

HIV Health Services Planning Council Sacramento Transitional Grant Area



Quality Management Plan

April 2017

I. INTRODUCTION TO THE PLAN

Background

Part A of the Ryan White HIV/AIDS Treatment Extension Act provides funding for HIV/AIDS care and support services to eligible metropolitan areas (EMAs) and transitional grant areas (TGAs) across the country. The Sacramento TGA is a recipient of these funds, which are used to support HIV/AIDS care and treatment services for people living with HIV (PLWH) who are residents of Sacramento, El Dorado and Placer Counties. These funds are managed and administered by the Sacramento County Public Health Department HIV/AIDS Program (“the recipient”). The Sacramento County HIV Health Services Planning Council is responsible for comprehensive planning for these federal funds, including setting priorities and making resource allocation recommendations to the recipient.

Ryan White Part A and Part B Program recipients are required to implement quality management (QM) activities. Specifically, the Ryan White Program legislation says that all recipients must:

“establish 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 PHS guidelines for the treatment of HIV disease and related opportunistic infections. [As applicable, recipient should] develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.”

In addition to legislative requirements, the Health Resources and Services Administration HIV/AIDS Bureau (HRSA/HAB) requires recipient to establish and implement a clinical QM plan to guide quality-related activities in the local service area. A QM plan should outline the recipient TGA-wide HIV quality program, including a clear indication of responsibilities and accountability, performance measurement strategies and goals, and elaboration of processes for ongoing evaluation and assessment of the program. To this end, the recipient engaged in an effort to develop a QM plan that would formally document some of the QM activities and processes that were already in place, and provide an opportunity to revise or update other activities and processes to reflect the current system of care and treatment.

Process

The recipient staffs the Sacramento TGA’s HIV Health Services Planning Council. To develop the Sacramento TGA QM Plan, the recipient directed Council staff to lead the planning process, facilitate meetings, gather relevant information and data and draft a plan.

Pre-Planning. The first step of the QM plan development process was to gather background materials and other relevant information to explore and understand existing quality management activities in the TGA. In addition, HRSA/HAB guidance, technical assistance materials from the National Quality Center (NQC), and QM plans from other Part A jurisdictions

were reviewed. The National HIV/AIDS Strategy was reviewed to ensure QM activities were informed by its broad national goals and objectives. Based on these pre-planning activities, a Quality Management plan was developed with input and guidance from the HIV Health Services Planning Council and its Quality Advisory Committee.

QM Plan Working Group. The Quality Advisory Committee was tasked with providing input and advising Council staff and the recipient in the development of the QM Plan. All the members of the Quality Advisory Committee are Planning Council Members.

Name	Affiliation
<i>Mahara Leong</i>	<i>Strategies for Change</i>
<i>Gail Brosnan</i>	<i>Sacramento County Public Health Department – HIV Prevention & Education</i>
<i>Kane Ortega</i>	<i>Community Stakeholder</i>

Purpose of the Plan. The purpose of this QM plan is to guide the Sacramento TGA’s HIV QM program and related activities. Although the TGA and HIV service providers have been conducting QM activities for many years, this plan updates these activities and provides an important structure for ongoing and future work. It articulates the goals of the QM program, identifies key roles, establishes annual goals and objectives (including priority performance measures), and recommends additional goals, objectives, and activities for subsequent years (to be re-assessed annually). Lastly, the plan provides a timeline for key activities to facilitate progress toward the goals and objectives.

II. QUALITY STATEMENT

The quality statement is an articulation of the goal of the Quality Advisory Committee toward which all activities are directed. The QM Plan incorporates a vision and mission statement that reflects local priorities as well as national goals.

Vision

The Plan seeks to ensure quality, consistency, and cost effectiveness with which Ryan White funded services are delivered to consumers by developing and monitoring standards to be utilized by subrecipients delivering Ryan White services.

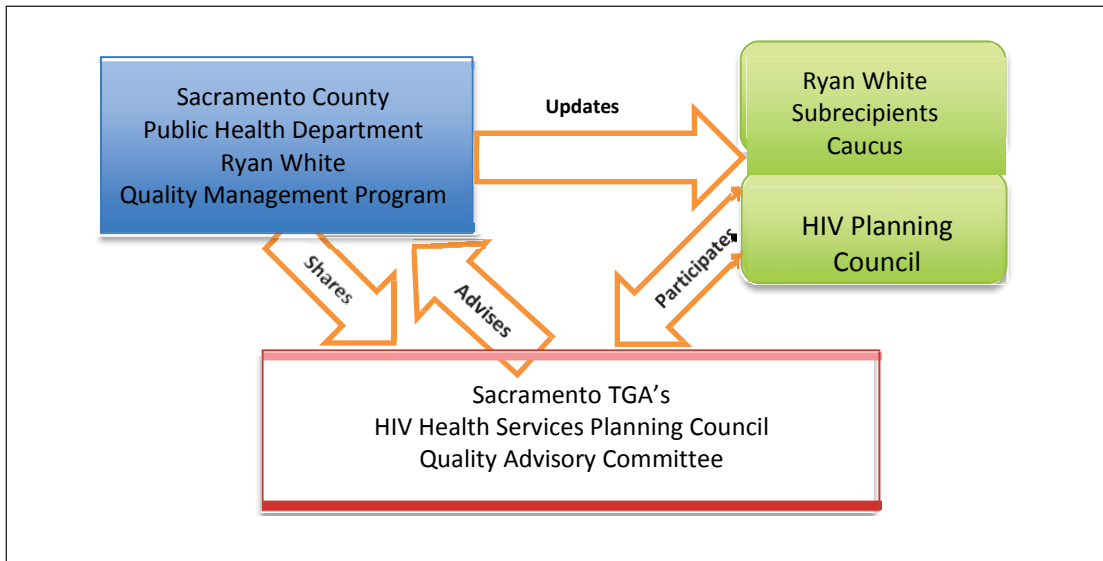
Mission

The mission of the Quality Management Plan is to provide access to sustainable, high quality care for individuals living with HIV/AIDS. The goal is to link those people into care and retain them there in order to reduce the incidence of new infections and to extend and improve the quality of life for people living with HIV/AIDS.

III. QUALITY IMPROVEMENT INFRASTRUCTURE

The Quality Management Program is planned, implemented and evaluated by the Ryan White Grantee in collaboration with the Sacramento TGA's HIV Health Services Planning Council's Quality Advisory Committee. The quality improvement infrastructure describes the organization of the QM program, including leadership, accountability, resources, and various roles and responsibilities of major stakeholders. The diagram below illustrates the vision of the quality improvement infrastructure for the Sacramento County TGA, and is followed by a description of the primary elements.

Figure 1: Sacramento TGA HIV Quality Improvement Infrastructure



Sacramento TGA's HIV Quality Management Program

Leadership and Accountability. As the recipient and administrator of the federal Ryan White Part A and the contractor for the Ryan White Part B funding for HIV services, the Sacramento County Department of Health and Human Services Department, Division of Public Health, Ryan White CARE Program is responsible for the implementation of the system-wide HIV QM Program. The HIV QM Program is accountable to the Sacramento County Public Health Department and to HRSA/HAB.

Resources. The resources available for the HIV QM Program include the HIV/AIDS Program staff (noted above), information technology, and other infrastructural resources (e.g., meeting space, supplies, etc.). In addition, a key resource for the HIV QM Program (and all funded subrecipients) is the Sacramento TGA's SHARE system, a custom, web-based, centralized HIV/AIDS client level data entry system that provides a single point of entry for client-related data, allows for coordination of client services among providers, meets both HRSA and State care and treatment reporting requirements, and provides comprehensive data for program monitoring and scientific evaluations. SHARE enhances services for clients with HIV by helping providers automate, plan, manage, and report on client data. SHARE is administered by the Sacramento County Department of Health and Human Services, Division of Public Health. Lastly, technical assistance resources are also available through HRSA/HAB, the National Quality Center, and other local or national organizations.

Responsibilities. The Sacramento TGA's QM Program, led by the Recipient will be responsible for the following activities:

1. Overseeing all of the recipient's quality-related activities and requirements
2. Ensuring that QM activities and expectations are articulated in contracts with all funded HIV service providers
3. Regularly assessing the status of quality performance measures for priority services
4. Sharing quality data regularly with the HIV Health Services Planning Council's Quality Advisory Committee
5. Staffing the HIV Health Services Planning Council's Quality Advisory Committee
6. Providing regular updates on QM activities to the Planning Council, the Ryan White Recipient Caucus, and other stakeholders as necessary
7. Reporting quality data to HRSA/HAB as required
8. Conducting site visits to monitor adherence to standards of care
9. Implementing other evaluations, studies, or data collection activities to gather complementary data or to explore particular issues or Continuous Quality Improvement (CQI) initiatives.

HIV Services Planning Council.

The Sacramento HIV Health Services Planning Council is the integrated care and prevention planning body which is scheduled to meet 11 times per year, unless stated otherwise. Council members are appointed by the Sacramento County Board of Supervisors and consists of people living with HIV, Community Based Organizations, local public health

departments, State Government Ryan White Part B, Medi-Cal, Sacramento County HIV Prevention, Ryan White Part C recipient, the TGA's fiscal agent representative, among others.

As the formal planning body for Ryan White Part A and B services, the Planning Council has an existing linkage with the recipient, and will have a formal linkage with the HIV Quality Advisory Committee. As noted above, members of the HIV Quality Advisory Committee may also be members of the Council. Their role will be to represent the Council as part of their participation on the Quality Advisory Committee, serve as a liaison between the two groups, and ensure that information about the Quality Advisory Committee and Council activities, and potential implications, are included as part of each group's planning processes. In addition, the recipient will update the Council on quality management activities and results throughout the year.

HIV Health Services Planning Council's Quality Advisory Committee

To ensure broad participation of key stakeholders (e.g., providers, consumers, and other groups) in future and ongoing QM activities, the HIV Health Services Planning Council established the Quality Advisory Committee. The purpose of the Quality Advisory Committee is to advise the HIV Health Services Planning Council and Sacramento County Public Health Department on the QM Program. While the Quality Advisory Committee has no legal, regulatory, or statutory authority and exists at the discretion of the HIV Health Services Planning Council, it will serve an important advisory role, such as providing critical input to the

QM Program, assessing quality data, and recommending quality improvement activities or projects.

Membership. Committee members will be identified and appointed by the HIV Health Services Planning Council. The Committee shall consist of the following representatives¹:

- Representative(s) from Ryan White-funded service providers
- Representatives from the HIV Planning Council, including the chair of the Quality Advisory Committee;
- Representative(s) of people living with HIV/AIDS

Other external stakeholders with HIV or related expertise (e.g., substance abuse, hepatitis, mental health services providers) and/or QM expertise may be appointed at the discretion of the Sacramento TGA's HIV Health Services Planning Council.

¹ It is acceptable for one individual to represent several required categories. For example, a representative from a funded organization may also be a member of the Council and a person living with HIV. (will be moved to footer when final formatting conducted)

Leadership and Accountability. The Quality Advisory Committee will be chaired by a member of the Committee nominated and elected by a majority of the committee membership. As noted above, the Quality Advisory Committee is ultimately accountable to the Sacramento County Public Health Department, Division of Public Health, Ryan White CARE Program, but also has obligations and expectations for linkages to the HIV Planning Council for Prevention and Care.

Meetings. The Committee will meet monthly unless otherwise noted, and meetings shall take place at a location as agreed upon by the members. All meetings are open to the public.

Resources. The Committee's resources include the commitment, participation, and expertise of the membership, infrastructure resources provided by the Sacramento County Public Health Department (e.g., meeting space, meeting materials, etc.), and data reports generated by Sacramento County Public Health Department, Division of Public Health, Ryan White CARE Program, using data submitted regularly by Ryan White funded subrecipients.. Technical assistance resources are also available through HRSA/HAB, the National Quality Center, and other local or national organizations.

Responsibilities. The HIV Quality Committee will be responsible for the following activities:

- Advising the Sacramento County Public Health Department, Division of Public Health, Ryan White CARE Program on quality-related activities, including providing input and feedback on HIV QM Program activities
- Assisting with and/or implementing activities (at the discretion of the recipient) that help achieve the goals and objectives of the QM plan (e.g., helping develop or refine standards of care, assessing and recommending performance measures, conducting trainings, etc.)
- Monitoring progress toward achieving the goals and objectives of the QM plan
- Discussing quality data presented by the QM Program and recommending system-level quality improvement activities as needed
- Evaluating and assessing the QM Program annually
- Updating the QM plan annually

Ryan White Subrecipient Caucus. The Ryan White Subrecipient Caucus fosters collaboration among HIV/AIDS service providers, providing a forum to discuss the HIV Continuum of Care, service standards, performance measures, quality management, and outcomes. Meetings are scheduled monthly and are a valuable resource for networking, provider trainings, case management, and service discussions aimed at improving the HIV/AIDS system of care in the TGA.

Affected Communities Committee

The Affected Communities Committee (ACC) is the primary route through which the HIV Health Services Planning Council (Council) and its committee's access input from individuals living with or affected by HIV/AIDS. To fulfill this role, the ACC will:

- 1) Be available to review and provide feedback on policy, program, and funding decisions made by the Council to ensure that decisions are acceptable by service consumers and those otherwise affected by HIV/AIDS.
- 2) Identify and present emerging issues/challenges/barriers relating to service delivery and access to appropriate Council committees.
- 3) Identify and present challenges and barriers as they relate to involving individuals living with or affected by HIV/AIDS in the planning processes to appropriate Council committees.
- 4) Educate the HIV/AIDS community and populations most impacted by HIV/AIDS on the purpose and functions of the Council.
- 5) Recruit people living with HIV/AIDS (PLWH/A) and individuals affected by HIV/AIDS to participate on the Council and its committees.
- 6) Organize and host consumer forums on topics of interest to people living with or affected by HIV/AIDS.
- 7) Coordinate HIV Health Services Planning Council Meeting Training Schedule

Consumer Surveys

The Quality Advisory Committee conducts service category surveys annually to receive feedback from consumers on the effectiveness of services to aid in the retention in care of PLWH. Additionally, Ryan White funded subrecipients conduct consumer satisfaction surveys which are directly mailed to the Fiscal Agent to maintain confidentiality on the quality of services received at any given agency throughout the fiscal year.

Subject Matter Experts

The Quality Advisory Committee will inquire with subject matter experts regarding best practices and changes in any legislation or credentialing/licensure changes in services requiring specific certifications/licensures.

IV. PERFORMANCE MEASUREMENT

The Sacramento County Public Health Department, Division of Public Health, Ryan White CARE Program has been collecting and reporting quality related data for many years. The quality and performance measures have been formally updated to reflect feedback from service providers, noted challenges with collecting or reporting data, limitations or enhancements to data collection systems, recent guidance and recommendations from HRSA/HAB on measuring the quality of HIV care and services, and/or the National HIV/AIDS Strategy (NHAS). The development of this QM Plan enables the recipient and service providers to revisit the TGA's performance measures and to make recommendations to streamline efforts, maximize the use of existing data systems, reduce data collection and reporting burdens, and align local efforts with HRSA/HAB, the NHAS and other national QM activities.

In developing this section of the plan, under the direction of the Recipient, Staff and the Quality Advisory Committee identified community priorities for HIV care and services, and then identified various ways of measuring the quality of these services. For example, after identifying the provision of high quality primary care as a priority, Staff then identified various ways of measuring quality, such as frequency of visits, medication adherence, and viral load testing, among others.

Using this information, Staff developed a document that compared these priorities with potential performance measures, including those currently being collected and reported in the TGA and HRSA/HAB's recommended measures. In addition to the goals and objectives, Staff included performance measures for primary care and medical case management. Staff considered the priorities and potential measures, the applicability of various measures (e.g., do they measure what we want to measure?), the feasibility of collecting data to assess the measures (e.g., can we use the SHARE data reporting system already in use?), and other concerns or issues for consideration.

Staff then proposed a set of performance measures for this QM plan. These recommendations were shared with and approved by the recipient. In addition to these performance measures, this plan recommends that at least one other data collection activity is undertaken to help assess quality of services.

Data Collection Processes: The Fiscal Agent ensures that all Ryan White funded subrecipients enter the necessary data into the Sacramento TGA's web-based database, the SHARE program, to ensure the ability to measure outcomes and financial data. The Fiscal Agent reviews provider's compliance with data entry requirements on an ongoing basis to track compliance and validity of the data being entered. If errors are not resolved, the Fiscal Agent provides technical assistance to improvement data entry accuracy.

HIV Services Performance Measures

The table below lists the performance measures that the Sacramento County Ryan White QM Program will use to assess the quality of these services. The table also includes the source of these measures and the source of the data that will be used.

Table 1: Priority Performance Measures

SERVICE: Outpatient Ambulatory (Primary) Care		
Measure	Measure Source	Data Source
1. Percentage of HIV+ clients receiving Outpatient Ambulatory Care Services who had two or more medical visits in an HIV care setting (two visits at least 3 months apart within the measurement year).	HRSA/HAB Core Clinical Performance Measures, Group 1	SHARE
2. Percentage of HIV+ clients receiving Outpatient Ambulatory Care Services who were prescribed HAART regimen in the measurement year.	HRSA/HAB Core Clinical Performance Measures, Group 1	SHARE
3. Percentage of HIV+ clients receiving Outpatient Ambulatory Care Services with an undetectable viral load in the measurement year.	Local measure	SHARE
4. Percentage of African American HIV+ clients receiving Outpatient Ambulatory Care Services who had two or more medical visits in an HIV care setting (two visits at least 3 months apart within the measurement year).	HRSA/HAB Core Clinical Performance Measures, Group 1	SHARE
5. Percentage of Hispanic/Latino HIV+ clients receiving Outpatient Ambulatory Care Services who had two or more medical visits in an HIV care setting (two visits at least 3 months apart within the measurement year).	HRSA/HAB Core Clinical Performance Measures, Group 1	SHARE
SERVICE: Medical Case Management		
Measure	Measure Source	Data Source
1. Percentage of HIV+ clients receiving Medical Case Management Services who had two or more medical visits in an HIV care setting (two visits at least 3 months apart within the measurement year).	HRSA/HAB Core Clinical Performance Measures, Group 1	SHARE
2. Percentage of HIV+ clients receiving Medical Case Management Services who were prescribed HAART regimen in the measurement year.	HRSA/HAB Core Clinical Performance Measures, Group 1	SHARE
3. Percentage of HIV+ clients receiving Medical Case Management Services with an undetectable viral load in the measurement year.	Local measure	SHARE

4. Percentage of African American HIV+ clients receiving Medical Case Management Services who had two or more medical visits in an HIV care setting (two visits at least 3 months apart within the measurement year).	HRSA/HAB Core Clinical Performance Measures, Group 1	SHARE
5. Percentage of Hispanic/Latino HIV+ clients receiving Medical Case Management Services who had two or more medical visits in an HIV care setting (two visits at least 3 months apart within the measurement year).	HRSA/HAB Core Clinical Performance Measures, Group 1	SHARE

Data Utilization

Performance measurement is the process of collecting, analyzing and reporting data regarding patient care and outcomes. It is a fundamental component of the quality management program and is essential for continuous quality improvement.

The Fiscal Agent will provide the Quality Advisory Committee with program results to monitor outcome measures and other indicators for quality improvement. Emphasis is placed on outcome measures which relate to the National HIV/AIDS Strategy. The data and information will also be used to select annual goals for the Quality Management Program, identify shortfalls, and continually monitor changes.

Developing an Improvement Plan

The Quality Advisory Committee analyzes the results of the program outcomes, consumer surveys, and service surveys with the goal of developing an improvement plan. Improvement plans will include recommendations which will be communicated to the HIV Health Services Planning Council, Ryan White Grant Recipient and Ryan White funded subrecipients.

In addition to the performance measures that will be implemented as part of this plan, the HIV Health Service Planning Council’s Quality Advisory Committee recommends Ryan White funded subrecipients in the TGA conduct internal on-going quality improvement programs.

V. QUALITY GOALS AND OBJECTIVES

The following goals and objectives were developed by the HIV Health Services Planning Council. Progress toward achieving these goals and objectives will be monitored by the HIV Health Services Planning Council's Quality Management Program, Staff and Recipient, and will be reviewed quarterly. To facilitate implementation, all objectives are SMART (specific, measurable, achievable, realistic, and time phased).

GOAL 1: Provide continuous, high-quality health care for people living with HIV/AIDS that meets or exceeds public health service (PHS) guidelines.

Objectives:

- 1.1. Quarterly in 2017, monitor the performance measures for outpatient ambulatory care (as identified in Table 1).
- 1.2. Quarterly in 2017, monitor, revise and/or implement standards of care for outpatient ambulatory care that incorporate the priority performance measures.
- 1.3. Quarterly in 2017, monitor and analyze performance measures data for ambulatory outpatient care annually, and give feedback to providers within three months of analysis.

GOAL 2: Ensure people living with HIV/AIDS have access to a range of core medical and support services as part of a comprehensive system of care.

Objectives:

- 2.1. Throughout 2017, monitor the performance measures for HIV medical case management services (as identified in Table 1).
- 2.2. Throughout 2017, monitor, revise and/or implement standards of care for HIV medical case management services that incorporate the priority performance measures.
- 2.3. Throughout 2017, monitor and analyze performance measure data for HIV medical case management services annually, and give feedback to providers within three months of analysis.

GOAL 3: Ensure individuals who test positive for HIV are linked to care within three months of diagnosis.

Objectives:

3.1. Arrange for a Medical Case Manager to meet with each newly diagnosed person.

3.2. Medical Case Managers assist individuals with making/attending their first medical appointment and ensuring that their confirmatory test are conducted.

GOAL 4. Ensure that HIV care and support services are high quality, culturally and linguistically appropriate, and delivered by professionals with relevant training and expertise.

Objectives:

4.1. Throughout 2017, review, revise, develop and/or implement universal standards of care that apply to all services funded by the Sacramento County Department of Health and Human Services, Division of Public Health's Ryan White CARE Program.

4.2. Assess annually, adherence to universal standards through contract monitoring and/or site visits to a sample of service providers.

GOAL 5: Implement a robust Quality Management Program to monitor and improve the quality of services, which includes the participation of providers and consumers, yet minimizes the burden on all stakeholders.

Objectives:

5.1 Beginning January 1, 2017, the Quality Advisory Committee will review the progress of the Quality Management Plan quarterly.

5.2 By March 1, 2017, revise, as needed, the contractual requirements for Ryan White funded subrecipients to reflect implementation of relevant standards of care, expectations for collecting and reporting performance measures, and requirements for participating in the QM Program, including the QM Committee.

5.3 By June 30, 2017, provide at least one QM training for members of the Planning Council.

5.4 By December 31, 2017, implement at least one other activity (e.g., satisfaction survey, focus group, or other effort) to gather additional data on quality of services provided and complement other data collection activities.

5.5 Based upon analysis of QM findings, identify and develop a plan for at least one system- wide quality improvement activity by December 31, 2017.

5.6 By February 31, 2018, provide at least one report to the Planning Council and the HIV Services Quality Committee on the quality of at least two funded services (e.g.,

primary care and medical case management).

- 5.7 Ongoing, monitor implementation of the QM Plan and evaluate and revise annually as needed.

VI. PARTICIPATION OF STAKEHOLDERS

Participation of various stakeholders is vital to identifying problems and measuring change, which leads to better care and improved outcomes.

Consumers can provide feedback, via needs assessments and client satisfaction surveys, on their experience of care delivery which may reveal areas needing improvement and they play a pivotal role in providing the “end-user” perception of the quality of services received. By engaging their participation, the quality management plan will have better results.

At the Ryan White Subrecipient level, staff plan, implement, monitor and evaluate their agency’s Quality Management Plan to adhere to the Sacramento TGA’s Quality Management Plan. Staff provides recommendations for service standards and improvements on data collection based on subject matter expertise and experience working with people living with HIV/AIDS. Subrecipients should have at least one method to gain consumer input.

The Quality Advisory Committee, through discussion with stakeholders and data analysis, will identify areas for improvement and provide recommendations on program goals and activities.

VII. EVALUATION

The purpose of the Quality Management Plan is to systematically monitor, evaluate and continuously improve the quality and appropriateness of HIV care and services provided to people living with HIV/AIDS in the Sacramento TGA.

Documentation of quality improvement activities helps to demonstrate TGA-wide compliance with responsibilities and funding requirements. Data generated from the Quality Management Plan showing improvements over time demonstrate that the program is successful and can help justify continued funding. Data also builds the evidence base for determining which interventions are successful and can be disseminated to achieve large scale change.

All subrecipients will be evaluated using a three-pronged approach: patient chart reviews, assessment of patient satisfaction with services, and on-site system review by the evaluator. Client chart reviews will assess quality of care. Assessment of patient satisfaction will focus on the patient's view of quality of care, while the on-site system review will evaluate the processes involved in the rendering of services.

The Quality Management Plan will assist and assure that providers of care establish internal quality improvement processes that include select indicators that are relevant to the service categories and activities they perform, and incorporate those into their agency's Quality Management Plan as well.

VIII. CAPACITY BUILDING

Capacity Building refers to a process to increase the skills, infrastructure and resources of individuals, organizations and communities over time. It is an essential strategy for the promotion, delivery and sustainability of HIV service programs. Capacity Building Assistance is provided through many methods including training, technical assistance, and technology transfer to individuals.

This Quality Management Plan strives to improve patient outcomes and increase efficiencies, while ensuring organizational stability by coordinating activities to enhance internal operations, organization leadership and resources development; and the coordination of activities to enhance program development and evaluation. Collaboration can reduce redundancy and increase cooperation, sharing of resources, joint ventures and group problem solving.

The TGA's Quality Management Plan will be distributed to all Ryan White funded subrecipients, the Sacramento TGA's HIV Health Services Planning Council and available on the TGA's website.

IX. UPDATING QM PLAN

The Quality Advisory Committee will be responsible for developing, reviewing, revising, and recommendations that impact how providers deliver services to consumers on a daily basis by re-evaluating the plan annually. To accomplish its task, QAC:

- Provides oversight of the Ryan White Quality Management program
- Researches methods and practices by which services are delivered in Ryan White funded service categories;
- Seeks input from service providers on realistic expectations on how services could be provided, with a focus on quality assurance and cost effectiveness;
- Seeks input from consumers on what is expected or needed when accessing services;
- Identifies standards by which services should be delivered;
- Creates category-specific service standards;
- Periodically reviews service standards for ongoing relevance;
- Develops and reviews performance indicators to ensure that services are achieving desired quality outcomes.

The Quality Management Plan will be incorporate goals of the California Integrated HIV Surveillance, Prevention and Care Plan: Laying a Foundation for Getting to Zero.

X. COMMUNICATION

The recipient will be responsible for disseminating information between the HIV Health Services Planning Council and TGA-web subrecipients. Methods will include but not limited to:

- Maintain a website of information for the Sacramento HIV Health Services Planning Council including Standards of Care, Directives, meeting information, and community events.
- Include CQM-related information in existing Subrecipient Caucus meetings as appropriate.
- Share information with the Planning Council members through participation in monthly meetings or at various committee meetings, as needed.
- Provide Infrastructure Capacity Assessment tool to all providers prior to contract development and site-visit assessments. Follow-up with providers to ensure a successful development and submittal of the agency's CQI/QA/QM Plan. Monitoring of each submitted plan.
- Include HIV/AIDS Bureau Performance Measures in Provider's Orientation Manuals, with updates as revisions occur.

XI. FORMATTING

The Quality Management Plan is intended to be a systematic and strategic approach documenting effective program efforts, performance outcomes and program impacts. The Plan aligns the Sacramento TGA's Ryan White Program and subrecipients to ensure performance outcomes and program impacts are reported. Ryan White subrecipients are contractually obligated to adhere to service standards and quality management plans.

XII. WORK PLAN AND TIMELINE

The following work plan is intended to help guide the implementation of this QM Plan and help the HIV QM Program achieve its objectives in the coming year. The work plan includes each objective outlined in *Section V: Quality Goals and Objectives*. For each objective, the period of activity is highlighted in blue and the final date of expected implementation is noted with an “X.” Lastly, the participants who will have primary responsibility for implementing each objective is noted in the final column, and may include the Sacramento County Department of Health and Human Services, Division of Public Health’s Ryan White CARE Program, the Sacramento TGA’s HIV Health Services Planning Council, and/or the Sacramento TGA’s HIV Health Services Planning Council’s Quality Advisory Committee. These groups of participants and their roles in the HIV QM Program were described above in *Section III: Quality Improvement Infrastructure*.

Table 3: Implementation Plan

Goals and Objectives	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Lead*
Goal 1: Provide high-quality health care for PLWH that meets or exceeds PHS guidelines													
Monitor performance measures for outpatient ambulatory care	X			X			X			X			1
Monitor, revise and/or implement standards of care for outpatient ambulatory care	X			X			X			X			1,2
Monitor and analyze performance measures data for outpatient ambulatory care	X			X			X			X			1
Goal 2: Ensure PLWH have access to a range of core medical and support services													
Monitor performance measures for HIV medical case management	X			X			X			X			1
Monitor, revise and/or implement standards of care for HIV medical case management	X			X			X			X			1,2
Extract and analyze performance measures data for HIV medical case management	X			X			X			X			1
Goal 3: Ensure individuals who test positive for HIV are linked to care within 3 months													
Arrange for Medical Case Manager to meet with newly diagnosed individuals.	X	X	X	X	X	X	X	X	X	X	X	X	4
Medical Case Managers assists in scheduling first medical appointment and ensuring confirmation test are conducted	X	X	X	X	X	X	X	X	X	X	X	X	4
Goal 4: Ensure that HIV care and support services are high quality, culturally and linguistically appropriate, and delivered by trained/experienced professionals													
Review, revise, develop and/or implement universal standards of care that apply to all funded services in the Sacramento TGA	X	X	X	X	X	X	X	X	X	X	X	X	1,2
Assess adherence to universal standards through contract monitoring and/or site visits												X	1
Goal 5: Implement a robust QM program													
Quality Advisory Committee reviews QM Plan quarterly.	X			X			X			X			1, 3
Revise contractual requirements for Part A-funded service providers to reflect new/revised quality management activities	X												1
Provide at least one QM training for members of the HIV Planning Council					X								1, 3
Implement one other activity to gather data on the quality of services provided											X		1,2,3
Identify and develop a plan for at least one system-wide quality improvement activity											X		3
Monitor implementation of QM Plan and evaluate and revise annually												X	3
Provide at least one report to the HIV Planning Council and/or other relevant stakeholder groups on the quality of at least two funded services		X											1
*Key: 1 = Sacramento County Department of Health and Human Services, Division of Public Health’s Ryan White CARE Program 2 = HIV Health Services Planning Council 3 = HIV Health Services Quality Advisory Committee 4 = HIV Service Providers													