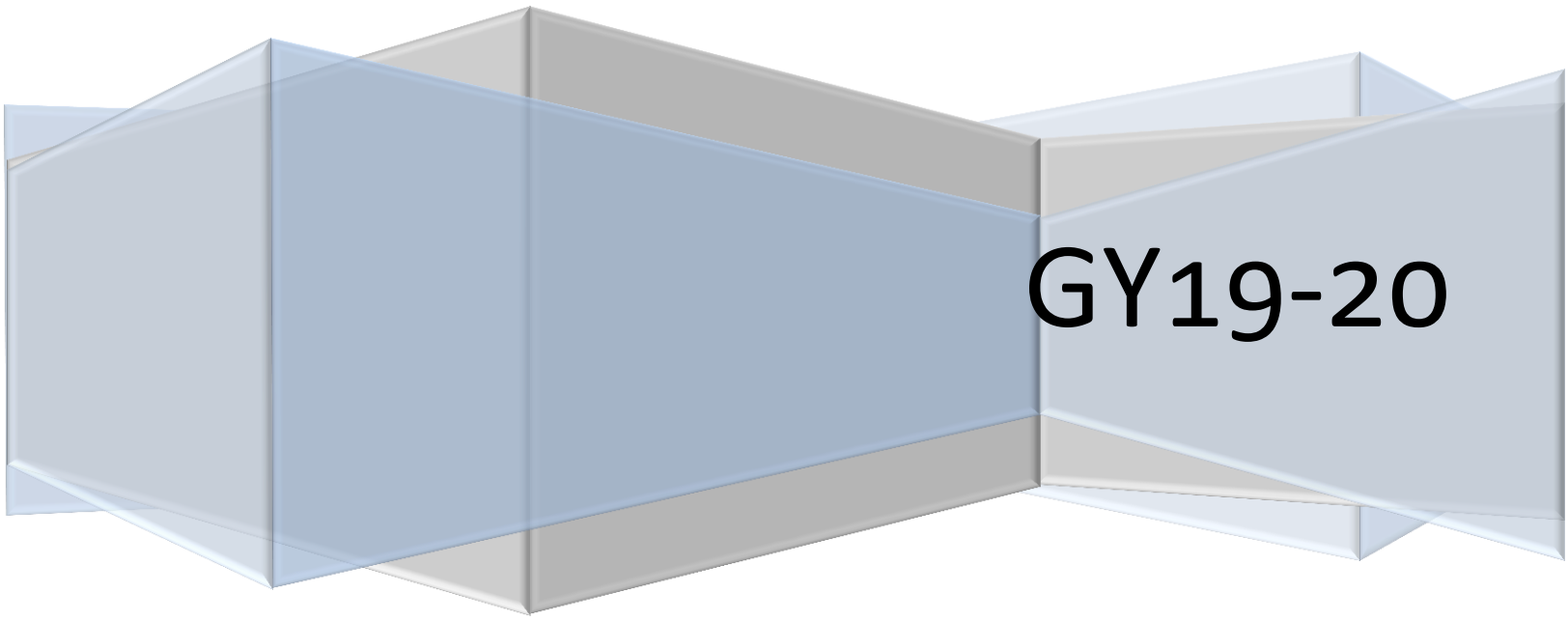
Clark and Nye Counties, NV & Mohave County, AZ

Ryan White Part A, Las Vegas TGA

Annual Quality Management Plan

March 1, 2019-February 28, 2020



Quality Statement

The mission of the Clark County Ryan White CQM Program is to continuously measure and improve the health outcomes of persons accessing Part A core medical and supportive services.

Vision

A Part A quality improvement system which builds the capacity of Part A sub-recipient technical and leadership skills in mutually reinforcing ways

Mission

The mission of this QM plan is to provide a charter for all Part A annual QM activities and outputs.

Quality Infrastructure

Quality Management Leadership Team. A description of QM Leadership Team, Roles and Responsibilities is shown below. The QM Leadership Team works in concert with the QM Committee.

ROLES	RESPONSIBILITIES
Ryan White Program Manager	• Has final accountability of the QM program
Quality Manager	• Assumes leadership of the Quality Management Program • Chairs the QM Committee
Priority Performance Measure Subject Matter Experts	• Serves as subject matter expert on Early Intervention Services • Serves as subject matter expert on Medical Case Management Services • Serves as subject matter expert on Outpatient Ambulatory Health Services (Vacant)
Data Consultant	• Provides technical assistance to the Quality Manager, as well as enhancements to Part A CAREWare • Collaborates with Quality Manager on data extraction and review
Part B Quality Manager	• Collaborates with Quality Manager to align efforts • Requests data from State HIV Surveillance, OPHIE Program
Part C Quality Manager	• Collaborates with Quality Manager to align efforts

Quality Management Committee Structure. In alignment with the Lean Methodology described in Freddy Baile and Michael Baile's 'Lead with Respect: A Novel of Lean Practice', the CQM elects one point

person from each sub-recipient to serve on the Quality Management Committee. A listing of all Quality Management Committee members is shown below:

1. Aid for AIDS of Nevada (AFAN) – Aronca Williams
2. Access to Healthcare Network (AHN) – Susanna Gonzalez
3. AIDS Healthcare Foundation (AHF) – Nicole Stanfield
4. Community Counseling Center (CCC) – Cynthia Watson
5. Community Outreach Medical Center (COMC) – Josefa Ozeata, Annette Mullis
6. Huntridge Family Clinic – TBD
7. Dignity Health St. Rose – Mark Domingo
8. Golden Rainbow – Joyce Miller, Mike Austin
9. HELP of Southern Nevada – Stacy Winters, Jennifer Varsallona
10. Horizon Ridge Clinic – Tyler Sanders
11. Nevada AIDS Research and Education Society (NARES) – Chelsi Cheatom
12. Nye County Health and Human Services – Anita Lockhart
13. North Country HealthCare (NCHC) – Joe Debaca
14. Southern Nevada Health District – Merylyn Yegon, Lourdes Yapjoco, Celeste Liston
15. University Medical Center (UMC) – Christine Baron
16. UNLV School of Dental Medicine (SDM) – Laurie Evans

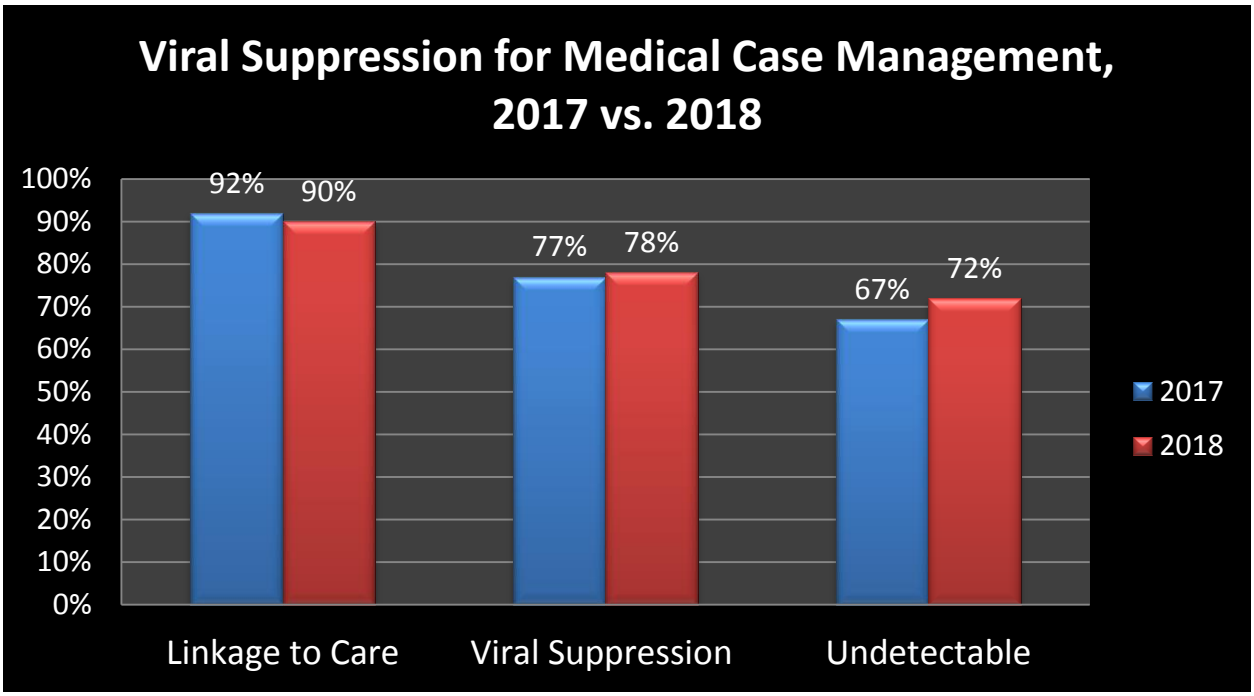
Quality Management Resources. The resources available for the CQM include the leadership team and committee noted above, information technology, and other infrastructure (e.g., meeting space, Web-Ex virtual meeting space, and support from TriYoung Data Solutions). A key resource to the QM has been the Part A CAREWare build-out, which enables the import of viral loads from external sources. In addition, the QM Committee has made significant gains in developing by-name client lists relevant to indicators in the CAREWare Performance Measures Worksheet module. At this time, clinical data from three sources are imported into CAREWare:

- Entry from all Outpatient Ambulatory Health Services service providers on a weekly basis
- Data sharing from Nevada Part B and state HIV surveillance on a quarterly basis
- Data request to the Southern Nevada Health District on an ad hoc and year-end basis

Performance Measurement

The three most highly prioritized service categories for the CQM are: (1) Early intervention services, (2) Outpatient Ambulatory Health Services, and (3) Medical Case Management. As such, two performance measures were developed to assess the health status of clients. The first of these measures is a linkage to care measure, defined as all clients who received at least one service unit with at least one viral load available in the measurement year. The second

The CQM has now been collecting these data for both calendar year 2017 and 2018. As a result, comparison and potential trends can be displayed (see figure on Page 3).



Both linkage to care and viral suppression performance measures are measured for the remaining Part A service categories. Baseline and current linkage and viral suppression data by service category are shown in *Attachment 1*. In addition, the CQM measures performance data by demographic data (see *Attachment 2*).

Annual Quality Goals

Goal 1: *Conduct site visits to train all medical case management providers on linkage to care and viral suppression indicators.*

- Objective 1.1. Train all twelve (12) medical case management providers on linkage to care and viral suppression indicators
- Objective 2.1. Distribute CY 2018 client lists for viral suppression to be reviewed in 2019
- Objective 3.1. Monitor advanced clients lists for utility and lessons learned

Goal 2: *Convene Quality Management Advisory Committee to review viral suppression*

- Objective 2.1. Meet to discuss 2018-2019 viral suppression project results
- Objective 2.2. Develop summary report of PDSA outputs
- Objective 2.3. Distribute summary report to provider network and other Ryan White providers

Goal 3: *Conduct data extractions and disseminate performance measurement data reports*

- Objective 3.1. Import HIV viral load data from state surveillance quarterly
- Objective 3.2. Generate two-year viral suppression comparison data
- Objective 3.3. Develop recommendations based on trend data

Goal 4: *Elicit consumer input into the CQM program through inclusion in viral suppression improvement project or PC needs assessments*

- Objective 4.1. Train PC member on most recently completed needs assessment and the methodology for conducting future needs assessments
- Objective 4.2. Garner consumer input on 2019 viral suppression project

Participation of Stakeholders

Internal Stakeholders. The CQM has made concerted effort to include and involve internal stakeholders. Internal stakeholders include:

- Quality Management Leadership Team
- Quality Management Committee
- Planning Council Body
- All Part A Sub-Recipients

External Stakeholders. The CQM works closely with the other Ryan White Parts and Quality Managers, including Parts B, C, D, and the AETC. The Part A and B Quality Managers routinely share data, performance measures, training materials, and other QM resources. The CQM will continue work in alignment with all RWHAP Parts.

Evaluation

The evaluation mechanism for this QM plan with implementation plan and timeline can be found in *Attachment 3*. The 2019 QM Outcomes Report will provide a summary of goals met, unmet, or in-progress.

Capacity Building

The CQM continues to build capacity at three levels: the Recipient Office, Sub-Recipients, and the PC Body. Significant strides have been made in creating opportunities and tools for learning about quality improvement. The Quality Manager has routinely trained all sub-recipients on pulling their own viral suppression numbers, as well as tracking these indicators over time. The CQM has also made an effort to harmonize QM activities with other Recipient Office requirements. For example, Sub-Recipients can now report performance data on Recipient Office quarterly reports via the method the CQM has provided. All current initiatives can be found here: http://providers.lasvegastga.com/index.php/quality-management/

In 2019, the QM Committee will continue to expand Sub-Recipient capacity. Specifically, Sub-Recipients are in the process of receiving technical assistance on the CAREWare clinical charting function and drill-down lists of clients. Instructions for pulling these lists can be found in *Attachment 4*, with the current capacity building schedule shown here.

Agency	TBD	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
AFAN				**X**								
AHF				**X**								

AHN					**X**							
CCC				**X**								
COMC				**X**								
HELP	**X**											
HRC	**X**											
NARES			**X**									
NCHC	**X**											
NYE	**X**											
SNHD					**X**							
UMC			**X**									

Process to Update QM Plan

This QM plan is updated annually. Both a calendar year outcomes report and an updated QM plan will be drafted according to the schedule below.

REPORT	REPORTING PERIOD	DUE DATE
Updated GY19-20 QM Plan	3/1/2019 – 2/28/2020	3/31/2019
2019 QM Outcomes Report	1/1/2019 – 12/31/2019	1/31/2020

Communication

The reports above will be disseminated to both internal and external stakeholders. Reports will also be archived on the TGA website. The most recent 2018 QM Outcomes Report can be found here: http://providers.lasvegastga.com/wp-content/uploads/2018/11/2018-TGA-Clinical-Quality-Management-Plan.pdf

Attachment 1 – Performance Measures Data by Service Category, Calendar Year 2017 vs. Year-to-Date August 2018

Service Category	Indicator (for clients served in the specific service category	Baseline (1/1/2017-12/31/2017)	Current (8/31/2017-8/31/2018)	Federal Benchmark 2016	Target
Emergency Financial Assistance	Linkage to HIV Medical Care	95% (261/276)	92% (270/346)		
	Viral Load Suppression	80% (220/276)	78% (270/346)		
Early Intervention Services	Linkage to HIV Medical Care	91% (659/726)	90% (666/734)		
	Viral Load Suppression	67% (483/726)	70% (516/734)		
Food Bank/Home Delivered Meals	Linkage to HIV Medical Care	94% (489/523)	91% (328/359)		
	Viral Load Suppression	81% (421/523)	81% (291/359)		
Health Education/Risk Reduction	Linkage to HIV Medical Care	94% (297/315)	94% (305/326)		
	Viral Load Suppression	83% (262/315)	86% (281/326)		
Health Insurance Continuation	Linkage to HIV Medical Care	95% (101/106)	95% (141/149)		
	Viral Load Suppression	90% (95/106)	89% (133/149)		
Housing	Linkage to HIV Medical Care	98% 104/106	92% (109/119)		
	Viral Load Suppression	84% (89/106)	85% (101/119)		
Medical Case Management	Linkage to HIV Medical Care	92% (2,357/2,564)	89% (2,828/3,189)		
	Viral Load Suppression	78% (1,967/2,564)	77% (2,455/3189)		
Mental Health	Linkage to HIV Medical Care	97% (381/392)	93% (409/440)		
	Viral Load Suppression	85% (332/392)	85.68% (377/440)		
Nutrition	Linkage to HIV Medical Care	94% 367/389)	93% (323/348)		
	Viral Load Suppression	83% (321/389)	81% (282/348)		
Outpatient Ambulatory Health Services	Linkage to HIV Medical Care	98% (1,989/2,021)	96% (2,274/2,376)		
	Viral Load Suppression	84% (1704/2,021)	85% (2,010/2,376)	**85%**	
Oral Health	Linkage to HIV Medical Care	98% (554/568)	94% (612/650)		
	Viral Load Suppression	91% (517/568)	92% (595/650)		
Psychosocial Support	Linkage to HIV Medical Care	94% (166/176)	92% (163/177)		
	Viral Load Suppression	84% (148/176)	81% (144/177)		
Substance Abuse	Linkage to HIV Medical Care	97% (68/70)	86% (68/79)		
	Viral Load Suppression	87% (61/70)	76% (60/79)		
Transportation	Linkage to HIV Medical Care	92% (463/506)	89% (478/537)		
	Viral Load Suppression	75% (381/506)	76% (409/537)		

Attachment 2 – Performance Measures Data by Demographics, Calendar Year 2017 vs. Year-to-Date August 2018

Demographic	Indicator for all Outpatient Ambulatory Health Services (OAHS) Clients	Baseline (1/1/2017-12/31/2017)	Current (8/31/2017-8/31/2018)	Federal Benchmark 2016	Target
RACE/ETHNICITY					
White	Linkage to HIV Medical Care	98% (545/555)	98% (623/657)		
	Viral Load Suppression	85% (472/555)	83% (547/657)		
Black	Linkage to HIV Medical Care	99% (636/644)	96% (711/741)		
	Viral Load Suppression	82% (528/644)	83% (616/741)		
Latino	Linkage to HIV Medical Care	97% (670/688)	97% (790/816)		
	Viral Load Suppression	85% (585/688)	87% (712/816)		
Other/Unknown Race	Linkage to HIV Medical Care	99% (132/134)	94% (152/162)		
	Viral Load Suppression	86% (115/134)	85% (137/162)		
GENDER					
Male	Linkage to HIV Medical Care	--	--		
	Viral Load Suppression	83% (1,357/1,631)	85% (1,616/1,905)		
Female	Linkage to HIV Medical Care	--	--		
	Viral Load Suppression	89% (317/357)	85% (363/429)		
Trans	Linkage to HIV Medical Care	--	--		
	Viral Load Suppression	76% (25/33)	76% (32/42)		
AGE					
13-18 yrs	Linkage to HIV Medical Care	--	--		
	Viral Load Suppression	100% (3/3)	36% (5/14)		
19-24 yrs	Linkage to HIV Medical Care	--	--		
	Viral Load Suppression	74% (72/97)	88% (88/110)		
25-34 yrs	Linkage to HIV Medical Care	--	--		
	Viral Load Suppression	79% (383/486)	80% (460/576)		
35-44 yrs	Linkage to HIV Medical Care	--	--		
	Viral Load Suppression	84% (403/479)	83% (435/523)		
45-54 yrs	Linkage to HIV Medical Care	--	--		
	Viral Load Suppression	86% (476/552)	88% (547/624)		
55-64 yrs	Linkage to HIV Medical Care	--	--		
	Viral Load Suppression	89% (284/323)	89% (384/430)		
65+ yrs	Linkage to HIV Medical Care	--	--		
	Viral Load Suppression	94% (73/78)	97% (91/94)		

Attachment 3 – Implementation Plan, March 1st 2019 through February 28th 2020

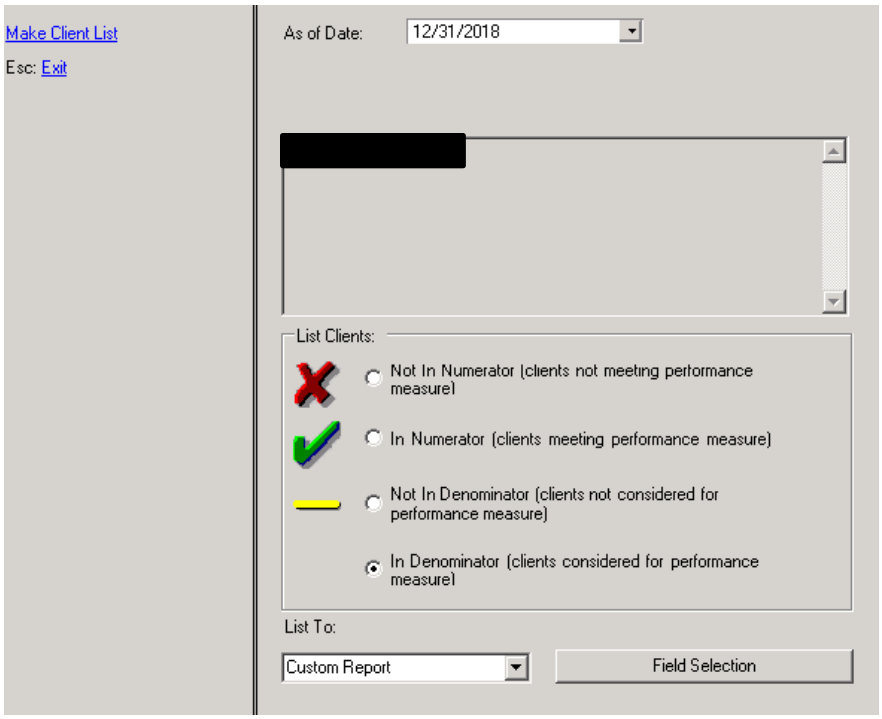
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Lead*
Goal 1: Conduct site visits to train all medical case management providers on linkage to care and viral suppression indicators													
Objective 1.1. Train all (12) medical case management providers on linkage to care and viral suppression indicators	X	X											
Objective 2.1. Distribute CY 2018 client lists for viral suppression to be reviewed in 2019			X										
Objective 3.1.Monitor advanced clients lists for utility and lessons learned				X									
Goal 2: Convene Quality Management Advisory Committee to review viral suppression													
Objective 2.1. Meet to discuss 2018-2019 viral suppression project results					X								
Objective 2.2. Develop summary report of PDSA outputs							X						
Objective 2.3. Distribute summary report to provider network and other Ryan White providers									X				
Goal 3: Conduct data extractions and disseminate performance measurement data reports													
Objective 3.1. Import HIV viral load data from state surveillance quarterly	X			X			X			X			
Objective 3.2. Generate two-year viral suppression comparison data	`										X		
Objective 3.3. Develop recommendations based on trend data												X	
Goal 4: Elicit consumer input into the CQM program through inclusion in viral suppression improvement project or PC needs assessments													
Objective 4.1. Train PC member on most recently completed needs assessment and the methodology for conducting future needs assessments						X				X			
Objective 4.2. Garner consumer input on 2019 viral suppression project													
*Key: 1 = Clark County Social Service, Ryan White Part A, CQM Program | 2 = Quality Management Advisory Committee | 3 = Part A Planning Council | 4 = Part A Service Providers |													

Attachment 4 – Instructions for Pulling Performance Measure Advanced Client Lists

To pull your own Viral Suppression Client List and Custom Report fields

1. Go to Performance Measures (Administrative Options → Performance Measures)
2. Select measure 0VS-MCM: Medical Case Management: HIV viral load suppression
3. Select **F1: Single Performance Measure Client List**
4. Set the **As of Date** to **12/31/2018**
    a. *This will pull all MCM clients from 01/01/2018 to 12/31/2018*
5. Set the list Clients: to the last option In Denominator (clients considered for performance measure)
    a. *This pulls both clients Not in Numerator and In Numerator*
6. Set **List To** to **Custom Report**

Pause here to ensure the parameters are set as shown below:



7. Next select **Field Selection**
    a. Here you can add any variables to append to your 2018 MCM client list
8. Click on **Add Field** and add **URN**
9. Click on **Add Field** and add **Name**
10. Click on **Add Field** and add **Last Quantitative Lab Value**

11 (a) Click on the […]

11 (b) Select **Quant Test** and **Edit Criterion**

11 (c) Set blank drop-down to **Viral Load** and click **Save**

11 (d) Select **Quant Lab Date** and **Edit Criterion**

11 (e) Select **C** to change to calendar dates

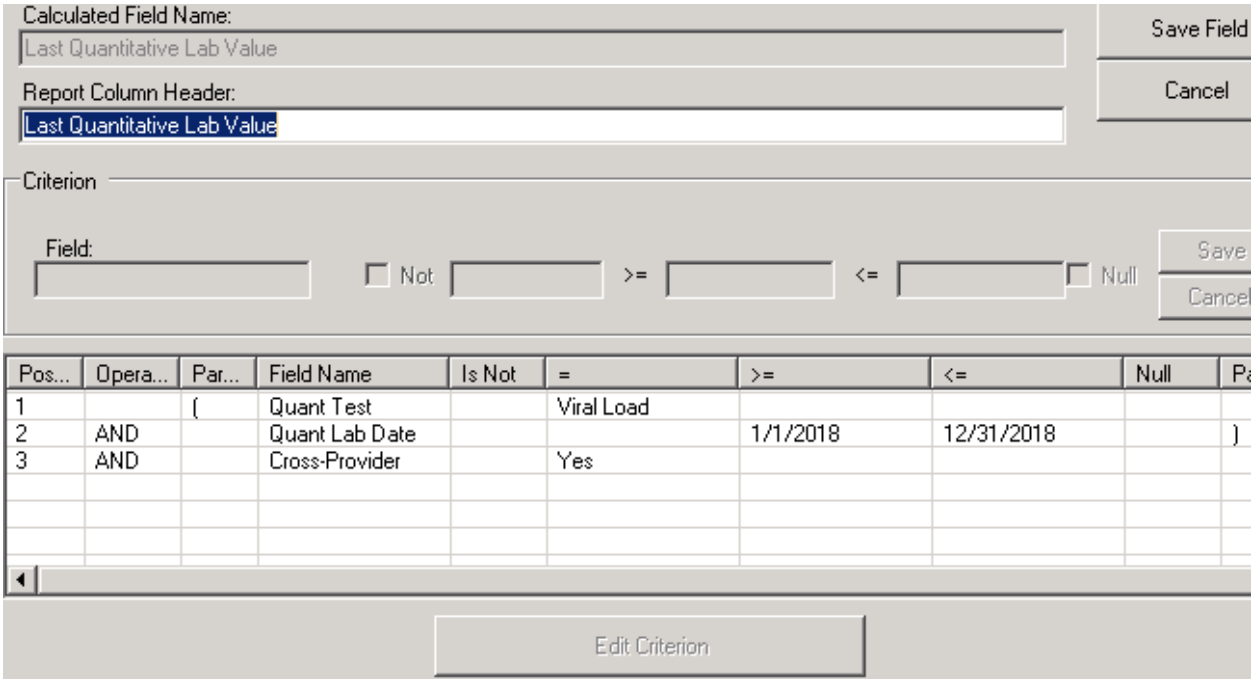
11 (f) Set start date to **1/1/2018** and the end date to **12/31/2018** and click **Save**

11 (g) Select **Cross-Provider** and **Edit Criterion**

11 (h) Set blank drop-down to **Yes** and click **Save**

11 (i) Once all three **Field Names** are set, select **Save Field** (click **Save** again)

Pause here to ensure the parameters are set as shown below:



12. Click on **Add Field** and add **Last Quantitative Lab Date**

12 (a) Click on the […] box on the top-left

12 (b) Select **Quant Test** and **Edit Criterion**

12 (c) Set blank drop-down to **Viral Load** and click **Save**

12 (d) Select **Quant Lab Date** and **Edit Criterion**

12 (e) Select **C** to change to calendar dates

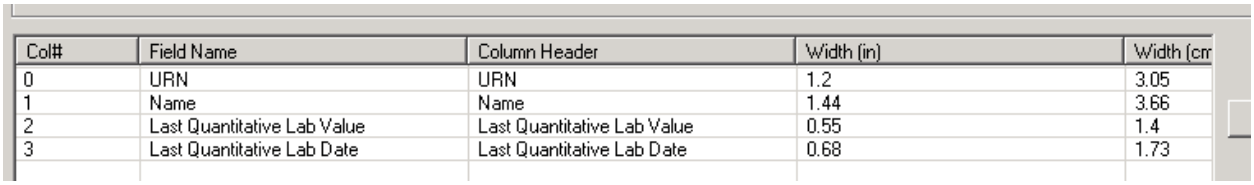
12 (f) Set start date to **1/1/2018** and the end date to **12/31/2018** and click **Save**

12 (g) Select **Cross-Provider** and **Edit Criterion**

12 (h) Set blank drop-down to **Yes** and click **Save**

12 (i) Once all three **Field Names** are set, select **Save Field** (Click **Save** again)

Pause here to ensure the parameters are set as shown below:



Col#	Field Name	Column Header	Width (in)	Width (cm
0	URN	URN	1.2	3.05
1	Name	Name	1.44	3.66
2	Last Quantitative Lab Value	Last Quantitative Lab Value	0.55	1.4
3	Last Quantitative Lab Date	Last Quantitative Lab Date	0.68	1.73

13. Select **Close**

14. Select Make **Client List**

Now you have list of all MCM clients seen in 2018 with the last quantitative lab value and lab date for 2018

Medical Case Management: HIV viral load suppressio

In Denominator (clients considered for performance measure) as of 12/31/2018

Total Clients: 1002

URN:	Name:	Last Quantitative Lab Value:	Last Quantitative Lab Date:
CRFA0418631U	[redacted]	40	5/30/2018
ATBI0420651U			3/26/2018