



NEVADA RYAN WHITE HIV/AIDS PART B PROGRAM

QUALITY MANAGEMENT PLAN Clinical Quality Management Program

Grant Year 2018- 2019

Nevada Division of Public and Behavioral Health
Bureau of Health, Wellness, and Prevention
Office of HIV/AIDS

Nevada Ryan White HIV/AIDS Part B Program
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I. OVERVIEW

The Nevada Ryan White HIV/AIDS Part B (Nevada RWPB) Program supports persons living with HIV/AIDS through core medical and support services, including the AIDS Drug Assistance Program (ADAP), in seventeen counties through the State of Nevada. Services are provided through Nevada RWPB-funded subrecipients in both northern and southern Nevada. At the end of 2017, a total of 11,901 persons were known to be living with HIV, including HIV stage 3 (AIDS), in Nevada. There were 486 new HIV Stages 1 and 2 diagnoses in 2017 and 176 new HIV Sate 3 (AIDS) diagnoses in 2017; 90% were diagnosed in Clark County, 7% in Washoe County, and 3% in all other counties. Currently, there are persons living with HIV in all 17 counties in the State. Generally, while there has been an increase of new diagnoses of HIV in recent years in Nevada, people are living longer once they acquire HIV. Although, many advances have been made in HIV prevention and care; geographic, sex, age, and racial/ethnic disparities still exist within Nevada. The Nevada RWPB Clinical Quality Management Program exists to ensure access to quality medical care and supportive services for all people living with HIV/AIDS in Nevada through collaborate leadership and stakeholder involvement.

II. QUALITY STATEMENT

The Nevada RWPB Program is committed to improving the quality of care and services for persons living with HIV and AIDS through continuous quality monitoring and improvement in a comprehensive performance measurement program.

A. Purpose

A Quality Management Plan serves as a blueprint for how a Clinical Quality Management Program will be implemented. The purpose of the Clinical Quality Management Program is to establish a systematic approach to quality assessment and performance improvement. In support of this commitment, the Nevada’s RWPB Quality Management Plan is developed in alignment with the National HIV/AIDS Strategies and Nevada Integrated HIV Prevention and Care Plan 2017-2021, to reduce new HIV infections, increase access to care and improve health outcomes for PLWH, and decrease HIV-related health disparities. The Nevada RWPB Clinical Quality Management Program encompasses all systematic and continuous quality processes and quality improvement activities related to planning, implementing, monitoring, evaluating, and responding to the needs of persons living with HIV/AIDS. In addition, this Quality Management Plan meets the criteria required by the U.S. Health Resources and Services Administration (HRSA) for establishing a Clinical Quality Management Program 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 disease and related opportunistic infections; and develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV services”.

B. Mission Statement

The mission of the Nevada RWPB Quality Management Plan is to improve access and ensure the highest quality medical care and supportive services through continuous evaluation, strategic planning and assessment, and the implementation of quality management and quality improvement projects.

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C. Vision

We envision optimal health for all persons affected by HIV/AIDS, supported by a health care system that assures ready access to comprehensive, competent, quality care that transforms lives and communities.

D. Values

The Nevada RWPB Program believes in creating HIV/AIDS services that inspire and promote:

- Mutual respect
- Safe and confidential environments
- Education to increase empowerment, health literacy, and self sufficiency
- Resilient Living
- Wellness
- Quality Improvement and accountability
- Creativity and innovation
- Diversity
- Cultural competency
- Community responsibility

E. Definitions of Quality Terminology

- **Quality:** The degree to which a health or social service provider (subrecipient) meets or exceeds established professional standards and user expectations.
- **Goal:** What we are trying to accomplish – descriptive, specific actions/focus, time specific, measurable, defined participants.
- **Performance Measure:** A measure, objective or indicator used to determine (overtime), a provider’s performance of a component of care. It may measure a function, process, or outcome.
- **Outcomes:** Results (positive or negative) that may occur due to a performance measure.
- **PDSA Cycle:** A validated model for quality improvement activities that includes four (4) steps - plan, do, study, act. It asks these questions:
 - **Plan:** What is the performance measure going to accomplish?
 - **Do:** How will the PM be carried out? Examples document problems and observations and gather data.
 - **Study:** What is the result of the plan after an analysis?
 - **Act:** What change can we make that will result in desired improvements?

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III. QUALITY IMPROVEMENT INFRASTRUCTURE

A. Leadership and Staff Roles and Responsibilities

The leadership of the Nevada RWPB Program, inclusive of the Quality Management Plan, is provided through the organizational structure of the Nevada Division of Public and Behavioral Health, a division of the Nevada Department of Health and Human Services, under the Executive Branch of the State of Nevada.

Nevada Division of Public and Behavioral Health

The Division of Public and Behavioral Health is comprised of four branches: Administrative Services Branch, Clinical Services Branch, Community Services Branch, and Regulatory and Planning Services Branch. The Nevada RWPB Program is housed in the Community Services Branch. The Program is supported by a Deputy Division Administrator, Bureau Chief, and HIV/AIDS Program Manager. The mission of the Division of Public and Behavioral Health is “to protect, promote, and improve the physical and behavioral health of the people of Nevada”.

Office of HIV/AIDS

The Nevada Office of HIV/AIDS is comprised of two programs, the Ryan White HIV/AIDS Part B Program and the HIV Prevention Program. Both programs are federally grant funded; the Nevada RWPB Program is grant funded through the Health Resources Services Administration and the HIV Prevention Program is grant funded through the Centers for Disease Control and Prevention. The Nevada RWPB Program operates in three teams: the ADAP/Insurance Team, the Core Medical/Support Services Team, and the Marketing Team; the teams are supported by the Program Manager, Fiscal Specialist, and Administrative Assistants.

HIV/AIDS Program Manager

The HIV/AIDS Program Manager administers all aspects of the HIV/AIDS programs, including HOPWA. The Program Manager has many responsibilities including, but not limited to: programmatic oversight; leadership and communication of strategic planning and policy development; and bridging partners, resources, and community engagement. The Program Manager provides signatory authority of the Quality Management Plan, quality management activities, quality improvement activities, and implementation initiatives.

Quality Assurance and Evaluation Analyst

The role of the Quality Assurance and Evaluation Analyst is to develop, guide, endorse, and champion the Clinical Quality Management Program, the Quality Management Plan, and quality improvement activities. The Quality Assurance and Evaluation Analyst also provides assistance and guidance to subrecipients in the development and evaluation of subrecipient Quality Management Plans, performance measurement alignment, and quality management site visits.

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HIV Care Services Specialists

The HIV Care Services Specialist is responsible for all aspects of Medical Core/Support Services, including but not limited to: program policy and procedures development and implementation, technical assistance in program implementation, and programmatic site visits.

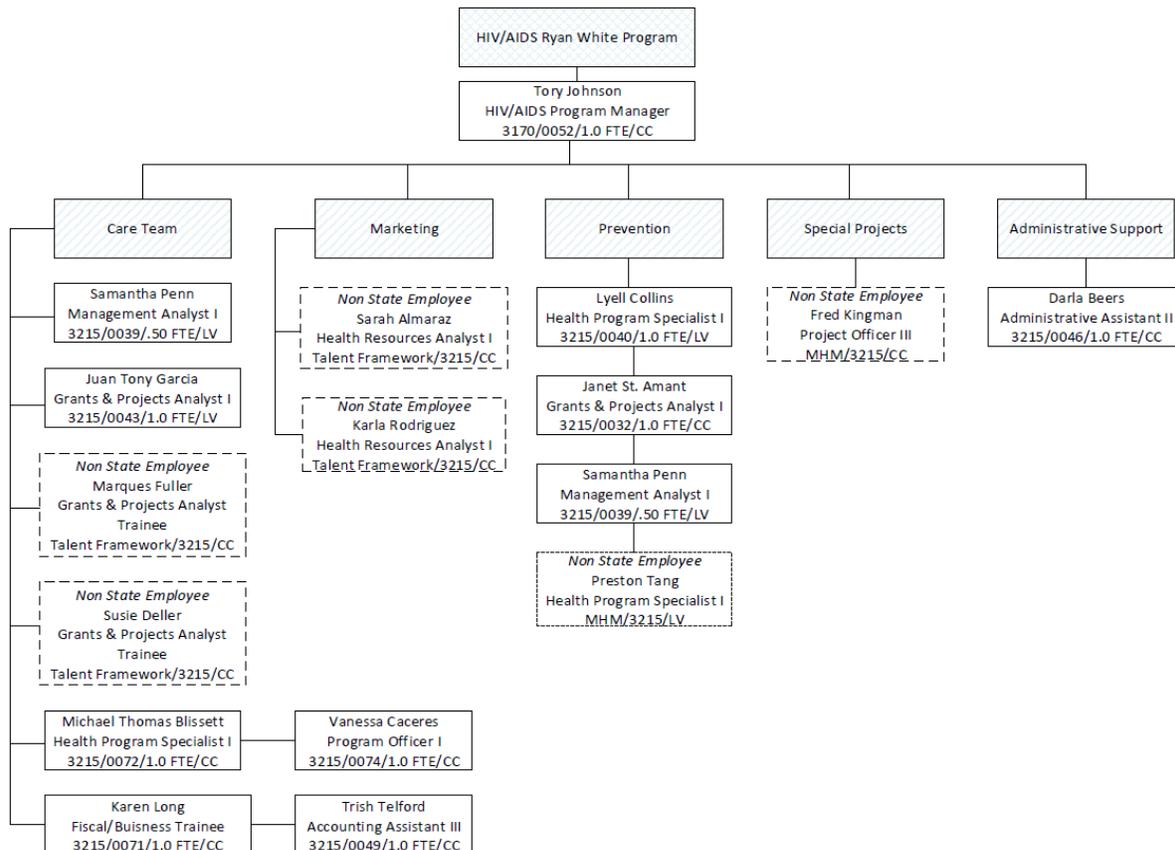
AIDS Drug Assistance Program Coordinator

The AIDS Drug Assistance Program (ADAP) Coordinator manages all aspects of the ADAP Program, including but not limited to: ADAP data reviews, ADAP reporting, and ADAP policy and procedures development and implementation.

Health Insurance Specialist

The Health Insurance Specialist is responsible for all aspects of health insurance programs, including but not limited to: health insurance policy and procedure development, health insurance cost effectiveness/payer of last resort mandates, annual health insurance comparison, and provider education and technical assistance related to health insurance.

Figure 1: Nevada Office of HIV/AIDS Organization Chart



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B. Quality Management Committee

The Nevada RWPB Program has established multiple systems and processes to monitor and evaluate the Program’s Clinical Quality Management Program and Quality Management Plan, one of the most effective practices is the re-establishment of a Quality Management Committee.

1. Purpose and Objectives

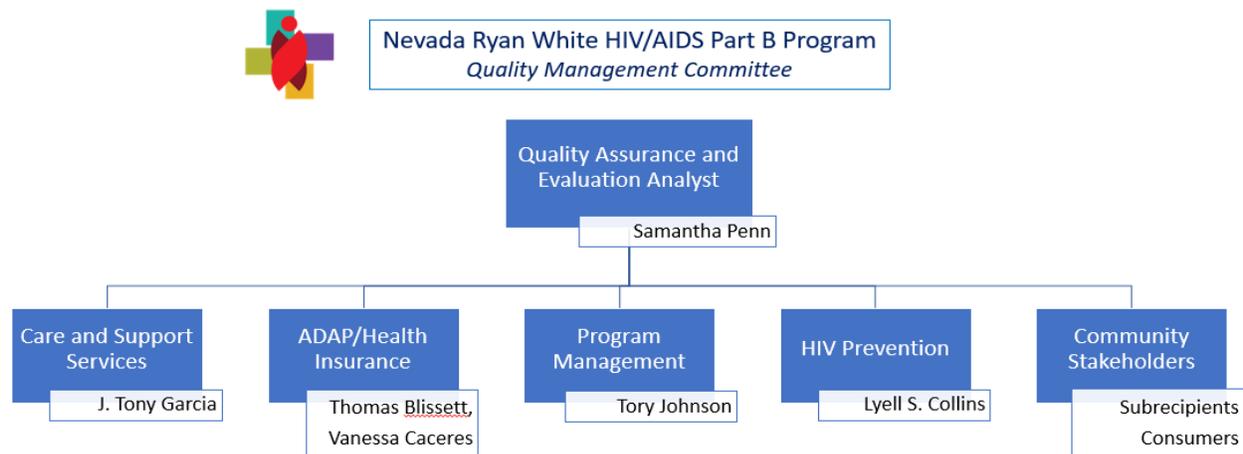
One of the goals of the Nevada RWPB Program’s Quality Management Plan is to reestablish an active Quality Management Committee that meets quarterly to review and support the Quality Management Plan, Quality Improvement projects, and evaluate the Clinical Quality Management Program’s short-term goals. The Quality Management Committee may also identify and discuss emerging practices, potential concerns, and relevant trends related to serving persons living HIV/AIDS, and determine priorities and action items to be addressed as Quality Improvement projects.

2. Participation

The Quality Management Committee is an informal body that will have participation from at least one staff member from each Nevada RWPB team (to include Care and Support Services, ADAP/Health Insurance, Program Management, and Quality Management), one staff member from HIV Prevention, and representation of any interested community stakeholders, such as subrecipients and consumers. The Nevada RWPB Quality Assurance and Evaluation Analyst will serve as the lead/chairperson of the team; responsibilities include organizing team meetings, keeping meeting documentation, and developing agendas. Diversified participation is encouraged to ensure that differing perspectives are taken into consideration when developing priorities and goals.

The Nevada RWPB Quality Management Committee is not the same as the All Parts Quality Management Team/Internal Workgroup. The All Parts Quality Management Team consists of representation from Ryan White Parts A, B, C and D, HIV Prevention, and subrecipients. The purpose of the All Parts Quality Management Team is to provide a mechanism for the objective review, evaluation, and continuing improvement of the Clinical Quality Management Program and long-term goals.

Figure 2: Quality Management Committee Organization Chart



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3. *Documentation*

The Quality Management Committee will retain documentation of agendas and the topics discussed during each meeting in a common shared drive on the Nevada Division of Public and Behavioral Health's drive.

C. *Dedicated Resources*

Resources for building capacity to carry out Clinical Quality Management activities.

- Health Resources and Services Administration/HIV/AIDS Bureau Performance Measure Portfolio: <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>
- Health Resources and Services Administration/HIV/AIDS Bureau Policy Notices and Program Letters: <https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>
- The National Quality Center of the New York State Department of Health: <http://www.NationalQualityCenter.org>
- Ryan White TARGET Center training: <https://careacttarget.org/category/topics/quality-management>
- Institute for Healthcare Improvement: <http://www.ihl.org>
- Health and Human Services Clinal Guidelines: <https://aidsinfo.nih.gov/guidelines>
- University of Nevada, Reno, School of Community Health Sciences, Center for Program Evaluation
- University of Nevada, Reno, RW Part F - Nevada AIDS Education and Training Center
- Nevada Integrated HIV Prevention and Care Plan 2017-2021
- ADAP Pharmacy Consultant Contractor: Diana Bond
- Ramsell Pharmacy Benefits Manager Clinical Management Team

IV. **QUALITY IMPROVEMENT ACTIVITIES**

Quality Improvement projects and priorities are influenced by the Statewide Coordinated Statement of Need/Needs Assessment, which is included as part of the Nevada HIV Integrated Prevention and Care Plan 2017-2021. Quality Improvement projects will also be selected by the Nevada RWPB recipient office's review of subrecipient performance and by subrecipient input regarding critical quality concerns. Subrecipients may request the Nevada RWPB recipient office to coordinate a Quality Improvement project at the subrecipient's agency if the subrecipient has current quality of care concerns.

Quality Improvement activities are implemented and monitored in alignment the Plan, Do, Study, Act methodology in an organized, systematic fashion. Once a Quality Improvement project has been identified, the pertinent parties will work together to establish up a plan, goals, deliverables, and timelines. The parties will continue to follow the Plan, Do, Study, Act

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methodology throughout the life of the Quality Improvement project until goals have been achieved.

Quality Area	Quality Activity	Responsible Person	Timeline
Quality Management Plan and Quality Improvement Project	Ryan White Part B Provider Quality Management Plan development and submission to Nevada RWPB recipient office	Recipients	60 days after the start date of the grant year
	Quality Improvement Project proposal development and submission to Nevada RWPB recipient office	Recipients	60 days after the start date of the grant year
	Quality Improvement Project and Quality Management Plan progress report (<i>via Quarterly Report Response</i>)	Recipients	Quarterly
Quality Monitoring	Performance Measures Monitoring (<i>via Quarterly Report</i>) & Feedback (<i>via Quarterly Report Response</i>)	Recipients and Quality Assurance Analyst	Quarterly
Planning and Evaluation	Quality Management Committee Meeting	Quality Management Committee Members	Quarterly via Conference Call

Subrecipient driven Quality Improvement Project proposals will be required for all contracts executed after January 1, 2018. The State recipient office will be responsible for conducting Quality Improvement Projects in the interim.

V. QUALITY MANAGEMENT AND ASSURANCE ACTIVITIES

The Nevada RWPB Program is engaged in continuous quality assurance activities through the management, development, revision, and implementation of systematic improvements at the State programmatic-level. Creating a solid foundation of client-centered policies, procedures, and processes enhances the ability of subrecipients to focus on implementing client-centered, evidence-based HIV care services.

Quality Management and Quality Assurance activities include, but are not limited to: enhancing the Nevada RWPB Quality Management infrastructure, measuring subrecipient performance with quarterly reports, soliciting subrecipient responses to performance and progress, engaging subrecipients in Quality Management activities and evaluation of their Quality Management Plans, engaging subrecipients in Quality Improvement activities, revising or updating the Nevada RWPB Standards of Care to align with HRSA Policy Clarification Notices and the National Monitoring Standards, and revising or updating Nevada RWPB policies and procedures. Data

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collected as part of quality assurance processes feeds back into the Clinical Quality Management Program to ensure improvement in patient care, health outcomes, and patient satisfaction.

A. Service Standards

Service Standards are defined standards and expectations for service delivery outlined by the Nevada RWPB Program, in alignment with federal guidance and clinical treatment guidelines. The purpose of Service Standards are to define the minimal acceptable level of service or care, by which a Nevada RWPB-funded service provider is monitored and that a Nevada RWPB-funded service provider may practice. Service Standards also ensure that service delivery is consistent, provide the same essential components of a service category, and are in line with the quality of care clients expect. Nevada RWPB Program has published Service Standards, aligning with the funded service categories: Health Insurance Premium and Cost-Sharing for Low Income Individuals, Early Intervention Services, ADAP Health Insurance to Provide Medications, Medical Case Management, Non-Medical Case Management, Health Education/Risk Reduction, Legal Services, Medical Transportation Services, Psychosocial Support Services, Referral to Healthcare and Support Services, and Mental Health Services. Service Standards are revised and updated, as needed, as part of the Quality Assurance process. As new service categories are funded through the Nevada RWPB Program, new the Service Standards will be written to ensure quality care and consistent service delivery by all Nevada RWPB- funded service providers.

B. Service Delivery Meetings

Ryan White Parts A, B, C, and D has created a monthly meeting that includes subrecipients, consumers, and other RWHAP recipients. The northern Nevada meeting is called Services, Planning, and Evaluation Collaborative (SPEC) and the meeting in the southern region is called Action Planning Group (APG). The monthly service delivery meetings focus on quality improvement overviews, eligibility and enrollment updates, trainings, information sharing, partner introductions, grant opportunities, guest speakers, best practices and challenges discussions, and outlines gaps in services and/or barriers occurring in the HIV service delivery community.

C. Subrecipient Quality Management Plans

Subrecipients of Nevada RWPB Program funding are required to develop a provider Quality Management Plan within 60 days of grant execution; only one plan is required per agency, regardless of the number of Nevada RWPB Program-funded service categories or funding streams. The development of the Quality Management Plan enables the subrecipient to evaluate and assess locally designated performance measures and to make recommendations to streamline efforts, maximize the use of resources, evaluate reporting burdens, and align local efforts with the Nevada RWPB Quality Management Plan priorities.

D. Quarterly Reports

Quarterly reports are required data reports for all Nevada RWPB Program-funded subrecipients as a Quality Management tool. The data included in the quarterly reports includes: the number of unduplicated clients by quarter, client viral suppression by quarter, the number of clients with reportable labs in CAREWare, the number of services provided to eligible and ineligible clients by subservice, a breakdown of ineligible clients served by eligibility status, the number of unduplicated clients by age, the percent of unduplicated clients by gender, the number of

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unduplicated clients by race/ethnicity, and the percent of unduplicated clients by HIV risk factors. The reports allow the subrecipient to reflect on service delivery objectives, performance measure indicators, and goals. Subrecipients are required to provide feedback regarding the data presented in the report; service delivery successes and challenges; actions taken to improve service delivery; updates on their Quality Management Program including any indicators currently being tracked, the status of current improvement projects, re-evaluations of previously implemented quality improvement projects; quantitative or qualitative information received from any consumer input received through consumer satisfaction surveys, consumer advisory boards, suggestion boxes, or any other method by which you gather consumer input on service delivery; client issues or clients in jeopardy of losing services; highlights of programs or services offered at their agency; and any technical assistance needs. The quarterly reports offer improved communication between the Program and subrecipients while providing performance measure data to guide subrecipients towards analyzing quality health outcomes and potential Quality Improvement projects. This data identifies strengths and weaknesses, barriers or gaps, and any corrective action needed to improve outcomes. Subrecipients that did not meet targeted goals and expectations are provided technical assistance to clarify expectations and discuss Scope of Work delivery.

Subrecipients also complete a Final Year-End Quarterly Report which requires subrecipients to report on the implementation of their Quality Management Plan and Quality Improvement projects. This report is used to evaluate the annual quality goals, appropriateness of the performance measures, and quality improvements.

E. Subrecipient Technical Assistance and Training

Nevada RWPB recipient staff, Quality Assurance and Evaluation Analyst, HIV Care Services Specialists, and ADAP Coordinator, are responsible for providing or coordinating technical assistance and trainings for Nevada RWPB subrecipients and providing related materials. Nevada RWPB recipient staff can provide trainings and technical assistance on the following topics (list not exhaustive): assistance with data entry accuracy in CAREWare, trainings for Eligibility and Enrollment Specialists on enrollment standards, technical assistance to subrecipients about program implementation and best practices, technical assistance to subrecipients about allowable uses of funding, in addition to, directly funding subrecipients to attend training and conferences that enhance service delivery knowledge and professional development. Training needs are assessed through the monitoring of subrecipient Quality Management Plans, subrecipient requests, and Quarterly Report evaluations and/or needs assessments.

VI. ANNUAL QUALITY GOALS AND EVALUATION

A. Short-Term Annual Goals

Nevada RWPB Program's short-term annual quality goals are developed to strengthen the Nevada RWPB Clinical Quality Management Program and create substantive program changes to enhance the quality and efficacy of HIV/AIDS services in Nevada. The annual goals will be reviewed and updated as required based on successful accomplishment and ability to move on to the next level. If the goals have only been partially accomplished, they will be modified and re-

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integrated into the next year's goals.

Goal 1: Reestablish an active Quality Management Committee that meets quarterly to review and support the Quality Management Plan and quality improvement projects.

Goal 2: Revise and update the Nevada RWPB Fiscal, Program, and Universal Monitoring Guides and policy manual for subrecipient site visits.

Goal 3: Assess the needs, educate service providers, and build capacity within Nevada RWPB funded agencies statewide.

B. Long-Term Annual Goals

Nevada RWPB Program's long-term annual quality goals are outlined by the Nevada Integrated HIV Prevention and Care Plan 2017-2021. The Nevada Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need, was developed in response to the guidance provided by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). The process was guided by the Integrated HIV Prevention and Care Plan Internal Workgroup, which was formed by the State Office of HIV/AIDS and the Las Vegas Transitional Grant Area (TGA) Ryan White HIV/AIDS Part A Program. The workgroup included representatives from the Las Vegas TGA Ryan White Part A Program, Ryan White Part B Program, Ryan White Part C Program, Ryan White Part D Program, HIV Prevention Program, Southern Nevada Health District (SNHD), and Washoe County Health District (WCHD). The goals outlined below are statewide programmatic goals for all Ryan White Program Parts and HIV Prevention, as such, multiple programs will have a role in achieving the statewide goals and benchmarks each year.

Goal 1: Reducing new HIV infections

Objective 1a. By 2021, 90% of people living with HIV will know their serostatus.

Objective 1b. By 2021, reduce by 25% the number of new HIV diagnoses.

Goal 2: Increasing access to care and improving health outcomes for PLWH

Objective 2a. By 2021, increase to 85% the percentage of people newly diagnosed with HIV who have been linked to a provider within the first 30 days.

Objective 2b. By 2021, increase by 20% the percentage of clients in care needing mental and/or behavioral health services who went to their first appointment.

Objective 2c. By 2021, 80% of people diagnosed with HIV, who have had a medical visit each year for the past two years, will be virally suppressed (VL <200)

Objective 2d. By 2021, reduce to 20% the incidence of STIs in HIV infected persons in care.

Objective 2e. By 2021, increase number of clinics screening for HIV associated comorbidities by 20%.

Goal 3: Reducing HIV related disparities and health inequities

Objective 3a. By 2021, reduce disparities in the rate of new diagnoses by at least 15% among Nevada's priority populations.

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Objective 3b. By 2021, increase to 85% the percentage of newly diagnosed with HIV among Nevada's priority populations who have been linked to a provider within the first 30 days.

The Nevada Integrated HIV Prevention and Care Plan includes strategies for ongoing monitoring and improvement. The Ryan White Part A, Ryan White Part B and HIV Prevention programs have contracted with the School of Community Health Sciences at the University of Nevada, Reno to oversee the evaluation and monitoring of the plan. The All Parts Quality Management Team, also known as the Internal Workgroup, meets every six months with the University to review progress on plan implementation and long-term goals. Annual and interim evaluation reports are produced by the University to document the implementation process, as well as, progress towards the plan goals and objectives.

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VII. PERFORMANCE MEASUREMENT

Clinical quality performance measurements, in alignment with the Health Resources Services Administration HIV/AIDS Bureau Performance Measures, have been selected for both core medical and supportive services.

Figure 2: Service Categories, Outcomes, and Benchmarks:

Service Category	Measured Outcome	Data Elements used to Measure Indicator
AIDS Drug Assistance Program (ADAP) Services	<ol style="list-style-type: none"> 1. Increase the percent of persons who are virally suppressed to 87%. 2. At least 90% percent of identified inappropriate antiretroviral (ARV) regimen components prescriptions are resolved by the ADAP program during the measurement year <p>Benchmark: 90%</p> <ol style="list-style-type: none"> 3. At least 90% ADAP applications, for the ADAP-uninsured program, will be approved or denied for ADAP enrollment within 14 days (two weeks) of ADAP receiving a complete application in the measurement year. 	<ul style="list-style-type: none"> • Viral Suppression: Percent of clients, regardless of age, with a diagnosis of HIV with a HIV viral load of less than 200 copies/mL at last HIV viral load test during the measurable year. • Inappropriate Antiretroviral Regimen Components Resolved by ADAP: The number of antiretroviral (ARV) regimen components prescriptions included in the US Public Health Service Guidelines, “Antiretroviral Regimens or Components That Should Not Be Offered At Any Time” and “Antiretroviral Regimens or Components That Should Not Be Offered for Treatment of Human Immunodeficiency Virus (HIV) Infection in Children” that are resolved by the ADAP program during the measurement year (numerator), divided by number of inappropriate antiretroviral (ARV) regimen components prescriptions that are identified by ADAP • ADAP Application Timeliness: Percent of ADAP applications, for ADAP-uninsured program, approved or denied for ADAP enrollment within 14 days (two weeks) of ADAP receiving a complete application. Compare the number of ADAP applications completed via referral completion notification for ADAP-uninsured services (numerator), divided by the number of ADAP applications referred to Nevada ADAP domain (denominator)

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Early Intervention Services	1. Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 91%.	<ul style="list-style-type: none"> • Linkage Activities: Number of clients with any linkage-to-care activities within 30 days of HIV diagnosis.
Emergency Financial Assistance	1. Increase the percent of persons who are virally suppressed to 86%.	<ul style="list-style-type: none"> • Viral Suppression: Percent of clients, regardless of age, with a diagnosis of HIV with a HIV viral load of less than 200 copies/mL at last HIV viral load test during the measurable year to coincide with the National HIV/AIDS Strategy Updated 2020.
Health Education/Risk Reduction	<ol style="list-style-type: none"> 1. Increase the percent of persons who are virally suppressed to 86%. 2. Increase in the percentage of clients who receive HERR services by 5%. 	<ul style="list-style-type: none"> • Viral Suppression: Percent of clients, regardless of age, with a diagnosis of HIV with a HIV viral load of less than 200 copies/mL at last HIV viral load test during the measurable year. • HERR Services: Percent of clients who receive HERR services above or below the service goal, i.e., the difference between the number of people actually served minus the service goal, divided by the service goal.
Health Insurance Premium and Cost Sharing Assistance-Health	<ol style="list-style-type: none"> 1. Increase the percent of persons who are virally suppressed to 86%. 2. Increase in the percent of clients accessing dental health care by 2% from GY2017. 	<ul style="list-style-type: none"> • Viral Suppression: Percent of clients, regardless of age, with a diagnosis of HIV with a HIV viral load of less than 200 copies/mL at last HIV viral load test during the measurable year. • Dental Health Care: Percent of clients who receive dental services above or below the service goal, i.e., the difference between the number of people actually served minus the service goal, divided by the service goal.
Health Insurance to Provide Medications	<ol style="list-style-type: none"> 1. Increase the percent of persons who are virally suppressed to 88%. 2. Increase the percent of clients who receive health insurance assistance, premium assistance and copayment assistance, by 5% each. 	<ul style="list-style-type: none"> • Viral Suppression: Percent of clients, regardless of age, with a diagnosis of HIV with a HIV viral load of less than 200 copies/mL at last HIV viral load test during the measurable year. • Insurance Assistance: Percent of clients who receive health insurance assistance above or below the service goal, i.e., the difference between the number of people actually served minus the service goal, divided by the service goal.

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Housing	1. Increase in the percentage of clients in stable housing by 1%.	<ul style="list-style-type: none"> • Housing Services: Percent of clients who receive housing services above or below the service goal, i.e., the difference between the number of people actually served minus the service goal, divided by the service goal.
Medical Case Management, Treatment Adherence Services	1. Increase the percent of persons who are virally suppressed to 86%.	<ul style="list-style-type: none"> • Viral Suppression: Percent of clients, regardless of age, with a diagnosis of HIV with a HIV viral load of less than 200 copies/mL at last HIV viral load test during the measurable year.
Medical Nutrition Therapy	1. Increase the percent of persons who are virally suppressed to 86%.	<ul style="list-style-type: none"> • Viral Suppression: Percent of clients, regardless of age, with a diagnosis of HIV with a HIV viral load of less than 200 copies/mL at last HIV viral load test during the measurable year.
Medical Transportation	1. Increase the percent of persons who are virally suppressed to 86%.	<ul style="list-style-type: none"> • Viral Suppression: Percent of clients, regardless of age, with a diagnosis of HIV with a HIV viral load of less than 200 copies/mL at last HIV viral load test during the measurable year.
Mental Health Services	<p>1. A minimum of 85% of clients will maintain or report an improvement of mental health symptoms on a first assessment compared to a last assessment, during the measurement year.</p> <p>2. Increase the percent of persons who are virally suppressed to 86%.</p>	<ul style="list-style-type: none"> • Assessment Score: The percent of clients who accessed a mental health service and received an maintain or improvement score from their initial to their final mental health assessment (SBIRT or WHODAS) during the measurement year. • Viral Suppression: Percent of clients, regardless of age, with a diagnosis of HIV with a HIV viral load of less than 200 copies/mL at last HIV viral load test during the measurable year.
Non-Medical Case Management Services	1. Increase the percent of persons who are virally suppressed to 86%.	<ul style="list-style-type: none"> • Viral Suppression: Percent of clients, regardless of age, with a diagnosis of HIV with a HIV viral load of less than 200 copies/mL at last HIV viral load test during the measurable year.
Other Professional Services (Legal)	<p>1. Increase the percent of persons who are virally suppressed to 86%.</p> <p>2. Increase in the percentage of clients who receive legal services by 10%.</p>	<ul style="list-style-type: none"> • Viral Suppression: Percent of clients, regardless of age, with a diagnosis of HIV with a HIV viral load of less than 200 copies/mL at last HIV viral load test during the measurable year. • Legal Services: Percent of clients who receive legal services above or below the service goal, i.e., the difference between the

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		number of people actually served minus the service goal, divided by the service goal.
Outpatient/Ambulatory Health Services	1. Increase the percent of persons who are virally suppressed to 86%.	<ul style="list-style-type: none"> • Viral Suppression: Percent of clients, regardless of age, with a diagnosis of HIV with a HIV viral load of less than 200 copies/mL at last HIV viral load test during the measurable year.
Psychosocial Support Services	1. Increase the percent of persons who are virally suppressed to 87%.	<ul style="list-style-type: none"> • Viral Suppression: Percent of clients, regardless of age, with a diagnosis of HIV with a HIV viral load of less than 200 copies/mL at last HIV viral load test during the measurable year.
Referral for Healthcare and Supportive Services	1. Increase the percent of persons who are virally suppressed to 86%. 2. Increase in the percentage of clients who eligibility and enrollment services for six-month re-certification enrollment, by 10%.	<ul style="list-style-type: none"> • Viral Suppression: Percent of clients, regardless of age, with a diagnosis of HIV with a HIV viral load of less than 200 copies/mL at last HIV viral load test during the measurable year. • Eligibility and Enrollment Services: Percent of clients who receive eligibility and enrollment above or below the service goal, i.e., the difference between the number of people actually served minus the service goal, divided by the service goal.

Findings from the evaluation of measured outcomes and activities provides important data to aide in funding allocation decisions and improving service quality and delivery. Nevada RWPB evaluates each subrecipient by service category every quarter through the Quarterly Reports; measures ADAP performance monthly and quarterly to track subprogram utilization; and measures the overall Program performance annually using the Implementation Plan analysis as a guide.

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VIII. DATA COLLECTION AND SOURCES

A. Data Collection

The primary data system for Nevada RWPB is CAREWare. Nevada RWPB's CAREWare system is a secure, centralized, software application designed to capture high volumes of data from multiple Nevada RWPB-funded subrecipients. CAREWare is required to be utilized by all subrecipients of Nevada RWPB for client-level data to ensure a unified data collection system for subrecipient data. This is crucial in providing improved access to, and retention in, care for HIV-positive individuals, enhancing the quality of services and client outcomes, and linking clients to services.

The primary data system for the Nevada RWPB AIDS Drug Assistance Program (ADAP) data is the Ramsell Pharmacy Benefit Management System (Ramsell). Ramsell's system processes medication claims data for all of Nevada RWPB AIDS Drug Assistance Programs; the ADAP insured program, the ADAP uninsured program, and the Medicare medication copayment program. Twice monthly, data from Ramsell is uploaded into CAREWare into each client's individual CAREWare file. Data is able to be siloed or shared between CAREWare domains to restrict sensitive client level information; ADAP data is shared across domains so providers can instantly see if a client has been accessing medications and remains retained-in-care or has fallen out-of-care.

Data quality is a primary objective of the Clinical Quality Management Program. To enhance data accuracy and timeliness, Ryan White Parts A, B, C, and F are working toward a data sharing agreement between their CAREWare systems. This agreement will allow subrecipients to review a more comprehensive client record, ultimately improving client care. Data sharing agreements with the Centers for Medicare and Medicaid Services, Nevada Medicaid, and the Nevada Office of Public Health Informatics and Epidemiology (OPHIE)/Surveillance have been created and implemented, offering improved completeness reports of Ryan White client records in CAREWare. Data sharing efforts will significantly improve data collection, analysis, and reporting abilities. The accumulation of this data will assist in analyzing needs, gaps, and barriers in services.

B. Data Sources

- CAREWare
- Ramsell Pharmacy Benefit Management System
- Nevada Medicaid
- Nevada Office of Public Health Informatics and Epidemiology (OPHIE)/Surveillance
- Centers for Medicare and Medicaid Services
- EvaluationWeb and PartnerServicesWeb
- Subrecipient data systems: Salesforce, eClinicalWorks

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IX. EVALUATION

The Nevada RWPB Quality Management Plan will be evaluated prior to the end of the grant year by Nevada RWPB staff and the Quality Management Committee. This will be done to assess quality infrastructure and activities to ensure that the Clinical Quality Management Program is in line with its annual purpose and goals, and to determine its strengths and weaknesses for the purpose of making any needed adjustments. Evaluation will take place using the Quality Plan Review Checklist (provided by HRSA), which is also utilized to evaluate subrecipient Quality Management Plans. Based on evaluation results, the QM committee will refine strategies for improvement and implementation for the following year.

A. Quality Improvement Activity Evaluation

Quality Improvement activities are evaluated and monitored in alignment the *Plan, Do, Study, Act* methodology in an organized, systematic fashion. The evaluation and *Plan, Do, Study, Act* process will continue throughout the life of the Quality Improvement project until goals have been achieved. Quality Improvement goals and deliverables will be evaluated to determine if they meet the expectations of the project and to measure the impact the Quality Improvement activities have on improving the health and/or access to HIV services in Nevada.

B. Quality Management Performance Measure Evaluation

Performance indicators will be reviewed and evaluated to assess their appropriateness for measuring clinical and non-clinical HIV care by Nevada RWPB staff and the Quality Management Committee. Performance measures are evaluated annually as part of the Annual Progress Report Implementation Plan update, and as needed during the Quality Management Committee's quarterly discussions.

C. Clinical Quality Management Program Evaluation

The Nevada RWPB Program contracts and partners with the Center for Program Evaluation through the University of Nevada, Reno, School of Community Health Sciences to conduct Program evaluation. As part of the Nevada Integrated HIV Prevention and Care Plan, which sets the Nevada RWPB long-term annual quality goals, the University will conduct consumer and provider satisfaction surveys that provide valuable information for future goal setting, as well as provide guidance and oversight on the goals, targets, and unmet needs of the Nevada RWPB program. The following are a list of objectives and activities to be facilitated:

- Monitor implementation of goals and objectives to assure HIV/AIDS services are on track with identified needs and priorities.
- Conduct meetings with the All Parts Quality Management Team for updates, discuss strategies, and establish next steps.
- Conduct surveys or focus groups to assess progress and deliver progress reports throughout the year.
- Compile progress reports of Nevada RWPB activities to update the Plan to analyze information and identify trends.
- Facilitate formal focus group meetings.
- Facilitate individual key stakeholder meetings.

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- Conduct focus groups and meetings, as needed, to assess progress.

The All Parts Quality Management Team consists of representation from Ryan White Parts A, B, C and D, HIV Prevention, and subrecipients. The purpose of the All Parts Quality Management Team is to provide a mechanism for the objective review, evaluation, and continuing improvement of the quality management system and long-term goals.

The Nevada RWPB short-term annual quality goals are evaluated annually as part of the Annual Progress Report Implementation Plan update, and as needed during the Quality Management Committee's quarterly discussions. The short-term annual quality goals may be updated in this Quality Management Plan as goals are achieved.

1. Subrecipient Site Visits

In compliance with the National Monitoring Standards, Nevada RWPB conducts an annual comprehensive site visit for each subrecipient. Quality Management activities are addressed during the annual site visits as part of the compliance monitoring and performance measure reviews. The Subrecipient Monitoring Tool includes a review of subrecipient performance-based indicators and their progress and adjustment of measures and/or strategies to achieve the desired outcomes. Subrecipient policies and procedures are reviewed to ensure the written protocols for patient services that address Health Resources and Services Administration and Public Health Service guidelines. Random samples of patient files are reviewed for the presence of eligibility documentation, accurate service delivery information, and clinical notes.

2. AIDS Drug Assistance Program Evaluation

Annually, Nevada RWPB performs a performance evaluation of the AIDS Drug Assistance Program as part of the Annual Progress Report Implementation Plan update. Due to the AIDS Drug Assistance Program's critical medication services, Nevada RWPB requires additional program evaluation to determine efficacy and client safety. The AIDS Drug Assistance Program convenes a Medical Advisory Committee, at least bi-annually, to discuss medication reviews, performance evaluation, utilization, program cost-effectiveness, and overall program effectiveness. The Ramsell Pharmacy Benefit Management System has been constructed with additional safeguards, such as ARV dose optimization, ARV duplicate ingredient warnings, and contraindicated ARV therapy warnings. The Medical Advisory Committee, along with the ADAP Coordinator, evaluates the AIDS Drug Assistance Program through the lens of *STEEP*:

- Safety—avoid injury to patients from the care that is intended to help them
- Timeliness—reduce waits and harmful delays
- Effectiveness—provide services based on scientific knowledge to all who could benefit and refrain from providing services to those not likely to benefit (avoiding overuse and underuse, respectively)
- Efficiency—avoid waste
- Equitability—provide care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographical location, and socioeconomic status

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- Patient centeredness—provide care that is respectful of and responsive to individual patient preferences, needs, and values

X. GLOSSARY

- **All Parts Quality Management Team/Internal Workgroup:** A committee of all Ryan White Program Parts A, B, C, and D, and the HIV Prevention Programs that contracted with the School of Community Health Sciences at the University of Nevada, Reno to oversee the evaluation and monitoring of the Nevada Integrated Prevention and Care Plan and Quality Management long-term goals.
- **Nevada RWPB Quality Management Committee:** A committee of Nevada RWPB staff members from each Nevada RWPB team, as well as, HIV Prevention and community stakeholders, such as subrecipients and consumers that that meets quarterly to review and support the Quality Management Plan, Quality Improvement projects, and evaluate the Clinical Quality Management Program’s short-term goals.
- **Quality Assurance:** Quality Assurance refers to a broad spectrum of activities aimed at ensuring compliance with minimum quality standards.
- **Quality Improvement:** Quality Improvement consists of systematic and continuous actions that lead to measurable improvement in health care services and health outcomes.
- **Quality Management Plan:** A written document that outlines a HIV quality program. A quality management plan describes all aspects of the Clinical Quality Management Program including infrastructure, priorities, performance measures, quality improvement activities, action plan with a timeline and responsible parties, and evaluation of the Clinical Quality Management Program.
- **Recipient Office:** Ryan White HIV/AIDS Part B Program staff in the Office of HIV/AIDS
- **Subrecipient:** Ryan White HIV/AIDS Part B Program grant funded community providers