MISSOURI RYAN WHITE PART B

**3/26/2024**

Quality Management Plan

This document serves as the Missouri Ryan White Part B quality management guidance. Missouri Ryan White 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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# QUALITY STATEMENT

## Quality Goal:

The goal of the Missouri Department of Health and Senior Services, Bureau of HIV, STD, Hepatitis, Ryan White Part B (hereafter referred to as Part B) Quality Management Program (QMP) is to ensure that people 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 areas of Missouri’s HIV care continuum in order to provide high-quality care for Missouri residents with HIV.

## Annual Quality Goals

Goal: At least 95% of patients in all race, gender, and age categories will be virally suppressed by December 2024 from the baseline of 91% in December of 2023.

* Objective: Ensure statewide quality improvement projects will support the increase of viral load suppression with quarterly monitoring of quality improvement projects by contracted agencies and reviewing outcomes on an annual basis.
  + Additional technical assistance will be provided to under-performing regions or agencies.

Goal: Increase statewide Retention in Care

* Objective: Increase statewide retention in care by 2% by December 2024 from the baseline of 93% in December 2023.
* Objective: Ensure statewide quality improvement projects will support increasing client retention in care with quarterly monitoring of quality improvement projects by contracted agencies and reviewing outcomes on an annual basis.
  + Additional technical assistance will be provided to under-performing regions or agencies.

In addition to the quality goals, Part B Quality Management will monitor the performance measures of client HIV Medical Visit Frequency, Gap in HIV Medical Visits, Linkage to Care, Medical Case Management Care Plan, Eligibility Recertification, ADAP Formulary, Viral Load suppression of uninsured clients, Viral Load suppression of insured clients, Oral Health, Housing Status and Substance Abuse Screening. If it is determined that one of these performance measures requires additional quality management projects, the Part B Quality Management team will review the data and request Plan, Do, Study, Act (PDSA) from contracted partners and/or Statewide Quality Team.

### Quality Management Program Key Activities

Part B’s Quality Management efforts are 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 Program will focus on improving viral load suppression and Retention in Care, 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.
* Ensure Part B and statewide quality improvement projects remain focused on supporting the increase of viral load suppression and Retention in Care by monitoring the progress of PDSA cycles quarterly and reviewing the outcomes of the quality improvement projects on an annual basis.
* 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.
* Ensure all Part B and statewide quality measures are reviewed for disparities by demographical area, race, gender and/or age categories.

## Quality Infrastructure

#### Part B Quality Management Program Leadership Structure (see appendix)

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). The Part B Data and Compliance Manager writes and updates the Part B Quality Management Plan with input from all team members. When a final draft is completed, it is approved by all members of the team. The Bureau Chief and Assistant Bureau Chief provide guidance in choosing the Part B priority quality goals and objectives. They provide final approval of the quality management plan and work plan activities prior to implementation and are involved in the continuous monitoring of the progress with the Part B team. The work plan activities and effectiveness are evaluated by the team as data is received. Any adjustments to activities are discussed and agreed to during team meetings with final approval from the Assistant Bureau Chief and Bureau Chief.

Part B Quality Management team meets each quarter. The meetings are facilitated by the Part B Data and Compliance Manager. In addition to the Part B leadership structure (see appendix), the team includes quality liaisons from contracted agencies and peer representatives. Each member of the Part B Quality Management team can recommend improvement projects for their program areas. For any projects chosen, that team member is responsible for coordinating the PDSA cycle with contracted agencies, monitoring results and reporting to the Part B Quality Management and Statewide Quality Management team. These projects also provide an additional opportunity for contracted agencies to provide input into the Quality Management activities.

The Part B team efforts build upon and parallel the work of Missouri’s Statewide Quality Management team. Part B Quality Management staff members play an integral role in Missouri’s Statewide Quality Management team to ensure collaboration between the teams. This also ensures coordination of quality projects to avoid duplication. 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. Except in the case of extenuating circumstances, no Ryan White 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 Ryan White Recipient meeting and will provide a quality improvement progress update to Ryan White Recipients, including any recommended changes to the plan.

All Missouri Ryan White Recipients are responsible for providing and/or delegating leadership for the development and maintenance of the Missouri Statewide Quality Management Plan. The Statewide Ryan White 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 is 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.
* 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 annually. The Part B Quality Management team will present the revised plan to Statewide Liaison Quality Representatives, Missouri Comprehensive Prevention and Planning Group (CPPG), all Ryan White Recipients, Statewide Managers Meeting (SwMM) and other stakeholder groups for review and comment. The BHSH Bureau Chief will provide final approval of the Part B Quality Management Plan.
* **The Part B Work Plan-** will be reviewed and updated annually by the Part B Quality Management Program leadership. The work plan will be shared via email and in person with stakeholders with the Quality Management Plan.
* **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 Ryan White Recipient or consumer feedback. Quality improvement projects may include clinical and non-clinical activities or both.

# DATA COLLECTION PLAN

Missouri epidemiological data is collected and analyzed by the Section of Epidemiology for Public Health Practice (EPHP) within the Missouri Department of Health and Senior Services. This data is reviewed by the Part B Quality Management Team to determine areas of disparities based on demographical area, race, gender and/or age categories. The Section of Epidemiology for Public Health Practice (EPHP) also collates the HIV viral load and CD4 lab tests for upload to the Securing Client Outcomes Using Technology (SCOUT) database. All Ryan White Parts within Missouri use this database for client related activities including case management and Outpatient Ambulatory Health Services (OAHS). The data collected in the SCOUT database is used to generate reports of the performance measures selected by the Part B Quality Management Team. Data is 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. These reports can be adapted to changes in client demographics or areas of disparities. These reports are used to engage sub-recipients and/or regions and the Statewide Quality Management team by collaborating in the review and analysis of the data. The review is utilized to identify disparities, training needs and potential QI projects in the quality management cycle. The Part B Quality work plan is updated as new QI projects are identified to achieve the desired outcomes of the selected goals.

# QUALITY IMPROVEMENT EFFORTS

* Each year the Part B leadership in coordination with all Missouri Ryan White Recipients will select 1-3 statewide quality improvement project goals. Factors that may influence project selection include: analysis of statewide data submitted by Ryan White Recipients, statewide Care Continuum, HAB areas of focus or consumer feedback.
* Ryan White Part B and other Missouri Ryan White Recipients will communicate the selected QI focus to all sub-recipient agencies.
* Ryan White 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 of the sub-recipient agency, the Data and Compliance Manager, the Statewide Clinical Quality Manager as well as the Ryan White Part B Quality Service Manager in their region.
* The Quality Service Managers, the Statewide Clinical Quality Manager and the Ryan White Part B Data and Compliance Manager will provide feedback/technical assistance to agencies to submit PDSA worksheets on a quarterly basis. The QI Project Liaison will contact the contracted/sub-recipient agency with any issues that may arise regarding the PDSA worksheets or activities.
* The submitted PDSA is reviewed on a quarterly basis to monitor progress and outcomes. The QI projects will be shared with the Statewide Quality Management team, stakeholders, and all Parts.

# 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.

* Ryan White Recipient meetings – statewide QI will be a standing agenda item at each Ryan White 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.

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# 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 Part B and 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.

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

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| **Internal to Ryan White** | **External to Ryan White** |
| * Missouri Department of Health and Senior Services Bureau of HIV, STD, Hepatitis- Part B * St. Louis City Health Department- Part A\* * Kansas City Health Department- Part A\* * AIDS Project of the Ozarks- Part C\* * Washington University School of Medicine-Part C & D\* * Kansas City Care Clinic-Parts C, D, & F\* * Northwest Health Services, RAISE Clinic-Part C\* * Healthcare Strategic Initiatives * Case Management Contractors & Subcontractors * Ryan White Planning Councils\* * Ryan White Clinical Advisory Committee * Ryan White Clients | * HIV/STD Disease Intervention Staff * HIV/STD Counseling and Testing Staff * HIV/STD Prevention Program Staff * HIV/STD Surveillance Program Staff * Providers * Pharmacies * Housing Providers * Persons with HIV * Social Services |
| *\*Participation in Part B QI activities as part of Missouri Statewide Quality Management Team involvement.* | |

## 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.
* 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 Ryan White Recipients. An organized assessment/evaluation tool will be used by all Ryan White 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 annually.
* Performance data are shared with all Ryan White 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 Ryan White 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. 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. This position works closely with the Section for Epidemiology for Public Health Practice (EPHP) to obtain required data.

#### 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 Ryan White 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 Statewide 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 Statewide Quality Management team, support and assist with the development of regional Plan Do Study Act (PDSA) cycles.

#### 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.

### Performance Measures 2024

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| **Performance Measure: AIDS Drug Assistance Program (ADAP) Eligibility Recertification (IP ADAP OC1)**  Funded Service Category: ADAP  *Primary Responsibility: ADAP and Core Services Director* | |
| Percentage of ADAP enrollees who are reviewed for continued ADAP eligibility two or more times in the measurement year | |
| **Numerator:** | Number of ADAP enrollees who are reviewed for continued ADAP eligibility at least once in the measurement year |
| **Denominator:** | Number of clients enrolled in ADAP in the measurement year |
| **Exclusions:** | Clients approved for new ADAP enrollment in the measurement year.  Clients terminated from ADAP in the first 180 days of the measurement year. |
| **Data Sources:** | SCOUT electronic client database  (SCOUT) Query Based/Mo Program Specific/DHSS/Performance Measures/ADAP Performance Measure: Eligibility ReCertification v2 |
| **Baseline:** | 94% |
| **Frequency:** | Quarterly |
| **Due Date(s):** | January, April, July, October |

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| **Performance Measure: ADAP Formulary (IP ADAP Objectives)**  Funded Service Category: ADAP  *Primary Responsibility: ADAP and Core Services Director* | |
| 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 | |
| **Numerator:** | 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. |
| **Denominator:** | Total number of new antiretroviral classes published in updated PHS Guidelines during the measurement year. |
| **Exclusions:** | 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. |
| **Data Sources:** | Missouri ADAP formulary vs. PHS Guideline ARV addition dates |
| **Baseline:** | 100% |
| **Frequency:** | Annually |
| **Due Date(s):** | December |

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| **Performance Measure: Viral Load Suppression ADAP Uninsured-** (IP ADAP OC2)  Funded Service Category: ADAP  *Primary Responsibility: ADAP and Core Services 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 Uninsured only (Referred) |
| **Baseline:** | 85% |
| **Frequency:** | Quarterly |
| **Due Date(s):** | January, April, July, October |

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| **Performance Measure: Viral Load Suppression (HICP)-** (IP ADAP OC2)  Funded Service Category: ADAP  *Primary Responsibility: ADAP and Core Services 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:** | 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 | |
| **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 |
| **Exclusions:** | No exclusions |
| **Data Sources** | SCOUT electronic client database and eHARS  SCOUT Report Name: BHSH Indicators - Undetectable Viral Load  *SCOUT Report-* Query Based>MO Program Specific>DHSS>Performance Measures>Perf Meas: 5 Viral Load Suppression Cs Mgmt |
| **Baseline:** | 91% |
| **Frequency:** | Monthly |
| **Due Date(s):** | Monthly |

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| **Performance Measure: Oral Health Examination (IP Oral) (Outstate)**  Funded Service Category: Oral Health  *Primary Responsibility: Part B Data and Compliance Manager* | |
| Percentage of HIV-infected patients with HIV Viral Load below limits of quantification (<200 copies/ml) who had a dental examination at least once in the measurement year. | |
| **Numerator:** | Number of clients with a viral load below limits of quantification (<200 copies/ml) |
| **Denominator:** | Number of HIV-infected oral health patients that received a dental examination at least once in the measurement year. |
| **Exclusions:** | Excludes deceased within date range |
| **Data Sources:** | SCOUT electronic client database  Query Based/Mo Program Specific/DHSS/Implementation Plan/Implmntn Pln/MO Pt B Srvc 03 Oral Health OC2 |
| **Baseline:** | 91% |
| **Frequency:** | Quarterly |
| **Due Date(s):** | January, April, July, October |

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| **Performance Measure: Gap in HIV Medical Visits (IP O/A OC2; IP MCM OC2; IP EF OC2; IP MT 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 Healthcare/  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 | |
| **Numerator:** | 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) |
| **Denominator:** | Number of enrolled clients, regardless of age, who had at least one medical visit in the first six months of the measurement year |
| **Exclusions:** | Patients newly enrolled during last six months of measurement year and patients that have died or moved out of state during the measurement period. |
| **Data Sources:** | 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 |
| **Baseline:** | 16% |
| **Frequency:** | Quarterly |
| **Due Date(s):** | January, April, July, October |

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| **Performance Measure: Housing Status (IP EF OC1)**  Funded Service Category: Emergency Financial Services/Support Services  *Primary Responsibility: Part B Data and Compliance Manager* | |
| Percentage of Outstate patients with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period | |
| **Numerator:** | Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period |
| **Denominator:** | Number of persons with an HIV diagnosis receiving HIV services in the last 12 months |
| **Exclusions:** | None |
| **Data Sources:** | 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) |
| **Baseline:** | 0.8% |
| **Frequency:** | Quarterly |
| **Due Date(s):** | January, April, July, October |

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| **Performance Measure: Substance Abuse Screening (IP MCM OC1)**  Funded Service Category: Substance Abuse Services  *Primary Responsibility: 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 | |
| **Numerator:** | Number of new patients with a diagnosis of HIV who were screened for substance use within the measurement year |
| **Denominator:** | Number of patients with a diagnosis of HIV who:  ● Were new during the measurement year, and;  ● Had a medical visit with a medical provider with prescribing privileges at least once in the measurement year |
| **Exclusions:** | None |
| **Data Sources:** | SCOUT electronic client database  Query Based/MO Program Specific/DHSS/BHSH Indicators/DHSS Indicators-MCM Enrlld w BAI/ MCMAT/2 Assessment |
| **Baseline:** | 82% |
| **Frequency:** | Quarterly |
| **Due Date(s):** | January, April, July, October |

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| **Performance Measure: Medical Case Management Care Plan (IP MCM OC1)**  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 at least once in the measurement year (Update with PCN 21-02) | |
| **Numerator:** | Number of Medical Case Management clients who had an individual service plan developed and/or updated at least once in the measurement year |
| **Denominator:** | Number of Medical Case Management clients who had at least one Medical Case Management encounter during the measurement year |
| **Exclusions:** | 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. |
| **Data Sources:** | SCOUT electronic client database – SCOUT Report  Query Based>MO Program Specific>DHSS>Performance Measures>Perf Meas: 4 Medical Case Management Care Plan v2 |
| **Baseline:** | 86% |
| **Frequency:** | Quarterly |
| **Due Date(s):** | January, April, July, October |

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| **Performance Measure: HIV Medical Visit Frequency (IP O/A OC1; IP RHSS OC1; IP SA OC2)**  Funded Service Category: 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 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 | |
| **Numerator:** | 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) |
| **Denominator:** | Number of enrolled clients, regardless of age, with at least one medical visit in the first 6-months of the 24-month measurement period. |
| **Exclusions:** | Clients who died or moved out of state at any time during the measurement year |
| **Data Sources:** | 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 |
| **Baseline:** | 69% |
| **Frequency:** | Quarterly |
| **Due Date(s):** | January, April, July, October |

|  |  |
| --- | --- |
| **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 | |
| **Numerator:** | 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. |
| **Denominator:** | Number of persons with an HIV diagnosis in the 12-month measurement period |
| **Exclusions:** | No exclusions |
| **Data Sources** | OOE 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 |
| **Baseline (30 days):** | 75% |
| **Frequency:** | Monthly |
| **Due Date(s):** | Monthly |

### Quality Management Resources

* HRSA HIV/AIDS Bureau- <http://hab.hrsa.gov/clinical-quality-management>
* HAB Performance Measures - <http://hab.hrsa.gov/deliverhivaidscare/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-stategy/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)