

# The DCHAP Clinical Site Visit Review for Recipients and Clinical Reviewers: Tools and Hints

Carrie Jeffries, ANP-BC, MS, MPH, RN, AACRN  
Chief Nursing Officer  
Division of Community HIV/AIDS Programs (DCHAP)

**8/24/2016**

# Parts C and D Want YOU!

---

If you are currently engaged in, or have been within the past three years, the direct provision of HIV primary medical care as an MD, DO, NP, PA or RN, please consider being a Division of Community HIV/AIDS Programs (DCHAP) Clinical Site Visit Reviewer.

If you are interested, please contact Kathie Baldwin at MSCG,  
[kbaldwin@imstrategists.com](mailto:kbaldwin@imstrategists.com)

# Disclosures

---

- Presenter has no financial interest to disclose.
- This continuing education activity is managed and accredited by Professional Education Services Group in cooperation with HSRA and LRG.
- PESG, HSRA, LRG and all accrediting organization do not support or endorse any product or service mentioned in this activity.
- PESG, HRSA, and LRG staff has no financial interest to disclose.

# Learning Objectives

---

At the conclusion of this activity the learner will be able to:

- Discuss at least one of the requirements to be a RWHAP Part C and D clinical site visit reviewer.
- Discuss at least three items that will be reviewed during the RWHAP Part C and D clinical site visit review and verbalize the rationale behind those items.
- Name and identify at least three resources they may use to prepare for the RWHAP Part C and D clinical site visit review.

# Overview

---

- **Quality and the Division of Community HIV/AIDS Program (DCHAP) Clinical Site Visit (SV)**
- **Clinical Quality Management**
- **The DCHAP Clinical Reviewer**
- **Site Visit Preparation Strategies**
- **Common Clinical DCHAP Site Visit Findings**
- **Resources**

# National HIV/AIDS Strategy (NHAS): Updated to 2020

---

## Vision

The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender identity, or socio-economic circumstance, will have unfettered access to high quality, life extending care, free from stigma and discrimination.

<https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>

# HRSA's Four Goals

---

- Improve Access to Quality Care and Services,
- Strengthen the Health Workforce,
- Build Healthy Communities, and
- Improve Health Equity

<http://www.hrsa.gov/about/strategicplan/index.html>

# HIV/AIDS Bureau Vision and 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.



# HIV/AIDS Bureau Priorities

- **NHAS 2020/PEPFAR 3.0** - Maximize HRSA HAB expertise and resources to operationalize NHAS 2020 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
- **Integration** - Integrate HIV prevention, care, and treatment in an evolving healthcare environment
- **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

**RYAN WHITE  
HIV/AIDS PROGRAM  
MOVING FORWARD  
FRAMEWORK**



# Division of Community HIV/AIDS Programs (DCHAP) Mission

---

To 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.

# Connecting the Dots

---

- **How does the clinical site visit review relate to the HAB and DCHAP's mission and strategic plan?**
  - Optimal HIV/AIDS care and treatment for all
    - Increasing viral load suppression,
    - Increasing medical retention in care,
    - Increasing clinical quality management programs, and
    - Increasing customer support and services by providing timely responses.

# Clinical Quality Management (CQM)

# Quality Assurance (QA)

---

- **QA refers to a broad spectrum of activities aimed at ensuring compliance with minimum quality standards.**
  - Retrospective process of measuring compliance with standards.
  - It is not the same as quality improvement.
  - Part of the larger administrative function of a recipient's program or organization and informs the clinical quality management program.
- **Quality assurance activities by themselves do not constitute a CQM program.**

# DCHAP Clinical SV Review and QA

---

**What portions of a DCHAP Clinical SV are QA? What portions are Quality Improvement (QI)?**

# DCHAP Clinical SV Review and QI

- Quality improvement project= development and implementation of activities to make changes to the program in response to the site visit and performance results.
- Implementation of quality improvement activities aimed at improving patient care, health outcomes, and patient satisfaction.

Raise your hand if you are involved in a quality improvement project



# Quality Improvement Resources

---

- Technical assistance provided by consultant on-site
- Corrective Action Plan
- Follow-up TA Visits
- Stakeholder Calls
- National Quality Center (NQC)
- Fiscal Health
- Project Officer
- Peer to Peer

# DCHAP Clinical Reviewer Requirements

# Licensing and Practice Criteria

---

- Current and active license in a State or Territory of the United States to provide medical care as an MD, DO, PA, NP, or RN
- Provision of direct outpatient HIV medical care to patients for at least five years in the licensed medical/nursing care role
- Direct provision of outpatient HIV medical care to patients within the United States or US Territory within the last three years
- Maintain completion of 15 hours of HIV continuing medical education/continuing nursing education each calendar year
- Passing rate of 80% on all exams
- Completion of HAB/DCHAP required webinars

# Knowledge Criteria

---

- Awareness of RWHAP Part C, D and F (Dental) legislation requirements
- Working knowledge of the current and ever-changing HHS care and treatment guidelines across the HIV continuum and populations
- Understanding of the National HIV/AIDS Strategy Goals, HHS and HAB core indicators
- Excellent grasp of HAB Policy Clarification Notices (PCN) related to clinical care and clinical quality management
- Understanding of the key components of a CQM program and the differences between implementation of quality assurance versus quality improvement

# Time Commitment

---

- **Pre-site review of documents provided by the Project Officer (PO)**
- **Pre-site call with the PO and the recipient**
- **Follow-up with the recipient for documents needed pre-site visit**
- **Site-visit**
  - RWHAP Part C or RWHAP Part D: Two full days on site plus travel time
  - Combined RWHAP Part C and D: Three full days on site plus travel
- **Site-visit report write-up and submission: clinical overview and findings**
- **Back and forth with HAB for final report preparation and submission**
- **Participation in training webinars**

# Site Visit Team Composition

---

- **Administrative reviewer (usually the team lead)**
- **Fiscal reviewer**
- **Clinical reviewer: covers clinical and CQM**
- **Project Officer**
- **Possible additional DCHAP staff**

# Clinical Review Tools

---

- **Site Visit Module**

- HIV Testing, Counseling, Referral and Patient Enrollment
- HIV Medical Care
- Other Support Services
- Clinical Quality Management Program

- **Chart Review Tool**

- Outcome Measures
- Quality of Care Areas
  - Laboratory testing
  - Immunizations
  - Exam
  - Counselling
  - Medications

# **DCHAP RWHAP Part C and D Recipient Clinical SV Preparation**



# Actions to Consider

---

- **Start preparing the day the Project Officer (PO) asks for SV dates**
  - Ask for the clinical review tools to know what the visit will assess
  - Review the FOA for a list of RWHAP Part C, D and F (dental) HIV-specific policies and procedures that should be in place
  - Ask peers about their site visit experience, findings and improvement options
  - Discuss with PO common findings and improvement options they have seen
  - Develop any policies and procedures that are missing and implement them

# Recipient Actions to Consider (2)

---

- **Self-assessment**
  - Conduct internal SV review with the tools to identify opportunities
  - Helps to calm nerves and get “house in order”
- **Sub-recipient review**
  - Sub-recipients should be held to the same standards as HAB holds the recipients
- **Documentation of the Plan-Do-Study-Act (PDSA) in areas where preparation is needed for the SV**

# Common RWHAP Part C and D Clinical SV Findings

# Clinical

## Most Common Findings

FY14	FY15
Clinical Policies and Procedures	Clinical Policies and Procedures
CQM Plan	Medical Record Documentation
Medical Record Documentation	CQM Plan
Care adheres to HHS Guidelines	Care adheres to HHS Guidelines

# Clinical Policies and Procedures

# Common Findings

---

- **Not having HIV specific clinical policies and procedures**
  - Policy: a guiding principle used to set direction in an organization
  - Procedure: a series of steps to be followed as a consistent and repetitive approach to accomplish an end result.
- **Only stating that the organization follows the HHS guidelines and that is the policy. Reach out to peers who have been successful with their policies and procedures. Acute care colleagues have policies and procedures for everything.**

<https://www.bizmanualz.com/write-better-policies/whats-the-difference-between-policies-and-procedures.html>

# HIV Medical Care

# Reference for Common Findings

- **All FOA's state that care and treatment will be provided according to the HHS guidelines**
  - “Providers must be authorized, via credentialing and licensure, to prescribe medications, order medically indicated tests/exams, interpret symptoms, treat, and **meet Department of Health and Human Services’ (HHS) guidelines.** “
  - “At a minimum, **in accordance with the latest HHS guidelines,** should provide periodic medical evaluations; appropriate treatment of HIV infection; and prophylactic and treatment interventions for complications of HIV infection, including opportunistic infections, opportunistic malignancies and other AIDS defining conditions.
- **Providers do not document rationale for deviation from evidence based guidelines**



# Most Common Deviations from HHS Guidelines

---

- **Clinical guidelines not being followed:**
  - Labs: CBC, chemistries, LFTs, and lipid screening
  - Immunizations: Influenza
  - Exam: Oral assessment or exam
  - Screening: Mental health and substance abuse
  - Counselling: Pre-conception, risk reduction, and adherence counseling

# Clinical Quality Management

# Common CQM Findings: Infrastructure

---

- **Not having a RWHAP Part C or D CQM Plan**
  - “The Public Health Service Act requires recipients of funding under the Ryan White HIV/AIDS Part C program (Sec. 2664(g)(5)) to establish clinical quality management programs to:
    - Assess the extent to which HIV health services are consistent with the most recent 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.”
- **Note that RWHAP Parts C and D have the same requirement**

Funding Opportunity Announcement, HRSA 15-007, pg. 12-13

# Common CQM Findings: Stakeholder Involvement

---

- **Little to no stakeholder involvement in the development, implementation and evaluation of the CQM program**
  - “Consumer involvement to evaluate and improve services”

# Common CQM Findings: Quality Improvement

---

- **Quality assurance activities but no actionable quality improvement activities or plan specific to the RWHAP Part C or D program**
- **Data collection for reporting purposes but no quality improvement plan based upon areas of low performance**

# Obtaining CME/CE

---

If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>

# Questions

---



# Have a Great Conference!

---

**Carrie Jeffries, ANP-BC, MS, MPH, RN, AACRN**

**Division of Community HIV/AIDS Programs**

**Chief Nursing Officer**

**[cjeffries@hrsa.gov](mailto:cjeffries@hrsa.gov)**

**301-443-2399**



# Parts C and D Want YOU!

---

If you are currently engaged in, or have been within the past three years, the direct provision of HIV primary medical care as an MD, DO, NP, PA or RN, please consider being a Division of Community HIV/AIDS Programs (DCHAP) Clinical Site Visit Reviewer.

If you are interested, please contact Kathie Baldwin at MSCG,  
[kbaldwin@imstrategists.com](mailto:kbaldwin@imstrategists.com)