Dallas-Sherman/Denison EMA/HSDA
Grants Management Division
Ryan White Quality Management Plan
2018

Funded by Ryan White Part A, MAI, and Part B Grants

Serving 12 counties: Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Henderson, Hunt, Kaufman, Navarro, Rockwall

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RYAN WHITE PROGRAM

The Ryan White HIV/AIDS Program provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV/AIDS (PLWHA) who are uninsured or underinsured. The Federal program works with cities, states, and local community-based organizations to provide HIV care and treatment services to more than half a million people in the United States and more than ten thousand people in the Dallas service-delivery area each year.

INTRODUCTION

The Quality Management Plan (QMP) sets forth a coordinated approach to addressing quality assessment and improvement of the Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) medical and support services in the Dallas Eligible Metropolitan Area/Health Services Delivery Area and Sherman/Denison Health Services Delivery Area (Dallas-Sherman/Denison EMA/HSDA). The clinical quality management program (CQM) shall be a coordinated, comprehensive, and continuous effort to monitor and improve the quality of care provided to people living with HIV/AIDS throughout the Dallas-Sherman-Denison EMA/HSDA area. The Dallas County Health & Human Services (DCHHS) Grants Management Division (GMD) assists with developing strategies to ensure that the delivery of services to all Ryan White Program eligible People Living With HIV/AIDS (PLWHA) is equitable and adheres to the most recent Public Health Services (PHS) guidelines and clinical practice standards.

SERVICE CATEGORIES

The Dallas-Sherman/Denison EMA/HSDA funds 14 subrecipients providing core medical and related support services to over 10,000 PLWHA in the EMA/HSDA. Based on the organizational mission, the clinical quality management program is committed to ensuring that clients receive comprehensive care based on mandated guidelines, professional standards, and best practices. The CQM program is therefore designed to address Quality Assurance/Quality Improvement content regarding the necessary functions for core medical and support services. See Appendix C for Dallas EMA/HSDA agencies and associated service categories.

LEGISLATIVE REQUIREMENTS

Title XXVI of the Public Health Service Act RWHAP Parts A – D1 requires the establishment of a clinical quality management (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.

STATEMENT OF PURPOSE

The purpose of the CQM program is to ensure the delivery of higher quality care to PLWHA in the Dallas service delivery area.

QUALITY STATEMENT

The Grants Management Division for Dallas County EMA is committed to ensuring that services provided by subrecipients are of the highest quality for medical and support services. This is accomplished through data collection and analysis, monitoring, planning, assessing, implementing, and evaluating performance strategies and ensuring adherence to the Public Health Services (PHS) guidelines for the treatment of HIV/AIDS and the National HIV/AIDS Strategies (NHAS).

A CQM program is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction. To be effective, a CQM program requires:

- Specific aims based in health outcomes;
- Support by identified leadership;
- Accountability for CQM activities;
- Dedicated resources; and
- Use of data and measurable outcomes to determine progress and make improvements to achieve the aims cited above.

Other components of the CQM program are:

- Identifying Continuous Quality Improvement (CQI) strategies
- Monitoring adherence to the service standards and PHS guidelines
- Facilitating the active involvement of subrecipients in the implementation of multidisciplinary data driven quality improvement projects
- Promoting communication amongst the Administrative Agency (AA), Clinical Quality Management Advisory Committee (CQM Advisory Committee), subrecipients, Ryan White Planning Council (RWPC), and consumers regarding performance improvement issues

The visionary goals of the CQM program are to:

- Improve access to care, quality of services, and reduce health disparities for all PLWHA within the Dallas-Sherman/Denison EMA/HSDA
- Strive to establish collaborative relationships with diverse community and subrecipients for the purpose of collectively promoting the general health and welfare of the community served
- Focus on improving quality in all of its dimensions by implementing multidisciplinary, data driven, project teams and encouraging participatory problem solving

ANNUAL QUALITY GOALS

The following Annual Quality Goals represent established priorities for the CQM program:

1. Strengthen the existing Ryan White QM infrastructure within the Dallas/Sherman-Denison EMA/HSDA by December 2018
2. Convene the Clinical Quality Management Advisory Committee by July 2018
3. Facilitate involvement of PLWHA as partners in QM activities by December 2018
4. Monitor aggregate EMA viral load suppression rate in AIDS Regional Information and Evaluation System (ARIES) and determine efficacy and appropriateness of data by December 2018
5. Provide one CQM training to subrecipients by June 2018
6. Develop a system-wide client satisfaction survey by October 2018

FRAMEWORK OF THE QUALITY PROGRAM

This QMP is intended to specifically document how the clinical quality management program for the Grants Management Division at Dallas County Health and Human Services (DCHHS) is structured and implemented and to provide a framework for continuous improvement. This plan uses three methods to manage quality of the service delivery system:

- **Quality assurance**: Strategies that measure the extent to which the

minimum requirements or standards (either grantor imposed or locally developed) are met

- **Quality improvement:** On-going strategies that identify problem areas and are aimed at solving those problems through designing activities to correct the problem, implementing a new process, studying the results, and continuously evaluating until problem areas are resolved

- **Outcome evaluation:** Outcomes evaluation looks at the effectiveness of a service or program in achieving its intended results. It can help Ryan White programs determine if they are making a difference in the lives of PLWHA. Documentation of outcomes can be used in multiple ways that includes but is not limited to, ensuring and improving service quality, helping guide program planning, and setting priorities and allocating resources.

ORGANIZATIONAL STRUCTURE OF THE CLINICAL QUALITY MANAGEMENT PROGRAM

The Dallas-Sherman/Denison EMA/HSDA clinical quality management program is authorized by the Ryan White Treatment Extension Act (TEA) which gives the local EMA and HSDAs the authority, responsibility, and resources to establish a system-wide clinical quality management program that encompasses all structures in the system of care, including the planning body (Ryan White Planning Council), the Administrative Agency (DCHHS), the providers of HIV services, and the consumers of HIV services in the area. Established in 2000, the Dallas-Sherman/Denison EMA/HSDA clinical quality management program, is currently overseen by four full-time staff members: the Quality Assurance Administrator (QA Administrator), the Quality Assurance Advisor (QA Advisor), Health Advisor and the Data Analyst. In addition to the four QM staff, the Clinical Quality Management Advisory Committee is charged with evaluating CQI initiatives. The following provides a description of the structures that make up the care system and who will participate in the clinical quality management process.

Ryan White Planning Council (RWPC) – The Chief Elected Official (CEO) of the EMA, the Dallas County Judge, appoints a planning body assigned with assessing the HIV service needs for the area, establishing priorities, allocating funds, developing a comprehensive plan for the delivery of services, and assessing the efficiency of the administrative mechanism in rapidly allocating funds to areas of greatest need. In Dallas, this body is comprised of planning council members and RWPC Office of Support Staff which include: the RWPC Manager, RWPC Health Planner, and RWPC Administrative Coordinator.

Dallas County Health and Human Services Grants Management Division (DCHHS) – The CEO for the grantee designates responsibility for management of the grant to the Dallas County Health and Human Services department, the Administrative Agency, in order to ensure that funds are allocated and contracted according to the priorities set by the RWPC.   The Administrative Agency must purchase the services according to the local procurement system, ensure that funds awarded are used appropriately, and comply with reporting and other grantee requirements. Additionally, the Administrative Agency has also budgeted adequate resources to support the clinical quality management program.   Furthermore, the Administrative Agency oversees and facilitates the clinical quality management activities throughout all levels of the system.

Clinical Quality Management Advisory Committee – (CQM Advisory Committee) – The Clinical Quality Management Advisory Committee is an advisory body that integrates organizational, service delivery, and client-based processes within the parameters of the CQM program.

Consumers of HIV Services – Consumers of HIV services in the Dallas area participate through various client feedback mechanisms including system-wide and individual service providers.

QUALITY INFRASTRUCTURE

Leadership and Accountability

Dallas County Health and Human Services designates the Grants Management Division to provide oversight and management of Ryan White grants received by Dallas County. The CQM program is responsible for grantee wide CQM initiatives which include assessing, coordinating, evaluating and the improvement of core medical and support services of the Ryan White Program. The structure of the CQM program is comprised of CQM staff and the Clinical Quality Management Advisory Committee. The Grants Management Officer (GMO) is responsible for grant-related activities and accountable for the CQM program. The clinical quality management program consists of the Quality Assurance Administrator, Quality Assurance Advisor, Health Advisor and the Data Analyst. The Clinical Quality Management Advisory Committee is a collaborative group that is to be initiated by the CQM program. Suggested membership includes senior clinicians, core and support service providers, specialty experts, Consumers, the Grants Management Officer, Program Monitors and the CQM staff.

The committee is chaired by a senior clinician, preferably someone with direct-care experience with PLWHA and co-chaired by the Grants Management Officer. The CQM Advisory Committee may also include: non-medical and medical case managers, oral health provider, primary care provider, substance abuse provider, epidemiologist, medical transportation providers, a Ryan White Part D provider, a mental health provider and consumers, as determined by the CQM Advisory Committee.

The overall structure and framework of the Clinical Quality Management Advisory Committee is to be decided by the CQM team but current recommendations for the responsibility of the CQM Advisory Committee Chairs include but are not limited to:

- Establishing the agenda for the CQM Advisory Committee's meetings
- Facilitating CQM Advisory Committee meetings
- Preparing and distributing the CQM Advisory Committee's meeting minutes
- Reviewing and distributing data
- Documenting quality improvement projects

Recommended committee Roles and Responsibilities

1) Strategic planning

- Reviews and updates the Grants Management Division quality management plan annually in conjunction with the CQM staff
- Prioritizes goals and projects
- Assists with suggestions for the outline of the quality program infrastructure
- Identifies priority performance measures
- Plans for program evaluation

2) Facilitating innovation and change

- Removes barriers to making and sustaining improvements
- Prepares members for change
- Promotes communication in all aspects.

3) Providing guidance and reassurance

- Oversees the progress of quality activities
- Establishes subcommittees as needed
- Supports changes that result from quality improvement projects
- Listens, observes, responds to members concerns

4) Allocating resources

- Makes time available for CQM Advisory Committee meetings and quality improvement project teamwork
- Ensures committee has the tools, knowledge, and data necessary to participate in quality improvement work

5) Establishing a common culture
- Demonstrates a true commitment to the quality program
- Successful buy-in to the Dallas Sherman-Denison EMA/HSDA CQM program.

CQM Stakeholders are identified as Internal and External

- Internal- County Commissioners, RWPC Office of Support Staff/Administration, Administrative Agency, RWPC, Dallas County HHS, Clinical Quality Management Advisory Committee

- External- Consumers, Community, HRSA, Subrecipients, Department of State Health Services

All Stakeholders are significant in their commitment to insuring access to quality care for all PLWHA in the Dallas EMA.

CQM Responsibilities and Resources

The Administrative Agency funds four full time staff that are responsible for monitoring the quality of services provided: a Quality Assurance Administrator, Quality Assurance Advisor, the Health Advisor, and the Data Analyst. Responsibilities for these four staff include:

- Ensuring compliance with Service Standards and PHS guidelines
- Annual updates to the AA's QM Plan
- Reviewing QM Plan for all subrecipients
- Assisting CQM Advisory Committee co-chairs with meetings
- Researching and providing information on best practices among service providers
- Monitoring performance measurement data at the client, provider and system levels
- Providing training and technical assistance for quality improvement activities
- Collecting client satisfaction data, including following up on suggestions by consumers to improve care and services
- Attending and participating in RWPC Committee meetings
- Conducting clinical and non-clinical site reviews

PERFORMANCE MEASUREMENT

Performance measurement is the process of collecting, analyzing, and reporting data regarding patient care, health outcomes on an individual or population level, and patient satisfaction. Performance measurement activities include clinical chart reviews, client satisfaction surveys, data collection and analysis, performance measure reporting, and annual site visits. The following section describes performance measurement activities in the EMA. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) have developed indicators that subrecipients use to monitor the quality of care they provide. For the Dallas EMA/Sherman-Denison HSDA performance measures, see Appendix A; see Appendix B for a list of HAB performance measures. The CQM team tracks and monitors measures through the AIDS Regional Information and Evaluation System (ARIES), which has built-in reports that calculates compliance with these measures as well as through chart abstraction and quarterly reports submitted by providers. The measures in Appendix A are also reviewed and analyzed regularly. Furthermore, medical record abstractions are conducted for the five funded out-patient medical and two oral healthcare sites.

Data Collection Plan and Process

The Data Analyst ensures that all core medical subrecipients enter the necessary data into ARIES to ensure the ability to monitor data. The Health Advisor requests performance measures from subrecipients for their funded service categories on a quarterly basis. Once received, these measures are aggregated for the purpose of initiating quality improvement efforts where needed.

Utilizing Data for Quality Improvement

The work of the Clinical Quality Management Advisory Committee is to examine the performance of the CQM program, monitor HAB measures results and other indicators as determined by the committee, measure and implement improvement initiatives, review client satisfaction survey results, and review HIV data. Emphasis is placed on measures which relate to the National HIV/AIDS Strategy, medical visit frequency, viral load suppression, and highly utilized, highly prioritized performance measures. This data and information is used to assist in the selection of annual goals for the Quality Management Plan and other quality initiatives.

Development of Improvement Plan

Once an opportunity for improvement is identified by the CQM Advisory Committee, an improvement plan will be developed.

Sustaining Improvements

Regular feedback regarding an improvement project is critical to its success in sustaining the improvement over time. Once an improvement plan has been successful, a monitoring schedule, utilizing ARIES, chart abstractions, and other methods is implemented to determine whether the improvement remains successful over time. Outcomes of improvement plans are communicated to all structures within the continuum of care.

QUALITY IMPROVEMENT

In conjunction with the CQM Advisory Committee, the CQM team will develop quality improvement projects that focus on improving areas that are weak. Annual revision of the goals and objectives, analysis of data, feedback from stakeholders and incorporation of all findings is fed into the QI loop to be utilized in identifying performance issues and measuring improvement. The improvement methodology chosen is the Plan, Do, Study, Act (PDSA) methodology. Other methodologies that may be used include flow chart analysis, brainstorming, observational studies, cause and effect diagrams and activity logs. The true action of quality improvement requires review, redesign and acknowledgement that it is an ongoing and continual process.

PARTICIPATION OF STAKEHOLDERS AND COMMUNICATION

All stakeholders are an important part of the CQM program and function in different capacities. In an effort to engage stakeholders, the CQM program recognizes the necessity of both internal and external involvement. The stakeholders include: consumers, subrecipients, regulatory agencies, the AA, and the affiliated CQM/RWPC committees. See Stakeholder and Communication table for details.
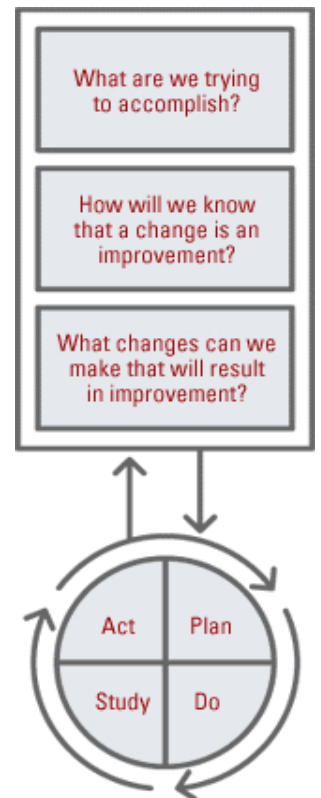
PARTCIPATION OF STAKEHOLDERS AND COMMUNICATION

Stakeholder Participation	Involvement in CQM program	CQM program Communication Methods
Consumers	• Participate in client satisfaction surveys • Make suggestions/ recommendations for quality improvement initiatives and needs to CQM program and subrecipients	• Quarterly CQM Advisory Committee meetings • Monthly Consumer Council Committee (CCC) meetings
Subrecipients	• Provide care to consumers consistent with PHS Guidelines and service standards • Ensure that CQM components for the contracts are met • Provide grantee with requested performance data in respective service categories	• Quarterly CQM Advisory Committee meetings • Technical Assistance (TA) and education via Center for Quality Improvement and Innovation (CQII)/National Quality Center (NQC) tutorials and quality improvement workshops as needed • CQM performance reports
Regulatory Agencies DSHS and HRSA	• Provide funding for CQM department • Identifies core measures and outcomes • Support quality development with training programs • Monitor Administrative Agency's practices in regards to quality • Publish guidelines on/through HRSA website	• Annual submission of CQM activities with grant application renewal to DSHS and HRSA • Technical Assistance from CQII/NQC and DSHS consultants as needed • Annual Ryan White Service Report (RSR) to HRSA and quarterly Data Improvement Plan (DIP) to DSHS
The Ryan White Planning Council/Ryan White Planning Council Support Staff	• Works in collaboration with the AA in defining the service standards for medical and supportive service categories • Reviews and updates service standards as needed	• Periodic updates at Evaluation Committee
AA	• Provides input on CQM activities • Shares information from site visits • Provides data analysis • Develops best practices for service delivery	• Share reports as needed
County Commissioner Judge/DCHHS	• Functions as CEO of Part A EMA	• Briefings in Commissioners Court as needed
CQM Advisory Committee	• Participates in strategic planning (assist in updating Quality Management Plan, prioritize performance measures, etc.) • Facilitates innovation and change (promotes communication)	• Quarterly meetings with CQM team • Reports to RWPC

EVALUATION

The Clinical Quality Management Advisory Committee will evaluate the CQM program annually using the CQII/NQC Organizational Assessment tool. The Organizational Assessment assesses many areas of the CQM program for effectiveness including:

- Infrastructure
- Performance Measurement
- Quality Improvement

When applicable, the results will be: used for future quality effort and goals; shared with stakeholders and consumers; used to determine new performance measures based on priorities; integrated into routine program activities as part of assessing quality; used to assess the success of QI projects, interventions, and other activities to improve care; used to assess current status of quality performance as a baseline determinant and used to reevaluate priorities based on subrecipient/consumer input.

EVALUATION

Activities	Responsible Party	Function	Frequency
Organizational Assessment	CQM Advisory Committee	Conduct an assessment of CQM program and make recommendations for improvement	Annually
Review QM Plan	CQM staff CQM Advisory Committee	Update QMP and make revisions as needed	Annually
Monitor Performance Measures	CQM staff CQM Advisory Committee Subrecipients RWPC	Measures changes in outcomes and quality based on performance data submitted by subrecipients and compiled during site visits	Quarterly
TA/training	CQM staff Subrecipients CQM Advisory Committee	CQM related technical assistance based on identified training needs	Annually
Client Satisfaction Surveys	CQM staff CQM Advisory Committee	Develop, administer, and compile results of client satisfaction survey	Annually

CLIENT SATISFACTION

Client satisfaction surveys are conducted annually. Survey results are collected to trend satisfaction and identify areas with suggestions for improvement. Client satisfaction data is reported to all structures within the system of care. Client satisfaction mechanisms should not be confused with the Needs Assessment and Comprehensive Planning processes. The Needs Assessment identifies the needs of consumers in the EMA/HSDA and the Client satisfaction survey reflects the client's level of satisfaction with the quality of services received. Other forums for consumer input are also encouraged. In order to develop and implement consumer involvement, engagement methods may also include focus groups, use of a suggestion box, and continued open communication with the CQM team and the CQM Advisory Committee as needed.

CAPACITY BUILDING

The CQII/NQC and AIDS Education and Training Center (AETC) are used as resources for subrecipients and CQM staff. Trainings for the CQM staff and stakeholders are conducted via face-to-face trainings and through online self-directed learning. A training needs assessment is conducted annually by the Health Advisor to identify specific training needs. Furthermore, clinical training for staff on HIV/AIDS related training is recommended and mandated per the Service Standards for all subrecipients. The CQM staff pursues training opportunities and TA based on staff and program needs. Examples include but are not limited to: online trainings, site visits with similar EMAs, and CQII/NQC/HRSA/QM/QI specific training initiatives.

PROCEDURES FOR UPDATING QM PLAN

On an annual basis, the CQM Advisory Committee and CQM team will review and update the QM plan. The update includes reviewing/revising performance measures, goals, performance data and the work plan. The CQM team drafts edits to the plan and presents them to the CQM Advisory Committee for recommendations.

WORK PLAN

The work plan is utilized to outline goals, activities, actions, timelines, and responsible parties for the implementation of the QM plan.

WORK PLAN

Goal	Responsible Party	Key Action	Target Completion Date
Strengthen the existing Ryan White QM infrastructure within the Dallas/Sherman-Denison EMA/HSDA	CQM staff Subrecipients CQM Advisory Committee	Survey subrecipients for training needs Provide at least one CQM training to recipients	December 2018
Convene the Clinical Quality Management Advisory Committee	CQM staff	Recruit potential members Select members Formally invite members to join CQM Advisory Committee Determine when first meeting will take place	July 2018
Facilitate involvement of PLWHA as partners in QM activities	CQM staff RWPC Consumer Council Committee (CCC)	Attend monthly CCC meetings	December 2018
Monitor aggregate EMA viral load suppression rate in AIDS Regional Information and Evaluation System (ARIES) and determine efficacy and appropriateness of data	CQM staff Data Analyst	Monitor viral suppression in ARIES Collaborate with Data Analyst to identify source of data integrity issues and determine status of latest ARIES update	December 2018
Provide one CQM training to subrecipients	CQM staff	Identify areas needed for training	June 2018
Develop a system-wide client satisfaction survey	CQM staff CQM Advisory Committee	Develop system-wide survey to administer to consumers to measure the quality of services received	October 2018

APPENDIX A: DCHHS Grants Management Division Performance Measures

Non-Medical Case Management	
Screening for Clinical Depression	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized screening tool
Numerator	Patients screened for clinical depression on the date of encounter using an age appropriate standardized tool
Denominator	All patients aged 12 years and older before the beginning of the measurement period with at least one eligible non-medical case management encounter during the measurement period
Exclusions	1. Patient Reason(s) - Patient refuses to participate
	2. Medical Reason(s) - Patient is in an urgent or emergent situation where time is of the essence and to delay treat would jeopardize the patient's health status
	3. Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium
Medical Case Management	
Care Plan	Percentage of medical case management patients regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year
Numerator	Number of medical case management patients who had a medical case management care plan developed and/or updated two or more times which are at least 3 months apart in the measurement year
Denominator	Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year
Exclusions	1. Medical case management patients who initiated medical case management services in the last 6 months of the measurement year
	2. Medical case management patients who were discharged from medical case management services prior to 6 months of service in the measurement year

AIDS Pharmaceutical Assistance	
Prescription of HIV Antiretroviral Therapy	Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year
Numerator	Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year
Denominator	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year
Exclusions	Provider has determined it is inappropriate for a patient to be on ART at this time
Outpatient Ambulatory Medical Care	
HIV Viral Load Suppression	Percentage of patients, regardless of age, with a diagnosis of HIV with an HIV viral load <200 copies/mL at last HIV viral load test during the measurement year
Numerator	Number of patients in the denominator with an HIV viral load <200 copies/mL at last HIV viral load test during the measurement year
Denominator	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in measurement year
Exclusions	Acute/walk-in medical visits
Transportation	
Van Transportation	Percentage of clients who were transported to outpatient ambulatory medical care appointment in the reporting period
Numerator	Number of patients who utilize van transportation to attend a medical visit
Denominator	Number of individuals that utilize van transportation
Exclusions	Clients who utilize van transportation less than twice every 6 months

Insurance Assistance	
Insurance Assistance	Percentage of clients enrolled in health insurance through the health insurance assistance program
Numerator	Number of referred eligible clients enrolled in health insurance through program services
Denominator	Number of eligible clients referred to the insurance assistance program
Exclusions	Clients whose access to program supported health insurance has been interrupted by disruption in funding distribution
Food Pantry	
Food Pantry	Percentage of clients showing stable or improved overall health as evidenced by Body Mass Index (BMI)
Numerator	Number of clients who have stable or improved BMI
Denominator	Number of clients for whom BMI is collected or reported when utilize pantry services
Exclusions	1. Clients that decline to be weighed 2. Clients that utilized program fewer than six times within 6 months 3. Clients who have food pantry items delivered to them
Congregate Meals	
Meals	Percentage of clients reporting that the meals program helped, improved or maintained their overall health
Numerator	Number of clients reporting that the meals program helped or improved or maintained their overall health
Denominator	Number of clients surveyed at the 6 months recertification
Exclusions	Clients who utilized the program fewer than 24 times within the previous 6 months

Mental Health	
Global Assessment of Functioning (GAF) Score	Percentage of clients who have maintained or improved GAF score
Numerator	Clients who have maintained or improved GAF score
Denominator	Clients with minimum of two mental health visits within measurement period
Exclusions	None
Short Term Housing	
Short Term Housing	Percentage of clients that had one or more medical visits within 6 months measurement period
Numerator	Number of clients that had one or more medical visits within 6 months measurement period
Denominator	Number of HIV clients receiving short term housing
Exclusions	None
Tenant Based Housing	
Tenant Based Housing	Percentage of clients that had one or more medical visits within 6 months measurement period
Numerator	Number of clients that had one or more medical visits within 6 months measurement period
Denominator	Number of HIV clients receiving tenant based Housing
Exclusions	None

Children/Youth/Adolescents Respite	
Developmental Surveillance	Percentage of HIV infected or exposed children who had developmental assessments documented
Numerator	Number of clients who utilized respite services three or more times per week who had developmental assessments during the measurement year
Denominator	Number of HIV infected or exposed clients who receive respite services three or more times per week during the reporting period
Exclusions	None
Child Care Services	
Child Care Services	Percentage of clients receiving child care in order to attend medical visits and/or work
Numerator	The number of clients able to keep medical appointments and/or attend work while child is in care during the reporting period
Denominator	The number of clients utilizing child care services
Exclusions	None
Early Intervention Services	
Linkage to Care	Percentage of patients who attended an HIV medical care visit within 3 months of HIV diagnosis
Numerator	Number of persons who attended an HIV medical care visit within 3 months of HIV diagnosis in the reporting period
Denominator	Number of persons with an HIV/AIDS diagnosis during the reporting period
Exclusions	HIV infected >1 year

Legal Services	
Power of Attorney	Percentage of clients initiating power of attorney cases during the reporting period
Numerator	Number of clients initiating power of attorney cases during the reporting period
Denominator	Number of clients initiating legal assistance during the reporting period
Exclusions	None
Outreach/Lost to Care	
Outreach for Lost to Care	Percentage of patients linked back to HIV medical care
Numerator	Number of patients who have status of "Linked to HIV Medical Care" [e.g. in care at Parkland, in care elsewhere, incarcerated]
Denominator	Number of patients who did not have a medical visit in the last 6 months of the measurement year
Exclusions	1. Patients who died at any time during the measurement year
	2. Moved out of service area
Linguistic Services	
Linguistic Services	Percentage of individuals that received linguistic services during the reporting period who state the linguistic program has helped them to access and/or understand HIV services
Numerator	Number of individuals surveyed who state that the linguistic program has helped them to access and/or understand HIV services
Denominator	Number of individuals that receive linguistic services that are surveyed
Exclusions	None

Adult Respite	
Adult Respite	Percentage of individuals that utilize adult respite care who state it helps relieve them of some of the stress of living with HIV and helps keep them healthy
Numerator	Number of respite care clients surveyed who state the adult respite care program (will be referred to as day and meals program) helps relieve them of some of the stress of living with HIV and keeps them healthy
Denominator	Number of respite care clients surveyed
Exclusions	Individuals that utilized the program less than 24 times in 6 months period
Oral Health	
Periodontal Screening or Examination	Percentage of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year
Numerator	Number of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year
Denominator	Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year
Exclusions	1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year
	2. Edentulist patients (complete)
	3. Patients who were <13
Congregate Housing	
Congregate Housing	Percentage of patients who attended an HIV/AIDS medical appointment/care within the last 6 months
Numerator	Number of persons with HIV/AIDS diagnosis who attended an HIV/AIDS medical appointment/care within the last 6 months
Denominator	Number of persons with HIV/AIDS diagnosis receiving housing services
Exclusions	HIV negative family members that live with patient

Housing Based Case Management	
Housing Based Case Management	Percentage of patients who attended an HIV/AIDS medical appointment/care within the last 6 months
Numerator	Number of persons with HIV/AIDS diagnosis who attended an HIV/AIDS medical appointment/care within the last 6 months
Denominator	Number of persons with HIV/AIDS diagnosis receiving housing services
Exclusions	HIV negative family members that live with patient
Substance Abuse	
Substance Abuse	Percentage of clients who have maintained or improved Global Assessment of Functioning (GAF) score
Numerator	Clients who have maintained or improved GAF score
Denominator	Clients with minimum of two substance abuse visits within the measurement period
Exclusions	None
HOPWA	
HOPWA Outreach Activities (Navarro County Only)	Number of outreach activities performed within the reporting period
Numerator	Number of network meetings attended in a fiscal year. One per quarter is a requirement
Denominator	The number of network meetings had per fiscal year
Exclusions	None

APPENDIX B

HAB PERFORMANCE MEASURES

Core Medical

- Viral Load Suppression
- Prescribed Antiretroviral Therapy
- Medical Visits Frequency
- Gap in Medical Visits
- PCP Prophylaxis

All Ages

- HIV Drug Resistance Testing Before Initiation of Therapy
- Influenza Vaccination
- Lipids Screening
- TB Screening

Adolescent/Adult

- Cervical Cancer Screening
- Chlamydia Screening
- Gonorrhea Screening
- Hepatitis B Screening
- Hepatitis B Vaccination
- Hepatitis C Screening
- HIV Risk Counseling
- Oral Exam
- Pneumococcal Vaccination
- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

APPENDIX B (cont'd)

- Substance Use Screening
- Syphilis Screening

Medical Case Management (MCM)

- Care Plan
- Gap in Medical Visits
- Medical Visit Frequency

Oral Health

- Dental and Medical History
- Dental Treatment Plan
- Oral Health Education
- Periodontal Screening or Examination
- Phase I Treatment Plan Completion

ADAP

- Application Determination
- Eligibility Recertification
- Formulary
- Inappropriate Antiretroviral Regimen

Systems-Level

- Waiting Time for Initial Access to Outpatient/Ambulatory Medical Care
- HIV Test Results for PLWHA
- HIV Positivity
- Late HIV Diagnosis
- Linkage to HIV Medical Care
- Housing Status

APPENDIX C

Subrecipient/Service Categories

Subrecipient	Service Category
AIDS Healthcare Foundation	AIDS Pharmaceutical Assistance Health Insurance Premium and Cost Sharing Assistance Medical Case Management Non-Medical Case Management Outpatient/Ambulatory Health Services
AIDS Interfaith Network, Inc.	Linguistic Services Medical Transportation Medical Case Management Non-Medical Case Management Respite Care
AIDS Services of Dallas	Food Bank/Home Delivered Meals Housing Services Medical Case Management Medical Transportation Non-Medical Case Management
Dallas County Health Division	Early Intervention Services
Dallas County Health & Human Services HOPWA Unit (Navarro County)	Short Term Emergency Assistance Tenant Based Rental Assistance
Dallas County Hospital District d.b.a. Parkland Health and Hospital Systems	AIDS Pharmaceutical Assistance Medical Case Management Mental Health Non-Medical Case Management Outpatient/Ambulatory Health Services Outreach Services Emergency Financial Assistance Medical Transportation
Dallas Legal Hospice	Legal Services
Dental Health Programs, Inc.	Oral Health Care
Health Services of North Texas, Inc.	AIDS Pharmaceutical Assistance Health Insurance Premium and Cost Sharing Assistance Medical Case Management Medical Transportation Mental Health Non-Medical Case Management

	Outpatient/Ambulatory Health Services
Legacy Counseling Center	Food Bank/Home Delivered Meals Housing Services Mental Health Substance Abuse Services
Open Arms, Inc. d.b.a. Bryan's House	Child Care Services Non-Medical Case Management Respite Care for Children & Youth
Prism Health North Texas d.b.a. AIDS Arms, Inc.	AIDS Pharmaceutical Assistance Medical Case Management Non-Medical Case Management Outpatient/Ambulatory Health Services
Resource Center of Dallas, Inc.	Food Bank/Home Delivered Meals Health Insurance Premium and Cost Sharing Assistance Medical Case Management Non-Medical Case Management Oral Health Care
Your Health Clinic	AIDS Pharmaceutical Food Bank/Home Delivered Meals Health Insurance Premium and Cost Sharing Assistance Medical Case Management Medical Transportation Non-Medical Case Management Outpatient/Ambulatory Health Services Tenant Based Rental Assistance Short Term Emergency Assistance

APPENDIX D

Evaluation of CQM Program

The NQC Organizational Assessment was completed by GMO, Health Advisor, and Quality Assurance Advisor in conjunction with Susan Thorner, Consultant on June 28, 2017.

Summary of Results

- *The staff at DCHHS's RWHAP (QM staff, Part A Administrative Agency staff/Program Monitors as well as the Planning Council Support staff) appear to operate in silos..*
- *The grantee is not actively supplying internal guidance or direction to establish a quality management program nor are they providing guidance to subrecipients.*
- *DCHHS has not yet established a QM Committee.*
- *The QM plan has not been finalized and does not include sufficient focus on subrecipients.*
- *Performance measures have been defined for the service categories under which they are funded but have not been effectively communicated to or fully implemented by subrecipients.*
- *Data collection is planned pending initiation of a statewide wide electronic data reporting system, ARIES. Serious concerns were expressed regarding the utility and validity of ARIES as it currently exists.*
- *There is no consumer involvement in the Part A QM program.*
- *Formal quality improvement projects have not yet been initiated.*
- *To date, evaluation of the QM program has been primarily by external sources (HRSA or Part B).*
- *Performance data is not routinely reviewed or used to guide improvement activities or reduce disparities.*

  On the positive side, the QM staff is accurately aware of the situation and actively seeking assistance to strengthen the QM program.

Recommendations

- *Evaluate the existing QM plan and finalize the QM plan which includes Part A subrecipients.*
- *By April 1, 2018 establish a QM Committee – develop a fair and equitable selection process.*
- Develop Performance Measurement Standards & Guidelines.
- *Develop and implement a QM training plan for the QM staff, other DCHHS Part A staff and the subrecipients.*

Evaluation of FY 2017 QM Goals and Activities

The following annual quality goals and activities represented established priorities for the CQM program for FY 2017:

- Strengthen the existing Ryan White QM infrastructure within the Dallas/Sherman-Denison EMA/HSDA by December 2017
- Facilitate involvement of PLWHA as partners in QM activities as an integral component of quality initiatives throughout the 12 county region by June 2018
- Increase aggregate EMA viral load suppression rate from 83% to 85% by December 2018
- Provide one QM training to providers by March 2018

The CQM program failed to meet planned goals:
- Through AETC, Susan Thorner was brought in to assess the CQM program and CQM staff are in the beginning stages of strengthening the infrastructure
- No PLWHA have been invited to be in involved in CQM activities yet. Once the CQM infrastructure is more solid and a Consultant is contracted, involving PLWHA will once again become a focus
- *Unable to evaluate aggregate EMA viral load suppression rate
- A CQM training for subrecipients will take place on June 1, 2018 which falls short of the March training goal.

Due to current, ongoing inaccuracies in ARIES, the QM team is unable to use ARIES data to evaluate these areas. Huge discrepancies exist between data pulled recently and data pulled in the past. From 2013-2015 aggregate EMA medical visit rate has historically been around 68%; however, recently pulled data from ARIES shows rate of around 44%. From 2013-2015 aggregate EMA viral load suppression rate has historically been around 87%; however, recently pulled data from ARIES shows rate of around 57%. When determining viral load suppression goals for 2017-2018, historical ARIES data and DSHS RW only Care Continuum data for Dallas and Sherman were used. They are more accurate and consistent than ARIES data at this time. Even using the more accurate data, the viral load suppression rate still falls short of the FY 2016 goals. The medical visit frequency measure is different from the retained in care measure on the Care Continuum so an accurate comparison was not able to be done at this time. For this reason, the medical visit frequency measure was not included as an annual quality goal for 2017-2018.

Appendix E

Dallas County Health and Human Services
Ryan White/State Services Performance Measures
1/1/2017-12/31/2017

AIDS Pharmaceutical Assistance	
Measure	Prescription of ART
Numerator	8652
Denominator	8842
Exclusions	28
Result	**98%**

Outpatient Ambulatory Medical Care	
Measure	Viral Load Suppression
Numerator	7088
Denominator	8750
Exclusions	1
Result	**81%**

Oral Healthcare	
Measure	Periodontal Screening or Exam
Numerator	1270
Denominator	1359
Exclusions	91
Result	**93%**

Medical Case Management	
Measure	Care Plan
Numerator	3105
Denominator	4718
Exclusions	68
Result	**66%**

Insurance Assistance	
Measure	Insurance Assistance
Numerator	416
Denominator	416
Exclusions	0
Result	**100%**

Mental Health	
Measure	GAF Score
Numerator	405
Denominator	494
Exclusions	12
Result	**82%**

Substance Abuse	
Measure	GAF Score
Numerator	192
Denominator	205
Exclusions	13
Result	**94%**

Non-Medical Case Management	
Measure	Screening for Clinical Depression
Numerator	2682
Denominator	2996
Exclusions	72
Result	**90%**

Transportation	
Measure	Van Transportation
Numerator	334
Denominator	376
Exclusions	57
Result	**89%**

Food Pantry	
Measure	Body Mass Index
Numerator	869
Denominator	946
Exclusions	511
Result	**92%**

Congregate Meals	
Measure	Meals Program
Numerator	671
Denominator	673
Exclusions	985
Result	**99%**

Congregate Housing	
Measure	HIV Medical Appointment
Numerator	175
Denominator	68
Exclusions	0
Result	**57%**

Housing Based Case Management	
Measure	HIV Medical Appointment
Numerator	175
Denominator	68
Exclusions	0
Result	**57%**

Adult Respite	
Measure	Adult Respite Care
Numerator	168
Denominator	182
Exclusions	44
Result	**92%**

Linguistics	
Measure	Linguistics Program
Numerator	127
Denominator	130
Exclusions	0
Result	**98%**

Child Respite	
Measure	Development Surveillance
Numerator	6
Denominator	6
Exclusions	0
Result	**100%**

Child Care Services	
Measure	Child Care Services
Numerator	5
Denominator	8
Exclusions	0
Result	**63%**

Early Intervention Services	
Measure	Linkage to Care
Numerator	117
Denominator	130
Exclusions	10
Result	**90%**

HOPWA	
Measure	Navarro County Outreach
Numerator	1
Denominator	2
Exclusions	0
Result	**50%**

Legal Services	
Measure	Power of Attorney
Numerator	58
Denominator	190
Exclusions	31
Result	**31%**

Outreach Lost to Care	
Measure	Outreach Lost to Care
Numerator	534
Denominator	745
Exclusions	0
Result	**72%**

Short Term Housing	
Measure	Medical Visits
Numerator	34
Denominator	34
Exclusions	0
Result	**100%**

Tenant Based Housing	
Measure	Medical Visits
Numerator	27
Denominator	27
Exclusions	0
Result	**100%**