

# South Carolina Ryan White Quality Management Plan



Department of Health and Environmental Control

Division of STD/HIV and Viral Hepatitis

South Carolina Ryan White Quality Management Plan CY 2021

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**I. Quality Statement**

## **I. Quality Statement**

The goal to improve access to quality healthcare and support services are fundamental to the mission, values, and strategic plan for the South Carolina Department of Health and Environmental Control (DHEC) and the Ryan White Part B (RWB) Quality Management program. The mission of the RW HIV Quality Management Program and the STD/HIV and Viral Hepatitis Division is, in part, to ensure that all People Living with HIV (PLWH) in South Carolina receives quality medical care and support services to improve health outcomes. Based on the mission, the RW Quality Management program is committed to ensuring that clients receive comprehensive care based on mandated guidelines, professional standards, and best practices. The monitoring of subrecipient clinical and service level data will allow for client health outcomes to be tracked for successes and addressing disparities in specific populations.

The RWB program serves over 10,000 clients in collaboration with subrecipients in efforts to reach sustained viral suppression for each client. Quality management is the cornerstone of RW that ensures that clinical standards are being met, patient satisfaction and needs are being assessed, and retention in care is achieved and maintained by standardizing care and processes. Quality management ensures that the program activities are meeting client service needs by leveraging and optimizing resources and maintaining a commitment to PLWH. The quality management program functions ensure continuous monitoring, evaluation, and process improvement within the DHEC's STD/HIV and Viral Hepatitis Division, and HIV Care and Support Programs. The key components of the Ryan White Quality Management Program are:

1. Performance and Outcome Measurement.
2. Data Analysis, Presentation, and Evaluation.
3. Identification and utilization of Continuous Quality Improvement (CQI) strategies.
4. Implementation of CQI initiatives.
5. Monitoring adherence to established HIV clinical practice standards, Department of Health and Human Services (DHHS) guidelines.
6. Coordination of data collection for the routine review of provider performance.
7. Identification and implementation of solutions for improvement in processes and outcomes.

## **II. Annual Quality Goals**

- A. Establish a functioning and comprehensive CQM infrastructure that is appropriate and sufficiently aligned with HRSA's standards for quality management programs.
- B. Maintain and monitor performance measurement for the purpose of assessing outcomes, quality of care, and health disparities based on service categories and quality indicators.
- C. Promote and foster the implementation of QI activities with subrecipients to attain CY 2020 performance measurement goals.
- D. Apply CQM program activities to subrecipients in efforts to strengthen capacity by monitoring the implementation of CQM programs at their respective agencies.

## **III. Quality Infrastructure**

- A. Leadership and Accountability:**

The QM program is planned, implemented, and evaluated by the Ryan White Part B Quality Management staff in collaboration with the Internal Quality Management Committee and the SC Quality Management Steering Committee. The RWB Program Manager is ultimately responsible for all QM-related activities and authorizes the QM staff and the Internal Quality Committee to plan, implement and evaluate performance improvements of all funded subrecipients. The STD/HIV and Viral Hepatitis Division Director and the Communicable Disease Prevention and Control Bureau Director serve as champions of the QM program by offering their guidance, direction, and support in advancing optimal health and wellness for PLWH.

The intersectionality of quality management can foster a more inclusive and recognizable environment for collaboration and participation with the Ryan White Part B program.

**B. The Internal Quality Committee (IQC):**

The Internal Quality Committee provides direct guidance to RWB staff concerning the quality management program. The committee convenes monthly to discuss the Health Resource and Service Administration's (HRSA) Clinical Quality Management Policy Clarification Number (PCN) 15-02 and the interface with program activities. It serves as a vehicle through which all RWB staff and stakeholders can coordinate efforts to demonstrate improvements in the services they provide. Needs for infrastructure, performance measurement, and quality improvement are assessed and training opportunities are provided as appropriate.

The core members are as follows:

- RWB Program Service Manager
- RWB Quality Manager
- Clinical Quality Manager

The ad-hoc committee members include:

- Administrative Manager
- ADAP Program Manager
- Ryan White Part B and HOPWA Coordinator
- Medical Case Management Coordinator
- Grants Administrator
- Hepatitis Coordinator

**C. The Quality Management (QM) Steering Committee:**

The QM Steering Committee provides guidance, consultation, and input regarding the overall Quality Management Program. The QM Steering Committee reviews performance measures from the numerous HIV quality initiatives and determines which measures are included for annual review. The QM Steering Committee is chaired by DHEC's RWB Quality Manager. Meetings are scheduled twice a year and ad hoc meetings will be scheduled to address specific issues concerning performance measures.

The QM Steering Committee utilizes a multidisciplinary approach in order to provide objective review and evaluation, as well as continuous improvement of HIV care and support services. The QM Steering Committee members share information regarding quality management plans, best practices, and processes both within the organization and among network partners. The state

membership consists of individuals representing: Ryan White Parts A, B (including ADAP), C, D, and F programs, as well as DHEC representatives from the Ryan White Part B program, STD/HIV and Viral Hepatitis Prevention Programs, Office of Pharmacy and Division of Surveillance, Assessment, and Evaluation. Participation by Part B subrecipients is required under contract with DHEC and three (3) Ryan White Parts A, C, D, and F are invited. The inclusion of all RW subrecipients (A, B, C, D, and F) is essential for statewide coordination and collaboration of care and support services for PLWH.

Other stakeholders and PLWH are invited and encouraged to attend the QM Steering Committee. Stakeholders can engage and participate with the Steering Committee in coordination with their quality management staff at the subrecipient level as well as the state level. Data that is shared can be obtained via several mediums and platforms. The Needs Assessment provides specific client-level information that can indicate a myriad of needs. Each subrecipient has a comment box that establishes accessibility for clients to have an opportunity to provide feedback on the RWB services identified and provided relative to the needs of the client. The Consumer Advisory Board is a client lead platform that encourages robust conversations that shifts into meaningful action on behalf of the clients and future consumers of service.

**D. Quality Management Plan:**

The Quality Management Plan captures infrastructure, performance measurement, quality improvement, applicability to subrecipients, and a workplan to monitor the clinical performance of subrecipients based on the goals and objectives determined each grant year. Annually, the RW Quality Manager reviews and updates the QM plan. The RWB Program Manager, STD/HIV and Viral Hepatitis Division Director, and the Communicable Disease Prevention and Control Director approve the QM plan, following which it is made available to providers and the public on the SC Department of Health and Environmental Control's Ryan White webpage. The dates on the SC Ryan Part B Reporting Calendar identify the timeline for collecting and reporting QM data. Data analysis occurs on a quarterly basis to assess if performance measure goals are met. Results of QM activities by subrecipients will be monitored quarterly to assess performance.

**E. Evaluation:**

The QM program evaluates the overall effectiveness of the quality infrastructure and activities to ensure that the quality program aligns with its goals and objectives which are indicated in the workplan. The program continuously evaluates strengths, identifies opportunities for improvement, and implements strategies for improvement as indicated. Based on those findings, organizations will review the annual goals, and refine and implement improvement strategies for the following year.

Program effectiveness will be reviewed on a quarterly basis to evaluate progress towards the goals and objectives outlined in the workplan. On a quarterly basis, a check-in will occur to check on key activities of the workplan. Discussions to address the annual quality goals will be integrated as an agenda item into CQM meetings held in the fourth quarter of the grant year. This will establish goals for the upcoming year. The Quality Manager will share all CQM updates and activities as they relate

to the workplan, which will include successes and challenges. There is an opportunity to share program progress with the Division Director during the management team meetings and the RWB Program Managers' supervisory meetings. The RWB Program Service Manager will share details of the progress of the workplan activities, noting whether expected goals were achieved with the desired impact.

The evaluation findings will be shared in a tiered or phased process. Initially, the IQC – Core will complete a primary evaluation. Subsequent findings will be reviewed also, and the evaluation findings will be shared with the larger IQC group. CQM activities that yield insufficient outcomes will be evaluated for contributors to unmet outcomes using RWB data sources and other input to plan for improvements. This will allow for improvement and bolster future planning. The conclusion from the evaluation findings will be shared with upper management and the Director of the Division of STD/HIV and Viral Hepatitis.

Listed below are several evaluation methods that are utilized by the quality management program:

- **Clinical Quality Management Plan:** The CQM staff will review the overall CQM plan, as well as focus on the goals and objectives on an annual basis, completing the process and producing a revised plan by the beginning of the next calendar year. The CQM plan will include lessons learned from the previous year and adjust our goals and objectives as needed. The plan will be reviewed and approved by the Internal Quality Committee, RWB Management, and the STD/HIV/HV Division Director.
- **Agency QI projects:** The CQM staff will collect data in a variety of ways to evaluate performance regarding the training of subrecipient staff in QI and providing TA for QI projects. The CQM staff use a quality organizational assessment tool to survey subrecipients for knowledge and skills in QI at the beginning, as well as at the end of trainings or projects. Lastly, the CQM staff will rely on utilization and outcomes data to evaluate the success of individual QI projects:
  - Develop and implement a plan of action for identified improvement opportunities, monitor improvement strategies/interventions, and revise as needed
  - Develop, complete and update the PDSA improvement cycle and other quality improvement methodologies
  - Identify training/educational needs
- **Performance Measures:** Performance measures, definitions, and indicators will be reviewed quarterly. At the end of each fiscal year, the CQM team will compile a report detailing outcomes on performance measures for each subrecipient, service category, and for the RWB program overall:
  - Annual Programmatic and Quality Management Part B Site Visits
  - Review of the Clinical Report Cards

**F. Roles and Responsibilities of DHEC Staff:**

**Ryan White Program Services Manager:**

- Directs and manages the federal Ryan White Part B and Housing Opportunities for Persons with AIDS (HOPWA) programs for the state
- Assists with grant oversight and management
- Supervises the Program Services team
- Ensures all development and implementation of programmatic monitoring policies and tools

**Ryan White ADAP Manager:**

- Directs all ADAP daily operations including data management and contract monitoring
- Oversight and monitoring of daily ADAP contract pharmacy
- Review contract compliance including antiretroviral therapy management and dispensing

**Ryan White Quality Manager:**

- Analyzes, interprets, and evaluates services provided and client-level data from a variety of sources, including reports from RW subrecipients and ADAP
- Closely monitor subrecipient's CQM Plans and quarterly reports
- Provide technical assistance to Ryan White Part B subrecipients in the development of local CQM plans and activities
- Conduct site visits to review CQM plans and activities
- Communicate with the Internal Quality Committee and other subcommittees

**Ryan White Clinical Quality Manager:**

- Coordinate revisions for the SC ADAP Clinical Review Process
- Ensure policies, protocols, and guidelines are aligned with the HIV Clinical Care guidelines (<https://clinicalinfo.hiv.gov/en/guidelines>)
- Provide technical assistance to Ryan White Part B subrecipients in the development of local CQM plans and activities
- Participate on the CQM core team

**Ryan White Part B, HOPWA and Ending the Epidemic Coordinator:**

- Manages the development, coordination, and evaluation and conducts routine programmatic monitoring of Ryan White Part B and HOPWA service providers, through site visits and reporting. Providers monitoring and evaluation for the EHE initiatives.

**Ryan White Medical Case Management Coordinator:**

- Serves in a consultant capacity providing programmatic consultation and technical assistance to providers to improve coordination of service delivery
- Conduct site visits to review case management services
- Provide technical assistance to Ryan White Part B Program subrecipients for case management

- Ensure the development, implementation, and evaluation of statewide case management Standard Operating Procedure (SOPs) and Service Standards

**Ryan White Outreach Senior Consultant:**

- Utilize data to target populations and places that have a high probability of reaching PLWH
- Provide service coordination with local and state HIV outreach providers to avoid duplication of efforts
- Responsible for establishing, monitoring, and improving service outcomes related to Ryan White Outreach services

**IV. Performance Measurement**

The RWB QM program utilizes strategies outlined in HRSA's HIV/AIDS Bureau (HAB) HIV/AIDS Performance Measures and seeks to meet the expectations set forth or outlined in Policy Clarification Notice 15-02. Each performance measurement is directly linked to a core or supportive service category and is reflective of RWHAP funded services. Local HIV epidemiology guides services provided to clients which impact service utilization and performance measures. Performance measurement data are obtained primarily from client-level data entered directly into Provide Enterprise by subrecipients. Statewide data is compiled to identify how many clients had services provided in each of the core and support service categories. A comparison is made of all clients that received any RWB service to each specific service category.

Based on the percentage of service utilization in each service category, a determination of how many performance measures are required for each service category is established. Annually, performance is obtained from the Clinical Report Card. Each subrecipient's performance measurements are reviewed and compared to the state benchmark. If a subrecipient falls below twenty percent of a state benchmark for any of the established Quality Management Performance Measures, implementation of improvement strategies and progress reports to include; time frames and targets will be given to the Quality Manager for monitor and additional technical assistance, if applicable.

Each subrecipient has access to their Ryan White Service Report (RSR). It details service utilization for each service category at the subrecipient level which is directly linked. The client level service utilization data will be compared to HRSA's minimum standards for performance measurement for each service category. Provide Enterprise will be the host for all data and variables concerning client care and treatment. This data is translated then transferred to Provide Enterprise which is manually entered by subrecipients and exported out of Provide Enterprise. The data is formed into the clinical report card which is reviewed annually on a statewide basis. Subrecipients can obtain data from the clinical report card on a monthly basis for review and to also support efforts surrounding continuous quality improvement.

Client-level outcomes and performance measures are tailored to the goals and objectives outlined by the SC Quality Management Steering Committee (SCQMSC) after analyzing the findings. The data will be stratified by gender, age, race, sexual orientation, and any other measure noted by the committee. This will be shared annually with the SCQMSC through varying mediums of reports to include charts, graphs, and reports. Performance measures standards and guidance will be provided by the Internal Quality



Committee. Comparisons can be made to the statewide service utilization and indicate where resources and the needs of the client are present. This will provide targeted details on client needs as data is analyzed and stratified.

Seven service categories, including core and support services such as outpatient ambulatory medical care, mental health treatment, oral health care, medical case management, and substance abuse treatment, medical transportation, and emergency financial assistance are reviewed annually through the programmatic site visit. All service category performance discussed has a year to year comparison, as well as an annual comparison to the state benchmark. Based on the terms of the contract, there is an expectation that subrecipients provided the aforementioned services to clients. Data is captured on all other service categories and is analyzed to improve the process and clinical outcomes.

RWB monitors quarterly subrecipient data to make sure accurate, complete, and timely data entry is occurring as required by their Part B contracts. Data analysis is performed quarterly for core and support service performance measures. Also, through the Division of Surveillance, the Epidemiological Profile is readily available annually to provide stratification on data and guides implementation and quality improvement activities. Other data sources are the HRSA Annual RSR report and data from the In-care Campaign. Clients being served can be stratified by age, race, sex, gender, and transmission route, etc. Once reports are generated and analyzed, the Quality Manager and members of the Internal Quality Committee articulate the finds and disseminate data internally to RWB staff and the members of the SC Quality Management Steering Committee.

As appropriate, some performance measures are also monitored through annual quality management site visits and quarterly monitoring. Performance measurement data are monitored, analyzed, and reported annually to the Ryan White HIV Planning Council, subrecipients, and stakeholders. Performance measures are reviewed and revised annually to reflect identified needs, HHS guidelines, and best practices. They are also incorporated into annual planning for quality improvement activities.

## **V. Quality Improvement**

The information gathered from quality measurement activities is used to address the improvement of patient care, health outcomes, and patient satisfaction. Quality Improvement promotes in-depth evaluation of quality indicators in need of improvement. Quality improvement activities examine existing processes and modify them accordingly to address quality challenges.

All quality improvement activities are conducted within at least one funded service category at any given time and are documented in the QM plan. For CY 2021, the Internal Quality Committee is working on service category Referrals for Healthcare/Supportive Service and ADAP recertifications based on findings from the chart reviews, clinical report cards, Ryan White Service Report, and HRSA Clinical Quality Management technical assistance. This will translate into a PDSA cycle which will monitor the progress toward the goals of that service category.

QM Program will assess the performance of the agencies by chart reviews, clinical report cards, Ryan White Service Report, and information gathered from site visits. Subrecipients will submit quality improvement activities using PDSA cycle methodology to the Quality Manager for review and feedback. The activities of the PDSA cycle will be documented in each subrecipient's QM plan.

Quality planning will support strategic planning decisions, quality initiatives, and all design, development, and initial implementation efforts related to new and redesigned processes. Quality planning is performed by utilizing information gathered from quality improvement to identify priorities, determine if and how to modify processes, and monitor the effectiveness of new initiatives. RWB staff will continue to collaborate with Part B providers to plan, develop and implement new initiatives to enhance the quality of care provided to PLWH.

## VI. Work Plan

The work plan activities are monitored on a continuous basis by the Quality Manager and Internal Quality Management team. The table below provides a detailed description of the work plan and activities. The work plan will be disseminated via the DHEC Ryan White’s webpage.

Quality Management Work Plan				
Goal A. Establish a functioning and comprehensive CQM infrastructure that is appropriate and sufficiently aligned with HRSA’s standards for quality management programs				
Objectives	Key Action Steps	Target End Dates	Person(s) Responsible	Results
A-1 Complete CQM TA (Infrastructure, Performance Measurement, Applicability to Subrecipients) from HRSA Consultant	A-1.a. Review all guidance provided by CQM TA on Infrastructure, Performance Management, and Applicability to Subrecipients	April 2021	RWB Quality Manager	
	A-1.b. Implement all necessary guidance as deemed appropriate by HRSA, RWB Program, and IQC	June 2021	RWB Quality Manager	
A-2 Finalize 2021 SC Ryan White Quality Management Plan	A-2.1 Review and revise the plan	June 2021	RWB QM, IQC	
	A-2.b Finalize plan and post QM plan on the Ryan White Part B website	June 2021	RWB Quality Manager	
A-3 Implement CQM program activities	A-3.a Conduct quarterly IQC meetings to address aspects of the program impacting clinical quality management and PCN 15-02	Quarterly	IQC, ad-hoc members	
A-4 Establish a defined structure and process for the CQM program	A-4.a Data collection and review of annual quality goals for evaluation on CQM program	January 2022	RWB Quality Manager	
	A-4.b Establishing annual quality goals and set priorities for the upcoming grant year	February 2022	RWB Quality Management Nurse Administrator, RWB Quality Manager, RWB Staff	
	A 4.c Complete annual evaluation report	March 2022	RWB Quality Manager, RWB Staff	
	A-4.d Updating the CQM plan and obtain necessary approvals	March 2022	RWB Quality Manager	

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**Goal B. Maintain and monitor performance measurement for the purpose of assessing outcomes, quality of care, and health disparities based on service categories and quality indicators**

Objectives	Key Action Steps	Target End Dates	Person(s) Responsible	Results
B-1. Identify the number of performance measures for each RWHAP core and support service	B-1.a Obtain and review HRSA HAB performance measures and SC QM performance measures for clinical standards adherence	Annually	RWB Quality Management Nurse Administrator, IQC	
	B-1.b Obtain, review, and determine service category minimum standards based on PCN 15-02	Annually	RWB Quality Manager; IQC	
	B-1.c. Provide updated performance measure clinical adherence and service utilization data to the IQC, SC QM Steering Committee, and subrecipients	Annually	RWB Quality Management Nurse Administrator, RWB Quality Manager	
B-2 Analyze performance measurement data to measure the quality of care and health disparities	B-2.a Utilize CRC data to address quality of care and health disparities related to established performance measures by data stratification	Annually	RWB Quality Management Nurse Administrator, RWB Quality Manager	

**Goal C. Promote and foster the implementation of QI activities with subrecipients to attain CY 2021 performance measurement goals**

Objectives	Key Action Steps	Target End Dates	Person(s) Responsible	Results
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C-1. Evaluate processes and effectiveness of HIV programs	C-1.a Document and track data for client syphilis screening	February 2022	RWB Quality Manager; IQC	
	C-1.b Establish and utilize protocol for improved syphilis for GY 2021 by utilizing performance measures, data, and evaluation	March 2022	RWB Quality Management Nurse Administrator; RQ Quality Manager, IQC	
	C-1.c. Dissemination of syphilis screening data to the subrecipients, RWB, and IQC Committee	March 2022	RWB Quality Management Nurse Administrator,  RWB Quality Manager	
	C-1.d QM Program monitoring of syphilis screenings through site visits, CRC, and PDSA submissions	Quarterly	RWB Quality Management Nurse Administrator, RWB Quality Manager	
C-2. Develop a client satisfaction survey	C-2.a Convene a client satisfaction survey workgroup	September 2022	RWB Quality Manager	
	C-2.b Develop baseline questions to measure client satisfaction	November 2002	RWB Quality Manager, workgroup	
	C-2.c Provide technical assistance to subrecipients in the administration of the client satisfaction survey	On-going		
	C-2.d Analyze and incorporate the results into improvement initiatives	March 2022		
Goal D. Apply CQM program activities to subrecipients in efforts to strengthen capacity by monitoring the implementation of CQM programs at their respective agencies.				
Objectives	Key Action Steps	Target End Dates	Person(s) Responsible	Results
D.1. Increase capacity building for QM programs at the agencies	D-1.a. Conduct QM QI TA needs assessment	December 2021  Annually	RWB Quality Management Nurse Administrator, RWB Quality Manager	

	<p>D-1.b Communicate relevant clinical report card findings to subrecipient QM staff</p> <p>D-1.c Provide one QM TA for subrecipients consistent with learning needs</p>	As needed	<p>RWB Quality Management Nurse Administrator; RWB Staff; IQC</p> <p>RWB Quality Manager</p>	
D-2. Incorporate Performance measurement goals into subrecipients QI activities	<p>D-2.a Discuss with subrecipients accessibility and capacity to manage data systems</p> <p>D-2.b Provide guidance about data aggregation and analysis through available resources and tools</p> <p>D-2.c Feedback on improvement plans by subrecipients on performance measurement</p>	<p>Quarterly</p> <p>Ongoing</p> <p>Quarterly</p>	<p>RWB Quality Manager; RWB Staff IQC RWB Quality Manager</p> <p>RWB Quality Management Nurse Administrator, RWB Quality Manager</p>	
D-3 Implement QM Plan across agencies	<p>D-3.a Require core agencies to submit updated QM Plans for GY 2021</p> <ul style="list-style-type: none"> <li>• Submission of agency QM Plans</li> </ul> <p>D-3.b Monitor implementation of QM plans through on-site visits and quarterly submissions of PDSA cycle information</p> <p>D-3.c Evaluation of QM Plan and feedback of QI activities</p>	<p>Quarterly</p> <p>Monitoring – Ongoing</p> <p>Ongoing</p>	<p>RWB Quality Manager, RWB Staff</p> <p>RWB Quality Management Nurse Administrator, RWB Quality Manager</p> <p>RWB Quality Management Nurse Administrator, RWB Quality Manager</p>	