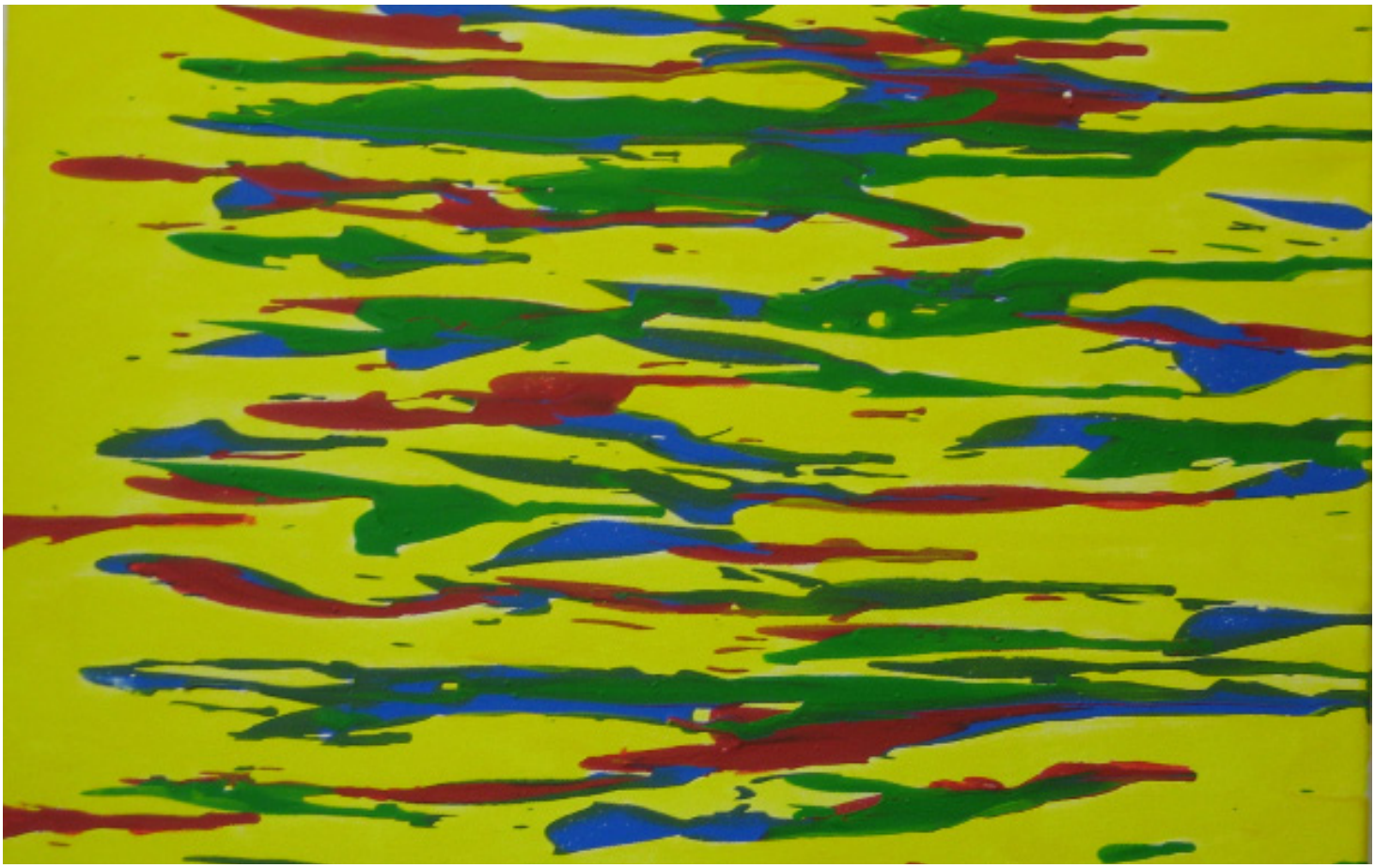

"Untitled" by Tony Norwood

Partnering with Subcontractors to Improve HIV Care

National Quality Center Guide for HIV Providers

New York State Department of Health AIDS Institute
Health Resources and Services Administration HIV/AIDS Bureau

NATIONAL QUALITY CENTER

Partnering with Subcontractors to Improve HIV Care

Quality Management Guide for HIV Network Providers

Developed by the New York State Department of Health AIDS Institute, National Quality Center

For the U.S. Department of Health and Human Services Health Resources and Services Administration HIV/AIDS Bureau

June 2014

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Introduction

Introduction

The Ryan White HIV/AIDS Program (RWHAP), as initially enacted by the United States Congress in 1990, aims to reduce the unmet health needs of persons living with HIV. Often referred to as the "payer of last resort," the program provides primary health care and support services to those who cannot access them on their own or through other insurance programs. In the 2000 reauthorization of the Ryan White Program, Congress mandated that grantees develop sustainable clinical quality management programs. As a result, the Health Resources and Services Administration HIV/AIDS Bureau initiated a cooperative agreement to provide training and technical assistance on quality management, which resulted in the creation of the National Quality Center in 2004. The National Quality Center has emerged as a source of innovation, leadership, and support in quality improvement for these grantees and in HIV care nationwide.

Based on years of experience helping grantees, the National Quality Center is aware that Ryan White grantees face many challenges in partnering with subcontractors to improve HIV care and services. Some grantees are not clear about what is expected of them in working with subcontractors. Many lack the resources to train multiple subcontractors and build quality management (QM) infrastructure across subcontractors. Others encounter challenges in specific partnership activities, such as: developing common performance measures; prioritizing quality improvement goals across subcontractors; building the capacity to train subcontractors in quality improvement methods; and sustaining partnerships with programs fraught with frequent staff turnover.

This Guide captures the combined experiences and accomplishments of Ryan White grantees that partner with subcontractors. In particular, it emphasizes the successes from on-site consultations and the knowledge of National Quality Center staff and coaches who guide Ryan White Program grantees through the challenges and key tasks related to improving the quality of HIV care. The Guide's resources are further augmented by specific best practices from experienced Ryan White stakeholders, real world tips from quality improvement experts in the field, and concrete tools to strengthen current quality management efforts.

Use of the Guide

Purpose

The National Quality Center (NQC) designed this Guide to facilitate effective partnerships between Ryan White grantees and subcontractor organizations, programs, and providers. The Guide aims to inform Ryan White grantees how to:

- Communicate RWHAP expectations for quality management programs at the grantee level and for the collection of client-level health data, health outcome monitoring, and reporting findings back to the grantee
- Build a quality management infrastructure to enhance quality activities with subcontractors
- Increase capacity among subcontractors for quality improvement activities
- Establish comprehensive system-wide quality performance measurement systems
- Sustain subcontractor partnerships over time

Target Audience

This Guide provides important information to Ryan White grantees that oversee subcontractors or a network of multiple clinics. These grantees primarily fall into two categories: Part A and B grantees (network lead agencies) that work with and across multiple subcontractors to improve HIV care and Part C grantees (individual providers) that oversee HIV care at multiple clinic sites. These programs often have organizational structures similar to Parts A and B, such as a central quality management committee, and cross-site performance measures and improvement goals.

In this Guide, "grantee" specifically refers to any directly-funded Ryan White HIV provider responsible for quality management activities. Depending on the size and resources of a grantee organization, quality management may be the responsibility of the grantee, a quality manager, or multiple staff members. The target audience of this Guide is thus the staff responsible for quality management. The National Quality Center created the Guide to help these grantees form successful partnerships with subcontractors for the purpose of quality improvement.

Objectives of the Guide

As Ryan White grantees operate with varying levels of success surrounding subcontractor engagement, this Guide may be used to respond to individual areas of capacity development. A new grantee that is just beginning to formalize its infrastructure for quality improvement activities across their agencies may progress sequentially through each step in this Guide, from beginning to end. A more experienced grantee may use this guidebook as a reference or toolkit to help with specific obstacles or to heighten current activity across subcontracted agencies.

The Guide does not provide a single, "cookie cutter" approach to engaging subcontractors in quality management. Instead, it focuses on the combined expertise and accomplishments of existing Ryan White grantees, successes from on-site consultations, lessons learned during NQC training sessions, and the knowledge of National Quality Center staff and coaches who assist Ryan White HIV/AIDS Program grantees.

The objectives of this Guide are to:

- Clarify the expectations of grantees when working with subcontractors to jointly improve HIV care
- Provide a framework for developing, measuring, evaluating, and improving grantee quality management infrastructure in developing sustained partnerships with subcontractors
- Present options for increasing capacity for quality improvement among subcontractors
- Describe examples of current Part A-C grantees' quality improvement activities with subcontractors
- Provide peer learning and networking opportunities by sharing best practices
- Provide tools that can be used by grantees when working with subcontractors to achieve high quality of care

Structure

The Guide is divided into four parts:

- **The Background Section** provides an overview of the HIV/AIDS Bureau's quality management requirements, and the National Quality Center's role in assisting Ryan White grantees to meet these standards. It also defines key grantee-subcontractor terminology used throughout the Guide.
- **Section 1** outlines how to begin an effective partnership with subcontractors. It details various strategies to assess subcontractors and their activities. A process for developing a plan for subcontractor quality improvement, as well as recommendations for implementing the plan, concludes the Section.
- **Section 2** discusses an effective methodology to increase subcontractor capacity to improve HIV care after the partnership between the grantee and subcontractor is established.
- **Section 3** highlights ways to emphasize collaboration among subcontractors. It discusses how to manage subcontractors with varying degrees of quality management expertise, and skill and still achieve standardized performance measures for improvement projects. This Section then focuses on sustaining momentum over time and advises grantees how to foster expectations for continuous quality management improvement and advancement of client-level health outcomes at both the grantee level and among their subcontractors.

The Guide also features:

- **Real World Examples:** Cases of how grantees successfully partnered with subcontractors
- **Real World Resources:** Relevant references listed throughout the Guide to help grantees further explore these sources of information
- **Real World Challenges:** Common barriers to effective partnerships with grantees
- **Toolboxes:** Effective datasheets and tools used by grantees

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Background

National Quality Center Overview

The National Quality Center (NQC) is a quality improvement initiative founded in September 2004 through a cooperative agreement with the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB). NQC, in partnership with HAB, seeks to advance HIV care nationwide by providing innovative technical assistance and coaching for quality improvement to all Ryan White grantees. This technical assistance helps grantees improve the quality of their HIV/AIDS care and services on a structural level.

Four core components centralize NQC's quality improvement services:

- **Sharing:** Rapid dissemination of information related to quality improvement and quality management (QM) to Ryan White Program grantees through websites, listserv activities, direct mail, and exhibits at key HIV conferences.
- **Training:** Training and education on a wide array of quality-related topics through conference calls, webinars, educational workshops, online training courses, fellowship programs, and in-person Training-of-Trainer (TOT), Training of Quality Leaders (TQL), and Training of Coaching Basics (TCB) Programs.
- **Coaching:** Intensive, individualized on-site and telephone consultation and review of QM materials. NQC provides consultation to directly funded grantees as deemed appropriate through a triage process. Technical assistance (TA) is offered to grantees that request it. This level of TA is designed to support grantees and their primary care staff in the implementation of quality improvement. NQC coaching and mentoring plays a key role in organizational spread of quality improvement knowledge and expertise. Coaching provides direct clinical feedback and helps define a process for planning and implementing change.
- **Collaborating:** NQC plays an integral role in coaching and facilitating HIV/AIDS Bureau peer learning collaboratives. These focus on improving the quality of care of people living with HIV/AIDS by implementing and advancing quality management, quality infrastructure and capacity development, performance measurement, and quality improvement. NQC also offers Regional Groups, which offer an opportunity for HIV providers of all Ryan White Parts to collaborate, share their successes, and learn from peer institutions. The national in+care Campaign unites providers across the country and facilitates peer learning around the issue of consumer retention in HIV care. Peer learning opportunities at NQC accelerate the process for national quality improvement of HIV care.

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Health Resources and Services Administration HIV/AIDS Bureau Quality Management Requirements

Initially enacted as the Ryan White CARE Act in 1990, the Ryan White HIV/AIDS Treatment Extension Act provides funding to cities, states, and other public and private entities to provide care and support services to individuals with HIV/AIDS who are uninsured/underinsured or lack other resources to pay for care.

In the 2000 reauthorization of the Ryan White Program, Congress added the legislative requirement that grantees of Ryan White funds "provide for the establishment of a clinical quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service (PHS) guidelines for the treatment of HIV/AIDS and related opportunistic infection and, as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services." The HIV/AIDS Bureau is responsible for interpreting the Ryan White legislative language and producing specific expectations and guidance for grantees. In response to the 2000 addition of quality quality management requirements, the HIV/AIDS Bureau defined quality as "the degree to which a health or social service meets or exceeds established professional standards and user expectations." This definition highlights that quality:

- Includes core medical and support services as defined by the 2006 reauthorization
- Involves establishing, implementing, and monitoring recognized standards of care
- Measures the impact that services have on client-level health outcomes

The HIV/AIDS Bureau clarified that the three purposes of clinical quality management programs are to:

- Assist direct Ryan White Program-funded medical providers to ensure that services adhere to established HIV treatment guidelines to every extent possible
- Ensure that strategies for improving medical care include health-related supportive services that enhance access to care and adherence to HIV medical regimens
- Guarantee that available demographic, clinical, and health care utilization information is used to monitor HIV-related illnesses and trends in the local epidemic

In order to accomplish these purposes, the HIV/AIDS Bureau further clarified that a successful clinical quality management program should:

- Be a systematic process with identified leadership, accountability, and dedicated resources available to the program
- Use data and measurable outcomes to determine progress toward evidence-based benchmarks
- Focus on linkages, efficiencies, and provider and client expectations in addressing outcome improvement
- Be a continuous process that is adaptive to change and that fits within the framework of other programmatic quality assurance and quality improvement activities (i.e., Joint Commission on the Accreditation of Healthcare Organizations [JCAHO], Medicaid, and other HRSA programs)
- Ensure that data collected are fed back into the quality improvement process to ensure that goals are accomplished and improved outcomes are realized

The National Quality Center is dedicated to helping Ryan White grantees develop successful clinical quality management programs as required by this legislation. Grantees, government representatives, patients, and NQC staff members all share a common desire to improve the quality of HIV care—NQC is here to help make this possible.

Real World Resource: **NQC Quality Academy – Tutorial 3**

This NQC Quality Academy Tutorial looks at the history of the Ryan White Program and its quality improvement requirements, and outlines key quality terms as defined by the body that administers the Ryan White Treatment Modernization Act of 2006, the Health Resources and Services Administration HIV/AIDS Bureau (HAB). In addition, the module examines quality expectations for grantees, and the components HAB expects to see in any quality management program. The types of resources made available to grantees from HAB are detailed, as well as information on how you can get involved.

You will learn about…

- Background of the Ryan White Treatment Modernization Act
- How HAB defines key quality terms
- What the quality expectations are for Ryan White-funded grantees
- What resources are available from the HAB
- How you can become involved

This Tutorial is available in both English and Spanish.
Visit: www.NationalQualityCenter.org/QualityAcademy

Toolbox: Grantee-Subcontractor Terminology

While grantees in all Ryan White-funded Parts work with organizations outside of the grantee organization to provide and improve services to people with HIV, each Part serves a different purpose under the Ryan White legislation. As a result, while many activities related to quality improvement are similar, finding common terminology across the Parts can be a challenge. The following table describes terms grantees often utilize when describing themselves, their subcontractors, and quality improvement activities.

	DESCRIPTION OF RYAN WHITE FUNDING RECIPIENT	TERMS USED TO REFER TO FUNDING RECIPIENT	TERMS USED TO REFER TO QI AT THE FUNDING RECIPIENT LEVEL	TERMS USED TO REFER TO SUBCONTRACTORS	TERMS USED TO REFER TO QI AT THE SUBCONTRACTOR LEVEL
PART A	Metropolitan areas with large numbers of people disproportionately affected by the HIV and AIDS epidemic. Part A grantees are either Eligible Metropolitan Areas (EMA) or Transitional Grant Areas (TGA)	City/County Department of Health or Public Health Department	System level, system-wide, aggregate, EMA-wide, TGA-wide	Providers, programs, sub-grantees, subcontractors, sub-recipients	Program level, provider level, sub-grantee level, local level
PART B	States and territories that fund organizations to provide services in the state/territory and administer AIDS Drug Assistance Program (ADAP) funds	Department of Health or State Public Health Department	State-wide, system level, system-wide	Subcontractors, sub-recipient, sections, providers, programs	Section level, local level, program level, provider level
PART C	Public and private, single and multi-site, not-for-profit organizations that provide primary care and/or early intervention services to people with HIV, sometimes utilizing a network	Clinic	Program-wide, network level, system-wide, program level, provider level	Sites, satellite clinics, providers, agencies	Site level, satellite, clinic level, provider level

Toolbox: Grantee-Subcontractor Terminology (Cont.)

In this Guide the following terms are used to refer to grantee-subcontractor relationships:

TERM	DEFINITION
Grantee	The lead agency responsible for Ryan White funds. The grantees for each Part enter into a binding relationship with HRSA HIV/AIDS Bureau through a grant contracting process. Grantees of different Parts often reside in different settings. Depending on the size of the system funded, quality management responsibilities may be concentrated in one person or shared by multiple grantee staff.
Subcontractor	An entity that receives funds from the grantee to provide services directly to clients. The use of the term "subcontractor" reinforces the binding relationship funded providers, programs, and agencies have with the grantee. These relationships are bound through a formal, written agreement as to what services will be provided through the funds and what activities subcontractors must do in order to receive funding. This agreement often takes the form of a formal written contract or Memorandum of Agreement (MOA)/Memorandum of Understanding (MOU). Quality management on the "subcontractor level" includes activities that take place within an individual subcontractor organization.
System Level (system-wide, aggregate, EMA-wide, TGA-wide)	Quality management activities coordinated by the grantee and implemented across all subcontractors. The use of the term "system" is strategic. If grantees and/or subcontractors consider quality an issue only at individual subcontractor agencies, the broader issues that affect access to and retention in care, or other clinical issues, will go unaddressed. Thinking systemically can lead to big changes that improve the health outcomes for persons living with HIV/AIDS.

Expectations of Ryan White Grantees in Partnering with Subcontractors around Quality Management

With each reauthorization of the Ryan White legislation, the HIV/AIDS Bureau (HAB) develops updated guidance for grantees. Because HAB recognizes that resources for quality management vary among grantees, it provides basic expectations (as described below) and allows grantees and their HAB Project Officers to determine the extent of grantee-subcontractor quality management (QM) program partnerships. Large systems, such as an EMA, are expected to have robust subcontractor involvement in quality improvement on both system and subcontractor levels, whereas small TGA or other networks may apply these expectations differently.

At the system level:

- Form and meet regularly with a quality management committee that includes subcontractors
- Develop, implement, and update a written quality management plan that clearly defines:
    - The role and expectations of the grantee partner ing with subcontractors to improve the quality of HIV care
    - Data collection plans
    - Annual quality goals
    - The mechanism for evaluating the quality management program's effectiveness in working with subcontractors
- Collect performance data from subcontractors
- Analyze system-wide data
- Report back data to subcontractors
- Develop improvement priorities with subcontractors
- Oversee the progress of quality improvement projects involving subcontractors
- Evaluate the quality program's effectiveness in partnering with subcontractors

At the grantee level:

- Incorporate expectations of subcontractor involvement in quality improvement into Requests for Proposals (RFP), contracts, contract meetings, and site visits
- Build capacity for quality improvement among subcontractors through providing training and provision of technical assistance
- Work with subcontractors to develop or adopt standards, choose quality indicators and improvement priorities, and develop joint improvement projects
- Ensure subcontractors are:
    - Engaging in quality improvement work
    - Meeting or working to meet service standards
    - Involving consumers in their quality improvement activities

While there is latitude in how grantees incorporate these expectations, grantees should keep in mind that the ultimate goal of partnering with subcontractors is to improve the quality of care for people with HIV and AIDS.

Selecting a strong, enthusiastic leader to oversee the grantee's quality management program is the key to fostering robust quality management programs and engaging subcontractors. The leader of a quality management program needs to be able to sustain enthusiasm for quality improvement in the face of challenges and incremental change. Make sure to have a staff member dedicated to the quality management program. As one grantee reflected, "the enthusiasm or lack thereof of the quality lead can make or break a quality management program."

Toolbox: Glossary of Key Quality Management Terms

TERM	DEFINITION
Benchmarks	Performance data that are used for comparisons.
Consumers	Anyone who receives health care services and/or products.
Evaluation	Systematic studies, conducted periodically or on an ad-hoc basis, to assess how well a program or system of care is working.
Guideline	Statements or standardized specifications for care to assist practitioners and patients with appropriate health care decisions for specific clinical circumstances. Guidelines are developed through a formal process and are based on authoritative sources, including clinical literature and expert consensus. Guidelines can also be referred to as "clinical or practice guidelines."
Measure	A measurement tool or operational definition of one specific quality characteristic that can be measured (e.g., PPD, lipid screening) against guidelines or standards of care. A measure is often categorized as either an outcome or process measure. It can also be called an "indicator."
Model for Improvement	An approach to process improvement, developed by Associates in Process Improvement, which helps teams accelerate the pace of change: the Model includes use of "rapid-cycle improvement;" successive cycles of planning, doing, studying, and acting (PDSA Cycles).
Peer Review	Evaluation or review of the performance of colleagues by professionals with similar types and degrees of expertise (i.e., one case manager reviewing the documentation of another).
Plan-Do-Study-Act (PDSA) Cycle	A process to describe a quality improvement cycle using four steps: Plan, Do, Study, Act; it is sometimes referred to as the Shewart Cycle (Walter A. Shewart) or as the Deming Cycle (W. Edwards Deming) or the Plan-Do-Check-Act (PDCA) Cycle.
Quality Assurance (QA)	A formal set of activities to review and to safeguard the quality of services provided, QA includes quality assessment and implementation of corrective actions to address deficiencies. It is focused on identifying problems, ensuring that standards are adhered to and solving single quality issues with problem resolution focused on the responsible individual. QA is used more in a regulatory environment.
Quality Improvement (QI)	An organizational approach to improving quality of care and services using a specified set of principles and methodologies, including, but not limited to, leadership commitment, staff involvement, cross-functional team approach, consumer orientation, routine performance measurement, and a continuing cycle of improvement activities.

Toolbox: Glossary of Key Quality Management Terms (Cont.)

TERM	DEFINITION
Quality Management (QM) Program	An umbrella term encompassing all agency-specific quality activities, including organizational quality infrastructure (e.g., QM committee, QM plan) and quality improvement-related activities (e.g., performance measurement, quality improvement projects).
Quality Improvement (QI) Team	A cross-functional, specially constituted working group that addresses one specific opportunity for improvement. A QI team consists of those people who have regular involvement in the process, a leader, and sometimes a facilitator. A QI team is also called a "Project Improvement Team."
Quality Management (QM) Plan	A written plan outlining the agency's quality management infrastructure (including clear responsibilities and accountability for activities) and process for ongoing evaluation and assessment to identify and improve the quality of care.
Quality of Care	The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.
Standard of Care	Performed and agreed upon principles and practices for the delivery of services that are accepted by recognized authorities. The standard of care is based on research (when available) and the collective opinion of experts.

Toolbox: List of Acronyms

ACRONYM	TERM	ACRONYM	TERM
ADAP	AIDS Drug Assistance Program	PDSA	Plan-Do-Study-Act Cycle
AETC	AIDS Education and Training Center	PLWHA	Persons living with HIV/AIDS
DHHS	Department of Health and Human Services	QA	Quality Assurance
DOH	Department of Health	QI	Quality Improvement
EMA	Eligible Metropolitan Area	QM	Quality Management
HAB	HIV/AIDS Bureau	RFP	Request for Proposals (also: RFA—Request for Applications)
HRSA	Health Resources and Services Administration	TGA	Transitional Grant Area

Section 1: Integrating Subcontractor Partnerships into the Grantee Quality Management Program

"Think big, start small, and grow!"
Thandie Phindela

Integrating Subcontractor Partnerships into the Grantee Quality Management Program

The Big Picture

A small group with big ideas can make subcontractor partnerships successful. If you focus your efforts on recruiting support and planning ahead, implementation will follow naturally. This section will discuss a few simple steps for integrating subcontractor partnerships into your agency's existing quality management (QM) program infrastructure.

What to Do:

- Obtain leadership support for partnering with subcontractors
- Assess current quality improvement (QI) activities with subcontractors
- Develop a plan for increasing subcontractor engagement in quality improvement
- Implement the written plan

Step One: Obtain Leadership Support for Partnering with Subcontractors

Successful leadership of grantee-wide improvement activities is a critical ingredient for effectively partnering with subcontractors. This begins with the identification of a single person who will accept ultimate responsibility for the organization of a QM committee and the implementation of quality improvement projects across the subcontracted agencies. It is critical that this person has training in quality improvement methodology and has a passion for working with and leading other people in efforts to demonstrate improvements in HIV care. This leader will perform most effectively when he or she has the total support and commitment of the grantee's senior management.

When beginning to construct a new grantee-wide QM infrastructure, the leader must consider how he or she gains the trust and respect of all team members so that the group can function cooperatively and collaboratively. This leader might spend considerable energy on the tasks below:

- Assess the level of knowledge and skills relating to quality improvement methodology at each subcontracted agency
- Provide or arrange for training in areas where knowledge and skills are lacking
- With senior management, assure there is clear contractual language regarding participation in QI activities for all subcontracted agencies
- Provide a set of recommended activities and goals that align with national priorities, and a timeframe, in which to implement these activities; utilize the National HIV/AIDS Strategy, the HAB Performance Measures, and the Ryan White Part A and B Monitoring Standards as reference tools when selecting these activities
- Constantly evaluate and assess the progress of each subcontractor and the contributions they make to the grantee-wide QM committee's progress
- Praise and share successes with all subcontractors as well as senior management

As the committee implements quality improvement projects and begins to realize the positive results of their joint work, the leader may opt to share more responsibility with the committee members or other subcontracted agency staff members. With guidance from the leader, committee members may begin to play a greater role is determining which quality improvement projects are most relevant to their populations and what goals they should expect to accomplish. Some important points for this leader to consider might now include the following:

- Assure that every voice on the committee is heard and respected
- Understand that every team member must gain a sense of ownership of the improvement process and activities if their participation is to be sustained
- Seek input and feedback from all committee members as well as senior management
- Provide an avenue through which subcontractors have the opportunity to share their strategies, interventions, challenges, and success with the whole committee
- Assure that the improvements are on task and on time by offering support, guidance, and encouragement
- Recognize and acknowledge the accomplishments of subcontractors and share those successes widely with the public and outside of the grantee catchment area

Toolbox: Leadership Grid

In addition to having an effective leader for the grantee-wide QM committee, it is important to effectively engage traditional agency leaders and bring them to the table. The level of support provided by your agency's executive leadership is a critical factor in how successful your quality management program is in forging successful partnerships with subcontractors. Some examples of the ways executive leadership can support or undermine partnerships with subcontractors include:

SUPPORT	UNDERMINE
Include expectations for QM activities in contracts with subcontractors	Point to legislative requirements regarding QM with subcontractors only; fail to inspire purpose
Create alignment within the organization and/or system of care regarding QM with subcontractors	Silo the grantee's QM activities with subcontractors or ignore them altogether
Provide resources for developing data collection systems, analyzing data, and creating data reports	Refuse to locate or allocate resources for QM program infrastructure
Allocate staff time for providing training and technical assistance (TA) to subcontractors	Disallow staff time to provide training and TA for subcontractors or tell grantee staff to do so "when they have time"

SUPPORT	UNDERMINE
Include QM requirements in Requests for Proposals, contracting, and monitoring activities	Refuse to update RFP, contract boilerplate language, or other established organizational practices to include QM requirements
Contact or meet with leadership of resistant subcontractors' organizations to support the importance of participation in QM activities	Validate or respond passively to complaints by subcontractors regarding QM activities or respond passively to their concerns
Include time on senior management meeting agendas for quality improvement content and/or data reports	Recycle data reports, and do not allow time on management agendas for quality improvement content
Review quality improvement activities involving subcontractors, including system-wide and/or subcontractor-level QI projects	Ignore or criticize subcontractor QI activities
Engage grantee POs, contract managers, and administrators of subcontractor organizations that are actively engaged in QM and/or reporting improvements to champion their efforts	Leave the positive reinforcement/championing of QI as the sole responsibility of grantee QM staff ("QM silo")

By now you are probably wondering how to obtain executive leadership support. Grantees that have successfully engaged their leadership suggest the following strategies:

- Identify what the quality management program specifically needs from the leader(s) in order to strengthen the quality management program; then ask for it
- Routinely show leaders their current and trended performance data results; email them, bring the results to their desk, send them through your newsletter
- Put administrators on the QM committee agenda to give their strategic advice; if they are reluctant to come, put them on the agenda with a specific agenda item
- Bring leaders and consumers together to talk about the need for change
- Create the business case for improving and present it
- Link quality activities to larger, agency-wide, or even national priorities such as the National HIV/AIDS Strategy, Treatment is Prevention, and Zero New Infections
- Post QI work in common locations (hallways, break rooms, copy room)
- Request NQC technical assistance for a quality improvement expert to coach the leader to support quality improvement
- Reference legislative requirement and HRSA HIV/AIDS Bureau expectations
- Assure that avenues of communication are paved, wide open, and routinely used. Share information up to the executive leaders, collect their input, and share it back down through the QM committee
- Be persistent

Step Two: Assess Current Activities with Subcontractors

Identify subcontractors.

Some grantees fund and work directly with subcontractors that provide services, while others subcontract with consortia or lead agencies that in turn work with service providers. Some examples of subcontractors include community-based organizations that provide case management or support services; hospital/university and community health center-based clinical providers; and providers of professional services, such as oral health, mental health, and substance use services providers.

To start the assessment of subcontractors' current quality improvement activities, collect the following key contact information:

- All subcontractors, including those funded through a subcontracted agency
- The services each provide to PLWHA, including which Ryan White Part funding they receive
- Key leaders and quality champions at each site
- Contact information
- Database systems the subcontractor uses

The following example will give you an idea of what a complete contact information sheet could look like.

Toolbox: Getting to Know Subcontractors

SUB-CONTRACTOR NAME	GRANTEE SUBCONTRACT ORGANIZATION(S)	SERVICES PROVIDED TO PLWHA	QUALITY CHAMPION(S)	CONTACT INFORMATION	DATABASE SYSTEM
Beta Medical HIV Clinic	*Beta Medical HIV Clinic*	*HIV medical care to Part A and Part C-funded clients*	*Dr. Williams, Medical Director*	*Williams07@ beta.edu*	*CAREWare*
Acme Case Management Program	*Beta Public Health Dept; Beta City Dept of Health*	*HIV medical case management to Part B clients*	*Bob, CM supervisor; Ann, BPHD subcontractor*	*bob@acme.org*	*Lab Tracker*
Dr. Smith	*n/a; not funded through Ryan White*	*HIV medical care to a large number of low income people*	*Andrew, Consumer rep from Planning Council*	*(222) 111-3333*	*CAREWare*
Neighborhood Community Services	*Neighborhood Community Services*	*Social service supports: food, transportation, counseling*	*Sara, LCSW*	*(222) 111-4444*	*Paper Charts*

Identify current and desired state of subcontractor partnerships around quality.

Each grantee utilizes different approaches to ensure quality of care in their system. Some grantees build capacity among subcontractors to monitor and improve their quality from within. These grantees expect their subcontractors to participate in reporting data, reviewing data results, choosing improvement goals, and working to improve on those system-wide goals. Other grantees, especially those with subcontractors with limited resources, do the data abstraction themselves or hire an outside agency to do so. It is up to each grantee to decide how to ensure quality of care among subcontractors within the available resources.

The biggest factors to successful subcontractor partnerships are having clear expectations for their involvement on system and subcontractor levels, communicating those expectations clearly, and being consistent in reinforcing those expectations.

The following Assessment of Subcontractor Engagement in Quality Management Requirements tool is useful for conducting an inventory of the grantee's current quality management requirements of subcontractors as well as in considering which activities would strengthen the quality management program. While not all of the following activities are required by the HIV/AIDS Bureau, all have been used by various grantees to partner with subcontractors and improve the quality of care in their systems.

Upon completion of this assessment tool, use your findings to improve the engagement levels of your subcontractors. Knowing where your subcontractors are and where they could be is valuable information, but that knowledge will lose significance if you do not react to your findings. Some questions you might ask yourself are:

- Do you have appropriate representation on your QM committees?
- Are you lacking a particular skill set, mindset, or discipline? If so, how can you recruit the people you need?
- Are the QM committees meeting frequently enough to effectively carry out their mission? If not, how will you suggest and encourage more routine interactions?
- Have you identified any best practices at one agency that should be shared with the others? If so, plan for an avenue of communication.
- Is there a particular agency, provider, or team that deserves special recognition for their work and successes? If so, how might they be acknowledged?
- Have you identified much diversity amongst your subcontractors in how they fared on any particular piece of this assessment? If so, can you match the agency that is struggling with one that is succeeding so that they may help each other?
- Do you see a need for stronger consumer involvement? If so, do you have the tools to recruit and train them?

The results you obtain from this assessment guide the development of your own questions. You might decide to shift some of your requirements, or you might consider facilitating the feasibility of others. Finally, you might develop a wish list that can be considered when conducting long-term strategic planning sessions with your subcontractors.

Toolbox: Assessment Tool—Subcontractor Engagement in Quality Management Requirements

Subcontractors: *A) Subcontractor-Level Quality Management*	*Require Of All*	*Require Of Some*	*Do Not Require And Do Not Think It Is Feasible*	*Do Not Require But Would Like To Incorporate*
Staff participate on a subcontractor-level QM committee				
Involve consumers in the subcontractor-level QM committee				
Submit meeting minutes or allow grantee to attend a QM committee meeting				
Obtain consumer input about their services				
Develop a subcontractor-level QM plan				
Align subcontractor-level QM activities with the overall organization				
Measure internal quality indicators				
Review performance data in the subcontractor QM committee				
Engage in at least one improvement project				
Report improvement project results to staff and grantee QM committee				
Staff attend QI training at least annually				
Participate in organizational assessments with the grantee QM staff				

Toolbox: Assessment Tool—Subcontractor Engagement in Quality Management Requirements (Cont.)

Subcontractors: ***B) System-Level Quality Management***	***Require Of All***	***Require Of Some***	***Do Not Require And Do Not Think It Is Feasible***	***Do Not Require But Would Like To Incorporate***
Participate on grantee QM committee or subcommittee				
Help develop, review, and/or sign off on the system-wide QM plan				
Measure a common set of measures used across all/multiple subcontractors				
Report data on these measures at regular intervals				
Allow the grantee to measure performance if reporting data are not possible				
Allow the grantee to measure performance if reporting data are not possible				
Receive & review their performance data reports at regular intervals				
Receive & review aggregate and/or blinded or un-blinded performance data for all subcontractors' performance on the indicators				
Participate in the selection of annual system-wide QM goal(s)				
Work on at least one system-wide improvement project; project could be the same across all or selected from a list of possible performance indicators				
Participate in a learning network or improvement collaborative				

Prioritize efforts in large systems.

"Grantees need a thoughtful approach to prioritizing. We would rather they do solid work with a few categories than spread themselves too thin with all of the categories. However, they should ask themselves, is there a way to do both? Can you provide the training and assistance so subcontractors can do QI for themselves?"
HIV/AIDS Bureau representative

While the HIV/AIDS Bureau's (HAB) intention is for grantees to have performance measurement and improvement projects within and across all subcontractors to enhance systems of care, HAB recognizes that some grantees of large systems would spread their quality resources too thin if they were to focus on all funded service categories and subcontractors at the same time. Grantees of large systems have developed various methods to prioritize their efforts in order to have the most impact with limited grantee and subcontractor resources. Some initially focused on primary care and case management, and then added additional categories over time. Others found it useful to gradually add additional performance measures and subcontractors to the QM program.

Now let's consider a few specific methods of prioritization. Keep in mind:

- The quality of medical care is the top priority. Grantees are responsible for ensuring that clinical care meets or exceeds Department of Health and Human Services expectations.
- As capacity builds within a grantee system and efforts to measure and improve clinical care become more self-sustaining, the grantee should expand the scope of the QM program to include additional service categories and subcontractors. The HIV/AIDS Bureau's expectation is that quality management programs improve systems of care, not just clinical care.
- Grantees should document their rationale for limiting the scope of the quality management program in their QM plan. They should describe their long-term plans for addressing quality in additional categories in the future.

***Real World Example:* Prioritization of QM Efforts in the Philadelphia EMA**

The Philadelphia Part A EMA funds 75 subcontractors in nine counties and three health departments in Pennsylvania and New Jersey. Rather than start with all service categories, the EMA initially focused their capacity efforts on their highest-funded service categories. Among those subcontractors, the EMA focused and continues to focus their intensive technical assistance efforts on the five subcontractors with the lowest performance each year. This prioritization rationale is described as explicit "guiding principles" in their QM plan. Over the years, the EMA has developed capacity for primary care and case management providers to collect and report data through CAREWare and requirements for each to engage in three QI projects. Recently they started expanding their scope to require QM of other service categories, starting with oral health.

As they add each new category, they apply what they learned in the past. Namely, they:

- Require frequent data collection and reporting
- Use entire dataset, not a sample
- Require an internal QI team/QM committee at each subcontractor organization
- Require subcontractors to either "sign on" to the EMA-wide QM plan or have a QM plan of their own
- Use national, instead of local, performance measures where they exist
- Require all subcontractors in a category to have improvement projects
- Identify early adopters and focus initial efforts on them

Step Three: Develop a Plan for Increasing Subcontractor Engagement in Quality Improvement

Develop goals for subcontractor engagement.

After assessing your current and desired quality management requirements for subcontractors, the next step is for your staff to set concrete goals for subcontractor engagement in quality improvement activities. Some goals that could be helpful include subcontractor participation in QI projects, trainings, data reporting, and quality management meetings. Goals can also be visionary, such as improving retention measures over time, or further increasing the number of patients who are virally suppressed.

Real World Example: **The Seattle Part A TGA Sets a New Course**

After attending a HAB All Grantees Meeting and a NQC Training-of-Trainers (TOT) session, the Seattle TGA realized they wanted to go in a different direction with their QM Program, particularly in partnering with subcontractors around quality improvement. In developing goals for the revised program, the TGA's QM staff took the Part A Organizational Assessment Tool (see Appendix A) and listed all of the activities that would lead to a "5" score into a set of "goals" for the TGA QM Program. They incorporated these goals into their QM plan as "infrastructure goals" and started the incremental steps necessary to meet them.

Identify steps necessary for reaching goals.

For each goal, staff responsible for quality management should identify the steps necessary to reach the goal and translate these steps into "objectives" with a measurable endpoint/benchmark. You might consider the following steps to facilitate initiation of activities and monitor progress towards goals:

1. Establish a starting point (prioritize goals) for each subcontractor, noting that the starting point will likely be different at each agency
2. Identify the most appropriate person at each subcontracted agency to facilitate each goal; focus your communications regarding that goal to that responsible person
3. Work with each responsible person to establish a reasonable timeframe in which the assigned goal will be achieved
4. Check on progress at regular intervals
5. Praise all incremental steps towards goal completion, and offer technical assistance when progress is slow or absent
6. Don't assume a task that has been assigned to a subcontractor should be accomplished by you in the end. Instead, offer supportive encouragement or technical assistance from yourself or another subcontractor. To help with buy-in and achievement, always explain the potential benefits and reasons for the goals and tasks you assign.

Real World Example: **The Seattle TGA Develops a Plan to Increase Subcontractor-level Quality Management**

For each goal, the Seattle TGA brainstormed a list of activities/objectives that needed to be accomplished. For example, to meet the goal of having subcontractors launch QI projects at the start of the coming contract year, the TGA identified the following objectives with clear endpoints:

- Train TGA staff in QM within the next 12 months
- Identify key information and skills needed by subcontractors to meet the quality expectations
- Integrate expectations into RFP, contracts, quarterly reports, and annual progress reports
- Train subcontractors in basic QI principles and methods as well as grantee expectations for partnering with the grantee
- Provide tools for subcontractors to use in meeting the requirements (i.e., templates, forms)

Translate the objectives into a timeline and work plan.

Next, your staff responsible for the quality management program should develop an action plan for meeting each objective. The action plan should include a detailed list of all the activities/tasks that need to be done over a specified time frame, who will accomplish them, using what resources, and by what date. Once complete, integrate the action plan activities into your QM work plan.

***Real World Example:* The Seattle TGA Implements Requirements for Subcontractor-level Quality Management**

Starting with the implementation date of the first day of the contract (March 1), the Seattle TGA worked backwards to develop an implementation timeline.

- *March 1:* Subcontractors' QM plan due to grantee.
- *January 15:* List of subcontractors' QM committee members due to grantee.
- *January 7:* Mandatory QI training for 1 administrator and 1 line staff. Obtain posttraining assessment to evaluate training content.
- *December:* Meet with contract monitors to incorporate new QM requirements and project reporting forms to contracts. Distribute pre-training assessment.
- *November:* Order reference materials from NQC to distribute at training. Develop QM plan template.
- September: RFP published.
- *July-Dec:* Develop and revise training content.
- *June:* Meet with procurement to add QM activities to the RFP. Announce changes at Service Providers' Work Group meeting.
- *April-May:* Contact each subcontractor to assess their experience with QM, training needs, and current quality assurance, quality improvement, and client satisfaction activities.
- *Jan-March:* Gain leadership support for increased QM requirements of subcontractors. Clarify new requirements among grantee staff.

Step Four: Implement the Work Plan

Each grantee's plan for increasing subcontractor involvement will be different. As such, you will need different resources to move your partnerships forward over time. The remainder of this Guide provides information, tools, and examples that you can utilize at any stage in the process of increasing subcontractors' involvement in quality improvement.

While implementing a plan to increase subcontractor involvement, keep in mind the following recommendations from successful grantees:

- Be patient; this is a process. It can be a struggle to get everyone involved in QI. It is not uncommon to take years to get all subcontractors actively and fully engaged in QI.
- Grantee QM staff need to have a lot of energy. As one Part C grantee described, working with subcontractors "is like trying to keep 10 plates spinning at once. It takes a lot of work."
- It's imperative that each subcontractor identify one person to be accountable for making sure quality activities occur.
- Expect resistance, as it is almost universal. Over time, quality becomes part of the culture of the grantee-subcontractor relationships, and the myriad of phone calls will stop.
- Assess subcontractors' capacity to meet the new requirements and work with them to get there.
- Don't reinvent the wheel. Ask grantee staff responsible for QM in organizations similar to your own to share with you the tools and training materials they used. In addition, the extensive resources available from NQC are listed in Appendix A.
- Make sure the implementation timeline is realistic for subcontractors. Give them lots of lead time for implementing new requirements. Solicit their feedback and incorporate it.
- Avoid implementing new requirements during stressful times for subcontractors, such as writing other grant ap-

plications or completing data uploads and other reports.

- If at all possible, take away unnecessary or outdated requirements to free up resources for subcontractor QM activities.
- Include goals in your QM plan for developing the infrastructure to work with and across subcontractors, in addition to performance goals.
- If a subcontractor also receives funding through multiple Ryan White Parts, obtain agreement from the other Parts to honor the plan the subcontractor developed for another Part. Better yet, align your QM expectations across all Parts in the state.

It is important for the grantee to acknowledge the additional challenges that might be presented when a subcontractor receives funds from more than one Ryan White Part. Each funding stream will have its own quality management requirements and the agency staff will need to comply with all of them. Part A funders may require data for their new disparity QI project; Part B funders might be initiating a new quarterly data report; and Part C may require participation in their adolescent retention project. It may also be the case that each of those Ryan White Parts requires their own chart or EMR review, as well as participation on their own quality committees and meetings. All of this may lead to the dilution of quality efforts in the agency.

When agencies are multiply funded, a small amount of collaboration at the grantee level can help reduce burden. Grantees should meet to discuss the requirements they have assigned their subcontractors, the data reports they require, and QI projects they have implemented. When possible, grantees can align data collection and projects, and combine their resources to produce even more powerful and meaningful data, as well as more successful outcome results with their QI projects. It is unrealistic to expect that all QI efforts can be synchronized as grantees may serve different and distinct populations. But when commonalities exist, efforts to address them should be aligned across Parts. This will not only reduce burden, but it will produce longer lasting results of higher significance.

Real World Example: **New Jersey Clinic Increases the Frequency of Pap Smear Rates**

Jersey City Medical Center is home to a large urban hospital-based HIV clinic in northern New Jersey. As a subgrantee, it receives funding from two Ryan White Parts, both of which have rigorous QM programs. In one year, one grantee implemented a network-wide QI project to improve Pap smear rates to 75%. This expectation meant that of all women eligible to receive a Pap smear, 75% would have documentation of that service in any given 12-month period. The clinic showed some improvement, but it was eventually diminished with the onset of other projects. In a subsequent year, the other grantee in the state focused its QI activities on improving Pap smear rates in their consortia. Again the rates at Jersey City improved, but again were diminished with competing priorities. Two years later, the grantees from both Parts targeted their QI efforts on Pap smear rates. With impetus, support, and guidance coming from both grantees at the same time, staff at this hospital combined their skills and resources and moved their Pap smear rate to the 80th percentile for the first time. This accomplishment was possible because the staff from both Ryan White Parts worked together on the same project: HIV medical staff performing Pap smear screens during the HIV medical visit. With encouragement from both grantees, this Pap smear rate has been relatively stable for over 4 years.

Real World Resources: **NQC Action Planning Guide**

The NQC Action Planning Guide provides clear, detailed steps for implementing action plans and improvement projects. Information about how to access this Guide is in Appendix B.

Section 2: Building Capacity among Subcontractors to Improve the Quality of HIV Care

"Your job is to provide the training and technical assistance so they can do it themselves."
HIV/AIDS Bureau Representative

Building Capacity among Subcontractors to Improve the Quality of HIV Care

The Big Picture

Subcontractors with sufficient resources to conduct quality management on their own will be more successful in the long run. Your agency will have the highest impact over time in improving HIV care if you invest in the quality management infrastructure of your subcontractors. By assessing, training, and coaching your subcontractors, you will use fewer resources and dramatically improve the performance of your agency's network. This section will help you build your subcontractors' capacity for quality improvement.

What to Do:

- Integrate the quality management requirements of subcontractors into grantee contracting processes
- Identify subcontractors' needs for training and technical assistance
- Develop, implement, and evaluate an educational training plan
- Develop and conduct quality improvement trainings
- Coach subcontractors to develop capacity for quality improvement
- Use strategic interventions to increase subcontractors' participation in quality improvement activities

Step One: Integrating the Quality Management Requirements of Subcontractors into Grantee Contracting Processes

Communicating expectations to your subcontractors is the first step. The easiest way to engage subcontractors in quality improvement early on is to integrate quality management (QM) requirements into standard contracts. Some examples of integration of QM content include:

- Adding questions to Request for Proposals (RFP) regarding applicants' plans for measuring and improving the quality of care they provide
- Adding QM requirements to the grantee agency contracts with subcontractors
- Reinforcing QM requirements at contract meetings
- Incorporating questions about improvement activities/outcomes to quarterly and/or annual grantee reports
- Requiring submission of QM plans and QM committee meeting minutes at set intervals
- Incorporating QM content to contract site visit protocols

Take a look at the following example to see what your contract language could look like:

Real World Example: **Georgia's Contract Language regarding Quality Management**

A. Ensure that the medical management of HIV infection is in accordance with the U.S. Department of Health and Human Services (DHHS) HIV-related guidelines including:
   - Antiretroviral treatment
   - Maternal-child transmission
   - Post-exposure prophylaxis
   - Management of tuberculosis and opportunistic infections
   - HIV counseling and testing

B. Ensure compliance with the Georgia Division of Public Health, HIV Unit manual, Medical Guidelines for the Care of HIV-Infected Adults and Adolescents, current edition.

C. Develop and implement a quality management (QM) program according to HRSA HIV/AIDS Bureau expectations for Ryan White grantees. Include the following:
   1. A written QM plan.
   2. A leader and team to oversee the QM program.
   3. QM goals, objectives, and priorities.
   4. Performance measures and mechanisms to collect data.
   5. Project-specific continuous quality improvement program(CQI).
   6. Communication of results to all levels of the organization, including consumers when appropriate.

D. Participate in the statewide Part B QM Program.

E. Monitor performance measures as determined by the Part B QM Program.

F. Participate in HIV clinical chart reviews by HIV Unit Medical Advisor and Nurse Consultants.

G. Provide QM plan, reports, and other information related to the local QM program as requested by the HIV Unit District Liaison and/or State Office QM staff. Allow the HIV Unit District Liaison and/or State Office QM staff access to all QM information and documentation.

H. Ensure compliance with the Georgia HIV/AIDS Case Management Standards. Include the following:
   1. Case managers utilize the standardized case management client intake form or an equivalent.
   2. All case managed clients have an Individualized Service Plan (ISP) developed

Step Two: Identifying Subcontractors' Needs for Training and Technical Assistance

Now it's time to assess your subcontractors' needs for assistance. It is essential to develop a baseline understanding of subcontractors' knowledge and use of quality improvement concepts and methods.

Conduct a needs assessment survey.

An excellent tool to use at the outset is a needs assessment survey. It lets you know what subcontractors consider to be priority areas before completing a more formal assessment.

Toolbox: Quality Improvement Training/TA Needs Assessment Survey

While grantees in all Ryan White-funded Parts work with organizations outside of the grantee organization to provide and improve services to people with HIV, each Part serves a different purpose under the Ryan White legislation. As a result, while many activities related to quality improvement are similar, finding common terminology across the Parts can be a challenge. The following table describes terms grantees often utilize when describing themselves, their subcontractors, and quality improvement activities.

	I *do not know* what this is	I *know* what this is	I can *apply* this in identifies situations	I know *how*, *when*, and *where* to use this	I can *adapt* and *explain* this	I *integrate* this into my work regularly
A) QI Concepts						
Plan-Do-Study-Act (PDSA) Cycle						
Model for Improvement						
Designing Tests of Change						
Implementing Tests of Change						
Spread and Scale-up of Change Concepts						
B) QI Processes						
Brainstorming						
Prioritization and Ranking						
Developing an Aim Statement						
Use of an Aim Statement						
C) QI Tools						
Cause and Effect/Fishbone Diagram						
Flow Chart						
Decision Support Tools						
D) Data Tools						
Run Chart						
Pareto Chart						
Frequency Plot						
Scatter Plot						
Dashboard						
Benchmarking						

Toolbox: Quality Improvement Training/TA Needs Assessment Survey (Cont.)

	I *do not know* what this is	I *know* what this is	I can *apply* this in identifies situations	I know *how*, *when*, and *where* to use this	I can *adapt* and *explain* this	I *integrate* this into my work regularly
E) Performance Measurement						
How To Use Measures						
How To Interpret Data Results						
Data Validity						
Using Findings for QI						
F) QM Infrastructure						
Writing a QM Plan						
Conducting a QI Project						
Consumer Involvement						
Forming an Interdisciplinary Team						

Conduct an organizational assessment.

In addition to the needs assessment survey, you want to objectively assess your subcontractors. The organizational assessment (OA) is a more rigorous and thorough evaluation designed to help you provide the best technical assistance (TA) possible.

An OA tool is available for each Ryan White Part and the grantee's various subcontractor quality management programs. References to these assessment tools can be found in Appendice A at the end of this Guide. The OA includes a series of key questions to assess a subcontractor's quality program. These include their quality management plan, quality infrastructure, performance measurement, staff engagement, consumer involvement, and quality activities. Each question is scored on a 0-5 scale (rudimentary to advanced) with descriptions of when to apply each score included in the tool. A score of 5 implies a sophisticated culture of quality and, therefore, greater sustainability of the quality management program. A score of 3 suggests that the HIV/AIDS Bureau expectations for quality have been met.

Remember, assessment must precede improvement. Using the OA tool with subcontractors allows you to:

- Objectively assess strengths and weaknesses of subcontractors' quality improvement activities
- Identify gaps in subcontractors' quality improvement capacity and develop action plans to address those gaps
- Observe subcontractors' quality management activity development over time
- Compare subcontractors' quality management programs using a standardized tool
- Identify common challenges across subcontracted agencies/programs
- Track improvements in the percentage of subcontractors that engage in required quality management activities over time

Also, note that this assessment is best completed by the lead grantee. The central grantee office should designate a staff member familiar with and experienced in quality management and quality improvement principles. Although it is not inappropriate for the subcontracted agency to conduct this assessment on their own, facilitation by an outside person can assure more unbiased findings and allow an opportunity for the explanation of any of the OA components. Additionally, if the same grantee staff member performs the OA at each subcontracted agency, the findings will be standard across the network. In the instance where the grantee is newly funded, guidance for conducting the first OA may be sought by the grantee from the National Quality Center.

Steps to conducting an organizational assessment (OA) include:

1. Prior to the OA meeting:
    - Share the tool with the subcontractor and reinforce that the OA is an opportunity to identify program improvements
    - Ask the subcontractor to review the components of the OA and prepare to have the appropriate staff members at the meeting so they may be involved in the discussion
    - Schedule a meeting with the quality management committee or a subset of the quality committee
        - 5-7 people is optimal, with a mix of leaders, line staff, and consumers
        - Assessments often take up to 2 hours
        - Bring the previous OA (if applicable) to compare results over time
2. During the OA meeting:
    - Don't read the OA tool to the group; ask them to tell you what they do around quality management/ improvement
    - Based on their description, go through each question on the OA and discuss your assessment of a score and see if they agree. "That sounds to me like a 3, what do you all think?"
    - Share scoring and major findings at the end of the assessment; compare to the last OA if available
    - Assist the group to identify priorities for quality program improvement
3. After the OA meeting:
    - Share the written findings with the subcontractor and ask that they confirm that your results represent the consensus of opinion during the meeting
    - Summarize findings and provide recommendations in writing for next steps
    - Communicate findings to senior leaders within the organization, if appropriate
    - Check back to make sure areas of program development identified in the OA were added to the quality work plan
    - Enter the results of the OA into a spreadsheet or database that tracks all of the subcontractors' results over time; you can observe increases or decreases in the percentage of subcontractors that are engaging in each of the required elements, prioritize their capacity building efforts, and demonstrate improvements in subcontractors' engagement in quality management over time

Real World Resource: **NQC Training of Quality Leaders Program (TQL)**

For quality managers and those who direct quality management programs to more effectively lead and facilitate quality improvement activities, NQC offers a Training of Quality Leaders Program. For more information, visit www.NationalQualityCenter.org/TQL.

Utilize an organizational quality diagram.

The Organizational Quality Diagram (OQD) is a tool many grantees use in the process of conducting an organizational assessment. The diagram will help you and your subcontractors understand how the QM program fits in the broader context of the agency. The OQD helps a grantee and/or subcontractor to:

- Develop a visual representation of the current system infrastructure that can be used to quickly grasp and discuss the system as a whole
- Think systemically and strategically about opportunities for increasing linkages and aligning QI activities/goals both in and outside of the organization
- Clarify the QM program's lines of accountability within the system, including how leadership is involved, reporting relationships, the involvement of stakeholders, and subcontractual relationships within the system
- Reinforce that quality improvement is a team effort; if a program is working in isolation, or composed of one staff member, it is often less effective

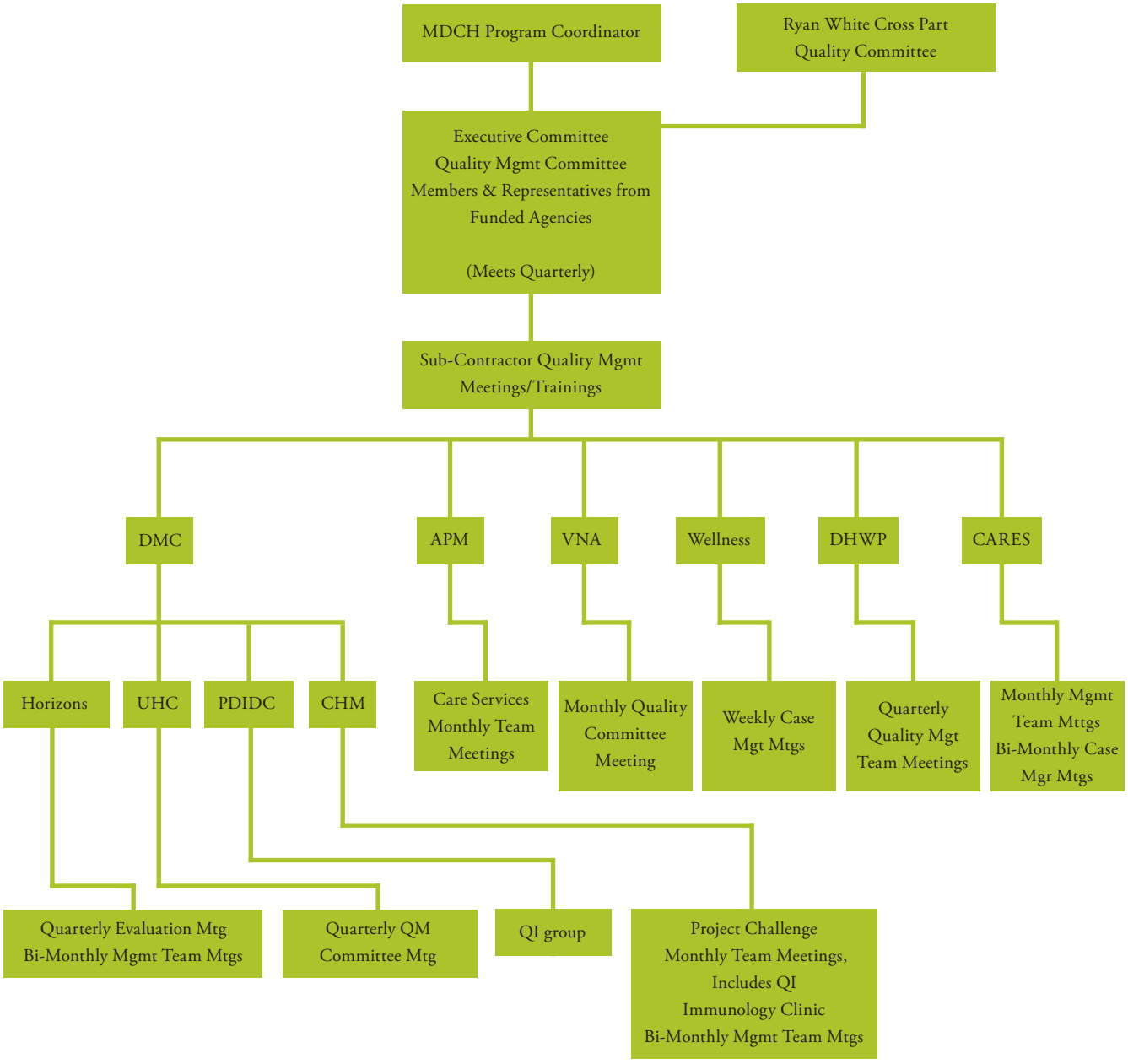
As each grantee system is different, and each subcontractor's system is different, there is no one template appropriate to all agency networks. Be sure to identify all participants in the quality program, and diagram how they interact as a rule of thumb. An example of an OQD is included in this Section. Here are a few groups relevant to the quality program you should consider including:

- Each group that the program reports to within their organization (larger QM program, executive teams, etc.)
- Each group with whom the HIV QM program collaborates; draw these groups parallel to the HIV QM program
- External stakeholders (HRSA, Part A grantee, Planning Council, etc.)

After completing the diagram, ask systemic questions to identify how the system is currently functioning as well as how the system could improve. Some useful questions include:

- Who are the leaders in your system?
- What are their roles with the QM program?
- Where is leadership needed?
- To what groups is or should the HIV QM program be linked?
- How does the quality program interact with the stakeholder groups? Could those relationships be strengthened through communication or direct involvement?
- Given the current system, what are the next steps to moving the QM infrastructure and system integration forward?

Toolbox: QM Organizational Quality Diagram



Step Three: Developing, Implementing, and Evaluating an Educational Training Plan

Now that you know your subcontractors' areas of need for training, it's time to develop a comprehensive training plan. Some grantees conduct annual trainings, some provide on-site, just-in-time trainings, and some coordinate extensive year-round workshops addressing emerging information needs.

To strategically plan your training activities over the course of a year, many providers develop an annual educational plan. This written plan allows you to strategically utilize the available resources and most importantly allows those involved in the process of either organizing the trainings or participating in these capacity building opportunities to plan ahead.

It is important to point out that trainings for quality improvement may have many different forms and approaches. The following suggestions might assist you in think beyond face-to-face workshops and one-on-one sessions with providers:

a) Group Development:

- Face-to-face workshops
- Distance learning seminars
- Peer exchange summits
- Emailed QI stories
- Serving on a committee, especially one that crosses departments
- Field trips
- Brown bags or lunch learns
- Reading circles or journal clubs
- Review of case studies

b) Self-Development:

- Writing case studies and articles
- Networking with other providers
- Participate in a mentor/mentee program
- Research of key priorities
- Job shadowing
- Career reflection and planning
- Teaching others
- Set up a discussion board or blog
- Self study
- Journaling
- Visiting a local quality champion

The following steps will help you develop a successful educational training plan:

1. Identify target audience(s), such as:

- Subcontractors
- Organizational leaders
- HIV unit leaders
- Quality management committee members
- Clinicians
- Staff participating in QI projects
- All staff affected by QI changes
- Consumers
- Quality leaders and managers
- Non-clinical staff
- Data managers

2. Outline educational needs of your target audience(s):

- Review survey results and gaps identified in the organizational assessments
- Define the rationale for the training

3. Choose appropriate training modalities for the topic and target audience, such as:

- Just-in-time training; infuse QI training content at the moment that it is needed
- Provide training at each quality meeting or staff meeting; for example, some grantees have done one NQC Quality Academy tutorial at each meeting
- Independent learning through readings or tutorials
- Formal face-to-face training workshops

4. Develop a training implementation plan:
- Develop training milestones and draft initial QI training plan
- Secure resources needed to implement the training plan
- Share plan with staff and subcontractors for feedback
- Integrate the training plan into the grantee's QM work plan

5. Implement the training plan

6. Evaluate the training modalities and plan:
- Determine evaluations for training modalities for your target audience
- Determine evaluation goals
- Re-distribute survey to determine any gains in QI knowledge, competencies, skills, and attitudes
- Update training plan

Step Four: Developing and Conducting Quality Improvement Trainings

Most subcontractors benefit from opportunities to learn about quality improvement concepts and methods. In particular, training helps subcontractors more effectively participate in a quality management committee and/or improvement project. The following activities are useful in developing a successful quality improvement training program.

Utilize adult learning theory.

Remember your target audience. Adult learning theory is based on four assumptions:

1. As individuals mature, they tend to prefer self-direction. The role of the instructor is to engage in a process of inquiry, analysis, and decision-making with adult learners rather than to transmit knowledge.
2. Adult experiences are a rich resource for learning. They learn and retain information more easily if they can relate it to their past and current experiences. As a result, active participation in planned experiences – such as discussions or problem solving exercises, an analysis of those experiences, and their application to work or life situations should be the core methodology for training adults.
3. Adults are aware of specific learning needs generated by real-life events. Their needs and interests are the starting points and serve as guideposts for training activities.
4. Adults are competency-based learners. They want to learn skills or acquire knowledge that they can apply pragmatically to their immediate circumstances. Life or work-related situations present a more appropriate framework for adult learning than academic or theoretical approaches.

Utilizing adult learning theory will help you connect with your participants.

Toolbox: Adult Learning Styles

Keep your participants engaged by mixing up the teaching styles. Most people learn more when using more than one sense at the time of encountering new information. When developing quality improvement trainings, try incorporating visual, auditory, and experiential learning components. This table will help you brainstorm ideas for varying your training components:

LEARNING STYLE	LEARN BEST THROUGH	EXAMPLES OF TRAINING COMPONENTS
Visual	Seeing	Graphic illustrations to show data; color coding to highlight salient information; maps; written material to study; wall charts; written outlines; drawings or designs; seeing the presenter's face and gestures
Auditory	Hearing	Verbal presentations of information; group discussions; fast-paced verbal exchanges of ideas; story-telling; humor; verbal cues or pneumonic devices; music; words that accompany cartoons; oral reports of work groups
Kinesthetic	Experience/Doing	Movement; hands-on experience to learn a task; real world case studies; role play exercises; jumping in and trying a new activity; frequent breaks; changing seating or room arrangement

Utilize the Five Step Training Model.

There's no need to re-invent the wheel. This Five Step Training Model will help you create an effective framework for developing trainings:

Step 1: Define the topic and rationale. Engage the particpants in a dialogue about why they need the training, and what they want to gain from attending, engaging, and practicing the training content. The rationale for the training needs to address and enhance the participants' intrinsic motivation to learn and change.

Step 2: Clarify the performance objectives. Identify the clear actions you want participants to be able to do after completing the training. The objectives provide specific goals that everyone in your training should be able to attain.

Step 3: Integrate activities. Adult learners are most engaged when they are actively participating rather than passively listening. Activities provide mechanisms for effectively engaging adult learners in the training. Activities should be engaging, fun, inherently interesting, creative, and spark curiosity.

Step 4: Evaluate the training. Assess whether the participants met the performance objectives, not only to guide revisions to the training, but also to reinforce the content.

Step 5: Provide feedback. Offering feedback to participants enables them to gauge how well they are learning and helps adults learn more effectively. To reduce defensiveness, whenever possible, provide adult learners with confirmatory feedback rather than corrective.

Moreover, it is important to help subcontractors develop the capacity to think about improvements that create sustainable change, rather than small projects that need ongoing upkeep to sustain. Make sure to also train subcontractors to make changes to their policies, procedures, and systems so the change is integrated into the ongoing processes of the organization.

Toolbox: New York State Department of Health AIDS Institute's Workshop Series

Each workshop involves education about quality improvement topics, break-out activities to allow participants to apply QI tools, and networking among subcontractors.

An example of the New York State Department of Health QI Workshop Series:

MONTH	TOPIC	WHO SHOULD ATTEND?
September	**Understanding and Using Your Performance Data** This workshop will focus on how to analyze data and make critical decisions on what indicators to focus upon for improvement and how to get started.	Any staff involved in data collection, data entry, data review and analysis, cross-functional quality committee members, quality champions, and leaders
October	**Improving Consumer Involvement** Improving Consumer Involvement will focus on ways to engage consumers in quality improvement activities, such as reviewing data results, brainstorming improvement activities, participating on QI teams, reviewing results of QI activities, and suggesting changes.	Consumers, leaders, cross-functional quality committee members as well as HIV program staff
November	**Evaluating Your Quality Program** The focus of this workshop is on ways to evaluate the various components of your quality management program, including: leadership involvement; quality infrastructure; quality planning; setting and following through on annual goals; performance measurement; and quality improvement activities.	Quality committee members, quality managers, HIV program leadership, frontline staff, consumers
December	**Writing/Updating Your QM Plan** This workshop will focus on ways of developing and implementing a comprehensive and dynamic quality management plan from the quality statement through the various components of your program.	Quality manager, quality committee members, frontline staff, consumers, medical directors, administration, HIV program leadership

Real World Resource: **NQC Training-of-Trainers Program (TOT)**

For grantee staff seeking in-depth training on how to train subcontractors in quality improvement principles and methods, NQC offers a Training-of-Trainers Program. For more information, visit www.NationalQualityCenter.org/TOT.

Make trainings fun and interactive.

With numerous requirements for additional capacity building and training, agency staff are often pulled from their work environment to attend mandatory workshops for Ryan White grantees, their hospital association, or for other federal or state grants they may receive. To make all these trainings meaningful, the participants must be interested and fully engaged. Any learning activity that becomes interactive, hands-on, or participatory will almost always produce better results than straight didactic or lecture presentations. Activities that put participants at ease, and reduce tension or boredom can help set the stage for real learning. During full-day conferences or workshops, think about introducing ice breaker games, group challenges, peer sharing activities, or role modeling examples.

Real World Resources: **NQC Publications**

The NQC Game Guide includes 21 distinct games and is organized around five "critical concepts" for quality improvement, that is, five ideas that are needed to understand and be comfortable applying in quality improvement work.

The HIVQUAL Group Learning Guide provides workshop materials for facilitators to help them conduct interactive group exercises to promote quality improvement among HIV providers.

To find these publications and more, visit: www.NationalQualityCenter.org or see Appendix B.

Real World Example: **Interactive Learning at New York/New Jersey AETC Training**

When implementing statewide trainings, New Jersey knows that "if it's fun, they will come." A recent survey of Ryan White funded agencies revealed that there are numerous data managers responsible for HIV-specific databases, who have non-clinical backgrounds, or who are new to the field of HIV. A training led by the NY/NJ AETC included an opening ice breaker activity, "What I don't know about HIV data." It was a 30 question HIV Jeopardy Game played by the whole group, complete with Double Jeopardy and Final Jeopardy challenges. The game was introduced with the acknowledgement that most answers would be difficult for anyone new to HIV, and that the results of the game would help to direct future trainings for data managers. Participants from across the state quickly lost their inhibitions and rang in their answers with the hopes of winning some chocolate coins. This game set the stage for the rest of day, increasing participant willingness to learn new material. Repeat trainings were requested, and several agencies declared that their data were more reliable and useful after their data manager had a better appreciation for HIV 101 information.

Step Five: Coaching Subcontractors to Develop Capacity for Quality Improvement

"Coaching is a process that enables learning and development to occur and thus performance to improve. To be a successful coach requires a knowledge and understanding of a process as well as the variety of styles, skills and techniques that are appropriate to the context in which the coaching takes place."
Eric Parsloe

Develop a "coaching approach" for working with subcontractors.

While some subcontractors need ongoing monitoring to ensure engagement in QI, many will need coaching to develop their capacity to engage in quality management activities. Utilizing a "coaching approach," grantee staff responsible for quality management develop relationships with subcontractors to foster an honest, ongoing appraisal of the subcontractor's challenges around engaging in quality management and to assist them in meeting their QM needs. Grantee staff also provide opportunities and support for the subcontractor to increase their knowledge and skills in improving the quality of their services.

A quality improvement coach should embrace the following steps:

Create personal connections:

- Be positive, supportive, and approachable
- Provide appropriate praise and constructive criticism
- Discuss weaknesses in a non-threatening manner
- Observe non-verbal communications
- Be calm and respectful
- Allow disagreement and not take sides
- Focus on the "system" and not the individual

Objectively assess organizational needs:

- Be clear about your objective in assessing the QM program and its QI activities to improve HIV care
- Use questions to facilitate subcontractor's thought processes
- Use standardized assessment tools
- Provide immediate feedback

Assist subcontractors to articulate measurable goals:

- Provide training on developing measures during subcontractors' quality meetings
- Provide worksheets or tools for use in developing measures

Cheerlead quality improvement activities:

- Check in on a regular basis to provide support and encouragement
- Highlight subcontractors' successful improvement activities with their leadership and peers

Help to develop an action plan and provide feedback:

- Utilize organizational assessment tools to identify capacity building needs
- Develop clear goals and an action plan for building capacity

Toolbox: Differences between Contract Monitoring and Quality Improvement Coaching

It is important for the grantee staff responsible for quality management (the "QI Coaches") to distinguish their role from that of a contract monitor. The goal of a QI coach is to help subcontractors develop increasingly robust internal capacity for improving the quality of their services, whereas the role of a quality assurance monitor is that of ensuring contract compliance. The following table outlines some key differences:

CONTRACT MONITOR	QUALITY IMPROVEMENT COACH
Develops a contract that outlines deliverables	Facilitates processes through which subcontractors develop their own goals
Supervises	Collaborates
Audits	Asks questions, objectively assesses
Conducts site visits to ensure contract compliance	Conducts site visits to review and champion program progress towards developing their capacity and achieving their QI goals
Requires corrective action plans for areas of non-compliance with a contract	Helps subcontractors develop strategic plans to build capacity to meet QI expectations and QI goals on their own
Leaves subcontractors to fix compliance issues on their own	Provides subcontractors with constant support, feedback, and resources to meet QI expectations and goals
Seeks to terminate a contract if compliance does not improve	Seeks system interventions and small steps to spur progress on quality expectations and goals

Develop or enhance skills as a quality improvement coach.

The following skills are essential for effective quality improvement coaching. Using the list below, coaches should identify and develop the skills in which they have less strength, experience, or confidence.

Skill #1: Coaches with excellent quality improvement technical expertise and knowledge can guide grantees through challenges best. This means they should be proficient in practical applications of quality improvement methodologies and tools to a variety of unique front-line providers. Coaches should also be well versed in quality improvement resources specific to HIV.

Skill #2: Coaches with communication skills are able to facilitate group work and motivate quality teams to succeed. These skills include the capacity to listen, assess verbal and non-verbal cues, and deliver information through speaking and writing. Coaches should also interact with grantees in a professional, non-judgmental manner, and be friendly and approachable.

Skill #3: Coaches with operational skills keep improvement efforts organized and dependable. Important operational skills such as developing action plans relative to the agreed-upon goals, tracking progress over time, and maintaining clear and accurate documentation are essential. Coaches should also have a basic understanding of data analysis and graphing.

Skill #4: Coaches with self-awareness ensure their personal strengths are employed regularly and personal weaknesses do not obstruct the quality improvement process. This means coaches should know their own strengths, weaknesses, and limitations in order to determine their role in group settings to effectively meet the overall objectives. Coaches should also recognize their own biases, misunderstandings, and limitations that may contribute to interpersonal tensions.

Skill #5: Coaches are adaptive to change and variable environments are able to overcome unforeseen barriers to achieving established goals. A coach should be able to use multiple approaches to achieve the same goal and choose which method will be most successful based on the grantee environment and the quality team's learning styles, values, and cultural norms.

Perform key functions of a quality improvement coach comfortably.

As a grantee coach, you should be aware of the following coaching functions. If you are not as well-suited for a specific function, seek out resources for building those skills and abilities. The skills listed in the previous section will prove useful as you tackle these seven functions of an effective QI coach. A well-rounded QI coach encompasses each of the following seven functions:

1. QI Catalyst:

- Promotes QI activities and assists subcontractors to maintain momentum toward their QI goals
- Provides an improvement framework for advancing HIV care in the context of the organization and its objectives
- Helps organizations to identify and prioritize the opportunities for improvement, including barriers to access and resources
- Reinforces the need to change and supports organizations and individuals in generating enthusiasm for change to enable providers to achieve their quality improvement goals
- Creatively seeks opportunities for testing improvements to support local adoption of improvement projects
- Promotes the development of an organization-wide infrastructure for quality management
- Enables the formation of quality improvement teams to reach specific quality improvement goals

2. Collaboration Builder:

- Helps subcontractors build collaborative partnerships with individuals and groups to achieve their improvement goals

- Builds trusting work relationships with individuals and groups
- Partners with all disciplines and builds consensus around common goals
- Helps providers ensure all stakeholders and required decision makers are involved when needed
- Recognizes team roles and utilizes the diversity of functions and competencies to accomplish those goals
- Engages organizational leaders in the improvement process to lead improvement initiatives
- Effectively negotiates group processes while balancing individual needs

3. Strategic Thinker:

- Strategically develops a system-level QM program and assists subcontractors in doing the same
- Understands the complexities of health care organizations and recognizes the importance of a systems approach to improve HIV care
- Assists providers in strategically developing an organization-wide QM program utilizing multiple perspectives
- Develops or assists providers to develop a written QM plan, including a master implementation work plan with detailed milestones and roles/responsibilities
- Identifies and engages internal and external stakeholders that are instrumental for successfully sustaining the quality management program

4. Capacity Builder:

- Helps subcontractors build their capacity to do quality improvement on their own
- Builds the quality improvement capacity of HIV providers using different training modalities
- Identifies training needs and desired learning outcomes and selects effective teaching strategies
- Develops educational plans to outline training activities over time
- Develops training curricula and training content relevant to the trainee audiences
- Presents quality improvement content in group settings, such as workshops
- Shares relevant pivotal examples from peer organizations to spread improvements

5. Facilitator:

- Guides subcontractors through group processes
- Manages team dynamics and recognizes barriers to team effectiveness
- Manages meeting logistics, including agenda development
- Evaluates team dynamics and group behaviors and provides individual and group feedback
- Mentors individuals to reach their potential in the group or organization

6. Measurement Advocate:

- Advocates for system-wide performance measurement systems that meets the needs of the grantee and subcontractors for monitoring quality and outcomes of change efforts
- Develops system-wide performance measurement system reflective of the internal and external needs
- Articulates the framework for an organization-wide performance measurement system, and helps provider organizations do the same
- Helps organizations and networks define key indicators to effectively measure the HIV quality of care
- Assists performance measurement systems to routinely produce performance data reports
- Analyzes and gives feedback on data reports and facilitates sharing them with internal and external stakeholders
- Continuously advocates for linkage of data findings with quality improvement activities

7. Objective Assessor:

- Assesses subcontractor performance, gives feedback, and tracks progress over time

- Assesses the organizational quality management program using standardized assessment tools
- Provides oral and written recommendations based on key review findings
- Develops action plans which outline upcoming mile-

Use organizational assessments as a coaching tool.

Many grantee staff responsible for quality management use the standardized organizational assessment tools discussed earlier in this section to assess subcontractors' quality programs and coach them toward more robust quality management infrastructure. It can be useful to track organizational assessment scores on a spreadsheet to monitor improvements over time and to track what technical assistance subcontractors need over time.

Real World Resource: **NQC Training of Coaching Basics (TCB) Program**

For in-depth training in coaching subcontractors, NQC offers the Training of Coaching Basics program. For more information and how to apply, visit www.NationalQualityCenter.org/TCB.

Toolbox: Common Challenges in Working with Subcontractors

CHALLENGE	DESCRIPTION & HINTS
Staff Turnover	A common challenge for grantees is working hard to get staff at subcontracted agencies trained in QI and engaged in QI projects, only to have them leave for other jobs. Grantees often find themselves starting over with the new staff, sometimes even becoming unable to move forward with system-wide improvement due to subcontractors' repeated needs for infrastructure development. Ryan White Grantees have found it useful to provide: • Day long orientations for new quality staff at subcontracted agencies • Link seasoned subcontractor quality staff with new subcontractor staff (the buddy system), and meet with the new staff to discuss expectations • Provide a copy of the subcontractor's most recent QM plan, and review what the subcontractor's quality management program had done in the past
Resistance	Subcontractor resistance to engaging in quality management activities is a common challenge for grantees. Strategies to fully engage a resistant subcontractor in quality improvement include: • Incorporating quality management expectations into contracts • Monitoring participation and having real world consequences for not participating • Showing subcontractors their performance data and scores • Linking subcontractors to peers that are quality allies • Providing training and resources
Data Integrity	Many subcontractors struggle with data integrity. Sometimes they believe they are providing care that is better than what is indicated by their performance rates. As subcontractors move from paper to electronic records, historical data can be lost, data entry may be inconsistent, data elements that come from other electronic systems (like lab results) may not communicate correctly, and subcontractors may not have the technical expertise or resources to problem solve these issues. Quality managers can help subcontractors address data integrity issues through linking them to data experts at the HIV/AIDS Bureau or other subcontractors that have successfully used similar electronic record systems.
Quality Baggage	Subcontractors may have been involved in quality initiatives at current or previous organizations that took considerable time and left little to show for it. Grantee staff may have to push through pessimism, provide examples of successful QI projects, and work hard to help the subcontractors have and recognize successes due to QI activities.

Toolbox: Common Challenges in Working with Subcontractors (Cont.)

Challenge	Description & Hints
Insufficient Funding	Many HIV clinics serve general populations, and the funding they receive to serve their small population of people with HIV/AIDS may seem too small to commit resources to improving performance on HIV indicators. Many grantees have found that streamlining their expectations, such as requiring subcontractors to sign off on a system-wide QM plan and work on a system-wide improvement goal, instead of having their own QM program, is one way they've been able to gain participation from subcontractors that have limited resources for QM.
Declining Resources	Grantees and subcontractors are facing losses of resources for their programs and their care systems. Making the case that staff time is well spent on QI when there are fewer and fewer resources for direct services to consumers can be a challenge. Some approaches to motivate subcontractors to engage in QI activities amidst declining resources include: • Integrating QI activities with existing grantee reporting processes • Helping them see small cycle change as manageable • Providing consistent and unwavering support • Providing examples of how QI has led to increased efficiencies/decreased costs for other organizations
Stagnancy Around Poor Performance	Some grantees found it useful to have a formal meeting with subcontractors that are not performing well on quality indicators. The medical leadership attends the meeting to emphasize the gravity of the situation. The grantee QM staff is honest with the subcontractor, describes the potential contractual consequences of not improving, and tells subcontractors that "there is nowhere to go but up." Their experience has been that after these meetings, subcontractors turn their performance around; in fact, one low performer is now their top performer. Another grantee requires agencies to allow two site visits by the QI coordinator each year. If an agency is not meeting QI expectations, they develop an action plan with the QI coordinator. If the agency does not meet the expectations at the next site visit, the grantee goes out to meet with them. This process has been effective in separating out the QM and contract monitoring roles, and has resulted in improvements in meeting QI expectations. Other grantees simply refuse to fund subcontractors that do not improve their performance after repeated attempts at technical assistance and coaching. As one consultant stated, "it is really hard to achieve improvement goals in a system when one provider won't engage."

Step Six: Using Structural Interventions to Increase Subcontractors' Participation in Quality Improvement Activities

Your agency undoubtedly faces numerous challenges when attempting to fully engage subcontractors. In the context of rising client loads, serving clients with increasingly complex social challenges, and decreasing resources, keeping quality management activities active at each subcontractor's site can be difficult. Even subcontractors that are passionate about quality improvement can find the competing demands on their time a major impediment to continuing quality improvement projects. However, you can help subcontractors prioritize quality improvement activities by simply implementing the following structural interventions:

Provide performance data and benchmarking reports.

Show subcontractors their performance data. Regular data reports keep subcontractors interested and involved. In addition, data that indicate room for improvement can be useful in challenging resistance to quality improvement.

Monitor engagement.

Attend subcontractors' quality management committee meetings. Emphasize the requirement that there be a group working to improve quality and verifying that the committee is meeting to ensure engagement. In addition, attending subcontractors' quality meetings allows grantee staff the opportunity to get updates on QI projects, assess need for training or resources, and provide technical assistance.

Many grantees request that subcontractors submit copies of minutes from quality management committee meetings, written QI project updates, or program data reports at regular intervals during the contract year. This is especially useful when attending quality management committee meetings in person is not possible or when verifying engagement between in-person meetings.

Provide technical assistance.

Providing technical assistance on quality improvement is a balance between information sharing, strategic skill building, and coaching. Some grantees focus on providing extensive technical assistance to each subcontractor, while some prioritize their efforts by providing intensive technical assistance to a few subcontractors that have the lowest performance.

Review the following toolbox on providing technical assistance to grantees for helpful tips.

Toolbox: Providing Technical Assistance to Subcontractors

TYPE OF TA	EXAMPLES OF TA ACTIVITIES
Structural	• Recommend that subcontractors integrate QM into job descriptions, new employee orientation, performance evaluations, staff meetings, and management reports
Organizational	• Start where they are and build from there • Help them identify activities that they are currently doing to improve and place those activities within their QM framework • Provide QI trainings, workshops, and distance learning seminars for subcontractor staff • Link subcontractors with local quality champions • Connect subcontractors with resources for addressing issues with electronic records • Facilitate peer exchange summits or field trips to learn about other QM programs • Provide examples of subcontractors that are having success in improving care
Group	• Facilitate event or meeting debriefings • Email QI stories to subcontractors • Ask subcontractors to serve on a committee, especially one that crosses departments • Encourage field trips to meet with other quality managers or other programs; allow field trips to take the place of a required quality meeting • Develop communities of practice/learning • Encourage or provide brown bag lunches • Initiate reading circles • Suggest subcontractors take classes, workshops, or pursue other shared learning experiences together
Individual	• Suggest stretch assignments, such as asking them to do a training/presentation to the grantee quality committee on a QI topic • Encourage them to present outcomes of QI projects at conferences • Suggest and provide networking opportunities • Foster mentoring relationships within organizations and between subcontractors • Recommend they solicit feedback on their work with subcontractors • Require attendance at workshops or trainings

Conduct an annual organizational assessment.

Some subcontractors "play it by ear" or "fake it" because they don't really understand what is expected or how to engage in QI, and a lack of knowledge is often a major barrier. By re-conducting organizational assessments with subcontractors on an annual basis, grantees can identify needs for training and technical assistance, provide feedback on program progress, and intervene if there is a decline in the quality management program's infrastructure performance.

Provide tangible resources.

Provide subcontractors with useful resources. Some examples include QM plan templates or graphs they can use in their grants or reports to upper management, meeting space, conference call lines, successful approaches for improving issues they face, NQC resources (such as the QM Plan Checklist), and tools for working through PDSA Cycles.

Some quality management staff provide assistance in conducting QI activities for subcontractors that have few resources for QI, such as conducting chart reviews/data collection activities, taking minutes at meetings, and documenting and disseminating data for them. Others help by doing quality activities that subcontractors view as onerous (i.e., chart reviews) to allow the subcontractors' time to be spent on the "fun things" like brainstorming improvements and testing changes. If needed, after subcontractors get inspired by QI work, grantees can shift back the responsibility for more onerous tasks to them.

Shift the responsibility.

One of the many goals of a grantee QM program is to help develop intrinsic motivation among subcontractors to improve the quality of their care so it is sustainable over time. Often that motivation starts out focused on meeting external requirements, but over time, and with visible improvements, the motivation should shift. If it doesn't, structural interventions may be necessary.

To increase their ownership of improvement activities, ask subcontractors to identify their own goals and action steps rather than identifying them as a grantee. Often subcontractors will identify the same goals that grantees would have identified for them.

Highlight successes.

Motivate subcontractors through highlighting successes. Subcontractors that are recognized can feel motivated to continue doing strong quality improvement work while subcontractors that are struggling can see examples of how quality improvement can make a difference and strive to move forward. Some suggestions from grantees that have highlighted subcontractor's successes include:

- Distribute a regular newsletter or YouTube video series highlighting subcontractors' activities
- Write up a one page, "bragging" narrative with a photo of the group involved in the improvement; give it to the subcontractors so they can give it to their board and staff
- Invite subcontractors to present their quality work to the grantee quality management committee
- Encourage subcontractors that are struggling to contact successful subcontractors for ideas
- Suggest they present their quality work to their board/administrative body once a year, help them develop the slides, bring AV equipment, and be there for moral support if needed

Show the strings that are attached to Quality Management.

While a QI approach should be non-punitive, for some providers, the only way to spur change is to show the potential consequences of not improving care.

- Partner with the contract monitor to provide consequences to non-participation
- The extent of what is required may vary, but quality improvement is not an optional activity for subcontractors

- When a clinical subcontractor is not working to improve or seeing improvements in areas of low performance, it is the grantee's responsibility to intervene and even stop funding the subcontractor

Real World Example: **Philadelphia's Use of Performance Based Procurement**

In 2008, the Philadelphia Part A EMA started funding medical sites solely based on performance data. The EMA selected 8 measures that were rooted in the DHHS guidelines and for which they had long-standing, trusted data, and selected thresholds at which a subcontractor would qualify for funding. The resource allocation panel then reviewed how well each applicant met those thresholds. The process involves less writing for subcontractors, less reading/rating for the panels, and is more objective. In addition, tying funding to providing high quality care changed the culture and attitudes around engaging in QI activities. The EMA is moving to performance based funding for other categories as the performance data become more mature.

Learn from Other Grantees' Successes.

Grantees with successful partnerships with subcontractors concerning quality improvement offered the following suggestions:

- **Acknowledge subcontractor strengths.** Assume that most subcontractors want to provide high quality care. Most think they already do. They wouldn't be defensive if they weren't invested in doing well. Take on a support role. We're all on the same team. Be collaborative but firm.
- **Help subcontractors get started.** The biggest step is always getting them started. Praise baby steps – give them constant praise. They may initially be resistant, but once they start seeing their data and begin working to improve, they often look forward to seeing their data. Once they realize QI is useful, most find it rewarding.
- **Be patient.** It can be a multi-year process to get subcontractors onto electronic records and to the point where their data reports are trustworthy.
- **Explore what they're already doing.** Many subcontractors are already doing improvement projects. Identify how their activities to that point would fall into a PDSA Cycle.
- **Highlight areas of professional codes of ethics that are consistent with quality improvement activities.** For example, most codes of ethics include a professional responsibility to contribute to the knowledge base of the field, develop more effective interventions, and do no harm. All of these elements are aligned with quality improvement principles.
- **Suggest that subcontractors utilize available online QI resources.** Suggest they complete Quality Academy tutorials if grantees do not have resources to provide trainings. Assign one quality tutorial prior to each quality meeting and discuss the content at the meeting.
- **Offer subcontractors incentives and resources.** Provide continuing education credits for attending trainings or reading articles about quality. If feasible and necessary,

consider providing subcontractors with computers, CAREWare, and training to use CAREWare for QM.

- **Encourage brevity on report forms.** Subcontractors are used to writing long narratives for grants, but bullets are fine for reporting on QI activities and projects. The goal is to make it realistic and feasible.
- **Provide consistent monitoring and feedback.** It is too easy for QM to slip through the cracks. Consider partnering with contract monitors. Most want to be involved and help providers improve quality as well.
- **Choose not to over react about a subcontractor's performance.** There are no data emergencies. Be honest with them, communicate, and help them develop improvement plans. You have to take a non-judgmental, "Ok, so where do we go from here?" attitude.
- **Develop opportunities for subcontractors to network.** They learn from one another, determine what is normal and realistic, become more collaborative, and are more likely to participate/buy-in to quality projects. Develop work groups of subcontractors that use the same electronic health record software so they can help one another integrate performance measures.
- **Recommend to subcontractors that they have their staff do peer reviews of one another's performance on standards of care.** Peer reviews provide a different kind of motivation than when a supervisor reviews charts; it helps reinforce the standards among all staff, and help staff identify challenges in documentation that could be addressed through QI processes.

Section 3: Working Across Subcontractors to Improve HIV Care

Working Across Subcontractors to Improve HIV Care

The Big Picture

This section will help you efficiently manage your contracted HIV providers. The best way to manage your time when organizing a large network of agencies is to systematize your efforts by developing common QM structures, having subcontractors collaborate, standardizing performance measures and reporting, and train subcontractors in groups.

What to Do:

- Foster collaborative relationships among subcontractors
- Create a structure to improve quality across subcontractors
- Engage subcontractors in developing and implementing common performance measures
- Collaborate to develop performance measures for subcontractor improvement projects
- Sustaining the gains; keeping subcontractors focused on continual improvements

Step One: Fostering Collaborative Relationships among Subcontractors

The first step in improving quality across a system is to form collaborative relationships with and among subcontractors. In order to accomplish this, you must create a nonjudgmental and penalty free environment for subcontractors to share honestly and learn openly. It only takes one subcontractor willing to acknowledge their need to improve for trust and partnerships to build. Your mission is to ensure that all subcontractors involved are invested in helping one another improve.

Grantees have found the following strategies useful for reducing resistance to collaboration among subcontractors:

- Help get their feet wet and ask for their help with some thing small; perhaps they have access to meeting space the team/committee could use
- Include participation in system-wide improvement group in contracts
- Stress mutual benefits
- Hold face-to-face meetings
- Ask the resistant agency to speak at one of your committee meetings about something you know they excel at, or have had particular success with
- Ask subcontractors that are engaged and respected by

their peers to invite/encourage the resistant subcontractor
- Ask consumers to talk to the resistant subcontractor about the importance of participating
- Give the agency leadership a short presentation on the successes of the team to date, and with no pressure, suggest how much more powerful those success might be if they had that agency on board to help boost their results
- Identify a start date and begin the process with the resistant subcontractor
- Ask the agency if they will temporarily lend your team/committee one of their staff members who you think might be able to contribute to the team's function. Do they have a great statistician or technical writer?
- Offer to send a staff member or consumer from another agency to help with something they may be struggling with. Do they need help creating a data report or boosting consumer involvement?

Step Two: Creating a Structure to Improve Quality across Subcontractors

It is the responsibility of your QM committee to oversee the QM plan and ensure implementation of QI activities across subcontractors. To be effective, your QM committee and the groups of subcontractors working to improve quality must have a strong infrastructure for carrying out improvement projects. The first step is to designate a group responsible for the improvement activity. In some systems, the grantee's QM committee may be the best group to coordinate the cross-subcontractor quality improvement activities. In larger systems, a mix of grantee staff and subcontractor staff in a specific service category may be the best group for overseeing an improvement process. While your QM committee is ultimately responsible for the quality improvement activities, all subcontractors should be involved in providing input on improvement goals, performance measurement, data reporting, and implementing improvement projects in their settings.

After identifying the group responsible for improving quality across a group of subcontractors, the responsible group should develop a solid infrastructure. The following steps will help your network QM group get organized:

Set up a quality management committee and meet regularly.

To be successful, groups of subcontractors working to improve quality must meet and/or communicate on a regular basis. They must regularly review performance data and the outcomes of PDSA Cycles in order to modify improvement activities throughout the year. The group should clarify the group structure, including the frequency and duration of in-person and remote meetings as well as the preferred methods and amount of communication between meetings. How often does the group want to meet in person? How often via web or phone conference? Due to geographic challenges, most grantees use a combination of in-person meetings, teleconferences, and emailed data reports.

Establish roles and responsibilities.

Typically, one of your QM staff members is the chair of the group and has the responsibilities to:

- Convene and facilitate meetings
- Manage all group activities and administrative details
- Prepare reports, presentations, and follow-ups
- Ensure timelines and key milestones are met
- Serve as the contact person for the group
- Develop and retain agendas, meeting minutes, and data related to the group

Subcontractor staff compose the group and are expected to:

- Participate and contribute fully
- Attend all meetings (in person or though teleconferencing)
- Share knowledge and experience
- Carry out assignments between meetings and meet deadlines
- Report back to the group their progress on assignments
- Communicate the group's activities to their QM committees and staff

Train group members in quality improvement.

Ensure subcontractors have a solid grounding in quality improvement methodologies. Only a well-trained, knowledgeable group will be efficient in achieving QI goals. For more detailed information on training subcontractors in quality improvement, see Section Two.

Consider developing a learning collaborative.

First conceived by the Institute of Healthcare Improvement (IHI) in 1994, a learning collaborative is an initiative in which teams of peers come together to study and apply quality improvement methodology to a focused topic area. Learning collaboratives are structured, intense processes that engage multiple constituents in the process of change. They are composed of teams that meet, learn, and communicate regularly. They entail frequent data collection and reporting and have defined initiation and end dates. Collaboratives require time, resources, and commitment from the participants and those responsible for planning and implementing them and, as a result, are not feasible for all grantees. However, those who have used the collaborative model have found them a successful structure for engaging subcontractors in a chance process that yields concrete, system-wide improvements.

Real World Example: **New York Utilizes Learning Network to Improve Substance Use Services**

New York State has developed a learning network model to help subcontractors that serve similar populations accelerate improvements. The learning network model involves quarterly in person meetings, during which there are opportunities to network and build QI skills through activities (e.g., applying a QI tool to a practical scenario). The networks participate in webinars and workshops to address quality trends and local needs for QI training. Each network also works on a common QI project. The participants report on their projects in quarterly phone calls and formal reports, learn from one another, engage in healthy competition, and spread changes.

Real World Resource: **NYSDOH Learning Collaborative Guide**

The 'Planning and Implementing a Successful Learning Collaborative: Guide to Build Capacity for Quality Improvement in HIV Care' publication by the New York State Department of Health AIDS Institute provides detailed information about how to plan, build, implement, and sustain learning collaborative. For more information, see Appendix B of this Guide.

Step Three: Engaging Subcontractors in Developing and Implementing Common Performance Measures

Network-wide quality improvement will be much easier if you standardize your performance measures. This way, collaboration efforts will be united by a common language for data reporting. Most importantly, this will allow you to generate benchmarking reports and track network performance over time.

Select quality measures.

A quality measure is an indicator of a specific aspect of patient care or services that quantifies how a program provides care. These standards of care are usually derived from professional or government guidelines. They are also derived from the consensus of a group of professionals in the field.

As a group, review internal and external standards and guidelines, as well as quality-related funding requirements to develop individual performance measurement "wish lists." From these lists, choose a minimum of 3 to 5 core indicators, aiming to have a mix of process and outcome measures that capture various aspects of performance (e.g., clinical, financial, administrative, customer experience, and staff experience).

When selecting performance measures, evaluate each on their:

- Relevance: Does the indicator relate to an aspect of service that occurs frequently or has a great impact on patients/clients?
- Measurability: Can the indicator be realistically and effectively measured given resources? Will it show the impact of change efforts?
- Accuracy: Is the indicator based on accepted guidelines or developed through a formal group decision-making process?
- Improvability: Can the performance rate associated with the indicator realistically be improved given the subcontractors' organizations and the client population?

If the measure meets each of the four criteria, it is likely a viable measure.

Real World Resources: **Available HIV Indicator Definitions**

There are several measures often used by grantees and subcontractors to monitor the quality of HIV care. Utilizing these indicators can align measurement across Parts. Resources that list HIV related indicators include:

- HAB Performance Measures. The HIV/AIDS Bureau has defined performance measures that it considers critical for HIV programs to monitor as well as additional measures for specific categories, such as case management, oral health, and service systems. The measures can be used by Ryan White grantees to assess performance at subcontractor or system levels. HAB encourages grantees to include these performance measures in their quality management plan. Detailed descriptions of the HAB performance measures are available at: http://hab.hrsa.gov/special/hab-measures.htm.
- The National Quality Forum (NQF) endorsed measures that are vetted and selected by a dedicated committee with stringent standards. To search for HIV specific NQF endorsed measures, visit www.QualityForum.org.
- 'Measuring Clinical Performance' is a guide developed by the New York State Department of Health that outlines steps to develop an indicator and how to establish performance measurement processes. The guide includes key HIV clinical indicators, detailed indicator definitions, and manual data collection tools, and can be accessed at NationalQualityCenter.org.

Define the measurement population.

Clarify which clients/patients are eligible to be included in the measurement as well as those who should be excluded. Some common criteria include gender, age, a particular health condition, treatment status, and dates of service.

Define the measure.

The measure is essentially the indicator in the form of a question to which there are a certain range of responses based on client/patient documentation. It is necessary to define the measurement population as well as the timeframe in which the activity should occur. You will find that most of the measures you want to use are already developed by HAB, the National Quality Forum (NQF), or other federal entities. These measures are well-defined, nationally tested, and widely used.

Measures should include very specific numerators, denominators, and timeframes that assure you include the correct population of patients for each measure. The denominator consists of all eligible patients as defined by the measure. The denominator also details the inclusion and exclusion criteria so that you are able to provide results that are accurate and reliable, and give a true representation of the care that occurs within your clinic. For example, women with certain hysterectomies are excluded from the Pap smear denominator.

The numerator consists of all patients that meet the criteria of the measure. Patients counted in the numerator must also be included in the denominator by definition. The timeframe in which you will look to find eligible patients should also be defined in the measure. For example, if you are just beginning a small test of change, you may need to specify a timeframe to better suit your immediate needs. For HAB, NQF, and federal measures, all of these criteria are already established.

One great benefit of using these pre-established numerators and denominators is that they will help you produce data that are consistent with other Ryan White operations. This allows you to compare your performance to other agencies in your region or state, or even across the country. A second advantage of these measures is that since they are so widely used, there are many resources you can reach out to for guidance in interpreting the measure's components.

Create a data collection plan.

Each subcontractor should identify the most efficient way of collecting information from their record system. Some subcontractors have electronic data sets that can be queried or exported into a centralized grantee data system, while others need to conduct chart abstractions by hand. Grantees can provide technical assistance to subcontractors when developing a data collection tool, training the data collectors to use the tool, and validating the data. Be sure to obtain numerator and denominator data for each performance measure.

Some subcontractors have hundreds or even thousands of clients/patients. Without an electronic health record, most are unable to collect data on their entire client population frequently enough for quality improvement projects. As a result, most subcontractors with paper records develop a random sample of records to use. As long as the sampling methodology is the same, using a sample to monitor performance over time is fine. Remember that sampling and performance measurement for quality improvement is different than research. It is most important to obtain recent, complete, and accurate information and measure frequently.

Finally, select the person(s) who will collect the data. Subcontractors may use peer review to collect data, assign the data run activity to a database manager, or select individual staff to review all charts in the sample. The individuals should be, at minimum, familiar with the agency's record system and the terminology used in the measures and data collection tool.

Develop data collection instructions.

Write detailed instructions to guide data abstractors through the data collection process. These instructions may target paper chart abstractors or staff who run data reports from large electronic health record systems. Include the eligibility criteria for each measure and the parameters that define the

response categories. When abstracting from paper records, include a data collection tool for abstractors to use in recording information.

Review the written data collection instructions and data collection tool in person. Run a pilot test of the tool on 2 to 3 records during the training so that abstractors can ask questions about the measure and the tool. At times, these questions may lead to modifying the measures or data collection plan to improve the process prior to data collection.

Collect performance data.

Suggest that subcontractors inform other staff of the measurement process. Share the data collection tool and discuss the goals of the measure with staff to gain their support for the quality improvement effort. Be available to answer questions from the data abstractors while they conduct the data collection. Provide clear instructions for the date by which subcontractors should report their performance data, for what time period they should measure, and how they should report it to the grantee.

You may find that subcontractors are anxious about reporting their performance data. Frame the first year of data collection as a year of obtaining solid "baseline" data during which the goal is to test and refine the tools and processes. Within this frame, subcontractors may be less immobilized by the fear of making mistakes or not having good data quality at the outset.

Real World Challenge: **Developing a Centralized Data System**

For quality improvement activities across multiple subcontractors, many grantees have found it invaluable to have an aggregate data set. Having a centralized data management system can help the subcontractors collect, analyze and report data efficiently. A robust system can also allow a grantee to integrate data from existing systems, such as Medicaid, surveillance, and lab databases. In addition, it can help a grantee monitor other aspects of the system, such as movement of clients within the continuum of care and warehousing enrollment and/or eligibility information for subcontractors. Finally, some grantees are able to provide real time performance data to their subcontractors for continual feedback on quality indicators.

Developing a centralized data management system can be a challenge. Integrating the variety of electronic record systems in use and getting subcontractors using paper records to do electronic data entry can be daunting. Grantees interested in developing a centralized data system can talk to their HAB Project Officers about resources available for system development and technical assistance.

Real World Resource: **NQC Quality Academy – Tutorial 9**

This NQC Quality Academy Tutorial instructs you on how to effectively and efficiently collect quality data and translate them into quality improvement activities. Examples are given for sampling records for performance reviews by establishing review eligibility criteria, identifying minimal sample sizes, and selecting a random sample. You learn how to design a data collection plan that takes into account selecting key indicators, designing an effective collection tool, assigning abstractors, and conducting a pilot test before you begin. This module also outlines appropriate ways to collect your data and validate your results. You may want to have a simple calculator handy for this training module.

You will learn about:

- Sampling records for performance review
- Designing a data collection plan
- Collecting performance data
- Validating results

This Tutorial is available in both English and Spanish.
Visit: www.NationalQualityCenter.org/QualityAcademy

Analyze the performance data.

Keep data analysis simple. Limit the analysis to the achievement of the identified indicators. Review the data, clean the data if needed, and if possible, compile and analyze longitudinal data in run charts or control charts.

Ask the following questions during the analysis:

- What is the current level of performance?
- What are the trends over time?
- Are there regional differences?
- Are there any disparities in care?
- What is the top 10% performance?
- How did each individual subcontractor perform?
- How did all subcontractors in aggregate perform?
- Will an improvement in performance on this indicator make a difference to the quality of care provided?

Develop benchmarking reports.

Whenever possible, performance measurement data reports should include graphical displays to quickly communicate outcomes at a glance. Commonly used charts and graphs include run charts, pie charts, control charts, and histograms. Text should be used sparingly and targeted to the intended audience.

When developing data reports, keep the follwoing in mind:

- **Know your audience and their data needs.** Plan data displays with key stakeholders and develop different graphs for different audiences.
  - Consumers often want simple graphs, such as pie charts, and for grantees to use simple terms when referring to data results.
  - In what information would the subcontractors, senior leaders, and others be most interested?
  - Consider using visual, audio, or other tools for making key points.
- **Tell a story.** Summarize and limit your display to the main points you want to make, use color to highlight key findings, and avoid jargon/unfamiliar terms. Provide handouts with more detailed data points.
- **Be clear.** Define each measure on the slide. Label charts and tables clearly. Identify data sources and dates. Stratify data by demographics/other characteristics, and note limitations.
- **Place it in context.** Provide comparisons over time, benchmarks, and established targets.
- **Post graphic displays** in hallways or waiting rooms.

***Real World Example:* New Jersey Network Highlights "Eight Critical Indicators"**

The New Jersey grantee holds a monthly meeting with representatives from each of the seven funded agencies in their network as well as other pertinent groups, such as consumers, clinicians, and representatives from the Maternal/Child Health consortium. The group reviews data reports on eight indicators they have identified as "critical" to quality care, RSR/RDR data, annual chart review results, consumer satisfaction survey and consumer needs assessment results (each is done every other year), and the outcomes of improvement projects. All seven agencies work on a network level QI goal to help share successes and accelerate change, and if deficient on one of the "Eight Critical Indicators," they work on improving performance on that indicator as well. The grantee requests the data from individual agencies and aggregates the data, does data runs, and provides each agency with a report that includes their results, the network aggregate, and statewide aggregate results.

Share data findings.

The grantee should share data among subcontractors on a frequent basis. Don't wait for the data to be "perfect" before sharing. Frequent data reporting allows subcontractors to see the outcomes of their improvement efforts and monitor their progress in meeting the system-wide improvement goals. It also improves the quality of their data, if necessary. After receiving data for a period of time, grantees often report that subcontractors become "hungry" for their next benchmarking reports.

Some subcontractors, however, are hesitant to share data due to fear of being judged. Taking the position that 'data are a guide, not a grade,' can help address those fears. Reassure subcontractors that data do not represent performance, rather, data provide opportunities to ask questions:

- Why is this number low?
- Is it a data entry problem? A documentation problem? A problem providing the care? Or a mix?
- Why are the numbers different from this area to that area?
- What are these data telling us about our system?

Only the subcontractors can answer these questions, but you won't know what questions to ask if you do not have the data to review. Some grantees share data reports with consumers as a way to empower them to help providers improve care. Through sharing the personal impact of seeing their providers' results, providers may feel inspired to engage in improvement activities.

If your subcontractors still fear penalty or alienation for low performance, despite your best efforts to reassure them, it is important to acknowledge the possibility the data they report will be adjusted, tweaked, or "massaged." If you think the validity of your subcontractor's data will be compromised by sharing information openly, the best approach to improve quality in your network agency is to have blinded data reporting. The following Toolbox will help you find a creative solution for subcontractor data reporting.

Toolbox: Sharing Blinded vs Non-blinded Performance Data

Reporting performance data with unblinded performance scores by facility is an increasingly common public health strategy. In some situations it can spur improvements among subcontractors, while in others it can alienate subcontractors. The decision of how to share data must be made taking into account the history, trust, and politics of a grantee's system.

PROS TO UNBLINDED DATA REPORTS	CONS TO UNBLINDED DATA REPORTS
Top performers feel good.	Can shake trust, safety, and engagement.
Low performers may work harder to move up.	If low performers continue to be funded, may lessen motivation among the top performers.
Provides extra incentive to improve and may jump start improvements.	Reinforces the fear and feeling that one is being graded on performance.
May foster healthy competition.	A goal of QI is to foster collaboration, not competition.
Explanations for data results are often more obvious when the subcontractor's name is known.	Data could be used against one another.
Allows high performing providers to share best practices with lower performers.	After the data are shared, the grantee can't control where the data goes or how they are interpreted and used.
Gives consumers more choice and they can use the information to talk to their providers about the personal impact of seeing the results.	Consumers may have less confidence in the care they are receiving if their provider was low performing.

Gaining subcontractor buy-in for producing named data reports can be challenging. Grantees that have successfully navigated this process suggest:

- Discuss confidentiality of data. What rules does everyone agree to?
- Have a frank and honest conversation. "I want to share cervical cancer screening performance data with agency names. Are you ok with that?"
- Pick one measure to report by name, commit to it, and hold providers to it.
- Get the data clean/ready to share.
- Acknowledge that the data may be out of date at the time of reporting – unless you have a real-time data system.
- Start by providing subcontractors with their own data results in a de-identified way so they can see and prepare for how their performance would look to others.
- Anticipate defensiveness and offer to help the subcontractor re-examine records to verify the data after the first data run.
- Start small – prepare a slide that will not be distributed with unblinded data.
- Gradually expand until all measures are reported to all subcontractors in a named way.
- Identify early adopters and quality champions, and focus on them. The nay-sayers often come along once they realize others aren't as negative as they are.

Accountability for health outcomes and increased public reporting of performance scores urges those who manage performance data sets to release unblinded reports so that others can learn from the presented data. Preparing HIV programs for this new paradigm is an important investment.

Evaluate and improve the measurement process.

Make sure the performance measurement process works by assessing its reliability and validity after each performance measurement cycle. Solicit process feedback from the abstractors, test the inter-rater reliability among more than one reviewer, and use the information you obtain to improve the measures, data collection process, or abstractor training.

Real World Resources: **NQC Quality Academy & Measuring Clinical Performance: A Guide for HIV Health Care Providers**

Tutorials 7 through 10 of the NQC Quality Academy and the guide, "Measuring Clinical Performance: A Guide for HIV Health Care Providers," provide in depth training in performance measurement, including developing a random sample. Both of these resources are referenced in Appendix A and B of this guide.

Step Four: Collaborating to Develop Performance Measures for Subcontractor Improvement Projects

By bringing together the different skills and levels of experience in your network for quality improvement projects, you can accelerate change and improve performance. As one grantee described, "It is very helpful to have QI projects across subcontractors. It builds camaraderie, peer pressure, and keeps their energy up."

Grantee staff and subcontractors can utilize a PDSA Cycle on a systems level in order to organize cross-subcontractor improvement projects.

Toolbox: What is a PDSA Cycle?

STAGE	BRIEF OF DESCRIPTION	ACTIVITIES
Plan	"Plan a Change"	Identify a change and plan its implementation. At this stage teams identify the sample size, timeframe, responsibilities, and predictions of results.
Do	"Try it out on a small scale"	Test the proposed change to see whether it results in an improvement; document the expected and unexpected results.
Study	"Observe the results"	While reviewing and analyzing the results, the team decides whether they met their goal, if not, what could improve in the change. The team then decides whether to refine, spread, or abandon the change strategy.
Act	"Refine the change as necessary"	The goal of initial PDSA Cycles is to keep the tests as small as possible. The shorter the test cycles, the more tests can be conducted, more learning can occur, the better refined the change strategy will be, and few resources will be used on ineffective strategies. The completion of each PDSA Cycle leads directly into the start of the next cycle. A team learns from the test and uses the new knowledge to plan the next tests. Once confident of its success, the team scales up the scope of the test to increase its impact. Often, a team will test more than one change at a time, each change aimed at achieving the ultimate goal of the entire quality improvement project.

Real World Resource: **NQC Quality Academy – Tutorial 13**

This NQC Quality Academy Tutorial focuses on the Plan-Do-Study-Act, or PDSA Cycle: what it is, how it fits into the Model for Improvement, why it is important, and how to use the PDSA Cycle in HIV programs. The module provides you with numerous examples and tips for success so that you can avoid pitfalls and easily integrate this model in your quality improvement activities.

You will learn about:

- The importance of accelerating change
- The Plan-Do-Study-Act (PDSA) Cycle
- Concrete examples and tips on how best to apply the PDSA Cycle
- Where to find resources

This Tutorial is available in both English and Spanish.
Visit: www.NationalQualityCenter.org/QualityAcademy

Select improvement goals.

After reviewing subcontractors' and system-wide performance data, the group responsible for network improvement should create a list of potential improvement goals. Some groups may have difficulty developing unified improvement priorities and projects, especially when the group has a mix of clinical and support service providers. Grantees have found conducting key informant interviews, having listening tours, identifying projects that cut across clinical and support services, and asking subcontractors to vote on the priority/project to be useful strategies to moving forward.

The following questions should be considered when prioritizing topics for quality improvement projects:

- Relevance. How large is the problem? How frequently does it occur? Are there data to support its relevance?
- Resources. Can this aspect of HIV care, service, or program administration be efficiently measured and improved? Are resources available to tackle it?
- Momentum. Do subcontractors and/or consumers support the initiation of this activity? Do the Ryan White grantees fully support this initiative?

Real World Example: **Philadelphia's Subcontractors Choose Categorical Improvement Projects**

The Philadelphia EMA convenes separate meetings of funded primary care and case management subcontractors' quality management representatives twice per year. During these meetings the representatives review performance data and select an annual QI goal for each category. Subcontractors then work on one common improvement goal over the course of the year. If one subcontractor is performing particularly low on an indicator, the EMA QM program works with them to try and improve their performance.

Establish project deliverables.

In conjunction with your quality management committee, the improvement group should have specific expectations for outcomes of the improvement project as well as clear deadlines for frequent project reports and data reporting. The staff leading the group should have clear reporting mechanisms in place for subcontractors to use during the improvement process.

Assist subcontractors in developing improvement teams.

Subcontractors should develop local improvement teams at their sites. These teams should include those staff members who influence the project goal as well as those impacted by the goal. A broad representation strengthens the team's ability to make informed decisions and promotes commitment from staff members who are most impacted by the project.

All team members are responsible for the effective functioning of the team. At the beginning of the project, team members should take some time to get acquainted with

fellow team members' roles and responsibilities and agree upon how the team will go about its work. Your staff can assist subcontractors' improvement teams in identifying the following roles and responsibilities:

- Team leader. The team leader should have a firm understanding of program services and the HIV care system. The person selected as team leader must also understand the entire breadth of the improvement project so he or she can effectively plan and lead team meetings.
- Team facilitator. Team leaders may also serve as the team facilitator. Generally, the facilitator assists the team leader in planning meetings and developing agendas. A facilitator also ensures that everyone participates during meetings and helps the team stay on track with the agenda and scheduled times.
- Team members. Team members reflect the range of functions and departments involved in the process being improved. They should also have intimate knowledge of the process.

Real World Example: **Montefiore Clinic Part C Program**

Montefiore Clinic is a large Part C-funded HIV medical provider in New York City. They have 10 primary care sites where patients receive HIV care by providers in the CICERO Program, including site-based physicians, nurses, and social workers and a group of roving support services staff. Each Montefiore site must have a quality committee, work on 1-2 projects per year chosen from a list of 5 performance indicators (unless they are performing well on all five, in which case they can choose another project), provide updates monthly at the core team/grantee quality committee, and provide a formal presentation on their project to the committee once per year. Two of the five indicators are selected by central administration, two by the quality team, and one by consumers. In addition, there are subcommittees working on projects for each "constituency" in the clinics, such as social work, pregnant/pre-natal services, administration, etc. Each of these subcommittees work on a QI project and present on them at the QM committee once per year, with a goal of having, at any one time, each patient touched by 2-3 QI projects done by constituency groups. Each clinic site is expected to participate in several projects that cut across all sites each year, with the goal of having all ten sites engaging in ten overlapping projects.

Rather than directing a single improvement strategy for subcontractors, most grantees ask subcontractors to develop and implement improvement projects that address the processes and expertise of staff at their individual organizations. As individual subcontractors try different improvement projects to improve on a common agency network goal, they can share their successes. This allows other grantees to try the same improvement approach in their settings and spreading successful change efforts.

You can assist subcontractors in the following activities in an improvement project:

- Developing improvement project memos. An improvement project memo, or aim statement, is a document that clearly describes the focus and scope of the improvement team's work, for the team, leadership, and other stakeholders. It guides the team's activities and helps orient members who join in the middle of a project. An improvement project memo typically includes:
  1. Problem statement. A problem statement describes the problem to be addressed, including the current quantitative level of performance.
  2. Improvement goal. A good project goal is both measurable and achievable.
  3. Team members. All members of the team are listed to have a complete record of those involved in the project.
  4. Additional project components. This section of the memo outlines the resources available to the team, the frequency of reporting to the cross-subcontractor quality improvement group, establishes ground rules, and clarifies other logistical matters.

An example of an improvement project memo is provided in the Toolbox.

Toolbox: Example of an Improvement Project Memo

Project Start Date	April 21, 2014
Completion Date	October 21, 2014
Indicator	Cervical Cancer Screening
Problem Statement	In 2012, only 45% of women receive cervical cancer screening.
Improvement Goal	The team will work to improve performance cervical cancer screening among women with HIV. The team will focus on increasing the number of women who have a Pap smear in the past year to 70%.
Team Members	Ann Beard, MD Bailey Cotton, RN Hailey Smith, MSW Bob Tinge Nick Messer
Other (Resources, Authority, Frequency of Reporting, and Ground Rules)	Team will be given time to meet and funding for supplies. There are no funds for additional staff. IT staff will provide frequent data reports. Bailey will report on the team's progress at the cross-subcontractor meetings. All team members agree to attend QI meetings and communicate project activities to staff.

Conduct tests of improvement activities.

Before committing time and resources to system-wide implementation, ideas for improvements to a process are tested through small-scale pilot tests. Staff responsible for quality management can help subcontractors develop the capacity for engaging these pilot tests of change.

Pilot tests of change are often described as Plan-Do-Study-Act (PDSA) Cycles. Selecting and planning pilot tests and evaluating test results are the most critical activities in quality improvement projects. Because not all changes result in improvements, PDSA Cycles allow an improvement team to identify promising ideas for change, test them on a small-scale basis, assess the impact, and fine tune or abandon a change strategy before wide-spread implementation.

Toolbox: New York State Department of Health Text of Change Worksheet

TEST OF CHANGE WORKSHEET

Agency Name:_____ Date:_____

AIM: (Problem statement worded in a specific and measurable way)	
Where are you starting? What is your baseline data/performance measurement?	
Describe your test of change/idea/intervention.	
Prediction: what improvement do you expect to result from the test of change?	

PLAN:

List the tasks needed to implement test of change:	Where are the changes tested?	Person Responsible	Timeframe
1. 2. 3. 4. 5.			

How will you document/measure the planned results/outcomes?

Quantitative Measures (e.g., % of clients whose VL & CD4 count are recorded)	**Qualitative Measures** (e.g., ease of use, time it took, staff/client impact)

How will you collecet these data?

_____

_____

_____

Toolbox: PDSA Worksheet for Testing Change

PDSA Worksheet for Testing Change

Goal (Outcome):

_____

Indicator (Measure to Track Achievement of goal):

_____

A) PDSA Cycle (Every Aim will require multiple small tests of change) **B) Describe your test of change**	**Person(s) Responsible**	**When To Be Done**	**Where To Be Done**

Plan

C) List the tasks needed to set up this test of change	**Person(s) Responsible**	**When To Be Done**	**Where To Be Done**
1. **2.** **3.** **4.** **5.**			

D) Predict what will happen when the test is carried out	**E) Describe methods of measuring test results**

Do **Describe what actually happened when you ran the test**

Study **Describe the measured results and how they compared to the predictions**

Act **Describe what modifications to the plan will be made for the next cycle from what you learned**

Learn from peer experiences.

The grantee-subcontractor improvement group should review the implementation of the agency network QI activities on an ongoing basis to address challenges over time. The group should also review the progress of individual subcontractors to help identify changes that are working and target technical assistance to subcontractors that are struggling to develop effective change strategies.

Take action on the results.

The grantee-subcontractor improvement group reviews the results of each pilot study and decides how to proceed. If a small scale test is successful, the group could choose to expand the pilot with a bigger sample. If it was not successful, the group could choose to revise it and test it again or change to a different improvement strategy. If a larger scale test was successful, the group could decide to implement it as a requirement across the entire program or system.

Present final results.

Various documentation strategies can be used for communicating the final results of a cross-subcontractor improvement project. Two effective strategies include:

- Final project report: The final project write-up documents the improvement project results. It includes baseline data and pilot test results over time, communicated through graphic displays, such as charts and tables. The choice of report format, length, and sophistication may vary.
- Storyboards: Storyboards can help teams communicate the highlights of an improvement project in a visual manner. A storyboard provides a logical progression of boxed information that leads the reader through the main points and steps of the improvement project. Grantees that utilize storyboards recommend:
  - Constructing the storyboard as a logical progression of "boxed information"
  - Leading the reader through the main points and steps of the improvement project
  - Utilizing descriptive pictures and graphics more than words
  - Using color and keep any text simple

Celebrate successes.

To gain buy-in from the grantee organization, subcontractors, and consumers, results from improvement projects should be widely shared. Use every opportunity to share successes with internal and external stakeholders. Communicating this information provides a feedback mechanism on the team's work and lays the groundwork for getting "buy-in" on how best to spread and solidify changes. This will also help build future support for quality improvement activities.

Some ways that grantees have celebrated successes include:

- Highlighting quality champions, success stories, and subcontractors' QI activities in newsletters, emails, and meetings
- Sending letters to leadership at subcontractors' organizations and copying the quality lead
- Reporting successes to the planning council and consumer groups
- Giving an award or other formal recognition for successful programs or projects
- Providing a forum for subcontractors to display storyboards and discuss their QI projects

***Real World Challenge:* Regaining Momentum on Long-Term Projects**

Some grantees experience difficulty in maintaining momentum for QI projects that span years, such as projects to improve retention rates. As one grantee put it, "How do I keep it 'fresh' when we have been working on the same goal for a long, long time?" One grantee regained momentum for working on improving retention rates by bringing in an external expert to work with the quality team. The group had been working on the goal for three years, stalled in their improvements, and were disengaged. The expert was energetic, fun, and led them through a fishbone diagram that helped subcontractors identify root causes they'd never realized before, developing new improvement ideas, and renewed enthusiasm for working on the project.

Step Five: Sustaining the Gains: Keeping Subcontractors Focused on Continual Improvements

Sustaining improvements over time is critical to developing lasting improvements in HIV care. Each subcontractor should demonstrate how they have incorporated successful change efforts into their systems and how they plan to ensure the systems "stick." You and your subcontractors should identify individual staff members who are responsible for ensuring that the changes become part of organizational culture.

Continue to measure performance.

The single most important mechanism for ensuring sustained improvement is consistently re-measuring performance on indicators. Re-measuring allows a quality improvement group to observe any declines in performance and intervene early. During the period of time following the conclusion of an improvement project, subcontractors should measure and report their performance at regular intervals. Over time, with sustained high performance, subcontractors can move to less frequent measurement.

Systematize changes.

Before the team completes its project work, it is important to take the time to systematize the changes so that they become the status quo and that the gains are sustained over time. The project team members most familiar with the processes should work with grantee staff to identify how to sustain the new level of performance. Grantees have found the following elements helpful in maintaining improvement gains over the long term:

- Identify a champion of change. A staff person who has intimate knowledge of the improvements can serve as the champion of change. The champion becomes the "human face" of the new status quo and a visual reminder to sustain changes.
- Communicate the changes. Subcontractors and grantee staff should promote the new status quo to subcontractor and cross-subcontractor groups on a regular basis, using a variety of tools. Presentations at meetings, storyboards in hallways, and newsletters are all examples of ways subcontractors have communicated changes. Changes are also clearly communicated to new staff members to integrate these improvements into their daily work.
- Educate staff to support improvements. Ensure that staff understand new tools and process changes, as well as their new roles and responsibilities in implementing the improvements. The scope of the changes dictates the type of training to use. For example, a printed worksheet of instructions or a laminated checklist hung near a workstation may suffice for some changes, whereas improvements that require more critical knowledge-based tasks or complex skills may require more intensive training.
- Review and/or revise existing policies. The improvement project team should review the program's policies and procedures, including job descriptions when necessary, to ensure that new processes are incorporated into formal expectations.

Real World Resource: **Cross-Subcontractor Quality Program Organizational Assessment Tool**

To assess and improve on the grantee's cross-subcontractor quality improvement activities, utilize the 'Cross-Part Quality Program Organizational Assessment Tool' located in Appendix B of this Guide.

Appendices

Appendix A: Quality Resources

National Quality Center Website
NationalQualityCenter.org
Provides over 100 HIV quality improvement resources as well as information about how to request technical assistance from the National Quality Center.

Quality Academy
NationalQualityCenter.org/QualityAcademy
Contains online training tutorials for more than 35 quality improvement topics, including working with subcontractors to improve quality.

Technical Assistance Calls
Monthly 60 minute web-conference calls guided by quality experts. The calls are interactive and often include best practices content on working with subcontractors to improve quality. Previous audio recordings and slides can be found at NationalQualityCenter.org/TACalls

Training of Trainer (TOT) Program
NationalQualityCenter.org/TOT
A training program to build quality managers' capacity for quality improvement and training subcontractors in quality improvement.

Training of Quality Leaders (TQL) Program
NationalQualityCenter.org/TQL
This training program builds quality managers' capacity to direct QM programs and effectively lead and facilitate QI activities.

Training of Coaching Basics (TCB) Program
NationalQualityCenter.org/TCB
This training program builds grantee/quality managers capacity to coach subcontractors through quality improvement activities.

Training of Consumers on Quality (TCQ) Program
NationalQualityCenter.org/TCQ
This training program expands the quality improvement knowledge of consumers and helps them become involved in an agency's quality improvement program.

On-Site Technical Assistance
NationalQualityCenter.org/index.cfm/5847/37117
TA provided to grantee/quality managers to develop and implement effective quality programs.

Quality Link
NationalQualityCenter.org/QualityLink
Online mechanism for connecting grantees/quality managers to one another for peer learning.

HRSA HIV/AIDS Bureau Website
http://hab.hrsa.gov
Contains information and resources on the HIV/AIDS Bureau of the Health Resources and Services Administration.

Appendix B: Quality Improvement Publications

QM Program Expectations

Quality Management Technical Assistance Manual
Rockville, MD: Health Resources and Services Administration; 2003. http://ask.hrsa.gov/detail_materials.cfm?ProdID=3027

Developing an Effective Quality Management Program in Accordance with the Ryan White Program - Frequently Asked Questions
New York State Department of Health AIDS Institute and Health Resources and Services Administration HIV/AIDS Bureau. May 2006 and revised January 2008. http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/15161

Quality Management Program Assessment Tools:
New York State Department of Health AIDS Institute and Health Resources and Services Administration HIV/AIDS Bureau. http://www.nationalqualitycenter.org/index.cfm/21534/14480

QM Program Infrastructure Development

QM Plan Checklist
New York State Department of Health AIDS Institute and Health Resources and Services Administration HIV/AIDS Bureau. http://www.nationalqualitycenter.org/home/quality-improvement-resources/establishing-a-quality-management-infrastructure.cfm/15139

HIVQUAL Workbook: Guide for Quality Improvement in HIV Care
New York State Department of Health AIDS Institute and Health Resources and Services Administration HIV/AIDS Bureau. September 2006. http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/13487

Capacity of Statewide Quality Management Programs
New York State Department of Health AIDS Institute and Health Resources and Services Administration HIV/AIDS Bureau. September 2008. http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/17798

HIVQUAL Group Learning Guide: Interactive Quality Improvement Exercises for HIV Health Care Providers
New York State Department of Health AIDS Institute and Health Resources and Services Administration HIV/AIDS Bureau. May 2002 and revised September 2006. http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/13400

Planning and Implementing a Successful Learning Collaborative
New York State Department of Health AIDS Institute and Health Resources and Services Administration HIV/AIDS Bureau. September 2008. http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/18366

Consumer Involvement

Guide to Consumer Involvement: Improving the Quality of Ambulatory HIV Programs
New York State Department of Health AIDS Institute and Health Resources and Services Administration HIV/AIDS Bureau. August 2006. http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/13260

Making Sure HIV Patient Self-Management Works
New York State Department of Health AIDS Institute and Health Resources and Services Administration HIV/AIDS Bureau. January 2008. http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/16134

Capacity Building Resources

NQC Game Guide
New York State Department of Health AIDS Institute and Health Resources and Services Administration HIV/AIDS Bureau. August 2006. http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/13236

NQC Training-of-Trainers Guide
New York State Department of Health AIDS Institute and Health Resources and Services Administration HIV/AIDS Bureau. January 2007. http://www.nationalqualitycenter.org/tot

Cross-Part Quality Program Organizational Assessment Tool
New York State Department of Health AIDS Institute and Health Resources and Services Administration HIV/AIDS Bureau. January 2007. http://www.nationalqualitycenter.org/

Performance Measurement

Measuring Clinical Performance: A Guide for HIV Health Care Providers
New York State Department of Health AIDS Institute and Health Resources and Services Administration HIV/AIDS Bureau. April 2002 and revised September 2006. http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/13908

HIV/AIDS Bureau Quality Indicators
Rockville, MD: Health Resources and Services Administration. http://hab.hrsa.gov/special/habmeasures.htm

Patient Satisfaction Survey for HIV Ambulatory Care
New York State Department of Health AIDS Institute. March 2002. http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/14265

QI Projects

Strategies for Implementing Your HIV Quality Improvement Activities: NQC Action Planning Guide
New York State Department of Health AIDS Institute and Health Resources and Services Administration HIV/AIDS Bureau. January 2009. http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/19547

A Guide to Addressing Cultural Competence as a Quality Improvement Issue
New York State Department of Health AIDS Institute and Health Resources and Services Administration HIV/AIDS Bureau. November 2007. http://www.nationalqualitycenter.org/index.cfm/35778/index.cfm/22/15189

Partnering with Subcontractors to Improve HIV Care
New York State Department of Health AIDS Institute
Health Resources and Services Administration HIV/AIDS Bureau
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