

effectiveness of the quality infrastructure is evaluated to identify areas of improvement.

The Quality Management Assessment Tool (QMAT), developed by National Quality Center and adapted by HCS QM Program, identifies all of the essential elements associated with a sustainable quality management program. This tool is used by the HCS QM team to assess our own QM program as well as those developed by our sub-grantee agencies. Scores from the QMAT assessments are compared with those from prior years to identify patterns or trends and to highlight strengths and areas for improvement. HCS provides capacity building support to funded agencies to help them improve their lowest scoring areas. For example, work plans were identified as an area of improvement in 2014 for both the internal HCS QM team as well as for the funded agencies. As a result, the HCS QM team educational coordinator created an online training about work plan development to meet this need.

### **III. Performance Measurement/ Annual Quality Goals**

#### **Performance Measurement**

Performance measurement describes a system used to track outcomes and progress towards ensuring that provided services are as good as or better than the national treatment standards. There are two important steps to measuring performance:

- 1) Identify critical aspects of care and services provided, and
- 2) Develop indicators and measure the progress to determine how you are doing on these important aspects of care and service.

Our performance measures have been chosen based on guidance from several references:

- HRSA/HAB measures
- Case management work plan
- HCS implementation plan
- QI prioritization based upon available data

HCS obtains data from multiple sources, including but not limited to:

- Client outcome measures
- Client enrollment data
- Client claims data
- Annual surveys
- Needs assessments
- Client laboratory test results
- Epidemiology data for Ohio
- Other data collected through the Ohio HIV Drug Assistance Program (OHDAP)
- Established best practices for case managers and providers

When developing our ongoing performance measures, four criteria were used in selecting the final measures: relevance, measurability, accuracy and improvability. This is in keeping with our focus to “measure things that matter.”

The QI committee monitors data quarterly and makes recommendations for improvement strategies. Members of the HCS QM team and/or the HCS data/fiscal team prepare and analyze data for the QI committee and other stakeholders (e.g. Ryan White Part B Advisory Group) at least quarterly.

The Ryan White Year 25 (April 1, 2015 to March 31, 2016) QM Performance Measures selected are included in Attachment 3.

### **Annual Quality Goals for 2015-2016**

The QI committee (with input from the Part B Advisory Group) selects Annual Quality Goals from the previously-identified performance measures. Benchmarks are then set for each annual goal and QI projects are designed based on the identified goals. These QI projects are conducted during the year.

The Annual Quality Goals selected for 2015-2016 are included in Attachment 3, entitled “Annual Quality Performance Measures Ryan White Year 25.” In summary, these goals include:

- Increasing the percentage of clients in HIV medical care who are prescribed antiretroviral therapy (ART) to 95% by March 31, 2016
- Improving viral suppression percentages for clients in HIV medical care to 73% by March 31, 2016
- Increasing the percentage of clients in medical case management who self-report HIV Medication Adherence by taking all doses of ART” to 80% by March 31, 2016

The Status Report on 2015-2016 Annual Quality Goals Outcomes are included in Attachment 4.

## **IV. Quality Process/Projects**

HCS uses a quality improvement process whereby any internal or external stakeholder may suggest an idea for a QI project. The idea must be presented to a member of the HCS QM team and the QM team member works with the idea originator to further define the idea. In conjunction with the HCS QI committee, HCS managers, HCS staff and other appropriate stakeholders, the defined idea may be further analyzed and selected as a QI project.

## Attachment #3: Quality Management Performance Measures RW Year 25

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The first three pages that follow show the annual goals selected for Ryan White Year 25 (April 1, 2015 to March 31, 2016). For each goal, the following details are provided:

- The measure itself
- The timeframe
- The baseline data or benchmark being used and the time period for which the baseline data were collected
- The Year 25 goal (several measures do not have stated goals because they were not selected as annual goals for this coming year.)
- Four columns that will be populated on a quarterly basis with data to illustrate progress in meeting each of the articulated goals.

Following the itemized list of goals described above are several pages (pages 4-8) that explain the actual data elements and definitions being used to derive the data. This ensures that data assessments are standardized and that calculations done from quarter to quarter are based on the same queries and understanding of how each percentage was derived.

Several notes are useful in understanding the particular service codes and other data sources that are included in each equation used to calculate the measures. These are included at the end of Attachment 3 (on page 9).

## Attachment #3: Quality Management Performance Measures RW Year 25

Annual Goals							
Measure	Measure Timeframe	Date/Baseline(Benchmark) 2014	Goal	Report Date ending with March 2015	Report Date ending with June 2015	Report Date ending with Sept. 2015	Report Date ending with Dec. 2015
<u>Goal #1:</u> Increase the percentage of clients in HIV medical care prescribed ART	12 months	94.2% (1-1-2014 to 12-31-2014)	95%	0%	0%	0%	0%
<u>Goal #2:</u> Improve viral suppression percentages for clients in HIV medical care	12 months	67.9% (1-1-2014 to 12-31-2014)	73%	0%	0%	0%	0%
<u>Goal #3:</u> Increase the percentage of clients in medical case management who report HIV medication adherence by taking all doses of ART	12 months	75% (1-1-2014 to 12-31-2014)	81%	0%	0%	0%	0%
Core							
Medical Visit Frequency	24 months	42.3 % (1-1-2013 to 12-31-2014)		0%	0%	0%	0%
Gap in Medical Visits	12 months	43.5% (1-1-2014 to 12-31-2014)		0%	0%	0%	0%
Clinical (Adolescent/Adult)							
Tuberculosis (TB) Screening	12 months	22.5% (1-1-2014 to 12-31-2014)		0%	0%	0%	0%
Viral Load Monitoring	12 months	28.7% (1-1-2014 to 12-31-2014)		0%	0%	0%	0%
Syphilis Screening	12 months	8.9% (1-1-2014 to 12-31-2014)		0%	0%	0%	0%
Hepatitis C Screening	12 months	25.2% (1-1-2014 to 12-31-2014)		0%	0%	0%	0%
Oral Health							
Dental Treatment Plan	12 months	62.3% (1-1-2014 to 12-31-2014)		0%	0%	0%	0%
Periodontal screening or examination	12 months	52.1% (1-1-2014 to 12-31-2014)		0%	0%	0%	0%

**Attachment #3: Quality Management Performance Measures RW Year 25**

<b>Medical Case Management</b>							
<b>Measure</b>	<b>Measure Timeframe</b>	<b>Date/Baseline(Benchmark) 2014</b>	<b>Goal</b>	<b>Report Date ending with March 2015</b>	<b>Report Date ending with June 2015</b>	<b>Report Date ending with Sept. 2015</b>	<b>Report Date ending with Dec. 2015</b>
Case Management Visit Frequency	24 months	64.4% (1-1-2014 to 12-31-2014)		0%	0%	0%	0%
Gap in Case Management Visits	12 months	16.4% (1-1-2014 to 12-31-2014)		0%	0%	0%	0%
Housing Status (Stably Housed)	12 months	87.9% (1-1-2014 to 12-31-2014)		0%	0%	0%	0%
Secondary HIV Prevention	6 months	88.6% (7-1-2014 to 12-31-2014)		0%	0%	0%	0%
Condom use with oral sex (if applicable)	6 months	42.9% (7-1-2014 to 12-31-2014)		0%	0%	0%	0%
Condom use with vaginal sex (if applicable)	6 months	71.7% (7-1-2014 to 12-31-2014)		0%	0%	0%	0%
Condom use with anal sex (if applicable)	6 months	74.1% (7-1-2014 to 12-31-2014)		0%	0%	0%	0%
Avoiding needle-sharing (if applicable)	6 months	85.7% (7-1-2014 to 12-31-2014)		0%	0%	0%	0%
<b>OHDAP (ADAP)</b>							
OHDAP Service Frequency	24 months	60.8% (1-1-2013 to 12-31-2014)		0%	0%	0%	0%
Gap in OHDAP Services	12 months	33% (1-1-2014 to 12-31-2014)		0%	0%	0%	0%
OHDAP Application Completion Rate	12 months	92.2% (1-1-2014 to 12-31-2014)		0%	0%	0%	0%

Attachment #3: Quality Management Performance Measures RW Year 25

Quality Performance Measures Definitions			
Measure	Numerator	Denominator	Most Recent Result/ Data Source
<b>Annual Goals</b>			
<u>Goal #1:</u> Increase the percentage of clients in HIV medical care prescribed ART	Number of Part B clients in the denominator who are prescribed ART in the 12-month measurement period, as determined by receipt of ART <sup>1</sup> dispense or report by medical provider on the Medical Provider Visit Form	Number of Part B clients who had at least one medical visit <sup>2</sup> in the 12-month measurement period	
<u>Goal #2:</u> Improve viral suppression percentages for clients in HIV medical care	Number of Part B clients in the denominator with a viral load <200 copies/mL at last test in the 12-month measurement period	Number of Part B clients who had at least one medical visit <sup>2</sup> in the 12-month measurement period	
<u>Goal #3:</u> Increase the percentage of clients in medical case management who report HIV medication adherence by taking all doses of ART	Number of case management clients who report taking all doses of ART, as prescribed, as reported on question #3 on the Medical Case Management Outcome Measures in the Ryan White Application Database (RWAD) , "Over the last week have you skipped/missed taking one or more of your HIV/AIDS medication doses in a day?"	Number of case management clients who were prescribed ART as per their Medical Case Management Outcome Measure completed in the measurement period	
<b>Core (All Part B Clients)</b>			
Medical Visit Frequency	Number of clients in the denominator who had at least one medical visit <sup>2</sup> in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period	Number of clients with at least one medical visit <sup>2</sup> in the first 6 months of the 24-month measurement period	

### Attachment #3: Quality Management Performance Measures RW Year 25

Measure	Numerator	Denominator	Most Recent Result/ Data Source
Medical Visit Frequency	Number of clients in the denominator who had at least one medical visit <sup>2</sup> in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period	Number of clients with at least one medical visit <sup>2</sup> in the first 6 months of the 24-month measurement period	
Gap in Medical Visits	Number of clients in the denominator who did not have a medical visit <sup>2</sup> in the last 6 months of the measurement year	Number of clients who had at least one medical visit <sup>2</sup> in the first 6 months of the measurement year	
<b>Clinical (All Adolescent/Adult Part B Clients)</b>			
Tuberculosis (TB) Screening	Clients for whom there was documentation that a tuberculosis (TB) screening test <sup>3</sup> was performed at least once since the diagnosis of HIV infection.	All clients aged 3 months or older who had at least two medical visits <sup>2</sup> during the measurement year, with at least 90 days in between each visit.	
Viral Load Monitoring	Number of clients in the denominator with a viral load test performed at least every 6 months	Number of clients who had at least two medical visits <sup>2</sup> during the measurement year, with at least 60 days in between each visit	
Syphilis Screening	Number of clients who had a serologic test for syphilis performed at least once during the measurement year	Number of clients who: <ul style="list-style-type: none"> <li>• were &gt;18 years old in the measurement year or had a documented history of sexual activity &lt; 18 years, and</li> <li>• had a medical visit with a provider with prescribing privileges at least once in the measurement year</li> </ul>	

### Attachment #3: Quality Management Performance Measures RW Year 25

Measure	Numerator	Denominator	Most Recent Result/ Data Source
Hepatitis C Screening	Number of clients with a diagnosis of HIV who have had at least one Hepatitis C screening since testing HIV-positive	Number of clients with a diagnosis of HIV who had a medical visit <sup>2</sup> with a provider with prescribing privileges at least once in the measurement year	
<b>Oral Health (Service Recipients Only)</b>			
Dental Treatment Plan	Number of oral health clients who had a dental treatment plan <sup>4</sup> developed and/or updated at least once in the measurement year	Number of oral health clients that received a clinical oral evaluation <sup>5</sup> at least once in the measurement year.	
Periodontal screening or examination	Clients who report of having had at least one oral health evaluation in the measurement year	Number of distinct clients with at least one periodontal screen or examination completed in the measurement period	
<b>Medical Case Management (Case Management Clients Only)</b>			
Case Management Visit Frequency (Adapted from HIV/AIDS Bureau Performance Measure Medical Visit Frequency)	Number of clients from the denominator, who had at least one case management visit in each 6 month period of the 24 month measurement period	Number of clients with at least one case management visit in the first 6 months of the 24-month measurement period	
Gap in Case Management Visits (Adapted from HIV/AIDS Bureau Performance Measure Gap in Medical Visits)	Number of clients in the denominator who did not have a case management visit in the last 6 months of the measurement year	Number of clients who had at least one case management visit in the first 6 months of the measurement year	
Housing Status (Stably Housed)	Number of clients with a Medical Case Management Outcome Measure who responded “yes” for question #6, being stable/permanently housed in the 12-month measurement period	Number of distinct clients with a Medical Case Management Outcome Measure completed in the measurement period	

## Attachment #3: Quality Management Performance Measures RW Year 25

Measure	Numerator	Denominator	Most Recent Result/ Data Source
Secondary HIV Prevention	Number of distinct clients with a response of “yes” for question #7, “In the past 6 months, did your case manager talk to you about ways to protect yourself and others from HIV infection or re-infection?” of the Medical Case Management Outcome Measures in the measurement period	Number of distinct clients with a Medical Case Management Outcome Measure completed in the measurement period	
Condom use with oral sex (if applicable)	Number of distinct clients with a response of “Always” or “More than half the time” for question #8A, “In the past 3 months, how often were condoms used during oral sex?” of the Medical Case Management Outcome Measures in the measurement period	Number of distinct clients with a Medical Case Management Outcome Measure completed in the measurement period who did not respond “did not engage in the activity” for question “In the past 3 months, how often were condoms used during oral sex?” of the Medical Case Management Outcome Measures	
Condom use with vaginal sex (if applicable)	Number of distinct clients with a response of “Always” or “More than half the time” for question #8B, “In the past 3 months, how often were condoms used during vaginal sex?” of the Medical Case Management Outcome Measures in the measurement period	Number of distinct clients with a Medical Case Management Outcome Measure completed in the measurement period who did not respond “did not engage in the activity” for question “In the past 3 months, how often were condoms used during vaginal sex?” of the Medical Case Management Outcome Measures	
Condom use with anal sex (if applicable)	Number of distinct clients with a response of “Always” or “More than half the time” for question #8C, “In the past 3 months, how often were condoms used during anal sex?” of the Medical Case Management Outcome Measures in the measurement period	Number of distinct clients with a Medical Case Management Outcome Measure completed in the measurement period who did not respond “did not engage in the activity” for question “In the past 3 months, how often were condoms used during anal sex?” of the Medical Case Management Outcome Measures	

### Attachment #3: Quality Management Performance Measures RW Year 25

Measure	Numerator	Denominator	Most Recent Result/ Data Source
Avoiding needle-sharing (if applicable)	Number of distinct clients with a response of “Never” or “Less than half the time” for question #9, “In the past 3 months, how often have you shared needles, syringes, cookers, cotton or rinse water with others?” of the Medical Case Management Outcome Measures in the measurement period	Number of distinct clients with a Medical Case Management Outcome Measure completed in the measurement period who did not respond did not engage in the activity” for the question “In the past 3 months, how often have you shared needles, syringes, cookers, cotton or rinse water with others?” of the Medical Case Management Outcome Measures	
<b>Ohio HIV Drug Assistance Program (OHDAP Clients Only)*</b>			
Measure	Numerator	Denominator	Most Recent Result/ Data Source
OHDAP Service Frequency (Adapted from HIV/AIDS Bureau Performance Measure Medical Visit Frequency)	Number of clients from the denominator, who had at least one OHDAP service <sup>6</sup> in each 6 month period of the 24 month measurement period	Number of clients with at least one OHDAP service <sup>6</sup> in the first 6 months of the 24-month measurement period	
Gap in OHDAP Services (Adapted from HIV/AIDS Bureau Performance Measure Gap in Medical Visits)	Number of clients in the denominator who did not have a OHDAP service <sup>6</sup> in the last 6 months of the measurement year	Number of clients who had at least one OHDAP service <sup>6</sup> in the first 6 months of the measurement year	
OHDAP Application Completion Rate	Number of completed OHDAP applications received that were reviewed and approved in 14 days (twoweeks) in the measurement period	Number of completed OHDAP applications received in the measurement period	

\*OHDAP is Ohio’s AIDS Drug Assistance Program (ADAP)

## Attachment #3: Quality Management Performance Measures RW Year 25

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### Notes/Comments:

- <sup>1</sup>"ART" dispense is defined as getting a dispense from the contracted pharmacy for antiretroviral drug or getting an exception for medication dispense (29.12, 29.22, 29.32 or 29.62)
- <sup>2</sup>"Medical Visit" is defined as OHDAP service including service code 29.12,29.22, 29.32 or 29.62, having medication dispensed from the contracted pharmacy, Case management funded Lab or Medical Service (service code 25 and 26 except 26.35, 26.55 and 26.15)
- <sup>3</sup>"Tuberculosis (TB) screening test" as indicated on the Medical Provider Visit Form or through CPT codes (86480, 86580, 87116, 86481, 87556 and/or 87557) from third party administrator disbursement data.
- <sup>4</sup>"Dental treatment plan" is required for disbursement of any ADA code through the third party administrator (TPA) except for ADA codes that do not require an exception ( all ADA code in service code category 27.10, 27.20 or 27.60, ADA code D4910 and ADA code D7140). It can be assumed that if client got any of the services that require exception through PPL then they have submitted a treatment plan
- <sup>5</sup>"Clinical oral evaluations" include dental evaluation, diagnosis and treatment planning. Pertinent ADA CDT codes may include the following: D0120-Periodic Oral Evaluation-established patient; D0150-Comprehensive oral evaluation, new or established patient; D0160-Detailed and Extensive Oral Evaluation; D0170-Re-evaluation, limited, problem focused (established patient; not post-operative visit); and D0180-Comprehensive Periodontal Evaluation-new or established patient
- <sup>6</sup>"OHDAP Service" is defined as receiving dispense from the contracted pharmacy, OHDAP premium and copay assistance services (service code 29) and/or OHDAP spenddown services (service Code 30)

## Attachment #4: Status Report on 2015-2016 Annual Quality Goals Outcomes

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<b>Goal #1</b>	Increase the percentage of clients in HIV Medical Care prescribed Antiretroviral Therapy (ART)
<b>Baseline</b>	94.2% baseline / goal is to have 1% improvement from original 1-1-14 to 12-31-14 data
<b>Why</b>	The benefits of ART Therapy: reduced HIV-related morbidity, decrease inflammation, and prevents the development of drug-resistance mutations
<b>How to measure</b>	Using <u>numerator</u> of (number of clients in the denominator who are prescribed ART in the 12-month measurement period, as determined by receipt of ART <sup>1</sup> dispense or report by medical provider on the Medical Provider Visit Form) and <u>denominator</u> of (number of clients with an HIV diagnosis and who had at least one medical visit* in the 12-month measurement period)
<b>How to improve</b>	<b>TBD</b>
<b>Status Update</b>	
<b>Goal #2</b>	Improve viral suppression percentages for clients in HIV Medical Care (2-3 year measure)
<b>Baseline</b>	67.9% baseline / goal is to have 5% improvement from original 1-1-14 to 12-31-14 data
<b>Why</b>	The benefits of Viral suppression in PLWHA: improved health, longer life, and dramatically reduced chances of infecting others
<b>How to measure</b>	Using <u>numerator</u> of (number of clients in the denominator with a viral load <200 copies/mL at last test in the 12-month measurement period) and <u>denominator</u> of (number of clients with an HIV diagnosis and who had at least one medical visit <sup>2</sup> in the 12-month measurement period)
<b>How to improve</b>	Current strategy is to focus on improving missing clinical data (QI clinical data collection project) which includes viral load counts
<b>Status Update</b>	

## Attachment #4: Status Report on 2015-2016 Annual Quality Goals Outcomes

<b>Goal #3</b>	Increase the percentage of clients in Medical Case Management that self-report HIV Medication Adherence by taking all doses of ART
<b>Baseline</b>	75% baseline / goal is to have 5% improvement from original 1-1-14 to 12-31-14 data
<b>Why</b>	The benefits of medication adherence: key to sustained HIV suppression, reduced risk of drug resistance, improved overall health, quality of life, and decreased risk of HIV transmission.
<b>How to measure</b>	Using <u>numerator</u> of ( Number of distinct clients who report taking all doses of ART, as prescribed, as reported on question #3 on the Medical Case Management Outcome Measures in the Ryan White Application Database (RWAD) , "Over the last week have you skipped/missed taking one or more of your HIV/AIDS medication doses in a day?") and <u>denominator</u> of (number of distinct clients with a who were prescribed ART as per their Medical Case Management Outcome Measure completed in the measurement period)
<b>How to improve</b>	<b>TBD</b>
<b>Status Update</b>	

<sup>1</sup>"ART" dispense is defined as getting a dispense from the contracted pharmacy for antiretroviral drug or getting an exception for medication dispense (29.12, 29.22, 29.32 or 29.62)

<sup>2</sup>"Medical Visit" is defined as OHDAP service including service code 29.12,29.22, 29.32 or 29.62, having medication dispensed from the contracted pharmacy, Case management funded Lab or Medical Service (service code 25 and 26 except 26.35, 26.55 and 26.15)

The following 2015-2016 performance measures could also be potentially impacted positively by the above 3 annual goals:

- Tuberculosis (TB) Screening
- Syphilis Screening
- Medical Visit Frequency
- Viral Load Monitoring
- Hepatitis C Screening
- Gap in Medical Visit