Wisconsin HIV Care Services
Clinical Quality Management Plan:
Ryan White Part B and Life Care Services

April 1, 2023 – March 31, 2024
# TABLE OF CONTENTS

1.0 INTRODUCTION .......................................................................................................................... 3
  1.1 Quality Statement ...................................................................................................................... 3
  1.2 Scope of Clinical Quality Improvement Program ....................................................................... 3
  1.3 Quality Definitions .................................................................................................................. 3

2.0 CLINICAL QUALITY IMPROVEMENT INFRASTRUCTURE .......................................................... 4
  2.1 Leadership .............................................................................................................................. 4
  2.2 Clinical Quality Management Committee ............................................................................... 4
  2.3 Clinical Quality Management Stakeholders ........................................................................... 5
  2.4 CAPACITY BUILDING ............................................................................................................. 7

3.0 PERFORMANCE MEASUREMENT ............................................................................................ 7
  3.1 Uniform Performance Measures ........................................................................................... 7
  3.2 Use of Performance Data ........................................................................................................ 8

4.0 EVALUATION ............................................................................................................................. 8

5.0 CQM PLAN UPDATES ................................................................................................................ 9

6.0 COMMUNICATION .................................................................................................................. 9

APPENDIX A: Wisconsin CDHR Section Quality Goals ................................................................. 10
APPENDIX B: CQM Program Work Plan ...................................................................................... 11
APPENDIX C: Performance Measures .......................................................................................... 13
APPENDIX D: ADAP Performance Measures ............................................................................. 16
APPENDIX E: Plan, Do, Study, Act (PDSA) Worksheet ................................................................. 22
APPENDIX F: Approval of Plan ...................................................................................................... 23
1.0 INTRODUCTION

1.1 Quality Statement
The goal of the Wisconsin HIV Care Services Clinical Quality Management (CQM) program (hereinafter referred to as the CQM Program) is to ensure that people living with HIV (PLWH) in Wisconsin achieve the best possible health outcomes and experiences by ensuring that high-quality services are being provided along the HIV care continuum. We consider services to be high-quality when they are safe, effective, patient-centered, timely, efficient, equitable, and delivered by professionals who are respectful, trauma-informed, and involve patients in decision making.

1.2 Scope of Clinical Quality Improvement Program
The Wisconsin HIV Care Services CQM plan covers all services funded through Part B of the Ryan White (RW) CARE Act and the state-funded Mike Johnson Life Care and Early Intervention Services (LCS) grant. Many of Wisconsin’s Part B and Life Care Services (LCS) grantees also receive funding from other RW Parts (Parts C, D and F); therefore, some of the CQM Program’s quality monitoring and assurance activities may also apply to these other RW Parts. The clinical quality management programs at each Part B subrecipient must be compliant with the Health Resources and Services Administration’s (HRSA) HIV/AIDS Bureau’s (HAB) Clinical Quality Management Policy Clarification Notice 15-02.

1.3 Quality Definitions
- The working definition of quality, as defined by HRSA HAB, is “the degree to which a health or social service meets or exceeds established professional standards and user expectations.” To continuously improve systems of care, it is important to consider the:
  - Service delivery process
  - Quality of personnel
  - Available resources
  - Health outcomes of individuals who receive the services

- A Performance Measure is a quantitative tool that provides an indication of the quality of a service or process.

- An Outcome is the benefit or other result (positive or negative) for clients that may occur during or after receiving a service.

- Quality Improvement (QI) refers to activities aimed at improving performance, and efficiency in the delivery of services.

- Continuous Quality Improvement (CQI) describes the ongoing monitoring, evaluation, and improvement of processes. This is a patient/client-driven philosophy and process that focuses on preventing problems and maximizing quality of care. The key components of CQI are:
• Clients and customers are first priority.
• Quality is achieved through people working in teams.
• All work is part of a process, and processes are integrated into systems.
• Decisions are based upon objective, measured data.
• Quality requires continuous improvement.

- The Model for Improvement provides a framework for developing, testing, and implementing changes leading to improvement.

- In this document, the word **client** is used to describe an individual who is living with HIV and who receives health and/or support services that are funded through the state of Wisconsin with RW or LCS funds. The word **subrecipient** is used to describe an agency or organization that receives Part B funding from the Wisconsin CDHR Section.

### 2.0 CLINICAL QUALITY IMPROVEMENT INFRASTRUCTURE

#### 2.1 Leadership

Leadership for the CQM program resides within the Division of Public Health’s CDHR Section. Quality improvement efforts are led by the HIV Care Services Quality Management Coordinator with oversight from the HIV Care Supervisor and additional input from the CDHR Section Manager.

Leadership guides priorities by setting Section-wide vision, mission, and values statements and endorses the CQM program by promoting a quality-focused culture through trainings and dedicated discussions. Furthermore, leadership reviews updates made to the CQM plan each year and approves the plan to be published on the program website.

#### 2.2 Clinical Quality Management Committee

The internal CQM Committee is comprised of members of the HIV Care Unit within the Wisconsin CDHR Section.

Roles and responsibilities of committee members are outlined below. The internal CQM committee staff meet quarterly, in addition to their participation on the Wisconsin Ryan White Quality Collaborative (hereinafter referred to as the Quality Collaborative), to discuss care-specific barriers, opportunities, and quality improvement initiatives.

- **HIV Care Services Quality Management Coordinator:**
  - Develop and update the Clinical Quality Management Plan in conjunction with the Quality Collaborative.
  - Review subrecipient CQM programs, including CQM plans and performance data.
  - Provide technical assistance to subrecipients related to CQM projects and initiatives.
  - Develop and implement CQM projects with focus on improving client outcomes along the HIV care continuum.
  - Evaluate CQM initiatives using the PDSA model for evaluation.
Analyze data from the Ryan White Services Report (RSR) and other data sources as needed to inform CQM projects.
Develop performance measurement reports based on data submitted by subrecipients.
Oversee ongoing CQM projects for the ADAP and Insurance Assistance Program.

- **HIV Care Services Coordinator:**
  - Review subrecipient CQM programs, including CQM plans and performance data.
  - Provide technical assistance to subrecipients related to CQM projects and initiatives.
  - Develop and implement CQM projects with focus on improving client outcomes along the HIV Care Continuum.
  - Evaluate CQM initiatives using the PDSA model for evaluation.

- **Ryan White Coordinator:**
  - Review subrecipient CQM programs, including CQM plans and performance data.
  - Provide technical assistance to subrecipients related to CQM projects and initiatives.
  - Develop and implement CQM projects with a focus on improving client outcomes along the HIV care continuum.
  - Evaluate CQM initiatives using the PDSA model for evaluation.

- **HIV Care Epidemiologist:**
  - Review subrecipient CQM programs, including CQM plans and performance data.
  - Provide technical assistance to subrecipients related to CQM projects and initiatives.
  - Develop and implement CQM projects with focus on improving client outcomes along the HIV care continuum.
  - Evaluate CQM initiatives using the PDSA model for evaluation.
  - Extract data from the Ryan White Services Report (RSR) and other data sources as needed to inform CQM projects.

- **AIDS Drug Assistance Program (ADAP) Coordinator:**
  - Develop and implement CQM projects with a focus on improving client outcomes along the HIV care continuum.
  - Oversee ongoing CQM projects for the ADAP and Insurance Assistance Program.

- **CDHR Section Manager** and **HIV Care Supervisor** provide oversight and guidance to staff regarding daily responsibilities including those related to CQM.

2.3 Clinical Quality Management Partners
The CQM Program regularly collaborates with the following partners to achieve quality goals. The role of each of these partners as it relates to the CQM Program is described below.

- **Ryan White Part B and LCS Subrecipients**
  Subrecipients participate in quality management activities conducted by the CQM Program based on the CQM Plan. They are required to report progress against pre-
determined performance measures to the CQM Program four times per year (Appendix C). All Ryan White Part B subrecipients are required to always have a clinical quality improvement project in progress and meet one-on-one with the CQM Program staff quarterly to review those projects and activities. Technical assistance and support with all quality management-related activities is provided to all subrecipients as needed and requested.

- **Wisconsin Ryan White Quality Collaborative**
  Subrecipients, along with Wisconsin CDHR Section staff, comprise the Wisconsin Ryan White Quality Collaborative. The Quality Collaborative meets quarterly to foster comprehensive CQM programs within subrecipient agencies, enhance understanding and application of quality-related methods and tools, identify best practices around specific aspects of care, and assist subrecipients in meeting the HAB CQM requirements. Performance measurement data is discussed to identify priorities for QI projects at the state and/or sub-recipient level.

- **Statewide Action Planning Group**
  The [Statewide Action Planning Group (SAPG)](http://example.com) is the primary HIV statewide community planning body that advises the Wisconsin CDHR Section on the development, implementation, and prioritization of HIV prevention and care services in Wisconsin. The goal of the Wisconsin HIV community planning process is to plan for a continuum of high-quality and effective HIV prevention and care services to meet the current and future needs of individuals and communities at risk for or living with HIV. The SAPG is made up of 25 to 30 member-ambassadors who are broadly representative of affected communities and key partners.

  An *ad hoc* SAPG QM committee may be utilized, as needed, to:
  - Review and provide input on revisions of the quality management plan.
  - Serve as a forum for identifying emerging issues related to the HIV Care Continuum and associated quality improvement activities.
  - Serve as conduits of quality information to the agencies and communities in which they work.

- **Clients**
  Client input is critical for ensuring the delivery of high-quality services and to the formation of CQM projects. Client input is obtained through:
  - Client satisfaction surveys and other needs assessment activities (i.e., focus groups) conducted by both the Wisconsin CDHR Section and subrecipients.
  - Client participation on the SAPG and/or client advisory boards facilitated by subrecipients.

  The committee will review the input provided by clients, set priorities, and determine how to proceed. This may include forming ad hoc teams to address emergent issues.
2.4 CAPACITY BUILDING
Activities that build individual and agency capacity to understand and conduct CQM initiatives are available for members of the internal CQM committee as well as subrecipients.

Capacity building opportunities for internal CQM committee members include:
- Technical assistance via the HRSA Target Center and the Center for Quality Improvement and Innovation (CQII).
- Data management technical assistance through John Snow, Inc. (www.datachatt.jsi.com).
- Staff attendance at HRSA-sponsored grantee meetings.
- Six Sigma White Belt and other training opportunities.

Capacity building opportunities for subrecipients include:
- Technical assistance from the Wisconsin CDHR Section.
- Access to the National Quality Center and similar online quality resources.

Activities related to capacity building in 2023 will focus on:
- Incorporating terminology related to quality management into routine practice.
- Best practices for collecting, analyzing, and benchmarking performance measure data.

3.0 PERFORMANCE MEASUREMENT

3.1 Uniform Performance Measures
Performance measurement is the process of collecting, analyzing, and reporting data regarding patient care, health outcomes on an individual or population level, and patient satisfaction. Measurement must occur to appropriately assess outcomes. Measures should be selected that best assess the services the recipient is funding, local HIV epidemiology, and identified needs of PLWH.

A critical component of the overall quality assurance strategy is the routine collection of performance measurement data from Part B and LCS subrecipient agencies. Subrecipients are required to report on utilization data and uniform performance measures once per quarter, with reports due on April 30, July 31, October 31, and January 31. Each report includes utilization for the 3-month period and 12-month period prior to the end of the reporting period, and performance data for the 12-month period prior to the end of the reporting period.

Policy Clarification Notice 15-02 requires recipients to identify at least two performance measures where greater than or equal to 50 percent of Ryan White clients receive at least one unit of service; at least one performance measure when between 15 and 50% receive at least one unit of service; and no performance measures when 15% or less of clients receive at least one unit of service.
Annually, the HIV Care Epidemiologist will use utilization data submitted as part of the Ryan White Services Report (RSR) to determine the number of Ryan White clients statewide who received at least one unit of service in each service category. This information will be used to determine the number of performance measures for that service category. Regardless of the number of clients served by the subrecipient, all subrecipients receiving funding for a given service category must report on the chosen performance measures for that subcategory.

The HIV Care Services Quality Management Coordinator, HIV Care Epidemiologist, Ryan White Coordinator, and HIV Care Supervisor will work with the Quality Collaborative to design performance measures for each service category that are:

- Relevant to Wisconsin CDHR Section priorities.
- Cognizant of health disparities.
- Based on reportable data.
- Based on the HRSA HIV/AIDS Bureau (HAB) established performance measure portfolio or national endorsed measures, as applicable.

Performance measures are listed in Appendix C.

### 3.2 Use of Performance Data

Performance measurement data are used to assess agency compliance with written standards and/or user expectations and to identify any areas for improvement in the delivery of services across the HIV care continuum. Progress is reviewed by the internal Quality Committee using available data and shared with all members of the Quality Collaborative. Questions or concerns regarding the submitted data are discussed with subrecipients during the Annual RW/LCS Site Visit and/or via direct communication with the agency. If sub-standard compliance with performance measures is determined, the CQM Program will work with the subrecipient to develop improvement projects that will lead to acceptable performance measures. In cases where sub-standard performance persists, a corrective action plan will be issued. Technical assistance for subrecipients by the CQM Program is always available.

In addition, performance data are used to support:

- Development of the Wisconsin Integrated Plan.
- Contract monitoring activities.
- Agency-led quality monitoring and quality improvement initiatives.
- Client concerns regarding service quality.
- Funding decisions.

### 4.0 EVALUATION

Evaluation of the current CQM Program will be led by the HIV Care Services Quality Management Coordinator and will consist of the following:

- Beginning in January of each year, the Quality Collaborative completes the *Clinical Quality Management Plan Review Checklist*.
- Development of an annual implementation plan outlining actions steps and progress made towards annual quality goals.
- At least quarterly, a review of performance measures and incorporation of new measures as appropriate.
- Routine meetings of the internal Quality Committee to discuss progress towards quality goals, effectiveness of quality assurance and improvement activities, and other CQM related issues.
- Annual assessment and subsequent revision of the CQM Plan.
- Ongoing incorporation of stakeholder feedback.

The results of the evaluation of the current CQI activities and the results of performance measurement data will be used to plan future CQI activities. The Model for Improvement and the PDSA process will be used to structure the CQI activities. Documentation of CQI projects will occur on a set template – a one-to-two-page project description that is filled out at the start of the project and updated at certain key points throughout the life of the project.

5.0 CQM PLAN UPDATES

With the assistance of the internal Quality Committee and key stakeholders, the HIV Care Services Quality Management Coordinator will update the CQM Plan annually to ensure it reflects current practices. In consultation with the Quality Collaborative, the following appendices will be updated:

- Appendix A: Wisconsin HIV Care Services Quality Goals
- Appendix B: CQM Program Workplan
- Appendix C: Performance Measures

This draft will be circulated for input to the CQM Program, to the Quality Collaborative, and to other key stakeholders as needed. The final revision will be targeted for completion by April 1 to correspond with the start of the new Ryan White year.

In addition, if a CQM project is determined to be completed before the annual review of the CQM Plan, the internal CQM Committee and Quality Collaborative will consult to draft a new Appendix B that is in line with the Wisconsin CDHR Section priorities.

6.0 COMMUNICATION

The updated CQM Plan will be sent to subrecipients once finalized. The Quality Collaborative is the venue in which performance measure reporting and health outcomes monitoring will be shared with agencies. Subrecipients can request subrecipient-level data at any time.

Information related to the CQM Program will be shared with HIV Care Workforce staff across all subrecipient agencies. In addition, quality information may be reported to the Statewide Action Planning Group or posted on the Wisconsin CDHR Section Website.
APPENDIX A: Wisconsin HIV Care Services Quality Goals

HIV Care Services Quality Goals for 2023

Goal 1: Increase the percentage of medically case managed youth ages 15-29 achieving and maintaining viral load suppression from 87% to 90%.

- Review the performance measurement data on a quarterly basis.
- Subrecipients will use their data to inform QI projects.
- The CQM Program will discuss with the subrecipients on a quarterly basis the status of their respective QI projects.
- Subrecipients will share best practices and lessons learned during the quarterly Quality Collaborative meetings.

Goal 2: Enhance competence and capacity of supervisors to apply principles of Trauma-Informed Supervision (TIS) to practice.

- The Wisconsin CDHR Section will provide space for a Trauma Informed Supervision Community of Practice (TIS CoP) to all supervisors at all subrecipient agencies.
- The CQM Program will collect baseline data from all participants via survey prior to attending their first CoP session.
- Supervisors will practice the strategies learned with their team of workforce members.
- The CQM Program will collect data from all participants annually via survey and compare with results of pre-survey to determine progress.

Goal 3: Assess the CQM Program to identify areas for improvement and develop specific program improvement goals for the upcoming year.

- Assess the CQM Program using an Organizational Assessment Tool for Ryan White Part B Recipients.
- Summarize results of assessment and discuss areas for improvement with Internal Quality Committee members.
- Develop specific program improvement goals for the upcoming year.
- Document activities related to improvement goals and share updates quarterly at Internal Quality Committee meetings.
## APPENDIX B: CQM Program Work Plan

### GOAL 1: Increase the percentage of medically case managed youth ages 15-29 achieving and maintaining viral suppression from 87% to 90%.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Timeline</th>
<th>Expected Outcomes</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| 1. Review the performance measurement data on a quarterly basis. | April 2023  
July 2023  
October 2023  
January 2024 | Performance measurement data will inform both the QI projects subrecipients pick and will be used to evaluate the projects. | CQM Program  
Quality Collaborative |
| 2. Subrecipients will evaluate their 2022 QI projects for effectiveness. | April 2023 – May 2023 | Subrecipients will evaluate their 2022 youth viral load suppression projects and determine both effectiveness and next steps. | Subrecipients |
| 3. Subrecipients will use their evaluation of the previous project and current data to inform specific QI projects. | May 2023 – July 2023 | Subrecipients will review their previous projects and current data to either continue with the previous project or choose a new QI project to work on by July 2022. | Subrecipients  
CQM Program |
| 4. The CQM Program will discuss with the subrecipients the status of their respective QI projects. | During monthly check-in calls | The CQM program will assist and encourage subrecipients to complete their chosen QI projects. | CQM Program  
Subrecipients |
| 5. Subrecipients will share best practices and lessons learned during the quarterly Quality Collaborative meetings. | April 2023  
July 2023  
October 2023  
January 2024 | Subrecipients will use the Quality Collaborative meetings as a platform to share with each other lessons learned and best practices. | CQM Program  
Subrecipients  
Quality Collaborative |

### GOAL 2: Enhance competence and capacity of supervisors to apply principles of Trauma-Informed Supervision (TIS) to practice.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Timeline</th>
<th>Expected Outcomes</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| 1. The Wisconsin CDHR Section will provide space for a TIS Community of Practice (CoP) to all supervisors at all subrecipient agencies. | Bi-monthly | Subrecipient supervisors will be coached in TIS, which they will implement within their respective agencies and teams. | CQM Program  
Subrecipients |
2. The CQM Program will collect baseline data from all participants via survey. 
   Prior to each participant attending their first CoP session
   Subrecipient supervisors will assess their knowledge and skills related to TIS.
   -CQM Program
   -Subrecipients

3. Supervisors will practice the strategies learned with their team of workforce members.
   Ongoing
   Subrecipient supervisors will implement lessons and skills learned within their teams.
   - Subrecipients

4. The CQM Program will collect data from all participants annually via survey and compare with results of initial pre-survey to determine progress.
   December 2023
   Subrecipient supervisors will assess their knowledge and skills related to TIS.
   The CQM Program will compare results of the pre-survey and post-survey.
   -CQM Program
   -Subrecipients

**Goal 3: Assess the CQM program to identify areas of improvement and develop specific program improvement goals for the upcoming year.**

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Timeline</th>
<th>Expected Outcomes</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assess the CQM Program using an Organization Assessment tool for Ryan White Part B Recipients.</td>
<td>August - September 2023</td>
<td>The CQM Program will use the National Quality Forum’s Organizational Assessment tool for Ryan White Part B Recipients to assess the CQM Program.</td>
<td>-CQM Program</td>
</tr>
<tr>
<td>2. Summarize results of assessment and discuss areas for improvement with Internal Quality Committee members.</td>
<td>September 2023</td>
<td>The CQM Program staff will review the results of the assessment tool and discuss areas for improvement.</td>
<td>-CQM Program -Internal Quality Committee</td>
</tr>
<tr>
<td>3. Develop specific program improvement goals for the upcoming year.</td>
<td>December 2023</td>
<td>The CQM Program will develop specific program improvement goals based on the results of the assessment tool.</td>
<td>-CQM Program -Internal Quality Committee</td>
</tr>
<tr>
<td>4. Document activities related to improvement goals and share updates quarterly at Internal Quality Committee meetings.</td>
<td>December 2023 March 2024</td>
<td>Time will be set aside during quarterly Internal Quality Committee meetings to discuss and document activities and updates related to program improvement goals.</td>
<td>-CQM Program -Internal Quality Committee</td>
</tr>
</tbody>
</table>
APPENDIX C: Performance Measures
Table is updated on an annual basis based on the annual Ryan White Services Report data.

TABLE 1
Number of Ryan White clients seen statewide in 2022

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of Clients</th>
<th>Percent of Clients</th>
<th>Number of Performance Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Case Management</td>
<td>4,104</td>
<td>79</td>
<td>2</td>
</tr>
<tr>
<td>Outpatient/ Ambulatory Medical Care</td>
<td>3,721</td>
<td>71</td>
<td>2</td>
</tr>
<tr>
<td>Referral to Health Care/ Support Services (Brief Services)</td>
<td>2,351</td>
<td>45</td>
<td>1</td>
</tr>
<tr>
<td>Food Services</td>
<td>1,513</td>
<td>29</td>
<td>1</td>
</tr>
<tr>
<td>Oral Health</td>
<td>916</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Mental Health</td>
<td>829</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>Medical Transportation</td>
<td>680</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>Non-Medical Case Management</td>
<td>573</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Emergency Financial Assistance</td>
<td>435</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Health Insurance Premium and Cost Sharing</td>
<td>424</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Housing</td>
<td>223</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Legal Services</td>
<td>214</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Substance Use - Outpatient</td>
<td>133</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Early Intervention Services</td>
<td>116</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Home/Community</td>
<td>37</td>
<td>&lt;1</td>
<td>0</td>
</tr>
<tr>
<td>Service</td>
<td>Reporting Period</td>
<td>Measure Name</td>
<td>Numerator</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------</td>
<td>-----------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Food Services</td>
<td>Previous 12 months</td>
<td>Viral Suppression</td>
<td>Number of clients from the denominator whose last viral load in the measurement year was &lt;200 copies/mL.</td>
</tr>
<tr>
<td>Medical Case Management</td>
<td>Previous 12 months</td>
<td>Viral Suppression</td>
<td>Number of clients from the denominator whose last viral load in the measurement year was &lt;200 copies/mL.</td>
</tr>
<tr>
<td>Medical Case Management</td>
<td>Previous 12 months</td>
<td>Youth Viral Suppression</td>
<td>Number of clients from the denominator whose last viral load in the measurement year was &lt;200 copies/mL.</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Previous 12 months</td>
<td>Mental Health Services Utilization</td>
<td>Number of clients from the denominator who received mental health services during the measurement year.</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Previous 12 months</td>
<td>Viral Suppression</td>
<td>Number of clients from the denominator whose last viral load in the measurement year was &lt;200 copies/mL.</td>
</tr>
<tr>
<td>Service</td>
<td>Reporting Period</td>
<td>Measure Name</td>
<td>Numerator</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------------------</td>
<td>---------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Outpatient/Ambulatory Medical Care</td>
<td>Previous 12 months</td>
<td>Viral Suppression</td>
<td>Number of clients from the denominator whose last viral load in the measurement year was &lt;200 copies/mL.</td>
</tr>
<tr>
<td>Outpatient/Ambulatory Medical Care</td>
<td>Previous 12 months</td>
<td>Youth Viral Suppression</td>
<td>Number of clients from the denominator whose last viral load in the measurement year was &lt;200 copies/mL.</td>
</tr>
<tr>
<td>Oral Health</td>
<td>Previous 12 months</td>
<td>Periodontal Screening</td>
<td>Number of clients from the denominator who had a periodontal screen or periodontal exam during the measurement year.</td>
</tr>
<tr>
<td>Referral to Health Care/Support Services (Brief Services)</td>
<td>Previous 12 months</td>
<td>Viral Suppression</td>
<td>Number of clients from the denominator whose last viral load in the measurement year was &lt;200 copies/mL.</td>
</tr>
</tbody>
</table>
**FIGURE 1**
Performance Measure Diagrams for FY2023

**Food Services-Overall Viral Suppression**

**Numerator:** Number of clients in the denominator whose last HIV viral load was <200 copies/mL in the measurement year

**Denominator:** Number of Ryan White clients who received food services and one viral load test in the measurement year

```
Ryan White client?
  Y
  ↘
  Receive food services in 12 mo?
    Y
    ↘
    ≥ 1 viral load test in 12 mo?
      Y
      ↘
      Last viral load <200 copies/mL
        Y
        ↘
        In Numerator Population
      N
        ↘
        In Measure Population (Denominator)
    N
      ↘
      Not in Measure Population
N
```

**Medical Case Management-Overall Viral Suppression**

**Numerator:** Number of clients in the denominator whose last HIV viral load was <200 copies/mL at last HIV viral load test in the measurement year

**Denominator:** Number of Ryan White clients who had at least one medical case management visit and one viral load test in the measurement year

```
Ryan White client?
  Y
  ↘
  Brief Services client?
    Y
    ↘
    ≥ 1 medical case management visit in 12 mo?
      Y
      ↘
      ≥ 1 viral load test in 12 mo?
        Y
        ↘
        Last viral load <200 copies/mL
          Y
          ↘
          In Numerator Population
        N
          ↘
          In Measure Population (Denominator)
    N
      ↘
      Not in Measure Population
N
```
Medical Case Management-Viral Suppression (15-29 years old)

**Numerator:** Number of clients (ages 15-29) in the denominator whose last HIV viral load was <200 copies/mL in the measurement year

**Denominator:** Number of Ryan White clients ages 15-29 years who had at least one medical case management visit and one viral load test in the measurement year

---

Mental Health Services-Utilization

**Numerator:** Number of clients in the denominator who received mental health services in the measurement year

**Denominator:** Number of Ryan White clients seen for any service in the measurement year
Mental Health Services-Overall Viral Suppression

**Numerator:** Number of clients in the denominator whose last HIV viral load was <200 copies/mL in the measurement year

**Denominator:** Number of Ryan White clients who had at least one mental health visit and one viral load test in the measurement year

```
Ryan White client?  = N
   ↓  = Y
≥ 1 mental health visit in 12 mo?  = N
   ↓  = Y
≥ 1 viral load test in 12 mo?  = N
   ↓  = Y
Last viral load <200 copies/mL  = N
   →
In Numerator Population  = Y
   In Measure Population (Denominator)
   Not in Measure Population
```

Oral Health Services-Periodontal Screening

**Numerator:** Number of clients in the denominator who had a periodontal screen or periodontal exam in the measurement year

**Denominator:** Number of Ryan White clients that received oral health services in the measurement year

```
Ryan White client?  = N
   ↓  = Y
≥ 1 oral health service in 12 mo?  = N
   ↓  = Y
Periodontal screen/exam in 12 mo?  = N
   →
In Numerator Population  = Y
   In Measure Population (Denominator)
   Not in Measure Population
```
Outpatient/Ambulatory Medical Care-Overall Viral Suppression

Numerator: Number of clients in the denominator whose last HIV viral load was <200 copies/mL in the measurement year
Denominator: Number of Ryan White clients who had at least one medical visit and one viral load test in the measurement year

Outpatient/Ambulatory Medical Care-Viral Suppression (15-29 years old)

Numerator: Number of clients in the denominator whose last HIV viral load was <200 copies/mL in the measurement year
Denominator: Number of Ryan White clients ages 15-29 years who had at least one medical visit and one viral load test in the measurement year
**Brief Services-Overall Viral Suppression**

**Numerator:** Number of clients in the denominator whose last HIV viral load was <200 copies/mL in the measurement year.

**Denominator:** Number of Ryan White Brief Services clients who had at least one medical visit and one viral load test in the measurement year.

```
Brief Services client? = Y  = N
≥ 1 medical visit in 12 mo? = Y  = N
≥ 1 viral load test in 12 mo? = Y  = N
Last viral load <200 copies/mL = Y  = N

In Numerator Population  In Measure Population (Denominator)  Not in Measure Population
```
APPENDIX D: ADAP Performance Measures
Table is updated on an annual basis based on the annual ADAP Data Report.

TABLE 3
Performance Measures for 2022 Reporting Year

<table>
<thead>
<tr>
<th>Service</th>
<th>Reporting Period</th>
<th>Measure Name</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusions</th>
<th>2022 Calendar Year Average</th>
<th>2023 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADAP</td>
<td>Previous 12 months</td>
<td>In Care</td>
<td>Number of clients from the denominator who had a CD4 or Viral Load within the measurement period.</td>
<td>Number of active ADAP clients during the measurement period.</td>
<td>None</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>ADAP</td>
<td>Previous 12 months</td>
<td>Viral Suppression</td>
<td>Number of clients from the denominator whose last viral load in the measurement year was &lt;200 copies/mL.</td>
<td>Number of active ADAP clients during the measurement period.</td>
<td>None</td>
<td>93%</td>
<td>95%</td>
</tr>
<tr>
<td>IAP</td>
<td>Previous 12 months</td>
<td>In Care</td>
<td>Number of clients from the denominator who had a CD4 or Viral Load within the measurement period.</td>
<td>Number of active IAP clients during the measurement period.</td>
<td>None</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>IAP</td>
<td>Previous 12 months</td>
<td>Viral Suppression</td>
<td>Number of clients from the denominator whose last viral load in the measurement year was &lt;200 copies/mL.</td>
<td>Number of active IAP clients during the measurement period.</td>
<td>None</td>
<td>98%</td>
<td>98%</td>
</tr>
</tbody>
</table>
APPENDIX E: Plan, Do, Study, Act (PDSA) Worksheet

Cycle: __________ Date: __________

CYCLE FOR LEARNING AND IMPROVEMENT

Objective:

PLAN:
    Objective of first test:
    What did you predict?
    What was the plan? (who, what, where, when, how)
    What tasks were necessary in order to conduct your first test?
    What measure(s) did you plan to use to assess the success of this test?

DO:
    What actually happened?

STUDY:
    What were the results of the test, and how did they compare with your prediction?

ACT:
    Based on what you learned, what will you do next?
APPENDIX F: Approval of Plan

This plan approved on <DATE> by <SUPERVISOR>

<Signature block>