

# MISSOURI RYAN WHITE PART B



## Quality Management Plan

This document serves as the Missouri Part B quality management guidance. Missouri Part B uses quality management to ensure that persons with HIV/AIDS in Missouri receive the highest quality medical and support services.

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# RYAN WHITE PART B QUALITY MANAGEMENT PLAN

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## QUALITY STATEMENT

### Quality Goal:

The goal of the Missouri Department of Health and Senior Services Bureau of HIV, STD, Hepatitis Part B Quality Management Program (QMP) is to ensure that persons with HIV (PWH) in Missouri receive the highest quality medical care and support services. In cooperation with the Missouri Statewide Quality Management team, Missouri Ryan White Part B is committed to developing and continually improving continuum of care outcomes through coordination with all Missouri Ryan White Recipients.

### Aim Statement

Part B will work to improve outcomes within all bars of Missouri's HIV care continuum in order to provide high quality care for Missouri residents with HIV. Part B's focus will be viral load suppression, as evidenced by:

- At least 95% of patients in all race, gender, and age categories will be virally suppressed by December 2022 from the baseline of 90% in December of 2018.

### Annual Quality Goals

Missouri epidemiological data and data gathered from across all Parts will be presented annually to the Statewide Grantee Meeting and will be utilized to develop annual Part B and Statewide quality goals for a two-year quality management cycle. The work plan will be reviewed/updated annually by the Part B Quality Management Team.

### Statewide Quality Management Plan Goal

Part B's Quality Management efforts are being implemented in coordination with the Missouri Statewide Quality Improvement Team. Part B and Statewide Quality Improvement team activities are focused on improving the HIV care continuum in order to provide high quality care for Missouri residents with HIV. Missouri's Part B Quality Management Plan will focus on improving viral load suppression, as evidenced by demonstration of the following activities:

- Collect and submit Part B measurement data to the Part B Quality team on a quarterly basis.
- Part B Quality Team will identify baselines for all selected performance measures, set improvement goals and timeframes for each measure on an annual basis.
- Improve statewide viral load data collection by 1/1/2021 by collaborating with State Surveillance (Bureau of Reportable Disease Informatics) to cross check all viral load data information with the State Surveillance system and uploading accurate viral load data in to Securing Client Outcomes Using Technology (SCOUT) database on a monthly basis, with one month lag in data information.
- Ensure statewide quality improvement projects remain focused on supporting the increase of viral load suppression by reviewing the outcomes of the quality improvement projects on an annual basis.

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- Improve the quality of the information entered into the electronic client database by conducting quarterly review of a random sample of client records. The quality of information will result in an increased improvement on reports.
- Discuss the inclusion of goals addressing retaining individuals in care, reducing infections through PrEP, and linking newly diagnosed individuals.

### Quality Infrastructure

#### *Part B/Statewide Quality Management Program Leadership Structure*

Leadership for the Part B Quality Management programs resides within the Bureau of HIV, STD, and Hepatitis. The Part B Quality Management efforts are led by the Part B Data and Compliance Manager in collaboration with the Part B funded Statewide Clinical Quality Manager (CQM) with oversight from the Assistant Bureau Chief and additional input from the Bureau Chief. Part B Quality Management efforts build upon and parallel the work of Missouri's Statewide Quality Management team. Part B staff members play an integral role in Missouri's Statewide Quality Management team. Part B funded positions that lead and/or are members of the Statewide Quality Management team include the Clinical Quality Manager, Director of HIV Medical Case Management, Data and Compliance Manager and Quality Service Manager(s).

#### *Statewide Quality Management Team Infrastructure*

The Part B funded Statewide Clinical Quality Manager will serve as a constant co-lead and a representative for the Statewide Ryan White Quality Management Team, with the other co-lead rotating on an annual basis. Ryan White Recipients will designate a co-lead from their organization on a rotating basis, based on the schedule below. Except in the case of extenuating circumstances, no Recipient will have a co-lead that remains in that position longer than the one calendar year term. Co-leads will work together to plan the agenda, facilitate team meetings, collect/analyze/communicate quarterly data submissions, and ensure that coordinated statewide quality improvement activities continue. The co-leads will attend each quarterly Recipient meeting and will provide a quality improvement progress update to Recipients, including any recommended changes to the plan.

All Ryan White Recipients in the State of Missouri are responsible for providing and/or delegating leadership for the development and maintenance of the Missouri Statewide Quality Management Plan. The Statewide Recipient Group is accountable, responsible and answerable for planning, directing, coordinating, and improving HIV Care services. This leadership group:

- Prioritizes quality goals and projects ensuring the most critical areas of service delivery are addressed
- Approves the performance improvement plan
- Reviews quality improvement activities during its regular meetings
- Conducts an annual evaluation of the Missouri Statewide Quality Management Program and updates the QMP a minimum of every two years

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- Ensures that each funded agency chooses at least one care related QI project yearly, with at least one PDSA cycle per project
- Plans for appropriate education and training related to quality improvement concepts and techniques
- Aligns quality management goals across all Ryan White HIV/AIDS Program Parts to jointly meet legislative quality management mandates
- Implements statewide quality improvement (QI) activities to advance the quality of care for people with HIV within Missouri and to coordinate HIV services seamlessly across the state
- Provides leadership from all parts (A, B, C, D) and will participate in statewide quality improvement

### *Quality Management Plan and Shared Statewide Quality Improvement Project*

- **Part B Quality Management Plan-** will be reviewed and updated every other year. The Part B Quality Management team will present the revised plan to Statewide Liaison Quality Representatives, the Missouri Statewide Integrated HIV Prevention and Care Plan Workgroup, and other stakeholder groups for review and comment.
- **The Part B Work Plan-** will be reviewed and updated annually by the Part B Quality Management Program leadership.
- **QI Project-** The Part B Quality Management Program, in coordination with the Missouri Statewide Quality Management Team, will select a QI project focus each year. Factors that may influence selection of QI project focus include: analysis of statewide data/Care Continuum trends, HAB areas of focus e.g. Ending the Epidemic, National HIV/AIDS Strategy goals/objectives, and Recipient or consumer feedback. Quality improvement projects may include clinical and non-clinical activities or both.

## DATA COLLECTION PLAN

Ryan White Part B will work with the database administrator to collect data for statewide performance measures as well as Part B specific performance measures. Data entry sources include Missouri Department of Health and Senior Services Surveillance (Bureau of Reportable Disease Informatics/BRDI) and Ryan White HIV Medical Case Managers via the SCOUT database. Data are pulled according to established timeframes by the Data and Compliance Manager and submitted to Part B leadership and to the Missouri Statewide Quality Management Team Co-leads, as applicable, to compile and analyze. Data will be used to provide regional feedback regarding quality improvement projects, disparity categories, training needs, and to update the Part B Work Plans.

## QUALITY IMPROVEMENT EFFORTS

- Each year the Part B leadership in coordination with all Missouri Recipients will select a statewide quality improvement project focus. Factors that may influence project selection include: analysis of statewide data submitted by Recipients, statewide Care Continuum, HAB areas of focus, Recipient or consumer feedback. The Missouri Statewide

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Quality Management team will provide 3-4 focus area recommendations based on data to the Recipients to help select the statewide QI focus.

- Ryan White Part B and other Missouri Recipients will communicate the selected QI focus to all sub-contracted agencies.
- Recipients and sub-recipient agencies across the state will design their own activities to support the statewide QI focus and submit quarterly standardized Plan, Do, Study, Act (PDSA) worksheets about their QI activities to the QI Project Liaison as well as the Ryan White Part B Quality Service Manager in their region.
- The Quality Service Managers and the Ryan White Part B Data and Compliance Manager will provide feedback/technical assistance to agencies that submit PDSA worksheets. The QI Project Liaison will contact the Recipient of the contracted/sub-recipient agency with any issues that may arise regarding the PDSA worksheets or activities.

### COMMUNICATION

All Part B and statewide performance measure outcomes will be shared with appropriate internal and external stakeholders. Communication includes, but is not limited to: newsletter, emails, posting of data reports, and verbal communication during meetings.

- Recipient meetings – statewide QI will be a standing agenda item at each Recipient meeting. The co-leads, including the Ryan White Part B Statewide Clinical Quality Manager, are responsible for facilitating the discussion.
- Newsletter – will be published by the Communication Liaison on a quarterly basis following each data submission.
- The Missouri Ryan White Quality Management Team members will provide statewide QI updates to their respective region, leadership, agency, and sub-contractors.
- Consumer communication – The Consumer Liaisons will participate and facilitate consumer communication, including, but not limited to: newsletter dissemination, sharing consumer initiatives across the state, providing QI training, and notice of webinars/trainings.

### PARTICIPATION OF STAKEHOLDERS

External stakeholders may be called upon to assist with Part B or Statewide Quality Management Team activities. Stakeholder involvement can be used to improve communications, obtain support, gather useful data and ideas, and provide for more sustainable decision-making. Stakeholders should be prepared and willing to:

- Actively participate in regular Statewide Quality Management Team meetings and other Quality Improvement activities as needed
- Ensure necessary data are being collected
- Ensure quality improvement is active and present on agendas and in relevant planning documents
- Ensure quality related issues are identified and operationalized
- Make recommendations for appropriate education related to QI topics

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Internal and External Stakeholders include, but are not limited to the following:

Internal to Ryan White	External to Ryan White
<ul style="list-style-type: none"> <li>Missouri Department of Health and Senior Services Bureau of HIV, STD, Hepatitis- Part B</li> <li>St. Louis City Health Department- Part A*</li> <li>Kansas City Health Department- Part A*</li> <li>AIDS Project of the Ozarks- Part C*</li> <li>Washington University School of Medicine-Part C &amp; D*</li> <li>Kansas City Care Clinic-Parts C, D, &amp; F*</li> <li>Northwest Health Services, RAISE Clinic- Part C*</li> <li>Healthcare Strategic Initiatives</li> <li>Case Management Contractors &amp; Subcontractors</li> <li>Ryan White Planning Councils*</li> <li>Ryan White Clinical Advisory Committee</li> <li>Ryan White Clients</li> </ul>	<ul style="list-style-type: none"> <li>HIV/STD Disease Intervention Staff</li> <li>HIV/STD Counseling and Testing Staff</li> <li>HIV/STD Prevention Program Staff</li> <li>HIV/STD Surveillance Program Staff</li> <li>Providers</li> <li>Pharmacies</li> <li>Housing Providers</li> <li>Persons with HIV</li> <li>Social Services</li> </ul>
<p><i>*Participation in Part B QI activities as part of Missouri Statewide Quality Management Team involvement.</i></p>	

### Consumer Engagement

The Missouri Part B and Statewide Quality Management collaborative plans will be presented at Ryan White Planning Councils, the Comprehensive Prevention Planning Group, the Statewide Managers Meeting, Consumer Quality meetings, and other quality meetings for feedback during each Quality Management Plan cycle. Each region (Kansas City, St. Louis, and Outstate) will select a consumer to serve on the Missouri Statewide Quality Management Team. Additionally, the Missouri B Part Quality Management Team will select a consumer to serve on the Missouri Part B Quality Management Team. Consumer representatives must have attended the TCQ and/or have extensive knowledge or experience in Quality Improvement.

Activities to ensure consumer engagement:

- There will be a minimum of one consumer representative from Outstate, KC, and STL on the Missouri Statewide Quality Management Team.
- Continue to build advocates for quality across Missouri. Facilitate involvement opportunities for consumers.
- Part B will support quality trainings for consumers.
- Maintain updated consumer matrix.



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- Coordinate access to the Center for Quality Improvement and Innovation (CQII) trainings.

### CAPACITY BUILDING

Part B program staff participates in Center for Quality Improvement and Innovation trainings and webinars to support their ongoing Quality Management (QM skills) development. This enables staff to provide and coordinate technical assistance/training for Part B sub-recipients.

CQII training materials and resources are utilized where appropriate. QM technical assistance/training needs are assessed through requests in sub-recipients' applications, monitoring of local QM plans/PDSA reports, and through training evaluations and/or needs assessments.

### EVALUATION

Assessment and evaluation of the data will be performed by the Data and Compliance Manager and the contracted database administrator in coordination with the Statewide Ryan White Quality Management Team. Based on ongoing review, priorities will be set and opportunities for improvement identified by Recipients. An organized assessment/evaluation tool will be used by all Parts as a marker and to evaluate progress in quality initiatives.

Evaluation will result in:

- Evaluation of the effectiveness of the QM/QI infrastructure to determine any needed improvements regarding how quality improvement work is accomplished
- Evaluation of Statewide and Part B Quality Improvement activities to determine whether the annual quality goals for quality improvement activities are met
- Review of performance measures to document whether the measures are appropriate to assess the clinical and non-clinical HIV care

Evaluation will ensure the following:

- The Ryan White Part B Quality Management Plan and the Missouri Statewide Quality Management plan are reviewed and updated on a two year basis
- Performance data are shared with all Recipients
- Continuous quality improvement training is offered to contractor staff and consumers
- Quality improvement activities improve the quality of HIV care, the delivery of care, and performance reporting
- The Statewide Ryan White Quality Management Team is composed of appropriate representatives of all Parts with leadership from Ryan White Part B
- The Ryan White Part B Quality Management program supports and participates in cross-part collaboration
- Performance evaluation reports are shared with all Recipients
- Use of ethical principles when collecting, maintaining, using, and disseminating performance data



## APPENDICES

### Part B Quality Management Leadership

#### *Bureau Chief*

The Chief of the Bureau of HIV, STD, and Hepatitis provides broad oversight of all Bureau functions, including the Part B HIV Care Program. The Chief has overall accountability for the Part B program, including the Part B quality management program.

#### *Assistant Bureau Chief*

The Assistant Chief of the Bureau of HIV, STD, and Hepatitis is responsible for managerial functions related to HIV services including ADAP, HIV Case Management, HIV Case Management education, HIV interagency collaboration, HIV CQM, HIV eligibility coordination, and State Plan Personal Care/AIDS Waiver. This position has primary oversight of all Part B quality and Statewide quality management activities as coordinated by the Data and Compliance Manager, Statewide Clinical Quality Manager, Director of HIV Medical Case Management, and ADAP/Part B Core Services Program Director.

#### *Part B Data and Compliance Manager*

The Part B Data and Compliance Manager is responsible for monitoring and coordination of Performance Measure data from all sources. This position is responsible for coordinating with the Statewide Clinical Quality Manager and Contracted Database Administrator to ensure accuracy of all performance measure data and reports. The Data and Compliance Manager monitors and reports Part B quality management plan and work plan progress.

#### *Statewide Clinical Quality Manager*

The Statewide Clinical Quality Manager provides leadership related to quality management efforts of the Statewide Quality Management team. This position is responsible for leading and organizing the Statewide Quality Management team; coordinating, monitoring, and maintaining communication between all Missouri Recipients related to quality management efforts. The Statewide Clinical Quality Manager is responsible for analyzing data, presenting data, and making quality improvement recommendations.

#### *Director of HIV Medical Case Management*

The Director of HIV Medical Case Management serves on the State wide Quality Management team and the Part B Quality Management team. This position is responsible for the oversight of the Missouri HIV case management system and related quality efforts. The Quality Service Managers are supervised by this position. This position is responsible for coordination of HIV Case Management performance measures in the Part B QMP.

#### *Quality Service Managers*

The Quality Service Managers (QSM) are responsible for quality management in assigned regions in Missouri. The QSMs are responsible for regional quality improvement efforts, serve as liaisons to the State Wide Quality Management team, support and assist with the development of regional Plan Do Study Act (PDSA) cycles.

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### *ADAP and Part B Core Services Director*

The ADAP and Part B Core Services Director is responsible for development of standards, policies, and procedures and oversight of ADAP and Part B Core services. This position will be an active participant in all Part B and Statewide quality management activities, particularly those activities that pertain to ADAP and Core Services. This position is responsible for ADAP related performance measures in the Part B QMP.

### *Part B Support Services/HOPWA Program Manager*

The Part B Support Services/HOPWA Program Manager is responsible for Part B support services and the Housing Opportunities for Persons with AIDS (HOPWA) program in Outstate Missouri. This position coordinates with a variety of agencies across the state to share information about statewide support service and housing resources. This position participates in Part B and Statewide quality management activities that are related to Outstate Support or HOPWA services.

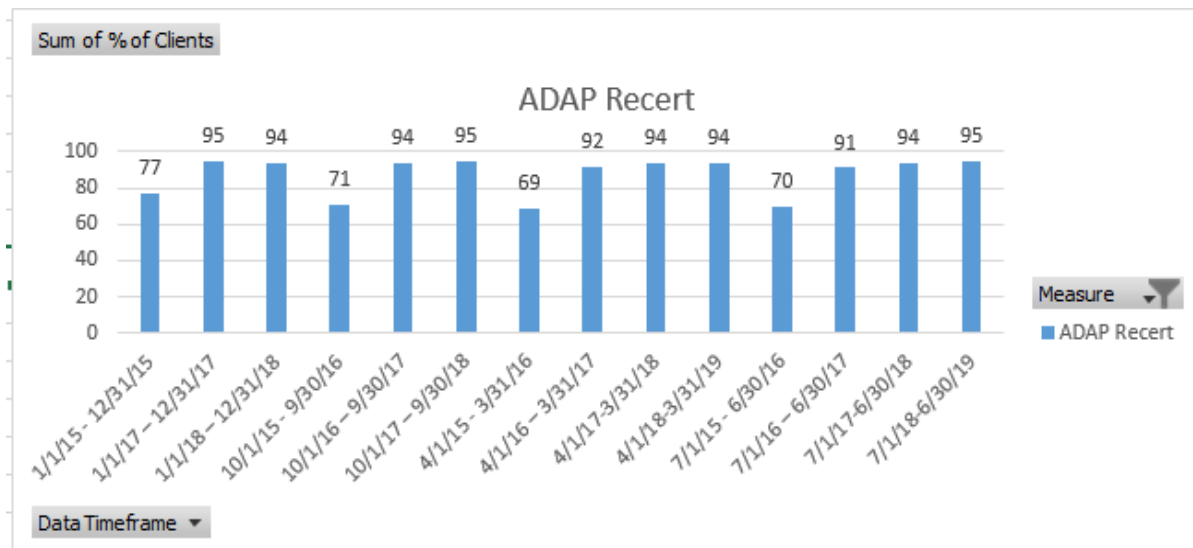
### *Direct Enrollment Specialist*

The Direct Enrollment Specialist is responsible for Part B direct enrollment services statewide. This position ensures quality services and coordinates access to insurance continuation for Ryan White recipients who do not need Case Management services. This position participates in Part B quality management activities that are related to Direct Enrollment services.

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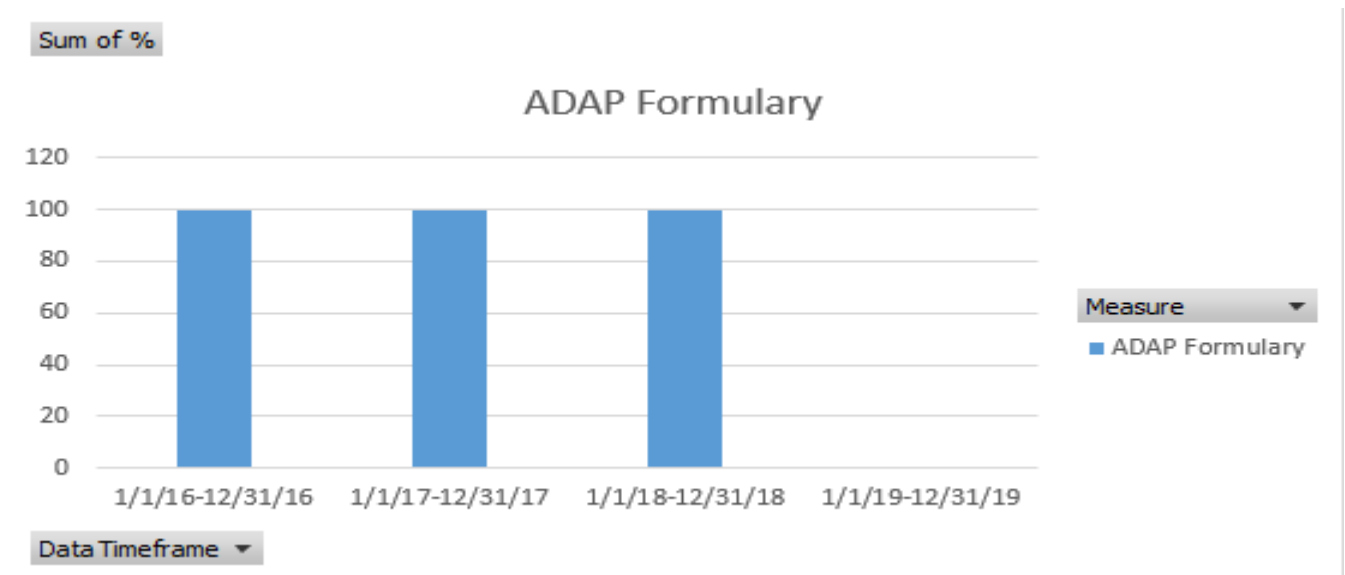
### Performance Measures 2018

<b>Performance Measure: AIDS Drug Assistance Program (ADAP) Eligibility Recertification (IP ADAP OC1)</b> Funded Service Category: ADAP Primary Responsibility: ADAP Director	
Percentage of ADAP enrollees who are reviewed for continued ADAP eligibility two or more times in the measurement year	
<b>Numerator:</b>	Number of ADAP enrollees who are reviewed for continued ADAP eligibility at least two or more times which are at least 150 days apart in the measurement year
<b>Denominator:</b>	Number of clients enrolled in ADAP in the measurement year
<b>Exclusions:</b>	Clients approved for new ADAP enrollment in the measurement year. Clients terminated from ADAP in the first 180 days of the measurement year
<b>Data Sources:</b>	SCOUT electronic client database (SCOUT) Query Based/Mo Program Specific/ADAP:ADAP Performance Measure: Eligibility ReCertification
<b>Baseline:</b> (4/1/18-3/31/19)	94%
<b>Frequency:</b>	Quarterly
<b>Due Date(s):</b>	January, April, July, October



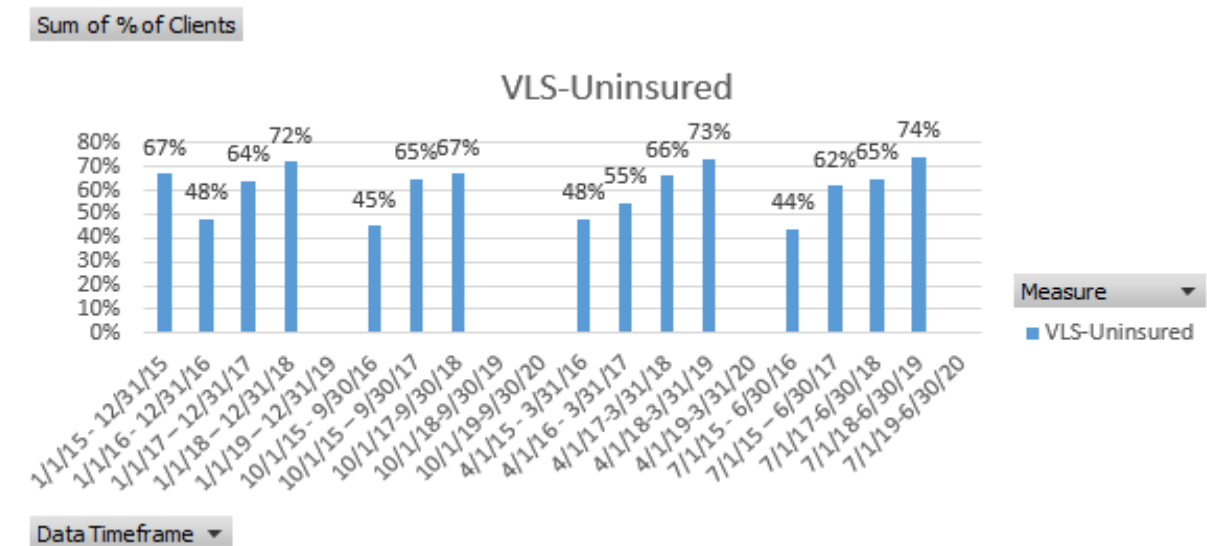
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<b>Performance Measure: ADAP Formulary (IP ADAP Objectives)</b> Funded Service Category: ADAP <i>Primary Responsibility: ADAP Director</i>	
Percentage of new antiretroviral classes that are included in the ADAP formulary within 90 days of the date of inclusion of new antiretroviral classes in the PHS Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents during the measurement year	
<b>Numerator:</b>	Number of new antiretroviral classes included into the ADAP formulary within 90 days of the publication of updated PHS Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents that include new anti-retroviral drug class during the measurement year.
<b>Denominator:</b>	Total number of new antiretroviral classes published in updated PHS Guidelines during the measurement year.
<b>Exclusions:</b>	PHS Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents published in the last 90 days of the measurement year.
<b>Data Sources:</b>	Missouri ADAP formulary vs. PHS Guideline ARV addition dates
<b>Baseline:</b>	100%
<b>Frequency:</b>	Annually
<b>Due Date(s):</b>	12/31/16, and every December thereafter



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<b>Performance Measure: <u>Viral Load Suppression ADAP Uninsured-</u></b> (IP ADAP OC2) Funded Service Category: ADAP Primary Responsibility: ADAP Director	
Percentage of clients with an HIV viral load below limits of quantification at last test during the measurement year.	
<b>Numerator:</b>	Number of clients included in denominator with viral load below limits of quantification (<200 copies/mL) at last HIV viral load test during the measurement year.
<b>Denominator:</b>	Number of clients, regardless of age, with a diagnosis of HIV with at least one medical visit during the measurement year. Report Location: SCOUT Report
<b>Exclusions:</b>	No Exclusions
<b>Data Sources:</b>	SCOUT electronic client database SCOUT Report- Query Based>MO Program Specific>DHSS>Performance Measures>Perf Meas: 5 Viral Load Suppression v2-Update for ADAP Uninsured only (Referred)
<b>Baseline:</b> (04/01/2018-3/31/2019)	73%
<b>Frequency:</b>	Quarterly
<b>Due Date(s):</b>	January, April, July, October



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### Performance Measure: Viral Load Suppression (HICP)- (IP ADAP OC2)

Funded Service Category: ADAP

Primary Responsibility: ADAP Director

Percentage of clients with an HIV viral load below limits of quantification at last test during the measurement year.

#### Numerator:

Number of clients included in denominator with viral load below limits of quantification (<200 copies/mL) at last HIV viral load test during the measurement year.

#### Denominator:

Number of clients, regardless of age, with a diagnosis of HIV with at least one medical visit during the measurement year. Report Location: SCOUT Report

#### Exclusions:

No Exclusions

#### Data Sources:

SCOUT electronic client database  
SCOUT Report- Query Based>MO Program Specific>DHSS>Performance Measures>Perf Meas: 5 Viral Load Suppression v2 Update for ADAP Insured only (Referred)

**Baseline:** (4/1/18 - 03/31/19)

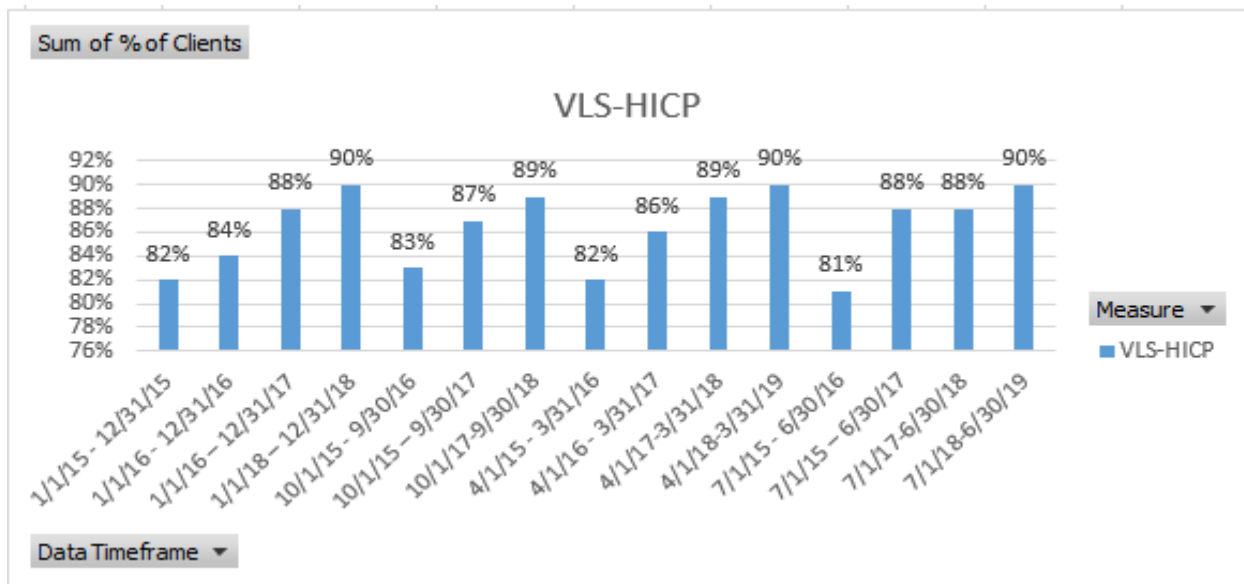
90%

#### Frequency:

Quarterly

#### Due Date(s):

January, April, July, October



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### Performance Measure: Viral Load Suppression

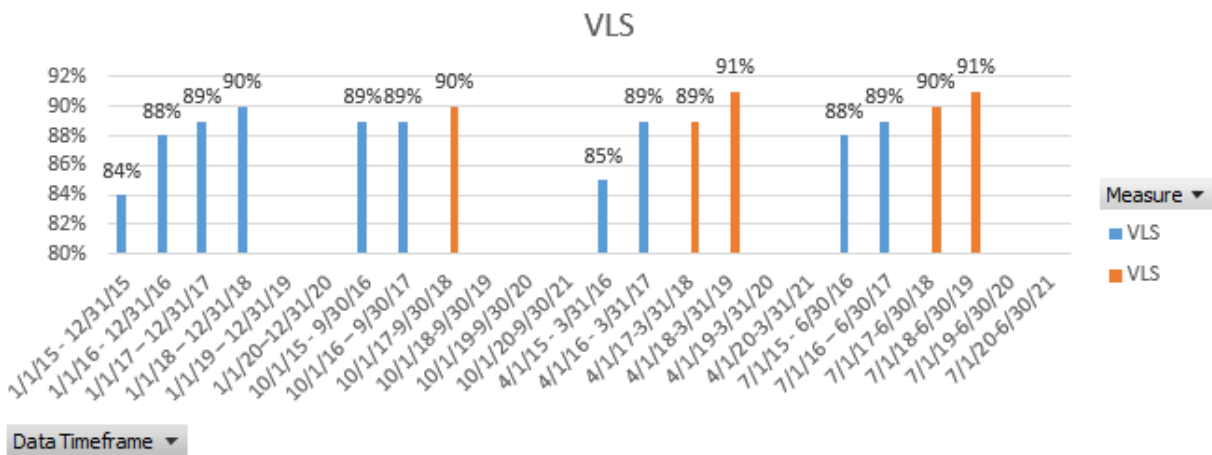
Funded Service Category: ADAP, Outpatient/Ambulatory Medical Care, Medical Case Management, Home and Community Based Services, Mental Health, Medical Transportation, Referral for Healthcare/Supportive Services

Primary Responsibility: Director of HIV Medical Case Management

Percentage of clients with an HIV viral load below limits of quantification at last test during the measurement year

<b>Numerator:</b>	Number of clients included in denominator with viral load below limits of quantification (<200 copies/mL) at last HIV viral load test during the measurement year
<b>Denominator:</b>	Number of clients, regardless of age, with a diagnosis of HIV with at least one medical visit during the measurement year
<b>Exclusions:</b>	No exclusions
<b>Data Sources</b>	SCOUT electronic client database and eHARS SCOUT Report Name: BSHS Indicators - Undetectable Viral Load SCOUT Report- Query Based>MO Program Specific>DHSS>Performance Measures>Perf Meas: 5 Viral Load Suppression v2
<b>Baseline:</b> (4/1/18 - 03/31/19)	91%
<b>Frequency:</b>	Monthly
<b>Due Date(s):</b>	Monthly

Sum of % of Clients





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**Performance Measure: Gap in HIV Medical Visits (IP O/A OC2; IP MCM OC2; IP EF OC2; IP OC2;**

**IP RHSS OC2; IP MH OC2; IP SA OC1)**

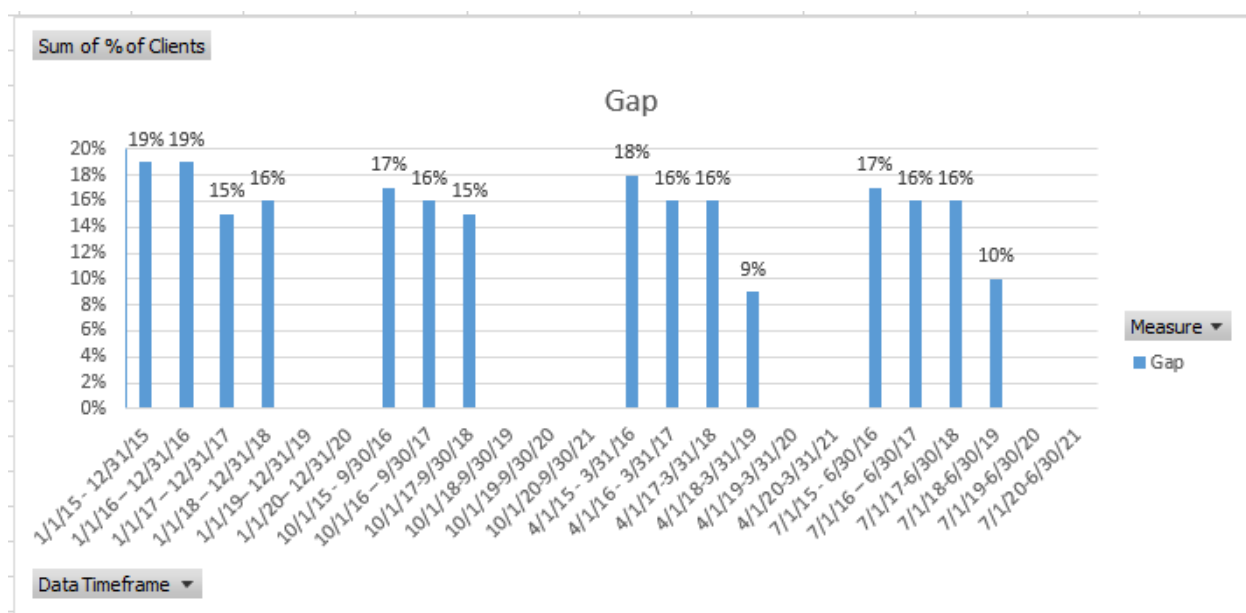
Funded Service Category: Outpatient/Ambulatory Medical Care, Medical Case Management, Home and Community Based Services, Mental Health, Medical Transportation, Referral for

thcare/Supportive  
Services

*Primary Responsibility: Part B Data and Compliance Manager*

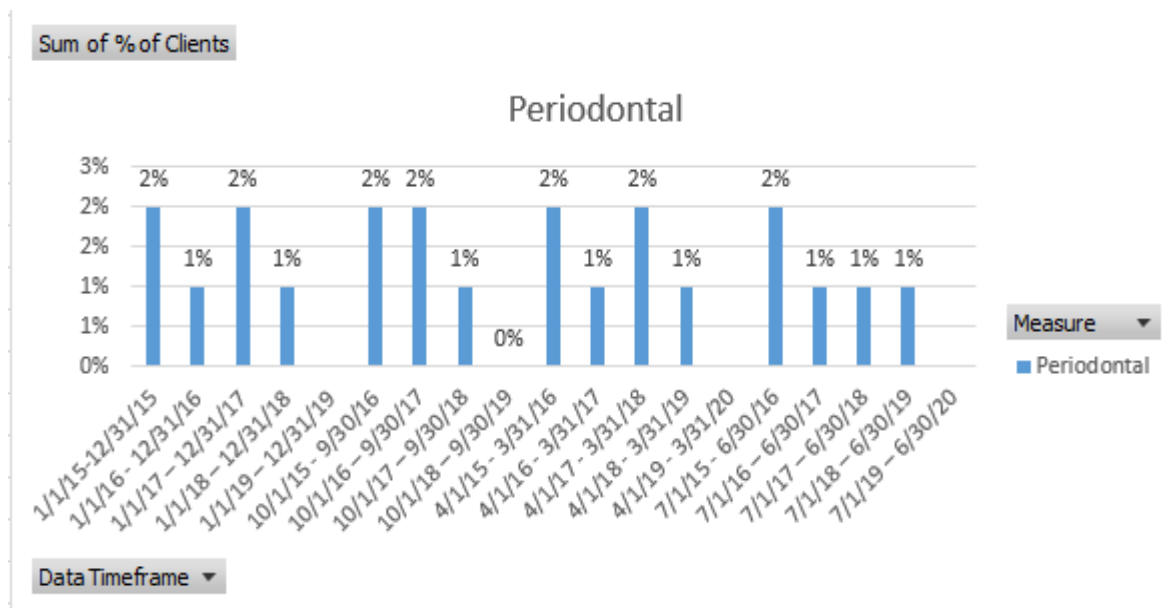
Percentage of enrolled clients, regardless of age, who did not have an HIV medical visit in the last six months of the measurement year

<b>Numerator:</b>	Number of enrolled clients in the denominator who did not have an HIV medical visit in the last six months of the measurement year (includes CD4/VL as proxy for HIV medical visits)
<b>Denominator:</b>	Number of enrolled clients, regardless of age, who had at least one medical visit in the first six months of the measurement year
<b>Exclusions:</b>	Patients newly enrolled during last six months of measurement year and patients that have died or moved out of state during the measurement period.
<b>Data Sources:</b>	SCOUT electronic client database and eHARS; includes CD4 and Viral Load labs as proxy for HIV medical care visit SCOUT Report: Query Based>MO Program Specific>DHSS>Performance Measures>Perf Meas: 2 Gap in HIV Medical Visits v2
<b>Baseline:</b> (4/1/18 - 3/31/19)	9%
<b>Frequency:</b>	Quarterly
<b>Due Date(s):</b>	January, April, July, October



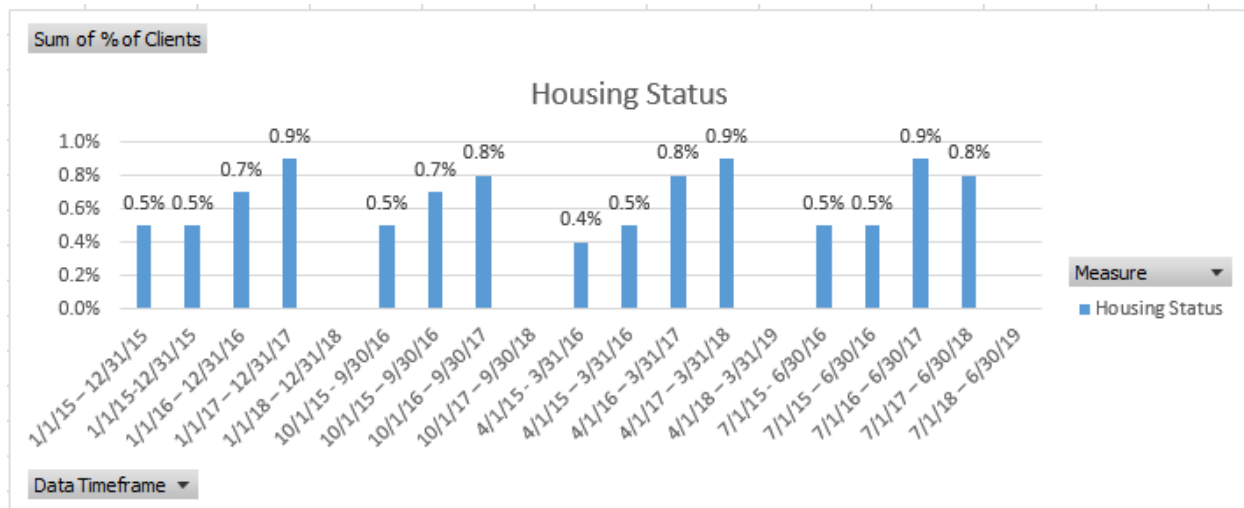
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<b>Performance Measure: Periodontal Screening or Examination (IP Oral)</b> Funded Service Category: Oral Health <i>Primary Responsibility: Part B Data and Compliance Manager</i>	
Percentage of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year.	
<b>Numerator:</b>	Number of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year
<b>Denominator:</b>	Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year.
<b>Exclusions:</b>	Patients who had only an evaluation or treatment for a dental emergency in the measurement year, Edentulist patients (complete), patients who were <13 years.
<b>Data Sources:</b>	SCOUT electronic client database Query Based/Mo Program Specific/DHSS/Performance Measures/Perf Meas: 6 Periodontal Screening or Examination
<b>Baseline:</b> (4/1/18-3/31/19)	1%
<b>Frequency:</b>	Quarterly
<b>Due Date(s):</b>	January, April, July, October



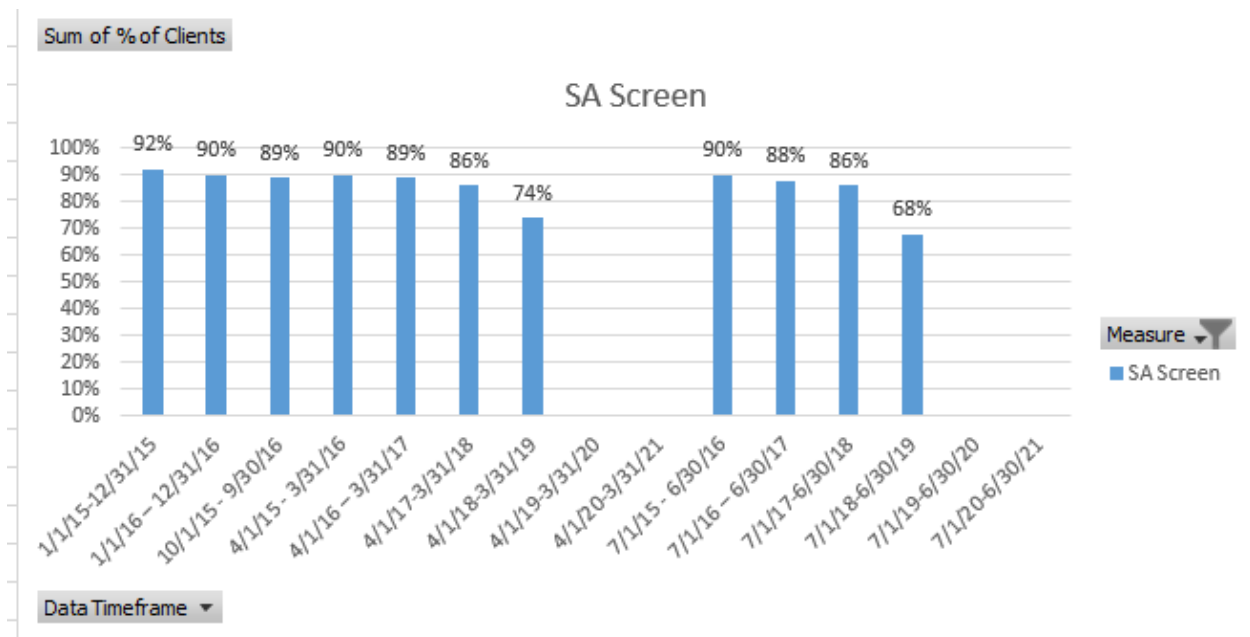
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<b>Performance Measure: Housing Status (IP EF OC1)</b> Funded Service Category: Emergency Financial Services/Support Services Primary Responsibility: <i>Part B Data and Compliance Manager</i>	
Percentage of patients with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period	
<b>Numerator:</b>	Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period
<b>Denominator:</b>	Number of persons with an HIV diagnosis receiving HIV services in the last 12 months
<b>Exclusions:</b>	None
<b>Data Sources:</b>	SCOUT electronic client database Query Based/Mo Program Specific/HOPWA/Count: Clts Srvd Demo Brkdwn HOPWA Srvcs -AND- Case management/Caselist: Cs Mgmt Rfrd w Demographic Information (unstable_homeless/total CM)
<b>Baseline:</b>	11.9%
<b>Frequency:</b>	Quarterly
<b>Due Date(s):</b>	January, April, July, October



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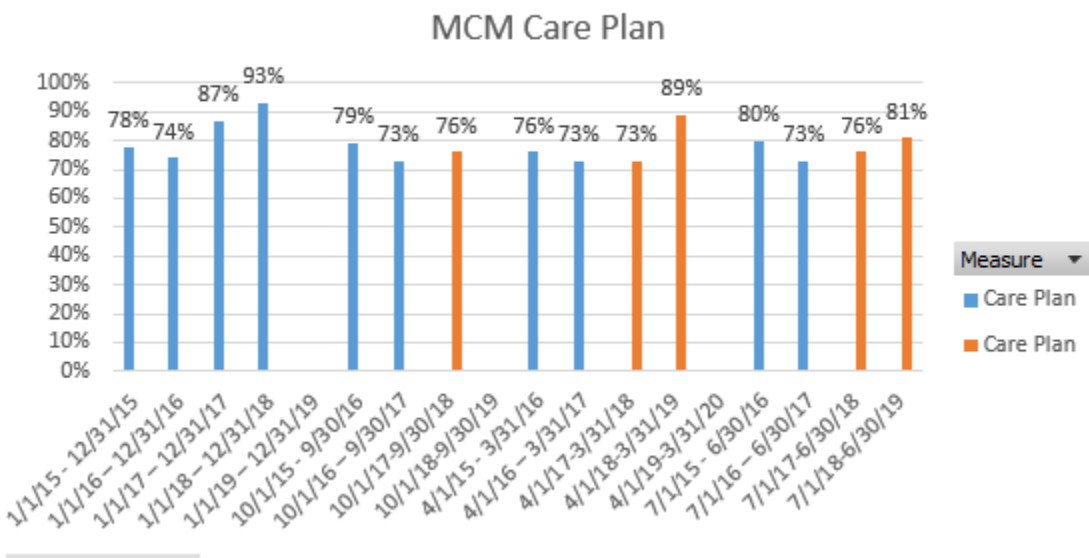
<b>Performance Measure: Substance Abuse Screening (IP MCM OC1)</b> Funded Service Category: Substance Abuse Services Primary Responsibility: D Director of HIV Case Management	
Percentage of new patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the measurement year	
<b>Numerator:</b>	Number of new patients with a diagnosis of HIV who were screened for substance use within the measurement year
<b>Denominator:</b>	Number of patients with a diagnosis of HIV who: <ul style="list-style-type: none"> <li>• Were new during the measurement year, and;</li> <li>• Had a medical visit with a medical provider with prescribing privileges at least once in the measurement year</li> </ul>
<b>Exclusions:</b>	None
<b>Data Sources:</b>	SCOUT electronic client database Query Based/MO Program Specific/DHSS/BHSH Indicators/DHSS Indicators-MCM Enrld w BAI/ MCMAT Assessment
<b>Baseline:</b> (04/01/18-3/31/19)	74%
<b>Frequency:</b>	Quarterly
<b>Due Date(s):</b>	January, April, July, October



## RYAN WHITE PART B QUALITY MANAGEMENT PLAN

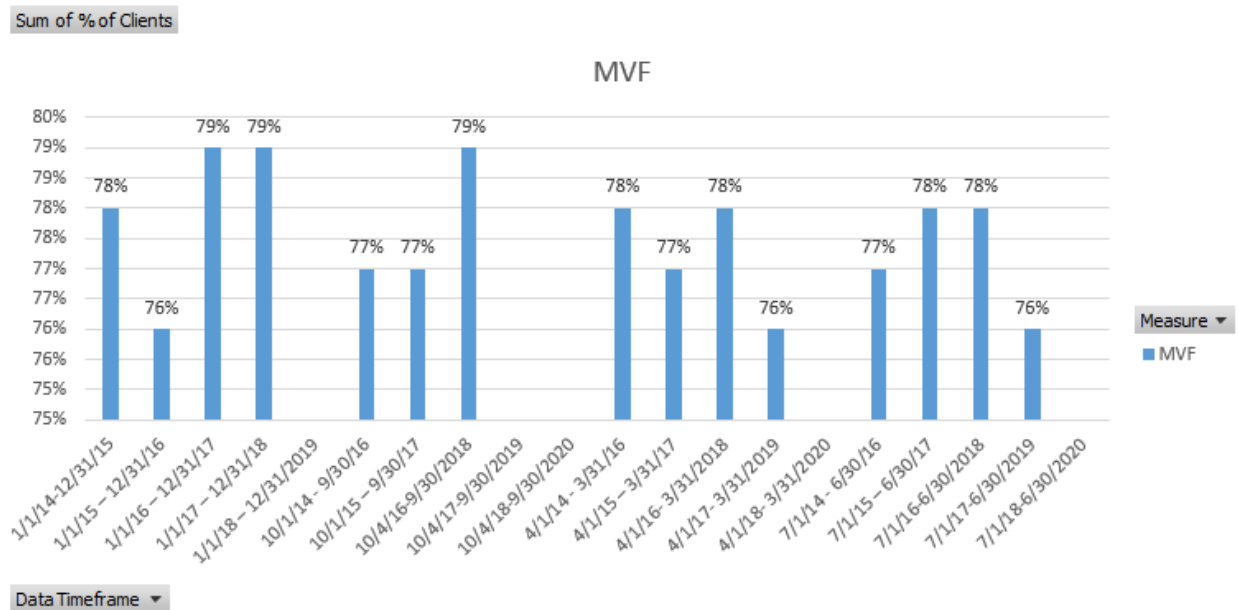
<b>Performance Measure: Medical Case Management Care Plan (IP MCM OC1)</b> Funded Service Category: Medical Case Management Primary Responsibility: Director of HIV Medical Case Management	
Percentage of Medical Case Management clients who had a Medical Case Management care plan developed and/or updated two or more times in the measurement year	
<b>Numerator:</b>	Number of Medical Case Management clients who had an individual service plan developed and/or updated two or more times in the measurement year
<b>Denominator:</b>	Number of Medical Case Management clients who had at least one Medical Case Management encounter during the measurement year
<b>Exclusions:</b>	Medical Case Management clients who enrolled in Medical Case Management services during the last six months of the measurement year. Clients enrolled less than six months during the measurement year. Medical Case Management clients who were closed from Medical Case Management services prior to six months of service in the measurement year.
<b>Data Sources:</b>	SCOUT electronic client database – SCOUT Report Query Based>MO Program Specific>DHSS>Performance Measures>Perf Meas: 4 Medical Case Management Care Plan.-
<b>Baseline:</b> (4/1/18-3/31/19)	89%
<b>Frequency:</b>	Quarterly
<b>Due Date(s):</b>	January, April, July, October

Sum of % of Clients



## RYAN WHITE PART B QUALITY MANAGEMENT PLAN

<b>Performance Measure: HIV Medical Visit Frequency (IP O/A OC1; IP RHSS OC1; IP SA OC2)</b> Funded Service Category: Outpatient/Ambulatory Medical Care, Medical Case Management, Home and Community Based Services, Mental Health, Medical Transportation, Referral for Healthcare/Supportive Services <i>Primary Responsibility: Director of HIV Medical Case Management</i>	
Percentage of enrolled clients, regardless of age, who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	
<b>Numerator:</b>	Number of enrolled clients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period (includes CD4/VL as proxy for HIV medical visit)
<b>Denominator:</b>	Number of enrolled clients, regardless of age, with at least one medical visit in the first 6-months of the 24-month measurement period.
<b>Exclusions:</b>	Clients who died or moved out of state at any time during the measurement year
<b>Data Sources:</b>	SCOUT electronic client database; includes CD4 and Viral Load labs as proxy for HIV medical care visit Query Based>MO Program Specific>DHSS>Performance Measures>Perf Meas: 1 HIV Medical Visit Frequency v2
<b>Baseline:</b> (4/1/17-3/31/19)	76%
<b>Frequency:</b>	Quarterly
<b>Due Date(s):</b>	January, April, July, October



## RYAN WHITE PART B QUALITY MANAGEMENT PLAN

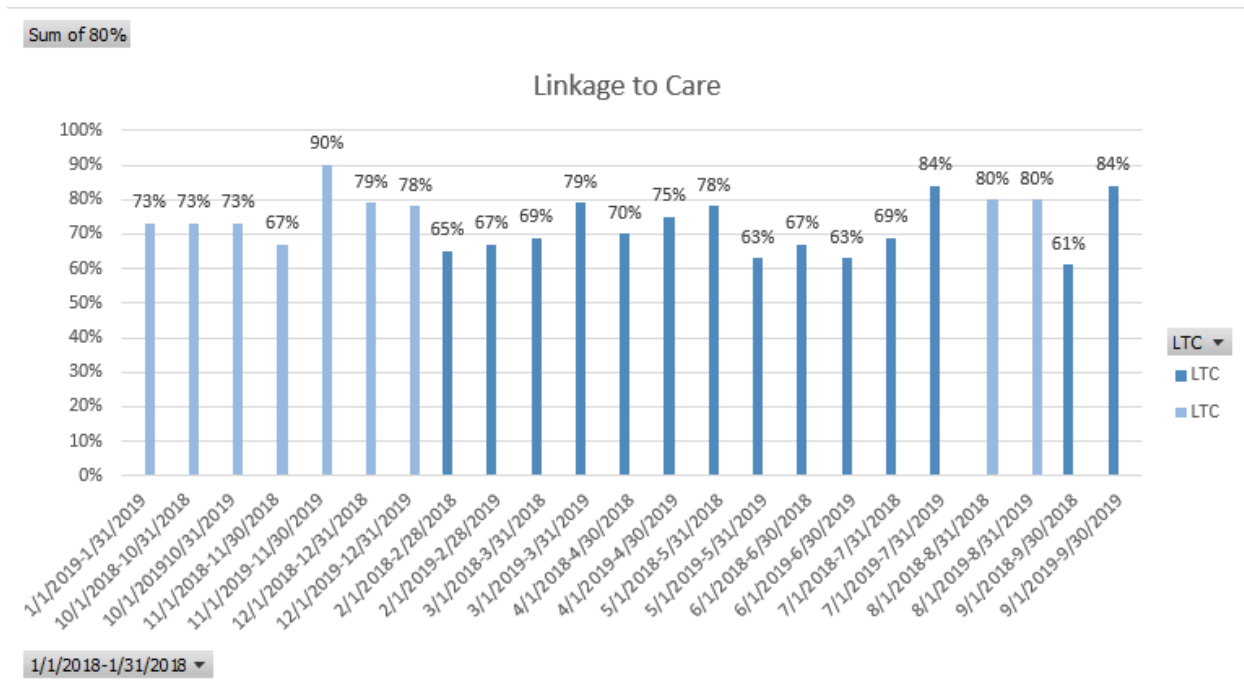
### Performance Measure: Linkage to Care

Funded Service Category: Outpatient/Ambulatory Medical Care, Medical Case Management

Primary Responsibility: Director of HIV Case Management

Percentage of HIV diagnosed individuals who attended a routine HIV medical care visit within 30 days of HIV diagnosis

<b>Numerator:</b>	Number of HIV diagnosed individuals who attended a routine HIV medical care visit (includes CD4/viral load lab result as proxy for HIV medical care visit) within 30 days of HIV diagnosis.
<b>Denominator:</b>	Number of persons with an HIV diagnosis in the 12-month measurement period
<b>Exclusions:</b>	No exclusions
<b>Data Sources</b>	BRDI monthly report eHARS (all diagnosed dx HIV positive) SCOUT electronic client database; includes CD4 and Viral Load labs as proxy for HIV medical care visit
<b>Baseline (90 days):</b> (Avg 4/1/18-3/31/19)	72%
<b>Baseline (30 days):</b> (Avg Jan-Dec 19)	75%
<b>Frequency:</b>	Monthly
<b>Due Date(s):</b>	Monthly





## RYAN WHITE PART B QUALITY MANAGEMENT PLAN

### Quality Management Resources

- HRSA HIV/AIDS Bureau- <http://hab.hrsa.gov/clinical-quality-management>
- HAB Performance Measures - <http://hab.hrsa.gov/deliverhivaidscares/habperformmeasures.html>
- Ryan White HIV/AIDS Program Clinical Guidelines and Protocols, Grant Requirements and Monitoring Standards - <http://hab.hrsa.gov/manageyourgrant/granteebasics.html>
- National HIV/AIDS Strategy - <https://www.hiv.gov/federal-response/national-hiv-aids-strategy/nhas-update>
- DHSS HIV Care Continuum- <http://health.mo.gov/data/hivstdaids/data.php>
- The Center for Quality Improvement and Innovation- <https://targethiv.org/cqii>
- Target Center: Technical Assistance for the RW Community-<https://targethiv.org/ta/cqm>
- AIDS.gov- <http://www.aids.gov>
- NASTAD – [www.nastad.org](http://www.nastad.org)