Agenda

• Vision, Mission, and Strategic Priorities
• Division Updates
• Common Clinical Site Visit Findings
• Clinical Quality Management (CQM) Overview
• Implementation of Quality Improvement Activities
Ryan White HIV/AIDS Program

• Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV
  • More than half of people living with diagnosed HIV in the United States – more than 500,000 people – receive care through the Ryan White HIV/AIDS Program

• Funds grants to states, cities/counties, and local community based organizations
  • Recipients determine service delivery and funding priorities based on local needs and planning process

• Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available

Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2015; CDC. HIV Surveillance Supplemental Report 2016;21(No. 4)
Ryan White HIV/AIDS Program (RWHAP)

- Public health approach to providing a comprehensive system of care
- Ensure low-income people living with HIV (PLWH) receive optimal care and treatment
HIV/AIDS Bureau (HAB) Vision & Mission

Vision
Optimal HIV/AIDS care and treatment for all.

Mission
Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.
HAB Strategic Priorities

• **National Goals to End the HIV Epidemic/PEPFAR 3.0:** Maximize HRSA HAB expertise and resources to operationalize National Goals to End the HIV Epidemic and PEPFAR 3.0.

• **Leadership:** Enhance and lead national and international HIV care and treatment through evidence-informed innovations, policy development, health workforce development, and program implementation.

• **Partnerships:** Enhance and develop strategic domestic and international partnerships internally and externally.
HAB Strategic Priorities

• **Integration:** Integrate HIV prevention, care, and treatment in an evolving health care environment by maximizing opportunities provided by the health care system for preventing infections, increasing access to quality HIV care, and reducing HIV-related health disparities.

• **Data Utilization:** Use data from program reporting systems, surveillance, modeling, and other programs, as well as results from evaluation and special projects efforts to target, prioritize, and improve policies, programs, and service delivery.

• **Operations:** Strengthen HAB administrative and programmatic processes through Bureau-wide knowledge management, innovation, and collaboration.
DCHAP Mission

Provide leadership and resources to assure access to and retention in high quality, comprehensive HIV care and treatment services for vulnerable people living with HIV/AIDS, their families and providers within our nation’s communities.
DCHAP Updates
Program Updates

Notice of Awards

RWHAP Part C

• The FY 2017 appropriations (P.L. 115-31) resulted in a $4 million reduction for RWHAP Part C.

• In order to continue to meet program objectives for Part C within the FY 2017 budget, all Part C grant awards will receive a 2.4% proportional reduction.

• All FY 2017 Part C awards have thus far been partially funded at 50%. HRSA/HAB will proceed with the release of balance of awards based on the final FY 2017 appropriations.
Notice of Awards

RWHAP Part D (HRSA-17-039)

• HRSA/HAB is proceeding with the release of funding for the RWHAP Part D Base and RWHAP Part D Supplemental awards.
• Part D awards are scheduled to be released mid-July.

Part C Capacity Development (HRSA-17-042)

• HRSA/HAB is proceeding with the release of funding for the RWHAP Part C Capacity Development awards.
• Part C awards are due to be released August 2nd.

<table>
<thead>
<tr>
<th>Part C</th>
<th>Budget period ends...</th>
<th>FY 2016 FFR Due date</th>
</tr>
</thead>
<tbody>
<tr>
<td>April Start</td>
<td>3/31/2017</td>
<td>7/30/2017</td>
</tr>
<tr>
<td>May Start</td>
<td>4/30/2017</td>
<td>7/30/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part D</th>
<th>Budget period ends...</th>
<th>FY 2016 FFR Due date</th>
</tr>
</thead>
<tbody>
<tr>
<td>August Start</td>
<td>7/31/2017</td>
<td>10/30/2017</td>
</tr>
</tbody>
</table>
Important Dates: Upcoming Allocation Report Deadlines

- RWHAP Part C FY 2017 Allocation Report is due within 60 days after the issuance of the final Notice of Award for the balance of funds.
- RWHAP Part D FY 2017 Allocation Report is due within 60 days after the issuance of the Notice of Award.

Please work with your PO if you received a revised budget condition of award before starting the RWHAP Allocation Report.
Funding Announcement: RWHAP Part C HIV Early Intervention Services (EIS) Program: Existing Geographical Service Areas (HRSA-18-001, HRSA-18-004, HRSA-18-005)

- **Release Date:** June 28, 2017
- **Deadline for all applications is August 14, 2017 in Grants.gov**
- **The period of performance is three (3) years.**
- **There are three (3) funding announcement numbers included in this announcement with three (3) different period of performance start dates.**
- **You must apply under the NOFO opportunity number that corresponds to the project period start date for the service area**

<table>
<thead>
<tr>
<th>Funding Opportunity Number</th>
<th>Project Start Date</th>
<th>Period of Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRSA-18-001</td>
<td>January 1</td>
<td>January 1, 2018 through December 31, 2020</td>
</tr>
<tr>
<td>HRSA-18-004</td>
<td>April 1</td>
<td>April 1, 2018 through March 31, 2021</td>
</tr>
<tr>
<td>HRSA-18-005</td>
<td>May 1</td>
<td>May 1, 2018 through April 30, 2021</td>
</tr>
</tbody>
</table>
Applicants who need additional information may contact the HRSA contacts listed on the HRSA-18-001, HRSA-18-004, HRSA-18-005:

<table>
<thead>
<tr>
<th>Program Contact</th>
<th>Grants Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall program issues and/or technical assistance</td>
<td>Business, administrative, or fiscal issues</td>
</tr>
<tr>
<td>Hanna Endale <a href="mailto:HEndale@hrsa.gov">HEndale@hrsa.gov</a> (301) 443-1326</td>
<td>Adejumoke Oladele <a href="mailto:aoladele@hrsa.gov">aoladele@hrsa.gov</a> (301) 443-2441</td>
</tr>
</tbody>
</table>
Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in HIV Care

• Supported through the Department of Health and Human Services Secretary’s Minority AIDS Initiative Fund.

• The goal of this cooperative agreement is to increase the utilization of community health workers (CHW) as part of the HIV primary care delivery system to improve access to care and health outcomes for racial and ethnic minority PLWH.

• The initiative will assist RWHAP medical care provider sites with support to integrate CHWs into the HIV multidisciplinary team model through training, technical assistance and learning sessions.
Technical Assistance and Evaluation Center: Focusing on Community Health Workers

• The Center for Advancing Health Policy and Practice (CAHPP) at the Boston University School of Public Health (BUSPH) is the Technical Assistance and Evaluation Center (TAEC) for the initiative.

• BUSPH requested letters of intent from RWHAP medical providers to support the implementation and integration of Community Health Worker in their program.

• BUSPH selected 9 RWHAP medical providers.

• Project period is 9/1/2016-8/31/2019.
### RWHAP Medical Provider Sites for the CHW Initiative

<table>
<thead>
<tr>
<th>Organization</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin Primary Health Center, Inc.</td>
<td>Mobile</td>
<td>AL</td>
</tr>
<tr>
<td>University of Alabama at Birmingham 1917 Clinic</td>
<td>Birmingham</td>
<td>AL</td>
</tr>
<tr>
<td>The McGregor Clinic, Inc.</td>
<td>Fort Myers</td>
<td>FL</td>
</tr>
<tr>
<td>Southwest Louisiana AIDS Council</td>
<td>Lake Charles</td>
<td>LA</td>
</tr>
<tr>
<td>New Orleans AIDS Task Force/Crescent Care</td>
<td>New Orleans</td>
<td>LA</td>
</tr>
<tr>
<td>East Carolina University</td>
<td>Greenville</td>
<td>NC</td>
</tr>
<tr>
<td>Newark Beth Israel Medical Center - Family Treatment Center</td>
<td>Newark</td>
<td>NJ</td>
</tr>
<tr>
<td>Southern Nevada Health District</td>
<td>Las Vegas</td>
<td>NV</td>
</tr>
<tr>
<td>Legacy Community Health Services, Inc.</td>
<td>Houston</td>
<td>TX</td>
</tr>
</tbody>
</table>
Save the Date

2017 Ryan White HIV/AIDS Program Clinical Care Conference

August 21-23, 2017
San Antonio, TX

Additional details are available on: https://aidsetc.org/ and http://iasusa.org/
Common Clinical Site Visit Findings
Clinical Findings

Strengths:

• Patients:
  • Speak very highly of their care providers
  • Are prescribed appropriate anti-retroviral therapy
  • Have quick access to their providers if they have an urgent care issue
Clinical Findings

Areas for improvement:

• Development and implementation of clinical policies and procedures specific to RWHAP

• Consistent adherence to the Health and Human Services (HHS) HIV Guidelines especially as it relates to lab monitoring

• Effective Clinical Quality Management (CQM) Program
Clinical Quality Management (CQM) Overview
How Quality is Defined: Healthcare Leaders

• “Quality is more than just clinical...We are looking at what it means to drive patient value.”

• “[Hospital systems] have to go beyond just clinical excellence and get into delivering an experience...”

• “Each one of us...gave a role in guiding the organization to value. As the administrative leaders, we can allocate the resources, direct the organization and direct the resources to get behind value.”

• “If we have less variation in how we treat [chronic-needs patients], we can start to reduce utilization, then we can start to drive value.”

• “The challenge is the definition of quality changes based on who you talk to. Clinicians talk about clinical value, and consumers think about experience, and payers are all over the board...”

Institute of Healthcare Improvement: Triple Aim
<table>
<thead>
<tr>
<th>Aims</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe:</td>
<td>Avoiding injuries to patients from the care that is intended to help them.</td>
</tr>
<tr>
<td>Effective:</td>
<td>Providing services based on scientific knowledge to all who could benefit, and refraining from providing services to those not likely to benefit.</td>
</tr>
<tr>
<td>Patient Centered:</td>
<td>Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.</td>
</tr>
<tr>
<td>Timely:</td>
<td>Reducing waits and sometimes harmful delays for both those who receive and those who give care.</td>
</tr>
<tr>
<td>Efficient:</td>
<td>Avoiding waste, including waste of equipment, supplies, ideas, and energy.</td>
</tr>
<tr>
<td>Equitable:</td>
<td>Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.</td>
</tr>
</tbody>
</table>

RWHAP Legislative Requirements for CQM

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. Slide credit Emily Chew and Marlene Matosky.
Clinical Quality Management Policy Clarification Notice (PCN) # 15-02:

Clinical Quality Management Policy Clarification Notice

Policy Clarification Notice (PCN) #15-02

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

Scope of Coverage: Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D

Purpose of PCN:

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

HAB PCN 15-02: Components

- Infrastructure
- Performance Measurement
- Quality Improvement
PCN 15-02: Useful Definitions

• **Quality Management Plan**: A quality management plan describes all aspects of the CQM program including infrastructure, priorities, performance measures, quality improvement activities, action plan with a timeline and responsible parties, and evaluation of the CQM program (p. 4).

• **PLWH Involvement**: Involvement that reflects the population that is being served and ensures that the needs of PLWH are being addressed by CQM activities (p. 4).

• **Stakeholder Involvement**: Stakeholder involvement (e.g., sub recipient, other recipients in region, planning body and/or its committees, consumers) that provides input on CQM activities to be undertaken (p. 4).

PCN 15-02: Useful Definitions

• **Performance measurement:** the process of collecting, analyzing, and reporting data regarding patient care, health outcomes on an individual or population level, and patient satisfaction (p. 5).

• **Quality improvement:** the development and implementation of activities to make changes to the program in response to the performance data results (p. 6).

PCN 15-02: Reminders

Recipients are required to:

• Implement quality improvement activities aimed at improving patient care, health outcomes, and patient satisfaction.

• Implement quality improvement activities using a defined approach or methodology.

• Ensure all quality improvement activities should be documented (p. 6).
The Implementation of Quality Improvement Activities
Policies and Procedures
## Policies vs. Procedures

<table>
<thead>
<tr>
<th>Policies</th>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>• “Guidelines to behavior, decision making, and thinking.”</td>
<td>• “Guide actions for specific situations. Formal procedures give directions to employees in performing their duties.”</td>
</tr>
<tr>
<td>• Apply to entire organization and are formulated by senior management.</td>
<td>• Generally apply to a specific unit or department, and are formulated by department managers.</td>
</tr>
</tbody>
</table>

Following standardized policies and procedures decreases clinical variation. Decreased clinical variation leads to better health outcomes.

American College of Healthcare Executives, 2017, Fundamental of healthcare management. Chicago, IL
Associate’s in Process Improvement’s (API) Model for Improvement

http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx
Lean

https://www.leanconstruction.org/about-us/what-is-lean-design-construction/
Lean

Lean Tool: 5 S

HHS Guidelines
HHS Viral Suppression Definition

Viral Suppression Among Persons in HIV Medical Care

Number of persons with an HIV diagnosis with a viral load <200 copies/mL at last test in the 12–month measurement period

_________________________________________________

Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period

= Viral Suppression Rate
# HHS HIV Guidelines

<table>
<thead>
<tr>
<th>Laboratory Test</th>
<th>Entry into Care</th>
<th>ART Initiation or Modification</th>
<th>2 to 8 Weeks After ART Initiation or Modification</th>
<th>Every 3 to 6 Months</th>
<th>Every 6 Months</th>
<th>Every 12 Months</th>
<th>Treatment Failure</th>
<th>Clinically Indicated</th>
<th>If ART Initiation is Delayed</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Serology</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If HIV diagnosis has not been confirmed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD4 Count</td>
<td>✓</td>
<td>✓</td>
<td>✓ During first 2 years of ART or if viremia develops while patient on ART or CD4 count &lt;300 cells/mm³</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓ Every 3–6 months</td>
</tr>
<tr>
<td>HIV Viral Load</td>
<td>✓</td>
<td>✓</td>
<td>✓/a</td>
<td>✓/a</td>
<td>✓/a</td>
<td>✓/a</td>
<td>✓/a</td>
<td>✓/a</td>
<td>Repeat testing is optional</td>
</tr>
<tr>
<td>Resistance Testing</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Shewhart’s Plan-Do-Study-Act (PDSA)

http://asq.org/learn-about-quality/project-planning-tools/overview/webcasts.html
Six Sigma

Define

Measure

Control

Improve

Analyze
Histogram

Baldrige Criteria and Related Systems

Additional Tools

Quality Tools
• 5 whys
• Control chart
• Histogram
• Pareto chart
• Check sheet
• Benchmarking
• Failure mode and effects analysis
• Flowchart

Management and Planning Tools
• Balanced scorecard
• Affinity diagram
• Scatter diagram
• Priorities matrix

CQM and PLWH Involvement
Expectations

• **RWHAP Part C:** “the applicant agrees to provide additional documentation to the Secretary regarding the process used to obtain community input into the design and implementation of activities related to such grant” (Section 2664 (a) (3))

• **RWHAP Part C and D PLWH Involvement:** PLWH involvement that reflects the population that is being served and ensures that the needs of PLWH are being addressed by CQM activities. (HAB PCN 15-02, 2015, p. 4)


PLWH Involvement

• **Recruitment**
  - All clinic staff
  - Peers
  - Friends
  - Social media
  - Flyers throughout the clinic

• **Engagement**
  - Member of the Board of
  - Chair, co-chair or member of CQI committee
  - Active consumer advisory board
  - Peers

• **Retention**
  - Allow patients to “give back”
  - Make them feel a part of the team
  - Say “thank you”
  - Provide training
Examples of Meaningful Engagement

- Assist in CQM plan development, implementation, and evaluation
- Provide feedback to staff on care experiences and develop quality improvement projects
- Develop educational materials, blogs, etc.
- Assist in the hiring and orienting staff
- Assist in developing clinic procedures
- Actively engage on clinic committees


Workbook: https://www.pcpcc.org/sites/default/files/resources/Training%20Workbook_Craig_0.pdf
Summary
Summary

- Follow the HHS guidelines for the delivery of care and treatment for PLWH
- Utilize HAB PCN 15-02 to ensure your RWHAP Parts C and D Programs meet the CQM requirements
  - Infrastructure
  - Performance Measurement
  - Quality Improvement
- Involve PLWH throughout the CQM program and process
- Consult references as needed

References & Resources

• AIDS Education Training Center:  https://aidsetc.org/guide/quality-improvement

• Agency for Healthcare Research and Quality: https://www.ahrq.gov/workingforquality/index.html

• American College of Healthcare Executives, 2017, Fundamental of healthcare management. Chicago, IL

• American Society for Quality: https://asq.org/quality-resources

• Institute for Healthcare Improvement: http://www.ihi.org/Pages/default.aspx

• Bureau of Primary Health Care National Quality Improvement Cooperative Agreements: https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/ncapca/natla greement.html
References & Resources

• Health Care Communities: http://www.healthcarecommunities.org


• Institute for Healthcare Improvement: http://www.ihi.org/Pages/default.aspx


• National Quality Center: http://nationalqualitycenter.org/quality-improvement-resources/
References & Resources

• Patient-Centered Primary Care Collaborative: https://www.pcpcc.org/topic/peer-review-study

• Minnesota Department of Health: http://www.health.state.mn.us/divs/opi/qi/toolbox/fishbone.html

• TARGET Center: Tools for the Ryan White Community: https://careacttarget.org/category/topics/quality-management

THANK YOU

Thank you for providing high quality, comprehensive HIV care and treatment services for low-income, uninsured, and underserved PLWH and their families.
Questions?

If you have recommendations for future TA webinars and calls please send an email to ASKDCHAP@hrsa.gov

If you have specific programmatic questions please contact your assigned Project Officer.