

Annual Quality Plan

Ryan White Part A Las Vegas TGA
Grant Year 2015-2016
March 1, 2015 to February 29, 2016

Ryan White Part A HIV/AIDS Program
Las Vegas Transitional Grant Area
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OVERVIEW

The Las Vegas Transitional Grant Area (TGA) supports HIV/AIDS services in three counties: Clark and Nye counties in Nevada and Mohave County in Arizona. As of December 2014, there were a total of 8,828 persons living with HIV/AIDS in Clark and Nye counties alone. Of these individuals infected with HIV/AIDS in Southern Nevada, 4,398 had been diagnosed with AIDS and 4,130 had been diagnosed with HIV only. In 2013, there were a total of 264 persons living with HIV/AIDS in Mohave County, AZ. (2014 HIV surveillance data for Mohave County, AZ is pending).

Mission

The mission of the Las Vegas TGA Quality Management program is to continuously evaluate and improve the access to and quality of HIV clinical care and supportive services in this jurisdiction. The four goals outlined for grant year 2015-2016 and are as follows:

- Goal 1: To improve the quality of HIV core medical and social support services through effective quality management efforts.
- Goal 2: To increase awareness of quality management principles and knowledge of quality improvement processes and opportunities among agency quality management site leads and key stakeholders.
- Goal 3: To improve the effectiveness of Ryan White Part A Planning Council priority setting, resource allocation, and other planning activities.
- Goal 4: To improve HIV services and consumer outcomes through establishing baseline data for selected HRSA/HAB performance measures.

Core Values

The Las Vegas TGA is committed to the following core values:

- Care services are readily and equitably available.
- The system of care focuses on the needs of persons living with HIV/AIDS in the Las Vegas TGA, with an emphasis on racial and ethnic minorities living with HIV/AIDS.
- Consumers are linked to care as early as possible after diagnosis and are retained in care.
- HIV/AIDS care is the highest quality possible.
- A strong commitment to consumer involvement in their care and in quality management

Purpose

The purpose of the Las Vegas TGA Quality Management (QM) Program is to continuously promote improvement in processes of care (clinical and non-clinical) throughout the TGA to achieve desired client-level health outcomes. The QM Program is defined by established standards of care and HRSA/HAB performance measure reported in the CAREWare data system.

QUALITY IMPROVEMENT DIRECTIONS

The Ryan White Part A (RWPA)-Las Vegas TGA Office filled its open Clinical Quality Management (CQM) coordinator position in December 2014. The CQM coordinator is tasked with aligning the TGA's quality management and improvement goals with national, state, and local initiatives. These initiatives are the National HIV/AIDS Strategy, the Nevada All Ryan White Parts Collaborative, and the Las Vegas TGA Ryan White Part A Planning Council.

US National HIV/AIDS Strategy (NHAS)

The RWPA QM Program works to align its strategies with those of the NHAS to incorporate the following goals:

1. Reduce new infections

2. Increase access to care and improve health outcomes for people living with HIV
3. Reduce HIV-related health disparities and health inequities
4. Achieve a more coordinated national response to the HIV epidemic

Nevada All RW-Parts Collaborative

In previous years, the RWPA QM Program has been an active participant in the Nevada Cross Parts Collaborative, including co-facilitating statewide QM trainings. Previous “Gathering” meetings were held inclusive of all Nevada Ryan White parts, with a dedicated quality committee meeting immediately after. During the 2015-2016 grant year, the RWPA CQM coordinator’s objective is to convene representatives from each of the following Ryan White Parts to discuss future collaborations:

- State Ryan White Part B Program
- Ryan White Part C Grantee—UMC Wellness Center
- Ryan White Part D Grantee—University of Nevada School of Medicine (UNSOM)
- Ryan White Part F Grantee – Nevada AIDS Education and Training Center

Ryan White Part A Planning Council

The RWPA QM Program works closely with the RWPA Planning Council to better inform its planning processes. In January and February of each year, a consumer satisfaction survey is conducted among clients who received Ryan White Part A services in the previous calendar year. The results of the annual consumer survey are typically presented at the April or May Planning Council meeting, with the full consumer survey report available on the TGA website.

In addition, the RWPA QM Program conducts or coordinates an annual needs assessment. The previous needs assessment was comprehensive in nature and surveyed both providers and clients. The 2015-2016 targeted needs assessment will focus solely on consumers, specifically those who were successfully linked or re-engaged in care. Findings from the 2015-2016 targeted needs assessment will be presented at the Planning Council’s annual Priority Setting and Resource Allocation meeting.

EVALUATION AND ASSESSMENT

HRSA/HAB Performance Measures

The RWPA QM Program will utilize data entered into CAREWare from the most recent grant year (March 1, 2014 to February 28, 2015) to establish a baseline for HRSA/HAB Performance Measures moving forward. These measures will be assessed annually at subgrantee/agency level, as well as the aggregate TGA-wide level. The RWPA CQM Coordinator will work with RW-funded clinical care sites to identify gaps in data entry and lab/screening capacity. The baseline established in the 2015-2016 grant year will be used by Ryan White medical providers to identify clinical improvement areas to target in the 2016-2017 grant year. The HRSA/HAB Performance Measures currently built into the Las Vegas TGA CAREWare system are as follows:

- *Medications:*
 - ✓ % of clients on HAART
 - ✓ % of clients prescribed PCP prophylaxis (CD4<200)
 - ✓ % of clients prescribed MAC prophylaxis (CD4<50)
- *Labs:*
 - ✓ % of clients with ≥ 2 CD4 counts
 - ✓ % of clients with ≥ 2 RNA viral loads

- ✓ % of clients with lipid screening
- *Screening Labs:*
 - ✓ % of clients screened for TB since diagnosis
 - ✓ % of clients screened for hepatitis B since diagnosis
 - ✓ % of clients screened for hepatitis C since diagnosis
 - ✓ % of clients screened for syphilis
 - ✓ % of clients screened for chlamydia
 - ✓ % of clients screened for gonorrhea
 - ✓ % of clients screened for toxoplasma
- *Screenings:*
 - ✓ % of female clients with an annual cervical cancer screening
 - ✓ % of female clients with a pregnancy test
 - ✓ % of clients with an oral exam or referral to oral health provider
- *Immunizations:*
 - ✓ % of clients with a completed hepatitis B vaccination series
 - ✓ % of clients with influenza vaccination
 - ✓ % of clients with pneumococcal vaccination

Standard of Care Monitoring

Annual QM site visits will be conducted to assess clinical indicators not captured in the CAREWare Performance Measurement module, as well as to assess non-clinical service standards. The RWPA QM CQM Coordinator plans to develop guides to help providers understand the standard of care assessment methodology and build internal quality management capacity at the agency-level.

2015-2016 QUALITY MANAGEMENT GOALS AND PROJECTS

1. Establish baseline for HRSA/HAB performance measure data from CAREWare GY 14-15 data.
2. In successive years, compare GY 15-16 and GY 16-17 data, to identify trends, strengths, and needs.
3. Expand service provider pool by hosting a RWPA request for qualification (RFQ) information session.
4. Hold an all Ryan White parts collaborative meeting to discuss statewide quality initiatives, including streamlining eligibility across all programs.
5. Designate a quality management site lead at each RWPA-funded agency to participate in TGA-specific quality initiatives. QM site leads (agency point persons) will established by December 31st, 2015. A schedule of QM Committee meetings for GY 16-17 and list of QM priorities will be developed by March 31st, 2016.

BUILDING TGA CAPACITY

The RWPA QM Program aims to continuously improve access to and quality of HIV care in the RWPA-Las Vegas TGA service area. To that end, the following capacity building activities are planned for GY 15-16:

1. Coordinate a Medical Case Management training to be delivered by an external Capacity Building Assistance provider.
2. Ensure agency (subcontractor) QM plans are reviewed and updated on a regular basis.

3. Support agency internal quality improvement projects through review of provider quarterly reports, standard of care oversight, capacity building facilitation, and cultivating a clinical quality management “culture”.
4. Review and revise RWPA QM plan annually. Deliverables of this plan will be evaluated to determine completion, successes, and challenges in implementation by April 30th, 2016.
5. Actively involve Planning Council Members and RWPA clients in QM activities by soliciting input on the development and implementation of consumer satisfaction surveys and comprehensive or targeted needs assessments, as well as sharing survey or assessment results with key stakeholders.

QUALITY MANAGEMENT PROGRAM ACCOUNTABILITY STRUCTURE

Ryan White Part A Grant Administrator, Assistant Manager-is responsible for the overall leadership of the RWPA-Las Vegas TGA program, including the QM Program; is the liaison with the HRSA project officer; and issues provider contracts to deliver HIV/AIDS services in alignment with approved standards of care.

Ryan White Part A Clinical Quality Management (CQM) Coordinator, Management Analyst II-is a masters level public health analyst responsible for conducting program evaluation, organizational assessment, and capacity building. The CQM coordinator serves as the Quality Manager for Ryan White Part A service providers and works in close collaboration with funded agencies to build and increase capacity for quality improvement activities. The CQM coordinator provides support to the RWPA Grant Administrator in setting quality improvement goals and developing clinical and non-clinical performance measures.

Ryan White Part A Data Manager, Management Analyst II-is a masters level public health analyst responsible for supporting RWPA service providers in service provision and data entry; identifies and addresses CAREWare training needs; conducts quality assurance of required CAREWare data elements; and works in collaboration with the RWPA Grant Administrator and CQM Coordinator to maintain and enhance the RWPA system of care.

2015-2016 TIMELINE

<u>Timeframe</u>	<u>Activity</u>	<u>Responsible Party</u>	<u>Target Population</u>	<u>Data Indicators</u>
January-February, 2015	Conduct survey of RWPA clients on services received during CY 2014	CQM Coordinator	RWPA Clients	2014 Consumer Survey Instrument
March 2015	Present results of 2014 Consumer Satisfaction Survey	CQM Coordinator	RWPA Planning Council & Key Stakeholders	2014 Consumer Survey Report
April-May, 2015	Plan and develop Medical Case Management Training	RWPA Office and CBA Provider	RWPA Case Managers, Provider-Team Leads or Designees	Training Agenda and Curricula
June 2015	Conduct in-person Medical Case Management training	CBA Provider	RWPA Case Managers, Nurses, and Social Workers	Medical Case Management Core Competencies and Training Satisfaction Surveys
June-August, 2015	Plan and conduct 2015 Targeted Needs	CQM Coordinator and Needs Assessment	RW Consumers: <ul style="list-style-type: none"> ▪ Newly Diagnosed 	Targeted Needs Assessment Survey

	Assessment	Contractor	<ul style="list-style-type: none"> ▪ Returned to Care ▪ Recently Relocated to TGA 	Instruments, Consumer Responses, and Survey Results
August 2015	Present 2015 Targeted Needs Assessment Findings at Annual PSRA Meeting	CQM Coordinator and Needs Assessment Contractor	RWPA Planning Council	2015 Targeted Needs Assessment Report
August-September, 2015	Conduct CQM Site Visits for GY 15-16	CQM Coordinator	RWPA Providers and RWPA Clients	Client Chart and Electronic Health Record Review
September-October, 2015	Complete CQM GY 15-16 Reports and Review with Agencies	CQM Coordinator	Agency Management and QM Leads	GY 15-16 CQM Reports, including HAB clinical performance measures and standard of care compliance
October 2015	Send formal letters to any agencies with CQM findings in GY 15-16	CQM Coordinator	Agency Management	Agencies to submit corrective action plan to Grantee within 30 days of receipt of formal letter
March 2015-February 2016	Utilize all relevant learning opportunities related to QM, including webinars, regional trainings, and national conferences	CQM Coordinator	RWPA Quality Committee	Resources include the National Quality Center and TARGET Center
By February 2016	Completed NQC National Quality Academy Online Course	CQM Coordinator	RWPA Quality Committee	Gain comprehensive understanding of Ryan White QM Principles
March 2015-February 2016	Share best practices or current research related to HIV systems of care	CQM Coordinator	RWPA Providers, RWPA Consumers, RWPA Planning Council	Examples of capacity building topics include impact of ACA, peer navigation/support services, and clinical updates to CD4 monitoring
By February 2016	Convene at least one meeting to discuss statewide initiatives	RWPA-CQM Coordinator, RWPB-QM Coordinator, RWPC Program Manager, RWPD Program Manager	All Ryan White Parts and Key Stakeholders	Examples of cross-part focus areas include eligibility and CAREWare data sharing
By February 2016	<ul style="list-style-type: none"> ▪ Select a representative from each agency to act as the QM lead ▪ Convene at least one meeting to discuss RWPA-TGA quality initiatives 	CQM Coordinator	RWPA Quality Committee	Examples of TGA-specific initiatives include improving STD and cervical cancer screenings
By September 30, 2015	Review all agency QM plans provide feedback to agency leadership	RWPA-CQM Coordinator	All RWPA Providers	Review of QM plans using NQC Evaluation Tool