Cuyahoga County Board of Health
Ryan White Part A Program
Cleveland TGA
2024-2025
Clinical Quality Management Plan

CUYAHOGA COUNTY

BOARD OF HEALTH

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Introduction

Background: The Ryan White HIV/AIDS Program (RWHAP) provides HIV-related services for those who do not have sufficient health care coverage or financial resources for HIV care and treatment. The program is federally funded through the U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA), and HIV/AIDS Bureau (HAB). In 1996, HRSA first designated the six-county Cleveland region as a Ryan White Part A Transitional Grant Area (TGA).

The Cuyahoga County Board of Health (CCBH) (hereafter referred to as recipient) serves as the administrator of the Cleveland TGA grant which serves the following Ohio counties: Cuyahoga, Ashtabula, Geauga, Lake, Lorain, and Medina.

According to the Ohio Department of Health, in CY2022 there were a total of 6,037 people living with HIV (PLWH) throughout the TGA region. The Cleveland TGA Part A Program provided care and support services to a total of 3,299 individuals in CY2022 or 55% of the region's total population of people with HIV.

The Cleveland TGA funds 13 sub-recipients that provide services designed to treat PLWH, provide support services to achieve optimal health outcomes, engage patients in ongoing HIV care, and work towards ending the HIV epidemic. These services may be social service or clinical in nature, and all service categories have specific quality improvement targets.

Legislative Requirements: Title XXVI of the Public Health Service (PHS) Act establishes requirements for clinical quality management (CQM). Specifically, RWHAP Parts A-D are required to establish a CQM program to:

- Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent PHS guidelines for the treatment of HIV disease and related opportunistic infections.
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

In addition to legislative requirements, HRSA HAB requires recipients to establish and implement a written Clinical Quality Management Plan to guide quality-related activities in the local service area.

Quality Terminology

The following definitions are included in the HIV/AIDS Bureau Ryan White Part A Program Manual and/or are used consistently throughout the Cleveland TGA Clinical Quality Management Plan:

- **Clinical Quality Management (CQM)**: A formal system to routinely evaluate the quality of care and staff/patient experiences at RWHAP-funded organization, including an established infrastructure to manage improvement activities, routine measurement processes, capacity-building efforts, and stakeholder involvement.

- **Clinical Quality Management Plan (CQMP)**: A written plan outlining the agency's quality management infrastructure (including clear responsibilities and accountability for activities) and process for ongoing evaluation and assessment to identify and improve the quality of care.

- **DMAIC Process** A model for performance improvement *(see appendix F for diagram)*
    - Define – Define the problem
    - Measure – Quantify the problem
    - Analyze – Identify the cause of the problem
    - Improve – Implement and verify the solution
    - Control – Maintain the solution

- **Indicator:** A measurable variable or characteristic that can be used to determine the degree of adherence to a standard or the level of quality achieved. Indicators serve as an interim step toward achieving a performance measure and are also referred to as activities.

- **Key Drivers Diagram:** A visual tool used by the Cleveland TGA CQM Program to help conceptualize quality improvement projects. It illustrates the relationship between the overall aim, primary drivers (key factors), and secondary factors (specific activities). It helps organize and link strategies to achieve desired outcomes, providing a clear framework for planning, implementing, and evaluating QI efforts. *(see appendix F for diagram)*

- **Plan Do Study Act (PDSA) Cycles:** A model for improvement and the preferred QI methodology used by the Cleveland TGA CQM program for projects *(see appendix F for diagram*)
    - PLAN - Identify and analyze what you intend to improve, looking for areas that hold opportunities for change.
    - DO - Carry out the change or test on a small scale (if possible).
    - STUDY - What was learned? What went wrong? Did the change lead to improvements in the way you had hoped?
    - ACT - Adopt the change, abandon it, or initiate the cycle again.

- **Plan Do Study Act (PDSA) Worksheet Template:** A structured worksheet tool used by the Cleveland TGA CQM Program to define and track project cycles using the PDSA methodology for quality improvement. This worksheet helps to ensure a systematic approach is used during quality improvement projects. *(see appendix F for diagram)*

- **Outcomes:** Results achieved for participants during or after their involvement with a service or program. Outcomes may relate to knowledge, skills, attitudes, values, behavior, conditions or health status.

- **Outcome Indicator:** A specific, quantifiable measure that tracks the extent to which a program achieves its intended outcomes. It provides observable and measurable data reflecting the program's success or failure in meeting its goals.

- **Performance Measure:** A metric used to assess an organization's effectiveness in achieving specified processes or outcomes. These measures are categorized into core measures, which are applicable to all age groups, specific services and populations, and systems-level measures that evaluate the overall performance of the organization.

- **Quality:** is defined by HAB as the degree to which a health or social service meets or exceeds established professional standards and user expectations. In order to continuously improve systems of care for individuals and populations, evaluation of the quality of care should consider:
    - The quality of inputs
    - The quality of the service delivery process, and
    - The quality of outcomes.

- **Quality Assurance (QA):** A formal set of activities to review and to safeguard the quality of services provided, QA includes quality assessment and implementation of corrective actions to address deficiencies. It is focused on identifying problems, ensuring that standards are adhered to and solving single quality issues with problem resolution focused on the responsible individual. QA is used more in a regulatory environment.

- **Quality Improvement (QI)**: An organizational approach to improving quality of care and services using a specified set of principles and methodologies, including, but not limited to, leadership commitment, staff involvement, cross-functional team approach, consumer orientation, routine performance measurement, and a continuing cycle of improvement activities.

- **QIP**: Quality Improvement Project

- **Standards of Care:** Performed and agreed upon principles and practices for the delivery of services that are accepted by recognized authorities. The standard of care is based on research (when available) and the collective opinion of experts.

For additional acronyms definitions, please see *Appendix E.*

For expanded quality methodology: tools & templates used in the Cleveland TGA, please see *Appendix F.*

Mission Statement

The overall mission of the Cleveland TGA Clinical Quality Management Program is to systematically coordinate a comprehensive, continuous monitoring effort that evaluates and improves the quality of care provided to persons with HIV. The recipient works collaboratively with medical providers, social work providers, administrative staff, and those with lived experiences to create, implement, and maintain a dynamic program. Sub-recipient implementation of service-oriented, quality improvement projects (QIPs) helps to facilitate receipt of high-quality care. The CQM Program aligns with the 2022-2025 National HIV/AIDS Strategy goals and adheres to established HIV clinical practice standards and Public Health Service guidelines in order to best address the needs of the Cleveland TGA community.

This is accomplished by:

- Promoting care that is accessible, equitable, and adheres to the most recent legislative requirements and clinical practice standards.
- Guiding the development of structured activities that will enhance the delivery of services.
- Evaluating procedures to ensure efficacy and appropriateness of services and to determine opportunities for improvement.

The vision of the TGA Clinical Quality Management Program is to improve and enhance the health and wellness of people with HIV living with in the Cleveland TGA. In this region, RWHAP Part A has become an effective, local resource for anyone wishing to improve the outcomes and support services of HIV health care for those with lived experience, communities, and public health.

Quality Aims and Goals

Quality Aims

The Clinical Quality Management Program works towards meeting or exceeding HRSA HAB expectations to establish and maintain a quality program which aligns with the 2022-2025 National HIV/AIDS Strategy. The CQM Program helps to ensure accountability for all service provision, quantitative and qualitative performance measurement, and capacity building for funded service providers and consumers resulting in ongoing and meaningful improvement activities. All quality improvement activities are developed and implemented and are aimed at improving patient care, health outcomes, and patient satisfaction.

Annual Quality Goals

Although the Cleveland TGA assesses performance on various measures, the Ryan White Part A Program has prioritized its primary goals for 2024 based upon all main components of PCN 15-02 in order to build out a more robust CQM program.

Goal #1) Establish a comprehensive and functional quality infrastructure.

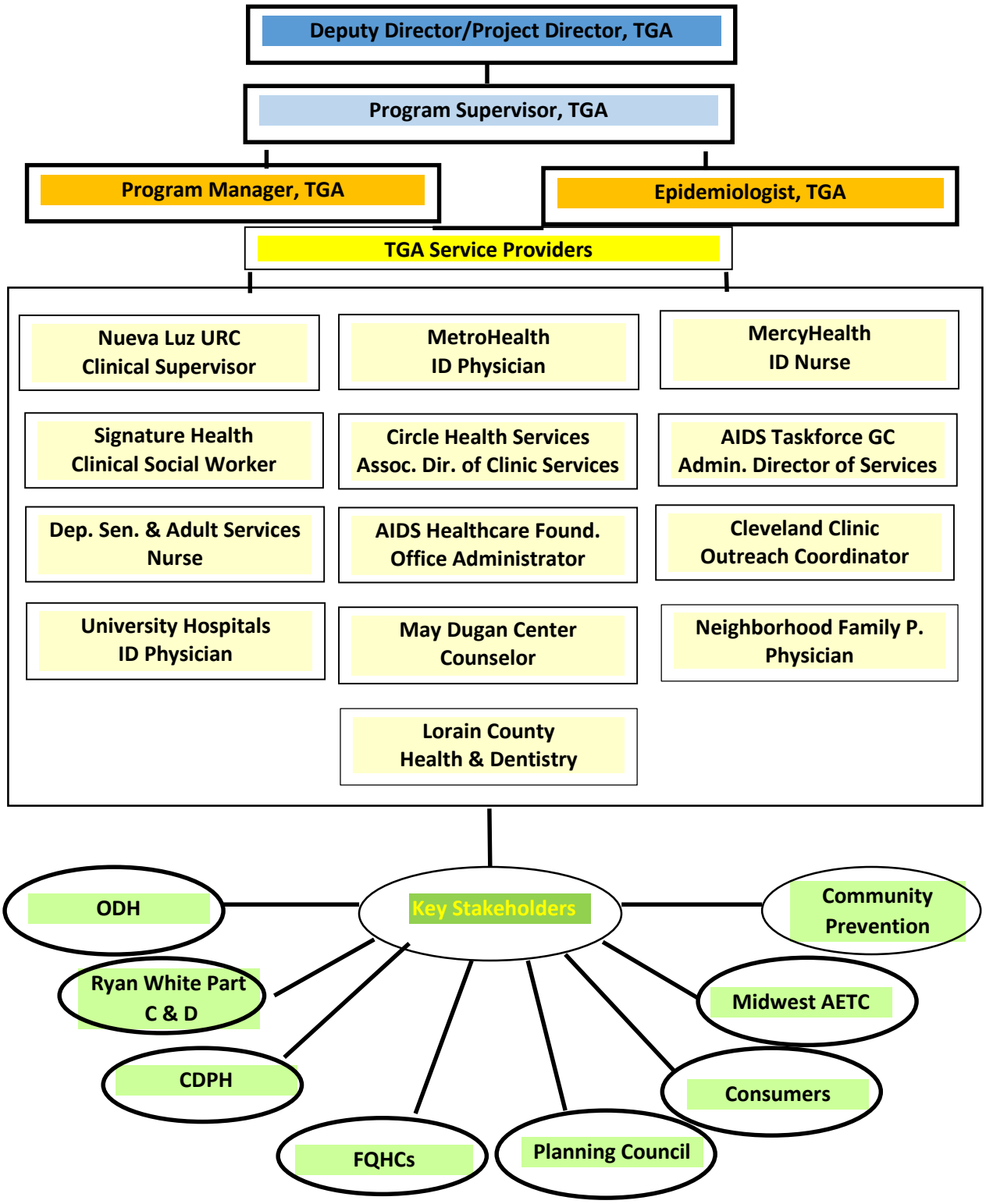
Goal #2) Improve data management, integrity, and utilization.

Goal #3) Establish a culture of quality improvement.

Goal #4) Improve continuous quality improvement acumen for sub-recipients (see appendix C).

Infrastructure

The CQM Program relies on a strong infrastructure to facilitate continuous improvement of HIV care and services. The full CQMC infrastructure consists of a leadership team, identified as Deputy Director and Grant Supervisor, as well as dedicated staff members, who serve as the project leads for quality initiatives and data analysis. The dedicated staff are identified as Program Managers and Epidemiologist. Community partners, TGA service providers, and key stakeholders are also an integral part of helping to ensure quality services. The association between all involved parties are illustrated in the following diagram:


Deputy Director/Project Director, TGA
Program Supervisor, TGA
Program Manager, TGA
Epidemiologist, TGA
TGA Service Providers
Nueva Luz URC
Clinical Supervisor
MetroHealth
ID Physician
MercyHealth
ID Nurse
Signature Health
Clinical Social Worker
Circle Health Services
Assoc. Dir. of Clinic Services
AIDS Taskforce GC
Admin. Director of Services
Dep. Sen. & Adult Services
Nurse
AIDS Healthcare Found.
Office Administrator
Cleveland Clinic
Outreach Coordinator
University Hospitals
ID Physician
May Dugan Center
Counselor
Neighborhood Family P.
Physician
Lorain County
Health & Dentistry
ODH
Key Stakeholders
Community
Prevention
Ryan White Part
C & D
Midwest AETC
CDPH
Consumers
FQHCs
Planning Council

Leadership

The Ryan White Part A leaders and management staff actively support, endorse, and champion the CQM program in the following areas:

- Advocate changes made within the CQM program to senior leadership
- Initiate feedback and direction associated with evaluation of the CQM plan
- Collaborate with Ryan White recipients representing Parts B, C, D, and F regarding alignment

*The Population Health Deputy Director is the final authority in the approval of the CQM plan.

Dedicated Staff

The dedicated staff members of the CQM Program are the CQM Program Manager and Epidemiologist. The Program Manager leads and coordinates all quality improvement initiatives within the Cleveland TGA utilizing effective and proven quality improvement concepts and methods in program development and implementation. As recommended by HRSA, dedicated staff will participate in ongoing CQM training.

The Epidemiologist is an essential component of the overall CQM program model. This position is responsible for collecting, validating, stratifying, and analyzing the data collected on outcomes of services in the Cleveland TGA. As a result of this process, RWHAP can direct resources to services or expand the models of care that are proven effective to linking people with HIV to care, retaining them, and achieving and maintaining viral suppression. Additionally, cross-training on CQM and QI methodology of one member of leadership and an additional Program Manager will be explored in the future to support and sustain the program.

Duties and responsibilities of the dedicated staff are further demonstrated according to the following:

The CQM Program Manager(s):

- Leads quality improvement initiatives and projects within the Cleveland TGA.
- Coordinate a structured, systematic approach for planning, implementing, and evaluating quality improvement efforts among Part A providers.
- Guide and instruct ongoing evaluation processes related to the CQM program.

The CQM Epidemiologist:

- Provides quantitative and qualitative support to the CQM program.
- Collect, analyze and monitor performance measure data quarterly, to identify health disparities.
- Review, analyze, and monitor all relevant data trends within the TGA.

Internal CQM Workgroup

The Internal CQM (ICQM) workgroup meets quarterly, at minimum, and provides logistical and coordinated support to help advance CQM initiatives. This committee informs quality initiatives both internal and external based on current performance measure data and collaborative feedback from stakeholders. The members of this group include leadership, dedicated staff members (CQM Program Manager & Epidemiologist), and the RWHAP Part A Grant Program Manager (Administrative). The CQM Program Manager has the responsibility of facilitating meetings and recording minutes.

The following are the primary responsibilities of this committee:

- Strategic planning related to the development of quality improvement initiatives within the TGA
- Assess sub-recipient quality improvement acumen
- Annual evaluation and update of the overall CQM Plan
- Review, monitor, and analyze performance measure data

Project Management Workgroup

The members of this committee are dedicated staff members and funded service providers (sub-recipients). In response to performance measure data, members assist in the development and implementation of quality improvement initiatives using proven and effective methodologies within their respective organizations. The CQM Program Manager facilitates workgroup meetings, records minutes, as well as cultivates and steers project designs and methodology of QIPs.

The following are the primary responsibilities of this committee:

- Collect, monitor, and report performance measure data
- Implementation of CQM program activities in their organizations
- Identify improvement opportunities/service gaps
- Provide recommendations for quality improvement activities

Evaluation

The CQM program has a review and evaluation completed annually by the Internal CQM workgroup, to determine the effectiveness of the CQM program components in improving patient care, health outcomes, and patient satisfaction. During this time, program goals and objectives from the previous year are either refined and/or sustained according to program components. Performance measure data and feedback from consumers of services or stakeholders are collected, reviewed, and analyzed for progress. The workgroup then decides to make any appropriate adjustments to align with continued progress. The completed evaluation of the CQM program is then shared with the entire CQMC committee (See Appendix D).

People with Lived Experience Advisement and Recommendation

In order to increase involvement from PLWH in the Cleveland TGA, the CQM program will work to further engage and collaborate with the Community Liaison Committee (CLC) sub-committee of the Cleveland TGA Planning Council. This partnership offers a great opportunity to obtain authentic input and insight from PLWH. This will help maintain the integrity and quality of programming, projects, and initiatives.

Additionally, the CQM Program is committed to empowering people with lived experience by providing skills-building and training opportunities to support their meaningful involvement and leadership in QI work. The CQM Program Manager is in the process of identifying innovative approached and developing ongoing training to support and maintain the participation of PLWH in every aspect of the TGAs CQM Program.

Dedicated Resources

The CQM Program utilizes the training resources available through the Center for Quality Improvement and Innovation (CQII) and Target HIV, to help build capacity and quality improvement acumen within the Cleveland TGA. The CQM Program Manager also shares any relevant resources with the CQM committee, stakeholders, and PLWH. Additional resources include any guidance, training opportunities, and suggested practices, as provided by HRSA.

Performance Measurement

Annually, the Ryan White Part A program *selects* performance measures, based on client service utilization data (Appendix G). The criteria, as outlined in PCN 15-02, is used to determine the minimum number of performance measures required for quarterly monitoring. The Internal CQM workgroup analyzes the data collected, evaluates it for quality of care and disparities, and selects measures in alignment with HRSA HAB recommendations. Based on the results, each year, new performance measures will be developed, and/or previous measures may be extended or removed. This data may also inform the selection of category-specific Quality Improvement Projects (QIPs). It is also important to note, that throughout the fiscal year, it is customary for ongoing and periodic adjustments to be made to address any emerging concerns relative to the CQM program.

The Ryan White Part A program outsources its data validation and cleaning processes to A. J. Boggs. This agency helps to inform the CQM program through data accuracy, technical assistance (TA), and CAREWare support to the recipient and/or sub recipients.

* In 2024, the Internal CQM workgroup has elected to monitor all continuum measures for every service category, regardless of utilization, in order to determine trends and need for future CQM projects.

Quality Improvement

In addition to infrastructure and performance measurement, quality improvement is a fundamental component of the Cleveland TGA CQM Program and aims to ensure that Ryan White Part A-funded services continuously evolve to meet the needs of PLWH in our jurisdiction. Our current QI framework utilizes a data-driven and collaborative approach for identifying gaps, implementing interventions, and sustaining improvements.

The Internal CQM Workgroup and the Project Management Workgroup oversee QI initiatives through ongoing performance monitoring and engagement with sub recipients and stakeholders. As described in the Quality Terminology Section above, the framework used to implement Quality Improvement Projects (QIPs) is the Plan-Do-Study-Act (PDSA) cycle. This structured, iterative approach is a core component of the Model for Improvement, designed to drive continuous and systematic improvements in service delivery and patient outcomes.

Currently, Quality Improvement projects and priorities are determined through performance measure data analysis and selected based on identified needs of the community. In 2024, Retention in Care (RIC) was identified as a key quality improvement priority in the Cleveland TGA. In response, the CQM Program Manager has been working closely with subrecipient agencies that provide Outpatient and Ambulatory Health Services (OAHS) to guide the development and implementation of a service category-specific QI project aimed at increasing the percentage of clients retained in care during FY2025. In addition to this service category-based project, additional QIPs may be identified and implemented as determined by the Internal CQM Workgroup or Project Management Workgroup.

Subrecipient agencies play an active role in testing and implementing QIPs using PDSA cycles. The Internal CQM Workgroup and Project Management Workgroup oversee these efforts by monitoring progress, providing guidance, and ensuring alignment with program requirements. Ongoing monitoring and measurement of QIPs determine whether a project needs to be adapted, abandoned, or scaled up for broader impact.

Sustainability

To ensure the sustainability of the program, we have established a CQM portal that will store comprehensive job aids describing each process involved with maintaining the CQM program and CQII training materials relevant to quality improvement. This approach demonstrates a devotion to building a sustainable CQM program that reinforces QI principles within the Cleveland TGA.

In addition to maintaining a CQM portal, and in alignment with current CQM goals, the CQM Program is dedicated to ensuring sustainability of QI efforts among subrecipient agencies by providing opportunities for ongoing training, technical assistance, and skills building to strengthen their QI capacity and acumen. The CQM Program is currently in the process identifying innovative strategies to foster peer learning, sharing of best practices, and collaboration among subrecipient agencies.

Appendix A

CQMC Member Guidelines

The following guidelines are designed to ensure that all CQMC meetings are conducted in a positive environment, are productive, open to community input, and respectful of all members and visitors. All CQMC members agree to:

1. Demonstrate trust to other participants.
2. Follow through on any commitments you make or assignments you accept.
3. Display professional courtesy during meetings and discussions with other participants.
    a. Listen to different points of view.
    b. Use respectful speaking.
    c. Use respectful listening.
    d. Make "I" not "You" statements.
    e. Be Present.
    f. Make your point and allow others to provide their input. No grandstanding.
    g. Ask for a literacy moment if you do not understand a concept or acronym.
    h. Be positive and constructive.
    i. Focus comments on the process, not the person.
4. Provide regular progress reports to the sponsors.
5. Consider cost-benefit aspects of our actions.
6. Keep sensitive information in the group.
7. Ask for help if you cannot complete assignments on time.
8. Do not let cell phones and laptops interrupt the process.
9. Have fun while making positive changes.

Appendix B

CQMC Member Roster

Representing:		Agency:
Part A Funded Agency	Jafari Harris	AIDS Healthcare Foundation
Part A Funded Agency	Andrea DeJesus	AIDS Taskforce
Part A Funded Agency	Nathan Rhea	Circle Health Services
Part A Funded Agency	Ashley Tomco	Cleveland Clinic
Part A Funded Agency	Lorsanja Moore	DSAS
Part A Funded Agency	Dr. Joseph Kunchik	Lorain County Health and Dentistry
Part A Funded Agency	Sue Kucklick	May Dugan
Part A Funded Agency	Summer Barnett	MercyHealth
Part A Funded Agency	Alison Jakubowski	MetroHealth
Part A Funded Agency	Jean Luc Kasambayi	Nueva Luz URC
Part A Funded Agency	Brian Scott	Neighborhood Family Practice
Part A Funded Agency	Brittany Anderson-Freese	Signature Health
Part A Funded Agency	Kate Burnette-Bruckman	University Hospitals
Ryan White Part B	Karla Ruiz	Ohio Department of Health
Ryan White Part C and D	Kate Burnett-Bruckman	University Hospitals of Cleveland
Planning Council - QI Representative	Jason McMinn	MetroHealth
Planning Council - Consumer Representative	Kimberlin Dennis	N/A
Planning Council - Consumer Representative	Faith Ross	N/A
Mid-West AIDS Education Training Center	T'Keyah Grier	Ohio State University
Community Agency	Naimah O'Neal	Circle Health Services
Community Agency	Ayme McCain	Recovery Resources
HOPWA	Tiffany Greene	Cleveland Dept. of Public Health

Appendix C

CQM Work plan

Goal 1- Establish a comprehensive and functional quality infrastructure.				
Objectives	**Key Actions**	**Timeline**	**Person(s)/Area(s) Responsible**	**Outcomes/Comments**
Revise CQM plan and develop an actionable work plan ***Progress Measure:*** *Approved CQM Plan*	Establish annual quality goals and objectives	Nov 2024	Internal CQM workgroup	Complete
	Share and develop narrative sections with ICQMC	Nov 2024	Internal CQM workgroup	Complete
	Annually evaluate the CQM program and overall quality goals	Nov 2025	Internal CQM workgroup	Started
Establish workgroups/ roles within infrastructure ***Progress Measure:*** *Infrastructure has defined roles/responsibilities*	Internal CQM workgroup scheduled quarterly meetings to develop the CQM program, plan, and corresponding activities	April, July, October, January	Internal CQM workgroup	Ongoing, see ICQMC meeting minutes
	Establish logistical details (meeting frequency, etc.)	Nov 2024	Program Manager	Complete
	CQMC workgroups have quarterly meetings to develop quality improvement activities	May, August, November February 2024-2025	Program Manager; sub-recipients	Ongoing, See CQMC meeting minutes
Establish a CQM job aid **Progress Measure:** *Future staff members have written resources to sustain the CQM program when staff changes occur.*	Outline details of each process involved in the CQM program.	Nov 2024	Program Manager	Complete
Goal 2- Improve data management, integrity, and utilization				

Objectives	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/Comments
Identify performance measures for all RWHAP funded service categories ***Progress Measure****: The required minimum performance measures are identified for each RHWAP funded service category*	Analyze client service utilization data in CAREWare to determine the minimum number of measures for each service category (see PCN 15-02)	March-April 2025	Internal CQM workgroup	Completed: April 2025
	Establish a Performance Measure Portfolio (annually)	March-April 2025	Program Manager; Epidemiologist	Completed: April 2025 (see ICQMC minutes).
	Internal CQM workgroup to complete review of client utilization, and performance measure data to inform measure selection process (annually)	March-April 2025	Internal CQM workgroup	Completed: April 2025
Establish performance measures goal(s) ***Progress Measure:*** *Goals are clearly identified and stratified according to selected population or variable that will be monitored for the upcoming year.*	Internal CQM workgroup completes performance measure selection process and stratifies measures.	March-April 2025	Internal CQM workgroup	Completed: April 2025
	Overall goals are shared with CQMC: 1. Quality goals (annually) 2. Selected performance measures (annually)	November-Dec 2024	Program Manager and Internal CQM workgroup members	Completed: Dec 2024
	Review, analyze and report performance measure data update (quarterly)	Quarterly	Program Manager; Epidemiologist	On going

Establish a process to ensure data accuracy, completeness, and timeliness Progress Measure: *Data is validated and can be accurately shared*	Written recommendations are sent to sub recipients for (monthly): 1. Data deficiency clean-ups 2. Timely data entry into CAREWare	Monthly	AJ Boggs; Sub recipients; Program Manager; Grant Coordinator	Ongoing
Goal 3- Establish a culture of Quality Improvement				
Objectives	**Key Actions**	**Timeline**	**Person(s)/Area(s) Responsible**	**Outcomes/Comments**
Ensure that recipient and sub-recipients understand and can apply basic principles of QI methodology ***Progress Measures:*** *1)QI based trainings provided/offered by dedicated resources* *2)Sub recipient completion of provided QI training* *3)Sub recipients have increased capacity for leading Quality Improvement activities*	Identify training topics and facilitators to lead QI based trainings	Nov 2024	Program Manager	In progress, continue
	Complete one basic level web-based QI training	Nov 2024-2025	Sub recipients, Internal CQM workgroup members	Not yet started
	Complete one intermediate level web-based QI training	Nov 2024-2025	Sub recipients, Internal CQM workgroup members	Not yet started
Implement QI activities that promote improvement of patient care, health outcomes and patient satisfaction	Engage the Project Management subcommittee in planning project development activities utilizing DMAIC or PDSA methodology	Nov 2024-2025	Program Manager	Complete

Progress measure: *All project activities are in correlation to PLWHV becoming virally suppressed and maintaining suppression*	Implement service level quality improvement project	Nov 2024-2025	Program Manager; sub recipients	Completed
Goal 4- Improve sub recipient CQM acumen.				
Objectives	**Key Actions**	**Timeline**	**Person(s)/Area(s) Responsible**	**Outcomes/Comments**
Implement QI related technical assistance to sub recipients ***Progress measures****:* *1) CQM members are able to identify service gaps and areas for improvement* 2) *Increased number of CQM members are capable of* ***leading*** *QI activities at their own agency*	During in person TA, assess QI competency levels through an Organizational Assessment and analyze results	Ongoing	Program Manager	Not yet started
	Share results of OA and training calendar for upcoming year	Ongoing	Program Manager	Not yet started
	Recommend trainings through CQII learning labs and consultants based upon Organizational Assessment	Nov 2024-2025	Program Manager	Not yet started
	On site TA provided to sub recipients	Nov-2024-2025	Program Manager	Not yet started
	Provide post TA assessment for participating sub recipients	Nov 2024-2025	Program Manager; sub recipients	Not yet started
	Evaluate impact of training	Q4 (2024)	Program Manager	Not yet started
	Provide ongoing CQM-focused training to sub recipients	Ongoing	Program Manager	Ongoing

Appendix D

Evaluation Process

Program Evaluation Domain	Area of Evaluation	Process or Tools Used in Evaluation	Frequency of Evaluation	Person Responsible for Evaluation
Data Validation	1. Accuracy 2. Completeness 3. Timeliness	CAREWare	Quarterly	Program Manager; Epidemiologist
CQM Committee	1. Completion of meetings with related minutes. 2. Roles & responsibilities (verify any vacancy or appropriateness to ongoing projects)	Discussion by Internal CQM workgroup	Semi-Annually	Program Manager
Progress to Goals	1. Success 2. Identify barriers 3. Data improvements 4. Are goals still attainable and realistic	1. Assessing work plan for progress to goal. 2. Review outcomes vs goals. 3. Review meeting minutes vs CQM plan.	Annually (May 2024)	Internal CQM workgroup
Performance Measures	Data shared with stakeholders? Performance measures appropriate based on HRSA PCN 15-02 (verify percentages of units per service category)	Review performance measures for updates and/or disparities in care	Quarterly	Internal CQM workgroup

Appendix E

CQM Acronyms and Definitions

Acronym	Full Phrase
AETC	AIDS Education and Training Center
ASO	AIDS Service Organization
CBO	Community Based Organization
CCBH	Cuyahoga County Board of Health
CQM	Clinical Quality Management
CQMC	Clinical Quality Management Committee
EMR	Electronic Medical Record
HAB	HIV AIDS Bureau
HRSA	Health Resources and Services Administration
NHAS	National HIV AIDS Strategy
CQII	Center for Quality Improvement and Innovation
OAHS	Outpatient Ambulatory Health Services
PDSA	Plan-Do-Study-Act Cycle
QI	Quality Improvement
QM	Quality Management
QA	Quality Assurance
QIP	Quality Improvement Project
RSR	Ryan White HIV AIDS Services Report
RWHAP	Ryan White HIV/AIDS Program
TGA	Transitional Grant Area

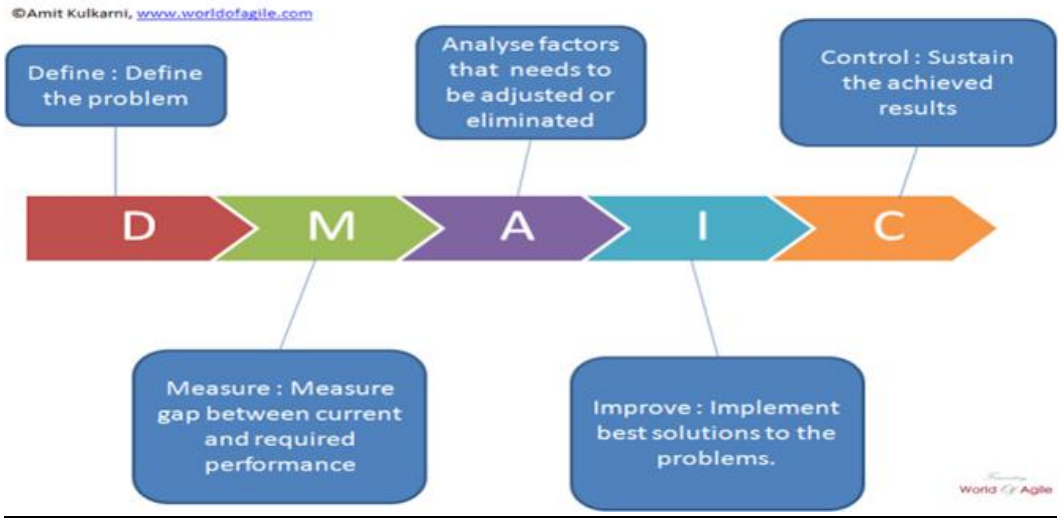
Term	Full Definition
Antiretroviral Therapy (ART)	An aggressive anti-HIV treatment including a combination of three or more drugs with activity against HIV that is designed to reduce viral load to undetectable level
CAREWare	A scalable software package provided by HRSA to its grantees and their funded providers that enables users to monitor services and report on HIV clinical and supportive care.
Core Medical Services	A set of essential, direct health care services provided to people with HIV/AIDS and specified in the Ryan White HIV/AIDS Treatment Extension Act. In the Cleveland TGA, funded core medical services include: Early Intervention Services; Health Insurance Premium and Cost Sharing Assistance; Home and Community Health Services; Home Health Care; Local AIDS Pharmaceutical Assistance; Medical Case Management; Medical Nutrition Therapy; Mental Health Services; Oral Health Services; Outpatient Ambulatory Medical Care; and Outpatient Substance Abuse Services.
HIV Care Continuum	The HIV Care Continuum is the extent to which individuals living with HIV are engaged in care and fully benefiting from antiretroviral therapy in terms of full viral suppression.
Recipient	Direct recipient of federal funds to administer the Ryan White Part A program.

Support Services	A set of services needed to achieve medical outcomes that affect the HIV-related clinical status of a person living with HIV/AIDS. In the Cleveland TGA, funded support services include: Case Management (non-medical); Emergency Financial Assistance; Food Bank / Home Delivered Meals; Legal Services; Medical Transportation Services; Outreach Services; Psychosocial Support Services; and Residential Substance Abuse Services.
Sub-Recipient	Contracted service providers that receive funds directly from the Part A Recipient.
Viral Load	The amount of virus present in an individual's blood. Tracking viral load is used to monitor therapy during chronic viral infections.
Viral Suppression	When the amount of HIV virus present in an individual's blood is below the level of detectability of the assay used (i.e. "undetectable"). Individuals whose viral load is detectable and less than or equal to 200 copies/mL are also considered to be "suppressed."

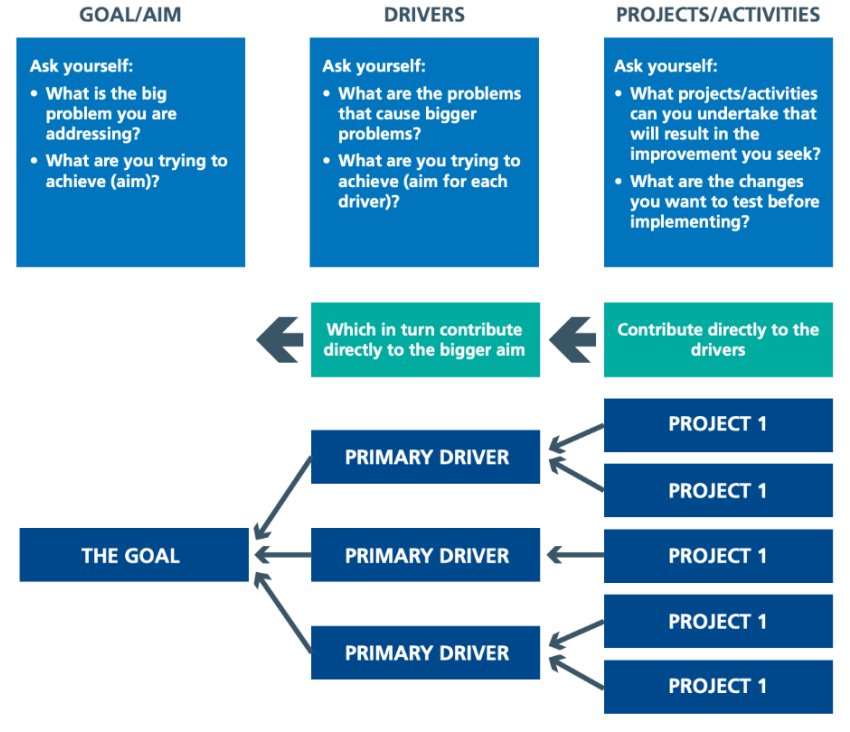
Appendix F

Quality Methodology: Tools & Templates

DMAIC Process

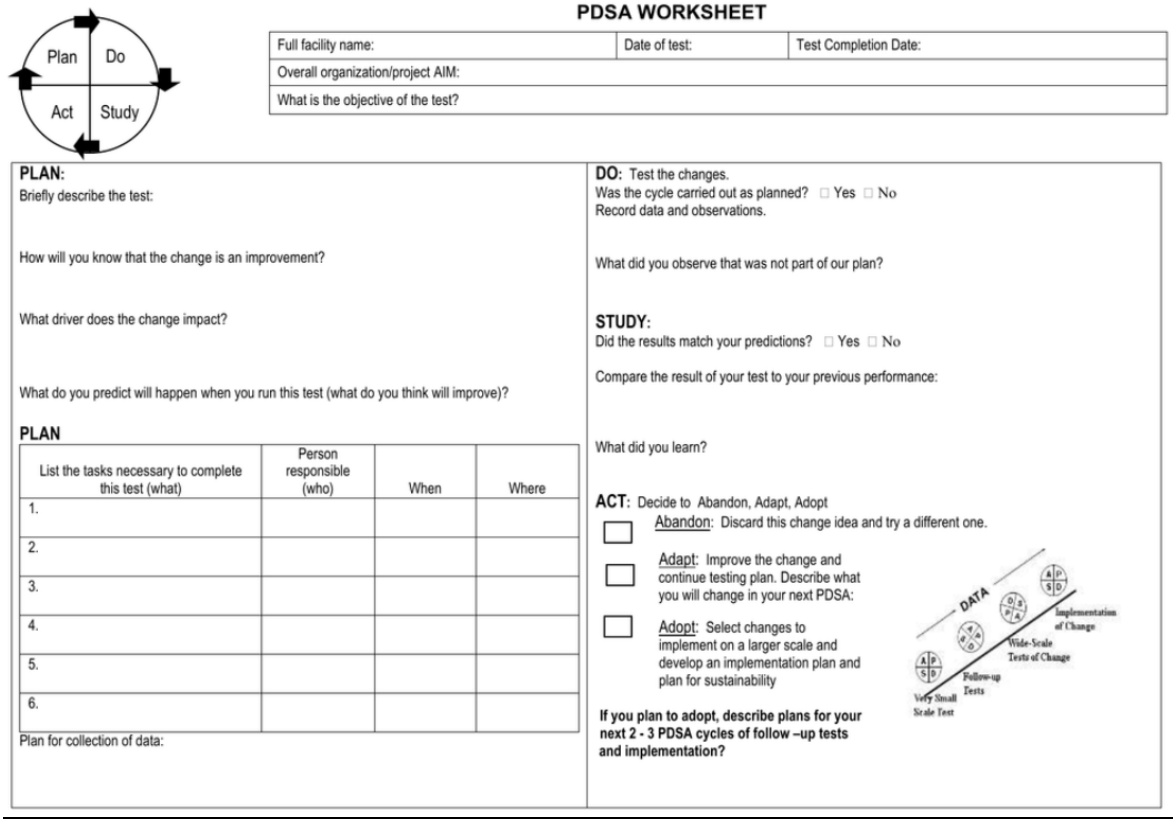


Key Drivers Diagram



Plan Do Study Act (PDSA)

Plan Do Study Act (PDSA) Worksheet Template



Plan Do Act Study

PDSA WORKSHEET

Full facility name:	Date of test:	Test Completion Date:
Overall organization/project AIM:		
What is the objective of the test?		

PLAN:
Briefly describe the test:

How will you know that the change is an improvement?

What driver does the change impact?

What do you predict will happen when you run this test (what do you think will improve)?

PLAN

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
1.			
2.			
3.			
4.			
5.			
6.			

Plan for collection of data:

DO: Test the changes.
Was the cycle carried out as planned? ☐ Yes ☐ No
Record data and observations.

What did you observe that was not part of our plan?

STUDY:
Did the results match your predictions? ☐ Yes ☐ No

Compare the result of your test to your previous performance:

What did you learn?

ACT: Decide to Abandon, Adapt, Adopt

☐ Abandon: Discard this change idea and try a different one.

☐ Adapt: Improve the change and continue testing plan. Describe what you will change in your next PDSA:

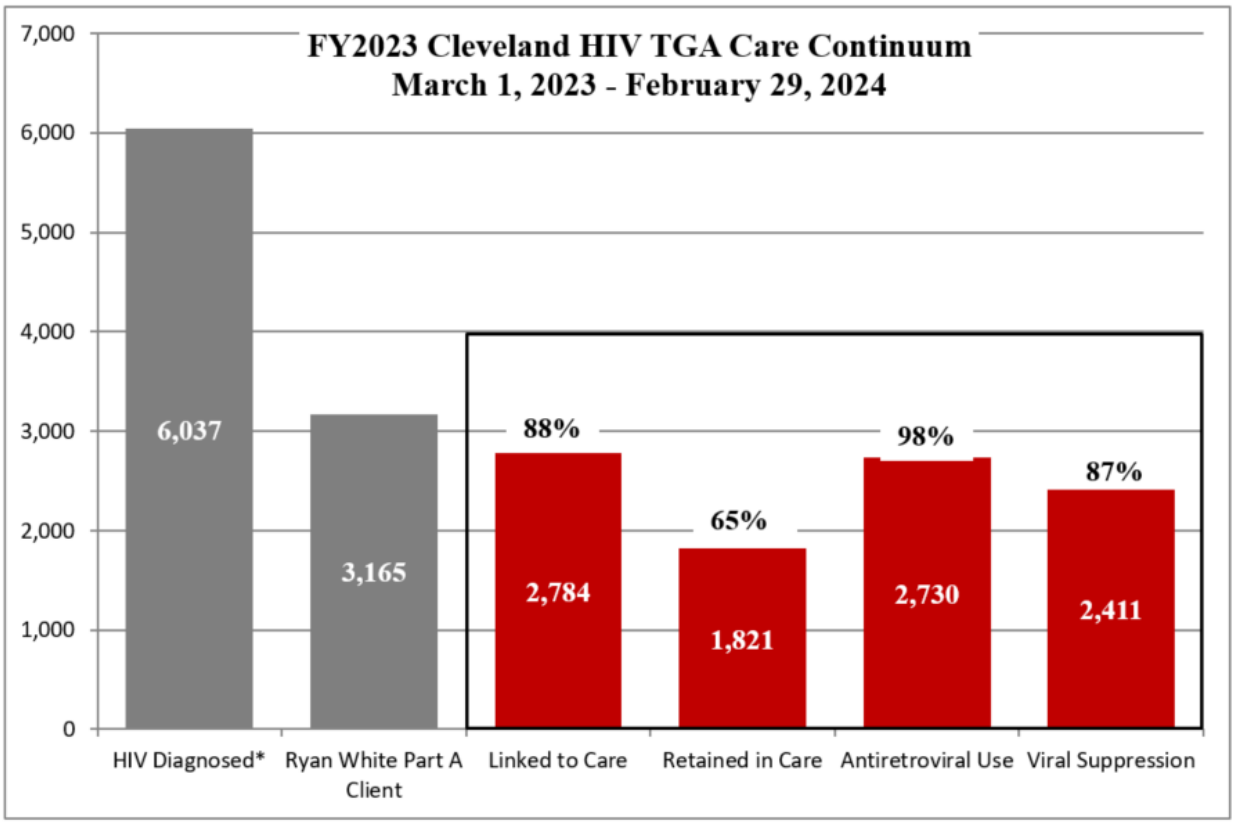
☐ Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

DATA
Implementation of Change
Wide-Scale Tests of Change
Follow-up Tests
Very Small Scale Test

If you plan to adopt, describe plans for your next 2 - 3 PDSA cycles of follow –up tests and implementation?

Appendix G

HIV Care Continuum



- **HIV-Diagnosed:** Diagnosed HIV prevalence in the jurisdiction as reported by the Ohio Department of Health. *Please note: The most recent available prevalence data from the Ohio Department of Health is as of December 31, 2021.
- **Ryan White Part A Clients:** Number of diagnosed individuals who received a Ryan White Part A funded service in the measurement year.
- **Linked to Care:** Number of Ryan White Part A eligible clients that had at least one medical visit, viral load test, or CD4 test in the measurement year.
- **Retained in Care:** Number of Ryan White Part A eligible clients who had two or more medical visits, viral load or CD4 tests performed at least three months apart during the measurement year.
- **Antiretroviral Use:** Number of Ryan White Part A eligible clients receiving medical care who have a documented antiretroviral therapy prescription on record in the measurement year.
- **Viral Suppression:** Number of Ryan White Part A eligible clients receiving medical care whose most recent HIV viral load within the measurement year was less than 200 copies/mL.
- ***Newly Diagnosed - Linked:** Number of Ryan White Part A eligible clients receiving a diagnosis of HIV in the measurement year that had at least one medical visit, viral load test, or CD4 test within ninety days of diagnosis. *Please note the denominator for Newly Diagnosed - Linked is different from the denominators used to calculate other steps in the continuum.

Appendix H

FY2023 Client Service Utilization March 1, 2023-February 29, 2024

Core Services (3,165 eligible*)		
	Utilization** (%) by Eligibility	Number of Performance Measures Required
Early Intervention Services (EIS)	409 (13%)	0
Home and Community-Based Health Services	28 (>1%)	0
Home Health Care	31 (>1%)	0
Medical Case Management	946 (30%)	1
Medical Nutrition Therapy	168 (5%)	0
Mental Health Services	724 (23%)	1
Oral Health Care	291 (9%)	0
Outpatient Ambulatory Health Services (OAHS)	2,307 (73%)	2
Support Services (3,165 eligible*)		
	Utilization** (%) by Eligibility	Number of Performance Measures Required
Emergency Financial Assistance	5 (>1%)	0
Food Bank/Home Delivered Meals	423 (13%)	0
Medical Transportation	1,235 (39%)	1
Non-Medical Case Management Services	1,362 (43%)	1
Other Professional Services	164 (5%)	0
Psychosocial Support Services	90 (3%)	0

*3,165 eligible - means the number of clients that were enrolled in the Part A program during the grant year

**Utilization - the number of clients that had at least one service in that given category in the grant year

PCN 15-02 Key	
% RWHAP eligible clients receiving at least one service per category	Minimum # Performance Measures Required
≥ 50%	2
16-49%	1
≤ 15%	0

Appendix I

FY2023 Performance Measure Portfolio

Based upon utilization, the CQM program is required to monitor 6 performance measures throughout the 2023 year. Below, are the funded service categories as required, stratified by the Continuum. However, as of 2024, the CQM program will monitor all 4 continuum measures for each services category, regardless of utilization.

Core Services
Medical Case Management (1): 30%
N: Number of Ryan White Part A eligible clients receiving medical care who have a documented antiretroviral therapy prescription on record in the measurement year.
D: Number of diagnosed individuals who had at least one medical visit, viral load test, or CD4 test in the measurement year.
Mental Health (1): 23%
N: Number of Ryan White Part A eligible clients receiving medical care whose most recent HIV viral load within the measurement year was less than 200 copies/mL.
D: Number of diagnosed individuals who had at least one medical visit, viral load test, or CD4 test in the measurement year.
Outpatient Ambulatory Health Services (2): 73%
N: Number of Ryan White Part A eligible clients receiving medical care who have a documented antiretroviral therapy prescription on record in the measurement year.
D: Number of diagnosed individuals who had at least one medical visit, viral load test, or CD4 test in the measurement year.
N: Number of Ryan White Part A eligible clients who had two or more medical visits, viral load or CD4 tests performed at least three months apart during the measurement year.
D: Number of diagnosed individuals who had at least one medical visit, viral load test, or CD4 test in the measurement year.
Support Services
Medical Transportation (1): 39%
N: Number of Ryan White Part A eligible clients receiving medical care whose most recent HIV viral load within the measurement year was less than 200 copies/mL.
D: Number of Ryan White Part A eligible clients that had at least one medical visit, viral load test, or CD4 test in the measurement year.
Non-medical case management (1): 43%
N: Number of Ryan White Part A eligible clients who had two or more medical visits, viral load or CD4 tests performed at least three months apart during the measurement year.
D: Number of Ryan White Part A clients who had at least one medical visit, viral load test, or CD4 test in the measurement year.