

Activity 5.1: The QI committee requested training from the QM team to increase quality improvement knowledge among committee members. Training will be provided to QI committee members with the goal of providing training to 100% of the members.

Activity 5.2: Increased QI knowledge will be measured through pre and post-test questionnaires (or similar methods of data collection)

Activity 5.3: Analyze quality data (pre/post-tests), determine opportunities for improvement for the training and apply what was learned from the pre/post-test analysis to eliminate gaps between current and desired levels of performance

Activity 5.4: Identify how identified gaps will be addressed. Identify process by which training(s) will be reviewed and modified to maximize quality.

Activity 5.5: Continue to provide training(s) and assess if the goals defined in 5.1 and measured in 5.2 are met through initial and subsequent trainings. Assess possibility of expanding to other staff and stakeholders.

The 2015-2016 Priority Program Activities are included in Attachment 6.

## VI. Participation of Stakeholders

Stakeholder	Type of Involvement	Communication
<b>HCS Managers</b>	<ul style="list-style-type: none"> <li>• communicate specific programmatic reporting needs to the QM Program Manager or HCS Administrator;</li> <li>• select program representatives to serve on the HCS Internal QI committee;</li> <li>• communicate outcomes to internal partners (including staff) and external stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• collaborate with the QI committee to implement quality improvement activities</li> </ul>
<b>Bureau of Health Services</b> Composed of Women Infants Children (WIC), Children with Medical Handicaps (CMH), Early Intervention (EI) and HIV Care Services (HCS).	<ul style="list-style-type: none"> <li>• provide leadership support;</li> <li>• share ODH QM information with HCS section as needed</li> </ul>	<ul style="list-style-type: none"> <li>• share our QM information with other bureaus in the Department.</li> </ul>
<b>HCS Advisory Group</b> composed of representatives from all Ryan White Parts, consumers, physicians, pharmacists, nurses, dentists, medical case management,	<ul style="list-style-type: none"> <li>• responsible for providing guidance on Part B programming, reviewing the quality of HIV care, and recommending medications to the Director for approval for</li> </ul>	<ul style="list-style-type: none"> <li>• collaborate with the QI committee to implement quality improvement activities</li> </ul>

Stakeholder	Type of Involvement	Communication
other state agencies, and ODH HIV/STD Prevention and Surveillance.	the OHDAP formulary.	
<b>Community-Based Network</b> composed of medical case managers and clinical supervisors, agency-based quality improvement personnel, and representatives from the Ohio AIDS Coalition (OAC).	<ul style="list-style-type: none"> <li>• case managers are responsible for collecting and submitting client intake and eligibility data, client outcomes data, and claims data.</li> <li>• Supervisors and quality improvement personnel are responsible for quality management activities in the agencies and in the network.</li> <li>• OAC is responsible for providing access to consumer input.</li> </ul>	<ul style="list-style-type: none"> <li>• collaborate with the QI committee to implement quality improvement activities</li> </ul>
<b>Ohio All Parts Group</b> composed of representatives from all Ryan White Parts that are funded in Ohio: Part A (two TGAs – Cleveland and Columbus), Part B (HCS - statewide), Part C (seven grantees from across the state), Part D (two grantees – Cleveland and Toledo), Part F (AETC – Columbus and Cincinnati).	<ul style="list-style-type: none"> <li>• responsible for providing guidance to and setting goals/actions for the Statewide Coordinated Statement of Need (SCSN).</li> </ul>	<ul style="list-style-type: none"> <li>• meets simultaneously in person and by conference call at least twice a year</li> <li>• collaborate with the QI committee to implement quality improvement activities</li> </ul>
<b>The HIV Cross-Part Care Continuum Collaborative (H4C)</b> is a time limited HIV/AIDS Bureau (HAB) initiative that is facilitated by the National Quality Center (NQC).	<ul style="list-style-type: none"> <li>• designed to apply the Collaborative Model to a multi-state effort to improve viral suppression rates and other areas of the HIV care continuum. Selected states were asked to volunteer for this new collaborative</li> <li>• H4C reflects the National HIV/AIDS Strategy's goals to use evidence-based activities to improve HIV/AIDS prevention and care in areas hardest hit by the epidemic and, additionally, supports implementation of the White House's HIV Continuum of Care Initiative, which focuses on efforts to increase HIV testing, care, and treatment to</li> </ul>	<ul style="list-style-type: none"> <li>• the initiative started September 2013. It is the aim of this national quality initiative not only to improve viral load suppression rates but also to potentially impact other components of the care continuum.</li> </ul>

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.