


**Puerto Rico Department of Health
Auxiliary Secretariat for Family Health and
Integrated Services
Central Office for AIDS Affairs and Transmissible Diseases
Ryan White Part B/ADAP Program**

2019 Work Plan

Clinical Quality Management Program

Prepared by:
Quality Guidance Committee

October 15, 2018
Rev. January 17, 2019

Approved by: 

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Version

Version Num.	Editor	Review Date	Description of Change
1	Norma I. Delgado Mercado, Ph.D. Mayra Piar Reyes, M.S.	Oct. 15, 2018	Original Document
2	Norma I. Delgado Mercado, Ph.D. Mayra Piar Reyes, M.S.	Jan. 17, 2019	<p>The Puerto Rico Quality Improvement Program Organizational structure was updated; thus showing that the CQII Consultant was no longer part of the Quality Guidance Committee Ex-Officio members.</p> <p>Infrastructure objective num. 1.8 was amended to include that CPTETs & CAs' Quality Mentors will provide T/A on quality improvement matters to support their QI work; this is in addition to provide support and mentorship on quality infrastructure and assess compliance with QM plans. Activities and responsible party were also reviewed.</p> <p>Activities regarding to objective num. 2.4 were reviewed. More specifically, target populations for the viral load suppression quality improvement project were revised to match target populations defined in the Puerto Rico HIV Integrated Surveillance, Prevention and Treatment Plan: 2017-2021.</p>

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Puerto Rico Clinical Quality Management Program

2019 Work Plan

The Puerto Rico Department of Health (PRDOH) is the agency responsible for safeguarding the health and wellness of the Island’s population. This is why the Health Resources and Services Administration (HRSA) entrusted it with the responsibility of managing funds provided under the Ryan White Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009). To accomplish this, the PRDOH established the Ryan White Part B/ADAP Program within the administrative structure of the Office for AIDS Affairs and Transmissible Diseases (known by its Spanish acronym as OCASET).

Since the 2000 re-authorization of the Ryan White Act, HRSA expected all jurisdictions and grantees to have a Clinical Quality Management Program. More specifically, in the Ryan White Treatment Act of 2006 it is stated that:

“The chief elected official/grantee... shall provide for the establishment of a clinical quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.” HR6143 (PL109-415) Sec. 2604 (h) (5) (A)

The present document represents the Puerto Rico Ryan White Part B/ADAP Program’s plan to develop and sustain such effort as to assure consumers that constant steps are taken to improve services provided to persons with HIV: the Puerto Rico Ryan White Part B/ADAP Clinical Quality Management Program (PR-RWBA CQMP). This Plan covers the period between January 1 and December 31, 2019.

Clinical Quality Management Program’s Structure

In order to implement the Clinical Quality Management Program (CQMP), the Ryan White Part B has maintained a formal infra-structure that allows for achieving the proposed plan. This infra-structure has three basic components: the Quality Guidance Committee; the Evaluation, Planning and Quality Management Unit; and the Comprehensive Quality Committee; all with well-defined roles and responsibilities. A copy of the PR-RWBA CQMP Organizational Structure is included as Attachment 1.

The **Quality Guidance Committee (QGC)** is the unit responsible for revising and planning all quality improvement activities including plans developed by the Program's grantees. This Committee meets on a monthly basis and is formed by **20** members representing all Part B Program Services Units and Administration, consumers, trans community, OCASET, CPTETs, Coordinating Agencies, ADAP external network providers, and HIV/STD Prevention Program. In addition, there are three Ex-Officio members who are the Medicaid Program representative, the HIV/AIDS Surveillance Division representative, and the Primary Health Services Psychology Program representative. Ex-Officio members' participation is requested when deemed necessary. During Committee meetings, members go through CAREWare data, review submitted quality improvement work plans, propose specific actions for quality improvement at all levels of the Ryan White-sponsored service delivery system and oversee the implementation of proposed plans.

Quality Guidance Committee members have the responsibility of making clear and specific recommendations to the Ryan White Part B/ADAP Program to establish the minimum quality standards and the process to achieve them as it relates to services provided to persons with HIV in Puerto Rico. These standards in turn will be equal or better than those established by regulating agencies such as the Health Resources and Services Administration (HRSA), the Centers for Diseases Control and Prevention (CDC), the Department of Health and Human Services (DHHS), the Puerto Rico Department of Health or other similar agencies who are responsible for determining the expected level of health service provision. They will meet as often as needed to develop and revise the CQMP's annual work plan; as well as, to identify trends, strengths, barriers precluding compliance with expected values, particular areas in need of improvement, etc. They will design Island-wide quality improvement projects as needed throughout the Ryan White budget periods. This committee will regularly review CAREWare monthly and annual reports to identify quality improvement strategies as well as to make specific recommendations for change. The QGC members will also serve as mentors and technical assistance providers for other local quality committees. More specifically, they will offer mentoring services to regional/local quality improvement (QI) committees established at CPTETs and Coordinating Agencies (CA) as Ad Hoc committee members. These individuals mentoring QI committees should attend CPTETs' and CAs' Quality Committee meetings at least quarterly and serve as liaisons with the QGC to ensure fast and accurate exchange of information and support to facilitate the implementation of the CPTETs' Quality Management Plan.

The **Ryan White Program's Evaluation, Planning and Quality Management Unit (EPQMU)** is the CQMP infrastructure's second element. This Unit is the CQMP's operational component responsible for creating data and evaluation systems, analyzing information obtained through these systems and implementing the Guidance Committee's plans and projects. The Unit is a permanent part of the Part B/ADAP Program and is critical in supporting the CQMP. The Ryan White Program's EPQMU is guided by the Part B/ADAP Program Director, and is constituted by one Quality Management Coordinator/Evaluator, one Program Planner, two CAREWare Data Managers, two Data Entries and one Consultant for developing Best Practices Protocols according to the **Puerto Rico HIV Integrated Plan for Surveillance, Prevention and Treatment: 2017-2021**. CAREWare Data Managers maintain and analyze data systems, as well as related infrastructure. The Quality Management Coordinator/Evaluator is the person responsible for sustaining the direction of the CQMP; as well as, for facilitating all meetings to ensure its continuous effectiveness. He/she will oversee all QGC operations and recommend actions directed

at implementing the approved CQM plan. In conjunction with the EPQMU, he/she is responsible for the day-to-day operations of the CQMP and for implementing all QGC plans. The EPQMU coordinates and supports all CQMP meetings and activities, including the preparation of supporting documentation for the CQMP. They also disseminate all critical information, in particular standards of treatment guidelines, to all grantees and Part B sponsored service providers.

The third component of the CQMP is the **Comprehensive Quality Committee (CQC)**. This committee is composed by representatives from all PR-RWBA providers in the Island, including the PRDOH's Transmissible Diseases Prevention and Treatment Centers, known by its Spanish acronym as CPTETs, and Coordinating Agencies. Also, the ADAP External Network, which includes RW Parts A, C & D grantees and other private community centers, is represented in the CQC. These individuals are either members of their organizations' quality committees or representatives of the organization's executive directors. This group meets on the first month of each quarter to discuss the CQMP's implementation, receive information on CQMP expectations and provide the Quality Guidance Committee with feedback in terms of the viability of each objective or action within the Work Plan. They have the primary responsibility of implementing each organization's individual quality improvement plan, while working in close collaboration with the QGC. During quarterly meetings, as well as through regular communication with the QGC, the Comprehensive Quality Committee serves to disseminate critical information on the CQMP's direction. **All organizations participating of the CQC are asked to align their individual quality improvement plans with the jurisdiction-wide plan.** Progress toward achieving jurisdictional objectives is regularly checked by QGC and progress reports are made public during CQC meetings.

Through this infra-structure, individual organizations participate in the decision making process and provide feedback to program managers and decision-makers to improve the CQMP itself.

Mission

- Assure that the clinical and support services provided by organizations receiving Ryan White funding in Puerto Rico are accessible and in agreement with the most recent treatment standards through the use of continuous quality improvement.

Vision

- Agencies providing effective and efficient quality services aimed at improving the health and wellbeing of all persons affected by HIV.

Values

- | | |
|--------------|---------------|
| - Commitment | - Improvement |
| - Respect | - Sensibility |
| - Quality | - Objectivity |
| - Empathy | - Consistency |
| - Honesty | |

Goals

1. Maintain and strengthen Quality Management infrastructure in agreement with HAB/HRSA guidance and expectations during calendar year 2019.
2. Ensure adherence to best practices regarding medical and psychosocial services provided to persons with HIV according to PHS HIV/AIDS treatment guidelines during calendar year 2019; thus contributing to maintain viral load suppression among HIV/AIDS patients.
3. Improve clinical and psychosocial resources capacity and skills about quality and best practices in order to strengthen the Ryan White Part B/ADAP Clinical Quality Management Program during calendar year 2019.

Roles and Responsibilities of the Quality Guidance Committee Members

QMP Coordinator

The Quality Management Coordinator is the person responsible for sustaining the direction of the CQMP as well as facilitating all meetings to ensure its continuous effectiveness. He/she will oversee all QGC operations and recommend actions directed at implementing the approved QM plan. He/she will regularly report CQMP progress to the Part B/ADAP Program Director. In conjunction with the EPQMU, he/she is responsible for the day-to-day operations of the CQMP. He/She will disseminate all information pertaining to the Program; as well as, support and facilitate in the planning of all activities within the established work plans. He/She will be responsible for preparing materials to be distributed at meetings as well as for maintaining Program's documentation. In addition, the QMP Coordinator has been responsible for regularly disseminating updated clinical information as it is distributed by the Public Health Service (PHS), U.S. Food and Drug Administration (USFDA), U.S. Department of Health, National Institutes of Health (NIH) or the Northeast/Caribbean AIDS Education and Training Center (AETC).

Part B QGC members

These persons will represent the Ryan White Part B interests in all QM plan activities and will ensure that all Program requirements are met. These members will include representation of all Part B Units including the Administration Unit.

Community Representatives

The community needs to be strongly represented in all decisions relating to the PR- RWBA CQMP. These persons will represent the diversity of individuals affected by HIV infection. In addition, these persons will be responsible for providing the Committee with the participants' perspective; as well as, for bringing attention to the impact of QGC determinations on those receiving direct medical and psycho-social services. Actually, a total of four (4) consumers have been participating steadily in QGC meetings. These consumers represent the diversity of issues and challenges faced by heterosexual women, MSM, trans, and 50+ individuals affected by HIV infection; thus speaking and serving as liaisons with the community of persons with HIV in Puerto Rico served by the PR-RWBA Program.

Service Providers Representation

These persons should represent the Ryan White Part B/ ADAP service provider sectors and, in particular, the Coordinating Agencies, the CPTETs and the ADAP external provider network.

CAREWare Data Managers

Data Managers will conduct regular and frequent site visits to all CPTETs and Coordinating Agencies to further adjust CAREWare procedures and to provide technical assistance. Data management issues are also discussed regularly with CPTETs' Directors, Quality Committee Directors and other QI Committee Directors during meetings, including the quarterly CQC meetings.

ADAP Data Analyst

This person monitors and assesses compliance with ADAP measures.

QGC Ex-Officio members

These are the Puerto Rico Medicaid Program representative, the HIV/AIDS Surveillance Division representative, and the Primary Health Services Psychology Program representative.

Roles and Responsibilities of the Evaluation, Planning and Quality Management Unit

The Part B Evaluation, Planning and Quality Management Unit, including the CAREWare Data Managers, are key individuals in sustaining the CQMP. These individuals will be responsible for implementing and following up on the Annual QM Work Plan as well as other activities planned by the QGC. These individuals, guided by the Part B/ADAP Director, will provide support to ensure that actions and activities are completed on time and that the required reports are presented to HRSA, or any other organization. They will also be responsible for generating CAREWare reports as scheduled so the QGC can examine them and make timely decisions.

Roles and Responsibilities of the Comprehensive Quality Committee Members

The Comprehensive Quality Committee is the forum in which all the components of the CQMP are represented. This Committee is formed by the Quality Guidance Committee and the representatives of all Quality Committees established in organizations that receive Ryan White Part B/ADAP funding or resources. This Committee meets the first month of every quarter with the purpose of receiving information on the CQMP progress as well as directives on future steps. This Committee also provides the QGC with feedback on local QM plan implementation activities to consider in the development and support of the Program's overall plan.

**Puerto Rico Department of Health
 Auxiliary Secretariat for Family Health and Integrated Services
 Central Office for AIDS Affairs and Transmissible Diseases
 Ryan White Quality Guidance Committee**

Operational Quality Management Plan 2019

Component: QM Infrastructure			
1. Goal 1: Maintain and strengthen Quality Management infrastructure in agreement with HAB and PHS guidance and expectations during calendar year 2019.			
Objective	Activities	Measurements/Indicators	Responsible Party
1.1 By December 31, 2019, conduct at least 85% of scheduled Quality Guidance Committee meetings in order to provide follow-up to Ryan White Part B/ADAP Program's Quality Management (QM) annual plan.	1.1.1 Schedule and develop meeting calendar for 2019. 1.1.2 Disseminate Quality Guidance Committee meeting calendar for 2019. 1.1.3 Coordinate monthly Quality Guidance Committee meetings. 1.1.4 Include quality annual plan's related topics in meeting Agenda. 1.1.5 Record keeping on Quality Management Program progress and improvements. 1.1.6 Assess attendance rate. 1.1.7 Determine the proportion of meetings with consumer representation. 1.1.8 Assess compliance with scheduled meetings.	Compliance measure: <ul style="list-style-type: none"> • 85% of scheduled meetings conducted • 50% of member attendance • Consumer participation in 90% of meetings conducted Documentation resources: <ul style="list-style-type: none"> • Meetings calendar • Agendas • Number of meetings • Attendance sheet • Meetings minutes • Quarterly progress reports 	CQMP Coordinator Part B Director QGC members

<p>1.2 By January 14, 2019, approve the Ryan White Part B/ADAP Program’s 2019 CQM Annual Plan.</p>	<p>1.2.1 Develop the 2019 CQM Annual Plan 1.2.2 Approve the plan by the QGC 1.2.3 Final approval of the Plan by the RW Part B Program Director 1.2.4 Disseminate the Plan</p>	<p>Compliance measures:</p> <ul style="list-style-type: none"> • CQM Annual Plan developed and approved by the QGC members and Ryan White Part B/ADAP Program Director <p>Documentation resources:</p> <ul style="list-style-type: none"> • 2019 CQM Annual Plan • QGC meetings minutes • Assistant sheets on activities to disseminate the QM plan. 	<p>CQMP Coordinator QGC members Part B Director</p>
<p>1.3 By February 28, 2019, evaluate compliance with Ryan White Part B/ADAP Program’s 2018 QM annual plan.</p>	<p>1.3.1 Request submission of data regarding 2018 CQM plan objectives from RW Part B Programmatic Units Coordinators. 1.3.2 Assess performance and level of compliance for each objective in the 2018 QM plan. 1.3.3 Review and analyze data in CAREWare Performance Reports. 1.3.4 Prepare 2018 Achievement Report 1.3.5 Disseminate results</p>	<p>Compliance measures:</p> <ul style="list-style-type: none"> • 2018 Achievement CQM Annual Report • Level of compliance for each objective in the 2018 CQM Plan <p>Documentation resources:</p> <ul style="list-style-type: none"> • Programmatic Units Reports • CAREWare Performance Data Reports • Meetings minutes • Mentors reports (CAs & CPTETs) 	<p>CQMP Coordinator QGC members Part B Director</p>
<p>1.4 By February 8, 2019, assure that 100% of CPTETs and Coordinating Agencies¹ submit updated 2019 QM Annual Plans consistent with Ryan</p>	<p>1.4.1 Request submission of updated annual QM Plan from CPTETs and Coordinating Agencies.</p>	<p>Compliance measures:</p> <ul style="list-style-type: none"> • 100% of CPTETs submit updated 2019 QM Annual Plan. 	<p>CQMP Coordinator Part B Director CPTETs quality mentors Service providers (QM Committees)</p>

¹ CA of Demonstrative Project not included.

<p>White Part B/ADAP Program expectations.</p>	<p>1.4.2 Provide follow-up to non-compliant organizations from the RW Part B/ADAP service provider’s network.</p> <p>1.4.3 Asses compliance with QM plan submission</p>	<ul style="list-style-type: none"> • 100% of Coordinating Agencies submit updated 2019 QM Annual Plan encompassed in their Ryan White Part B/ADAP Proposals for FY 2019. <p>Documentation resources:</p> <ul style="list-style-type: none"> • Submission/Compliance report on service providers QM plan. 	<p>Coordinating Agencies (CA) quality mentors</p>
<p>1.5 By February 28, 2019, review and provide written feedback and recommendations to updated 2019 QM Annual Plans submitted by CPTETs and Coordinating Agencies so they are consistent with Ryan White Part B/ADAP requirements and expectations.</p>	<p>1.5.1 Evaluate all 2019 QM Plans submitted to assure that requested indicators and measures are integrated.</p> <p>1.5.2 Prepare written reviews providing feedback and specific recommendations to updated QM Annual Plans submitted by CPTETs and Coordinating Agencies.</p> <p>1.5.3 Submit written reviews to Ryan White Part B/ADAP Director for approval.</p> <p>1.5.4 Send written reviews to corresponding CPTETs and Coordinating Agencies.</p>	<p>Compliance measures:</p> <ul style="list-style-type: none"> • 100% of CPTETs integrate selected clinical indicators in their local QM plans. • 100% of Coordinating Agencies integrate selected non-clinical indicators in their annual plan. <p>Documentation resources:</p> <ul style="list-style-type: none"> • Evaluation report on service providers QM plan submitted individually to CPTETs and Coordinating Agencies by February 28, 2019. 	<p>CQMP Coordinator Part B Director</p>

<p>1.6 By February 1, 2019, 100% of ADAP external network providers will integrate ADAP performance indicators requested by the Ryan White Part B/ADAP QMP to their corresponding 2019 QM annual Plans.</p>	<p>1.6.1 Request commitment from ADAP external network providers to integrate ADAP indicators in their local QM annual plan.</p>	<p>Compliance measure: ADAP Indicators:</p> <ul style="list-style-type: none"> 100% of ADAP external network providers will sign the compromise to include ADAP indicators in their local QM plans. <p>Documentation resources:</p> <ul style="list-style-type: none"> Commitment signed by each ADAP service provider. 	<p>ADAP external network ADAP Coordinator ADAP Data Analyst CQMP Coordinator</p>
<p>1.7 By December 31, 2019, conduct at least four (4) Comprehensive Quality Committee meetings, on a quarterly basis.</p>	<p>1.7.1 Schedule and develop a meetings calendar for 2019.</p> <p>1.7.2 Disseminate Comprehensive Quality Committee meetings calendar for 2019.</p> <p>1.7.3 Coordinate quarterly Comprehensive Quality Committee meetings</p> <p>1.7.4 Include quality annual plan’s related topics in the meeting Agenda</p> <p>1.7.5 Record keeping on Quality Management Program progress and improvement</p> <p>1.7.6 Determine attendance rate</p> <p>1.7.7 Conduct regular evaluation activities for each meeting</p> <p>1.7.8 Identify improvement areas as reported</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> 100% (4) of scheduled meetings conducted Attendance rate per meeting: <ul style="list-style-type: none"> 100% of Coordinating Agencies represented among participants. 100% of CPTETs represented among participants. At least 60% of ADAP external network providers/organizations represented among participants Consumer participation in 90% of meetings conducted 80% of participants completing the evaluation form mentioned to be highly satisfied. <p>Documentation resources:</p>	<p>CQMP Coordinator QGC members Quality committee members of each service providers Part B Director</p>

		<ul style="list-style-type: none"> • Agendas (quality topics included) • Attendance sheet • Assessment report of evaluation forms submitted by participants per meeting. 	
<p>1.8 By December 31, 2019, Quality Mentors will conduct monitoring/TA site visits to CPTETs & CAs, in a quarterly basis, to provide support and mentorship on quality infrastructure and on quality improvement matters to support their QI work; also, to monitor and assess compliance with local QM plans.</p>	<p>1.8.1 Request CPTETs and CAs to submit Quality Committee Meetings Schedule for natural year 2019.</p> <p>1.8.2 Develop monitoring/TA site visits plan in January 2019.</p> <p>1.8.3 Conduct visits as planned</p> <p>1.8.4 Develop quality TA intervention</p> <p>1.8.5 Disseminate, go over, and discuss quarterly CAREWare data performance reports.</p> <p>1.8.6 Assess/identify barriers and limitations in the implementation of 2019 Quality Management Plans.</p> <p>1.8.7 Document progress and provide feedback</p> <p>1.8.8 Identify TA needs on quality improvement matters</p> <p>1.8.9 Provide TA as needed.</p> <p>1.8.10 Coordinate with Quality Management Coordinator</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> • 100% (4) of scheduled monitoring/TA site visits conducted per CPTET and CA, in a quarterly basis <p>Documentation resources:</p> <ul style="list-style-type: none"> • Attendance sheets • Monitoring/TA site visit reports 	<p>CQMP Coordinator CPTETs and CAs mentors CPTET’s Directors CHSU Coordinator CHSU personnel</p>

	for further assistance if deemed necessary. 1.8.11 Submit TA/Mentoring Reports.		
1.9 By December 31, 2019 resolve at least 90% of all consumers' complaints reported through the RW Quality system during natural year 2019.	<p>1.9.1 Maintain consumer satisfaction box and promote utilization of complaint mechanisms implemented by RW Part B/ADAP Program, among consumers.</p> <p>1.9.2 Receive and evaluate the complaints reported</p> <p>1.9.3 Disseminate the QMP's email address</p> <p>1.9.4 Conduct weekly reviews of the calidadrwb@gmail.com email address.</p> <p>1.9.5 Develop Complaint evaluation and finding report</p> <p>1.9.6 Develop corrective action plan as needed</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> • At least 90% of consumer complaints attended/resolved • Corrective action plans developed (if applicable) <p>Documentation resources:</p> <ul style="list-style-type: none"> • Complaint evaluation and finding report • Corrective action plan and progress report (if applicable) 	CQMP Coordinator RW Part B Director Service Providers
Component: Clinical & Psycho-social Services Performance Measures			
Goal 2: Ensure adherence to best practices regarding medical and psychosocial services provided to persons living with HIV according to PHS HIV/AIDS treatment guidelines during calendar year 2019; thus contributing to maintain viral load suppression among HIV/AIDS patients.			

Objective	Activities	Measurements/Indicators	Responsible Party
<p>2.1 By December 31, 2019 each CPTET will increase individual performance level to at least 2018 overall aggregated CPTETs' level of performance for continuance HAB/ DOH performance indicators selected by the CQMP; on the other hand, if individual CPTET performance level was greater or equal to aggregated data, then:</p> <ul style="list-style-type: none"> • Individual CPTET level of performance should increase by at least 5%; or • Individual CPTET should maintain performance level in at least 95% for those indicators whose performance level was already equal or above 95%. 	<p>2.1.1 Disseminate the December 2018 HAB/DOH performance report to each CPTET in January 2019.</p> <p>2.1.2 Identify baseline data, as of December 31, 2018, for each indicator in January 2019.</p> <p>2.1.3 Establish expected compliance level, as of December 2019, for each indicator in January 2019.</p> <p>2.1.4 Request each CPTET to submit individual 2019 QM Plan</p> <p>2.1.5 Generate quarterly performance reports regarding DOH and HAB/HRSA quality indicators, during natural year 2019.</p> <p>2.1.6 Monitor and asses performance for quality indicators by CPTET, quarterly.</p> <p>2.1.7 Disseminate compliance data and findings to service providers and to OCASET/SASFSI.</p>	<p>Compliance measure: HAB/DOH Performance Level per service provider: (Attachment 2)</p> <p>Core Measures:</p> <ul style="list-style-type: none"> • CORE-01 • CORE-02 • CORE-03 • CORE-04 • CORE-05 <p>All Ages Performance Measures:</p> <ul style="list-style-type: none"> • HAB-19 • HAB-14 (<i>rev.</i>) <p>Adults & Adolescents' Clinical Measures:</p> <ul style="list-style-type: none"> • HAB-07 (<i>rev.</i>) • HAB-08 • HAB-09 • HAB-10 • HAB-12 • HAB-13 • HAB-15 • HAB-16 • HAB-17 • HAB-19 • HAB-22 • HAB-23 • DOH-14 • DOH-15 • DOH-16 <p>Case Management Measures:</p> <ul style="list-style-type: none"> • DOH-01 • DOH-10 	<p>Service providers (QM Committees) CQMP Coordinator CPTET Mentors CAREWare system Coordinators</p>

		<ul style="list-style-type: none"> • DOH-11 • DOH-12 <p>System Measure:</p> <ul style="list-style-type: none"> • DOH-13 <p>Documentation resources:</p> <ul style="list-style-type: none"> • HAB/DOH Performance Measure Reports • CAREWare data system • Service Providers QM Annual Plan • CPTET Quality Mentor site visit report • QMP progress reports • Areas for improvement identified 	
2.2 By December 31, 2019, comply with ADAP providers' network (CPTETs and external HIV clinics) level of performance for continuance indicators, as stated in the 2019 ADAP Quality Management Plan.	<p>2.2.1 Disseminate the ADAP QM Annual Plan in January 2019.</p> <p>2.2.2 Request the commitment of the ADAP external network to integrate ADAP indicators in their local QM annual plan.</p> <p>2.2.3 Distribute updated PHS guidelines on the use of antiretroviral medications to the service provider's network and PBM.</p> <p>2.2.4 Assess the compliance with each ADAP indicator per provider, quarterly.</p>	<p>Compliance measure:</p> <p>ADAP Indicators:</p> <ul style="list-style-type: none"> • 98% of ADAP applications for certification or recertification of <u>ADAP/PRHI with an alternate private health insurance plan, pure ADAP and HIAP beneficiaries</u> were received with all the required documentation. • 100% of all ADAP/PRHI, <u>pure ADAP and HIAP</u> participants complied with submitting a Self-Attestation of No-change showing that they maintained their co- 	ADAP network ADAP Coordinator ADAP Data Analyst CQMP Coordinator

		<p>eligibility for Government Health Insurance coverage, for ADAP re-certification assessment.</p> <ul style="list-style-type: none"> • 100% of all inappropriate ARV Regimen components, funded by ADAP, and identified by the PBM, were answered, modified or justified (based on PHS treatment guidelines) within 30 days since being notified by the ADAP Program. • 70% of all inappropriate ARV Regimen components, funded by ADAP, and identified by the PBM, that were answered, modified or justified (based on PHS treatment guidelines) by ADAP providers were, also, certified as resolved by the ADAP Program. <p>Documentation resources:</p> <ul style="list-style-type: none"> • Quarterly ADAP quality indicators' compliance progress reports. 	
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<p>2.3 By December 31, 2019, approve or deny at least 97% of ADAP/HIAP applications for certification and re-certification within 14 days of receiving complete applications in RW Part B/ADAP Program.</p>	<p>2.3.1 Assess the percentage of ADAP and HIAP applications for certification and re-certification approved or denied within 14 days of ADAP complete applications received in the RW Program.</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> 97% compliance with ADAP performance measure regarding ADAP and HIAP applications for certification and re-certification approved or denied within 14 days of all ADAP complete applications received in the RW Program. <p>Documentation resources:</p> <ul style="list-style-type: none"> ADAP compliance report 	<p>ADAP Coordinator ADAP Data Analyst CQMP Coordinator</p>
<p>2.4 By December 31, 2019 each CPTET will implement three (3) Quality Improvement Projects (QIPs) selected by the QGC to be implemented across all CPTETs.</p>	<p>2.4.1 Disseminate the December 2018 HAB/DOH performance report to each CPTET in January 2019.</p> <p>2.4.2 Identify baselines for each QIP in January 2019. Regarding target unsuppressed populations defined in the Puerto Rico HIV Integrated Surveillance, Prevention and Treatment Plan: Assess VL suppression specifically, per target population group, as of December 31, 2018.</p> <p>2.4.3 Establish target measure for each QIP in January 2019. Regarding target unsuppressed populations defined in the Puerto Rico</p>	<p>Compliance measure: HAB Indicators for QIP-</p> <ul style="list-style-type: none"> 82% of CPTETs young people and PIDs living with HIV will achieve viral load suppression during the measurement period. (<i>target populations defined in the Puerto Rico HIV Integrated Surveillance, Prevention and Treatment Plan: 2017-2021</i>) 80% of new patients linked to HIV care within 30 days of HIV diagnosis. 60% of CPTETs' clinical case management patients comply with having a medical case management care plan and/or updated two (2) or more times in the measurement year. 	<p>Service providers (QM Committees) CQMP Coordinator CPTET Quality Mentors CAREWare system Coordinator EIIHA Coordinator</p>

	<p>HIV Integrated Surveillance, Prevention and Treatment Plan: Identify the number of young people and PIDs living with HIV whose VL is unsuppressed, as of December 31, 2018.</p> <p>2.4.4 Design and implement activities in order to improve performance of selected indicators. Regarding target unsuppressed populations defined in the Puerto Rico HIV Integrated Surveillance, Prevention and Treatment Plan: Carry-out specific root-cause analyses to identify possible causes precluding VL suppression.</p> <p>Perform single Pareto Chart Analysis to identify main reasons associated to not being suppressed for each population.</p> <p>Define and establish precise/specific strategies and activities to be implemented aiming to increase VL suppression</p>	<p>Documentation resources:</p> <ul style="list-style-type: none"> • PDSA cycle plan • Performance Measures Reports • CAREWare data system • Service Provider QM Annual Plan • CPTET Quality Mentor site visit report • Quality Improvement Project • QIP progress reports 	
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	<p>for each population group, based on Pareto Chart Analysis results.</p> <p>2.4.5 Generate quarterly performance reports regarding DOH and HAB/HRSA performance indicators by means of CAREWare Data System.</p> <p>2.4.6 Disseminate quarterly performance reports.</p> <p>2.4.7 Discuss, review, and analyze data regarding QIPs at CPTETs' Quality Committees</p> <p>2.4.8 Assess compliance.</p> <p>2.4.9 Modify or continue implementing established activities/strategies according to findings observed through quarterly performance reports.</p>		
<p>2.5 By December 31, 2019, each Coordinating Agency will increase non-clinical performance level by at least 2018 overall aggregated Coordinating Agencies' level of performance for continuance CA non-clinical performance indicators selected by the CQMP; on the other hand, if individual Coordinating Agency performance level was greater or equal to aggregated data, then:</p>	<p>2.5.1 Generate and review quarterly performance reports regarding CAs' non-clinical quality indicators.</p> <p>2.5.2 Identify baselines for each Coordinating Agency non-clinical performance measure in January 2019.</p> <p>2.5.3 Establish target measure for each Coordinating Agency non-clinical</p>	<p>Compliance measure: Coordinating Agencies Non-clinical Quality Indicators:</p> <ul style="list-style-type: none"> Completed referrals originated by CPTETs' Clinical Case Managers for services supported by RWB funds that were coordinated through Coordinating Agencies Overall patients served by Coordinating Agencies 	<p>Coordinating Agencies (service providers) Complementary HIV Services Unit Coordinator/personnel CQMP Coordinator CAREWare Coordinators</p>

<ul style="list-style-type: none"> • Individual Coordinating Agency level of performance should increase by at least 5%; or • Individual Coordinating Agency should maintain performance level to at least 95% for non-clinical indicators whose performance level was already equal or above 95%. 	<p>performance measure in January 2019.</p> <p>2.5.4 Generate quarterly performance reports regarding CAs non-clinical performance indicators by means of CAREWare Data System, during natural year 2019.</p> <p>2.5.5 Disseminate quarterly performance reports to each Coordinating Agency.</p> <p>2.5.6 Monitor and assess performance.</p>	<p>with at least two (2) eligibility re-certifications</p> <ul style="list-style-type: none"> • Non-clinical case management care plan • Overall patients who completed medical transportation referrals coordinated by Coordinating Agencies' personnel • Reached and linked to care • Reached and linked to ADAP <p>Documentation resources:</p> <ul style="list-style-type: none"> • Quarterly performance reports • CAREWare data system • Coordinating Agencies' QM Annual Plan • Mentoring/TA site visit report • Areas for improvement identified 	
<p>2.6 By December 31, 2019, each Coordinating Agency will implement at least one (1) Quality Improvement Project (QIP), based on attained performance level, as of December 2018.</p>	<p>2.6.1 Disseminate the December 2018 Coordinating Agency Performance Report to each agency.</p> <p>2.6.2 Select indicators with low performance level in order to develop and implement QIPs for ensuring performance enhancement.</p>	<p>Compliance measure: Coordinating Agencies Performance Indicators for selected QIPs</p> <ul style="list-style-type: none"> • Increased performance level observed for selected QIPs by Coordinating Agency. 	<p>Coordinating Agencies (service providers) Complementary HIV Services Unit Coordinator/personnel CQMP Coordinator CAREWare Coordinators</p>

	<p>2.6.3 Identify baselines for each QIP in January 2019.</p> <p>2.6.4 Establish target measure for each QIP in January 2019.</p> <p>2.6.5 Design and implement activities and strategies in order to improve performance of selected indicators.</p> <p>2.6.6 Generate quarterly performance reports regarding Coordinating Agencies non-clinical performance indicators by means of CAREWare Data System.</p> <p>2.6.7 Disseminate quarterly performance reports.</p> <p>2.6.8 Discuss, review, and analyze data regarding QIPs at Coordinating Agencies' Quality Committees.</p> <p>2.6.9 Monitor and assess compliance.</p> <p>2.6.10 Modify or continue implementing established activities/strategies according to findings observed through quarterly performance reports.</p>	<p>Documentation resources:</p> <ul style="list-style-type: none"> • PDSA cycle plan • Performance Measures Reports • CAREWare data system • Service Provider QM Annual Plan • Quality Mentor site visit report • Quality Improvement Project • QIP progress reports 	
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<p>2.7 By December 31, 2019, engage or re-engage in ADAP or any other medications' program at least 70% of PLWH identified as out of care and not receiving ADAP services at the CPTETs, out of those that were linked to medical care through MAI Program's interventions.</p>	<p>2.7.1 CPTETs' out of care HIV patients (i.e.: PLWH not receiving HIV medical care and not collecting ADAP HIV medications during a period of six (6) months) will be identified on a quarterly basis; by means of CAREWare and PBM database systems, respectively.</p> <p>2.7.2 Individual databases including PLWH identified as out of care at each CPTET are generated by the CAREWare Data Manager, quarterly.</p> <p>2.7.3 PLWH identified as out of care will be referred to corresponding CPTETs' MAI HIV Care Liaison workers, by means of individual databases including PLWH identified as out of care, by CPTET.</p> <p>2.7.4 The MAI HIV Care Liaison workers will implement outreach interventions to make contact with PLWH included in their corresponding CPTETs' databases developed by means of CAREWare and PBM database systems.</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> • <u>70%</u> of patients identified as out of care at CPTETs reached by MAI personnel and linked to medical care, will be re-engage in ADAP services through MAI interventions. <p>Documentation resources:</p> <ul style="list-style-type: none"> • Medical Record • CAREWare data report • PBM data 	<p>CAREWare system coordinator MAI Coordinator CQMP Coordinator</p>
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	<p>2.7.5 CAREWare Data Manager matches updated CPTETs' MAI HIV Care Liaison workers databases with PBM databases to validate that PLWH linked to medical care through MAI Program's interventions were engaged or re-engaged in ADAP or any other medications' program.</p> <p>2.7.6 CAREWare Data Manager generates a report to the MAI Project Coordinator regarding the number and percentage of CPTETs' out of care HIV patients that were reached and linked to medical care and, also, were engaged or re-engaged in ADAP or any other medication program, twice a year.</p>		
<p>2.8 By September 30, 2019, implement a Coordinating Agency Demonstrative Project aiming at increasing viral load suppression by subsidizing the provision of non-clinical and support services amongst patients with HIV infection receiving clinical services in the CSL (Coordinating Agency).</p>	<p>2.8.1 Request proposal to supplement available medical services already delivered by the CSL with non-clinical and support services subsidized by Ryan White Part B funds to be provided on site (or by the same provider/agency/organization); thus aiming at increasing accessibility</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> • Viral load suppression amongst CSL HIV patients who received: <ul style="list-style-type: none"> ○ Medical transportation ○ Medical nutritional therapy ○ Oral health ○ Emergency financial assistance 	<p>Complementary HIV Services Unit Coordinator CQMP Coordinator CAREWare system coordinator</p>

	<p>to non-clinical and support services amongst patients with HIV infection in CSL providers network (18 HIV primary care clinics).</p> <p>2.8.2 Oversee, and monitor Coordinating Agency Demonstrative Project implementation.</p> <p>2.8.3 Assess viral load suppression among patients receiving both, medical and non-clinical/support services.</p>	<ul style="list-style-type: none"> ○ Home health care and community based services ○ Outpatient services (eyeglasses) <ul style="list-style-type: none"> ● Frequency of medical visits amongst CSL HIV patients who received medical transportation ● Overall patients served by CSL with at least two (2) eligibility re-certifications. ● Non-clinical case management care plan <p>Documentation resources:</p> <ul style="list-style-type: none"> ● Medical Record ● CAREWare data report 	
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Component: Capacity Building

Goal 3: Improve clinical and psychosocial resources capacity and skills about quality and best practices in order to strengthen the Ryan White Part B/ADAP Quality Management Program during calendar year 2018.

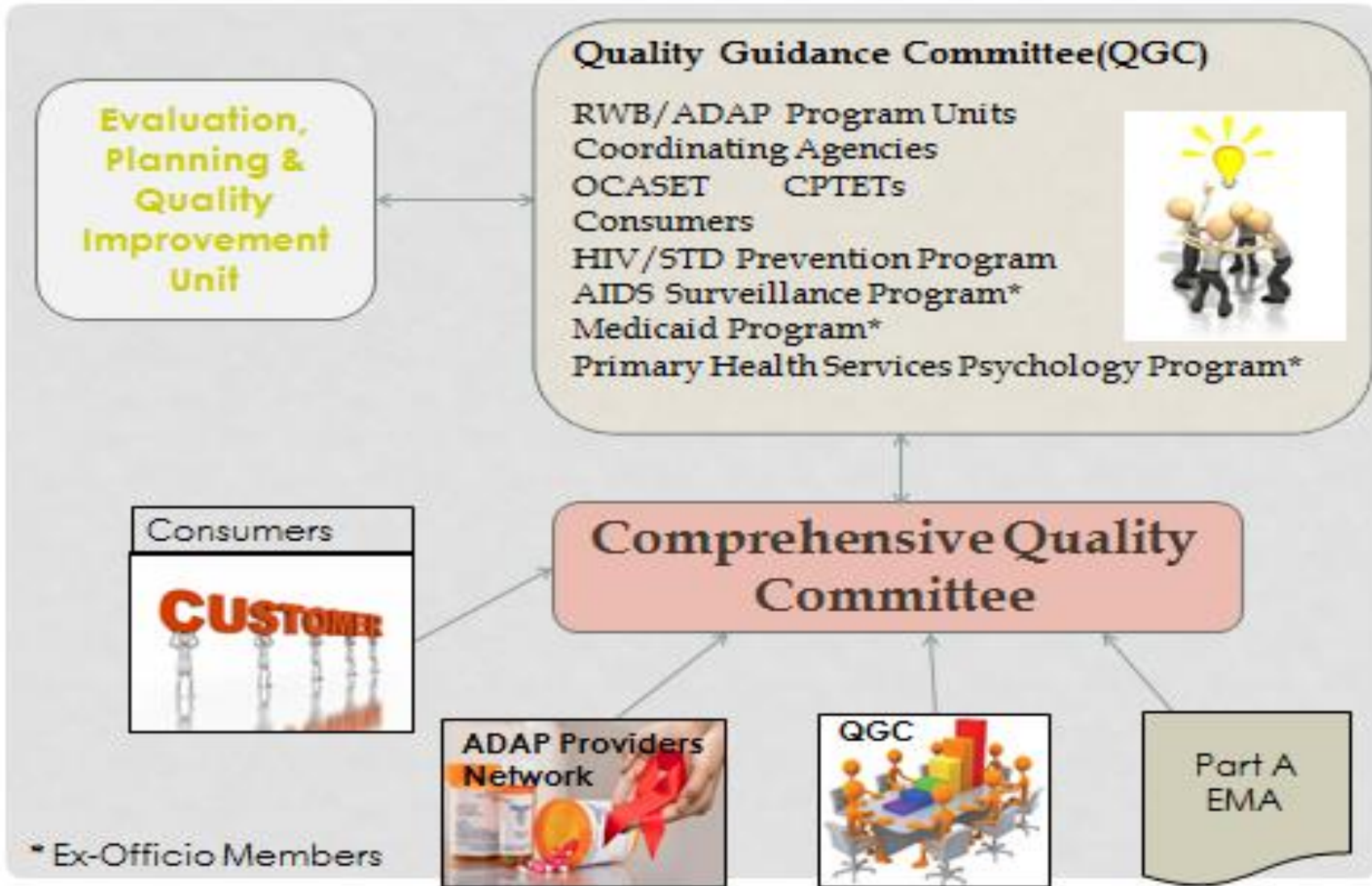
Objective	Activities	Measurements/Indicators	Responsible Party
3.1 By December 31, 2019 the QGC will provide TA through lectures, workshops, coaching, consultation, mentorship or educational interventions to CPTETs and Coordinating Agencies' personnel on clinical and quality matters according to identified capacity and technical assistance needs.	<p>3.1.1 Coordinate or provide training on technical assistance needs identified by means of group exercises and findings of programmatic/fiscal monitoring visits.</p> <p>3.1.2 Design and develop 2019 Capacity Building Plan based on identified TA needs.</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> ● At least 5 trainings conducted. ● 100% of training scheduled will be conducted. ● 90% of TA requested will be attended. ● Disseminate PHS guidelines within 15 days of their date of publication. ● 100% of AETC/CQII webinar will be disseminated. 	<p>CQMP Coordinator QGC members ADAP Coordinator Quality Mentors Complementary HIV Services Unit Coordinator AETC staff</p>

	<p>3.1.3 Coordinate TA/trainings as per existing need assessment with external (Northeast/Caribbean AIDS Educational and Training Center/ AETC) as well as internal resources.</p> <p>3.1.4 Consistently disseminate PHS guidelines to all CPTET medical directors.</p> <p>3.1.5 Disseminate information on existence of the PR RW Clinical Quality Management Program to consumers.</p> <p>3.1.6 Disseminate information on Center for Quality Improvement and Innovation (CQII) webinars to all service providers network.</p>	<p>Documentation resources:</p> <ul style="list-style-type: none"> • Group exercise reports of technical assistance needs identified. • Training assistance sheet • Mentor site visit reports • Power point presentations • TA reports • Evidence of PHS guidelines receipts • 2019 Capacity Building Plan 	
<p>3.2 By December 31, 2019, coordinate and facilitate at least two (2) workshops and/or educational interventions, targeting persons living with HIV, regarding services and medications available through the Ryan White Part B/ADAP Program, advocacy and importance of being adherent to medical treatment, by means of MAI Program’s interventions</p>	<p>3.2.1 Coordinate with external (Health Psychology Program from the Ponce School of Medicine, Northeast/Caribbean AIDS Education and Training Center, CQII, etc.) as well as internal resources.</p> <p>3.2.2 Schedule and develop workshops and educational interventions calendar for 2019.</p> <p>3.2.3 Disseminate information on workshops and/or</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> • At least 2 (100%) workshops and/or educational interventions conducted. • Number of persons living with HIV attending workshops and/or educational interventions <p>Documentation resources:</p> <ul style="list-style-type: none"> • Workshops and/or educational interventions calendar • Attendance sheet • Participants’ evaluation forms 	<p>CQMP Coordinator Part B Director MAI Coordinator</p>

	<p>educational interventions schedule.</p> <p>3.2.4 Facilitate or assist provision of scheduled workshops and/or educational activities.</p> <p>3.2.5 Evaluate workshops and/or educational activities.</p>		
<p>3.3 By January 18, 2019, acknowledge CPTETs, ADAP external network providers and Coordinating Agencies that showed outstanding achievements in monitoring and putting QI actions into practice, thus exceeding their level of compliance with HAB/HRSA clinical performance measures and expectations.</p>	<p>3.3.1 Establish an Ad Hoc Committee to design, plan and coordinate award criteria and procedures.</p> <p>3.3.2 Select award categories.</p> <p>3.3.3 Develop or determine assessment criteria/ requirements for granting awards per established categories.</p> <p>3.3.4 Analyze data regarding granting processes.</p> <p>3.3.5 Determine providers who exhibited outstanding achievements in monitoring and putting QI actions into practice, according to evaluation/ assessment criteria, per award category.</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> • Number of awards granted. <p>Documentation resources:</p> <ul style="list-style-type: none"> • Evaluation/assessment report to identify awarded providers per established category • Awards signed by Part B Director 	<p>CQMP Coordinator Part B Director Ad Hoc Committee</p>

Attachment 1

**Puerto Rico Quality Improvement Program Organizational Structure
Ryan White Part B/ADAP Program**



Attachment 2:

HAB/DOH Performance Measures

Core Measures	
CORE-01 Viral Load Suppression	CORE-02 Prescription of ARV Therapy
CORE-03 HIV medical visits frequency	CORE-04 GAP in HIV medical visits
CORE-05 PCP Prophylaxis	
Clinical Measures (Adults and Adolescents)	
HAB-07 Cervical cancer screening	HAB-08 Hepatitis B vaccination
HAB-09 Hepatitis C screening	HAB-10 HIV risk counseling
HAB-12 Oral exam	HAB-13 Syphilis screening
HAB-14 TB screening	HAB-15 Chlamydia screening
HAB-16 Gonorrhea screening	HAB-17 Hepatitis B screening
HAB-19 Influenza immunization	HAB-22 Pneumococcal vaccination
HAB- 23 Substance abuse screening	DOH-14 Screening for clinical depression and follow-up plan
DOH-15 Sustained Viral Load Suppression (<=200)	DOH-16 Sustained Viral Load Suppression (<=50)
Case Management Measures	
DOH-01 Medical case management visits	DOH-10 Case Management: Individual care plan
DOH-11 Gap in HIV medical visits among patients receiving case management services	DOH-12 Case Management: HIV medical visits frequency
System Measure	
DOH-13 Early linkage to HIV medical care	