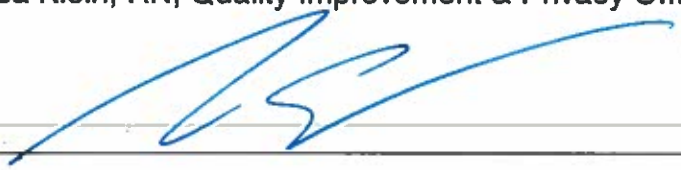
Updated March 2019

Approval Sheet

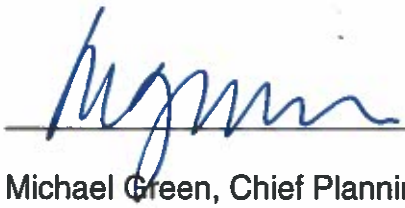


Mario J. Pérez, Program Director — 9/12/19 — Date

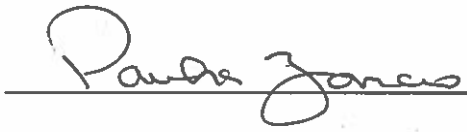
Lisa Klein, RN, Quality Improvement & Privacy Officer — 9/12/19 — Date



Rebecca Cohen, MD, Associate Medical Director — 9/25/19 — Date



Michael Green, Chief Planning, Development & Research — 9-24-19 — Date



Paulina Zamudio, Co-Manager Contracted Community Services — 9/20/19 — Date

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I. Overview

Los Angeles County's (LAC) Department of Public Health is the recipient of Ryan White HIV/AIDS Program's (RWHAP), Part A, Eligible Metropolitan Area (EMA) funds. The Division of HIV and STD Programs (DHSP), a program within LAC's Department of Public Health, is Los Angeles County's RWHAP Part A Administrative Agent. DHSP was fully integrated as the public health program responsible for oversight of HIV and STD surveillance, prevention, care, and treatment in 2011, and manages funding from HRSA, CDC, the state of California, and Los Angeles County. As part of its ongoing efforts to develop and improve services for people living with HIV (PLWH), DHSP directs the overall response to the HIV/AIDS epidemic in LAC in cooperation with community-based organizations, governmental bodies, advocates, and PLWH and consumers.

LAC spans over 4,000 square miles and includes 88 cities, 26 health districts, and a mix of urban, suburban and rural areas. With a population of over 10 million residents, including a large number of immigrants, LAC is among the most ethnically and economically diverse regions in the nation. Although more people have access to health insurance than ever before, the complexities of navigating the health care system have also increased and the challenges of providing HIV prevention and care services throughout LAC is compounded by its sheer size. More than 60,000 persons live with HIV in LAC with approximately 8,500 people unaware of their status and between 1,750 and 2,000 new cases of HIV being diagnosed each year. Stratified data further identifies that among PLWH in LAC, young MSM, Black and Latino MSM, and transgender persons are populations disproportionately impacted by the HIV epidemic.[i]

To address these challenges, DHSP, together with the Los Angeles Commission on HIV (COH), introduced the Los Angeles County's HIV/AIDS Strategy (LACHAS) in December 2017. Aligned with the National HIV/AIDS Strategy, LACHAS strives to end the HIV epidemic by focusing efforts on three primary goals:

- Reduce annual number of HIV infections to 500 by year 2022
- Increase the proportion of Persons Living with HIV who are diagnosed to at least 90% by 2022
- Increase the proportion of diagnosed Persons Living with HIV who are virally suppressed to 90% by 2022

In LAC, PLWH receiving services through the RWHAP have better health outcomes and are more likely to be virally suppressed than PLWH receiving care elsewhere.

Nevertheless, improvements are still needed and DHSP will focus on improving the HIV care continuum by eliminating barriers, expanding access, and promoting overall health and well-being. Ryan White funds will continue to be used to provide core medical and support services for persons living with HIV in LAC.

II. Quality Statement

As the recipient and administrator of the federal RWHAP funding for HIV services in the LAC EMA, DHSP is responsible for the implementation of an EMA-wide HIV Clinical Quality Management (CQM) program that supports the delivery of responsive, evidence-based, high quality HIV services through routine performance measurement and continuous quality improvement (QI) activities to maximize health outcomes for persons at risk for, living with, or affected by HIV and other sexually transmitted infections in LAC.

The purpose of DHSP's RWHAP CQM plan is to guide the development, implementation and evaluation of LAC's RWHAP CQM program as a coordinated approach to addressing quality assessment and improvement throughout the continuum of HIV medical and support services. It is meant to be a roadmap and living document in which DHSP outlines it's vision for how to successfully and fully accomplish an effective EMA-wide CQM program.

III. Quality Approach

DHSP's RWHAP CQM Program uses the Quality Management System model adapted by the Los Angeles County Department of Public Health (DPH) Quality Improvement and Accreditation Program (DPH) (QIAP), [ii] The Turning Point Performance Management Framework.[iii] This methodology serves as the basis for quality management and QI efforts, and is organized into four major components:

1) Performance Standards;

2) Performance Measurement;

3) Reporting Progress; and

4) Quality Improvement.

IV. Infrastructure

Leadership

The CQM Leadership Team is responsible for planning, implementing and evaluating the RWHAP CQM program. The Leadership Team recognizes the importance of QI principles for achieving the overall goals of the CQM program and LACHAS. The Leadership Team represents the core membership of DHSP's CQM committee (CQMC).

The CQM Leadership Team consists of the following DHSP staff:

- Quality Improvement & Privacy Officer (QIPO)

DHSP's Quality Improvement & Privacy Officer (QIPO) is responsible for overall management of the CQM program, the annual review and update of DHSP's CQM plan, and co-chairs the CQM committee. As a Certified Professional in Healthcare Quality (CPHQ), the QIPO is charged with ensuring DHSP's CQM program meets HRSA requirements and quality management standards. The QIPO is a registered nurse who reports directly to DHSP's Associate Medical Director.

- Associate Medical Director

DHSP's Associate Medical Director is a board-certified family medicine physician with expertise in HIV, STDs, and transgender care. The Associate Medical Director shares responsibility with the QIPO for the oversight and delegation of activities for the CQM program. The Associate Medical Director co-chairs the CQM committee and is required to review, approve and sign the CQM plan.

- Planning, Development & Research (PDR)

As DHSP's resident research and evaluation experts and liaisons to the Health Resources and Services Administration (HRSA), the PDR Team is responsible for overseeing services development and strategic planning, data systems and analysis, research and evaluation and grants administration. The Chief of PDR is required to review, approve, and sign the DHSP CQM plan.

- Contracted Community Services (CCS)

As the RWHAP Part A recipient for the LAC EMA, DHSP is responsible for HIV services provided by contracted service providers. Within DHSP, Co-managers of the Contracted Community Services (CCS) unit share responsibility for the daily operations and leadership of this unit. Key functions of the Unit include:

  - Contract negotiations, development and implementation of service standards;

- Development of annual quality and service-related performance goals; and
- Contract monitoring and conducting annual program auditing and contractual compliance reviews.

CCS co-managers are required to review, approve, and sign the DHSP CQM plan.

Dedicated Staffing

The Quality Improvement and Program Support (QIPS) unit is responsible for supporting the work of DHSP's CQM program. Led by DHSP's QIPO, the QIPS unit employs three (3) Quality Management Specialists, one (1) Data Management Lead and two (2) administrative and clerical support staff.

The roles and responsibilities of the staff of the QIPS unit in support of DHSP's CQM program are as follows:

- Quality Improvement and Privacy Officer (1)

DHSP's Quality Improvement and Privacy Officer (QIPO) is a masters prepared registered nurse with a certification in healthcare quality from the National Association of Healthcare Quality (NAHQ). The QIPO is responsible for leading the development and implementation of DHSP's CQM program and plan. Duties include: participation and co-chairing of the DHSP CQM committee, development and oversight of subrecipient quality improvement activities, development and implementation of internal quality improvement activities and monitoring of operation compliance with grant mandated CQM activities.

- Quality Management Specialists (3)

DHSP's Quality Management Specialists consist of: (1) Public Health Nurse; (1) Registered Nurse I; and (1) Contract Program Auditor. Each Quality Management Specialist has received specialized training in the field of healthcare quality. Responsibilities include: lead and/or participation in both internal and external quality improvement initiatives; work directly with RWHAP subrecipients to enhance understanding of quality improvement principles and other capacity building activities, and support for the development and implementation of DHSP's CQM program.

- Data Management Lead (1)

The QIPS Data Management Lead holds the DPH title of Contract Program Auditor. The goal of the Data Management Lead is to support the Los Angeles County RWHAP CQM program with responsibilities including the development of data management programs

and tracking systems and the preparation and development of CQM-related data reports.

- Administrative/Clerical Support (2)

These staff support DHSP's CQM program through the provision of both specialized and general administrative and clerical support duties. Tasks include: maintenance and tracking of subrecipient grievances and incidents to support the division's processes to monitor the quality of care provided by contracted subrecipients; preparation of routine and ad-hoc quality reports; and preparation of documents to enhance subrecipient understanding of RWHAP quality improvement principles.

Stakeholder Involvement

The development of a CQM plan involves participation of various stakeholders including but not limited to: consumers of HIV services, RWHAP subrecipients, internal DHSP staff and other external stakeholders such as other DPH programs and staff.

- **Consumer Involvement**

DHSP values consumer input and involvement in the planning, design, implementation, and evaluation of all HIV programs and services and thus works to incorporate consumers into our CQM program by the following mechanisms:

- Community Advisory Groups: DHSP routinely convenes focus groups of consumers to provide feedback for the development of new or revised services and improvement activities.

- Commission on HIV Consumer Caucus: The Los Angeles County Commission on HIV's Consumer Caucus is an invaluable collaborator in the development and prioritization of DHSP's RWHAP quality goals and quality improvement activities. Through annual trainings on QI principles as well as opportunities for more intensive QI education with the assistance of Center for Quality Improvement and Innovation (CQII), the Consumer Caucus will be provided the knowledge and skills needed for successful participation in QI activities as they take place across LAC. Consumers will also be engaged around the release of updated performance measure data reports with feedback and ideas sought for how to improve services and outcomes. These discussions will be brought to the CQM committee and to subrecipients as well to inform and drive EMA-wide QI initiatives.

- Another way consumer feedback impacts the design and implementation of HIV services throughout LA County is at the subrecipient level. Contractually, subrecipients are required to implement a process for obtaining ongoing

consumer feedback regarding the accessibility and appropriateness of services and care through satisfaction surveys or other mechanisms. Feedback includes the degree to which the services meet the client's needs and satisfaction. Patient satisfaction survey results and client feedback are discussed in the agency's CQM committee on a regular basis and reviewed by DHSP as needed.

- **RWHAP Subrecipient Involvement**

A RWHAP Part A recipient since 1991, the Los Angeles County EMA is charged with developing and implementing a comprehensive and effective system to manage grant funds and administer the program. Effective grant management includes contract administration, program management and evaluation to ensure that subrecipients 1) have the capacity to contribute to the recipient's CQM program, 2) implement a CQM program in their organizations, and 3) have the resources to conduct CQM activities in their organizations.

Quality improvement objectives are integrated into the subrecipient contracts and service provisions. DHSP requires that each subrecipient have a CQM program for which they develop an agency-wide CQM plan that details all RWHAP CQM program activities. The subrecipient's CQM committee reviews and updates the CQM plan as needed and the signed CQM plan is submitted to DHSP for review within 60 days of the receipt of the fully executed agreement. DHSP's QIPS unit provides technical assistance and trainings to subrecipients as needed to ensure CQM plans meet the RWHAP legislative and contractual requirements.

In addition to the submission of the CQM plan, subrecipients are expected to do the following as part of their CQM programs:

- Work directly with consumers on quality improvement activities by involving them in their CQM program and using consumer input and feedback to drive their improvement efforts.
- Collect, analyze and report performance measurement data on a quarterly basis and per PCN 15-02 requirements.
- Implement QI activities aimed at improving patient care, patient satisfaction and health outcomes and report on experiences and outcomes.
- Evaluate their CQM program on an annual basis to assess the program's effectiveness and identify areas for improvement.
- Participate in the quarterly meetings of the Regional Quality Group (RQG) and Medical Advisory Committee (MAC) where CQM program updates and QI activities are shared and discussed, and QI trainings are provided to enhance their agency's QI efforts.
- Participate in EMA-wide QI initiatives.

Furthermore, agencies are expected to contribute to the DHSP CQM program by implementing policies and procedures that support linkage, engagement, and retention in care, viral load suppression and meeting the needs of their client population. To do this, agencies are expected to:

- Develop and maintain ongoing mechanisms to obtain input from clients in the design and/or delivery of services. Such input can be collected using:
    - Satisfaction survey tool;
    - Consumer Advisory Boards (CABs);
    - Focus groups with analysis and use of documented results;
    - Public meeting with analysis and use of documented results;
    - Maintaining a visible suggestion box; and/or
    - Other client input mechanism.
- Maintain a missed appointment procedure so patients don't fall out of care.
- Actively identify clients who have fallen out of care and re-engage them back into care.
- Collaborate with a Medical Care Coordination team and link patients to these services as needed.
- Work to identify and reduce agency specific factors and policies as well as client-level barriers that impede retention in HIV medical care.

DHSP seeks subrecipient input to inform the it's CQM program. Through feedback mechanisms such as surveys and discussions at meetings, the CQM program continuously aims to meet the needs of subrecipients and the people they serve.

- **Internal Stakeholders**

Internal stakeholders are considered all staff within DHSP. Staff are routinely invited to participate in QI trainings and improvement activities as well as provide feedback on CQM program activities in order to ensure a widespread QI culture and the coordination of QI efforts across sections of the organization.

- **External Stakeholders**

External stakeholders are all those groups and individuals outside of DHSP offices who are integral to the CQM program. This includes consumers, subrecipients, the planning council, other HIV service providers not within the RWHAP network, and the larger LAC health and human services landscape including the Department of Public Health. The following groups and meetings represent the central infrastructure for how DHSP collaborates on QI with our external stakeholders.

- Los Angeles Commission on HIV (COH)

  Roles and Responsibilities: The COH is the RWHAP planning council and is charged with reviewing, evaluating, and allocating resources for strategies and initiatives that directly affect HIV care and prevention through governmental and consumer involvement. These activities are delegated to and supported by COH's network of caucuses and committees:

  - Executive Committee
  - Planning, Priorities and Allocations
  - Standards and Best Practices
  - Public Policy
  - Operations
  - Consumer Caucuses

  Composition & Membership: DHSP has a long-standing commitment to the Los Angeles COH. Staff, including DHSP's Director, routinely participate in the COH and its caucuses and committees.

  Meetings & Reporting Structure: COH committee meetings are held monthly, and their activities are reported directly to the Los Angeles County Board of Supervisors. COH updates, activities and quality-related recommendations are communicated regularly and as needed to DHSP's RWHAP CQM committee. DHSP's RWHAP CQM activities and recommendations are routinely communicated to the COH as well. Committee materials and minutes are available via the Commission's official website: http://hiv.lacounty.gov/

- Los Angeles County HIV Medical Advisory Committee (MAC)

  Roles & Responsibilities: Convened in 2007, the Los Angeles County HIV Medical Advisory Committee is tasked with making recommendations on clinical issues and standards of care to DHSP for the RWHAP-funded Ambulatory Outpatient Medical (AOM) services.

  Composition & Membership: MAC is chaired by the DHSP Medical Director and composed of medical directors from RWHAP supported HIV medical clinics. All members are active practitioners of HIV medicine and several are nationally recognized HIV treatment experts.

  Meetings & Reporting Structure: MAC meets quarterly but no less than three times per year. CQM activities, including requests for provider input, are routinely discussed at the MAC meetings. MAC updates and activities are routinely

reported to the DHSP RWHAP CQM committee and recommendations and request for feedback are routinely communicated back to the Medical Advisory Committee.

- Los Angeles County Dept. of Public Health (DPH) Quality Improvement Team (QIT)

  Roles & Responsibilities: DPH's QIT is charged with managing quality improvement efforts across LAC's Department of Public Health (DPH). DHSP works collaboratively with the QIT to align initiatives and support a culture of quality improvement.

  Composition & Membership: QIT, under the leadership of the DPH Quality Improvement and Accreditation Program, is made up of one or more representatives from each DPH program. DHSP continues to dedicate staff and resources to the QIT and participates in a DPH annual quality improvement project.

  Meetings & Reporting Structure: QIT meets monthly. Activities and updates are routinely reported to DHSP's RWHAP CQM committee through communications from QIT members, liaisons or designees. DPH quality-related materials and activities are available on the DPH Quality Improvement and Accreditation Program's website.

- Los Angeles County HIV Regional Quality Group (RQG)

  Roles & Responsibilities: The Los Angeles County RQG serves as a venue for RWHAP supported HIV service providers to engage and exchange lessons and ideas about QI activities and skills. The forum allows participants to form networks, share best practices and develop QI initiatives. DHSP hosts and participates in Los Angeles County's RQG.

  Composition & Membership: RQG members represent all RWHAP Part A subrecipient groups including medical and support service providers. Members also include stakeholders from other RWHAP Parts B – D. The RQG exercises a model of shared responsibility; members rotate through leadership roles to enhance engagement and skills development. Membership is open to all Los Angeles County HIV service providers.

  Meetings & Reporting Structure: RQG meets quarterly. CQM activities are routinely shared between the RQG and DHSP's RWHAP CQM committee. Group meetings are coordinated and hosted by DHSP and meeting dates and committee activities are determined by a majority.

History: RQG stems from HIVQUAL-US, which was spearheaded by New York State Department of Health AIDS Institute and funded by HRSA/HAB in 1995. HIVQUAL-US's activities provided resources and support to RWHAP's Part C and Part D recipients to develop integrated quality management programs and implement ongoing performance measurement to carry out quality improvement activities. The Regional Quality Group started in late 2007 with Part C and D recipient representatives and was led by a coach funded by HIVQUAL-US. DHSP representatives joined mid-2010 and began hosting meetings in late 2011. HIVQUAL-US's goal has been to support the development of sustainable grantee-based and regional quality management programs that promote chronic disease management for HIV care.

Clinical Quality Management Committee

Central to DHSP's CQM program, the Clinical Quality Management committee (CQMC) is responsible for implementing the CQM program and corresponding activities. The CQMC is uniquely positioned to both receive and disseminate key quality-related and programmatic information to stakeholders and community partners through routine and ad hoc reporting as outlined in the DHSP RWHAP Clinical Quality Management Program - Oversight and Reporting Structure (Attachment A).

Structure, Roles and Reporting Relationships: Chaired by DHSP's Associate Medical Director and the QIPO, the CQMC is comprised of individuals whose roles and skills are integral to carrying out the CQM program activities. The CQMC is an internal committee of DHSP and is charged with aligning organizational-wide quality improvement goals and initiatives and monitoring the overall effectiveness of the DHSP QI infrastructure. One or more staff from key DHSP sections, including staff responsible for implementing the CQM program and its corresponding activities and program leadership, are assigned as representatives. Committee members include staff from the following DHSP sections:

- Clinical & Quality Management;
- Contracted Community Services;
- Planning, Development & Research.

A quorum is established when a minimum of 50% of the members are in attendance. Ad hoc members are staff from these and other departments who are invited to attend when input on topics require their expertise and participation. Preparation for and coordination of meetings is delegated to the QIPO and staff in the Quality Improvement and Program Support (QIPS) unit.

Frequency: The CQMC meets at least quarterly but may meet more frequently if necessary. The meeting dates are established annually, and meeting activities are memorialized in meeting minutes which are written and maintained by the Quality Improvement & Privacy Officer (QIPO).

Functions: The functions of the CQMC include, but are not limited to the following:

- Review and approve the DHSP CQM plan and workplan at least annually and revise as appropriate.
- Review current projects and improvement activities to ensure effective collaboration and minimize duplication of efforts.
- Track, trend and report on selected performance measures.
- Conduct qualitative and quantitative analysis of additional data sources such as service utilization data, grievance and client feedback reports, and performance-based contract monitoring data.
- Identify and prioritize opportunities for improvement based on analysis of performance measures and other related data, input and feedback.
- Recommend and facilitate implementation of activities and gain support from appropriate units and staff.
- Review, evaluate and make recommendations regarding subrecipient QI activities.
- Provide quality updates and trainings to divisional staff at division meetings to keep staff knowledgeable about quality improvement (QI)and informed of DHSP-wide quality activities.
- Establish priorities and solicit recommendations for current and future quality activities.
- Ensure that proposed quality activities are accomplished, quality reports are completed, and recommendations for QI activities are presented to external stakeholders.

CQM Resources

Each year, DHSP dedicates a portion of it's RWHAP Part A award to conducting QI activities as outlined by the Health Resources and Services Administration's (HRSA) Policy Clarification Notice 15-02.

In addition, DHSP utilizes the following agencies as quality improvement resources to enhance quality improvement capacity.

- Health Resources and Services Administration - HIV/AIDS Bureau (HRSA/HAB)
  http://hab.hrsa.gov/

  The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) is the agency of the U. S. Department of Health and Human Services that administers RWHAP and allocates funds to DHSP. Routine conference calls between DHSP's PDR unit and HRSA/HAB Project Officer inform and guide DHSP programs and quality initiatives. Quality management technical assistance is also provided on an as needed basis to ensure adherence to RWHAP CQM legislative requirements.

- Center for Quality Improvement and Innovation (CQII)
  http://targethiv.org/cqii
  The Center for Quality Improvement and Innovation (CQII) provides leadership and support in quality improvement for Ryan White Program-funded recipients to build capacity and improve quality of HIV/STD care and services across the United States and its territories. CQII offers training, ready-to-use QM tools, tutorials, and web-and-audio conferences on various quality-related topics.

  DHSP utilizes various CQII resources for internal and external capacity building, including resources dedicated to the development of its CQM program and plan, as well as strategies for sustaining a successful LA County Regional Quality Group (RQG). Web-based trainings made available through the Center's Quality Academy are routinely accessed for use in capacity building activities and quarterly RQG meetings.

- Institute for Healthcare Improvement (IHI)
  http://www.ihi.org/
  The Institute for Healthcare Improvement (IHI) is an independent not-for-profit organization based in Cambridge, Massachusetts, and is a leading innovator in health care improvement worldwide. IHI provides dynamic opportunities for health care professionals to learn from, collaborate with, and be inspired by expert faculty and colleagues in HIV care and prevention. DHSP utilizes a variety of HIV/STD and quality related research and resources available through IHI's website for quality related capacity building and staff development.

- Agency for Healthcare Research and Quality (AHRQ)
  http://www.ahrq.gov/data/aidsix.htm
  The Agency for Healthcare Research and Quality (AHRQ) is one of 12 agencies within the U.S. Department of Health and Human Services (HHS) and is focused on improving the quality, safety, efficiency and effectiveness of healthcare for

Americans. DHSP utilizes a variety of HIV/STD and quality related research and resources available through AHRQ's website for quality related capacity building and staff development.

V. Quality Goals

DHSP continuously seeks to improve its CQM program. Each year, the CQMC takes stock of the previous year's successes and what remains to be accomplished in terms of our QI efforts. The CQM program quality goals and objectives are thus updated on an annual basis and are outlined in Attachment B.

VI. Performance Measurement

Performance measurement is a vital part of quality improvement and allows DHSP to determine whether the care that clients receive meets or exceeds the desired quality as stipulated in contracts and established by local and national benchmarks. Performance measures provide the data necessary to identify opportunities for improvement and guide progress through tests of change.

Performance measures reflect key aspects of care, can be either clinical or service-oriented, and can evaluate processes or health outcomes. Important considerations in the development of performance measures include the following:

- Relevance to the overall mission and vision;
- National, state and local initiatives;
- Consumer input and meaningfulness (i.e., results easily understood, locust of control, potential for improvement, etc.).

Selection of specific performance measures is based on the goals and objectives of the Los Angeles County HIV/AIDS Strategy for 2020 and Beyond (LACHAS) in combination with HRSA/HAB recommendations and other local, state and national initiatives. Data from selected performance measures are further stratified to evaluate for disparities and target improvement activities. Service-specific performance measures are developed in alignment with HRSA's Policy Clarification Notice (PCN) 15-02 and are summarized in Attachment C.

Performance measures are reviewed quarterly by the CQMC and shared as data reports with stakeholders and consumers to ensure relevance and determine the need for service-specific and/or system-wide QI initiatives. Data sharing and performance

measure discussions occur at quarterly meetings of the RQG, MAC, COH and the COH's Consumer Caucus, as well as through email communications and listservs. Data is also shared with internal stakeholders via meetings, newsletters, and emails and posted online to the DHSP website.

Data Collection

DHSP uses multiple methods to collect data: 1) a centralized electronic client-level data system (HIV Casewatch), 2) the HIV Surveillance system (eHARS), and 3) manual patient/client record reviews and reports. The nature of the electronic client-level data required to be entered by contractors into HIV Casewatch varies by service category, but always includes RW eligibility and service utilization data. Providers submit these data on a monthly basis and monthly reports are generated from Casewatch for DHSP program managers to review along with narratives provided by the subrecipient. The monthly reports allow for communications between DHSP and subrecipients around program successes and challenges and also provide a quality assurance opportunity given the manual nature of the Casewatch data entry system.

To develop quarterly performance measures, epidemiologists and research analysts must match the Casewatch data to HIV surveillance data to be able to calculate performance measures (e.g. retention in care, viral suppression, etc.) for RWHAP service categories. Data managers of both Casewatch and eHARS routinely monitor for quality assurance and do continuous data verification and validation processes to ensure accuracy. Measures are reviewed quarterly by the CQM committee.

In addition, a Performance-Based Contract Monitoring review process occurs during programmatic audits conducted at provider service sites. These reviews of medical and client records, which supplement the electronic data set, determine a provider's performance for various metrics in relation to pre-established benchmarks. Data summaries and reports are provided back to the agencies and can also be reviewed by the CQM committee in order to supplement performance measure data and provide a more robust picture of our programs to help inform QI initiatives and planning.

Data Analysis

Quarterly performance measures reflect labs and visits that occurred 365 days prior to the end of the quarter for all RWHAP clients. DHSP epidemiologists and research analysts conduct stratified analyses (by provider, by race, by service category, etc.) to identify health disparities among sub-populations using SAS statistical software. The CQMC is responsible for reviewing and comparing quarterly performance measure data to pre-established benchmarks and goals. Performance measure data analysis occurs

quarterly and may include other supplemental data and input from consumers and other stakeholders to inform the focus area and approach for the QI activities initiated (see Attachment D). Results for quarterly performance measure review activities, including plans for improvement initiatives based on results, are reported back to internal and external stakeholders on an ongoing basis.

VII. Quality Improvement Activities

Once it is determined that an improvement opportunity exists, logic models, work flow diagrams, and Plan-Do-Study-Act (PDSA) cycles are used to identify and implement quality improvement projects. Opportunities for improvement are prioritized by the CQMC based on trended performance data and clinical importance (high volume, problem prone, high risk, etc.) and subrecipients and consumers will be informed and engaged around these initiatives. QI project teams are established by the CQMC to work on specific quality improvement projects with subrecipients and/or other stakeholders as appropriate. If technical assistance or other support or resources are needed to implement a QI project, DHSP QIPS staff and leadership will work directly with project teams to build capacity for these efforts. Quality improvement projects are documented using a variety of methods including templates, storyboards and meeting minutes. Information is shared with stakeholders through routine and ad-hoc meetings, in-person and phone communication, emails, and newsletters.

A list of annual quality improvement projects is outlined in Attachment E.

VIII. Capacity Building

A major goal of the DHSP CQM program is to develop capacity for quality improvement across LAC. This includes providing QI trainings and facilitating infrastructure and collaborations. Capacity building among DHSP staff occurs through regular, in-house QI trainings and inclusion of staff from across the division in CQM program activities. To support and provide capacity for consumers, DHSP provides QI trainings to consumer groups, engages consumers in the design, development and implementation of QI initiatives, and promotes consumer involvement at the subrecipient level. To support and engage subrecipients in QI activities, DHSP's QIPS unit routinely provides technical assistance to subrecipients through a variety of forums including but not limited to:

- Formal QI didactic sessions;
- CQM program guidance;
- Group discussions (i.e., meetings, site visits and phone calls); and

- Coordination of participation in national QI trainings and meetings such as those run by the Center for Quality Improvement and Innovation (CQII) and the end+disparities ECHO Collaborative.

IX. Implementation Workplan

Objectives for the annual quality goals are outlined in the CQM workplan (Attachment F). The CQM workplan outlines and tracks implementation of each quality goal through a series of objectives and includes specific measurable outcomes and details on leadership and timelines. DHSP's Associate Medical Director and QIPO are co-leads for overseeing the implementation of the CQM workplan. The workplan is developed in concert with the CQMC and informed by the annual CQM program evaluation. It is shared annually with all internal and external stakeholders as follows:

Communication of the CQM plan, including the workplan and other attachments, varies based on the stakeholders involved and is outlined in Table 1.

Table 1. Communication of CQM plan and workplan

Stakeholder	Communication Methods	Frequency
Internal stakeholders (DHSP staff, leadership)	Shared via email, posted to DHSP website	As updated, at least annually
Consumers	Presented for review/comment to Consumer Caucus, focus groups, posted to DHSP website	As updated, at least annually
External stakeholders (subrecipients, other community providers, DPH)	Presented for review/comment to HIV Commission, Medical Advisory Board and Regional Quality Group, posted to DHSP website	As updated, at least annually
HRSA	Submitted as required for grant participation.	As requested

X. Evaluation of the CQM Program

Evaluation of the CQM Program and Infrastructure

The objectives, scope, and organization of the CQM program is evaluated at least annually by the CQMC and revised as needed. The evaluation will also look closely at

the effectiveness of the program including the collaborative, interdisciplinary involvement of all divisions, services and stakeholders and the impact of QI initiatives and services provided on HIV care, health outcomes and patient satisfaction. As a central element of the evaluation, the CQMC uses the NQC Part A Org Assessment Tool to annually assess the CQM program and infrastructure. Results of the evaluation findings are used to develop new and/or revised CQM program activities, performance measures, and quality goals.

The purpose of the evaluation is to:

- Evaluate the overall effectiveness of the CQM program
- Identify quality issues and make recommendations for improvement in quality of HIV clinical care and services to consumers.
- Identify barriers and solutions to address unmet goals.
- Identify new goals and/or re-establish unmet goals for the upcoming year.

Evaluation of QI Activities and Annual Quality Goals

The CQMC is also charged with the evaluation of QI activities and quality goals and objectives. An annual review focuses largely on the assessment of established quality goals and outcomes and the development of future goals. To monitor incremental progress, the CQMC reviews the workplan and measurable outcomes established for each goal on a quarterly basis. QI activities are also evaluated on a quarterly basis in order to track progress and identify needed action steps ("adopt, adapt or abandon") as the tests of change take place. The annual quality goals and QI activities are effective as evidenced by whether goals and objectives are met and resulted in improvements in patient care, health outcomes, and/or satisfaction.

Evaluation of Performance Measures

The CQMC is responsible for evaluating the effectiveness of the performance measures to determine if the measures are appropriate to assess HIV services and outcomes. Performance measures are updated and reviewed quarterly for evaluation of service-specific performance and annually to determine if the measure(s) appropriately assesses the quality of care for each service.

XI. Process to Update CQM Plan

The QIPO leads a working group of the CQMC to annually review and update DHSP's CQM plan and workplan. Once approved by the CQMC and Leadership Team, the

CQM plan is distributed via email to all staff and posted to DHSP's website for consumer and other stakeholder reference. The original signed document is maintained by the QIPO. The CQM plan is shared with consumers, stakeholders, staff and funders as outlined in Table 1 above.

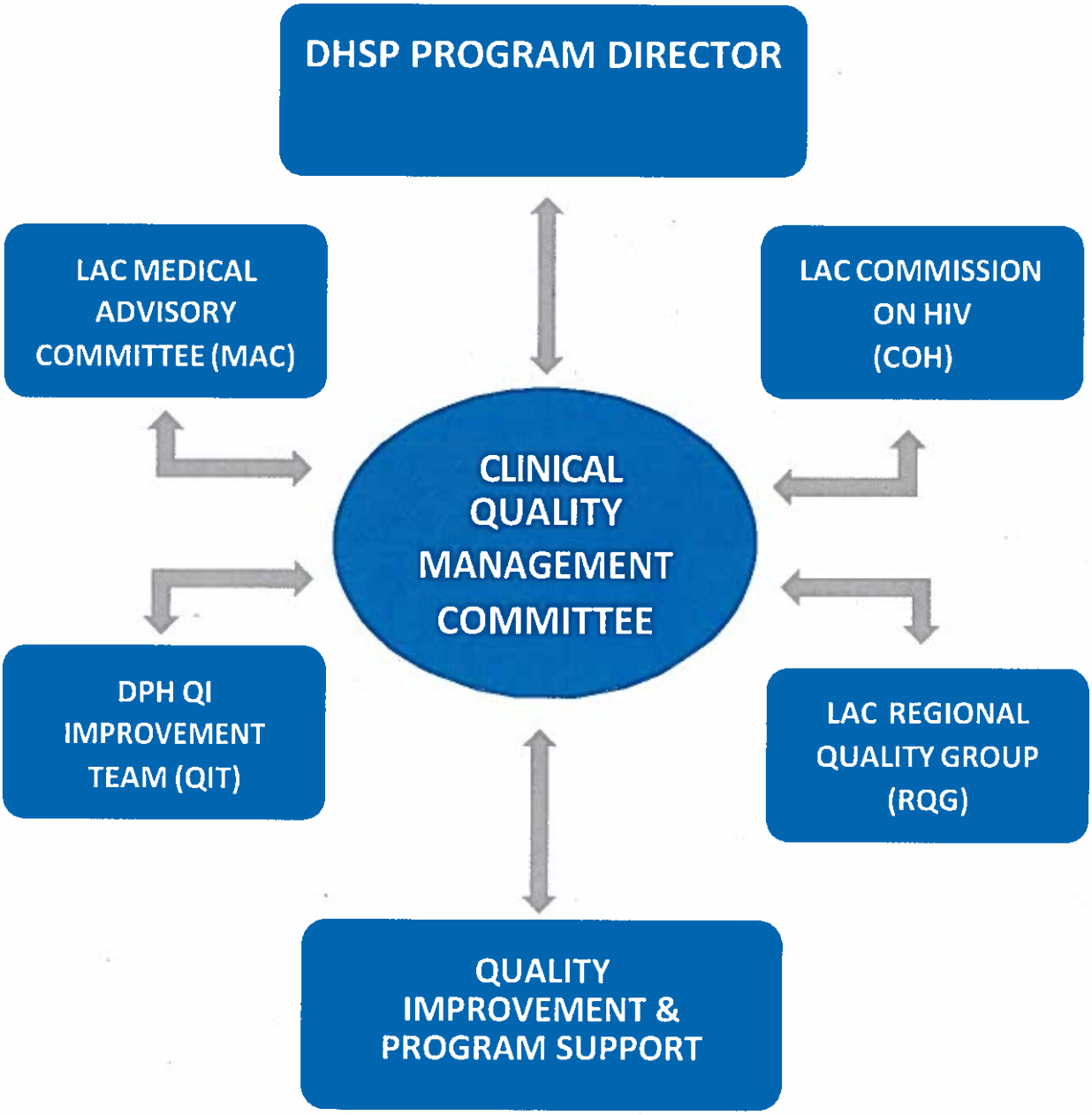
XII. References

[i] Los Angeles County Department of Public Health Division of HIV and STD Programs. Los Angeles County HIV/AIDS Strategy for 2020 and Beyond, 2017. https://www.lacounty.hiv/ accessed 10/31/2018.

[ii] Los Angeles County Department of Public Health Quality Improvement and Accreditation Program. Los Angeles Department of Public Health. Quality Improvement Plan 2017. January 2017. http://publichealth.lacounty.gov/qiap/docs/QIPlan.pdf accessed 1/10/2018

[iii] Public Health Foundation. *From Silos to Systems: Using Performance Management to Improve the Public's Health,* 2002. http://www.phf.org/resourcestools/Documents/silossystems.pdf accessed 1/11/2018.

Division of HIV and STD Programs
Clinical Quality Management (CQM) Program
Oversight and Reporting Structure



Division of HIV and STD Programs
Clinical Quality Management (CQM) Program
2019 Annual Quality Goals & Objectives

Goal 1: Develop, implement and maintain a Clinical Quality Management Program to monitor and improve the quality of services that includes participation of subrecipients, consumers and planning council.

Obj. 1.1 By March 1, 2019, convene a quality committee that meets at least quarterly to assist with the implementation of the CQM plan.

Obj. 1.2 By April 30, 2019, finalize 2019 CQM plan and annual workplan.

Obj. 1.3 By May 31, 2019, disseminate 2019 CQM plan and annual workplan to: 1) subrecipients, 2) Planning Council, 3) HIV consumers, and 4) DHSP staff.

Obj. 1.4 By Oct. 31, 2019, revise QM contract language and/or issue CQM Program Guidance to RWHAP subrecipients related to new CQM Program and reporting requirements.

Obj. 1.5 By Dec. 31, 2019, provide at least one QM training to members of the HIV Planning Council (SBPC).

Obj. 1.6 By Dec. 31, 2019, provide at least one QM training to members of the RWP recipient staff.

Obj. 1.7 By Dec. 31, 2019, evaluate DHSP CQM Plan (implementation of goals and objectives) and CQM Program.

Obj. 1.8 By Dec. 31, 2019, review/update DHSP CQM Plan for 2020.

Goal 2: Establish, monitor, and report quality-related performance measures for each Ryan White funded service category as outlined in PCN 15-02 (AOM, MCC, Oral Health, Benefit Specialty Services (BSS).

Obj. 2.1 By, March 31, 2019, finalize performance measures for AOM, MCC, Oral Health and BSS.

Obj. 2.2 By June 30, 2019, analyze performance measure data results at least quarterly.

Obj. 2.3 By July 31, 2019, distribute performance measure results/summaries to subrecipient groups (AOM, MCC, OH, BSS).

Obj. 2.4 By July 31, 2019, distribute performance measure results/summaries to HIV Planning Council.

Obj. 2.5 By Dec. 31, 2019, develop agency-specific performance measure result summaries.

Goal 3: Develop/implement at least one QI project focused on improving patient care, health outcomes and/or patient satisfaction.

Obj. 3.1 By May 31, 2019, develop/define project goals and objectives (Oral Health Improvement Project).

Obj. 3.2 By June 30, 2019, develop workplan and implementation timeline for project goals and objectives (Oral Health Improvement Project).

Obj. 3.3	By August 30, 2019, develop OH Case Manager scope of work including expectations for QI project participation.
Obj. 3.4	By October 31, 2019, invite Oral Health Case Manager to participate in Oral Health Improvement Project.
Obj. 3.5	By December 31, 2019, develop/define project goals and objectives (Viral Load Suppression Improvement Project).
Obj. 3.6	By December 31, 2019, develop workplan and implementation timeline for project goals and objectives (Viral Load Suppression Improvement Project).

Goal 4: Engage HIV consumers in DHSP's CQM Program to ensure consumer needs and feedback are addressed.

Obj. 4.1	By March 31, 2019, survey consumers regarding participation/interest in QI CAB.
Obj. 4.2	By July 31, 2019, establish DHSP QI Consumer Advisory Board and process to illicit QI feedback at least annually.
Obj. 4.3	By July 31, 2019, distribute performance measure results/summaries to DHSP QI Consumer Advisory Board.
Obj. 4.4	By Dec. 31, 2019, provide at least one QM training to DHSP QI Consumer Advisory Board.

Division of HIV and STD Programs
Clinical Quality Management (CQM) Program
2019 Performance Measures

Table 1: RWP Performance Measures Definitions

The measures were chosen to align with the HRSA HIV/AIDS Bureau (HAB) performance measures, the National HIV Strategy Goals, Los Angeles County Comprehensive HIV Plan (2017-2021), and the Los Angeles County HIV/AIDS Strategy (LACHAS) for 2020 and Beyond.

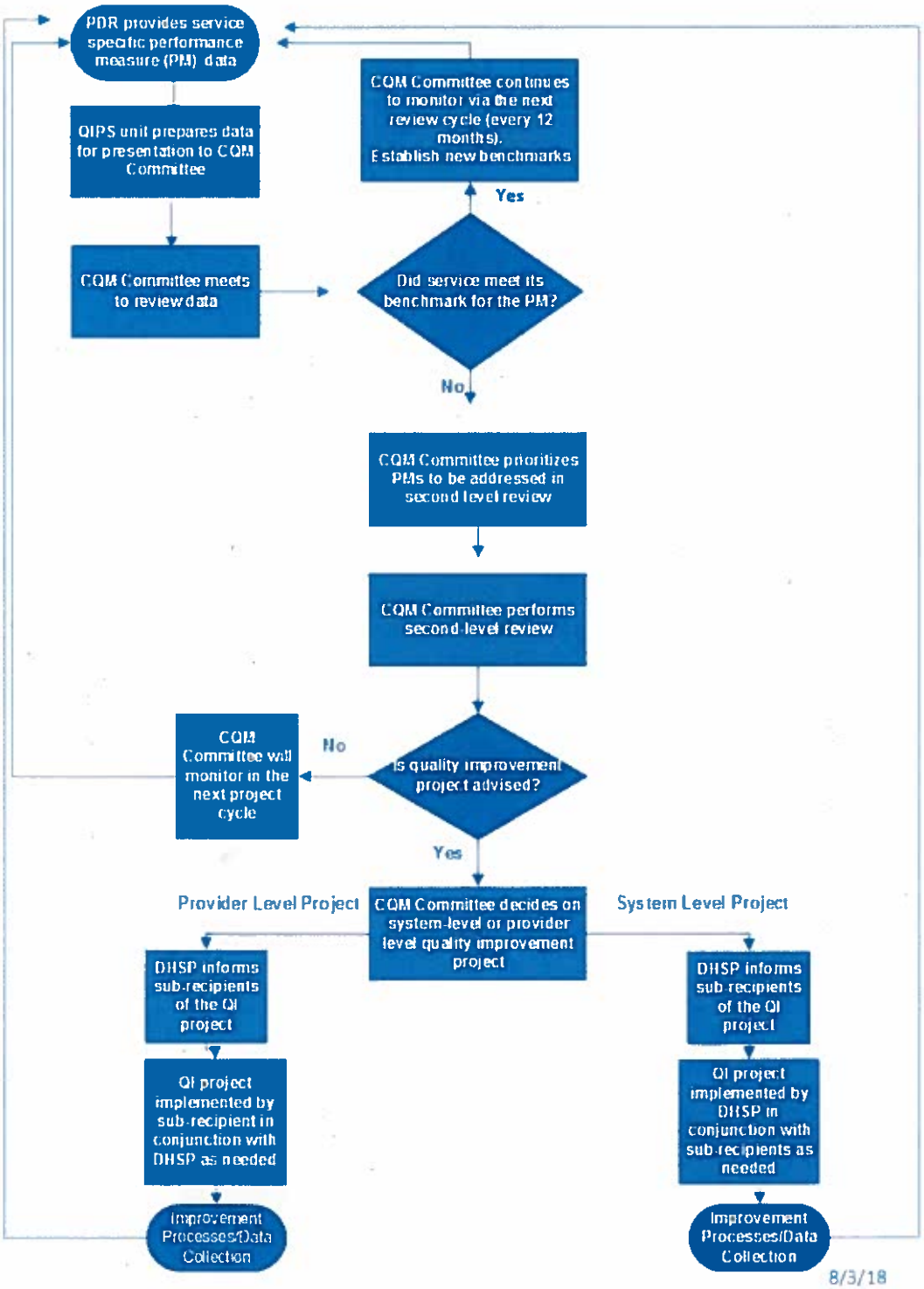
Measure	Definition	Data Source	Target
Viral Load (VL) Suppression	Percentage of clients with an HIV VL < 200 copies/ml at LAST test during the measurement year.	CW / Surveillance	90%
Durable Viral Load (VL)	Percentage of client with with an HIV VL < 200 copies/ml at EACH test during the measurement year.	CW / Surveillance	TBD
Engaged in HIV Medical Care	Percentage of clients with AT LEAST ONE CD4/VL/Genotype test during the measurement year	CW / Surveillance	90%
Retained in HIV Medical Care	Percentage of clients with AT LEAST TWO CD4/VL/Genotype tests at least 91 days apart during the measurement year	CW / Surveillance	90%

Table 2: RWP Performance Measures by Service Category

The CQM Committee has identified the following performance measures for the four prioritized services in accordance with HRSA's PCN 15-02 (11/18).

Service Category	Measure	2017	2018	1Q 19	2Q 19	3Q 19	4Q 19
Medical Outpatient (AOM)	Viral Load Suppression	72.77%	89.24%				
	Durable Viral Load	N/A	75.08%				
	Engaged in HIV Medical Care	79.74%	99.41%				
	Retained in HIV Medical Care	69.04%	86.22%				
Medical Case Management (MCC)	Viral Load Suppression	69.57%	74.92%				
	Durable Viral Load	N/A	57.62%				
	Engaged in HIV Medical Care	82.40%	93.35%				
	Retained in HIV Medical Care	69.05%	73.07%				
Oral Health Overall (General & Specialty)	Viral Load Suppression	82.13%	91.42%				
	Durable Viral Load	N/A	82.74%				
	Engaged in HIV Medical Care	87.36%	97.57%				
	Retained in HIV Medical Care	80.14%	90.86%				
Benefit Specialty (Non-Medical Case Management)	Viral Load Suppression	77.35%	86.70%				
	Durable Viral Load	N/A	74.79%				
	Engaged in HIV Medical Care	84.28%	97.85%				
	Retained in HIV Medical Care	73.93%	84.56%				

Process for Determining RWHAP Part A Quality Improvement Projects



Division of HIV and STD Programs
Clinical Quality Management (CQM) Program
2019 Annual Quality Improvement Projects

Ongoing Quality Improvement Activities and Collaborations

1. Retention in Oral Health (OH subrecipients and DHSP) – Improving retention in oral health through implementation of an oral health retention specialist.
2. Customer Satisfaction Surveys (DHSP) – Expanding outreach of DHSP customer satisfaction surveys.
3. CQM Plans (All subrecipients and DHSP) – Improving subrecipient capacity to utilize CQM Plans.
4. Retention in Care (T.H.E, UCLA NCS Fellow and DHSP) – Improving retention in care with appointment bundle procedure implementation.
5. HIV Primary Care (Hubert Humphrey and DHSP) – Improving access to nutrition services.

Future QI Initiatives

1. Improving Viral Load Suppression – EMA-wide VLS Initiative
2. Linkage to PrEP – Improving linkage to PrEP among LAC Partner Services recipients.

CQM Capacity Building Projects

1. QI trainings for consumers
2. QI trainings for DHSP staff
3. QI trainings for subrecipients
4. QI trainings for HIV planning council

Division of HIV and STD Programs
Clinical Quality Management (CQM) Program
2019 Annual Quality Goals and Objectives Implementation Workplan

Goals/Obj.	Activities	Lead	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Goal #1	**Develop, implement and maintain a CQM Program to monitor and improve the quality of services that includes participation of subrecipients, consumers and planning council.**													
Obj. 1.1	Convene a quality committee that meets at least quarterly to assist with the implementation of the CQM plan.	1,2			X									
Obj. 1.2	Finalize the 2019 CQM plan and annual workplan.	1,2				X								
Obj. 1.3	Disseminate 2019 CQM plan and annual workplan to: subrecipients, planning council, HIV consumers, and DHSP staff.	1,2					X							
Obj. 1.4	Revise QM contract language and/or issue CQM Program Guidance to RWHAP subrecipients related to new CQM program and reporting requirements.	1,2,4										X		
Obj. 1.5	Provide at least one QM training to members of the planning council (SBPC).	1,2												X
Obj. 1.6	Provide at least one QM training to RWP recipient staff (CCS).	1,2												X
Obj. 1.7	Evaluate DHSP's CQM plan (implementation of goals and objectives) and CQM program.	1,2			X			X			X			X
Obj. 1.8	Review / update DHSP CQM plan for 2020.	1,2												X
Goal #2	**Establish, monitor, and report quality-related performance measures for each RW funded service category as outline in PCN 15-02 (AOM, MCC, Oral Health, Benefit Specialty Services (BSS)).**													
Obj. 2.1	Finalize performance measures for AOM, MCC, Oral Health and BSS.	1, 3			X									
Obj. 2.2	Analyze performance measure data at least quarterly.	1						X			X			X
Obj. 2.3	Distribute performance measure results/summaries to subrecipient groups (AOM, MCC, Oral Health, BSS)	1,2							X					
Obj. 2.4	Distribute performance measure results/summaries to planning council.	1,2							X					
Obj. 2.5	Develop agency-specific performance measure results/summaries.	1,3												X

Goals/Obj.	Activities	Lead	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Goal #3	**Develop/implement at least one QI project focused on improving patient care, health outcomes, and/or patient satisfaction.**													
Obj. 3.1	Develop/define goals and objectives for the Oral Health improvement project.	2,4					X							
Obj. 3.2	Develop workplan and implementation timeline for project goals and objectives (Oral Health project)	2,4						X						
Obj. 3.3	Develop scope of work including expectations for QI project participation for Oral Health Case Manager.	2,4								X				
Obj. 3.4	Invite Oral Health Case Manager staff to participate in Oral Health improvement project	2,4										X		
Obj. 3/5	Develop/define goals and objectives for the Viral Load Suppression improvement project.	2,3,4												X
Obj. 3.6	Develop workplan and implementation timeline for project goals and objectives (Viral Load Suppression)	2,3,4												X
Goal #4	**Engage HIV consumers in DHSP's CQM program to ensure consumer needs and feedback are addressed.**													
Obj. 4.1	Survey consumers regarding participation/interest in QI consumer trainings.	2			X									
Obj. 4.2	Establish DHSP QI consumer group and process to illicit QI related feedback at least annually.	1,2							X					
Obj. 4.3	Distribute performance measure results/summaries to DHSP QI consumer group.	1,2							X					
Obj. 4.4	Provide at least one QM training to DHSP QI consumer group.	2												X

Legend:
Timeline for activities leading to implementation of the objective is highlighted in grey with due date for objective completion marked with an X.

Lead(s):
1 = Clinical Quality Management Committee
2 = Quality Improvement and Program Support (QIPS) unit
3 = Program Development and Research (PDR) unit
4 = Contracted Community Services (CCS) unit