



Clinical Quality Management (CQM) Policy Clarification Notice (PCN) 15-02

Division of State HIV/AIDS Programs (DSHAP)
Administrative Reverse Site Visit (ARSV)

November 14, 2023

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Vision: Healthy Communities, Healthy People



CQM PCN 15-02 Overview

Objectives

- Learn the CQM program requirements for the Ryan White HIV/AIDS Program (RWHAP)
- Understand key expectations related to developing and implementing a CQM program under RWHAP
- Become familiar with resources available to assist in building a solid CQM program that can positively impact health outcomes



Make the Most of Today's Session

Tips & Tricks

- Participate in Session Activities
 - Polling questions
 - CQM discussions
 - Resource alerts
- Support the RWHAP CQM Community
 - Ask questions
 - Offer lessons learned and best practices



Clinical and Quality Branch (CQB) Team



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Polling Question: PCN 15-02

How would you
rate your
knowledge level
of Policy
Clarification
Notice 15-02
(PCN 15-02)?

A

What is PCN 15-02?

B

I have read PCN 15-02, but still have some questions.

C

I use PCN 15-02 to guide our clinical quality management program.

D

I instruct others on how to use PCN 15-02.



Background

RWHAP CQM Program Requirements



RWHAP Treatment Modernization Act of 2006

Title XXVI of the Public Health Service (PHS) Act (Public Law 109-415, December 19, 2006)

All RWHAP recipients are required “to establish clinical quality management programs to:

Measure

“Assess the extent to which HIV health services... are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS and related opportunistic infections”

Improvement

“Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services”



CQM PCN 15-02

- The purpose of PCN 15-02 is to clarify the HRSA RWHAP expectations for CQM programs
- It applies to recipients and subrecipients under RWHAP Parts A, B, C, and D
- Versions of the PCN include:
 - Original release: September 2015
 - Revised/re-released: November 2018
 - Revised/re-released: September 2020

<https://ryanwhite.hrsa.gov/grants/policy-notice>



Clinical Quality Management Policy Clarification Notice **Policy Clarification Notice (PCN) #15-02 (updated 09/01/2020)** **Replaces Policy Notice 11-04**

Scope of Coverage

Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D.

Purpose of PCN

The purpose of this PCN is to clarify the HRSA RWHAP expectations for clinical quality management (CQM) programs.

Background

Title XXVI of the PHS Act RWHAP Parts A – D¹ establishes requirements for clinical quality management (CQM). For RWHAP Part A and Part B recipients, these requirements include a cap on CQM costs not to exceed the lesser of 5 percent of the amount received under the grant or \$3 million. RWHAP Part C and Part D recipient CQM costs must be reasonable. RWHAP Parts A – D are required to establish a CQM program to:

- Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.

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

Health care's adaptation of continuous quality improvement and total quality management techniques from manufacturing began nearly 50 years ago with much momentum in the 1980s.^{2,3,4} Over the years since, a large body of evidence has emerged suggesting that a robust and effective CQM program

¹ Title XXVI of the Public Health Service (PHS) Act §§ 2604(h)(5), 2618(b)(3)(E), 2664(g)(5), and 2671(f)(2)

² Donabedian A. Evaluating quality of medical care. *Milbank Q*. 1966; 44:166–206.

³ Donabedian A. Exploration of quality assessment and monitoring. Vols 1, 2, 3. Ann Arbor, Michigan: Health Administration Press, 1980.

⁴ Berwick DM. Continuous improvement as an ideal in health care. *N Engl J Med* 1989; 320: 53-6. 2

HIV/AIDS Bureau Policy 15-02

1



Components of a CQM Program

- A CQM program is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction
- CQM activities should be continuous and fit within and support the framework of grant administration functions
- Per PCN 15-02, required components of a CQM program include:

Infrastructure

Performance
Measurement

Quality
Improvement



Infrastructure

CQM PCN 15-02



Infrastructure (cont.)

CQM Program Evaluation

CQM Plan

CQM Committee

Involvement of Stakeholders
and People with Lived
Experience

Leadership, Dedicated Staffing,
Dedicated Resources



Infrastructure Components

Leadership

- Guides, endorses, supports, and champions the CQM program
- Includes internal and external leaders

Dedicated Staffing

- Responsible for CQM duties and resources
- Includes contractors funded to support CQM work

Dedicated Resources

- Build capacity to carry out CQM activities (e.g., training on collecting performance measurement data)

Infrastructure Components



Involvement of People with HIV

- Reflects the population served and ensures that needs of People with HIV are addressed by CQM activities

Stakeholder Involvement

- Includes subrecipients, other recipients in region, planning body and/or its committees, and People with HIV
- Provide input on CQM activities to be undertaken

CQM Committee

- CQM committee is responsible for strategic planning and implementation oversight for the CQM program and activities
- CQM committee structures vary across the RWHAP and can be tailored to the unique needs of each recipient. Some committees are:
 - Small and internal to the recipient
 - Large and external facing, incorporating feedback from other stakeholders (e.g. subrecipients, people with HIV, other RWHAP/community providers with a vested interest)
- Minimally, the CQM committee should:
 - Meet regularly (e.g. quarterly) and maintain meeting minutes
 - Provide feedback and direction for the CQM program



CQM Plan



- Serves as blueprint or roadmap for the CQM program
- It is written, living document that typically covers a 12-month evaluation period
- Should describe all aspects of the CQM program, including:





Discussion

How does your CQM plan enhance planning and implementation for your CQM program?

What suggestions/lessons learned do you have related to CQM plan development?

CQM Program Evaluation

- Assesses whether CQM program activities have been implemented
- Should include identifying factors (e.g., staff acceptance of change, improved clinical performance, etc.) that affect quality improvement activities
- Identifies effective improvement strategies that can be scaled up or implemented in other facets within a system of care
- Additional elements of an evaluation include:
 - Effectiveness of the team
 - Ability to meet timelines and deliverables as described in the work (action) plan



Polling Question: Infrastructure

Which of the following applies to the infrastructure of a CQM program?

A

People with HIV must participate on the CQM committee.

B

The recipient must have a process to evaluate the CQM program.

C

The subrecipient must have a written CQM plan.

Performance Measurement

CQM PCN 15-02



Performance Measurement (cont.)

- Involves collecting, analyzing, and sharing data related to:
 - Patient Care
 - Health Outcomes
 - Patient Satisfaction
- Measures selected should:
 - Best Assess Funded Services
 - Reflect Local HIV Epidemiology
 - Align with the Needs of People with HIV
- Performance measure data is essential to identify and track quality improvement projects
- Performance measure data must be collected, analyzed, and disseminated, minimally, on a quarterly basis



Assessing for Health Disparities

- Assessment for health disparities must occur, minimally, on a quarterly basis
- Performance measure data should be stratified by key demographics selected by the recipient
- Processes for assessing health disparities should consider local HIV epidemiology and the local needs of people with HIV
- Health disparity assessments are essential to ending the HIV epidemic and create an opportunity for CQM programs to:
 - Review and discuss ongoing or emerging concerns with CQM committee members and stakeholders
 - Identify new and impactful quality improvement projects
 - Improve health outcomes for people with HIV



Assessing for Health Disparities (cont.)

Discussion

How is your CQM program assessing for health disparities?

How does health disparity assessment enhance your CQM program?



Required Number of Performance Measures

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

HIV/AIDS Bureau Performance Measures



The screenshot shows a web browser window with the URL <https://ryanwhite.hrsa.gov/grants/performance-measure-portfolio>. The page header includes the HRSA logo and navigation links: "Bureaus and Offices | Newsroom | A-Z Index | Contact HRSA". Below the header is a search bar and a "Sitemap" link. The main navigation menu includes "Home", "About the Program", "HIV Care", "Grants", "Data", and "Resources". The breadcrumb trail reads "Home » Grants » Performance Measure Portfolio". The main heading is "Performance Measure Portfolio". The introductory text states: "The HIV/AIDS Bureau performance measure portfolio focuses on critical areas of HIV care and treatment, and aligns with milestones along the HIV care continuum. The performance measure portfolio focuses on:" followed by a bulleted list of three points.

[Home](#) » [Grants](#) » Performance Measure Portfolio

Performance Measure Portfolio

The HIV/AIDS Bureau performance measure portfolio focuses on critical areas of HIV care and treatment, and aligns with milestones along the HIV care continuum. The performance measure portfolio focuses on:

- Identifying core performance measures that are most critical to the care and treatment of people with HIV
- Combining performance measures to address people of all ages with HIV
- Promoting relevant performance measures used in other federal programs

<https://ryanwhite.hrsa.gov/grants/performance-measure-portfolio>



Polling Question: Performance Measurement

**PCN 15-02
requires
performance
measures for all
RWHAP-funded
service
categories**

A

True.

B

False.

Quality Improvement

CQM PCN 15-02

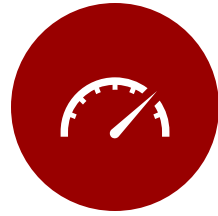


Quality Improvement

- Entails the development and implementation of activities to make changes to the program in response to the performance data results
- Recipients are required to implement quality improvement activities aimed at improving patient care, health outcomes, and patient satisfaction
- Recipients are expected to implement quality improvement activities using a defined approach or methodology and document those activities
- Recipients should be conducting quality improvement activities for at least one funded service category at any given time.
 - Activities may span multiple service categories



Impact of Quality Improvement



Reliable performance



Helps build reputation



Enhances employee engagement

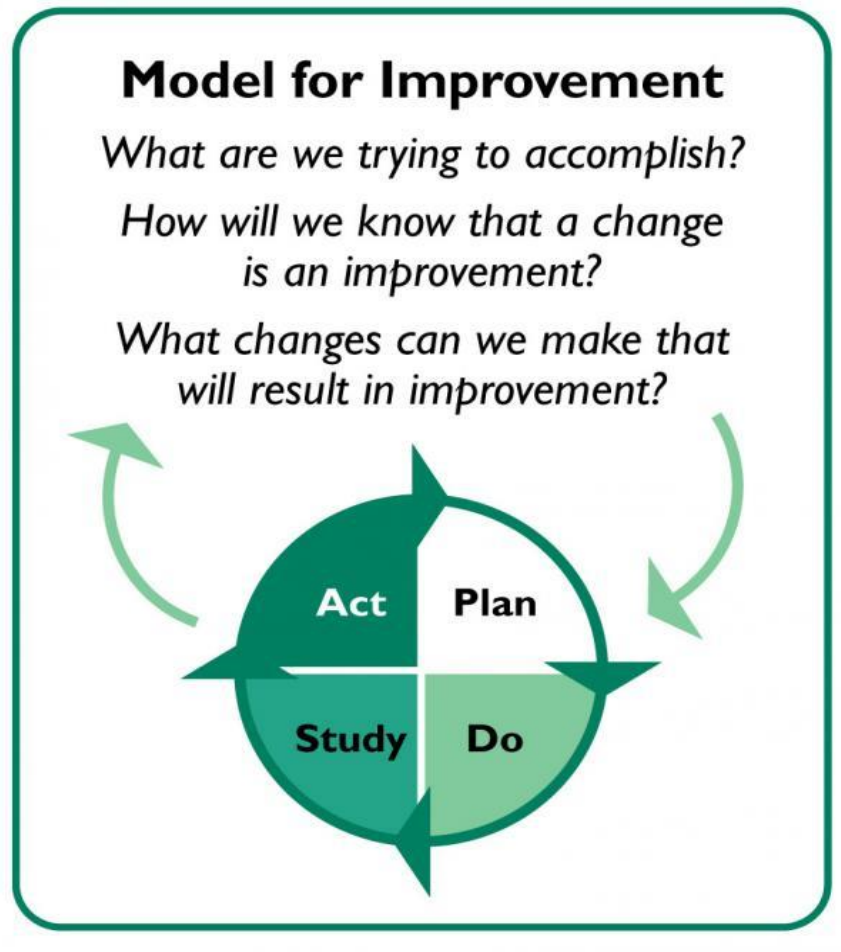


Employee engagement increases patient satisfaction

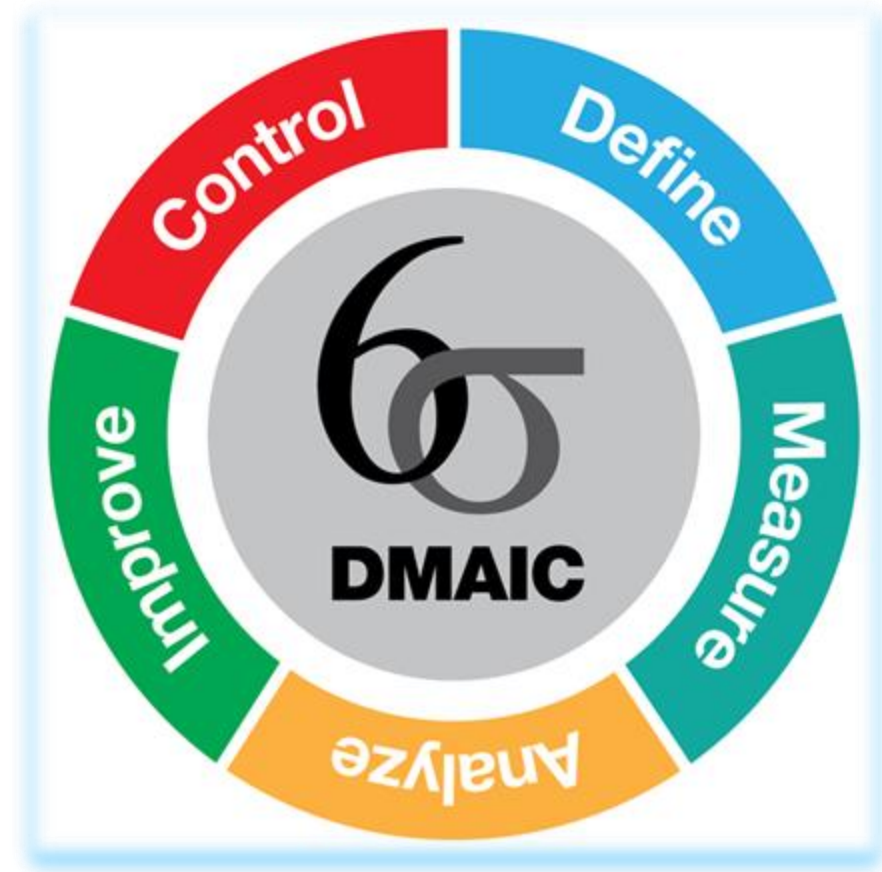


Drives positive outcomes (health and satisfaction) and financial performance

Quality Improvement Approaches or Methodologies



Lean Six Sigma



System and Site Quality Improvement



Systems Level

- Implemented by an administrative recipient
- Impact a jurisdiction or network
- Address clinical or non-clinical activities

Site Level

- Implemented by a care site
- Impact an individual care site
- Address clinical or non-clinical activities

Quality Improvement Projects

Discussion

What QI project has your program completed that you are most proud of?

How have QI projects impacted your RWHAP Part B Program?



Applicability to Subrecipients

CQM PCN 15-02



Applicability to Subrecipients

- Recipients should identify the specific CQM program activities for their service area or network
 - CQM activities include performance measure portfolio, frequency of performance measure data collection, and identification of quality improvement activities, among other items
- Recipients need to ensure that their subrecipients that provide services have the:
 - Capacity to contribute to the recipient's CQM program
 - Resources to conduct CQM activities in their organizations
 - Ability to implement a CQM program in their organizations



Applicability to Subrecipients (cont.)

- Subrecipients do not need individual CQM plans if the recipient's plan details the role and responsibilities of subrecipients in the CQM program
- Recipients are expected to provide guidance to subrecipients on prioritizing measures and collecting data
- Recipients need to work with subrecipients to identify improvement opportunities and monitor quality improvement activities at the subrecipient locations
- Prioritization of CQM activities should be coordinated across RWHAP recipients within service area and subrecipients funded through the recipient



CQM Budget Considerations

CQM PCN 15-02



Legislative Language for CQM Budgeting

Part	Legislation	Budget Amount
A	Sec. 2604.(h)(5)	Not to exceed the lesser of 5% of amounts received under the grant or \$3,000,000
B	Sec. 2618.(b)(3)(E)	Not to exceed the lesser of 5% of amounts received under the grant or \$3,000,000
C	Sec. 2664.(g)(5)	Reasonable amount
D	Sec. 2671.(f)(2)	Reasonable amount



Use of CQM and Administrative Funds

Activity	CQM	Administrative
Staffing to implement clinical quality management program activities	✓	
Staffing to develop and/or update service standards		✓
Staffing to conduct grants monitoring of subrecipients		✓
Electronic health record interface with other providers		✓
Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)	✓	
Monitoring site visits	✓ To assess or monitor CQM activities	✓

Related Activities: Quality Assurance



Activities aimed at ensuring compliance with minimum quality standards.



Measures compliance with standards.



Major part of administrative functioning of a recipient's program.



May inform the clinical quality management program but does not improve health outcomes.

Quality Assurance is NOT Quality Improvement

	Quality Assurance	Quality Improvement
Motivation	Measuring compliance with standards	Continuously monitoring processes to improve standards
Means	Inspection	Proactive
Approach	Required, Defense	Chosen, Offense
Focus	Outliers, “Bad Apples”, Individuals	Processes and Systems
Scope	Service Providers	Patient Care
Responsibility	Few	All



Polling Question: CQM Budget

Which of the following is not considered a CQM budget activity? (Select One)

A

Data extraction for CQM purposes (collect, aggregate, analyze, and report on measurement data).

B

Monitoring site visits to assess or monitor CQM activities.

C

Staffing to develop and/or update service standards.

CQM Technical Assistance and Resources



CQM Technical Assistance (TA)

Resource
Alert!

- Recipients and subrecipients are eligible to receive CQM TA
- The Clinical and Quality Branch (CQB) offers TA on CQM infrastructure and performance measurement
- CQB TA can cover CQM plans and checklist, performance measures, CQM committee infrastructure, CQM training, CQM budget, CQM personnel activities/job descriptions
- Request TA by completing a TA request form located at:
<https://www.targethiv.org/>



Center for Quality Improvement and Innovation

Resource
Alert!

- CQB manages a cooperative agreement with the Center for Quality Improvement and Innovation (CQII) to conduct TA on quality improvement activities
- CQII assists RWHAP recipients and subrecipients with implementing clinical quality improvement methodologies and concepts to improve HIV health outcomes for people with HIV
- TA and related resources are located at:
<https://www.targethiv.org/cqii>



Questions?

Clinical Quality Management

- RWHAPQuality@hrsa.gov

HIV/AIDS Bureau Performance Measure

- HIVmeasures@hrsa.gov



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