

# Wisconsin HIV Care Services Clinical Quality Management Plan

Ryan White Part B and  
Life Care and Early Intervention Services

COMMUNICABLE DISEASE HARM REDUCTION SECTION

Bureau of Communicable Diseases

Division of Public Health

Wisconsin Department of Health Services

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## 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 Management Program

The Wisconsin HIV Care Services CQM plan covers all services funded through Part B of the Ryan White (RW) CARES Act and the state-funded Mike Johnson Life Care and Early Intervention Services (LCEIS) grant. Many of Wisconsin's RW Part B and LCEIS 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 subrecipient and recipient agency 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 LCEIS funds. The words **subrecipient** and **recipient** are used to describe an agency or organization that receives RW or LCEIS funding from the Wisconsin CDHR Section.

## 2.0 CLINICAL QUALITY MANAGEMENT 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 HIV Care Quality Collaborative (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 CQM Plan in conjunction with the Quality Collaborative.
  - Review subrecipient and recipient CQM programs, including CQM plans and performance data.
  - Provide technical assistance to subrecipients and recipients 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 and recipients.
  - Oversee ongoing CQM projects for the ADAP.

- **HIV Care Services Coordinator:**
  - Review subrecipient and recipient CQM programs, including CQM plans and performance data
  - Provide technical assistance to subrecipients and recipients 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 Grant Coordinator:**
  - Review subrecipient and recipient CQM programs, including CQM plans and performance data.
  - Provide technical assistance to subrecipients and recipients 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.
  
- **LCEIS Grant Coordinator:**
  - Review subrecipient and recipient CQM programs, including CQM plans and performance data.
  - Provide technical assistance to subrecipients and recipients 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 and recipient CQM programs, including CQM plans and performance data.
  - Provide technical assistance to subrecipients and recipients 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.
  
- **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 Subrecipients and LCEIS Recipients**  
Subrecipients and recipients 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 . All subrecipients and recipients are required to always have at least one clinical quality improvement project in progress and meet 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 and recipients as needed and requested.
- **Wisconsin HIV Care Quality Collaborative**  
Subrecipients and recipients, along with Wisconsin HIV Care Unit staff, comprise the Wisconsin HIV Care Quality Collaborative. The Quality Collaborative meets quarterly to foster comprehensive CQM programs within subrecipient and recipient agencies, enhance understanding and application of quality-related methods and tools, identify best practices around specific aspects of care, and assist subrecipients and recipients in meeting the HAB CQM requirements. Performance measurement data is discussed to identify priorities for QI projects at the state, recipient, and/or subrecipient level.
- **Statewide Action Planning Group**  
The Wisconsin [Statewide Action Planning Group \(SAPG\)](#) 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 living with HIV and/or disproportionately impacted by HIV. The SAPG is made up of 25 to 30 member-ambassadors who are broadly representative of communities disproportionately impacted 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, recipients, and subrecipients.

- Client participation on the SAPG and/or client advisory boards facilitated by recipients and 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 and recipients.

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](http://www.datachatt.jsi.com)).
- Staff attendance at HRSA-sponsored grantee meetings.
- Six Sigma White Belt and other training opportunities.

Capacity building opportunities for subrecipients and recipients include:

- Technical assistance from the Wisconsin CDHR Section.
- Technical assistance via the HRSA Target Center and the Center for Quality Improvement and Innovation (CQII).
- Access to the National Quality Center and similar online quality resources.

## **3.0 PERFORMANCE MEASUREMENT**

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 funded, local HIV epidemiology, and identified needs of PLWH and people disproportionately impacted by HIV.

A critical component of the overall quality assurance strategy is the routine collection of performance measurement data from subrecipient and recipient agencies.

### **3.1 Performance Measurement for Ryan White Subrecipients**

Subrecipients of Ryan White funding 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.

### **3.2 Performance Measurement for LCEIS Recipients**

Recipients of LCEIS funding are required to report on utilization data and performance measures once per quarter, with reports due on July 31, October 31, January 31, and April 30. 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 3-month period prior to the end of the reporting period.

### **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. In addition, performance data are used to support:

- Development of the Wisconsin HIV Care and Prevention Integrated Plan.
- Contract monitoring activities.
- Agency-led quality initiatives.
- Client concerns regarding service quality.
- Funding and programmatic decision-making.

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 and recipients during annual site visits 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 or recipient to develop improvement projects that will lead to acceptable performance measurement. In cases where sub-standard performance persists, a corrective action plan will be issued. Technical assistance for subrecipients and recipients by the CQM Program is always available.

## **4.0 EVALUATION**

Evaluation of the 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 Committee completes the *Clinical Quality Management Plan Review Checklist* and the *Clinical Quality Management Program Organizational Assessment tool*.



- Using the results of the tools mentioned above, the Quality Committee revises and updates the CQM plan, including actions steps and progress made towards annual quality goals.
- At least quarterly, there is a review of performance measures and new measures are incorporated, as appropriate.
- Routine meetings of the internal Quality Committee are held to discuss progress towards quality goals, effectiveness of quality assurance and improvement activities, changes to the CQM plan, and other CQM related issues.
- Ongoing incorporation of key partner and consumer feedback.

The results of the evaluation 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.

## **5.0 CQM PLAN UPDATES**

With the assistance of the internal Quality Committee and key partners, the HIV Care Services Quality Management Coordinator will update the CQM Plan annually to ensure it reflects current practices. This draft will be circulated for input to the CQM Program's internal Quality Committee, to the Quality Collaborative, and to other key partners as needed. The final revision will be targeted for completion by April 1 to correspond with the start of the new Ryan White grant year.

## **6.0 COMMUNICATION**

The updated CQM Plan will be sent to subrecipients and recipients once finalized. The Quality Collaborative is the venue in which performance measure reporting and health outcomes monitoring will be shared with agencies.

Information related to the CQM Program will be shared with HIV Care Workforce staff across all subrecipient and recipient agencies. In addition, quality-related information may be reported to the Statewide Action Planning Group or posted on the [Wisconsin CDHR Section Website](#).