HRSA
Health Resources & Services Administration

Developing and Revising Your Clinical Quality Management Plan

2020 National Ryan White Conference on HIV Care and Treatment

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HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People

Health Resources and Services Administration (HRSA) Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

- Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

HRSA's HIV/AIDS Bureau (HAB) Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.

HRSA's Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV
  - More than half of people with diagnosed HIV in the United States – nearly 519,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
- Funds grants to states, cities/counties, and local community based organizations
  - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 87.1% of Ryan White HIV/AIDS Program clients were virally suppressed in 2018, exceeding national average of 62.7%

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Learning Objectives

- Identify the key components of a clinical quality management (CQM) plan

- Explain the steps in developing and revising a CQM plan

- Demonstrate understanding and appropriate use of the CQM plan assessment tool

Clinical Quality Management
Policy Clarification Notice 15-02

Purpose:

This policy clarification notice (PCN) is to clarify the Health Resources and Services Administration Ryan White HIV/AIDS Program expectations for clinical quality management programs.

Originally released in September 2015 and revised/re-released in November 2018

Scope of Coverage:

RWHAP Parts A, B, C, and D

Recipients and Subrecipients

https://https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters

Clinical Quality Management Plan

- What is a CQM Plan?

- What is its purpose and value?

- How is it different from the CQM Program?

Components of a Clinical Quality Management Plan

- Quality statement
- Annual quality goals
- Infrastructure
- Performance measurement
- Quality improvement
- CQM program evaluation
- Work plan

Using the Review Checklist to Develop and Revise a CQM Plan

CQM Plan Review Checklist

Clinical Quality Management Plan Review Checklist
Clinical quality management plan should address how the grant recipient will meet the key components of a clinical quality management program as outlined in [Clinical Quality Management Policy Clarification Notice 15-02.](#)

The clinical quality management plan should provide a good understanding of the grant recipient's clinical quality management program in a narrative format. A clinical quality management plan is brief and to the point. It does not contain information tangentially related to the clinical quality management program (e.g. history of the grant recipient), which can be found elsewhere (e.g. grant application).

The table below lists each of the components of a clinical quality management plan. Each component is highlighted based on the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) expectations and includes descriptions of the narrative, resources and tips for each component. |
| **Recipient:**   **Division:**   **Part:** |
| **Date of Plan:**   **Date reviewed:**   **Reviewer:** |

General Information

General Information		
Content	**Present: Yes/No/Partial**	**Comments**
Include the name of the recipient and the date the plan was last updated or approved		Consider a **cover page.** Ensure the layout is clear, easy to follow, and that content is well organized. Include the timeframe based on the evaluation period (e.g. grant year, calendar year, budget year). If a new plan, include its inaugural date.

Quality Statement

Quality Statement		
PCN 15-02	None	
Content	**Present: Yes/No/Partial**	**Comments**
• Brief, visionary, and related to HIV services • Describe the ultimate goal of quality efforts and the purpose of the clinical quality management program		Answer: 1. *How can client needs be met?* 2. *How can we ensure high quality care is provided while optimizing resources?* Demonstrates: • Equal access to quality comprehensive HIV care and support services • Degree to which the performance of funded HIV care and support services achieve the standards • How the program provides a continuum of care and eliminates health disparities across jurisdictions

Annual Quality Goals

Annual Quality Goals			
PCN 15-02	None		
Content		**Present: Yes/No/Partial**	**Comments**
• Outline year's priorities for the CQM program • Endpoint/conditions towards which program will be directed • Focus on program's most important areas of need with an emphasis on improvement			**Accomplished by:** Assessing where the program is currently Quantifying where the program is heading Prioritizing goals to focus on most important issues (including compliance with PCN 15-02) Establishing thresholds for each goal at the onset of the evaluation period Selecting only a few measurable and realistic goals

Infrastructure

Quality Infrastructure		
PCN 15-02	• Utilization of Ryan White HIV/AIDS Program (RWHAP) grant funds to establish an appropriate infrastructure for a clinical quality management program is allowed • Ideal infrastructure consists of: leadership, quality management committee, dedicated staffing, dedicated resources, clinical quality management plan, people with HIV involvement, stakeholder involvement, and evaluation of the clinical quality management program	
Content	**Present: Yes/No/Partial**	**Comments**
Describe how leadership guides, endorses, and champions the clinical quality management program		Include titles, roles, and responsibilities of leadership. Do not include people's names (staff and other stakeholders). Consider including an organizational chart (Appendix document).
Describe who serves on the quality management committee, who chairs and facilities the meetings, how often the quality management committee meets, and the purpose of the quality management committee		Include roles and responsibilities of members (core and ad hoc). Are meeting minutes maintained? How? By whom?

Infrastructure (cont'd.)

Quality Infrastructure		
PCN 15-02	• Utilization of Ryan White HIV/AIDS Program (RWHAP) grant funds to establish an appropriate infrastructure for a clinical quality management program is allowed • Ideal infrastructure consists of: leadership, quality management committee, dedicated staffing, dedicated resources, clinical quality management plan, people with HIV involvement, stakeholder involvement, and evaluation of the clinical quality management program	
Content	**Present: Yes/No/Partial**	**Comments**
Describe the staff positions responsible for developing and implementing the clinical quality management program and related activities		Consider using job titles versus staff names (including contractors). Include the role of contractors funded to assist.
Describe who writes, reviews, updates, and approves the clinical quality management plan		How often is the CQM plan reviewed and revised? What is the process in updating the work plan? How often? What is the approval process that finalizes the plan?

Infrastructure (cont'd.)

Quality Infrastructure		
PCN 15-02	• Utilization of Ryan White HIV/AIDS Program (RWHAP) grant funds to establish an appropriate infrastructure for a clinical quality management program is allowed • Ideal infrastructure consists of: leadership, quality management committee, dedicated staffing, dedicated resources, clinical quality management plan, people with HIV involvement, stakeholder involvement, and evaluation of the clinical quality management program	
Content	**Present: Yes/No/Partial**	**Comments**
Describe how people with HIV are involved in the development and implementation of the clinical quality management program		Include roles and responsibilities. How are people with HIV recruited?
Describe how stakeholders (e.g. subrecipients, other recipients in the region, planning body/committee, etc.) provide input into the clinical quality management activities		What are leaders/staff doing to establish a regional reach of CQM program collaborations? Detail information about client advisory boards and other committees and groups with stakeholders.

Infrastructure (cont'd.)

Quality Infrastructure		
PCN 15-02	• Utilization of Ryan White HIV/AIDS Program (RWHAP) grant funds to establish an appropriate infrastructure for a clinical quality management program is allowed • Ideal infrastructure consists of: leadership, quality management committee, dedicated staffing, dedicated resources, clinical quality management plan, people with HIV involvement, stakeholder involvement, and evaluation of the clinical quality management program	
Content	**Present: Yes/No/Partial**	**Comments**
Describe how the effectiveness of the clinical quality management program is evaluated		How often is the program's effectiveness discussed? How is leadership informed of program progress issues? How and when are evaluation findings shared? With whom? How are ineffective CQM activities addressed?

Performance Measurement

Performance Measurement	

PCN 15-02	• Recipients are strongly <u>encouraged</u> to include HRSA HAB measures, Health and Human Services (HHS) guidelines, and the National HIV/AIDS Strategy (NHAS) indicators.
	• Data collection and analysis for the CQM performance measures should occur quarterly at a minimum.
	• For RWHAP service categories funded by direct RWHAP funds, rebates, and/or program income:
	
	    o Recipients should identify at least two performance measures where greater than or equal to 50 percent of the recipients' eligible clients receive at least one unit of service;
	    o Recipients should identify at least one performance measure where greater than 15 percent and less than 50 percent of the recipients' eligible clients receive at least one unit of service; and
	    o Recipients do not need to identify a performance measure where less than or equal to 15 percent of the recipients' eligible clients receive at least one unit of service.

Performance Measurement (cont'd.)

Content	Present: Yes/No/Partial	Comments
Describe how performance measures are selected and regularly reviewed for relevance, need, etc.		Include who is involved in the selection process. Are the measures appropriately reflective of RWHAP-funded services? Do the measures identify the needs of people with HIV?
Describe the process to collect performance measure data including engagement of subrecipients		How are subrecipients involved? What is the primary source of data? What data management system(s) are used and in what data system is data stored?

Performance Measurement (cont'd.)

Content	Present: Yes/No/Partial	Comments
Describe the process to analyze the performance measure data including stratifying the data to identify health disparities and sharing the data with stakeholders		Who is responsible for analyzing and articulating findings? How is data stratified (if applicable)? What are the most recent data available? How are data results reported? How are results and findings disseminated? To whom? How is data used to drive CQM activities?
Identify performance measures for all Ryan White HIV/AIDS Program funded service categories		Consider listing all RWHAP-funded service categories and associated performance measures (Appendix document).

Quality Improvement

Quality Improvement		
PCN 15-02	• Recipients are expected to implement quality improvement (QI) activities using a defined approach or methodology (e.g., model for improvement, Lean, etc.). • Documentation of all quality improvement activities. • Recipients should conduct QI activities within at least one funded service category at any given time. (QI project may span multiple service categories.)	
Content	**Present: Yes/No/Partial**	**Comments**
Describe the QI approach or methodology used (e.g. Model for improvement/PDSA, Lean, etc.)		Specify in brief detail
Describe how QI priorities or projects are selected; if known, state the QI priorities or projects for current year		How is data used to develop QI activities?

Quality Improvement (cont'd.)

Quality Improvement		
PCN 15-02	• Recipients are expected to implement quality improvement (QI) activities using a defined approach or methodology (e.g., model for improvement, Lean, etc.). • Documentation of all quality improvement activities. • Recipients should conduct QI activities within at least one funded service category at any given time. (QI project may span multiple service categories.)	
Content	**Present: Yes/No/Partial**	**Comments**
Describe how QI projects are documented		Specify in brief detail
Describe how subrecipients are engaged, supported, and monitored with respect to QI		Have staff and subrecipient QI capacity building needs (e.g. training, technical assistance) been assessed, identified, and addressed? Are QI activities (impact and outcomes) shared with providers and key stakeholders? When and how? How does subrecipient QI activities impact the recipient's CQM program (if applicable)?

Work Plan

Work Plan		
PCN 15-02	None	
Content	**Present: Yes/No/Partial**	**Comments**
Provides a thorough overview of implementation: establishes timelines, milestones, and accountability for all clinical quality management program activities outlined in the clinical quality management plan.		Be detailed and review regularly. Tell the story of how the CQM program activities are aimed at achieving goals.
Table format may be used to state goals with columns detailing objectives, key activities (milestones), timelines (target dates), responsible parties (accountability), and outcomes/impact		Include both successes and challenges
Describe how the work plan will be shared/communicated with all stakeholders (e.g. staff, people with HIV, board members, parent organizations, other recipients, funders, etc.)		

Tips for Developing a CQM Plan

- Identify roles and responsibilities of team members

- Schedule a planning meeting

- Create actionable items to address main components

- Use available resources

- Allow for flexibility

Revising and Updating an Existing CQM Plan

Assemble a review team to determine:

- What are the results of our last CQM plan evaluation?
  - *What new activities should be added?*
  - *What activities should be deleted?*
  - *What activities do we continue?*
- Are the objectives still relevant? Actionable?
- Is the work plan being implemented?
- Is program progress being tracked?
- Does program progress correlate to the work plan action items?
- How and when to amend, document and implement?
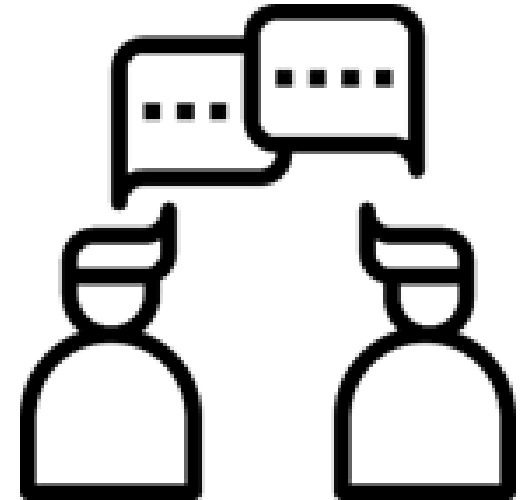- How to use a CQM plan checklist?

CQM Technical Assistance

Requesting CQM technical assistance:

Complete a technical assistance request form located at:

https://www.targethiv.org/

Got Questions and Need Answers?

Clinical Quality Management Questions???
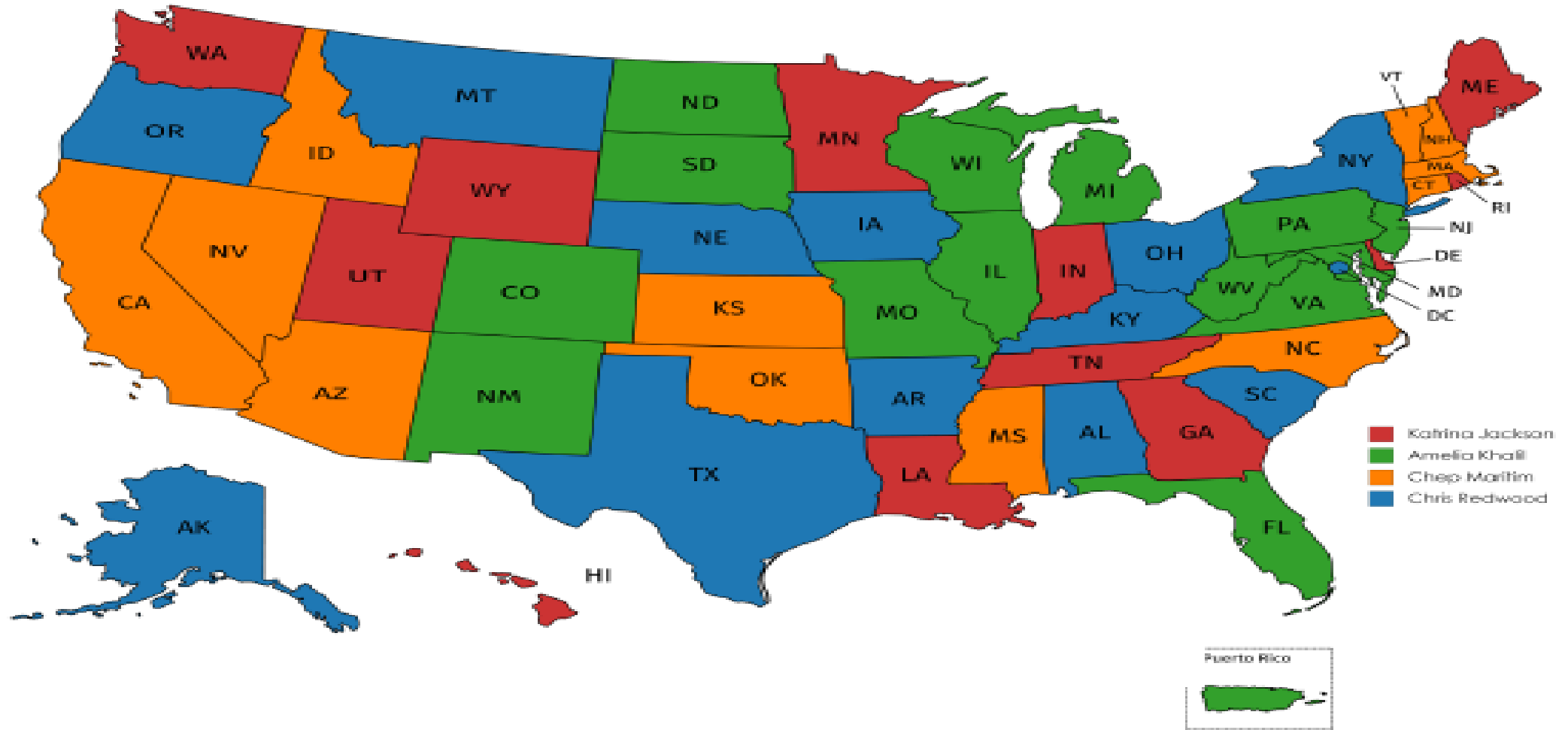
- RWHAPQuality@hrsa.gov

HIV/AIDS Bureau Performance Measure Questions???

- HIVmeasures@hrsa.gov

Clinical and Quality Branch Staff Portfolios

Legend:
- Katrina Jackson (red)
- Amelia Khalil (green)
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Questions

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www.HRSA.gov

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