Module 7: Maintaining and Improving a System of Care

GETTING READY: NOTES FOR TRAINERS

MODULE SCOPE

Purpose

This module is designed to provide an understanding of the concept of a comprehensive system of HIV care. It also explains several PC/PB and recipient roles that are very important tools for developing, maintaining, and improving that system of care, but that often receive less attention than core legislative functions like priority setting and resource allocation (PSRA).

The RWHAP was enacted in 1990 and almost all RWHAP Part A programs and PCs/PBs have been operating for at least a decade, so all are supporting some form of continuum or system of care. However, due to continuing changes in the epidemic, prevention, treatment, and the broader health care system, regular assessment and refinement of the local system of care is necessary. Ensuring a comprehensive system of HIV care is a responsibility shared by the PC/PB and the recipient. As discussed in earlier modules, the PC/PB usually takes the lead on needs assessment and integrated/comprehensive planning and has full responsibility for PSRA.

As discussed in this module, the recipient usually takes the lead on performance measurement and outcomes evaluation and is responsible for Clinical Quality Management (CQM), but the PC/PB uses the data generated by both. In RWHAP Part A programs, the PC/PB generally takes the lead in developing service standards and has full responsibility for assessment of the efficiency of the administrative mechanism (AAM). Coordination of services is a shared role. This module describes these roles and identifies ways for the PC/PB to help ensure continuing improvements to the system of HIV care so that it meets the needs of PLWH who depend on RWHAP services—with particular focus on disproportionately impacted communities of color and emerging populations.

Content Overview

Concept of a System of Care

- Defining and Understanding the System of Care
- Shared Responsibility for the System of Care

Maintaining and Improving a System of Care through Service Standards, CQM and Coordination of Services

- Development and Use of Service Standards
- Role of Clinical Quality Management
- Coordination of Services/Relationships with Other Programs

Assessment of the Efficiency of the Administrative Mechanism

- Understanding the AAM Requirement
- Scope and Challenges
- Typical Steps

How the PC/PB Helps Improve the System of Care

- Gaining an In-depth Understanding of the Local System of HIV Care
- Using Legislative Roles and Responsibilities to Help Improve the Local System of HIV Care

Learning Objectives

Following training (which may take place over one or more sessions), participants will be able to:

Concept of a System of Care

1. Define and describe a "comprehensive system of HIV care"
2. Describe the shared responsibility of the PC/PB and recipients in establishing, maintaining, and improving the local system of care

Establishing, Maintaining, and Improving a System of Care through Service Standards, Clinical Quality Management, and Coordination of Services

3. Define "service standards"
4. Identify ways service standards are used by consumers, subrecipients, PC/PBs, recipients, and Quality Managers
5. Describe a process for developing service standards
6. Explain the concept of Clinical Quality Management (CQM) and the legislative requirement of the RWHAP to implement a CQM program
7. Identify and describe the three main components of a CQM program
8. Describe at least 3 ways PC/PBs use CQM data
9. Explain HRSA/HAB expectations for PC/PB involvement in the coordination of services and relationships with other programs

Assessment of the Efficiency of the Administrative Mechanism (AAM)

10. Explain the legislative requirement for the AAM
11. Identify at least 4 components and 2 common challenges of conducting an AAM
12. Describe typical steps in the AAM process

How the PC/PB Can Help to Improve the System of Care

13. Describe at least 3 actions a PC/PB and its members can take to ensure an in-depth understanding of the local system of HIV care
14. Identify 5 ways a PC/PB and its members can use their legislative responsibilities to help improve the local system of HIV care

USING THE MODULE

Suggested Uses

- To train PC/PB members before they participate in their first planning cycle
- To train the members of committees responsible for specific tasks associated with the system of care, do a series of mini-training sessions during committee meetings
- To provide mini-training sessions during PC/PB meetings as introductions to individual components of the module (i.e., concept of a system of care, service standards, CQM and coordination of services, AAM, ways the PC/PB can help improve the system of care)
- To ensure that all PC/PB members understand tasks (such as CQM) that are primarily recipient responsibilities but that also generate data used by the PC/PB and/or use documents prepared by the PC/PB
- To familiarize new PC/PB support staff and recipient staff with tasks associated with improving the system of care

Localizing the Module

- Add the name and/or logo of your PC/PB and a map of your EMA or TGA to the slides
- Ask someone who is an expert on the local system of HIV care to participate in the training– to describe the current system of care, provide graphics to show how someone enters care and is referred for needed medical and support services, and help members understand how different PLWH subpopulations are linked to and served by the local system of care
- Add PowerPoint slides that show the committee(s) within your PC/PB that have responsibility for the tasks discussed in this module and for using data generated through these tasks
- Add slides showing your current process for AAM
- Add slides for your current process for developing/updating service standards
- Revise or replace the examples or data provided in suggested activities so they reflect local situations or data

EQUIPMENT AND MATERIALS CHECKLIST

- ☐ PowerPoint projector and laptop
- ☐ Easel pad, markers, and tape
- ☐ Copies of participant materials for Activities
- ☐ Copies of Quick Reference Handouts

MATERIALS FOR THIS MODULE

- ☐ PowerPoint Slides: Maintaining, and Improving a System of Care
- ☐ Activity 7.1: Quick Activities to Apply Knowledge
- ☐ Quick Reference Handout 7.1: Eleven Ways PC/PBs Can Help Improve the System of HIV Care
- ☐ Quick Reference Handout 7.2: Assessment of the Administrative Mechanism

BACKGROUND INFORMATION FOR TRAINERS

Focus and Importance of Module 7

Every task of a PC/PB affects the local system of HIV care, but most attention is usually given to the "big three" roles of needs assessment, integrated/comprehensive planning, and priority setting and resource allocation. This module describes other important roles and tasks carried out by, or closely related to, the PC/PB that also influence the system of care. It also addresses the importance of ensuring that the system of care is regularly reviewed and refined in order to provide the best possible services and outcomes for PLWH in the EMA or TGA—and summarizes many specific ways in which a PC/PB and its individual members can help improve the local system of care.

The module includes one role that is primarily a recipient responsibility, but is connected to the work of the PC/PB and is sometimes misunderstood: Clinical Quality Management (CQM). The module explains legislative responsibilities and HRSA/HAB expectations for CQM, how the PC/PB influences CQM through its work on service standards, and also how the PC/PB uses CQM results in decision making.

Key Concepts and Terms

This module introduces many RWHAP related terms. What follows is some additional information to provide history and context that are important for this module and may need clarification during the training. (Key Concepts and Terms is intended primarily for the trainer, but can also be provided to participants as a handout).

System of Care: PC/PBs are expected to make decisions about the system of care, but do not always have a shared understanding of the concept and full scope of a comprehensive local system of HIV care, including core medical and support services. The PC/PB tends to focus on how RWHAP Part A funds are used and to some degree on services supported by RWHAP Part B and other Parts. Members also need to understand the broader system of services available to PLWH—often including substance abuse treatment, mental health services, housing, and various support services that are funded through other federal agencies, state or local public funds, or private resources. Many PC/PBs develop charts of services and providers for their integrated/comprehensive plans, and consider "other funding sources" in the PSRA process, but may not regularly discuss what the system of care as a whole "looks like" or how different PLWH populations can access needed services. Some PC/PBs and recipients develop graphics that show the local system of care, including how a person with HIV is linked to RWHAP services and also how a Part A client accesses services funded by other sources (from Medicaid to foundations). PC/PBs can also use "roundtables" or other sessions with service providers (including non-RWHAP providers) and consumers to better understand how people enter and move through the local system of care, including barriers and service gaps.

Clinical Quality Management: CQM is an area of frequent confusion for PC/PBs. As summarized in the updated Planning Council Primer and detailed in HRSA/HAB Policy Clarification Notice (PCN) 15-02 (updated November 30, 2018) and the related Frequently Asked Questions, CQM is a recipient responsibility. It involves the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction; it is used to improve services to ensure that they meet clinical guidelines and local service standards, and that supportive services funded

through RWHAP Part A are positively impacting medical outcomes.

The recipient operates a CQM Committee as part of its CQM infrastructure. This must not be a PC/PB committee, although the recipient may choose to ask some PC/PB members to be on the CQM committee. The CQM committee should include stakeholders in the system of care. Consumer involvement is very important to CQM. Consumers are typically represented on the CQM Committee and are sometimes trained to participate in CQM quality improvement activities—but these consumers are not necessarily PC/PB members.

PC/PBs do have two clear linkages to CQM. First, in RWHAP Part A programs, PC/PBs usually take the lead in developing service standards for all funded service categories, and the recipient uses these standards in CQM, as well as in procurement and subrecipient monitoring. Development of service standards involves administrative costs, and is not a CQM expense. Second, CQM generates data on performance measures and outcomes overall and by service category, which the PC/PB should receive from the recipient and use in decision making. Although the CQM Committee may receive data by service provider, PC/PBs are strongly discouraged from discussing service providers by name, so this information should be given to the PC/PB without identification of individual subrecipients.

Quality Assurance vs. Quality Improvement: Both quality assurance and quality improvement are recipient responsibilities. They are also described in detail in PCN 15-02.

Quality assurance is used by the recipient as part of its monitoring of subrecipients, to ensure that they are meeting minimum quality standards. These standards often involve compliance with contractual requirements related to National Monitoring Standards or other HRSA/HAB guidelines, local service standards, and professional guidelines for a particular service category. This monitoring is retrospective—much of the data comes from client files and program records. The results of quality assurance inform the CQM program and can be used to develop quality improvement activities—but quality assurance does not by itself constitute a CQM program.

Quality improvement activities, widely used in health care, are "systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups."[1] As a part of RWHAP CQM, QI activities are developed and implemented to make changes to a program in response to CQM performance data including quality assurance results. Quality improvement activities should be implemented in an organized, systematic way so that the recipient can determine whether these changes or improvements have positively affected health outcomes or additional changes are needed.

Assessment of the Efficiency of the Administrative Mechanism: The AAM involves looking back over the full program year at whether there was an open procurement process for subrecipients services, how long it took for selected subrecipients to obtain contracts, and whether subrecipients were paid promptly after submitting monthly invoices, as well as whether the PC/PB's allocations were followed by the recipient in entering into subrecipient contracts. This annual PC/PB legislative responsibility needs to be carefully planned and implemented so that HRSA/HAB requirements are met, and so that the AAM does not become a source of misunderstanding and conflict between the PC/PB and the recipient. Confusion can occur partly because of the nature of the task—it is the only PC/PB responsibility that involves looking at and assessing any aspect of procurement or contracting, which are recipient roles. Sometimes the scope of an AAM expands beyond legislative intent to include efforts to evaluate recipient monitoring systems or procedures—this should not occur. Problems can also arise if the AAM process and data needs are not agreed upon between the recipient and PC/PB at the beginning of the year—and unexpected data demands become a burden after the program year ends. Data needed for

the AAM should be collected and aggregated throughout the year. Ideally, the process and data needs will be agreed upon, detailed in the Memorandum of Understanding between the PC/PB and recipient, and kept similar from year to year. The AAM summary in the Compendium of Materials for PCS Staff, listed below in the For More Information section, details these issues, and reviewing it can help in training a PC/PB on this topic.

For More Information

Additional Resources

- Planning Council Primer [2018 update]
- Compendium of Materials for Planning Council Support (PCS) Staff, especially:
  - *5.5. Assessing the Efficiency of the Administrative Mechanism: An Introduction*
- Planning CHATT Webinar, Priority Setting and Resource Allocation, July 17, 2018, Webinar Slides and Transcript
- "Service Standards: Guidance for Ryan White HIV/AIDS Program Grantees/Planning Bodies," HIV/AIDS Bureau, December 2, 2014.
- Clinical Quality Management Policy Clarification Notice, PCN 15-02, HIV/AIDS Bureau, 2015 [Updated November 30, 2018].
- Frequently Asked Questions for Clinical Quality Management Policy Clarification Notice, HIV/AIDS Bureau, 2015.

Related Training Guide Resources

- *Module 2: Roles and Responsibilities of RWHAP Part A Planning Councils/Bodies* and Recipients, provides a basic description of the roles and responsibilities of the PC/PB and the recipient, including shared tasks
- *Module 3: Overview of the RWHAP Part A Annual Planning Cycle*, shows how each of the activities discussed in this module fits into the annual planning cycle and influences the recipient's procurement process
- Modules 4, 5, and 6 provide skill-focused training related to other key legislative responsibilities, all of which affect the system of care:
  - *Module 4: Needs Assessment*
  - *Module 5: Priority Setting and Resource Allocation*
  - *Module 6: Integrated/Comprehensive Planning*

For links to all the resources listed above, go to www.TargetHIV.org/planning-chatt/module7

References

1 See HRSA, "Quality Improvement," April 2011, at https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/qualityimprovement.pdf.