



Reviewing and Revising Your CQM Plan

Division of State HIV/AIDS Programs (DSHAP)

Administrative Reverse Site Visit (ARSV)

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Michelle Osterman & R. Chris Redwood, Nurse Consultants
Clinical and Quality Branch, Division of Policy and Data
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



Learning Objectives

- Identify the key components of a clinical quality management (CQM) plan
- Explain the steps in developing and revising a CQM plan
- Demonstrate understanding and appropriate use of the CQM Plan Review Checklist

Clinical and Quality Branch (CQB) Team



Tonya Bowers



Tracey Gantt



Nina Inman



Michelle Osterman



R. Chris Redwood



LaQuanta Smalley



**Natalie Solomon-
Brimage**



LCDR Krystal West



Marlene Matosky



RWHAP Treatment Modernization Act of 2006

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

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

Measure

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

Improvement

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

See §§ 2604(h)(5), 2618(b)(3)(E), 2664(g)(5), and 2671(f)(2) of the PHS Act.



CQM Policy Clarification Notice 15-02

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

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

Clinical Quality Management Policy Clarification Notice

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

Scope of Coverage

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

Purpose of PCN

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

Background

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

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

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

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

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

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

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

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

HIV/AIDS Bureau Policy 15-02

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CQM Plan

- What is a CQM Plan?
- What is its purpose and value?
- How is it different from the CQM Program?



Components of a CQM Plan

CQM Program
Goals and
Priorities

Infrastructure

Performance
Measurement

Quality
Improvement
Activities

An Action Plan
with a Timeline
and Responsible
Parties

Evaluation of the
CQM Program

Using the CQM Plan Review Checklist

Clinical Quality Management Plan Review Checklist

Clinical quality management plan should address how the grant recipient will meet the key components of a clinical quality management program as outlined in [Clinical Quality Management Policy Clarification Notice 15-02](#).

The clinical quality management plan should provide a good understanding of the grant recipient's clinical quality management program in a narrative format. A clinical quality management plan is brief and to the point. It does not contain information tangentially related to the clinical quality management program (e.g., history of the grant recipient), which can be found elsewhere (e.g., grant application).

The table below lists each of the components of a clinical quality management plan. Each component is highlighted based on the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA HAB) Ryan White HIV/AIDS Program (RWHAP) expectations and includes descriptions of the narrative, resources and tips for each component.

Recipient:		Division:	Part:
Date of Plan:	Date reviewed:	Reviewer:	



General Information

General Information		
Content	Present: Yes/No/Partial	Comments
<p>Include the name of the recipient organization and the date the CQM plan was last updated and/or approved.</p>		<p>Consider a cover page. Ensure the layout is clear, easy to follow, and that content is well organized.</p> <p>Include the timeframe the plan covers. Typically based on the evaluation period (i.e., calendar, grant, or fiscal/budget year) – for example, GY2023.</p> <p>Include when the plan was last revised/updated (e.g., month/year) or if a new plan, its inaugural date. Usually as a Footer.</p> <p>Consider a signatory page (as an appendix document) or signature block (on the cover page).</p>

Quality Statement

Quality Statement		
PCN 15-02	None	
Content	Present: Yes/No/Partial	Comments
<ul style="list-style-type: none"> Brief, visionary, and related to HIV services Describe the ultimate goal of quality efforts and the purpose of the CQM program 		<p><u>Answer:</u></p> <ol style="list-style-type: none"> <i>How can client needs be met?</i> <i>How can we ensure high quality care is provided while optimizing resources?</i> <p><u>Demonstrates:</u></p> <ul style="list-style-type: none"> Equal access to quality comprehensive HIV care and support services. Degree to which the performance of funded HIV care and support services achieve the standards. How the program provides a continuum of care and eliminates health disparities across jurisdictions.



Annual Quality Goals

Annual Quality Goals		
PCN 15-02	None	
Content	Present: Yes/No/Partial	Comments
<ul style="list-style-type: none"> Outline year's priorities for the CQM program Endpoints/conditions towards which program work will be directed Focus on program's most important areas of need with an emphasis on improvement Include five or fewer goals Covers a 12-month period 		<p><u>Accomplished by:</u></p> <ul style="list-style-type: none"> Prioritizing goals in the main components of PCN 15-02 (Infrastructure, Performance Measurement, and Quality Improvement), and consider addressing subrecipient monitoring (if applicable). Assessing where the program is currently and where the program is headed. Identifying areas (1) of non-compliance, (2) that require development or improvement, (3) to scale up, and/or (4) to expand.



Infrastructure (Part 1)

Quality Infrastructure		
PCN 15-02	<ul style="list-style-type: none"> Utilization of RWHAP grant funds to establish an appropriate infrastructure for a CQM program is allowed. An ideal infrastructure consists of the following: leadership, quality management committee, dedicated staffing, dedicated resources, CQM plan, people with HIV involvement, stakeholder involvement, and evaluation of the CQM program. 	
Content	Present: Yes/No/Partial	Comments
Describe how leadership guides, endorses, supports, and champions the CQM program.		<p>Provide examples of “how” leaders are involved and contributing.</p> <p>Include the titles, roles, and responsibilities of leaders associated with the CQM program. Do not include staff and other stakeholders by name.</p> <p>Consider including an organizational chart (appendix document).</p>
Describe who serves on the quality management (QM) committee, who chairs and facilitates the meetings, how often the QM committee meets, and the purpose of the QM committee.		<p>Identify (high-level) the roles, responsibilities, duties, and expectations (r/r/d/e) for individual committee members.</p> <p>Are meeting minutes maintained? How? By whom?</p> <p>Are the meeting minutes shared? How? With whom?</p>



Infrastructure (Part 2)

Quality Infrastructure		
PCN 15-02	<ul style="list-style-type: none"> Utilization of RWHAP grant funds to establish an appropriate infrastructure for a clinical quality management program is allowed Ideal infrastructure consists of leadership, quality management committee, dedicated staffing, dedicated resources, clinical quality management plan, people with HIV involvement, stakeholder involvement, and evaluation of the clinical quality management program 	
Content	Present: Yes/No/Partial	Comments
Describe the staff positions responsible for developing and implementing the CQM program and related activities.		<p>Consider using job titles versus staff names (including contractors).</p> <p>Include the role of contractors funded to assist.</p>
<p>Describe who writes, reviews, updates, and approves the CQM plan.</p> <p><i>Required Sections:</i> Quality Statement, Annual Quality Goals, Infrastructure, Performance Measurement, Quality Improvement, Evaluation of the CQM Program, and Work Plan.</p>		<p>How often is the CQM plan reviewed and revised?</p> <p>What is the process to review and update the work plan?</p> <p>How often? By whom?</p> <p>What is the approval process that finalizes the plan?</p>



Infrastructure (Part 3)

Quality Infrastructure		
PCN 15-02	<ul style="list-style-type: none"> Utilization of RWHAP grant funds to establish an appropriate infrastructure for a clinical quality management program is allowed Ideal infrastructure consists of leadership, quality management committee, dedicated staffing, dedicated resources, clinical quality management plan, people with HIV involvement, stakeholder involvement, and evaluation of the clinical quality management program 	
Content	Present: Yes/No/Partial	Comments
Describe how people with HIV (PWH) are involved in the development and implementation of the CQM program.		<p>Include roles and responsibilities.</p> <p>How are PWH recruited to participate in the CQM program? Are specific subpopulations recruited?</p>
Describe how stakeholders (e.g., subrecipients, other recipients in the region, planning body/committee, etc.) provide input into the CQM activities.		<p>How are subrecipient CQM activities (e.g., performance measures portfolio, identification of quality improvement activities) guided and monitored?</p> <p>What are recipient leaders/staff doing to establish a regional reach of CQM program collaborations?</p> <p>Detail information about regional collaborations.</p>



Infrastructure (Part 4)

Quality Infrastructure		
PCN 15-02	<ul style="list-style-type: none"> Utilization of RWHAP grant funds to establish an appropriate infrastructure for a clinical quality management program is allowed Ideal infrastructure consists of leadership, quality management committee, dedicated staffing, dedicated resources, clinical quality management plan, people with HIV involvement, stakeholder involvement, and evaluation of the clinical quality management program 	
Content	Present: Yes/No/Partial	Comments
Describe how the effectiveness of the CQM program is evaluated.		<p>How often is the program's effectiveness discussed? By whom?</p> <p>How is leadership informed of program progress issues? How and how often?</p> <p>How and when are evaluation findings shared? With whom?</p> <p>How are ineffective CQM activities addressed?</p>

Performance Measurement (Part 1)

Performance Measurement	
PCN 15-02	<ul style="list-style-type: none">• Recipients are strongly <u>encouraged</u> to include HRSA HAB measures, Health and Human Services (HHS) guidelines, and the National HIV/AIDS Strategy (NHAS) indicators.• Data collection and analysis for the CQM performance measures should occur quarterly at a minimum.• For RWHAP service categories funded by direct RWHAP funds, rebates, and/or program income:<ul style="list-style-type: none">○ Recipients should identify at least two performance measures where greater than or equal to 50 percent of the recipients' eligible clients receive at least one unit of service;○ Recipients should identify at least one performance measure where greater than 15 percent and less than 50 percent of the recipients' eligible clients receive at least one unit of service; and○ Recipients do not need to identify a performance measure where less than or equal to 15 percent of the recipients' eligible clients receive at least one unit of service.

How Many Measures? Client Services Utilization

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



Performance Measurement (Part 2)

Content	Present: Yes/No/Partial	Comments
<p>Describe how performance measures are selected and regularly reviewed for relevance, need, etc.</p>		<p>Is client service utilization data used to determine the minimum # of measures required for each RWHAP-funded service category?</p> <p>What is the process to select measures? When does this occur? Who is involved?</p> <p>Are the measures appropriately reflective of RWHAP-funded services?</p> <p>Are the measures relative to the local HIV epidemiology?</p> <p>Do the measures address the needs of people with HIV?</p>



Performance Measurement (Part 3)

Content	Present: Yes/No/Partial	Comments
<p>Describe the process to collect performance measure data including engagement of subrecipients.</p>		<p>How are subrecipients involved (if applicable)?</p> <p>What is the primary source of data?</p> <p>What other data management system(s) is (are) used and in what data system is data stored?</p> <p>How is subrecipient data transferred (e.g., all data is entered in one data system, manual entry by recipient staff, etc.)?</p> <p>How is data validated for accuracy, completeness, and timeliness (data quality and integrity)?</p>



Performance Measurement (Part 4)

Content	Present: Yes/No/Partial	Comments
Describe the process to analyze the performance measure data including stratifying the data to identify health disparities and sharing the data with stakeholders.		<p>What is the data analysis process?</p> <p>Who is responsible for analyzing and articulating findings?</p> <p>How is data stratified?</p> <p>What is the most recent data available?</p> <p>How are data results reported? Disseminated? To whom?</p>
Identify performance measures for all RWHAP-funded service categories		Consider listing all RWHAP-funded service categories and associated performance measures (appendix document).

Performance Measurement: Example

SERVICE CATEGORY	CLIENT UTILIZATION DATA	PERFORMANCE MEASURE	DEFINITION	Benchmark	PM QTR 1: 2022	PM QTR 2: 2022	PM QTR 3: 2022	PM QTR 4: 2022
Outpatient/ Ambulatory Health Services: Part A	1901 / 3679 = 52%	1. Percentage of Patients on ART	Numerator: Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year.	100%	1854/1887 = 98%	1732/1747 = 99%	1803/1819 = 99%	1834/1867 = 98%
			Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year.					
		2. Medical Visit Frequency	Numerator: Number of clients from denominator, regardless of age, with a diagnosis of HIV who had at least one medical visit in each six month period of a 24 month reporting period with a minimum of 60 days between visits.	60%	632/1266 = 50%	639/1302 = 49%	636/1301 = 49%	682/1283 = 53%
			Denominator: Number of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first six months of the 24 month reporting period.					
3. Viral Load Suppression	Numerator: Number of patients, in the denominator, with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	92%	1630/1887 = 86%	1,503/1,747 = 86%	1,564/1,819 = 86%	1543/1782 = 87%		
	Denominator: Number of patients, regardless of age, with a diagnosis of HIV, who received at least one ambulatory outpatient service within the measurement year							
4. Gap in HIV Medical Visits	Numerator: Number of clients in the denominator who did not have a medical visit in the last 6 months of the measurement year.	45%	232/1134 = 20%	318/1231 = 26%	346/1286 = 27%	346/1237 = 28%		
	Denominator: Number of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year.							

Quality Improvement (Part 1)

Quality Improvement		
PCN 15-02	<ul style="list-style-type: none"> Recipients are expected to implement quality improvement (QI) activities using a defined approach or methodology (e.g., model for improvement, Lean, etc.). Documentation of all quality improvement activities. Recipients should conduct QI activities within at least one funded service category at any given time. (QI project may span multiple service categories.) 	
Content	Present: Yes/No/Partial	Comments
Describe the QI approach or methodology used (e.g., Model for improvement/PDSA, Lean, etc.).		Specify in brief detail
Describe how QI priorities or projects are selected. If known, state the QI priorities or projects for the current evaluation period.		How is data used to determine, guide, support, and develop QI activities? What is the QI activities selection process? Who is involved?



Quality Improvement (Part 2)

Quality Improvement		
PCN 15-02	<ul style="list-style-type: none"> Recipients are expected to implement quality improvement (QI) activities using a defined approach or methodology (e.g., model for improvement, Lean, etc.). Documentation of all quality improvement activities. Recipients should conduct QI activities within at least one funded service category at any given time. (QI project may span multiple service categories.) 	
Content	Present: Yes/No/Partial	Comments
Describe how QI projects are documented.		<p>How are subrecipients involved in site level QI activities?</p> <p>How are recipients involved in system level QI activities?</p> <p>How are QI activities documented (e.g. PDSA template)?</p>
Describe how subrecipients are engaged, supported, and monitored with respect to QI activities (if applicable).		<p>Have staff and subrecipient QI capacity building needs (e.g., training, technical assistance) been assessed, identified, and addressed?</p> <p>Are QI activities (impact and outcomes) shared with providers and key stakeholders? When and how?</p> <p>How does subrecipient QI activities impact the recipient's CQM program (if applicable)?</p>



Work Plan

Work Plan		
PCN 15-02	None	
Content	Present: Yes/No/Partial	Comments
Provides a thorough overview of the implementation of the CQM program including establishes timelines, milestones, and accountability for all CQM program activities as outlined in the CQM plan.		Be detailed and review regularly. Is there a narrative section that details the purpose of the work plan and how it is utilized to support the CQM program?
Table format may be used to state goals with columns detailing objectives, key activities (milestones), timelines (target dates), responsible parties (accountability), and outcomes/impact.		Equates to the annual quality goals. Include both successes and challenges.
Describe how the work plan will be shared/communicated with all stakeholders (e.g., staff, people with HIV, board members, parent organizations, other recipients, funders, etc.)		Include in the CQM Plan narrative section.



Work Plan: Example

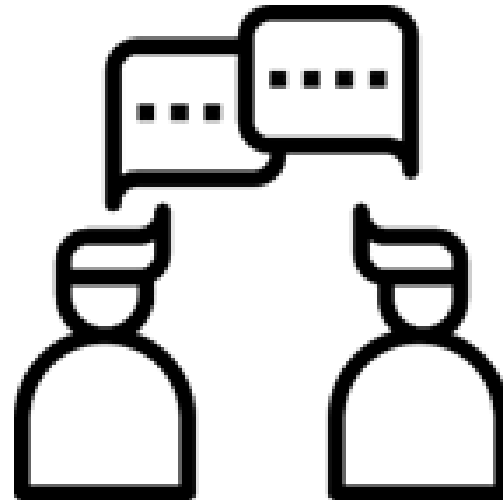
Goal 1: Infrastructure – Establish a comprehensive and functional quality infrastructure				
Objectives	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/Impact
Revise CQM Plan and develop a CQM work plan. <i>Progress Measure: Approved CQM Plan by May 2022</i>	Receive CQM TA w/HAB consultant	January-June 2022	Leadership, CQM Team, and HAB Consultant	<i>In progress:</i> see CQM Team meeting minutes (MM): January-March
	Establish annual quality goals and objectives	February 2022	Leadership and CQM Manager	COMPLETED: see CQM Team MM – January and February
	Share and further develop narrative sections w/CQM committee	April 2022	CQM Manager and CQM committee members	<i>Inactive:</i> Kickoff meeting scheduled for April 12th
Establish a CQM committee	Determine CQM committee's	February 2022	Leadership and CQM Team	COMPLETED: see saved email correspondences b/w

CQM Technical Assistance

To request CQM technical assistance:

Complete the technical assistance request form located at:

<https://www.targethiv.org/ta/cqm>



RWHAP CQM Listserv

- Place for people to:
 - Share ideas and resources
 - Make announcements
 - Ask questions
 - Seek resources
- More information and link to sign up:
<https://ryanwhite.hrsa.gov/grants/quality-of-care>



Questions



Questions are the path to learning

Contact Information: Clinical and Quality Branch

Tonya Bowers

301-287-0055

tbowers1@hrsa.gov

Marlene Matosky

301-443-0798

mmatosky@hrsa.gov

LaQuanta Smalley

301-443-0995

lsmalley@hrsa.gov

Tracey Gantt

301-443-1219

tgantt@hrsa.gov

Michelle Osterman

301-443-5031

mosterman@hrsa.gov

Natalie Solomon-Brimage

301-443-7753

nsolomon@hrsa.gov

Nina Inman

301-443-2209

ninman@hrsa.gov

R. Chris Redwood

301-443-2118

rredwood@hrsa.gov

Krystal West

301-443-1294

kwest@hrsa.gov



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