Ohio Department of Health
HIV Care Services (HCS) Section
Ryan White Part B Program
HIV Quality Management Program

HCS Quality Management Plan for Ryan White Year 25
(April 1, 2015 – March 31, 2016)

I. Quality Statement

The mission of the Ohio Ryan White Part B Quality Management (QM) program is to systematically monitor, evaluate, and continuously improve equitable access to, and the quality of, HIV treatment and support services provided to persons living with HIV/AIDS (PLWHA). This is accomplished by 1) ensuring Part B-funded services meet the established national care standards; 2) establishing and monitoring quality improvement programs and activities of our sub-grantees and providers; 3) developing and implementing the QM Plan; 4) conducting and facilitating quality improvement projects; and 5) maintaining the performance measurement system in the HIV Care Services (HCS) Section.

The vision of the Ohio Ryan White Part B QM program is to create efficient processes that maximize available funding and increase program effectiveness. The ultimate goal is to improve client health outcomes for the greatest number of PLWHA who are eligible for our services.

Please see *Attachment 1: Key Terms Found in HCS Quality Management Plan* for definitions of terms used in this plan.

Legislative Background: Clinical Quality Management

Quality Management is so vitally important to the provision of quality services and client outcomes that language mandating a clinical quality management program was added to the federal Ryan White program legislation in 2006. Per legislation, clinical quality management programs must be established “to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS and the related opportunistic infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.” (See also policy 11-RWB-14: Establishment of HIV Clinical Quality Management Program for all relevant citations requiring a clinical QM program in Ryan White programs.)

Attachment #1: Key Terms Found in HCS Quality Management Plan

Annual Quality Goals: These are the goals selected by staff in the HIV Care Services (HCS) Section for each year's quality improvement focus.

ART—Antiretroviral Therapy: Antiretroviral therapy is prescription medication given to individuals infected with human immunodeficiency virus (HIV) infection using anti-HIV drugs.

Baseline: an initial measurement of a population or program.

Benchmark: A target to be reached; a near-term standard with which an indicator or particular performance measure is compared; a level of performance established as a standard of quality.

Cause and Effect Diagrams: This quality management tool used for problem solving offers a systematic way to brainstorm the various factors that may be causing a problem. It prompts people to ask: *Why is this occurring? (*Sometimes called a Fish Bone Diagram)

CQI—Continuous Quality Improvement: An agency's ongoing effort to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured. Also, CQI is an ongoing effort to improve the efficiency, effectiveness, quality or performance of services, processes, capacities and outcomes. Among the most widely used models for continuous improvement is a four-step quality model, the Plan-Do-Study-Act (PDSA) cycle, also known as the Plan-Do-Check-Act (PDCA) cycle and Lean Six Sigma.

CQM—Clinical Quality Management Program: A CQM program is a systematic process with identified leadership, accountability, and dedicated resource that uses data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks. Quality management programs also focus on linkages, efficiencies, and provider and client expectations in addressing outcome improvement and are adaptive to change. (http://nationalqualitycenter.org/index.cfm/5857/12591)

DMAIC: This acronym, comprised of the first letters of the words used to comprise the approach (Define, Measure, Analyze, Improve, and Control), is a systematic, data-driven approach to improvement that is a core process of the Six Sigma set of techniques. DMAIC is very similar to PDSA.

Fish Bone Diagram: (See Cause and Effect Diagrams)

Flow Chart: This quality management tool is used to describe a process being studied. It is a type of diagram that can be used to represent a workflow or process and shows the steps as boxes of various kinds the order and connection of which shows inter-relationships and decision points. It is less detailed than a process map.

Goal: A broad, general statement of what will be achieved and how things will be different after implementing a project; what it takes to reach the vision. A goal may or may not be measureable.

HAB—HIV/AIDS Bureau: Within HRSA, the HIV/AIDS Bureau has responsibility for oversight of the Ryan White HIV/AIDS Program (RWHAP).

HCS—HIV Care Services Section: The HIV Care Services (HCS) Section at the Ohio Department of Health houses the team that administers the Ryan White Part B program for the state of Ohio.

HCS Quality Improvement Committee: provides ongoing operational guidance to the HCS Quality Improvement team within the Ryan White Part B program to implement the HIV Clinical Quality Management program objectives. It meets at least quarterly and consists of members from each program within the HIV Care Services Section.

HCS Quality Management Program Standards: These standards are updated annually by HCS and lay the framework for HCS' QM program expectations and outline the minimum components of a QM program.

HCS Quality Management Team: is composed of one program manager and four quality management coordinators. The team meets at least bi-weekly and is responsible for organizing HCS' quality improvement (QI) activities. The QM team is responsible for the oversight for the HIV Clinical Quality Management Program including the HCS QI committee and the HCS QM Plan.

HHS—Health and Human Services: In the US, HHS is the government's principal agency for protecting the health of all Americans and providing essential services, especially for those who are least able to help themselves. Health and Human Services includes HRSA (where the Ryan White program is located) and the CDC.

HRSA—Health Resources and Services Administration: HRSA is an agency within the US Department of Health and Human Services (HHS) and is the federal agency that funds the Ryan White programs in the United States.

Impact Control Matrix: This quality management tool is used to compare multiple potential solutions against two key variables in order to select the items the team should begin to implement first. This tool is typically used when there is a long list of good ideas but a limited amount of resources available to work on the improvements.

Indicator(s): a measure which helps to quantify the progress towards achievement of a goal.

iTRACK: The HCS tracking system to collect and monitor the status of all ideas suggested for QI projects and those that are adopted for study.

Measure(s): a basis for comparing performance or quality through quantification.

Metrics: a collection of measures used in assessing performance. Metrics can include such things as goals, indicators, measures, standards, baselines, and benchmarks.

National Monitoring Standards: In 2011, the HIV/AIDS Bureau at HRSA developed national monitoring standards (fiscal, program, and universal) to guide grantees in operating a Ryan White program. The Monitoring Standards define performance measures/methods, grantee responsibility, provider/sub-grantee responsibility (if any), and include source citations for each standard.

- Universal: http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf
- Fiscal: http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringpartb.pdf
- Program: http://hab.hrsa.gov/manageyourgrant/files/programmonitoringpartb.pdf

NQC—National Quality Center: in conjunction with HRSA HIV/AIDS Bureau, NQC provides no-cost, state-of the-art technical assistance for all Ryan White HIV/AIDS Treatment Modernization Act of 2006 funded grantees to improve the quality of HIV care nationwide.

OHDAP—Ohio HIV Drug Assistance Program: OHDAP is the mechanism by which eligible Ohioans with HIV are able to receive prescription medication to treat their HIV disease and related conditions. The program includes distribution of formulary medications directly to eligible program clients (formulary client) or as a result of providing wrap-around services (e.g., paying insurance premiums, payment of medication copayments, etc.), most commonly referred to as a HIPP (health insurance premium payment) client.

Part B—Ryan White Part B Program: This refers to the federal program established by the Ryan White HIV/AIDS Treatment Modernization Act, 42 USC 300ff et seq (as in effect on January 1, 2009) and administered by the Director of health under division (D) of section 3701.241 of the Revised Code Part B.

PDSA: is a continuous quality improvement model consisting out of a logical sequence of four repetitive steps for continuous improvement and learning: Plan, Do, Study (Check) and Act. PDSA is very similar to DMAIC.

Performance Measure: A measure of how well a program is working; the efficiency and effectiveness of the work performed and the results achieved; may relate to knowledge, skills, attitudes, values, behavior condition, or status, (e.g., % of patients who keep appointment)

Process Mapping: This quality management tool used to display the current process and information flow. The purpose is to understand the current process in order to identify opportunities for improvement by mapping all of the steps in the current process and identifying the job function that completes each step. It is a more detailed approach than a flowchart.

Program Activities: These are specific program activities that have been selected by HCS with the aim to improve client health outcomes. These are presented as SMART objectives and include baseline/benchmark data.

QMAT—Quality Management Assessment Tool: An organizational assessment tool developed by the National Quality Center (NQC) and adapted by HCS Quality Management team that identifies all of the essential elements associated with a sustainable quality management program.

Quality: an essential characteristic or attribute of a product, program, service or process that helps determine the level of excellence or intrinsic value. Quality is determined by the end-user or customer of the product and can be expressed in a range from low to poor quality to high quality.

QA—Quality Assurance: The maintenance of a desired level of quality in a service or product, especially by means of inspection to measure compliance with established standards.

QI—Quality Improvement: Quality improvement is a formal approach to the analysis of performance and systematic efforts to improve it. It is accomplished through continuously improving processes to meet or exceed established standards. Opportunities for quality improvement are often detected through quality assurance activities.

Quality Improvement Capacity Building: Use of various methods to expand quality improvement knowledge, skills, resources, and implementation throughout all aspects of the Ryan White Part B Program.

Quality Improvement Projects: A quality improvement project contains a planned sequence of systematic and documented activities aimed at improving a process. Improvements can be made in two ways, either by 1) improving the process itself, and/or 2) by improving the outcomes of the process.

Quality Improvement Tools: This term references the variety of tools used to identify how processes, programs, and services can be improved. These tools include such things as flow charts, case and effect diagrams, logic models, SWOT analyses, SIPOC, and process mapping for examples.

QM—Quality Management: QM ensures that an organization, product, or service is of consistent high quality. It includes both quality assurance and quality improvement activities.

Quality Management Plan: A written document that outlines the HIV Clinical Quality Management program, including a clear indication of responsibilities and accountability, performance measurement strategies and goals, and elaboration of processes for ongoing evaluation and assessment of the program.

RWAD—Ryan White Application Database: This ODH web-based system (also known as RWAD) is designed to document client eligibility and enrollment in any of the Ryan White Part B programs in Ohio.

RWHAP—Ryan White HIV/AIDS Program: This is the name of the program within the HIV/AIDS Bureau (HAB) at the Health Resources and Services Administration (HRSA). Originally named the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, the program had several name changes when reauthorized in 1996, 2000, 2006, and 2009 (as the Ryan White HIV/AIDS Treatment Extension Act of 2009) and is now called the Ryan White HIV/AIDS Program (RWHAP).

SCSN—Statewide Coordinated Statement of Need: A document, first developed in 1997, concentrated on methods to assess the needs of people living with HIV/AIDS (PLWHA) in Ohio. The document is a collaborative mechanism to identify and address significant HIV/AIDS care issues related to the needs of people living with HIV/AIDS (PLWHA) in Ohio, and to maximize coordination, integration, and effective linkages across the Ryan White HIV/AIDS Program Parts. The document is required by HRSA and is updated every three years.

SIPOC: This quality improvement tool used for process improvement derives its name (an acronym) from the words used to describe its relevant parts: Supplier, Input, Process, Output, and Customer. The results of a SIPOC analysis are displayed in a table format.

Six Sigma: A set of tools originally developed by Motorola in 1986. The tools are used to improve the quality of process outputs by identifying and removing the causes of defects (errors) and minimizing variability in manufacturing and business processes.

SMART: A method to create objectives where the acronym is comprised of the first letters of the words used to comprise the approach (Specific, Measurable, Attainable, Relevant, Timely)

Solution and Effect Diagrams: This quality improvement tool used to identify changes and recommendations. It offers a systematic way to brainstorm the various solutions to reach a positive outcome (effect). It prompts people to ask: *How can we do this?* Similar to cause and effect diagram.

Standards: An established level of performance or quality; the minimum acceptable measurement expected or desired.

Storyboards: Collection of information in a written format that offers a clear, logical, and convincing picture of key points in the improvement project and can be an effective venue for telling the story as the team moves through its improvement work.

SWOT Analysis Model: This quality improvement tool used for process analysis derives its name (an acronym) for the words used to describe its relevant parts: Strengths, Weaknesses, Opportunities, and Threats.

TPA—Third Party Administrator: The Ryan White Part B program may use the services of a TPA to pay for HIV-related medical services and medications.