

**Puerto Rico Department of Health
Auxiliary Secretariat for Family Health and Integrated Services
Central Office for AIDS Affairs and Transmissible Diseases
Ryan White Part B/ADAP Program**

2020 Work Plan

Clinical Quality Management Program

Prepared by:
Quality Guidance Committee
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Approved by: 

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Table of Content

- Overview 4
- Quality, Vision and Mission Statements 5
- Clinical Quality Management Program 5
- Infrastructure 6
 - 1. Leadership 6
 - 2. Basic Components, Dedicated Staffing, and Resources 7
 - A. Quality Guidance Committee..... 7
 - B. Evaluation, Planning, and Quality Management Unit 9
 - C. Comprehensive Quality Committee 10
 - 3. Clinical Quality Management Plan 11
 - 4. People Living with HIV Involvement 11
 - 5. Stakeholder Involvement 12
 - 6. Evaluation of Clinical Quality Management Program 12
- Performance Measurement..... 13
- Quality Improvement 14
- Work Plan 15
- Attachments 35

Puerto Rico Department of Health

Auxiliary Secretariat for Family Health and Integrated Services Central Office for AIDS Affairs and Transmissible Diseases Ryan White Part B/ADAP Program

Puerto Rico Clinical Quality Management Program

Overview

The Puerto Rico Department of Health (PRDOH) is the agency responsible for safeguarding the health and wellness of the Island's population. This is why the Health Resources and Services Administration (HRSA) entrusted it with the responsibility of managing funds provided under the Ryan White Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009). To accomplish this, the PRDOH established the Ryan White Part B/ADAP (RWPBA) Program within the administrative structure of the Office for AIDS Affairs and Transmissible Diseases (known by its Spanish acronym as OCASET). The RWPBA Program is responsible for the administration of the grant, and for overseeing and monitoring that HIV medical and supportive services delivered to persons living with HIV (PLWH) in Puerto Rico are of high quality; thus facilitating access to a comprehensive continuum of high quality HIV care and treatment.

Since the 2000 re-authorization of the Ryan White Act, HRSA expected all jurisdictions and grantees to have a Clinical Quality Management Program. More specifically, in the Ryan White Treatment Act of 2006 it is stated that:

“The chief elected official/grantee... shall provide for the establishment of 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 infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.” HR6143 (PL109-415) Sec. 2604 (h) (5) (A)

The present document represents the Puerto Rico Ryan White Part B/ADAP Program's plan to develop and sustain such efforts as to assure consumers that constant steps are being taken to improve services provided to persons living with HIV: the Puerto Rico Ryan White Part B/ADAP Clinical Quality Management Program (PR-RWPBA CQMP). This Plan covers the period between January 1 and December 31, 2020. Also, it constitutes a dynamic document that will be reviewed and updated as needed; thus being responsive to changes in the service delivery system, to changes/updates to HRSA's quality policy, requirements and recommendations, and to changing trends in the HIV epidemic.

Quality Statement

The Ryan White Part B/ADAP (RWPBA) Clinical Quality Management Program (CQMP) is essential to monitor and assess whether medical and support services delivered through the RWPBA provider network, to people living with HIV (PLWH) in Puerto Rico, are of high quality; thus facilitating access to a comprehensive continuum of high quality HIV care and treatment. Moreover, allowing to identify deviations in performance level that precludes achieving expected outcomes, and to develop strategies and activities aiming to improve performance accordingly. The CQMP focuses on sustaining open communication with sub-recipients and other sponsored clinics and organizations from the RWPBA provider network, as well as with consumers, regarding RWPBA Program expectations for addressing outcome improvement. Also, the PR-RWPBA CQMP is based on the HRSA Quality Management Technical Assistance Manual, the Clinical Quality Management Policy Clarification Notice (PCN) #15-02, updated on November 30, 2018, and other HRSA's requirements and guidance documents.

Mission

- Assure that the clinical and support services provided by organizations receiving Ryan White funding in Puerto Rico are accessible and in agreement with the most recent treatment standards, policies, and other requirements, through the use of continuous quality improvement processes and methodology.

Vision

- Agencies providing effective and efficient quality services aimed at eliminating health care disparities, promoting consumer empowerment and self-determination, and improving the health and wellbeing of all persons affected by HIV.

Values

- | | | |
|--------------|---------------|---------------|
| - Commitment | - Improvement | - Empathy |
| - Respect | - Sensibility | - Honesty |
| - Quality | - Objectivity | - Consistency |

Clinical Quality Management Program

In order to implement the Clinical Quality Management Program (CQMP), the RWPBAP has focused its efforts in assuring that clinical and support services delivered by organizations receiving Ryan White Part B funding in Puerto Rico are accessible and in agreement with most recent treatment standards, according to PHS Treatment Guidelines, HAB/HRSA requirements and recommendations, and PRDOH expectations and recommendations. The RWPBA Clinical Quality Management Program (CQMP) is responsible for working directly with sub-recipients, and other sponsored clinics and organizations from the RWPBA provider network to provide overall direction regarding quality improvement issues pertaining to the Quality Management Plan, and to implement, monitor and exchange any needed data for performance measurement and quality improvement activities. The CQMP is engaged in the constant coordination of activities focusing at improving patient care and health outcomes, eliminating/reducing health disparities

regarding viral load suppression, promoting participation of consumers in quality improvement processes and quality committees' meetings, and improving patient satisfaction.

CQMP Goals

1. Improve the quality of medical and supportive services delivered to PLWH in Puerto Rico throughout the RWPBA provider network by continually monitoring and assessing performance level regarding HIV medical and supportive services.
2. Ensure that treatments are delivered in accordance with the most current Public Health Services (PHS) Treatment Guidelines, HAB/HRSA requirements and recommendations, and PRDOH expectations and recommendations.
3. Eliminate health disparities regarding viral load suppression among PLWH receiving medical HIV care at PRDOH Transmissible Diseases Prevention and Treatment Centers (CPTETs, *Spanish acronym*).
4. Promote consumer participation in quality improvement processes and Quality Committee Meetings.
5. Improve clinical and psychosocial resources capacity and skills about quality and best practices in order to strengthen the Ryan White Part B/ADAP Clinical Quality Management Program.

Three essential components are necessary to implement a comprehensive CQMP that is able to meet above mentioned goals, as follows: (1) Infrastructure; (2) Performance Measurement; and (3) Quality Improvement (*Clinical Quality Management Policy Clarification Notice (PCN) #15-02, updated 11/30/18*). Each of these components have a distinct role in the overall CQM Program.

Infrastructure

Leadership

The Ryan White Part B/ADAP (RWPBA) leadership has embraced the quality improvement initiative, and is compromised with quality improvement processes; thus, adopting, and undertaking quality improvement projects and activities as an essential and integral component of overall RWPBA endeavors. The RWPBA Program Director, as well as representatives from all Part B Program Services Units and Administration are engaged and support quality improvement projects, activities and processes by actively participating as members of the Quality Guidance Committee (QGC). Also, the above mentioned RWPBA managerial and administrative leadership participates in all scheduled QGC meetings, and partakes in the decision-making process to define quality standards, expected outcomes, and the processes to achieve them as it relates to services provided to persons living with HIV in Puerto Rico, through the RWPBA provider network. The Part B Program Director is responsible for closely monitoring programmatic and fiscal

requirements of all contracts and grant awards, including quality management requirements, and supervision of the Quality Management Program (QMP) Coordinator.

Basic Components, Dedicated Staffing, and Resources

In order to implement the Clinical Quality Management Program (CQMP), the Ryan White Part B/ADAP Program has maintained a formal infrastructure that allows for achieving the proposed plan. This infrastructure has three basic components: the Quality Guidance Committee (QGC); the Evaluation, Planning and Quality Management Unit (EPQMU); and the Comprehensive Quality Committee (CQC); all with well-defined roles and responsibilities. A copy of the PR-RWBA CQMP Organizational Structure is included as Attachment 1.

A. Quality Guidance Committee

The **Quality Guidance Committee** (QGC) leads, and provides oversight and guidance in the planning and implementation of the RWPBA Annual Clinical Quality Management Plan. It is engaged in assessing and reviewing outcomes for improving the quality of clinical and supportive services delivered to PLWH in Puerto Rico throughout the RWPBA provider network. Also, the QGC is the unit responsible for revising and planning all quality improvement activities including plans developed by the Program's grantees. This Committee meets on a quarterly basis and is constituted by **20** members representing all Part B Program Services Units and Administration, consumers, trans community, OCASET, CPTETs, Coordinating Agencies, ADAP external network providers, and HIV/STD Prevention Program. In addition, there are three Ex-Officio members who are the Medicaid Program representative, the HIV/AIDS Surveillance Division representative, and the Primary Health Services Psychology Program representative. Ex-Officio members' participation is requested when deemed necessary. During Committee meetings, members go through CAREWare data, review submitted quality improvement work plans, propose specific actions for quality improvement at all levels of the Ryan White-sponsored service delivery system, and oversee the implementation of proposed plans.

Quality Guidance Committee members have the responsibility of making clear and specific recommendations to the Ryan White Part B/ADAP Program to establish minimum quality standards, expected outcomes, and the processes to achieve them as it relates to services provided to persons living with HIV in Puerto Rico. These standards in turn will be equal or better than those established by regulating agencies such as the Health Resources and Services Administration (HRSA), the Centers for Diseases Control and Prevention (CDC), the Department of Health and Human Services (DHHS), the Puerto Rico Department of Health or other similar agencies who are responsible for establishing the expected level of health service provision. Also, this committee is responsible for developing and reviewing the CQMP's annual work plan; as well as, to identify trends, strengths, barriers precluding compliance with expected values, particular areas in need of improvement, etc. They will design Island-wide quality improvement projects as needed throughout the Ryan White budget periods. This committee will regularly review CAREWare monthly, quarterly, and annual reports to identify quality improvement opportunities as well as to make specific recommendations for change.

QGC members will also serve as mentors and technical assistance providers for other local quality committees. More specifically, they will offer mentoring services to regional/local quality improvement (QI) committees established at CPTETs and Coordinating Agencies (CA) as Ad Hoc committee members. These individuals mentoring QI committees should attend CPTETs' and CAs' Quality Committee meetings at least quarterly and serve as liaisons with the QGC to ensure fast and accurate exchange of information and support to facilitate the implementation of the CPTETs and Coordinating Agencies Quality Management Plans.

Roles and Responsibilities of QGC members:

- **QMP Coordinator**

The Quality Management Program (QMP) Coordinator is the person responsible for sustaining the direction of the CQMP as well as facilitating all meetings to ensure its continuous effectiveness. He/she will oversee all QGC operations and recommend actions directed at implementing the approved QM plan. He/she will regularly report CQMP progress to the Part B/ADAP Program Director. In conjunction with the EPQMU, he/she is responsible for the day-to-day operations of the CQMP. He/She will disseminate all information pertaining to the Program; as well as, support and facilitate in the planning of all activities within the established work plans. He/She will be responsible for preparing materials to be distributed at meetings as well as for maintaining Program's documentation. In addition, the QMP Coordinator has been responsible for regularly disseminating updated clinical information as it is distributed by the Public Health Service (PHS), U.S. Food and Drug Administration (USFDA), U.S. Department of Health, National Institutes of Health (NIH) or the Northeast/Caribbean AIDS Education and Training Center (AETC).

- **Part B QGC members**

These persons will represent the Ryan White Part B interests in all QM plan activities and will ensure that all Program requirements are met. These members will include representation of all Part B Units including the Administration Unit.

- **Community Representatives**

The community needs to be strongly represented in all decisions relating to the PR-RWPBA CQMP. These persons will represent the diversity of individuals affected by HIV infection. In addition, these persons will be responsible for providing the Committee with the participants' perspective; as well as, for bringing attention to the impact of QGC determinations on those receiving direct medical and psycho-social services. Actually, a total of four (4) consumers have been participating steadily in QGC meetings. These consumers represent the diversity of issues and challenges faced by heterosexual women, MSM, trans, and 50+ individuals affected by HIV infection; thus speaking and serving as liaisons with the community of persons living with HIV in Puerto Rico served by the PR-RWPBA Program.

- **Service Providers Representation**

These persons represent the Ryan White Part B/ADAP service provider sectors and, in particular, Coordinating Agencies, CPTETs and ADAP external provider network.

- **CAREWare Data Managers**

Data Managers will conduct regular and frequent site visits to all CPTETs and Coordinating Agencies to further adjust CAREWare procedures and to provide technical assistance. Data management issues are also discussed regularly with CPTETs' Directors, Quality Committee Coordinators and other QI staff during meetings, including the quarterly CQC meetings.

- **ADAP Data Analyst**

This person monitors and assesses compliance with ADAP measures.

- **QGC Ex-Officio members**

These are the Puerto Rico Medicaid Program representative, the HIV/AIDS Surveillance Division representative, and the Primary Health Services Psychology Program representative.

B. Evaluation, Planning and Quality Management Unit

The **Ryan White Program's Evaluation, Planning and Quality Management Unit (EPQMU)** is the CQMP infrastructure's second element. This Unit is the CQMP's operational component responsible for creating data and evaluation systems, analyzing information obtained through these systems and implementing the Guidance Committee's plans and projects. The Unit is a permanent constituent of the Part B/ADAP Program and is critical in supporting the CQMP. The Ryan White Program's EPQMU is guided by the Part B/ADAP Program Director, and is constituted by one (1) Quality Management Coordinator/Evaluator, one (1) Program Planner, two (2) CAREWare Data Managers, two (2) Data Entries, one (1) Community Liaison Official (CLO), and one (1) Consultant for developing Best Practices Protocols according to the **Puerto Rico HIV Integrated Plan for Surveillance, Prevention and Treatment: 2017-2021**. CAREWare (CW) Data Managers maintain and analyze data systems, as well as related infrastructure. The Quality Management Coordinator/Evaluator is the person responsible for sustaining the direction of the CQMP; as well as, for facilitating all meetings to ensure its continuous effectiveness. He/she will oversee all QGC operations and recommend actions directed at implementing the approved CQM plan. In conjunction with the EPQMU, he/she is responsible for the day-to-day operations of the CQMP and for implementing all QGC plans. The EPQMU coordinates and supports all CQMP meetings and activities, including the preparation of supporting documentation for the CQMP. Also, the EPQMU disseminates all critical information, in particular standards of treatment guidelines, to all grantees and Part B sponsored service providers.

Roles and Responsibilities of EPQMU:

- The Part B Evaluation, Planning and Quality Management Unit, including the CW Data Managers, are key individuals in sustaining the CQMP. CW Data Managers are responsible for the preparation of quarterly performance measurement reports, and other data analysis for quality improvement activities; this role is of pivotal importance in providing necessary data to guide in the implementation of quality improvement projects, and in assessing the effectiveness of quality improvement strategies. The EPQMU is responsible for implementing and following up on the Annual QM Work Plan as well as

other activities planned by the QGC. These individuals, guided by the Part B/ADAP Director, provide support to ensure that actions and activities are completed on time and that the required reports are presented to HRSA, or any other organization. In addition, the EPQMU is responsible for generating CAREWare reports as scheduled so the QGC can examine them and make timely decisions.

- In addition, the Community Liaison Official (CLO) is responsible of facilitating, encouraging, and strengthening consumer participation in quality and planning processes; thus, assuring that patients' needs and perspectives are considered while designing and implementing new activities and strategies. Also, the CLO is responsible for developing initiatives aiming to build/increase capacity among consumers to remain adherent to HIV medical care, and to actively participate in health care decisions.

C. Comprehensive Quality Committee (CQC)

The third component of the CQMP is the **Comprehensive Quality Committee (CQC)**. This committee is composed by representatives from all PR-RWPBA providers in the Island, including the PRDOH's Transmissible Diseases Prevention and Treatment Centers, known by its Spanish acronym as CPTETs, and Coordinating Agencies. Also, the ADAP External Network, which includes RW Parts A, C & D grantees and other private community centers, are represented in the CQC. These individuals are either members of their organizations' quality committees or representatives of the organization's executive directors. This group meets on the first month of each quarter to discuss the CQMP's implementation, receive information on CQMP expectations and provide the Quality Guidance Committee with feedback in terms of the viability of each objective or action within the Work Plan. They have the primary responsibility of implementing each organization's individual quality improvement plan, while working in close collaboration with the QGC. During quarterly meetings, as well as through regular communication with the QGC, the Comprehensive Quality Committee serves to disseminate critical information on the CQMP's focus and priorities. **All organizations participating of the CQC are asked to align their individual quality improvement plans with the jurisdiction-wide plan.** Progress toward achieving jurisdictional objectives is regularly checked by QGC and progress reports are made public during CQC meetings.

Roles and Responsibilities of CQC:

- The Comprehensive Quality Committee is the forum in which all the components of the CQMP are represented. This Committee is formed by the Quality Guidance Committee and the representatives of all Quality Committees established in organizations that receive Ryan White Part B/ADAP funding or resources. This Committee meets the first month of every quarter with the purpose of receiving information on the CQMP progress as well as directives on future steps. This Committee also provides the QGC with feedback on local QM plan implementation activities to consider in the development and support of the Program's overall plan.

Through this infra-structure, individual organizations participate in the decision making process and provide feedback to program managers and decision-makers to improve the CQMP itself.

Clinical Quality Management Plan

Components and Goals

The Clinical Quality Management Plan is constituted by three (3) main components, as follows: (1) Infrastructure; (2) Performance Measures; and (3) Capacity Building. There is a specific goal related to each of the Clinical Quality Management Plan's components.

1. Maintain and strengthen Quality Management infrastructure in agreement with HAB/HRSA guidance and expectations during calendar year 2020.
2. Ensure adherence to best practices regarding medical and psychosocial services provided to persons living with HIV according to PHS HIV/AIDS treatment guidelines during calendar year 2020; thus contributing to maintain viral load suppression among HIV/AIDS patients.
3. Improve clinical and psychosocial resources capacity and skills about quality and best practices in order to strengthen the Ryan White Part B/ADAP Clinical Quality Management Program during calendar year 2020.

Update and Approval of RWPBA Clinical Quality Management Plan

The Clinical Quality Management Plan is updated annually. However, it constitutes a dynamic document that could be amended as needed; thus being responsive to changes in the service delivery system, to changes/updates to HRSA's quality policy and requirements, and to changing trends in the HIV epidemic, etc. The QMP Coordinator is responsible for reviewing and updating the RWPBA Clinical Quality Management Plan; once updated, by the CQMP Coordinator, the Clinical Quality Management Plan is reviewed by RWPBA Program Director and shared with QGC members for comments and recommendations. QGC members' comments and recommendations are reviewed by the QMP Coordinator and the RWPBA Program Director, and are integrated accordingly. Finally, the RWPBA Program Director is responsible for Clinical Quality Management Plan approval.

People Living with HIV (PLWH) Involvement

Consumers are encouraged to express their opinions/concerns and to participate in quality and planning processes through different means, as follows: Quality Guidance Committee (QGC), Comprehensive Quality Committee (CQC), other quality committees (i.e.: CPTETs, Coordinating Agencies, ADAP External Network, etc.), workshops and educational interventions to CPTETs' consumers, RWPBA Planning Body, ADAP Advisory Committee, Satisfaction Surveys, PR HIV Integrated Surveillance, Prevention and Care Plan: 2017-2021, etc. This attests to RWPBA Program commitment with engaging consumers in quality management activities. These persons will be responsible for bringing the participants' perspective to different planning and working committees engaged in improving the quality of medical and supportive services delivered through the RWPBA provider network to PLWH in Puerto Rico. In addition, these persons will be

responsible for bringing attention to the impact of QGC's determinations on those receiving direct medical and psycho-social services. A total of four (4) consumers have been participating steadily in QGC meetings since 2016; thus, speaking and serving as liaisons with the community of persons living with HIV in Puerto Rico, that are served by the PR-RWPBA Program. As of December 2019, seventy-five percent (75%) of all CPTETs complies with having incorporated at least one (1) consumer in their Quality Management Committees; while all (100%) Coordinating Agencies complies with having consumer representation in their quality committees. Quarterly Quality Performance Measures Reports and quality improvement projects are discussed in CPTETs and CAs Quality Committees meetings; where consumers are asked for their observations and recommendations. Also, a consumer holds the position of Community Liaison Official (CLO); thus bringing consumers' perspectives and concerns into the day-to-day quality and planning processes. In this way, the CLO will be responsible for engaging and promoting consumer participation and retention in HIV care among its peers; thus, empowering consumers through his own experiences and sharing effective strategies to cope and being adherent to HIV care.

Stakeholder Involvement

All stakeholders are represented in the Quality Guidance Committee (QGC); thus, bringing and providing input, recommendations and suggestions into quality and planning processes and activities. Quality Performance Measures Reports are generated and delivered quarterly to major stakeholders (i.e.: OCASET Director, CPTETs' Directors, RWPBA Program Director, Case Management Supervisor, Clinical and Support Services Coordinator, Complementary HIV Services Unit Coordinator, Outreach and Retention in Care Coordinator, Coordinating Agencies, ADAP clinical providers, etc.). Performance measures data along with other quality activities, such as: technical assistance and mentoring activities, among others; has contributed to increase understanding among stakeholders on how to use data reports to identify improvement opportunities and design effective strategies to increase performance level and quality of care.

Evaluation of CQM Program

Evaluation of the Clinical Quality Management Plan in complying with expected outcomes and stated objectives is an essential and crucial component of the Clinical Quality Management Program (CQMP) evaluation. The Clinical Quality Management Plan constitutes the blueprint that exemplifies all aspects related to the CQMP. Therefore, CQMP evaluation allows assessing whether the Program was effective in achieving expected outcomes and facilitating access to a comprehensive continuum of high quality HIV care and treatment. The CQMP is formally evaluated annually, at the end of the calendar year. The QMP Coordinator is responsible for completing the annual program evaluation report and submitting it to the RWPBA Program Director.

However, Quality Performance Measures Reports are generated quarterly, thus providing information regarding progress in complying with expected outcomes. These reports are reviewed and discussed during Quality Guidance Committee (QGC) quarterly meetings. QGC members

who also serve as mentors, and technical assistance providers for CPTETs and other local quality committees, monitor and discuss progress towards achieving expected outcomes, based on Quality Performance Measures Reports. Quarterly results are compared against expected outcomes to determine effectiveness of Clinical Quality Management Program strategies and activities. Quality Mentors will discuss barriers and limitations that preclude progress towards expected outcomes and suggest ways to overcome those barriers. Also, quality improvement projects are reviewed and discussed at every QGC meeting to assess progress towards expected outcomes, and to determine if any alteration or amendment should be made in order to comply with expected outcomes.

Performance Measurement

Performance measurement is the process of collecting, analyzing, and reporting data regarding patient care and health outcomes on an individual or population level. Performance measures are selected by the Quality Guidance Committee (QGC) and the RWPBA Program Director, based on assessing compliance level, attained quarterly, as depicted in the above-mentioned quality performance measures reports, and on changes/updates to the HAB/HRSA Performance Measures Portfolio. A total of 46 performance measures are going to be monitored and followed-up during calendar year 2020, as follows: CPTETs clinical performance measures (28), ADAP performance measures (5), CPTETs quality improvement projects (3), Coordinating Agencies quality improvement project (1), Coordinating Agencies non-clinical performance measurements (6), and Coordinating Agencies clinical performance measures (3). See Attachment 2 for selected performance measures monitored by the RWPBA Program. Performance measures relevance and need is assessed annually according to the percent of eligible clients receiving at least one unit of service for a Ryan White Part B funded service category, as stated in the Clinical Quality Management Policy Clarification Notice (PCN) #15-02, updated on November 30, 2018. However, HRSA HIV/AIDS Bureau core measures are always included among selected performance measures to be monitored by the RWPBA Program.

Clinics, agencies and organizations in the RWPBA provider network are requested to document services provided to PLWH through the CAREWare database system. The data entry process is conducted on-site at clinics, agencies and organizations providing Ryan White Part B funded services. CW Data Managers are responsible for the preparation of quarterly performance measurement reports, and other data analysis for quality improvement activities; this role is of pivotal importance in providing necessary data to guide in the implementation of quality improvement projects, and in assessing the effectiveness of quality improvement strategies. Quarterly Quality Performance Measures Reports are generated by means of the CAREWare database system. Quarterly reports are delivered quarterly to major stakeholders.

As mentioned before, performance measure data is reviewed and analyzed quarterly during QGC meetings. Moreover, data regarding Disparities in Viral Load Suppression Reports and Graphs stratified by gender, age group, transmission factor, and HIV/AIDS status, among other variables, are generated twice a year, by means of the CAREWare database system; which, in turn, constitute a valuable tool for the QGC to identify improvement opportunities focused in decreasing health

disparities regarding viral load suppression among PLWH receiving medical HIV care at PRDOH Transmissible Diseases Prevention and Treatment Centers (CPTETs, *Spanish acronym*). These reports and graphs regarding disparities in viral load suppression among PLWH receiving medical HIV care at CPTETs are shared and distributed to the RWPBA Program Director, Case Management Supervisor, Clinical and Support Services Coordinator, OCASET Director, CPTETs Directors and CPTETs Quality Committees.

Quality Improvement

All PRDOH CPTETs are requested to implement three quality improvement projects (QIPs) during calendar year 2020. Quality improvement projects were selected by the QGC, as follows:

1. Viral load suppression among young people (13 thru 24 years old) and PIDs
Target populations for the viral load suppression QIP are in agreement with target populations defined in the Puerto Rico HIV Integrated Surveillance, Prevention and Treatment Plan: 2017-2021.
2. Linkage to care within 30 days of diagnosis
3. Medical Case Management Care Plan updated at least twice in the calendar year

In addition, Coordinating Agencies (CAs) are requested to implement at least one (1) QIP during calendar year 2020. During calendar year 2020, CAs will be implementing quality improvement projects focused at increasing or maintaining the number of participants with at least two (2) eligibility recertifications during the measurement year.

Continuous Quality Improvement Methodology is utilized including among others:

- Brainstorming
- Root Cause Analysis
- Flow chart diagrams
- Pareto charts
- Model for Improvement: PDSA (Plan/Do/Study/Act Model)
- Histograms
- Trend analysis

Performance measure data regarding QIPs is reviewed and analyzed quarterly during QGC meetings. In addition, quality mentors discuss QIPs performance measure data with CPTETs and Coordinating Agencies' Quality Committees to assess progress towards expected outcomes.

Work Plan

The Operational Quality Management Work Plan is updated annually. The QMP Coordinator is responsible for reviewing and updating the Work Plan; once updated, by the CQMP Coordinator, the Work Plan is reviewed by RWPBA Program Director and shared with QGC members for comments and recommendations. Finally, the RWPBA Program Director is responsible for

Operational Quality Management Work Plan approval. The approved Operational Quality Management Work Plan is shared with QGC members and major stakeholders: OCASET Director, CPTETs' Directors, RWPBA Program Director, Case Management Supervisor, Clinical and Support Services Coordinator, Complementary HIV Services Unit Coordinator, Outreach and Retention in Care Coordinator, ADAP coordinator, Coordinating Agencies, ADAP clinical providers, etc.

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Ryan White Quality Guidance Committee

2020 Operational Quality Management Work Plan

Component: QM Infrastructure			
1. Goal 1: Maintain and strengthen Quality Management infrastructure in agreement with HAB and PHS guidance and expectations during calendar year 2020.			
Objective	Activities	Measurements/Indicators	Responsible Party
1.1 By December 31, 2020, conduct at least four (4) scheduled Quality Guidance Committee (QGC) meetings to provide follow-up to RWPBA Clinical Quality Management (CQM) Annual Plan.	1.1.1 Schedule and develop QGC meetings calendar for 2020. 1.1.2 Disseminate Quality Guidance Committee meetings calendar for 2020. 1.1.3 Coordinate monthly Quality Guidance Committee meetings. 1.1.4 Include quality annual plan's related topics in meeting Agenda. 1.1.5 Record keeping on Quality Management Program progress and improvements. 1.1.6 Assess attendance rate.	Compliance measure: <ul style="list-style-type: none"> • 100% (4) of scheduled meetings conducted • 50% of member attendance • Consumer participation in 90% of meetings conducted Documentation resources: <ul style="list-style-type: none"> • Meetings calendar • Agendas • Number of meetings • Attendance sheet • Meetings minutes • Quarterly progress reports 	CQMP Coordinator Part B Director QGC members

	<p>1.1.7 Determine the proportion of meetings with consumer representation.</p> <p>1.1.8 Assess compliance with scheduled meetings.</p>		
<p>1.2 By January 13, 2020, approve the Ryan White Part B/ADAP Program's 2020 CQM Annual Plan.</p>	<p>1.2.1 Develop the 2020 CQM Annual Plan</p> <p>1.2.2 Approve the plan by the QGC</p> <p>1.2.3 Final approval of the Plan by the RW Part B Program Director</p> <p>1.2.4 Disseminate the Plan</p>	<p>Compliance measures:</p> <ul style="list-style-type: none"> • CQM Annual Plan developed and approved by the QGC members and Ryan White Part B/ADAP Program Director <p>Documentation resources:</p> <ul style="list-style-type: none"> • 2020 CQM Annual Plan • QGC meetings minutes • Attendance sheets on activities to disseminate the QM plan. 	<p>CQMP Coordinator QGC members Part B Director</p>
<p>1.3 By February 28, 2020, evaluate compliance with Ryan White Part B/ADAP Program's 2019 CQM annual plan.</p>	<p>1.3.1 Request submission of data regarding compliance with 2019 CQM plan objectives from RW Part B Programmatic Units Coordinators.</p> <p>1.3.2 Assess performance and level of compliance for each objective in the 2019 CQM plan.</p> <p>1.3.3 Review and analyze data in CAREWare Performance Reports.</p>	<p>Compliance measures:</p> <ul style="list-style-type: none"> • 2019 Achievement CQM Annual Report • Level of compliance for each objective in the 2019 CQM Plan <p>Documentation resources:</p> <ul style="list-style-type: none"> • Programmatic Units Reports • CAREWare Performance Data Reports • Meetings minutes 	<p>CQMP Coordinator QGC members Part B Director</p>

	1.3.4 Prepare 2019 Achievement Report 1.3.5 Disseminate results	<ul style="list-style-type: none"> • Mentors reports (CAs & CPTETs) 	
1.4 By January 31, 2020, assure that 100% of CPTETs and Coordinating Agencies ¹ submit updated 2020 QM Annual Plans consistent with Ryan White Part B/ADAP Program expectations.	1.4.1 Request submission of updated annual QM Plans from CPTETs and Coordinating Agencies. 1.4.2 Provide follow-up to non-compliant organizations from the RW Part B/ADAP service provider's network. 1.4.3 Asses compliance with QM plan submission	<p>Compliance measures:</p> <ul style="list-style-type: none"> • 100% of CPTETs submit updated 2020 QM Annual Plan. • 100% of Coordinating Agencies submit updated 2020 QM Annual Plan encompassed in their Ryan White Part B/ADAP Proposals for FY 2020. <p>Documentation resources:</p> <ul style="list-style-type: none"> • Submission/Compliance report on service providers QM plan. 	CQMP Coordinator Part B Director CPTETs quality mentors Service providers (QM Committees) Coordinating Agencies (CA) quality mentors
1.5 By February 28, 2020, review and provide written feedback and recommendations to updated 2020 QM Annual Plans submitted by CPTETs and Coordinating Agencies (CAs) so they are consistent with Ryan White Part B/ADAP requirements and expectations.	1.5.1 Evaluate all 2020 QM Plans submitted by CPTETs and CAs to the RWPBA Program to assure that requested indicators and measures were integrated in CPTETs and CAs QM Plans accordingly. 1.5.2 Prepare written reviews providing feedback and specific recommendations	<p>Compliance measures:</p> <ul style="list-style-type: none"> • 100% of CPTETs integrated selected clinical indicators in their local QM plans. • 100% of Coordinating Agencies integrated selected non-clinical indicators in their annual plan. <p>Documentation resources:</p> <ul style="list-style-type: none"> • Evaluation report on service providers QM plan submitted 	CQMP Coordinator Part B Director

¹ CA of Demonstrative Project not included.

	<p>to updated QM Annual Plans submitted by CPTETs and CAs.</p> <p>1.5.3 Submit written reviews to Ryan White Part B/ADAP Director for approval.</p> <p>1.5.4 Send written reviews to corresponding CPTETs and CAs.</p>	<p>individually to CPTETs and Coordinating Agencies by February 28, 2020.</p>	
<p>1.6 By January 15, 2020, 100% of ADAP external network providers will integrate ADAP performance indicators requested by the Ryan White Part B/ADAP QMP to their corresponding 2020 QM annual Plans.</p>	<p>1.6.1 Request commitment from ADAP external network providers to integrate ADAP indicators in their local QM annual plan.</p>	<p>Compliance measure: ADAP Indicators:</p> <ul style="list-style-type: none"> 100% of ADAP external network providers will sign the compromise to include ADAP indicators in their local QM plans. <p>Documentation resources:</p> <ul style="list-style-type: none"> Commitment signed by each ADAP service provider. 	<p>ADAP external network ADAP Coordinator ADAP Data Analyst CQMP Coordinator</p>

<p>1.7 By December 31, 2020, conduct at least four (4) Comprehensive Quality Committee (CQC) meetings, on a quarterly basis.</p>	<p>1.7.1 Schedule and develop CQC meetings calendar for 2020.</p> <p>1.7.2 Disseminate CQC meetings calendar for 2020.</p> <p>1.7.3 Coordinate quarterly Comprehensive Quality Committee meetings.</p> <p>1.7.4 Include quality annual plan's related topics in the meeting Agenda</p> <p>1.7.5 Record keeping on Quality Management Program progress and improvement.</p> <p>1.7.6 Determine attendance rate.</p> <p>1.7.7 Conduct regular evaluation activities for each meeting.</p> <p>1.7.8 Identify improvement areas as reported.</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> • 100% (4) of scheduled meetings conducted • Attendance rate per meeting: <ul style="list-style-type: none"> ○ 100% of Coordinating Agencies represented among participants. ○ 100% of CPTETs represented among participants. ○ At least 60% of ADAP external network providers/organizations represented among participants • Consumer participation in 90% of meetings conducted • 80% of participants completing the evaluation form mentioned to be highly satisfied. <p>Documentation resources:</p> <ul style="list-style-type: none"> • Agendas (quality topics included) • Attendance sheets • Assessment report of evaluation forms submitted by participants per meeting. 	<p>CQMP Coordinator QGC members, CQC members Quality committee members of each service providers Part B Director</p>
<p>1.8 By December 31, 2020, Quality Mentors will participate in at least one (1) CPTETs & CAs quality committees</p>	<p>1.8.1 Request CPTETs and CAs to submit Quality Committee Meetings</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> • 100% (4) of scheduled monitoring/TA site visits 	<p>CQMP Coordinator CPTETs and CAs mentors CPTET's Directors</p>

<p>meetings, quarterly, to provide support and mentorship on quality improvement matters to support their QI work, and to monitor and assess compliance with local QM plans.</p>	<p>Schedule for natural year 2020.</p> <p>1.8.2 Coordinate with CPTETs and CAs to participate in at least one (1) quality committee meeting quarterly.</p> <p>1.8.3 Develop mentoring/TA site visits plan.</p> <p>1.8.4 Review Quality Performance Measures Report generated quarterly by means of the CAREWare database system, prior to mentoring visit.</p> <p>1.8.5 Disseminate, go over, and discuss quarterly CAREWare data performance reports.</p> <p>1.8.6 Assess/identify barriers and limitations in the implementation of 2020 Quality Management Plans.</p> <p>1.8.7 Document progress and provide feedback.</p> <p>1.8.8 Identify TA needs on quality improvement matters and provide TA as needed.</p> <p>1.8.9 Coordinate with QMP Coordinator for further assistance if necessary.</p>	<p>conducted per CPTET and CA, in a quarterly basis</p> <p>Documentation resources:</p> <ul style="list-style-type: none"> • Attendance sheets • Monitoring/TA site visit reports 	<p>Complementary HIV Services Unit (CHSU) Coordinator CHSU personnel</p>
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	1.8.10 Submit TA/Mentoring Reports.		
1.9 By December 31, 2020 resolve at least 90% of all consumers' complaints reported through the RW Quality system during natural year 2020.	<p>1.9.1 Maintain consumer satisfaction box and promote utilization of complaint mechanisms implemented by RW Part B/ADAP Program, among consumers.</p> <p>1.9.2 Receive and evaluate the complaints reported.</p> <p>1.9.3 Disseminate the QMP's email address.</p> <p>1.9.4 Conduct weekly reviews of the calidadrwb@gmail.com email address.</p> <p>1.9.5 Develop Complaint evaluation and finding report.</p> <p>1.9.6 Develop corrective action plan as needed.</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> At least 90% of consumer complaints attended/resolved Corrective action plans developed (if applicable) <p>Documentation resources:</p> <ul style="list-style-type: none"> Complaint evaluation and finding report Corrective action plan and progress report (if applicable) 	CQMP Coordinator RW Part B Director Service Providers
Component: Clinical & Psycho-social Services Performance Measures			
Goal 2: Ensure adherence to best practices regarding medical and psychosocial services provided to persons living with HIV according to PHS HIV/AIDS treatment guidelines during calendar year 2020; thus contributing to maintain viral load suppression among HIV/AIDS patients.			
Objective	Activities	Measurements/Indicators	Responsible Party
2.1 By December 31, 2020 each CPTET will increase individual performance level to at least 2019 overall aggregated CPTETs' level of performance for continuance HAB/ DOH performance indicators selected by the CQMP; on the other hand, if individual CPTET	<p>2.1.1 Disseminate the December 2019 HAB/DOH performance report to each CPTET in January 2020.</p> <p>2.1.2 Identify baseline data, as of December 31, 2019, for</p>	<p>Compliance measure: HAB/DOH Performance Level per service provider: (Attachment 2)</p> <p>Core Measures:</p> <ul style="list-style-type: none"> CORE-01 	Service providers (QM Committees) CQMP Coordinator CPTET Mentors CAREWare system Coordinators

<p>performance level was greater or equal to aggregated data, then:</p> <ul style="list-style-type: none"> • Individual CPTET level of performance should increase by at least 5%; or • Individual CPTET should maintain performance level in at least 95% for those indicators whose performance level was already equal or above 95%. 	<p>each indicator in January 2020.</p> <p>2.1.3 Establish expected outcomes, as of December 2020, for each indicator, in January 2020.</p> <p>2.1.4 Request each CPTET to submit individual 2020 QM Plan.</p> <p>2.1.5 Generate quarterly performance reports regarding DOH and HAB/HRSA quality indicators, during natural year 2020.</p> <p>2.1.6 Monitor and assess performance for quality indicators by CPTET, quarterly.</p> <p>2.1.7 Disseminate compliance data and findings to service providers and to OCASET/SASFSI.</p>	<ul style="list-style-type: none"> • CORE-02 • CORE-03 • CORE-04 • CORE-05 • CORE-06 (<i>new measure</i>) <p>All Ages Performance Measures:</p> <ul style="list-style-type: none"> • HAB-19 • HAB-14 (<i>rev.</i>) • DOH-17 (<i>reinstated measure</i>) <p>Adults & Adolescents' Clinical Measures:</p> <ul style="list-style-type: none"> • HAB-07 (<i>rev.</i>) • HAB-08 • HAB-09 • HAB-10 • HAB-12 • HAB-13 • HAB-15 • HAB-16 • HAB-17 • HAB-19 • HAB-22 • HAB-23 • DOH-14 • DOH-15 • DOH-16 <p>Case Management Measures:</p> <ul style="list-style-type: none"> • DOH-01 • DOH-10 • DOH-11 • DOH-12 	
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		<p>System Measure:</p> <ul style="list-style-type: none"> • DOH-13 <p>Documentation resources:</p> <ul style="list-style-type: none"> • HAB/DOH Performance Measure Reports • CAREWare data system • Service Providers QM Annual Plan • CPTET Quality Mentor monitoring visit report • QMP progress reports • Areas for improvement identified 	
<p>2.2 By December 31, 2020, comply with ADAP providers’ network (CPTETs and external HIV clinics) expected outcomes for continuance indicators, as stated in the 2020 ADAP Quality Management Plan.</p>	<p>2.2.1 Disseminate the ADAP QM Annual Plan in January 2020.</p> <p>2.2.2 Request the commitment of the ADAP external network to integrate ADAP indicators in their local QM annual plan.</p> <p>2.2.3 Distribute updated PHS guidelines on the use of antiretroviral medications to the RWPBA service provider’s network and the PBM.</p> <p>2.2.4 Assess the compliance with each ADAP indicator per provider, quarterly.</p>	<p>Compliance measure:</p> <p>ADAP Indicators:</p> <ul style="list-style-type: none"> • 98% of ADAP applications for certification or recertification of <u>ADAP/PRHI with an alternate private health insurance plan, pure ADAP and HIAP beneficiaries</u> were received with all the required documentation. • 100% of all <u>ADAP/PRHI, pure ADAP 02, pure ADAP 03, and HIAP</u> participants complied with submitting a Self-Attestation of No-change showing that they maintained 	<p>ADAP network ADAP Coordinator ADAP Data Analyst CQMP Coordinator</p>

		<p>their eligibility for ADAP re-certification assessment.</p> <ul style="list-style-type: none"> • 100% of all inappropriate ARV Regimen components, funded by ADAP, and identified by the PBM, were answered, modified or justified (based on PHS treatment guidelines) within 30 days since being notified by the ADAP Program. • 70% of all inappropriate ARV Regimen components, funded by ADAP, and identified by the PBM, that were answered, modified or justified (based on PHS treatment guidelines) by ADAP providers were, also, certified as resolved by the ADAP Program. <p>Documentation resources:</p> <ul style="list-style-type: none"> • Quarterly ADAP quality indicators' progress reports. 	
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<p>2.3 By December 31, 2020, approve or deny at least 97% of ADAP/HIAP applications for certification and re-certification within 14 days of receiving complete applications in RW Part B/ADAP Program.</p>	<p>2.3.1 Assess the percentage of ADAP and HIAP applications for certification and re-certification approved or denied within 14 days of ADAP complete applications received in the RW Program.</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> 97% compliance with ADAP performance measure regarding ADAP and HIAP applications for certification and re-certification approved or denied within 14 days of all ADAP complete applications received in the RW Program. <p>Documentation resources:</p> <ul style="list-style-type: none"> ADAP compliance report 	<p>ADAP Coordinator ADAP Data Analyst CQMP Coordinator</p>
<p>2.4 By December 31, 2020 each CPTET will implement three (3) Quality Improvement Projects (QIPs) selected by the QGC to be implemented across all CPTETs.</p>	<p>2.4.1 Disseminate the December 2019 HAB/DOH performance report to each CPTET in January 2020.</p> <p>2.4.2 Identify baselines for each QIP in January 2020.</p> <p>2.4.3 Establish target measure for each QIP in January 2020.</p> <p>2.4.4 Design and implement activities aimed to improve performance of selected indicators.</p> <p>2.4.5 Generate quarterly performance reports regarding DOH and HAB/HRSA performance indicators by means of CAREWare Data System.</p> <p>2.4.6 Disseminate quarterly performance reports.</p>	<p>Compliance measure:</p> <p>HAB Indicators for QIP-</p> <ul style="list-style-type: none"> 82% of CPTETs young people and PIDs living with HIV will achieve viral load suppression during the measurement period. (<i>target populations defined in the Puerto Rico HIV Integrated Surveillance, Prevention and Treatment Plan: 2017-2021</i>) 80% of new patients linked to HIV care within 30 days of HIV diagnosis. 70% of CPTETs' clinical case management patients comply with having a medical case management care plan and/or 	<p>Service providers (QM Committees) CQMP Coordinator CPTET Quality Mentors CAREWare system Coordinator EIIHA Coordinator</p>

	<p>2.4.7 Discuss, review, and analyze data regarding QIPs at CPTETs' Quality Committees</p> <p>2.4.8 Assess compliance.</p> <p>2.4.9 Modify or continue implementing established activities/strategies according to findings observed through quarterly performance reports.</p>	<p>updated two (2) or more times in the measurement year.</p> <p>Documentation resources:</p> <ul style="list-style-type: none"> • PDSA cycle plan • Performance Measures Reports • CAREWare data system • Service Provider QM Annual Plan • CPTET Quality Mentor monitoring visits report • Quality Improvement Project • QIP progress reports 	
<p>2.5 By December 31, 2020, each Coordinating Agency will increase non-clinical performance level to at least 2019 overall aggregated Coordinating Agencies' level of performance for continuance CA non-clinical performance indicators selected by the CQMP; on the other hand, if individual Coordinating Agency performance level was greater or equal to aggregated data, then:</p> <ul style="list-style-type: none"> • Individual Coordinating Agency level of performance should increase by at least 5%; or • Individual Coordinating Agency should maintain performance level to at least 95% for non-clinical 	<p>2.5.1 Generate and review quarterly performance reports regarding CAs' non-clinical quality indicators.</p> <p>2.5.2 Identify baselines for each Coordinating Agency non-clinical performance measure in December 2019.</p> <p>2.5.3 Establish target measure for each Coordinating Agency non-clinical performance measure in December 2019.</p> <p>2.5.4 Generate quarterly performance reports regarding CAs non-clinical performance indicators by</p>	<p>Compliance measure:</p> <p>Coordinating Agencies Non-clinical Quality Indicators:</p> <ul style="list-style-type: none"> • Completed referrals originated by CPTETs' Clinical Case Managers for services supported by RWB funds that were coordinated through CAs • Overall patients served by Coordinating Agencies with at least two (2) eligibility re-certifications • Non-clinical case management care plan • Overall patients who completed medical transportation referrals 	<p>Coordinating Agencies (service providers) Complementary HIV Services Unit Coordinator/personnel CQMP Coordinator CAREWare Coordinators</p>

<p>indicators whose performance level was already equal or above 95%.</p>	<p>means of CAREWare Data System, during natural year 2020.</p> <p>2.5.5 Disseminate quarterly performance reports to each Coordinating Agency.</p> <p>2.5.6 Monitor and assess performance.</p>	<p>coordinated by Coordinating Agencies' personnel</p> <ul style="list-style-type: none"> • Reached and linked to care • Reached and linked to ADAP <p>Documentation resources:</p> <ul style="list-style-type: none"> • Quarterly performance reports • CAREWare data system • Coordinating Agencies' QM Annual Plan • Mentoring/TA site visit report • Areas for improvement identified 	
<p>2.6 By December 31, 2020, each Coordinating Agency will implement at least one (1) Quality Improvement Project (QIP), based on attained performance level, as of December 2019.</p>	<p>2.6.1 Disseminate the December 2019 CAs Performance Report to each agency.</p> <p>2.6.2 Select indicators with low performance level in order to develop and implement QIPs for ensuring performance improvement.</p> <p>2.6.3 Identify baselines for each QIP in January 2020.</p> <p>2.6.4 Establish target outcome for each QIP in January 2020.</p>	<p>Compliance measure: Coordinating Agencies Performance Indicators for selected QIPs</p> <ul style="list-style-type: none"> • Increased performance level observed for selected QIPs by Coordinating Agency. <p>Documentation resources:</p> <ul style="list-style-type: none"> • PDSA cycle plan • Performance Measures Reports • CAREWare data system 	<p>Coordinating Agencies (service providers) Complementary HIV Services Unit Coordinator/personnel CQMP Coordinator CAREWare Coordinators</p>

	<p>2.6.5 Design and implement activities and strategies in order to improve performance of selected indicators.</p> <p>2.6.6 Generate quarterly performance reports regarding CAs non-clinical performance indicators by means of CAREWare Data System.</p> <p>2.6.7 Disseminate quarterly performance reports.</p> <p>2.6.8 Discuss, review, and analyze data regarding QIPs at CAs' Quality Committees.</p> <p>2.6.9 Monitor and assess compliance.</p> <p>2.6.10 Modify or continue implementing established activities/strategies according to findings observed through quarterly performance reports.</p>	<ul style="list-style-type: none"> • Service Provider QM Annual Plan • Quality Mentor site visit report • Quality Improvement Project • QIP progress reports 	
<p>2.7 By December 31, 2020, engage or re-engage in ADAP or any other medications' program at least 70% of PLWH identified as out of care and not receiving ADAP services at the CPTETs, out of those that were linked to medical care through MAI Program's interventions.</p>	<p>2.7.1 CPTETs' out of care HIV patients (i.e.: PLWH not receiving HIV medical care and not collecting ADAP HIV medications during a period of six (6) months) will be identified on a quarterly basis; by means</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> • <u>70%</u> of patients identified as out of care at CPTETs reached by MAI personnel and linked to medical care, will be re-engage in ADAP 	<p>CAREWare system coordinator MAI Coordinator CQMP Coordinator</p>

	<p>of CAREWare and PBM database systems, respectively.</p> <p>2.7.2 Individual databases including PLWH identified as out of care at each CPTET are generated by the CAREWare Data Manager, quarterly.</p> <p>2.7.3 PLWH identified as out of care will be referred to corresponding CPTETs' MAI HIV Care Liaison workers.</p> <p>2.7.4 MAI HIV Care Liaison workers will implement outreach interventions to make contact with PLWH included in their corresponding CPTETs' databases.</p> <p>2.7.5 CAREWare Data Manager matches updated CPTETs' MAI HIV Care Liaison workers databases with PBM databases to validate that PLWH linked to medical care through MAI Program's interventions were engaged or re-engaged in ADAP or any other medications' program.</p>	<p>services through MAI interventions.</p> <p>Documentation resources:</p> <ul style="list-style-type: none"> • Medical Record • CAREWare data report • PBM data 	
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	<p>2.7.6 CAREWare Data Manager generates a report to the MAI Project Coordinator regarding the number and percentage of CPTETs' out of care HIV patients that were reached and linked to medical care and, also, were engaged or re-engaged in ADAP or any other medication program, twice a year.</p>		
<p>2.8 By September 30, 2020, continue implementing the Coordinating Agency Demonstrative Project aiming at increasing viral load suppression by subsidizing the provision of non-clinical and support services amongst patients with HIV infection receiving clinical services in the CSL (Coordinating Agency).</p>	<p>2.8.1 Supplement available medical services already delivered by the CSL with non-clinical and support services subsidized by Ryan White Part B funds to be provided on site (or by the same provider/agency/organization); thus aiming at increasing accessibility to non-clinical and support services amongst patients with HIV infection in CSL providers network (19 HIV primary care clinics).</p> <p>2.8.2 Oversee, and monitor Coordinating Agency Demonstrative Project implementation.</p> <p>2.8.3 Assess viral load suppression among patients</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> • Viral load suppression amongst CSL HIV patients who received Part B funded services: <ul style="list-style-type: none"> ○ Medical transportation ○ Medical nutritional therapy ○ Oral health ○ Emergency financial assistance (including eyeglasses) ○ Home health care and community based services ○ Non-medical case management • Frequency of medical visits amongst CSL HIV patients who received medical 	<p>Complementary HIV Services Unit Coordinator CQMP Coordinator CSL RW Part C Director CAREWare system coordinator</p>

	<p>receiving both, medical and non-clinical/support services.</p> <p>2.8.4 Assess frequency of medical visits amongst CSL HIV patients who received medical transportation services.</p>	<p>transportation funded by Part B.</p> <ul style="list-style-type: none"> • Overall patients served by CSL with at least two (2) eligibility re-certifications. • Non-clinical case management care plan <p>Documentation resources:</p> <ul style="list-style-type: none"> • Medical Record • CAREWare data report 	
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Component: Capacity Building

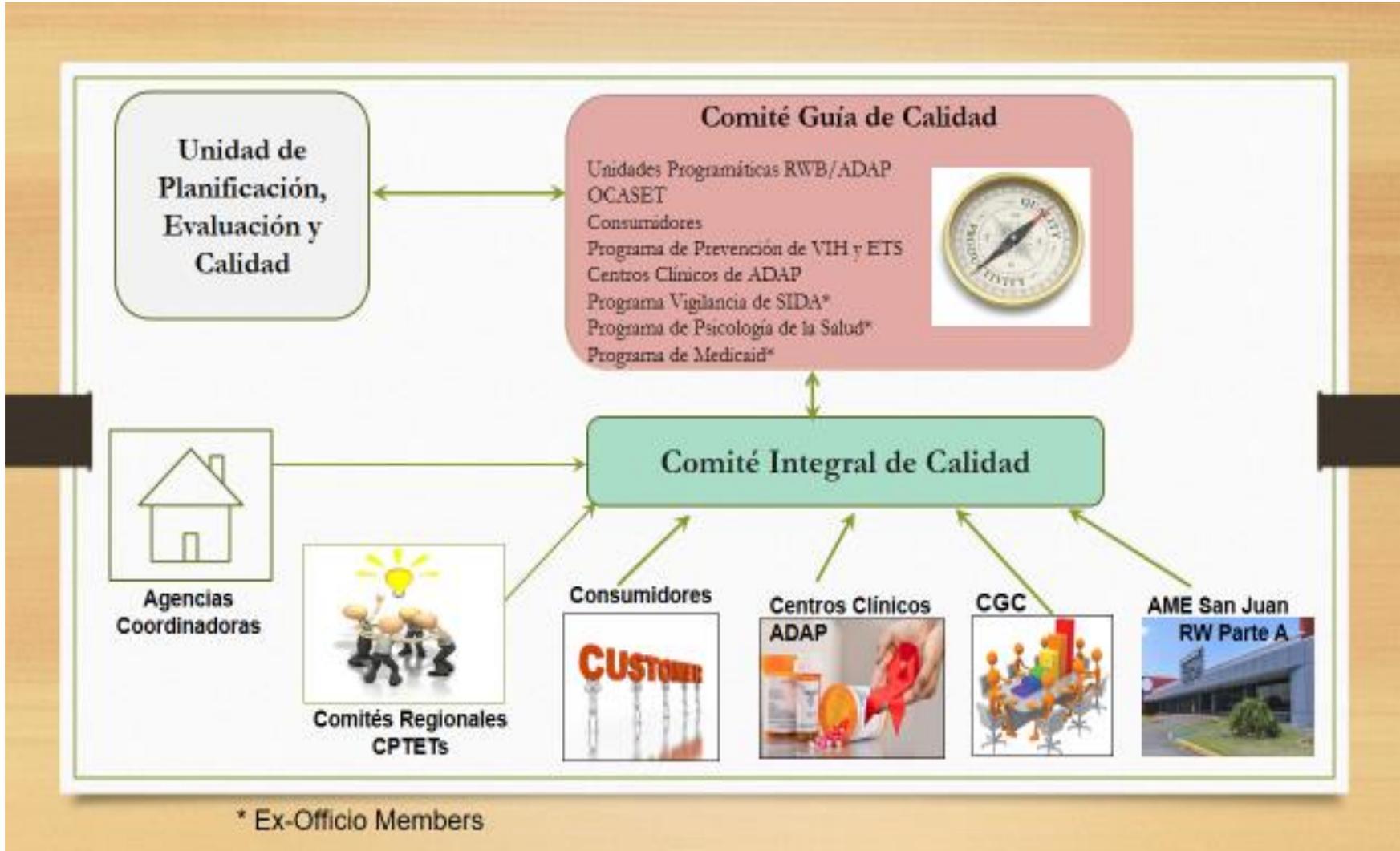
Goal 3: Improve clinical and psychosocial resources capacity and skills about quality and best practices in order to strengthen the Ryan White Part B/ADAP Quality Management Program during calendar year 2020.

Objective	Activities	Measurements/Indicators	Responsible Party
3.1 By December 31, 2020 the QGC will provide TA through lectures, workshops, coaching, consultation, mentorship or educational interventions to CPTETs and Coordinating Agencies' personnel on clinical and quality matters according to identified capacity and technical assistance needs.	<p>3.1.1 Coordinate or provide training on technical assistance needs identified by means of group exercises and findings of programmatic/ fiscal monitoring visits.</p> <p>3.1.2 Design and develop 2020 Capacity Building Plan based on identified TA needs.</p> <p>3.1.3 Coordinate TA/trainings as per existing need assessment with external (Northeast/Caribbean AIDS Educational and</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> • At least 5 trainings conducted. • 100% of training scheduled will be conducted. • 90% of TA requested will be attended. • Disseminate PHS guidelines within 15 days of their date of publication. • 100% of AETC/CQII webinar will be disseminated. <p>Documentation resources:</p> <ul style="list-style-type: none"> • Group exercise reports of technical assistance needs identified. 	<p>CQMP Coordinator QGC members ADAP Coordinator Quality Mentors Complementary HIV Services Unit Coordinator AETC staff</p>

	<p>Training Center/ AETC) as well as internal resources.</p> <p>3.1.4 Consistently disseminate PHS guidelines to all CPTET medical directors.</p> <p>3.1.5 Disseminate information on existence of the PR RW Clinical Quality Management Program to consumers.</p> <p>3.1.6 Disseminate information on Center for Quality Improvement and Innovation (CQII) webinars to all service providers network.</p>	<ul style="list-style-type: none"> • Training assistance sheet • Mentor site visit reports • Power point presentations • TA reports • Evidence of PHS guidelines receipts • 2020 Capacity Building Plan 	
<p>3.2 By December 31, 2020, coordinate and facilitate at least two (2) workshops and/or educational interventions, targeting persons living with HIV, regarding services and medications available through the Ryan White Part B/ADAP Program, advocacy and importance of being adherent to medical treatment.</p>	<p>3.2.1 Coordinate with external (Health Psychology Program from the Ponce School of Medicine, Northeast/ Caribbean AIDS Education and Training Center, etc.) as well as internal resources.</p> <p>3.2.2 Schedule and develop workshops and educational interventions calendar for 2020.</p> <p>3.2.3 Disseminate information on workshops and/or educational interventions schedule.</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> • At least 2 (100%) workshops and/or educational interventions conducted. • Number of persons living with HIV attending workshops and/or educational interventions <p>Documentation resources:</p> <ul style="list-style-type: none"> • Workshops and/or educational interventions calendar • Attendance sheet • Participants' evaluation forms 	<p>CQMP Coordinator Part B Director HIV Community Liaison Official Part B Programmatic units' coordinators</p>

	<p>3.2.4 Facilitate or assist provision of scheduled workshops and/or educational activities.</p> <p>3.2.5 Evaluate workshops and/or educational activities.</p>		
<p>3.3 By January 17, 2020, acknowledge CPTETs, ADAP external network providers and Coordinating Agencies that showed outstanding achievements in monitoring and putting QI actions into practice, thus exceeding their level of compliance with HAB/HRSA clinical performance measures and expectations.</p>	<p>3.3.1 Establish an Ad Hoc Committee to design, plan and coordinate award criteria and procedures.</p> <p>3.3.2 Select award categories.</p> <p>3.3.3 Develop or determine assessment criteria/ requirements for granting awards per established categories.</p> <p>3.3.4 Analyze data regarding granting processes.</p> <p>3.3.5 Determine providers who exhibited outstanding achievements in monitoring and putting QI actions into practice, according to evaluation/ assessment criteria, per award category.</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> • Number of awards granted. <p>Documentation resources:</p> <ul style="list-style-type: none"> • Evaluation/assessment report to identify awarded providers per established category • Awards signed by Part B Director 	<p>CQMP Coordinator Part B Director Ad Hoc Committee</p>

**Attachment 1: Puerto Rico Quality Improvement Program Organizational Structure
Ryan White Part B/ADAP Program**



Attachment 2:

HAB/DOH Performance Measures/CPTETs Clinical Performance Measures

Core Measures	
CORE-01 Viral Load Suppression	CORE-02 Prescription of ARV Therapy
CORE-03 HIV medical visits frequency	CORE-04 GAP in HIV medical visits
CORE-05 PCP Prophylaxis	CORE-06 Annual retention in care (<i>new measure</i>)
Clinical Measures (Adults and Adolescents)	
HAB-07 Cervical cancer screening	HAB-08 Hepatitis B vaccination
HAB-09 Hepatitis C screening	HAB-10 HIV risk counseling
HAB-12 Oral exam	HAB-13 Syphilis screening
HAB-14 TB screening	HAB-15 Chlamydia screening
HAB-16 Gonorrhea screening	HAB-17 Hepatitis B screening
HAB-19 Influenza immunization	HAB-22 Pneumococcal vaccination
HAB- 23 Substance abuse screening	DOH-14 Screening for clinical depression and follow-up plan
DOH-15 Sustained Viral Load Suppression (<=200)	DOH-16 Sustained Viral Load Suppression (<=50)
DOH-17 Lipid screening (<i>reinstated measure</i>)	
Case Management Measures	
DOH-01 Medical case management visits	DOH-10 Case Management: Individual care plan
DOH-11 Gap in HIV medical visits among patients receiving case management services	DOH-12 Case Management: HIV medical visits frequency
System Measure	
DOH-13 Early linkage to HIV medical care	

ADAP Performance Measures

Percent of ADAP applications for certification or recertification of <u>ADAP/PRHI with an alternate private health insurance plan, pure ADAP and HIAP beneficiaries that</u> were received with all the required documentation.
Percent of all <u>ADAP/PRHI, pure ADAP 02, pure ADAP 03, and HIAP</u> participants that complied with submitting a Self-Attestation of No-change showing that they maintained their eligibility for ADAP re-certification assessment.
Percent of all inappropriate ARV Regimen components, funded by ADAP, and identified by the PBM, that were answered, modified or justified (based on PHS treatment guidelines) within 30 days since being notified by the ADAP Program.
Percent of all answered, modified or justified inappropriate ARV Regimen components, funded by ADAP, and identified by the PBM, that were answered, by ADAP providers, and were, also, certified as resolved by the ADAP Program.
Percent of ADAP and HIAP applications for certification and re-certification that were approved or denied within 14 days of all ADAP complete applications received in the RW Program.

Coordinating Agencies (CAs) Performance Measures

Non-Clinical Performance Measures	
	Percent of completed referrals originated by CPTETs' Clinical Case Managers for services supported by RWB funds that were coordinated through CAs
	Percent of overall patients served by Coordinating Agencies with at least two (2) eligibility re-certifications
	Percent of CAs participants that complied with having a Non-Clinical Case Management Care Plan updated at least twice in the measurement year.
	Percent of overall patients who completed medical transportation referrals coordinated by Coordinating Agencies' personnel
	Percent of patients identified as lost to medical HIV care referred by CPTETs to CAs outreach services that were reached and linked to care
	Percent of patients reached by CAs outreach personnel that were linked to ADAP
Clinical Performance Measures	
	Percent of medical visits frequency among patients that received medical transportation services through Coordinating Agencies during the measurement year.
	Percent of viral load suppressed (VL <= 200 copies/mL) patients amongst those that received medical nutrition therapy services coordinated and/or provided through Coordinating Agencies during the measurement year.
	Percent of viral load suppressed (VL <= 200 copies/mL) patients amongst those that received emergency medical assistance coordinated and/or provided through Coordinating Agencies during the measurement year.

