Ryan White Part A Clinical Quality Management Program

CQMC MEETING

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CQM PROGRAM MANAGER



Thank you for being a part of the RWHAP Part A Clinical Quality Improvement Committee (CQMC). It's been a while since we've been together, and I'm excited to share the changes we've made to strengthen our CQM program.

Agenda:

- I. Background
- II. New CQM Program Changes
 - a. CQM plan goals
 - b. Infrastructure
 - c. Performance Measures
 - d. Quality Improvement
- II. Epidemiology update
- III. Organizational assessment
- IV. Engagement Opportunities
 - a. Planning Council
 - b. CAG (EHE)

Background

Title XXVI of the PHS Act requires RWHAP Part A recipients to establish a CQM 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 (or HHS 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.

New CQM Plan Goals

- Goal #1) Establish a comprehensive and functional quality infrastructure.
 - Completed December 2022
- Goal #2) Improve data management, integrity and utilization.
 - Partially complete; full evaluation in October 2023
- Goal #3) Establish a culture of quality improvement.
 - In progress
- Goal #4) Improve continuous quality improvement acumen for sub recipients
 - In progress

Infrastructure Changes

In order to build a strong CQM program, a strong infrastructure is necessary to support it. It is developed with a multi disciplinary team that collectively work together to drive a culture of continuous improvement. This infrastructure, is referred to as the **Clinical Quality Management Committee**. The CQMC is comprised of individuals whose roles and skills are integral to carrying out the CQM activities of RWHAP Part A in the Cleveland TGA.

Clinical Quality Management Committee (CQMC)

Members of this group are:

- recipient
- funded service providers (sub recipients)
- consumers of services
- other RWHAP recipients
- prevention recipients
- other staff members
- HIV program leadership

New workgroups:

We've also created a few workgroups:

- Internal CQM workgroup-group that guides and plans all quality initiatives.
- Project Management workgroup-sub recipients participating in QIP.
- And we also increasing our capacity in collaborating with:
 - CLC subcommittee-planning council

Performance Measurement

Development of the Performance Measure Portfolio:

In 2023, RWHAP Part A is required to monitor 7 performance measures in the following service categories:

- □EIS-19%
- ■MCM-34%
- ☐ Mental Health-22%
- □Outpatient Ambulatory Health Services-69%
- ☐ Mental Transportation-39%
- Non-medical case management-46%

Retention:

Definition:

- N: Number of Ryan White Part A eligible clients who had two or more medical visits, viral load or CD4 tests performed at least three months apart during the measurement year.
- D: Number of diagnosed individuals who had at least one medical visit, viral load test, or CD4 test in the measurement year.

Priority populations monitored: MSM, Youth 13-24, AA/LW

Antiretroviral Therapy

Definition:

- N: Number of Ryan White Part A eligible clients receiving medical care who have a documented antiretroviral therapy prescription on record in the measurement year.
- D: Number of diagnosed individuals who had at least one medical visit, viral load test, or CD4 test in the measurement year.
 - Priority populations monitored: MSM, Youth 13-24

Viral suppression:

Definition:

- N: Number of Ryan White Part A eligible clients receiving medical care whose most recent HIV viral load within the measurement year was less than 200 copies/mL.
- D: Number of diagnosed individuals who had at least one medical visit, viral load test, or CD4 test in the measurement year.
 - Priority populations monitored: All, MSM

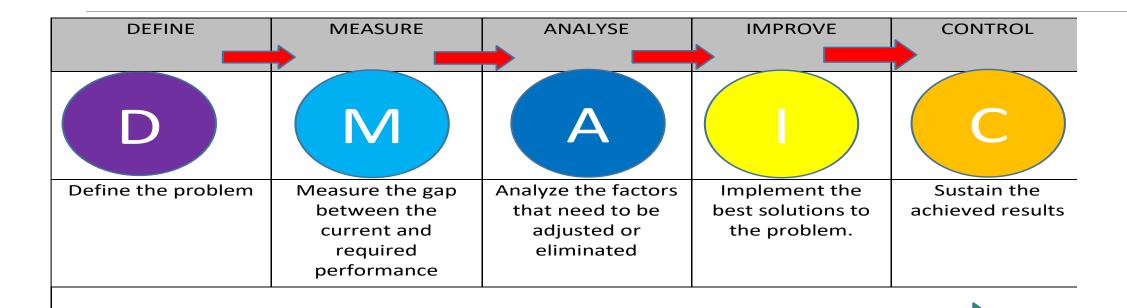
Quality Improvement

Quality Improvement Project Overview:

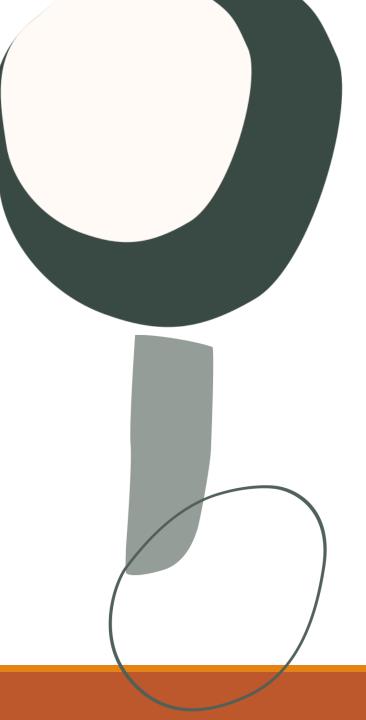
Problem statement: Client retention has reflected a year to year downward trend in the HIV continuum of care.

Aim statement: Medical Case Managers seek to improve the retention rate from 69% to 74% by implementing a 3-attempt follow up process after a missed appointment, by November 2023.

Project Methodology:DMAIC



"Process-based, data-driven approach to improving the quality of a product or service."



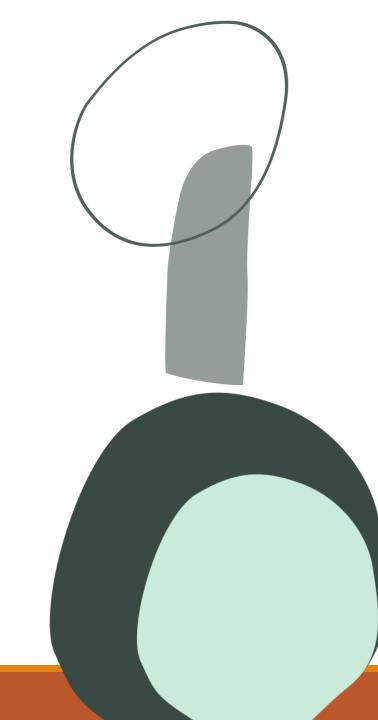
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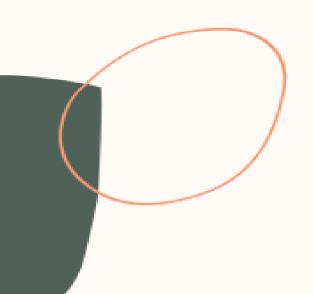
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2022* CLEVELAND TGA INCIDENCE/NEW CASES

172 New Cases

13.9 new cases of HIV per 100,000 people in the population

Cases have decreased 15% since 2021

Sex

Age Group

43% of cases under 30 years old

20-24 year olds had the highest number of new cases in 2022

Race/Ethnicity

Almost half of all new cases were Black/African American

14% of new cases were among those who are Hispanic/Latinx

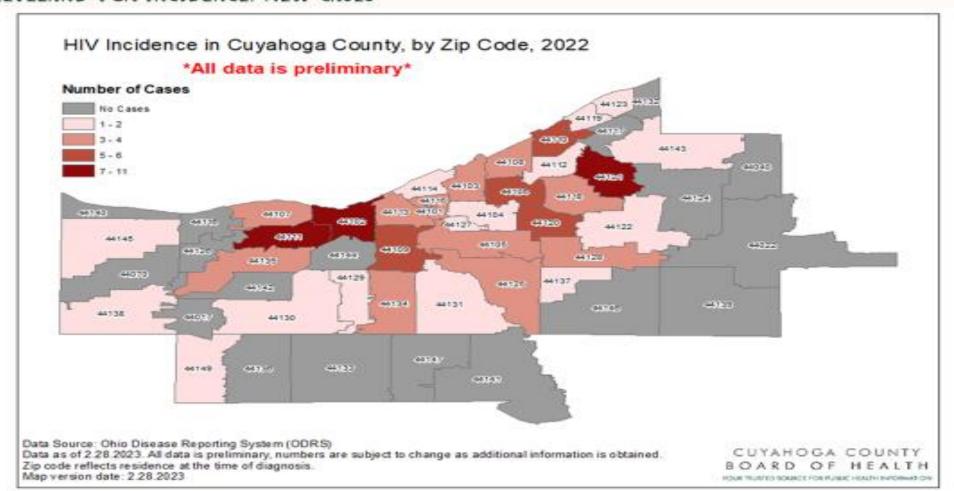
Exposure Category

31% MSM, 5% IDU

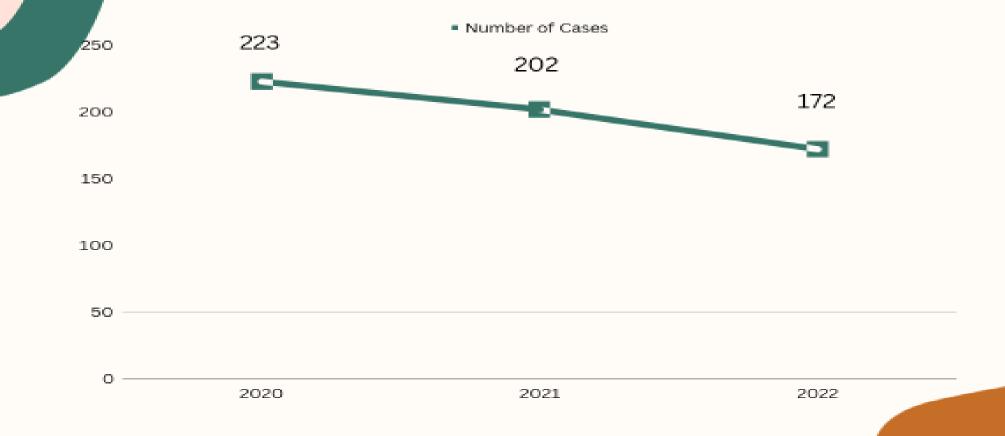
Increase in IDU exposure and decrease in MSM exposure since 2021

*2022 data as of 2/14/2023; data is preliminary and subject to change

2022. CLEVELAND TGA INCIDENCE/NEW CASES



CLEVELAND TGA HIV INCIDENCE, 2020 - 2022*

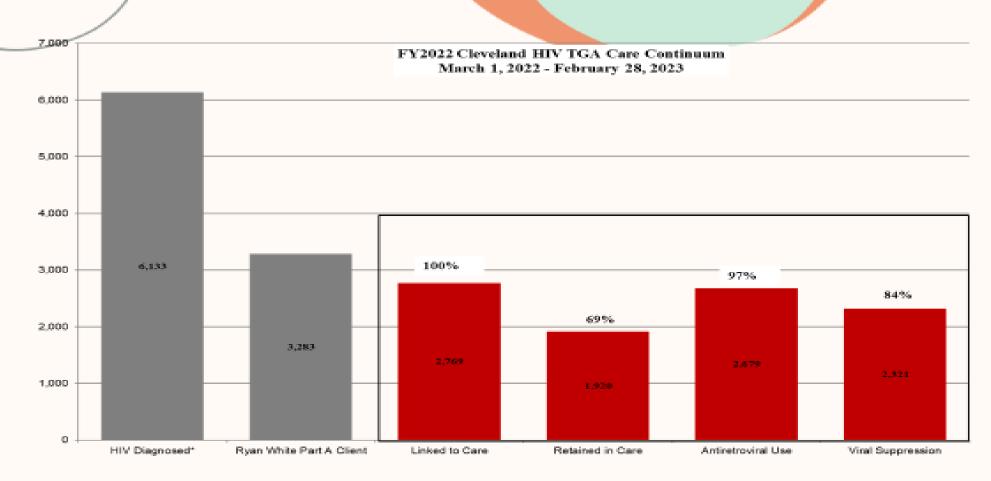




Ryan White Care Continuums

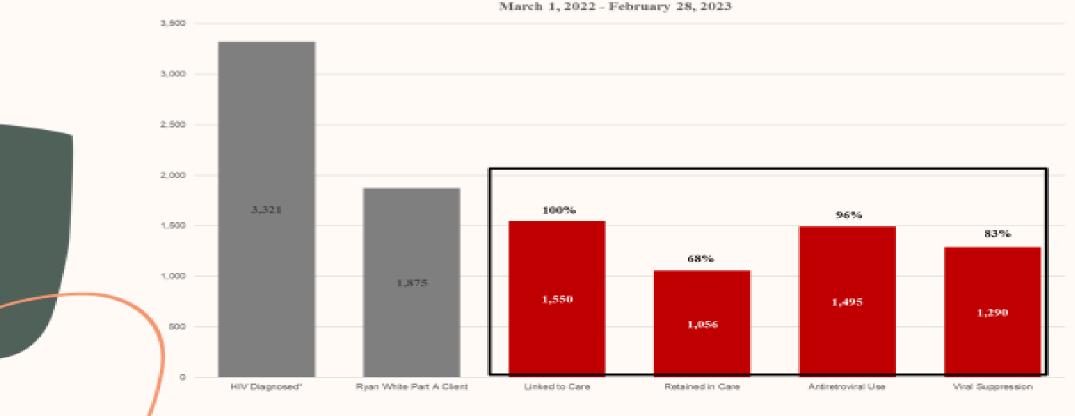
FY22 (March 1, 2022 -February 28, 2023)

Overall Continuum

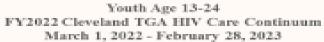


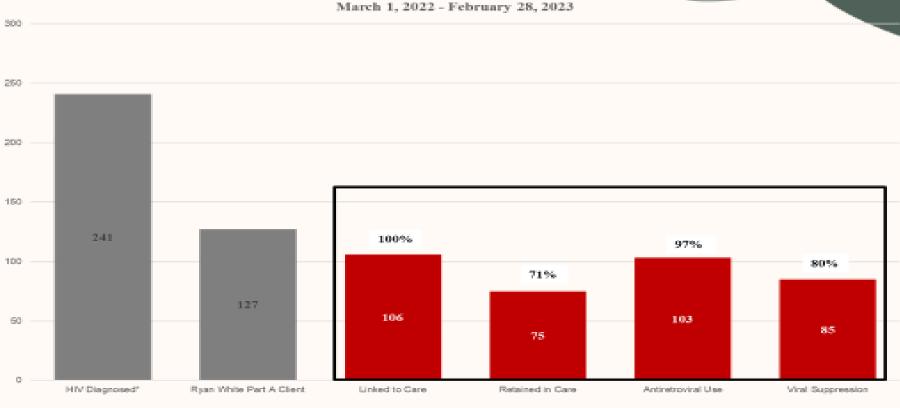
MSM CONTINUUM

Men Who Have Sex with Men (MSM) FY2022 Cleveland TGA HIV Care Continuum March 1, 2022 - February 28, 2023



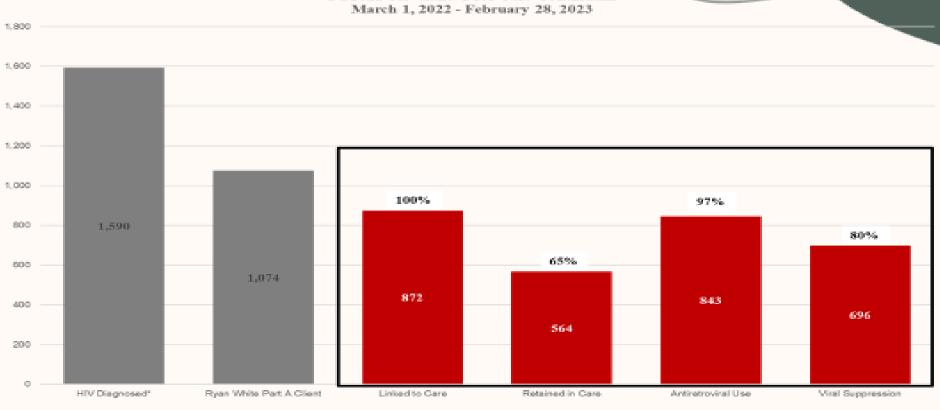
YOUTH CONTINUUM





BLACK MSM CONTINUUM

Black/African American Men Who Have Sex with Men (MSM) FY2022 Cleveland TGA Care Continuum March 1, 2022 - February 28, 2023

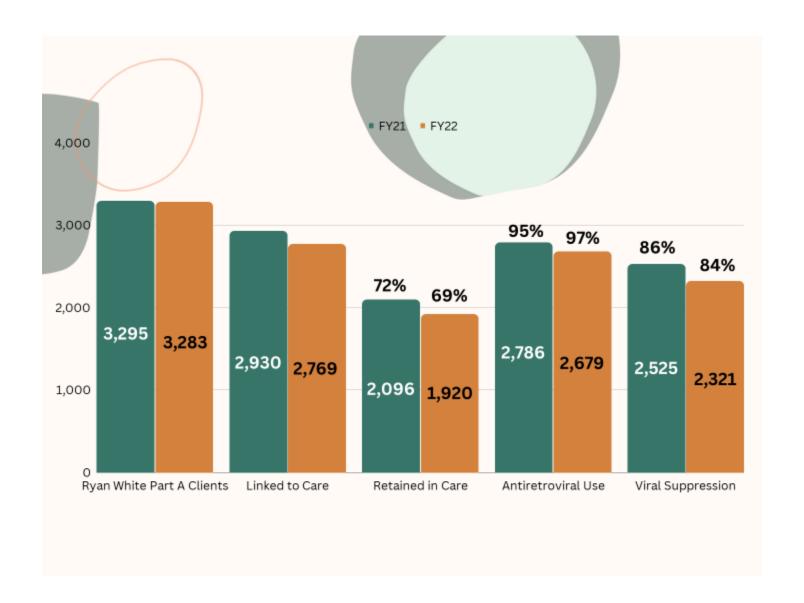






FY21 vs FY22

Comparison of number of RW clients, LTC, RIC, ART, and VL between the last two fiscal years



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Engagement Opportunities

RWHAP Planning Council

CAG (EHE)

Huge thank you to all of you! Questions?

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