

Oakland Transitional Grant Area Quality Management Plan 2010-2011



Background and History

Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Ryan White Program) since 2000 was directed by HRSA to

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develop and implement quality management programs. The purpose of HRSA's Quality Management Program is:

- To assess the extent to which HIV health services are consistent with the most recent Public Health Service (PHS) guidelines for the treatment of HIV disease and related opportunistic infections.
- To develop strategies for ensuring that care and prevention services are consistent with the guidelines for improvement in the access to and quality of HIV services.

Expectations

Quality is defined as the degree to which a health or social service meets or exceeds established professional standards and user expectations. Ryan White HIV/AIDS Program places major emphasis on the following key themes to enhance the quality of care for persons living with HIV disease:

- Improve access to and retention in care for HIV+ individuals aware of their status, and for those individuals aware of their status but not in care
- Enhance the quality of services to improve health outcomes
- Link social support services to medical services
- Adapt the program to changes in the evolving epidemic
- Use epidemiologic, quality and health outcome data for planning and priority setting
- Ensure accountability of both internal and external stakeholders to carryout the quality initiative

Mission

The mission of the Oakland Transitional Grant Area (TGA) Quality Management Program is to ensure that all people living with HIV/AIDS, especially those identified as priority populations, receive the highest quality primary medical care and support services through the Ryan White HIV/AIDS Program.

Purpose

The purpose of the Oakland TGA Quality Management Program is to improve health outcomes, reduce disparities, and increase access and retention in care.

Introduction

The Oakland Emerging Metropolitan Area (EMA) HIV Health Services Planning Council was created in 1994, soon after Alameda and Contra Costa Counties became eligible for Care Act funding, and were charged with oversight of regional planning for the entire EMA (now TGA). The Contra Costa HIV/AIDS Consortium, an umbrella network of clients, providers and interested community members was created in 1992, to address the issue of HIV and AIDS in Contra Costa County. Since 1994, the Consortium has overseen local plans and processes for programs funded through HRSA Care Act Part A and B, and reports back to the Planning Council.

In 1998, Alameda County became the first municipality in the nation to declare a state of emergency due to the disproportionate number of AIDS cases occurring in the

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African American community. The County's Board of Supervisors unanimously approved the declaration, which was crafted by a multi-agency coalition of public and private health and welfare agencies and community leaders.

Beginning in late 2004, Alameda County began the process of merging the HIV service and prevention Planning Councils into a single body. The members began working together to address HIV care and prevention needs in a coordinated manner, and to develop strategies for integrating HIV care and prevention. The first joint meeting of the newly merged Oakland TGA Collaborative Community Planning Council was held in February 2005, and continues to operate in this manner.

The most current Oakland TGA Comprehensive Plan was designed to strengthen coordination and integration of local HIV core and support services, to improve linkages between service agencies and to link care and prevention. Developed by a steering committee comprised of a diverse group of consumers, service providers and HIV specialists, Planning Council members, and the TGA's two County AIDS programs, the plan is a living document whose goals, objectives and specific tasks are to be revisited and updated during the three-year period in response to the changing needs of the priority populations.

The plan goals are:

- To provide access to and retain in high quality HIV medical care those who are aware of their status but not in care
- To optimize the impact of the continuum of care
- To enroll out of care clients in medical care
- To ensure that all funded services in the TGA are of the highest quality through implementation and monitoring of a Quality Management Plan.

Framework of the Quality Management Plan

Continuous quality improvement refers to the continuous study and improvement of processes within the health care delivery system. Quality improvement activities examine existing processes and modify them to address quality challenges. These activities are critical for monitoring ongoing quality improvement of Ryan White funded agencies in the TGA and are critical to sustaining continuous quality improvement over time. Findings of these quality improvement activities may also help to establish or revise new patient care standards. These activities include, but are not limited to PDSA's, annual chart audits, consumer input surveys, focus groups, periodic site visits, and annual provider feedback surveys (also known as the Administrative Mechanism).

A good indicator is defined as being relevant, measurable, capable of being improved, and is based upon accepted guidelines. Performance indicators for core and support services have been established for the TGA and used since 2007. These indicators are based upon local standards of practice, but strive to be more in alignment with those performance measures established by the HIV/AIDS Bureau (HAB) *Core Clinical Performance Measures for Adults and Adolescents, Pediatrics, Oral Health, Medical Case Management and Systems Level*.

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If it is evident that performance is not meeting established standards, improvements will be made within the system using process improvement models, such as the Plan, Do, Study, Act (PDSA) model. Information gathered from quality measurement activities is used to help agencies focus on areas for improvement. All agencies are required to develop quality improvement plans to be submitted to the grantee and revised annually as improvements are made within the system of care.

The use of the CAREWare database continues to evolve in Alameda County as Ryan White funded agency staff is trained to input. This data will be compared with data abstracted from client medical records. Contra Costa County continues to use the ARIES database for client-based clinical data.

Resources

Oakland TGA Part A and B grantee has assigned 5% of the annual grant and other in-kind funding for evaluation and quality assurance activities.

Accountability

The Oakland TGA is dedicated to the quality improvement process and implementation of the quality management program outlined in the Quality Management work plan. The QM plan will be shared with the Director of the Office of AIDS Administration, the Planning Council, and key stakeholders for final approval before submission to the assigned HRSA project officer.

Leadership

- The Oakland TGA grantee Quality Assurance Coordinator has the overall administrative responsibility and accountability for planning, implementing, monitoring and coaching quality improvement activities. Building capacity in the area of quality improvement through service provider training and technical assistance is also a part of the grantee responsibility. A Quality Improvement Work Group, a collaboration between Contra Costa Public Health AIDS Program and the local Ryan White Part C and D Program to ensure the delivery of quality services.

QM Staff

- The Office of AIDS Administration QM staff, is responsible for, Information about quality improvement is reported to the HRSA project officer in the annual report.

Grantee and Stakeholders

- The grantee and stakeholders will continue to take a more active role to support quality improvement activities in the Oakland TGA and facilitate alignment of regional activities consistent with Public Health Standards and HRSA expectations.

Planning Council

- The Planning Council will review and utilize quality-related outcomes to assist with the priority setting and resource allocation process. The Quality, Data and Services

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Planning Committee of the Planning Council provides input on development, revision and review of service category standards of care and reporting of data.

Continuous Quality Improvement work group

- The Quality Improvement Work Group will meet monthly to discuss, plan, implement, monitor and evaluate CQI activities in the Oakland TGA. The membership reflects the diversity of disciplines across the TGA that provide either core and support services, cross part collaboration and consumers that reflect the diversity of the epidemic. Included are program directors, primary care providers, grantee staff, database manager, medical case managers, quality improvement coordinators, mental and/or substance abuse provider, community members and consumers.

Data Collection

This year's implementation of the CAREWare database in Alameda County and the continued use of the ARIES database in Contra Costa County will serve to facilitate data collection within the Oakland TGA by:

- Eliminating or reducing duplication of client data
- Assisting with gathering service delivery and outcome data from the provider agencies
- Eliminating or reducing duplication of client numbers for reporting and planning purposes
- Automating the production of the Ryan White Data Report (RDR) and Ryan White Services Report (RSR)

Evaluation

The Office of AIDS Administration Director, Planning Council and other stakeholders are responsible for annually evaluating the Oakland TGA Quality Management Plan. Evaluation will include assessment of the effectiveness of the infrastructure and quality improvement activities in achieving quality management goals, determine whether work plan goals were achieved, and determine whether performance measures were appropriate and helpful in the priority setting process and resource allocation process. Grantee quality management staff will review the evaluation and submit recommendations, which will then be approved by the Planning Council and other stakeholders in time for the following year's QM plan. Once finalized, a draft of the QM plan will be submitted to the HRSA project officer where progress of activities will be monitored.

Annual updates

A draft of the quality management plan will be shared with the Director, the Planning Council members, the QC, the CQI work group, and other internal and external stakeholders within the TGA for input before submission to the HRSA project officer. A

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revision of the QM plan will be conducted annually. A copy of the finalized quality management plan will be posted to the Office of AIDS Administration website annually.

Summary

Throughout the year, the grantee quality management staff will collaborate with the Quality Improvement Work Group, the Planning Council, service providers, and consumers to continuously collect, analyze and share data including best practices and “lessons learned” which will be used to improve the quality of care and lead to an improvement in health outcomes.