HIV Services Quality Management Plan

San José, CA (Santa Clara County) Transitional Grant Area

January 1 to December 31, 2012

Santa Clara County PUBLIC HEALTH

John Snow, Inc.

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I. INTRODUCTION TO THE PLAN

Background

Part A of the Ryan White HIV/AIDS Treatment Extension Act provides funding for HIV/AIDS care and support services to eligible metropolitan areas (EMAs) and transitional grant areas (TGAs) across the country. The San José, CA TGA (Santa Clara County) is a recipient of these funds, which are used to support HIV/AIDS care and treatment services for people living with HIV (PLWH) who are residents of Santa Clara County. These funds are managed and administered by the Santa Clara County Public Health Department HIV/AIDS Program ("the grantee"). The Santa Clara County HIV Planning Council for Prevention and Care is responsible for comprehensive planning for these federal funds, including setting priorities and making resource allocation recommendations to the grantee.

Ryan White Program Part A grantees are required to implement quality management (QM) activities. Specifically, the Ryan White Program legislation says that all grantees must:

> "establish 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 disease and related opportunistic infections. [As applicable, grantees should] develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services."

In addition to legislative requirements, Health Resources and Services Administration HIV/AIDS Bureau (HRSA/HAB) requires grantees to establish and implement a clinical QM plan to guide quality-related activities in the local service area. A QM plan should outline the grantee-wide HIV quality program, including a clear indication of responsibilities and accountability, performance measurement strategies and goals, and elaboration of processes for ongoing evaluation and assessment of the program. To this end, the grantee engaged in an effort to develop a QM plan that would formally document some of the QM activities and processes that were already in place, and provide an opportunity to revise or update other activities and processes to reflect the current system of care and treatment.

Process

To develop the San José, CA TGA (Santa Clara County) QM Plan, the grantee contracted with John Snow, Inc. (JSI), a public health and healthcare consulting company headquartered in Boston with nine offices across the US (including one in San Francisco). JSI has a long history of working with state and local Ryan White program grantees on comprehensive planning, QM, and related projects. JSI was responsible for leading the planning process, facilitating meetings, collecting information from relevant stakeholders, and drafting the final plan. JSI was also contracted by the Santa Clara County Public Health Department to develop the comprehensive HIV plan for the San Jose/Santa Clara County TGA; both JSI teams worked together to coordinate efforts, reduce burden and redundancy, and align the two plans where possible.

Pre-Planning. The first step of the QM plan development process was to gather background materials and other relevant information. JSI staff met with grantee staff to explore and understand existing quality management activities in the TGA. In addition, JSI gathered and reviewed HRSA/HAB guidance, technical assistance materials from the National Quality Center (NQC), and QM plans from other Part A jurisdictions. In addition, the National HIV/AIDS Strategy was reviewed to ensure QM activities were informed by the broad national goals and objectives. Based on these pre-planning activities, JSI and the

grantee developed and agreed on a work plan, including a recommendation to create and convene a QM Plan Working Group to provide input and guidance to JSI in the development of the QM plan.

With the expectation that Planning Council members would be part of the QM plan development, JSI conducted a QM training as part of the Council's January 2011 retreat. The training included an overview of QM concepts, a description of the components of a QM plan, and hands-on activities to help Council members become more familiar and comfortable with QM activities. The purpose of this training was to introduce the need for and components of a QM plan, and lay the foundation for upcoming QM activities.

QM Plan Working Group. To ensure the participation of a broad range of stakeholders, a QM Plan Working Group was established to provide input and advise JSI and the grantee in the development of this document. Members were identified and invited by the grantee, and included representatives from funded service providers, members of the Planning Council, other "external" stakeholders with QM and/or HIV services expertise, and grantee staff. Participants and their affiliations are listed in Table 1.

Table 1: QM Plan Working Group Participants

Name	Affiliation
Hilary Armstrong	Law Foundation of Silicon Valley
Dena Dickinson	Santa Clara County Valley Medical Center, PACE Clinic
Marianne Gallagher	Community stakeholder
Anna Hemmerle	Health Trust
Paul Hepfer	Health Trust
Anne Im	Asian Americans for Community Involvement
Jim McPherson	Santa Clara County Public Health Department
Richard Nichols	Santa Clara County Public Health Department
MyMy Phu	Santa Clara County Public Health Department (Pharmacy)
Supriya Rao	Santa Clara County Public Health Department
Bob Reed	HIV Planning Council for Prevention and Care

The grantee provided a clear and time-limited charge to the working group to develop a QM plan by the end of 2011, at which point the Working Group would be disbanded. Between May and October 2011, the QM Plan Working Group met three times (twice in person and once by conference call), along with additional communications and activities via email and phone. With JSI's facilitation and using the NQC guidance, the QM Plan Working Group developed a draft of this QM plan. The plan was reviewed by staff of the Santa Clara County Public Health Department HIV/AIDS Program and reviewed and approved by the QM Plan Working Group in October 2011.

Purpose of the Plan. The purpose of this QM plan is to guide the San José, CA TGA (Santa Clara County) HIV QM program and related activities. Although the TGA and HIV service providers have been conducting QM activities for many years, this plan formalizes these activities and provides an important structure for ongoing and future work. It articulates the goals of the QM program, identifies key roles, establishes annual goals and objectives (including priority performance measures), and recommends additional goals, objectives, and activities for subsequent years (to be re-assessed at the end of the first year). Lastly, the plan provides a timeline for key activities to facilitate progress toward the goals and objectives.

II. QUALITY STATEMENT

The quality statement is an articulation of the goal of the HIV quality program toward which all activities are directed. The QM Plan Working Group developed a vision and mission statement that reflects local priorities as well as national goals.

Vision

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

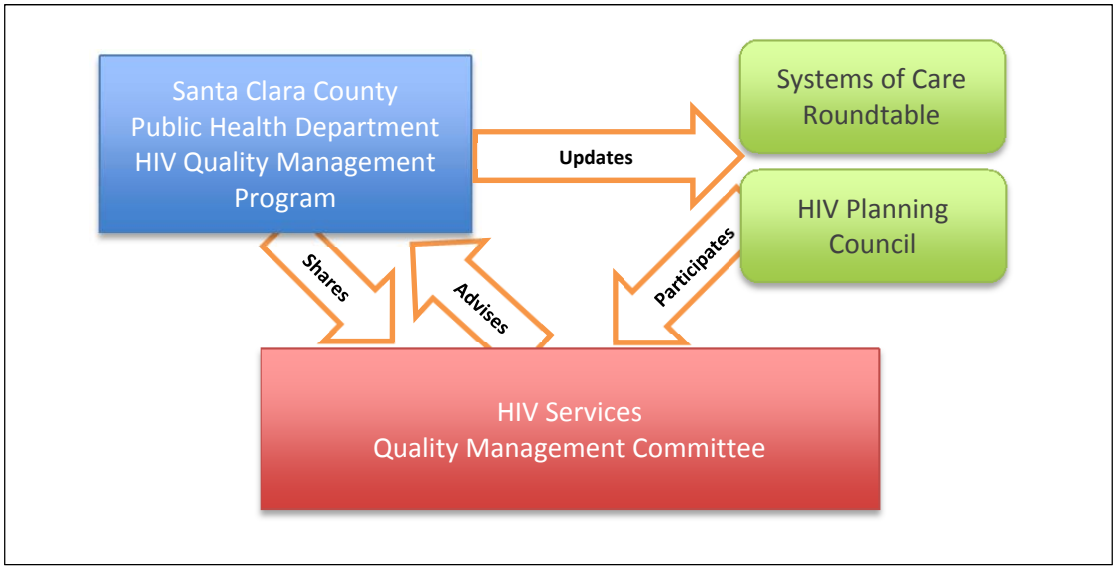
To achieve its vision, the Santa Clara County Public Health Department HIV/AIDS Program's QM program will work to ensure equitable access to comprehensive, high quality care and support services for PLWH by:

- Ensuring adherence to clinical guidelines and standards of care
- Maximizing collaboration and coordination of service providers to enhance access
- Promoting partnerships of consumers and providers that are respectful and promote client self-determination
- Providing services that are culturally appropriate and focused on individual client need
- Maximizing the efficient use of resources to provide cost-effective services

III. QUALITY IMPROVEMENT INFRASTRUCTURE

The quality improvement infrastructure describes the organization of the QM program, including leadership, accountability, resources, and various roles and responsibilities of major stakeholders. The diagram below illustrates the vision of the quality improvement infrastructure for the Santa Clara County TGA, and is followed by a description of the primary elements.

Figure 1: San José, CA TGA (Santa Clara County) HIV Quality Improvement Infrastructure



Santa Clara County Public Health Department HIV Quality Management Program

Leadership and Accountability. As the grantee and administrator of the federal Ryan White Part A funding for HIV services, the Santa Clara County Public Health Department HIV/AIDS Program is responsible for the implementation of the system-wide HIV QM Program. The HIV QM program will be led by the Clinical Quality Management Coordinator who reports to the Program Manager for STD and HIV Prevention and Control. The HIV QM Program is accountable to the Santa Clara County Public Health Department HIV/AIDS Program and to HRSA/HAB.

Resources. The resources available for the HIV QM Program include the HIV/AIDS Program staff (noted above), information technology, and other infrastructural resources (e.g., meeting space, supplies, etc.). In addition, a key resource for the HIV QM Program (and all funded providers) is California's AIDS Regional Information and Evaluation System (ARIES), a custom, web-based, centralized HIV/AIDS client management system that provides a single point of entry for client-related data, allows for coordination of client services among providers, meets both HRSA and state care and treatment reporting requirements, and provides comprehensive data for program monitoring and scientific evaluations. ARIES enhances services for clients with HIV by helping providers automate, plan, manage, and report on client data. ARIES is administered by the CA Office of AIDS, another resource for QM activities in the state. Lastly, technical assistance resources are also available through HRSA/HAB, the National Quality Center, and other local or national organizations.

Responsibilities. The SC QM Program, led by the Clinical Quality Management Coordinator will be responsible for the following activities:

1. Overseeing all of the grantee's quality-related activities and requirements
2. Ensuring that QM activities and expectations are articulated in contracts with all funded HIV services providers
3. Regularly assessing the status of quality performance measures for priority services
4. Sharing quality data regularly with the HIV Services QM Committee
5. Co-leading the HIV Services QM Committee and convening it at least twice per year
6. Providing regular updates on QM activities to the Planning Council, the Provider Roundtable, and other stakeholders as necessary
7. Reporting quality data to HRSA/HAB as required
8. Conducting site visits to monitor adherence to standards of care
9. Implementing other evaluations, studies, or data collection activities to gather complementary data or to explore particular issues or CQI initiatives.

HIV Services Quality Management Committee

To ensure broad participation of key stakeholders (e.g., providers, consumers, and other groups) in future and ongoing QM activities, the grantee will establish the HIV Services Quality Management Committee. The purpose of the HIV Services QM Committee is to advise the Santa Clara County Public Health Department on the implementation of the QM Program. While the QM Committee has no legal, regulatory, or statutory authority and exists at the discretion of the Santa Clara County Public Health Department HIV/AIDS Program, it will serve an important advisory role, such as providing critical input to the QM Program, assessing quality data, and recommending quality improvement activities or projects.

Membership. Committee members will be identified and appointed by the Clinical Quality Management Coordinator in the Santa Clara County Public Health Department HIV/AIDS Program. The Committee shall consist of at least ten members, and include the following representatives[1]:

- One representative from each organization funded to provide HIV services
- At least three representatives from the HIV Planning Council for Prevention and Care, including the chair of the Quality and Standards Committee; at least two of the Council representatives shall be people living with HIV/AIDS
- At least one representative from the Part A grantee's program, including at a minimum, the Clinical Quality Management Coordinator

Other external stakeholders with HIV or related expertise (e.g., substance abuse, hepatitis, mental health services providers) and/or QM expertise may be appointed at the discretion of the Santa Clara County Public Health Department HIV/AIDS Program.

Leadership and Accountability. The QM Committee will be co-chaired by (1) the Clinical Quality Management Coordinator from the Santa Clara County Public Health Department HIV/AIDS Program, and (2) one member of the Committee nominated and elected by a majority of the committee membership. As noted above, the QM Committee is ultimately accountable to the Santa Clara County Public Health Department HIV/AIDS Program, but also has obligations and expectations for linkages to the HIV Planning Council for Prevention and Care.

[1] It is acceptable for one individual to represent several required categories. For example, a representative from a funded organization may also be a member of the Council and a person living with HIV.

Meetings. The Committee shall meet at least twice per year, and meetings shall take place at the Santa Clara County Public Health Department, or in another location as agreed upon by the members.

Resources. The Committee's resources include the commitment, participation, and expertise of the membership, infrastructure resources provided by the Santa Clara County Public Health Department (e.g., meeting space, meeting materials, etc.), and data reports generated by the Santa Clara Public Health Department HIV/AIDS Program, using data submitted regularly by funded HIV services providers. Technical assistance resources are also available through HRSA/HAB, the National Quality Center, and other local or national organizations.

Responsibilities. The HIV QM Committee will be responsible for the following activities:

- Advising the San Jose/Santa Clara County HIV QM Program on quality-related activities, including providing input and feedback on HIV QM Program activities
- Assisting with and/or implementing activities (at the discretion of the grantee) that help achieve the goals and objectives of the QM plan (e.g., helping develop or refine standards of care, assessing and recommending performance measures, conducting trainings, etc.)
- Monitoring progress toward achieving the goals and objectives of the QM plan
- Discussing quality data presented by the QM Program and recommending system-level quality improvement activities as needed
- Evaluating and assessing the QM Program annually
- Updating the QM plan annually

Other Stakeholders

The QM Working Group identified two important stakeholder groups in the San Jose/Santa Clara TGA that have a role in the QM Program. This includes the HIV Planning Council for Prevention and Care and the Provider Roundtable.

HIV Services Planning Council. As the formal planning body for Ryan White Part A and HIV prevention services, the Planning Council has an existing linkage with the grantee, and will have a formal linkage with the new HIV QM Committee. As noted above, at least three members of the HIV QM Committee will be members of the Council. Their role will be to represent the Council as part of their participation on the QM Committee, serve as a liaison between the two groups, and ensure that information about the QM Committee and Council activities, and potential implications, are included as part of each group's planning processes. In addition, the grantee will update the Council on quality management activities and results throughout the year.

Systems of Care Roundtable. The HIV/AIDS Systems of Care Roundtable fosters collaboration among HIV/AIDS service providers and promotes efforts to improve services. In May 2010, about 40 HIV/AIDS service providers met at the first Systems of Care Roundtable to discuss what characteristics, values or approaches worked in the past; and discussed how the current system of care works in the county. Roundtable meetings are now held quarterly and serve as a resource for networking, enhancing services, and improving HIV/AIDS care system-wide.

IV. PERFORMANCE MEASUREMENT

The SC QM Program has been collecting and reporting quality related data for many years. However, the quality and performance measures have not been formally updated to reflect feedback from service providers, noted challenges with collecting or reporting data, limitations or enhancements to data collection systems, and/or recent guidance and recommendations from HRSA/HAB on measuring the quality of HIV care and services. The development of this QM Plan enabled the grantee and service providers to revisit and reflect on the performance measures used locally and to make recommendations to streamline efforts, maximize the use of existing data systems, reduce data collection and reporting burdens, and align local efforts with HRSA/HAB and other national QM activities.

In developing this section of the plan, the QM Plan Working Group discussed community priorities for HIV care and services, and then identified various ways of measuring the quality of these services. For example, after identifying the provision of high quality primary care as a priority, members then discussed various ways of measuring quality, such as frequency of visits, prescription of HIV drug treatment as clinically appropriate, viral load, and adherence, among others.

Using this information, JSI developed a document that compared these priorities with potential performance measures, including those currently being collected and reported in the TGA, HRSA/HAB's recommended measures, and others in use in other jurisdictions. Based on the goals and objectives articulated by the Working Group, including the short term focus on implementing performance measures for primary care and medical case management, JSI coordinated key informant interviews with representatives of the local organizations funded by the grantee to provide these services. These conference calls included staff from the service provider, the grantee, and JSI. The calls provided an opportunity to discuss the priorities and potential measures, the applicability of various measures (e.g., do they measure what we want to measure?), the feasibility of collecting data to assess the measures (e.g., can we use the ARIES data reporting system already in use?), and other concerns or issues for consideration.

Based on these calls, JSI and the grantee discussed the providers' recommendations and proposed a set of performance measures for the first year of this QM plan. These recommendations were shared with and approved by the QM Working Group in fall 2011. In addition to these performance measures, this plan recommends that at least one other data collection activity is undertaken to help assess quality of services (see specifically Goal #5, Objective 5.7 in the next section).

HIV Services Performance Measures

The table below lists the performance measures that the San José, CA TGA (Santa Clara County) HIV QM Program will use to assess the quality of these services. The table also includes the source of these measures and the source of the data that will be used. The table is followed by recommendations for additional measures or quality management activities for consideration in the next annual revision and for potential implementation in 2013.

Table 2: Priority Performance Measures, Year 1

SERVICE: Outpatient Ambulatory (Primary) Care		
Measure	**Measure Source**	**Data Source**
1. Percentage of clients with HIV infection who had two or more medical visits in an HIV care setting in the measurement year	HRSA/HAB Core Clinical Performance Measures, Group 1	ARIES
2. Percentage of clients with AIDS who were prescribed HAART regimen in the measurement year	HRSA/HAB Core Clinical Performance Measures, Group 1	ARIES
3. Percentage of clients with HIV infection with an undetectable viral load in the measurement year	Local measure	ARIES
4. Percentage of clients with HIV infection who had two or more CD4 T-cell counts performed in the measurement year	HRSA/HAB Core Clinical Performance Measures, Group 1	ARIES
5. Percentage of pregnant women with HIV infection who are prescribed antiretroviral therapy	HRSA/HAB Core Clinical Performance Measures, Group 1	ARIES
6. Percentage of women with HIV infection who have a Pap screening in the measurement year	HRSA/HAB Core Clinical Performance Measures, Group 2	ARIES
7. Percentage of clients with HIV infection who received testing with results documented for latent tuberculosis infection since HIV diagnosis	HRSA/HAB Core Clinical Performance Measures, Group 2	ARIES
8. Percentage of adult clients with HIV infection who had a test for syphilis performed within the measurement year	HRSA/HAB Core Clinical Performance Measures, Group 2	ARIES
9. Percentage of clients with HIV infection and a CD4 T-cell count below 200 cells/mm^3 who were prescribed PCP prophylaxis in the measurement year	HRSA/HAB Core Clinical Performance Measures, Group 1	HIVQual
SERVICE: Medical Case Management		
Measure	**Measure Source**	**Data Source**
1. Percentage of HIV-infected medical case management clients who had two or more medical visits in an HIV care setting in the measurement year	HRSA/HAB Core Clinical Performance Measures, Group 1	ARIES
2. Percentage of HIV-infected medical case management clients who had a medical case management care plan developed and/or updated two or more times in the measurement year	HRSA/HAB Core Clinical Performance Measures, Group 1	ARIES

Recommendations for Future Updates

In addition to the performance measures that will be implemented as part of this plan, the QM Working Group recommended that several topics be considered for incorporation into the plan during the next annual revision. These were identified as important, but in need of additional study, discussion, and planning owing to potential barriers and challenges to immediate implementation. These topics include:

- Exploring the feasibility of implementing additional primary care performance measures related to immunizations, adherence, mental health screening, and risk reduction counseling.

- Exploring the possibility of a system-wide initiative focused on tracking referrals, including referrals made and referral outcomes.
- Establishing appropriate benchmarks for priority performance measures.
- Explore participation in regional and/or national QM initiatives to assist the HIV QM Program in identifying best practices and/or additional benchmarks against which to assess the quality of care in Santa Clara County.

V. QUALITY GOALS AND OBJECTIVES

The following goals and objectives were developed and refined by the QM Plan Working Group. Progress toward achieving these goals and objectives will be monitored by the HIV Services QM Committee, and will be modified during annual update to this plan. To facilitate implementation, all objectives are SMART (specific, measurable, achievable, realistic, and time phased).

GOAL 1: Provide continuous, high-quality health care for people living with HIV/AIDS that meets or exceeds public health service (PHS) guidelines.

Objectives:

1.1. Beginning January 1, 2012, implement the priority performance measures for outpatient ambulatory care (as identified in Table 2).

1.2. By June 30, 2012, revise and implement standards of care for outpatient ambulatory care that incorporate the priority performance measures.

1.3. Beginning January 1, 2012, extract and analyze performance measures data for ambulatory outpatient care every six months, and give feedback to providers within three months of extraction.

GOAL 2: Ensure people living with HIV/AIDS have access to a range of core medical and support services as part of a comprehensive system of care.

Objectives:

2.1. Beginning January 1, 2012, implement the priority performance measures for HIV medical case management services (as identified in Table 2).

2.2. By June 30, 2012, revise and implement standards of care for HIV medical case management services that incorporate the priority performance measures.

2.3. Beginning January 1, 2012, extract and analyze performance measure data for HIV medical case management services every six months, and give feedback to providers within three months of extraction.

GOAL 3: Ensure individuals who test positive for HIV are linked to care within three months of diagnosis.

Objectives:

3.1. By December 31, 2012, identify and recommend performance measures for early intervention services for implementation beginning on January 1, 2013.

3.2. By December 31, 2012 develop and implement standards of care for early intervention services that incorporate performance measures for implementation beginning on January 1, 2013.

GOAL 4. Ensure that HIV care and support services are high quality, culturally and linguistically appropriate, and delivered by professionals with relevant training and expertise.

Objectives:

4.1. By June 30, 2012, develop and implement universal standards of care that apply to all services funded by the Santa Clara/San Jose Ryan White Part A Program.

4.2. By December 31, 2012, assess adherence to universal standards through contract monitoring and/or site visits to a sample of service providers.

GOAL 5: Implement a robust Quality Management Program to monitor and improve the quality of services, that includes the participation of providers and consumers, yet minimizes the burden on all stakeholders.

Objectives:

5.1 Beginning January 1, 2012, convene a Quality Committee that meets at least bi-annually to assist with the implementation of the QM plan.

5.2 By March 1, 2012, revise, as needed, the contractual requirements for Part A funded service providers to reflect implementation of relevant standards of care, expectations for collecting and reporting performance measures, and requirements for participating in the QM Program, including the QM Committee.

5.3 By June 30, 2012, provide at least one QM training for members of the Planning Council.

5.4 By September 1, 2012, ensure at least one member of the grantee's QM Program has attended or participated in a professional development opportunity related to QM.

5.5 By December 31, 2012, provide at least one report to the Planning Council and the HIV Services Quality Committee on the quality of at least two funded services (e.g., primary care and medical case management).

5.6 By December 31, 2012, implement at least one other activity (e.g., satisfaction survey, focus group, or other effort) to gather additional data on quality of services provided and complement other data collection activities.

5.7 Based upon analysis of QM findings, identify and develop a plan for at least one system-wide quality improvement activity by December 31, 2012.

5.8 Throughout 2012, monitor implementation of the QM Plan and evaluate and revise it by December 31, 2012.

VI. WORK PLAN AND TIMELINE

The following work plan is intended to help guide the implementation of this QM Plan and help the HIV QM Program achieve its objectives in the coming year. The work plan includes each objective outlined in *Section V: Quality Goals and Objectives*. For each objective, the period of activity is highlighted in blue and the final date of expected implementation is noted with an "X." Lastly, the participants who will have primary responsibility for implementing each objective is noted in the final column, and may include the Santa Clara County Public Health Department HIV/AIDS Program, the HIV Planning Council for Prevention and Care, and/or the HIV Services Quality Committee. These groups of participants and their roles in the HIV QM Program were described above in *Section III: Quality Improvement Infrastructure*.

Table 3: Implementation Plan (2012)

Goals and Objectives	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Lead*
Goal 1: Provide high-quality health care for PLWH that meets or exceeds PHS guidelines													
Implement priority performance measures for outpatient ambulatory care	X												1
Revise and implement standards of care for outpatient ambulatory care						X							1,2
Extract and analyze performance measures data for outpatient ambulatory care							X						1
Present performance measure data to providers and/or QM Committee									X				1
Goal 2: Ensure PLWH have access to a range of core medical and support services													
Implement priority performance measures for HIV medical case management	X												1
Revise and implement standards of care for HIV medical case management						X							1,2
Extract and analyze performance measures data for HIV medical case management							X						1
Present performance measure data to providers and/or QM Committee									X				1
Goal 3: Ensure individuals who test positive for HIV are linked to care within 3 months													
Identify and recommend performance measures for early intervention services												X	3
Develop and implement standards of care for early intervention services												X	1,2
Goal 4: Ensure that HIV care and support services are high quality, culturally and linguistically appropriate, and delivered by trained/experienced professionals													
Develop and implement universal standards of care that apply to all services funded by the Santa Clara/San Jose Ryan White Part A Program						X							1,2
Assess adherence to universal standards through contract monitoring and/or site visits												X	1
Goal 5: Implement a robust QM program													
Convene a Quality Committee that meets at least bi-annually							X					X	1, 3
Revise contractual requirements for Part A-funded service providers to reflect new/revised quality management activities			X										1
Provide at least one QM training for members of the HIV Planning Council					X								1, 3
Ensure that at least one member of the HIV QM Program has attended or participated in a professional development opportunity related to QM												X	1
Provide at least one report to the HIV Planning Council and/or other relevant stakeholder groups on the quality of at least two funded services												X	1
Implement one other activity to gather data on the quality of services provided												X	1,2,3
Identify and develop a plan for at least one system-wide quality improvement activity												X	3
Monitor implementation of QM Plan and evaluate and revise annually												X	3

***Key: 1 = Santa Clara Public Health Department, HIV/AIDS Program | 2 = HIV Planning Council for Prevention and Care | 3 = HIV Services Quality Committee**
Note: Blue shading indicates anticipated period of activity with an "X" indicating the deadline for implementation or deliverable.