

Stakeholder	Type of Involvement	Communication
	better address drop-offs along the continuum.	

- Data resources – software available to HCS QM Program includes: SAS, Crystal Reports, MS Office products, RW CAREWare, and an ODH-developed web-based programs for data management (i.e., Ryan White Application Database). HCS receives IT support from the ODH Bureau of Information Technology to provide database management, interface development, and to build reporting tools.
- Miscellaneous resources – provided as needed through ODH (e.g., travel and transportation, administrative functions, equipment).

VII. Evaluation

Evaluation HCS QM Program

The QM team evaluates the HCS QM program annually by using the National Quality Center’s Part B QM Program Assessment Tool. The tool is completed by the HCS QI committee to identify areas of strengths and weaknesses. Areas of weakness are used to develop the goals and areas of improvement for the upcoming year. Please see *Section II: Quality Infrastructure, Evaluation of HCS QI Infrastructure*.

Evaluation of the HCS QI committee structure and work takes place throughout the year as activities are completed and a more comprehensive QM program evaluation is completed annually. The annual evaluation is completed by the members and other stakeholders allowing them opportunity to provide feedback on the committee. The evaluation purpose is two-fold: 1) to evaluate the scope of the committee's work including assessment of the relevance of the committee's activities, the quality of the committee's efforts and results of activities; and 2) to evaluate committee member satisfaction including their experience regarding input on activities, clarity of their role as a committee member, etc. The content and format for surveying the QI committee members is still under development. The HCS QI committee reports to the HCS Program Administrator and HCS Program Managers on a regular basis.

Evaluation results and subsequent workplans as a result of evaluations are shared with stakeholders.

Evaluation of RW Part B Case Management Agencies & Providers

The Ryan White Part B case management agencies are evaluated using the same quality improvement tools used to evaluate the HCS QM program. (Please see *Section II: Quality Infrastructure, Evaluation of HCS QI Infrastructure*)

Additionally the Ryan White Part B case management agencies provide quarterly reports to HCS on their work plan activities and objectives as stated in the RFP.

HCS developed an electronic database system (Ryan White Application Database, a.k.a. RWAD) which allows for consistency across agencies for the reported objectives. RWAD was implemented on June 16, 2014 and the following client health outcomes are measured in RWAD and reviewed quarterly by HCS staff and CM agencies.

Measure	Case Management Client Outcome
1	Clients with a primary care/ID physician visit in the past six months
2	Clients prescribed HIV ART medications
3	Clients self-report of taking all doses of medication, as prescribed
4	Clients with a CD4/Viral load lab work completed in the past six months
5	Clients self-report of using condoms for oral sex more than half the time or always
6	Clients self-report of using condoms for vaginal sex more than half the time or always
7	Clients self-report of using condoms for anal sex more than half the time or always
8	Clients self-report of avoiding needle sharing practices (didn't share needles or shared less than half the time)
9	Clients with at least one oral health visit in the past six months
10	Clients with secondary HIV prevention /info education to increase knowledge about transmission, resistance, and reinfection
11	Clients who report stable or permanent housing

The HCS QM team also is responsible for conducting standard of care reviews for funded outpatient/ambulatory medical care (OAMC) providers. Funded medical services must meet established Health and Human Services HIV Treatment Guidelines. A priority in 2015-2016 is to improve clinical data collection which will allow the standard of care reviews to take place for all providers. All funded OAMC providers will receive a QI Standard of Care review before 3/31/2018.

VIII. Communication on Reports/ Initiatives

The purpose of this section is to detail how HCS will share QI stories, successes and other quality related updates in order to strengthen our efforts to infuse QI throughout HCS and to internal/external stakeholder agencies. Project storyboards will be distributed to internal and external stakeholders (i.e. see section II for list of stakeholders) for completed QI projects. Team members will be recognized when providing updates on the QI projects and in the storyboard. Project descriptions and results will be included on the program's website when applicable. QI updates will be communicated at HCS staff meetings, RW Part B advisory group meetings, all RW parts meeting, and to case management agencies. A detailed list of the minimum reports/activities that are to be reported on for RW year 25 is included below.