Division of HIV and STD Programs

Ryan White Program Clinical Quality Management Plan

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Approval Sheet

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I. Overview

Los Angeles County's (LAC) Department of Public Health (DPH) is the recipient of federal Ryan White Program (RWP) Part A funds. The Division of HIV and STD Programs (DHSP), a program within DPH, is Los Angeles County's RWP 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, 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, persons living with HIV and consumers of RWP services.

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 many immigrants, LAC is among the most ethnically and economically diverse regions in the nation. As the complexities of navigating the health care system continue to increase so do the challenges of providing HIV prevention and care services to LAC residents. In 2019, LAC was home to more than 58,400 PLWH with approximately 6,400 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 men who have sex with men (MSM), MSM of color, and transgender persons are populations disproportionately impacted by the HIV epidemic.

To address these challenges, DHSP, together with the Los Angeles County Commission on HIV (COH), introduced the Los Angeles County's HIV/AIDS Strategy (LACHAS) for 2020 and Beyond in December 2017. Together with the National HIV/ AIDS Strategy and pillars two and four of the Ending the HIV Epidemic (EHE) Initiative, DHSP's CQM program outlines strategies to address the following three goals:

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

In LAC, PLWH receiving services through the RWP have better health outcomes and are more likely to be virally suppressed than PLWH receiving care elsewhere. Nevertheless, improvements are still needed and DHSP continues to focus on improving the HIV care continuum by eliminating barriers, expanding access, and promoting overall health and well-being. Ryan White Program funds will continue to be used to provide core medical and support services for PLWH in LAC.

II. Quality Statement

As the recipient and administrative agent of RWP Part A funding in the LAC eligible metropolitan area (EMA), DHSP is responsible for the implementation of an HIV Clinical Quality Management (CQM) program that supports the delivery of responsive, evidence-based, high quality HIV services.

DHSP is committed to improving the quality of care and services for PLWH through the development of a comprehensive CQM plan that involves continuous monitoring, quality improvement (QI) projects, capacity-building opportunities and a robust performance measurement program. The overarching goals of the CQM program are:

- Conduct QI projects to improve patient care, health outcomes and patient satisfaction;
- Build capacity of RWP recipients and sub-recipients for QI efforts;
- Improve coordination and communication of CQM-related activities within the stakeholder network;
- Involve PLWH and other consumers of RWP services in QI activities.

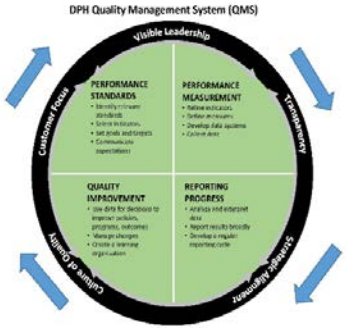
The purpose of DHSP's RWP CQM plan is to guide the development, implementation and evaluation of LAC's RWP CQM program as a coordinated approach to addressing quality assessment and improvement throughout the continuum of HIV medical and support services. It is meant to be a road map and living document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

DHSP's CQM plan, which is shared with RWP Part A sub-recipients and other stakeholders is posted on DHSP's website at:
http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm

For questions regarding this plan, please contact Lisa Klein, MSN, Quality Improvement and Privacy Officer at (213) 351-8350 or by email at: lklein@ph.lacounty.gov

III. Quality Approach

DHSP's CQM program uses the Quality Management System model adapted by LAC DPH Quality Improvement and Accreditation Program (QIAP)[i] and The Turning Point Performance Management Framework.[ii] 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.

In addition, DHSP's CQM program supports the use of the Model for Improvement, Plan-Do-Study-Act (PDSA), Results Based Accountability (RBA) and other tools and methodologies (e.g., Lean) as appropriate to encourage a systematic approach to QI throughout the EMA.

IV. Infrastructure

Leadership

The CQM Leadership Team is responsible for planning, implementing and evaluating the RWP CQM program. The Leadership Team recognizes the importance of QI principles for achieving the overall goals of the CQM program, LACHAS and the national Ending the HIV Epidemic Initiative.

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 DHSP's 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 service development and strategic planning, data systems and analysis, research and evaluation and grants administration. Several members of PDR participate in the CQM Committee and quality initiatives. The Chief of PDR is required to review, approve, and sign the DHSP CQM plan.

- Contracted Community Services (CCS)

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

  - Contract negotiations, development and implementation of service standards;
  - Development of annual quality and service-related performance goals; and
  - Contract monitoring and annual contractual compliance audits.

The CCS Chief is 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 two (2) additional quality management specialists and two (2) administrative support personnel.

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

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

DHSP's Quality Management Specialist hold the budgeted titles of Contract Program Auditor (CPA) and Public Health Nurse (PHN). These staff have received specialized training in the field of healthcare quality and responsibilities include: leading and/or participating in both internal and external quality improvement initiatives; working directly with RWP subrecipients to enhance understanding of quality improvement principles and other capacity building activities, and supporting for the development and implementation of DHSP's CQM program.

- Administrative/Clerical Support

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 sub-recipient grievances and incidents to support the division's processes to monitor the quality of care provided by contracted sub-recipients; preparation of routine and ad-hoc quality reports; and preparation of documents to enhance sub-recipient understanding of RWP quality improvement principles.

Stakeholder Involvement

The development of a CQM plan involves participation of various stakeholders including but not limited to consumers of RWP HIV services, RWP sub-recipients, internal DHSP staff and other external stakeholders including the Los Angeles County Commission on HIV and the DPH Quality Improvement unit.

- **Consumer Involvement**

DHSP values consumer input and involvement in the planning, design, implementation, and evaluation of 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 RWP 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 is provided the knowledge and skills needed for successful participation in QI activities as they take place across LAC. Consumers are also engaged around the release of updated performance measure data reports with feedback and ideas sought for how to improve services and outcomes. These discussions are brought to the CQM committee and to sub-recipients 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 sub-recipient level. Contractually, sub-recipients 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.

- Regional Quality Groups: DHSP is an active participant in both the LAC and California Regional Quality Groups. Through these activities, we can support QI work with consumers across the County and the State.

- **RWP Sub-recipient Involvement**

A RWP Part A recipient since 1991, the Division of HIV and STD Programs 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 sub-recipients 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 program activities in their organizations.

Quality improvement objectives are integrated into the sub-recipient contracts and service provisions. DHSP requires that each RWP Part A sub-recipient have a CQM program for which they develop an agency wide CQM plan that details all RWP 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 RWP legislative and DHSP contractual requirements.

In addition to the submission of the CQM plan, the following CQM program expectations are codified in the executed contracts between DHSP and its RWP Part A subrecipients:

- Work directly with consumers on QI activities by involving them in the CQM program and using consumer input and feedback to drive improvement efforts.
- Collect, analyze and report performance measurement data on a quarterly basis and per HRSA 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 the agency's QI capacity.
- 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 tools;
    - Consumer Advisory Boards (CABs);
    - Focus groups with analysis and documented use of results;
    - Public meetings with analysis and documented use of 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 actively work to 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 it's CQM program. Through feedback mechanisms such as surveys and discussions at meetings, the CQM program aims to meet the needs of subrecipients and the people they serve.

- **Internal Stakeholders**

Internal stakeholders are considered all staff within DHSP whose work impact the RWP Part A CQM program. Staff are routinely invited to participate in QI trainings and improvement activities as well as provide feedback on CQM program activities to encourage a 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 RWP Part A CQM program. This includes consumers, sub-recipients, the Los Angeles County Commission on HIV (RWP Part A Planning Council), other HIV service providers not within the RWP network, and the broader 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 RWP Part A 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 Committee
    - Standards and Best Practices Committee
    - Public Policy
    - Operations
    - Consumer Caucuses

Composition & Membership: DHSP has a long-standing commitment to the COH. Staff, including DHSP's Director, routinely participate in the COH and its 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 RWP CQM committee. DHSP's RWP 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 RWP-funded Ambulatory Outpatient Medical (AOM) services.
  Composition & Membership: MAC is chaired by the DHSP Medical Director and composed of medical directors from RWP 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 RWP CQM committee and recommendations and request for feedback are routinely communicated back to the Medical Advisory Committee.

- Los Angeles County DPH Quality Improvement Team (QIT)
  Roles & Responsibilities: DPH's QIT is charged with managing quality improvement efforts across 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 quarterly. Activities and updates are routinely reported to DHSP's RWP 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 and are frequently utilized and shared with stakeholders to enhance overall QI capacities.

- Los Angeles County HIV Regional Quality Group (RQG)
  Roles & Responsibilities: The Los Angeles County RQG serves as a venue for RWP 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 RWP Part A sub-recipient groups including medical and support service providers. Members also include stakeholders from RWP Parts B, C and D, California Department of Public Health's Office of AIDS (OA) and other RWP stakeholders. The RQG exercises a model of shared responsibility and members rotate through leadership roles to enhance engagement and skills development.
  Meetings & Reporting Structure: RQG meets quarterly. CQM activities are routinely shared and include routine CQM program updates from DHSP's RWP CQM committee and OA. Group meetings are coordinated and hosted by DHSP and meeting dates and committee activities are determined by a majority consensus.
  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 (CQM) committee is responsible for implementing the CQM program and corresponding activities. The CQM committee 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 RWP Clinical Quality Management Program - Oversight and Reporting Structure (Attachment A).

Structure, Roles and Reporting Relationships: Chaired by DHSP's Associate Medical Director and QIPO, the CQMC is comprised of individuals whose roles and skills are integral to carrying out CQM program activities. The CQM committee 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 include staff from these and other departments who are invited to attend when input on topics requiring 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 RWP Part A 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 activity reports to stakeholders.
- 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 its RWP Part A award to conducting QI activities as outlined by the HRSA PCN 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 the RWP 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 RWP 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 RWP-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 CQM committee takes stock of the previous year's successes and what remains to be accomplished in terms of QI efforts. The CQM program quality goals and objectives are reviewed and 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 including the national Ending the HIV Epidemic (EHE) initiative. Data from selected performance measures are reviewed regularly and data are 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 defined in Attachment C.

Performance measures are reviewed quarterly by the CQM committee 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 during meetings of the RQG, MAC, COH and the COH's Consumer Caucus, as well as through email communications and listservs. Data are 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 RWP 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 provide a quality assurance opportunity given the manual nature of the Casewatch data entry system.

To develop quarterly performance measure data reports, 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 RWP service categories. Data managers for both Casewatch and eHARS routinely monitor for quality assurance and do continuous data verification and validation processes to ensure accuracy. Performance measure data are reviewed quarterly by the CQM committee.

In addition, a Performance-Based Contract Monitoring review process occurs during annual 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 services and 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 RWP 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 CQM committee 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, workflow diagrams, and Plan-Do-Study-Act (PDSA) cycles are used to identify and implement QI projects. Opportunities for improvement are prioritized by the CQM committee based on trended performance data and clinical importance (high volume, problem prone, high risk, etc.) and subrecipients and consumers are informed and engaged around these initiatives. QI project teams are established by the CQM committee 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.

VIII. Capacity Building

A major goal of the DHSP CQM program is to build capacity for quality improvement across LAC. This includes providing QI trainings and facilitating infrastructure development and other collaborative activities as needed to successfully implement QI initiatives. Capacity building among DHSP staff (recipient) occurs through QI trainings and inclusion of staff from across the division in CQM program activities. To support and provide capacity for consumers, DHSP provides information related to 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 provides technical assistance and QI training opportunities 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 E). 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 CQM committee and is 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 CQM committee 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 on HIV care, health outcomes and patient satisfaction. As a central element of the evaluation, the CQM committee uses the NQC Part A Org Assessment Tool to 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 theCQM program and infrastructure 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 CQM committee 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 CQM committee reviews the workplan and measurable outcomes established for each goal on a routine basis. QI activities are also evaluated routinely 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 CQM committee 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 assess the quality of care for each service.

XI. Process to Update CQM Plan

DHSP's CQM plan reflects a three-year time period (March 2020 – February 2023). Each year, the QIPO leads a working group of the CQM committee to annually review and update DHSP's CQM plan and workplan. Once approved by the CQM committee and Leadership Team, the CQM plan is distributed to stakeholders as outlined above and posted to DHSP's website for future 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 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

[ii] 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.