

***Oakland  
Transitional Grant Area  
Quality Management Plan  
2014-2015***



## **Quality Statement**

The Oakland TGA is committed to improving the quality of care, services and ultimately the quality of life for people living with HIV and AIDS.

Quality is defined as the degree to which a health or social service meets or exceeds established professional standards and user expectations. In the Ryan White HIV/AIDS Treatment Extension Act of 2009, all program grantees are required “to establish clinical quality management programs to:

- Assess the extent to which HIV health services are consistent with the most recent Public Health Service 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 services

## **Purpose and Mission**

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

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 through EPI data as priority populations, receive the highest quality primary medical care and support services through the Ryan White HIV/AIDS Program.

## **Expectations**

HIV-related morbidity and mortality has dropped dramatically due to advances in HIV/AIDS treatment. But reductions are uneven across HIV-infected populations due to unequal access to care and variable quality of services provided. Quality management seeks to enhance the quality of HIV care provided and increase access to services. They do so by measuring how health and social services meet established professional standards and user expectations.

It is specified in the HIV/AIDS Bureau National Monitoring Standards that a Quality Management Plan:

- Specify in RFPs, contracts, MOU/LOA, and/or statements of work the grantee’s quality-related expectations for each service category
- Conduct chart (client record) reviews and visits to providers/sub-grantees to monitor compliance with the Quality Management Plan, HHS Guidelines and with Ryan White Program quality expectations

- Provide a written Assurance signed by the Chief Elected Official that the Quality Management Program meets HRSA requirements

HRSA's HIV/AIDS Bureau's (HAB's) quality initiatives, which focus on the service delivery system at various levels are designed to help grantees implement quality management programs that target clinical, administrative, and supportive services. In addition, there is a new requirement to determine not only the size and demographics of HIV/AIDS infected individuals, but also those individuals who are unaware of their HIV status. Part A and Part B grantees must develop comprehensive plans that include a strategy for identifying individuals with HIV/AIDS who do not know their status and helping them seek medical services. The strategy must focus on reducing barriers to routine testing and disparities in access to services for minorities and underserved communities.

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 carry out the quality initiative

## **Infrastructure**

### **Leadership and Accountability**

The Oakland TGA grantee Quality Assurance Coordinator has the overall administrative responsibility and accountability for planning, implementing, monitoring and coaching quality improvement initiatives and activities. Building capacity in the area of quality improvement through service provider training and technical assistance is also a part of the grantee responsibility.

Internally, the QM staff includes oversight by the Division of Communicable Disease Control and Prevention (DCDCP) of Alameda County Public Health Department. Staff includes the HIV/STD Section Director, the Office of AIDS Administration (OAA) Director, and the Quality Assurance (QA) Coordinator. The QA coordinator is directly responsible for carrying out the activities of the plan which include:

- Oversight of the Quality Management budget

- Planning and development of Quality-related training for HIV service providers and consumers
- Conducting an annual chart review of core services
- Client satisfaction surveys
- Reporting of results of quality activities to the planning council and other stake holders
- Integrating quality principles in contract documents, the contract monitoring process, and into the RFP process
- Documentation and monitoring of client grievances

The HIV/AIDS and STD Program staff at Contra Costa County Health Services forms the other portion of the TGA. The two agencies work collaboratively on quality improvement projects such as quality improvement trainings and client satisfaction surveys.

The support for quality improvement activities is provided by external partners. The East Bay AETC and the National Quality Center, also known as CARDEA, provides support for the OAA Linkage Network. This group of providers meets several times per year and is attended by HIV service providers, OAA staff and State Office of AIDS staff, and others responsible for linking clients to care and re-connecting clients who have fallen out of care. The National Quality Center in 2014 will be providing the Training for Consumers in Quality (TCQ) in Oakland to help build capacity in the PLWHA community around quality related principles.

The National Quality Center will also be working with the OAA while on 'draw down status' to support and enhance the quality management program.

### **Quality Committee Structure and Resources**

For the current year, the OAA continues to work with the Community Collaborative Planning Council (CCPC); specifically with the Quality, Data and Services Planning (QDASP) Committee of the CCPC. This committee meets monthly and includes staff from the OAA, service providers and consumers, and provides input on the development, revision and review of quality-related tools, service category standards of care and quality-related data reports. The purpose of this data is to inform the priority setting and resource allocation process.

Further efforts will be made to recommence the QI Work Group, which includes staff from both health departments. It is hoped that this group will also include consumers who will have been trained in the TCQ, which will be hosted by the OAA (May, 2015). In addition, the QA coordinator of the OAA will begin participation in the quarterly SF Bay Area Regional Quality Group.

The 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.

### **Performance Measurement**

This year the OAA has developed joint indicators across all of the funded service categories. These joint indicators are based upon HRSA core clinical indicators, but also include other indicators, which measure the coordination of HIV services and focus on retaining clients in HIV care. Findings of quality improvement activities such as those found in the annual core services chart review, annual client satisfaction surveys, and issues found in client grievances will help to identify areas where best practices or deficiencies exist. These findings could also help to inform revisions to policies and to service category standards of care. A review of the mid-year and year-end agency progress reports will also help to identify these areas.

### **Data Collection**

In 2013, Alameda County implemented ARIES for all Part A and B funded sites. Contra Costa County had been using ARES for several years and provided OAA staff with additional trainings. We hope this change will service 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 sub-grantees
- 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)

There is also an ATIDS (All Titles Information Data System) which includes OAA management and program staff, data base specialists, and Directors from Part C and Part D. This group meets monthly and has the task of working on ensure the capturing and tracking of data is accurate across all Ryan White funding sources. Also in 2014, the group will be looking on conducting joint site visit and using joint indicators.

In addition, a focus of this funding period is to be aligned with HRSA on better tracking of client eligibility and monitoring the data collection process. The Oakland TGA piloted, developed and implemented a client eligibility tracking tool and a site visit tool which will measure the degree to which agencies are in compliance.

## **Annual Quality Goals**

HRSA requires that the OAA develop a multi-year Comprehensive Plan that will assist grantees in the development of a comprehensive and responsive system of care that addresses the needs and challenges that change over time, and should reflect a community's vision and values regarding how best to deliver HIV/AIDS services, particularly in light of cutbacks in federal, state, and local resources.

Quality management involves assessing the system of care and developing strategies for reducing barriers to care and improving health outcomes. Comprehensive HIV services planning goes beyond the annual planning process for the use of Ryan White HIV/AIDS Program funding, but provides an opportunity for planning bodies to examine the current system of care and envision an "ideal" system of care, as well as develop a 3-year plan for achieving this vision through the review of data, needs assessment results and other related data sources.

The Oakland TGA Comprehensive Plan 2012-2014 addresses new legislative and programmatic initiatives including the National HIV/AIDS Strategy and the Patient Protection and Affordable Care Act. The current Plan outlined five goals to address these HRSA expectations.

- Ensure access to a comprehensive continuum of high-quality, community based care for low-income individuals and families with HIV, including addressing the needs of priority populations.
- Continually identify, link, and retain in care low-income persons with HIV who are not yet aware of their HIV status.
- Support retention in care for low-income persons with HIV, including identifying, linking, and retaining in care HIV-aware persons who are not currently involved in the HIV care system.
- Support and expand collaboration and coordination with relevant funding streams and service systems in the Oakland TGA.
- Anticipate, respond to, and play an active role in influencing changes in the health care and Ryan White systems through the Affordable Care Act (ACA) with the goal of ensuring quality of care and retaining in care all low-income persons with HIV who are currently involved in the Ryan White system.

The last goal of the Plan is related to the responsibility of the OAA to conduct continual monitoring and evaluation of the progress toward the goals, objectives and action steps, and to modify objectives and activities to respond to emerging priorities, needs, and populations.

## **Evaluation**

The staff of the Oakland TGA, including the OAA Director and QA coordinator, HIV/AIDS and STD Program staff at Contra Costa County Health Services and the CCPC, all play a role in the annual evaluation of 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 CCPC 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.